By 39 weeks, your baby weighs around 7 pounds (about the weight of a mini-watermelon) and is around 20 inches in length.

Your baby is rapidly developing brain cells and is growing longer hair and fingernails. You’re probably getting anxious about the delivery, and some moms start to feel tired of being pregnant. Hang in there!

Here are some things to think about after delivery:

**Birth control**

We recommend you wait 4 to 6 weeks after delivery to let your vagina and uterus heal before having sex. It is important to use some type of birth control, such as condoms or one of the methods below, when you start having sex. You will be scheduled for a postpartum appointment 6 weeks after delivery to further discuss birth control options with your provider.

**Tubal ligation** is a form of permanent birth control that involves cutting or clamping the fallopian tubes.

- This can be done after delivery while in the hospital.
- Some insurance companies require a consent form to be signed at least 30 days prior to delivery.

**Oral contraceptive pills** – if you are breastfeeding, we may choose a progesterone only pill because combination pills can decrease your milk supply.

**IUD** – a T-shaped device that sits in the uterus. There are two types of IUDs (one with hormones and one without). Both types of IUDs are safe while breastfeeding.

**Nexplanon** – a plastic rod placed in your upper arm that releases progesterone, lasts 3 years, and is safe with breastfeeding.

**Depo-Provera injection** – a shot of progesterone hormone, lasts 3 months, and is safe with breastfeeding.

**Breastfeeding tips:**

- Breastfeed within the first hour after birth and place baby skin-to-skin.
- Room in with your baby to learn feeding cues and practice breastfeeding.
- Breastfeed 8 to 12 times per day. Remember “8 or more in 24”.
- Avoid pacifiers until breastfeeding is well established.
- Until breastfeeding is well established. You can tell when breastfeeding is going well when:
  - Your baby is back to his birth weight.
  - Your milk has changed from colostrum to a higher volume milk that is watery in appearance.
  - Your baby can latch without difficulty or discomfort.

It usually takes 3 to 4 weeks to establish breastfeeding. Once breastfeeding is going well, we recommend that you use a pacifier to decrease the risks of Sudden Infant Death Syndrome (SIDS).

We try very hard NOT to give anything other than your breast milk. Supplementing with formula increases the chance of your baby having diarrhea and has been shown to shorten the length of time that you breastfeed. If your baby’s health care provider recommends that you supplement with formula for medical reasons, the risks will be discussed with you. We will only give the smallest amount of formula necessary and we will generally not use a nipple/bottle to feed the baby.

**Breastfeeding resources:**

- Breastfeeding classes: Call (573) 499-6101 to schedule. These are best taken prior to delivery.
- Breastfeeding clinic: Provides breast feeding consultations by a certified lactation consultant at the UP-Green Meadows Pediatric clinic. Call (573) 882-4730 for more information.
- For questions after clinic hours, call the postpartum unit at Women’s and Children’s Hospital at (573) 875-9450.
- National Breastfeeding phone line with peer counselors is available 24/7 at (800) 994-9662.
- Women, Infants, and Children (WIC) program provides peer breastfeeding educators, as well as breast pumps. Call (573) 874-7384 for more information.
- Online resources:
  - www.kellymom.com
  - www.breastfeedingonline.com
  - www.breastfeedinginc.com
  - www.mobreastfeeding.org/resources
**Postpartum depression**

Many women can feel sad, upset, afraid, angry, or anxious after childbirth. This is often called “baby blues” and improves over a few days to a week.

A more severe form of baby blues is called postpartum depression.

- 10% of new moms have symptoms that are more intense and last longer, called postpartum depression. Postpartum depression is more common than many women think.

- Women with postpartum depression often have feelings of sadness, guilt, and helplessness that get in the way of daily tasks such as caring for herself or baby.
- Postpartum depression often requires counseling and treatment with medication.
- Risk factors for postpartum depression include a history of postpartum depression, a history of a psychiatric condition, or recent new stress.
- Please talk to your health care provider if you have any of these feelings.
- If you have thoughts about harming yourself or your baby, please call 911 as this is an emergency.