

THE
Pregnancy
TOOLKIT



ABOUT THIS TOOLKIT

The Educated Birth creates and curates inclusive reproductive health education and storytelling content. We create infographics and illustrations reproductive health workers can use as teaching tools, and parents can learn from.

Written by Cheyenne Varner. Edited by Janice Formichella. Peer-reviewed by professionals in the reproductive health space.

None of the information in this toolkit is or should be interpreted as medical advice. Always talk to your care provider about any questions or concerns you may have!

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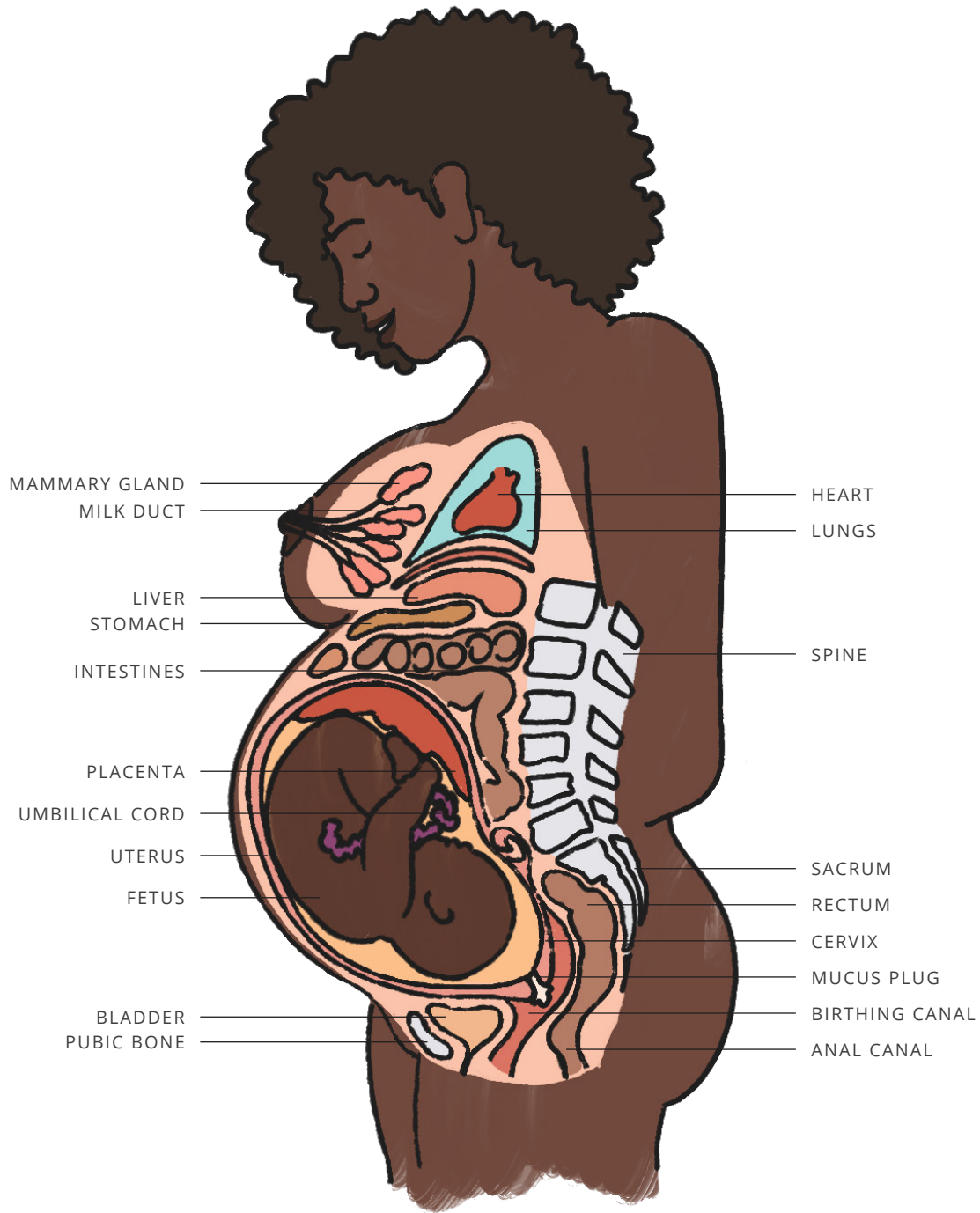
TIPS FOR USING THIS TOOLKIT

This toolkit can be used in digital and print formats. Provide the digital toolkit via email to clients who book with you. Print activity pages as needed to pass out in classes, place into client packets, or offer during individual prenatal sessions.

See our website www.theeducatedbirth.store for poster-sized prints of anatomy pages to put up on office, patient room, and/or classroom walls.

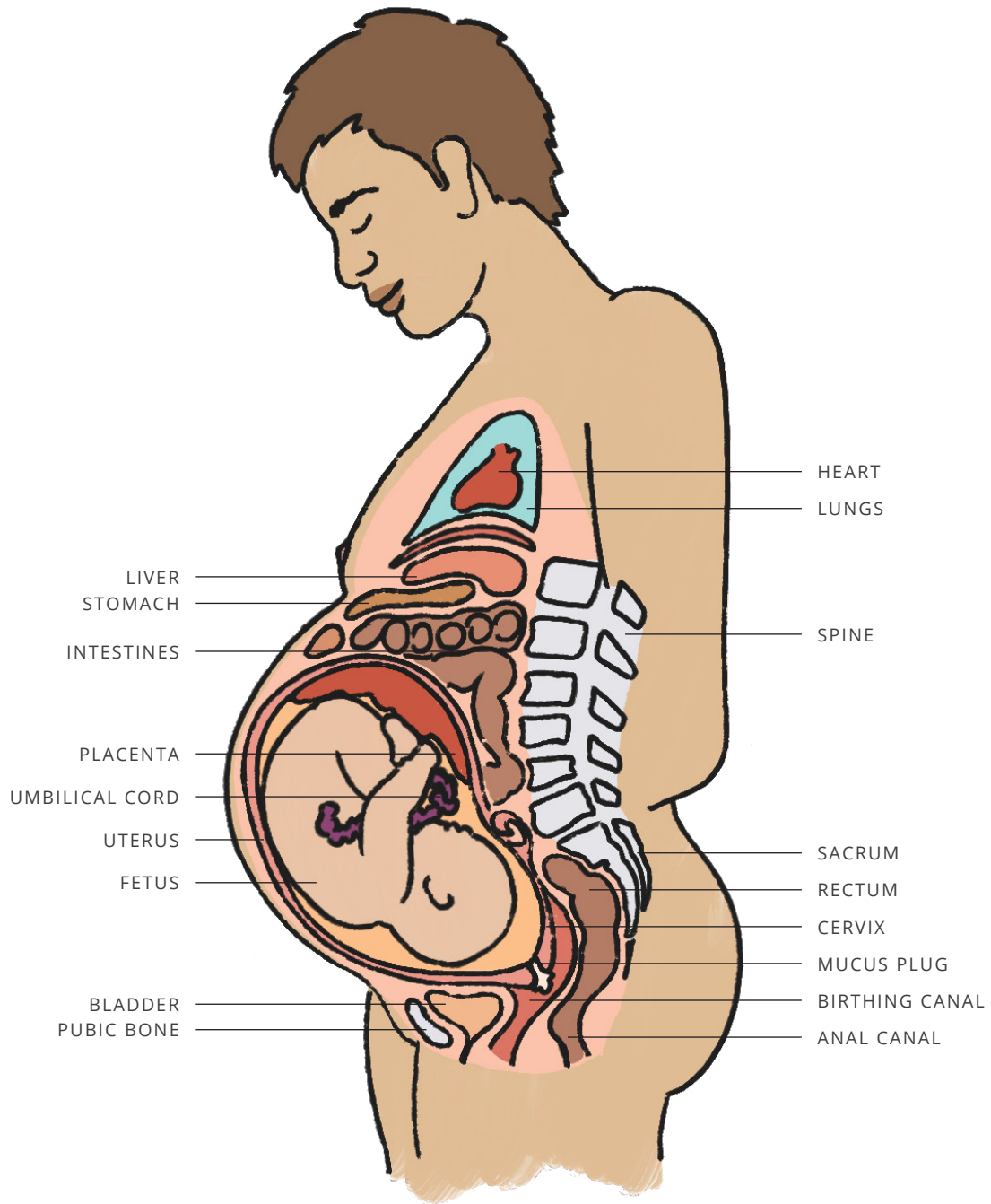
The Pregnant Body

ANATOMY SHEET



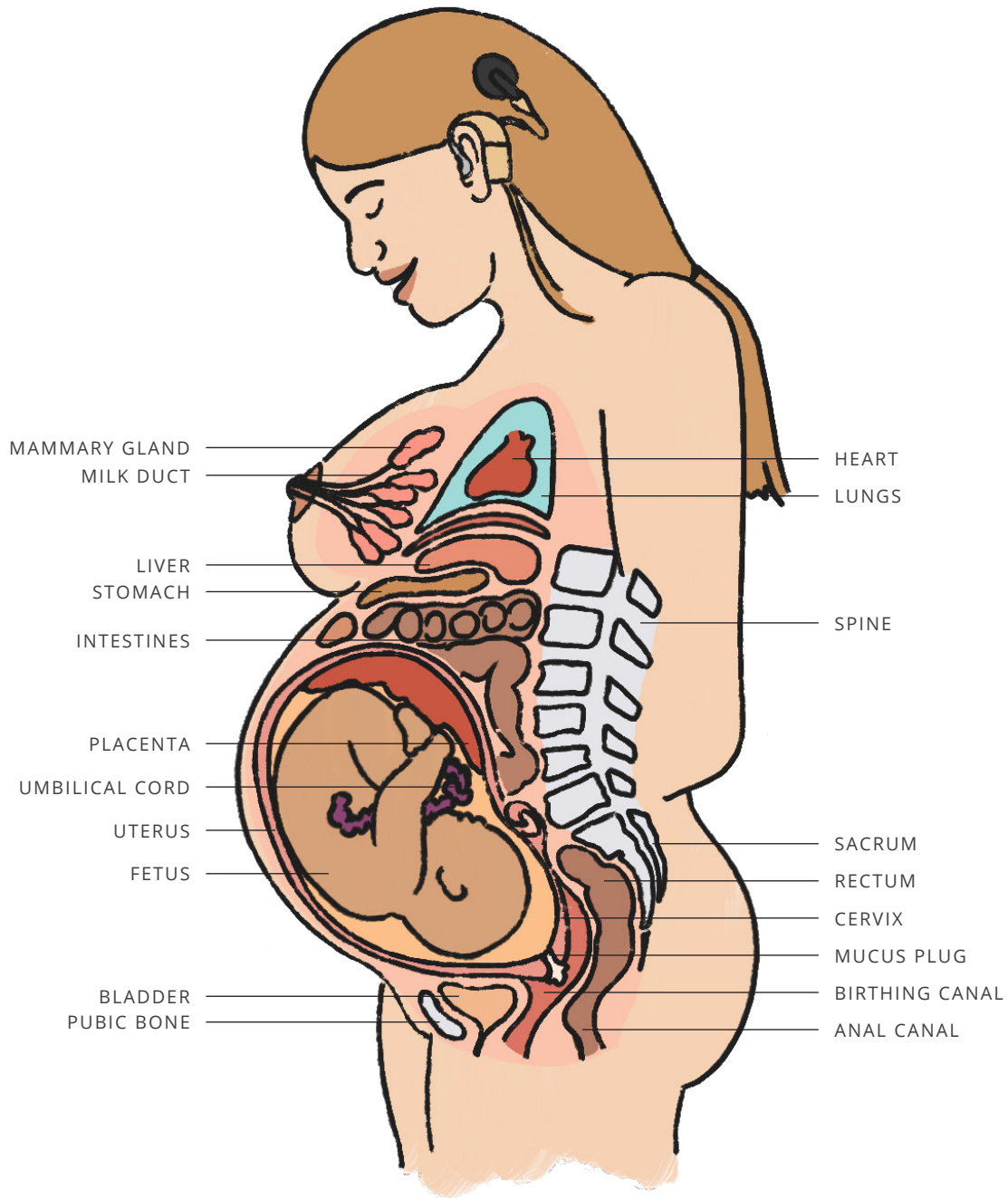
The Pregnant Body

ANATOMY SHEET



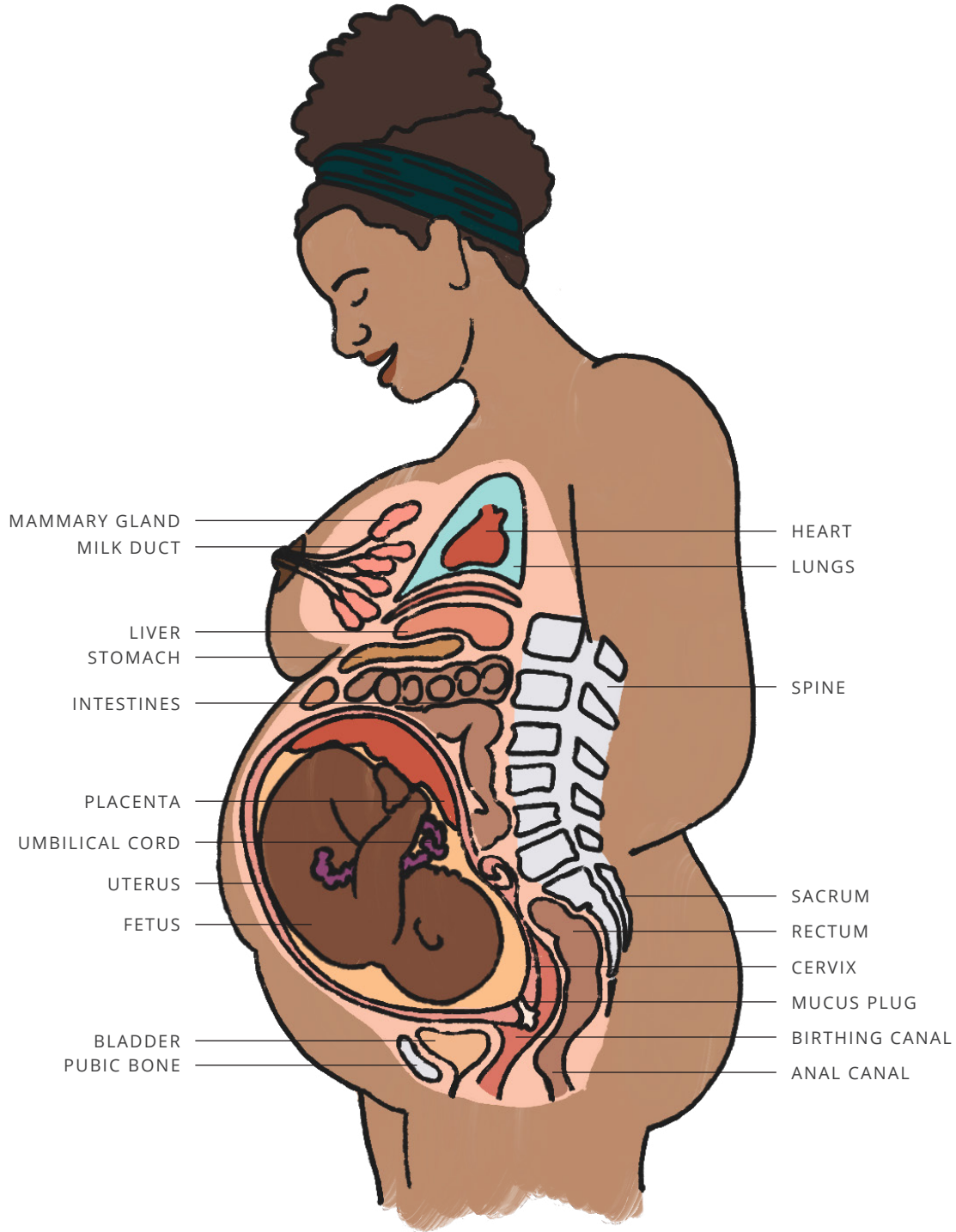
The Pregnant Body

ANATOMY SHEET



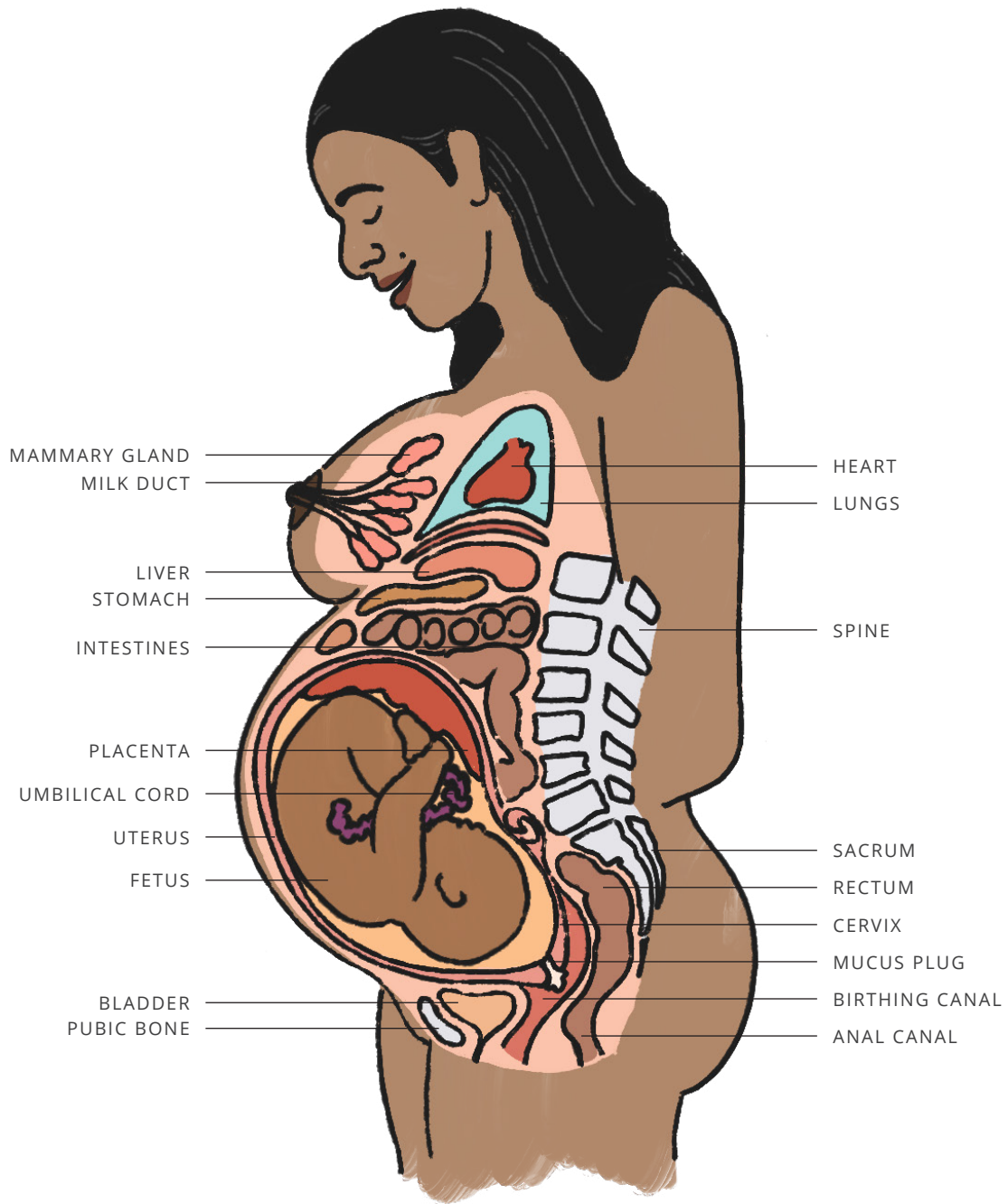
The Pregnant Body

ANATOMY SHEET



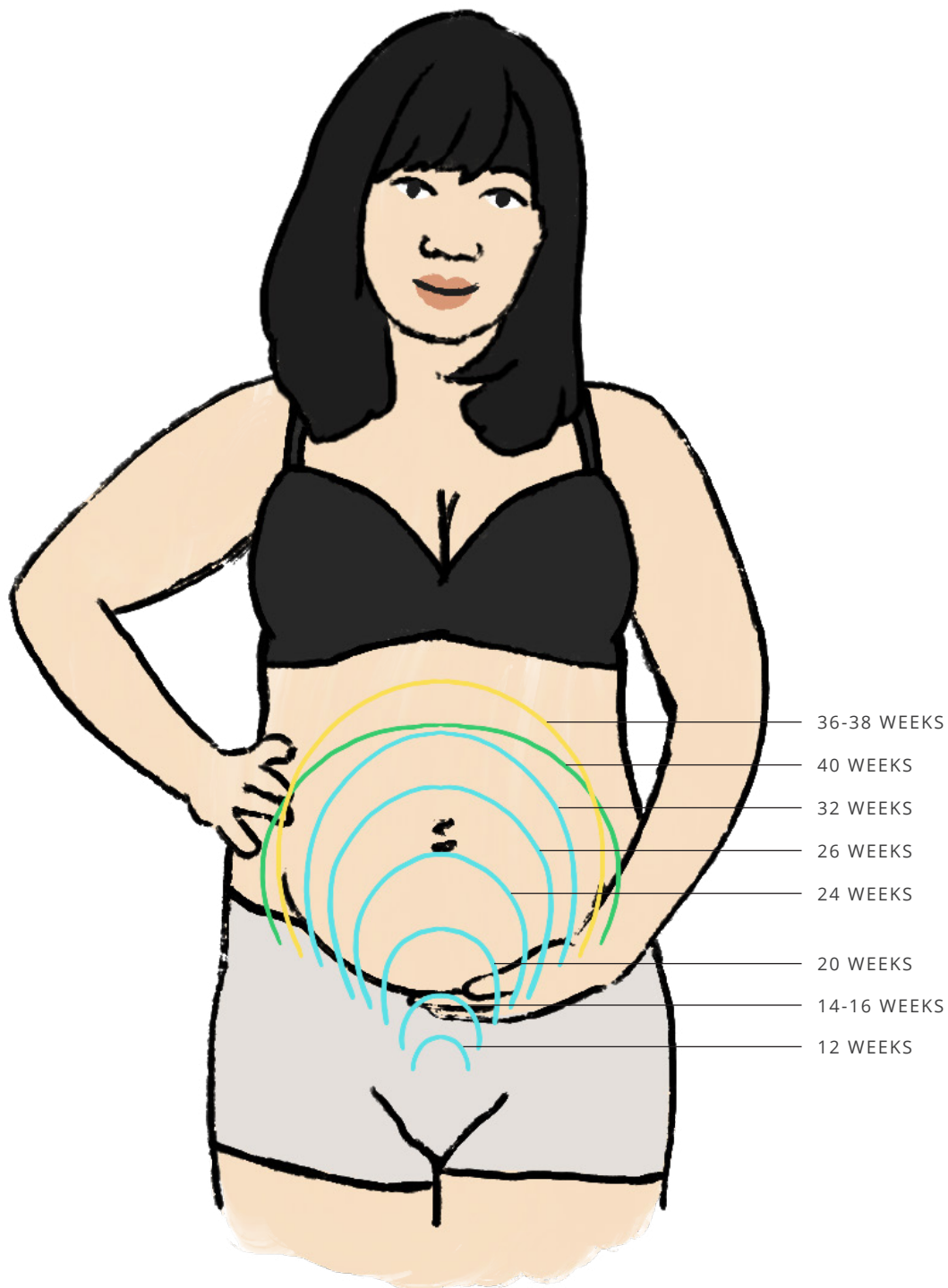
The Pregnant Body

ANATOMY SHEET



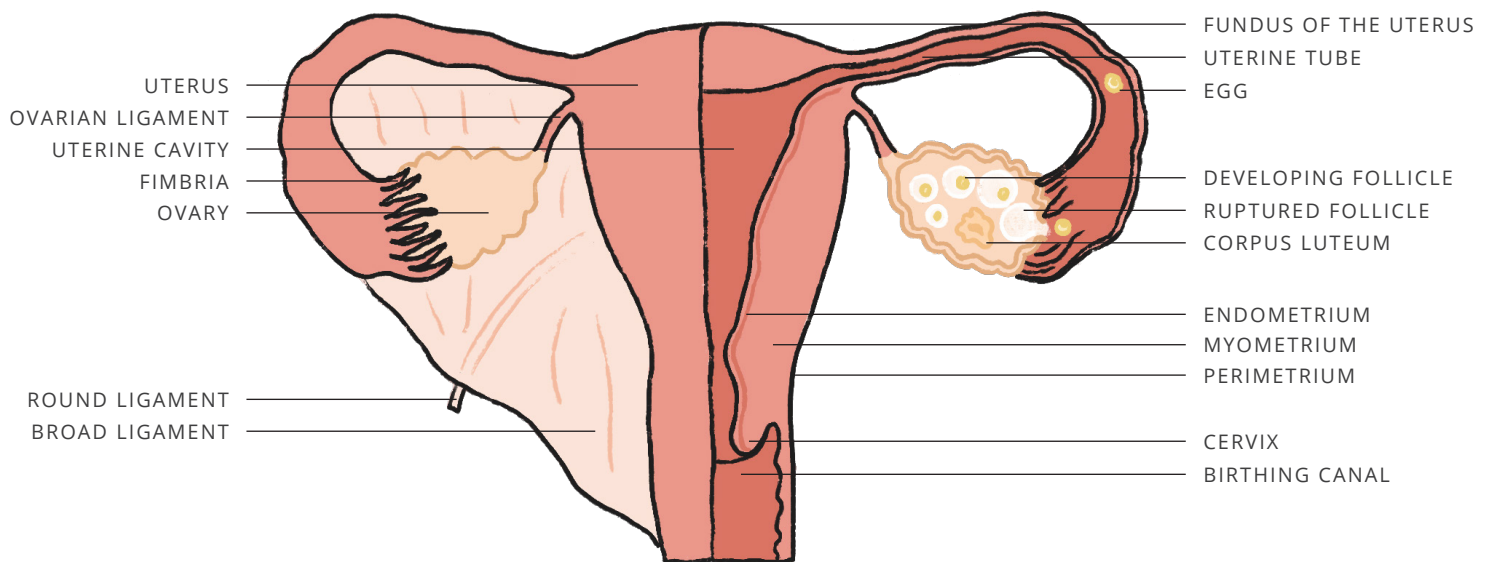
Fundal Height Throughout Pregnancy

ANATOMY SHEET



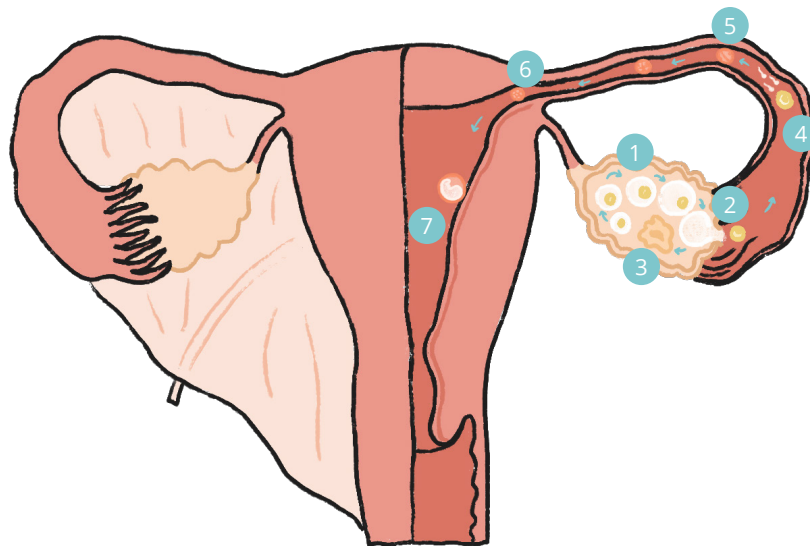
The Uterus Before Pregnancy

ANATOMY SHEET



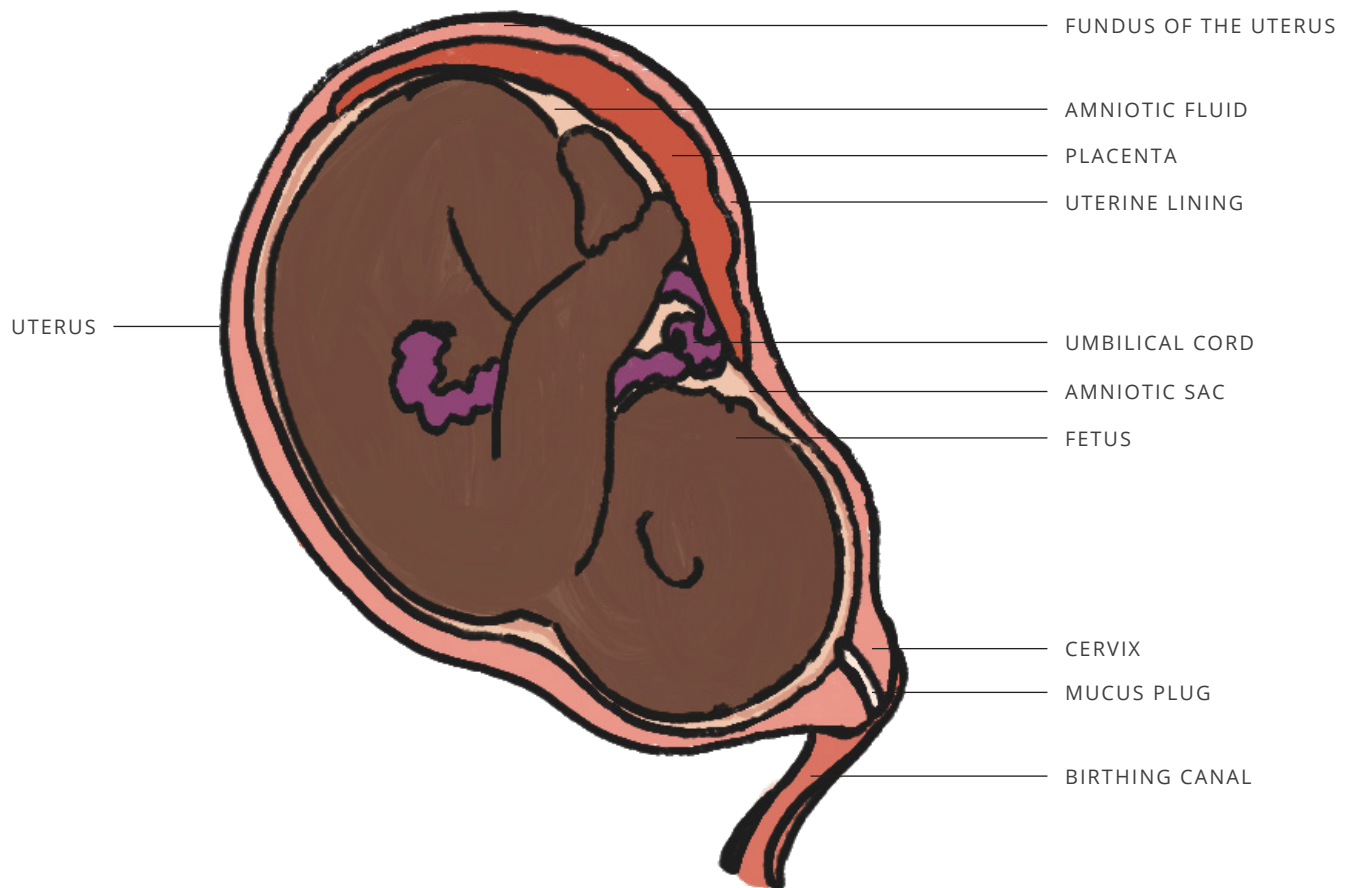
How an Egg is Made + How it Becomes an Embryo Inside of the Uterus

- 1 Inside one **ovary**, a small sac of fluid called an **ovarian follicle** surrounds and nourishes an **undeveloped egg cell**, also called an **oocyte**. Typically each ovary takes turns developing and releasing one egg at a time.
- 2 Once fully grown, the follicle ruptures and releases the **mature egg**, also called an **ovum**, through the **fimbrae** and into the **uterine tube**.
- 3 The ruptured follicle becomes something called the **corpus luteum**. This structure produces hormones, including estrogen and progesterone. These hormones thicken the lining of the **uterus**, and promote the growth of a fertilized egg and embryo. If the egg is not fertilized, the corpus luteum becomes inactive and menstruation occurs.
- 4 Once in the **uterine tube**, an egg will either become fertilized by a **sperm**, or dissolve and menstruation will occur.
- 5 A **fertilized egg**, also called a **zygote**, will be transported to the uterus while developing rapidly, typically over the time of 5-6 days.
- 6 By the time a fertilized egg reaches the **cavity of the uterus**, it is a **blastocyst**, which is an **embryo** made up of about 100 cells.
- 7 The embryo becomes anchored to the lining of the uterus — this is how the embryo continues to be nourished and gets rid of waste. Hormones will prevent the thickened lining from being shed and will continue to promote the growth of the embryo. This is the start of the development of a **fetus**.

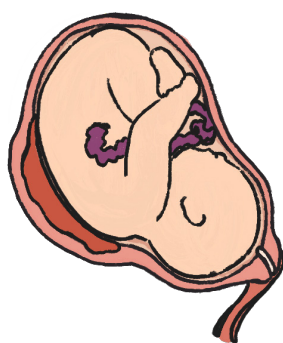


The Uterus During Pregnancy

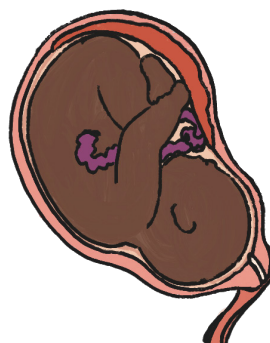
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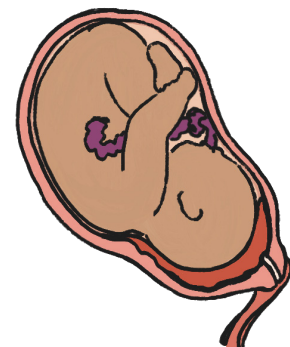
THE UTERUS + PLACEMENT OF THE PLACENTA



Anterior Placenta



Posterior Placenta

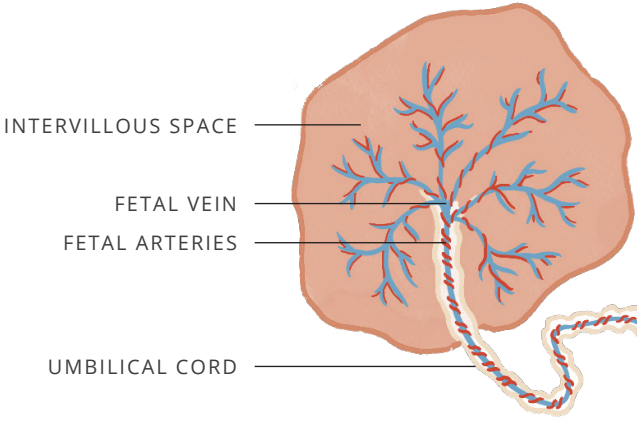


Placenta Previa

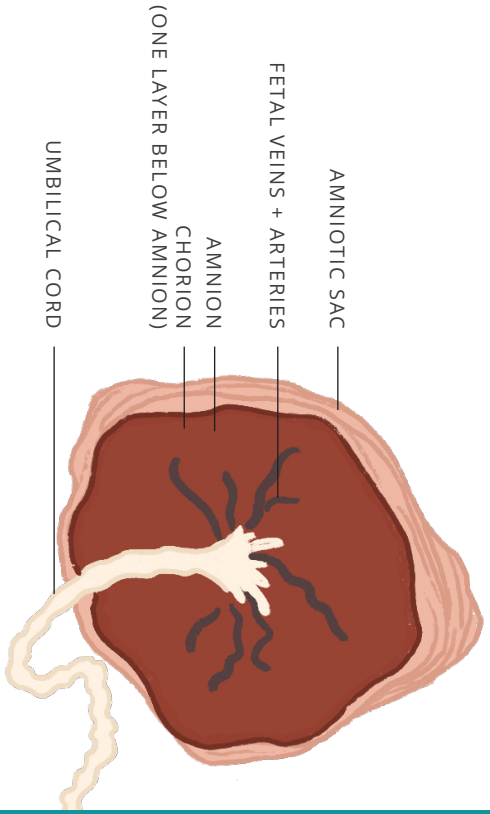
The Placenta

ANATOMY SHEET

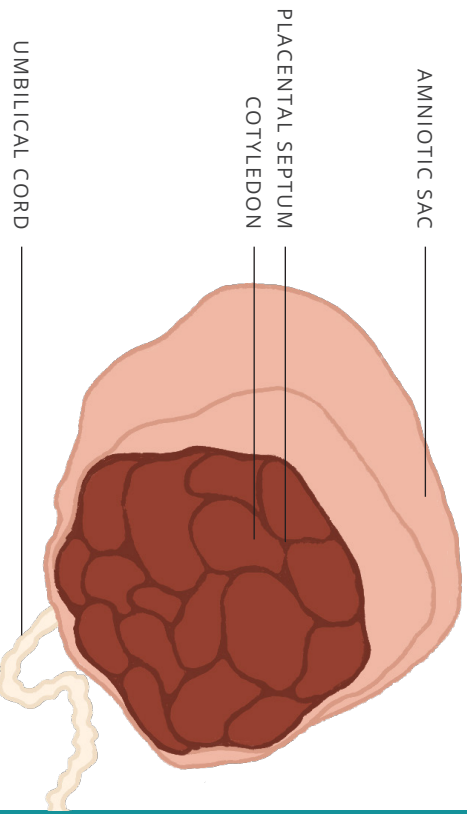
INSIDE



FETAL SIDE



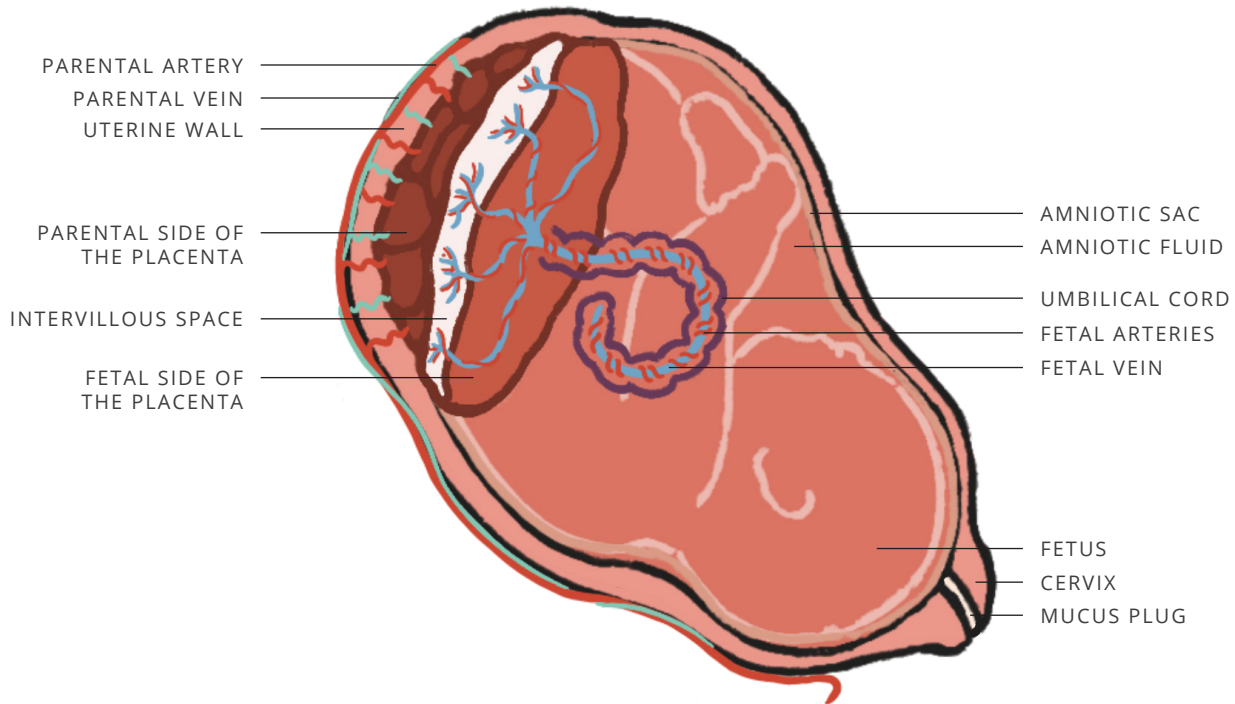
PARENTAL SIDE



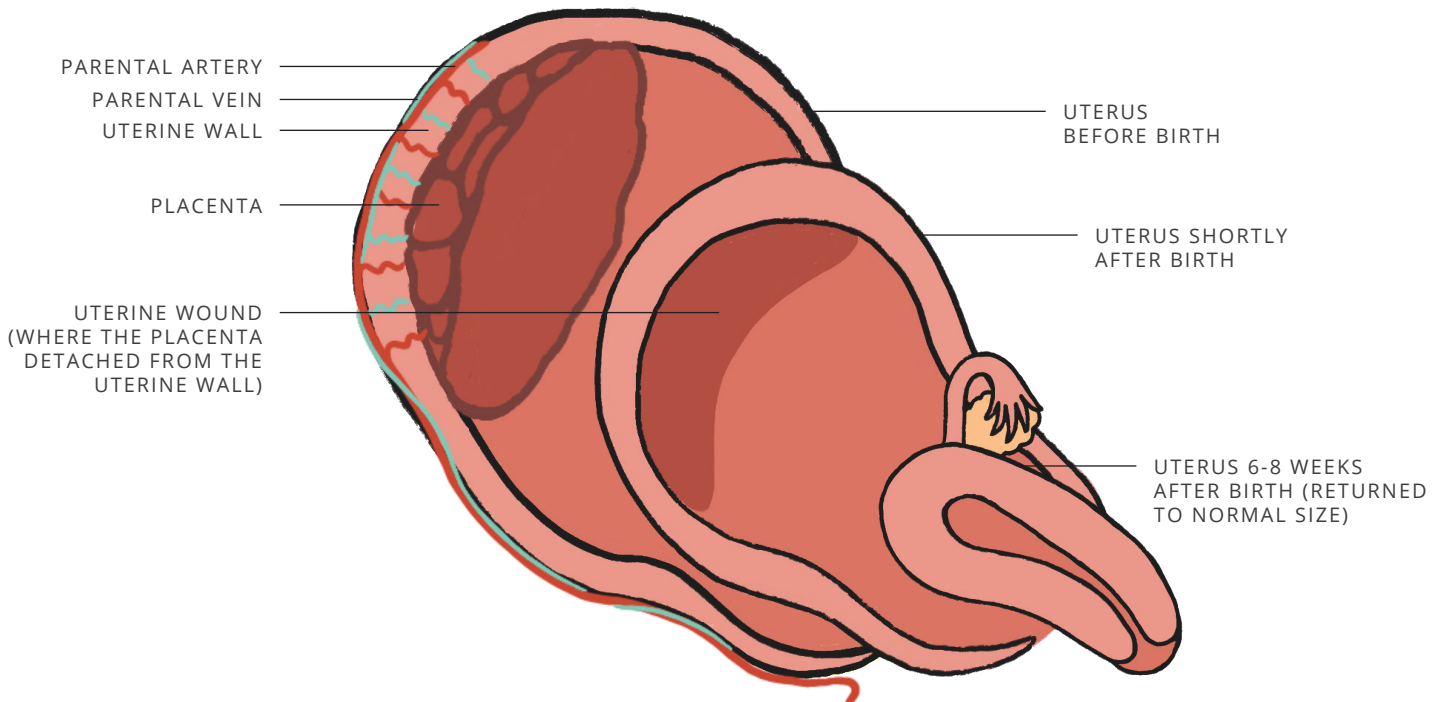
The Uterus + Placenta

ANATOMY SHEET

DURING PREGNANCY



AFTER BIRTH



The First Trimester

BRIEFLY EXPLAINED



What prenatal care is standard?

Your provider will perform a physical exam, review your medical history, and offer testing for various conditions in you and the baby. Your provider may advise a prenatal vitamin and address questions or offer recommendations on a healthy routine for you in nutrition, physical activity, mental health, and more. By this trimester's end, they'll begin checking for the fetal heartbeat.

What's going on with the parent?

Early pregnancy symptoms, experienced differently by many, include: breast and chest swelling, a heightened sense of smell, more frequent urination, nausea and vomiting, heartburn, and fatigue. New pregnancies can also trigger a variety of mental and emotional reactions, any of which are normal. This is an important time to gather support for the road ahead.

What's going on with the baby?

The first trimester is a crucial time of rapid growth and development, from implantation to early organs. The amniotic sac, placenta, and umbilical cord emerge — all essential to the safe and healthy growth of the baby. The pregnancy is most vulnerable to damage from illness and substance abuse at this time.

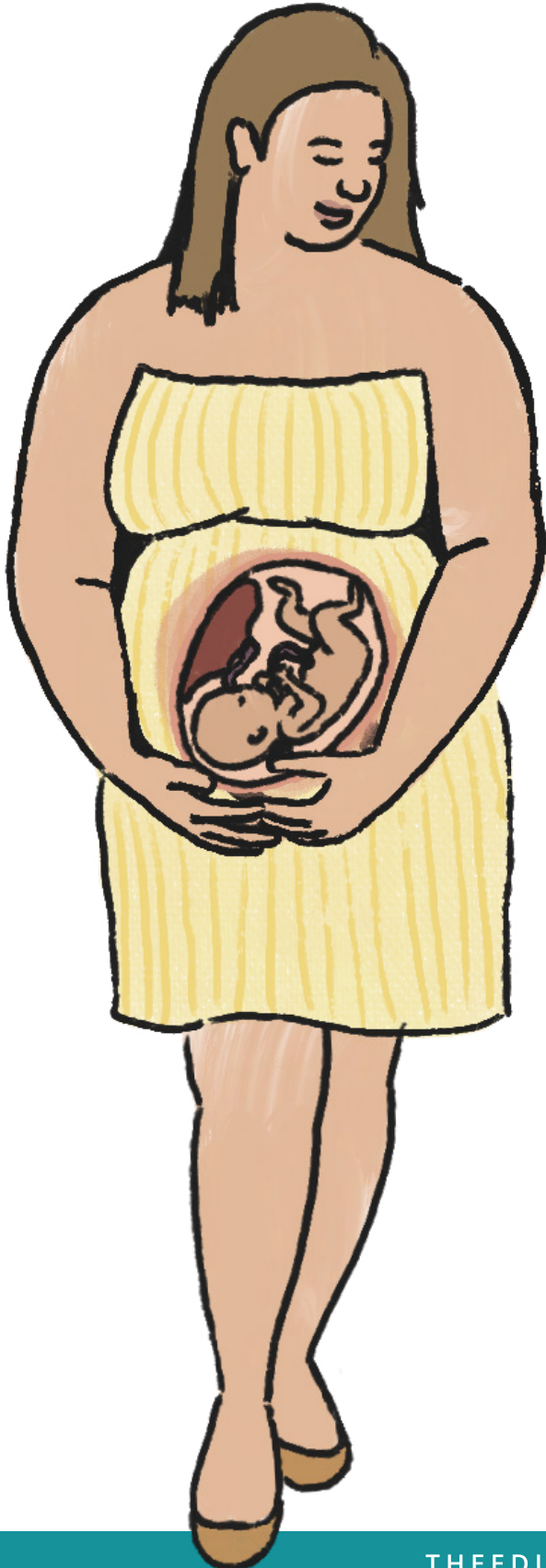
What other kinds of prenatal support can be helpful?

Supportive friends and family, a care provider who aligns with your goals, a doula to answer your questions + connect you with resources — these are great places to start. To ease early pregnancy symptoms and concerns, you may also seek: acupuncture, prenatal massage, chiropractic care, prenatal yoga, a nutritionist, or parent support groups.

Sources + Recommended Resources: Healthline; Parenthood; What to Expect; John Hopkins Medicine; The American College of Obstetricians and Gynecologists; March of Dimes; Verywell Family

The Second Trimester

BRIEFLY EXPLAINED



What prenatal care is standard?

Your provider will check your weight, blood pressure, and urine each visit to assure good health or detect potential issues. They'll check the size of the uterus, and where the top is after 20 weeks, and also listen for the fetal heartbeat. An ultrasound is typically performed around 20 weeks to assess the baby's physical development. Testing for gestational diabetes is typically performed.

What's going on with the parent?

For many, early pregnancy symptoms like nausea, fatigue and frequent urination ease. Much is increasing and growing — a visibly pregnant belly, appetite, weight, and blood volume. Beginning to feel fetal movement is a major milestone of this trimester, too.

What's going on with the baby?

This focus this trimester is on growth. The baby begins kicking, moving, sleeping, swallowing, sucking, even responding to sound. Their brain develops significantly and their weight increases from less than a quarter of a pound to about 2 or 3!

What other kinds of prenatal support can be helpful? Many people who want a doula begin looking early in this trimester. Chiropractic care, prenatal massage, pelvic floor physical therapy and/or acupuncture may be sought to help manage backaches, sciatica, round ligament pain, and other common aches and pains. Childbirth education courses, and other classes on lactation, postpartum and newborn care are valuable for pregnant people and partners.

Sources + Recommended Resources: Healthline; Parenthood; What to Expect; John Hopkins Medicine; Cleveland Clinic; The American College of Obstetricians and Gynecologists; March of Dimes; Verywell Family

The Third Trimester

BRIEFLY EXPLAINED



What prenatal care is standard?

Routine checks on weight, blood pressure, urine, uterus, and fetal heartbeat continue, and expectations for labor and immediate postpartum care discussed in more detail. Swabbing for Group B Strep bacteria is typically offered. Your provider may offer optional cervical exams (which don't predict how close labor is), and later, induction options from membrane sweeps, to castor oil, to medical induction. The option to elect, or labor circumstances that may warrant a cesarean birth may also be reviewed.

What's going on with the parent?

As growth continues, you may feel less comfortable going about daily activities and sleeping at night. Other symptoms include: more frequent urination, swelling, stretch marks, Braxton-Hicks contractions, and backaches. The estimated due date's approach may bring excitement, anxiety, the urge to nest, and all the feelings in-between.

What's going on with the baby?

This trimester, the baby grows and matures to prepare for life outside the womb. They can suck their thumb, cry, open their eyes, and even respond to light by 31 weeks. By 36, their head may begin to lower into the pelvis, if they're head down (which most are).

What other kinds of prenatal support can be helpful? Many of the same services offered earlier — chiropractic care, prenatal massage, prenatal yoga, pelvic floor physical therapy and/or acupuncture — can help ready the body for labor, and promote good fetal and pelvic alignment for smooth labor progression. It's not too late to sneak in childbirth ed or other classes either!

Sources + Recommended Resources: Healthline; Parenthood; What to Expect; John Hopkins Medicine; Cleveland Clinic; The American College of Obstetricians and Gynecologists; March of Dimes; Verywell Family

From 40 to 42 Weeks

BRIEFLY EXPLAINED



What prenatal care is standard?

At 41 weeks a biophysical profile (BPP) is typically offered, involving an ultrasound and non-stress test. The ultrasound checks for fetal movements and amniotic fluid levels. The non-stress test consists of fetal monitoring, assessing the fetal heart rate and its response to fetal movement and/or contractions. Test results help inform potential next steps, from continuing to wait, to inducing, to electing for a cesarean birth.

What's going on with the parent?

About half of first time birthing people give birth after 40 weeks and 5 days, while about half of those who've birthed before still give birth after 40 weeks and 3 days — so it's pretty common! These days of waiting and weighing whether/how to induce can come with many feelings: excitement, relief, impatience, worry. For some, the tease of prodromal labor (inconsistent contraction patterns that can start and stop for days/weeks) is even more challenging.

What's going on with the baby?

At 40+ weeks, babies' eyelashes, eyebrows, hair, nails, and weight will continue to grow, as they (+ everyone!) await labor and birth.

What other kinds of prenatal support can be helpful? Services known for their *potential* to help induce labor are primarily chiropractic care, and acupuncture or acupressure. It's essential to consult with your care provider if you're considering those, or any natural at-home methods to induce labor. Whether you're looking for practical tips or a supportive ear, lean on the support team you've built in this final stretch.

Sources + Recommended Resources: Healthline; Parenthood; What to Expect; John Hopkins Medicine; Cleveland Clinic; The American College of Obstetricians and Gynecologists; March of Dimes; Verywell Family; Evidence Based Birth

Due Date Reflections

A COLORING PAGE

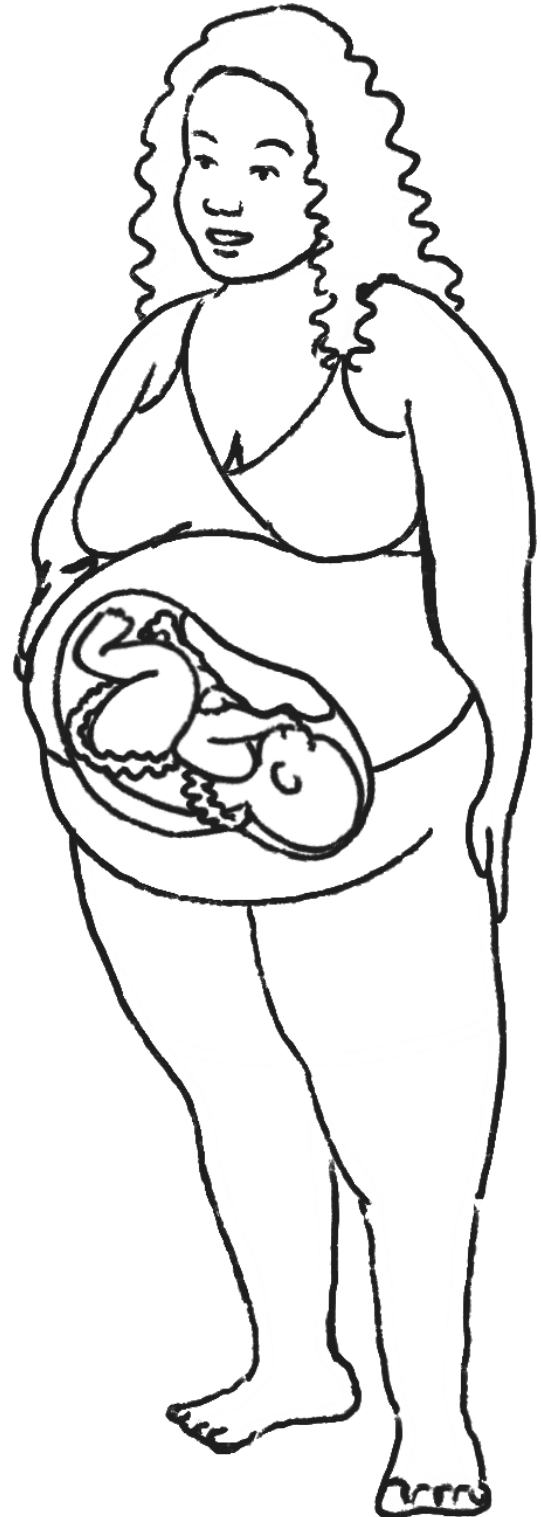
What is my estimated due date and how was it calculated? If I consider my EDD a range instead of one day, what would that be?

If I am still pregnant when my due date arrives, what are some enjoyable things I can plan to do that day?

What are my current thoughts, questions, and preferences on whether or when to induce labor based on my due date?

What induction method(s) would I prefer to use and/or avoid if I choose to induce labor?

If my baby has already been born when my due date arrives, what are some enjoyable ways I can plan to commemorate the day?



Pregnancy with Multiples

BRIEFLY EXPLAINED



What prenatal care is standard?

For prenatal care you may be offered more frequent appointments and extra prenatal testing. In addition to an OB or midwife, you may see a maternal-fetal medicine specialist (MFM), a doctor who specializes in high-risk pregnancies, including multiples. While cesarean birth may be necessary, vaginal birth is still a safe option in many cases.

What's going on with the parent?

Symptoms like nausea, breast or chest tenderness, and body aches may be more intense. Weight gain and nutritional needs increase to sustain multiple babies' development, as well as the need for rest or reduced activity. A multiples pregnancy can often be quite a shock for many parents, and involve different mental and emotional adjustments, as well as lifestyle changes, and postpartum preparation.

What's going on with the babies?

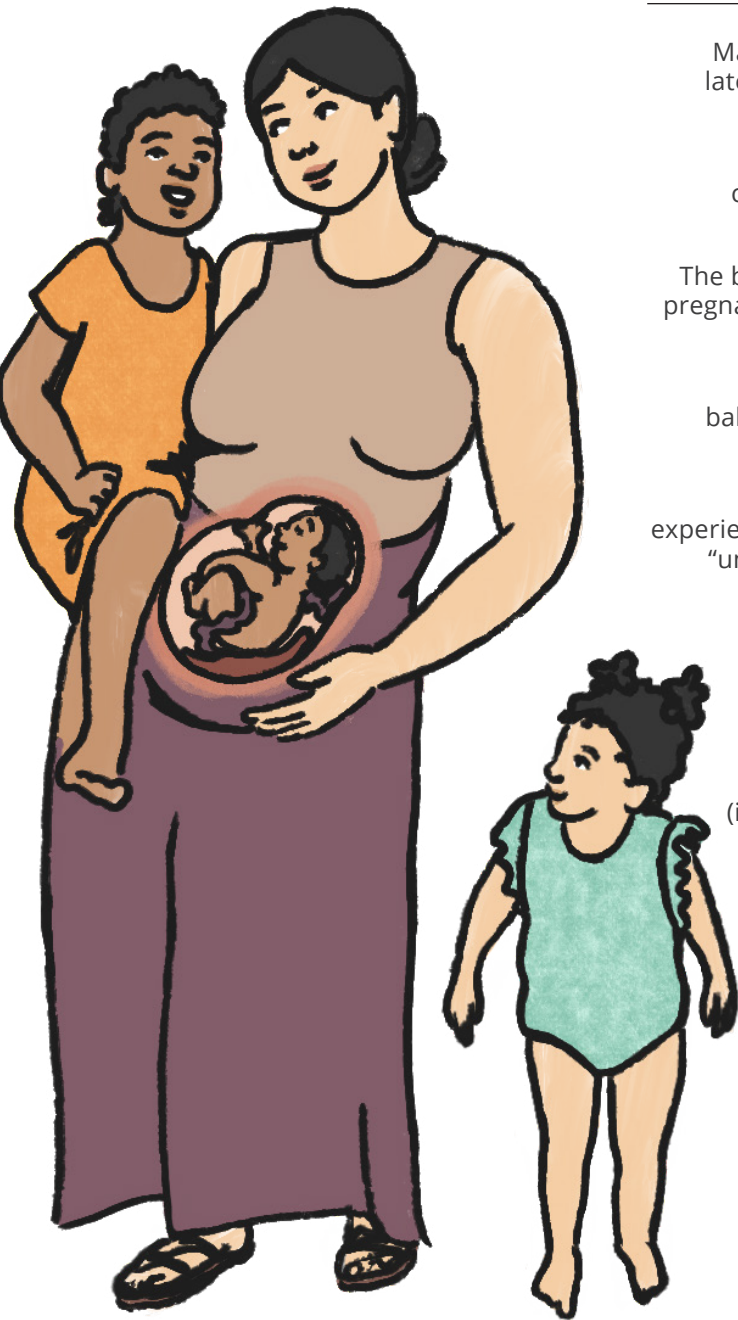
Babies in multiples pregnancies grow just like any others, however, they're usually smaller at birth, and can be vulnerable to certain complications — most commonly preterm birth. This is why these babies are monitored more closely throughout pregnancy, and some may spend time in a NICU.

What other kinds of prenatal support can be helpful? It's helpful for multiples' parents-to-be to include people in their support team who are specifically familiar with multiples pregnancies and build relationships with other parents of multiples through online or in-person support groups.

Sources + Recommended Resources: Healthline; Parenthood; American Pregnancy Association; Twiniversity; The American College of Obstetricians and Gynecologists; John Hopkins Medicine; March of Dimes; University of Michigan Medicine; Verywell Family

Pregnancy 1, 2, 3, 4...

BRIEFLY EXPLAINED



FIRST PREGNANCY

May discover a pregnancy later, not recognizing early pregnancy symptoms

Hormonal and physical changes cause tiredness

The belly shows as obviously pregnant typically between 12 and 16 weeks

It's common not to feel baby's movements until as late as 20 weeks

Everything is new — experiencing lots of “firsts” and “unknowns” along the way

May feel increased pelvic pressure as the belly grows

May experience less prodromal labor (inconsistent contraction patterns before labor)

SECOND + BEYOND

More likely to recognize early pregnancy symptoms and connect them with pregnancy

Fatigue may be heightened if caring for another child and having less time to rest

The belly may begin to show earlier than 12 weeks (though it still may show later, too!)

Movement may be felt weeks earlier than in previous pregnancies

Past experiences with pregnancy, loss and/or labor and birth influence the current experience and choices

May feel more pelvic pressure than in previous pregnancies

May experience a longer period (a few weeks even) of prodromal labor

EVERY PREGNANCY IS DIFFERENT

There really are no hard and fast rules about what you may experience in a first-time versus a subsequent pregnancy. Each pregnancy is impacted by a host of different factors — friends, and family, care providers and other support people, emotions, mental health, nutrition, work, lifestyle, health + medical concerns, etc. What always stays the same is the importance of quality, compassionate support.

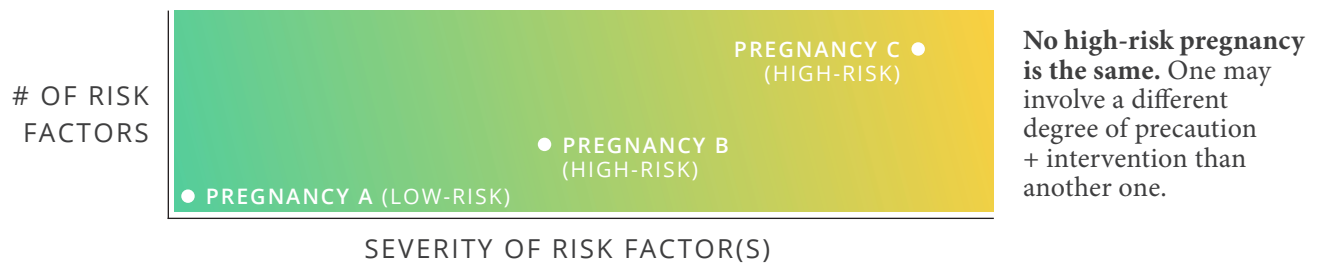
Sources + Recommended Resources: Healthline: Parenthood; What to Expect; The American College of Obstetricians and Gynecologists; John Hopkins Medicine; March of Dimes; University of Michigan Medicine; Spinning Babies; Evidence Based Birth; Verywell Family

Low + High-Risk Pregnancy

BRIEFLY EXPLAINED

All pregnancies carry some level of risk for the pregnant person, baby-to-be, or both. A high-risk pregnancy may involve one or more of a wide variety of conditions — from common to rare, less problematic to more. The safest way to determine your pregnancy risks and how they inform your choices is through quality prenatal care and consult with medical professionals.

THE SPECTRUM OF PREGNANCY RISK



FACTORS THAT MAY DETERMINE A HIGH-RISK PREGNANCY

HIGH BLOOD PRESSURE	GESTATIONAL DIABETES	AGE UNDER 17	AGE OVER 35
PRE-ECLAMPSIA	MULTIPLES	HISTORY OF MISCARRIAGES/LOSS	SOME GENETIC CONDITIONS
CERTAIN FETAL COMPLICATIONS	CERTAIN PREVIOUS PREGNANCY COMPLICATIONS	SOME LIFESTYLE CHOICES (EX. SMOKING, DRINKING)	OTHER PRE-EXISTING MEDICAL CONDITIONS

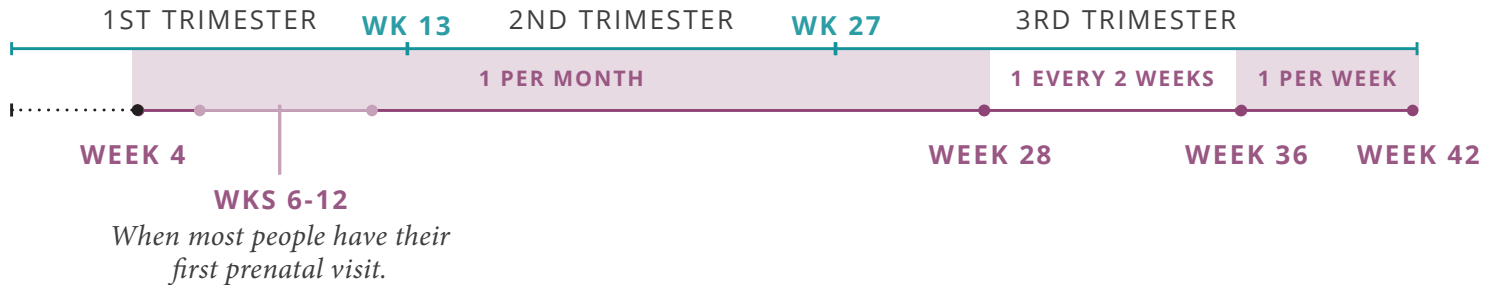
TRUE OR FALSE? PREGNANCIES WITH HIGH-RISK FACTORS...

- Cannot be healthy pregnancies. False.** With proper care, many risks can be managed and safe, healthy births result!
- Additional monitoring recommended. True.** More tests and check-ins are often recommended to ensure safety and inform decision-making.
- Always result in hospital births. False.** With a qualified provider, and appropriate back-up plans in case problems arise, some high-risk births like VBACs, or of multiples, take place outside of the hospital responsibly.
- May lead to high-intervention care in a hospital setting. True.** Just as it's false that *all* high-risk pregnancies lead to these things, it's also true that some will.
- Require high-intervention labor. False.** With a supportive team you can trust, you can make informed decisions about whether (and when) to include various interventions in your labor. Some high-risk labors can still be safely low-intervention!
- Can trigger a wide range of emotions. True.** Sadness, worry, anger — all are normal. It's especially important to have a trusted, supportive team to help navigate options, reduce stress, and promote comfort for the best outcomes.

Sources + Recommended Resources: Healthline; Parenthood; Cleveland Clinic; American Pregnancy Association; The American College of Obstetricians and Gynecologists; John Hopkins Medicine; March of Dimes; USCF Health; Verywell Family

Prenatal Care Schedule

PRENATAL CARE APPOINTMENT FREQUENCY



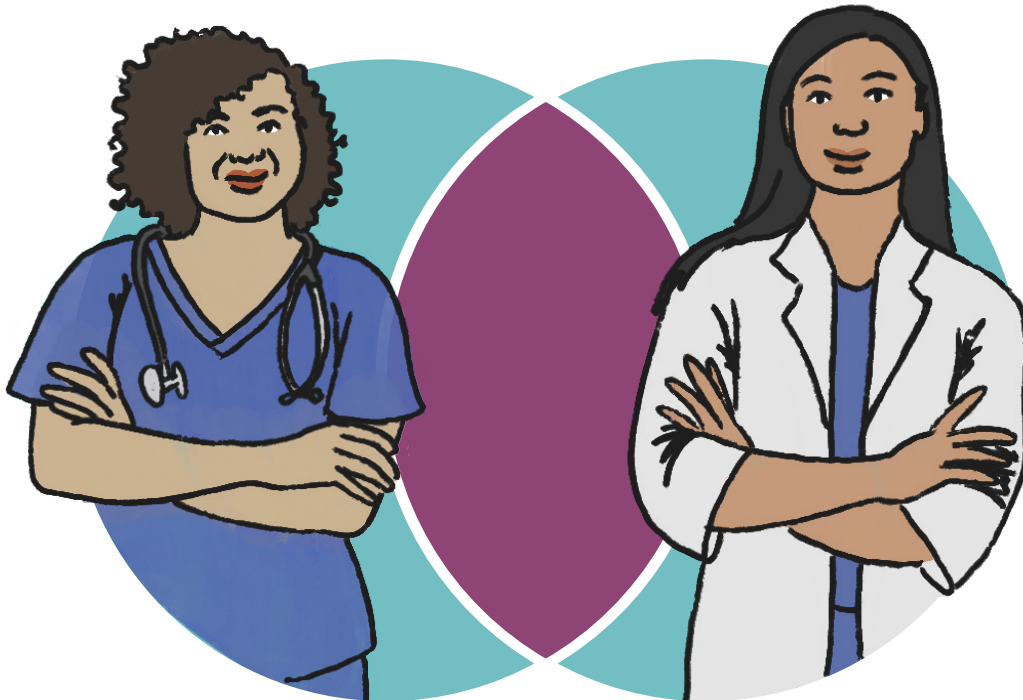
PRENATAL TESTING

NAME	TRIMESTER	PURPOSE	IS IT OFFERED ROUTINELY?
GENETIC TESTS	1ST	Blood tests, ultrasounds, and more that screen for signs of, or diagnose genetic conditions.	Some are. Others are only recommended in specific cases.
ROUTINE LAB TESTS	1ST, 2ND, 3RD	Blood and urine tests that assess a variety of health indicators throughout pregnancy. Also includes testing for a number of diseases and infections.	Yes
ULTRASOUNDS	1ST, 2ND, 3RD	Dates the pregnancy, assesses development, checks for signs of genetic conditions/abnormalities, and for placental health and/or meconium in late pregnancy.	Yes. Some are only recommended in specific cases, or after 40 weeks, however.
AMNIOCENTESIS	1ST	Assesses a sample of amniotic fluid for genetic conditions or abnormalities.	No, only recommended for high-risk cases.
CHORIONIC VILLUS SAMPLING (CVS)	1ST	Assesses a sample of the placenta for genetic conditions.	No, only recommended for high-risk cases.
GLUCOSE SCREENING	2ND	Checks if you may have gestational diabetes.	Yes
GROUP B STREP	3RD	Checks fluid from your cervix for Group B strep bacteria.	Yes
NON STRESS TEST	2ND, 3RD	Assesses baby's oxygen through fetal monitoring of their heart rate and response to contractions and/or their movement.	Depends. Some are only recommended in specific cases, or after 40 weeks.

Sources + Recommended Resources: Healthline; Parenthood; What to Expect; American Pregnancy Association; The American College of Obstetricians and Gynecologists; John Hopkins Medicine; March of Dimes; University of Michigan Medicine; Verywell Family

Care Provider Considerations

A VENN DIAGRAM



MIDWIFE

Various routes of training; some become midwives directly (CPMs, LMs, RMs, etc.); others train as registered nurses then midwives (CNMs)

Provides care before, during and after birth

Educated in the midwifery model of care, specializing in low-risk, low-intervention, individualized care

Familiar with preventative care + natural care remedies

Often sees a lower volume of patients + works solo or in a small practice

Often sees primarily low-risk parents in home, birth center or hospital settings

YOUR PROVIDER

You feel comfortable asking them questions + they provide full, clear responses

They treat you + your preferences with respect

They provide the time you need to feel heard + cared for

They respect your bodily autonomy, only doing procedures with consent + stopping/pausing when asked

They take your concerns seriously + respond in a timely manner

They offer expertise, but treat you as the decision-maker in all of your medical options

OBGYN

Provides care before, during and after birth

Educated in the medical model of care, specializing in care for pregnancy and birth-related complications

Familiar with all interventions (ex. fetal monitoring, IV fluids, induction, Pitocin, etc.)

Able to perform c-sections



Often sees a high volume of patients + works shifts in a large practice (may not be able to attend all patients' appointments or births)

Sees low and high-risk parents in the hospital setting



Care Provider Considerations

RED FLAGS + GREEN FLAGS



1. You say, “I have a few questions for you about my birth plan.” Your care provider replies,

-  “Oh, you won’t need a birth plan. No one ever sticks to it anyway. Don’t worry about that and we’ll take great care of you when the time comes.”
-  “Absolutely. I’m happy to hear more about what you’re envisioning for your birth. Let’s talk more about it.”



2. You’re discussing something your doula told you about when your provider interjects,

-  “I didn’t realize you had a doula. We’ve had a lot of issues with them... Did you know our nurses have doula training? You won’t need a doula with us.”
-  “I didn’t realize you had a doula! I’m glad you’re going to have that support. Tell me more about the role they’ll play.”



3. You are 38 weeks pregnant. As today’s prenatal visit wraps your provider says,

-  “We’re going to go ahead and schedule you for an induction in a week. Your baby looks big; it’s time to meet them!”
-  “Let’s talk about your option to induce or wait for spontaneous labor. Do you have a preference? Or any questions about risks/benefits either way?”



4. Last visit, you asked your provider what you’d need to take your placenta home with you. When it comes up this visit...

-  Your provider is already halfway out the door. “Policy is it’s medical waste — I don’t advise taking it home anyway.”
-  Your provider is ready with the information on what to bring to the birth to take your placenta home.

5. Your provider hasn’t been at your last few appointments. When you ask them about this...

-  They acknowledge that this is typical in their busy practice and you learn that the other doctors in their practice do not fit with your preferences.
-  They acknowledge that this is atypical and they’ll be more present OR you learn that several other doctors in their practice also fit with your preferences.

6. At the end of your 39 week appointment, your provider...

-  Tells you it’s time to check your cervix. They don’t say anything during the exam, but after, inform you that they swept your membranes to encourage labor.
-  Asks you if you’d like a cervical exam, adding it doesn’t predict when labor begins. They also explain membrane sweeps and ask if you’d like one.

YOUR PROVIDER WILL SIGNIFICANTLY IMPACT YOUR EXPERIENCE. Care providers bring a lot to the table, from their training, philosophies, past experiences, tone, bedside manner, partnerships, and more. Get to know as much as you can about your provider early on by asking them questions, as well as seeking feedback from past patients and/or colleagues.

IT IS NEVER TOO LATE TO SWITCH PROVIDERS. From early on, to the final days of pregnancy, you can always request to have your medical files sent to another provider and switch. Even during labor, you can request a second opinion, or different provider entirely. You should always feel safe and confident in your care.

Care Provider Considerations

A COLORING PAGE

What type of pregnancy and birth care philosophy + experience do I want my care provider to have?

Are there any lived experiences that it's important for my care provider to share with me in order to take care of me?

What kind of tone, personality, and bedside manner make me feel most comfortable with a care provider?

What are my "non-negotiables" — preferences for my pregnancy and birth that my care provider must be supportive of?

What are my wants, needs, and expectations for what my provider does in labor + birth?



Birth Location Considerations

PROS + CONS

PROS

Comfortable, relaxed, private setting

Freedom of movement + birthing positions

Individualized care

Equipped for emergencies, including hospital transfer

Less pressure on length of labor, interventions, etc.

Continuous care

Standard skin-to-skin, delayed cord clamping, etc.

Warm, home-like space

Freedom of movement + birthing positions

Individualized care

Equipped for emergencies, including hospital transfer

Low intervention rates

Standard skin-to-skin, delayed cord clamping, etc.

Labor with midwives (+ sometimes access to OBGYN consults)

Immediate access to medical interventions, pain management + urgent care

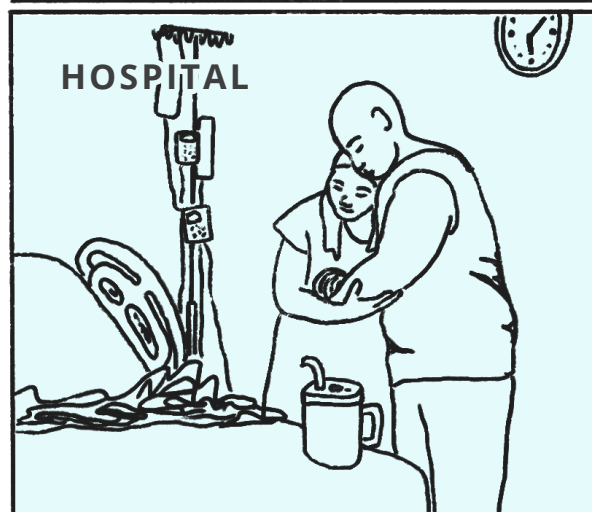
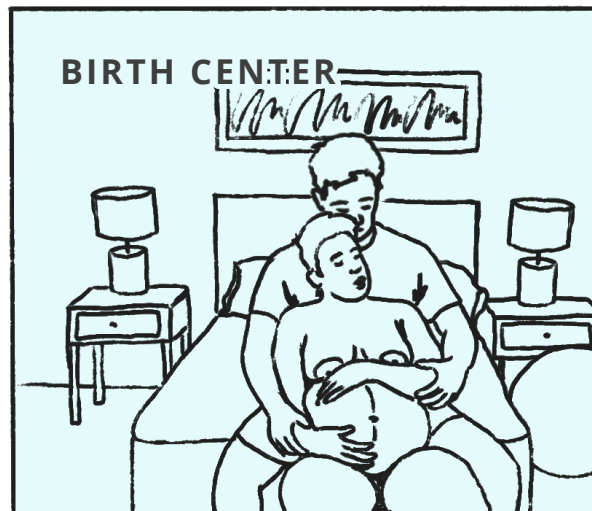
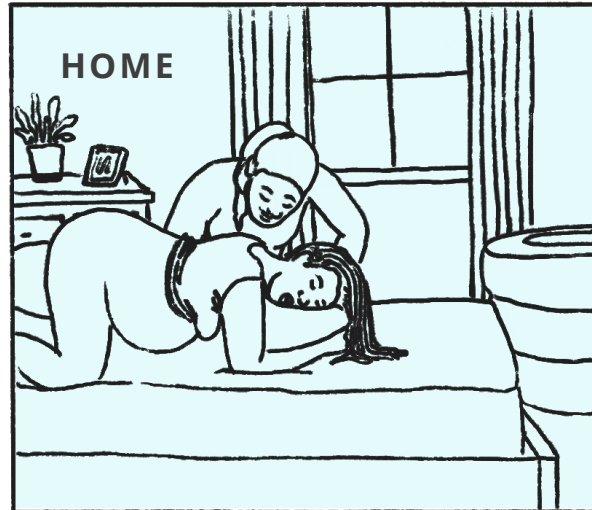
May include NICU care access

Overnight care after birth

Costs are typically mostly covered by insurance

Equipped to accommodate high-risk birth plans (+ sometimes familiar with low-intervention care)

Midwives may be available if desired



CONS

Access to urgent hospital care requires travel

Recovery at home may be impacted by distractions (ex. other children)

Insurance may not cover costs + costs may be prohibitive (though least expensive)

May not be an option for certain births (ex. VBAC, multiples)

Most OBGYNs don't attend, if preferred

Limited access; there are few across the country

Access to urgent hospital care requires travel

Requires travel to and from

Insurance may not cover the costs + cost may be prohibitive

May not be an option for certain births (ex. VBAC, multiples)

Least home-like setting (bright lights, loud sounds, etc.)

Freedom of choice restricted by hospital policies + provider experience / temperament

Shift changes create changes in care provision

Providers may be less familiar with low-intervention birth

Care can be less individualized

Risk of unwanted, potentially unnecessary interventions in low-risk pregnancies

Birth Location Considerations

A QUIZ

1. As you're entering your birth location, you feel comfortable, confident and at ease. You are...

- A** In a hospital room, that can be dressed up with lights, aromas, affirmation cards, etc. if you bring them
- B** In a homey and comfortable room — from lights, to furniture, to scents — in a medically equipped building
- C** At home, surrounded by your comforts and the familiarity of your own space. Your birth team comes to you.

2. As you consider your risks + options for emergency scenarios in birth, you realize you prefer...

- A** Immediate access to emergency services and interventions, ex. c-section + NICU
- B** Access to emergency care + transfer to a hospital if needed

3. As the sensations of labor build, you will feel most supported by...

- A** Easy, quick access to a full suite of pain management options including IV meds and an epidural
- B** Access to a variety of non-medical pain management options like water immersion, touch, and aromatherapy

4. You've been laboring for hours. The team supporting you...

- A** Arrived and rotates according to a predetermined shift schedule (you're fine with this as long as it's quality care)
- B** Is the team that has been on call for you and will be present from labor to birth

5. The choices you make during labor such as what to eat, how to push, interventions, are...

- A** Influenced largely by hospital policies, norms + on-call providers' experiences
- B** More individualized to your preferences + your care provider's experience

6. When it comes to the length of labor you prefer/don't mind if...

- A** Your care providers encourage medical interventions to promote progress
- B** There is less pressure to labor on a time table or intervene medically

7. After birth, you'd prefer to...

- A** Go home after at least one overnight stay
- B** Go home after a few hours
- C** Already be at home

9 POINTS HOME

Birth at home offers all the comforts of home and as much privacy and freedom in labor as desired. Many studies have shown that planned home birth with a qualified professional is a safe option for low-risk birthing people.

5 TO 8 POINTS BIRTH CENTER

Birth centers offer a warm, home-like environment and individualized care from professionals. All birth centers are not the same, however. Some are free-standing, and others are inside and a part of a hospital. These may operate very differently.

0 TO 4 POINTS HOSPITAL

Hospitals provide fast access to medical interventions, NICUs for emergency infant care, and costs are usually covered by insurance. Some labor and delivery units may be familiar with low-intervention birth preferences as well.

This quiz is for educational purposes only. Choosing a birth location is a medical decision for consultation with medical professionals.

SCORING: 1. A-0, B-1, C-2; 2. A-0, B-1; 3. A-0, B-1; 4. A-0, B-1; 5. A-0, B-1; 6. A-0, B-1; 7. A-0, B-1, C-2

Birth Location Considerations

A COLORING PAGE

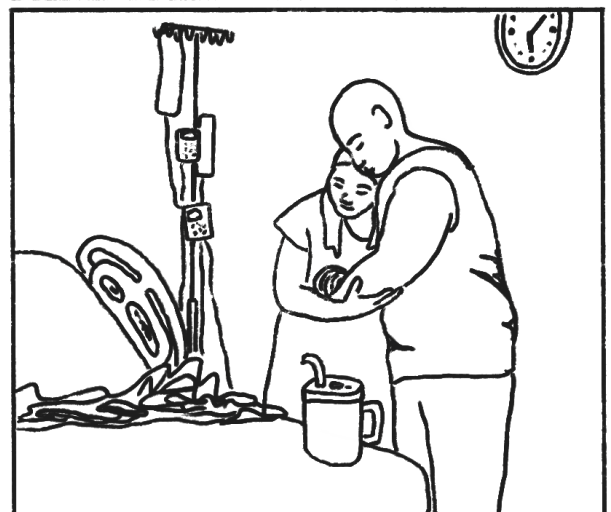
What type of environment do I imagine myself laboring in most comfortably?

What are the most important things for my birth location to have?

What kinds of interventions, if any, do I want to have access to in my birth location?

What kinds of comfort measures do I want to have access to in my birth location?

What are the birth location options in my area? Which would I like to learn more about, tour, and consider?



What Birth Doulas Do

A CHECKLIST

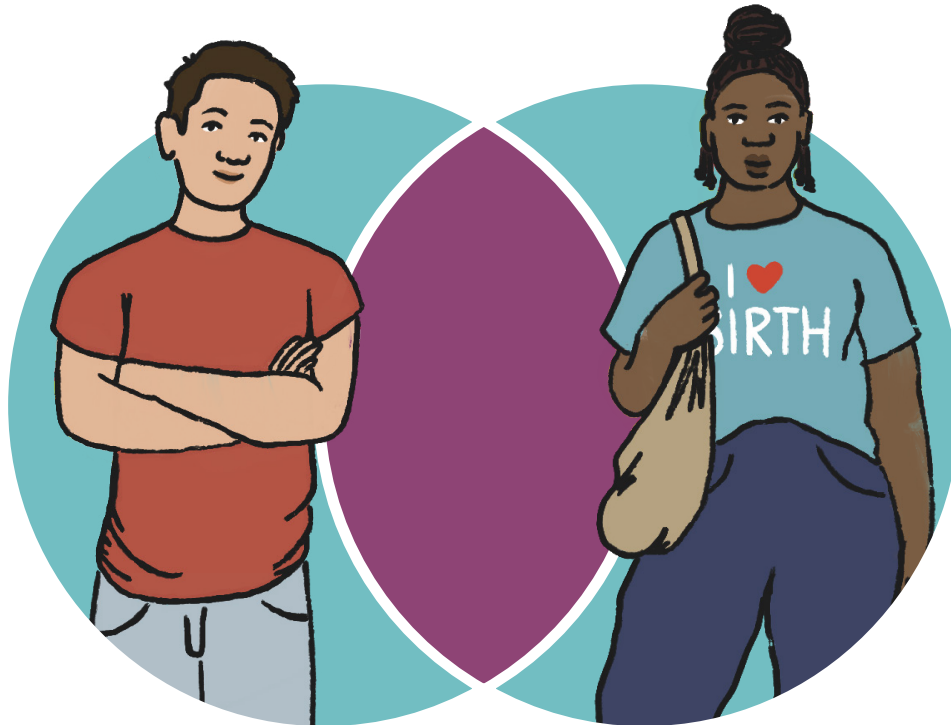
- ✔ **Individualize your education.** Should you still take a childbirth education class when you have a doula? Yes! Meeting with you throughout your pregnancy, your doula will help you take what you learned and apply it specifically to your preferences, goals, and experiences.
- ✔ **Provide consistent care.** While OBGYNs, nurses, and midwives may pass through your birth space to check on other patients or prepare materials for the next stage of labor, your doula will remain by your side for as long as you want.
- ✔ **Know all the right spots.** Doulas are trained on various laboring positions for different stages of labor, how and where to apply pressure to relieve intense sensations, and other comfort measures, too.
- ✔ **Help your partner support you.** Doulas don't replace involved partners. They support them in processing their own fears, hopes, and questions, offer practical advice on how to support the birthing parent, and serve as an extra set of hands in labor to multiply + tag-team that support.
- ✔ **Create space for your voice.** Your doula will be familiar with your birth preferences, so if something begins to stray or change as you labor, they can bring your birth team's attention back to you, making room for you to voice your choices.
- ✔ **Provides another perspective.** Discussing options and choices during pregnancy with friends, family, and partners can be challenging and emotionally charging at times. Your doula may be able to center you in your conversations in a way others find difficult.



Sources + Recommended Resources: Healthline; Parenthood; What to Expect; The American College of Obstetricians and Gynecologists; John Hopkins Medicine; March of Dimes; University of Michigan Medicine; Spinning Babies; Evidence Based Birth; Verywell Family

Partner(s) + Birth Doula

A VENN DIAGRAM



PARTNER(S)

You know the birther best.

Who can translate your partner's body language, understand their tone, read between the lines when they speak, better than you? No one else in that birth room.

You bring the intimacy.

No one can replace or replicate your touch, voice, and presence. And intimate labor moments? Those are all you!

Your care just hits different.

Anything your doula can do, you can do, too — and in some ways, maybe better, because it's with the person you love!

This is your moment, too.

Who is going to raise this baby with the birthing parent? Tell the birth story down the road? Carry this memory in their heart? The answer is you.

PROVIDE YOU QUALITY + COMPASSIONATE SUPPORT

DOULA

Knows birth best.

Doulas' training and experience equips them to provide hands-on support, knowledge and encouragement through labor.

Engages from experience.

While this may be a partner's first birth, it's one of many for your doula. They can call on what they've learned in years for your benefit today.

Tags in as needed.

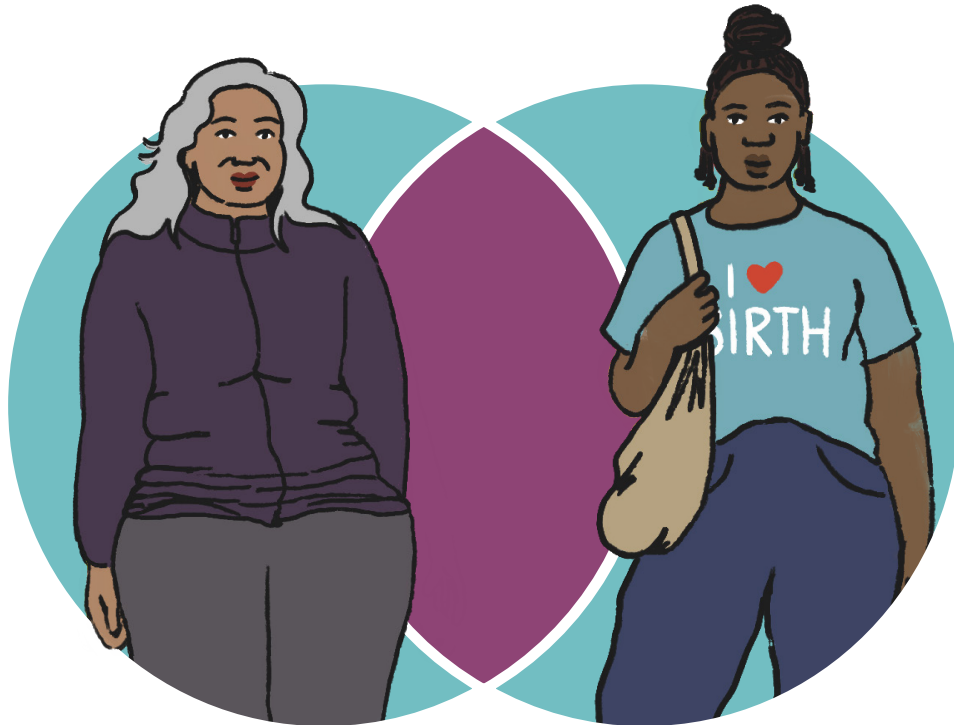
Every partner may need a moment to rest, a bathroom break, or bite to eat. Your doula can be sure the counterpressure goes on!

Advocate's perspective.

Though caring, your doula isn't as emotionally involved; they can keep a critical, attentive eye to help protect your preferences and goals.

Support Person(s) + Birth Doula

A VENN DIAGRAM



SUPPORT PERSON(S)

You know the birther best.

You can translate your friend/family member's body language, understand their tone, and read between the lines when they speak better than anyone else in that birth room.

You bring the closeness.

No one can replace or replicate your touch, voice, and presence. As a close, trusted friend/family member you're known.

Your care just hits different.

Anything the doula can do, you can do, too — and in some ways, maybe better, because it's with and for a person you love!

This is your moment, too.

Who is going to know this baby with the birthing parent? Tell the birth story down the road? Watch them grow up through the years. The answer is you.

PROVIDE YOU QUALITY + COMPASSIONATE SUPPORT

DOULA

Knows birth best.

Doulas' training and experience equips them to provide hands-on support, knowledge and encouragement through labor.

Engages from experience.

While this may be a support person's first birth, it's one of many for the doula. They can call on what they've learned in years for your benefit today.

Tags in as needed.

Every support person may need a moment to rest, a bathroom break, or bite to eat. Your doula can be sure the counterpressure goes on!

Advocate's perspective.

Though caring, your doula isn't as emotionally involved; they can keep a critical, attentive eye to help protect your preferences and goals.

Providing Support

DISCUSSION GUIDE

FOR THE PREGNANT PERSON

START HERE

I think _____ feels supported when I:

I can imagine supporting _____ during labor by:

Ways I can imagine being supported in labor:

I can imagine supporting _____ during postpartum by:

Ways I can imagine being supported in postpartum:

OUR SUPPORT PLAN...

SHARE
YOUR +
LISTEN
TO YOUR
PARTNER'S
ANSWERS

Providing Support

DISCUSSION GUIDE

FOR THE SUPPORT PERSON

START HERE

I think _____ feels supported when I:

I can imagine supporting _____ during labor by:

Ways I can imagine being supported during labor:

I can imagine supporting _____ during postpartum by:

Ways I can imagine being supported in postpartum:

OUR SUPPORT PLAN...

**SHARE
YOUR +
LISTEN
TO YOUR
PARTNER'S
ANSWERS**



Vitamins + Pregnancy

BRIEFLY EXPLAINED

6 KEY NUTRIENTS FOR BABY'S GROWTH + DEVELOPMENT

FOLIC ACID

Most impactful in the first month of pregnancy, this nutrient can help reduce the risk of neural tube defects and supports general growth.

IRON

A mineral that helps your red blood cells carry oxygen to your baby. Twice as much is needed in pregnancy. Vitamin C can help your body absorb iron more effectively.

CALCIUM

A mineral that helps your baby's bones, teeth, heart, nervous system and more grow. If there isn't enough, the body will take calcium from your bones to give to the developing baby.

VITAMIN D

In addition to helping baby's bones and teeth develop, vitamin D promotes healthy skin and eyesight, and helps the body absorb calcium.

OMEGA-3 FATTY ACID

A type of fat that helps your baby's brain develop, including better memory and mental skills into childhood and adulthood.

IODINE

A mineral that helps the body store and use energy from food. It helps baby's nervous system develop, and is essential for healthy brain development.

WHAT TO KNOW ABOUT PRENATAL VITAMINS

Taking a prenatal vitamin during pregnancy is an important part of supporting healthy fetal development. Consider the following, and discuss the best option for you with your care provider:



Starting early helps.

It's recommended to take prenats as early as 3 months before pregnancy, when possible.



There are many kinds.

Prenatal vitamins come in pills, capsules, gummies, and liquids — organic and vegan options, too.



And different formulas.

If a prenatal is low on, or missing a certain nutrient, supplements may be added — with provider approval. It is possible to take too much of certain vitamins.



They're best with good food, too.

Prenatal vitamins don't replace healthy eating. Together, they set a strong foundation for a healthy pregnancy and baby.

Sources + Recommended Resources: The American College of Obstetricians and Gynecologists; March of Dimes; Verywell Family

Eating Well + Pregnancy

BRIEFLY EXPLAINED

When you eat well, you feel better and your baby grows better, too.

Eating a balanced diet can give you more energy, and ease pregnancy symptoms like nausea and constipation. It helps your baby grow, learn different flavors, and can prevent health problems that affect them early on and through the rest of their life. Consult with your care provider and a dietician or nutritionist who specializes in prenatal nutrition to create the best plan for you.

A HEALTHY DAY OF EATING CAN INCLUDE...

Liquids

Like... water (about 8 glasses a day), decaf coffee and some herbal teas in the second and third trimesters

Fruit

Like... Strawberries, blueberries, raspberries, blackberries, apples, bananas, kiwi, peaches, plums, mango

Whole Grains, Legumes & Starches

Like... Whole wheat bread and pasta, brown rice, oats, lentils, sweet potatoes

Vegetables

Like... Broccoli, carrots, peppers, onions, cabbage, mushrooms and leafy greens like kale, spinach and collards

Protein

Like... Chicken, beans, nuts, salmon, eggs, low-fat cheese

Dairy

Like... Nonfat milk, nonfat yogurt, low-fat cheese

A healthy day of eating includes lots of water and vegetables, protein and whole grains, and some fruit and dairy, too.



Sources + Recommended Resources: What to Eat When You're Pregnant by Nicole M. Avena, PhD; The Whole 9 Months by Jennifer Lang, MD; Fit Pregnancy (fitpregnancy.com); Eating Well (eatingwell.com); My Pregnancy Plate, Oregon Health & Science University (ohsuwomenshealth.com/nutrition); American Pregnancy Association (americanpregnancy.org/pregnancy-health)

Nutrition Considerations

A COLORING PAGE

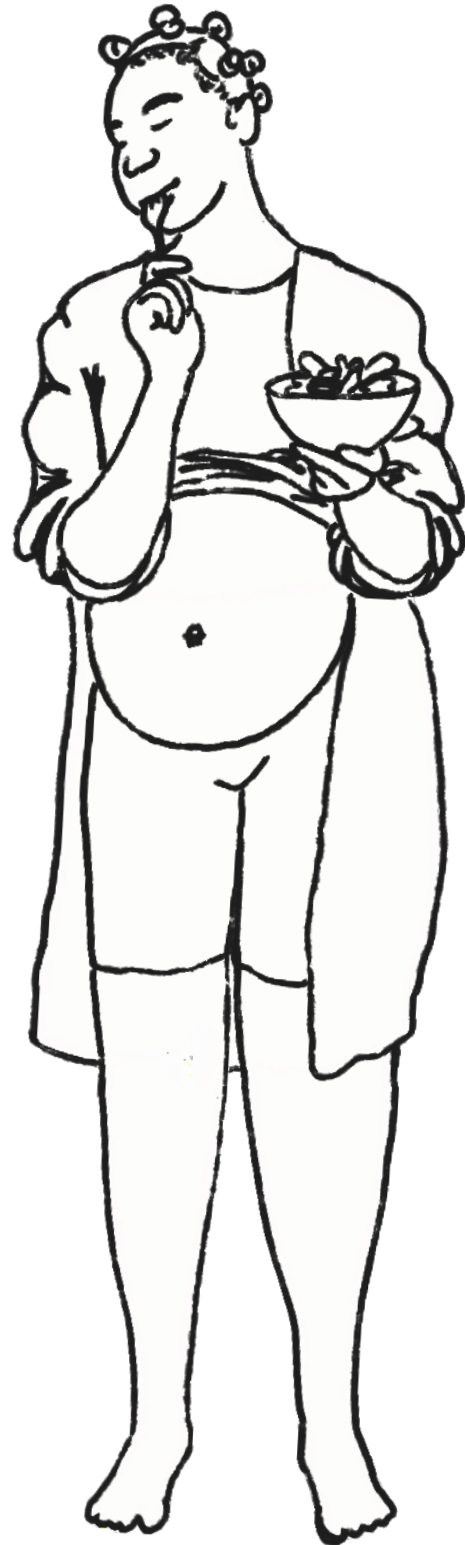
What is my current relationship to food, vitamins, water, and healthy nutrition?

Who on my support team can help me create + follow through on a plan for healthy eating, vitamins + drinking water that works for me?

What kind of prenatal vitamins do I want to discuss and consider with my care provider?

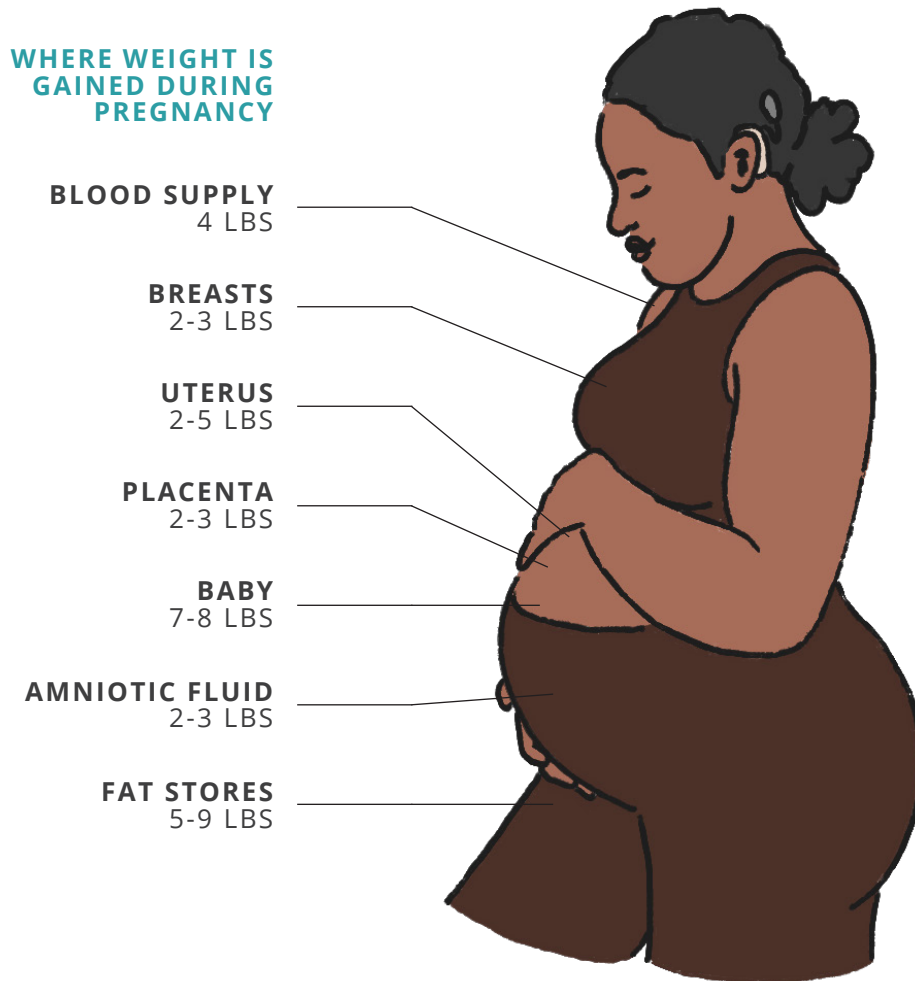
What kinds of healthy ingredients, snacks, drinks, and meals can I get excited about keeping or adding into my regular routine?

What are some of the not-so-nutritious foods + drinks I enjoy that I still want to include somehow in my healthy pregnancy routine?



Weight + Pregnancy

BRIEFLY EXPLAINED



Why is weight gain important during pregnancy? Weight gain during pregnancy is necessary for baby's growth and development, and impacts milk production, too. While weight-related goals and milestones will look different for different people, proper nutrition is essential for all. Discuss your goals with your provider, and a perinatal nutrition dietician too, if possible.

Does BMI impact pregnancy + birth? Many experts agree that BMI (Body Mass Index) is an imperfect and even problematic tool for assessing health. Based

on height and weight alone, it doesn't take a variety of other factors into consideration.

In general, risk factors associated with being underweight during pregnancy include premature birth and low infant birth weight. And those associated with being overweight during pregnancy include hypertension, preeclampsia, and gestational diabetes.

Bottom line: weight alone does not define the health of or outcomes for any pregnancy. More than BMI matters. And with quality, supportive, size-friendly care, healthy pregnancies with positive outcomes are possible across the spectrum.

Sources + Recommended Resources: PlusMommy; Plus Size Birth; What to Expect; The American College of Obstetricians and Gynecologists; John Hopkins Medicine; March of Dimes; University of Michigan Medicine; Evidence Based Birth; Verywell Family; Vox; CDC; The Office on Women's Health

Exercise + Pregnancy

BRIEFLY EXPLAINED



What kinds of exercise are safe during pregnancy? For a healthy birthing person with a low-risk pregnancy, it's typically safe to continue normal exercise routines, modifying some as your belly grows.

For folks who are just starting out, here are some safe options to start with:

- ✓ **Walking.** An energetic walk is a great workout and doesn't strain the body.
- ✓ **Swimming and water workouts.** Water exercise is easy on the joints and muscles, and supports the weight of your baby, too.
- ✓ **Stationary biking.** Because a growing belly increases fall risk, a stationary bike is safer than a standard one.
- ✓ **Yoga and pilates.** When adapted to avoid unsafe positions and modify others, these are great options that reduce stress, improve flexibility, and practice breathing.

How much exercise is recommended? Two and a half hours of moderate-intensity aerobic activity per week. That's intense enough to raise the heart rate and start to sweat, but mild enough to talk normally. If you're just beginning, start with 5 minutes a day and build up to 30 mins a day.

What kinds of activities should you stay away from? Activities with risk for being hit in the stomach or falling, like contact sports, skiing, cycling, and horseback riding. Also sky diving, scuba diving, and "hot" activities like hot yoga and pilates.

Consult with your provider about safe activities for you, as well as warning signs that exercise may be straining your body.

Sources + Recommended Resources: The American College of Obstetricians and Gynecologists; John Hopkins Medicine; March of Dimes; Verywell Family

Sleep + Pregnancy

BRIEFLY EXPLAINED

What's the deal with sleeping on your back? It is often recommended to avoid back sleeping in the third trimester, when the weight of the growing uterus and baby can compress important blood vessels. The left side is recommended as the safest. Pillows may help you stay in place through the night; if you do wake on your back, it's okay, just reposition.

How important is good sleep during pregnancy? Research suggests that lack of sleep can be associated with complications in pregnancy like preeclampsia, gestational diabetes, and long labors. If you're one of the many (some research says up to 60%) of pregnant people who experience insomnia, don't worry, there are ways to help you get that healthy rest.

IF YOU...

THEN TRY...

can't fall asleep because of an uncontrollable urge to move and/or discomfort in your legs, also known as Restless Leg Syndrome (RLS)



adjusting your pillows or position, exercising more during the day, or creating a relaxing bedtime routine. RLS is sometimes connected to nutritional deficiencies — discuss with your provider

can't fall asleep because you can't "turn your mind off"



creating a relaxing bedtime routine, reading, meditating, doing yoga, taking a bath and/or avoiding screens before bed, and limiting caffeine during the day

can't fall asleep because you keep getting up to pee



limiting your water/fluid intake in the hours before going to bed and/or going to the bathroom just before getting in bed

have tried it all and still can't fall asleep (or back to sleep)



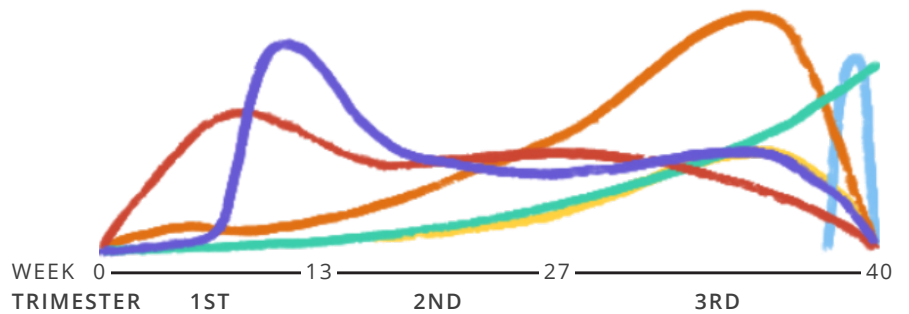
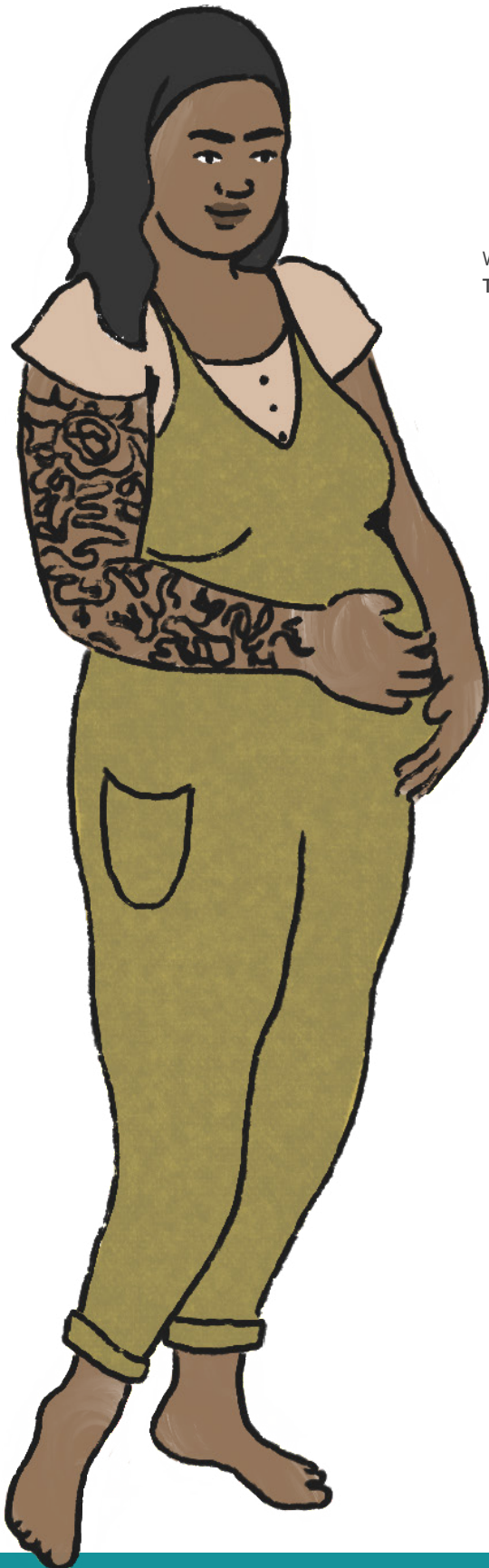
getting out of bed for a bit. A break to have a bedtime snack (like almonds, a banana, or warm milk), or nest, or get something else done that's been nagging you, can sometimes fill the gap until you're drowsy



Sources + Recommended Resources: The American College of Obstetricians and Gynecologists; John Hopkins Medicine; March of Dimes; Verywell Family; Healthline: Parenthood; Medical News Today

Hormones + Pregnancy

BRIEFLY EXPLAINED



HUMAN CHORIONIC GONADOTROPIN HORMONE (HCG)

Only made during pregnancy, almost exclusively in the placenta, HCG rises a lot during the first trimester. It may be linked to nausea and vomiting at that time, too.

PROGESTERONE

Progesterone helps the placenta develop, and the uterus grow by preventing contractions and expanding blood vessels that nourish its growth. It also strengthens the pelvic floor.

PROLACTIN

Prolactin rises during pregnancy, causing the growth of the mammary glands and preparing them to make milk. When progesterone drops at birth, milk begins to flow (though it can leak and/or be expressed before birth, too).

ESTROGEN

This hormone rises throughout pregnancy, peaking in the third trimester. It contributes to the development of the uterus, fetal organs, and milk ducts, stimulating the growth of the breast and chest.

RELAXIN

Early on, relaxin supports the embryo's implantation and placental growth and prevents contractions. As labor nears, it relaxes the ligaments, bones, and muscles in the pelvis.

OXYTOCIN

As labor begins, this hormone rises, stimulating contractions. It also triggers prostaglandins, which also create contractions. Pitocin is the synthetic form of this hormone.

THE SIDE EFFECTS OF FLUCTUATING HORMONES

We can thank hormones for pregnancy “glow” and thickened hair — for the changing shape of the body, which may trigger varying degrees of positive to challenging feelings. And hormones are also responsible for unpleasantness like nausea and vomiting, mood swings, swelling, and achiness. Be sure to consult your provider on any hormone symptoms that bother or concern you.

Sources + Recommended Resources: Cleveland Clinic; Innio.io; The American College of Obstetricians and Gynecologists; John Hopkins Medicine; Healthline: Parenthood; Verywell Family

