

A Bun In The Oven



The Unofficial Guide to
Pregnancy, Education, and
Resources

Disclaimer

The information contained in this guide was gathered from previously published and on-line sources and is presented here for educational purposes only. It is not intended to be a substitute for professional advice. If you should have any healthcare related questions, do not hesitate to consult your healthcare provider. Do not delay in seeking medical advice because of something you have read in this guide.

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Introduction

The purpose of this guide is to provide information and resources to pregnant students to help bridge the gap between at-risk youth and available support systems, by making them aware of local services which target their needs.

Each year, many students face unplanned pregnancies. This guide is intended to support Boyle Street Education Centre as it continually works to address barriers to school success by giving students continuous access to a support network of services through partnerships within the community. As a part of BSEC's resource library, this guide may help pregnant students to decide how to deal with their unplanned pregnancies and (if continuing with them), help them carry out physically and mentally healthy pregnancies, to plan for the transition to parenthood, and to make full use of the resources available to them during and after their pregnancies.

I hope that by empowering young women with knowledge, dispelling myths, and breaking down pregnancies into manageable segments, the students will come to realize that they are in control of their lives, that they are responsible for and capable of bringing healthy babies into society, and that school is manageable, even during the trials and tribulations of adolescence and pregnancy. It is my belief that if students remain engaged in school during and after pregnancies, they stand a greater chance of attaining high school diplomas, will have more employment opportunities, will be aware of financial assistance programs to assist them in their education and thus, planting the seed in their minds that it is plausible for young mothers to be full participants in the labour force and to pursue post-secondary education.

Chapters

How Did This Happen?.....5-14

Options.....15-38

Questions and Answers...39-47

What to Expect.....48-65

Drugs and Alcohol.....66-83

Nutrition.....84-96

What About School?.....97-106

Child Care.....107-120

Local Resources.....121-135

Birth Control.....136-170

Glossary.....171-173

How Did This Happen??



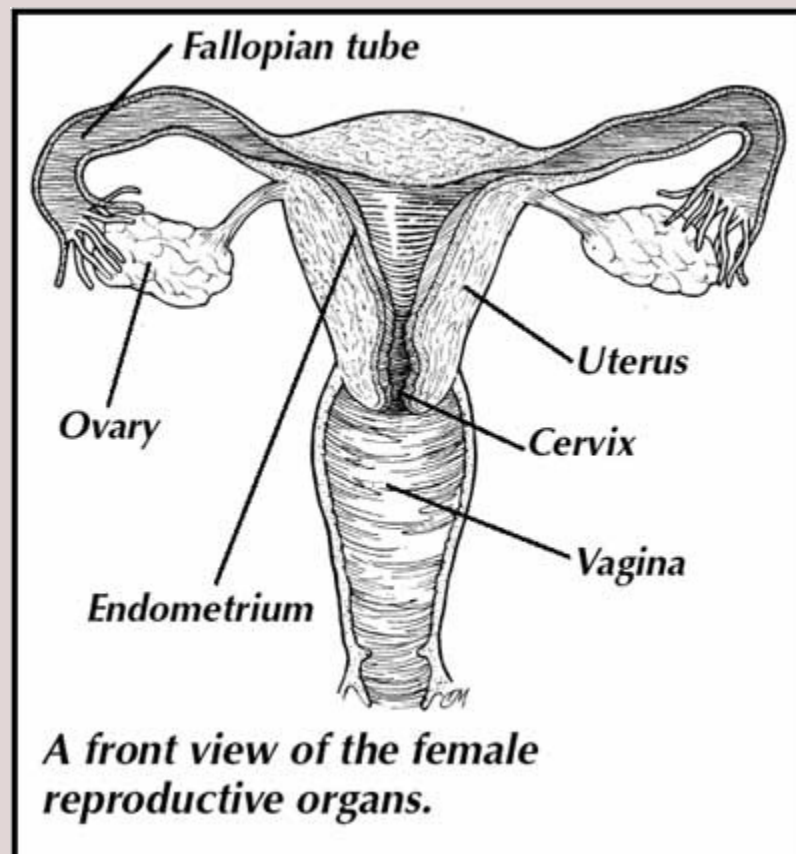
Table of Contents

| | |
|-------------------------------|----|
| How an egg is hatched..... | 3 |
| Ovulation..... | 4 |
| After an egg is released..... | 5 |
| The making of sperm..... | 6 |
| More facts about sperm..... | 7 |
| The orgasm..... | 8 |
| Egg and sperm combine..... | 9 |
| References..... | 10 |

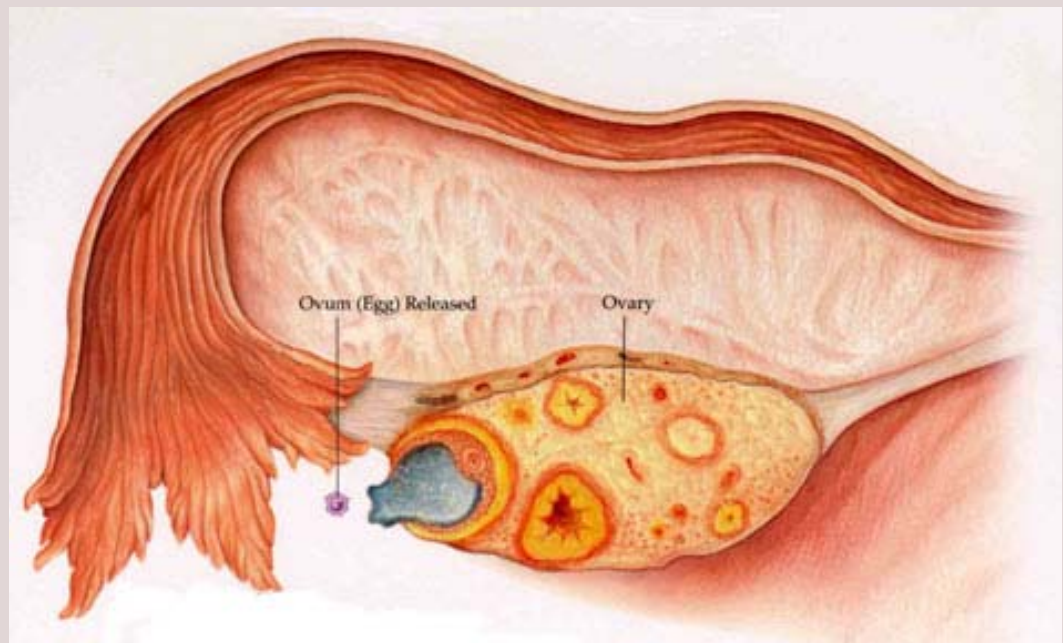
How Babies Are Made

Inside the woman's body: how an egg is hatched

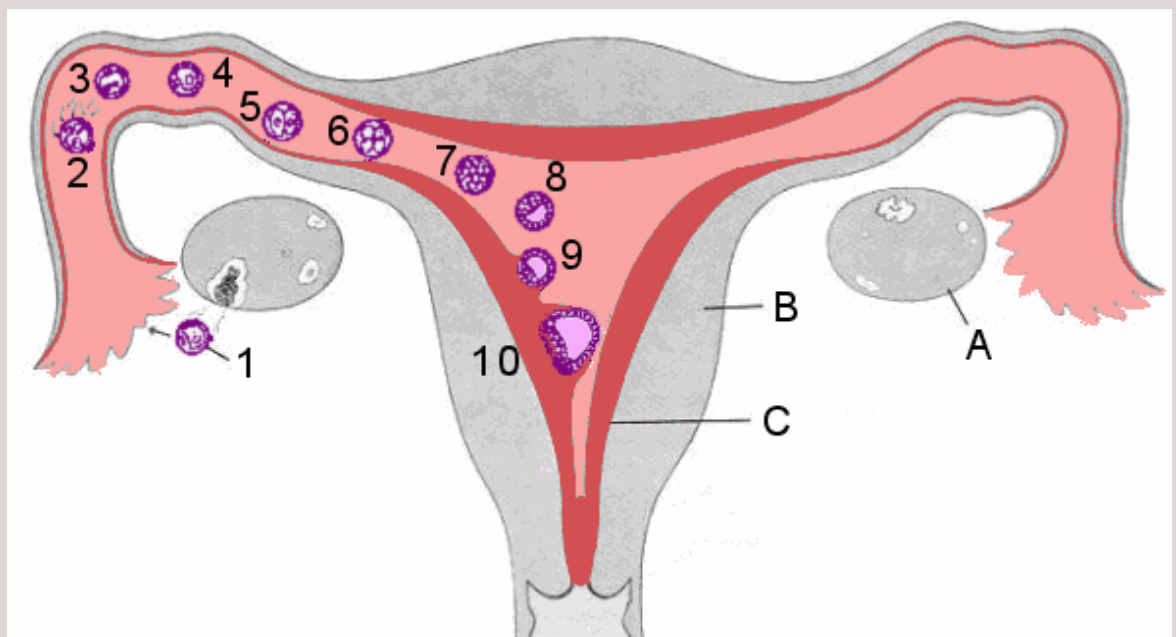
- ♦ For women, the possibility of pregnancy begins in the ovaries
- ♦ The ovaries are two small oval shaped organs attached to either side of your uterus (womb)
- ♦ The ovaries are packed with eggs, which are made before you are even born
- ♦ You will probably release about 400 eggs during adulthood, beginning with your first period



- ♦ Each month, 1-3 eggs start to reach maturity in one of your ovaries
- ♦ One egg is released by your ovary and is sucked up by the opening of the nearest fallopian tube (leading from the ovaries to the uterus)
- ♦ This is known as **ovulation**
- ♦ Day 1 of your cycle is the first day of your last period. Ovulation will most likely happen between day 12-15 of your cycle, if you have a regular 28-day cycle.



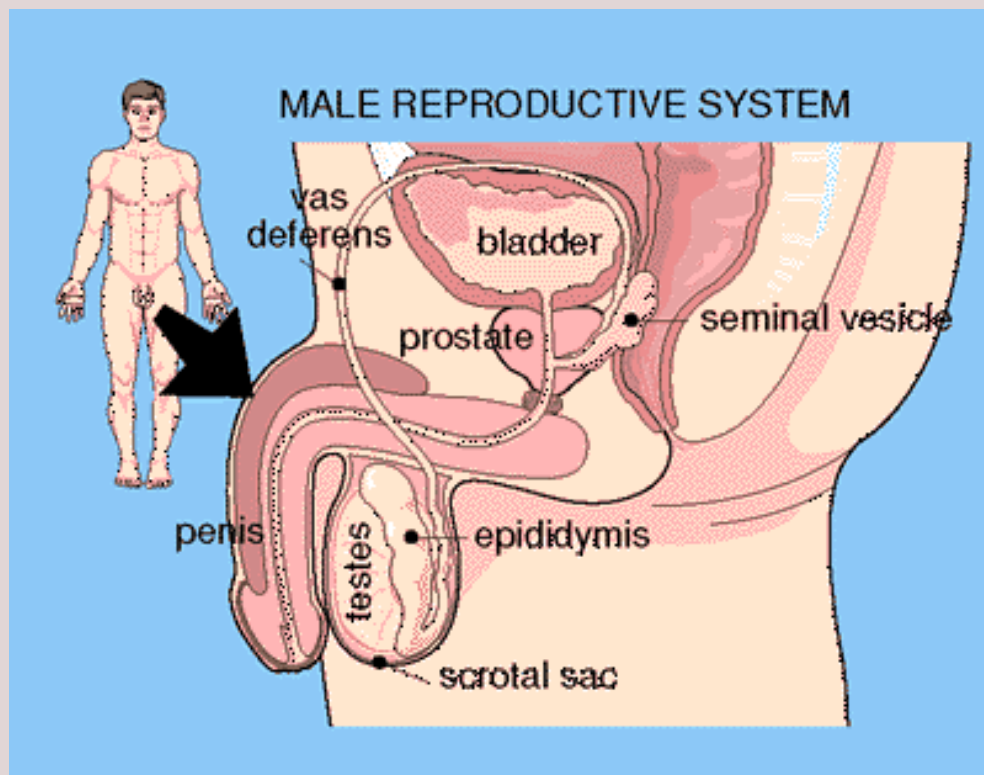
- ♦ Eggs usually live for 12-24 hours after they are released from the ovaries
- ♦ It has to meet up with sperm during this time for a baby to be made
- ♦ If your egg meets up with a healthy sperm on its way to the uterus, the two can join and start becoming a baby
- ♦ If the egg and sperm don't meet and join together, the egg still goes to the uterus, and gets flushed from your body during your next period



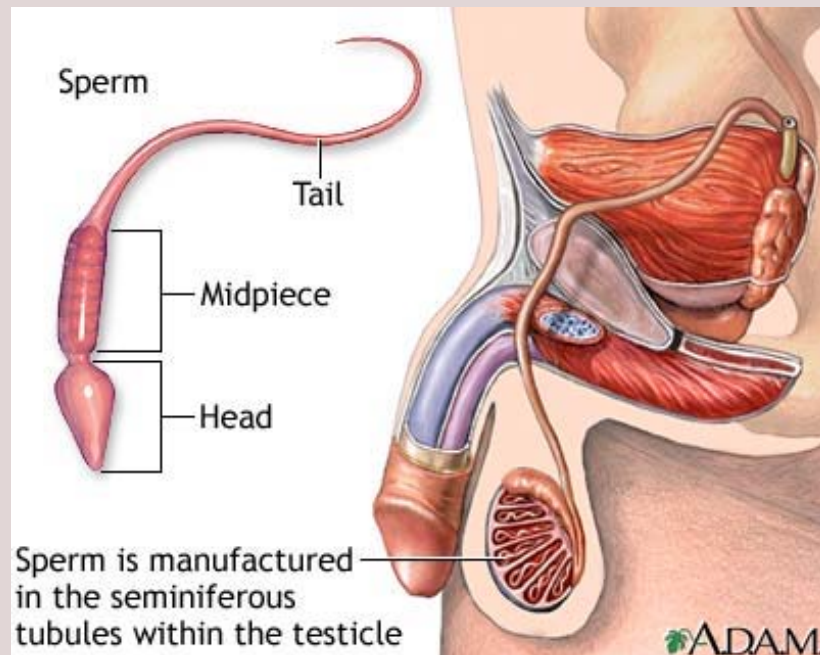
1-10 = egg moving from fallopian tube to uterus
A = ovary
B = uterus
C = lining of the uterus

Inside the man's body: the making of a sperm

- ♦ Men's bodies are almost always at work making millions of tiny sperm
- ♦ Women are born with all of their eggs, but men's bodies have to make sperm often
- ♦ Up to 300 million sperm are released each time a man ejaculates (orgasms)
- ♦ Sperm production starts in the testicles, which are in the scrotal sac beneath the penis
- ♦ The testicles hang outside the body because they have to be cooler than body temperature



- ♦ After the sperm is made, it is stored in a 40 foot long coiled tube in the testicle, called the **epididymis**
- ♦ Sperm is mixed with semen just before ejaculation
- ♦ Only one sperm can fertilize each egg



Did you know??

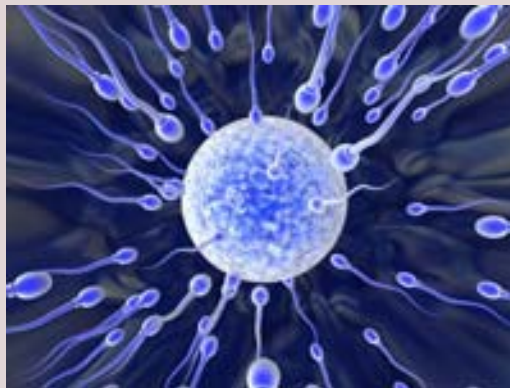
Did you know that the sex of the baby depends on which type of sperm enters the egg?

- ♦ Sperm with a **Y chromosome** will make a baby boy, and sperm with an **X chromosome** will make a baby girl

The Big "O"

Having orgasms isn't just for pleasure: it also helps sperm and egg meet.

- ♦ A man's orgasm moves sperm into the vagina and up towards the cervix at about 10 miles per hour
- ♦ A woman's orgasm causes contractions help pull the sperm further into the cervix
- ♦ Now the sperm are on a quest to find the egg
- ♦ They have to travel about 7 inches from the cervix, through the fallopian tubes to where the egg is
- ♦ A few lucky sperm will actually reach the egg and they have to work very hard to get through the egg's outer shell



Now the real miracle begins

- ♦ The genetic materials in the sperm and the egg combine to create a new cell and start dividing very quickly
- ♦ You are not actually pregnant until the bundle of new cells travels down your fallopian tube and attaches itself to the inside of your uterus
- ♦ The bundle of new cells is now called an **embryo**
- ♦ It takes about 3 days for the bundle of cells to travel down the fallopian tube and reach the uterus
- ♦ A couple weeks later you will probably miss your period and begin to think you may be pregnant
- ♦ You can take a home pregnancy test to find out, or go to your doctor or a clinic to be sure



References Used in This Chapter

www.babycentre.co.uk/preconception/activelytrying/howbabiesaremade/



What Am
I Going
To Do
Now??





Table of Contents

| | |
|--|----------------------------------|
| | Options for Pregnancies..... |
| | Decision-Making Worksheet.... |
| | Pregnancy Counseling..... |
| | Cost of Raising a Child..... |
| | Adoption Myths and Facts..... |
| | Adoption Fun Facts |
| | 10 Common Adoption Mistakes.... |
| | Adoption FAQ's..... |
| | Adoption Resources..... |
| | Abortion..... |
| | Different Types of Abortion..... |
| | Support After an Abortion..... |



If your pregnancy has been confirmed by a doctor, you now have a big decision to make. The first step in making a decision is to identify your options.



What are my options?

- ♦ Continue the pregnancy and parent the child on your own
- ♦ Continue the pregnancy and parent the child with your partner
- ♦ Continue the pregnancy and parent the child with your parents
- ♦ Continue the pregnancy and place the child for adoption
- ♦ Terminate the pregnancy by having an abortion

The following guide may help you make your decision. It is from the Planned Parenthood Association of Alberta, and it may be found on their website at www.ppae.ca



The choices are not easy when pregnancy is unplanned, but since you are the person who will live with the decision, be sure that you are making it for yourself. You may never feel great about what you decide, but you will feel better in the future if you can look back and say, "It was the best decision for me at that time."



This guide is designed to help you sort out your options and feelings so that you can begin to make a decision. **You will need a pencil and paper before starting.** You should try and work through this guide on your own at first, and then, if you want to, to work through it again with your partner, parent, or other support person such as a friend or counselor.



First, write down how you feel about each of the options on the previous page.

Next, look over the options and try to imagine the outcomes of each option. Remember to be realistic.

On a sheet of paper, make a table like the one below, for each option.

| TOption (example) | Pros | Cons | Impact on My Life |
|--|------|------|-------------------|
| Continue with the pregnancy and parent the child on my own | | | |
| | | | |
| | | | |
| | | | |

Make a list of pros and cons for each option.

Take some time to think about what your ideal situation is for being a parent. When would it be? Where would you be living? What role would your partner take? What role would your parents and family take? What would you be like?

Now think about the situation that really exists right now.

What are the differences between your ideal and actual situation?

For most of us, "ideal" situations are not reality. What are the minimum requirements you would need to carry through with the pregnancy and parent a child?

*At this point you may have an inner sense of the decision you feel best with.



Do you feel like you need to talk to someone who understands and who can help you decide what is best for you right now?



Planned Parenthood of Edmonton

(now called Options Sexual Health Association) has counseling programs, and they can help you make confident, well-informed decisions.



You may find it easier to talk to a counselor than to a friend or loved one because a counselor can give you information without pushing their opinion on you, or pressuring you to make a certain decision.

The counselors can also help you by referring you to services like doctors, birth control, parenting programs, and pregnancy resources.

Contact:

By e-mail: options@optionssexualhealth.ca

Website: www.ppae.ab.ca

In person: #50 9912-106St. Edmonton

By phone: 780-423-3737





One big factor in deciding whether or not to have a baby is money. Here is an example of how much it can cost to raise a girl in Canada. The total cost of raising a boy was slightly higher.

| The Cost of Raising a Girl to Age 18, 2004 | | | | | | | | | |
|--|---------|----------|-------------|---------------|--|----------------|-----------------------------------|--|-----------|
| Age | Food | Clothing | Health Care | Personal Care | Recreation, reading, gifts, school needs | Transportation | Child care (employed lone-parent) | Shelter, furnishings, household operations | TOTAL |
| Infant | \$1,507 | \$1,720 | \$141 | \$0 | \$0 | \$0 | \$4,568 | \$2,157 | \$10,093 |
| 1 | \$804 | \$488 | \$141 | \$112 | \$571 | \$0 | \$6,200 | \$2,294 | \$10,610 |
| 2 | \$866 | \$537 | \$141 | \$112 | \$571 | \$0 | \$5,200 | \$2,256 | \$9,683 |
| 3 | \$866 | \$537 | \$224 | \$112 | \$571 | \$0 | \$5,200 | \$2,218 | \$9,728 |
| 4 | \$1,156 | \$558 | \$224 | \$112 | \$571 | \$0 | \$5,200 | \$2,218 | \$10,039 |
| 5 | \$1,156 | \$558 | \$224 | \$112 | \$648 | \$75 | \$5,200 | \$2,218 | \$10,191 |
| 6 | \$1,156 | \$558 | \$224 | \$109 | \$729 | \$75 | \$3,805 | \$2,218 | \$8,837 |
| 7 | \$1,351 | \$521 | \$224 | \$109 | \$979 | \$75 | \$3,805 | \$2,218 | \$9,282 |
| 8 | \$1,351 | \$521 | \$224 | \$109 | \$979 | \$75 | \$3,805 | \$2,218 | \$9,282 |
| 9 | \$1,351 | \$540 | \$224 | \$109 | \$979 | \$75 | \$3,805 | \$2,218 | \$9,301 |
| 10 | \$1,578 | \$540 | \$224 | \$109 | \$979 | \$75 | \$3,805 | \$2,218 | \$9,528 |
| 11 | \$1,578 | \$540 | \$224 | \$109 | \$979 | \$75 | \$3,805 | \$2,218 | \$9,528 |
| 12 | \$1,578 | \$1,060 | \$260 | \$339 | \$950 | \$509 | \$0 | \$2,218 | \$6,914 |
| 13 | \$1,711 | \$1,060 | \$260 | \$339 | \$950 | \$509 | \$0 | \$2,218 | \$7,047 |
| 14 | \$1,711 | \$1,060 | \$260 | \$339 | \$962 | \$509 | \$0 | \$2,218 | \$7,059 |
| 15 | \$1,711 | \$1,099 | \$260 | \$426 | \$1,132 | \$509 | \$0 | \$2,218 | \$7,355 |
| 16 | \$1,639 | \$1,099 | \$260 | \$426 | \$1,132 | \$509 | \$0 | \$2,218 | \$7,283 |
| 17 | \$1,639 | \$1,099 | \$260 | \$426 | \$1,132 | \$509 | \$0 | \$2,218 | \$7,283 |
| 18 | \$1,639 | \$1,099 | \$260 | \$426 | \$1,348 | \$509 | \$0 | \$2,218 | \$7,499 |
| TO- | \$26,34 | \$15,159 | \$4,265 | \$3,935 | \$16,161 | \$4,094 | \$54,397 | \$42,189 | \$166,549 |
| Source: Manitoba Agriculture, Food and Rural Initiatives | | | | | | | | | |

From the Canadian Council on Social Development www.ccsd.ca/factsheets/



What if I want to keep my baby, but my relationship with my partner is not very good?

That is a very serious issue if you and your partner both want to parent this baby.

If you know that your relationship is not very healthy, and if your home isn't a healthy, happy place to raise a child, you should consider couples counseling.

Counsellors can help you and your partner work through your problems, and decide together how you will raise your baby.



Here are some couples counseling resources:

The Support Network (it's free!)

780-482-0198

www.thesupportnetwork.com

YWCA of Edmonton (very affordable or free for those who qualify)

780-423-9922 (ext 222)

www.ywcaofedmonton.org/counselling_centre

Aboriginal Consulting Services Association

780-448-0378

The Family Centre

780-423-2831

www.the-family-centre.com



Adoption

There are many myths about adoption, and as a result, some women don't think it is a good option for them. Let's clear up some of those myths.

Myth: Adoption means selling your baby.

Fact: Adoption is not a business transaction. It is a way to find a permanent, loving home for a child whose parents may not be ready to parent.

Myth: The internet is not a good place to look to adoptive parents.

Fact: As long as you keep in mind that you still have to go through the proper legal process to get your adoption approved, the internet is a great place to find a loving home for your child.

Myth: Once you find a parent that you like for your child, your adoption is completed.

Fact: Finding parents for your child is only one part of the process. There is still another process that you have to go through in order to get the final go ahead. This process varies depending on which province you live in.



Myth: As a birth mother, you have no say in the adoption process or in your child's future.

Fact: In an open adoption, birth mothers have lots of rights. They get to choose the parents for their child, and they have the option of taking an active role in just about every stage of the adoption plan.



Myth: Once you place your baby for adoption, you'll never see him or her again.

Fact: Having a relationship with your child's adoptive parents may seem a little scary at first, but most birth mothers do go on to have one. Your relationship could include exchanging letters, photos, phone calls, or even personal visits. It all comes down to whatever you feel comfortable with.

Myth: Once you decide to place your baby for adoption, you can't change your mind.

Fact: Before placing your baby, you can change your mind at any time. After the placement, it's a little more complicated. There is some time where you can take back your consent and have your child returned to you, but after that time, you will no longer have rights to your child.

Myth: Adoptive parents have all kinds of experts working for them, and you don't have any.

Fact: As part of the adoption process, you will be assigned an adoption practitioner and a lawyer, and **their services are free.**



Myth: Adoptive parents will never love your baby as much as you will.

Fact: Adoptive parents are ready to open their hearts and their home to any child that needs their love. It makes no difference whether the child is biologically theirs or not.



Myth: Adoptive children grow up believing they were abandoned by their mothers and don't want anything to do with them.

Fact: With the help of their adoptive parents, your child will eventually come to understand that he or she came to them because of your love and selflessness.



Myth: Birth mothers are cold and heartless.

Fact: Placing your child for adoption is probably the most heart-wrenching decision you'll ever make. But due to your lack of emotional or financial resources, you probably feel like you don't have any other choice. That's nothing to feel guilty about. Nor does it make you a bad person. Bad people don't carry a baby for 9 months, only to place him or her with an other set of parents. Nor do they take the time to create an adoption plan that will hopefully give him or her a better life than the one they're able to provide.



Myth: Adoptive parents can offer you money or presents to choose them.

Fact: Adoptive parents can't do either. If they do, they risk losing the adoption. Your decision must be made voluntarily, without any unfair influence from anybody else.





If you're thinking about adoption, **did you know** that:

- ♦ You can choose the parents for your child
- ♦ You can receive counseling from an adoption practitioner and licensee
- ♦ You can help create an adoption plan regarding what, if any, future contact you want with the child and the adoptive parents
- ♦ You can meet the prospective adoptive parents before the placement
- ♦ You can have the prospective adoptive parents with you at the delivery
- ♦ Unlike foster care, adoption is permanent





10 Common Mistakes Birth Mothers Make When Choosing Adoptive Parents:

- ♦ They don't realize that adoption is forever
- ♦ They jump into a situation before they are ready
- ♦ They don't spend enough time educating themselves about their options
- ♦ Their expectations are too high or too low
- ♦ They underestimate the birth father's reaction to their decision
- ♦ They don't trust their instincts enough
- ♦ They give too much power to others—adoption professionals and the waiting adoptive couple
- ♦ They underestimate their family's influence on their decision
- ♦ They underestimate their other children's reaction to their decision
- ♦ They don't say or do things they know they should for fear of scaring off prospective adoptive parents





Frequently Asked Questions About Adoption

1. **What kind of fees do I need to pay for an adoption?**
 - ♦ **adoption is free for birth mothers.** Once you choose a couple, they will be responsible for all of your—and the birth father's—legal and counseling fees.
2. **What's open adoption?**
 - ♦ Any adoption where you and the adoptive couple know of each other and exchange identifying information.
3. **If I contact a prospective couple, will they judge me?**
 - ♦ Every adoptive couple understands that this isn't the easiest time for you. Far from judging you, they'll be happy to hear from you.
4. **Do I have to tell the adoptive parents everything about my past?**
 - ♦ No. Adoptive parents are only concerned with things that could have an impact on their ability to adopt and raise a child.
5. **What happens if the birth father and I are no longer together?**
 - ♦ Birth fathers usually don't play an active role in the adoption process. As long as the father of your child isn't against your decision, you should be okay.



Frequently Asked Questions About Adoption

6. How long does the adoption process take?

- ♦ It all depends on how quickly you and the prospective adoptive couple can get everything in order. If all goes smoothly, it shouldn't take more than a few months.

7. When do I actually place my child with the adoptive couple?

- ♦ In most cases, the placement occurs immediately after the baby is born, directly from the hospital.

8. When do my rights as a parent end?

- ♦ Within days of the child's birth, you will be asked to sign a consent. A consent transfers your rights to the child to the adoptive parents. The exact time frame varies according to the province where the child is adopted.

9. Will I ever see my child again?

- ♦ Yes, you can. It all depends on what you and the adoptive parents agree to in your adoption plan.



Local Adoption Resources

If you are considering adoption, or would like more information on adoption, the following offices and websites may be helpful:

Adoption By Choice
Sheila Feehan-Richler, Director
355 Burton Road
Edmonton, AB T6R 2J1
Ph: (780)448-1159
Toll free: 1-800-5702385
edmontonadoptionbychoice.com

Adoption Options
Marilyn Shinyei, Director
#304, 10109 106St.
Edmonton, AB T5J 3L7
Ph: (780) 433-5656
Toll free: 1-800-770-3023
edm@adoptionoptions.com

Catholic Social Services
Stephanie Bozzer, Director
#205, 8908 99St.
Edmonton, AB T6E 3V4
Stephanie.bozzer@catholicsocialservices.ab.ca

Alberta Children's Services
Program Manager, Adoption Services
(780) 422-5641

Or try these websites for more information:

www.canadaadopts.com
www.adoptionoptions.com
www.child.alberta.ca



Abortion

If you have carefully considered your options, and you feel that continuing with the pregnancy is not the best option for you or your unborn baby, abortion may be the best option for you.

What is abortion?

"Abortion is the termination of a pregnancy through a surgical procedure or the use of drugs." (www.womenshealthmatters.ca)

Frequently Asked Questions about Abortions

1. Who can have an abortion?

- ♦ Any woman who has had a positive pregnancy test and wants to terminate their pregnancy. You do not need consent from anyone nor a referral from a doctor. If you are under 16 years of age, you should tell one of your parents/guardians, but their consent is not needed.

2. How far along can I be to have an abortion?

- ♦ Generally, surgical abortions are done from 6-20 weeks, and medical abortions are done under 7 weeks.

3. What information do I need to have when I call and make an appointment?

- ♦ You need to have: had a positive pregnancy test, your health care number, know the first day of your last period or the results of your ultrasound, your address and postal code and a contact phone number.



4. **How safe is abortion?**

- ♦ Abortions are performed under the safest possible conditions. A surgical abortion is a minor medical procedure with little risk involved. According to Statistics Canada, abortion is about 10 times safer than childbirth.

5. **How long will I be at the clinic?**

- ♦ You will be there approximately 3 hours, but the procedure itself takes less than 10 minutes.

6. **Can I still have children in the future?**

- ♦ Yes. There is nothing in a regular abortion that will stop you from being able to get pregnant in the future.

7. **Is it painful?**

- ♦ You will be given medications that will make you sleepy during the procedure. You will not be all the way asleep. You will also be given a local anesthetic on your cervix. You will likely feel some discomfort and pressure and some women may feel a brief cramp near the end. The procedure takes less than 5 minutes and you will have a nurse caring for you the whole time.

8. **What about my privacy? Will anyone know what I'm doing?**

- ♦ No. All personal records and services are confidential. No one will be able to get information about your appointment at the clinic.

9. **What should I bring with me to my appointment?**

- ♦ You should bring photo identification, your health care card, an escort to drive you home, an empty stomach, and socks or slippers and a housecoat, if you wish.



Did you know...

There is **more than one type** of abortion. There are medical abortions and surgical abortions.

Medical Abortions use two drugs to empty the contents of the uterus. The first one is given by an injection. The second drug is given by placing several tablets in the vagina 5-7 days after the injection is given.

- ♦ They can only be done early in pregnancy
- ♦ In most cases, the uterus will be emptied within 24 hours
- ♦ A follow-up exam is done 1 or 2 weeks after the injection to make sure the abortion has happened
- ♦ Most places will do medical abortions up to 7 weeks from the start of your last period

Advantages:

- ♦ Avoids surgery and the risk of damage to the uterus with surgical instruments
- ♦ Can be done early before signs of pregnancy occur
- ♦ May feel less invasive than surgery
- ♦ May seem more private to some women since much of the procedure can occur at home

Disadvantages

- ♦ Takes place over a week or more and involves several visits to the doctor
- ♦ 10% risk that the procedure will be incomplete and a surgical abortion will need to be done
- ♦ Sometimes causes heavy bleeding
- ♦ The drugs may have unpleasant side effects, including diarrhea, abdominal cramping or pain, vomiting, hot flashes



Surgical Abortions

There are 3 types of surgical abortion:

(MVA) Manual Vacuum Aspiration

It's a simple procedure done early in pregnancy, which uses the suction of a syringe to remove pregnancy tissue from the uterus.

- ♦ A local anesthetic is used to numb the cervix.
- ♦ A thin tube is guided through the cervical opening into the uterus.
- ♦ The syringe is attached to the tube and used to remove the contents of the uterus
- ♦ It takes less than 10 minutes
- ♦ It is done in the first 7-8 weeks from the start of your last period

Advantages

- ♦ Simple, low-risk procedure
- ♦ Can be done early, before signs of pregnancy occur
- ♦ Is over with more quickly than a medical abortion
- ♦ More effective than a medical abortion

Disadvantages

- ♦ Because the procedure is done so early, there is a 1-2% chance it will be incomplete and need to be repeated
- ♦ Side effects include abdominal cramping, pain and menstrual-like bleeding
- ♦ Serious complications like infection or damage to the uterus are possible but very rare and occur in less and 0.5% of cases



Dilation and Evacuation

It's a procedure done late in pregnancy. It opens the cervix and removes the contents of the uterus using suction and instruments. It usually involves a visit to the clinic the day before the procedure to begin to widen the cervical opening.

- ♦ It is done with a local anesthetic
- ♦ Women having this kind of abortion should have someone come with them to the appointment and help them get home
- ♦ You can get back to normal activities within 1 or 2 days
- ♦ A follow-up exam is done a week or two later

Advantages

- ♦ This is the only procedure available for doing abortions well into the second trimester

Disadvantages

- ♦ Riskier than the other procedures. It is easier to cause damage to the uterus with this method.
- ♦ Abdominal cramping and pain are common, and cramps may continue for up to a week after the procedure
- ♦ Menstrual-like bleeding is possible for up to two weeks after the procedure
- ♦ Full recovery may take up to a week
- ♦ It is often a two-day procedure with small dilators being inserted into the cervix the day before the procedure to begin the dilation; the dilators can cause cramping, bleeding and nausea in some women



Suction and Curettage

This is a surgical procedure that uses a mechanical suction machine to remove the pregnancy tissue from the uterus.

- ♦ It can be done with a general anesthetic, where you will be asleep, or a local anesthetic is used to freeze the cervix
- ♦ The uterus is widened and the doctor inserts a hollow tube into the uterus which is attached to an aspirator machine
- ♦ The suction is turned on and the doctor moves the tube back and forth for a short time, until the uterus is empty
- ♦ The walls of the uterus are then gently felt with a loop-shaped instrument to make sure no tissue remains
- ♦ It is done later in the first trimester from 6-14 weeks from the start of your last period

Advantages

- ♦ Safe and simple
- ♦ Can be done later in the first trimester
- ♦ Less than one percent chance that the abortion will be incomplete

Disadvantages

- ♦ Abdominal pain and cramping are common; most women recover quickly but cramps may continue for up to a week following the procedure
- ♦ Menstrual-like bleeding possible for up to two weeks after the procedure
- ♦ Full recovery may take up to a week
- ♦ Serious complications, like infection or damage to the uterus, are possible but rare; the risk of complications increases with more advanced pregnancies



There are many factors that influence the decision about which abortion procedure is best for you.

Some things that you may want to think about include:

- ◆ Do you want to be awake or asleep during the procedure?
- ◆ Where are you most comfortable having the procedure done (an abortion clinic or a hospital)?
- ◆ Do you want to have surgery or would you prefer a medical (drug) option?
- ◆ How long has it been since your last period?
- ◆ If you have any health conditions that might limit your options
- ◆ What procedures (if any) are done near your home?

Post(after)-Abortion Counseling:

Having an unplanned pregnancy and an abortion can leave you feeling very stressed, emotional, sad, confused, or many other things.

It is a good idea to have support during this time. Here are some places to **contact** for help during this tough time:

Women's Health Options

780-484-1124

Planned Parenthood Edmonton

780-423-3737

The Support Network

780-482-0198

The Distress Line

780-482-HELP (4357)



Local Abortion Resources

If you would like more information, or if you think abortion might be the best option for you, here are some agencies to contact:

Morgentaler Clinic (780) 484-1124
www.morgentaler.ca

Planned Parenthood (780) 423-3737
www.ppae.ab.ca

Child and Family Services (780) 422-6647
edmontonandareacfs@gov.ab.ca

Terra Association for Teens (780) 465-9272
www.terraassociation.com

References Used in This Chapter

www.ppae.ca
www.ccsd.ca/factsheets
www.canadaadopts.com
www.morgentaler.ca
www.womenshealthmatters.ca

A decorative border of handprints in various shades of brown and tan surrounds the central text area. The handprints are arranged in a rectangular frame, with some appearing as if they are pressed against the border.

Got Questions?

**In this chapter I will try to
answer some common questions
that pregnant women ask.**

If you're like most women, you probably have a ton of questions about pregnancy!

Here are some common ones:

Q: How much weight will I gain during pregnancy?

A: That depends on your weight and body type before pregnancy. Smaller women can expect to gain **28-40** pounds, regular sized women may gain **25-35** pounds and larger women may only gain **15 or more** pounds.

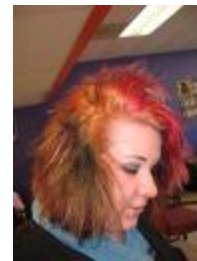


Q: How much caffeine can I drink?

A: Since caffeine passes quickly through the placenta to the baby, it is recommended that you avoid caffeine while you're pregnant. If you do eat or drink caffeine, try to limit yourself to **2-3 servings** per day. Don't forget that caffeine is found in tea, sodas and chocolate.

Q: Can I color my hair?

A: Some doctors recommend that you avoid using hair dyes during pregnancy, especially in the first trimester. Highlighting or streaking your hair involves less contact between the dye and your skin, so that is safer. Always use gloves, and don't leave the dye on any longer than you have to.



Q: Can I drink herbal tea?

A: Some herbs may be harmful to pregnant women. If you choose to drink herbal teas, stick to those with ingredients found in ordinary diets, like cinnamon, orange, lemon, and apple.

Q: Is alcohol okay once in a while?

A: NO! When you drink alcohol your baby is drinking it too. Therefore, you should avoid all forms of alcohol when you are pregnant. Please see page ??? For much more information on why you shouldn't drink while you're pregnant.



Q: Can I take aspirin when I have a headache?

A: Most headache medications, like aspirin and ibuprophen are **not** recommended for pregnant women. Regular strength Tylenol is a better option for you. If you have migraines, please see your doctor about which medications you can take.

Q: My gums are swollen and bleeding. Is this normal?



A: Yes. It's caused by the extra hormones in your body during pregnancy.

Q: Can I use a sauna, hot tub, or tanning booth?



A: No, these are not recommended because the extreme temperatures could harm the baby. Also be careful not to have very hot baths.

Q: Can I tell the sex of my baby by looking at the size and shape of my tummy?

A: No. Some women believe that carrying low means they are having a boy and carrying high means they are having a girl. This is not true! If you want to find out the sex of your baby, talk to your doctor about getting an ultrasound.



Q: I was told to always lie on my left side during my pregnancy. Is this true?

A: No, not necessarily. If you have high blood pressure, your doctor may recommend lying on your left side for 10 minutes, twice per day. Always follow your doctors advice. Otherwise, you should lie in which ever position is most comfortable for you.

Q: Can I still have sex when I'm pregnant?

A: Yes! If you're healthy and are having a normal pregnancy, sex is safe into the last weeks of the pregnancy. You may have to experiment with positions that will be more comfortable for you as your body changes.

Q: Can I tell my baby's sex by it's heart rate?

A: No. A normal fetal heart rate is 120-160 beats per minute. Some people think that if it's faster it's a girl and if it's slower it's a boy. There have been no studies that show for sure that heart rate can predict a baby's sex.

Q: Is it true that spicy foods will induce (start) labor?

A: No, spicy foods will not induce labor. It might just cause heartburn.



Q: Is it okay to take baths while I'm pregnant?



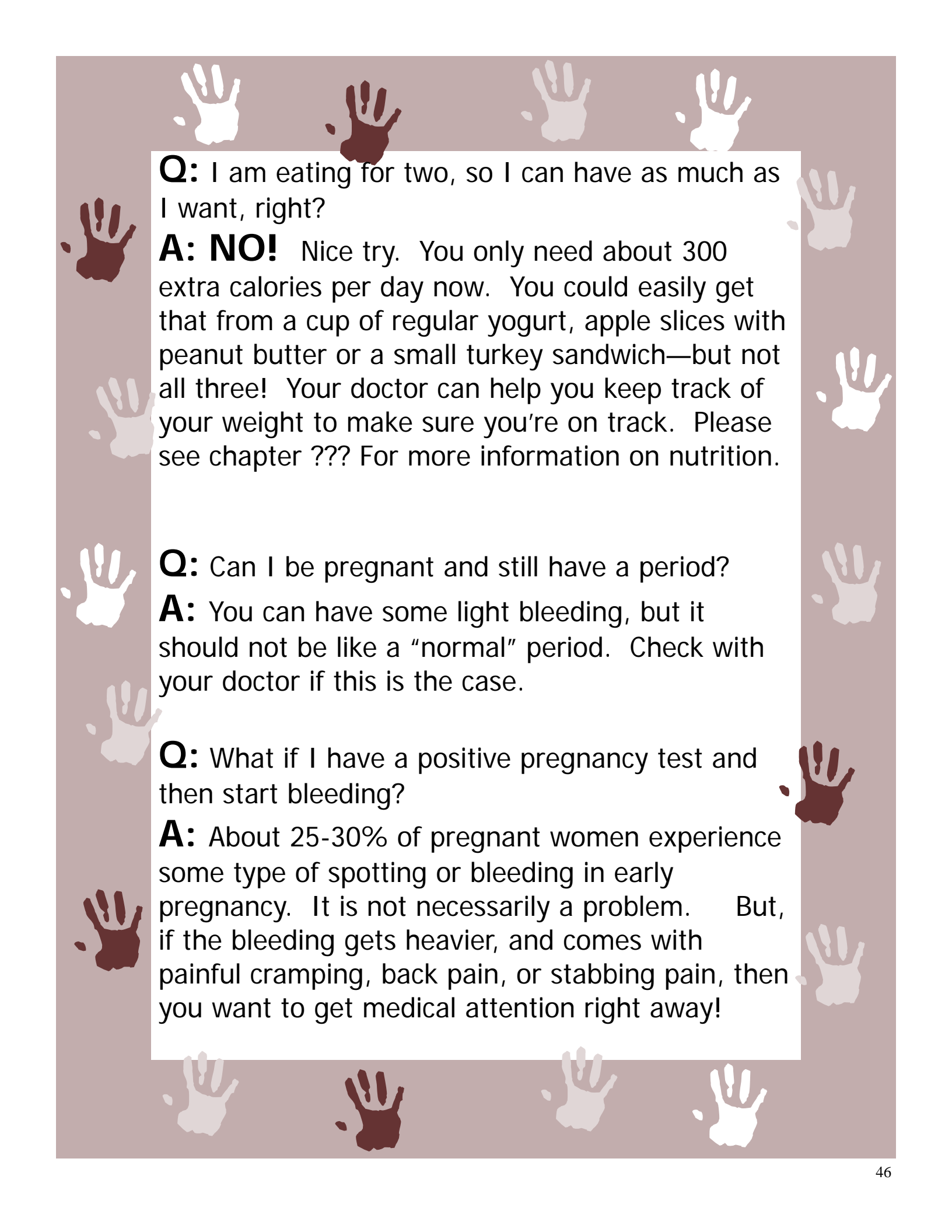
A: Yes, just make sure your bath water isn't really hot. Also, if you're leaking fluid or bleeding, don't have baths. Contact your doctor.

Q: If I have sex close to my due date, will it help me go into labor?

A: No. However, breast stimulation, male ejaculation, and female orgasm may help to enhance labor after it has already started.

Q: Can I exercise while I'm pregnant?

A: Check with your doctor but, in general, most exercises that you were doing before you got pregnant can be continued as long as you're comfortable.



Q: I am eating for two, so I can have as much as I want, right?

A: NO! Nice try. You only need about 300 extra calories per day now. You could easily get that from a cup of regular yogurt, apple slices with peanut butter or a small turkey sandwich—but not all three! Your doctor can help you keep track of your weight to make sure you're on track. Please see chapter ??? For more information on nutrition.

Q: Can I be pregnant and still have a period?

A: You can have some light bleeding, but it should not be like a “normal” period. Check with your doctor if this is the case.

Q: What if I have a positive pregnancy test and then start bleeding?

A: About 25-30% of pregnant women experience some type of spotting or bleeding in early pregnancy. It is not necessarily a problem. But, if the bleeding gets heavier, and comes with painful cramping, back pain, or stabbing pain, then you want to get medical attention right away!



References used in this chapter:

www.babyfit.sparkpeople.com

www.drpesavento.com/faq

www.kidshealth.org/parent/pregnancy_newborn/pregnancy/mths_tales.html

www.pregnancytoday.com/reference/articles/pgmyths.htm

www.findarticles.com/p/articles/mi

www.prenatalvitamins.wordpress.com/2008/04/18/common-pregnancy-myths/

www.scrippshealth.org/News.asp?ID=440

www.americanpregnancy.org/gettingpregnant/pregnancyfaq/htm

What's
happening
to my
body???



Is this
normal?



Table Of Contents

| | |
|--|--|
| What to Expect: Month 1..... | |
| Miscarriage..... | |
| What to Expect: Month 2..... | |
| What to Expect: Month 3..... | |
| What to Expect: Month 4..... | |
| What to Expect: Month 5..... | |
| What to Expect: Month 6..... | |
| What to Expect: Month 7..... | |
| What to Expect: Month 8..... | |
| What to Expect: Month 9..... | |
| 10 Things That Might Surprise You About Being Pregnant..... | |
| Resources and References..... | |



So you've decided to go ahead with your pregnancy...

Here's a month by month look at **what you might experience** while you're pregnant.



Please keep in mind that every pregnancy is different, and you may experience some of these symptoms, but not all of them, or you may experience them at different times.



Month 1.

The first month starts on the first day of your last period.

What to expect:

- ♦ No periods (but you may have light staining or spotting)
- ♦ Tiredness and sleepiness. You should have more energy after the first 3 months. You should get 1 or 2 hours more sleep each night if you are tired.
- ♦ Frequent urination (having to pee a lot)
- ♦ Nausea with or without vomiting. Almost half of pregnant women **don't** have morning sickness.
- ♦ More saliva (spit) in your mouth than usual.
- ♦ Heartburn
- ♦ Indigestion
- ♦ Flatulence (farting)
- ♦ Bloating
- ♦ Food cravings or aversion
- ♦ Changes in breast size, color and texture
- ♦ Pressure in your lower abdomen
- ♦ Emotional instability, comparable to PMS
- ♦ Irritability
- ♦ Mood swings
- ♦ Irrationality
- ♦ Weepiness
- ♦ Fear
- ♦ Joy
- ♦ Elation (extreme happiness)



What about the baby?

- ♦ The baby is called a blastocyst at this stage.
- ♦ It is 0.1-0.2mm long (you could barely see it)
- ♦ The placenta is not fully formed yet.



Some women have **miscarriages** early in their pregnancies.

Some **common causes** are:

- ♦ Poor nutrition
- ♦ Smoking
- ♦ Hormonal imbalance
- ♦ Certain STDs
- ♦ Certain medical problems
- ♦ Drugs that are harmful to the fetus
- ♦ A high fever

The following are **not** believed to cause miscarriages:

- ♦ History of multiple abortions
- ♦ Brief emotional upset
- ♦ A fall or accidental injury
- ♦ Normal physical activity, such as housework, or lifting children or heavy objects



Possible signs of miscarriage:

- ♦ Bleeding with cramps
- ♦ When pain is severe or when it continues for more than one day, without any break
- ♦ When bleeding is as heavy as a period, or when light staining continues for more than 3 days
- ♦ When you have a history of miscarriage, and you experience either bleeding or cramping or both

If any of these happen, call your doctor right away, just in case.

When **not** to worry:

- ♦ Mild cramps
- ♦ Achiness
- ♦ A pulling sensation on one or both sides of the abdomen
- ♦ Unless cramping is severe, constant, or accompanied by bleeding, there is no need to worry
- ♦ Slight staining (bleeding) a little before or around the time you would have expected your period (as long as it doesn't come with lower abdominal pain)
- ♦ Light pink spotting after sex is okay unless the bleeding becomes heavy or comes with cramps

When to get emergency medical attention:

- ♦ When bleeding is heavy enough to soak several pads in an hour, or when pain is so bad you can't bear it
- ♦ When you pass clots or grayish pink material



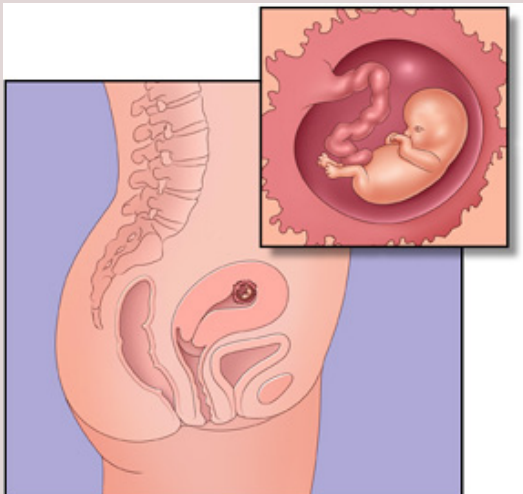
Month 2

What you can expect:

- ♦ Symptoms similar to month 1
- ♦ Complexion problems (changes in your skin)
- ♦ Your waistline may start to get bigger
- ♦ Your figure starts to look different

What about the baby?

- ♦ This is a very important month in your baby's development
- ♦ Your baby goes from being a blastocyst to being an Embryo
- ♦ Early in the second month, your baby's heart will begin to beat
- ♦ Early in this month it is hard to tell which way is up on your baby, but later in the month it becomes easy to tell which end is your baby's head and which is its bottom
- ♦ The body parts which are just starting to develop are the arms and legs, liver, pancreas, lungs, and stomach
- ♦ The doctor won't be able to tell yet if your baby is a girl or a boy
- ♦ Your baby's heart beat can be found on an ultrasound
- ♦ Your baby measures 8-11mm from head to bottom



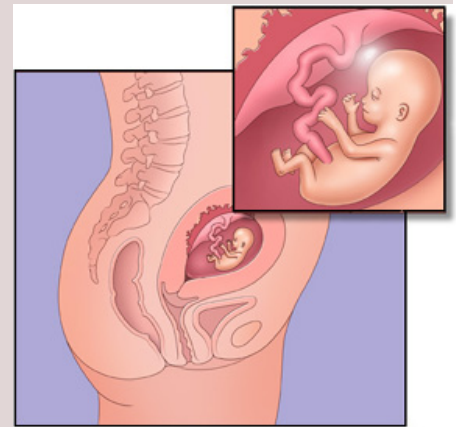
Month 3

What you can expect:

- ♦ Fatigue (tiredness) and sleepiness
- ♦ A need to urinate (pee) frequently
- ♦ A slight increase in vaginal discharge
- ♦ Nausea
- ♦ Constipation
- ♦ Occasional headaches
- ♦ Tightness of clothing around your waist and chest
- ♦ A bigger appetite
- ♦ A new sense of calmness

What about the baby?

- ♦ Your baby's bones are starting to harden
- ♦ Your baby is moving inside you, but you may not be able to feel it yet
- ♦ Your baby's eyes are large and open
- ♦ Your baby has ears
- ♦ It's still very difficult to tell whether your baby is a boy or a girl
- ♦ Your baby goes from being called an embryo to being called a fetus
- ♦ Your baby's head is the biggest part of their body.
- ♦ Your baby weighs about 14 grams and is about the size of an apple. Your uterus is about the size of a grapefruit



Month 4

What to expect:

- ♦ Fatigue (tiredness)
- ♦ Not having to urinate (pee) as often
- ♦ Less nausea and less vomiting
- ♦ Constipation (difficulty going #2)
- ♦ Stuffy nose
- ♦ Nosebleeds once in a while
- ♦ Ear stuffiness
- ♦ Bleeding gums
- ♦ Swelling of hands and feet (and sometimes face)
- ♦ Varicose veins on your legs
- ♦ Hemorrhoids
- ♦ Whitish vaginal discharge



What about the baby?

- ♦ Your baby starts to urinate (pee) small amounts
- ♦ Your baby's heart pumps about 25 quarts of blood every day
- ♦ All of the teeth have formed
- ♦ Your baby has a scalp and a hair pattern
- ♦ Your baby weighs about 85 grams and is about 5 inches long
- ♦ The gender may be seen in an ultrasound, but it may not be too reliable yet



Month 5

What to expect:

- ♦ You may feel your baby moving
- ♦ Increasing whitish vaginal discharge
- ♦ Aching in your lower belly and along your sides
- ♦ You may want to eat a lot
- ♦ Leg cramps
- ♦ Faster heart rate
- ♦ Easier or more difficult orgasm
- ♦ Backache
- ♦ Skin color changes on the belly and/or face
- ♦ Your bellybutton may start to stick out
- ♦ Fewer mood swings
- ♦ Continued absentmindedness



What about the baby?

- ♦ The pads of the fingers and toes are forming
- ♦ The baby is developing fingerprints
- ♦ A baby girl is developing eggs in her ovaries
- ♦ Gender is usually visible by ultrasound
- ♦ Loud noises may startle your baby
- ♦ Your baby is covered in a fine hair called lanugo
- ♦ Your baby weighs up to 283 grams
- ♦ The baby measures about 25cm (9.5 inches)



Month 5

What to expect:

- ♦ You may feel your baby moving
- ♦ Increasing whitish vaginal discharge
- ♦ Aching in your lower belly and along your sides
- ♦ You may want to eat a lot
- ♦ Leg cramps
- ♦ Faster heart rate
- ♦ Easier or more difficult orgasm
- ♦ Backache
- ♦ Skin color changes on the belly and/or face
- ♦ Your bellybutton may start to stick out
- ♦ Fewer mood swings
- ♦ Continued absentmindedness



What about the baby?

- ♦ The pads of the fingers and toes are forming
- ♦ The baby is developing fingerprints
- ♦ A baby girl is developing eggs in her ovaries
- ♦ Gender is usually visible by ultrasound
- ♦ Loud noises may startle your baby
- ♦ Your baby is covered in a fine hair called lanugo
- ♦ Your baby weighs up to 283 grams
- ♦ The baby measures about 25cm (9.5 inches)



Month 7

What to expect:

- ♦ You may feel stronger movements from your baby (and more often)
- ♦ Increasingly heavy whitish vaginal discharge
- ♦ Aching in the lower belly and/or on your sides
- ♦ Constipation
- ♦ Heartburn, indigestion, flatulence (farting), bloating
- ♦ Occasional headaches, faintness, or dizziness
- ♦ Pink toothbrush from bleeding gums
- ♦ Leg cramps
- ♦ Back ache
- ♦ Shortness of breath



What about the baby?

- ♦ The baby's movements are smaller now because it's getting crowded in the uterus
- ♦ At around 28 weeks babies begin to start turning head down
- ♦ Your baby can sense light and dark
- ♦ Your baby can hear your heart beat, your digestive system, your voice and the voices of other people near you. It's like what you can hear under water in a pool.
- ♦ Your baby's eyelashes are developing
- ♦ Your baby is about 35cm (14 inches) long and weighs about 2.4 pounds (1kg)



Month 8

What to expect:

- ♦ Strong, regular activity from the baby
- ♦ Increasing heavy whitish vaginal discharge
- ♦ Increased constipation
- ♦ Pelvic pressure or achiness
- ♦ Increasing shortness of breath
- ♦ Difficulty sleeping
- ♦ Increasing Braxton Hicks contractions
- ♦ Increasing clumsiness
- ♦ Colostrum leaking from your nipples



What about the baby?

- ♦ Your baby's bone marrow is producing all of its red blood cells
- ♦ Amniotic fluid is still present, and your baby urinates (pees) about 0.5 liters into it every day
- ♦ Your baby opens and closes its eyes when it wants to
- ♦ The finger nails reach the end of the fingers
- ♦ Some babies have a lot of hair on their head...others have none!
- ♦ Your baby has put on about 2 pounds of weight since last month
- ♦ Your baby weighs about 1.7kg (3 pounds, 11 ounces) and is about 40cm (15.8 inches)



Month 9

What to expect:

- ♦ More frequent urination (peeing) after the baby drops
- ♦ Easier breathing after the baby drops
- ♦ Fatigue (tiredness) or extra energy
- ♦ Increase or loss of appetite
- ♦ More excitement, anxiety, apprehension, absentmindedness
- ♦ Relief that you're almost there
- ♦ Irritability and oversensitivity
- ♦ Impatience and restlessness
- ♦ Dreaming and fantasizing about the baby



What about the baby?

- ♦ The organs are making final preparations for birth.
- ♦ At week 37 the baby's weight gain slows down a lot
- ♦ The average birth weight is about 7.5 pounds and the average length is 18-22 inches
- ♦ Most babies are born from 2 weeks before to 2 weeks after the due date
- ♦ Labor starts when the baby signals to the mother's body that he or she is ready to be born



10 Things That Might Surprise You About Being Pregnant

1. The Nesting Instinct. Some pregnant women have a powerful urge to prepare their home for the baby, by cleaning. Organizing, and decorating.



2. Inability to Concentrate. This can go on all through the pregnancy. You can help this by making lists to help you remember dates and appointments.

3. Mood Swings. If you suffer from PMS, you are likely to have severe mood swings during pregnancy. They are very common in the first trimester and at the end of the third trimester.



4. Bra Size. Breasts become swollen during the first trimester because of hormones, and they may keep growing all throughout your pregnancy!

5. Skin. There are many skin changes during pregnancy. "Glowing" skin is one, as well as brownish or yellowish patches on the face, darkening nipples, a dark line on the lower belly, and acne (pimples). These will go away after you give birth.



6. Hair and Nails. Your hair may grow faster and fall out less during pregnancy. You may grow hair in unwanted places. Hair may be drier or more oily. Nails may split or tear more easily. These things will change after delivery.

7. Shoe Size. Some women have swelling in their feet and may have to wear a larger shoe size.



8. Joint Mobility. During pregnancy, a hormone makes your body less stable and you can injure yourself more easily. It is easy to overstretch or strain yourself.



9. Varicose Veins, Hemorrhoids, and Constipation.

Varicose veins happen when blood pools in veins made bigger by the hormones of pregnancy.

Hemorrhoids are varicose veins in the rectum (bum). Your uterus puts pressure on your pelvis, and the veins in the rectum may get bigger.

Constipation. This is common throughout pregnancy, as hormones slow the rate of food going through your body. Also, your uterus may push against your large intestine, making it hard for your body to get rid of waste.



10. Things that may come out of your body on delivery day:

- ♦ Your baby
- ♦ Urine (pee)
- ♦ Amniotic fluid (from the "water bag")
- ♦ Blood
- ♦ Vomit
- ♦ Gas
- ♦ Feces (poop)



What kinds of things will I need
to get to take care of my baby?



For More Information, Check Out These Websites:

www.whattoexpect.com

www.revolutionhealth.com

www.pregnancy.about.com

www.pregnancyguideonline.com

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www.pregnancy.about.com/od/fetus/ss

www.revolutionhealth.com/healthy-living/pregnancy/forty-weeks

Murkoff, H., & Mazel, S. (2002). *What to Expect When You're Expecting*. New York, NY: Workman Publishing.



Drugs, Alcohol, And Pregnancy

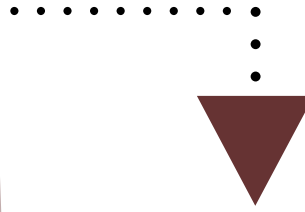
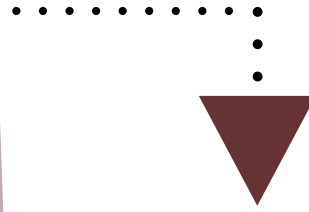
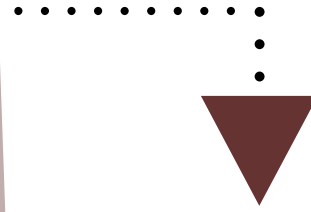


Table Of Contents



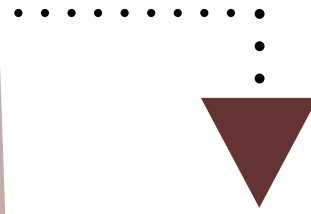
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| Fun Facts..... |
| Crossing the Placenta..... |
| Alcohol and Your Baby..... |
| Drugs and Your Baby..... |
| Marijuana and Your Baby..... |
| Cocaine and Your Baby..... |
| Meth and Your Baby..... |
| Acid and Your Baby..... |
| Heroin and Your Baby..... |
| Drugs and Breast Feeding..... |
| Alcohol and Breast Feeding... |
| Alcohol and Breast Feeding Schedule..... |
| AADAC Resources..... |
| References..... |

Did you know?



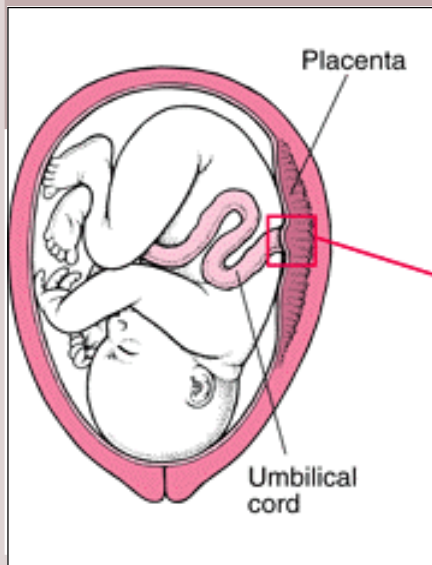
- All drugs are able to cross the placenta.
- The time during pregnancy that a drug is taken is extremely critical.
- The first 8 weeks of pregnancy—often before a woman knows she is pregnant—are usually the most critical in terms of embryonic development.
- Fetal exposure to drugs may have significant effects on the newborn and later in life.

What does “crossing the placenta” mean??



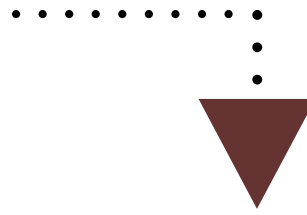
The placenta is a flat organ that attaches to the inside of the uterus, and is connected to the fetus (baby) by the umbilical cord.

- ♦ It produces hormones needed for pregnancy.
- ♦ The placenta carries blood, oxygen, and nutrients from the mother to the baby.
- ♦ If you take drugs during your pregnancy, or if you drink alcohol, it flows through the umbilical cord, into the baby's blood.



All drugs and alcohol cross the placenta and go into your baby's body!

Alcohol and Your baby



Why should I stop drinking when I'm pregnant?

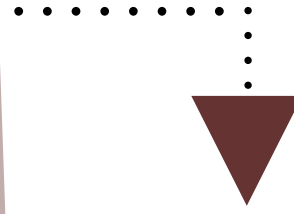
- ♦ When you drink alcohol, so does your fetus.
- ♦ **There is no safe amount of alcohol when you are pregnant.**

What can happen to my baby if I drink when I'm pregnant?

- ♦ Brain and spinal cord cells are most likely to have damage.
 - ♦ Your baby can be born with birth defects and mental retardation.
 - ♦ Your baby can be born with FAS (Fetal Alcohol Syndrome).
 - ♦ FAS is a syndrome that never goes away. With FAS, your child may experience:
 - ♦ Abnormal facial features
 - ♦ Growth deficiencies
 - ♦ Central nervous system problems
 - ♦ Problems with learning,
 - ♦ Memory problems
 - ♦ Attention span problems
- As well as...



Alcohol and Your baby



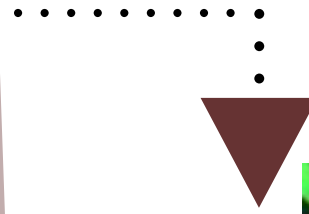
- ♦ Problem solving
- ♦ Speech
- ♦ Hearing
- ♦ Difficulties in school
- ♦ Problems getting along with others.

Want to hear the good news?

1.FAS is 100% preventable!

2. If a pregnant woman does drink, it is never too late for her to stop! The sooner she stops drinking, the better it will be for both her and her baby.

Drugs and Your baby



Did you know?

- ♦ The time during pregnancy that a drug is taken is extremely critical. The first eight weeks of pregnancy—often before a woman knows she is pregnant—are usually the most important for embryonic development.
- ♦ All drugs are able to cross the placenta and reach your baby.
- ♦ Exposing your baby to drugs before it is born may have very serious effects on him or her as a newborn and later on in life.

Marijuana And Your Baby



Did you know...

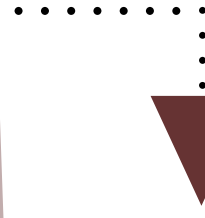
Marijuana contains more than 400 chemicals!

What can happen to my baby if I smoke weed during my pregnancy?

Some of the effects include:

- ♦ Sleep disturbances
- ♦ Poor visual problem solving
- ♦ Hyperactivity
- ♦ Impassivity (without emotion, insensible)
- ♦ Inattention
- ♦ Increased Delinquency
- ♦ Low Birth Weight

Cocaine and Your baby



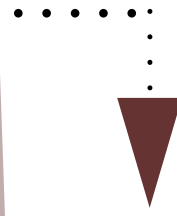
What happens when I use cocaine while I am pregnant?

- ♦ It goes into your baby's bloodstream.
- ♦ It stays in your baby's body much longer than it stays in your body.

How can cocaine affect my unborn baby?

- ♦ During the first few months of pregnancy, it may increase the risk of miscarriage.
- ♦ It can cause placental abruption (when the placenta separates from the uterus, and causes severe bleeding, early labor, or death of the baby).
- ♦ Birth defects
 - ♦ Early labor
 - ♦ Smaller head and slow growth
 - ♦ Learning problems
 - ♦ Brain defects
 - ♦ Kidney defects
- ♦ The baby may be born dependent on cocaine and may go through withdrawal symptoms, like
- ♦ tremors, sleeplessness, muscle spasms, and difficulties feeding

Meth and Your baby



What happens if I take meth when I am pregnant?

- ♦ It causes the heart rate of you and the baby to increase.

How can meth affect my unborn baby?

- ♦ The baby gets less oxygen, so it may be smaller than normal when it is born.
- ♦ You could go into labor before the baby is ready.
- ♦ You could have a miscarriage.
- ♦ You could have a placental abruption (see page ???)
- ♦ Babies can be born addicted and suffer from withdrawal symptoms like tremors, sleeplessness, muscle spasms, difficulties feeding, and learning problems.

Acid and Your baby



What happens if I take acid (LSD) while I'm pregnant?

- ♦ Acid users can have violent behaviors. You could hurt your baby if you hurt yourself.

How can acid affect my unborn baby?

- ♦ Your baby can have a low birth weight
- ♦ Poor muscle control
- ♦ Brain damage
- ♦ Withdrawal syndrome. Symptoms include lethargy (being drowsy, unenergetic, dull, or lazy) and tremors (shaking).

Heroin and Your baby



What happens if I take heroin while I'm pregnant?

- ♦ Heroin is very addictive, so the baby can be born dependent on the drug.

How can heroin affect my baby?

- ♦ Your baby could be born before it is ready.
- ♦ Low birth weight
- ♦ Trouble breathing
- ♦ Low blood sugar
- ♦ Bleeding inside the brain
- ♦ Death
- ♦ The baby could be born with withdrawal symptoms, like irritability, convulsions, diarrhea, fever, sleep problems, joint stiffness.

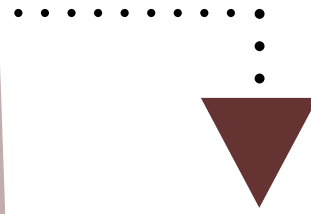
Drugs and Breast Feeding



After my baby is born, is it safe to use drugs?

- ♦ **If you are going to breastfeed, it is best to not take any drugs.**
- ♦ If you **smoke**, it is best to quit as soon as possible. Nicotine in cigarettes can limit how much milk you can produce for your baby. If you can't quit smoking, cut back as much as you can!
- ♦ **Cocaine** and **PCP** can make your baby high.
- ♦ Taking **marijuana** or **heroin** while breast feeding can cause irritability, poor sleeping patterns, tremors (shaking) or vomiting.

Alcohol and Breast Feeding



After my baby is born, is it okay to drink alcohol?

- ♦ You should **not** drink alcohol if you are breastfeeding.
- ♦ Alcohol is at its highest level in your blood 30-60 minutes after drinking, or 60-90 minutes after drinking if you also ate food with it.
- ♦ The more you drink, the worse the effects will be on your baby.
- ♦ It can harm the baby's motor development and cause the baby go gain weight slowly.
- ♦ If you are breast feeding, and want to drink once in a while, you can plan a **breast feeding schedule** by storing milk before you drink, and waiting until the alcohol is out of your body before you feed again.

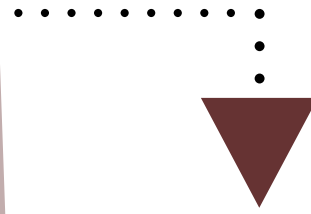
Here's how...

How long you should wait to breastfeed after you drink alcohol

| Mother's Weight | No. Of Drinks* (Hours : Minutes) | | | | | | | | | | | |
|-----------------|----------------------------------|------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 40.8 (90) | 2:50 | 5:40 | 8:30 | 11:20 | 14:10 | 17:00 | 19:51 | 22:41 | | | | |
| 43.1 (95) | 2:46 | 5:32 | 8:19 | 11:05 | 13:52 | 16:38 | 19:25 | 22:11 | | | | |
| 45.4 (100) | 2:42 | 5:25 | 8:08 | 10:51 | 13:34 | 16:17 | 19:00 | 21:43 | | | | |
| 47.6 (105) | 2:39 | 5:19 | 7:58 | 10:38 | 13:18 | 15:57 | 18:37 | 21:16 | 23:56 | | | |
| 49.9 (110) | 2:36 | 5:12 | 7:49 | 10:25 | 13:01 | 15:38 | 18:14 | 20:50 | 23:27 | | | |
| 52.2 (115) | 2:33 | 5:06 | 7:39 | 10:12 | 12:46 | 15:19 | 17:52 | 20:25 | 22:59 | | | |
| 54.4 (120) | 2:30 | 5:00 | 7:30 | 10:00 | 12:31 | 15:01 | 17:31 | 20:01 | 22:32 | | | |
| 56.7 (125) | 2:27 | 4:54 | 7:22 | 9:49 | 12:16 | 14:44 | 17:11 | 19:38 | 22:06 | | | |
| 59.0 (130) | 2:24 | 4:49 | 7:13 | 9:38 | 12:03 | 14:27 | 16:52 | 19:16 | 21:41 | | | |
| 61.2 (135) | 2:21 | 4:43 | 7:05 | 9:27 | 11:49 | 14:11 | 16:33 | 18:55 | 21:17 | 23:39 | | |
| 63.5 (140) | 2:19 | 4:38 | 6:58 | 9:17 | 11:37 | 13:56 | 16:15 | 18:35 | 20:54 | 23:14 | | |
| 65.8 (145) | 2:16 | 4:33 | 6:50 | 9:07 | 11:24 | 13:41 | 15:58 | 18:15 | 20:32 | 22:49 | | |
| 68.0 (150) | 2:14 | 4:29 | 6:43 | 8:58 | 11:12 | 13:27 | 15:41 | 17:56 | 20:10 | 22:25 | | |
| 70.3 (155) | 2:12 | 4:24 | 6:36 | 8:48 | 11:01 | 13:13 | 15:25 | 17:37 | 19:49 | 22:02 | | |
| 72.6 (160) | 2:10 | 4:20 | 6:30 | 8:40 | 10:50 | 13:00 | 15:10 | 17:20 | 19:30 | 21:40 | 23:50 | |
| 74.8 (165) | 2:07 | 4:15 | 6:23 | 8:31 | 10:39 | 12:47 | 14:54 | 17:02 | 19:10 | 21:18 | 23:50 | |
| 77.1 (170) | 2:05 | 4:11 | 6:17 | 8:23 | 10:28 | 12:34 | 14:40 | 16:46 | 18:51 | 20:57 | 23:03 | |
| 79.3 (175) | 2:03 | 4:07 | 6:11 | 8:14 | 10:18 | 12:22 | 14:26 | 16:29 | 18:33 | 20:37 | 22:40 | |
| 81.6 (180) | 2:01 | 4:03 | 6:05 | 8:07 | 10:08 | 12:10 | 14:12 | 16:14 | 18:15 | 20:17 | 22:19 | |
| 83.9 (185) | 1:59 | 3:59 | 5:59 | 7:59 | 9:59 | 11:59 | 13:59 | 15:59 | 17:58 | 19:58 | 21:58 | 23:58 |
| 86.2 (190) | 1:58 | 3:56 | 5:54 | 7:52 | 9:50 | 11:48 | 13:46 | 15:44 | 17:42 | 19:40 | 21:38 | 23:36 |
| 88.5 (195) | 1:56 | 3:52 | 5:48 | 7:44 | 9:41 | 11:37 | 13:33 | 15:29 | 17:26 | 19:22 | 21:18 | 23:14 |
| 90.7 (200) | 1:54 | 3:49 | 5:43 | 7:38 | 9:32 | 11:27 | 13:21 | 15:16 | 17:10 | 19:05 | 20:59 | 22:54 |

How to use this chart...(next page)₈₀

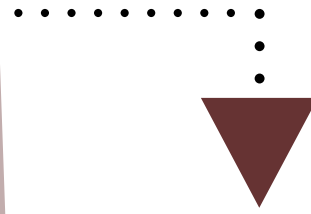
Alcohol and Breast Feeding



The chart on page ??? Will tell you how long you have to wait before the alcohol you drank will be out of your body.

- ♦ After that you can safely breastfeed.
- ♦ Go to the column on the left and find your weight.
- ♦ Go to the top row and find the number of drinks you had (or want to have).
- ♦ Find the box where they intersect.
- ♦ That will tell you the number of hours and minutes it will take for your body to get rid of the alcohol.
- ♦ Store enough milk before you drink, and don't breastfeed until the alcohol is out of your body.
- ♦ **This will help keep your baby safe and healthy!**

Need to quit drugs or alcohol now that you are pregnant?



**If you are having a tough time
giving up drugs or alcohol, even if
you know it is best for your baby,
AADAC may be able to help!**

AADAC Services for Women:

- ♦ Can give you assessment and counseling services
- ♦ Provides community outreach and after care support as well
- ♦ Has detox centres
- ♦ Has outpatient and residential services for women, depending on what you need

Contact:

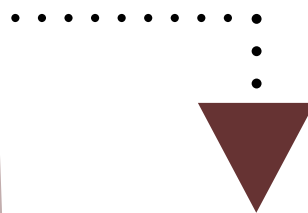
AADAC Adult Counselling and Prevention
Services

10010 102A Ave. Edmonton

780-422-8815

Or check out their website: www.aadac.com

References Used in This Chapter



Hoegerman, M.D., Wilson, C.A., Thurmond, E., and Schnoll, S.H. (1990). Drug Exposed Neonates. [Electronic Version]. *Addiction Medicine*, 152, 559-564.

www.seekwellness.com/nutrition/fetal_alcohol_syndrome.htm

www.americanpregnancy.org/pregnancyhealth/illegaldrugs.html

www.motherrisk.org/women/updatesDetail.jsp?content_id=347



Eating For Two



Well, sort of....



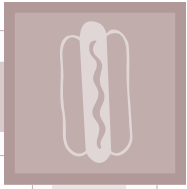


Table of Contents

The Pregnancy Daily Dozen:

Calories.....

Protein.....

Calcium-Rich Foods.....

Green Leafies, Yellow/Orange Foods....

Other Fruits and Veggies.....

Whole Grains and Legumes.....

Iron-Rich Foods.....

Fats and Fatty Foods.....

Salty Foods.....

Fluids.....

Prenatal Supplements.....

How Much Is One Serving?.....

Avoiding Morning Sickness.....

The Deal With Caffeine.....

Resources and References.....





The following information was borrowed from What to Expect When You're Expecting, a pregnancy guide which outlines **The Pregnancy Daily Dozen**, twelve important sources of nourishment for healthy moms and developing fetuses.



1. Calories

- ♦ It's true that a pregnant woman is eating for two, but one of the two is a tiny developing fetus who only needs about 300 calories per day.
- ♦ During the first trimester you may need less than 300 extra calories per day. Later in pregnancy you may need more than 300 extra calories per day.
- ♦ In order to check your progress, you can weigh yourself once per week. Weigh yourself at the same time of day, either naked, or wearing the same thing each time.
- ♦ If your weight gain is going according to schedule (about one pound per week in the second and third trimesters), you're probably getting the right number of calories





2. Protein: 3 servings daily

- ◆ Proteins contain the building blocks of human cells, so they are very important in the creation of a new human being, whose cells are multiplying rapidly.
- ◆ Aim for 60-75 grams of protein every day. For most people, this isn't hard.
- ◆ Each of the following is 1 serving of protein: 1-2 eggs, 2 tablespoons of peanut butter, 3 glasses of milk, 4 ounces of canned salmon. A cup of yogurt is 1/2 a serving.

3. Vitamin C foods: 3 or more servings daily

- ◆ Vitamin C is important for tissue repair, wound healing, and other processes
- ◆ Your baby needs it for proper growth, and for the development of strong bones and teeth.
- ◆ Your body can't store vitamin C, so you need a fresh supply every day.
- ◆ Some vitamin C rich foods are: red peppers, strawberries, oranges, Brussels sprouts, broccoli, grapefruit, cantaloupe, cooked cabbage and tomatoes.



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4. Calcium foods: 4 servings daily

- ♦ You and your baby need calcium for strong bones and teeth, muscle, heart, and nerve development, blood clotting and enzyme activity.
- ♦ Aim for about 1200mg of calcium daily
- ♦ If you don't take in enough calcium during your pregnancy, your body will take some calcium from your bones to help meet the needs of your developing fetus.
- ♦ Some good sources of calcium include: yogurt, milk, fortified orange juice, cheese, cooked cabbage, and sardines.

5. Green leafy and yellow vegetables and yellow fruits: 3 or more servings daily

- ♦ These foods supply you with vitamin A, which is important for cell growth (remember that your baby's cells are multiplying like crazy!), as well as healthy skin, bones, and eyes.
- ♦ They will also supply you with other essential vitamins and minerals, which can reduce the risk of cancer, and fight diseases and constipation.
- ♦ Some examples include: spinach, broccoli, yams, carrots, romaine lettuce, apricots, cantaloupe, and mango.
- ♦ Remember, the deeper the color, the better.





- ♦ You can count a glass of vegetable juice or a mango smoothie toward your daily allowance, but watch out for juices which are really just sugary fruit “drinks.”

6. Other fruits and vegetables: 2 or more servings daily

- ♦ Many of them are rich in minerals such as potassium, and magnesium.
- ♦ Some red fruits, such as watermelon and red grapes are rich in lycopene (a disease-fighting antioxidant).
- ♦ Some examples are apples, pears, bananas and corn.

7. Whole grains and legumes: 6-11 servings per day

- ♦ They are packed with nutrients that are needed for just about every part of your baby's body.
- ♦ Starchy foods may help reduce morning sickness.
- ♦ Don't count breads or cereals made with white fiber, even if they are “enriched,” because they are lacking in fiber, protein, vitamins, and minerals which are found in the whole grain.
- ♦ Whole grains and legumes include: whole wheat, oats, rye, barley, corn, rice, millet, peas, beans and peanuts





8. Iron-rich foods: some daily

- ◆ You'll need more iron-rich foods during your pregnancy than any other time in your life. That's because iron is essential for the developing blood supply of the fetus and for your own expanding blood supply.
- ◆ Eating foods rich in vitamin C at the same time as iron-rich foods helps your body absorb the iron.
- ◆ It is recommended that from the 20th week on, pregnant women take a daily iron supplement of 30-50mg.
- ◆ Some examples include: beef, buffalo, sardines, duck, beans, oat bran, barley, pumpkin seeds, dried fruit, spinach, seaweed, and blackstrap molasses.

9. Fats and high-fat foods: 4 full or 8 half servings daily

- ◆ Fat is vital to your developing baby, but too much will cause you to gain too much weight.
- ◆ Don't forget to count the fat you use in cooking.
- ◆ Omega-3 fatty acids (DHAs) are especially important in the 3rd trimester. It is essential for proper brain growth, eye development, and it may help combat post-partum depression.
- ◆ Some sources are: oily fish, DHA-rich eggs, walnuts, flax seed, chicken, tuna, crab, shrimp, and liver.
- ◆ Others include: oils from canola, safflower, sunflower, peanut and flax, soft margarines, and salad dressings made from canola, safflower, sunflower, peanut, and flax oil.





made from canola, safflower, sunflower, peanut, and flax oil.

10. Salty foods: in moderation

- ♦ Some sodium is necessary during pregnancy to maintain healthy fluid levels, but very large quantities, such as those found in pickles, soy sauce and potato chips, aren't good for anyone.
- ♦ High sodium intake is related to high blood pressure, which can be very dangerous in pregnancy, labor, and delivery.
- ♦ It's a good idea to add salt to your food at the table if you need it, rather than adding it during cooking.
- ♦ Have a pickle if you crave it, but don't eat half the jar.

11. Fluids: at least eight 8-ounce glasses daily

- ♦ You're not only eating for two, you're also drinking for two.
- ♦ If you're one of those people who goes through the day with barely a sip of water, now's the time to change.
- ♦ Your fetus needs fluids.
- ♦ Extra fluids also help keep your skin soft, lessen the likelihood of constipation, rid your body of toxins and waste products, and reduces swelling and urinary tract infections.
- ♦ It may seem surprising, but you should drink more fluids if you are retaining water (it will flush out extra fluids).





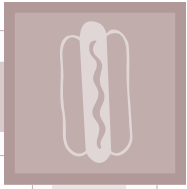
- ♦ You can count water, milk, fruit and vegetable juices, soups, caffeine-free and sugar-free soft drinks (limit these), and decaffeinated coffee or tea as fluids.
- ♦ Using a 12 ounce glass or mug will give you 1.5 cups of fluid at a shot and mean fewer refills.



12. Prenatal vitamin supplements: daily

- ♦ In a perfect world you could get all of your nutritional requirements at the kitchen table, but real life doesn't work that way. You may not always have access to fresh foods, you may be in a hurry, and some days you may feel too sick to eat.
- ♦ No pill can replace a good diet, but a supplement can provide extra health insurance.
- ♦ Your doctor will prescribe a supplement to you.





Milk and Alternatives

Milk or powered milk (reconstituted)
250 mL (1 cup)

Canned milk (evaporated)
125 mL (½ cup)

Fortified soy beverage
250 mL (1 cup)

Yogurt
175 g (¾ cup)

Cheese
50 g (1 ½ oz.)

Meat and Alternatives

Cooked fish, shellfish, poultry, lean meat
75 g (2 ½ oz.)/125 mL (½ cup)

Cooked legumes
175 mL (¾ cup)

Tofu
150 g or 175 mL (¾ cup)

Eggs
2 eggs

Peanut or nut butters
30 mL (2 Tbsp)

Shelled nuts and seeds
60 mL (¼ cup)





Tips to avoid morning sickness:

- ♦ Eat foods that you like
- ♦ Eat crackers or dry toast before you get out of bed.
- ♦ Get lots of rest.
- ♦ Change position slowly, especially when standing or sitting up.
- ♦ Eat a healthy snack before you go to bed.
- ♦ Drink fluids between meals, not with meals.
- ♦ Avoid greasy, fried foods or spicy foods if they do not agree with you.
- ♦ Eat cold meals like sandwiches if cooking smells bother you.
- ♦ Open windows to freshen the air.
- ♦ Get help from others to prepare meals if possible.





Do I really have to stop drinking coffee during my pregnancy?

Not necessarily, but you should cut back:

- ♦ If you have 1-3 cups of coffee per day you may not be putting your baby at risk, but caffeine does cross the placenta, and there is a greater chance of miscarriage if you have 5-6 cups of coffee per day.
- ♦ Caffeine is also found in some soft drinks, coffee yogurt, some teas, and chocolate.
- ♦ Coffee from coffee shops has more caffeine than the homemade stuff.
- ♦ Instant coffee has less caffeine than drip coffee does.
- ♦ Caffeine takes fluid and calcium from your body, so take in more water and calcium if you eat or drink lots of caffeine.

4 other good reasons to cut back on caffeine:

- ♦ It will make your frequent urination even worse!
- ♦ It can be filling and satisfying, so it can spoil your appetite for the nutritious food you need.
- ♦ It can make your normal pregnancy mood swings even worse, and it may not let you get enough rest.
- ♦ It may interfere with the absorption of the iron both you and your baby need.





Resources for Pregnancy Nutrition Information

For more information on eating healthy during your pregnancy and during breast feeding, check out these:

What to Expect When You're Expecting (book) by Heidi Murkoff and Sharon Mazel. You can find this at libraries and bookstores or online at www.whattoexpect.com

Or check out these websites:

www.babycenter.ca

www.health.gov.sk.ca/nutrition-during-pregnancy

www.nutritioninpregnancy.org/

www.nutrition.birthingnaturally.net

References Used in This Chapter

Murkoff, H., & Mazel, S. (2002). *What to Expect When You're Expecting*. New York, NY: Workman Publishing.

www.hc-sc.gc.ca/fn-an/food-guide-aliment/basics-base/quantit-eng.php





What about
School???

Did you know that you can still go to school and get your diploma even if you are pregnant or have a baby?

This chapter will show you:

School Options:

BSEC.....

Braemar.....

Norquest.....

Student Finance Information.....

Advancing Futures Information.....

School Resources and Contacts.....



Boyle Street Education Centre

- ♦ As you may already know, you can continue to come to school at Boyle Street during your pregnancy, and after you have the baby
- ♦ You may bring your baby with you to school until he or she is 3 months old, if you don't already have childcare in place
- ♦ Please see page ??? If you are interested in **student finance**



Other Resources that BSEC Offers:

- ♦ Counselling services (Cliff, Pam, and Chris)
- ♦ ESHIP Worker (Brandy)
- ♦ AADAC counseling (Ramon)
- ♦ Nursing services from the Boyle McCauley Health Centre (Patsy and Tracy)
- ♦ Emergency housing (Brandy)
- ♦ Edmonton Food Bank (Cliff)
- ♦ Advancing Futures Bursary Program (Cliff)
- ♦ Psychological and Academic Assessments (Amber and Mavis)
- ♦ Breakfast and Lunch Program
- ♦ Earned transportation as required
- ♦ No tuition or school fees

Braemar School

What is Braemar?

- ♦ Braemar School is for junior and senior high school girls who are pregnant or who are parenting
- ♦ It takes students up to 19 years old
- ♦ It is in partnership with the TERRA Association for pregnant and parenting teens
- ♦ It offers support services to students attending the school, such as:

Counselling
Group Activities
On-site Child-Care
Clothing Exchange
Student Finance (if you qualify)

Where is it?

9359-67A St.
Edmonton, AB
T6B 1R7

Phone: 780-466-1156
780-468-3000
Fax: 780-468-3962

www.braemar.epps.ca



Advocate Program: every student will have an advocate person to help her personalize her school experience and to make sure that students do not feel isolated at Braemar. The advocate will connect you with other people and services in the school.

Terra's counselors have an office at Braemar School where students can access these services:

- Counselling
- Kick Butt (stop smoking program)
- Collective Kitchens
- Pregnancy and Parenting Questions
- Drop In Centre
- Health For Two (see page ??? For more information)
- Breastfeeding Support Group
- Medical Services

What kind of courses can I take at Braemar?

- ♦ Braemar offers all of the academic courses that other high schools offer, plus the following options:

- CALM
- Phys. Ed.
- Reading
- Foods
- Fashion
- Child Care
- Computer-Related Courses
- Financial Management
- Legal Studies

Norquest College

What is Norquest?



Norquest is an accredited high school which offers daytime, evening, and distance education.

- ♦ Students can get their education while working or raising a family
- ♦ They have over 50 programs to choose from
- ♦ They have short programs that prepare you for a career faster
- ♦ Full-time, part-time, online, and distance education
- ♦ Student support services and resources
- ♦ You will have a personal program plan to help you get to your goal
- ♦ You may qualify for student finance funding
- ♦ Aboriginal students may qualify for funding through the First Nations Resource Centre or by contacting their Band Education Counsellor. You can find out more by contacting the Aboriginal Student Liaison Services at 780-644-6130



Norquest College

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Student Finance



You may be eligible for student finance if:

You are 16 or 17 years old and:

- ♦ You can not live with your parents
- ♦ You are living with your spouse or partner who is 18 years old or older
- ♦ You are a single parent and you live with your parent(s)

Or

You are 18 or 19 years old and:

- ♦ You have been out of school for one year

Or

- ♦ You can not live with your parents
- ♦ You are a single parent, you live with your child (or children), but not with your child(ren)'s other parent

Youth on Student Finance may be supported until they are 20 years or get their high school diploma, whichever comes first. If they turn 20 during the school year, they may be funded until the end of that school year.

*If you think you might be eligible for Student Finance, and you attend Boyle Street Education Centre, please see **Mavis** Averill (Assistant Principal)

Advancing Futures



What is it?

- ♦ It is a bursary program that helps youth who have been or are still in the care of Alberta Children's Services to achieve their educational goals. It helps students take care of their **school expenses** and **fixed monthly living allowances**.

Who can apply? To be eligible for the bursary, you must:

- ♦ Be a full-time or part-time student enrolled in an Alberta school
- ♦ Have had a Permanent Guardianship Order (PGO) between the ages of 13 and 18 **or** have been in the custody of Alberta Children's Services for at least 546 days between the time they were 13 and 22 years old
- ♦ Must be between 18 and 22 years old when they apply
- ♦ Must attend school regularly (minimum attendance requirement must be met each month)

Who can I contact if I think I am eligible?

- ♦ If you are attending Boyle Street Education centre, talk to Cliff Whitford (counsellor) or:
- ♦ Call 780-415-0085
- ♦ E-mail advancing.futures@gov.ab.ca
- ♦ Visit the website at www.advancingfutures.gov.ab.ca

Resources and References Used in This Chapter

Norquest general inquiries: 780-644-6000

10215-108St. Edmonton

Aboriginal Student Liason Services 780-644-6130

www.norquest.ab.ca

www.braemar.epsb.ca

www.bsec.ab.ca

Advancing Futures:

780-415-0085

www.advancingfutures.gov.ab.ca



• Childcare

In this chapter:

. Information on how to find a good childcare centre in your area

Choosing The Type of Provider.....

Selecting A Location.....

Calling Providers.....

Meeting Providers.....

Final Checks.....

Childcare Subsidy.....

Universal Child Care Benefit.....

Canada Child Tax Benefit.....

Resources and References.....



Choosing the right people to care for your child while you're in school or working can seem like a big scary task.

But, with some planning and patience you can find a provider that will be well-suited to your child's needs and will put your mind at ease and let you concentrate on school or work.



Remember:

It is best to start early when thinking about your childcare options—at least 2 or 3 months in advance!

Step 1:

Choose the type of childcare

There are 4 main types of childcare providers:

Daycare Centre/Preschool

- ♦ Childcare provided in a specific facility
- ♦ Can be a for-profit business or a non-profit organization

Dayhome (also known as Family Daycare or Home Daycare)

- ♦ Childcare is usually provided by a single person (or a few people) out of their home

Nanny/babysitter

- ♦ Usually provided in the child's own home, either on a regular basis (nanny), or occasionally (babysitter)

Occasional Daycare Centre (also known as a stop-over daycare centre)

- ♦ Temporary and occasional (once in a while) childcare provided in a specific facility

Select a Location

Do you want your childcare provider to be close to your home for easy pick-ups and drop-offs?

Or, do you want it near your school or workplace so you can easily go check on your child?

Here are a few websites that can help you find childcare places near your home or school.

- ♦ www.yellowpages.ca
- ♦ www.canadachildcaredirectory.com
- ♦ www.daycarebear.ca
- ♦ www.daycarecanada.com
- ♦ www.parentsandproviders.com (dayhomes)
- ♦ You can also check out your local yellow pages phone book or ask someone you trust if they can recommend a place!



Step 2: Calling providers

After choosing a few daycare providers that you are interested in, you should call them and do a quick phone interview.

You can confirm the information you already have about them and ask for more details.

You should write down the information you get about each place so you can compare them

A few things to ask in a phone call:

- ♦ Ask if there are admission conditions, such as your child living in a certain neighborhood, being potty-trained, or having up-to-date immunizations, for example. Some places won't let kids in unless they meet some conditions.
- ♦ How many and age of children cared for? Children need a lot of supervision, and the younger they are, the more supervision they need. Make sure each person is not caring for too many children.

- ♦ Training and experience. Some childcare providers have college educations and some are mothers with a lot of experience. Both are good. Ideally, you want someone who has completed a first-aid course, someone who is certified in CPR, and someone who knows SIDS (Sudden Infant Death Syndrome) prevention techniques.
- ♦ Schedule. Confirm which hours they are open, and ask if there are times during the year when the centre will be closed. Also ask if part-time care is available.
- ♦ Costs. Confirm the price. Most providers will give you a daily rate, but will give a discount for weekly or monthly customers. Some will even give a bigger discount for a long-term contract. Also ask if the provider qualifies for government programs so you can get assistance to help you pay for it (see the childcare subsidy information on page ???).

If you have found some places that you think will be a good fit for you and your child, **schedule an appointment** to visit the facility, meet the provider, and ask more questions!

Step 3: Meeting the Providers

This will give you a better idea of the kind of place your child will spend his/her time in.

Here are some key things to observe or ask on your visit:

- ♦ Is the place welcoming, safe, organized?
- ♦ Are the rooms big enough to play in? Is there a special room just for infants?
- ♦ Are there stimulating and entertaining pictures, toys, and games?
- ♦ Is there a safe outdoor area where they can play?
- ♦ Are there smoke detectors, a first aid kit, fire extinguisher?
- ♦ Is the environment, including the kitchen and bathroom, clean and safe?
- ♦ Are the hazardous products kept away from children?
- ♦ Does the childcare provider seem to have these traits: patience, sensitivity, curiosity, energy, communication skills?
- ♦ Are there appropriate activities for each age group?
- ♦ What is the provider's policy on meals and nutrition?
- ♦ Ask what you are expected to supply for your child (lunches, formula, baby food, diapers, etc.)
- ♦ What qualifications do the staff members have?
- ♦ How do they deal with bad behavior?
- ♦ Do they have a license to care for children? (Ask to see it).
- ♦ Ask any other questions that are important to you and your child!

Step 4: Final Checks

Always ask for references.

- ♦ It's best to ask for the names of parents who have used the service (or who are still using it), so you can talk privately with them.
- ♦ Also talk to friends, family members and people in your community to see what people think of this place.
- ♦ Even if people only say nice things about the daycare, ask them to name one flaw, or something the provider could improve.

Do a background check.

- ♦ Ask the daycare provider if they have ever been charged with abuse or serious health or safety violations.

Trust your judgement.

- ♦ Always follow your gut instinct.
- ♦ Even if a childcare provider has a long list of references and lots of experience, if it just doesn't feel quite right to you, please look for another provider who you are comfortable with.



Childcare Subsidy



Did you know that you may be able to get help from the government to pay for child care?

This is the Child Care Subsidy Program, and it helps low and middle-income parents of young children with the cost of child care.

Who can apply?

- ♦ If you and your spouse/partner are Canadian Citizens or Permanent Residents of Canada and you live in Alberta
- ♦ If you and your spouse/partner are working, attending school, looking for work, or have special needs
- ♦ If your child is aged 0-7 and is not yet in Grade 1
- ♦ If your child is going to a Licensed Day Care Centre, an Approved Family Day Home, a Licensed Out of School Care Centre, with a Direct Care Provider
- ♦ You or your spouse/partner stay at home and have your child attend a Licensed Nursery School or other Early Childhood Development Program

Subsidy Rates

Day Care Centers

A) 0-18 months—up to \$607 monthly per child

B) 19+ months—up to \$528 monthly per child

Family Day Homes

A) 0-18 months—up to \$502 monthly per child

B) 19+ months—up to \$422 monthly per child

Out of School Care Centers

A) Child is at least 4 years old and is attending an Early Childhood Services (ECS) Program—up to \$528 monthly per child

Supports for Stay-at-Home Parents Nursery Schools or Early Childhood Development Programs—\$1200 per year

What information do I need?

- ◆ Copy of ID for each person in the family
- ◆ Social Insurance Number for you and your partner
- ◆ Latest Notice of Assessment from Revenue Canada *or* you need to know your monthly income before taxes
- ◆ If you are receiving child support payments, you will need to verify amounts
- ◆ Name and address of the chosen child care centre
- ◆ Confirmation letter of employment or proof of registration AND verification of student funding amounts being received (Notice of Assessment from Student Finance)

Please go to www.childcare.ca for more info and Application Form

Universal Child Care Benefit

What is it?



It is a program designed to help Canadian families by supporting their child care choices and giving direct financial support.

- ♦ It is for children under the age of 6
- ♦ It is paid as \$100 per month per child

How can I apply?

You can print the application form from this website:
www.cra-arc.gc.ca/benefits/uccb/menu-e.html

Or

You can apply online at the same website

This website will also answer your questions about exactly who is eligible to apply, how to do it, and when to expect payments.

Please go to the same website to find information and an application for the Canadian Child Tax Benefit, which is another monthly payment made to parents to help with the cost of raising children.

Canada Child Tax Benefit



What is it?

It is a tax-free monthly payment made to families to help with the cost of raising children.

- ♦ It is for families with children under age 18
- ♦ The amount that families get is based on their net income

Who is eligible for it?

- ♦ You must live with your child and the child must be under age 18
- ♦ You must be the person who is responsible for the care and raising of the child
- ♦ You must be a resident of Canada
- ♦ Your spouse or common-law partner must be a Canadian citizen, a permanent resident, or a temporary resident who has lived in Canada for the last 18 months
- ♦ You and your partner (if you have one) must file a tax return every year even if you have no income to report

How can I apply?

You can print the application form from this website:

www.cra-arc.gc.ca/benefits/cctb/menu-e.html

Or

You can apply online at the same website

This website will also answer your questions about exactly who is eligible to apply, how to do it, and when to expect payments.

Local Resources and Contact Information For This Chapter

- ♦ www.yellowpages.ca
- ♦ www.canadachildcaredirectory.com
- ♦ www.daycarebear.ca
- ♦ www.daycarecanada.com
- ♦ www.parentsandproviders.com (dayhomes)
- ♦ www.cra-arc.gc.ca/benefits/uccb/menu-e.html (UCCB)
- ♦ www.cra-arc.gc.ca/benefits/cctb/menu-e.html (CCTB)

References Used in This Chapter

www.daycarebear.ca/choosing-the-right-daycare-provider
www.momsrefuge.com/wisdom/childcare/index.html
www.childcare.ca
www.cra-arc.gc.ca/benefits/uccb/menu-e.html (UCCB)
www.cra-arc.gc.ca/benefits/cctb/menu-e.html (CCTB)

Community Resources



This chapter will give you
information on these resources in
Edmonton:

Prenatal Programs.....

Parenting Classes.....

Medical Services.....

Counselling Services.....

Support Services.....

Housing Support.....

**Don't forget to look at the last page of all
the other chapters for a list of resources
talked about in the chapter!**

Prenatal Programs

Health For Two Program

- ♦ This program offers health information, nutrition, and support to pregnant women
- ♦ It provides easy-to-use information on prenatal health and infant care
- ♦ Staff and nurses can answer your questions
- ♦ Pregnant women receive **milk coupons** and **prenatal vitamins**
- ♦ You can be connected to other agencies, health services, and other women in your neighborhood

Contact Information:

Regional Coordinator

Lorraine Green

780-735-3008

Email: lorraine.green@capitalhealth.ca

Central Edmonton

Trudy Corless

780-471-1891 or 914-4778

Email: t.corless@shaw.ca

North Edmonton and St. Albert

Heidi Ryll

780-910-5270

Email: healthfortwo@shaw.ca



West Edmonton

Helen Weavers

780-718-0250

email: westhf2@shaw.ca

South Edmonton

Wilda Leonardo

780-466-7581

email: rwleo@telus.net

Terra Association

- ♦ Classes are offered for two evenings in a row, every six weeks to women up to age 19
- ♦ You will learn what to expect during labor and delivery, as well as tips on comfort, and care for after you give birth
- ♦ One support person can come with you to the classes
- ♦ There are 15 couples per session
- ♦ Classes run from 5:00-8:00pm
- ♦ Supper is provided for those taking the classes
- ♦ Please phone the number below to register

There is also a support group for pregnant or parenting women that you can join. They meet every Wednesday from 4:30 to 7:30pm. Bus tickets and supper are provided for participants.

For more information, contact:

Terra Association

9930-106St.

Phone: 780-428-3772

www.terraassociation.com



Pregnancy Care Centre Earn While You Learn Program

- ♦ go to page ???

Parenting Programs

Terra Association

P.A.T.H.S. (Partnership, Advocacy, Teaching, Hope, Success)

This program includes:

- ♦ Parenting Education
- ♦ Home Visitation
- ♦ Individual Counselling
- ♦ Crisis Intervention
- ♦ Advocacy for parents and their children



To learn more, please check out the website or phone the number below.

Healthy Families

This program:

- ♦ Is a long term home visitation program
- ♦ It promotes positive parenting and child development
- ♦ It is for pregnant youth and youth who have a child less than 3 months old
- ♦ It teaches infant care skills
- ♦ It helps families access information and supports in their communities

Contact:

Terra Centre for Pregnant and Parenting Teens

9930-106St. Edmonton

780-428-3772

E-mail terra@terraassociation.com

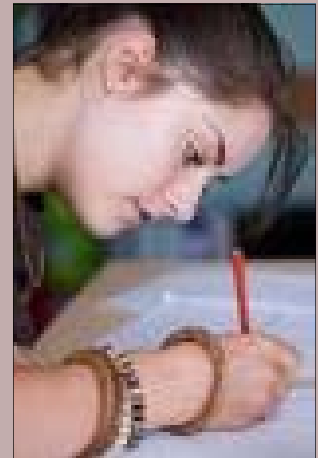
Or visit the website at www.terraassociation.com

Pregnancy Care Center

Earn While You Learn Program

This program will help you answer many of the questions you have about pregnancy and parenting

- ♦ Each lesson you complete will earn you credits which you can use to buy baby supplies and other materials
- ♦ Some things you can “buy” with your credits are: maternity clothes, baby clothes, blankets, diapers, formula, car seats, strollers, furniture, and lots of other items!
- ♦ The lessons are fun, interesting, and you will really use your new knowledge in the real world!
- ♦ The staff will help give you support and resources during the difficult time when you are a new parent
- ♦ There are many topics that you could learn about
- ♦ This program is for pregnant young women, and those who have already had their baby
- ♦ **The services are free!**



Contact:

Pregnancy Care Centre

11223 100Ave. Edmonton

780-424-2624

E-mail: info@pregnancycarecentre.ca

Or check out their website at www.pregnancycarecentre.ca

Bissell Centre Family Services

Parent Plus Group

- ♦ This group allows parents to learn new parenting skills from other parents and from group leaders
- ♦ You can get information about:
 - Parenting
 - Community Resources
 - Cooking
 - Arts and Crafts
 - Other topics that you want to talk about
- ♦ Childcare is available during your meetings

Bissell Centre Family Services also has:

Early Childhood Program

- ♦ This is free childcare in an accredited daycare
- ♦ Children can learn and play in a supportive and educational environment while parents go to appointments, access services, or just need to take some time for themselves.
- ♦ You can access this service one day per week
- ♦ Available to all parents of young children
- ♦ Phone 780-429-4126 for more information

Bissell Centre Contact:

12050 95A St. Edmonton

780-423-2285

Check out their website at: www.bissellcentre.org/services

Bent Arrow Traditional Healing Society

Aboriginal Parent Link Centre

- ♦ All families are welcome to drop in
- ♦ You can meet others, have a coffee, get information and resources, make phone calls, or join any of the programs that they offer
- ♦ You can participate in groups, meet one-on-one, and receive guidance from Elders
- ♦ All programs are free
- ♦ Lunch and supper is provided during the programs
- ♦ Transportation is provided if needed (but notice must be given)
- ♦ **Programs** include:
 - Baby Bounce, Toddler Tumble
 - Scrapbooking "All About Me"
 - Mom & Tot's Story Time



Other Services include:

- ♦ Drop In Center
- ♦ Kitchen Facilities
- ♦ Programming Room
- ♦ Mothering Room
- ♦ Resource Materials
- ♦ Outreach
- ♦ Spiritual Room
- ♦ Children's Play Room
- ♦ Computer Access

Bent Arrow Contact:

2nd floor, 10117 150St. Edmonton

780-481-3451

E-mail: baths@bentarrow.ca

Check out their website at: www.bentarrow.ca

Medical Services



MOM Care

- ♦ A group of family doctors who provide prenatal care and delivery at the Royal Alexandra Hospital
- ♦ Each doctor is on-call one day a week
- ♦ The doctor who is there when you deliver your baby is the one who is on-call that day
- ♦ They will care for you during your pregnancy and up to six weeks after your delivery
- ♦ They will provide care for your pregnancy, but not for other medical problems

MOM Care Contact:

10134 111Ave. Edmonton

780-474-3712

Or check out their website at: www.momcare.ca

**If you don't already have a family doctor, it is recommended that you try to get one now. MOM Care will treat patients only for their pregnancies, and they will not treat patients more than 6 weeks after delivery.

If you need to find a family doctor, please contact Capital Health Link at:

780-408-LINK (5465) or

www.capitalhealth.ca/Yourhealth/CHLink

Pregnancy Docs

- ♦ They are a group of doctors who provide medical care to pregnant women if their pregnancies are low risk
- ♦ They are located in the Allin Clinic, which is on a bus route
- ♦ They will be there for your delivery, and will care for you six weeks after delivery
- ♦ For the first 24 weeks of your pregnancy, you should go to the same doctor for your prenatal care
- ♦ For the last month of your pregnancy, you should also see the same doctor at each visit
- ♦ They can also take care of your baby while you are in the hospital if your family doctor does not take care of babies in the hospital

**It is recommended that you find a family doctor if you don't already have one. See page ??? For the contact number to find a family doctor in your area.



Pregnancy Docs

Contact:

Allin Clinic

10155 120St. Edmonton

780-482-7551

Or check out their website at: www.pregnancydocs.ca

Counselling Services

If you would like some help dealing with your decision to become a parent, or if you have had your baby and daily life stress is really tough for you, you could try talking to a counselor.

They can help with:

- ♦ Everyday stress, including parenthood
- ♦ Issues with relationships
- ♦ Problems with your family
- ♦ Abuse or violence in the home, or
- ♦ Anything else that is important to you!



These agencies can help:

Edmonton Community Services

- ♦ For assessment and short-term counseling

Call 780-496-4777

Catholic Social Services

- ♦ These services are for everyone—you don't have to be Catholic!
- ♦ They offer individual counseling, couples counseling, and family counseling
- ♦ There is no cost for these services

Call 780-424-3545

Or check out their website at:

www.catholicsocialservices.ab.ca

The Support Network

- ♦ They offer free counseling on a walk-in basis (that means you don't need an appointment!)
- ♦ Counselors can help you break down your problems into manageable pieces and help you make good use of your problem solving skills
- ♦ They can also refer clients to other services, like long-term counseling, family doctors, addictions counselors, legal services, and more

Contact them at:

400, 10025 106St. Edmonton

780-482-0198

Or check out their website at: www.thesupportnetwork.com

The Family Centre

- ♦ They offer individual, couples, and family counseling
- ♦ They can help you heal from abuse or trauma, build stronger relationships, get through life changes, and raise healthy children
- ♦ You may qualify for subsidized services (very cheap or free services to low-income people)

Contact them at:

#20 9912-106St. Edmonton

780-424-5580

Or check out their website at: www.the-family-centre.com

If you are a student at Boyle Street Education Centre, you have free access to counselors. Please see Mavis or Brandy for more information on accessing our counselors.

Housing Support

The following agencies can help you find housing options for you and your baby:

Edmonton Community Services

780-496-4777

Terra Child and Family Support Centre

9359 67A St. Edmonton

780-468-3218

This is for students of Braemar School

Boyle Street Co-op

10116 105Ave. Edmonton

780-424-4106



Edmonton Inner City Housing Society

9430 111Ave. Edmonton

780-423-1339

Aboriginal Community Connections Centre

780-481-3451

If you are a student at Boyle Street Education Centre, please see Brandy for housing support.

Other Supports

Maternity and Baby Clothing/Baby Supplies:

Pregnancy Care Centre
780-424-2624

Health For Two Program
780-735-3008

Bissell Centre Family Services
780-423-2285

Basically Babies
780-989-0180
E-mail: office@basicallybabies.org
(baby supplies)



River of Life Church
11368 95St. Edmonton
780-479-6762
(clothing exchange)

References Used in This Chapter

www.boylestreet.org/familysupport.html
www.terraassociation.com
www.pregnancycarecentre.ca
www.bissellcentre.org/services
www.bentarrow.ca
www.momcare.ca
www.pregnancydocs.ca
www.catholicsocialservices.ab.ca
www.thesupportnetwork.com
www.the-family-centre.com

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136

Table of Contents

| | |
|---------------------------------------|--|
| Frequently Asked Questions..... | |
| Different Types of Birth Control..... | |
| The Pill..... | |
| Norplant..... | |
| The “Morning After” Pill..... | |
| Depo Provera..... | |
| Nuva Ring..... | |
| Birth Control Patch..... | |
| Diaphragm..... | |
| Male Condoms..... | |
| Female Condoms..... | |
| Cervical Cap..... | |
| Sponge..... | |
| Spermicide..... | |
| Mirena IUD..... | |
| Local Resources..... | |
| References..... | |

Frequently Asked Questions

Q: Will a pregnancy test be accurate if I'm taking the pill?

A: Yes, you can get accurate results from your pregnancy test while you're on the pill.

Q: What happens if I take birth control pills while I'm pregnant?

A: Most likely nothing. But once you find out that you are pregnant, stop taking the pill.

Q: Do birth control pills cause weight gain?

A: If the pill has any effect on your weight, it will be very small. If you gain a lot of weight on the pill, you can't blame it on the pill.

Q: Is it possible that I can feel myself ovulate?

A: It is possible, but it's unlikely. Avoiding sex when you think you are ovulating is **not** a good way to avoid getting pregnant. Other methods should be used.

Q: I can't get pregnant when I have my period, right?

A: Wrong. You can get pregnant anytime you have sex with a male partner. During your period is when you're least likely to get pregnant, but it can and does happen. There are two reasons for this: firstly, sperm can live in your body for 3-5 days, and secondly, if you have irregular periods (they aren't always spaced out the same length of time), you can ovulate earlier than normal, or closer to the time when you get your period. **Don't take the chance. Always use protection.**

Q: I have to be off the pill for 3 months before I can get pregnant, right?

A: Wrong. Actually, you can get pregnant right after you go off the pill, or there is a small chance that you can get pregnant while you're on the pill, especially if you don't take it exactly as the instructions tell you to.

Q: I can't get pregnant while I'm breast feeding, right?

A: Wrong. Your chances of getting pregnant during the first 6 months of breastfeeding are low, but there is still a chance. When you start your menstrual cycle again, your chances of getting pregnant again increase. **Please do not rely on breastfeeding as birth control.**

Q: What is the best method of birth control?

A: The best method for avoiding sexually transmitted diseases (STDs) and pregnancy is a combination of condoms and a hormonal method, like the pill or Depo Provera. Keep in mind that the only method that is 100% effective is to *avoid* sexual activity with a partner.

Q: How old do I have to be to get the pill?

A: Anyone can get the pill at any age without their parent's consent. Please see the end of this chapter for where to get birth control or more information.

Q: Are there medications that affect the pill?

A: Yes, they include: seizure medications, sleeping pills, antibiotics, antihistamines, antacids, antimigraine products and vitamin E. Check with a pharmacist before taking any medications with your birth control pills.

Q: Where can I get the morning after pill?

A: The Emergency Contraceptive Pill (ECP) is available at your local pharmacy without a prescription.

Q: How long do I have to get the morning after pill?

A: You have about 72 hours (3 days) after sex to take it. The sooner the better.

Q: Can you get pregnant without having intercourse (sex)?

A: Yes, if you are engaging in other sexual activity. This might happen if there was semen in or around the vagina. The sperm can swim up the vagina and find its way to the egg.

What kinds of birth control are out there?

Some are **hormonal**:

- The pill
- Norplant
- Emergency Contraceptive Pill
- Depo Provera
- Nuva Ring
- The Patch

Some are **barriers**:

- Diaphragm
- Condoms
- Cervical Cap

Other methods include:

- Sponge
- Spermicides
- Mirena IUD

The Birth Control Pill

"The Pill"



What is it?

The pill is usually a combination of two female hormones. They are similar to the natural hormones that control a woman's menstrual cycle.

How effective is it?

When taken correctly, it is 98-99% effective.

How does it work?

When a woman takes birth control pills:

- ♦ Her ovaries stop releasing eggs
- ♦ The mucus in her cervix gets thick, making it harder for sperm to enter
- ♦ The lining of the uterus gets thinner, making it hard for a fertilized egg to attach to the wall.



Advantages:

- ♦ Very effective at preventing pregnancy
- ♦ Your period is very regular and sometimes lighter
- ♦ You may bleed less during your period, and it may not last for as many days
- ♦ You don't have to interrupt sex
- ♦ The woman controls this method of birth control
- ♦ It may decrease menstrual cramps or pain
- ♦ It may help control the pain associated with endometriosis

Disadvantages:

- ♦ You are not protected against STDs
- ♦ You need a prescription
- ♦ You must remember to take it at the same time every day
- ♦ You may have side effects, like nausea, bloating, headaches, breast tenderness, bleeding between your periods, and decreased sex-drive (less desire for sex)

Norplant

What is it?

It is made up of 6 thin capsules made of soft flexible material. They are implanted through a small cut just below the surface of the skin, usually in the upper arm. They contain a hormone similar to that used in birth control pills.

How effective is it?

It is 99% effective.

How does it work?

The hormone is slowly released into the body. It has the same effects on the reproductive system as the birth control pill.



Advantages:

- ♦ Once you have successfully started breast-feeding, Norplant is safe and will not interfere with your production of breast milk.
- ♦ It can protect you for up to 5 years.
- ♦ You don't have to remember a pill every day.
- ♦ It can quickly be reversed.
- ♦ It has the same positive effects on your period as the pill.

Disadvantages:

- ♦ Expensive (around \$500) Does not protect against sexually transmitted infections
- ♦ May cause irregular bleeding
- ♦ Must be removed at a clinic or by a doctor
- ♦ An infection in your arm is possible
- ♦ Sometimes difficult to remove
- ♦ Some women can't use Norplant
- ♦ It has some of the same side effects as the pill

Emergency Contraceptive Pill

What is it?

A method of birth control that must be used within 72 hours (3 days) of unprotected sex to prevent pregnancy.

How effective is it?

It is about 98% effective.



How does it work?

It contains the same hormones as the birth control pill, but in a different dose. These hormones interfere with ovulation to prevent a pregnancy. They may also change the lining of the uterus so a fertilized egg won't develop. You should not take the pills if you think you are already pregnant; they will not end a pregnancy that is already established.

Advantages:

- ♦ It is available without a prescription.
- ♦ They are effective as a back-up to other methods.
- ♦ If a pregnancy occurs, it will not harm the developing baby.

Disadvantages:

- ♦ They are not an ongoing method of birth control. They are **for emergencies only**.
- ♦ It does not offer protection during the rest of the menstrual cycle.
- ♦ Side effects include: breast tenderness, diarrhea, spotting, or nausea during the first 24-48 hours after taking the pill.
- ♦ It does not protect you against sexually transmitted infections.

Depo Provera

What is it?

It is an injection of hormones similar to those used in the birth control pill.

How effective is it?

It is 99% effective.

How does it work?

The injection is given every 3 months to prevent pregnancy. It works the same way as the birth control pill.



Advantages:

- ♦ It can be used during breast feeding (6 weeks after delivery).
- ♦ It doesn't require you to take a pill every day.
- ♦ It provides continuous birth control for 3 months.
- ♦ Women who can't take the pill because of health conditions can often take Depo-Provera.
- ♦ It is very effective at preventing pregnancy.
- ♦ You don't have to interrupt sex.
- ♦ It is very safe.
- ♦ The woman controls this method of birth control.

Disadvantages:

- ♦ You are not protected against sexually transmitted infections.
- ♦ You may have irregular menstrual bleeding or more frequent bleeding.
- ♦ You must return to the doctor every 12 weeks for your injection.
- ♦ You may experience side-effects similar to those of the pill.
- ♦ You may not be able to get pregnant for up to 2 years after stopping using Depo-Provera.

Nuva Ring

What is it?

It is a soft flexible ring that is worn in the vagina. It contains two types of hormones, similar to the ones used in the pill.

How effective is it?

It is 99% effective.

How does it work?

The ring is worn high up in the vagina for 3 weeks out of each month. The body absorbs the hormones and prevents the body from producing eggs. The hormones have the same effect on the reproductive system as the pill.



Advantages:

- ♦ You don't have to take a pill every day.
- ♦ You put it in and take it out yourself.
- ♦ There is less breakthrough bleeding or spotting than with the pill.
- ♦ Contains lower hormone levels than other hormonal birth control methods (like the pill or the patch).
- ♦ It can be worn during sex.

Disadvantages:

- ♦ May cause vaginal discomfort for some women.
- ♦ A small percentage of women may find it uncomfortable during intercourse. (It may be removed for up to 3 hours, rinsed, and put back in).
- ♦ It would not work for women who can't take birth control pills for medical reasons.
- ♦ The possible side-effects are similar to those of the birth control pill, but usually go away in the first 3 months.

The Birth Control Patch

What is it?

It is a patch that is worn on your skin. It is a hormonal method of birth control, like the pill, Depo Provera, or Nuva Ring.

How effective is it?

It is about 99% effective in women who weigh 198 pounds or less. If a woman weighs more than 198 pounds, it is about 92% effective.

How does it work?

The patch is worn on your skin, either on the buttocks, inner arm, hip, abdomen, or upper torso. It contains the same two hormones found in the birth control pill. Each patch is worn for 1 week. After 3 weeks of patches, you don't wear one for one week. The body absorbs the hormones through the skin, and they have the same effect on the reproductive system as the birth control pill.

Advantages:

- ♦ Very effective at preventing pregnancy.
- ♦ Your period is regular and predictable.
- ♦ You don't have to interrupt sex to use the patch.
- ♦ The woman controls this method of birth control.
- ♦ It is easier to remember than the pill.

Disadvantages:

- ♦ You are not protected against sexually transmitted infections.
- ♦ You need a prescription.
- ♦ It can come unstuck.
- ♦ It may be less effective for heavier women.
- ♦ You may have skin irritation or other side effects similar to the birth control pill.



Cervical Barriers

Cervical barriers are used to block the narrow entrance of the cervix, preventing sperm from entering the uterus.

- ♦ These devices must be combined with spermicidal creams or jellies to prevent pregnancy.
- ♦ They should be left in place for 6-8 hours after sex to be effective.
- ♦ They are useful for women who have sex 2 or 3 times per week or less. They are probably not a good solution for women who have sex very often.



Diaphragm (cervical barrier)

What is it?

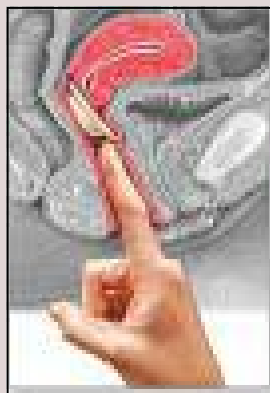
It is a shallow dome-shaped cap of latex with a flexible rim.

How effective is it?

It is about 81% effective.

How does it work?

It is filled with spermicide and it covers the entry to the cervix. There are many different sizes of diaphragms. You have to visit a doctor or clinic to be examined and measured to find the size that fits you best.



Advantages:

- ♦ It can be inserted hours before intercourse so sex can be spontaneous.
- ♦ You only use it when you need to.
- ♦ Neither partner can feel it.
- ♦ The woman controls this method of birth control.
- ♦ It can be used to hold back your menstrual flow if you want to have sex during your period.
- ♦ It does not cause any hormonal changes in your body.

Disadvantages:

- ♦ It must be fitted by a doctor or clinic.
- ♦ It is less effective for women who have frequent sex.
- ♦ It causes pelvic pain in some women.
- ♦ It may increase your risk of urinary tract infections.
- ♦ Does not protect against sexually transmitted infections.
- ♦ Some women have difficulty inserting or removing it.
- ♦ Needs to be cleaned after each use.

Cervical Cap



What is it?

It is a small, thimble-shaped latex cap.

How effective is it?

It is 80-90% effective.

How does it work?

It fits snugly over the cervix, creating a seal that blocks the entry of sperm into the cervical canal.

Advantages:

- ♦ It is re-usable and not very expensive.
- ♦ It is small and easy to carry
- ♦ It doesn't have to interrupt sex.
- ♦ It can stay in place up to 48 hours, and can be used more than once during that time.

Disadvantages:

- ♦ You need a prescription to get it.
- ♦ Must be cleaned and stored after use.
- ♦ Is used with spermicide, which may be messy.

Sponge

What is it?

It is a soft, round piece of foam which contains several different spermicides (liquid that kills sperm).

How effective is it?

It is 75-90% effective when used alone. It may be more effective when combined with another method of birth control, like a condom.

How does it work?

It absorbs and traps sperm, uses spermicide to kill sperm, and sits in front of the cervix, making it more difficult for sperm to enter.



Advantages:

- ♦ It can be inserted before sex so sex can be spontaneous.
- ♦ Can be used with other forms of birth control, like condoms.
- ♦ You use it only when you need to.
- ♦ Usually neither partner can feel the sponge during sex.
- ♦ You control this method of birth control.
- ♦ It does not cause any hormonal changes in your body.
- ♦ You can buy it without a prescription at pharmacies.
- ♦ It does not need to be fitted at a clinic.

Disadvantages:

- ♦ Not very effective when used alone.
- ♦ It may be expensive if used regularly.
- ♦ It only provided partial protection against sexually transmitted infections.
- ♦ You may have some difficulty inserting and removing it.
- ♦ It can't be used during your period.
- ♦ You must plan ahead before you have sex.

Male Condoms

What are they?

The male condom is a thin covering that can be put over a man's penis to prevent sperm from being released into the vagina.

They are the best way to protect yourself and your partner against sexually transmitted infections.

How effective are they?

They are 88-90% effective when used alone, but when combined with a spermicide used by the woman, a condom can be up to 98% effective.

How do they work?

They prevent sperm being released into the vagina, so it is unlikely that sperm will come into contact with an unfertilized egg.



Advantages:

- ♦ Protects against sexually transmitted infections as well as pregnancy.
- ♦ You don't need a prescription.
- ♦ You only use it when you need to.
- ♦ Condoms are available in drug stores, corner stores, grocery stores, and in some cases, are free at school or the Planned Parenthood office.
- ♦ Allows male partner to be involved in birth control decision-making.
- ♦ It does not cause any hormonal changes in your body.

Disadvantages:

- ♦ Sex is interrupted to put the condom on.
- ♦ Condoms with spermicide may be irritating to the woman and may taste bad.
- ♦ The man must pull out after ejaculation.
- ♦ Some men feel condoms are tight or restrictive.
- ♦ Condoms can break or slip off.
- ♦ People with latex allergies may be allergic to condoms.

Female Condoms

What are they?

They are a polyurethane pouch used to line the vagina.

How effective are they?

They are between 79 and 95% effective, depending on how they are used.

How do they work?

They prevent sperm from being released into the vagina.



Advantages:

- ♦ Protects against sexually transmitted infections and pregnancy.
- ♦ You don't need a prescription.
- ♦ It can be inserted up to 8 hours before sex, to it can be spontaneous.
- ♦ People with latex allergies can use these condoms.
- ♦ It doesn't feel tight or restrictive for the male partner.
- ♦ Less likely to break than a male condom.
- ♦ The man does not have to withdraw right after ejaculation.
- ♦ Good for women whose male partners don't want to wear condoms.
- ♦ It does not cause any hormonal changes in your body.
- ♦

Disadvantages:

- ♦ More expensive than male condoms and not available everywhere.
- ♦ Hangs outside the vagina and may not look nice.
- ♦ Some women are uncomfortable inserting it into their vagina or anus.

Spermicide

What is it?

Spermicides are chemicals that kill sperm. They can be inserted into the vagina. They come in several forms, including foams, jellies, creams, and tablets.

How effective is it?

It is one of the least effective methods. When used alone, it is about 75% effective. Combining it with other methods, like condoms or cervical barriers makes them more effective.

How does it work?

Spermicides are inserted into the vagina before sex and act by blocking the cervix and killing the sperm.



Advantages:

- ♦ Is available at pharmacies and clinics.
- ♦ Can be used with other methods of birth control.
- ♦ Your partner is not involved in this method of birth control.
- ♦ It does not cause any hormonal changes in your body.
- ♦ May provide some protection against sexually transmitted infections.
- ♦ You only use it when you need it.

Disadvantages:

- ♦ Not very effective when used alone.
- ♦ Causes irritation in some women.
- ♦ Vaginal irritation can increase your risk of some sexually transmitted or vaginal infections.
- ♦ Spermicides often taste bad.
- ♦ You may have to interrupt sex to use them.
- ♦ Some of them are messy.
- ♦ You must plan ahead before you have sex.
- ♦ Can be expensive.

Mirena Inter-Uterine Device (IUD)

What is it?

It is a small T-shaped device placed into the uterus by a doctor. It can remain in place for 5 years.

How effective is it?

It is about 99% effective.

How does it work?

It contains low doses of a hormone used in some birth control pills. It is believed that the IUD changes the lining of the uterus to prevent the fertilized egg from being implanted. It may also slow the sperm down enough to prevent it from reaching the uterus.



Advantages:

- ♦ It will reduce a woman's periods, which is especially good for those with heavy periods.
- ♦ It can remain in place for 5 years.
- ♦ It is very effective
- ♦ Neither partner can feel it during sex.
- ♦ The woman controls this method of birth control.

Disadvantages:

- ♦ Cost.
- ♦ Does not protect against sexually transmitted infections.
- ♦ Unpredictable bleeding and other side effects, especially in the first few months.
- ♦ Increased risk of benign (non-cancerous) ovarian cysts.
- ♦ May be difficult to insert in some women.

For more information on your birth control options, here are some places to check out:

Options Sexual Health Association

www.ppae.ab.ca

#50 9912 106St. Edmonton

780-423-3737

Women's Health Matters

www.womenshealthmatters.ca/centres/sex/birthcontrol

Birth Control Center

#405 10030 107St. Edmonton

780-413-5735

Or

Abbottsfield Mall

3210 118Ave. Edmonton

780-735-0010

References Used in This Chapter

www.mayoclinic.com/health/birth-control-pill/W000098

www.prenatalvitamins.wordpress.com/2008/04/18/common-pregnancy-myths/

www.ppae.ab.ca

www.womenshealthmatters.ca

www.americanpregnancy.org/preventingpregnancy/cervicalcap.html



Glossary

Abstinence—the act or practice of not engaging in some or all sexual practices, including intercourse

Amniotic Fluid—the fluid inside the amniotic sac (bag of water) that surrounds and protects the baby during pregnancy₁

Ectopic Pregnancy—implantation of the fertilized egg in a place other than the uterine wall, usually in a fallopian tube₁

Ejaculate—to eject semen (or the semen discharged in an ejaculation)₂

Embryo—the developing fertilized egg until the 8th week of pregnancy₂

Falopian Tubes—tubes that extend out from either side of the uterus, toward, but not touching, the ovaries

Fetus—the developing baby from the end of the 8th week of pregnancy until birth₁



Glossary

Ovaries—a reproductive organ in females that produces the eggs and the sex hormones estrogen and progesterone₂

Ovulation—the release of an egg cell from the ovary in female animals₂

Placenta—tissue that connects the mother to her fetus and provides nourishment and takes away waste from the baby₁

Semen—the thick whitish fluid containing sperm that is produced by the male reproductive organs and ejaculated from the penis

Spermicide—a substance (usually a cream or a jelly) that kills sperm used as a means of contraception₂

Spotting—the presence of what looks like menstrual blood during the wrong parts of the menstrual cycle (or during pregnancy)₃



Glossary

The Morning After Pill—an emergency method of birth control which is taken within 72 hours of intercourse

The Pill—a form of birth control in which a pill is taken each day which prevents a woman from ovulating and makes it difficult for sperm to reach an egg

Trimester—1 of 3 parts that a pregnancy is broken down into. Each trimester is 3 months long.

Uterus (womb)—a hollow, pear-shaped organ located in a woman's lower abdomen. The narrow, lower part is called the cervix₃

Vagina—the muscular canal leading from the cervix to the outside of the body₃

References

- ¹ www.fitpregnancy.com
- ² www.thefreedictionary.com
- ³ www.medterms.com