

6

Pregnancy and Childbirth

Chapter Overview

In this chapter, you will learn about conception, pregnancy, and childbirth. You will also learn about pregnancy complications, how childbirth can affect sexuality, and options for couples who experience infertility.

Learning Objectives

In this chapter, you will

- learn about conception, the stages of fetal development in an uncomplicated pregnancy, and delivery options;
- discover how pregnancy and childbirth can affect a woman's sexuality;
- become aware of the complications that can arise in a pregnancy; and
- become familiar with the various treatment options available to couples experiencing infertility.

List of Key Terms

Amenorrhea Suppression or absence of menstruation. (p. 139)

Amniotic sac A sac, filled with amniotic fluid, that helps to protect the embryo from outside damage and harmful temperature changes. (p. 128)

Basal body temperature The lowest waking temperature. (p. 127)

Capacitation Removal of the plasma membrane overlying the sperm to allow for greater binding between the sperm and the egg. (p. 127)

Colostrum High protein, antibody-rich fluid that flows from the breast before the full onset of lactation. (p. 137)

Chorionic villi Finger-like projections that emerge from the sac that surrounds the developing fetus. (p. 143)

Conception Fertilization of the egg by the sperm. (p. 126)

Eclampsia A life-threatening complication of pregnancy that is characterized by the presence of seizures. (p. 141)

Engagement The beginning of the descent of the fetus through the pelvic canal. (p. 133)

Effacement The thinning and shortening of the cervix late in pregnancy or during labour. (p. 133)

Epidural Injection of local anesthetic into the epidural space of the spinal canal to produce numbness in the lower body. (p. 135)

Episiotomy Incision of the perineum to help with passage of the baby. (p. 134)

Exclusive breastfeeding Feeding an infant only breastmilk. (p. 138)

Forceps A tong-like instrument with cup-shaped ends that grasp the baby's head so the baby can be pulled from its mother's body through the birth canal. (p. 133)

Human chorionic gonadotropin (HCG) A hormone produced by the chorionic villi of the placenta. (p. 128)

Infertility The inability to achieve pregnancy without the assistance of reproductive technologies. (p. 144)

Lactational anovulation A lack of ovulation due to breastmilk production. (p. 139)

Meconium The first stools passed by a newborn. (p. 134)

Placenta An organ that connects the fetus to the uterine wall for gas and nutrient exchange. (p. 128)

Postpartum blues Mild depression, tearfulness, anxiety, and/ or irritability occurring in the first few days after delivery. (p. 137)

Postpartum depression (PPD) Severe depression occurring within the first year after giving birth. (p. 137)

Postpartum psychosis (PPP) Psychosis occurring within the first three months postpartum. (p. 137)

Primiparous Pregnant for the first time. Also, a woman who has been pregnant and given birth only once. (p. 129)

Sonographic examination Diagnostic imaging using ultrasound to visualize the developing fetus. (p. 142)

Spinal block Injection of local anesthetic into the spinal fluid to produce numbness in the lower body. (p. 135)

Vacuum extractor A cup-shaped suction device that attaches to the baby's head to extract the baby from its mother's body through the birth canal. (p. 133)

Online Resources

- Pregnancy guidelines from BabyCenter
<http://www.babycenter.com/pregnancy>
- CAMH references regarding postpartum depression
http://www.cmha.ca/mental_health/postpartum-depression/#.Uqe9qvSID0s
- What to Expect When You're Expecting
<http://www.whattoexpect.com/what-to-expect/landing-page.aspx>

- Resolve: An American Organization Supporting People Coping with Infertility
<http://www.resolve.org/>
- How to increase chances of pregnancy (NHS: UK government)
<http://www.nhs.uk/chq/pages/2319.aspx?categoryid=54>

Review Questions

For answers, see below.

1. What are the stages of pregnancy and what does the woman feel during those stages?
2. How does pregnancy affect a woman's sexual desire?
3. How might beliefs about pregnancy in India affect the health of an unborn child?
4. What is the purpose of contractions during the first stage of labour?
5. What is the difference between postpartum blues and postpartum depression?
6. How does breastfeeding affect fertility?
7. What are the conditions under which a woman is most likely to have amniocentesis?
8. If a couple was having trouble conceiving, what factor related to assisted reproduction technology (ART) would give them the *best* chance at conceiving and giving birth?

Review Questions: Answers

1. During the first trimester women are often tired and have morning sickness. During the second trimester most women have more energy and the morning sickness has passed. During the third trimester many women become quite uncomfortable (pp. 128–130).
2. Women often have decreased sexual desire in the first trimester due to fatigue and nausea, increased interest in the second trimester, and then decreased interest in the third trimester due to being physically awkward and uncomfortable (pp. 130-131).
3. Many women in India believe that food, not doctors, influences pregnancy outcomes and often avoid foods that could be good for them. Women in India often also eat less than normal when pregnant, which can cause poor fetal weight gain. Finally, many Indian women wish to have sons and take herbs with unknown impacts on the fetus in the hopes this will increase the likelihood of a son (p. 132).
4. Contractions help the cervix dilate to ten centimeters which is necessary for the child's head to pass through (p. 133).
5. About 80 per cent of women experience postpartum blues for a couple of weeks after delivery. Approximately 10 to 20 per cent of women experience postpartum depression that can last for months. While postpartum blues does not interfere with child care and regular functioning, postpartum depression does and can put both mother and baby at risk. A women experiencing postpartum depression needs medical treatment (p. 137).
6. Most women who exclusively breastfeed experience lactation amenorrhea, the absence of a menstrual cycle while breastfeeding. This means they are very unlikely to become pregnant while breastfeeding (p. 139).
7. If a woman has a child with genetic abnormalities, if the woman is over 35, or if the woman has a family history of genetic abnormalities, she may elect to have amniocentesis (p. 142).
8. ART procedures using fresh embryos from donor eggs will give a couple the best chance of conceiving and giving birth (p. 148).