

CONFIDENT MOM'S GUIDE TO PREGNANCY



Introduction



Hey, there! I'm Jaimie Zaki, mom of four, doula, IBCLC, and author. My goal is to help you VBAC with Confidence!

Congratulations on your pregnancy! I just want to take a moment to introduce myself and share with you how to best use this guide. I'm a mom of four, and have experienced cesarean birth, hospital medicated VBAC, and two home births. I became a doula to help mothers prepare their mind and body for a healthy birth, and this starts during pregnancy.

This guide will introduce you to common decisions that need to be made during pregnancy, and provides you the opportunity to research your options for each test, procedure, or decision.

This Guide is a basic to the Self-Advocacy pillar of the Three Pillars of Confidence in childbirth. Step one to self advocacy is knowing your options. Practicing self-advocacy during pregnancy is the best way of ensuring you are a strong self-advocate during your birth and after. The first step to self-advocacy is education. So let's learn!

REMINDER: You can always opt out of ANY testing or procedure. You can ALWAYS say no. It is up to you to determine the risks and benefits of each option based on your personal preferences and medical situation/needs.

This guide is aimed toward low-risk, normal, healthy pregnancies. There may be additional considerations for high-risk dyads. This is an introduction to your options, and it will be up to you to dive deeper into topics you need to learn more about.

This guide does NOT serve as individual medical advice. This guide is purely an informational resource intended to introduce basic concepts to first time parents or parents who need a refresher of their options in pregnancy.

Due Date

Determining your due date sounds basic and simple, however, understanding the nuances of due dates can make a huge difference in your decision making throughout pregnancy.

Your **Estimated Due Date** is considered approximately 40 weeks from your last menstrual period (*LMP*). **Naegles Rule** says to calculate your Due Date by adding 7 days to your LMP, subtracting three months, and adding a year...

So if your LMP is May 22, 2021 you would add 7 days (May 29, 2021) subtract three months (February 29, 2021...bear with me), plus one year - February 29, 2022 OR March 1, 2022 would be your Estimated Due Date.

BUT THERE'S A PROBLEM...

This assumes ovulation and conception occurred on the 14th day of the cycle, and this is RARELY the case. Therefore, this method of Due Date Calculation can be flawed.

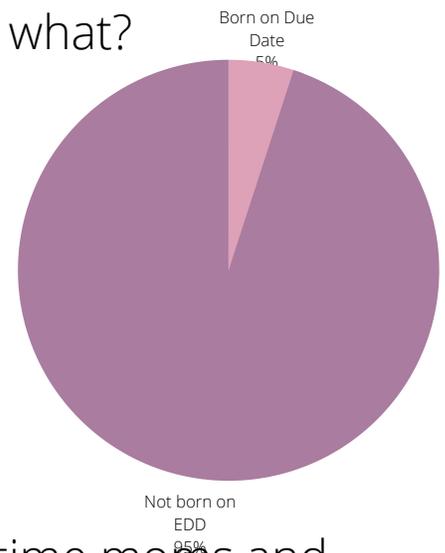
Instead of basing on LMP, if you track ovulation with an NFP method and can confirm ovulation with a chart, you can determine a more accurate due date.

Due Date

Another alternative is a dating ultrasound. Based off fetal measurements, they can estimate conception and due date fairly accurately, although this isn't always accurate either.

Okay, so you've determined your EDD.... then what?

The truth is only about 5% of babies are spontaneously born on their due date. For first time moms (or first time laborers) 41+2 is the average date of spontaneous labor.



Some studies have shown that between first time moms and moms who have given birth before, 40+5 is a more accurate "Due Date" for spontaneous labor to begin.

Why your due date matters...

If you are in a position where your birth may need to be scheduled via cesarean or induction, having an inaccurate due date can put your baby's health in danger. For instance, if your due date is too early, and you choose induction at 39 weeks without medical cause, you could be actually 37 weeks, increasing risks of complications for baby. On the flip side, if your EDD is "late", you could be assuming you're only 39 weeks, but actually 41 weeks, also potentially increasing risks if you decide to wait another 2+ weeks for labor to start spontaneously.

Prenatal Testing & Procedures

First Trimester

Provider Options: OBGYN vs Midwife

OB/GYN

- Trained in managing complex birth / surgical birth
- Great option for high-risk patients
- Tends to be a more medicalized approach
- Tends to have more of a "look for a problem that doesn't exist yet" approach
- Typically works in hospital, though occasional works with Birth Centers and Homebirth Midwives

Midwife

- Trained in supporting physiological birth
- Research shows better outcomes for low-risk patients
- Tends to be a less medicalized approach
- Tends to have more of a "wait and watch" approach
- May be CNM, CPM, LM
- May work in hospital, birth center, or home
- Trained in managing medical emergencies and working with OBGYNs

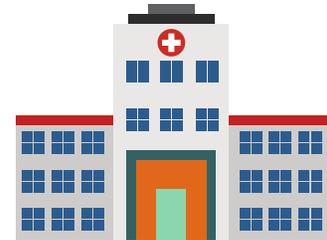
Birth Location



Home



Free Standing Birth Center



Hospital Birth Unit

Where you choose to give birth will be determined based on birth goals, medical needs, insurance coverage/financial considerations, and where your provider attends birth.

Things to consider: cesarean rates, NICU level, VBAC rates, episiotomy rates.

Resources for you: <https://www.cesareanrates.org> [Leapfrog Group Maternity Care Reporting](#)

Prenatal Testing & Procedures

First Trimester

Blood Testing

Check hormone levels: Hcg, progesterone (if you have low progesterone I recommend connecting with a NaPro doctor for support & information ASAP)

Blood Type

AIDS, STDs, Other Testing

Urinalysis

Protein Levels, Glucose Levels, White Blood Cells, Red Blood Cells, Bacteria Presence

This data can catch early signs of some complications and infections.

Ultrasound

Transvaginal vs. Abdominal

Often around 8-12 weeks, sometimes earlier, Earlier may require transvaginal

Dating Scan

Genetic Testing

Maternal blood screening + Ultrasound (11-13 weeks)

Chorionic Villi Sampling

Amniocentesis

Prenatal Testing & Procedures

Second Trimester

Early Gestational Diabetes Screening

For mothers who have a history of diabetes or are high risk for certain complications, some providers suggest a preliminary Gestational Diabetes screening around 16 weeks.

Anatomy Scan

Around 20 weeks (give or take) your provider will offer the Fetal Anomaly Scan, also referred to as the Anatomy scan, an ultrasound where they check to make sure important parts of the baby's anatomy are developing properly. Sometimes based off your baby's position they will need to repeat the scan or do a higher-level scan to check any concerns.

It is important to note that ultrasounds can provide information, but are not infallible. There is a degree of uncertainty with this type of testing and most conditions can not be absolutely diagnosed until birth. While ultrasounds can be helpful in preparing for certain situations after birth, ultrasounds are not associated with improved birth outcomes, therefore multiple ultrasounds are not always "better", as they can lead to fear-based decision making (such as size estimates, etc).

Prenatal Testing & Procedures

Third Trimester

Gestational Diabetes Screening

This typically occurs late second trimester/early third trimester. Mainstream practices perform a glucose tolerance test using a sugar drink referred to as "glucola" and perform blood tests before and after.

Alternatives to this test do exist. Studies show that using a certain protocol with Brach's Jelly Beans is a reasonable alternative. Some providers will allow you to drink a specific volume of Orange Juice..

Alternatively, some women choose to monitor their blood sugar via fingerstick over a specified period of time, keeping track of readings and diet in a journal to review with their provider.

Rhogam

Rhogam is a blood product for Rh Negative mothers who are sensitized to or at risk of being sensitized to a positive Rh factor through their baby's blood. While mixing of blood can be rare, this sensitization can cause complications for future pregnancies. Rhogam is also called "Anti D" in some cases. It is typically provided around 28 weeks pregnant and after birth for RH- mothers. You can opt out of this, or you can choose to only receive the injection postpartum if your baby has a + blood type.

Prenatal Testing & Procedures

Third Trimester

Biophysical Profile (BPP)

Biophysical Profiles are an ultrasound test to check certain markers of health and wellness of your pregnancy, they commonly check fetal growth, amniotic fluid levels, placental status, and more. The BPP can be used if there is reasonable suspicion of complication with the pregnancy. Additionally, it is often used after 40-41 weeks of pregnancy as additional monitoring for mothers who choose to wait for spontaneous labor vs. opt for induction because of gestational length. This test is not considered standard of care unless there is concern for increased risk.

Please note that fluid volume measurements can have a margin of error, as do growth estimates. Third trimester weight estimates can be off +/- 2 or more pounds and should not be used as a reason for induction without other factors.

Non Stress Test (NST)

This non-invasive test is often done alongside a BPP to check baby's heart rate over an extended period of time (typically 30-60 minutes). You will wear a belly band with a fetal monitor that will trace your baby's vital signs. This is another way of determining baby's health status in the womb when parents opt out of induction. This test is not considered standard of care unless there is concern for increased risk.

Prenatal Testing & Procedures

Third Trimester

Cervical Examinations

Prenatal Cervical Exams are done to determine if the cervix is beginning to dilate and efface. They cannot, however, predict if and/or when labor will start. Cervical Examinations do not provide useful information unless you are determining which method of induction is best for a medically-required induction. Then the information can be useful in determining which induction method is best. Please note spotting is common after this procedure.

Membrane Sweep

Membrane sweeps are performed when you are slightly dilated and the provider uses their finger to separate the amniotic sac from the cervix, with the intention of encouraging labor. This is not a risk free procedure and should never be performed as a standard part of a cervical exam without consent. Please note this procedure can cause spotting, accidental ruptured membranes, and contractions that do not start labor.

Prenatal Testing & Procedures

Third Trimester

Group Beta Strep Screening

Around 34-37 weeks it is common to be offered screening for GBS. This is a bacteria present in the intestinal system that sometimes colonizes the vagina. This is a transient bacteria that is sometimes present and sometimes isn't. GBS can be a serious infection for newborns, however it is important to learn more about your options. You may receive IV antibiotics in labor, which comes with a different set of risk regarding the microbiome for your baby. Some parents opt out of antibiotics in labor and choose additional monitoring.

It is important to understand that a positive GBS swab during pregnancy does not mean you'll be positive on delivery day, and negative does not mean you'll be negative on delivery day. I recommend Evidence Based Birth for learning more. You can also investigate the standard GBS protocol for other developed countries to learn more about how this is handled around the world.

Prepping for Labor

Emotional Preparation

During the last weeks of pregnancy you may experience many symptoms of impending labor such as loss of your mucus plug, frequent braxton hicks contractions, and other "tell tale signs" that labor is near.

I want to preapre you that the last weeks can feel very emotional for many women, especially those dealing with many labor signs and contractions that seem to "go nowhere". Please rememebr this is very common and all of these signs mean your body is preparing for labor but cannot predict when labor will actually begin.

To learn more about how fear/stress cycles and safety cycles can impact your labor, understand more about shifting your mindset for labor, please check out the Birth Confidence Seminar!

Birth Confidence Seminar Invitation

Join me for the Birth Confidence Seminar to learn more about cultivating the Three Pillars of Confidence to set the stage for you to have a better birth and more peaceful postpartum.

You'll learn the the exact approach I used to have three empowering VBACs after my traumatic cesarean, and the same approach I take with all of my clients to prepare them for a better birth.

What you'll learn:

- The impact of mindset on your birth experience
 - Learn about Fear Cycles and Safety Cycles, how they influence your birth, and how you can control these cycles
- Understand Womanly Wisdom and learn exactly what you need to do to connect with your inner wise woman
- Learn the importance of Self-Advocacy and understand the foundation needed to be a stronger self-advocate
- Understand the true meaning of "Surrendering" in childbirth
- Get a FREE Birth Confidence Mindset Journal to start doing the heart-work needed to build a strong foundation of Confidence

Get instant access to the Birth
Confidence Seminar for just \$17
right now!

Learn More

