

Understanding Labor and Delivery Curriculum



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Understanding Labor and Delivery

The *Understanding Labor and Delivery* curriculum will help participants learn about the stages of labor and delivery as well as the reality of post-partum depression.

Curriculum Structure

The *Understanding Labor and Delivery* curriculum is composed of the following lessons. Approximate lesson times are included.

Lesson	Title	Approximate Time
1	The Birth Process	65-85 minutes
2	Postpartum Depression	45 minutes
3	Assessment	25 minutes
	Total	2 ½ hours

Lesson Structure

Each lesson begins with an overview, lesson objectives, and a Lesson at a Glance table which lists the lesson activities, materials required, suggested preparation steps and approximate class time.

Lesson Sections

The actual lesson follows the overview, which will contain one or more of the sections described below.

FOCUS

Every lesson begins with a FOCUS activity intended to capture participants' attention. This may be in the form of a small or large class discussion, a game, a review of previous lesson information or a demonstration. During this activity, participants are introduced to the topic of the lesson.

LEARN

The LEARN activity in each lesson varies in its presentation mode. It may be a slide presentation, group activity or demonstration.

REVIEW

The majority of lessons end with a REVIEW activity intended to briefly review the lesson's key messages or main points.

Lesson One – The Birth Process

Lesson Overview

Participants learn about the stages of labor and delivery and various complications of pregnancy. A brief presentation on common birth defects is also included.

Lesson Objectives

After completing this lesson, participants will be able to:

- Describe characteristics of the three stages of labor
- Identify at least three complications of pregnancy and their characteristics
- Identify at least three common birth defects and their characteristics

Lesson at a Glance

Activity	Materials	Preparation	Approximate class time
FOCUS	• Completed homework assignment: <i>Parent/Guardian Interview</i> worksheet (one per participant)	1. Print/photocopy <i>Parent/Guardian Interview</i> worksheet 2. Ensure that participants bring in their completed homework assignment	15 minutes
LEARN	• <i>Lesson 1 Presentation Slides</i> • <i>Pre-Summative Assessment</i> (one per participant) • Birth video (optional) • Birth Process models 1-6 • Birth Model Set (stages 1-3)	1. Prepare to display <i>Presentation Slides</i> 2. Obtain a video depicting a birth (if desired) 3. Print/photocopy <i>Pre-Summative Assessment</i>	40-60 minutes
REVIEW	• <i>Labor and Delivery</i> review questions	1. Class discussion	10 minutes

Lesson One – The Birth Process

FOCUS: When I Was Born

15 minutes

Purpose:

This activity allows participants to share their birth or adoption experience stories with a partner and with the class if time permits. Participants love sharing their stories, and the moms and dads love telling them. Some participants may live with a family member. These would be their guardian for the time being, even if it is not their legal guardian. Other participants may be in foster care or temporary foster care. If so, you may want to modify this activity for those participants, however you see fit.

Materials:

- *Parent/Guardian Interview worksheet* (one per participant)

Facilitation Steps:

1. Hand out the *Parent/Guardian Interview* worksheet prior to this class. Participants are to interview their parent/guardian about their birth. If they are adopted, they should interview their parent/guardian about the adoption process – meeting the child, adopting them and bringing them home. They are to bring in the interview worksheet for the next class to be used in a small group activity.

Alternative interview: If they are unable to interview someone about when they were born, find someone who has had a child and interview them about what it was like to go through the birth process.

2. During this class, have participants sit with a partner.
3. Tell participants to share with their partner the story of their birth or adoption.
4. After 10 minutes reconvene the large group.
5. Ask if there are any interesting stories or details that anyone would like to share.

Parent/Guardian Interview

Name: _____ Date: _____

Interview your parent/guardian about how your birth went. If you are adopted, interview about the process for meeting you, adopting you and bringing you home.

For Birth Children:

How did you feel when you found out you were pregnant?

How did the pregnancy go? What symptoms did you have?

Did you have any complications during pregnancy?

What did you do when you felt the first labor contraction?

When did you go to the hospital? How did you get to the hospital?

How did the delivery process go? How long did labor/delivery take?

How did the coming home day go?

Is there anything you wish you had known then that you know now?

For Adopted Children:

Why did you decide to become an adoptive parent/guardian?

How did you find me?

What did you know about me before we met?

How long did it take before you could get me?

How did you come to get me?

How did the coming home process go?

What else can you tell me about the adoption process for adopting me?

Is there anything you wish you had known then that you know now?

I have been interviewed for this assignment

Parent/Guardian signature

Lesson One – The Birth Process

LEARN: Labor and Delivery

40-60 minutes

Purpose:

Participants learn about the stages of labor and the complications that may arise during pregnancy. Information about several common birth defects is also included.

Materials:

- *Presentation Slides*
- *Pre-Summative Assessment* (one per participant)
- Birth video of your choice (optional)
- Birth Process Kit models 1-6
- Birth Model Set stages 1-3

Facilitation Steps:

1. Give the participants the *Pre-Summative Assessment* found in Lesson 3 of this curriculum. Allow 5-10 minutes for completion. Save the results to compare with the Post-Summative Assessment at the end.
2. Present the PowerPoint presentation. The presentation includes information on common pregnancy complications and several common birth defects.

Slide 1: Introduction Slide

Slide 2: Labor Initiation:

Regular contractions before 37 weeks may be a sign of premature labor. The timing of regular contractions means that they follow a pattern. If a woman is getting a contraction every 10 to 12 minutes for over an hour, that may indicate preterm labor. The entire abdomen will get hard to the touch. In addition to the uterus tightening, the following is felt:

- dull backache
- pressure in your pelvis
- pressure in your abdomen
- cramping

These are signs that a doctor should be called, especially if they are accompanied by vaginal

bleeding, diarrhea or a gush of watery discharge (which may signal the water breaking).¹

Slide 3: Stages of Labor – Stage 1

Read through the information on the slide.

Slide 4: Stages of Labor – Stage 1

Use the Birth Process #1-3 models or Birth Model Stage 1 model. Pass them around for participants to take a closer look at. Use them to point out details in stage one labor.

Slide 5: Labor – Stage 2

Use the Birth Process #4-5 models or the Birth Model Stage 2 model. Pass them around for participants to take a closer look at. Use them to point out details in stage two labor.

Slide 6: Labor – Stage 3

Use the Birth Process #6 model or the Birth Model stage 3 model. Pass it around for participants to take a closer look at. Use it to point out details in stage three labor.

Slide 7: Pregnancy Complications Introduction

Slide 8: Tubal Pregnancy/Ectopic Pregnancy

An ectopic pregnancy is a condition in which a fertilized egg settles and grows in any location other than the inner lining of the uterus. The vast majority of ectopic pregnancies occur in one of the Fallopian tubes (98%), however, they can occur in other locations, such as the ovary, cervix and abdominal cavity. An ectopic pregnancy occurs in about one in 50 pregnancies.

Slide 9: Caesarian Section (C-section)

Here are a few recent statistics for C-sections in the United States from 2014:

- Number of vaginal deliveries: 2,699,951
- Number of Cesarean deliveries: 1,284,551
- Percent of all deliveries by Cesarean: 32.2%²

Slide 10: Toxemia

Toxemia is also known as preeclampsia. Preeclampsia and related hypertensive disorders of pregnancy impact 5-8% of all births in the United States. In the developing world, severe forms of preeclampsia and eclampsia range from a low of 4% of all deliveries to as high as 18% in parts of Africa.³

Slide 11: Gestational Diabetes

The prevalence of gestational diabetes mellitus (GDM) in the United States may be as high as 9.2%, according to a new report from the Centers for Disease Control and Prevention (CDC).

Slide 12: Rh incompatibility

This is also called Rhesus incompatibility. Figures tend to indicate that 15% of the population on average are considered Rh negative, meaning that 85% of the population are considered Rh positive. Approximately 1 in 1000 births are considered susceptible to Rhesus disease.⁴

Slide 13: Stillbirth

A stillbirth is the death of a baby at or after the 20th week of pregnancy. Stillbirth occurs in 1 out of 160 pregnancies in the United States. Since 2003, the stillbirth rate has remained at about 26,000 stillbirths each year.⁵

Slide 14: Miscarriage

Share information on the slide.

Slide 15: Premature / Preterm Birth

Some risk factors for preterm labor include:

- multiples pregnancy (twins, triplets, etc.)
- abnormal conditions of the uterus, cervix or placenta
- smoking or using drugs
- high stress levels
- history of preterm birth
- certain infections
- being under- or overweight before pregnancy
- not getting proper prenatal care¹

Slide 16: Common Birth Defects

Share information on the slide.

Slide 17: Down Syndrome

In every cell in the human body there is a nucleus, where genetic material is stored in genes. Genes carry the codes responsible for all of our inherited traits and are grouped along rod-like structures called chromosomes. Typically, the nucleus of each cell contains 23 pairs of chromosomes, half of which are inherited from each parent. Down Syndrome occurs when an individual has a full or partial extra copy of chromosome 21.⁶

Slide 18: Neural Tube Defects

Spina bifida: Incomplete development of spinal cord or its coverings

1 in 1,000

Very serious and life threatening

Can be closed with surgery in utero

Results in disabilities

Preventive measure: folic acid prior to conception

3. Address any questions participants may have during the presentation.
4. Show a video depicting the birth process and address any questions participants may have after the video.

Name: _____ Class: _____

Pre-Summative Assessment

Directions:

The following questions will ask you about your knowledge of all phases of birth. Please answer the questions by circling the best answer or writing your response in the space provided.

1. What are two signs that labor may be starting?

2. How many centimeters is the cervix dilated in each stage of labor?

Early labor: _____ to _____ cm

Active labor: _____ to _____ cm

Transition labor: _____ to _____ cm

3. How many minutes apart are contractions during each stage of labor?

Early labor: _____ to _____ minutes

Active labor: _____ to _____ minutes

Transition labor: _____ to _____ minutes

4. What are the three phases of Stage 1 Labor?

5. What are the three phases of Stage 2 Labor?

6. Stage 3 Labor occurs _____ after the baby is born.

- a. 5-10 minutes
- b. 10-20 minutes
- c. 20-30 minutes
- d. 30-60 minutes

7. A vast majority of ectopic pregnancies occur in one of the _____.

8. A condition in which a fertilized egg settles and grows in any location other than the inner lining of the uterus is _____.

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9. Which of the following are reasons that a doctor may choose to perform a C-section? Choose all that apply.
- a. Multiple births
 - b. Baby too small
 - c. Mother's ovarian structure
 - d. Breach
 - e. Active herpes
10. Toxemia is also known as _____.
- a. Convulsions
 - b. Tubal pregnancy
 - c. Miscarriage
 - d. Preeclampsia
11. Why does a fetus become larger than normal from gestational diabetes?
12. What does the 'Rh' stand for in Rh incompatibility? _____
13. What can Rh incompatibility cause in the fetus?
- a. Shortness of breath
 - b. Death
 - c. Weight gain
 - d. Anemia
14. A stillbirth is the death of an infant at or after the _____th week of pregnancy.
15. Miscarriage usually occurs before the _____th week of pregnancy.
16. Which of the following are risk factors for miscarriages? Choose all that apply.
- a. Exercise
 - b. Working
 - c. Alcohol
 - d. Sexual intercourse
 - e. Drugs
 - f. Smoking

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17. Which of the following are risk factors for premature or preterm birth? Choose all that apply.
- a. Abnormal breast conditions
 - b. Multiples pregnancy
 - c. Smoking or using drugs
 - d. Exercising too much
 - e. Low stress levels
 - f. Not getting proper prenatal care
 - g. Being underweight
 - h. Being overweight
 - i. Cavities
 - j. Short stature
18. What is the most common birth defect?
19. Down Syndrome occurs when an individual has a full or partial extra copy of Chromosome ____?
- a. 20
 - b. 21
 - c. 22
 - d. 23
20. What is spina bifida?
21. What percentage of new moms are affected by 'Baby Blues'?
- a. 25-30%
 - b. 40-50%
 - c. 70-85%
 - d. 92-96%
22. What puts a woman at higher risk for PPD?
23. What is the most appropriate treatment for PPD?

Pre-Summative Assessment Answer Key

1. What are two signs that labor may be starting?

Contractions

Ruptured amniotic sac (water breaks)

2. How many centimeters is the cervix dilated in each stage of labor?

Early labor: **0 to 3 cm**

Active labor: **4 to 8 cm**

Transition labor: **8 to 10 cm**

3. How many minutes apart are contractions during each stage of labor?

Early labor: **5 to 20 minutes**

Active labor: **3 to 5 minutes**

Transition labor: **2 to 3 minutes**

4. What are the three phases of Stage 1 Labor?

Initial (latent) phase

Active phase

Transition phase

5. What are the three phases of Stage 2 Labor?

Resting phase

Descent phase

Crowning phase

6. Stage 3 Labor occurs _____ after the baby is born.

a. 5-10 minutes

b. 10-20 minutes

c. 20-30 minutes

d. 30-60 minutes

7. A vast majority of ectopic pregnancies occur in one of the **Fallopian Tubes**.

8. A condition in which a fertilized egg settles and grows in any location other than the inner lining of the uterus is **an ectopic or tubal pregnancy**.

9. Which of the following are reasons that a doctor may choose to perform a C-section? Choose all that apply.

- a. **Multiple births**
- b. Baby too small
- c. Mother's ovarian structure
- d. **Breach**
- e. **Active herpes**

10. Toxemia is also known as _____.

- a. Convulsions
- b. Tubal pregnancy
- c. Miscarriage
- d. **Preeclampsia**

11. Why does a fetus become larger than normal from gestational diabetes?

Extra glucose gets stored as fat

12. What does the 'Rh' stand for in Rh incompatibility? **Rhesus**

13. What can Rh incompatibility cause in the fetus?

- a. Shortness of breath
- b. **Death**
- c. Weight gain
- d. **Anemia**

14. A stillbirth is the death of an infant at or after the **20th** week of pregnancy.

15. Miscarriage usually occurs before the **13th** week of pregnancy.

16. Which of the following are risk factors for miscarriages? Choose all that apply.

- a. Exercise
- b. Working
- c. **Alcohol**
- d. Sexual intercourse
- e. **Drugs**
- f. **Smoking**

Understanding Labor and Delivery

17. Which of the following are risk factors for premature or preterm birth? Choose all that apply.
- a. Abnormal breast conditions
 - b. Multiples pregnancy**
 - c. Smoking or using drugs**
 - d. Exercising too much
 - e. Low stress levels
 - f. Not getting proper prenatal care**
 - g. Being underweight**
 - h. Being overweight**
 - i. Cavities
 - j. Short stature
18. What is the most common birth defect? **Heart defects**
19. Down Syndrome occurs when an individual has a full or partial extra copy of Chromosome ____?
- a. 20
 - b. 21**
 - c. 22
 - d. 23
20. What is spina bifida?
- Incomplete development of spinal cord or its coverings**
21. What percentage of new moms are affected by 'Baby Blues'?
- a. 25-30%
 - b. 40-50%
 - c. 70-85%**
 - d. 92-96%
22. What puts a woman at higher risk for PPD?
- A personal or family history of depression or mental illness**
23. What is the most appropriate treatment for PPD?
- Medications, therapy or a combination of both**

Birth Model Set Parts

Identification Key

- | | |
|---|---------------------------------|
| 1. Ilium | 23. Uterine isthmus |
| 2. Ilium superior spine | 24. Physiologic retraction ring |
| 3. Cotyloid cavity | 25. Cervical canal of uterus |
| 4. Ramus of pubis | 26. Vagina |
| 5. Articulation of pubis | 27. Abdominal membrane |
| 6. Ramus of ischium | 28. Tunica muscularis uteri |
| 7. Tuber ischiadicum | 29. Uterus helicine arteries |
| 8. Third lumbar | 30. Uterus vein |
| 9. Obturator membrane | 31. Uterus decidua basalis |
| 10. External obturator muscle | 32. Round ligament of uterus |
| 11. Internal obturator muscle | 33. Ovarian duct |
| 12. Sacrospinous ligament | 34. Ootheca |
| 13. Tuberosacral ligament | 35. Sigmoid |
| 14. Levator ani muscle | 36. Clitoris |
| 15. Coccygeal muscle | 37. External urethral orifice |
| 16. Superficial transverse perineal muscle | 38. Lesser lip of pudendum |
| 17. Deep transverse perineal muscle | 39. Greater vestibular gland |
| 18. Bulbocavernosus | 40. Placenta |
| 19. Ischiocavernosus muscle | 41. Amnia |
| 20. Anus and external sphincter muscle of
anus | 42. Umbilical cord |
| 21. Fundus of the uterus | 43. Umbilical artery |
| 22. Body of uterus | 44. Umbilical vein |

Lesson One – Birth Process

REVIEW: Labor, Delivery and Complications Review

10 minutes

Purpose:

This activity provides participants with a short review on the stages of labor and common pregnancy complications.

Materials:

- Labor and Delivery review questions (below)

Facilitation Steps:

1. Conduct a short review of the stages and phases of labor by asking the following questions:

- What are the symptoms of labor initiation?
Contractions, ruptured amniotic sac (water breaks)

- How long does early labor typically last?
8 hours

- What is the dilation measure of early labor?
0-3 centimeters

- What are the characteristics of early labor contractions?
5-20 minutes apart, and mild to irregular lasting about 30-45 seconds each

- How long does active labor typically last?
4-8 hours

- What is the dilation measure of active labor?
4-8 centimeters

- What are the characteristics of active labor contractions?
3-5 minutes apart, and more pronounced, lasting about 60 seconds each

- How long does transition labor typically last?
½ hour – 2 hours

- What is the dilation measure of transition labor?

8-10 centimeters

- What are the characteristics of transition labor contractions?

2-3 minutes apart, intense, lasting about 60-90 seconds each

- What are some common pregnancy complications?

Tubal pregnancy/ectopic pregnancy, caesarian section, toxemia, gestational diabetes, Rh incompatibility, still birth, miscarriage, premature birth

2. Answer any questions participants may have.

Lesson Two – Postpartum Depression

Lesson Overview

Participants learn about postpartum depression, symptoms and how to treat it.

Lesson Objectives

After completing this lesson, participants will be able to:

- Identify the symptoms of postpartum depression.
- Identify appropriate treatment for postpartum depression.

Lesson at a Glance

Activity	Materials	Preparation	Approximate class time
FOCUS	• <i>One Mother's Story of Postpartum Depression</i> (one per participant)	1. Print/photocopy <i>One Mother's Story of Postpartum Depression</i>	15 minutes
LEARN	• <i>Postpartum Depression Fact Sheet</i> (one per participant)	1. Print/photocopy <i>Postpartum Depression Fact Sheet</i>	15 minutes
REVIEW	• Internet access • <i>Scavenger Hunt Questions</i> (one per participant)	1. Print/photocopy <i>Scavenger Hunt Questions</i> 2. Make a decision whether this will be completed ahead as an assignment or done in class in lab	15 minutes

Lesson Two– Postpartum Depression

FOCUS: One Mother’s Story of Postpartum Depression

15 minutes

Purpose:

Every year many women suffer postpartum depression. Some infants are affected by the physical effects such as shaking, abuse and at worst, death. This activity will give participants a chance to hear about one true account.

Materials:

- *One Mother’s Story of Postpartum Depression* (one per participant)

Facilitation Steps:

1. Have participants read the story silently or take turns reading paragraphs aloud to the class. Have a class discussion using the following questions:

Discussion questions:

- What are some clues (symptoms) that would lead you to believe that this is postpartum depression?
- This marriage did not survive the postpartum depression. What could a father do to assist in helping a new mother who suffers from postpartum depression?
- How can emotional abuse affect a child as he/she grows up?
- What was the mother searching for in the parenting books that she felt she lacked as a new mother?

- Think about this particular mother’s story and others that you may have read or heard about. How does society view a mother who harms or even kills her child while suffering from postpartum depression?
- If you were on a jury, how would you rule on such cases?
- What do you think the mother means by her statement that “Things have changed and I am here today to be the best mother I can be?”

One Mother's Story of Postpartum Depression

It is hard for me to look back on my baby's first two years of life. I had put off becoming a mother for several years because of my husband's career. During that time, I could not stand to be around pregnant women or infants. I just felt so sad that it wasn't me in that position. I felt no joy when my sister-in-law became pregnant and had a healthy baby girl. I realize now that was because I was jealous.

When I became pregnant, I was happy, and very healthy. It was an easy pregnancy and free of many worries. My delivery was long, 32 hours and I was exhausted afterwards. I was excited to have a girl, who was healthy and looked like me. We came home from the hospital and settled into a routine. After two weeks, I realized she was not getting enough from breastfeeding and switched to bottle feeding. I was sleeping well, but began to feel anxious all the time. Was I feeding her right? Was I changing her often enough? What is she asking for with that cry? I bought several baby care books and read them all the time. If something wasn't like how I thought it should be, I looked in the books.

I had planned to return to work after 12 weeks, but at six weeks I became very restless and wanted to return to work. The doctor and my employer told me to relax and enjoy the baby. I found things to work on at home and began to ignore the baby. She slept well, ate well and was not a fussy baby. However, when she became fussy, I couldn't deal with her. I would pinch her or yell at her. I often just walked away and left her in her crib when she cried and I went and cried in another room. I cried often, when I found messy diapers because I was too busy to change her. I cried when my husband left for work because I couldn't go, too. I cried when I went to sleep. I just cried all the time.

I returned to work and was happier. Because I went back to work and was able to function, everyone thought I was OK, but inside, I wasn't. Everyone at work

said, "Don't you just love being a mother?" and I didn't but I couldn't say it out loud. When I got home, I was mommy instead of me. My husband helped care for the baby somewhat, but left the cleaning, cooking, shopping, feeding, bathing and organizing each night for day care the next day, to me. I was not sleeping well. I was constantly trying to remember what I didn't do or what I needed to get ready for the next day. I continued to cry often. Everyone said it was just my hormones returning to normal.

I still read the baby books for assistance. I felt I knew nothing about caring for a baby, and I felt alone. As the months passed, I felt more and more alone. I felt I couldn't do anything right for the baby when I was in charge. I was very frustrated with being a mother, and the father was not easing these feelings. I stopped talking to friends because they didn't understand me anymore. I just wanted to be alone. I did not take any joy of holding my baby or caring for her. I thought that other mothers felt only warm and positive feelings toward their babies, and I didn't feel that way. I did not love her.

When I was very depressed, I remember telling myself not to hurt her, she didn't ask for that, so I thought of leaving. I wanted to be alone, not going back to life without the baby; I just wanted to be alone. I was embarrassed for feeling like I did. I felt that she would be better off without me. I was frightened that I would never be normal and have a loving relationship with my daughter. Before I did anything really stupid, I got help.

After I got help, things changed. I fell in love with my daughter, I stopped crying, and over time, I became happy again. Today, my daughter has no baby book because at the time, I couldn't handle that. Thank God she doesn't remember anything about that time in her life. Things have changed and I am here today to be the best mother I can be.

Lesson Two – Postpartum Depression

LEARN: Symptoms and Treatment for Postpartum Depression

15 minutes

Purpose:

Participants learn about the symptoms and treatment for postpartum depression.

Materials:

- *Postpartum Depression Fact Sheet* (one per participant)

Facilitation Steps:

1. Read through each of the parts of the *Postpartum Depression Fact Sheet*.
2. Ask participants – What are the causes, symptoms and treatment?
3. Address any questions participants may have during the presentation

Postpartum Depression Fact Sheet

1. What differentiates postpartum depression from the "baby blues?"

The baby blues are very common and affect about 70-85% of new moms. The baby blues, also known as postpartum blues, usually start within three days of giving birth and can last up to 14 days. They typically go away on their own without treatment and rarely require more than a few days of rest and support.

Postpartum depression (PPD) is more intense and must be present for more than 2 weeks to distinguish it from the "baby blues." About 10% of new mothers suffer from PPD in the first year after giving birth. It can occur after any birth, beginning any time after a woman delivers, but usually begins two to three weeks after giving birth. PPD can last for a few months or up to a year and a half, or longer, if untreated. PPD often requires counseling and treatment.

2. Are there predisposing factors that increase a woman's risk of having PPD?

A personal or family history of depression or mental illness puts one at higher risk for PPD. Other related factors are an unwanted pregnancy; a complicated or difficult labor; a fetal abnormality; a lack of social support; and a temporary upheaval, such as a recent move, death of a loved one, or job change. Women who have previously suffered from depression following the birth of a child have an increased risk of becoming depressed following a subsequent delivery. In women with a history of PPD, the risk of recurrence is about one in three to one in four.

3. What causes PPD?

While the causes are not known, research suggests that PPD may be triggered by the hormonal shifts that occur after delivery and are greatly exacerbated by the stress of a major life change.

4. Are there obvious warning signs of PPD?

Yes. Symptoms include deep sadness, irritability, apathy, intense anxiety, lack of appetite, inability to sleep, crying spells, irrational behavior and highly impaired concentration and decision-making. Women with PPD have feelings of being overwhelmed, are unable to cope with daily tasks and feel guilty about not being a good enough mother.

5. What is the most appropriate treatment for PPD?

PPD can be successfully treated with medications, therapy or a combination of both. Counseling may be all that is needed for women with mild symptoms. Special consideration must be given to breast-feeding women, but a number of antidepressants can safely be used by mothers who choose to continue nursing.

Lesson Two – Postpartum Depression

REVIEW: Depression After Delivery

15 minutes

Purpose:

This activity provides participants with a short review on depression after delivery.

Materials:

- Internet access
- *Scavenger Hunt Questions* (one per participant)

Facilitation Steps:

1. Internet Scavenger Hunt/ Depression After Delivery - Challenge participants to find answers to the following items:
 - People can be affected by depression at any time in their life. Who is specifically affected by depression after delivery and when are the most likely times that depression may begin to show?
 - Depression comes in many forms after delivery. Select one form and explain the symptoms.
 - Researchers are not 100 percent sure of the cause of depression. What do they believe are some of the possible reasons people experience depression? What factors or causes occur especially after giving birth?
 - Is there a cure for depression? Will a woman return to normal?
 - What legislative action is suggested to support parents who suffer from this illness?
2. If class time allows, have participants do this in a computer lab. Otherwise assign it as a homework assignment prior to this class so that results can be shared at this time.
3. Use these in class for discussion and review about depression after delivery. Have participants compare findings with other members in class.

Scavenger Hunt Questions

1. People can be affected by depression at any time in their life. Who is specifically affected by depression after delivery and when are the most likely times that depression may begin to show?
2. Depression comes in many forms after delivery. Select one form and explain the symptoms.
3. Researchers are not 100 percent sure of the cause of depression. What do they believe are some of the possible reasons people experience depression? What factors or causes occur especially after giving birth?
4. Is there a cure for depression? Will a woman return to her former self?
5. What legislative action is suggested to support parents who suffer from this illness?

Lesson Three – Assessment

Lesson Overview

This assessment can be used as a tool to measure knowledge gained over the course of the lessons on labor and delivery.

Lesson Objectives

After completing this lesson, participants will be able to:

- Identify the knowledge they have gained from the lessons and activities on labor and delivery

Lesson at a Glance

Activity	Materials	Preparation	Approximate class time
FOCUS	• N/A	N/A	-
LEARN	• <i>Post-Summative Assessment</i> • <i>Post-Summative Assessment - Answer Key</i>	1. Print/photocopy <i>Post-Summative Assessment</i> worksheet	15 minutes
REVIEW	• <i>Birth Process Models</i>	1. Class discussion	10 minutes

Lesson Three – Assessment

LEARN: Post-Summative Assessment

15 minutes

Purpose:

This assessment score may be compared with the pre-summative assessment score. This will help you and the participants see their progress in knowledge and skills learned over the course of instruction.

Materials:

- *Post-Summative Assessment* (one per participant)
- *Post-Summative Assessment - Answer Key*

Facilitation Steps:

1. Explain the purpose of the assessment, distribute it and give participants 10-15 minutes to complete it.
2. Using the *Post-Summative Assessment Answer Key*, have participants peer check or self-check their answers.
3. Provide results of the *Pre-Summative Assessment* so participants can see their progress.

Name: _____ Class: _____

Post-Summative Assessment

Directions:

The following questions will ask you about your knowledge of all phases of birth. Please answer the questions by circling the best answer or writing your response in the space provided.

1. What are two signs that labor may be starting?

2. How many centimeters is the cervix dilated in each stage of labor?

Early labor: _____ to _____ cm

Active labor: _____ to _____ cm

Transition labor: _____ to _____ cm

3. How many minutes apart are contractions during each stage of labor?

Early labor: _____ to _____ minutes

Active labor: _____ to _____ minutes

Transition labor: _____ to _____ minutes

4. What are the three phases of Stage 1 Labor?

5. What are the three phases of Stage 2 Labor?

6. Stage 3 Labor occurs _____ after the baby is born.

- a. 5-10 minutes
- b. 10-20 minutes
- c. 20-30 minutes
- d. 30-60 minutes

7. A vast majority of ectopic pregnancies occur in one of the _____.

8. A condition in which a fertilized egg settles and grows in any location other than the inner lining of the uterus is _____.

Understanding Labor and Delivery

9. Which of the following are reasons that a doctor may choose to perform a C-section? Choose all that apply.
- a. Multiple births
 - b. Baby too small
 - c. Mother's ovarian structure
 - d. Breech
 - e. Active herpes
10. Toxemia is also known as _____.
- a. Convulsions
 - b. Tubal pregnancy
 - c. Miscarriage
 - d. Preeclampsia
11. Why does a fetus become larger than normal from gestational diabetes?
12. What does the 'Rh' stand for in Rh incompatibility? _____
13. What can Rh incompatibility cause in the fetus?
- a. Shortness of breath
 - b. Death
 - c. Weight gain
 - d. Anemia
14. A stillbirth is the death of an infant at or after the _____th week of pregnancy.
15. Miscarriage usually occurs before the _____th week of pregnancy.
16. Which of the following are risk factors for miscarriages? Choose all that apply.
- a. Exercise
 - b. Working
 - c. Alcohol
 - d. Sexual intercourse
 - e. Drugs
 - f. Smoking

17. Which of the following are risk factors for premature or preterm birth? Choose all that apply.

- a. Abnormal breast conditions
- b. Multiples pregnancy
- c. Smoking or using drugs
- d. Exercising too much
- e. Low stress levels
- f. Not getting proper prenatal care
- g. Being underweight
- h. Being overweight
- i. Cavities
- j. Short stature

18. What is the most common birth defect?

19. Down Syndrome occurs when an individual has a full or partial extra copy of Chromosome _____?

- a. 20
- b. 21
- c. 22
- d. 23

20. What is spina bifida?

21. What percentage of new moms are affected by 'Baby Blues'?

- a. 25-30%
- b. 40-50%
- c. 70-85%
- d. 92-96%

22. What puts a woman at higher risk for PPD?

23. What is the most appropriate treatment for PPD?

Post-Summative Assessment Answer Key

1. What are two signs that labor may be starting?

Contractions

Ruptured amniotic sac (water breaks)

2. How many centimeters is the cervix dilated in each stage of labor?

Early labor: **0 to 3 cm**

Active labor: **4 to 8 cm**

Transition labor: **8 to 10 cm**

3. How many minutes apart are contractions during each stage of labor?

Early labor: **5 to 20 minutes**

Active labor: **3 to 5 minutes**

Transition labor: **2 to 3 minutes**

4. What are the three phases of Stage 1 Labor?

Initial (latent) phase

Active phase

Transition phase

5. What are the three phases of Stage 2 Labor?

Resting phase

Descent phase

Crowning phase

6. Stage 3 Labor occurs _____ after the baby is born.

a. 5-10 minutes

b. 10-20 minutes

c. 20-30 minutes

d. 30-60 minutes

7. A vast majority of ectopic pregnancies occur in one of the **Fallopian Tubes**.

8. A condition in which a fertilized egg settles and grows in any location other than the inner lining of the uterus is **an ectopic or tubal pregnancy**.

9. Which of the following are reasons that a doctor may choose to perform a C-section? Choose all that apply.

- a. **Multiple births**
- b. Baby too small
- c. Mother's ovarian structure
- d. **Breach**
- e. **Active herpes**

10. Toxemia is also known as_____.

- a. Convulsions
- b. Tubal pregnancy
- c. Miscarriage
- d. **Preeclampsia**

11. Why does a fetus become larger than normal from gestational diabetes?

Extra glucose gets stored as fat

12. What does the 'Rh' stand for in Rh incompatibility? **Rhesus**

13. What can Rh incompatibility cause in the fetus?

- a. Shortness of breath
- b. **Death**
- c. Weight gain
- d. **Anemia**

14. A stillbirth is the death of an infant at or after the **20th** week of pregnancy.

15. Miscarriage usually occurs before the **13th** week of pregnancy.

16. Which of the following are risk factors for miscarriages? Choose all that apply.

- a. Exercise
- b. Working
- c. **Alcohol**
- d. Sexual intercourse
- e. **Drugs**
- f. **Smoking**

17. Which of the following are risk factors for premature or preterm birth? Choose all that apply.
- a. Abnormal breast conditions
 - b. Multiples pregnancy**
 - c. Smoking or using drugs**
 - d. Exercising too much
 - e. Low stress levels
 - f. Not getting proper prenatal care**
 - g. Being underweight**
 - h. Being overweight**
 - i. Cavities
 - j. Short stature
18. What is the most common birth defect? **Heart defects**
19. Down Syndrome occurs when an individual has a full or partial extra copy of Chromosome ____?
- a. 20
 - b. 21**
 - c. 22
 - d. 23
20. What is spina bifida?
- Incomplete development of spinal cord or its coverings**
21. What percentage of new moms are affected by 'Baby Blues'?
- a. 25-30%
 - b. 40-50%
 - c. 70-85%**
 - d. 92-96%
22. What puts a woman at higher risk for PPD?
- A personal or family history of depression or mental illness**
23. What is the most appropriate treatment for PPD?
- Medications, therapy or a combination of both**

Lesson Three – Assessment

REVIEW: Stages of Birth

10 minutes

Purpose:

This will be a brief class discussion to review what is happening during each stage of the birth process.

Materials:

- Birth Process models

Facilitation Steps:

1. Display or pass around each of the Birth Process models.
2. As you show each model 1-6, ask participants to identify what is happening during that stage.
This can be done as a whole class activity or you can divide into small groups for a game.
Whoever raises their hand first with the right answers gets a point. The most points per team wins.

Sources

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6. "What is Down Syndrome?" *National Down Syndrome Society*. N.p., n.d. Web. 31 Oct. 2016. Retrieved from <http://www.ndss.org/down-syndrome/what-is-down-syndrome/>