

Chapter 7 Reading Guide

1. When reading through the Contraception choices, keep this in mind: what is more important to you in your current situation- protection from pregnancy, or protection from potentially fatal, debilitating or disease (certain Sexually Transmitted Infections)? When making choices about what method/s to use, this should be the first question to answer. We tend to treat those issues as if they were the same, but they are completely different, and you need to be really aware of what you are protecting yourself from to make the right choices.
2. Categorize (list) the available contraceptives based on: Hormone Contraceptives (including Emergency Contraception), Intrauterine Contraceptives, Barrier Contraceptives, Periodic Abstinence (including Outercourse, Withdrawal and Fertility Awareness), and Surgical/Sterilization.(ie, for each of the above, list the different types of available contraceptives). □
3. Now, for each of the available contraceptives, briefly describe: how it works, failure rate, risks associated with the method, advantages of the method, protection from STIs, and whether it requires a prescription. □
4. Describe Toxic Shock Syndrome. What are two practices that increase the risk? When you engage in these practices, how can you minimize your risk?
5. List the contraception choices based on how well they protect from STIs (best to worst protection).
6. List the contraception choices based on how well they protect from pregnancy (best to worst protection).
7. Can you contract STIs during oral sex? Withdrawal?
8. When during the menstrual cycle is a woman LEAST likely to become pregnant (ie, what days)? When is she MOST likely to become pregnant? □
9. Explain the correct way to apply and use a condom. List acceptable lubricants to use with a condom. List unacceptable lubricants to use with a condom.
10. What contraceptive choice provides STI protection comparable to male condoms, and can also be used during male anal sex to provide protection from STIs? (when used properly)
11. Describe several methods of abortion. How far into a woman's pregnancy is abortion least risky? □
12. Explain why it is important that both women AND men practice healthy lifestyle habits BEFORE trying to conceive.
13. Describe the effects of maternal age, nutrition and substance use on fetal development. Keep in mind that the age risks are still really quite small for healthy women over 35. □
14. Is exercise okay for pregnant women? □
15. What is an embryo? A fetus? The placenta? □
16. Describe the general events of each trimester of pregnancy.
17. Describe the fertilization of an egg (ovum).
18. Describe TMS, amniocentesis, and CVS. When is each test performed? Which provides indicators only? Which are actually diagnostic? Are there any risks?
19. List some common genetic problems that can be revealed by amniocentesis and CVS.

20. Describe the stages of labor□
21. What are some advantages of breast feeding?□
22. What happens in an ectopic pregnancy? Can the embryo be brought to term?□ Are there any risks to the mother?
23. What are preeclampsia and eclampsia? What are some risk factors for developing them?
24. How should a baby be placed to sleep to reduce the risk of SIDS?□ What are some other practices to reduce the risk of SIDS?
25. Describe some methods people can try to overcome infertility□

-from required links-

26. What is the SRY gene? What does it do?□
27. What effect do uterine contractions have on the speed of sperm trying to reach the fallopian tubes?□
28. Between sperm and egg, which is more about quality? Which is more about quantity? Why does that make sense (think about the "job" of each cell)?□
29. In what part of the uterus does the embryo implant (ie, what's the tissue called)?□
30. During which trimester does the embryo look essentially like any mammalian embryo?□

Supplemental Lectures

I. Exercise and Pregnancy

In fact, regular exercise is recommended for pregnant women. Ideally, a woman should become active and fit before becoming pregnant, to get off to a good start and also to get her body used to exercising on a regular basis. Regular exercise has been shown to reduce the incidence of certain complications of both pregnancy and childbirth. What type and level of exercise is appropriate is something to discuss with your doctor. Walking is one of the safest forms of exercise, and helps to keep the legs and back strong to support all that extra weight!

II. Risk factors, eclampsia and miscarriages

Throughout this book, you will be reading a lot about risk factors. Sometimes that can give the false impression that the ONLY way you will develop a complication or a disease is if you have specific risk factors. That is not necessarily true. Many complications/diseases arise in people who have no known risk factors... believe it or not, our bodies are NOT perfect and there are lots of opportunities for things to go wrong. If you have risk factors, it simply means that you are a little more likely than someone without the risk factor. On the other hand, having risk factors for a complication/disease does not mean that you will definitely develop the complication/disease. Even though our bodies aren't perfect, they still work amazingly well!

Anyway, in describing eclampsia, the book lists several risk factors. Again, if you have some of these risk factors, you are still very unlikely to develop eclampsia. And, if you do not have any of them, you are extremely unlikely to develop eclampsia, but there is still no guarantee.

Finally, the first stages of embryonic development are EXTREMELY touchy, and miscarriages probably occur more than we're aware of. The process of early development requires a series of changes, each building on the one before, and each requiring specific genes/sets of genes to be activated at the right time and to work correctly. It's amazing it works at all! :)

III. Breastfeeding, more-

Besides advantages to your baby, breastfeeding provides advantages to YOU, too! First, you get to eat even MORE than when you were pregnant! Okay, I've revealed that I'm a "live to eat" person :). Seriously, 500 calories extra per day. My experience was that my ability to get enough exercise diminished dramatically after I had a baby, and that extra 500 calories saved my weight.

But more important, breastfeeding benefits a woman by decreasing her lifetime risks of developing certain cancers, including breast cancer; encouraging the uterus to return to normal size quickly (which reduces the chances of potentially fatal infection); reducing the risk of developing post-partum depression (oxytocin and other hormones keep you happy!). It also reduces the likelihood of your returning to a fertile state soon; although, for this effect to last a long time, there are other factors that come in to play (for example, it works best if you allow free-feeding, including nighttime feeding. For more info, there are books specifically designed to explain how it works. Also check out kellymom.com).

The longer you breastfeed, the greater the advantages to both your baby and to you. The worldwide average age of weaning is around 3.

If you are considering breastfeeding, be warned, it is painful for the first couple of weeks as your skin toughens up. After that, though, it's smooth sailing. Some women experience problems with overproduction or underproduction, but both of those problems can be resolved in the vast majority of cases. Breasts respond to the stimulation of suckling. So, if you are producing too much, the baby will not drink it all and soon the breasts will respond by making less. If you are not making enough, the baby will suckle a lot and complain a lot. Both of these signals will go to the brain, which will tell the breasts to make more milk. They'll respond in a couple of days. A lot of women experience a "lack of milk" around 6 months, when they introduce solids. The breasts are adjusting to the different requests by the baby (with solids, the baby drinks less milk). Give them some time. They'll figure out how much milk to make and make adjustments. The same thing sometimes happens when a baby gets sick: he/she may want more milk than you are currently producing, and it may take a day or two, but your breasts will figure it out :). This responsiveness of the breasts is best after a month or so. In that first month, they are kind of clumsy as they try to figure out the process, so try not to get too frustrated. There

are lactation consultants you can hire to help you work through virtually any problem you experience with breastfeeding. So my message is: don't give up! It is so worth it!

And before the baby is born, please consider breastfeeding at least for the first 3 months, especially to get the baby the colostrum and antibodies he/she cannot produce. By not at least considering breastfeeding, a woman is deciding right off the bat "I am not going to even try to do what's best for my child."

Oh, breastfeeding also reduces the chances of Sudden Infant Death Syndrome. So does having your baby sleep in the same room.