



Mother's Manual



Southeast Iowa
Regional

MEDICAL CENTER

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PREGNANCY JOURNAL

My Health Care Team

My health care provider: _____

Phone: _____

My baby's health care provider: _____

Phone: _____

Hospital: Southeast Iowa Regional Medical Center

5445 Avenue O, Fort Madison, IA 52627 | 319-372-6530

1221 S. Gear Ave., West Burlington, IA 52655 | 319-768-1000

My Vital Stats

Date of first day of my last period was _____

My due date is _____

Date I think I ovulated was _____

My blood type _____

Date I had a positive pregnancy test result at home was _____

Rh factor _____

My pre-pregnancy weight was _____

Rubella status _____

Date of my first prenatal check up _____

My Baby

I first heard my baby's heartbeat on _____ and I felt/thought _____

I first felt my baby move on _____ while I was _____

I felt/thought _____

I first saw my baby through ultrasound on _____ and I felt/thought _____

My Labor

My contractions began on _____ while I was _____

I called my provider at _____ and went to the hospital at _____

_____ & _____ were present for the birth.

My Child's Birth

_____ was born on _____
Baby's First name Middle Last Date

at _____ and was delivered by _____
Time Provider's Name

_____ weighed _____ lbs _____ ounces and was _____ inches long
Baby's First Name

_____ first health care appointment is _____ at _____
Baby's First Name Date Time

BABY REGISTRY CHECKLIST

- Diapers** Register for several sizes. They outgrow the newborn and size 1 diapers quickly.
- Burp cloths** Fabric diapers can also double as burp cloths.
- Disposable wipes** Always have a few packages on hand. This is not an item you want to run out of.
- Diaper rash cream**
- Diaper pail** Choose one that you can operate with one hand, and has an odor control system.
- Diaper bag** Make sure it hangs well from your stroller handlebars.
- Baby monitor**
- Pacifiers** Register for 1 or 2 packages if you want to use them. Be sure to get ones labeled “newborn.” Your baby’s pacifier size will change as they get older and they could prefer one style over another.
- Pack ‘n Play:** A lot of models come equipped with a snap on changing table and bassinet. It will come in handy when you travel.
- Bassinet** It’s handy to keep your newborn close to your bedside for late night feedings. Some bassinets come with built in mobiles, music and a vibrating function for soothing babies to sleep.
- 10 to 12 bottles, including nipples** These will come in handy if you plan to bottle feed only or if you plan to use expressed breast milk. Make sure you register for newborn nipples.
- Bottle brush & drying rack**
- Breast pump** Choose an automatic double pump that is battery operated if you’re going back to work. You may want to check with your insurance company to see if it covers the cost of breast pumps.
- Breastfeeding pillow & covers** Even if you don’t plan to breastfeed, this pillow is very convenient for tucking under the baby for feedings or rocking.
- Nursing pads**
- Breast milk freezer bags or storage cups**
- Thermometer** The digital kind that can be used in the baby’s armpit. The ear thermometers are nice when your child gets bigger but won’t read accurately on smaller ears.
- Nasal bulb syringe** This will come in handy for clearing stuffy noses. They make a syringe that has a snap lid on the bulb for easier cleaning/sanitizing.
- Baby nail clippers**
- Infant bath tub or seat with a newborn “sling”**
- Baby shampoo/cleanser**
- Baby lotion**
- Hooded towels** Register for 3 to 4 towels so you can swaddle baby after a bath.
- Crib**
- Changing table with pad** You can also convert an existing dresser by topping it with a pad.
- Rocking chair**
- ExerSaucer** You won’t use it for a few months, but once your baby is old enough to support their head, they’ll love it.
- Swing and/or bouncy seat** The movement or vibration makes almost all babies very, very sleepy.
- Activity mat** Also called a baby gym.
- Mobile for the crib** Think music, lights and movement.
- Fitted crib sheets** Register for 4 to 5 of these.
- 2 waterproof mattress pads**
- 2 or 3 changing pad covers**
- Rear-facing infant car seat with base** If you have two cars, you’ll need a second base.
- Stroller** Your baby won’t sit up for a few months, so you want to register for a car seat/stroller combo.
- Baby carrier or sling**
- Onesies** 10 to 12 onesies, half short sleeve and half long sleeve. Choose kimono styles that don’t pull over baby’s head to cut down on screams.
- Sleepers** 6 to 8 sleepers with built-in footies, or rompers if it’s spring or summer.
- Sleeping gowns** Register for 5 to 6 that snap, zip, or cinch closed at the bottom, making late-night diaper changes a breeze.
- Sleeping gowns with built-in mittens** At least 3 to cover fast-growing baby fingernails and avoid scratches on smooth baby skin.
- 1 to 3 Sweater cardigans or zip hoodies** This will depend on the season.
- 8 Pairs of booties or socks**
- 4 to 6 hats** Including at least one sun hat.
- 4 to 6 receiving blankets**
- 4 to 6 bibs** At least two should be waterproof. Once baby starts solids, you’ll need something you can just wash easily.
- Velcro swaddle** This crucial miracle item may be the key to peace in your household.

PRENATAL AND POSTNATAL LIVE AND VIRTUAL EDUCATION

During this special time in your life, it's important to learn about caring for your baby before and after he or she is born. This includes taking care of yourself – the most important member of your health care team. Although your physician or certified nurse midwife provides education at every visit, there is a lot to learn! That's why we offer education to help you prepare for this experience. See below and then visit our website for more information: greatriverhealth.org

Fort Madison

Southeast Iowa Regional Medical Center, Fort Madison, offers private meetings with a prenatal instructor/lactation consultant. You can meet in person or by telephone. If you are interested tell your physician or nurse.

Virtual classes

You can watch our 10- to 30-minute videos on any device with internet access. Go to greatriverhealth.org. Under the "Patients & Visitors" section, select "Patient Videos" then choose "Prenatal and Postnatal Education". More than 25 titles are available, including:

- Equipment Used During Labor and Delivery
- Pre and Postnatal Care Online Program
 - Breastfeeding
 - Childbirth
 - C-Section
 - Newborn Care
 - Nutrition and Exercise During Pregnancy
 - Pregnancy: What to Expect Each Trimester
- Preventive Care
 - Birth Control
 - Female Urinary Incontinence (leaking urine)
 - Ways to Release Stress
- Women & Family Center Virtual Tour



INSURANCE/BILLING INFORMATION

Billing Information

Thank you for choosing Southeast Iowa Regional Medical Center your maternity care. We want to ensure that we have clearly explained our billing and payment process to you. Your medical charges are based on the services that your provider felt necessary to treat you and the procedures performed. The following are the billing procedures the hospital follows:

- **Submitting charges to your insurance** Your bill will be submitted to your primary insurance company for payment shortly after your visit.
- **You'll receive an EOB from your insurance** An explanation of benefits (EOB) from your insurance company will then be sent to you explaining what your insurance company will be paying the hospital.
- **Secondary insurance** If you have a secondary insurance provider, the hospital will submit your medical bill to them once your primary insurance has paid us.
- **Billing statement** Approximately, six weeks after services are provided to you, Southeast Iowa Regional Medical Center will send a billing statement to your home explaining the balance of your account. This is the amount that you are responsible for paying. Should you have any questions regarding the billing and payment process feel free to call Patient Financial Services at 319-768-3625, option 2.
- **Separate bills will be sent to you for the radiology services you receive.** For example, you will probably receive a separate bill from Davis Radiology for your 20 to 22 week prenatal ultrasound. You will need to contact them directly with questions on their bills or to make payment arrangements for those separate bills.
 - Davis Radiology 1-877-986-2323

Women's Health-Southeast Iowa Regional Medical Center

Thank you for choosing Women's Health-Southeast Iowa Regional Medical Center for your prenatal care, the delivery of your baby, and for your postpartum care. We want to ensure that we have clearly explained our billing and payment process to you. The following are the billing procedures for maternity care:

- **First prenatal visit** Your insurance will be billed for your first prenatal appointment and labs (blood work). You will owe your regular co-pay amount for this visit (\$10, \$20, etc.).
- **Your insurance maternity benefits** It is our policy to contact your insurance company regarding our maternity benefits in order to get an estimated out-of-pocket expense for each patient. This estimate will include routine prenatal check-ups, routine prenatal lab work, and delivery. We will send a letter to your home outlining what your individual insurance coverage is for maternity benefits.
- **Payment plan** We then try to establish an affordable payment plan with each patient so that the estimated balance can be paid prior to the delivery of your baby. You will make your payments in monthly installments and can pay them at your routine check ups.
- **Billing your insurance** The payment plan is set up based on an estimation. We will bill your insurance company for the actual services used after the delivery of your baby.
- **Your final billing statement** More than likely, the estimation will be close to what your final bill is. Once your insurance has paid Southeast Iowa Regional Medical Center a bill will be issued to you for any remaining balance.
- **Additional labs, injections, or clinic visits** Your insurance will be billed for lab work, injections or clinic visits that are not routine. For example, if you come for a separate appointment for a urinary tract infection, that isn't covered in your routine maternity benefits coverage, your insurance would be billed for the visit and you would owe your regular co-pay for this appointment.

Should you have any questions regarding billing and payment processes, please call our billing department at 319-768-3625, option 2. We are open Monday through Friday from 8:00 a.m. to 4:30 p.m.



FIRST TRIMESTER

1 TO 13 WEEKS

Your Body

Although each pregnancy is different, certain changes are common to all normal pregnancies. During your first trimester, the evidence of pregnancy is limited to missing a period and the positive result of a pregnancy test. Some physical changes are very apparent such as fatigue, nausea, breast tenderness and vomiting (morning sickness). These symptoms are common and vary in intensity.

Emotions are often unstable. Feelings of depression are not uncommon and often take place with no apparent reason. It is believed that the mood changes in pregnancy are caused by the body's hormonal changes. A woman's emotions are characterized by mood swings, which can range from great joy to feelings of deep despair. Frequently a woman will become tearful with little cause and may find it difficult to give a reason as to why. This can be very unsettling for the husband or partner, causing him to feel confused and inadequate because he doesn't know how to respond. He may react by withdrawing and ignoring the problem. However a pregnant woman needs increased love and affection and she may perceive her partner as unloving and non supportive. Once the couple understands that the behavior is normal in pregnancy, it becomes easier for them to deal with the changing emotions, although it may be a source of stress to some extent throughout the pregnancy.

Some women experience some uncertainty about their pregnancy having feelings that timing is wrong, that career or long term goals may need to be delayed and/or financial stresses are common. Uncertain feelings may also be related to excitement about assuming the new role of mother, fears about carrying the pregnancy as well as labor and delivery. The pregnancy may not seem real until about the twelfth week when the baby's heartbeat can be heard.

Your Baby

1 to 6 weeks

- The baby's length is about 1/4 inch (the size of a Tic Tac).
- Heart, digestive system, backbone and spinal cord begin to form.
- Placenta "afterbirth" begins developing. It provides the basic nutrition for your baby's growth.
- DNA of your baby will guide its development from conception.

7 to 10 weeks

- The baby's length is 1-1/8 inches (the length of a Peanut M&M).
- Facial features such as eyes, nose, lips, tongue, ears and teeth are starting to form.
- Gender specific organs such as penis in boys may begin to appear.
- Movement will begin but will not be noticed by the mother.
- Baby's heart is functioning.

11 to 13 weeks

- The baby's length is 2-1/2 to 3 inches (the length of a lemon).
- The baby's weight is 1/2 to 1 ounces.
- Fetus now looks like a baby. Arms, hands, fingers, legs, feet and toes are formed. Eyes, nails and earlobes are developed.
- At this point the baby's internal organs and tissues have been developed.
- Fetal heart rate can be heard at around 10 weeks by your provider with a special instrument called a doppler.

YOUR FIRST DOCTOR'S VISIT

It's official, you're pregnant. Congratulations! Either you have already experienced your first prenatal appointment or you have one scheduled. At your first visit, your provider will take the time to learn as much as possible about you and your baby. All these things can help to determine whether or not you have any particular risks or problems that may need to be considered. This first visit will be longer and more involved than your future appointments. Below are some things that may occur at your first appointment and why.

Discussion About Your Medical History

Your provider will ask you a lot of questions and it is important that you answer them to the best of your ability. The answers you provide may be clues to possible risks or complications. Expect to be asked about your health history, your family health history, the father's health history, and the father's family health history. They will also ask questions about your lifestyle and any past pregnancies. Be prepared to answer questions like:

- Do you take any medications?
- Do you have any allergies or health problems?
- Have you been exposed to any infections?
- When was your last menstrual period?
- What type of birth control have you been using?
- Do you drink or smoke?
- Do you work at a dangerous job?
- Have you been pregnant before?
- Have you ever had a miscarriage?
- Have you ever had an induced abortion?
- Have you had a baby before?
- What did the baby weigh at birth?
- How long did your labor last?
- Did you have a vaginal or C-Section delivery?
- Were there any problems or complications?
- Is there a history of birth defects in your family?

Testing & Screening

Testing is used to detect any current medical concerns for you or your baby. Your provider may want to perform other tests based on your medical history, family background, and race.

Blood Test

- **Hemoglobin** This will give your provider a complete blood count and show if you have too little hemoglobin in your red blood cells (a sign of anemia). Anemia can be a result of iron deficiency.
- **Rh status** Rh (Rhesus) factor, a protein that most people have on the surface of their red blood cells. If you do have the Rh factor, as most people do, your status is Rh-positive. If you don't have it, you're Rh-negative, and you'll need to take certain precautions during your pregnancy.
- **Your blood type** To see if you are blood type O, A, B, or AB.
- **Diseases** Sexually Transmitted Diseases, HIV, and Hepatitis B Testing.
- **Rubella titer** This checks the level of antibodies to the rubella (German Measles) virus in your blood to see whether you're immune. Most women are immune to rubella, either because they've been vaccinated or had the disease as a child.
- **HCG levels** A hormone that is produced during pregnancy. It is made by cells that form the placenta, which nourishes the egg after it has been fertilized and becomes attached to the uterine wall. Levels can first be detected by a blood test about 11 days after conception and about 12 - 14 days after conception by a urine test.
- **Genetic tests** If appropriate (sickle cell anemia, Tay-Sachs, etc.)

Vaginal Tests

- Pap Smear
- Genital Herpes

Urine Tests

- Glucose (sugar) in urine
- Bacteria in urine
- White blood cells (infections)
- Albumin (protein) in urine

Physical Exam

- Your height, weight and blood pressure will be measured. They will also check:
- Ears, eyes, nose, throat, and teeth
- Thyroid and lymph nodes
- Heart, lungs, breasts, back, and abdomen
- Arms, legs, and skin
- Pelvic Exam: Your provider will check your cervix, vagina, ovaries, fallopian tubes, and uterus. This will enable your provider to evaluate the size of your uterus in relation to the date of your last period to be sure the pregnancy is progressing as it should.

Due Date

During this first visit, your provider will try to predict your due date. This is also referred to as the estimated date of delivery. An average pregnancy is 280 days or 40 weeks, from the first day of the last menstrual period you had. However, a normal pregnancy can last between 37 and 42 weeks. Only about 5% of babies are born on their exact due date. Most women will give birth within two weeks of the predicted due date. The due date helps measure the growth of the baby and the progress that your pregnancy is making. It will also help to set the timing for some tests when they will be the most accurate during your pregnancy.

YOUR APPOINTMENTS 10 TO 13 WEEKS

From now until the time you reach 28 weeks, you will see your provider every 4 weeks. Once you reach 28 weeks gestation, your appointments will become more frequent. If you have questions or concerns before your next appointment, don't hesitate to call your provider.

Discussion and Questions

Your provider will probably start by reviewing your chart, following up on issues that were raised at your previous appointment and let you know about any test results that have come back. Your provider wants to know how you're feeling, both physically and emotionally. Remember that these visits are your opportunity to bring up your questions or concerns. They may ask you the following:

- Are you nauseated?
- Have you had any vaginal spotting or bleeding?
- Have you felt any fluid leakage?
- Have you felt any contractions (pain or tightening of the belly)?

Physical Exam

Weight You will be weighed at the beginning of each appointment to track weight gain during your pregnancy.

Blood pressure Your blood pressure and pulse will be taken at each appointment. If your blood pressure is high, you could have gestational hypertension.

Examination Your provider will feel your abdomen to get a sense of the size of your growing uterus and baby. They will measure your fundal height (the distance between your pubic bone and the top of your uterus) to estimate your baby's size and growth rate.

Baby Check-Up

Heartbeat As early as 10 weeks, your provider can hear the baby's heartbeat using a handheld device called a doppler. It is most common to hear the heartbeat for the first time at around 12 weeks, depending upon your baby's position in your uterus, your weight and the accuracy of your due date.

Testing & Screening

Urine Tests

- **Glucose (sugar) in urine** It is not uncommon to have a small amount of sugar in your urine. However, if it happens often or you have a large amount of sugar in your urine, your provider may go ahead and order a blood test to check for gestational diabetes rather than waiting until the end of the second trimester when the routine screening occurs.
- **Albumin (protein) in the urine** Protein in urine can be a sign of a urinary tract infection. If it is accompanied by high blood pressure, it can be a sign of preeclampsia.

Education and Counseling

Your provider will take the time to briefly review findings from the exam and let you know if they have any concerns. They may also tell you about normal changes to expect before your next visit and warning signs that would warrant you calling in.

COMMON EARLY PREGNANCY EXPOSURES

Here's a quick guide to some common early pregnancy exposures that shouldn't worry you - and a warning about a few that should. Pregnant women should always discuss their concerns with their provider.

Alcohol While women are advised to abstain from alcohol during pregnancy, there is little danger from occasional social drinking prior to finding out you are pregnant.

Aspartame Aspartame (NutraSweet) can be safe if used in moderation (2 to 3 servings daily). Your body uses it much like protein. Drinking large amounts of diet pop, however, often decreases intake of more important fluids such as low-fat milk or water.

Birth control pills Some women become pregnant while taking oral contraceptives, usually because of missed pills or taking antibiotics, which can lower the effectiveness of the pill. These women may continue taking the pill daily for weeks, not realizing they are pregnant. There's no known increase in birth defects if a woman stops taking oral contraceptives before the eighth week of pregnancy. The spermicides used with diaphragms and condoms are not considered a risk either.

Caffeine It is recommended that you use caffeine sparingly during pregnancy and cut down on your intake. Limit your intake to a maximum of 200-300 mg per day, the equivalent of 2 to 3 cups of coffee. Current research shows that women who consume large amounts of caffeine during pregnancy have smaller babies. A smaller baby does not necessarily equal a healthy baby. Larger amounts of tea/coffee can also hinder the absorption of iron which can result in anemia. Caffeine consumption can also lead to heartburn, nausea and/or vomiting and increased risk of miscarriage.

Carbonated Beverages	Amount	Miscellaneous	Amount
1 Can - Cherry Cola/Cherry Coca Cola	46 m.g.	Chocolate Cake (1 Small Piece)	14 m.g.
1 Can - Diet Pepsi	36 m.g.	Chocolate Jell-O Pudding	5 m.g.
1 Can - Dr. Pepper	37 m.g.	Chocolate Kisses (6 Pieces)	5 m.g.
1 Can - Mountain Dew	54 m.g.	Candy Bar	5-25 m.g.
1 Can - Pepsi Cola	38 m.g.	Chocolate Milk/Hot Cocoa	4-8 m.g.
1 Can - Root Beer (Except Barq's)	0 m.g.		
1 Can - Sprite/7 Up	0 m.g.		
Coffee	Amount	Tea	Amount
Brewed (6 ounces)	100 m.g.	Instant (1 tsp)	31 m.g.
Cappuccino/Starbucks	200-300 m.g.	Crystal Light Tea (1 tsp)	11 m.g.
Instant Powder (1 tsp)	57 m.g.		

Chemicals (hair dyes, insect repellent, mothballs, paint fumes, nail polish remover) Essentially, if you do not get sick from the exposure, your baby will not either. Common sense dictates avoiding fumes and other potentially hazardous chemicals while pregnant. If you just finished painting your bedroom before finding out you were pregnant, relax!

Cigarettes Cigarette smoking is very harmful to you and your baby. The advice here is clear: Quit as soon as you know you are pregnant. Please see [page 12](#) for further information.

Drugs Don't use! Illegal drugs increase your risk of miscarriage, premature birth, and birth defects. Your baby could be born addicted to the drug you've been taking.

Fish Please refer to [page 24](#) of this manual for guidelines on consuming fish and seafood while pregnant or nursing.

Hot tubs and saunas While there isn't any research that has linked saunas and hot tubs with a greater risk of spinal birth defects, common sense advocates avoiding hot tubs and saunas. If you are hot, your baby is even hotter.

Litter box Don't clean out the litter box of your cat, rabbit or pet rodent (gerbil or hamster). Breathing in the dust particles from the feces of these animals could result in toxoplasmosis. Toxoplasmosis is a disease that could cause birth defects.

MEDICATION USE DURING PREGNANCY

Women often have many questions about taking medications when they are pregnant. The list below shows medications that are considered safe and some that are not recommended during pregnancy. Be sure to read and follow the directions on the label or box for use and dosage. Please inform your provider if you are using any medications. All health care providers you are currently seeing should be informed that you are pregnant.

Should I be taking medications while I am pregnant?

It is best to avoid all over-the-counter medicines, especially in the first 14 weeks of pregnancy. Everything you take passes from your blood to the baby's blood. During the first eight weeks, the baby's heart, lungs and brain systems are formed.

Is there anything else that I can do instead of taking medication?

Before taking over-the-counter medications, you should try other ways to relieve your symptoms. For example, for colds and cough symptoms, it is recommended that you rest and drink plenty of fluids. You also may use a cool-mist vaporizer 18 inches away from your face. Try a nasal wash system for nasal congestion. These can be purchased at a local pharmacy.

What if I have to take medication?

Sometimes it may be necessary for your provider to prescribe medication for you during your pregnancy. Take those medications exactly as prescribed. If you cannot tolerate the medicine, please call your provider. Visit www.cdc.gov/pregnancy/meds to learn more.

SAFE Over-the-Counter Medications/Remedies		
Condition	Medication/Remedy	Instructions
Acne	Oxy 10, Clearasil (Benzoyl Peroxide)	Limited use is safe.
Allergies	Benadryl (Diphenhydramine hydrochloride)	Take as directed on label.
	Zyrtec, Allegra, Claritin	Safe for use after first trimester
Congestion	Neti Pot	Use as directed on label.
Cough	Triaminic Cough, Robitussin (Plain)	Take as directed on label.
Headaches, Pain, Fever	Tylenol (Acetaminophen)	Take as directed on label. Please notify your provider if your have a fever over 100 degrees.
Headache/Migraine	Magnesium	Take 400 mg daily for three days. If symptoms don't improve, take 800 mg daily for three days. If still no relief, contact the clinic. May cause diarrhea.
Heartburn, Indigestion	Tums, Rolaids, Pepcid	Take as directed on label.
Hemorrhoids	Preparation H, Anusol, Dermoplast	Use as directed on label.
	Milk of Magnesia	Put medicine on a cotton ball and place cotton ball on the hemorrhoid.
Insect Repellents	Avoid if possible	If needed, use the lowest dose possible.
Laxatives	Konsyl, Metamucil, Citrucel, Milk of Magnesia (Bulk Formers)	Take as directed on label.
	Surfax, Colace (Stool Softeners), Miralax, Benefiber, Probiotics	Take as directed on label.
Lice	R&C, Rid (Pyrethrins)	See your provider before use.
Nausea or Vomiting	Vitamin B6	Take 25 mg three times a day.
	Unisom Tablets (Don't use the gel caps!)	Take 12.5 mg to 25 mg tablets twice a day. It works best when combined with vitamin B6.
	Ginger	Take 250 mg three times a day.
Toothache	Americaine, Ambesol (Benzocaine)	Use as directed on label.
Yeast Infections	Monistat, Terazol, Gyne-Lotrimin, Mycelex	Use as directed.

UN-SAFE Over-the-Counter Medications -NOT RECOMMENDED

Condition		Medications Not Recommended for Use During Pregnancy
Allergies/Congestion	NOT RECOMMENDED	Regular Nasal Sprays (Phenylephrine): Dristan, Neosynephrine or Vicks
Headaches, Pain, Fever	NOT RECOMMENDED	Bayer, Motrin, Advil, Aleve (Aspirin/Ibuprofen/Naproxyn)
Heartburn, Indigestion	NOT RECOMMENDED	Pepto Bismol: This product contains aspirin and should not be used. Mylanta, Maalox Tablets or Maalox Liquid: Contain aluminum & should be avoided.
Nausea or Vomiting	NOT RECOMMENDED	Dramamine (Dimenhydrinate) OR Bonine, Antivert (Meclizine)
Topical Medications	NOT RECOMMENDED	Salicylic Acid Topical Acne Medications & Retinoids: You should avoid using these products as they have not been tested for use in pregnant women.
Tiredness	NOT RECOMMENDED	NoDoze (Caffeine Pills)
Weight Loss	NOT RECOMMENDED	Diet Pills of Any Type

Raw fish and seafood Sushi (uncooked or seared seafood) is off limits because it may contain bacteria and parasites. Always cook (or order) fish until it flakes; shellfish must be firm. Steer clear of seiche or other uncooked marinated seafood. Don't eat cold smoked fish because it may contain bacteria called listeria. It's OK if cooked, as in a casserole.

Soft cheeses Say no to any cheese that's unpasteurized or raw. This includes soft cheeses like queso fresco/queso blanco (often used in authentic Mexican food), brie, Camembert, feta, goat cheese, Roquefort and blue cheese. These cheeses may contain listeria.

Sucralose (Splenda) Splenda is used to sweeten soft drinks and other beverages, and it can be used in cooking. It is safe to use during pregnancy.

THE RISK OF SMOKING DURING PREGNANCY

Smoking is not healthy for anyone especially if you are pregnant. You may also be harming your baby and yourself. Smoking can be an even bigger problem after the baby is born because lung development goes on for another eight years. The chemicals absorbed into your lungs from smoking may cause the vessels that supply blood to the uterus to become narrower. As a result your baby gets less oxygen and food from the mother's blood.

Risk factors to your baby

- Low birth weight, height and weight in childhood
- Increased risk of disabilities, developmental deficits
- Increased risk of a stillborn baby
- SIDS (Sudden Infant Death Syndrome) during the first months of life
- Childhood Cancer

Risks during pregnancy

- Miscarriage
- Premature labor, bleeding complications
- Ectopic pregnancy

Children of women who smoke less than 20 cigarettes per day have the increased risk for:

- Brain developmental problems
- Cleft upper lip/cleft palate
- Kidney developmental problems
- Heart developmental problems

Women should quit smoking prior to conception in a planned pregnancy. If you're already pregnant, **STOP SMOKING IMMEDIATELY.**

Smoking Cessation Options

It is important to quit as soon as possible and your provider can assist you in finding the best method for you. The different smoking cessation options listed below are available to pregnant women.

- **Cold turkey** Simply stop smoking cigarettes.
- **Nicotine fading** You are taught how to reduce the nicotine level of the cigarettes smoked by 30/60/90 percent over a three week period. During the fourth and final week, you stop smoking completely.
- **Nicotine skin patch** The skin patch releases nicotine through the skin and into your bloodstream making it easier to cut back and then quit smoking. Your provider can prescribe the patch for you.
- **Oral medication** A medication called Zyban (bupropion HCL SR 150 m.g.) can help to reduce the withdrawal symptoms from nicotine, making it easier to quit.

If you or a loved one has tried to quit smoking, most likely public health has played a role in the process. The Iowa Department of Public Health Division of Tobacco Use Prevention and Control (TUPC) promotes and protects the health of all Iowans. Smoking is solely responsible for the death of more than 4,400 Iowans each year. It is the most preventable cause of death and disease. More Americans die from smoking each year than from AIDS, alcohol, motor vehicle accidents, homicide, suicide and other drugs combined. Iowans who want to quit smoking may access Quitline Iowa, the statewide toll-free smoking-cessation hotline at 1-800-QUIT-NOW (1-800-784-8669).

This service is available 24 hours a day, seven days a week, with counseling available in most languages, including English and Spanish. Quitline Iowa also provides TDD services to the hearing-impaired (866-822-2857).

Quitline Iowa provides resources through its Web site at www.quitnow.net/iowa/. Quitline Iowa you will get: Quitting Aids - they'll help you decide what type, dose and duration of nicotine substitute or other medication is right for you. Quit Guide - they'll send you an easy-to-use workbook that you can reference, and a Quit Coach - you will have expert support and assistance whenever you need it.

Secondhand Smoke

In order for a pregnant woman to be successful with smoking cessation, it is important for her family, friends, and co-workers to offer support and not smoke around her. Best of all, they should quit smoking too.

- A number of studies show that in the first two years of life, babies of parents who smoke have a higher rate of lung diseases such as bronchitis and pneumonia than babies of nonsmoking parents.
- Presence of smoke in the home can worsen symptoms of asthmatic children and even trigger asthma attacks.
- Smoke irritates nasal passages and children's eyes.
- Children of parents who smoke are more likely to become smokers than are children of nonsmokers.

CHANGES DURING PREGNANCY

Now that you are pregnant, your body is adapting and preparing for the changes that lie ahead. During your pregnancy, your uterus will grow from the size of your fist to a size able to hold a full term baby (about 60 times its normal size). Your body is also experiencing the change of pregnancy hormones. These hormones nurture your baby and prepare your body for childbirth and breastfeeding. Hormones can also cause other physical and emotional changes. Some of the most common changes are listed below, along with some remedies and helpful hints for coping with them. If these remedies are not successful, you may refer to the “Safe Over-the-Counter Medications” chart on [page 10](#).

Physical Changes

Backache

Backaches are the most common problem pregnant women experience, especially during the last few months. One of the causes of back pain is the stress on your back muscles due to the extra weight you are carrying. Another cause is the posture women often have during pregnancy while trying to offset the weight.

Tips

- Wear low-heeled shoes with good arch support. High heels tilt your body forward and strain your lower-back muscles.
- Don't bend at the waist to pick things up. If you have to lift something, squat down, bend your knees and keep your back straight while lifting. If you can at all avoid it, don't lift heavy objects.
- Sit in chairs with good back support and place a small pillow behind your lower back.
- Get off your feet. If you have to stand for a long period of time, rest one foot at a time on a stool or box to alleviate the strain on your back.
- Sleep on a firm mattress. If your bed is too soft, have someone put a board on your side of the bed between the mattress and the box springs to make it firmer.
- Sleep on your side instead of on your back. Tuck a pillow between your legs to give your back even more support. They make special pregnancy pillows that are longer than body pillows to offer support and comfort in sleeping.
- Perform back stretches (like those shown on [page 21](#)).

Breast Changes

Early in your pregnancy, your breasts begin to change to prepare for feeding your baby. For many women, the first sign/symptom that they are pregnant is feelings of tingling, tenderness and swelling in their breasts. By the time they are 6 weeks along, some women will experience a growth of a whole bra-cup size. Your breasts will experience many changes including; growth, bluish veins appearing under the skin, nipples and skin around the nipples (areolas) darkening, nipples may stick out more, areolas may become larger, and increased tenderness. Most of these changes cannot be relieved but the following are some ideas to help alleviate the tenderness and discomfort you may experience.

Tips

- Wear a good bra that fits well to help provide relief. A maternity bra is a good choice. They have wide straps and more coverage in the cups to protect your tender breasts.

Congestion & Nosebleeds

During pregnancy, your hormone levels increase and your body makes extra blood. These both can cause your mucus membranes inside your nose to dry out, swell up, and bleed easily. This may cause you to have a stuffy or runny nose or get nosebleeds. Here are some suggestions to deal with this:

Tips

- Saline drops can help relieve your congestion. Don't use other types of nose spray without your provider's approval.
- Be sure to drink plenty of liquids to help keep your nasal passages moist.
- Dab a little petroleum jelly around the edges of your nostrils to keep the skin moist.
- Get a cool air humidifier to help moisten the air in your home and then have one on hand for use with the baby.

Constipation & Gas

Most pregnant women will get constipated at some point and that will cause gas to build up in your belly and cause pain and bloating. Constipation could be caused by the hormone progesterone slowing your digestion down. Toward the end of your pregnancy, your uterus puts weight and pressure on your rectum adding to the problem. Some of the tips listed below can help you to avoid constipation and therefore avoid hemorrhoids.

Tips

- Make sure to drink plenty of liquids (at least 8-8 ounce or 4-16 ounce glasses a day) because dehydration can cause constipation.
- Eat more high fiber foods including whole grains and cereals, fresh fruit, fresh vegetables and dried fruits which help to hold water in the stool. Be sure to drink plenty of fluids when eating high fiber foods and make sure to increase the fiber in your diet slowly. Eat foods that contain natural laxatives like prunes, figs or drink prune juice.
- Exercising, such as walking or another safe pregnancy activity, every day can aid your digestive system.

Fatigue

Most pregnant women experience fatigue and feelings of being worn out. This occurs mainly during early and then again in late pregnancy. Your body is working hard to create and support a new life and the pregnancy hormone progesterone can also make you feel tired. There's not much you can do about feeling fatigued. Try to get as much rest as you can. Plus, exercise and good nutrition can help to boost your energy.

Hair

Your hair may become thicker and you may sprout new hair where you never had it before. Don't be alarmed if you sprout some additional hair on your face, arms or sometimes your belly. Most likely your hair will thin out after the baby is born. Your hair should return to normal within 3 to 6 months after delivery.

Headache

Headaches are very common during pregnancy. Some causes are pregnancy hormones, hunger, stress and caffeine withdrawal. For some, these headaches are mildly bothersome. While others experience very painful headaches/migraines that can affect their daily lives. You can refer to the safe medications chart on [page 10](#) for over-the-counter pain relief. Listed below are some alternatives to try other than taking medication.

Call your provider if your headaches are a constant problem. Also call your provider if your headache doesn't go away, is very severe, causes blurred vision or spots in front of your eyes, or makes you sick to your stomach.

Tips

- Try placing a cold washcloth or ice pack on your forehead for relief.
- Gently massage your temples.
- Rest in a dark, quiet room.
- Try placing a warm washcloth or warm water bottle (with a cloth wrapped around it to keep from burning yourself) on your forehead to help relieve a sinus/allergy headache.

Heartburn

Pregnant women commonly experience heartburn. Heartburn is a burning feeling that occurs in the throat or chest and is caused by pregnancy hormones that relax the muscle valve between your stomach and esophagus. When the valve doesn't close, stomach acids leak into your throat.

Tips

- Eat slowly and avoid overeating. You may also want to try eating six small meals daily.
- Don't drink a lot of liquids with your meals. Drink fluids between your meals instead.
- Don't eat or drink within a few hours of bedtime and don't lie down right after meals.
- Avoid exposure to cigarette smoke.
- Avoid drinking coffee.

- Avoid eating foods that bother your stomach. If heartburn is a problem, avoid citrus fruits or juices, onions, spicy foods, fatty, fried foods, or chocolate.
- Try wearing comfortable, loose-fitting clothes without belts.
- If heartburn commonly occurs at night, try raising the head of your bed. You can prop a few extra pillows under your head and shoulders to allow you to sleep at an incline. You can also prop the legs at the head of your bed up.
- If you feel like you want to take an antacid, ask your provider first. Some antacids can prevent the absorption of important vitamins and minerals.

Hemorrhoids

Your best option is to prevent the problem by avoiding constipation and straining during bowel movements. However, if hemorrhoids do occur, there are a few things that you can try to alleviate the symptoms.

Tips

- Apply an ice pack to the affected area.
- Itching and burning can be relieved by using topical ointments (such as petroleum jelly) that coat the inflamed tissue. You can also ask your provider to recommend a suppository that is safe for your use.

Insomnia

Once you are a few months along in your pregnancy, you may find it hard to sleep at night. It may become difficult to find a comfortable position to sleep in with your growing belly. Here are some suggestions that may help you get the rest you need.

Tips

- Lie on your side with a pillow under your belly and another between your legs. They make special pregnancy pillows that are longer than body pillows to offer support and comfort in sleeping.
- Take a shower or warm bath at bedtime.
- Limit your daytime rest.
- Try some relaxation techniques.

Leg Cramps

It's not clear what causes pregnancy leg cramps. They can be especially common at night when your legs and feet are tired.

Tips

- Avoid standing or sitting in one position for too long.
- Take a 15-20 minute walk in the evening or stretch your legs before going to bed.
- The best way to ease the pain of a leg cramp is to walk it out or grasp your foot with both hands and gently press your thumbs into the arch, pushing towards your toes.

Lower-Abdominal Pain

As your uterus grows, the ligaments that support the uterus on both sides, are pulled and stretched. You may feel this stretching as either a dull ache or a sharp pain on one side of your belly. These pains are most commonly felt between 18 and 24 weeks of pregnancy. Try to follow these steps to prevent or relieve these pains. If the pain doesn't go away or gets worse, call your provider as it could be a sign of a problem.

Tips

- Avoid quick changes of position.
- When you do feel a pain, bend toward it to help relieve it.
- Don't turn sharply at the waist.
- Rest or change your position.

Mouth Changes

Pregnancy hormones can make your gums swell and bleed. You may notice that your mouth waters more during pregnancy. While there isn't anything that you can do per say to alleviate these symptoms, read the following things to keep in mind about your mouth changes.

Tips

- Try switching to a softer toothbrush to lessen the irritation.
- Don't cancel your dental visits just because you're pregnant. Pregnant women are at increased risk for cavities and gum disease. When you go to the dentist, be sure to let them know that you are pregnant.

Nausea and Vomiting

Nausea and vomiting "morning sickness" are common during pregnancy, especially during the first trimester, although not every pregnant mom experiences it. Increasing levels of hormones are likely the culprit. Nausea can be triggered by a variety of things. Mild occurrences of nausea and vomiting will not harm your baby. If you feel like your nausea and vomiting are severely affecting your ability to eat and provide nutrition for your baby, please talk to your provider.

Tips

- Start eating smaller more frequent meals.
- Eat more foods containing carbohydrates instead of foods that are greasy, spicy or contain a great deal of fat. Carbohydrate foods are easier to digest, provide energy and spare protein for building.
- Keep crackers or dry cereal by your bed and eat these before you get out of bed. This will remove the excess acid in your stomach and help to relieve nausea.
- Try getting up slowly from your bed because sudden movements may aggravate nausea.
- Avoid being around cooking odors and smoke.
- You will want to take iron supplements as directed. However, if you feel they nauseate you, contact your provider about making a different schedule for taking them.
- Wait to drink beverages until between meals. Drinking beverages with meals may lower your appetite. You might want to drink fruit juices as they are easy to digest and provide many nutrients. You could also suck on ice to avoid dehydration.
- Try eating a source of protein before you go to bed. This could include a piece of meat, a glass of milk, cottage cheese, yogurt, cheese or peanut butter. The protein will supply energy through the night. Eating before laying down can increase heartburn if you are already having trouble with that.
- You should limit coffee because it stimulates acid secretion and may cause nausea. The smell of coffee can even cause the same effect.
- You should stop smoking, since smoking also increases the secretion of acid in your stomach.
- Tart and salty foods may also relieve nausea. Try drinking lemonade or eating potato chips.
- Try eating a banana. It can help relieve nausea and heartburn.
- Try peppermint gum or peppermint tea. Peppermint refreshes and has a soothing effect on the stomach.
- Prenatal vitamins and iron can cause nausea for some women. Try taking them at night before bed or talk to your provider about taking a children's chewable vitamin with folate.

Numbness and Tingling

Some women experience pain, numbness, or tingling in certain parts of their bodies while pregnant. These feelings are caused by a number of changes in your body. Your growing uterus presses down on some of the nerves connecting your legs to your spinal cord. This may cause chronic pain in the hip or thigh (sciatica). Nerves can also get pressed if your legs swell. This pressure can cause your toes or legs to tingle or feel numb. Most often, these symptoms will go away after the baby is born and are minor. Your hands or arms may also tingle from tissue swelling. Carpal Tunnel Syndrome is common in pregnant women. It causes a tingling, burning feeling in one or both hands. It also may make your fingers numb. Wearing a special wrist splint/brace can help.

Shortness of Breath

Early in pregnancy, you may feel short of breath due to the increase of progesterone in your body. This feeling might stop when you become used to the progesterone. Later in your pregnancy, shortness of breath can be caused by your expanding uterus. By roughly 31 to 34 weeks along, the uterus is so large that it presses the stomach and the diaphragm up toward the lungs. Although you may feel short of breath, it doesn't mean that your baby isn't getting enough oxygen. You may try to do the following to make it easier for you to breathe. If the shortness of breath is causing you concern or seems to become worse, call your provider.

Tips

- Move slower. When you slow your pace, your heart and lungs don't have to work as hard.
- Stand or sit up straight. This gives your lungs more room to expand.
- Sleep propped up as this also gives your lungs more space.

Skin Changes

Your body produces more melanin when pregnant. This increase in pigment is the reason your nipples become darker. These changes are temporary and are harmless. You may notice some of these other changes in your skin.

- Acne: Some women find that their faces break out more than usual during pregnancy. You can treat breakouts by washing your face a few times a day with a mild soap. You might want to buy a good, water-based cover-up. Some acne products are not safe to use during pregnancy. Accutane (isotretinoin) causes birth defects and should not be taken. Tetracycline also should not be used. Benzoyl peroxide products are safe if used in moderation.
- Chloasma is called the "mask of pregnancy" and gives some women brownish marks around their eyes, on their noses and cheeks. This is one of the changes caused by your body's increase in the pigment melanin. Exposure to the sun can worsen this condition. Be sure to protect yourself from the sun by; wearing a broad brimmed hat, using sun block, limiting your exposure to the sun especially from 10 a.m. to 2 p.m. These marks will fade when your hormone levels return to normal, after delivery.
- Linea nigra is the faint line running from the belly button to the pubic hair that has darkened during pregnancy. This line has always been there but it was the same color as the skin around it. The extra pigment produced in pregnancy is responsible for making it darker and it will fade after delivery.
- Skin tags are little flaps of skin that appear on your neck, breasts or armpits. They can show up for some women during pregnancy. Skin tags will not go away after delivery but they can be easily removed by your provider.
- Spider veins are those tiny red veins that show up under the skin on your face or legs. They should fade after delivery.
- Red, itchy palms are also a possible side effect of pregnancy. They will return to normal after delivery.

Swelling

Raised hormone levels cause you to retain water during your pregnancy. Your body needs this extra fluid so it can carry oxygen and nutrients to your baby. Although swelling is not a huge concern, call your provider if you notice swelling of your face and hands along with blurred vision, severe or constant headaches and weight gain of more than a pound per day. These can be signs of preeclampsia, a serious condition.

Tips

- Elevate your feet as often as you can.
- Sleep on your side not your back.
- Consume a lot of fluids.
- Improve the circulation in your legs by position changes and ankle rotation exercises.

Urination (Frequent)

Many pregnant women have a frequent need to urinate and it can be caused by several things. During pregnancy, the kidneys work harder to flush waste products out of your body. As your uterus grows, it puts pressure on your bladder. Your bladder may be nearly empty but feel like it's full due to this pressure. In the last weeks of your pregnancy, the baby drops down into your pelvis and presses against the cervix and your bladder. There is not much that can be done to reduce or eliminate frequent urination.

Tips

- Cut down on drinking caffeinated beverages like; coffee, tea, and cola which can cause you to urinate more often.
- Don't cut back on your liquids. Drinking less to reduce bathroom trips will steal vital fluids from your body.
- While resting, especially during the later stages of pregnancy, lie on the left side so that the uterus is not pressing on blood vessels to the kidneys which inhibits the kidneys from working properly.

Varicose Veins

Varicose veins are swollen veins that appear most often in the legs but can appear near the vulva and vagina. They are caused by pressure from your pelvic veins, increased pressure on leg veins, normal expanded blood volume of pregnancy or relaxation of the muscle tissue in the veins caused by the hormones of pregnancy. Varicose veins often occur if you must stand or sit for a long period of time. They are not usually a serious condition but they can be uncomfortable. You may experience severe pain, mild aching, a feeling of heaviness or no symptoms at all in your legs. You can prevent them during pregnancy or minimize the symptoms by eliminating unnecessary pressure on the leg veins.

Tips

- Avoid gaining excessive weight.
- Avoid standing or sitting for long periods of time.
- Try to elevate your legs above the level of the hips when possible.
- Try lying down on your side with your legs raised.
- Avoid any heavy lifting.
- Avoid straining during bowel movements.
- Try wearing support stockings or have your provider recommend special stockings. You will need to put them on before you get out of bed in the morning, before the blood pools in your legs and remove them before you go to bed at night.
- Do not wear anything that binds your legs like tight bands around stockings or tight shoes.
- Do not smoke (there is a possible connection between varicose veins and smoking).
- Try to get some exercise daily, such as brisk walking for 20-30 minutes.
- Also try to get adequate amounts of Vitamin C which helps veins stay healthy.

Vaginal Discharge

Vaginal discharge often increases during pregnancy. Normal discharge is sticky, clear or white. This is nothing to worry about. Call your provider and let them know if your discharge has blood in it, is watery, has a bad odor, or has changed from your normal discharge. Also tell your provider if you experience pain, soreness, or itching in the vaginal area. Never use a douche when you're pregnant.

Emotional Changes

Your body's going through big changes and so are your emotions. Don't blame yourself if you are sad or feel moody. The emotions that you're experiencing, both good and bad, are normal. Ask loved ones close to you for support and to be patient. Make sure to rest and relax as often as you can as it will make you feel better both emotionally and physically.

Most women experience feelings and concerns about their pregnancy, their baby and the upcoming delivery. Some women have strange or frightening dreams during pregnancy. This is normal. More often than not, your concerns are nothing to worry about. Here are some common fears and what you can do about them.

- "I'm worried that something will be wrong with the baby." You should keep in mind that most children are born healthy. Calm your nerves by doing everything you can to make your baby healthy; eat right, exercise, avoid risky behavior, get early and regular prenatal care. If you smoke, quit.
- "I've never had a baby before and I'm scared of the pain. I'm afraid that I won't be able to stand it." Calm your nerves by knowing what to expect during labor and delivery. Take a prenatal class to learn about delivery, relaxation methods, ways to ease labor pain and the option you have for pain relief. For example, you may plan to give birth without pain relief but if you decide to use some during labor you won't "fail". Often, medication helps a woman relax enough to help labor along.
- "I don't know how to take care of a baby." Feeding, bathing, dressing, and changing diapers are easy things to learn. Your nurses will show you how to change a diaper, care for the umbilical cord, take a temperature and give a bath. You can also ask other moms questions and you may feel better prepared if you read up on infant care before your baby arrives. Once you get home from the hospital with your baby, you can refer to your pediatrician, family and friends for advice.

Your Second or Third (or more) Time Around

Women who are pregnant for the second time (or more) around know what to expect throughout their pregnancy, labor and delivery. Keep in mind that every pregnancy is different and this one may not be like the last.

Physical Differences

You may not have had any nausea (morning sickness) the first time around and that might not be the case this time around. Or, you may have had severe nausea before and no problems this time. You may have been very active all through your last pregnancy but this time you feel tired all the time. There's no way to know exactly how this pregnancy will play out. Typically, during your second (or later) pregnancy you will feel more tired. You are older than you were for the first pregnancy and you are also caring for a child. You'll probably show earlier this time. Your abdominal muscles were stretched by your prior pregnancy and they may not have regained their former strength. As a result, these muscles won't hold your growing uterus in or up as well as they did before.

You'll probably feel this baby move weeks earlier than you felt your first. The baby isn't moving any sooner than your first but you are more in tune and know what to look for. You might also notice Braxton Hicks contractions sooner. These practice contractions may show up during the second trimester rather than in your third. Your breasts may not be as tender or grow as much as they did the first time. Some women find that their breasts grow bigger or sag more in their second pregnancy. This is due to the tissue being stretched out from prior growth and nursing.

Second-time moms, more or less, know what is going to happen next in their pregnancy but it's still vital to pay attention to your body's cues. If something doesn't seem quite right to you, ask your provider.

Your Other Children

Children can have very different reactions to pregnancy and the addition of a new baby to the family. Smaller children may have lots of questions about where babies come from or they may not want to talk about the baby at all. Some children are eager to be big brothers or sisters while some resent losing the center stage of attention. A teenager is often busy with their own life and may show little interest in the baby. They also may act embarrassed by your pregnancy.

When you share your pregnancy news with your children will depend a lot on your child. Your school aged children should be told before you tell anyone outside your family. If you don't, your child may resent being the last to know. With younger children, it's a good idea to wait until they ask about your changing body. The idea of a baby growing inside you (before you start to show) may be a very hard concept for a small child to grasp. No matter how your children respond to the news, make sure to reassure them that your love for them hasn't changed and you'll always be there for them. Smaller children may need to be reassured that having the baby will not harm you, even though you might be in the hospital it's not because you are sick.

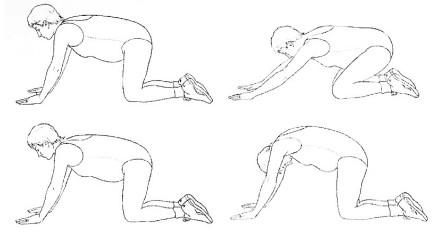
Try to involve your children in your pregnancy as much as possible to avoid their feeling left out. You can ask your children to help you get ready for the baby's arrival. You could involve them in picking out a nursery theme for the baby and let them pick out items for their new baby brother or sister. You could let them vote for names they like best. Listed below are some other helpful tips on getting your children ready for baby.

- Read books with your children about pregnancy, childbirth, babies, and being a big brother or sister.
- Let your child feel the baby move and kick.
- Show your children pictures and videos from when they were a newborn. Use photos of you and your partner caring for your child as a baby to talk about the kinds of care the new baby will need.
- Set up the baby's nursery or sleeping area well in advance of your delivery. This should help your child not feel displaced if they must share a room or give up their crib.

Rocking Back Arch

This stretches and strengthens the muscles of your back, hips and abdomen.

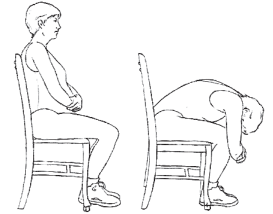
- Kneel on your hands and knees, with your weight distributed evenly and your back straight.
- Rock backward and forwards, to a count of 5.
- Return to the original position and arch your back upward as much as you can.
- Repeat 5 to 10 times.



Forward Bend

This stretches and strengthens the muscles of your back.

- Sit in a chair in a comfortable position. Keep your arms relaxed.
- Bend forward slowly, with your arms in front and hanging down.
- If you feel any discomfort or pressure on your abdomen, don't bend any farther.
- Hold this position for a count of five, then sit up slowly without arching your back.
- Repeat 5 times.



Trunk Twist

This stretches the muscles of your back, upper torso, and spine.

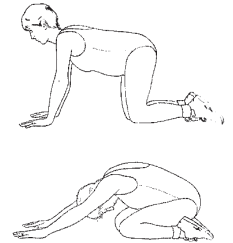
- Sit on the floor with legs crossed, with your left hand holding your left foot and your right hand on the floor at your side for support.
- Slowly twist your upper torso to the right.
- Do the same movement to the left after switching your hands.
- Repeat on both sides 5 to 10 times.



Backward Stretch

This stretches and strengthens the muscles of your back, pelvis and thighs.

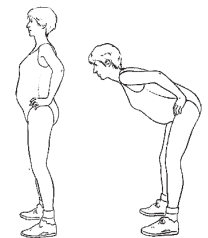
- Kneel on your hands and knees, with your knees 8 to 10 inches apart and your arms straight (hands under your shoulders).
- Curl backward slowly, tucking your head towards your knees and keeping your arms extended.
- Hold this position for a count of 5, then come back to all fours slowly.
- Repeat 5 times.



Upper Body Bends

This strengthens the muscles of your back and torso.

- Stand with your legs apart, knees bent slightly, with your hands on your hips.
- Bend forward slowly, keeping your upper back straight. You should feel a slight pulling along the back of your thighs.
- Repeat 10 times.



Back Press

This strengthens the muscles of your back and torso and promotes good posture.

- Stand with your back against a wall and your feet 10 to 12 inches away from the wall.
- Press the lower part of your back against the wall holding for a count of 10.
- Repeat 10 times.



GOOD NUTRITION & HEALTHY LIFESTYLE

Balancing Your Diet

It is important to eat a balanced diet during your pregnancy. The average woman will need 300 extra calories per day while pregnant. Your needs for protein, iron, folate, zinc, calcium and other vitamins will also increase. Your provider has probably prescribed a multivitamin with iron for you. It is important that you take this vitamin and eat a balanced diet to obtain the extra nutrients that you and your baby need.

In order to eat an adequate diet, you may want to try eating six small meals instead of three larger meals each day. Each meal should include a protein, fat source, fruit, vegetable and grain. Also try to eat whole grains and skins on vegetables and fruits for added fiber. Use caffeine sparingly during pregnancy as large amounts of caffeine may cause low birth weight in babies and inhibit the absorption of iron. It also increases the excretion of calcium. Caffeine may cause heartburn or nausea and vomiting. You should cut your intake of caffeine back to the equivalent of 2 to 3 cups of coffee per day or 200-300 m.g. plus limit your chocolate intake. Avoid alcohol and herbal teas; they may cause birth defects. It is best to use salt in moderation as well. Drink 60 - 100 oz of water daily.

Recommended Food Choices from MyPlate

Grain Products (6 ounces a day)

- Grain products provide you with energy, vitamins and minerals.
- Whole grain products, like whole wheat breads, are good sources of fiber and folic acid.
- You should limit pastries, doughnuts and cookies because they are high in fat.

Vegetables (2 1/2 cups a day)

- Vegetables are a good source of fiber and vitamins A and C.
- Leafy green vegetables and beans provide folic acid.
- Fresh vegetables are best but frozen or canned vegetables will do.
- Avoid eating fried vegetables like french fries.

Fruits (2 cups a day)

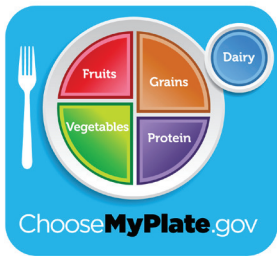
- Fruits also provide fiber, vitamins A and C, and folic acid.
- Real fruit juice has more of the vitamins you need so limit fruit drinks with added sugar.
- Select juices that contain 100% vitamin C.

Milk and Milk Products (3 cups a day) (4 cups are recommended for pregnant women under the age of 19)

- Avoid eating unpasteurized soft cheeses such as; blue cheese, feta, brie, Queso/blanco or Queso/fresco.
- Calcium builds strong bones and teeth.
- Coffee creamers and condensed milk have low nutritional value. Limit nondairy milk substitutes.
- If you are lactose-intolerant, try acidophilus, soy milk, or lactose-free milk.

Meat and Protein Foods (5 1/2 ounces a day)

- Protein builds strong muscles.
- Liver is an excellent source of folic acid.
- You should limit high fat and processed meats such as hot dogs, bologna, sausage, spare ribs, corned-beef hash, turkey wings, and bacon.



These are basic guidelines for a pregnant woman. If you would like to see a more specific plan, visit www.choosemyplate.gov.

	1st Trimester Based on 2,000 calorie pattern	2nd Trimester Based on 2,400 calorie pattern	3rd Trimester Based on 2,400 calorie pattern
GRAINS Make half your grains whole	6 Ounces A Day Aim for at least 3 ounces of whole grains a day.	8 Ounces A Day Aim for at least 4 ounces of whole grains a day.	
VEGETABLES Vary your veggies	2-1/2 Cups A Day Aim for this much weekly: Dark green veggies - 3 cups Orange veggies - 2 cups Dry beans & peas - 3 cups Starchy veggies - 3 cups Other veggies - 6-1/2 cups	3 Cups A Day Aim for this much weekly: Dark green veggies - 3 cups Orange veggies - 2 cups Dry beans & peas - 3 cups Starchy veggies - 3 cups Other veggies - 7 cups	
FRUITS Focus on Fruits	2 Cups A Day Eat a variety of fruit. Go easy on fruit juices.		
MILK Get your calcium-rich foods	3 Cups A Day Go low-fat or fat-free when you choose milk, yogurt, or cheese.		
MEAT & BEANS Go lean with protein	5-1/2 Oz. A Day Choose low-fat or lean meats and poultry. Vary your protein routine—choose more fish, beans, peas, nuts, and seeds.	6-1/2 Oz. A Day Choose low-fat or lean meats and poultry. Vary your protein routine—choose more fish, beans, peas, nuts, and seeds.	

Know your limits on fats, sugars, and sodium.

	OILS - aim for this much	EXTRAS - limit extras (solid fats and sugars) to this much
1st Trimester	6 teaspoons a day	265 calories a day
2nd Trimester	7 teaspoons a day	360 calories a day
3rd Trimester	7 teaspoons a day	360 calories a day

Guidelines for Eating Fish

Eating fish is a good but challenging thing to do while you are pregnant. Nutrients in fish, including omega-3 fatty acids, are important for your growing baby. However, fish high in mercury can harm their developing nervous system.

The Food and Drug Administration (FDA) and the Environmental Protection Agency (EPA) are advising women who may become pregnant, pregnant women, and nursing mothers to avoid some types of fish and eat fish and shellfish that are lower in mercury. The list below shows the amount of various types of fish that women who are pregnant or planning to become pregnant can safely eat, according to the Environmental Protection Agency (EPA). The EPA recommendation is based on body weight and is therefore, dependent on a person's size. The guidance below is based on a 6 oz. serving of cooked fish for a 130 lb. woman.

- **Least Mercury** Enjoy these fish: Anchovies, Butterfish, Catfish, Clam, Domestic Crab, Crawfish, Atlantic Croaker, Flounder, Atlantic Haddock, Hake, Herring, Mackerel, Mullet, Oyster, Perch, Plaice, Pollock, Fresh & Canned Salmon, Sardine, Scallop, American Shad, Shrimp, Pacific Sole, Tilapia, Trout, Whitefish, and Whiting.
- **Moderate Mercury** Eat 6 servings or less per month: Bass, Carp, Alaskan Cod, White Pacific Croaker, Atlantic & Pacific Halibut, Jacksmelt, Lobster, Mahi Mahi, Monkfish, Fresh Water Perch, Sablefish, Skate, Snapper, Canned Light Tuna, Skipjack Tuna, and Weakfish
- **High Mercury** Eat 3 servings or less per month: Bluefish, Grouper, Spanish & Gulf Mackerel, Chilean Sea Bass, and Canned Albacore & Yellowfin Tuna
- **Highest Mercury** Avoid Eating: King Mackerel, Marlin, Orange Roughy, Shark, Swordfish, Tilefish, and Bigeye & Ahi Tuna

The Benefits of Folic Acid

Folic acid in early pregnancy can help protect your baby. One of the most important nutrients for you and your baby is folic acid. Up to 70% of all neural tube defects - birth defects of the brain and spine - could be prevented if every woman of child-bearing age took folic acid daily.

The Role of Folic Acid

- It has been shown to decrease risk of neural tube defects such as spina bifida and anencephaly.
- Research shows it may help prevent a heart defect, cleft lip or cleft palate.
- It supports the rapid growth of the fetus and placenta.

Boost Your Intake

- It is recommended that pregnant women consume 400-600 mcg daily.
- Foods rich in Folic Acid are: fruits and fruit juices, leafy green vegetables, beans, chick-peas, peas, asparagus, peanuts, sunflower seeds and wheat germ.
- Fortified sources of folic acid are: breakfast cereals, pasta, rice and bread.

Calcium

Calcium intake during your pregnancy is always important but the greatest need for calcium is the last trimester when calcium is deposited in the baby's bones. You need about 1,200 milligrams (1500 m.g. if you are under the age of 19) daily of calcium during your pregnancy. Good sources of calcium include; yogurt that has 300 m.g. or more of calcium per cup, milk or flavored milks, low-fat cheese such as mozzarella, calcium fortified orange juice, or green leafy vegetables such as broccoli

YOUR PREGNANCY WEIGHT GAIN

You may be wondering how much weight you should gain during pregnancy. The answer will be different depending on what your weight was before you became pregnant. It is very important for you to gain enough weight during your pregnancy. However, gaining weight above the recommended level may make it difficult to lose the weight after your baby is born. You should discuss with your provider which of the following categories you fit into. More important than the amount of weight you gain is the quality of food you eat. During your pregnancy you only need 300-400 calories extra per day. Avoid “eating for two”. Avoid snack/junk food and eat more fruits and vegetables and your weight gain will usually be appropriate. If you have any questions or concerns, discuss them with your provider or dietitian. For further guidance on your nutritional needs, please refer to the U.S. Food and Drug Administration MyPlate on [page 23](#).

- **Underweight** If you are underweight, studies have shown that you will need to gain 30 to 40 pounds during your pregnancy. The first trimester (0-13 weeks pregnant) you should gain about 4 to 5 pounds. Then you should gain about one pound a week.
- **Normal Weight** You should gain about 25 to 35 pounds during your pregnancy. During the first trimester (0 to 13 weeks pregnant) you should gain about 2 to 4 pounds. After this time you should gain from 3/4 to 1 pound a week.
- **Overweight** You should gain 15 to 25 pounds during your pregnancy. During the first trimester (0 to 13 weeks pregnant) you may not gain any weight at all.
- **Obese** Obese patients may not notice weight gain during pregnancy. Please discuss diet and exercise modifications with your provider.
- **Twins** Current research suggests you should consume more calories than the advised 300 to 400 calorie increase if you are pregnant with twins. You may need to include extra snacks or eat six meals toward the end of your pregnancy, since you will have very little room to eat large meals. You will likely be referred to a dietitian if you are expecting more than twins.

Where does the weight come from?

Baby.....	7.5 lbs
Amniotic fluid	2 lbs
Placenta	1.5 lbs
Uterus	2 lbs
Breast	2 lbs
Body fluids	4 lbs
Blood.....	4 lbs
Maternal stores.....	7 lbs
(Fat, protein and other nutrients)	

EMERGENCY SYMPTOMS

Call your provider immediately if you have any of the following symptoms.

Emergency symptoms

- Bright red vaginal bleeding.
- Cramping or pain in the center of your abdomen.
- Leaking fluid from the vagina.
- Fever and/or chills.
- Excessive swelling of hands and feet.
- Blurred vision or constant headache/dizziness.
- Pain or burning with urination.
- Change in the baby's movement.

Symptoms of a miscarriage

Contact your provider or go to the Emergency Room if you have one of the following:

- Bleeding accompanied by pain or cramps.
- Cramping that persists.
- Menstrual period type of bleeding.

Factors that increase the risk of miscarriage

- Poor nutrition.
- Smoking.
- Hormonal imbalance and insufficiency.
- Vaginal infections.
- Chronic problems such as lupus, heart disease, kidney problems or diabetes. This may be controlled if recognized.
- Exposure to large amounts of radiation.
- Prior history of miscarriage.

Bleeding and spotting during pregnancy

Vaginal bleeding during pregnancy is not uncommon but it's also not normal. It can indicate many things depending upon whether it is heavy or light, how long it lasts, what color it is and at what point it occurs in the pregnancy. Blood that is bright red is usually more worrisome than blood that is brownish. Call your provider immediately if you have more than a dime-size spot of blood. Bleeding is a warning sign of miscarriage, problems with the placenta or pre-term labor.

There are also less serious or benign causes for spotting and bleeding. Many women who spot go on to deliver healthy babies. However, even if you suspect your spotting is not serious, you should still call your provider.

SEXUALITY & PREGNANCY

Sexual Intercourse During Pregnancy

Pregnancy can have an affect on both the male and female in a relationship with sexual response. Some women may find they have an increased or decreased sexual drive while some women experience no change at all. With pregnancy and after delivery, there are both mental and physical changes occurring that may affect sexuality.

The first trimester of pregnancy brings about hormone changes that cause breast tenderness, nausea and fatigue. Even though the woman may look the same, she feels physically and emotionally different. At this point women may have less of a desire for intercourse. Some couples may be worried that having sex will harm the baby, cause a miscarriage or start labor. However, sexual activity during your pregnancy is very safe and the baby is well cushioned by amniotic fluid. It is important for partners to talk and share their feelings and concerns with each other and feel free to discuss them with their health care provider.

The woman may be feeling physically better by her second trimester so her sexual desire may increase. Couples have usually discovered by this point that sex is safe and will not harm the baby. However, the woman now physically looks pregnant and her partner may develop some concerns about having sex with his wife-partner who is now going to be a “mother”. Again talking openly with each other and sharing emotions is very helpful. You and your partner may want to try different sexual positions for comfort reasons such as woman on top, side by side or rear entry.

Most couples will experience a decrease in sexual frequency in the third trimester of pregnancy with the woman’s size playing a role. It is difficult to lie on her back and often just moving around can prove to be tiring. Your provider may advise you to limit or avoid sex if there are signs of problems in your pregnancy such as vaginal bleeding, ruptured membranes or early labor.

Sexually Transmitted Diseases (STD)

It is important to talk to your provider if you suspect that you may have a sexually transmitted disease. STD’s can be very harmful to your unborn child. If these infections are diagnosed early, most can be safely treated while pregnant.

Common STD’s: Herpes, Syphilis, HPV, Gonorrhea, Chlamydia, Trichomoniasis and HIV. (HIV causes AIDS and is a very serious STD)

Symptoms of STD’s: (NOTE: Some people do not experience symptoms.)

- Painful bumps, sores and blisters in the genital area that worsen or come and go.
- Rash in the genital area
- Wart-like growths
- Itching
- Painful Joints
- Pelvic or abdominal pain
- Foul smelling discharge from vaginal area
- Pain and urgency with urination

Are You at Risk?

You may be at risk if you have had any of the following:

- More than 1 sex partner
- Unprotected sex (oral, vaginal or anal)
- Sharing IV drug needles or a partner who has shared needles
- Blood transfusion between the years of 1978 and 1985
- Past infection with STD
- Sexual contact with a Hemophiliac
- Needle stick with a needle that was used on someone with HIV

TRAVELING DURING PREGNANCY

Always consult your provider before traveling a long distance, especially when you are visiting foreign countries. It may be necessary for you to receive vaccinations if you are traveling to certain foreign places. These vaccinations may or may not be appropriate while you are pregnant. Travel may not be recommended if you or the baby have any high risk problems. If you are planning to travel by train or plane, ask about their policies for pregnant women. You may need to have written approval from your health care provider.

- Always carry a copy of your prenatal medical records in case you need to seek medical attention while traveling.
- Always wear your seat belt properly and you may wish to bring along a few pillows to support your back and neck. You may want to position your seat to stretch your legs.
- Walk around as often as possible to help circulation in your legs at least every 1-2 hours. You may wear support stockings if you have leg cramps or varicose veins.
- Drink plenty of fluids and eat healthy snacks.
- Go to the bathroom frequently to prevent constipation and urinary tract infections.
- Wear comfortable, loose-fitting clothing that is not tight around your abdomen and legs.
- Most airlines restrict flying for pregnant women who are 36 weeks or further along in their pregnancy and 35 weeks or more for international travel.

Seat Belt Safety

Automobile accidents are the leading cause of death for Americans from birth to age 34. A responsible parent protects herself and her baby, both before and after birth, by properly using safety belts and seats. Every time you get into a motor vehicle, make sure to wear your safety belt and use a safety seat for your baby.

Some women are afraid to use safety belts during their pregnancy. They are afraid that the safety belt may be harmful, rather than keeping them safe in an accident. Actually, you and your baby are far less likely to be harmed if you use your belt correctly.

The leading cause of fetal death in an automobile accident is the death of the mother. Fetal injury is closely related to the amount of injury sustained by the mother. Pregnant women who wear safety belts are less likely to suffer injury and death than those who do not wear them.

To ensure the best protection, the mother should wear a lap-shoulder belt every time she travels in a car or truck. This type of belt will keep you in the vehicle and prevent your head and chest from hitting the dashboard, steering wheel or windshield. Using a lap belt will keep your lower torso safe and help to keep you from being thrown from the vehicle.

Place the lower part of the lap-shoulder belt under your pregnant abdomen. Place it as low on your hips as possible and against your upper thighs. Never wear the belt above your abdomen, as this could cause major injuries in an accident. Position the upper part of the belt between the breast. Adjust the lower and upper parts of the lap-shoulder belt as snugly as possible. You should adjust your position in the seat so that the belt can cross your shoulder without rubbing your neck. Do not slip the upper part of the belt off your shoulder. Safety belts that are worn too high or too loosely on the abdomen can cause broken ribs or injuries to your abdomen. More damage can be caused when they are not worn at all.

WORKING DURING PREGNANCY

A healthy woman with an uncomplicated pregnancy can often continue to work throughout her pregnancy. However, it is important that you give your provider a complete picture of your job situation.

There may be hazards on your job site. Some things you need to consider are:

- Are you working around chemicals, gas, dust, radiation or fumes?
- Do you work at heights, lift heavy loads or use high speed machines?
- Are you standing for most of your work day?

Occasionally changes might need to be made in your work situation. No matter how long you work during your pregnancy, there are ways to reduce the physical on-the-job stress during pregnancy.

Tips

- Wear support hose.
- If you have to stand for a long period of time, keep one foot on a low stool with your knee bent to take some pressure off the lower back.
- Take breaks often.
- Take a break and walk around, if you are sitting for a long period of time.
- Sit down and put your feet up if you have been standing for a long period of time.
- Decrease your participation in strenuous activities. You should be able to carry on a conversation without being short of breath or breaking your sentences.
- Take time during your lunch break and rest in a lying down side position, if possible.
- When you are seated, try to keep your legs elevated on a stool if possible.
- Stay away from smoke-filled areas.
- Avoid situations of extreme temperatures.
- Avoid being in areas where there are noxious fumes or chemicals.
- There usually isn't a problem with lifting weights of 25 pounds or less. If you are required to lift more than 25 pounds at work, you will need to discuss this with your provider.
- You should learn the proper way to lift heavy loads:
 - Do not lift things abruptly.
 - Stabilize your body by using a wide stance.
 - Do not bend at the waist, bend at the knees.
 - Do not lift with your back but rather lift with your legs/arms.
- Be sure to empty your bladder at least once every two hours.
- Make sure that you eat breakfast, lunch and dinner and supplement with nutritious snacks.
- Listen to your body and slow down if you are feeling tired.



SECOND TRIMESTER

14 TO 28 WEEKS

Your Body

The second trimester is somewhat more tranquil for the mother. Morning sickness generally has passed and the threat of miscarriage lessens. The highlight of the second trimester is feeling the baby move which is called quickening. This generally occurs during the twentieth week of pregnancy. Perception of baby's movement often leads to dramatic changes in a woman. The mother now perceives the baby as a real person and becomes even more excited about the pregnancy even if she hadn't been previously.

Women sometimes have more energy and feel better during the second trimester which is referred to as the "pregnancy glow". Most women will begin to wear maternity clothes during this time. She may ask her friends and family about pregnancy, childbirth and may attend childbirth preparation classes.

Your Baby

14 to 18 weeks

- The baby's length is about 6-1/2 to 7 inches long (a little larger than a can of soda pop).
- The baby's weight is 6 to 7 ounces.
- Fingers and toes are well defined.
- Sex is identifiable by ultrasound.
- Fetus is developing sucking and swallowing reflexes (sucking thumb).

18 to 22 weeks

- The baby's length is 8 to 10 inches (the length of a banana).
- The baby's weight is about 1 pound.
- Hair begins to grow.
- Fetal movement felt by mother (may feel flutters or butterflies).
- Growth of internal organs is taking place.
- Appearance of eyelids, eyebrows and eyelashes.
- Your baby will begin to sense sounds like your heart and voice.

23 to 26 weeks

- The baby's length is 14 inches long (a little larger than a foot long sub sandwich).
- The baby weighs in at 1-1/2 to 2-1/2 pounds.
- The baby will begin sleeping and eating at regular intervals.
- The baby's lungs are developing and preparing to breathe.
- By the end of this month, the baby will be much stronger and you will be able to feel definite movements. The baby's rolls, tumbles, pokes and kicks are enough to startle you.
- The baby's muscles and motor skills are developing. Bones are storing calcium and getting harder.

YOUR APPOINTMENTS – 14 TO 28 WEEKS

From now until the time you reach 28 weeks, you will see your provider every 4 weeks. Once you reach 28 weeks gestation, your appointments will become more frequent. If you have questions or concerns before your next appointment, don't hesitate to call your provider. Listed below are some things that will occur during your appointments. Prenatal tests and screening are listed plus what week gestation they will generally take place and why.

Discussion and Questions

14 to 28 weeks Your provider will probably start by reviewing your chart then following up on issues that were raised at your previous appointment and let you know about any test results that have come back. Your provider wants to know how you're feeling, both physically and emotionally. Remember that these visits are your opportunity to bring up any questions or concerns you might have. Be sure to mention whatever's on your mind or concerning you. They may ask you the following:

- Are you nauseated?
- Have you had any vaginal spotting or bleeding?
- Have you felt any fluid leakage?
- Have you felt any contractions (pain or tightening of the belly)?

Physical Exam

Weight – 14 to 28 weeks You will be weighed at the beginning of each appointment to track your weight gain.

Blood pressure – 14 to 28 weeks Your blood pressure and pulse will be taken at each appointment. If your blood pressure is high, you could have gestational hypertension.

Examination – 14 to 28 weeks Your provider will feel your abdomen to get a sense of the size of your growing uterus and baby. They will measure your fundal height (the distance between your pubic bone and the top of your uterus) to estimate your baby's size and compare it to the gestational age as well as measurement from your previous visit. If your baby's size seems to be either too big or too small, you'll most likely be scheduled for another ultrasound to evaluate the baby's growth and to check your amniotic fluid levels. Your provider will probably be able to tell whether your baby is in the head-down position or breech (bottom down).

Baby Check-Up

Heartbeat – 14 to 28 weeks Your provider listens for your baby's heartbeat with a handheld device called a doppler.

Testing & Screening

Urine Tests:

- **Glucose (sugar) in urine – 14 to 28 weeks** It is not uncommon to have a small amount of sugar in your urine. However, if it happens often or you have a large amount of sugar in your urine, your provider may go ahead and order a blood test to check for gestational diabetes rather than waiting until the end of the second trimester when the routine screening occurs.
- **Albumin (protein) in the urine – 14 to 28 weeks** Protein in urine can be a sign of a urinary tract infection. If it is accompanied by high blood pressure, it can be a sign of preeclampsia.

Blood Tests:

- **Iron deficiency – 26 to 28 weeks** You will be scheduled for a blood test that will test you for iron deficiency which indicates anemia.

Screenings:

- **Quad screen (optional) – 15 to 20 weeks** This is an optional blood test looking for four proteins in the mother's bloodstream. The results of this test determine if your baby is at risk of neural tube defects, down syndrome, or trisomy 18. A positive test result does not mean your baby has a defect but simply means that more testing may be needed.
- **Amniocentesis (optional) – 15 weeks** This is an optional procedure. It removes a very small amount of amniotic fluid from around the baby to test for down syndrome, chromosomal abnormalities, genetic disorders, and neural tube defects.
- **Cystic fibrosis screening (optional) – 16 weeks** This screening can be done in week 16 of pregnancy through a blood test. This test screens your baby for the genetic disease cystic fibrosis.
- **Ultrasound – 20 to 22 weeks** Your provider will schedule an appointment for you to have a routine ultrasound. This ultrasound will check for physical abnormalities and verify your due date. This will be your chance to find out your baby's gender if you choose to and if the baby cooperates by being in a good position for the tech to make the determination.
- **Glucose screening test – 27 to 28 weeks** You will be scheduled for a one-hour gluco test. This screening test determines whether or not you have gestational diabetes.

Education and Counseling

14 to 28 weeks Your provider will take the time to briefly review findings from the exam and let you know if they have any concerns. They may also tell you about normal changes to expect before your next visit and warning signs that would warrant you calling in.

PRENATAL TESTING

Nuchal translucency screening

Nuchal translucency screening, or NT screening, is an ultrasound test. It screens for down syndrome (trisomy 21, meaning an extra copy of chromosome 21) and other disorders that are caused by extra copies of chromosomes (trisomy 13, trisomy 18), as well as congenital heart defects. Fetuses that have an extra chromosome may have more fluid at the base of their necks, a spot known as the nuchal fold, and this can make their necks larger. This fluid can be measured on an ultrasound during the 11th to 14th week when the base of the neck is still transparent. Timing is crucial, because the nuchal fold becomes less transparent as your baby grows. NT measurements are not conclusive, so the screening test can't tell you for sure whether your child has a chromosomal disorder, but it can be combined with other data (from blood tests and from population studies) to provide a statistic about the likelihood of such a disorder. This information can be helpful to parents who are trying to decide whether to have more invasive genetic tests, such as amniocentesis or CVS.

NT screening is available for any pregnant woman. The accuracy of the test is, however, dependent on the skill of the sonographer performing it and the sensitivity of the equipment. Southeast Iowa Regional Medical Center does not currently offer this testing. You would need to be referred to the University of Iowa Hospital in order to receive this test. There are no increased risks of miscarriage for the NT screen or the first and second trimester blood tests that accompanies it. The biggest risk might be the anxiety that the test can provoke. False positives are common and so are false negatives. But try to keep it in perspective: The odds of having a completely healthy baby are overwhelmingly in your favor. Before you decide whether to have this procedure, talk to your provider about genetic counseling to help you determine which genetic tests are right for you.

Quad screen

Quad screen is an optional blood test looking at four proteins in the mother's bloodstream. This test can only be done between weeks 15 and 20 of your pregnancy. The results of this test determine if your baby is at risk of neural tube defects, down syndrome, or trisomy 18. A positive test result does not mean your baby has a defect. It simply indicates more testing may be needed. Nothing the mother does alters the level of protein and is not related to the protein in the mother's diet.

Cystic fibrosis screening

Cystic fibrosis is a life-long illness that is usually diagnosed within the first few years of life. This disorder causes problems with digestion and breathing, however it does not affect intelligence or appearance. People who are diagnosed with cystic fibrosis do not all have the same symptoms or severity of symptoms. Cystic fibrosis screening for your baby is optional and can be done in week 16 of pregnancy through a blood test.

Ultrasound

The ultrasound is a safe, painless test that uses a hand held device called a transducer that produces sound waves. The transducer is placed on the mother's abdomen with the sound waves bouncing off the baby to make the image. The ultrasound can be performed vaginally using a tampon-size probe inserted into the vagina.

Ultrasonography is performed by a trained sonographer or by a physician. It has been used for well over 25 years without any identified risk to the baby. Ultrasound is only performed on the mother when medically indicated. Your third party payor (insurance company or medicaid) may not pay for the cost of the ultrasound without a medical indication. Some common reasons that you might have an ultrasound include: to estimate the due date; suspected tubal pregnancy; vaginal bleeding; to diagnose birth defects; to determine the baby's position and to measure the amniotic fluid.

Amniocentesis

This is a procedure that removes a very small amount of amniotic fluid from around the baby for testing and can be done around week 15 of pregnancy. Amniotic fluid contains skin cells that the baby sheds into the fluid. These cells are then grown in the laboratory and the genetic material in the cells is examined.

A very thin needle is passed through the skin and tissues of the mother and into the fluid space around the baby, under ultrasound guidance. The fluid is drawn into a syringe and sent off to the lab for testing. Most women say this test feels like getting a shot or having blood drawn.

Amniocentesis is sometimes performed prior to the delivery of the baby for the study of lung maturity. Certain substances are measured in the fluid to determine if the baby's lungs are ready to breathe air. This test may be needed if your provider is considering starting your labor early. Problems with amniocentesis are not common. On a rare occasion, women may have problems afterwards such as bleeding, infection, rupture of the bag of water, miscarriage or delivery.

Glucose tolerance

Around week 27 to 28 of your pregnancy, your provider will have you take the one hour glucola test. This is a screening test to determine whether or not you have diabetes during pregnancy. The glucola screening test is done routinely for several reasons. Approximately 2-3% of all pregnant women will develop diabetes in their pregnancy (gestational diabetes). Diabetes needs to be diagnosed and treated properly or it can be harmful to the mother or baby, or both.

Should I do anything to prepare for the test?

There is no preparation needed before the test.

What will happen during the screening test?

- You will be given a sweetened beverage to drink over a 5 minute period.
- Then a small amount of blood will be drawn after you have finished the beverage.
- Do not eat, drink, chew gum or smoke until your blood sample has been obtained.
- You may have small sips of water during this time.

When will I get results?

You will have results shortly after your blood has been drawn.

What will happen if the test results are abnormal?

You will receive instructions and be scheduled for a more specific test called a glucose tolerance test (GTT). This test will help to determine if you have gestational diabetes.

POSTURE & EXERCISE DURING PREGNANCY

Posture

Good posture is very important during pregnancy. It relieves backaches, breathing difficulty and makes you feel better as well as look better. Correct posture can prevent or relieve back pain. Some helpful good posture tips are listed below.

Tips

- Stand tall while stretching the top of your head toward the sky.
- Pull your head back and make sure to center it over your body.
- Tuck your chin slightly.
- Pull shoulders gently back.
- Pull in your abdomen gently.
- Tuck your buttocks under and in.
- Keep knees relaxed and do not lock them back.

To prevent back pain, we suggest: (Also see exercises on [Page 21](#))

- Use your leg muscles to raise and lower yourself. Make sure to slide yourself to the front edge of the chair and then raise your body with your leg muscles.
- When you have to stand in one spot for a long time, put one foot upon a low object such as a footstool. Alternate frequently which foot you place up.
- When you are getting up from a lying position, always roll to your side then try to sit or stand, then to your knees and upward.
- Make sure your working surface is high enough.

Exercise in pregnancy

Moderate physical activity is very beneficial for most expectant mothers and their babies. However, pregnant women who are high risk, may have to cut down or even eliminate physical exercise.

The type of exercise that is right for you depends upon your health and how active you were before you became pregnant. This is not the time to take up a new sport. If you were active before pregnancy you can safely continue to exercise in moderation. If you are just beginning a new exercise program, you will want to build up slowly. The following activities are excellent forms of exercise in pregnancy:

- Swimming
- Brisk walking
- Prenatal exercise classes

Remember to:

- Start by using a warm-up period.
- Do not push yourself. You should be able to carry on a conversation without being winded.
- Make sure to finish with a cool down period.
- Limit your exercise period by taking a break after 30 minutes.
- Exercise regularly, not erratically.
- Replace fluids that you used – 8 ounces per each 30 minute exercise period
- If you join a group exercise program, make sure your instructor knows you are pregnant.
- Do not work out on an empty stomach.
- Wear the appropriate clothing for working out:
 - Cotton underwear
 - Fabrics that breathe
 - Well-fitting athletic shoes.
- DO EVERYTHING IN MODERATION! DON'T OVERHEAT YOURSELF!

Muscle Toning

All your exercises should be done deliberately and slowly. Exaggerated movements should be avoided. Exercises that cause discomfort or pain should be avoided and you should avoid hyper extension of the lower back. Consider the side lying position as an alternative if you become uncomfortable doing the exercises while lying on your back.

Do slow chest breathing with the exercises. Start by doing each exercise 3 or 5 times and progress at your own rate then slowly building up to 10 times. You shouldn't perform any exercise to the point of fatigue, rest and relax as needed. Don't point toes inward because that may cause cramps in calf.

Exercise should be done only after discussion with your provider.

Kegel Exercises

- Purpose: Exercising the pelvic floor is critical in order to provide better support for the uterus and other pelvic organs during pregnancy. These exercises also provide greater relaxation during the pushing stage of delivery, so that the muscles are more supple and controlled. In the postpartum period, these exercises promote faster healing of episiotomy and assist in regaining the muscles' normal strength and tone.
- Position: Can be done standing, sitting, or lying down.
- Exercise: Tighten the pelvic floor muscles as if you were stopping the flow of urine. Hold for a few seconds, then relax.
- Repetitions: Should be done at least ten times daily. Do sets of 5 to 10 repetitions.

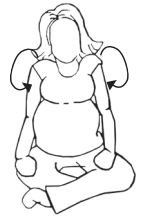
Neck Rolls

- Purpose: Helps to release tense neck muscles and improve posture.
- Position: Sit on the floor with your legs crossed and your back straight.
- Exercise: Put your chin on your chest then roll it around and up so you can look over your shoulder. Roll your head back down and then around and up to look over the opposite shoulder.
- Repetitions: Begin with 3 to 5 and work up to 10 daily.



Shoulder Circles

- Purpose: Helps to relax muscles in the upper back (improves posture) and to stretch the muscles that support the breasts (deepens breathing).
- Position: Sitting on the floor with legs crossed and back straight.
- Exercise: Lift your shoulders up towards your ears s-l-o-w-l-y, then back so your shoulder blades move inward. Drop to original position and repeat.
- Repetitions: Begin with 3 to 5 and work up to 10 daily.



Arm Stretches

- Purpose: Helps to relieve upper backaches and increase lung capacity.
- Position: Sitting on the floor with legs crossed and back straight.
- Exercise: Slowly reach up, alternating arms. Inhale deeply as you reach, exhale as you lower your arm.
- Repetitions: Begin with 3 to 5 and work up to 10 daily.



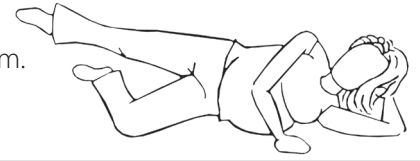
Pelvic Tilt/Rock

- Purpose: Relieves backache, improves posture, strengthens abdominal muscles.
- Position: Lying on back/side with knees bent, sitting, standing, or on all fours. Should be straight and relaxed.
- Exercise: Take a deep breath in, then exhale as you use your abdominal muscles and your buttocks to tuck your tailbone under ("tucking tail" between legs).
- Repetitions: Begin with 3 to 5 and work up to 10 daily.



Leg Lifts

- Purpose: Strengthens and firms the hip and buttock muscles.
- Position: Lying on your side with the bottom leg bent and your head resting on your arm.
- Exercise: Lift your top leg up and back as you exhale. Lower and repeat.
- Repetitions: Begin with 3 to 5 and work up to 10 daily.



Sand-Digging

- Purpose: To improve circulation.
- Position: Sitting, with shoes and socks off. Preferably with carpet underfoot.
- Exercise: Extend and flex toes as if "digging sand" at the beach.
- Repetitions: Begin with 3 to 5 and work up to 10 daily.



Leg Stretch

- Purpose: Helps to relieve backaches by stretching the back and trunk. Also prevents leg cramps by stretching the leg muscles, and helps loosen the perineum.
- Position: Sit on the floor with your legs spread apart comfortably and toes pointed.
- Exercise: Raise your right arm over your head and stretch down over your left leg as you exhale. Hold to a count of 3, then sit up with your back straight. Repeat with left arm raised. Finally, raise both arms and lean forward to a count of 3.
- Repetitions: Begin with 3 to 5 and work up to 10 daily.



RELAXATION & SLEEP DURING PREGNANCY

Relaxation

Stress is a normal part of life. Stress can motivate us to get things done and challenges our minds and bodies. Severe stress, on the other hand, is not healthy. It can often cause unpleasant physical symptoms such as sleep problems, upset stomach or muscle pain. Relaxation techniques provide one way of dealing with increased stress. You should plan to spend 10 minutes a day doing some form of relaxation.

Deep breathing

This technique can be done at any point in the day by simply taking 5 or more breaths, letting the air slowly fill your lungs. Place your hands on your abdomen below the waist and feel your body rise and fall with your breathing (if not, you are not breathing deeply enough). Imagine yourself blowing away the stresses of the day as you exhale.

Music

Choose some relaxing music (often classical or sound tracks with no words) of your choice and find a comfortable place to close your eyes. Now concentrate on the music or think about a relaxing place and/or event.

Relaxation exercises

Tapes that are specifically made to guide you through relaxation exercises are often available at libraries or book stores.

Resting position

Try to get comfortable by first emptying your bladder and removing or loosening tight clothing. Lie on a firm bed or on the floor. Lie on either side (right or left) with that arm behind you, place the arm on top flexed and in front of you. Keep the leg on the side you are lying on, down and put the other leg in front of it and flexed, and back slightly curved.

Progressive relaxation

Legs and Lower Abdomen

- Lie down on your side and begin with the foot of the top leg. Push your foot down, bending at the ankle and then relax. (If the muscle of the back of your leg has a tendency to cramp, do not push down too far.)
- Bending at the ankle, pull your foot up back towards your head and relax.
- Bend your knee just enough to feel the muscles in the back of your thigh and relax.
- Straighten your leg from the knee and then relax.
- Tighten your buttocks muscles and then relax.
- Tighten the muscles of the floor of your pelvis or the area between your legs and then relax.
- Do the same techniques with the other foot.

Arms (start with the arm you are lying on)

- Make a tight fist and then relax it.
- Straighten out your elbow and then relax it.
- Hunch your shoulder toward your ear or push it into the pillow and then relax.
- Do the same techniques with the other arm.

Face

- Make a round wide "O" with your mouth and then relax.
- Wrinkle up your nose and then relax it.
- Make a frown and then relax it.
- Raise your eyebrows and then relax them.
- Close your eyes tight and then relax them.
- Then let your eyes close slowly and begin your abdominal breathing while thinking "in" and "out" as you breathe at your own rate.

After you have learned the relaxation in steps, try to relax suddenly. This will help you to be able to use controlled relaxation during the first stage of labor.

NOTE: Do not try to sit in an upright position suddenly after such a complete relaxation. Bring your circulation back to normal by moving the legs and arms and turn over and sit up slowly.

The purpose of progressive relaxation is to help improve your ability to relax muscles by tensing them first. Even when you are extremely tired and/or suffering from insomnia, these techniques can help you become relaxed. Your mind should be focused on your own quiet natural breathing. Practice this 1 to 2 times per day.

Problems sleeping

In the last weeks of pregnancy you may have problems sleeping, since your abdomen is large and it is hard to get comfortable. You may try the following:

Try using the progressive relaxation techniques ([page 38](#)).

Avoid exercising before you go to bed (about two hours before bedtime).

Try having a light snack before bedtime to keep your blood sugar level up.

Lie on your side and prop pillows under your abdomen and between your legs.

Try to clear your mind of all worries or problems.

Receiving a back rub, listening to soothing music or doing some light reading may help you relax.

Establish a “routine” bedtime and time you get up every day.

Consider sleeping in alternative locations such as a recliner or sofa.

Be sure to speak with your health care provider if you need more help with sleep troubles.

WHAT IS PREECLAMPSIA?

What is preeclampsia?

Preeclampsia is also known as pregnancy-induced hypertension (blood pressure). It is a disorder that generally develops later in pregnancy after week 20. Preeclampsia is characterized by a sudden onset of high blood pressure, swelling (generally in extremities), and protein is detected in the urine. Only about 5 to 10 percent of pregnant women will be diagnosed with preeclampsia.

What are the symptoms?

Preeclampsia symptoms include; severe swelling, sudden weight gain not related to eating, visual disturbances, headaches, and a rise in blood pressure.

Who is most at risk?

If your mother had preeclampsia when she was pregnant with you or if your partner's mother had pre eclampsia when she was pregnant with him, then you're more likely to develop the condition. Women who are deficient in vitamins E, C, and magnesium are also at greater risk. Women who are carrying multiple babies, over 40, diabetic, and who already have chronic high blood pressure are also at greater risk. If you're diagnosed with preeclampsia, you have a one in three chance of developing the condition in future pregnancies. If the pregnancy that you were diagnosed with preeclampsia was your first pregnancy, then your risk is even higher.

Should you be concerned?

Women who receive regular prenatal care will be diagnosed early and should be able to manage the condition successfully. If preeclampsia goes untreated, it could progress to eclampsia which is a much more serious pregnancy condition. Unmanaged preeclampsia can also cause a number of other pregnancy complications such as premature delivery or intrauterine growth restriction for the baby.

What can you do?

Regular prenatal care is the best way to catch preeclampsia in the early stages. There is nothing that will cure preeclampsia except for delivery of the baby. It is very important to follow the instructions that your provider gives you to help manage your condition. Treatment for a mild case of preeclampsia includes changes in diet, exercise, and possibly medication to lower your blood pressure. Treatment for a severe case of preeclampsia includes bed rest and careful monitoring (possibly in the hospital). Depending on the severity of your condition, it may be recommended that you be delivered as soon as your baby is physically mature enough and as close to 37 weeks as possible.

WHAT IS PLACENTA PREVIA?

What is placenta previa?

Placenta previa is a low-lying placenta that covers part of or all of the inner opening of the cervix. This may result in heavy bleeding during labor and delivery. This can be dangerous for mother and baby.

How common is placenta previa?

Placenta previa occurs in about 1 in 200 pregnancies. Women who have had placenta previa in a previous pregnancy have a 4 to 8 percent chance of recurrence. Placenta previa is three times more likely to occur in women over the age of 30 than in women under the age of 20.

What are the symptoms?

Placenta previa presents with bright-red bleeding most often between weeks 34 and 38 (though sometimes earlier). There is usually no pain involved. More often, placenta previa is discovered not through symptoms, but during a routine second-trimester ultrasound.

Who is at risk?

The cause is unknown. Women are also at increased risk if they've had previous uterine surgery, including C-Section, a D&C (dilation and curettage in which the lining of the uterus is scraped) following a miscarriage, an abortion, or if they are carrying multiple babies.

Should you be concerned?

Placenta previa is considered to be the most common cause of abnormal bleeding in the later part of pregnancy. Most cases are found early and managed well, with the baby being delivered successfully by C-Section section (about 75 percent of cases will be delivered by C-Section before labor starts). If you've been diagnosed with placenta previa, you have a higher chance of pre-term labor.

What can you do?

There is no way to prevent placenta previa. If you've been diagnosed with it and you're experiencing bleeding, your provider will likely put you on bed rest. If premature labor seems imminent, you may receive steroid shots to mature your baby's lungs more rapidly before a C-Section is performed.

BREASTFEEDING

Breast milk is the best milk. The American Academy of Pediatrics recommends that a baby have breast milk for the first 12 months of their life.

Benefits to moms:

- Breastfeeding promotes less vaginal bleeding after delivery.
- Breastfeeding is inexpensive.
- Breastfeeding is always available to you.
- There is nothing to mix, measure or heat and there are no bottles to wash.
- Traveling with the baby becomes easier when you are breastfeeding.
- Breastfeeding promotes attachment between the mother and baby.
- It promotes a faster return of the uterus to its pre-pregnancy size.
- It reduces the risk of premenopausal breast and ovarian cancer.
- It helps promote faster weight loss after giving birth.

Benefits to babies:

- It is easy to digest and absorb and causes less colic.
- The iron in the breast milk is more readily utilized.
- Breast milk changes to meet the needs of growing baby.
- Breast milk consists of certain substances that promote nervous system development and brain growth.
- It leads to a reduction in diarrhea for the baby.
- It leads to a reduction in ear and respiratory infections.
- Has been shown to decrease rates of childhood leukemia.
- Babies develop fewer allergies especially in families with a history of allergies. Breast fed babies have less occurrence of asthma, food allergies and eczema.
- Breast-fed babies have fewer illnesses such as ear infections, colds, flu and GI upset.
- Breast milk offers protective factors and babies have fewer provider visits and hospitalizations.
- Breast milk can help babies to respond better to vaccines, as antibody levels have been found to be higher in breast-fed babies at 7 to 12 months.
- It creates a strong bond between the mom and baby.
- It reduces the incidence of SIDS.

Major Concerns of Breastfeeding:

Where can I find help about breastfeeding?

Southeast Iowa Regional Medical Center provides breastfeeding educators to assist you with your needs and concerns. Certified lactation consultants are available for support and consultation once you have gone home from the hospital. If you need assistance, you can call.

Talk to people who are important to you about the benefits of breastfeeding and how it works. Ask for their help and support. Talk to friends or relatives who enjoyed breastfeeding their babies. They can encourage you. There are also many web sites on the internet such as www.kellymom.com, www.breastfeedinginc.com, and www.infantrisk.com. The National Women's Health Information Center (NWHIC) Breastfeeding Helpline phone number is 1-800-994-WOMAN (9662). TDD 1-888-220-5446 (9 a.m.-6 p.m., Monday-Friday, EST).

Will I have enough milk?

The size of your breasts does not determine if you will have enough milk. "Milk Removal" determines how much milk you will make. The more the baby is breast-fed, the more milk you will produce. After your baby is born, he/she is very alert and the sucking instinct is strong. Your nurses will help you with positioning, latching, questions or concerns. You can help before you go into labor by learning all you can about breastfeeding.

Will Breastfeeding Hurt?

Breastfeeding should not hurt. There may be tenderness at first but this should go away the longer you do it. Your nurse will help you with positioning and helping your baby with correct latching-on to your nipple and the areola (the darker area of your nipple). If you have flat or inverted nipples you should ask about wearing breast shells to help draw out your nipples before the baby is born. Do not try to “toughen” up your nipples by pinching or pulling on them to produce sores, as this will not improve breastfeeding.

Though your baby was born to breastfeed, it is a learned skill. Breastfeeding is a learned skill and it takes practice and patience. While you and your baby are learning, you may become frustrated but it will get better. Just take it one feeding at a time and do not hesitate to ask for help if you need support. Remember breastfeeding usually gets gradually easier not harder. Invest the time in yourself and your baby to protect your health, your baby’s health, and build a bond that will last a lifetime.

There are videos and books available on “How to Breastfeed”. Ask your provider for any educational materials before you have your baby so that you can be prepared.

Is it embarrassing to breastfeed in front of others?

Some mothers worry about their modesty when breastfeeding. Although we are aware that making milk is a natural function of the breast, many women are embarrassed about exposing them. Initially, you may feel more comfortable breastfeeding in a private place. However, most women find that with time and experience, breastfeeding in the presence of others can be comfortable and discreet. If you feel uncomfortable breastfeeding in public, many shopping centers now have areas where mothers can discreetly breastfeed. If your location does not have these areas, dressing rooms work well to maintain privacy.

What will I do when I return to work or school?

There are many options for mothers who are returning to work or to school and are breastfeeding. You will need to express or pump your breast milk or you will need to make arrangements for your baby to be brought to you during meal breaks, so that your breasts do not become too full. You need to plan for your baby to be fed in your absence with either your own expressed milk or formula. This will take planning ahead but many mothers who work outside of the home or attend school, feel that breastfeeding offers compensation for the hours that must be spent apart.

Which breast pump should you choose?

The best breast pump for you will depend upon how long you need to pump and how often. A mother that plans to stay home with her baby will need a different pump than a mother who is working or going to school. If you have time restrictions, you may want to select a double pumping breast pump instead of a single one. Pumping both breasts at once can save you time while increasing your milk supply. A manual pump is suggested for occasional or short term pumping.

If you are planning to work or go back to school full-time (pumping 2-3 times a day or more and for long term pumping), you should consider buying a double electric personal pump or renting a double electric hospital grade pump. These are available at many medical supply stores for your purchase. A double electric hospital grade pump will work best for a pre-term baby who is unable to breastfeed to keep up your milk supply. If you are unable to get a hospital grade pump, then a double electric personal pump will make a good second choice.

Will my insurance cover a breast pump?

Individual plans will vary on coverage. We encourage all patients to call their insurance company and ask them their questions about coverage.

Breast Milk Storage Guidelines

Collection

- Always start with clean hands and equipment.
- Choose storage containers that have an airtight seal, and can be labeled and stored easily. Containers designed for breast milk storage are preferred.
- Store milk in small portions to minimize waste and reduce thawing time.
- Milk from different pumping times on the same day can be frozen together. Cool the new milk for one hour before adding to other milk from that day.
- Leave room in the containers for milk to expand when it freezes.
- Label containers with the date and baby's name.
- Stored milk will separate and the cream will come to the top. Swirl the milk to mix it.
- The color of milk may vary. Milk that has been frozen may smell different than fresh breast milk. There is no reason not to use the milk if baby accepts it.

Storage

HUMAN MILK	ROOM TEMPERATURE	TIME IN REFRIGERATOR	TIME IN FREEZER
Freshly pumped	Up to 6 hours	Up to 5 days	Up to 6 months (Up to 12 months in a deep freezer)
Previously frozen, thawed in the refrigerator but not warmed	Up to 4 hours	Up to 24 hours	Don't refreeze.
Previously frozen, and brought to room temperature	Up to an hour and then discard	Up to 4 hours	Don't refreeze.
Previously frozen and baby has started feeding	For completion of the feeding and then refrigerate	Up to 4 hours	Don't refreeze.
Pasteurized human donor milk, thawed	Up to 4 hours	Up to 48 hours	Don't refreeze.

Source: Best Practice for Expressing, Storing, and Handling Human Milk in Hospitals, Homes, and Child Care Settings. Frances Jones, 4th Edition, 2019 Human Milk Banking Association of North America

Thawing

- Use the oldest milk first.
- Thaw milk overnight in the refrigerator or place the container in warm water. Thawed breast milk may be kept in the refrigerator for 24 hours.
- The baby can drink the milk cool, room temperature or warmed.
- Never use the microwave or stovetop to heat milk. Besides heating unevenly, it can destroy antibodies.
- Don't refreeze milk. Don't save milk that has been partially eaten for a future feeding.

BOTTLE FEEDING

Some new mothers are unable to breastfeed exclusively. Some women are incapable of producing an adequate milk supply for solely breastfeeding their baby. These mothers can choose to continue breastfeeding while supplementing feedings with formula or choose to completely bottle feed.

These are some reasons that would inhibit breastfeeding:

- If you've had breast reduction surgery, there is a good chance that you won't be able to nurse exclusively because the breast tissue that was removed contained milk glands and ducts.
- If you had breast augmentation, there is a small chance that you won't be able to produce enough milk to supply your baby's needs.
- If you are HIV positive, you can pass the HIV virus to your infant through breast milk.
- If you have active, untreated tuberculosis
- If you use an illegal drug, such as cocaine or marijuana
- If you have an alcohol or drug addiction.
- If you're receiving radiation of any kind or taking certain prescription medications such as: some drugs for migraine headaches; Parkinson's disease; arthritis; chemotherapeutic agents; and some mood-altering drugs. Medications can pass into the breast milk and can hurt the baby. Talk with your health care provider before breastfeeding if you're taking prescription drugs of any kind.
- If you smoke, you need to quit. Nicotine or other chemicals pass to your baby through your breast milk. If you need help quitting, call the free service called Quitline Iowa at 1-800-784-8669.

Formula

There are three types of infant formulas. "Ready-to-pour" formula comes already mixed in a can or bottle and is ready to pour into your own sterilized bottle. Liquid Concentrate requires mixing with sterilized water at a 1 ounce to 1 ounce ratio. Finally, there is "powdered" formula which is mixed with sterilized water. Pediatricians recommend using a sterilized water with fluoride added as it aids in the development of strong healthy teeth. Powdered formula is the least expensive of all three types but is the greatest amount of work. Your pediatrician can help you to determine a brand of formula to purchase.

If you choose not to breastfeed, today's formulas provide perfectly adequate nutrition. You can use feedings as a time to cuddle and talk to your baby and experience a similar feeling of closeness that breastfeeding offers. Your partner or support person can also share in the feeding experience.

Mixing breast milk and formula

While there is nothing wrong with mixing breast milk and formula in the same container, it's probably not the best idea. You don't want to waste a single drop of your expressed breast milk which could happen if your baby doesn't finish their bottle. To avoid wasting your breast milk, feed your baby whatever breast milk that you've pumped and then follow up with a couple of ounces of formula if you need it.

Sterilizing bottles

Before you use bottles, nipples and rings for the first time you should sterilize them. You can sterilize them by submerging them in a pot of boiling water for at least 20 minutes. Then lay them out on a clean towel to air dry. After using the bottles, nipples and rings for feeding wash them in hot, soapy water or wash them in the dishwasher.

Warming bottles

You will need to warm up refrigerated expressed breast milk before feedings. You will probably want to warm up formula before feedings as your baby will probably prefer it warm. When you're ready to feed your baby, you will need hot water to warm the bottle. You can place the bottle in a pan of hot (not boiling) water. You can run the bottle under hot tap water in the sink. You can heat water in a microwave safe bowl in the microwave and place the bottle in the bowl to warm. Do not warm the actual bottle in the microwave! A microwave heats unevenly and can create hot pockets in the milk which can burn the mouth of your baby. It can also lead to nutrient break down in the milk. Finally, you can purchase a bottle warmer designed specifically for this purpose.

Remember to always test the warmed bottle by dripping milk on the inside of your wrist. The bottle is ready if you can't feel the temperature at all (neither too hot nor too cold) and it feels like nothing is on your wrist.

Feeding your baby a bottle

Listen and observe your baby when you are feeding them a bottle. If you hear a lot of noisy sucking sounds, they may be taking in too much air. To help avoid your baby swallowing too much air hold your baby at a 45 degree angle while they are taking their bottle. It also is helpful to tilt the bottle so that the nipple and neck of the bottle are always filled with breast milk or formula. Never prop a bottle, it can cause your baby to choke.

Amount of formula your baby needs

Your pediatrician can help you determine the amount of formula your baby will need but here are some suggestions of ways to determine your baby's needs.

Your Baby's Cues

The most important thing to take into account is your baby's behavior. Babies eat when they're hungry and stop when they're full. Appetites will vary among babies. Each baby's nutritional needs change from day to day and even month to month. Your baby may be hungrier than usual during growth spurts and may want less food if he or she is not feeling well. It's important to look for your baby's hunger cues.

A key hunger cue is crying but you'll want to resist the urge to feed your baby at every whimper. If your baby has recently been fed they may; have a wet diaper, be hot or cold, need burped or just want to be close to you. Some other hunger cues are; smacking their lips together or sucking, turning their head toward your hand when you stroke their cheek "rooting", and putting their hands to their mouth. You'll notice that your baby wants more milk or formula if they finish the amount you have given them quickly and then looks for more. If your baby seems hungry after their first bottle, try preparing just an ounce or two more at a time to feed them. If you prepare a larger amount, there is a greater likelihood that you will have to throw out unfinished formula.

Consider your baby's age

The amount of formula that your baby needs depends not only on their weight but also on their age. Let your baby's hunger be your guide.

A guideline: Most new babies want to eat every two to three hours. You can start with 1 to 2 ounces at each feeding for the first week and then work up to 2 to 4 ounces. As your baby gets older, their tummy will get bigger and they will drink fewer bottles a day with more formula in each.

At a couple of months old, for example, your baby may be down to eating 6 to 8 bottles per day containing 4 to 6 ounces of formula in a 24 hour period. By four months, your baby might drop to 4 or 5 bottles per day containing 6 or 7 ounces each and so on.

Multiply your baby's weight by 2.5 ounces

If your baby is not eating any solids (babies less than 4 to 6 months of age shouldn't be), then the general rule of thumb is to offer them 2.5 ounces of formula per pound of body weight each day.

For example, if your baby weighs six pounds then you'll give them about 15 ounces of formula in a 24-hour period. A new baby who eats every 3 hours will eat 8 bottles a day and will eat approximately 2 ounces per bottle.

Signs your baby is getting the right amount of formula or breast milk

You can judge that your baby is getting the right amount of formula or breast milk by the following cues:

- Your baby seems relaxed and satisfied after a feeding.
- Your baby has five to six wet diapers a day (if you're using disposable diapers).
- Your baby continues to gain weight after their first two weeks. (Most babies lose between 5 to 9 percent of their birth weight and then regain it by the time they're two weeks old.)

It is possible to over feed your baby and they will give you cues on this too. If after eating, your baby vomits, you may have overfed them. Spitting up is normal, vomiting is quite a bit more than spitting up. Your baby may also exhibit signs of tummy pain if overfed by drawing up their legs.

By all means, if you're concerned that your baby isn't eating enough or even too much, talk to your pediatrician. They can advise you of any adjustments you need to make.

SKIN-TO-SKIN CONTACT

What are the benefits of skin-to-skin care?

Mothers have probably always held their babies skin-to-skin. It's a wonderful way to be close. Yet recent studies have shown that skin-to-skin care also has important health benefits for babies, especially when it's given right after birth.

For example, skin-to-skin care can:

- Help your baby maintain a healthy body temperature
- Help regulate your baby's heart rate, blood sugar, and breathing
- Calm and sooth your baby, improve your baby's sleep, and adjust to life outside the womb
- Help your baby breastfeed and improve your ability to make breastmilk
- Lower parental stress and help parents bond and connect with baby

When can I begin skin-to-skin care?

Unless there are complications, your provider or nurse will give you a chance to hold your newborn skin-to-skin soon after the birth. Some mothers want their babies placed on their abdomens right away, so that they can help dry the baby while the umbilical cord is being clamped and cut. Other moms will begin skin-to-skin care after their babies have been dried. You and your medical team can decide together how best to begin skin-to-skin care of your newborn. Babies taken to the nursery for medical care or babies transferred to the NICU can also benefit from skin-to-skin care. Your health care team can let you know when your baby is stable enough to be held skin to skin.

How do I do it?

If you've just given birth, your provider or nurse can bring the baby to you for skin-to-skin care, and will help you comfortably position and hold your baby. After that time, you and the baby's father can give skin-to-skin care whenever you choose. Here are the simple steps:

- Remove your baby's clothing and remove or open your shirt. (You may want to keep your baby's diaper on.)
- Place your baby on your bare chest, with your baby facing in toward you.
- Cover your baby's back with a blanket. Relax and enjoy.

Should I continue skin-to-skin care once I leave the hospital?

Yes, hold your baby skin-to-skin at home. You and your baby can share this closeness any time you like. It's good for you, for your baby, and for your relationship as parent and child. Just remember to keep the house fairly warm and to cover your baby's back with a blanket while you snuggle.

SELECTING A DOCTOR FOR YOUR BABY

It is recommended that during pregnancy all parents think about the selection of a pediatrician or family practitioner who will care for their child after delivery. This will facilitate notification of the appropriate people at the time of your delivery. Please feel free to let us know your choice whenever this decision is made.

Your choice should make you feel comfortable about your children going to the doctor and assure you that you will have open communication. Your first visit should be the beginning of a long-term, supportive relationship.

The following may serve as guidelines to consider when choosing a provider for your baby:

- What training has the doctor had and what is their competency level? What kind of communication skills does the doctor have? What is their approach to child rearing and routine for well-child care? Does the doctor have any specific “parenting philosophy” they recommend for moms and dads?
- Does the doctor have partners in their practice? Are there other health care providers on staff such as pediatric nurse practitioners? How are the patients assigned?
- What are the office hours and does the office have extended hours? What is the policy for after-hours care and telephone calls?
- Will my insurance plan cover my choice of my baby’s doctor?



THIRD TRIMESTER

29 TO 40 WEEKS

Your Body

The feelings and fears experienced during pregnancy are intense and varied. They are a normal part of pregnancy. With the support of her partner or family, each woman comes to terms with the changes in her own way. If you feel your emotions are not normal, talk with your provider or nurse about your feelings or concerns.

During the third trimester, a woman often experiences excitement and anxiety about labor and delivery. Her protruding tummy declares her advanced stage of pregnancy and she might find that people act differently toward her. Some people will offer her a chair, offer to carry things for her and even be concerned about how much rest she is getting. Many women may actually need this help and may enjoy it as a privilege of pregnancy while some may be offended and reject it. They might see the gestures as indication that she is helpless.

During the final weeks of pregnancy, you may experience anxiety along with physical discomfort. You may experience sleeplessness because you are not able to find a comfortable position. Periodic contractions may cause discomfort as well as the position of the baby inside the uterus. You may feel unattractive and undesirable to your partner. You may feel very vulnerable to rejection, loss or insult at this time. Many of the nurturing and sexual needs of the pregnant woman can be satisfied by cuddling, kissing and being held by her partner. The warm sensual feelings that are present during these times can be uplifting for her.

A woman is eager for the discomforts of pregnancy to end. However she is also concerned about the reality of becoming a mother. She may also be concerned about the changes in marital and family relationships, especially how a baby may affect other siblings. She may be concerned about the pain of labor as well as the health and well being of the infant.

Your Baby

27 to 30 weeks

- The baby's length is 14 to 16 inches long (size of a large pizza).
- The baby's weight is 2-1/2 to 3-1/2 pounds.
- The baby's internal organs continue to mature.
- If the baby is born at this time, the baby is considered premature and may require special intensive care.
- The sense of taste and smell have developed.

31 to 35 weeks

- The baby's length is 16-1/2 to 18 inches (the size of a pumpkin).
- The baby's weight is 4 to 6 pounds.
- The baby is growing rapidly and will put on 1/2 a pound a week until 35 weeks.
- Body organs are well developed except for the lungs.
- Movements and kicks can be visible from the outside of your stomach.
- The baby receives antibodies from you that protect against illness.

35 to Delivery weeks

- Around 35 weeks, the baby's length is 19 to 20 inches (the size of a watermelon).
- Around 35 weeks, the baby's weight is 7 to 7-1/2 pounds.
- The baby's lungs are mature.
- The baby is fully developed and can survive outside the body.
- The baby drops into fetal position (with head down, arms and legs tucked tightly against the chest) in your pelvis making your breathing less difficult.

YOUR APPOINTMENTS – 29 TO 40 WEEKS

Once you reach 28 weeks gestation, your appointments will now be scheduled every two weeks. Around 36 weeks gestation, your appointments will become more frequent and scheduled weekly. If you have questions or concerns before your next appointment, don't hesitate to call your provider. Listed below are some things that will occur during your appointments. Prenatal tests and screening are listed plus what week gestation they will generally take place and why.

Discussion and Questions

29 to 40 weeks Your provider will probably start by reviewing your chart then following up on issues that were raised at your previous appointment and let you know about any test results that have come back. Your provider wants to know how you're feeling, both physically and emotionally. Remember that these visits are your opportunity to bring up any questions or concerns you might have. Be sure to mention whatever's on your mind or concerning you. They may ask you the following:

- Are you nauseated?
- Have you had any vaginal spotting or bleeding?
- Have you felt any fluid leakage?
- Have you felt any contractions (pain or tightening of the belly)?

Physical Exam

Weight – 29 to 40 weeks You will be weighed at the beginning of each appointment to track your weight gain.

Blood Pressure 29 to 40 Weeks Your blood pressure and pulse will be taken at each appointment. If your blood pressure is high, you could have gestational hypertension.

Examination – 29 to 40 weeks Your provider will feel your abdomen to get a sense of the size of your growing uterus and baby. They will measure your fundal height (the distance between your pubic bone and the top of your uterus) to estimate your baby's size and compare it to the gestational age as well as measurement from your previous visit. If your baby's size seems to be either too big or too small, you'll most likely be scheduled for another ultrasound to evaluate the baby's growth and to check your amniotic fluid levels. Your provider will probably be able to tell whether your baby is in the head-down position or breech (bottom down).

Check Cervix – 34 to 40 weeks Your provider may start doing pelvic exams to double-check your baby's position and check to see if your cervix has started to dilate (open).

Baby Check-Up

Heartbeat – 29 to 40 weeks Your provider listens for your baby's heartbeat with a handheld device called a doppler.

Testing & Screening.

Urine Tests:

- **Glucose (sugar) in urine – 29 to 40 weeks** It is not uncommon to have a small amount of sugar in your urine.
- **Albumin (protein) in the urine – 29 to 40 Weeks** Protein in urine can be a sign of a urinary tract infection. If it is accompanied by high blood pressure, it can be a sign of preeclampsia.

Screenings:

- **Ultrasound (Possibly) – 30 to 40 Weeks** If you were found to have placenta previa or a low-lying placenta during an earlier ultrasound, your provider will schedule another ultrasound to check the location of your placenta. Also, if your provider is concerned about your baby's growth, they'll order periodic ultrasounds to measure the baby and your amniotic fluid level.
- **Non-stress test – 32 to 34 Weeks** If your pregnancy is high risk or your provider may become concerned about certain problems, and order a non-stress test to make sure your baby is thriving. This test consists of two monitors being attached to your belly with elastic belts. The monitors measures contractions and your baby's heart rate.
- **Group B strep – 35 to 37 Weeks** Between 35 to 37 weeks gestation, your provider will swab your vagina and rectum and send it to the lab to check for a common infection called group B strep. If your test is positive, you'll be given antibiotics during labor to keep you from passing it on to your baby.

Education and Counseling.

29 to 40 Weeks Your provider will take the time to briefly review findings from the exam and let you know if they have any concerns. They may also tell you about normal changes to expect before your next visit and warning signs that would warrant you calling in. Around 36 to 40 weeks, your provider will talk with you about any lingering concerns you have about labor and delivery.

PRE-TERM PREMATURE RUPTURE OF MEMBRANES

What is pre-term premature rupture of membranes (PPROM)?

This condition occurs when the membrane sac holding your baby and the amniotic fluid breaks open (your water breaking) prematurely occurring before week 37 of pregnancy.

How common is it?

PPROM is not that common and occurs in fewer than 3% of pregnancies.

Who is most at risk?

You are most at risk if you smoke during pregnancy. You are also at greater risk if you have had previous early membrane rupture or had vaginal bleeding during your pregnancy.

What are the symptoms?

The main symptom is experiencing a leaking or gushing of fluid from the vagina. The way to tell whether you're leaking amniotic fluid and not urine is by taking a sniff test. If the fluid smells like ammonia, it's probably urine. If it has a somewhat sweet smell, it's probably amniotic fluid.

What should you do?

Remain calm and call your provider immediately. They may tell you to go to the hospital so that they can examine you and do some tests to confirm that your membranes have ruptured.

If your membranes rupture at 34 to 37 weeks gestation, tests will be done to determine if your baby's lungs are mature. If the lungs are mature, your provider may recommend inducing labor.

If your membranes rupture prior to 34 weeks gestation, you'll need to stay in the hospital where you and your baby can be monitored for signs of infection (risk for infection is greater after your water breaks) or labor. You will be transferred to the University of Iowa Hospital. The U of I Hospital has a Neo Natal Intensive Care Unit that is equipped to handle premature babies born prior to 34 weeks. The doctors in Iowa City will focus on preventing pre-term delivery. You will probably be given antibiotics. The antibiotics can not only prevent infection but also appear to delay delivery and reduce the risk of respiratory distress and other serious complications in premature newborns. You will also be given steroids to mature your baby's lungs as quickly as possible in preparation for an early delivery.

FETAL MOVEMENT COUNTS

Active babies are healthy babies. Babies who are moving less may be having problems.

What are Fetal Movement Counts (FMC)?

It is important for you to be aware of your baby's movements. It is one of the best ways to determine the health of your baby. You need to know the amount of movement that is normal for your baby. A movement can be a kick, stretch, turn or flip. If there is a change in the level of activity of your baby, it may indicate a problem is developing. You should report your concern to your provider. Usually a fetal movement count of ten or more in two hours suggests the baby is doing well.

How often should I do FMC's?

You do not need to do FMCs in any specific location. They can be done anywhere. We encourage you to do FMCs once a day after you reach approximately 8 months of pregnancy or 32 weeks.

How should I do FMC's?

Choose the time of day your baby is the most active. Then begin timing your fetal movements. They should be done at about the same time every day.

Lie down on your side or try sitting in a comfortable easy chair. Do not watch TV or carry on a conversation, instead pay attention to the movements of your baby.

The first time you feel your baby move, check the time and write it down. Count every movement or kick until the baby has moved ten times. Then when you feel your tenth movement, write down the time.

What should I do if my baby is not moving?

Notify your provider if:

- The baby has not moved ten times in two hours;
- You have not felt the baby move at all throughout the day (12 hours); or
- You notice a significant difference in your baby's activity.

What further testing might be necessary?

Your provider may ask that a non-stress test be done. A non-stress test is an additional way to check on your baby's well-being. The non-stress test uses an electronic fetal monitor. A specially trained nurse will observe your baby's heart rate and movements. The test itself will take approximately 20 minutes to an hour and must be done in the hospital.

NON-STRESS TEST

A healthy baby is the goal of every pregnancy. There are some women who need to have their babies monitored more closely than others for various reasons. These reasons could include such conditions as diabetes, changes in baby's growth rate, high blood pressure, changes in baby's movement and when a woman goes beyond her due date. It is important for these women to have a non-stress test performed.

What is a non-stress test?

A non-stress test is safe and painless. It checks on a baby's well-being before it is born. Two small disks, held in place by elastic belts, are placed on your abdomen. These are attached by cables to the electronic fetal monitor. One disk records your contractions on special paper, called a strip or tracing. The other records your baby's heart rate. The test normally takes about 20 to 60 minutes to complete. Additional testing time may be necessary. Your provider will look at the baby's heart rate tracing to see how the baby is doing and to see if more testing is needed.

How should I prepare for the test?

You may want to empty your bladder so you will be more comfortable during the test.

CONTRACTIONS & PRE-TERM LABOR

During this time of your pregnancy, occasional contractions are normal. If you are having more than 4 to 6 per hour, contact your provider immediately. You may be in premature labor or pre-term labor. Six to eight percent of pregnant women go into labor between weeks 20 and 37.

Women who go into pre-term labor are at risk for going into pre-term delivery. The cause of pre-term labor is not known. Many factors can increase your chance of having pre-term labor such as being pregnant with twins or having a large amount of amniotic fluid. Pre-term babies may be small and may have many problems. One of the most common problems is having trouble with breathing. Ask your provider if you have any questions about pre-term labor.

You should be aware of the signs and the symptoms that are associated with pre-term labor. Getting treatment early may prevent early delivery.

Listed below are signs and symptoms of pre-term labor.

Pre-term (Premature) labor 20 to 37 weeks

- Uterine contractions or a tightening of the abdomen that happens every ten minutes or more frequently. Some women will have a contraction now and then but this is normal.
- Menstrual-like cramping in the lower abdomen. It may be constant or it may come and go.
- Dull backache felt in the lower portion of the back (below the waistline). It may also be constant or it may come and go.
- Pelvic pressure that feels like the baby is pushing down. It will come and go and it won't be constant.
- Abdominal cramping that may or may not be accompanied with diarrhea.
- Increase or change in vaginal discharge. It may be watery (with or without blood) and may have a foul odor.

GROUP B STREP TEST

Group B streptococcus is a type of bacteria that can cause serious illness and even death in newborns. Hundreds of babies died from group B strep every year until recent prevention efforts were made. This type of bacteria can also cause illness in adults, especially the elderly. However, it is most common in newborns.

Why should I get tested for group B strep during each pregnancy?

A mom who tests positive for group B strep bacteria is a carrier for the bacteria. She can then pass the bacteria to her baby during labor. The bacteria can come or go in your body. Therefore you should be tested every time you become pregnant, even if you tested negative in a previous pregnancy.

You will be tested for group B strep toward the end of pregnancy (35-37 weeks). The test is a swab, to your vagina and rectum.

How can group B strep disease be prevented in babies?

In most cases, the early onset of group B strep disease in newborns can be prevented. The mother, who has tested positive during her pregnancy, is given antibiotics through the IV (vein) during labor. Bacteria can grow quickly so giving antibiotics before labor has started does not prevent the problem. Any woman that has tested positive for group B strep during pregnancy should get antibiotics. Any pregnant mother who has had a baby in the past with group B strep disease or who now has a bladder (urinary tract) infection, caused by group B strep, should get antibiotics during labor.

What happens to babies that are born with the group B strep bacteria?

Group B strep is the most common cause of sepsis (blood infection) and meningitis (infection of the fluid and lining around the brain) in newborns. Most newborn disease happens within the first week of their life, called “early onset” disease. There were 1,700 early-onset cases in the U.S. in 2001.

What if I have an allergy caused by some antibiotics?

Some women are allergic to certain antibiotics such as penicillin. They can still have other types of antibiotics. If you are allergic to penicillin or another type of antibiotic, talk with your provider about other options.

How do you get group B strep?

Anyone can be a “carrier” for group B strep without even knowing it. About 1 in 4 women carry these bacteria. The bacteria is found in the gastrointestinal tract (guts) and then may move into the vagina and/or rectum. Group B strep is not a sexually transmitted disease (STD). Most women would never have symptoms or know that they had these bacteria until they had a test during pregnancy.

If I’m a group B strep carrier, why can’t I just take the antibiotics now?

Antibiotics before labor is not a good way to get rid of group B strep, for those women who are carriers. The bacteria lives naturally in the gastrointestinal tract (guts) and can often come back after the antibiotic treatment. By taking the IV antibiotics during labor, you are more effectively protecting your baby. It greatly reduces the amount of bacteria the baby is exposed to during labor. It is important that you get tested for group B strep during every pregnancy. If you had IV antibiotics for your last baby, you may not need them for this pregnancy even if you are a carrier.

What do I need to do during pregnancy or labor if I’ve tested positive for group B strep?

Talk with your provider and create a labor plan that includes getting antibiotics for group B strep prevention in your newborn. When you go into labor or your water breaks, make sure to get to the hospital as soon as possible. You will want to make sure there is enough time for the antibiotics to work. Then when you get to the hospital, remind the staff that you are group B strep positive.

SIGNS OF LABOR

Labor is a normal process that occurs for most women between the weeks 37 and 42 of pregnancy. Rest assured, when labor happens, you will know it. A lot of women think they are in labor when they are not. Once labor truly starts, things move quickly. Certain changes in your body signal that labor is near but some women do not have any of these signs before labor begins.

Signs that labor is near

Sign	When It Happens
Lightening, is when the baby's head has dropped down into your pelvis. You will feel like the baby has dropped lower in your stomach.	From a few weeks (for first time moms) to a few hours (for later births) before labor starts.
Show, is the thick mucus that seals off the cervix during pregnancy. When the cervix starts to open, this mucus plug is released into the vagina. You will experience a clear, pink or slightly bloody vaginal discharge.	Anytime from a few days before labor starts to the onset of labor.
Rupture of membranes (water breaks) is when the fluid filled amniotic sac that surrounds your baby during pregnancy breaks. You will experience fluid leaking from your vagina in a trickle or a gush.	At the start of labor or during labor.
Contractions is when your uterus tightens and relaxes. These contractions open the cervix and help push the baby into the birth canal. You will experience a feeling of strong, periodic cramps that feel like bad menstrual cramps.	At the onset of labor. Although Braxton Hicks backache or contractions "false labor" can happen weeks or even months before labor starts.

True labor versus false labor

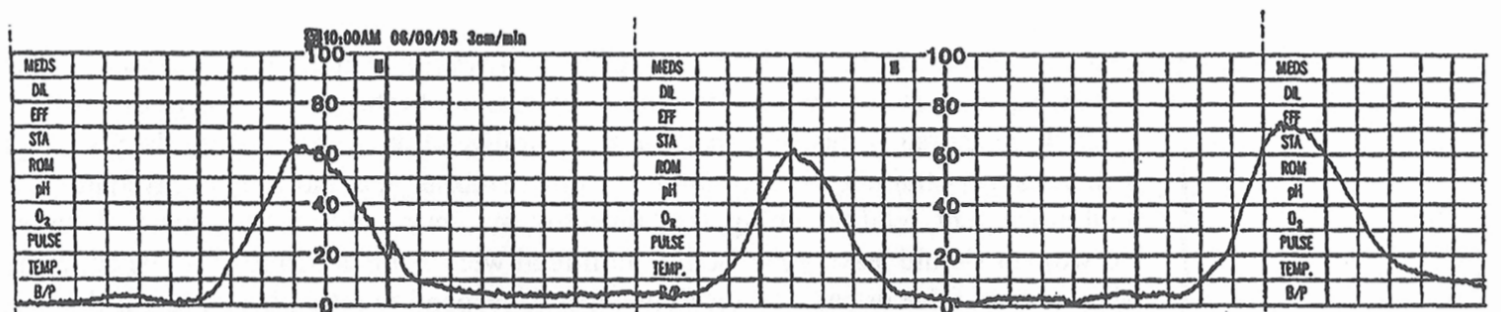
During the last month or two of pregnancy, many women have periods of "false" labor. False labor pains are called Braxton Hicks contractions. They tend to occur more often as your due date draws closer. Sometimes Braxton Hicks contractions are mild and can barely be felt. They may feel like a slight tightness in your abdomen. Other times, they can be quite painful. These contractions help your body prepare for birth but don't do much to open up the cervix. Braxton Hicks are often experienced in the afternoon or evening, after physical activity or sexual intercourse. They are more likely to happen when you are tired or dehydrated. Make sure you drink enough fluids to stay hydrated.

Timing contractions

Contractions are timed from the beginning of one contraction to the beginning of the next. When you are timing contractions, write down the time the contraction begins and note how many seconds it lasts.

Rarely, do the contractions last more than 60 seconds. This information will help to determine if you are in labor. Take a look at the drawing below of three contractions. The contractions are 2-1/2 minutes apart and are lasting 50-60 seconds.

Are you really in labor?



Hint	False Labor/Braxton Hicks (32 to 42 Weeks)	True Labor (37 to 42 Weeks)
Timing Contractions	Contractions (or tightening of abdomen) are often irregular; they don't get closer together as time goes on.	Contractions come at regular intervals and get closer together. They last 30 to 90 seconds.
Strength of Contractions	Contractions are weak, and tend to stay that way. Or, strong contractions are followed by weaker ones.	Contractions steadily get stronger.
Change with Movement	Contractions may stop when you walk, rest or change position.	Contractions keep coming on no matter what you do. Walking may cause contractions to become more frequent.
Pain of Contractions	Pain usually is felt only in the front (abdomen).	Pain usually starts in the back and moves to the front into the abdomen.
Rupture of Membranes (Water Breaking)	False labor will not produce a rupture of membranes.	True labor can produce a rupture of your membranes.

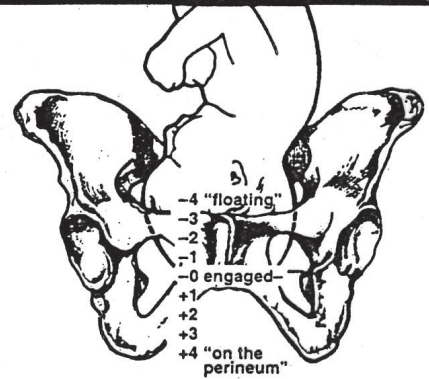
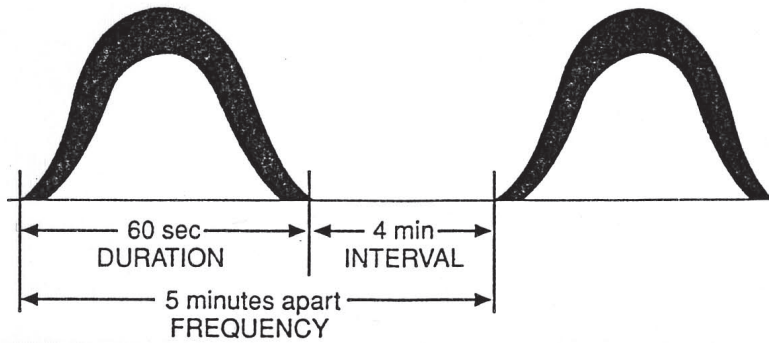
It's easy to be fooled by false labor. It can even be difficult for a provider or nurse to tell the difference between false labor and the real thing. Your provider may need to observe you for a few hours to decide. They will also do a vaginal exam to see if your cervix is opening.

No matter what your contractions are timing, it's better to be safe than sorry. If you think or feel like you may be in labor, call your provider's office. Listed below are some other signs that should prompt you to call your provider.

You have symptoms of labor before 37 weeks of pregnancy.

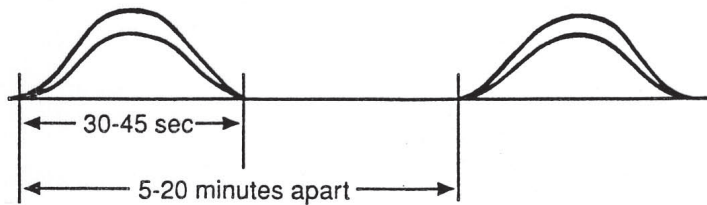
- Your water breaks.
- You have vaginal bleeding.
- You have constant, severe pain, with no relief between contractions.
- You have fever or chills.
- The baby seems to be moving less.

HOW TO TIME CONTRACTIONS

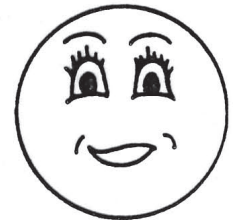


Lightening

EARLY LABOR

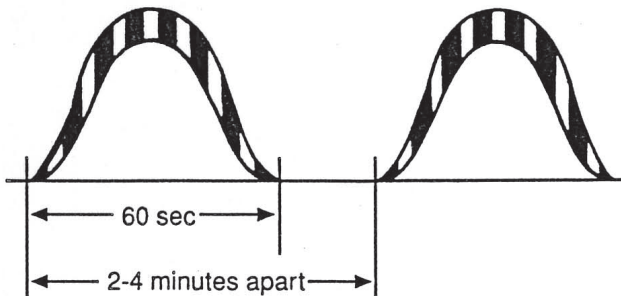


0-3 cm

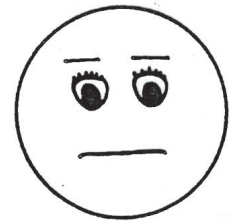


Happy to be in Labor

ACTIVE LABOR



3-7 cm



Serious about Contractions

CHANGES IN THE CERVIX AND MEMBRANES



Ripening



Mucous Plug
Bloody Show



Effacement
and Dilatation



Membrane
Rupture

LABOR & DELIVERY



PREPARING FOR YOUR HOSPITAL STAY

What should I bring with me to the hospital?

- This book
- Hair ties/barrettes for long hair
- Snacks for support person
- Hard candy
- Tennis balls or rolling pin for comfort during labor
- Your own pillow (with a brightly colored pillow sham to stand out from the hospital pillows)
- Robe and night pajamas - These items may become soiled from bleeding after delivery. Hospital gowns and robes are available to you.
- Socks and slippers
- Several pairs of underwear. The hospital will provide sanitary napkins to you during your stay.
- Nursing bras and breast pads if you are planning to breastfeed
- Toiletries for mom and support person (toothbrush, toothpaste, deodorant, shampoo, conditioners, lotion, makeup, hairbrush, etc.)
- Loose comfortable clothing for the trip home. Remember that you may not fit into non-maternity clothes right away.
- Lip balm or Vaseline to keep your lips moist
- Change of clothes for the support person

Baby items

- Clothing is furnished by the hospital during your baby's stay. If you would prefer to dress your baby in his/her own clothes, please label each item with your name. Then notify your baby's nurse. The hospital is not responsible for lost clothing.
- Car seat for the trip home
- Baby blanket or coat for the trip home
- "Going home" outfit
- Pacifiers

Optional items

- CD's or MP3 Player (DVD Players are available in-room)
- Items to pass the time (books, magazines, cards or craft items)
- Telephone numbers of people you may want to call after the delivery
- Camera and video equipment
- Baby Book

HOSPITAL ADMISSION

You are sure you're in labor, you have called your provider, The BirthPlace or Women & Family Center, and now it's time to check in at the hospital. If you are checking in after 9 p.m., then you'll need to enter through the Emergency Department entrance.

Checking in

When you arrive, you'll be greeted by one of the nurses and escorted to a LDRP room. LDRP stands for labor, delivery, recovery and postpartum. That means that once you check into your room, barring that you don't need a C-Section, you won't need to leave your room. The nurses will help you get settled in and then you can expect the following.

- **Questions** The nurses will go through some forms and gather information from you. They'll ask about your medical history, your pregnancy history, medications, if you have any financial questions and your emergency contact information.
- **Forms** There will be a few forms for you to sign. They will spell out who will be taking care of you, why the procedure is being done and the risks involved. You will be asked to sign a separate consent form for anesthesia and for C-Section section delivery.
- **Changing clothes** You'll be given a hospital gown and asked to change out of your street clothes.
- **Vital signs** Your pulse, blood pressure and temperature will be checked.
- **Lab tests** A urine or blood sample may be taken.
- **Physical exam** You'll be given a vaginal exam to see how much your cervix has dilated.
- **IV line** An IV line will be started. Medications and fluids can be given through the IV if you need them.
- **Fetal monitoring** You will be hooked up to an electronic fetal monitor to measure your contractions and to check the baby's heart rate. The monitors are attached to your abdomen by using two stretchy elastic bands. Even if your nurse is not in your room, she'll be able to monitor both you and your baby on a computer at the nurses' station.

Monitoring you and the baby

Your nurse will be checking in on you from time to time until after the baby is born. Your provider will be checking in with the nurses and keeping close tabs on the following.

- **Your heart rate and blood pressure** This will give clues about how your body is handling the stress of labor.
- **Your contractions** The time and length of contractions help to monitor the progress of your labor.
- **Dilation of your cervix** Your provider or your nurse will examine your cervix to see if it has dilated further.
- **Fetal heart rate** The monitor placed on your stomach will track the fetal heart rate and it will be monitored regularly. A normal fetal heart rate is between 110 and 160 beats a minute. A rate that's not in that range may signal a problem.

PAIN CONTROL – ANALGESIA & ANESTHESIA

After many months of waiting for the delivery of your new baby, most women become anxious about the pain they expect to have during childbirth. There are several techniques and medications that may help you through the birth process. Our goals are to help you have a positive birthing experience and to ensure the health and safety of you and your baby. We encourage you to ask your provider questions if you have concerns about pain relief. The following methods of pain relief are available to help you through the birthing process. Even if you choose to use one of these methods of pain control, you will realistically still feel some discomfort or mild pain during labor.

Narcotics

There are certain types of narcotics which can be given to help reduce your pain and your anxiety. These medications can be given through an IV catheter or as a shot. They may cross the placenta to the baby and can depress breathing after birth for a short while, which is why it should not be used close to the time of delivery. You and your baby will be carefully monitored during the labor and delivery to decrease the chance of this happening. The baby can be given a medication to reverse the effects of the narcotics if this occurs.

Epidural analgesia

A combination of doses of medications can be given through an epidural catheter to help control the pain during your labor and during delivery. The medication given with this approach gives quick pain relief which you will start feeling about 15 to 20 minutes after it is administered. Then additional medication is given through the epidural catheter to give continuous pain relief. The advantages of this combination technique are early pain relief with much less numbness, ability to empty your bladder, and less risk of decreasing the blood pressure of the pregnant woman.

Once an IV is started, you and your baby are monitored continuously. The epidural is then put in when you are in active labor and can be used for a vaginal or C-Section birth. In order to receive epidural analgesia, an epidural catheter is first placed in your back while you sit on the edge of the bed or while you are lying on your side in bed. This is done by a nurse anesthetist. The nurse anesthetist locates the epidural space in your back. Then they numb your skin in that area. They then insert a needle into the epidural space. When they are sure the needle is in the right space, a very small catheter is threaded through the needle into the epidural space. Then the needle is removed. The catheter is then taped securely to your back.

The side effects to your baby are minimal with this type of pain relief. An epidural infusion may cause the mother's blood pressure to drop in some cases. However, this can be reversed with IV fluids and medications. There are a few cases in which the epidural cannot be used.

Intrathecal anesthesia

Intrathecal anesthesia is like an epidural in many ways. After a numbing medicine is put in your back, an anesthetic medicine is injected. However, the catheter is not left in place as in an epidural. The intrathecal takes less time to administer than the epidural but it lasts for a limited amount of time. Because of this, it is usually done shortly before a vaginal, forceps delivery or a C-Section birth.

Local

If an episiotomy is needed, a local or numbing medicine may be used right before your baby is born. The medicine is injected into the area where the episiotomy is going to be performed and lasts through the birth of your baby and also through the repair of the episiotomy.

Pudendal block

A pudendal block is a type of pain relief that is used frequently just before delivery. The numbing medicine is injected through the vaginal walls to decrease the pain during the birth of your baby and it numbs more area than the local. You will still be able to feel your contractions but this anesthesia does not affect your baby.

General anesthesia

General anesthesia is available for emergency situations.

TAP block

One innovative procedure performed at Southeast Iowa Regional Medical Center, Fort Madison for new mothers after a C-Section is the Transversus Abdominis Plane (TAP) block. This is an ultrasound guided injection of a local anesthetic between the internal oblique and transverse abdomen muscles performed by one of our nurse anesthetists after a C-Section surgery is completed.

When a TAP block is used after a C-Section, it reduces the need for additional pain medication for new mothers. A TAP block bridges the gap after the spinal block or epidural wears off and aids in the transition of recovery. By reducing the amount of pain, the TAP block allows the new mother to be up and moving around therefore improving her recovery time. The TAP block lasts for the better part of a day after surgery. A TAP block can decrease the side effects that come with some other pain medications including nausea and vomiting.

EARLY & ACTIVE LABOR

A woman should learn as much as she can about labor and childbirth during her pregnancy. You and your support person can attend childbirth classes which can teach you about childbirth and how to become an active participant in the process. You will learn coping strategies including breathing and relaxation techniques, walking and position changes. This will help to overcome some of the tension and fear you will feel during labor. For information regarding prenatal classes, refer to the Prenatal Classes (page 3) in the front of this book or visit greatriverhealth.org.

Early Labor

What happens

- Cervix is effacing (thinning out) and dilating (opening up) from 0 to 4 centimeters
- Mild contractions begin
- Your contractions will gradually get closer together

How long it lasts

- The length of the early labor stage varies quite a bit. It can last a few hours for some women or a day or more for others. The average length for first-time moms is about 6 to 12 hours.

What you can do

- Go for a walk with your partner or support person
- Take a shower
- Try to rest and relax
- Practice relaxation exercises or meditation
- Sleep, if you can

Support person's notes for early labor

- Encourage mom to be up and out of bed as much as possible.
- Walk with her in the hall or in the room. Ask the nurse about alternate positions for her, such as sitting in a recliner or putting the bed into an upright position.
- Suggest some activities to help the time pass. Such as a game of cards, reading aloud, watching a TV program together or listening to music.
- As her contractions become stronger, she may want to begin special breathing techniques you have learned in your childbirth classes. The nurse will be happy to help you with suggestions, if you did not attend childbirth classes.
- A foot massage or back rub is often appreciated during this stage of labor.
- Birthing balls are available to assist with comfort and upright positioning. Ask your nurse for one. She will show you the many ways they can be used.

Breathing to help you and your baby

Slow paced breathing Relaxation is the key during labor and birth and this technique may be used throughout labor to help you stay relaxed. Description: Take air in slowly either through your nose or your mouth and then slowly let it out. You may have done this technique breathing before. It's simple and good for you and your baby.

Modified paced breathing This may be used as labor becomes stronger but it requires more thought and concentration. Description: This is a lighter and slightly faster breathing than slow paced breathing. You should inhale and exhale through your mouth or nose.

Patterned paced breathing This may be used as labor becomes stronger but it requires more thought and concentration. Description: This breathing technique is done exactly the same as modified paced breathing except that a puff or blow is added after doing one or more modified-paced breaths. For example; four modified paced breaths to one puff, or three modified paced breaths to one puff.

Puff or blow breathing This may be used with pattern paced breathing. Description: Use the pattern paced breathing technique and then add the puff or blow breathing technique. The blow should be more like those used to cool a hot spoonful of soup or like trying to blow out a single candle.

No matter which breathing you choose to use; try to always do the following with each contraction:

- Take cleansing breaths at the beginning and end of each contraction. You can do this by taking a big deep breath in, let it all out, allowing the tightness to leave your body.
- Focus your eyes and mind. Allow your mind to focus on something or someplace that feels safe to you or focus on a pleasant thought.
- Relax and let all your muscles go limp letting your uterus be the only muscle working.
- Change positions often.
- Try to work with your mind and body and with the natural forces of birthing.

Active Labor

What Happens

- During the active phase of labor, your cervix will dilate from 6 to 10 centimeters.
- Your contractions will get stronger.
- Your water may break, if it hasn't already, and will cause your contractions to become more intense.
- If the baby's head seems to press downward on your backbone during contractions, you'll have back pain.
- You'll bleed a little from your vagina as your cervix opens up more.
- Your legs may cramp or tremble.
- You may experience some nausea or vomiting.
- You may feel the urge to push.

How long it lasts

- Active Labor lasts an average of 4 to 8 hours.

What you can do

- If your provider says it's OK, and you feel like it, walk the halls.
- Urinate often. An empty bladder give your baby's head more room to move down.
- Take contractions one at a time and focus on your breathing techniques.
- Try to relax between contractions and don't think about the next one.
- Use the pain-management methods you learned in your prenatal class.
- Ask someone to massage your back. If your leg cramps, ask to have your feet flexed.
- Try different positions to find the one that works best for you.
- If you feel like lying down, lie on your side. Laying flat on your back adds to your pain and will cut down on the oxygen that your baby gets.
- Ask for pain relief if you want it.
- If you feel the urge to push, tell your provider or nurse.

Support person's notes for active labor

- Practicing breathing and relaxation techniques is very important during the active stage of labor. Breathe with mom through difficult contractions, if that helps her. Remind her to try to relax and breathe normally between contractions.
- If a fetal monitor is being used on mom, ask the nurse to show you how to read it. Let mom know when her contraction is at its peak and starting to go away. This will help her to realize that the contraction is going to end and she can begin to relax.
- Try to meet mom's requests as much as possible. Rub her back if she wants you to and provide ice chips or sips of water between contractions. Use a cool damp washcloth on her face and body to help cool her off.
- Make sure that you take a break to get some fresh air or something to eat. The nurse will be happy to assist mom while you step out for a minute.
- If mom receives pain medication and is able to rest or sleep, then you should try and rest too. Ask the nurse for a pillow and blanket, they are available for your comfort.

DELIVERY & AFTERBIRTH

The second stage of labor is when you will actually deliver your baby. This starts when your cervix has opened fully to 10 centimeters. During this time, you'll notice a difference in the way the contractions feel. You'll start to feel the urge to bear down (push) with each contraction. This will feel something like the urge to have a bowel movement but much stronger.

Tell your nurse or provider as soon as you feel like pushing. They will check your cervix to make sure that you are dilated all the way. You don't want to start pushing before you're fully dilated as you can damage your cervix. If your provider tells you not to push, control your breathing to help fight the urge. Blowing air out in short puffs stops many women from bearing down. If your cervix is fully dilated, your provider and nurse will help you get into a good delivery position.

Vaginal Delivery

What happens

- Contractions may slow.
- You feel the urge to push or bear down with each contraction. If you have had an epidural for pain relief, often you do not feel the urge to push.
- You feel significant pressure on your rectum from the baby's head.
- You feel pressure and stinging in your vagina as the baby's head crowns.
- The baby's head emerges and your physician will guide the baby's shoulders and body out of the canal.

How long it lasts

- A vaginal delivery can range from a short period of time to many hours.

What you can do

- Find a position for pushing that works for you.
- Change positions if you are not comfortable or if pushing has stalled.
- Rest between contractions.

Support person's notes for vaginal birth

- Assist mom so that she may get into a pushing position and support her body as she pushes. The nurse will suggest several positions for you to try. She will remain with you and mom during the pushing stage to assist you both during this time.
- Remind your partner to rest and relax between pushes.
- Continue to offer her sips of water, ice chips and a cool damp cloth as needed.
- Let mom know when you start seeing the baby's head, as this will reassure her that she is making progress. Ask mom if she would like a mirror at the end of the bed while she pushes, the nurse will be happy to get one for you.
- Try to be as calm and reassuring as possible.

Assisted vaginal birth

The forceps and the vacuum extractor are two obstetrical tools that are used for rotating the baby into a better position for birth. They are also used for helping to move the baby down the birth canal. They can be used when the mother has a decreased ability to push or the baby is in distress. A regional anesthetic is frequently administered before either of these tools is used. An episiotomy may be required for the use of either.

- **Forceps** Forceps are large, curved metal instruments which are inserted into the vagina and placed on either side of the baby's head. Then they're locked together and can be used for maneuvering and extracting the baby. The baby's head and facial tissue may be bruised by their use. However, they can protect the head of the premature infant from extended pressure while in the birth canal.
- **Vacuum Extractor** The vacuum extractor is a cap-like device which uses suction to attach to the baby's head. The cup fits over part of the baby's head and helps to ease the baby out of the birth canal. The amount of suction can be adjusted by the provider. The vacuum is less traumatic to the bladder and the vaginal tissues. The use of an anesthetic is not always necessary. Some swelling of the baby's scalp (soft tissue) may result.

Afterbirth

Following the delivery of your baby, there are other medical necessities that may need to take place. The placenta will be delivered and if you have had any lacerations or an episiotomy, repairs will need to be done. Every effort will be made to place your baby in your arms as soon as possible. Please realize that a neonatal assessment of your baby may need to take place first.

Your nurse will also check your blood pressure, your pulse and your fundus (the top of your uterus) frequently. She will massage your fundus (top of your uterus) to make sure it stays firm and will monitor your bleeding.

If you have decided to breastfeed your baby, this is an excellent time to start. Your nurse will help you get started and give you some good breastfeeding tips. If you have chosen to bottle feed your baby, then this is good time to hold your baby and take a good look at him or her.

What happens

- Contractions keep coming. They are less painful.
- Placenta peels away from the uterine wall.
- The placenta and amniotic sac are pushed out through the vagina.
- Contractions cause the uterus to get smaller.
- Your provider will cut the umbilical cord. The provider may offer for your partner to cut the cord.
- If you had an episiotomy or a tear, it will be stitched closed.

How long it lasts

- From a few minutes to about 20 minutes.

Support person's notes for after the birth

- This is a good time for you to take pictures of mom and of the baby. Your nurse would be happy to take a picture of all three of you, if you would like.
- Take time to hold and admire the baby.
- When your partner is ready, you can phone family and friends and share the good news with them.
- You can also use this time to take a much needed break. Take the opportunity to get yourself something to eat or drink. The nurse will take good care of mom and baby while you are gone.

Cesarean Delivery (C-Section)

Most babies will enter the world through the birth canal. About 1 out of 4 babies are born by C-Section section (through an incision in the mother's abdomen and uterus). A C-Section may be planned ahead of time because of certain conditions. Unplanned C-Sections are the result of issues that arise during labor that make a C-Section birth a safer choice over vaginal delivery.

A C-Section delivery may be needed in the following situations:

- **Previous C-Section birth** If you have had a previous C-Section Section, you'll be scheduled to have another C-Section delivery this time too.
- **Multiple baby pregnancy** Many women having twins give birth vaginally. The risks of vaginal birth goes up with number of babies. Women who are carrying more than two babies are usually scheduled for a C-Section.
- **Large baby or a small pelvis** Sometimes, a baby is too big to pass through the woman's pelvis and vagina safely.
- **Breech position** If your baby is breech (with buttocks or feet closest to the vagina), and can't be turned, a C-Section will be scheduled. A C-Section will also be scheduled if your baby is transverse (lying sideways in the uterus).
- **Umbilical cord issues** The umbilical cord can sometimes become pinched or compressed. If this occurs, the baby may not get enough oxygen and an emergency C-Section may be needed.
- **Placenta issues** Placenta previa is the condition in which the placenta is below the baby and covers part or all of the cervix. This will block the baby's exit from the uterus and can cause heavy bleeding. A planned C-Section will be scheduled.
- **Labor doesn't progress** About 1 out of 3 C-Sections are performed because labor has slowed down or stopped. You may experience contractions but they don't open the cervix enough for the baby to move through the vagina. If medication doesn't speed labor up, a C-Section delivery will be needed.

- **Labor is too stressful for baby** Your baby is constantly monitored during your labor. If the fetal monitoring detects a problem, a C-Section will be needed.

What happens during a C-Section delivery

You will have an epidural, spinal anesthesia or general anesthesia. If you have epidural or spinal anesthesia, you can stay awake during your surgery and you can see your baby right after he/she is born. Spinal anesthesia is similar to epidural anesthesia but no catheter is inserted after the needle is placed in your back. The needle is placed into the back, the medication is injected through the needle and then the needle is removed. You are given enough medication to keep you numb during your surgery but the numbness will wear off within a few hours after surgery.

With epidural or spinal anesthesia, you will not be able to see your surgery being done or feel any pain but you may feel some pressure when the baby is born. With an epidural or spinal anesthesia, a medication called Duramorph can be given through your epidural catheter or through the spinal needle before it is removed. This medication will help to control your discomfort for up to 24 hours after your surgery. Additional pain medications will be available if needed. This method of pain relief has advantages and disadvantages, that will be explained by your nurse anesthetist. If you are not given Duramorph, your provider will order pain medication for you after surgery in order to keep you comfortable.

When a general anesthesia is given, the nurse anesthetist will put you to sleep and you do not wake up until your baby is delivered and the surgery is over. If you have general anesthesia for your surgery, your provider will order pain medication for you after the surgery to keep you comfortable.

Several members of the health care team will be present for your C-Section. There will be an obstetrician to perform your surgery, two nurses to assist, and a nurse anesthetist. There will also be a pediatric team present to care immediately for your baby. Your support person can usually be present during your surgery to lend support and share in the birth of your child. Afterwards, you will be taken back to your room after surgery (if you have had general anesthesia your return will be delayed). You will be monitored after surgery by your nurse who will check; your blood pressure, pulse, temperature and monitor your heart using a special (EKG) monitor.

Support person's notes for C-Section birth

- If you choose to be with mom during the C-Section, your nurse will bring you scrub pants, a scrub shirt, a hat and a mask. You will be asked to wait in mom's room until the nurse anesthetist is ready for you to come to the operating room.
- Remember that a C-Section birth is abdominal surgery and the surgical area will be draped with sterile drapes. Please don't touch them.
- The nurse will give you a stool to sit on during the surgery. You can sit right next to mom. If she has an epidural or spinal anesthesia, she will be awake and you will be able to talk to her and offer support. If mom has general anesthesia, you will be asked to leave the operating room after the baby is born.
- If the baby is doing well, you will be able to hold him or her in the operating room. Hold the baby close to your partner if she is awake so she can see and touch the baby.
- If you begin to feel dizzy or sick to your stomach during the C-Section delivery, let someone know right away. The nurse may have you sit on the floor or take you out of the room for some fresh air or a drink of water.

YOUR BABY'S CARE AFTER DELIVERY

Our nurses are educated to care for the needs of new mothers and their babies. The nurses caring for you will also be caring for your baby. They will help as you learn to know your baby and his/her needs so you will feel comfortable caring for him or her by the time you go home.

Can the baby stay in my room?

The national trend in health care is leaning toward a family-centered approach which encourages unlimited contact between parents and their newborn baby. Where newborn babies were once immediately whisked away to the nursery, we now know that well newborns may remain with their parents. Southeast Iowa Regional Medical Center practices couplet care. This means you may have your baby in your room with you including during the night. If you have chosen to breastfeed, we encourage you to nurse your baby during the night. This can help increase your milk supply. This will also prevent any possible confusion that some babies may have if they are given a bottle before breastfeeding is well established (usually in about two weeks). Whether breastfeeding or bottle feeding, couplet care is a good way for you to get to know your baby and help you to feel more comfortable taking your baby home.

Medications for your baby

Within the first hours of birth, your baby's nurse will give your baby the following medications:

- **Erythromycin ointment** This is an antibiotic ointment placed in both eyes to help prevent infection that may occur after birth.
- **Vitamin K** This injection is given to assist with blood clotting.
- **Hepatitis B vaccine** This injection is safe for the baby and provides protection against serious and life-threatening liver diseases. The American Academy of Pediatrics recommends all infants should receive the first dose of Hepatitis B vaccine soon after they are born. Hepatitis B is given as a series of three shots; one at birth, one at two months and one at six months.

If you have concerns with any of these medications being given, please discuss your concerns with your health care provider prior to the baby's birth.

NEWBORN CIRCUMCISIONS

Risks and benefits

Although many male infants born in this country are circumcised, routine circumcision of newborn males in the United States remains controversial. Newborn circumcision has potential medical risks as well as benefits. The purpose of this section is to provide you with the information you need to make your decision about circumcision.

What is circumcision?

The penis consists of a round shaft and the glans (the rounded tip). The foreskin is a piece of skin that covers the glans. Through circumcision, the foreskin is removed, thereby permanently exposing the glans and the opening of the urethra out of which comes the urine.

How is circumcision performed?

Newborn circumcisions are usually performed a few days after birth. An instrument is placed over the end of the foreskin, allowing the provider doing the circumcision to cut away the foreskin from the remainder of the penis with a surgical knife. This is a quick procedure and is usually done with the use of anesthesia. Only healthy infants with no current medical problems should be considered for circumcision. There should be no evidence of problems with bleeding and the urethra must be normally placed.

What are the potential advantages of newborn circumcision?

There is a decreased risk of urinary tract infections for boys who were circumcised as newborns. Circumcision will prevent conditions that cause collecting of fluid and swelling around the foreskin and glans. As well, it will prevent a problem known as phimosis, which is the inability to retract the foreskin. Newborn circumcision protects against the later development of penile cancer, even though this is an extremely rare disease. These potential advantages are not felt to be valid medical indications for circumcision. It is felt that teaching an uncircumcised boy good hygiene will decrease the potential for some of these concerns. Circumcision may decrease the risk of cervical cancer in the future female sexual partners.

What are the potential risks and/or disadvantages of circumcision?

The immediate risks of circumcision are; bleeding, inadvertent injury to the remainder of the penis and infection. Although circumcision is considered to be a generally safe procedure, in rare cases, these or other complications can lead to severe problems and even death. Inflammation of the external urethral opening (meatitis) is more common in circumcised boys. The baby may experience some pain and discomfort during and following the procedure. A newborn undergoing circumcision is sometimes diagnosed with hypospadias, a condition in which the urethra is on the underside of the glans, when the foreskin is taken back during the procedure. This condition can be surgically repaired and requires that the foreskin be left intact and if this is discovered during the procedure, the circumcision will not be completed. Re-adhesions may occur. However, most will naturally breakdown but occasionally a circumcision performed at birth may need revision at a later date.

What can be done to help with the pain during and after the procedure?

We recommend that the baby receive local anesthesia for a circumcision. A local anesthesia can be provided by injecting a medication into the nerves at the base of the penis. This procedure will reduce the baby's pain and behavioral changes. Complications due to local anesthesia are rare. They consist mainly of bleeding and damage to the skin where the injection occurs. Local anesthesia adds an element of risk to the procedure but has been used safely and effectively in thousands of newborns. You should discuss the use of local anesthesia with your provider.

In addition to the local anesthesia, a 24% solution of sucrose on a pacifier helps to control pain during the procedure for the newborn. Tylenol can be also be given orally to the newborn both before and after the procedure to help control the discomfort that he may feel for several days following the procedure.

Summary

Newborn circumcision is an emotional and cultural issue. The medical benefits may or may not be worth the potential risks. We urge you, as parents of the infant, to carefully consider the procedure. In addition to the medical aspects discussed in this section, other factors may affect your decision like religious, cultural and ethnic traditions. It is our desire to answer any questions that you have or to discuss this issue further to help you make the decision that is right for you and your family.

POSTPARTUM

CARING FOR YOURSELF AFTER VAGINAL DELIVERY

Pregnancy changes your body in more ways than you ever imagined and it doesn't stop when the baby is born. Postpartum care involves managing sore breasts, skin changes, hair loss and more. Here's what to expect after delivery.

Vaginal soreness

If you had an episiotomy or vaginal tear during delivery, the wound may hurt for a few weeks especially when you walk or sit. More extensive tears may take longer to heal. You can help promote healing by:

- Soothing the wound. Use an ice pack, or wrap ice in a washcloth and place on the area. Chilled witch hazel pads may also help. Witch hazel is the main ingredient in many hemorrhoid pads. You can find witch hazel pads at most pharmacies.
- Sit in a sitz bath, which is a tub of clear, comfortably hot water. It promotes healing and comfort. Do not add anything to your bath water. You can do a sitz bath 2 to 3 times a day for 15 to 20 minutes at a time. The sitz bath can be especially helpful after a bowel movement for comfort and cleansing, or for painful hemorrhoids or sutures.
- Keep the wound clean. Use a squirt bottle filled with water to rinse the tissue between the vaginal opening and anus (perineum) after using the toilet. You can also soak in a warm tub.
- Take the sting out of urination. Squat rather than sit to use the toilet. Pour warm water over your vulva as you're urinating.
- Prevent pain and stretching during bowel movements. Hold a clean maxi pad firmly against the wound and press upward while you bear down. This will help relieve pressure on the wound.
- Sit down carefully. To keep your bottom from stretching, squeeze your buttocks together as you sit down.
- Do your kegels. These exercises help tone the pelvic floor muscles. Simply tighten your pelvic muscles as if you're stopping your stream of urine. You can start about a day after delivery, try it for five seconds at a time, four or five times in a row. Repeat throughout the day.
- Look for signs of infection. If the pain intensifies or the wound becomes hot, swollen and painful or produces a pus-like discharge, contact your provider.

Vaginal discharge

You'll have a vaginal discharge for up to six weeks after delivery. Expect a bright red, heavy flow of blood for the first few days. You may notice a small gush when you get up if you're been sitting or lying down. The discharge will gradually taper off, changing from pink or brown to yellow or white. Use maxi pads instead of tampons to reduce the risk of infection. Don't be alarmed if you occasionally pass blood clots.

Contact your health care provider if:

- You soak a sanitary pad every hour for more than two hours
- The discharge has a foul odor
- You pass clots larger than a golf ball
- You have a fever of 100.4 F (38 C) or higher

Contractions

You may feel contractions, sometimes called after pains, during the first few days after delivery. These contractions help prevent excessive bleeding by compressing the blood vessels in the uterus. After pains tend to occur during breast-feeding sessions and seem to be more noticeable with second or third babies. Medications to control heavy bleeding after delivery can increase after pains as well.

Usually after pains resemble menstrual cramps. If necessary, your health care provider may prescribe pain medication. Many medicines are safe even if you're breast-feeding. Contact your provider if you have a fever or if your abdomen is tender to the touch. These signs and symptoms could indicate a uterine infection.

Difficulty urinating

Swelling or bruising of the tissues surrounding the bladder and urethra may lead to difficulty urinating. Fearing the sting of urine on the tender perineal area may have the same effect. To encourage urination, contract and release your pelvic muscles while sitting on the toilet. It may help to place hot or cold packs on the tissue between the vaginal opening and anus, straddle the toilet like a saddle or pour water across your vulva while you urinate. Difficulty urinating usually resolves on its own.

Contact your health care provider if:

- It hurts to urinate
- You don't think you're emptying your bladder fully
- You have an unusually frequent urge to urinate
- These may be symptoms of a urinary tract infection.

Leaking urine

Pregnancy and birth stretch the connective tissue at the base of the bladder and may cause nerve and muscle damage to the bladder or urethra. You may leak urine when you cough, strain or laugh. This problem usually improves within three months so in the meantime, wear sanitary pads and do your kegel exercises.

Hemorrhoids

If you notice pain during a bowel movement and feel swelling near your anus, you may have hemorrhoids (stretched and swollen veins in the anus or lower rectum). To ease any discomfort while the hemorrhoids heal, soak in a warm tub and apply chilled witch hazel pads to the affected area. Ask your provider about a topical hemorrhoid medication as well.

To prevent constipation and straining, which contribute to hemorrhoids, eat foods high in fiber. Foods high in fiber include; fruits, vegetables and whole grains. Be sure to drink plenty of water. Remain as physically active as possible. If your stools are still hard, your health care provider may recommend an over-the-counter stool softener or fiber laxative.

Bowel movements

You may find yourself avoiding bowel movements out of fear of hurting your perineum or aggravating the pain of hemorrhoids or your episiotomy wound. To keep your stools soft and regular, eat foods high in fiber, drink plenty of water and remain as physically active as possible. Ask your health care provider about a stool softener or fiber laxative, if needed.

Another potential problem for new moms is the inability to control bowel movements (fecal incontinence) — especially if you had an unusually long labor. Frequent Kegel exercises can help. If you have persistent trouble controlling bowel movements, consult your health care provider.

Sore breasts and leaking milk

Several days after delivery, your breasts may become heavy, swollen and tender. This is known as engorgement. The discomfort usually lasts less than three days. In the meantime, it helps to express milk preferably by feeding your baby. If your baby isn't able to nurse, use a breast pump to ease engorgement. You may also want to apply warm or cold washcloths or ice packs to your breasts. You may also take a warm bath or shower to relieve the pain. Over-the-counter pain relievers such as acetaminophen (Tylenol, others) or ibuprofen (Advil, Motrin, others) may help, too.

If you're not breast-feeding your baby, wear a firm, supportive bra. Compressing your breasts will help stop milk production. Don't pump your breasts or express the milk. By doing so you are telling your breasts to produce more milk. Leaky breasts are another common problem for new moms. There isn't anything you can do to stop the leaking but nursing pads worn inside your bra can help keep your shirt dry. Avoid pads that are lined or backed with plastic, which can irritate your nipples. Change pads after each feeding and whenever they become wet. If nighttime leaking is a problem, place a towel under your breasts at night.

If you have questions or concerns about how breastfeeding is going for you and your baby, please feel free to call a lactation consultant. The number for our Fort Madison campus is 319-376-2744 and West Burlington campus is 319-768-2618.

Hair loss

During your pregnancy, elevated hormone levels put normal hair loss on hold which results often with an extra-lush head of hair. After delivery, your body sheds the excess hair all at once. So don't be alarmed with the sudden shedding. Within six months, your hair will most likely be back to normal. In the meantime, shampoo only when necessary, and find a hairstyle that's easy to maintain. Avoid hair dryers, curling irons and harsh chemicals.

Skin changes

You may notice small red spots on your face which are caused by small blood vessels breaking during the pushing stage of labor. Expect the spots to disappear in about a week. Stretch marks won't disappear after delivery, but eventually they'll fade from reddish purple to silver or white. Any skin that darkened during pregnancy, such as the line down your abdomen (linea nigra), may slowly fade as well.

Mood changes

In addition to physical changes, childbirth triggers a jumble of powerful emotions. Mood swings, irritability, sadness and anxiety are common. Many new moms experience a mild depression, sometimes called the baby blues. The baby blues typically subside within 7 to 10 days. In the meantime, take good care of yourself and try to get as much sleep as possible. Nap when the baby is napping and don't be afraid to ask people for help. If your depression deepens or you feel hopeless and sad most of the time, contact your provider immediately. Don't be embarrassed. You may have post partum depression and prompt treatment is important. See [page 76](#) for more on post partum depression and baby blues.

Weight loss

After you give birth, you'll probably feel flabby and out of shape. You may even look like you're still pregnant. Don't worry as this is perfectly normal. Most women lose about 10 pounds during birth, including the weight of the baby, placenta and amniotic fluid. When you leave the hospital you will probably be about the size you were when you were 6 months along.

During the first week after delivery, you'll lose additional weight from leftover fluids. After that, healthy eating and regular exercise, if your provider has approved it, can help you gradually return to your pre-pregnancy weight. Remember that it took 9 months to gain the weight and it will take time to return to your pre-baby size.

The postpartum checkup

You will be scheduled for a postpartum checkup about six weeks after you gave birth. Your provider will check your vagina, cervix and uterus to make sure you're healing well. They may do a breast exam and check your weight and blood pressure, too. This is a great time to talk about birth control options, breast-feeding and how you're adjusting to life with a new baby. Breast-feeding will probably delay your monthly cycle but that doesn't mean you can't get pregnant.

Share any concerns you may have about your physical or emotional health. Chances are, what you're feeling is entirely normal.

CARING FOR YOURSELF AFTER C-SECTION DELIVERY

After the Procedure

In the hospital

- After a C-Section, most mothers and babies stay in the hospital for up to three days. Most likely you will be given a combination of prescription pain medication and ibuprofen to control the pain as the anesthesia wears off.
- Within the first 24 hours after your C-Section, you'll be encouraged to get up and walk. Moving around can speed your recovery, help prevent constipation, and help to prevent potentially dangerous blood clots. The catheter and IVs will likely be removed within 12 to 24 hours of the C-Section.
- While you're in the hospital, your health care team will monitor your incision for signs of infection. They'll also monitor your appetite, how much fluid you're drinking, and your bladder and bowel function.
- Before you leave the hospital, talk with your provider about any preventive care you may need, including vaccinations. It's a good time to make sure your immunizations are up to date to help protect your health and the health of your baby.
- Breast-feeding. IVs and discomfort near the C-Section incision can make breast-feeding somewhat awkward. However, you'll be able to start breast-feeding soon after the C-Section with assistance. Ask your nurse to teach you how to position yourself and support your baby so that you're comfortable. Trying to breast-feed when you're in pain may only make the process more difficult. Your health care team will select medications for your post-surgical pain with breast-feeding in mind. Continuing to take the medication shouldn't interfere with breast-feeding.

When you go home

It takes about four to six weeks for a C-Section incision to heal. Fatigue and discomfort are common while you're recovering.

- **Take it easy** Give yourself time to rest. Keep everything that you and your baby might need within reach. For the first two weeks, don't lift anything heavier than your baby and don't hesitate to ask your support person for help. Your provider will advise you at your follow-up appointment when you will be able to resume exercise and when you will be released to resume working.
- **Support your abdomen** Use good posture when you stand and walk. Hold your abdomen near the incision during sudden movements to help brace it, such as coughing, sneezing or laughing. Use pillows or rolled up towels for extra support while breast-feeding.
- **Drink plenty of fluids** Drinking lots of fluids can help replace those lost during delivery and breast-feeding, as well as prevent constipation. Remember to empty your bladder frequently to reduce the risk of urinary tract infections.
- **Avoid sex** You should wait six weeks before resuming sexual intercourse. That doesn't mean you have to give up on intimacy. Spend time with your partner, even if it's just a few minutes in the morning or after the baby goes to sleep at night.
- **Take medication as needed** Your provider may recommend acetaminophen (Tylenol, others) to relieve pain. If you're constipated or bowel movements are painful, your provider may recommend an over-the-counter stool softener or a mild laxative, such as milk of magnesia may be recommended.
- **Know when to contact your provider** Call promptly if you notice any signs of infection. This includes a fever over 100.4 F, severe pain in your abdomen, redness, swelling and discharge at your incision site, or flu-like symptoms accompanied by pain in one or both breasts.

Contact your provider if you develop a rash or hives, foul-smelling vaginal discharge, burning with urination, blood in your urine, extremely heavy bleeding that soaks a maxi pad within one hour or passing large clots, or swollen, red or painful areas in your legs.

Postpartum depression may also be a concern. If your mood is consistently low, you find little joy in life or you have trouble summoning the energy to start a new day, seek help promptly.

BABY BLUES & POSTPARTUM DEPRESSION

Many new mothers have these feelings in a mild form called postpartum blues. Sometimes these feelings are called the “baby blues”. The “baby blues” most often go away in a few days. About 10% of new mothers have a greater problem which is called postpartum depression. Postpartum depression lasts longer and is more intense than the “baby blues”. Postpartum depression often requires counseling and treatment. It can occur after any birth not just the first one.

Baby blues

A lot of new mothers are shocked at how weak, alone and upset they feel after giving birth. Their feelings don't match their anticipated feelings of happiness. They often fear that these feelings mean that they are a bad mother. About 70 to 80% of women get the “baby blues” after childbirth. This usually happens about 2 to 3 days after birth. The mother feels depressed, anxious and upset. They feel angry with the new baby, their spouse or their children. They may cry for no clear reason. They may have trouble sleeping, eating and making choices. They often question whether they can handle caring for the baby. These feelings can come and go in the first few days after childbirth. While this can seem strange and feel scary, the “baby blues” often go away in as little as a few hours and in as much as a week or so without any treatment.

Postpartum depression

Some women will experience postpartum depression which is marked by strong feelings of sadness, anxiety or despair that they have trouble coping with regular daily tasks. If the mother does not seek treatment, postpartum depression may become worse or may last longer. It is more likely to occur in women who lack the support of a partner, have had postpartum depression before, or have had recent stress (losing a loved one, family illness or moved to a new city). Postpartum depression does not relate to the mother's age or the number of children she has had.

When to suspect postpartum depression

A new mother may be developing or already have postpartum depression if she displays these symptoms, she needs to seek help right away.

- The baby blues don't go away after 2 weeks.
- Feelings of sadness, guilt, doubt or helplessness seem to increase each week. They get in the way of normal functions.
- Strong feelings of depression and anger come 1 to 2 months after childbirth
- Mom is not able to care for herself or for baby.
- Mom has trouble doing tasks on the job or at home.
- She has a change in appetite.
- She no longer finds pleasure in things that she did before.
- She has intense feelings of worry while her interest in the baby is lacking.
- Mom might experience anxiety or panic attacks. She might be afraid to be left alone with the baby.
- She may even fear harming the baby. These feelings are almost never acted upon by the mother but they can be scary. These feelings often lead to feelings of guilt which worsens the depression.

Myths

Women who have an idea of what the “perfect mother” is, are more likely to feel depressed or let down when faced with the daily needs of mothering. There are three common myths about being a mother.

- **Myth #1: Motherhood is instinctive** Mothers having their first baby often believe that they should just “know” how to care for a newborn. New mothers need to learn the mothering skills. It takes time and patience. As your mothering skills grow, you will become more self-confident.
- **Myth #2: The perfect baby** Most women dream of what their newborn will look like. When the baby arrives, the reality may not match your dreams. Babies have distinct personalities right away. Some are fussy, not easy to comfort or have upset tummies which new mothers may find hard to adjust to.
- **Myth #3: The perfect mother** Being perfect is a never-ending goal for some women. A mother may feel like she is not living up to the ideal and she may feel like a failure. No mother is perfect. Most women have trouble finding a balance between caring for the new baby, keeping up on household chores, other children and a job. They can often feel this way even if they have a lot of support.

Actions you can take

- Mom should get plenty of rest and try to nap when the baby is napping. Don't try to do it all.
- Ask for help. Ask family and friends especially if you have other children. Have your partner help with nightly feedings.
- Take the time to take special care of yourself. Make sure that you shower and dress each day and get out of the house, whether you get a babysitter or take the baby with you. Go for a walk, meet with friends or other new mothers.
- Spend some time with your partner. Talk with him about how you are feeling. It can often provide relief to just share your feelings with someone you trust.
- Call your provider if your feelings do not lessen after a few weeks. Tell them if you are afraid that you might neglect or hurt your baby. Help is available.
- You may need to be given medication to treat your depression. You'll need to discuss the side effects of the medication with your provider if you are breastfeeding.

Women with postpartum depression need to have realistic goals. They also need support from their families and friends and need to learn to rely on that support. Women need to learn how to nurture themselves as well as their family. They need to learn to do what is needed and let the rest go.

GOING BACK TO WORK & DAYCARE

Whether or not you return to work after having the baby is a personal choice. Paid maternity leave policies vary from employer to employer. The Federal Family and Medical Leave Act (FMLA) guarantees women up to 12 weeks of unpaid leave after giving birth. So even if you do not have paid leave to take off, you are entitled to have the 12 weeks unpaid by law.

You and your partner will have to decide what will work best for your family situation. Some families simply cannot afford for mom to stay home and need the added income. Some moms choose not to return to work, some return part-time and others return to work full-time after the baby is born. The choice is very personal and isn't one you should feel pressured by or ashamed of.

Moms who return to work either part-time or full-time will need to find a childcare provider. There are 3 basic options to finding good child care.

- Your baby can be cared for in your home.
- Your baby can be cared for in a caregiver's home.
- Your baby can be cared for in a child care center.

No matter which option you'd like to pursue, be sure to start searching early. You may want to start your search while you are still pregnant. Ask around, your friends, neighbors and coworkers are great resources. Listed below is a guide to help you find the right care for your baby.

Gather the facts Make a list of childcare providers, family childcare home providers, and childcare centers in your area. Then find out the following:

- Location
- Does the provider care for infants?
- Hours available
- Is it open year round?
- Sick child policy
- Cost for care

Check it out Visit more than once. Make an appointment for the first visit and if you like what you see, drop by the second time. If drop-in visits are not allowed, then keep looking. Find out if:

- The facility is clean, safe, well-equipped, and child friendly
- There are enough care providers (1 adult per 3 to 4 infants)
- The caregivers are attentive and loving
- How discipline is handled
- The children seem happy and well cared for

Set Up an Interview Schedule a time to talk with the child care provider and bring your baby with you. Make a mental note of how the caregiver responds to the baby. Here are some sample questions:

- What experience and training do the caregivers have?
- Have they cared for infants before?
- Why did they go into this line of work?
- What do they like the most and the least about caring for children?
- What is their philosophy on caring for and disciplining children?
- For a child care center, what is the staff turnover rate?
- Do babies at a child care center have one main caregiver or do a number of caregivers take care of them?
- Are they willing to give your child prescribed medications?
- What plans are in place in case of a medical emergency?
- How do they feel about handling expressed breast milk (if you are pumping)?
- Is the home or center licensed, or is the caregiver certified?
- What does a normal day look like?
- What's served at snack and meal times?

Check Credentials Don't leave your baby with someone until you have checked out his or her background. Ask for the following:

- A document showing that the home or center is licensed or registered or that the caregiver is certified. Call the licensing agency to ask about any complaints.
- Written policies on their philosophy, procedures or discipline.
- References from other parents who have used their service. Call at least three other parents.

Try It Out Once you have chosen a caregiver, do a few practice runs before you go back to work. This way, if something seems "off" you still have time to keep looking. It also will help to relieve some of the stress of returning to work when your maternity leave ends.

SEX AFTER BABY & BIRTH CONTROL

Sex

Your provider will let you know when you can resume sex after giving birth. It will likely be a month or so after delivery. You may find that you have a decreased interest in sex. This is very common with new moms. Listed below are some reasons that contribute to those feelings.

- **Fatigue** Taking care of a new baby is tiring. Once you get the baby to sleep, all you may want to do is sleep as well.
- **Stress** Again, taking care of a new baby is tiring and coping with the new demands can leave you with little desire for sex.
- **Lack of desire** Your hormone levels decrease after birth and as a result, so does your sex drive.
- **Fear of pain** Your perineum may be sore from stitches or if you had a C-Section, your incision may be uncomfortable. If you are breastfeeding, your breasts may be tender and it lowers your estrogen levels which may make your vagina dry which could make sex uncomfortable.
- **Lack of opportunity** Sex takes energy and time. When you're a new mom, you tend to be short on both.

To avoid hurting fragile tissues, you will want to wait until the healing process is complete before you have sex. Communicate with your partner about what you are feeling both physically and emotionally. You may also want to use a lubricant and try different positions to make it a comfortable experience. Most of all, try to find some private time to spend with your partner to reconnect with each other.

Birth Control

If you are about to resume sex with your partner, you'll need to think about what type of post-delivery birth control method you will use. Birth control will help to give your body the time it needs to heal before having another baby and allow you to plan your family.

You can be fertile again within a week of giving birth and if you are breastfeeding, it's hard to tell when your fertility has returned. To be safe, choose a birth control method before having sex for the first time, even if you are breastfeeding. The different types of birth control are listed in the chart on [page 81](#). The ones that are safe for breastfeeding moms are noted.

Birth Control Methods

Type	Name	What It Does	Is It Safe While Breastfeeding?
Hormone	Birth Control Pills (Oral Contraceptives)	Taken as directed daily, the pill is one of the most effective forms of birth control.	Regular combination pills are not. Minipills that are progestin only are a good option.
Hormone	Injections	Each injection provides birth control for 3 months. You'll need 4 per year.	No
Hormone	Skin Patch	A contraceptive patch (about 1-3/4 inches squared) sticks to your skin. It releases both estrogen and progestin through skin. You replace your patch every week for 3 weeks each month.	No
Hormone	Vaginal Ring	You insert a flexible, plastic ring into your upper vagina. It releases both estrogen and progestin. You leave the ring in for 21 days, take it out for 7 and then put a new one in.	No
Intrauterine Device	IUD	A small plastic device that contains copper or hormones is inserted into your uterus by your provider. The copper or hormones in the IUD prevent an egg from being fertilized or prevent a fertilized egg from implanting in the uterus.	No
Barrier Method	Spermicides	These are chemicals that kill sperm. They are contained in various forms; creams, jellies, foams, vaginal inserts and suppositories. You place the spermicide in your vagina close to the cervix before sex.	Yes
Barrier Method	Diaphragm	This is a round rubber dome that you insert into your vagina before sex. It covers your cervix. You'll need to have your diaphragm refitted after having had a baby.	Yes
Barrier Method	Cervical Cap	This is a small rubber cup that fits over your cervix. It stays in place with suction. You'll need to have your cervical cap refitted after having had a baby.	Yes
Barrier Method	Male Condom	This is a thin sheath worn over the man's penis. It is made of latex. Condoms also prevent STDs.	Yes
Barrier Method	Female Condom	This is a plastic pouch that lines the vagina. It is held in place by a closed inner ring at the cervix and an open outer ring at the entrance of the vagina. Female condoms may help to prevent STDs.	Yes
Natural Family Planning	Periodic Abstinence or Rhythm Method	It involves not having sex during the days of the month that you are the most fertile. You have to know when you ovulate. Menstrual cycles are often irregular after childbirth and during breastfeeding. Thus, natural family may not work well for new mothers.	Yes, but breastfeeding makes your menstrual cycle unpredictable and would make ovulation nearly impossible to track.
Sterilization	Female Sterilization (Tubal Ligation)	This is often referred to as "getting your tubes tied". It is a surgical procedure and it close the fallopian tubes and stops the egg from going from the ovary to the uterus. The tubes are cut and cauterized or blocked with bands or clips. This is a permanent form of birth control.	Yes
Sterilization	Male Sterilization (Vasectomy)	This procedure is done in the provider's office and involves cutting or tying the vas deferens (tubes through which sperm travel. This means no sperm is released during sex. This is a permanent form of birth control.	Yes

SPECIAL CONCERNS

SUBSTANCE ABUSE DURING PREGNANCY

If a woman is addicted to either alcohol or harmful substances, it may be hard to stop their use even if they become pregnant. If you need help, talk to your provider so that they can help you to get the treatment you need to make a new start in your life.

Alcohol

If you had a drink or two before you knew that you were pregnant, most likely it won't harm your baby. Repeated alcohol use or abuse can be harmful to your baby's health. The severity of harm will depend upon the amount of alcohol that you consume. It is best to stop drinking before you get pregnant.

When a pregnant woman drinks, it reaches her baby quickly. The same amount of alcohol that is in the mother's blood is also in the baby's blood. An adult's liver can break down alcohol but a baby's liver is not yet able to do so. Therefore, the alcohol has a much more harmful effect to the baby than to an adult. Alcohol use during pregnancy can cause problems but it's especially harmful in the early months when the baby's organs are forming. Alcohol can affect the baby in many ways. It increases the chances of having a miscarriage or of having a pre-term baby. It can lead to mental retardation and one of the worst effects is fetal alcohol syndrome.

Fetal alcohol syndrome is a pattern of major mental, physical, and behavioral problems in babies who were exposed to alcohol while their mothers were pregnant. Babies with fetal alcohol syndrome may have one or more of the following:

- Small bodies. Even with special care, their growth doesn't catch up
- Heart defects
- Joint and limb problems
- Abnormal Facial Features
- Behavioral problems. This includes hyperactivity, anxiety, and poor attention span
- Low IQ

These babies may also suffer from severe ear infections, vision and dental problems. There is no cure for fetal alcohol syndrome. It is not known how much alcohol it takes to harm a baby so it is best to not drink at all during pregnancy. No type of alcohol is safe. It may be hard to stop drinking and if that is true for you, you may need help. Talk openly with your provider about your drinking habits.

Drugs

Drug use during pregnancy can lead to long-term problems and to babies who may need special care after birth. There's no safe time to use drugs. Severe damage can occur if drugs are used in the first 12 weeks of pregnancy when the baby's organs are forming. Drug use during mid to late pregnancy can affect brain growth and stunt fetal growth. It can also bring on pre-term labor. After delivery, some drugs can be passed to the baby through breast milk.

To be safe, you should quit using drugs well before getting pregnant. Drug addiction is a chronic illness. Usually people who are addicted cannot quit by themselves. Treatment is needed to end addiction. Talk to your provider for assistance. Many of these drugs are highly addictive. Some specific effects of drug use on babies are listed below.

- **Marijuana** The active compound in marijuana stays in your body for weeks and leads to higher levels of fetal exposure. Smoking marijuana releases carbon monoxide and can prevent the baby from getting enough oxygen.
- **Heroin (and other narcotics)** If heroin is used during pregnancy, it can cause fetal death, addiction in the baby, pre-term birth, low birth weight, delays in development, and behavioral problems. Sudden withdrawal from heroin can harm a woman and her baby.
- **Methamphetamine (Meth)** Meth can cause placenta abruption or even fetal death. Babies exposed to meth may grow too slowly in the womb. After birth, babies may be very fussy, have tremors, and may have trouble bonding with others.
- **Cocaine** Cocaine use during pregnancy can cause the placenta to tear away from the uterus leading to bleeding, pre-term birth, or fetal death. Babies exposed to cocaine may have withdrawal symptoms, slow growth, brain injury, fussiness, and long-term behavioral, emotional, and learning problems.
- **PCP, Ketamine, and LSD** Users of PCP (angel dust) may lose touch with reality. They may become violent, have flashbacks, seizures, heart attacks, or lung failure. Babies exposed to PCP during pregnancy may have withdrawal symptoms, be smaller than normal, and have poor control of their movements. Ketamine (Special K) has the same effects as PCP on the user but can also cause amnesia. Babies exposed to ketamine may have behavioral or learning problems. LSD (acid) use during pregnancy can cause birth defects for the baby.
- **Ecstasy** A baby born to a woman who took ecstasy while pregnant may have long-term learning and memory problems.
- **Glues and solvents** Inhalant use can cause damage to the user's liver, kidneys, bone marrow, and brain. It can also cause sudden death of the user. Abuse of inhalants during pregnancy can lead to miscarriage, slow growth of the baby, and pre-term birth. The baby may also have birth defects much like those of a mother who drank alcohol during pregnancy.

HIV – AIDS & PREGNANCY

Knowing your HIV status is important

Research shows that people with HIV disease can stay healthy and live longer with early treatment. The number of babies born who are HIV positive has been dramatically reduced in recent years. This is due to increased HIV testing of pregnant women and treatment with medications during pregnancy. The U.S. Centers for Disease Control recommends that all pregnant women be offered HIV testing. You can have a confidential HIV test done. Ask your provider or nurse if you would like to be tested. Being proactive can help your baby live a healthy life.

Do you know how to protect yourself against HIV?

- Limit sexual contact to one partner who has tested negative and is not using drugs.
- Limit the number of sexual partners you have and always use a condom (rubber).
- Never share needles or syringes with anyone.
- Enroll in a treatment program if you use drugs or alcohol because impaired judgment and lead you to take risks.
- If you are a health care worker, consistently use universal precautions.

For more information about HIV infection or testing, call the National AIDS hotline

English speaking1-800-342-AIDS
Spanish speaking.....1-800-344-7432
Hearing impaired, TTY.....1-800-243-7889

For information about treatment, call the AIDS treatment information service

1-800-HIV-0440.

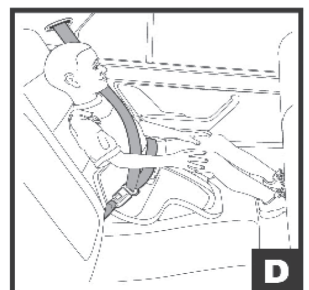
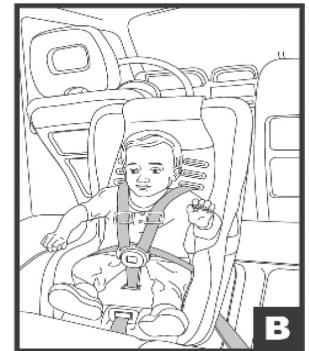
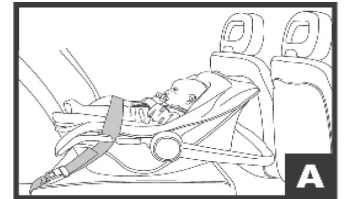
CHOOSING A CAR SEAT FOR YOUR BABY

- Everybody needs a child safety seat, booster seat, or safety belt!
- There must be one safety belt for each person. Buckling two people, even children, into one belt could injure both.
- People who are not buckled up can be thrown from the car or around inside the car, and seriously hurt themselves or others.
- Never hold a child on your lap! You could crush him/her in a crash, or the child may be torn from your arms.
- Never ride in the cargo area of a station wagon, van, or pickup. Anyone riding in the cargo area could be thrown out and severely injured or killed.
- No one seat is 'best'. The 'best' child safety seat is the one that fits your child and can be installed correctly.
- Children age 12 and under should ride properly restrained in back.

Choosing & Using the Correct Seat

New child safety seats and booster seats come with registration cards. Be sure to register your new seat so you will be notified if there is a recall. If you don't have a card, call the safety seat manufacturer.

AGE	Birth to 1 Year
WEIGHT	Up to 35 pounds
TYPE OF SEAT	Infant-Only (Picture "A") or Rear-Facing Convertible (Picture "B")
DIRECTION TO FACE	Infants should ride rear-facing to at least 1 year of age AND at least 20 pounds, longer if possible. The seat should be at a 30-45 degree angle to keep the child's head from falling forward. Do not tip it too far back or the child could come out of seat in a crash.
NOTE	Infants who outgrow a smaller infant-only seat before 1 year of age should ride rear-facing in a child safety seat with a higher rear-facing weight limit (over 22 pounds).



AGE	Over 1 Year to 4 Years Old
WEIGHT	Over 20 pounds and Up to 40 pounds
TYPE OF SEAT	Convertible (Picture "B") or Forward-Facing Only Seat
DIRECTION TO FACE	A child over 1 year of age AND over 20 pounds may ride facing forward. Use the upright position or the position recommended by the manufacturer.
NOTE	Keep the child in a child safety seat with a full harness as long as possible, preferably until 4 years old. For children 40 pounds or more, who are too young or too active to sit still in a booster seat or if a vehicle has only lap belts, look for child restraints with harnesses labeled for use over 40 pounds.

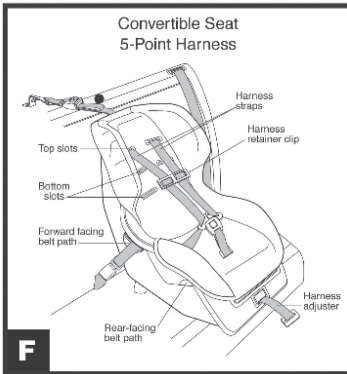
AGE	4 to 8 Years Old
WEIGHT	Over 40 pounds
TYPE OF SEAT	Belt-Positioning Booster Seat, Backless (Picture "D") or High-Back (Picture "C")
DIRECTION TO FACE	Forward-Facing
NOTE	All children who have outgrown child safety seats should be properly restrained in booster seats until they are at least 8 years old, unless they are 4' 9" tall.

WARNING: The back seat is the safest place in a crash. Children age 12 and under should ride properly restrained in back. Infants riding rear-facing must NEVER be placed in front of an airbag.



Is the child safety seat in the vehicle the right way?

- Each child safety seat needs a safety belt or LATCH to hold it in place. LATCH (Lower Anchors and Tethers for Children) is a system designed to make safety seat installation easier.
- Check the safety seat instructions and the vehicle owner's manual for tips on using the safety belts or LATCH to install a safety seat (Picture "E").
- If using safety belts, put the vehicle safety belt through the correct belt path on the child safety seat (see F below). Check the child safety seat instructions or look for labels on the seat that mark the safety belt path. Use the correct belt path for the direction the safety seat is facing.
- The child safety seat must stay tight at all times. Check for tight fit by holding the seat at the belt path and by pulling the seat side to side and forward. The child safety seat should not move more than one inch sideways or toward the front of the vehicle.

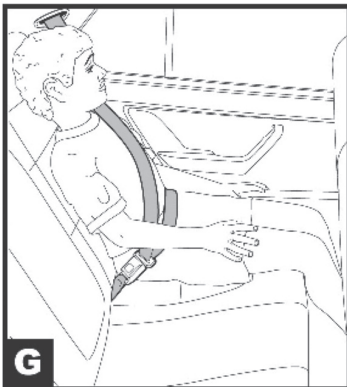


Is the harness positioned the right way and buckled snugly on the child?

- The harness straps must fit on strong parts of the body: the shoulders and hips.
- Use the correct slots for the harness (Picture "F"). Using the wrong slots can cause serious injury. Check the manufacturer's instructions for the correct placement of the harness straps.
- Keep straps on the child's shoulders, not arms. Keep straps flat on the child's shoulders and snug enough to keep the child from moving forward.
- Place the harness retainer clip at armpit level (Picture "F").

When is a child ready for the adult safety belt?

- Until age 8, most children have not developed strong hipbones, and their legs and body are too short to allow for proper fit of a safety belt. Safety belts are designed for adults.
- To be able to fit in a safety belt, a child must:
 - Be tall enough to sit without slouching
 - Keep his/her back against the vehicle seat back
 - Keep his/her knees completely bent over the edge of the seat
 - Keep his/her feet flat on the floor, and
 - Be able to stay comfortably seated this way
- The lap belt must fit low and tight across the upper thighs. The shoulder belt should rest over the center of the shoulder and across the chest (G).
- Never put the shoulder belt under the child's arm or behind the child's back. This can cause severe internal injuries in a crash. If the safety belt does not fit properly the child should use a belt-positioning booster seat.
- Always check belt fit on the child in every vehicle. A belt-positioning booster seat may be needed in some vehicles and not in others.



ALWAYS read and follow the child safety seat instructions and the vehicle owner's manual!

