



# KALISPELL MIDWIVES & **WOMEN'S HEALTH**

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# ABOUT US

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Personalized Women's Healthcare  
**with practitioners who listen.**

Every patient matters at our clinic. We care about you and take the time to listen and support your choices.

## OUR TEAM

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CERTIFIED NURSE MIDWIFE

**Jana Sund**

MOTHER OF 4, POSTPARTUM & PERINATAL LOSS SURVIVOR

Jana has been a Nurse Midwife in the Flathead Valley for the past 10 years working with Logan Healthcare and providing exemplary care. It's always been her passion to provide quality personalized healthcare for women of all ages. In 2021 she decided to open a private practice in an effort to continue to provide personalized care at the high level she feels women deserve.

CERTIFIED NURSE MIDWIFE

**Leslie Moody**

MOTHER OF TWO AND POSTPARTUM SURVIVOR

Leslie has been a nurse for the last 12 years and is enjoying being a new midwife. As United States Army RN she started her career in maternity nursing. Her career expanded into neonatal intensive care nursing. She has extensive experience in the hospital and clinic settings with women, newborns, and families. Her passion is to give a voice to all individuals and leave them feeling heard and valued.



### WHAT IS A NURSE MIDWIFE?

We are Nurses who hold Masters Degrees in Midwifery. In simple terms, we are Nurse Practitioners specializing in Women's Health and Obstetrics.

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# NAVIGATING PREGNANCY

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## WARNING SIGNS YOU SHOULD NOT IGNORE

- Vaginal bleeding, spotting, or unusual discharge
- Severe abdominal pain or cramping
- Gushing or leaking fluid from your vagina
- Pain or burning when you urinate
- Severe vomiting and inability to eat or drink
- Sudden noticeable decrease in fetal movement
- Severe headache unrelieved by rest, eating, or Tylenol
- More than five contractions in an hour

## THINGS TO AVOID BEFORE & DURING PREGNANCY

- Smoking
- Alcohol
- Hot dogs, lunch meats, or deli meats *(unless heated to steaming hot)*
- Sushi, raw fish
- Liver
- Unpasteurized milk or dairy products
- Caffeine in large amounts
- Aspirin or ibuprofen (Tylenol is OK)
- Contact with bird or cat feces
- Prolonged hot tub or sauna use

# PREGNANCY SAFETY

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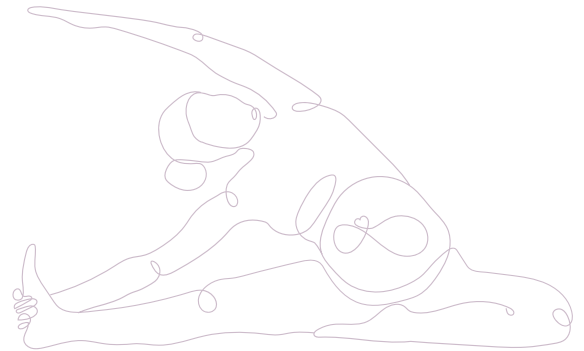
## EXERCISING SAFELY

Pregnant women can and should continue to take advantage of the physical and psychological benefits of regular exercise.

It should be noted that sports with a high potential for rough contact or significant risk of falls may increase the risk of abdominal trauma and damage to the placenta or injury to the baby.

***Warning signs to stop exercising may include:***

Vaginal bleeding, shortness of breath, dizziness, headache, chest pain, muscle weakness, calf pain or swelling, preterm contractions or decreased fetal movement.



## CAR SAFETY

### **Seat Belts**

In the first three months of pregnancy, the stomach muscles and pelvic bones protect the growing uterus and baby from injury. In the later months, as the uterus grows bigger, the baby has less protection from injury.

Correct placement of the seatbelt around your abdomen is important. Keep the lap belt under your belly, low and across your hips. The shoulder harness should come down over your shoulder, between your breasts, and over the top and side of our belly to fasten at the side.

## ORAL HEALTH

Pregnancy, and the changing hormone levels that occur with it, can make some dental problems worse.

Visit your dentist at least once during your pregnancy. Have your teeth cleaned and schedule any needed treatment. It is generally safe to have dental care during pregnancy.

# COMFORT MEASURES

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## MORNING SICKNESS

About half of pregnant women have some nausea and vomiting. Although it is usually in the morning, it can happen at any time of day or night. It typically starts between weeks two and six, and ends by week 14.

### **Potential Remedies:**

- Eat frequent, small meals of easily-digested foods.
- Eat dry toast or crackers before you get out of bed in the morning.
- Suck on peppermint candy or drink peppermint tea.
- Motion sickness bands.
- Ginger tea.
- Vitamin B6: 100 mg morning and bedtime plus 1/2 Unisom tablet at bedtime.

## HEARTBURN

Heartburn is a burning sensation in the throat and chest. It is caused by stomach acid backing up into the esophagus. The hormones of pregnancy relax the valve between the stomach and esophagus, and later in the pregnancy the growing uterus crowds the stomach.

### **Potential Remedies:**

- Eat small meals.
- Avoid high-fat foods.
- Avoid drinking liquid with meals.
- Chew you food well, and remain upright for at least one hour after eating.
- Elevate the head of your bed a few inches to help keep stomach acid in your stomach when you lie down.
- Try papaya enzyme.
- Use Tums (not more than every 4 hours).

## CONSTIPATION

### **Potential Remedies:**

- Drink at least eight glasses of liquids everyday.
- Eat high-fiber foods. Raw fruits, vegetables, beans, whole grains, and bran cereal are good choices.
- Natural Vitality Calm dietary supplements.

# GENETIC SCREENING

## FOUR METHODS FOR FETAL TESTING

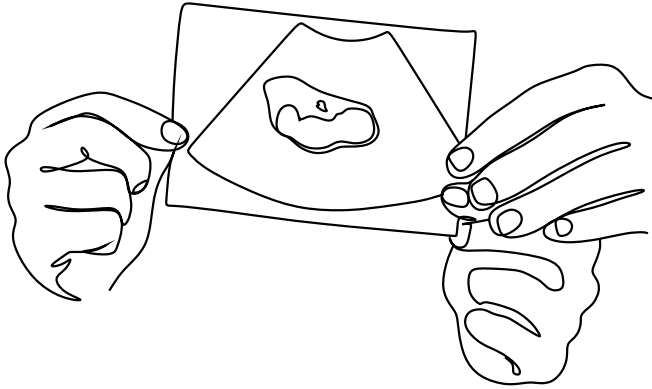
<i>METHOD</i>	ULTRASOUND	AMNIOCENTESIS	CHORIONIC VILLUS SAMPLING (CVS)	MATERNAL BLOOD TESTS
<i>USED SINCE</i>	1960's	1960's	1980's	2011
<i>SCREENING OR DIAGNOSTIC TEST?</i>	Screening	Diagnostic Test	Diagnostic Test	Screening
<i>WHAT IT DOES</i>	Allows doctors to identify physical signs of genetic problems	Identifies chromosomal abnormalities, inherited diseases and spinal column and brain defects	Identifies chromosomal abnormalities and inherited diseases	Allows doctors to assess the risk of chromosomal abnormalities
<i>PROCEDURE METHOD</i>	A probe transmits high-pitched sound waves into the belly	A needle through the belly extracts amniotic fluid	A needle through the belly or a catheter through the cervix suctions cells from the placenta	A blood sample is taken from the mother
<i>HOW IT WORKS</i>	Visible fluid buildup on the back of a fetus' neck may be an early sign of a disorder	Amniotic fluid contains fetal cells, which are extracted, grown in a lab and analyzed	Placental tissue contains the same genetic material as the fetus	Maternal blood contains fetal DNA, which passes through the placenta
<i>PERFORMED AT</i>	11 to 14 weeks	15 to 20 weeks	10 to 12 weeks	10 weeks or later
<i>RISKS</i>	Non invasive. Effects of repeating ultrasounds on the fetus are unknown	Miscarriage occurs about 1 out of every 1,000 procedures	Miscarriage occurs about 1 out of every 500 procedures	Non invasive
<i>GENETIC RESULTS ACCURACY</i>	Abnormal results must be confirmed with diagnostic test	99%	98-99%	Detects 99% of Down syndrome cases; up to 50% of positive tests are false positives

SOURCES: ACOG; AMERICAN PREGNANCY ASSOCIATION; CDC; HUMAN REPRODUCTIVE UPDATE; JOHNS HOPKINS UNIVERSITY; MAYO CLINIC; NEW ENGLAND JOURNAL OF MEDICINE; NIH; NSGC

# ULTRASOUNDS

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## ULTRASOUND 11-14 WEEKS



Ultrasound examination at 11–14 weeks of gestation aims to confirm the gestational age, assess chorionicity in multiple pregnancies, measure the nuchal translucency thickness and visualize the basic anatomical structures of the fetus.

## ULTRASOUND AT 20 WEEKS

A 20-week ultrasound takes measurements of your baby's organs and body parts to make sure your baby is growing appropriately. The scan also looks for signs of specific congenital disabilities or structural issues with certain organs.

***Some specific parts your provider will examine are your baby's:***

- Heart.
- Brain, neck and spine.
- Kidneys and bladder.
- Arms and legs.
- Hands, fingers, feet and toes.
- Lips, chin, nose, eyes and face.
- Chest and lungs.
- Stomach and intestines.

***The ultrasound technician will also:***

- Listen to your baby's heart rate for abnormal rhythms.
- Check the umbilical cord for blood flow and where it attaches to the placenta.
- Look at your placenta to make sure it's not covering your cervix (placenta previa).
- Check your uterus, ovaries and cervix.
- Measure the amount of amniotic fluid.



# GESTATIONAL DIABETES

During pregnancy, a woman's sugar metabolism shifts to provide higher blood sugar levels in order to meet the growing baby's needs. Her own cells become more resistant to the effects of insulin under the influence of hormones secreted by the placenta. In about 7% of pregnant women, **gestational diabetes** occurs when the pancreas is unable to meet this increased demand for insulin.



## ***Gestational diabetes increases the risk of developing several problems, including:***

- Pregnancy-induced hypertension or pre-eclampsia
- Babies who are abnormally large
- Cesarean, forceps, or vacuum delivery
- Birth injury for mother or baby
- Stillbirth
- Newborn jaundice, inability to maintain normal blood sugar, or low blood calcium
- Future development of type 2 diabetes

## INSTRUCTIONS FOR SCREENING

On the morning of your scheduled test, you may eat a breakfast that contains protein (eggs, meat). **Do not eat any toast, cereal, milk, yogurt, fruit, or juice.** These can make your test more likely to be inaccurate and abnormal.

You may bring a snack with you, to eat after we draw your blood.

# PREGNANCY-INDUCED HYPERTENSION



**Pregnancy-induced hypertension** occurs when a pregnant woman develops high blood pressure during her pregnancy. PIH typically develops after 20 weeks of pregnancy in a woman who previously had a normal blood pressure.

## **What are the health risks of PIH?**

PIH can decrease the amount of blood and oxygen the baby receives, and can cause low birthweight, premature birth, or stillbirth. In the mother, PIH can damage the liver, kidneys, and brain and can cause seizures or a stroke. PIH can cause death for either the mother or the baby.

## **What are the warning signs of PIH?**

- Rise in blood pressure
- Sudden weight gain
- Swelling, especially in the face and hands
- Headaches
- Blurred or double vision, seeing spots or flashed of light
- Nausea and vomiting
- Pain under the ribs
- Decreased production of urine
- Protein in the urine

IF YOU NOTICE ANY OF THESE WARNING SIGNS, YOU SHOULD CALL YOUR MIDWIVES RIGHT AWAY. WAITING EVEN A SHORT TIME CAN BE DANGEROUS FOR YOU AND FOR YOUR BABY.

# KNOW THE SIGNS OF PRETERM LABOR

***Call your midwife right away if your due date is more than 3 weeks away and you have any of the following warning signs:***

- Contractions that come more often than every 10 minutes
- Clear, pink, or brownish fluid leaking from your vagina
- The feeling that your baby is pushing down
- Low, dull backache
- Cramps that feel like your period
- Intestinal cramping or diarrhea

## **KNOW WHAT TO DO**

- **Call** your midwife or the hospital right away if you think you are having preterm labor, or if you have any of the warning signs. Call even if you have only one sign.
- **Stop** what you are doing, **lie down**, take a **warm bath** and **rest**.
- **Drink** 2-3 glasses of water or juice (not coffee, tea, or soda).



BABIES WHO ARE BORN TOO EARLY CAN HAVE SERIOUS AND LONG-TERM HEALTH PROBLEMS, BUT PRETERM LABOR CAN OFTEN BE STOPPED IF IT IS RECOGNIZED AND TREATED EARLY.

# FETAL KICK COUNT



## THE IMPORTANCE OF KICK COUNTS

Most mothers-to-be eagerly await that first reassuring baby kick, just to know their baby is growing and developing. **For first-time moms, it may occur closer to 25 weeks, and for second or third-time moms, it may occur closer to 18 weeks.**

Don't panic if you're not sure what you're feeling. For a couple of weeks, it may be difficult to distinguish between gas and the real thing, but very soon, you will notice a pattern. You will gradually learn your baby's sleeping and waking cycles when he or she is most active, and what seems to trigger activity.

Being attentive to your baby's movements will help you notice any significant changes. Setting aside time every day when you know your baby is active to count kicks, swishes, rolls, and jabs may help identify potential problems and can help prevent stillbirth. Though strongly recommended for high-risk pregnancies, counting fetal movements beginning at 32 weeks may be beneficial for all pregnancies.

Generally, moms find their babies are most active after eating a meal or something sweet, drinking something very cold, or after physical activity. **You may also find your baby to be more active between 9:00 pm and 1:00 am, as your blood sugar level is declining.**

At 32+ weeks, ideally you want to feel at least  
10 movements within 2 hours.

## WHEN SHOULD I CALL MY MIDWIFE?

If you have followed the above recommendations and have not felt 10 kicks by the end of the second hour, wait a few hours and try again. If after trying a second time, you do not feel 10 movements within 2 hours you should contact your health care provider.

If you notice a significant deviation from the pattern over the course of 3-4 days.

# CHOOSING A PEDIATRICIAN

## **Consider if you would like to choose a Pediatrician or a Family Doctor.**

While both types of doctors are fully equipped to care for and treat patients, pediatricians specialize in children and have more in-depth knowledge about the growth, development, and behavior of small kids. On the other hand, family doctors are equipped to care for a patient throughout their entire adult life.

### ***Tips for selecting a primary care provider***

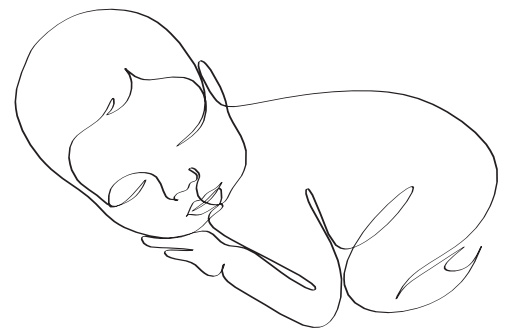
Your primary care physician (PCP) is a medical provider that will likely oversee the health and wellness of you and your family for the long-term. A PCP tends to common medical problems, but should also look out for your overall health - healthy habits and much more. It's important that you develop a trusting, ongoing relationship with a health care provider that can meet your general needs and who can steer you to a specialist or other resources when needed.

If you don't currently have a designated PCP, here are a few suggestions to find the right fit. A little bit of homework goes a long way for this important professional relationship.

**Search your health plan network.** Look up providers in your health plan's network. Because you will likely see your PCP often, using a doctor within your plan's network will save you money. Plus, it may be easier to locate somebody close by.

**Consider medical background.** Note that some providers are board-certified in a field of medicine. This means that they have completed training in a specialty and passed an exam that assesses their knowledge and skill in a particular area, such as diabetes or pediatrics.

**Get referrals.** Talk to friends, neighbors and relatives and see if they can refer you to a quality doctor. Nothing is more reliable than the experience of people similar to you.



# CALMING FUSSY BABIES

## THE FIVE S'S

### Swaddling

- Swaddling recreates the snug packaging inside the womb and is the cornerstone of calming. It decreases startling and increases sleep.
- To swaddle correctly, wrap arms snug—straight at the side—but let the hips be loose and flexed. Use a large square blanket, but don't overheat, cover your baby's head or allow unraveling.

### Side/Stomach

- The back is the only safe position for sleeping, but it's the worst position for calming fussiness. This S can be activated by holding a baby on her side, on her stomach or over your shoulder.

### Shushing

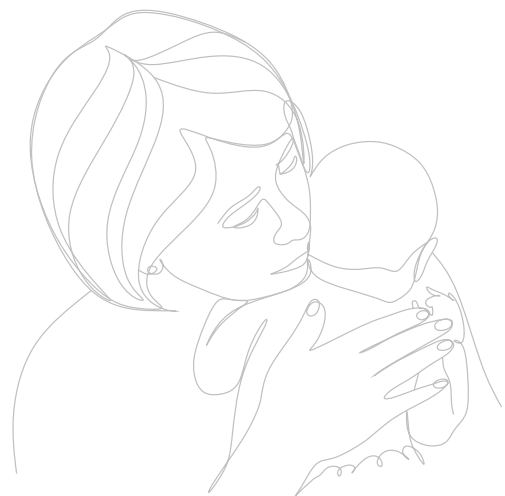
- Rhythmic auditory stimulus. The best way to imitate the sound of the womb is white noise.
- Shush as loud as baby is crying

### Swinging

- Dance with baby - Always support the head/neck, keep your motions small; and move no more than 1 inch back and forth.

### Sucking

- Breast, finger, pacifier



# INFANT MEDICATION

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## VITAMIN K

**What is vitamin K?** Vitamin K is a vital nutrient that our body needs for blood to clot and stop bleeding.

Without enough vitamin K, blood cannot clot well. As a result, bleeding can occur anywhere in the body. This means not only that bleeding from a clot or bruise may continue for a long time, but that uncontrolled bleeding into the brain and organs may occur.

### **Why does my baby need a vitamin K shot?**

- Vitamin K from the mom is not easily shared with the developing baby during the pregnancy.
- The intestine of the newborn baby has very little bacteria so they do not make enough Vitamin K on their own.

**\* *Vitamin K shots are required for circumcision.***

## HEPATITIS B

**What is Hepatitis B?** Hepatitis B is an infectious liver disease caused by the hepatitis B virus. Some people are able to fight the infection and clear the virus. For others, the infection remains and is "chronic," or lifelong. Over time, the chronic hepatitis B can cause serious health problems, and even liver cancer. There is no cure for hepatitis B.

Mothers can pass the hepatitis B virus to their baby during childbirth without knowing it, since it is passed through blood and bodily fluids. People can spread the virus even when they have no symptoms.

## ERYTHROMYCIN EYE OINTMENT

**What is Erythromycin eye ointment?** Erythromycin eye ointment is given to your newborn baby to protect your baby from an infection called gonococcal ophthalmia neonatorum (GCON). GCON results from exposure to infected maternal secretions at birth. Symptoms can be seen 2 - 5 days after birth.

# BREASTFEEDING

## BABY'S SECOND NIGHT

It is common that on baby's second night, they begin to "discover" that they are no longer in the womb and begin to crave "home." They may have been sleepy and quiet the night before but now they are only consoled by being held by you. This is normal. They are looking for the familiar feelings and sounds of the womb. Snuggled up to you, listening to your heart, at your breast is the closest they can be to that.



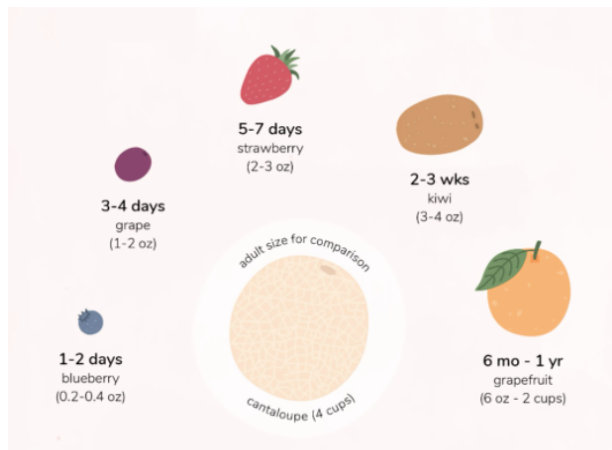
## LATCH

No matter what latch and positioning look like, the true measure is in the answers to these two questions:

1. ***Is it effective?***
2. ***Is it comfortable?***

Even if latch and positioning look perfect (and, yes, even if a lactation consultant told you they were fine), pain (particularly after the first two weeks) and/or ineffective milk transfer indicate that something needs to change, and the first suspect is ineffective latch/positioning.

If baby is transferring milk and gaining weight well, and mom is not hurting, then latch and positioning are – by definition – good, even if they look nothing like the “textbook” latch and positioning that you’ve seen in books.



A common concern that new mothers have is whether or not their baby is eating enough or if they themselves are producing enough milk. Mothers tend to breastfeed their newborns on average 8 to 12 (or more) times in a full 24 hour period.

This frequent nursing schedule helps to regulate your body's breast milk supply to your child's appetite and specific hunger needs. As time progresses and your baby continues to frequently nurse, they should begin to gain weight (approximately 5.5 to 8.5 ounces per week of weight gain until four months of age).

Being aware of your baby's stomach capacity will help to set realistic feeding expectations and create an overall much more enjoyable postpartum experience.



# HAAKAA

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Once attached, the Haakaa breast pump provides secure and soft suction. The pump uses suction to draw milk out. It allows you to collect the letdown which would be otherwise wasted to your nursing pad, bra or shirt. By keeping the pump on for longer, you can collect more milk than the natural letdown to build a stash effortlessly.



## HOW TO USE THE HAAKAA

### METHOD A

Fold back the flange - Wipe your breast to remove any moisturizer and to clean the skin. Squeeze the bottom of the pump and fold the flange back. Hold the flange back and place the center of the pump over your nipple. Make sure your nipple is centered comfortably in the neck of the pump. Gently release the flange to get a good seal between the flange and the skin around the nipple, creating a suction. Many moms find this method the most effective to get good suction.

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### METHOD B

Attach directly - Wipe your breast to remove any moisturizer and to clean the skin. Squeeze the bottom of the pump and place the center of the pump over your nipple. Make sure your nipple is centered comfortably in the neck of the pump. Once comfortable release your grip from the pump. The suction should secure the Haakaa to your breast. This is the simplest way to attach your Haakaa pumps.

# GROUP B STREP

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## **What is Group B Strep (GBS)?**

GBS is one of many common bacteria that normally live in the human body. GBS does not cause problems in healthy people. GBS is found in the intestine (gut), vagina, and rectum (bottom). About 2 in every 10 pregnant women have GBS in their normal bacteria. Some women have GBS in their vagina all the time. In others, GBS is in the vagina for a while then goes away and comes back later. GBS is not a sexually transmitted infection.



## **How can newborn infection from GBS be prevented?**

GBS is easily removed in the vagina and urine if you take an antibiotic. It is not easy to get rid of GBS in your intestine because antibiotics do not work well in that part of the body. If you take the antibiotic before you are in labor, GBS that lives in the intestine goes back to the vagina as soon as you stop taking the antibiotic. Taking an antibiotic for GBS before you are in labor can be unhealthy for you and your baby. It is best to take the antibiotic only during labor. This will get rid of the GBS in your vagina quickly at the only time that you need it to be gone.

## **What if I give birth before I get 4 hours of antibiotic?**

The antibiotics that get rid of GBS work by being in your body for a period of time. The antibiotic starts working right away, but 4 hours of antibiotic is the best for getting rid of all the GBS in your vagina. Even a short time of getting an antibiotic in labor lowers the amount of GBS in your vagina and lowers the risk of your baby getting sick.

# BIRTH PLANNING

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## **Nurse-midwives are committed to a philosophy that supports labor and birth as YOUR experience.**

We do not routinely perform interventions to affect the normal process of labor and birth such as enemas, shaving pubic hair, or episiotomies. During normal labor and birth you will be encouraged to do whatever makes you feel most comfortable.

## LABOR

- I would like to be free to walk round and change positions during labor
- I would like to be able to drink and eat throughout labor
- I would like to use the bath/shower for pain relief
- I will be bringing my own relaxing music to play during my labor
- I would like the lights in the room to be kept low during my labor
- I do not wish to have continuous fetal monitoring unless medically necessary

## PAIN MEDICATION

- I am planning to have an un-medicated birth
- I would like an epidural
- I am unsure if I will want pain medication in labor, please discuss during labor
- I am planning to use Nitrous Oxide

## BIRTH

- I would like to choose the position in which I give birth
- I would like a mirror available so I can see my baby's head being born
- I would like the chance to touch my baby's head when it crowns, please remind me of this when I am working hard to push my baby out.
- I would like to have the baby placed on my chest immediately after birth, if possible.
- I would like to have the baby dried and wrapped up before being given to me.

## IMMEDIATELY AFTER BIRTH

- I would like to have a specific person cut the cord after it stops pulsating.
- I would like to delay Erythromycin ointment in my baby's eyes.
- I would not like my baby to receive Erythromycin ointment.
- I would like to delay the Vitamin K injection until after the first hour of life.
- I would not like my baby to receive the Vitamin K injection.
- I would like to see my placenta after it is birthed.
- I would like to take my placenta home with me.

## BREASTFEEDING

- I plan to breastfeed my baby.
- I plan to bottle-feed my baby.
- Unless medically necessary, I do not wish to have any bottles given to my baby.
- I do not want my baby to be given a pacifier.

# MILES CIRCUIT

"I named this "circuit" after my friend Megan Miles, who shared and discussed it with me when I was working with a client whose labor seemed to be stalled out and no longer progressing. This circuit is useful to help get the baby lined up, ideally, in the "Left Occiput Anterior" (LOA) Position, both before labor begins and when some corrections need to be done during labor. Prenatally, this position set can help to rotate a baby. As a natural method of induction, this can help get things going if baby just needed a gentle nudge of position to set things off. To the best of my knowledge, this group of positions will not "hurt" a baby that is already lined up correctly."

- Sharon Muza

## BEFORE YOU BEGIN



- I would like to be free to walk round and change positions during labor
- I would like to be able to drink and eat throughout labor
- I would like to use the bath/shower for pain relief
- I will be bringing my own relaxing music to play during my labor
- I would like the lights in the room to be kept low during my labor
- I do not wish to have continuous fetal monitoring unless medically necessary

## STEP ONE: OPEN-KNEE CHEST

Stay in this position for 30 minutes, start in cat/cow, then drop your chest as low as you can to the bed or the floor and your bottom as high as you can. Knees should be fairly wide apart, and the angle between the torso/thighs should be wider than 90 degrees. Wiggle around, prop with lots of pillows and use this time to get totally relaxed. This position allows the baby to scoot out of the pelvis a bit and gives them room to rotate, shift their head position, etc. If the pregnant person finds it helpful, careful positioning with a rebozo under the belly, with gentle tension from a support person behind can help maintain this position for the full 30 minutes.



# MILES CIRCUIT

## STEP TWO: EXAGGERATED LEFT SIDE LYING



Roll to your left side, bringing your top leg as high as possible and keeping your bottom leg straight. Roll forward as much as possible, again using a lot of pillows. Sink into the bed and relax some more. If you fall asleep, that's totally okay and you can stay there! If not, stay here for at least another half an hour. Try and get your top right leg up towards your head and get as rolled over onto your belly as much as possible. If you repeat the circuit during labor, try alternating left and right sides.

## STEP THREE: MOVING & LUNGES

Lunge, walk stairs facing sideways, 2 at a time, (have a spotter downstairs of you!), take a walk outside with one foot on the curb and the other on the street, sit on a birth ball and hula- anything that's upright and putting your pelvis in open, asymmetrical positions. Spend at least 30 minutes doing this one as well to give your baby a chance to move down. If you are lunging or stair or curb walking, you should lunge/walk/go up stairs in the direction that feels better to you. The key with the lunge is that the toes of the higher leg and mom's belly button should be at right angles. Do not lunge over your knee, that closes the pelvis.



### MILES CIRCUIT MASTERMINDS

Megan Hamilton Miles: Circuit Creator - [www.northsoundbirthcollective.com](http://www.northsoundbirthcollective.com)

Sharon Muza, CD, BDT (DONA), LCCE, FACCE:

Supporting Content - [www.sharonmuza.com](http://www.sharonmuza.com)

Emily Weaver Brown: Photography - [www.emilyweaverbrownphoto.com](http://www.emilyweaverbrownphoto.com)

Kate Dewey CD/CDT (BAI): Print and Webmaster - [www.letitbebirth.com](http://www.letitbebirth.com)

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# POSTPARTUM PLAN

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## POSTPARTUM CONSIDERATIONS

**Who is in your inner circle?** (close friends, close family, counselor)

**Who is your support network?** (church, co-workers, family, friends)

**Who could help out during the day?**

**Who could help out during the night?**

**Ideas for adequate sleep:**

- Family/friend helps me nap during the day
- Call my provider if unable to sleep
- Sleep/rest when baby sleeps

**Who could help with my older children and when?**

**Who can help with housekeeping?**

**What is my greatest concern with bringing baby home?**

**What is my partner's greatest concern with bringing baby home?**

**What meals can I prepare before the baby is born** (and who can bring meals)?

**What are some self-care and partner self-care ideas?**

What are some ways to connect to my partner?

If you do not have a partner, who else could you lean on for support?

# POSTPARTUM RESOURCES

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## LOCAL & DIGITAL POSTPARTUM RESOURCES

Key: **Local/Physical Resource** | **Digital Resource**

### FOR BUILDING COMMUNITY

- **The Circle by Postpartum Resource Group:** Support group for all moms in all stages of life, from pregnancy through the parenting of young ones.
- **Flathead Moms for Moms (FB group):** Local activities and events posted.
- **MOPS:** International organization with groups in several local cities. Monthly meetings for moms to connect, learn, and eat together. Childcare provided. You have to sign up in advance for the year.

### FOR FAMILY RESOURCES

- **The Nurturing Center:** A local resource for families needing diapers, wipes, formula, assistance with signing up for Medicaid, subsidized childcare, etc.
- **Flathead County Resource Guide:** Contact info for local resources including child and family services, housing, food, transportation, legal, health, etc.
- **LIFTS:** Connecting families to local resources, events, health care, and other families. Searchable database based on location.
- **Montana Pediatrics:** A tele-health system to connect families with pediatric providers. Montana Pediatrics is working to ensure that there is never a time when Montana families are alone with a worry about their child's health. We embrace collaboration and the use of technology to offer after-hours telemedicine visits with Montana pediatricians who value continuity of care and supporting your child's own doctor.

### FOR POSTPARTUM PREPARATION

- **Check on Mom:** Whether your baby is on the way or has just arrived, the Check on Mom program can support you by connecting you to community, resources, and inspirational content. They also help share content with your curated "Mom Team", to give them the resources they need to support you well.
- **Postpartum Care Plan:** Helps you set clear expectations for yourself and your support people regarding sleep, visitors, division of responsibility, etc.
  - Can also find a comprehensive list for you to fill out, covering what types of visitors, groceries, support services, communication, etc, is helpful for you in the postpartum period.
- **Baby Care:** A list of books, blogs, and other resources to provide information on baby sleep, feeding, soothing, and general care.

### FOR POSTPARTUM EDUCATION (BEFORE POSTPARTUM!)

Logan Health - **"Now What?" Class**

Logan Health - **"Breastfeeding 101" Class**



# PMADS

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## POSTPARTUM MOOD & ANXIETY DISORDER

**What is a PMAD?** It stands for “Perinatal Mood and Anxiety Disorder”, and it encompasses the time period from conception up to one year after birth.

**Why is there an increased risk of mood disorders during the perinatal time period?** There is an increased risk due to hormonal changes, physical changes related to pregnancy, stress related to role and relationship shifts, and numerous other individual factors.

**How is a Perinatal Mood Disorder different from the “baby blues”?** “Baby Blues” occurs 3-5 days after birth and lasts approximately 2 days-2 weeks and symptoms include tearfulness, exhaustion, and mood lability. Overall the patient is still happy and self-esteem is unchanged. Perinatal Mood Disorder symptoms are more severe, affect self-esteem, endure for a longer time period, and often don’t resolve without some level of intervention.

**Who is at risk for having a Perinatal Mood Disorder?** Anyone that conceives a pregnancy has potential for developing a Perinatal Mood Disorder. 1 in 5-7 women are affected. 1 in 10 Fathers are diagnosed with a Mood Disorder in the Perinatal Period. Women who had a PMAD previously are much more likely to have it again, and possibly worse, in future pregnancies. However, with preparation and adequate treatment this is manageable.

**How are Perinatal Mood Disorders treated?** Perinatal Mood Disorders require individualized treatment which may include social support, community support, therapy, medication, resource assistance, physical activity, and other holistic and complementary modalities.

**What is the risk of PMADs if left untreated?** The risks include but are not limited to: relationship issues, exacerbation of medical conditions, poor adherence to medical advice, child neglect or abuse, childhood developmental delays, drug use, infanticide, homicide, suicide. However, if the mood disorder is noticed and treated, many of these risks can be averted or minimized.

