



The Truth About Labor And Delivery

An excerpt from "Woven in the Womb"

I hope to help empower you with the truth of what actually happens in Labor and Delivery. Knowledge helps empower women to be less anxious about the unknown. There are so many sources of "truth" on social media that it is a dizzying time and place for women to find reliable information.

This part of the book is written from my professional experience and personal experiences as an obstetrician. Each physician and midwife have different practice styles, so I can only speak from my own experiences as an obstetrician that practices in a hospital. I am biased towards delivering in the hospital as I believe all deliveries are vulnerable to unexpected curveballs. Having immediate access to medical care in a hospital is life-saving for both mothers and their babies. I absolutely believe God is sovereign over birth. I also believe God can save mamas and babies through the hands of trained medical professionals.

We will go over labor and delivery in general terms knowing that every woman's experience is her own. Talk to your birth provider for questions that are specific to your pregnancy and birth experience. I will not be able to cover every detour that can occur in labor and delivery, but I hope that the last 40 weeks together have shown you that there is One who already holds all of the detours in His hand.

He will bring to completion the beauty that He has already started in your womb.
"And I am certain that God, who began the good work within you, will continue his work until it is finally finished on the day when Christ Jesus returns."

Philippians 1:6 (NLT)



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The Truth About Labor

An excerpt from "Woven in the Womb"

Let's talk about what are the signs that labor may be approaching.

Over the last few weeks of pregnancy, you may experience "lightening" when the baby drops into your pelvis. You should feel like it is easier to take a deep breath but also will feel like you are waddling more. Not all women experience this to have a vaginal delivery, and it is more commonly felt in women with their first baby.

An increase in vaginal discharge can signify that the cervix is dilating. Some women experience an increase in diarrhea a few days before their delivery. These symptoms are not diagnostic of labor nor absolutely predictive. Talk with your provider if you have these symptoms as they will usually have specific advice for you based on your symptoms. You may notice that your doctor is referring to your cervix as if it were an aging fruit. Is your cervix ripe yet?

A ripe cervix is already beginning to open and has a higher chance of a vaginal delivery once contractions begin. The cervix is the "donut" that flattens with contractions and stretches open. The hole of the donut, or inner circle, is measured in centimeters. The diameter of dilation is a subjective exam measured by your provider's fingers. Usually, for women with their first baby, the cervix is closed even at full term. For women who have already had babies, they may start with a more dilated cervix. Labor is official once contractions become regular and the cervix begins dilating.



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When labor starts, it can be subtle. Contractions usually start off as back pain, abdominal tightening, or menstrual cramps. False labor may also have painful contractions. But false contractions lessen in intensity and frequency with time. True labor involves contractions that increase in intensity and frequency with time. The distinction of true and false labor may not always be possible without a cervical exam by a birth provider.

Contractions are effective if you must breathe through them because they are so intense. If you can watch Netflix without flinching, then it is not labor. But once you have contractions every 3-5 minutes with increasingly greater intensity, you are likely in labor. Your provider will give you instructions of when you need to come into the hospital for evaluation.

Some labors start with your water breaking but no contractions. Sometimes the contractions start first, and the water does not break unless your doctor helps you. Your doctor or midwife may use an amnihook (which looks like a plastic knitting needle) to help break the water. Breaking water is painless as there are no nerve fibers on the amniotic bag. However, contractions tend to get more intense and closer together once your water is broken, so keep this in mind for pain management!

When you are admitted to Labor and Delivery, you will have two straps placed around your belly to monitor your labor. One strap monitors the baby's heart rate and the other one is monitoring how often you are contracting. Most of the time, labor can be managed by external monitors. Sometimes there is a need for internal monitors that are placed inside the uterus to monitor the contractions and the baby's heart rate. It is not routine that internal monitors are needed, but they can be helpful ways to monitor the baby if more attention is needed.





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The goal of the first phase of labor is for the cervix to open ten centimeters in diameter. The diameter of the birth canal is roughly 10 centimeters when there is no cervix felt around the baby's head. The medical lingo to describe this is "completely dilated" or "fully dilated." You will get cervical checks throughout labor to make sure that you are continuing to make progress. Sometimes contractions can slow down, and in order to keep making progress, you may need a medication called Pitocin.

Pitocin is the name brand for the hormone oxytocin, a hormone released by your pituitary gland. Pitocin causes a release of calcium in your uterine muscles. The muscles at the top of the uterus pull up on the lower part of the uterus until the cervix opens completely. Imagine squeezing a mentos out of its package and you will understand what contractions are doing to your cervix. (sorry, mentos will never look the same). If contractions are not strong enough, the cervix will not change. But if you let Pitocin supplement what your body is already trying to do, your suffering can be shortened. The pain may be more intense but the labor will be shorter in duration. Talk with your medical team if you have concerns about pitocin.

It is important to keep active, especially in labor. This causes contractions to get closer together. Repositioning and movement can help manage your pain. You may notice that your nurse may recommend certain positions for you to help the baby rotate into the right position for birth.

Sometimes an epidural is important to help your pelvic muscles relax. When your pelvic floor relaxes, the baby can drop into the pelvis and the cervix can finally dilate fully. One of the hardest parts of labor and delivery is knowing which muscles to relax and which ones to tense up. Your team should be able to help coach you with which muscles you need to use and which muscles you should relax.



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The Truth About Pushing

An excerpt from "Woven in the Womb"

Pushing a baby out takes a coordinated muscle dance. You will need to push during the second phase of labor when your cervix is completely dilated. Learning how to concentrate your energy to the "right" places of your body for effective pushing takes some time.

But let's simplify pushing.

If you know how to poop, you will know how to push. You use the same muscles to push out a baby. Even if you cannot feel your body with an epidural, you will still have control over your pushing muscles. And if you do not have an epidural, sometimes the pushing starts involuntarily before you are completely dilated. The nurses may coach you to relax, so that you are pushing at the right times.

During pushing, the baby needs to move under the pubic bone so that his head can "crown." Pick a spot between the intersection of the wall and the ceiling to focus on during your pushing. During this time, it may feel like you are pushing but not making progress. Most of the time, there is progress with each push even if you do not feel like it is making a difference. Your baby's head has been designed to change its shape in order to fit through the birth canal (Don't worry, God takes care of coneheads). If your baby comes out with a cone-head, do not be alarmed. The baby's head is very moldable and even by the next day after delivery, re-shapes into a more normal head shape.



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When pushing the baby out, many women feel like they want to give up. But one of the mercies of this stage of labor is that there are usually breaks between each contraction. So use each of these breaks to close your eyes, take a deep breath, and regroup your mojo before you go into the next push. Sometimes music is helpful in keeping you focused. Make a "push playlist" on spotify to keep you energized.

Pushing takes a lot of mental energy. Sometimes maintaining mental energy is more challenging than maintaining physical stamina. You may feel like you cannot do it. You may feel trapped. The minutes may feel like hours. But you will make it! Remaining calm and focused is an important part of getting on top of the pain. Remind yourself that your Creator has made your body for this moment.

If you are getting annoyed at the process, channel that anger into your pushing. Tell that baby who is boss. (This might be your last time to get that word in because the children believe they are boss after birth).

Your baby's head may seem like the hardest part to deliver. But once the baby's head is delivered, the rest of the baby's body delivers quickly. On rare occasions the baby's shoulders get stuck which may necessitate your provider to do different maneuvers to get the baby out safely.



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The Truth About Post-Delivery

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Once the baby is delivered, the energy in the room shifts to the baby. Everyone surrounds the baby like the paparazzi! It's somewhat anticlimactic. You have done all of the hard work pushing with so much encouragement and then suddenly the support has shifted. It may feel like your cheerleading team has suddenly stopped cheering for you and has rushed the stage while you stay in the background. Sometimes the baby can go directly to your chest for skin-to-skin contact. Sometimes your baby needs more time to transition with the nursery nurses. It is not uncommon for babies to need help with the transition to their first breath. As they peek their heads out for the first time, sometimes their first breath is a gulp of amniotic fluid. They may require extra suctioning to clear their airway. They may look limp right after they are born, but usually, after five minutes they are squirming around.

Your obstetrician or midwife will continue to stay by your side after the baby is born. Sometimes it can take up to thirty minutes before the placenta delivers. Sometimes the placenta grieves that she is no longer needed. Sometimes she causes more drama because even placentas have personalities. While you wait for your placenta to do her thing, there is plenty to keep you and your medical team busy! Your provider may be repairing any vaginal tears with sutures.

Once the placenta is delivered, you will get a massage. (But be forewarned it's not Swedish or Deep Tissue). It is a uterine massage and it hurts! The massage helps your uterus stay firm so that you do not have bleeding afterwards. Sometimes a clot can form inside the uterus that does not allow the uterus to clamp down on itself. It's like a baseball glove with a baseball inside. If the ball is not removed, the glove cannot close. Similarly, a clot may need to be removed with a uterine massage and an internal exam in order to remove the clot. When the uterus squeeze on itself fully, bleeding decreases. This is why your medical team will be pushing on your belly, sometimes with more force than you would expect.



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You may be too distracted by your beautiful baby to notice what's going on around you. Most mamas have an endorphin high that helps them focus on their excitement over their pain. But it's also not uncommon for mamas to need time to recover from the intensity of the delivery before holding their baby. You may need time to re-group and focus as your birth provider finishes your recovery. It's also a perfect time for daddy to get a turn to hold your precious child!



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The Truth About C-Sections

An excerpt from "Woven in the Womb"

Your obstetrician wants you to have a vaginal delivery. The recovery is easier for women who have vaginal deliveries. But ultimately, a healthy mama and healthy baby is your health provider's main priority. It is important that you believe your provider's intentions are for your good. Otherwise, it makes a very awkward and uncomfortable delivery experience. If you are having trouble trusting your birth provider, it is important to have these discussions prior to Labor and Delivery.

There are many reasons for a cesarean section. Sometimes cesareans are needed because the baby is not tolerating labor. A cesarean is needed to rescue the baby. Sometimes a cesarean is needed if the cervix stops dilating. This is more common when the baby is looking toward the ceiling instead of looking at the floor (baby is "posterior"). When the baby's head is not pressing against the entire cervix, the cervix stops dilating. Sometimes a cesarean is needed if the baby is "stuck" in the birth canal. If this is the case, your baby and your body are in need of rescue.

Your child may have another plan for how he or she will enter the world. God has made a safe detour to deliver your baby by cesarean.

But when a cesarean is indicated, some mothers are visibly disappointed and frustrated. Especially if they have been following all of the medical team's instructions for position changes and laboring for hours, it can be incredibly frustrating. We have a certain idea of what our births will look like. It is not easy to let that go.

Sometimes a vaginal delivery is not possible without significant complications. A cesarean may be the mercies of God who is trying to protect us. Laying down our lives for our children is the very picture of Jesus on the cross. We let go of our plans for the good of someone else. It's incredibly difficult! Your sacrificial love is a beautiful gift you are giving your child to start off his or her life.



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While there is usually time to discuss what the procedure will entail, emergent situations may necessitate an urgent cesarean delivery. If you have an epidural, you can be awake for the cesarean. However, if you do not have an epidural in the setting of an emergency, you may need general anesthesia which means getting medicine that will help you sleep while the baby is born.

During a cesarean, your arms are strapped to arm boards and your body is held by a "seatbelt" on the bed. Your skin will be tested before starting the surgery to make sure you are numb. You should not feel any sharp pain, but you may feel the pressure of your obstetrician pushing on your belly when the baby is delivered. Vomiting is not uncommon to experience during a cesarean delivery and the anesthesiologist has medications to help if needed.

After delivery of the baby, the baby is taken to the warmer to be evaluated by the nursing team and pediatrician. The babies born by cesarean may have more amniotic fluid in their lungs. The nurses suction the baby's airways to remove this extra fluid. Sometimes the babies need to go to the nursery for extra oxygen as they transition to breathing on their own. Babies born by cesarean also may have more fluid in their ears and may fail their initial hearing tests. Talk to your pediatrician if you have any concerns.

In a cesarean, it can feel very anticlimactic when your doctor delivers your baby and you do not get immediate skin-to-skin contact. After the baby is delivered, the baby is moved to the warmer instead of your chest. But it is still going to be okay. You can still bond with your baby in the recovery room. You can still do skin-to-skin in the recovery room. You can still breastfeed even after a cesarean.



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Cesareans are the exit path for 1 out of 3 babies that are born in the United States. The C-section Ejection is still a beautiful birth.

Without access to a cesarean, women can labor for days with their baby trapped in their pelvis. Not only does this increase the chance of damage to their baby's brain, there can be unnecessary harm to their pelvic muscles. Fistulas (an abnormal connection between the bladder and vagina) are complications of prolonged labor when a cesarean is inaccessible.

Access to hospital care and collaborating with your medical team is an important part of having a healthy birth story.



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The Truth About Pain Management

An excerpt from "Woven in the Womb"

The pain experience of labor, delivery, and postpartum is different for all. We expect pain in pregnancy. We expect pains during labor and delivery. But we rarely talk about postpartum pain. We will briefly go over what are some of the different times to expect pain and also how to advocate for yourself in these moments.

Many women make plans for their pain management before experiencing the pain of a contraction. However, a woman in pain is usually in a different state of mind. The intensity of labor is very difficult to describe to someone who has not experienced it before.

There are also non-medication routes for pain management. Although we will not be going into any detail in this book, if you are interested in understanding more about this, look up information on the Gate Control Theory. In short, the brain interprets pain differently if there are other sensory inputs happening at the same time. The nerve fibers that carry information about contraction pain are different from the nerve fibers that carry information about vibration. By having both signals at the same time, the vibration pain signal may "close" the gate for the sharp contraction pain signal to reach the brain. (Mendelson) For example, if a woman is distracted with water immersion like a jacuzzi, the contraction may be interpreted as less painful by the brain. Similarly in early labor, by squeezing a plastic comb before a contraction begins, the feel of the bristles may decrease the severity of contraction pain that the brain can process.



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In early labor, women are usually able to walk and bounce on a ball. Some women have back labor (contractions feel like back pain) if the baby is facing posterior. For those who are interested in pain medication, IV pain medications are usually an option in early labor. Narcotics are given based on the doctor's experience and preference. But as contractions get closer together and more intense, the IV pain medications will be less effective in taking the edge off the pain. Usually, an epidural is the most effective option for pain management. At about 8-10 centimeters, when a woman is "transitioning," it becomes difficult to sit still especially for an epidural. It is important to understand that medications and epidurals given at the right time can help you have a more pleasant birth experience- your care team will help you determine when is the best time for you and your baby.

According to a study on 17 million women who birthed from 2009-2015, 65-76% of women got an epidural during labor (Alexander). While it is true that women have delivered without epidurals for millennia, our merciful and loving God gave us a multitude of options for pain management that we can choose from without shame.

Sometimes women associate epidurals as a weakness in her armor. But sometimes epidurals are really important for labor progress. When your body is stressed from pain, cortisol, the stress hormone is roaring through your body. This causes your pelvic floor to tighten up, narrowing the path for the baby to drop into the pelvis. Many times after an epidural, the baby is able to descend easier and faster through the birth canal (Walter).



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If you get an epidural, you may still feel the pressure building with each contraction, but it will no longer be a sharp pain. The relief women feel after an epidural is almost instantaneous. It feels like floating on a cloud after an unrelenting thunderstorm. Your legs will feel numb and weak. It is normal if you cannot move your legs after an epidural. With an epidural, you will likely have a urinary catheter placed in your bladder since you will not be able to control your bladder. Once you have an epidural in place, you will not be able to walk around.

Not all epidurals are created equal. Sometimes the epidural "doesn't work" or provide the level of numbness that you may expect. Many variables can affect an epidural's effectiveness like an individual's anatomy differences. Your delivery team can help troubleshoot if needed. The pain medication for an epidural doesn't "run out" as the cartridge can be replaced. The medicine runs continuously into your back through a small tube. Although the sharp pain will be gone after an epidural, women feel more pressure as the baby descends into the pelvis. An epidural usually numbs the skin when the baby's head and body are being delivered, but in some cases, it does not take away all of the sensation.

The "Ring of Fire" is the burning pain from the skin of the vulva that is stretching around the baby's head when your baby is crowning. Epidurals usually take this pain away. But for those without an epidural, this burning pain is usually the moment that most women want to back away and stop pushing. But in this moment, picture a tiger jumping through a flaming hoop at the circus - push into the pain and through the pain and your baby will be here!



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After the baby is delivered, you may need a repair of a vaginal laceration. This involves a needle to inject the local anesthetic. Lidocaine can take away the feeling of sharpness but you may still feel tugging of the suture. If you need stitches, it is usually a suture that will dissolve by the time you see your provider at your six week postpartum visit.

Most women focus so much effort on preparing for labor and delivery, that they forget about the pain postpartum (see The Truth on Postpartum)! But the recovery after a delivery persists into the first few weeks as mamas heal from their stitches. Sometimes sitz baths are helpful in dissolving the sutures faster if your provider recommends them.

As you recover, breastfeeding awaits.

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The Truth About Breastfeeding

An excerpt from "Woven in the Womb"

Many women have a desire to breastfeed. There are multiple benefits to breastfeeding. Breastfeeding is recommended by the American Academy of Pediatrics due to its benefits in decreasing ear infections, SIDS (sudden infant death syndrome), and childhood obesity to name a few (American Academy of Pediatrics).

But there can be unexpected barriers to breastfeeding. The top two reasons that women stop breastfeeding are fatigue from feeding or inadequate milk supply (Brown). Your care team can help you with breastfeeding latch while you are in the hospital. Milk supply issues are not always clear until after you leave the hospital. You can always talk to an outpatient lactation consultant if you have supply issues.

The first few days, you will make colostrum which is nutrient rich. It looks like a cloudy gold liquid. It may seem like the baby is not getting enough fluids initially. But the baby's stomach is small (the size of a marble!) and the baby does not need much fluids to be hydrated. Your care team will help you count wet diapers to make sure the baby is well hydrated.

God has designed a unique supply and demand system for breast milk production. As the baby continues to suckle, this signals your brain to convert colostrum into milk (Jozsa).

Often your milk does not come in while you are in the hospital and does not happen until 48 hours after delivery. You will find yourself more thirsty over the first few days after delivery. The water in your body is flooding the breast tissue. It's like a frozen concentrate that gets flooded with water to make juice. The colostrum is diluted into milk. Your breasts may feel hard when your milk comes in. Engorgement can be painful because of the swelling of your breast tissue. Talk to your lactation consultant for ideas of what you can do to decrease your pain from breast engorgement if this affects your ability to breastfeed.



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Breastfeeding has different seasons of barriers. You may find that some feeds go well while others do not go well at all. Don't be discouraged when not all feeds are ideal. Breastfeeding is a dynamic learning curve. The demands change as the baby grows.

Your baby's latch can change week to week. What works today may not work tomorrow and vice versa. Breastfeeding is a ninja obstacle course and not a playground.

Breastfeeding can be challenging for women regardless of how the baby is delivered. For women who have trouble breastfeeding after a cesarean, some women wonder if it is the cesarean that has impacted their breastfeeding success. If women have long labors leading up to the cesarean, it is more likely that their breastfeeding experience is affected by exhaustion. Lactation consultants can help you as you work through the first few days after your delivery. Talk to your provider if you are having trouble with the baby's latch or milk supply.

Remember that God knows what your baby needs. He is a creative designer. As your baby demands more milk, the breasts make more milk (and sometimes too much)! God has also provided a worthy alternative food source if breastfeeding does not work out. Breastfeeding is good for the baby, but it is not always good for every mom. He is merciful to provide ways for babies to thrive even on formula.

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The Truth About Postpartum

An excerpt from "Woven in the Womb"

Hopefully, you will take the time to marvel on the wondrous creation in front of you- as you tickle the feet that have been kicking you for the last forty weeks. May the wonder of your child cover the not-so-glamorous parts of postpartum. The postpartum experience is a euphoric blur. But honestly, this part is going to pass quickly. The early morning hangouts will be over before you know it.

Postpartum pain is different for everyone. Sometimes you may have contraction pains again as you begin breastfeeding. God uses the same hormone oxytocin, to release milk and contract the uterus. For women who have had children before, this cramping tends to be worse. These contractions prevent you from having postpartum hemorrhage by shrinking the uterus down to its original size. The cramping is protective even though it may not feel good! Talk with your medical team if your pain is not being managed well.

Your postpartum nurses will help you manage pain from any laceration or incision. After a cesarean, you may need narcotics for the first few days. For those who have a cesarean, your medical team will likely remove your bandage the first day after surgery. For those who have a vaginal delivery, an ice pack is very important to help decrease swelling. For both recoveries, pain medications work better if you take them before discomfort becomes pain. Once the pain escalates to a certain level, it takes longer for the pain medications to work.

If you are experiencing nipple pain from breastfeeding, talk with a lactation consultant. Nipples are made in all shapes and sizes. If a latch is not deep enough, nipple pain can escalate quickly. Nurses can help you find the correct latch. While some initial discomfort is okay, breastfeeding should not hurt. If nursing causes pain, it may mean that the baby is not latched on correctly and you should get assistance from a lactation consultant as soon as possible.



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Postpartum is an exhausting time for new parents. It is a sacred time only for you and your true village. It is okay to set boundaries so you can prioritize rest. There are already so many interruptions for a new mother. Medical staff will interrupt your sleep (in addition to your little one who knows exactly when you've just fallen asleep). Give yourself permission to protect your peace.

Most families stay in the hospital 1-2 days after a vaginal delivery and 2-4 days after a cesarean. During this time, there are many supports available for you. Nurses help you stay on top of pain management. A pediatrician makes sure your baby is growing. A lactation nurse helps you find a comfortable latch for breastfeeding. And there is a glorious button that will call a nurse to take your baby to the nursery if you need a break! Hospitals are encouraging rooming-in for newborns to improve the chances of breastfeeding success. But if you are reaching a point of exhaustion, it's okay to use the nursery for a break. You need to leave the hospital with some reserve in your energy tank. Accepting the help of a nursery does not make you a weaker mom. Help makes you a rested mom. For the women who have prolonged labors, you may need more time to recover in the hospital (with the baby in the nursery) before going home.

And then they will tell you that you're ready to go home. And as you walk slowly out of the postpartum wing and get into your car, it all becomes real. The door closes and the weight of responsibility is both exciting and terrifying. There is no nurse call bell. No one to tell you that you are doing it correctly. No one to tell you that you are doing it incorrectly. It is a mix of excitement and silence in this car ride home.

But you are going to be great at this. Why? Because you are the perfect parents for your child. God has custom picked each child for his or her mother. He has equipped you to care for this little baby in ways you don't even realize yet. You do not go alone. You go with God.

Welcome to the next chapter of your life!



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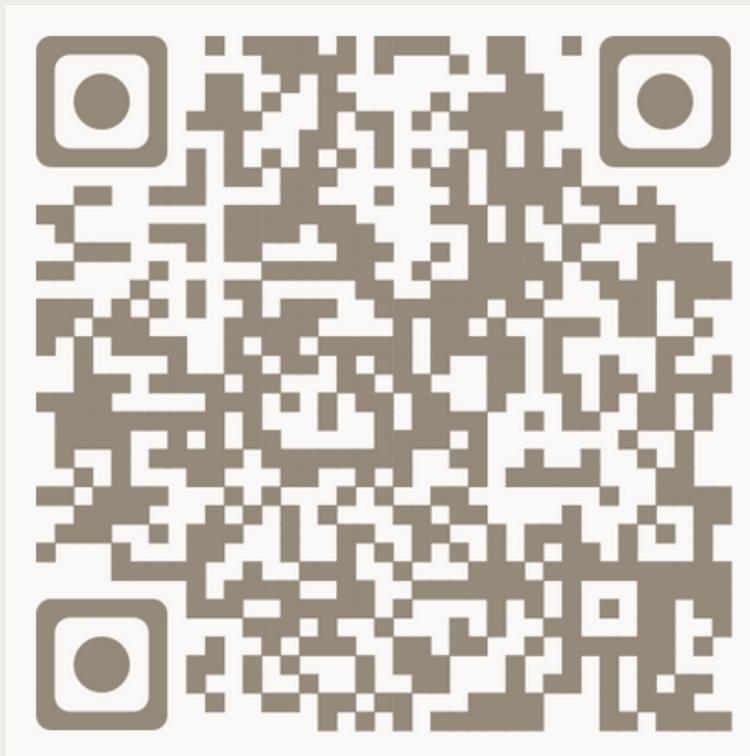




Woven in the Womb

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