

High School Health

Human Development/Reproduction Notes

- Save domestic abuse and teen dating hotlines in phone
- Make a “Come Get Me” code with mom and dad

More on Periods

- The menstrual cycle of women has four stages, not one
 - The menstrual phase is the first part of the cycle, starting at day one of bleeding. This allows uterine lining to shed, leading to bleeding for 3-7 days (typically). It can include cramps, mood swings, bloating, and fatigue. In this stage, estrogen and progesterone levels drop.
 - The follicular phase starts during menstruation and continues until ovulation. During this phase, the ovaries are stimulated via hormones to develop follicles, containing immature eggs, the uterine lining thickens, and women often feel an increase of energy
 - During the ovulation phase (typically near day 14), the body releases the mature egg from the ovary, as it is ready to be fertilized by sperm. Women often notice changes in cervical mucus and libido (desire to have sex) during this time and may experience some abdominal pain. This egg can typically be fertilized for 12-24 hours after release.
 - The luteal phase occurs between the end of ovulation and the beginning of menstruation. During this time, the uterine lining is maintained by the release of progesterone, allowing for a fertilized egg to implant into the uterus. If no egg is implanted, estrogen and progesterone levels fall and preparation begins for menstruation. During this time, many women experience fatigue, breast tenderness, bloating, and mood swings.
- The entire cycle lasts 28 days, on average, and many women use the moon or calendar to track their cycle
- Cycle tracking can help track changes in health, detect pregnancy, and help make adjustments to exercise, diet, and sleeping patterns to best care for the body
- The body needs slightly more sleep and a few more calories when menstruating. Other symptoms may be managed with heat pads, hot water bottles, Tylenol, rest, and OTC medications as long as they are safe.

- Periods are the body's way of flushing out materials that are no longer needed and may contain aspects that are unsafe. They allow for the production of new blood cells, reduce the chances of infection, flush out eggs unfit for pregnancy, and reduce the chances of cancer. Periods also help regulate the production of certain hormones, aiding in processes and strengthening health throughout the body. Though sometimes unpleasant, periods are not a punishment, they are a method your body uses to protect you.
- If the cycle is irregular, very painful, or interferes with daily life on a regular basis, visit a doctor to discuss treatments

More on Women's Health

- Visiting an OB/GYN
 - An obstetrician (OB) is a doctor who delivers babies. A gynecologist (GYN) is a doctor that specializes in the women's reproductive system. Many times a doctor will be an OB/GYN, meaning they do both
 - Girls should first visit a GYN between the ages of 13-18, or when they first become sexually active, and then yearly after their first visit.
 - A GYN will talk to you about menstrual health, sexual history, sexual health, puberty, and general health
 - A visit generally includes discussion of medical history and/or any concerns and a physical exam. An OB/GYN can also discuss your mental/emotional state, contraceptives, cramps, acne, weight, sex, and STI/STD's
 - The physical exam is intrusive and includes a pelvic exam, a pap smear (every 3 years), and a breast exam. These exams require the doctor to touch each of these areas and a pap smear requires them to take a sample from inside the vagina.
 - During an OB or GYN visit, you should always have another person in the room beyond you and the doctor. This protects you and the doctor from inappropriate actions or accusations. The extra person should be someone you are comfortable with (e.g. parent, spouse, nurse). If no extra person is there when the physical exam begins, you have every right to request a nurse. You also have every right to tell the doctor to stop the exam at any time, say no to any testing, or change doctors to someone you are more comfortable with. Your extra person can also act as an advocate and ensure that your wishes are respected by standing up for you if needed.

- The pelvic exam includes looking at the vulva, vagina, and cervix, the insertion of a speculum (a tool used to spread everything open down there), and a gloved hand inserted into the vagina to check internal organs
 - During unrelated procedures which require anesthesia, there is a common practice for doctors and medical students to perform unneeded pelvic exams while the woman is under. The consent is usually in the intake forms and women always have the option not to consent to this invasive, unnecessary procedure. If unsure, ask the intake receptionist.
- The breast exam includes a visual inspection and open-handed touching to feel for lumps (breast cancer)
 - You should also check for breast lumps yourself once a month and report any changes you notice to your doctor (see printed paper for how to do this)
 - After the age of 40, mammograms are also recommended. During this test, the breast is placed in a machine that takes images of the inside to check for lumps
- It is very important to have clear communication with and trust your OB/GYN. Research your doctor before you go to see what other women are saying, discuss the exam and what to expect with a woman you trust, and report any unprofessional comments or actions as soon as possible. Most doctors want to help people, but given the vulnerable state this appointment puts a patient in, some will use it for sexual abuse. Knowing what to expect, having a trusted person with you at all times, asking questions, and trusting your gut can help prepare and protect you from abuse.
- STD/STI's
 - Most birth control makes you more susceptible to STD/STI's
 - Your lesson mentions the HPV vaccine. This is a very new vaccine and we don't really understand risks, side effects, or effectiveness yet. The best way to prevent HPV (and any STD/STI's) is to have sex only with your spouse and remain loyal. This protects you, your spouse, and any future children.
 - Both spouses can request a STD/STI test before marriage to ensure you are both healthy and protect each other from future infections
 - OB/GYN can test and treat STD/STI's if needed. Make an appointment and be honest about any concerns. You can also request testing for specific ones, if needed.
 - Urinary Tract Infections (UTI)
 - Though not an STD, these infections can affect your urinary and reproductive systems

- More common in women, but men can get them too
 - Can cause burning feeling when urinating, frequent urination, pink or red urine, and pelvic pain
 - Caused by bacteria in the urinary tract
 - Birth control, dehydration, constipation, use of catheters, and bad hygiene can cause UTI's
 - Don't use soaps in the vaginal area, always wipe after using the bathroom, wear underwear that allow air flow, take regular showers, and stay hydrated to help prevent UTI's
- Vaginal Yeast Infections
 - Yeast is present in the vagina at all times, but too much of it can cause a yeast infection.
 - Causes itching and discharge of vagina and vulva. Can cause pain during sex
 - Not an STD, but can be caused by sex, antibiotic use, pregnancy, diabetes, weakened immune system, poor hygiene, tight clothing or scented products near the pelvic area, staying in wet clothes too long, and use of birth control
 - The vagina has a natural Ph balance (acidity) to protect it from bacteria but the above risk factors (along with hormone changes) can throw off this balance, allowing bacteria to thrive
 - To prevent/treat a yeast infection, wear loose fitting clothing, wear breathable underwear (cotton is best), reduce sugar intake, avoid baths/hot tubs, use only unscented products (e.g. pads, tampons), change pads often when on your period, eat yogurt daily when taking antibiotics, pee and clean the area after having sex, make sure anything going into the vagina is clean
 - If infection doesn't clear up with at-home treatments, OTC medications and creams are available (follow the directions on the package), or consult your OB/GYN
- Endometriosis
 - This condition is a result of uterine-like tissue growing outside of the uterus and can be very painful, especially during periods, as it causes other body parts to react to hormones and can induce muscle contractions like a uterus in menses
 - It can cause pelvic pain, heavy periods, scarring, and infertility. Some women have no symptoms other than infertility
 - Endo is treated with surgery to remove the tissue

- Uterine Fibroids
 - These are noncancerous tumors in the uterus
 - They can cause heavy, painful periods, a feeling of fullness, and bleeding between periods
 - They may be treated with hormones, surgery, or less invasive options to remove the tumors
- Polycystic Ovary Syndrome
 - PCOS is a hormonal disorder that affects the cycle, especially ovulation
 - It causes irregular periods and can cause ovarian cysts (painful blister-like bubbles on the ovaries), and can lead to infertility
 - PCOS is often treated with medications and lifestyle changes
- Pelvic Inflammatory Disease
 - PID is an infection in the reproductive organs
 - It can cause pelvic pain, scarring, and infertility
 - It can be treated with antibiotics
- Cancer of the uterus, cervix, ovaries, vulva, or breast are serious, sometimes life-threatening conditions often detected in regular exams with a gynecologist
- Menopause
 - On average, women enter menopause around 51-52 years, though the hormonal changes begin around 45. During this time, your ovaries lessen, and then stop producing reproductive hormones.
 - Menopause is the end of the menstruation cycle and women no longer have a period, ovulate, or can bear children. During this period, women can still get pregnant.
 - A woman is officially in menopause if she does not have a period for 12 consecutive months and is not pregnant during that time
 - Many women in perimenopause (the transition period before official menopause) and menopause experience hot flashes, night sweats, vaginal dryness, difficulty sleeping, dry skin, mood swings, and irregular periods. The body stops producing estrogen.
 - While going through menopause, symptoms are often treated by diet changes, hormone treatments, and medication to make her more comfortable. Exercise and mental health also become a very important aspect of overall health and comfort.
 - After the 12-month period, women are in post menopause. During this time, symptoms lessen, and osteoporosis and heart disease are monitored closely by doctors due to a decrease in estrogen. Women can no longer get pregnant in this stage, which will last the rest of their lives.

- Few mammals experience menopause and scientists believe that humans go through this hormonal change due to the grandmother hypothesis which states that older females retain survival knowledge and experience an end of reproduction in order to spend energy passing down this knowledge to future generations, ensuring survival of their decedents
- Menopause is a natural part of women's health and signals a new stage of life.
- In some parts of the world, female genital mutilation is practiced, including partial or full removal of the clitoris, removal of the clitoral glands, removal of the labia, narrowing of the vaginal opening, and piercing or poking of the area
 - Many of these mutilations are cultural or religious practices to reduce the amount of pleasure women feel during sex
 - They cause long-term physical, mental, and emotional damage
 - They are often done without proper medical equipment and not by medical professionals

More on Men's Health

- Circumcision
 - Circumcision is the surgical removal of the foreskin on the penis.
 - This is usually done for cultural or religious purposes when the boy is a baby
 - Local anesthesia is injected into the area with a needle. Then, a tool is used that cuts the foreskin around all the way around the penis
 - Uncircumcised penises still have the foreskin and, therefore, look different than circumcised penises
 - While many people believe this leads to improved hygiene and a reduced risk of STD'STI's recent studies have proven this idea false.
 - Circumcisions are a form of genital mutilation and is very painful. They carry the risk of infection, deformation, bleeding, and removal of too much or too little foreskin.
- Hygiene
 - Both circumcised and uncircumcised men should practice good hygiene
 - Washing the penis and surrounding area everyday ensures that the man and any sexual partners are protected from infection and disease
 - In the shower, gently retract the foreskin and use unscented soap and warm water to clean areas under the foreskin, the surface of the penis, the scrotum, the perineum, and the skin between the thighs. Avoid vigorous scrubbing or excessive use of soap.

- Rinse and gently pat dry with a clean towel
 - Wear clean, dry underwear, ideally made from natural fibers, that fit loosely and allow for the proper temperature to be maintained
 - Men should also wash after sex, even if a condom is used.
 - Avoid deodorants, lotions, powders, and colognes, as these can cause irritation
- Unlike women, whose hormone cycle lasts 28 days, men's hormone cycle lasts 24 hours.
 - Testosterone is the primary sex hormone for men.
 - Testosterone peaks in the morning and declines throughout the day, making men better at certain tasks depending upon the time of day
 - Morning peaks are best for high-focus tasks, working on your own, workouts, and sex
 - Afternoon moderation is best for teamwork and social engagement
 - Evening lows are best for relaxing and socializing
 - It affects voice changes, sexual health, libido (sexual desire), muscle mass, lung capacity, stamina, special skills, energy levels, facial hair growth, bone density, red blood cell growth, and overall health
 - Testosterone is produced mainly in the testicles, even before the baby is born. However, production ramps up during puberty
 - Normal testosterone levels in men range from 300-1,000 ng/dL
 - Levels below this are known as low T and can lead to a decrease in sex drive, fatigue, mood changes, loss of muscle mass, and cognitive decline
 - This is a serious, life-threatening condition in men. A doctor can perform a blood test to check testosterone levels and decide on a treatment if needed
 - The most common treatment for low T is an injection of synthetic testosterone on a regular basis until levels stabilize
 - Testosterone levels naturally decrease in men starting around age 30, usually by about 1% per year
 - Steroid use can cause unnaturally high testosterone levels, affecting heart health and increasing the risk for stroke, heart attack, and other cardio issues. Testosterone that is too high can also cause aggression and mood swings.
 - Regular exercise, a healthy diet, maintaining a healthy weight, adequate sleep, and stress management all help balance testosterone levels. Avoiding smoking, drugs, and alcohol will also help maintain a healthy testosterone level

- Many supplements are on the market now that claim to help raise testosterone levels. However, most are untested and men should be careful and consult a doctor before starting any supplement.
- ED, erectile dysfunction is the inability to achieve or maintain an erection sufficient for sexual intercourse
 - It can be caused by conditions such as diabetes, high blood pressure, or psychological factors
 - Treatments for ED range from medication, to diet and exercise changes, to therapy
- Premature ejaculation is a common male sexual problem characterized by the inability to control ejaculation during sex
 - It can be caused by psychological factors (anxiety or stress) or hormonal imbalances
 - A doctor help with treatments, including behavioral exercises, medications, and counseling
- Prostatitis is the inflation of the prostate gland
 - Symptoms include pelvic pain and frequent or painful urination
 - Prostatitis can be cause by bacteria and treated with antibiotics
 - Prostatitis can be a chronic condition and require long-term treatment
 - Symptoms can be managed by apply heat to areas that are inflamed or in pain
- Testicular Conditions
 - The testicles are organs that stay outside of the body. Due to the effects of normal body temperature on sperm health, they cannot stay inside the body in healthy reproduction. Healthy male babies are born with their testicles outside of their bodies, and located in the scrotum.
 - Testicular torsion is a condition in which the testicle twists, cutting off blood supply
 - This is a painful condition that requires immediate surgery, or the lack of blood supply will damage or kill the testicle
 - Testicular injuries (such as trauma) can be painful and may need to be treated by a doctor or surgeon if severe.
 - Testicular cancer requires surgery, radiation, or chemotherapy
 - Men should regularly check their testicles for lumps, swelling, or discomfort and report any changes to their doctor
 - See the printout for how to check
 - During their yearly exam, doctors will also perform a testicular exam
 - Men should also have a physical with their primary care physical once a year

- During this check, doctors screen for blood pressure issues, diabetes, cholesterol, lung cancer, and mental health issues. They also ensure that vaccinations are up to date, screen for vision problems, skin cancer, and dental issues. Doctors may also recommend blood tests to check hormone levels and/or bone density.
- At age 45, men should start screenings for colorectal cancer by undergoing a colonoscopy
 - During this procedure, the digestive system undergoes a flush. The patient drinks a medication that clears out their bowels the night before.
 - During the exam, a small camera is inserted into the anus and up the rectum to check for irregular growths
- At age 50, men should be screened for prostate cancer
 - This generally includes a blood test and/or a rectal exam during which a doctor inserts a gloved hand into the rectum to feel the prostate for any irregularities
 - Further testing may be done if there are any concerns

Masturbation

- Masturbation is the self-stimulation of your genitals or other sensitive areas of your body for sexual arousal or pleasure
- While this is a natural part of life, it should be limited and private
- Excessive masturbation can cause health and fertility issues, and issues with a healthy sex life later on

Pornography

- Pornography (porn) is media depicting sensual acts that is consumed/viewed for sexual arousal or pleasure. Porn often depicts people having sex or performing sexual acts in a video or photo form
- Porn is dangerous and can be addictive
- Porn can lead to a decrease in sexual satisfaction, relationship problems, and unrealistic expectations, as most porn does not depict real sex, but rather actors exaggerating sex
- Porn can also lead to a decrease in self-esteem, as the brain begins to compare the actors they see to themselves or their partners

Not Mentioned Pregnancy Prevention

- Rhythm method- also known as the calendar method, this is a form of natural family planning that involves tracking menstrual cycles to determine fertile and infertile days. By understanding when ovulation occurs, individuals can decide when to engage in or avoid sex to either achieve or prevent pregnancy. This method is estimated to be 75% effective (though it varies based on individual cycles and how it is applied) and should never be used alone as a way to prevent pregnancy.
- Pull-out method- also known as withdraw, the pull-out method is a form of birth control in which a man takes their penis out of a woman's vagina before they ejaculate so fewer sperm get inside. This method is about 78% effective but relies on the control of the man, leaves the woman with no control, and runs the risk of pregnancy due to pre-ejaculation or ejaculation close to the vagina. With or without this method, it is possible for pregnancy to occur without penetration, as any semen close to the vagina contains sperm that can work its way up into the body.
- Abortion- there are several different types of abortion but the effect is the same. The unborn baby is killed and removed from the mother's body. Chemical abortion is done by taking pills to stop the baby's heart and induce cramps in the mother which push out the baby and the lining supporting it out. Most abortions at clinics use medical scalpels and tongs to cut apart the baby and pull the pieces out. Full-term abortion (very rare) kills the baby as it is being born. Abortion legality varies from state to state and is often called women's healthcare and choice, but rarely talks about what is actually happening to mom and baby. Abortion carries the risk of damage to reproductive organs of the mother, infection, and bleeding out.

More on Hormonal Birth Control

- Birth control pills, mini pills, shots, patches, IUDs, and rings rely on hormonal treatment and control to suppress the reproductive cycle. This can interrupt the body's natural hormones and cycles, even those outside of the reproductive system
- Can cause side effects like mood swings, unnatural hormone cycles, difficulty getting pregnant later, weight gain, mental and emotional health (can cause depression), migraines, and blood clots. Can also affect the safety of future pregnancies as hormone cycles are affected for years after stopping treatment.
- Your body creates several different kinds of hormones, which may be affected by birth control or the balance thrown off by birth control. Hormones control everything in your body from reproduction, to growth, to how you process food, to learning, to normal everyday bodily functions

- Birth control pills must be taken everyday at the same time to be effective and can still fail. Some allow a week of placebo pills, which allows your body to have a false period. Rather than actually shedding the uterine lining, this is simply breakthrough bleeding and does not allow your body to go through the normal cycle. Others do not allow any bleeding while you are taking them. IUDs, shots, and patches stop your period from happening, which does not allow your body to expel eggs/shed lining/create new blood cells.
- Emergency contraception (Plan B) and many birth control pills force your body to be inhospitable to a fertilized egg and flush it out. If an egg is fertilized and these methods are used, the baby created is effectively aborted before implantation.
- IUD's can fail or come out. Rarely, they can also travel through your body and implant in places they are not supposed to be. Many women say they are very painful to place and few doctors prescribe any painkillers

More on Sterilization

- Many couples who are done having children, women with medical problems that make childbirth riskier, and people who simply don't want children choose this method
- Sterilization is a surgery and carries risks
- Your lesson tells you that it does not alter hormones, but simply removes or makes certain body parts not work....new studies show this is incorrect. Sterilization affects hormones and hormone cycles in both men and women and can carry lifelong consequences
- Your lesson also tells you about tubal ligation. This is a major surgery that carries risks such as infection, early menopause, and chronic pain
- Vasectomies are not always successful and can sometimes naturally reverse themselves. They also carry risks and side-effects such as bruising, swelling, pain, infection, and a change in hormone levels (especially testosterone). As with any surgery, men should educate themselves and consider the risks before making a decision.
- Vasectomies also take time to work so men should be checked for active sperm in semen after a vasectomy and before trusting it as birth control

Abstinence Before Marriage

- Your lesson talks about abstinence (no sex at all to prevent pregnancy) but not marriage

- Waiting until marriage to have sex protects both parents and the babies that may result. It statistically increases happiness in marriage and stability of that marriage, reducing the risk of divorce
- Sex only with your spouse after marriage also protects parents and babies (being loyal to spouse, no cheating)
- Sex creates an emotional and physical bond by releasing chemicals meant to keep couples together and support a child.
- Waiting allows you to get to know each other and build a relationship outside of sex, rather than relying on it to fix or ignore problems. It increases communication skills in the relationship.
- When both partners wait until marriage, trust increases between them and they learn about sex together.
- When a woman is pregnant, the baby releases stem cells to help protect the mother's health. It also leaves a part of its DNA behind, meaning a mother carries the DNA of her child and the child's father for life.
- Waiting takes self-control and discipline from both partners and allows you to support each other in this goal. It shows that respect for each other and the boundaries set
- Sex is fun and feels good. It can create children. However, it is also a form of communication between couples that can strengthen the bond between partners. When sex is used as just recreation or with too many partners, it can cause lower self-esteem, a feeling of loneliness, and a lack of fulfillment. It is meant to help connect partners in long-term marriages that produce children.
- Waiting until marriage also protects physical health by reducing the likelihood of STD/STI's, depression, unwanted pregnancies, low self-esteem, and anxiety

More on Healthy Relationships

- Comfort levels
 - Healthy relationships rely on communication between partners and respect boundaries and individual comfort levels.
 - If at any time one person is uncomfortable, unwilling, or unsure, both partners should step back and stop immediately. This includes anything from conversations together, to activities, to sexual interactions. Once a boundary is communicated, partners can take a break, have a conversation about what is bothering them, or avoid that action altogether, depending on the comfort level of both of them.

- Being able to communicate boundaries, comfort levels, and individual preferences with a partner is important. Sharing feelings and trusting that they will pause if you need them to is a sign of trust. If a partner ignore comfort levels, keeps pushing, or doesn't give you space when asked for it, they are showing that they don't respect your choices and comfort.
- If a date is ever uncomfortable or your gut is telling you something is wrong, leave the date. Be prepared by bringing your own car or calling a friend/family member to pick you up. Never tell someone you don't know your address.
- Shared and Individual Goals
 - Most people have their own goals. These goals may be in different areas of life such as education, career, children and a family, skills they want to learn, activities they want to do, financial, or health goals.
 - When dating/getting married it is important to consider individual goals of each partner, how those goals may fit together, and how partners can support each other in their goals
 - Shared goals between a couple (e.g. marriage, no sex until after marriage, children, buying a house, etc.) are important, especially if they decide to be married
 - Shared goals may include individual goals that are supported by both partners
 - Shared goals mean both partners work towards, sacrifice for, and support each other as they get closer to the goal
 - Shared goals sometimes require compromise (e.g. one partner works an extra job if the other is sick) and should be discussed regularly and assessed as a couple.
- Progression
 - In a healthy relationship, the emotional and physical aspects are a progression. They happen over time, in small steps, and according to comfort levels of each partner.
 - Often, when a couple first starts dating, they are just getting to know each other. If a relationship goes well, over time a healthy couple begins to trust each other, builds emotional intimacy (sharing feelings, thoughts, and experiences), works through disagreements, and slowly builds a physical relationship.
 - Emotional intimacy comes as a couple discusses their views and feelings, relies on each other, and builds trust. This is the most important part of a relationship, and often the most difficult to build and maintain. Emotional intimacy means trust, communication, and vulnerability. A partner should also be a best friend,

know everything about you, and feel safe. Emotional intimacy comes by spending time together and building a strong connection.

- Physical intimacy is more visible and can include things like holding hands, hugging, kissing, touching, and sexual acts. While these things can feel exciting, they should also happen in a slow progression as each person is comfortable. Communication and knowing your boundaries and comfort before something happens is key. Sex should be reserved until after marriage, and that boundary should be clear to both partners. This way, if a couple gets close to a boundary, they can support each other in stopping and taking a step back before doing something they are not ready for.
- However, discussing sex, expectations, and plans for the future, as well as certain non-sexual acts that create physical intimacy, are a natural part of a healthy relationship before marriage. Understanding what both partners want, expect, and need before having sex can make sex after marriage a natural part of your relationship you both are ready for, rather than a mysterious, scary thing that just happens after the wedding.
- Marriage
 - Marriage is the ultimate goal of dating. It is the most important decision of your lifetime. A happy marriage is built on a healthy relationship.
 - Marriage is a legal binding. It is also a promise you make to your spouse to be connected together for life. This means enjoying the good parts of life together, working through the hard parts of life together, and keeping your relationship strong throughout by maintaining communication, respect, trust, love, and intimacy.
 - Marriage protects both partners and any children who come into the family by creating a unit that supports, provides for, and is safe for each person. Marriage should be seen as an unbreakable bond that starts a family.
 - The bond and safety of marriage is the only appropriate place for sex to happen. However, that doesn't mean marriage means you automatically have sex figured out. Couples should still communicate, discuss and respect comfort levels, and be willing to share feelings and thoughts, likes and dislikes, as they learn more about each other's bodies and sex. Either partner should stop if one is uncomfortable or does not like a certain action, discuss what they like or don't like, and learn together to make sex fun and enjoyable for both.
 - Orgasms (the climax of sexual excitement, characterized by intensely pleasurable feelings and (in men) experienced as an accompaniment to ejaculation) are often seen as the end-goal of sex. However, it may take time and experience before a couple experience an orgasm during sex (especially women). Sex can be

pleasurable, bonding, and fun with or without an orgasm for one or both partners. Communication is key and can help both partners learn how their own bodies respond and how to best help their partners.

Relationships and Sexual Crimes

- Abuse
 - Abuse can be emotional, physical, or sexual. These types of abuse can happen separately or at the same time as each other. No form of abuse is okay.
 - Abuse tends to escalate over time, getting worse the longer it goes on. Generally, once started, it does not stop and it is best to leave the relationship.
 - Leaving an abusive relationship can be dangerous, and it is best to seek outside help from trusted friends, family members, law enforcement, and/or domestic violence centers.
 - For purposes of proof, abuse should be documented as much as safely possible. Dates, times, feelings, what was said/done, and what each person did should be written down and/or recorded if it is safe to do so. Photos of injuries are another way to document abuse.
 - Abuse tends to come in a cycle: abuse happens, abuser love bombs, apologizes, or acts in a way like they want to keep the relationship going, a calm phase where everything is going well, tension building, and then another abusive incident.
 - Emotional abuse is a pattern of behavior aimed at controlling, humiliating, or manipulating someone, causing psychological harm without physical violence. Emotional abuse can include yelling, swearing, name calling, mocking, threats, intimidation, isolation, ignoring, neglecting, humiliating, and gaslighting.
 - Physical abuse is any intentional act that causes injury, trauma, or bodily harm to another person, often used to exert control or instill fear. It can include hitting, kicking, pushing, burning, biting, scratching, restraining, choking, and other forms of physical harm. Some types of physical abuse (e.g. choking) carry an increased risk that an abuser will eventually escalate to murder. Physical abuse often leaves physical injuries. Partners should never physically harm each other and any abuse should be reported to law enforcement while the victim retreats to a safe place away from the abuser.
 - Sexual abuse is any sexual activity that occurs without consent, often involving force, coercion, or manipulation, and can have profound psychological and social impacts. Sexual abuse can happen in any relationship, including marriage. Dating or being married is not automatic consent for every sexual act and spouses still have control over their own bodies. Partners should ensure that any

sexual talk, touching, or acts are completely consensual and never use force or coercion. If one person asks to stop at any time, even during the act, both should stop. Any sexual abuse should be reported to law enforcement and the victim retreat to a safe place away from the abuser. In cases of rape, the victim should be seen at a hospital to document and receive treatment.

- Abusers are often most dangerous when a woman is pregnant (if she is the victim) or when the abused person tries to leave, and can escalate quickly to murder. It is important to set clear boundaries, choose partners carefully, and seek support so that a victim can safely leave at the first sign of abuse.
- Age Laws in Utah
 - Generally, a large age gap makes a relationship more difficult and most people date/marry people close to their own age
 - Much older men/women dating much younger boys/girls, is inappropriate and, if there is a sexual relationship, can be illegal
 - In Utah (an most states), the legal age of consent for a sexual relationship is 18. This includes touching, intercourse, oral sex, and anything of a sexual nature. Any sex between an adult 18 years of age or older and a minor, 18 years of age or younger, is legally considered rape
 - Sex between two teens 14-17 may still be considered illegal, as both are legally minors
 - The idea behind age of consent laws is to protect children from those that would take advantage of them due to their inexperience and age
- Grooming, Molestation, Harassment, and Rape
 - Grooming is defined as the action of attempting to form a relationship with a child or young person, with the intention of sexually assaulting them or inducing them to commit an illegal act such as selling drugs or joining a terrorist organization
 - Grooming is a predatory activity in which an adult slowly prepares a victim by offering friendship or a relationship, gifts, initiating touching, introducing sexual topics or language, so that the victim eventually consents to sex. However, no minor can legally consent to sex.
 - Grooming takes advantage of a victim's lack of power in a relationship. This may mean the groomer has a trusted position (therapist, church leader, teacher, police officer), money, or simply be older and more experienced, which gives them influence over the victim
 - Grooming often looks like a relationship to the victim, but it is predatory and they are being taken advantage of

- Molestation the sexual assault or abuse, especially of a child or venerable person. It can include inappropriate touching or other sexual acts without consent
- Sexual harassment can occur in any social situation, but is especially obvious in professional environments. Harassment is behavior characterized by the making of unwelcome and inappropriate sexual remarks or physical advances. It can include repeated requests for a date after being tuned down, unwanted touching, and unwanted sexual comments, even in passing. Sexual harassment should be taken seriously and, if possible, reported to superiors at work/school and documented.
- Rape is the crime of compelling or forcing someone to have sex without their consent. Rape is often portrayed as forced sex by a stranger. However, it includes any sex without the consent of both people involved including: violations of age of consent laws, lack of ability to consent due to medical conditions (e.g. in a coma or under anesthesia), intoxication (under the influence of alcohol or drugs), imbalance of power (e.g. boss says he/she will fire you if you don't), or coercion (convincing a victim or pestering them until they give in, even though they really don't want to). Rape can happen between strangers, acquaintances, friends, couples, and even spouses.
- Rape is a serious crime and should be reported to law enforcement. Additionally, rape victims should report to a hospital as soon as possible after the act, as evidence can be collected and treatment can prevent further physical harm
- Sexual abuse carries physical, mental, and emotional scars and many victims don't fully recover for years. However, with support and treatment, victims can live healthy lives. If any abuse happens to you, it's important to tell someone you trust and make a plan to protect yourself. Sexual abuse including molestation, grooming, harassment, and rape is not the fault of the victim.
- False accusations can occur and, in a private act between two people with little evidence, it's often difficult to prove one way or another. It is important to communicate clearly with a partner, respect boundaries, confirm that both parties are legally able to consent, confirm that both parties are consenting, and stop if either party becomes uncomfortable or communicates the desire to stop.
- Men and women can both be victims of rape, molestation, or sexual harassment.

Infertility

- Both men and women can experience infertility, or the inability to reproduce

- Depending on the condition, infertility may be short-term or permanent
- Generally, if a couple is trying to get pregnant, and hasn't within 12 months, they should both seek medical help to diagnose and treat issues that may be causing infertility
- Women may be infertile for a time after using hormonal birth control, due to medical conditions (e.g. hormone regulation issues, endometriosis), due to physical conditions (e.g. damage to the fallopian tubes, cervical or uterine abnormalities), age, infection, or other conditions.
- Men may be infertile due to low sperm count, low mobility of sperm, hormonal imbalances, physical issues with the testicles due to injury, infection, or deformity, or genetic conditions
- Infertility can also be caused in both men and women by lifestyle choices
 - Smoking, drinking alcohol, exposure to heavy metals, exposure to certain pesticides, prolonged use of hormonal treatments (even birth control), drug use, radiation, obesity, prolonged exposure to heat, and stress can all contribute to an unhealthy reproductive system
 - These causes can be addressed by changing diet and habits to increase the chances of being fertile

Pregnancy, Birth, and Recovery

- The ultimate goal of sex and the reproductive system is – reproduction, or the creation of a new life
- Pregnancy can occur anytime sperm and egg have the opportunity to meet, even without penetrative sex pregnancy can occur if semen is close to the vagina and sperm travel to the egg
 - For this reason, a person should never have sex or engage in sexual activities with someone whom they would not have a child with or at a time when they are not willing to have a child
 - Marriage is the ideal situation for both parents and baby
- Pregnancy should be carefully planned, though no birth control is 100%, so sex should not happen without the knowledge that childbirth is a potential outcome. Use of different contraception methods, the rhythm method, and abstinence before marriage can help with planning and timing.
- Pregnancies should be spaced 18 months or more apart to allow mother to recover and the baby to breastfeed before mother's body supports another child

- Diet changes, supplements (e.g. folic acid), and stopping risky behaviors (e.g. drugs, alcohol, certain activities) should happen three months to year before becoming pregnant. Mothers need extra calories, protein, fiber, healthy fats, and prenatal vitamins. Zinc and/or iron may also be needed; a doctor can make recommendations based on blood tests.
- During a normal pregnancy, most normal activities can still occur. Exercise, sex, work, and recreation can still be enjoyed with a few exceptions. As always, consult with your doctor/midwife to know what is right for you and your body.
 - No cleaning litter boxes
 - No amusement park rides (or similar activities)
 - No high-impact sports
 - No hot tubs or hot baths
 - No lifting heavy objects
- Pregnancy is exhausting and uncomfortable for some, and boosts energy for others
- Pregnancy carries risks to both mother and child and mothers should carefully research these risks, as well as any family history and medical conditions, before becoming pregnant
- Pregnancy lasts an average of 9 months, or 40 weeks
- Delivery can be at the hospital, at home, or with a midwife in a clinic. Risks and needs of both mother and baby should be weighed carefully when deciding which to choose.
 - In a medical setting, set procedures and timelines may be in place. You can always say no. It's best to have a plan and a partner there to support and advocate for your desires. Most people have their spouse and/or mother there. The plan may change, but you are the one who changes is based on advice from medical staff.
- Pregnancy is broken into three trimesters.
 - First trimester is 1-12 weeks.
 - The week count begins on the first day of your last period before becoming pregnant, therefore many women don't know they are pregnant until week 4-8, depending on how regular their period is and when they test.
 - Pregnancy tests can be purchased from most general stores (e.g. Dollar Tree, Walmart) and are fairly accurate, but can be wrong. It's best to use one that is easy to read (e.g. digital screen with words rather than lines) and take more than one to be sure. Most tests require you to pee on them (or in a cup and dip the test in) for a certain amount of time and then wait for a certain amount of time. Waiting too long can cause the test to be wrong.

- This trimester is most risky for the baby in terms of miscarriage. This is the death of the baby due to medical reasons and usually occurs when a fetus is not going to develop correctly or the mother's body cannot properly support it. Miscarriage is not the fault of the mother, but the body's way of protecting her. This process can take a few days to several weeks and allows the body to bleed out the uterine lining and fetus to prevent infection to the mother. If a miscarriage is suspected (there is usually bleeding), your doctor/midwife should be consulted and you should wait at least three months before getting pregnant again.
 - This is the most common trimester for mom to feel morning sickness, nausea that comes any time of the day, not just morning, and is caused by the hormones in your body working to support the pregnancy.
 - Many women find relief in certain foods. Common ones are saltine crackers, ginger ale, mint, or certain teas (avoid raspberry tea as it can cause early delivery). As always, consult with your doctor/midwife on what foods are safe (e.g. sushi, alcohol, high caffeine content, highly processed foods, fish with high mercury content, unwashed fruit, and unpasteurized dairy products)
 - You should see your OB/midwife in the first 8-10 to begin regular visits and check on mother and baby's health throughout the pregnancy, receive advice and information, and ask questions. During your first visit, a pregnancy test and blood test will be done.
- Second trimester is weeks 13-28
 - Many women feel a burst of energy during this trimester, baby grows quickly, and movements can be felt by the mother. Much of the testing (e.g. ultrasounds, listening to heartbeat, checking fetal movement, diabetes screening) happen during this trimester.
 - 24-26 weeks is considered a viable baby, meaning the baby could survive outside of mom with intensive treatment if a medical condition required delivery early.
 - If possible, use this extra energy to prepare freezer meals and plan to make life easier in the first weeks after birth
- Third trimester is weeks 29-40
 - During this trimester, mother and baby reach full-term and baby can safely be born after 39 weeks. Many first-time mom's deliver later than 40 weeks
 - During this trimester, the mother's body prepares for birth. Ligaments loosen, the breasts begin to produce colostrum (the first, highly nutritious

milk the baby will drink), the cervix thins, the body creates a “love” hormone to help with bonding, and the baby moves into a head-down position and begins to move towards the birthing canal

- This trimester is often very uncomfortable as mother carries a full-grown baby and swollen ankles, back pain, heartburn, frequent urination, and fatigue set in
 - This is often when nesting occurs. Women prepare the home by cleaning, decorating, and gathering materials the baby will need. Additionally, this is when the hospital bag should be prepared and your plan reviewed with your doctor/midwife and support person. Things like- when to go to the hospital/clinic, how to get there, what items you may need, what happens if something goes wrong, what kinds of pain management do you want, what treatments will you accept or reject for you and baby, baby’s name, etc.
 - During this time, baby is growing lungs and practicing breathing in preparation for breathing on their own. Cravings may increase as baby is working to get the nutrients they need. Braxton-Hicks, or false contractions, may begin to help the mother’s body prepare for the real thing.
 - During this time, mother should learn all she can about the birthing process, while her partner/advocate learns how to support her.
- While many pregnancies are healthy and progress normally, others carry complication and high-risk factors. A midwife/doctor can help guide you through these complications if they occur. Some are listed below, but it is a good idea to become familiar for signs to watch for and always ask for more information if something is concerning to you
 - High blood pressure/ Preeclampsia
 - Symptoms: a headache that will not go away, changes in vision, pain in the upper stomach, nausea or vomiting, swelling of face or hands, sudden weight gain
 - Can cause: stroke, placental separation, preeclampsia, eclampsia, preterm birth
 - Diabetes
 - Symptoms: high blood sugar, frequent urination, urine smelling sweet, fatigue, excessive thirst, nausea
 - Can cause: increased birth weight, preterm birth, preeclampsia, trouble breathing at birth, obesity
 - Preterm labor
 - Symptoms: Baby born before being full term, early contractions

- Can cause: Death of baby if not viable, breathing problems, heart and lung disorders, problems eating on their own, more risk for developing other conditions
 - PPROM
 - Symptoms: premature rupture of membrane, water breaking too early
 - Can cause: Premature birth (must immediately be given a steroid shot series to help prevent this), infection in both mother and baby, death in both mother and baby, bleeding, preterm labor and birth complications
 - Bleeding
 - Bleeding is often an indication of a problem with baby and should be taken seriously.
- Giving Birth
 - It is considered normal to go into labor anytime between 37-42 weeks, however preterm birth can happen
 - Signs of being ready to deliver include baby's downward position, bloody show (loss of a mucus plug that shows as a small amount of blood and discharge)
 - Doctors are known for pushing for c-sections and Pitocin, both of which come with risks to both mother and baby
 - C-sections may be scheduled to make it easier for doctor to plan around your delivery, to allow you to set aside a certain day, or to make birthing quicker
 - C-sections are major surgeries and adversely affect both baby and mother. Mother faces increased recovery times, risk of infection, and more long-term pain due to an incision. Baby is deprived of antibodies and the natural contraction process that stimulates breathing that come from a vaginal birth.
 - An incision is made through the abdominal wall and into the uterus. Baby is removed, while mother is under anesthesia, but fully awake and aware.
 - C-sections can cause weakness in the uterus, difficulty delivering vaginally in future pregnancies, a reduced number of antibodies in the baby, and weakness in newborns. This can lead to multiple medical issues for baby, mother, and future babies.
 - C-sections are not as healthy for mother or baby and should never be a first choice for childbirth. However, in some cases, they can save the life of mother, baby, or both.
 - C-sections may also be needed in case of emergencies where the vaginal delivery isn't going as planned and is no longer safe for mother or baby.

Other options include the use of forceps (tong-like tools used to pull baby out) vacuum devices (suction cups placed on baby's head to help pull baby out), or an episiotomy

- A note about episiotomy
 - An episiotomy is a surgical procedure that includes a cut in the tissue between the vaginal opening and the anus during childbirth to widen the vaginal opening and allow the baby to pass through more easily
 - Many OB's will do this to avoid tearing of the vagina, though
 - However, this used to be a common practice with all births and some doctors will perform it if it is not necessary
 - It is important to discuss this with your doctor, and make your wishes clear. Mothers can always give verbal consent in the delivery room later, if an episiotomy is necessary
 - An episiotomy requires stitches to sew back up, as does any natural tearing.
 - Be wary of any doctor who jokes about, offers, or is known to perform what is known as a husband stich
 - This is an extra, unnecessary stich after an episiotomy to make the vaginal hole smaller and, therefore more pleasurable, to the husband during sex. It can cause several medical issues for the mother/wife, and make sex very painful.
- Pitocin is a medication given through an IV that mimics hormones and synthetically induces contractions
 - Pitocin is often given to induce labor, either for scheduling purposes or in emergency situations
 - Pitocin forces mother's body to push the baby out, even if baby is not ready and ignores the natural process of mother's body and baby starting birth
 - Contractions from Pitocin can be more painful, last longer, and too intense for baby, causing issues with heartrate during birth. Pitocin has a known increased risk for C-sections due to danger to the baby and mother.
- Birth often begins with contractions that almost feel like Braxton-Hicks contractions

- These contractions should come at regular intervals, increase in intensity, and last for 30-45 seconds. They can last for hours, so it's important to know when to go to the hospital or contact your midwife
 - The rupture of membranes (water breaking) is not usually the first sign and can happen later, during active labor, or may need to be done manually by your doctor or midwife. This rupture produces a sudden rush of liquid from the vagina as the protective sac around the baby breaks open.
 - During labor, the cervix dilates, or opens up, to allow the baby to pass through. A normal cervix has an opening that is about 1 cm in diameter. When ready for birth, the cervix is 10 cm.
 - In a medical setting, your doctor/midwife may regularly check your cervix by reaching a gloved hand into your body and manually measuring with their fingers. While uncomfortable, it helps everyone track your progress and know when you are ready to deliver. It does, however, carry the risk of infection to mother and baby.
 - Full dilation can take hours and often happens while you are already preparing for delivery with your doctor or midwife
- Problems During Birth
 - While every pregnancy is different, knowing the most common issues that can occur during birth and those that mother is most at risk for can help her feel prepared, informed, and ready to make decisions as needed
 - Hemorrhage, or excessive bleeding can be life threatening to mother and baby. Most often it occurs within 24 hours of birth, but can happen up to 12 weeks later. It is often characterized by blood clots larger than mother's fist and excessive bleeding. Hemorrhaging requires immediate, emergency medical care.
 - Stalled labor, or the baby not being delivered in a normal timeline, can occur when contractions are weak, the cervix doesn't dilate, or the baby does not descend. This may be due to induction, anatomical issues, or other medical conditions and can be deadly for the mother and child. Mothers should know their family history for birthing times to get an estimate of what is normal in their family. While this isn't an exact number, it gives them a starting point. The baby should be monitored for distress and an induction medication (e.g. Pitocin) or C-section may be necessary.

- Your support partner should also pack a change of clothes, snacks, water bottles, something to do, and comfort items (e.g. pillow)
 - Many items (e.g. nursing pads, food, diapers for the stay) are provided by the hospital but, outside of an uncomfortable couch and pillows, nothing is provided for the support partner
- When to push
 - When fully dilated to 10 cm
 - Midwife/doctor/nurse will check progress often and mother will be prepped for delivery when she reaches 10 cm
 - Many women feel the urge to push. For most, it may feel like they need to poop, as many of the same muscles are used in labor. Women may also feel the pressure of the baby's head pushing and/or contractions moving the baby through the birthing canal
 - Classes are available to help know how to better control muscles for pushing. Doctors/midwives/nurses will guide timing of pushes to match contractions
- Birthing positions
 - In the US, the most common birthing position is with mother laying on her back, feet in stirrups. This makes birth easy for medical staff, but very hard on mother and baby
 - Having an epidural forces this position, as mother is medically paralyzed from the waist down to block pain
 - Walking, standing, squatting, sitting upright (e.g. on an exercise ball), or crouching during labor can help speed labor along, make mother more comfortable, and use gravity to help the baby move through the birthing canal
- Pain Management
 - For some, childbirth simply feels like their normal period cramps. For others, childbirth is one of the most painful experiences they will go through. Factors such as mother's health, size of the baby, muscle tone, birthing position, pain tolerance, preparation, stress, and support can affect how a mother experiences birth
 - Mothers should be in control of their space as much as possible. Preparing the room and items in the room beforehand can help a mother

feel more at ease during birth. Decorate, add music, bring in necessary items, add comfort items (e.g. favorite blanket).

- If delivering at the hospital, eat before you go. Many do not allow laboring women to have food, only ice chips.
- Education in what to expect, what is happening to mother's body, and what is happening to baby can help ease concerns and put mother in charge. Classes in childbirth, breastfeeding, childcare, newborn safety, and credible information from friends, family, medical staff, and online can help mother make informed decisions about pregnancy, birth, and care for both mother and baby.
- Medical pain management is often offered in hospitals and many mothers use it. These medications come with benefits and risks, as does any medical procedure
 - Analgesics block pain in the body while allowing for some feeling to remain. In hospitals, these are usually Demerol or Fentanyl.
 - These medications are administered through the IV as set time intervals and mother is in control of when the next dose can be used within that timeline.
 - They can cause respiratory depression in both mother and baby, allergic reactions, nausea, vomiting, and drowsiness
 - Spinal Block
 - Often used for C-sections, this medication is injected into the spinal cord of the mother and provides complete pain relief and numbness for a few hours, while keeping the mother awake and alert
 - Can cause dangerous blood pressure changes, slow the baby's heart rate, and cause a headache in the mother. Rarely it can cause issues with the spinal cord, including permanent damage
 - Epidural
 - An epidural is also placed into the spinal cord of the mother. Placement requires epidural catheters to be placed into the lower back and down the spinal column. These tubes drip medication into the lower body causing numbness and partial paralysis. Mothers with epidurals cannot walk, sit up, or control their legs, though they can still push and actively participate in labor and feel pressure and stretching.

- Epidurals can cause blood pressure changes, slow the baby's heartrate, cause a headache and back pain to the mother. Rarely it can cause issues with the spial cord, including permanent damage
 - Nitrous Oxide
 - Also known as laughing gas, this is a lower-risk and less invasive form of medication. Though it does not help with pain directly, it can help the mother calm down, reducing tension and helping lessen pain by relaxing muscles. This gas is inhaled, under the mother's control, and can be used throughout labor.
 - Side effects can include dizziness, drowsiness, and nausea. Nitrous oxide can also affect oxygen levels, affecting both mother and baby.
- Partner Support
 - Having someone there to support, advocate for, and comfort the mother during childbirth helps reduce stress, ask questions, and ensure mother's wishes are respected, reduces the need for medical interventions, better emotional well-being after the birth, and statistically improves the quality of care given and reduces adverse outcomes
 - Mothers are in charge of who can and cannot be in the delivery room as she is in active labor and throughout delivery, though many hospitals have a guest limit. In many places, mothers can control the lighting levels (dim lighting is more relaxing), the TV, music, and other aspects of the atmosphere. Midwives, too, often encourage mothers to make their birthing area feel more like home to provide comfort.
 - All mothers should choose at least one supportive, loving person who can provide comfort, advice, and encouragement.
 - This person should understand the mother's birth plan, the reasons behind it, and should discuss important decisions beforehand, with the understanding that the mother may change her plan during birth. They should know what is non-negotiable and what the mother is willing to change.
 - This person should be educated on the process of birth (pre-birth classes) and willing to ask questions and stand up for the rights of the mother and baby.
 - This person should be comfortable with telling doctors and nurses no, when the mother asks them to

- Most people choose their spouse, mother, or sister, though any trusted person can be there.
- Doctors and nurses are trained to provide medical care for the body, but often overlook emotional well-being and comfort of patients. A support partner can help take care of these needs, which are also important for health.
- If at any time the mother wants their support partner to leave, she can ask the nurses to escort them out of the room.
- A good support person is educated on the process and wants/needs of the mother, calm, consistently present, helps the mother with position changes (walking, squatting, sitting), makes sure the mother is comfortable (e.g. brings shaved ice, offers massages and counterpressure, holds hands through contractions), outspoken and protective of the mother's wishes, reassuring, encouraging, speaks softly, celebrates with the mother after labor, allows mother to rest as needed, and helps take care of both mother and baby during and after the birth
 - A good support person also looks for appropriate times for breaks of their own. They must remain hydrated, well fed, and rested to provide support and may need breaks for the restroom or to help maintain their own emotional state. During times the mother is well cared for and calmer, it is ok for a support person to temporarily step away and take care of their own needs.
- Labor times can vary, but first-time mothers average 12-24 hours of labor (from first contraction to birth) and women who have given birth before average 6-12 hours
 - When it is time to deliver, a team of nurses and/or your doctor/midwife will set up all needed materials, track your contractions, and tell mother when to push and for how long
 - Depending on pain management and personal experience, mothers may feel contractions, a stretching feeling, or pressure
 - Often, the pushing part of birth can last 4-8 hours, though it can vary greatly depending on the baby size and the mother
 - After the baby is delivered, the umbilical cord will be clamped and cut (a ritual that fathers often do). Standard practice in the US is immediate clamping and if mother wishes to delay clamping it must be asked for and enforced by mother and her support partner
 - Studies show that delaying the clamping and cutting of the cord can provide the baby with several benefits after birth. Mother's

who would like to delay this should discuss their wishes with their doctor/midwife at prenatal appointments and make sure they align with those wishes. If not, mothers should find a doctor/midwife who does and remind them of those wishes during birth. Support partners should advocate for this, too.

- Delayed clamping for 30 seconds-3 minutes increases the amount of blood the baby gets and increases their iron levels. It helps baby transition to life outside the womb, giving them additional oxygen and nutrients, and many studies have shown that delayed clamping can improve cognitive, motor, and social skills later in the baby's life.
- Delayed clamping does slightly increase the risk of jaundice in babies (an easily treatable deficiency) and should not be performed if the mother is hemorrhaging or the baby is not breathing after birth.
- Delayed clamping can be performed after vaginal delivery or C-section. It is safe for multiples, premature babies, and babies delivered at term and carries no risk for the mother.

○ Afterbirth

- After giving birth, the mother will deliver the afterbirth, or placenta. The placenta is attached to the umbilical cord and was the baby's home for the last nine months.
- Contractions separate the placenta from the uterine wall and push it out of the vagina. After the contractions of birth, many women hardly feel this process happening. This process should take 20 minutes or less
- During a C-section, the doctor will simply remove the placenta after the baby is born
- A doctor, nurse, or midwife may help the process by kneading the uterus from the outside or gently pulling the umbilical cord
 - Pulling too hard can rupture the placenta, tearing it apart and risking infection and cause extreme pain to the mother
 - Mother's can always say no or tell the doctor to stop
- Rarely, the placenta will tear or fail to separate and require a D&C (a procedure in which a curette is inserted through the vagina and cervix) and remaining pieces will be cut or vacuumed out. Alternatively, a surgery may be required to ensure that all of the placenta is removed, as pieces left behind can cause infection.

- Hepatitis B is a sexually transmitted disease, and therefore unlikely to be contracted by a newborn baby, and the shot carries several risks (see below)
- In a medical setting, mothers and their support partners will need to push hard against this shot if they do not wish their babies to have it. At times, hospitals have taken the baby to the nursery and administered it against mother's wishes.
- Baby will be expected to follow the CDC's approved vaccine schedule, but parents have the right to research risks and weigh benefits, including likelihood of contracting the disease and its severity.
- Many of the diseases suggested for vaccination are unlikely to occur, carry mild symptoms, or are less risky than the shot itself. At times, natural antibodies produced by the body after contracting and surviving the disease (e.g. flu, COVID) are more effective and safer than the vaccine antibodies. However, some vaccines may be worth the risk. It is important to understand both the disease and the vaccine before making a decision.
 - Risks of all vaccines include: reaction at the injection site, irritability, fever, diarrhea, loss of appetite, fatigue/weakness, runny nose, vomiting, and headache. Rarely, shots can cause a severe allergic reaction, apnea, joint pain, rash, neurological symptoms (e.g. learning disabilities, brain damage, paralysis), or death
 - SIDS (Sudden Infant Death Syndrome) is a medical condition in which babies simply stop breathing, usually in their sleep. While the cause is unknown and precautions can reduce the risk (babies should sleep on their back on a firm surface, away from soft pillows, bumper pads, or stuffed animals), studies show that the risk of SIDS increases in the days following vaccines.
 - The number of things a child is vaccinated against has more than doubled in the last 50 years and many new vaccines are relatively unstudied for long-term effects (e.g. flu, COVID, HPV), though current information suggest correlation with several adverse outcomes

- Vaccine makers in the US cannot be sued or held accountable for damages to people who use their product. They are legally protected by the government.
 - Mothers can ask nurses to care for baby in the nursery, keep baby in the room with them, or a mixture of both. Mothers with a good support partner will still be able to rest, as their partner will help care for the baby. Keeping baby with mother allows for additional bonding, constant sight of the baby, and protection of medical wishes of mother.
- Feeding Baby
 - Mothers have three options when it comes to feeding baby: breastfeeding, bottle feeding, or a mixture of both
 - If baby is struggling to breath or eat on their own, or has serious medical issues, he/she may need to stay in the NICU (neonatal intensive care unit) to receive specialized care
 - Newborns should eat every 2-3 hours and often tell adults they are hungry by crying. Before feedings, diapers should be changed and baby can be dressed.
 - Babies should always be burped after a feeding by gently supporting the head and patting the back until air bubbles escape through the mouth. This helps baby's digestive system function and makes baby more comfortable.
 - Breastfeeding is when the mother provides milk that her body makes, allowing baby to latch onto her breast and suck milk from the nipple. Breastfeeding takes practice and patience from both mother and child. It is recommended that baby breastfeed as soon as possible after birth.
 - Breastfeeding experts (lactation coaches) are often available in the hospital to teach, assist, and answer any questions. Midwives, too, have this training.
 - Breastfeeding can be painful to the mother, and lanolin ointment may need to be applied to the breasts to help with chapping
 - Breastfeeding mothers should wear nursing pads (to catch leaking milk between feedings) and nursing bras (to make it easy for baby to reach the breast when needed)
 - Breastfeeding is the healthiest, quickest, and cheapest way to feed baby, as the mother's body produces all the nutrients baby needs through each stage. It also allows extra time for bonding.
 - Saliva from baby enters the mother during breastfeeding, allowing mother's body to adapt to the baby's needs. This means

breastmilk content changes throughout the day and week by week. It also includes antibodies if baby is sick.

- Many mothers even experience let down (dropping of milk into the breast) upon hearing a baby cry nearby as her body responds to the needs of her child
- Breastfeeding also means mother can pass the foods she eats to baby. If baby has a reaction to a certain food, the mother should refrain from that food for a time and consult a doctor. Mother should also take hydration seriously as she will need extra water to produce milk, avoid alcohol, caffeine, high mercury fish, certain medications, spicy foods, peppermint, parsley, cabbage, and excessive sugar.
- There are several breastfeeding positions and mothers should experiment to find what is most comfortable for them and baby
- Babies may be covered by a nursing cover or blanket while breastfeeding, or not. Mothers are legally protected in the U.S. and can breastfeed in any public area.
- Mothers who don't make enough milk, struggle with breastfeeding, have medical conditions or medications that don't allow them to breastfeed, or have babies that have a difficult time latching may opt not to breastfeed.
- The most common illness when breastfeeding in mothers is mastitis, or inflammation of the breast tissue. Any lumps, redness, pain, or fever should be reported to a lactation expert, gyn, or primary care doctor. Additionally, milk ducts can become clogged within the breast, causing pain, redness, and lumps. This can be treated with a warm compress, icing, a massage of the area, rest, hydration, and OTC Tylenol. Clogged milk ducts can cause infections like mastitis and should be discussed with a doctor if they don't clear up or are very painful.
- Bottle feeding is when the baby is given breastmilk or formula through a bottle
 - Feeding times and routines are essentially the same for bottle feeding as breastfeeding. Baby still needs to be burped
 - There are many different types of bottles and lactation experts can offer advice on the best type for baby

- There are also many different types of formula, and it is best to consult with a lactation expert or pediatrician when choosing the best one for baby
 - With both breastmilk and formula bottle feeding, bottles can be stored in the refrigerator for a time and warmed as needed. Bottles should never be warmed in the microwave, but by using a bottle warmer or a container full of warm water, until they reach body temperature. Many people test this by squirting a drop of milk onto their wrist. If they can't feel the temp, the milk is ready.
 - Never feed a baby a bottle that is too hot (can cause burns) or too cold (can cause lower body temperature and stomachaches)
 - A breast pump can help mother drain, store, and use breastmilk in bottles for future use. Excess breastmilk can also be frozen for future use, or donated at many NICU's to help sick babies.
 - Formula is a synthetic breastmilk that strives to mimic the effects of real breastmilk in nutrition. However, it is not responsive to baby's specific needs, is very expensive, and some babies have a hard time digesting it.
 - Bottle feeding allows mother to take a break (though if she is breastfeeding, she should still pump on baby's feeding schedule) and helps others feed the baby
 - It also allows babies who have a hard time with breastfeeding to be healthy and well-fed
 - Many mothers opt for a combination of breastfeeding and bottle feeding, allowing her to return to work, take regular breaks, rest for longer periods, and store milk for future feedings
- Postpartum Care for Mothers
 - During the newborn stage, baby relies on mother quite a bit, often leaving fathers feeling left out. Mothers are feeding baby every 2-3 hours, recovering from birth, and are exhausted. This can take a toll on the relationship.
 - Supportive partners can help bottle feed, change diapers, provide skin to skin contact, bathe baby, care for household chores, spend time with siblings, pamper and help care for mother, burp and rock baby, make meals, hold the baby while mom takes a shower, and advocate for

mom getting the self-care she needs during the newborn stage

- Communication is key as new parents navigate learning how to take care of baby, mother recovers, and father struggles to find a way to help. Having a baby changes the relationship and the dynamics of the household as priorities shift and everyone is stressed and tired. While partners should still take time for their own relationship, this may look different for a while, as baby needs to be cared for first.
- Older siblings can also feel left out, forgotten, or neglected during this time. Including them in the care of the baby (you're a big brother now) in age-appropriate ways (e.g. bring me a diaper, please), special one-on-one time while baby sleeps, and extra love and time with dad can help siblings feel involved and loved
- Mother is recovering physically from a major event, suffering from sleep deprivation, and often feels the need to care for so much she doesn't feel there is time to care for herself
 - Postpartum recovery generally takes 6 weeks (the same as a major surgery) and most mothers don't feel they are fully recovered for at least a year.
 - Take medications as needed, but ensure that they are checked for how they will affect baby, milk production, and mother's overall health. As always, do research be informed before putting anything into your body.
 - After birth, the mother will bleed from the vagina for up to 6 weeks, like a very heavy period. This is the body's way of healing the uterus and discarding any tissue left behind.
 - In the hospital, large pads and mesh underwear will be given to her for bleeding and nurses will massage the uterus to help it contract. Midwives, too, may provide this care
 - After mother is home, normal pads can be used and changed as needed. Never use tampons for postpartum bleeding. Report any blood clot larger than your fist, heavy bleeding, or dizziness to your OB as these may be signs of hemorrhaging.

- Often, ice packs and witch hazel pads are used to treat swelling, hemorrhoids, and irritation in the area. These, too, fit into the mesh underwear
- A nurse/midwife will ensure that you can use the restroom and usually accompany you the first time after birth.
- If there is a tear or episiotomy, mother may be stitched up. These are usually dissolving stiches and will go away on their own over time
- Due to the healing wound in the uterus, mothers are highly susceptible to infection. Wiping in front after peeing can cause infection, discomfort, and pull on stitches.
 - For the first six weeks, mothers are told to use a squirt bottle with clean water to spray off the area after peeing and then dab dry with a towel. For pooping, wipe as normal, being careful to avoid stiches
 - Mothers should not take baths, soak in hot tubs, swim, or sit in any standing water. This increases the risk of infection and dissolves the stiches. Mothers should shower regularly and maintain good hygiene.
 - Mothers should not have sex, or allow anything to enter the vagina for 6-8 weeks after birth to allow for healing and prevent infection.
 - When you are cleared for sex, some form of birth control should be used until mother is ready for another baby. You can get pregnant while breastfeeding
 - Sex after birth can be painful (especially if there was a tear and/or stiches) and should be taken slowly. The mother's comfort level should be taken into consideration.
- Mothers should visit their OB/midwife for a postpartum checkup 6 weeks after birth. During this exam, the doctor/midwife will do a pelvic exam, feel to see if the uterus has shrunk, discuss mental health, and answer questions about sex and birth control

- If there are any questions, concerns, or problems before that checkup, mother's should not hesitate to call their OB/midwife/pediatrician/lactation specialist
- If breastfeeding, regularly wash nursing bras, change clothing, and change nursing pads to keep the area clean and safe for mother and baby. Use lanolin as needed.
- The best way to recover is to eat healthy and rest, which is difficult to do when there is a new baby that needs care every 2-3 hours
 - Ask for help. Accept help that is offered. Support partners, grandparents, siblings, neighbors, church communities, and friends can provide meals, help with cleaning, care for other children, or help with baby while mother takes time to care for herself.
 - The house doesn't have to be perfect and frozen pizza is ok
 - Relaxed expectations during recovery are normal and everyone understands. If the house is safe and everyone has their needs met, rest
 - Take time for yourself
 - Set aside time everyday where someone else can care for baby so mother can do whatever she wants
 - This may be taking a shower by herself, going for a walk, doing a hobby she enjoys, or simply taking a nap
- Weight change and going back to "normal"
 - After birth, the uterus is still enlarged to the size that it was when carrying a full-term baby. Due to this, many women still look slightly pregnant when leaving the hospital. This is normal and the uterus will contract over time.
 - Most women gain weight during pregnancy. With baby growing, fluids surrounding baby, the uterus expanding, pregnancy cravings, and then nursing, weight fluctuates and bodies change.
 - Many women feel rushed to get back to their pre-pregnancy body. However, this is not realistic or healthy, as the body has gone through several huge (and miraculous) changes and now prioritizes the care of the new baby

- Be patient and don't push too hard, especially in the first weeks of recovery. Short walks and healthy foods are best. It took 9 months to grow that body and the baby that came with it. It will take time to recover.
- Stay hydrated and take vitamins
- Consult with an OB or midwife about healthy weight goals, exercise, diet, and body image rather than competing with others or taking advice from social media
- Remember that your body just brought life into the world. It is strong. Take care of it and make a goal for healthy rather than skinny and "back to normal"
- Pelvic Floor
 - The pelvic floor consists of the muscles, ligaments, and tissues that support the bladder, uterus, and bowel.
 - During pregnancy, these muscles are constantly under strain, being pushed on and carrying baby
 - Before and during birth, hormones make them more flexible and can stretch or tear as the baby is pushed out
 - Weakened pelvic floor muscles can cause urinary leakage, pelvic heaviness, and difficulty controlling bowel movements.
 - Unless there is a medical condition, most women don't think about these muscles until after birth. However, pelvic floor exercises can be done at any time during a woman's life to strengthen the muscles
 - After birth, exercises should start gradually, and then increase in strength, duration, and intensity as the mother is comfortable
 - Working the pelvic floor too much can cause more weakness, as the muscles experience fatigue
- Pelvic floor exercises
 - First, identify the muscles by trying to stop urine midstream. Squeezing these muscles helps women feel where they should be exercising
 - Do not do this often as it can cause a kidney infection

- Later, during exercises simply squeeze and lift up the muscles identified before, breathing out and counting to five
- Relax the muscles, breathing in and counting to five
- Repeat this ten times
- Over time, slowly increase the amount of time muscles are held that the amount of repetitions
- These exercises can be done while sitting, walking, or standing. Many women do them during their commute to work, regular walks, or while doing the dishes
- Linking core strengthening exercises to pelvic floor strengthening exercises can increase overall strength in both
- After birth, muscles will take time to rebuild. Sometimes it takes years. Be patient and consistent, but don't overdo it.
- Hormones
 - Before, during and after pregnancy, a woman's body goes through many changes in hormones
 - While these changes increase the chances of reproduction and survival, they can also affect the mother's physical and mental health
 - During birth, mothers experience a spike in cortisol (a stress hormone). This gives her the energy and focus she needs for childbirth
 - Immediately after birth, progesterone and estrogen drop sharply, the body releases oxytocin (a bonding hormone), prolactin (a lactation hormone), and levels of melatonin (a sleep hormone) fluctuate.
 - While these changes help baby survive, they can affect mother's mood, energy, and sleep schedule.
 - These hormones also help mother's body recover from giving birth by contracting the uterus.
 - Within 3-6 months, hormone levels balance out back to pre-pregnancy levels and many women begin to feel more like themselves. However, this process can more time, depending on the woman
- Mental Health

- After giving birth, women are faced with the task of recovery and caring for a newborn that seems to need them every second
- Having a baby in the house changes lifestyle, relationship dynamics, and, for a time, even simple tasks can seem impossible.
- The stress of medical bills, learning how to be a parent or support your spouse in this new experience, and physical recovery can add to the chaos
- Going back to work, being stuck in the house with a newborn, lack of adult interaction, sleep deprivation, all focus on the baby, feeling like there's not enough time or energy for each day, and tasks slipping or going undone can make anyone feel down. Throwing hormonal changes into the mix amplifies these feelings.
- While this should be the happiest time of your life, and can be, many women experience feelings of sadness, guilt, isolation, overwhelm, anxiety, and even depression
- It is completely normal to feel these things, but if the feelings are severe or long-lasting, mothers should be encouraged to seek treatment
- Baby blues are a common condition, in which hormonal and life changes trigger some feelings of sadness. This usually occurs 2-3 days after delivery and can last a few weeks.
- Postpartum depression is a serious condition that affects 1 in 8 women
 - Women can experience this within weeks of birth, or up to one year after
 - Symptoms include feelings of hopelessness or sadness most of the day, most days for two weeks or longer, persistent guilt or anxiety, difficulty bonding with baby, changes in sleep or appetite, and difficulty maintaining daily tasks
 - Postpartum depression is a medical condition, though to those suffering, it often feels like a moral failure. It is important to seek help if these feelings last more than two weeks. OB's, midwives, and

primary care doctors can help by prescribing medication, therapy, or other treatments that fit each situation best

- Fathers, too, can get postpartum depression, though it is less common. The changes in lifestyle, lack of sleep, and feelings of abandonment or loneliness that come during the time mother is focused on caring for the baby are real and should be addressed by a medical professional if symptoms are severe or last longer than two weeks.
 - Babies need both mom and dad to be physically and mentally healthy. Spouses should take time to check on, care for, and show affection to each other and support each other in getting treatment if needed.
- Having a close support group (e.g. spouse, mother, best friend, sibling) can help not only with daily tasks, but with mental health.
- Mothers should be honest, ask for help, accept offers to help, and take time to keep themselves healthy, even if it is sometimes difficult
- Parenting is the hardest job in the world, and the most rewarding. Struggling, especially at first, doesn't make someone a bad parent, it means they are doing their best. Babies are meant to have a whole community of family and friends and mother's are meant to have a support group
- Never hesitate to ask questions. Learn more. Trust your gut. And say no if you need to. Rely on your trusted support person/people if you need help or encouragement. This is your body and your reproductive health is in your control as much as any other part of your health is.