



Advice from Dr. Weiss

Q I'm in my second trimester and the doctor suspects I have placenta previa. Will I have to have a C-section?

A You might not have to have a surgical delivery—if it turns out you don't have placenta previa, a condition that causes the placenta to overlap your cervix. As the cervix dilates to allow delivery of the baby, the placenta could tear and bleed, which is why surgical birth is necessary. But the relationship of the placenta to the cervix isn't as clear in your second trimester as it is close to full term. Once your uterus enlarges, your ob/gyn should be able to tell if you really have placenta previa. If you do, a C-section will be the safest delivery.

Stephen H. Weiss, M.D., is an assistant professor in the department of gynecology and obstetrics at Emory University School of Medicine in Atlanta.



Doula Jill says

Q I'm very anxious about my baby being separated from me in the hospital. What can I do?

A The period immediately after delivery is a crucial time. Evidence is clear that skin-to-skin contact between babies and mothers makes for fewer stress hormones.

So, your first task is to call the labor and delivery nurse manager at your hospital and determine its standard of care for a healthy baby. Many offer 24-hour rooming in, which keeps mothers and babies

together. Others require a four-hour nursery stay. If your hospital follows the latter course, inquire about whether these procedures could be delayed a few hours, or consider a different location.

Also, many first-time moms later tell me they regret not taking more time with just their partners and babies after delivery. For the first few hours, you may need and want privacy.

Jill Wodnick, M.A., (jillwodnick.com) is a certified doula, prenatal instructor, and owner of Montclair Maternity, a New Jersey childbirth education center.



Ask Dr. Dana

Q My mom thinks it's ridiculous that we put babies to sleep on their backs. She says they sleep much better on their tummies. Does it really matter?

A Yes, it does. Back sleeping has significantly decreased the risk of Sudden Infant Death Syndrome (SIDS) in infants from 1 month to 1 year. SIDS most often occurs when infants are asleep. They're not otherwise ill, and there's no explanation for their deaths. You should also avoid exposure to cigarette smoke during pregnancy and after birth, as well as using blankets in the crib, two other SIDS risk factors. Baby shouldn't sleep on his side, either, because he might roll over onto his tummy. I'm sure your mom has many pearls of wisdom to share with you. But letting baby sleep on his belly isn't one of them.

Lisa Dana, M.D., is a pediatrician at Golden Gate Pediatrics in San Francisco and a clinical faculty member at University of California, San Francisco.



A word with Dr. Wendy

Q This is my second pregnancy. I'm less into sex this time and, frankly, too tired. What can I do to remind my husband that I love him and get him to help out more?

A Fatigue is probably the biggest factor affecting your sex life; expressing that in a non-rejecting way can be helpful. Also, you and your husband might want to create a “love schedule” that involves sexual activities other than intercourse, set at a reasonable hour.

As for getting help from him, be nice about it. I can tell you from experience that nagging won't work (it often sends men retreating further). Why not leave him to bond with your child while you refuel elsewhere? Explain that this is necessary for both babies; an irritable mother is no gift to a child.

Finally, reward him for good behavior. When he gives you a break from mommy-life, thank him for it and add an item to the love schedule. He deserves it! 🍓

Wendy Lee Walsh, Ph.D., appears regularly on TV as a psychological expert. She wrote *The Boyfriend Test* and blogs about relationships at drwendywalth.com.

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