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Welcome

As an expectant mother, it’s an exciting time. That’s why we’d like to thank you for sharing it with us.

The doctors and staff at SSM Health Dean Medical Group would like to help you have a healthy pregnancy and a beautiful baby. In many ways, it’s a partnership: we can provide you with helpful information, tips and touchpoints for your pregnancy, and in return, you can provide us with updates about your progress, ask questions and prepare for your big day.

Your doctor will play an important role in monitoring your and your baby’s health. During your visits, please ask any questions and share all the concerns you might have. Your health care requires a partnership with our team, and we count on you to take an active role in building this important relationship. As you probably know, you will see our team frequently during your pregnancy. The frequency of visits will increase as you get further along.

This handbook is a source of information to help you have a healthy pregnancy. Our clinical staff will spend time going through educational materials with you and provide additional resources for your reference.

If you have any questions about the information in this handbook or about your pregnancy, contact your doctor’s office. If you call outside of regular office hours, you will reach Dean On Call, a 24-hour phone line where you can speak with a registered nurse and, if needed, a doctor.

Thank you for choosing SSM Health Dean Medical Group. We appreciate the opportunity to provide you and your baby the best possible health care.

A downloadable PDF of this entire handbook is available online at deancare.com/obgyn.
Our Obstetrical Package: What’s Included

We offer a global obstetrical fee that includes prenatal visits, physician services on the day of delivery and postpartum care. Patients with more than seven prenatal visits will be charged the global fee; however, additional charges may be applied for more than 14 prenatal visits.

Our obstetrical package includes the following services:

**Antepartum care (before your baby is born)**
- Initial and subsequent history
- Physical examinations
- Recording of weight, blood pressure and fetal heart tones
- Routine chemical urinalysis
- Monthly visits up to 28 weeks gestation
- Bi-weekly visits up to 36 weeks gestation
- Weekly visits until delivery

Other visits or services within this time period may be charged separately.

**Delivery services**
- Hospital admission
- Admission history and physical exam
- Management of uncomplicated labor
- Vaginal delivery
- Episiotomy
- Operational vaginal delivery (forceps or vacuum)
- Induction
- External and internal fetal monitoring
- Placenta removal
- Vacuum extraction

There is an additional charge for cesarean delivery.

**Postpartum care (after your baby is born)**
- Hospital visit
- Office visit (six-week check)

**Not included in the obstetrical package**
- Laboratory work
- High-risk delivery
- Hospital charges
- Ultrasound and X-rays
- Pediatric services

Although most insurers cover the services included in this package (as well as other services not included), you should check the details of your insurance plan. Also, be sure to notify your insurance carrier/HMO of your pregnancy to allow for pre-enrollment of your baby.
Disability Insurance, FMLA or Medical Information Forms

We are happy to assist you in processing your disability insurance, FMLA or other medical information forms. You may obtain these forms through your employer or insurance company. Please complete the patient information section(s) and sign your form(s) prior to submitting them to us for processing.

Please note: If this is a worker’s compensation claim, please contact the Worker’s Compensation Department at 608-250-1160.

Completed forms may be dropped off with reception staff at your local SSM Health Dean Medical Group or mailed/faxed/ emailed to:

SSM Health Dean Medical Group Health Information
Attn: Disability Department
P.O. Box 259840
Madison, WI  53725-9840
Fax: 608-294-6280 or Toll Free 866-302-3326
email: healthinformation@deancare.com

Once we receive your form(s), a member of the Disability Department will collect any additional information that is required and forward everything to your physician for review and signature.

Completed form(s) will be mailed to your home address. If you prefer a different method of delivery (secure email, MyChart, pick up at a local SSM Health Dean Medical Group, or faxed directly to your employer or insurance company), please let us know.

Please note: If you would like completed form(s) sent directly to your employer or insurance company, you will also need to complete the highlighted sections of the enclosed “Authorization to Release Protected Health Information” form. This form should be submitted along with the rest of your forms via the address or fax number above. Without your signed authorization, we are unable to release information to a third party, such as your employer or insurance company. For additional information regarding the release of information, please visit our website at: www.deancare.com/patients/medical-records/.

Please allow 7-10 business days for processing. If you need your paperwork sooner, or if you have any questions, please contact us at 608-294-6244 (Option 1) or Toll Free 877-510-1873 (Option 1).
# Pregnancy Timeline

<table>
<thead>
<tr>
<th>Gestation</th>
<th>Event for Expectant Mothers</th>
<th>Event for Your Baby</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 weeks</td>
<td>Positive pregnancy test</td>
<td></td>
</tr>
<tr>
<td>8–9 weeks</td>
<td>Thumb sucking, heartbeat</td>
<td></td>
</tr>
<tr>
<td>First visit</td>
<td>Prenatal screen</td>
<td></td>
</tr>
<tr>
<td>10–12 weeks</td>
<td>Chorionic Villus sampling*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-invasive prenatal testing*</td>
<td></td>
</tr>
<tr>
<td>11–14 weeks</td>
<td>First trimester screening*</td>
<td></td>
</tr>
<tr>
<td>12 weeks</td>
<td>Heartbeat heard at doctor visit</td>
<td></td>
</tr>
<tr>
<td>15–20 weeks</td>
<td>Quad screen/AFP*</td>
<td></td>
</tr>
<tr>
<td>16–18 weeks</td>
<td>Sex organs developed</td>
<td></td>
</tr>
<tr>
<td>15–23 weeks</td>
<td>Amniocentesis*</td>
<td></td>
</tr>
<tr>
<td>20 weeks</td>
<td>May feel first flutters of movement, called “quickening”</td>
<td></td>
</tr>
<tr>
<td>20 weeks</td>
<td>Ultrasound</td>
<td></td>
</tr>
<tr>
<td>24 weeks</td>
<td>Baby has distinct sleep/wake cycles</td>
<td></td>
</tr>
<tr>
<td>24 weeks</td>
<td>Sign up for classes</td>
<td></td>
</tr>
<tr>
<td>24 weeks</td>
<td>Start looking for a doctor for your baby</td>
<td></td>
</tr>
<tr>
<td>28 weeks</td>
<td>Prenatal glucose testing, Rhophylac* for Rh-negative women</td>
<td></td>
</tr>
<tr>
<td>28 weeks</td>
<td>You should feel your baby move every day</td>
<td></td>
</tr>
<tr>
<td>30 weeks</td>
<td>Kick counts</td>
<td></td>
</tr>
<tr>
<td>32 weeks</td>
<td>Baby identifies your voice as you read and sing</td>
<td></td>
</tr>
<tr>
<td>36 weeks</td>
<td>Group B strep culture</td>
<td></td>
</tr>
<tr>
<td>36 weeks</td>
<td>Baby continues to gain weight</td>
<td></td>
</tr>
<tr>
<td>37–40 weeks</td>
<td>Cervical exams</td>
<td></td>
</tr>
<tr>
<td>39 weeks</td>
<td>Your baby’s lungs are ready for breathing</td>
<td></td>
</tr>
</tbody>
</table>

* When medically necessary
Benefits of Breastfeeding

Are you planning to breastfeed your baby? We hope you’ll at least try. There are huge benefits to both your baby and you.

1. Breastfed babies are healthier and smarter. Breast milk contains important antibodies and enzymes. These protect your baby from infections. Exclusively breastfed babies are at less risk for the following conditions and diseases:
   - Ear infections
   - Flu, pneumonia and meningitis
   - Allergy and asthma
   - Diabetes and cancer
   - Obesity
   - Urinary tract infections and bedwetting
   - Stomach problems, constipation or diarrhea
   - Celiac disease and Crohn’s disease
   - Sudden infant death syndrome (SIDS)

Breastfed babies also tend to have higher IQs than bottle-fed babies. As children, they develop better reading comprehension and math abilities. This might be because the quality of breast milk is higher. Or, it might be because of the interaction between mom and baby while breastfeeding. The longer you breastfeed your baby, the greater the benefits! It’s best if you can breastfeed your baby for at least the first year.

2. Babies and mothers who breastfeed tend to be more content. While breastfeeding, mothers secrete prolactin, a hormone that reduces their anxiety. Research also shows babies benefit from the skin-to-skin contact because it does many things:
   - Helps babies learn to suck
   - Reduces crying
   - Improves bonding between mom and baby
   - Keeps babies warmer
   - Helps babies’ breathing and heart rhythms

3. Mothers who breastfeed are healthier, too. Breastfeeding moms see these health benefits:
   - Less bleeding after childbirth
   - More success in losing extra pregnancy weight
   - Less risk of anemia
   - Lower incidence of breast, ovarian and uterine cancer
   - Stronger bones

4. Breastfeeding is convenient and easy on the family budget. Breastfeeding can save families a lot of money because you don’t need to purchase expensive formula, bottles and nipples. Since breastfed babies are healthier, families also save money on doctor bills and miss fewer days of work.

Our SSM Health Hospitals have specialized nurses, called Lactation Consultants, who are available to help you learn how to breastfeed your baby and answer questions you may have after returning home.

For questions, call:
St. Mary’s Hospital - Madison
608-258-6474
St. Mary’s Hospital - Janesville
608-373-8208
St. Clare Hospital - Baraboo
608-356-1520

These lines are staffed from 8 am to 10 pm, messages returned promptly.
While it’s true that she’s having the baby and she’s the one whose belly is growing, there’s plenty for you to do during this exciting and sometimes confusing time. Finding out that you are going to be a father or a care partner means you’ve certainly got some questions:

• How will having a baby change my life?
• How will I pay for all the things our baby will need?
• How can I be a good dad or care partner?
• What can I do to help during pregnancy?

Questions like these are normal. Here are seven things you can do:

1. Go with your partner to her prenatal visits. The health care provider will need to know your medical history, too. Get to know the people who will be taking care of your partner and baby during the pregnancy.

Before you and your partner visit her health care provider, write down any questions you have and discuss them with her. And don’t be afraid to ask those questions during the visit. Check out these interesting milestones of your baby’s development:

• During the prenatal visit at the end of the first trimester (months 1–3 of the pregnancy), you can hear the baby’s heartbeat.
• During the second trimester (months 4–6), go with your partner if she needs an ultrasound (a test that uses sound waves to take a picture of the baby). You’ll be able to see your baby’s head, arms, hands, legs and feet. You may even find out the sex of your baby. Your baby will start to seem very real to you.
• During a third-trimester (months 7–9) prenatal visit, ask the doctor, midwife or nurse how you can help during labor and delivery.

2. Watch, listen, browse and read. Watch videos, listen to audio books, check out information from trusted websites, and read books about pregnancy, childbirth and being a parent.

3. Help plan for the baby. Talk to your partner about what you both want for the baby. Decide where the baby will sleep, and make that part of your home colorful and welcoming for the baby. Go shopping for baby things.

If you are worried about not having enough money, here are some tips to help you:

• Ask family members and friends if you can borrow a crib, changing table, toys and baby clothes. Many people are between kids or don’t plan to have any more and are glad to let you use their baby things.
• Check out secondhand and thrift shops. They often have baby furniture, toys and clothes at low prices.
• Put a small amount of money aside each week to help pay for baby things. Even $10 a week can add up and make things easier once the baby comes.
4. Go to childbirth education classes with your partner. You will learn how to help your partner during labor and delivery. Ask the doctor, midwife, nurse or local hospital or clinic about childbirth classes near you.

5. Help your partner stay healthy during pregnancy.
   • **Help her eat lots of different healthy foods.** Good choices include whole grain breads, cereal, rice and pasta; skim or low-fat milk; cheese and yogurt; low-fat meat and chicken; and lots of fruits and vegetables. And watch what you eat, too! If you eat right, you’ll make it easier for her.
   • **Quit smoking.** If you smoke, you are blowing out secondhand smoke. This smoke isn’t good for your partner or the baby. It can hurt the baby when it’s inside your partner’s uterus and after birth. Also, pregnant women who smoke are more likely to have babies born too small and too soon. If you both smoke, or even if one of you smokes, now is a great time to quit. Get help from your doctor or groups such as the American Cancer Society.
   • **Help your partner stay away from alcohol.** It’s best for women not to drink any alcohol during pregnancy, because it can cause birth defects. Help your partner stay away from beer, wine, wine coolers, liquor and mixed drinks. You can help by giving her healthy juices and water to drink or by making fun non-alcoholic drinks together. If your partner drinks a lot of alcohol and can’t stop, get help for her.
   • **Help your partner stay away from street drugs.** Illegal drugs can hurt your baby. Get help for your partner if she uses illegal drugs. If you use illegal drugs, stop now for your baby’s sake.
   • **Talk to the doctor about drugs and herbal products.** Prescription drugs and over-the-counter medicines can also hurt your baby. Your partner should tell her health care provider about any medicines she is taking. She also should check with her provider before taking any new medicine. The doctor will make sure that any prescription or over-the-counter medicine she is taking is safe for the baby.
   • **Help your partner stay away from dangerous household products.** Keep paint, paint thinner, solvents and pesticides away from your partner. Don’t let her empty a cat’s litter box.
   • **Exercise during pregnancy.** Exercise is a great thing you can do together. Walking is easy and cheap, and it can be done almost anywhere. Check with your partner’s health care provider to find out the safest kinds of exercise you can do together.
   • **Help your partner get rest and lower her stress.** Letting your partner rest when she needs to is good for her and the baby. You can help by cleaning up, shopping for groceries and making meals. Take a nap or cuddle together. Talking together about your hopes and plans for the baby can help lower stress.

Understand the changes that are a normal part of pregnancy. Pregnancy causes many changes in a woman’s body, and even how she feels. You may find that your partner is happy one minute and sad the next. These fast changes in feelings are called mood swings and are common during pregnancy. Your partner also may be tired much of the time. That’s because it’s hard work to carry a new and growing life inside your body!
6. **Continue to have sex if you and your partner wish to do so.** Your partner may want to have more sex or less sex than before she was pregnant. Her desire for sex may change as her body changes. Many people find that sex feels different during pregnancy. As her belly gets bigger, try different positions. Find one that’s comfortable for both of you. Talk to each other about what feels good. Remember, as long as your health care provider says it’s okay, it’s safe to have sex during pregnancy and it won’t hurt the baby.

To avoid sexually transmitted infections, have sex with only one person who doesn’t have any other sexual partners and/or use a condom when having sex. Discuss HIV testing for you and your partner with your health care provider.

7. **If your partner chooses to breastfeed, support her decision.** Breastmilk is the best food for your baby. It has everything that your baby needs to grow and be healthy. Find out about breastfeeding together. Talk to your doctor, midwife or nurse about breastfeeding.

**Summary**

**Be involved.** Go with your partner to her prenatal visits.

**Watch, listen, browse and read.** Watch videos, listen to audio books, check out trusted Internet resources, and read books about pregnancy, childbirth and being a parent.

**Help plan for the baby.** Talk to your partner about what you both want for the baby. Decide where the baby will sleep, and make that part of your home colorful and welcoming for the baby. Go shopping for baby things. Look together at your finances.

**Learn.** Go to childbirth education classes with your partner.

**Help your partner stay healthy during pregnancy.** Help her eat healthy foods, exercise, quit smoking, stay away from alcohol and illegal drugs and avoid dangerous workplace and household hazards (such as paint thinners and weed killers). Quit smoking yourself. Secondhand smoke is bad for pregnant women and babies.

**Continue to have sex if you and your partner wish to do so.** In most cases, it’s safe for a couple to have sex during pregnancy. Check with your partner’s health care provider. To avoid sexually transmitted infections, have sex with only one person who doesn’t have any other sexual partners and/or use a condom when having sex. Discuss HIV testing for you and your partner with your health care provider.

**Be supportive.** If your partner chooses to breastfeed, support her decision.
# My Pregnancy Milestones

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>First positive pregnancy test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I started to tell my family and friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First ultrasound</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First fetal heart tones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I started to feel sick</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I stopped feeling sick</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I first felt the baby kick</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I started to wear maternity clothes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I weighed more than my partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I started to dilate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When my water broke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When my labor started</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of labor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Things I want to remember**

How I felt during pregnancy:

Names for the baby before birth:

Who has felt the baby kick:

The story about my baby:
# SSM Health Dean Medical Group Staff Favorite Names

<table>
<thead>
<tr>
<th>Girls</th>
<th>Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abby</td>
<td>Aaron</td>
</tr>
<tr>
<td>Anna</td>
<td>Aiden</td>
</tr>
<tr>
<td>Ava</td>
<td>Bentley</td>
</tr>
<tr>
<td>Catelyn</td>
<td>Caleb</td>
</tr>
<tr>
<td>Charlotte</td>
<td>Charlie</td>
</tr>
<tr>
<td>Emma</td>
<td>Colin</td>
</tr>
<tr>
<td>Evelyn</td>
<td>Craig</td>
</tr>
<tr>
<td>Gabriella</td>
<td>Cullen</td>
</tr>
<tr>
<td>Gia</td>
<td>Eli</td>
</tr>
<tr>
<td>Hailey</td>
<td>Ezra</td>
</tr>
<tr>
<td>Isabel</td>
<td>Gabriel</td>
</tr>
<tr>
<td>Josi</td>
<td>Hunter</td>
</tr>
<tr>
<td>Journey</td>
<td>Jackson</td>
</tr>
<tr>
<td>Kyra</td>
<td>Jacob</td>
</tr>
<tr>
<td>Laine</td>
<td>Jason</td>
</tr>
<tr>
<td>Madelyn</td>
<td>Jonathan</td>
</tr>
<tr>
<td>Maggie</td>
<td>Jordan</td>
</tr>
<tr>
<td>Natalya</td>
<td>Lucas</td>
</tr>
<tr>
<td>Olivia</td>
<td>Mark</td>
</tr>
<tr>
<td>Seanna</td>
<td>Nicholas</td>
</tr>
<tr>
<td>Sophia</td>
<td>Noah</td>
</tr>
<tr>
<td>Stella</td>
<td>Parker</td>
</tr>
<tr>
<td>Sydney</td>
<td>Sawyer</td>
</tr>
<tr>
<td>Tessa</td>
<td>Tyler</td>
</tr>
</tbody>
</table>
Pregnancy Journal

Use this space for random thoughts, observations about your pregnancy, personal notes, questions for your doctor, or just about anything.
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Women, Infants and Children Nutrition Program (WIC) ................................................................. 22-23
Pregnancy and Weight Gain

The average newborn baby weighs about 7½ lbs., yet most pregnant women are advised to gain 25 to 35 pounds.

Where the weight goes:

• Fetus .................................................................................................... 7.5 lbs.
• Woman’s stores of fat, protein, other nutrients .......... 7 lbs.
• Body fluids ...................................................................................... 4 lbs.
• Blood .................................................................................................. 4 lbs.
• Amniotic fluid ................................................................................ 2 lbs.
• Uterus ................................................................................................ 2 lbs.
• Breasts ............................................................................................... 2 lbs.
• Placenta ............................................................................................ 1.5 lbs.

How much weight should you gain?

If You Are: ......................................................... You should gain
Underweight ................................................................. 28 - 40 lbs.
Normal weight ............................................................... 25 - 35 lbs.
Overweight ................................................................. 15 - 25 lbs.
Obese ......................................................................................... 15 lbs.
Carrying twins................................................................. 35 - 45 lbs.
Nutrition: What You Need to Know

**Calorie requirements**
Your calorie needs will depend on your weight. For at least the last six months of pregnancy, most women need an additional 300 calories a day than before they were pregnant.

Keep in mind that not all calories are equal. Your baby needs healthy foods that are packed with nutrition – not “empty calories” such as those found in soft drinks, candies and desserts.

**Calcium**
Calcium is necessary for the development of the baby’s bones. You can get enough calcium by eating or drinking four servings from the milk group each day. Other good sources of calcium include:
- Greens (such as mustard and turnip greens), bok choy, kale, and watercress
- Broccoli and cauliflower
- Corn tortillas made with lime
- Calcium-fortified orange juice

**Caffeine**
Small amounts of caffeine (about one 12-ounce cup of coffee a day) appear to be safe during pregnancy. Ask your doctor whether drinking a limited amount of caffeine is OK for you.

**Artificial sweeteners**
One or two servings per day of NutraSweet® appear to be safe. Ask your doctor about other artificial sweeteners.

**Herbal supplements and vitamins**
Talk to your doctor or nurse about any herbal supplements you have been taking. Don’t continue to take any vitamins, herbal or other supplements until your health care provider says it’s safe.

**Folic acid**
Folic acid is important even before you become pregnant, but it is particularly important in the first few weeks of pregnancy because it prevents some birth defects. You can get folic acid in an over-the-counter multivitamin or in a multivitamin that your doctor prescribes. Look for a vitamin with 0.8 mg (800 mcg) of folic acid.

**Omega-3 fatty acids**
Omega-3 fatty acids are important for the health of you and your baby, both during pregnancy and nursing. Omega-3 helps to support your baby’s brain and eye development and function. Good sources of omega-3 fatty acids are fish, eggs, flax seeds, pumpkin seeds, walnuts, certain leafy green vegetables, soybean oil and canola oil.

**Food safety**
Most foods are safe for pregnant women and their babies. Regardless, it’s important to use caution or avoid eating certain foods. Follow these guidelines:

Clean, handle, cook, and chill food properly to prevent food-borne illness, including listeria and toxoplasmosis.
- Wash hands with soap after touching soil or raw meat.
- Keep raw meats, poultry and seafood from touching other foods or surfaces.
- Cook meat completely.
- Wash produce before eating.
- Wash cooking utensils with hot, soapy water.

continued on next page
Do not consume these items

- Refrigerated smoked seafood like whitefish, salmon, and mackerel
- Hot dogs or deli meats, unless they are steaming hot
- Refrigerated meat spreads
- Unpasteurized (raw) milk or juices
- Store-made salads, such as chicken, egg, or tuna salad
- Unpasteurized soft cheeses such as unpasteurized feta, brie, queso blanco, queso fresco and blue cheeses
- Raw sprouts of any kind, including alfalfa, clover, radish and mung bean

Vegetarian diets

You may be concerned that you won’t get all the nutrients you need with a vegetarian diet. But as long as you eat a variety of foods, there are only a few things that need special attention. Be sure you’re getting enough of the following:

- Calcium
- Vitamin D
- Iron
- Vitamin B12
- Protein

Safe medicine for digestive upsets

- Antacids (Tums, Rolaids, Mylanta, Maalox, Pepcid, Prevacid, Zantac)
- Simethicone (Gas-X, Mylicon for gas pain, Gaviscon)
- Immodium or BRAT diet (bananas, rice, applesauce, toast or tea) for diarrhea
What Should I Eat?

When you are pregnant, you have special nutritional needs. Follow the MyPlate Plan below to help you and your baby stay healthy. The Plan shows different amounts of food for different trimesters, to meet your changing nutritional needs.

<table>
<thead>
<tr>
<th>Food Group</th>
<th>1st Trimester</th>
<th>2nd and 3rd Trimesters</th>
<th>What counts as 1 cup or 1 ounce?</th>
<th>Remember to...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruits</td>
<td>2 cups</td>
<td>2 cups</td>
<td>1 cup fruit or juice</td>
<td>Focus on fruits – Eat a variety of fruits.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>½ cup dried fruit</td>
<td></td>
</tr>
<tr>
<td>Vegetables</td>
<td>2 ½ cups</td>
<td>3 cups</td>
<td>1 cup raw or cooked vegetables or juice</td>
<td>Vary your veggies – Eat more dark-green and orange vegetables and cooked dry beans.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 cups raw leafy vegetables</td>
<td></td>
</tr>
<tr>
<td>Grains</td>
<td>6 ounces</td>
<td>8 ounces</td>
<td>1 slice bread</td>
<td>Make half your grains whole – Choose whole instead of refined grains.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 ounce ready-to-eat cereal</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>½ cup cooked pasta, rice, or cereal</td>
<td></td>
</tr>
<tr>
<td>Meat &amp; Beans</td>
<td>5 ½ ounces</td>
<td>6 ½ ounces</td>
<td>1 ounce lean meat, poultry or fish</td>
<td>Go lean with protein – Choose low-fat or lean meats and poultry.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>¼ cup cooked dry beans</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>½ ounce nuts or 1 egg</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 tablespoon peanut butter</td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td>3 cups</td>
<td>3 cups</td>
<td>1 cup milk</td>
<td>Get your calcium-rich foods – Go low-fat or fat-free when you choose milk, yogurt, and cheese.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>8 ounces yogurt</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 ½ ounces cheese</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 ounces processed cheese</td>
<td></td>
</tr>
</tbody>
</table>

*These amounts are for an average pregnant woman. You may need more or less than average. Check with your doctor to make sure you are gaining weight as you should.

In each food group, choose foods that are low in "extras," such as solid fats and added sugars. Pregnant women and women who may become pregnant should not drink alcohol. Any amount of alcohol during pregnancy could cause problems for your baby.

Most doctors recommend that pregnant women take a prenatal vitamin and mineral supplement every day in addition to eating a healthy diet. This is so you and your baby get enough folic acid, iron and other nutrients. But don’t overdo it; taking too much can be harmful.

Get a MyPlate Plan for moms designed just for you. Go to choosemyplate.gov for your plan and more information.
Safe Eating Guidelines for Fish from Wisconsin

Use this guide when eating fish from Wisconsin lakes, ponds and rivers, as well as restaurants and stores.

The facts about mercury in fish
Fish are fun to catch and good to eat, a healthy food high in protein and low in fat. But too much of a good thing can be bad for you. All fish contain some mercury. Eating too much mercury-contaminated fish can be harmful to you and your child's health.

Keep eating fish
The benefits of eating fish outweigh the health risks, as long as you follow the guidelines outlined below. You’ll learn how to decide which fish to eat, how often, and how to identify fish with high levels of mercury.

Mercury
Small amounts of mercury can damage a brain that is just starting to form and grow. That’s why young children, babies in the womb and breastfed babies are most at risk. Too much mercury may affect a child’s behavior and lead to learning problems later in life.

Mercury can also harm older children and adults. Older children and adults can experience symptoms of numbness and tingling, memory loss and vision changes following exposure to mercury. Recent studies conducted in Europe have linked mercury to heart disease and blood pressure changes.

Mercury can come from natural and man-made sources. Mercury in the air settles into lakes and rivers. It can then build-up in fish. All fish have some mercury, including:
- Fish caught in Wisconsin lakes and rivers
- Fish caught in waters in other states
- Fish you buy in the store or eat in a restaurant

You can’t see, smell or taste mercury in fish. That’s why it’s important to know which fish are safer than others to eat.

Which fish are more likely to contain higher amounts of mercury?
- Larger fish
- Older fish
- Fish that feed on other fish (walleye, northern, bass)

Can I trim away or clean or cook the fish to get rid of the mercury?
No, the mercury gets into the flesh. However, by removing fat when you clean and cook fish, you can help to reduce the amount of other contaminants, such as PCBs.

continued on next page
How big is a meal size?
One meal is considered to be a half-pound of fish (before cooking) for a 150 lb. person. Meal sizes for people weighing less may be adjusted accordingly (e.g., quarter-pound uncooked for a 75 lb. person).

Should I just stop eating fish?
No, but just be sure to follow the guidelines.

Where can I get more information?
These general guidelines are based on mercury levels measured in fish throughout Wisconsin and levels found in commercial fish. More specific advice is available for fish from Wisconsin lakes and rivers that have been tested.

For information on mercury and other contaminants in Wisconsin gamefish, consult the full fish consumption advisory booklet. This booklet is available at your local Department of Natural Resources (DNR) office, your local health department or on the web at http://dnr.wi.gov.

You can also find more information by visiting these websites:
• http://dnr.wi.gov/topic/fishing/consumption/
• epa.gov
• fda.gov

Source
Wisconsin Department of Health and Family Services
Division of Public Health
1 West Wilson Street
Madison, WI 53702-0007
608-266-1120
Eating Fish

These safe eating guidelines were developed for women who are pregnant, planning to be pregnant or are breastfeeding and for children under age 15. They apply to most of Wisconsin's inland (non-Great Lakes) waters.*

<table>
<thead>
<tr>
<th>Safe Eating Guidelines</th>
<th>Wisconsin panfish. Also, Pacific or Atlantic salmon (not Great Lakes), canned “light” tuna, farm-raised catfish, shrimp, pollock and other purchased fish low in mercury.</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEEKLY</td>
<td>2 meals per WEEK</td>
</tr>
<tr>
<td></td>
<td>1 meal per WEEK*</td>
</tr>
<tr>
<td>MONTHLY</td>
<td>2 meals per MONTH</td>
</tr>
<tr>
<td></td>
<td>1 meal per MONTH*</td>
</tr>
</tbody>
</table>

**NEVER EAT**

ANY swordfish, shark, king mackerel, tilefish or Wisconsin muskie.

Fish You Catch In Wisconsin | Mercury Level | Fish You Purchase
---|---|---
Panfish | LOW | Commercial Fish
Bluegill | Canned “Light” Tuna
Yellow Perch | Salmon
White Crappie | Shrimp
Black Crappie | Pollock

Gamefish | MEDIUM | Commercial Fish
Largemouth Bass | Tuna Steaks
Smallmouth Bass | Halibut
Northern Pike | Canned “White” Tuna
Walleye |

Safe Eating Guidelines for men and women beyond their childbearing years.

Unrestricted (up to 2 meals per week)* - Wisconsin panfish. Also, Pacific or Atlantic salmon (not Great Lakes), canned “light” tuna (6 oz.), farm-raised catfish, shrimp, pollock and other purchased fish low in mercury.

1 meal per week* - Wisconsin gamefish and any other Wisconsin species. Also, canned “white” tuna, tuna steaks and halibut.

1 meal per month - Purchased shark, swordfish, king mackerel and tilefish.

*On certain waters, where data indicate higher mercury levels, more restrictive advice is needed. Please visit our website at: [http://dnr.wi.gov/topic/fishing/consumption/](http://dnr.wi.gov/topic/fishing/consumption/) or call your local health department.

For more information about purchasing fish, visit the FDA website at [fda.gov](http://fda.gov).
Important Foods to Eat During Your Pregnancy

**Protein** for growth of muscles, bone, blood and nerves

**Super sources**
- Beef
- Hamburger
- Pork
- Venison
- Bratwurst
- Chicken, turkey
- Duck, pheasant, other game birds
- Liver, liverwurst
- Tuna, salmon, other fish
- Eggs

**Fair sources**
- Peanut butter
- Dried beans and peas
- Nuts, seeds
- Tofu

**Foods rich in vitamin C** to prevent infection, promote healing and encourage iron absorption
- Oranges, orange juice
- Grapefruit, grapefruit juice
- Vitamin C fortified juices (includes all juices outlined in the WIC program)
- Tomatoes, tomato juice
- Strawberries
- Watermelon
- Cantaloupe
- Potatoes
- Broccoli, spinach
- Cabbage, coleslaw
- Greens (collard, mustard, etc)
- Green peppers

**Calcium-rich foods** for the development of your baby’s bones. You can get enough calcium in your diet by eating or drinking four servings from the dairy group each day.

- Milk, cheese, yogurt, cottage cheese and other milk-based foods
- Greens (such as mustard and turnip greens), bok choy, kale and watercress
- Broccoli and cauliflower
- Tofu that is “calcium-set”
- Corn tortillas made with lime
- Calcium-fortified orange juice

**Breads and cereals**, important for energy, B vitamins and iron

**Good sources**
- Cereals which provide 45% or more of the U.S. recommended daily allowance for iron (read the label)
- Cereals as outlined in the WIC program (high in iron)

**Fair sources**
- Enriched bread
- Whole wheat bread
- Enriched noodles, macaroni, spaghetti
- Enriched rice

**Fruits and vegetables**, important for vitamins, minerals and fiber

**Fair sources**
- Potatoes
- Bananas
- Strawberries (eating them with peanut butter will help you get more iron from the peanut butter)
- Watermelon
- Sweet potatoes
- Raisins, dried fruits
- Broccoli
- Winter squash

continued on next page
- Prunes, prune juice
- Spinach
- Greens (collards, mustard greens, etc)

**Folic acid** is a B vitamin. Taking folic acid before and during early pregnancy reduces the chance of having a baby with a neural tube defect or other birth defects.

**Iron-rich foods** deliver oxygen to your body and to your baby. Anemia is most often caused by too little iron in your diet.
- Beef
- Bread (check nutrition labels)
- Carob flour or powder, baked goods made with them
- Cereals (check nutrition labels)
- Cream of wheat
- Dark molasses
- Chick peas (garbanzos), split peas and dried beans and peas
- Dried fruit (raisins, apricots, prunes or currents)
- Jerusalem artichokes
- Liver and other organ meats
- Pumpkin seeds
- Sardines
- Soy beans, soy products (tofu, miso soup)
- Spinach

**Prenatal vitamins.** Taking a daily multivitamin or prenatal vitamin with 0.8 mg (800 mcg) of folic acid lowers the chance of having a baby with a birth defect.
Women, Infants and Children Nutrition Program (WIC)

What is WIC?
The Women, Infants and Children (WIC) program provides food and nutrition information to help keep pregnant and breastfeeding women, infants and children under 5 years of age healthy and strong.

WIC works wonders...
...for women. Women in the WIC program eat better, have healthier babies and receive earlier prenatal care. Women who have breastfed an infant are at a lower risk for diabetes and some cancers.

...for infants. Infants born to WIC mothers weigh more and grow and develop better. Breastfed infants have lower rates of infections, digestive problems, sudden infant death syndrome, obesity and diabetes.

...for children. Children on WIC eat foods with more iron and vitamin C, visit their doctors regularly, receive immunizations and are better prepared for school.

How does WIC work?
The WIC program, out of concern for you and your children, will provide the following:

- Information on how to use WIC foods to improve health
- Checks to buy foods that help keep women and children healthy and strong. Please note that WIC does not give all the foods needed every day to be healthy
- Information about healthy eating
- Support with breastfeeding, including how to continue breastfeeding when returning to work or school, obtaining and using a breast pump, and overall encouragement to help you continue breastfeeding
- Tips on meal planning, recipes and shopping on a budget
- Help getting immunizations for your children
- Information about receiving care from doctors and dentists
- Information about programs like FoodShare, Head Start and BadgerCare Plus

Who is eligible for WIC?
You may qualify if:

- You live in Wisconsin.
- You are pregnant, breastfeeding or a woman who had a baby in the last six months.
- You have an infant or children less than 5 years of age.
- You or your children have a health or nutrition need.
- All the money coming into the home (before any deductions) is less than or equal to WIC income guidelines. Many working families qualify. A pregnant woman counts as two family members.

Sample income guidelines from July 2014 were as follows:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Weekly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$423 or less</td>
</tr>
<tr>
<td>2</td>
<td>$570 or less</td>
</tr>
<tr>
<td>3</td>
<td>$718 or less</td>
</tr>
<tr>
<td>4</td>
<td>$865 or less</td>
</tr>
</tbody>
</table>

Income guidelines are revised every July. Check with your local WIC office to find out if you meet the current guidelines.

You are eligible if you receive Kinship Care, W-2 or FoodShare. You may be income-eligible for WIC if you currently receive Medicaid or BadgerCare Plus.

continued on next page
The WIC Program uses the same income criteria as free and reduced-price school lunch programs.

Fathers, guardians or foster parents may apply for WIC for their children.

**How to apply for WIC**

Call the WIC office nearest you. To find a location, use this Internet address: http://dhs.wisconsin.gov/wic/ and click on local WIC office. Alternatively, you can call 800-722-2295 for assistance in locating a WIC office.

During your appointment, a WIC nutritionist will talk about your and your children’s nutrition needs, growth, health history, the way your family eats and any concerns or questions you have.

WIC foods are then selected to help you and your children meet the Dietary Guidelines for Americans. You will receive checks to buy foods such as milk, cereal, eggs, fruit juice, peanut butter, beans and peas (in bags or cans), fruit and vegetables (fresh, canned or frozen), whole grain bread, tortillas, brown rice, and baby food fruits and vegetables.

WIC supports breastfeeding because it is a healthy, natural and normal way to feed babies. Fully breastfed babies and their mothers receive the largest variety and quantity of food. In addition to the foods listed above, women who fully breastfeed their babies receive cheese, canned fish, twice as many baby food fruits and vegetables, and baby food meats for their infants at six months of age.

WIC also provides checks for a portion of the iron-fortified formula your baby may need.

**Don’t miss out on a program that could help you and your family.** If you think you may qualify for WIC, call 800-722-2295. This line is staffed 24 hours a day, seven days a week. TTY and interpreter services are available.

**Find out more**

For more information about the WIC program, go to dhs.wisconsin.gov/wic.

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**Resources**

Adopted from the Massachusetts Department of Public Health – Women, Infants and Children Program materials. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to the USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 800-795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.
Special Precautions
<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Most Important Thing You Can Do for Your Baby’s Health</td>
<td>25</td>
</tr>
<tr>
<td>10 Tips to Help You Stop Smoking</td>
<td>26</td>
</tr>
<tr>
<td>Drinking and Your Pregnancy</td>
<td>27-28</td>
</tr>
<tr>
<td>Domestic Abuse</td>
<td>29</td>
</tr>
<tr>
<td>Well Water</td>
<td>30</td>
</tr>
<tr>
<td>The Pregnant Woman’s Guide to Buckling Up</td>
<td>31</td>
</tr>
<tr>
<td>Child Safety Seat Preview</td>
<td>32</td>
</tr>
<tr>
<td>Why Your Baby’s Car Seat Needs to Be Installed Correctly</td>
<td>33</td>
</tr>
</tbody>
</table>
The Most Important Thing You Can Do for Your Baby’s Health

While proper nutrition, plenty of rest and prenatal checks play an important role in the health of your baby, there is one thing you can do that’s even more important: quit smoking.

Cigarette smoking and second-hand smoke can result in a smaller baby who is less healthy.

If you quit smoking now...

• Your baby will get more food and oxygen and will grow better.
• Your baby’s lungs will work better.
• Your baby will have a better chance of being born alive and healthy.
• You and your baby will be more likely to leave the hospital together.

Here’s why:

Nicotine from cigarettes makes your blood vessels constrict. That means your baby gets less food and oxygen.

Carbon monoxide is a poison that comes from smoking. It also keeps oxygen from getting to your baby.
10 Tips to Help You Stop Smoking

1. Write down all the reasons for wanting to quit.

2. Put tobacco products out of reach or throw them away.

3. Tell people you are quitting and ask for help. Ask them not to smoke around you.

4. Drink extra water.

5. Chew gum, mints, cinnamon sticks or sunflower seeds.

6. Keep your hands busy.

7. Go for a walk.

8. Practice breathing for relaxation.


10. Reward yourself for your successes.

Plan a smoke-free pregnancy

• Use your favorite quitting tips and keep trying new ones.
• Think often of your baby growing strong and healthy.
• To relax, take a deep breath and count to five. Let the air out slowly. Do this five times.

Resources
First Breath Smoking Cessation Program
Phone: 608-251-1675 | 800-448-5148
Website: wwhf.org/first-breath
Wisconsin Tobacco Quit Line
Phone: 800-QUIT NOW or 800-784-8669
Website: WiQuitLine.org

Source
Developed by the Colorado Department of Public Health and Environment, with technical assistance from the Centers for Disease Control, Center for Chronic Prevention and Health Promotion. April 26, 2010.
Drinking and Your Pregnancy

**Drinking alcohol can hurt your baby.**
When you are pregnant, everything you eat and drink affects your baby. If you drink alcohol, it can hurt your baby’s growth. Your baby may have physical and behavioral problems that can last for the rest of his or her life. Children born with the most serious problems caused by alcohol have **fetal alcohol syndrome**.

**Children with fetal alcohol syndrome may**
- Be born small.
- Have problems eating and sleeping.
- Have problems seeing and hearing.
- Have trouble following directions and learning how to do simple things.
- Have trouble paying attention and learning in school.
- Need special teachers and schools.
- Have trouble getting along with others and controlling their behavior.
- Need medical care all their lives.

Here are some common questions you may have about alcohol and drinking while you are pregnant:

1. **Can I drink any alcohol if I am pregnant?**
   **No.** Do not drink alcohol when you are pregnant. Why? Because when you drink alcohol, so does your baby. Think about it – everything you drink your baby also drinks.

2. **Is any kind of alcohol safe to drink during pregnancy?**
   **No.** Drinking any kind of alcohol when you are pregnant can hurt your baby. Alcoholic drinks are beer, wine, wine coolers, liquor or mixed drinks. A glass of wine, a can of beer and a mixed drink all have about the same amount of alcohol.

3. **What if I drank during my last pregnancy and my baby was fine?**
   Every pregnancy is different. Drinking alcohol may hurt one baby more than another. You could have one child that is born healthy and another child that is born with problems.

4. **Will these problems go away?**
   **No.** These problems will last for a child's whole life. People with severe problems may not be able to take care of themselves as adults. They may never be able to work.

5. **What if I am pregnant and have been drinking?**
   If you drank alcohol before you knew you were pregnant, stop drinking now. You will feel better and your baby will have a good chance to be born healthy. If you want to get pregnant, do not drink alcohol. You may not know you are pregnant right away. Alcohol can hurt a baby even when you are only one or two months pregnant.

6. **How can I stop drinking?**
   There are many ways to help yourself stop drinking. You do not have to drink when other people drink. If someone gives you a drink, it is OK to say no. Stay away from people or places that make it easy to drink. Do not keep alcohol at home. If you cannot stop drinking, GET HELP. You may have a disease called **alcoholism**. There are programs that can help you stop drinking. They are called **alcohol treatment programs** and your doctor or nurse can find a program to help you. Even if you have been through a treatment program before, try it again. There are also programs just for women.

continued on next page
For help and information, you can confidentially ask for assistance from a doctor, nurse, social worker, pastor, clinic or program near you. For private and confidential help and information, you can contact these programs:

**Alcoholics Anonymous (AA)** Check your local phone book for listings in your area or visit: [aa.org](http://aa.org)

**National Council on Alcoholism and Drug Dependence (NCADD)**
244 East 58th Street, 4th Floor
New York, NY 10022
Phone: 212-269–7797; Fax: 212-269–7510
HOPE LINE: 800-NCA–CALL (622-2255)
(24-hour Affiliate referral)
Email: national@ncadd.org
[ncadd.org](http://ncadd.org)

**National Institute on Alcohol Abuse and Alcoholism**
5635 Fishers Lane, MSC 9304
Bethesda, MD 20892–9304
Phone: 301-443–3860; Fax: 301-480–1726
[niaaa.nih.gov](http://niaaa.nih.gov)

**National Organization on Fetal Alcohol Syndrome**
900 17th Street, NW, Suite 910
Washington, D.C. 20006
Phone: 800-66–NOFAS;
Fax: 202-466–6456
[nofas.org](http://nofas.org)

**Substance Abuse and Mental Health Services Administration (SAMHSA)**
Treatment Facility Locator:
800-662–HELP 800-662-4357
[findtreatment.samhsa.gov](http://findtreatment.samhsa.gov)

**Sources**
U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism in cooperation with National Organization on Fetal Alcohol Syndrome.
Domestic Abuse

Pregnancy can be a time of change in a relationship. You have a right to feel safe from physical and emotional harm. No one deserves to be harmed. You can find help.

Call **800-799-SAFE (7233)** or 800-787-3224 (TTY) or visit [ndvh.org](http://ndvh.org).

You can receive anonymous and confidential help any time, day or night, 24/7.

During your pregnancy, it is important to ask yourself how your relationship is doing.

---

**Are you**
- frightened by your partner’s or family member’s temper?
- afraid to disagree with your partner or family member?

**Does someone you know**
- Embarrass you in front of others?
- Criticize you often?
- Accuse you of being unfaithful?
- Keep you from contact with family, friends, neighbors, place of worship or the community?
- Destroy your property or special items?
- Threaten to hurt you?
- Control your money?
- Slap, shove, punch, kick or strangle you?
- Prevent you from seeing your doctor or dentist or taking medications?
- Harm or threaten to harm your pets?
- Often show up where you are?
- Watch or follow you?
- Have sexual contact with you when you don’t want it?

---

If you answered “yes” to even one of these questions, you may be in an abusive relationship.

For support and more information please call the National Domestic Violence Hotline at **800-799-SAFE (7233)** or at TTY 800-787-3224.
Well Water

If you have well water, for your safety and the health of you baby, you will need to test it for nitrate and bacteria.

The Wisconsin State Lab of Hygiene has water test kits. For a fee, they can test for nitrate, bacteria, fluoride and lead.

You can get a kit from the State Lab of Hygiene, 2601 Agriculture Drive in Madison. (Phone: 608-224-6203). After collecting a sample, return the jar of water to the same address for analysis.

Remember:
- High nitrate is dangerous. If the nitrate is too high, it can affect the oxygen in your baby’s blood.
- Bacteria can cause diarrhea and other problems. Boiling the water will kill the bacteria; however, it raises the nitrogen.
- Well water has different amounts of fluoride, so you may wish to have a fluoride test. The test results can be shared with your dentist or your child’s doctor. They can review the fluoride level in your water and determine if fluoride should be given to help prevent tooth decay.
- If the lead in the water is high, avoid using it for cooking or drinking and contact your local health department.
The Pregnant Woman’s Guide to Buckling Up

The top five questions about seat belts during pregnancy:

1. I'm pregnant. Should I wear a seat belt? Yes. Doctors recommend it. In a crash, a seat belt is the best protection for both you and your unborn child.

2. Should I adjust my seat? Yes. You should move the front seat back as far as possible. If you’re driving, make sure that you can still comfortably reach the pedals. But always keep at least 10 inches between the center of your chest and the steering wheel cover or dashboard. As your abdomen grows during pregnancy, adjust your seat to maintain this 10-inch minimum.

3. What if my car or truck has air bags? You still need to buckle up. Air bags are designed to work with seat belts, not replace them. Without a seat belt, you could be thrown into a rapidly opening frontal air bag, which could injure or even kill you and your unborn child. Also, if you’re not buckled up, you could collide with other passengers or be thrown from the vehicle.

4. Should I turn the air bag off if my vehicle has an ON-OFF air-bag-disabling switch? No. Doctors recommend that pregnant women wear seat belts and leave air bags turned on. Seat belts and air bags work together to provide the best protection for you and your unborn child.

5. What’s the right way to wear my seat belt? The shoulder belt should lay across your chest (between your breasts) and away from your neck. Secure the lap belt below your belly so that it fits hips and pelvic bone. Never place the shoulder belt behind your back or under your arm.
Child Safety Seat Preview

Once your baby is born, follow these four easy steps to keep your little passenger safe on the road.

1. For the best possible protection, keep infants in the back seat, in rear-facing child safety seats, as long as possible up to the height or weight limit of the particular seat. Keep infants rear-facing until a minimum of age 2 and at least 20 pounds.

2. When children outgrow their rear-facing seats (at a minimum age 2 per AAP guidelines and at least 20 pounds), they should ride in forward-facing child safety seats, in the back seat, until they reach the upper weight or height limit of the particular seat (usually around age 4 and 40 pounds).

3. Once children outgrow their forward-facing seats (usually around age 4 and 40 pounds), they should ride in booster seats, in the back seat, until the vehicle seat belts fit properly. Seat belts fit properly when the lap belt lays across the upper thighs and the shoulder belt fits across the chest (usually at age 8 or when they are 4’9” tall).

4. When children outgrow their booster seats (usually at age 8 or when they are 4’9” tall), they can use the adult seat belts in the back seat, if they fit properly (lap belts lay across the thighs and the shoulder belts fit across the chest).

Need more information? To learn more about seat belts, air bags, child safety seats (including where to find a free child seat inspection station near you), as well as other highway safety topics, call the DOT Vehicle Safety Hotline at 888-327-4236 or visit the NHTSA website at nhtsa.gov.
Why Your Baby’s Car Seat Needs to Be Installed Correctly

The number one killer of kids is motor vehicle accidents. Children can be killed because in many cases they are not properly buckled into their safety seat, or the seat isn’t installed correctly.

Don’t risk your baby’s life. Have your baby’s car seat inspected before your delivery. Call 866-SEAT CHECK (732-8243) or in Wisconsin, call 866-511-9467 to find out where in your area you can get your car seat checked.

For more information, see seatcheck.org and wcpsa.com.
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The First Trimester
(Week 1 through Week 12)

Pregnancy lasts about 40 weeks, counting from the first day of your last normal period. The weeks are grouped into three trimesters. During the first trimester your body undergoes many changes. Hormonal changes affect almost every organ system in your body. These changes can trigger symptoms of pregnancy even in the very first weeks. Your period stopping is a clear sign that you are pregnant. Other changes may include:

• Extreme tiredness
• Tender, swollen breasts. Your nipples might also stick out
• Upset stomach with or without throwing up (morning sickness)
• Cravings or distaste for certain foods
• Mood swings
• Constipation (trouble having bowel movements)
• The need to urinate more often
• Headache
• Heartburn
• Weight gain or loss

As your body changes, you might need to make changes to your daily routine, such as going to bed earlier or eating frequent, small meals. Fortunately, most of these discomforts will go away as your pregnancy progresses. And some women might not feel any discomfort at all! If you have been pregnant before, you might feel differently this time around. Just as each woman is different, so is each pregnancy.
Your Developing Baby: First Trimester (Week 1–Week 12)

At 4 weeks:
• Your baby’s brain and spinal cord have begun to form.
• The heart begins to form.
• Arm and leg buds appear.
• Your baby is now an embryo and 1/25 of an inch long.

At 8 weeks:
• All major organs and external body structures have begun to form.
• Your baby’s heart beats with a regular rhythm.
• The arms and legs grow longer, and fingers and toes have begun to form.
• The sex organs begin to form.
• The eyes have moved forward on the face and eyelids have formed.
• The umbilical cord is clearly visible.
• At the end of 8 weeks, your baby is a fetus and looks more like a human. Your baby is nearly 1 inch long and weighs less than 1/8 of an ounce.

At 12 weeks:
• The nerves and muscles begin to work together. Your baby can make a fist.
• Eyelids close to protect the developing eyes. They will not open again until the 28th week.
• Head growth has slowed, and your baby is much longer. Now, at about 3 inches long, your baby weighs almost an ounce.

Source: Womenshealth.gov, U.S. Department of Health and Human Services, Office on Women’s Health
Additional Online Resources

1. How Your Baby Grows: This site provides information on the development of your baby and the changes in your body during each month of pregnancy. In addition, for each month, it provides information on when to go for prenatal care appointments and general tips to take care of yourself and your baby.

   bit.ly/MgtOD4  
   (Copyright © March of Dimes)

2. Morning Sickness: This publication discusses morning sickness, how long it will last and how to help relieve the symptoms.

   bit.ly/2hBYvd3  
   (Copyright © American Academy of Family Physicians)

3. Second Trimester Pregnancy: What to Expect: This fact sheet discusses how the changes that began in the first weeks of pregnancy increase and accelerate during the second trimester. Of these, your growing uterus is probably the most obvious. But many other unseen events are also taking place.

   bit.ly/e9WJdb  
   (Copyright © Mayo Foundation)

4. Third Trimester Pregnancy: What to Expect: This fact sheet explains how at term or the third trimester, the uterus will weigh about 2 1/2 pounds and will have stretched to hold your baby, the placenta and about a quart of amniotic fluid. Nearly all of the physical symptoms of late pregnancy arise from this increase in the size of the uterus.

   bit.ly/fOITyb  
   (Copyright © Mayo Foundation)

5. Weight Gain During Pregnancy: This brief fact sheet explains how much weight a woman should gain during pregnancy by explaining the different aspects of pregnancy that add to overall weight.

   bit.ly/kAhzzl  
   (Copyright © March of Dimes)

6. Taking Care of You and Your Baby While You’re Pregnant: This publication discusses the importance of prenatal care, what happens during doctor visits, how much weight should be gained during pregnancy, what you should eat and also a list of dos and don’ts during pregnancy.

   bit.ly/2hTBSN6  
   (Copyright © American Academy of Family Physicians)
What Medicines Are Safe During Pregnancy?

It is best if a pregnant woman does not need any medicine, especially in the first three months. However, sometimes medicine is necessary. This list includes some over-the-counter medications that are considered safe to use during pregnancy.

**Talk to your doctor regarding any prescription medications.**

You should only use these products occasionally and as directed. If you are unsure about a particular product, ask your doctor.

**Safe pain relief medications**
- Tylenol or acetaminophen (plain/extra strength) is OK for mild discomfort
- Do not take aspirin (Anacin, Bayer) or ibuprofen (Advil, Motrin)

**Safe medicine for digestive upsets**
- Antacids (Tums, Rolaid, Mylanta, Maalox, Peptic, Prevacid, Zantac)
- Simethicone (Gas-X, Mylicon for gas pain, Gaviscon)
- Immodium or BRAT diet (bananas, rice, applesauce, toast or tea) for diarrhea

**Safe medicine for coughs/colds**
- Guiafenesin (Robitussin®)
- Guiafenesin plus dextromethorphan (Robitussin-DM®)
- Cough drops
- Vicks Vaporub®
- Acetaminophen

**Safe allergy relief medications**
- Tylenol or acetaminophen (plain/extra strength) is OK for mild discomfort
- Chlorpheniramine antihistamine alone (chlor-Trimetron)
- Benadryl tablets
- Saline nasal spray
- Neti-pot or sinus rinse
- Claritin, Zyrtec, Allegra

**Safe options for constipation**
- Fiber can be used regularly (Metamucil®, MiraLax®, Citrucel®, BeneFiber®)
- Laxatives can be used occasionally (Colace®, Dulcolax®)
- Tucks for hemorrhoids
- “Brown Bomb” (Prune juice, OJ, 7-UP® – Equal Parts)

Other things you may have worried about that also appear to be safe:
- Nutrasweet® (1–2 servings per day)
- One or two cups of coffee per day
- Nix for head lice
- Perms
- Sunscreen
- Hair coloring products
- Pedicures
- Mosquito Repellent containing DEET
First Trimester Information

Care for your breasts
- Wear a bra that gives you good support.
- Know that changes in your breasts are normal.
- Your breasts may get larger and more tender. Tenderness usually gets better by 12 weeks.
- Your nipples may get darker and larger, and small bumps around your nipples may show more.
- The veins in your chest and breasts may show more.
- Do not worry about “toughening” your nipples. Breastfeeding will naturally do this.

Clothing and personal hygiene
Pregnancy is a time of many changes in your body. With your breasts getting larger during pregnancy, you will need to get a different bra. Look for a bra that is comfortable and provides good support. Consider getting your nursing bra now. Avoid tight clothes, especially socks that are tight at the top. Support stockings may be needed. To avoid overheating, dress for comfort. To prevent falls, wear low-heeled, comfortable shoes.

Showers or tub baths are encouraged. You may find that you need help getting out of the tub bath toward the end of your pregnancy. To avoid getting too hot for your baby, keep your upper body and arms out of the hot tub. Your vagina is self-cleaning. Do not douche unless instructed by your doctor.

Your hair changes with pregnancy and may not react as it has in the past to perms and coloring. Let your stylist know that you are pregnant. Women tend not to have the usual hair loss while pregnant and may notice more hair loss after the baby is born. This is usually the hair that normally would have been lost during the duration of the pregnancy. Talk with your doctor if you have concerns about clothing and personal hygiene.

Comfort measures for sleep
Women often feel tired in early pregnancy and feel the need for frequent naps. If you have difficulty sleeping, see the “Sleep Problems During Pregnancy” information in the Second Trimester tab.

Constipation and bowel changes
You may experience constipation in the first trimester due to the hormonal changes that cause the slowing of your bowel movements. This can also be a side effect of taking iron during pregnancy. For more complete information on this topic, see “Second Trimester Information” under the Second Trimester tab.

Dental care
Taking care of your teeth is an important part of keeping you and your baby healthy and preventing premature birth. Brushing and flossing your teeth daily is very important in pregnancy. See the dentist if you have problems. You may get your teeth cleaned while you are pregnant.

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Fatigue during pregnancy
Most women struggle with fatigue during pregnancy, especially during the first and third trimesters. During the first trimester, your body is supporting dynamic fetal growth and producing higher levels of progesterone, which has been linked to increased tiredness. If you’re like many women, you’ll feel more energy during most of your second trimester. Later in pregnancy, however, the physical demands of carrying a larger fetus, combined with disrupted sleep, can wear you out.

To manage fatigue during pregnancy:
• Try to take frequent rest breaks during the day.
• Scale back on nonessential activities and responsibilities.
• Get regular exercise. Get outside, take walks, keep your blood moving with your favorite workout. If you don’t have your usual energy, don’t push it.
• Eat a balanced diet and drink plenty of water.

Headaches
Headaches are common in early pregnancy due to changes in hormone levels. If you have a headache:
• Lie down and rest your head and eyes in a quiet, dark room.
• Massage your neck and head.
• Apply a cold compress to your forehead or neck.
• Take 1–2 plain or 1 extra-strength Tylenol every 4–6 hours for pain relief.

Nosebleeds
Nosebleeds are common during pregnancy because of the increased blood flow and swelling of nasal passages. Talk to your doctor if you have trouble getting the bleeding to stop.

To prevent nosebleeds:
• Use a humidifier in your house or office and in your bedroom at night.
• Blow your nose gently to prevent irritation of membranes.
• Apply petroleum jelly or saline drops to the inside of each nostril for moisture.

To stop nosebleeds:
• Sit up with your head held straight or slightly forward, so blood doesn’t run down your throat.
• Apply consistent pressure to the nose for a few minutes.
• Apply a cold pack or ice to your nose to help constrict the blood vessels.
Be sexual in your own way

- Having sex during pregnancy is OK, unless your doctor tells you not to.
- You may be very interested in sex or have no interest at all.
- Your growing belly can make it hard to find a good position during intercourse. Experiment and explore.
- You may get cramps in your uterus when your partner touches your breasts.
- A back rub may relieve the backache or cramps that sometimes follow orgasm.

Pets

Plan for how your pet may react to the new baby. Your veterinarian or local Humane Society may be able to offer ideas to help your pet. You may want to have someone bring home a blanket or hat that your baby used, so the pet can get used to the baby’s smell before the baby comes home.

If you have a cat or care for one, have someone else clean or empty the litter box. Be sure to wash your hands after handling the cat. Cat feces can cause you to get toxoplasmosis, which would hurt the baby.
Dealing with Nausea in Pregnancy

For many women, the toughest part of early pregnancy is morning sickness. If you are suffering from nausea and or vomiting, you need safe measures that will bring you some relief. Your best course of action for managing morning sickness is home treatment. By following a few proven guidelines, you are likely to gain significant relief from nausea and vomiting.¹

- When you are nauseated, drink only clear liquids. Start with cold, carbonated liquids such as ginger ale, 7-Up or Sprite. Other options include low-fat broth, juice diluted with water, Jell-O, Gatorade, Pedialyte or popsicles.
- Fluids are better tolerated if they are cold, clear and carbonated or sour and are taken in small amounts in between meals.
- If the smell of food makes you nauseated, use pre-prepared foods from the freezer or let someone else do the cooking.
- When nausea is present, eat as soon as you are hungry, as an empty stomach may aggravate nausea.
- Leave dry crackers by your bed stand. Before getting out of bed in the morning, eat a few and sit upright in bed for a few minutes. This will often minimize the feeling of nausea that occurs with an empty stomach.
- Supplements that contain iron should be temporarily avoided, as iron can cause stomach irritation.
- Eat slowly.
- Don’t eat in a room filled with cooking odors or in a warm stuffy room.
- Avoid hot (high temperature), spicy, fried, greasy or high-fat foods.
- Separate liquids from solid foods by at least 30 minutes, especially in the morning.
- Eat salty foods and try to avoid excessively sweet foods.
- When nausea has improved, move on to the “BRAT” diet: bananas, rice, applesauce and toast.
- When the diet is advanced, smaller portions of low-fat food tend to be best tolerated.²

If you have severe, persistent nausea and vomiting, contact your doctor immediately. This uncommon complication of pregnancy can lead to dehydration and malnutrition, sometimes requiring prescribed medicine or hospitalization.²

2. Epic Smart Text: “Dietary Suggestions for Patients with Nausea”
Should I Exercise During My Pregnancy?

Almost all women can and should be physically active during pregnancy. First talk to your health care provider, particularly if you have high blood pressure, diabetes, anemia, bleeding or other disorders, or if you are obese or underweight. Whether or not you were active before you were pregnant, ask about a safe level of exercise for you. Aim for at least 30 minutes of moderate-intensity physical activity (one in which you breathe harder, but do not overwork or overheat) on most days (if not every day) of the week.

7 benefits of regular moderate physical activity during pregnancy:
1. Helps you and your baby gain the proper amounts of weight
2. Reduces the discomforts of pregnancy, such as backaches, leg cramps, constipation, bloating and swelling
3. Lowers the risk of gestational diabetes (diabetes found for the first time when a woman is pregnant)
4. Boosts mood and energy level
5. Improves sleep
6. Helps with an easier, shorter labor
7. Assists faster recovery from delivery and return to a healthy weight

5 steps for safe exercise during pregnancy:
1. Choose moderate activities unlikely to injure, such as walking, water aerobics, swimming, yoga or using a stationary bike.
2. Stop exercising when you start to feel tired and never exercise until you are exhausted or overheated.
3. Drink plenty of water.
4. Wear comfortable clothing that fits well and supports and protects your breasts.
5. Stop exercising if you feel dizzy, become short of breath, feel pain in your back, experience swelling or numbness, feel sick to your stomach or your heart beats too fast or at an uneven rate.

5 tips for getting started:
1. Go for a walk around the block or through a shopping mall. Ask your spouse, partner or friend to join you.
2. Join a prenatal yoga, water aerobics or fitness class. Let the instructor know you are pregnant before you begin.
3. Follow an exercise video for pregnant women.
4. At your gym, community center, YMCA or YWCA, sign up for a pregnancy fitness program.
5. Stand up, stretch, and move at least once an hour (especially if you sit most of the day). Also do this during commercial breaks when watching TV.

What shouldn’t I do?
For your and your baby’s health and safety, it is best to avoid...
• Being active outside during hot weather.
• Steam rooms, hot tubs and saunas.
• Certain yoga poses or other activities that call for lying flat on your back after the 20th week of pregnancy.
• Contact sports such as football and boxing that might injure you.
• Sports like tennis, volleyball or basketball that make you jump or change directions quickly.
• Horseback riding, inline skating, downhill skiing and other activities that can result in falls.

Source National Institutes of Health and the Friends of the National Library of Medicine.
Depression

**What is depression?**
Depression is more than having sad, anxious or unhappy feelings. It’s a serious illness that involves the brain. These feelings do not go away and may interfere with day-to-day life and routines.

About one in eight women suffer from depression after they deliver their babies. Symptoms can begin at birth or any time in the first year after giving birth. This is known as postpartum depression. If you feel you have these feelings, talk with your doctor. Depression can get better with treatment.

**What causes depression?**
There is no single cause for depression. Depression can occur any time during pregnancy. Many factors such as physical health, hormonal changes, stress, family history and changes in brain chemistry can cause depression.

**Who does depression affect?**
Depression can affect anyone regardless of age, race, income, culture or education. It happens to women who breastfeed and those who do not. It happens to women with healthy babies and those whose children are ill. Depression happens to first-time mothers and mothers with more than one child.

**What are the symptoms of depression?**
When you are pregnant or after you have a baby, you may be depressed and not know it. Some normal changes, during and after pregnancy, can cause symptoms similar to those of depression. If you have any of the following symptoms of depression for more than two weeks, call your doctor:

- Feel restless or moody
- Feel sad, hopeless, or overwhelmed
- Cry a lot
- Have no energy or motivation
- Eat too little or too much
- Sleep too little or too much
- Have trouble focusing or making decisions
- Have memory problems
- Feel worthless and guilty
- Lose interest or pleasure in activities you once enjoyed
- Withdraw from friends and family
- Have headaches, aches and pains, or stomach problems that don’t go away

Your doctor can figure out if your symptoms are caused by depression or something else.

**CALL 911 IF YOU HAVE THOUGHTS OF HARMING YOURSELF OR YOUR BABY.**

**What can happen if depression is not treated?**
Some women with depression have a hard time taking care of themselves. They may eat poorly, have trouble sleeping, miss appointments or use drugs or alcohol. Depression during pregnancy can raise the risk of premature birth, or having a baby with low birth weight. Untreated depression can also affect your ability to take care of your child. If you feel depressed during pregnancy or after delivery, please call your doctor.

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Here are some helpful tips:

• Rest as much as you can. Sleep when the baby is sleeping.
• Don’t try to do too much or try to be perfect.
• Ask your partner, family and friends for help.
• Make time to go out, visit friends or spend time alone with your partner.
• Discuss your feelings with your partner, family and friends.
• Talk with other mothers so you can learn from their experiences.
• Join a support group. Ask your doctor about groups in your area.
• Don’t make any major life changes during pregnancy or right after giving birth. Major changes can cause unneeded stress. Sometimes big changes can’t be avoided. If that happens, try to arrange support and help in your new situation ahead of time.

First Trimester Testing

Along with your doctor visits in the first 12 weeks of pregnancy, you may have most of the following tests done:

**Blood Type and Antibody Screen:** This blood test shows your blood type which can be A, B, AB or O and RH positive or RH negative. It is done to help find out if you and your baby will have compatible blood types.

**Complete Blood Count (CBC):** A blood test that measures your red and white blood cells and your platelet count.

**Hepatitis B (HbsAg):** This blood test is done to see if you have hepatitis B. This test helps determine if your baby could be infected at the time of birth.

**Rubella:** A blood test that determines if you are protected from rubella (also called German Measles). Rubella can be harmful to your baby if you get the disease.

**Serology:** This blood test screens for sexually transmitted diseases such as syphilis and HIV (human immunodeficiency virus), as well as other infections that can be harmful to your baby if you are infected.

**Urinalysis and Urine Culture:** These urine tests measure the health of your kidneys and bladder.

There are additional tests that may be offered or determined necessary by your doctor. These include:

**Pap Test:** A swab of your cervix taken to identify abnormal cells.

**Cervical Cultures:** A swab of your cervix and vagina taken to look for infections such as gonorrhea and chlamydia.

**First Trimester Screen:** A blood test and ultrasound used to screen for genetic chromosome abnormalities in the baby.

**Cystic Fibrosis:** A genetic blood test that assesses your risk to have a child with cystic fibrosis.

**Chorionic Villus Sampling (CVS):** Chorionic villus sampling (CVS) is a test done during early pregnancy that can diagnose genetic problems with your baby. It is generally done when either you or the father has a disease that runs in the family (genetic disorder). It may also be done when you are over age 35, as this increases your chance of having a baby with a chromosome abnormality.

**Ashkenazi Jewish Carrier Screening:** A blood test that assesses your risk to have a child with a recessive genetic condition that is more common in people of Jewish descent.

**Non-Invasive Prenatal Testing (NIPT):** An advanced screening test that assesses the chance your baby has a genetic chromosome abnormality.

*When medically necessary.

Source: Healthwise, May 6, 2010
When to Call the Doctor During Your First Trimester

Seek IMMEDIATE medical care if:
- You are bleeding through one or more pads in one hour
- You are having severe cramps or constant abdominal pain

Call your doctor if you have:
- Vaginal spotting or bleeding that concerns you
- Burning with urination
- A body temperature greater than 101°F
- Continual vomiting and can’t keep anything down
- A bad-smelling vaginal discharge
- A nosebleed that you can’t stop
- Additional questions or concerns
First Trimester Checklist

___ Research how your insurance handles pregnancy.

___ Schedule first prenatal visit and follow-up visits.

___ Consider starting a pregnancy diary.

___ Consider taking pictures of your belly every week or month, so you have a record of how your body changed.

___ Enroll in prenatal exercise classes.

___ Make a budget.

___ Start buying maternity clothes.

___ Get medical labwork done.

___ Begin thinking about daycare options.

___ Discuss when to announce your pregnancy.

___ Learn about healthy eating during pregnancy.

___ Discuss testing for birth defects with your partner.
Pregnancy Journal

Use this space for random thoughts, observations about your pregnancy, personal notes, questions for your doctor or just about anything.
The Second Trimester
The Second Trimester (Week 13 through Week 28)...... 51-53

The Second Trimester: What to Expect....................... 54-57

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Second Trimester.................................................................. 62

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Pregnancy Journal............................................................. 64
The Second Trimester (Week 13 through Week 28)

Most women find the second trimester of pregnancy easier than the first, but it’s just as important to stay informed about your pregnancy during these months.

You might notice that symptoms like nausea and fatigue are going away. But other new, more noticeable changes to your body are now happening. Your abdomen will expand as the baby continues to grow. And before this trimester is over, you will feel your baby beginning to move!

As your body changes to make room for your growing baby, you may experience some of these symptoms:

- Body aches such as back, abdomen, groin or thigh pain
- Stretch marks on your abdomen, breasts, thighs or buttocks
- Darkening of the skin around your nipples
- A line on the skin running from your belly button to the pubic hairline
- Patches of darker skin, usually over the cheeks, forehead, nose or upper lip
- Patches often match on both sides of the face and are sometimes called the mask of pregnancy
- Numb or tingling hands, called carpal tunnel syndrome

- Itching on the abdomen, arms and back. (Call your doctor if you have itching on palms or soles of feet, nausea, loss of appetite, vomiting, jaundice or fatigue combined with itching. These can be signs of a serious liver problem.)
- Swelling of the ankles, fingers and face. (If you notice any sudden or extreme swelling or if you gain a lot of weight really quickly, call your doctor right away. This could be a sign of preeclampsia.)
Your Developing Baby: Second Trimester (Week 13 through Week 28)

At 16 weeks:
- Muscle tissue and bone continue to form, creating a more complete skeleton.
- Skin begins to form. You can almost see through it.
- Meconium (mih-KOH-nee-uhm) develops in your baby’s intestinal tract. This will be your baby’s first bowel movement.
- Your baby makes sucking motions with the mouth (sucking reflex).
- Your baby reaches a length of about 4 to 5 inches and weighs almost 3 ounces.

At 20 weeks:
- Your baby is more active. You might feel slight fluttering.
- Your baby is covered by fine, downy hair called lanugo (luh-NOO-goh) and a waxy coating called vernix. This protects the forming skin underneath.
- Eyebrows, eyelashes, fingernails and toenails have formed. Your baby can even scratch itself.
- Your baby can hear and swallow.
- Now halfway through your pregnancy, your baby is about 6 inches long and weighs about 9 ounces.

At 24 weeks:
- Bone marrow begins to make blood cells.
- Taste buds form on your baby’s tongue.
- Footprints and fingerprints have formed.
- Real hair begins to grow on your baby’s head.
- The lungs are formed, but do not work.
- The hand and startle reflex develop.
- Your baby sleeps and wakes regularly.
- If your baby is a boy, his testicles begin to move from the abdomen into the scrotum. If your baby is a girl, her uterus and ovaries are in place, and a lifetime supply of eggs have formed in the ovaries.
- Your baby stores fat and has gained quite a bit of weight. Now at about 12 inches long, your baby weighs about 1½ pounds.

Source: Womenshealth.gov
U.S. Department of Health and Human Services,
Office on Women’s Health
Additional Online Resources

1. **How Your Baby Grows**: This site provides information on the development of your baby and the changes in your body during each month of pregnancy. In addition, for each month, it provides information on when to go for prenatal care appointments and general tips to take care of yourself and your baby.
   
   (Copyright © March of Dimes)

2. **Morning Sickness**: This publication discusses morning sickness, how long it will last and how to help relieve the symptoms.
   
   [bit.ly/2hBYvd3](https://bit.ly/2hBYvd3)  
   (Copyright © American Academy of Family Physicians)

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   (Copyright © Mayo Foundation)

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   (Copyright © American Academy of Family Physicians)

5. **Weight Gain During Pregnancy**: This brief fact sheet explains how much weight a woman should gain during pregnancy by explaining the different aspects of pregnancy that add to overall weight.
   
   (Copyright © March of Dimes)
The Second Trimester: What to Expect

This phase of pregnancy brings the onset of many physical changes and discomforts. Knowing what to expect, how to treat common symptoms and how to approach common activities can make the second trimester easier.

**Back pain**
Most women develop back pain at some point during pregnancy. As the size and weight of your growing abdomen place more strain on your back, you may notice your posture changing. To protect your back from poor posture, unnecessary strain and painful injury, follow these guidelines:

- Avoid standing with your abdomen forward and your shoulders back. Do the opposite.
- When standing, rest one foot on a small box, brick or stool. Try not to stand for long periods of time.
- Sit with a back support or pillow against your lower back. If you must sit for prolonged periods, take a break every hour to stand up and move.
- Avoid heavy lifting. Lift only by raising from a squat, keeping your waist and back straight.
- Avoid stretching to reach something, like objects on a high shelf or across a table.
- Sleep on a firm mattress (plywood under a mattress helps). Lie on your side, with a pillow between your knees.
- Stay active and do simple back exercises.

You can help reduce back pain by wearing supportive, low-heeled shoes and avoiding flat or high-heeled shoes. A pregnancy support belt that rests under your abdomen can also help take the strain off of your back.

Finally, to relieve pain, you can soak in a warm tub, or apply heat or cold to your tired or achy back. Massage therapy can help relieve muscle strain and tension.

**Breast changes**
In the second trimester of pregnancy, your breasts will become larger and heavier, and you may need a larger and more supportive bra. The tenderness and tingling sensation from early pregnancy will probably decrease.

As your breasts become larger, the veins become more noticeable under the skin. The nipples and the area around the nipples (areola) become darker and larger. Small bumps may appear on the areolae and disappear after delivery. Some women develop stretch marks on their breasts.

As early as the 16th to 19th week, you may notice a thin, yellowish discharge called colostrum from your nipples. Colostrum is what your breasts produce when they are preparing for breastfeeding.

In the third trimester, your chest wall may widen because of the growing baby. You may need a larger bra or a bra extender.

**Exercise considerations**
- If you did not exercise much before pregnancy, start slowly. Walking is best. Pace yourself and do a little more every day.
- Brisk walking, easy jogging, low-impact aerobics, water aerobics and yoga are good choices. Some sports, such as scuba diving, horseback riding, downhill skiing, gymnastics and water skiing bring an inherent risk. Ask your doctor or nurse if you have even the slightest concern that your exercise activities could put you or your baby at risk.

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• Do not exercise more than 45 minutes. Limit high-intensity exercise to 10–15 minutes and moderate exercise to 20–30 minutes.
• Wear loose clothing, good shoes and a good bra.
• Warm up and cool down to start and finish exercise.
• Avoid deep bending and intense stretches.
• If you want to use weights, be sure to use light weights as they reduce stress on your joints.

**Headache**

Headaches are one of the most common pain-related health problems in women. You may have a headache along with another minor health problem, such as a sore throat, cold or sinus problem. If your headache is mild and a type you have experienced in the past, there is little reason to be concerned. However, a new or different headache, particularly later in pregnancy, may indicate a problem such as preeclampsia.

Preeclampsia (formerly called toxemia of pregnancy) is a pregnancy-related condition that causes high blood pressure and affects the mother’s kidneys, liver, brain and placenta. Its cause is unknown. Preeclampsia most commonly occurs during first pregnancies.

Call your health professional if you develop a new or different headache while you are pregnant.

**Hemorrhoids/constipation**

Hemorrhoids are swollen veins at the end of the large intestine (anus), and often protrude from the anus (external hemorrhoids). They can also be located on the inside of the lower intestine (internal hemorrhoids). Bleeding, itching and pain are common hemorrhoid symptoms.

Hemorrhoids are common during pregnancy.
• The enlarged uterus places extra pressure on the large vein (inferior vena cava) that drains the veins of the large intestine.
• Constipation, a common problem during pregnancy, causes less frequent and more strained bowel movements. The bowels commonly move more slowly during pregnancy, and iron in prenatal vitamins also can cause constipation.

To prevent or ease constipation and hemorrhoids, try these things:
• Eat a high-fiber diet (lots of whole fruits, vegetables and whole grains).
• Drink plenty of fluids, especially water.
• Don’t strain (push hard) during a bowel movement.
• Increase the amount of exercise you get every day.

**Symptoms of preeclampsia include:**
• Persistent headache
• Vision problems, such as spots or flashes of light
• Pain in the upper right abdomen
• Swelling of the hands and face that does not go away during the day. Some swelling normally occurs during pregnancy, but it may indicate problems if other signs of preeclampsia are also present.

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To treat the itching or pain of hemorrhoids:
• Keep the anus clean by wiping carefully after each bowel movement. Gently wipe from the front to the back. Baby wipes or hemorrhoid pads are usually gentler than toilet paper. If you use toilet paper, use only soft, undyed, unscented toilet paper.
• Take warm soaks in a tub or a sitz bath. Warm water can help shrink or soothe hemorrhoids. You can add baking soda to the water to relieve itching.
• Apply ice pack compresses.
• Avoid sitting for long periods, especially on hard chairs.

Keep your health professional informed of any problems you are having with constipation or hemorrhoids. He or she may recommend an over-the-counter or prescription medication to apply to hemorrhoids to relieve the itching, and/or a stool softener to prevent straining.

Nausea
Nausea usually improves early in the second trimester. If you continue to experience nausea and vomiting, see the “Dealing with Nausea in Pregnancy” information under the First Trimester tab.

Pelvic ache and hip pain during pregnancy
As your pregnancy progresses, you may develop aches and pains in your hips and pelvic area. This is a normal sign that your pelvic girdle is preparing for childbirth. Pregnancy hormones are relaxing your ligaments, loosening up your pelvic bones so they can shift and open for childbirth. To help manage pelvic and hip pain at home, try the following.
• When lying on your back, propped up on your elbows or a pillow, squeeze a pillow between your knees. This can help realign your pelvic bones and may give you temporary pain relief.
• Wear a prenatal belt or girdle around your hips, under your abdomen, to help stabilize your hips.
• Sleep with a pillow between your knees.
• Rest as much as possible, applying heat to painful areas.
• Talk to your health professional about whether a safe pain reliever might help.

Sex
Your interest in sex may change throughout your pregnancy. For example, nausea and fatigue in the first trimester and physical discomfort from your enlarged uterus in the last trimester may affect your desire for sexual contact.

Sex during the second or third trimesters will not usually cause any problems. Later in pregnancy, you may find sex most comfortable when you lie on your side. Also, orgasm close to your delivery date may start uterine contractions.

Your health professional will probably advise you to avoid sexual intercourse, if any of the following occur:
• The placenta covers or partially covers your cervix (placenta previa).
• Your “water” (amniotic sac) has broken (ruptured membranes).
• Contractions start earlier than 37 weeks (preterm labor).

continued on next page
If you are infected with a sexually transmitted disease (STD) during pregnancy, it can cause serious problems for you and your baby. If you are (or may be) pregnant and are considering having sexual intercourse with a new partner or a partner who may be infected with an STD, use condoms to protect yourself and your baby.

**Swelling**

Pregnancy causes more fluid to build up in your body. This, plus the extra pressure that your uterus places on your legs, can lead to swelling in your feet and ankles.

To ease or reduce swelling in your feet, ankles, hands and fingers:
- Take your rings off if your fingers are puffy.
- Do not eat high-salt foods, such as potato chips.
- Drink 8 to 10 glasses of water each day.
- Put your feet up on a stool or couch as much as possible. Sleep with pillows under your feet.
- Do not sit or stand for long periods of time or wear tight shoes. Stretch legs and vary position every hour.
- Wear support stockings.

**Travel**

- Discuss your travel plans with your doctor. Ask him or her which countries are safest for pregnant women. Decide if you should take any health records with you.
- Take it easy if you travel to altitudes over 6,000 feet. Thinner air may make you feel sick or tired.
- On planes, get up frequently to keep your blood flowing in your legs. In cars, stop every two hours to do this.
- Drink lots of clean water and go to the bathroom often. In foreign countries drink bottled water and avoid uncooked vegetables and fruit that you cannot peel.
- Pace yourself. Rest when you get tired. Choose tour groups that let you take breaks.

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Heartburn

What is heartburn?
Heartburn is a burning feeling from your breastbone to your throat from acid in your stomach. It is also sometimes called indigestion or acid reflux. It can be caused by hormonal and physical changes occurring in your body during pregnancy. As your uterus grows, it pushes on the stomach which forces acid up into your throat.

What can I do to treat or prevent heartburn?
• Eat small, frequent meals.
• Eat slowly.
• Avoid fried, spicy, or rich foods.
• Do not lie down right after eating.
• Raise the head of your bed 6–8 inches. You can use a foam wedge under the head of your mattress.
• Wear loose, comfortable clothing.
• Do not smoke or chew tobacco.
• Use nonprescription antacids like Rolaids®, Maalox® or Tums®. Do not use antacids that contain sodium bicarbonate because they are too high in salt.

What if my heartburn does not go away?
If your heartburn does not get better, talk to your doctor. He or she may prescribe medications that are safe to take during pregnancy. Heartburn usually disappears after childbirth.
Sleep Problems During Pregnancy

Sleep problems are common during pregnancy. Sleep studies tell us that hormonal changes, plus the discomforts of later pregnancy, can break up a pregnant woman’s sleep cycle.

• The first trimester can bring insomnia and night waking. Most women feel the need to take naps to battle daytime sleepiness and fatigue.
• The second trimester tends to feel more normal for many women, though about 20% continue to have disrupted, poor-quality sleep. This is often a period of improved daytime energy and less need for naps.
• The third trimester is a time to expect increasing insomnia and night waking. Most women wake up three to five times a night, usually because of discomforts such as back pain, needing to urinate, leg cramps, heartburn and fetal movement. Strange dreams are also common in the last few weeks of pregnancy. The need to take daily naps returns as the due date approaches.

If you continue to have problems with insomnia, go to bed only when you’re tired, and get out of bed when you’re wide awake in the middle of the night.

Medications are seldom used to aid sleep during pregnancy because most are dangerous to a growing baby. For obstructive sleep apnea that disrupts sleep and limits a mother’s and baby’s oxygen supply, continuous positive airway pressure (CPAP) or supplemental oxygen are considered safe during pregnancy.

Managing sleep problems during pregnancy
You can take a few simple measures to get the best possible sleep during pregnancy:
• Get regular exercise, but not within three to four hours of your bedtime.
• Keep a regular sleep schedule.
• Keep your naps as short as possible.
• Use your bed only for sleep.
• Avoid caffeine.
• Practice relaxation techniques.
Second Trimester Testing

Along with your doctor visits, you may have some of the following tests done between 13 and 26 weeks:

**Quad Marker:** A blood test that indicates the chances that your baby will have a genetic problem such as Down syndrome or an opening in the spinal cord.

**Alpha-Fetoprotein (AFP):** A blood test that looks for birth defects in the baby.

**Ultrasound (Anomaly Scan):** This procedure uses sound waves to get a picture of your baby. It can show the age of your baby and if your baby’s body parts look normal. It can also show where your placenta is located. It is usually done around the 20th week.

**Amniocentesis:** A diagnostic procedure that analyzes fetal DNA in the fluid around your baby to identify genetic chromosome abnormalities.

**Non-Invasive Prenatal Testing:** An advanced screening blood test that assesses the chance your baby has a genetic chromosome abnormality.

**Microarray:** This test looks with high resolution to determine if your baby has any extra or missing genetic material (DNA), and is performed on fetal cells obtained via Chorionic villus sampling (CVS) or amniocentesis.

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Choosing Your Care Partner/Support Person(s) During Labor and Birth

We encourage you to have a care partner/support person(s) with you during your labor and birth. You may choose to have more than one person with you. Please consider the following when choosing your care partner/support person.

• Choose your care partner/support person(s) knowing that they will be able to encourage you and meet your needs during your labor and birth.

• Check with your doctor before inviting your care partner/support person(s) for C-section births. If you have a C-section, your baby will be born in your Birth Suite’s Operating Room. Due to safety, your doctor will limit the number of people in this room. Usually only one care partner/support person can go with you.

Note: If you have general anesthesia, you will be asleep and your care partner/support person will not be able to go in the operating room.
When to Call the Doctor During Your Second Trimester

In the following situations, seek IMMEDIATE medical care:
• If you are bleeding through one or more pads in 2-3 hours
• If you are having severe cramps or constant abdominal pain

Call your doctor if you have:
• Vaginal spotting or bleeding that concerns you
• Burning with urination or have pelvic pressure
• A temperature greater than 101°F
• Continual vomiting and can’t keep anything down
• Bad-smelling vaginal discharge (although increased discharge in pregnancy is normal)
• A nosebleed that you can’t stop
• Regular contractions or abdominal tightening (greater than 5 per hour)
• A leg that is swollen, painful and sensitive to the touch
• Severe back pain that won’t go away
• A significant fall or blow to the abdomen
• A sudden release of fluid from your vagina
• Additional questions or concerns
Second Trimester Checklist

___ Begin looking for a doctor for your baby. See deancare.com/pediatrics and deancare.com/familymed for more information, provider profiles and locations.

___ Sign up for prenatal classes and a hospital tour.

___ Finalize child care arrangements.

___ Start shopping for baby furniture and equipment.

___ Look into diaper options.

___ Begin preparing siblings for the new baby.

___ Complete your hospital pre-registration.

___ Tell your employer about your pregnancy.

___ Look into the Family and Medical Leave Act.

___ Start creating your gift registry.

___ Begin thinking about baby names.

___ Look into breast feeding resources.

___ Have lab tests and other screenings as recommended by your doctor.

___ Choose your support person(s).
Pregnancy Journal

Use this space for random thoughts, observations about your pregnancy, personal notes, questions for your doctor or just about anything.

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The Third Trimester  
(Week 29 through Week 40)

You’re in the home stretch!
In your third trimester, some of the same discomforts you had in your second trimester will continue. In addition, many women find breathing difficult and notice they have to go to the bathroom even more often. This is because the baby is getting bigger and is putting more pressure on your organs. Don’t worry, your baby is fine and these problems will lessen once you give birth.

Some new body changes you might notice in the third trimester include:
• Shortness of breath
• Heartburn
• Swelling of the ankles, fingers, and face. (If you notice any sudden or extreme swelling or if you gain a lot of weight really quickly, call your doctor right away. This could be a sign of preeclampsia.)
• Hemorrhoids
• Tender breasts, which may leak a watery pre-milk called colostrum (kuh-LOSS-struhm)
• Protrusion of your belly button
• Trouble sleeping
• The baby “dropping,” or moving lower in your abdomen
• Contractions, which can be a sign of real or false labor

As you near your due date, your cervix becomes thinner and softer (called effacing). This is a normal, natural process that helps the birth canal (vagina) to open during the birthing process. Your doctor will check your progress with a vaginal exam as you near your due date.

Get excited—the final countdown has begun!
Your Developing Baby: Third Trimester (Week 29 through Week 40)

At 32 weeks:
- Your baby’s bones are fully formed, but still soft.
- Your baby’s kicks and jabs are forceful.
- The eyes can open and close and sense changes in light.
- Lungs are not fully formed, but practice “breathing” movements occur.
- Your baby’s body begins to store vital minerals, such as iron and calcium.
- Lanugo begins to fall off.
- Your baby is gaining weight quickly, about ¼ pound a week. Now, your baby is about 15 to 17 inches long and weighs about 4 to 4.5 pounds.

At 36 weeks:
- The protective waxy coating called vernix gets thicker.
- Body fat increases. Your baby is getting bigger and bigger and has less space to move around. Movements are less forceful, but you will feel stretches and wiggles.
- Your baby is about 16 to 19 inches long and weighs about 6 to 6½ pounds.

Weeks 37–40
- By the end of 37 weeks, your baby is considered full-term. Your baby’s organs are ready to function on their own.
- As you near your due date, your baby may turn into a head-down position for birth. Most babies “present” head down.
- At birth, your baby may weigh somewhere between 6 pounds, 2 ounces and 9 pounds, 2 ounces and be 19 to 21 inches long. Most full-term babies fall within these ranges. But healthy babies come in many different sizes.

Source: WomensHealth.gov
U.S. Department of Health and Human Services,
Office on Women’s Health
Additional Online Resources

1. **How Your Baby Grows:** This site provides information on the development of your baby and the changes in your body during each month of pregnancy. In addition, for each month, it provides information on when to go for prenatal care appointments and general tips to take care of yourself and your baby.
   
   
   (Copyright © March of Dimes)

2. **Morning Sickness:** This publication discusses morning sickness, how long it will last and how to help relieve the symptoms.
   
   [bit.ly/2hBYvd3](https://bit.ly/2hBYvd3)
   
   (Copyright © American Academy of Family Physicians)

3. **Second Trimester Pregnancy: What to Expect:** This fact sheet discusses how the changes that began in the first weeks of pregnancy increase and accelerate during the second trimester. Of these, your growing uterus is probably the most obvious. But many other unseen events are also taking place.
   
   
   (Copyright © Mayo Foundation)

4. **Taking Care of You and Your Baby While You're Pregnant:** This publication discusses the importance of prenatal care, what happens during doctor visits, how much weight should be gained during pregnancy, what you should eat and also a list of dos and don’ts during pregnancy.
   
   
   (Copyright © American Academy of Family Physicians)

5. **Third Trimester Pregnancy: What to Expect:** This fact sheet explains how at term or the third trimester, the uterus will weigh about 2½ pounds and will have stretched to hold your baby, the placenta and about a quart of amniotic fluid. Nearly all of the physical symptoms of late pregnancy arise from this increase in the size of the uterus.
   
   
   (Copyright © Mayo Foundation)

6. **Weight Gain During Pregnancy:** This brief fact sheet explains how much weight a woman should gain during pregnancy by explaining the different aspects of pregnancy that add to overall weight.
   
   
   (Copyright © March of Dimes)
The Third Trimester: What to Expect

The final phase of pregnancy brings the most obvious physical changes. As your baby grows and your body prepares for the birth of your baby, there are many common symptoms and discomforts. Knowing what to expect and how to approach day-to-day activities can make the third trimester easier.

**Back pain**
Most women develop back pain at some point during pregnancy. As the size and weight of your growing abdomen place more strain on your back, you may notice your posture changing. To protect your back from poor posture, unnecessary strain and painful injury, follow these guidelines:

- Avoid standing with your abdomen forward and your shoulders back. Do the opposite.
- When standing, rest one foot on a small box, brick or stool. Try not to stand for long periods of time.
- Sit with a back support or pillow against your lower back. If you must sit for prolonged periods, take a break every hour to stand up and move.
- Avoid heavy lifting. Lift only by raising from a squat, keeping your waist and back straight.
- Avoid stretching to reach something, like objects on a high shelf or across a table.
- Sleep on a firm mattress (plywood under a mattress helps). Lie on your side, with a pillow between your knees.
- Stay active and do simple back exercises.
- Try prenatal yoga.

You can help reduce back pain by wearing supportive, low-heeled shoes and avoiding flat or high-heeled shoes. A pregnancy support belt that rests under your abdomen can also help take the strain off of your back. Finally, to relieve pain, you can soak in a warm tub, or apply heat or cold to your tired or achy back. Massage therapy can help relieve muscle strain and tension.

**Fatigue**
Most women struggle with fatigue during pregnancy, especially during the first and third trimesters. During the first trimester, your body is supporting dynamic fetal growth and producing higher levels of progesterone, which has been linked to increased tiredness. If you’re like many women, you’ll feel more energy during most of your second trimester. Later in pregnancy, however, the physical demands of carrying a larger fetus, combined with disrupted sleep, can wear you out.

To manage fatigue during pregnancy,
- Try to take frequent rest breaks during the day.
- Scale back on nonessential activities and responsibilities.
- Get regular exercise. Get outside, take walks, and keep your blood moving with your favorite workout. If you don’t have your usual energy, don’t over-exert.
- Eat a balanced diet and drink plenty of water.

**Headache**
Headaches are one of the most common pain-related health problems in women. You may have a headache along with another minor health problem, such as a sore throat, cold or sinus problem. If your headache is mild and a type you have experienced in the past, there is little reason to be concerned.
However, a new or different headache, particularly later in pregnancy, may indicate a problem such as preeclampsia.

Preeclampsia (formerly called toxemia of pregnancy) is a pregnancy-related condition that causes high blood pressure and affects the mother’s kidneys, liver, brain and placenta. Its cause is unknown. Preeclampsia most commonly occurs during first pregnancies.

Symptoms of preeclampsia include:
• Persistent headache
• Vision problems, such as spots or flashes of light
• Pain in the upper right abdomen
• Swelling of the hands and face that does not go away during the day. Some swelling normally occurs during pregnancy, but it may indicate problems if other signs of preeclampsia are also present.

Call your health professional if you develop a new or different headache while you are pregnant.

Hemorrhoids/constipation
Hemorrhoids are swollen veins at the end of the large intestine (anus), and often protrude from the anus (external hemorrhoids). They can also be located on the inside of the lower intestine (internal hemorrhoids). Bleeding, itching and pain are common hemorrhoid symptoms.

Hemorrhoids are common during pregnancy.
• The enlarged uterus places extra pressure on the large vein (inferior vena cava) that drains the veins of the large intestine.

• Constipation, a common problem during pregnancy, causes less frequent and more strained bowel movements. The bowels commonly move more slowly during pregnancy, and iron in prenatal vitamins also can cause constipation.

To prevent or ease constipation and hemorrhoids, try these things:
• Eat a high-fiber diet (lots of whole fruits, vegetables and whole grains).
• Drink plenty of fluids, especially water.
• Don’t strain (push hard) during a bowel movement.
• Increase the amount of exercise you get every day.

To treat the itching or pain of hemorrhoids:
• Keep the anus clean by wiping carefully after each bowel movement. Gently wipe from the front to the back. Baby wipes or hemorrhoid pads are usually gentler than toilet paper. If you use toilet paper, use only soft, undyed, unscented toilet paper.
• Take warm soaks in a tub or a sitz bath. Warm water can help shrink or soothe hemorrhoids. You can add baking soda to the water to relieve itching.
• Apply ice pack compresses.
• Avoid sitting for long periods, especially on hard chairs.

Keep your health professional informed of any problems you are having with constipation or hemorrhoids. He or she may recommend an over-the-counter or prescription medication to apply to hemorrhoids to relieve the itching, and/or a stool softener to prevent straining.

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Pelvic ache and hip pain during pregnancy
As your pregnancy progresses, you may develop aches and pains in your hips and pelvic area. This is a normal sign that your pelvic girdle is preparing for childbirth. Pregnancy hormones are relaxing your ligaments, loosening up your pelvic bones so they can shift and open for childbirth.

To help manage pelvic and hip pain at home, try the following.
• When lying on your back, propped up on your elbows or a pillow, squeeze a pillow between your knees. This can help realign your pelvic bones and may give you temporary pain relief.
• Wear a prenatal belt or girdle around your hips, under your abdomen, to help stabilize your hips.
• Sleep with a pillow between your knees.
• Rest as much as possible, applying heat to painful areas.
• Talk to your health professional about whether a safe pain reliever might help.

Pets
If you have pets in your home, it’s important to prepare your pet for the new baby. Your veterinarian or local humane society may be able to offer ideas to help your pet during this important adjustment time. You may want to have someone bring home a blanket or hat that your baby used in the hospital - this helps your pet get used to the baby’s scent before coming home.

Sex
Your interest in sex may change throughout your pregnancy. For example, nausea and fatigue in the first trimester and physical discomfort from your enlarged uterus in the last trimester may affect your desire for sexual contact.

Sex during the second or third trimesters will not usually cause any problems. Later in pregnancy, you may find sex most comfortable when you lie on your side. Also, orgasm close to your delivery date may start uterine contractions.

Your health professional will probably advise you to avoid sexual intercourse, if any of the following occur:
• The placenta covers or partially covers your cervix (placenta previa)
• Your “water” (amniotic sac) has broken (ruptured membranes)
• Contractions start earlier than 37 weeks (preterm labor)

If you are infected with a sexually transmitted disease (STD) during pregnancy, it can cause serious problems for you and your baby. If you are (or may be) pregnant and are considering having sexual intercourse with a new partner or a partner who may be infected with an STD, use condoms to protect yourself and your baby.

Sleep problems during pregnancy
Many women have sleep problems such as insomnia or night waking in the third trimester. For more information on how to manage these problems, see the “Sleep Problems During Pregnancy” handout under the Second Trimester tab.
Swelling
Pregnancy causes more fluid to build up in your body. This, plus the extra pressure that your uterus places on your legs, can lead to swelling in your feet and ankles.

To ease or reduce swelling in your feet, ankles, hands and fingers:
• Take off your rings if your fingers are puffy.
• Do not eat high-salt foods, such as potato chips.
• Drink 8 to 10 glasses of water each day.
• Put your feet up on a stool or couch as much as possible. Sleep with pillows under your feet.
• Do not sit or stand for long periods of time or wear tight shoes. Stretch legs and vary position every hour.
• Wear support stockings.

Travel
If you plan to travel during the last two months of your pregnancy, talk to your doctor. Air travel restrictions are often placed by the airlines, so check with your airline and your insurance for air travel restrictions.
Depression

What is depression?
Depression is more than having sad, anxious or unhappy feelings. It’s a serious illness that involves the brain. These feelings do not go away and may interfere with day-to-day life and routines.

About one in eight women suffer from depression after they deliver their babies. Symptoms can begin at birth or any time in the first year after giving birth. This is known as postpartum depression.

If you have these feelings, talk with your doctor. Depression can get better with treatment.

What causes depression?
There is no single cause for depression. Depression can occur any time during pregnancy. Many factors such as physical health, hormonal changes, stress, family history and changes in brain chemistry can cause depression.

What are the symptoms of depression?
When you are pregnant or after you have a baby, you may be depressed and not know it. Some normal changes during and after pregnancy can cause symptoms similar to those of depression. If you have any of the following symptoms of depression for more than two weeks, call your doctor.

Do you...
- Feel restless or moody?
- Feel sad, hopeless, or overwhelmed?
- Cry a lot?
- Have no energy or motivation?
- Eat too little or too much?
- Sleep too little or too much?
- Have trouble focusing or making decisions?
- Have memory problems?
- Feel worthless and guilty?
- Lose interest or pleasure in activities you once enjoyed?
- Withdraw from friends and family?
- Have headaches, aches and pains or stomach problems that don’t go away?

Your doctor can determine if your symptoms are caused by depression or something else.

CALL 911 IF YOU HAVE THOUGHTS OF HARMING YOURSELF OR YOUR BABY.
What can happen if depression is not treated?
Some women with depression have a hard time taking care of themselves. They may eat poorly, have trouble sleeping, miss appointments or use drugs or alcohol. Depression during pregnancy can raise the risk of premature birth, or having a baby with low birth weight. Untreated depression can also affect your ability to take care of your child. If you feel depressed during pregnancy or after delivery, please call your doctor.

Here are some helpful tips:
• Rest as much as you can. Sleep when the baby is sleeping.
• Don’t try to do too much or try to be perfect.
• Ask your partner, family and friends for help.
• Make time to go out, visit friends or spend time alone with your partner.
• Discuss your feelings with your partner, family and friends.
• Talk with other mothers, so you can learn from their experiences.
• Join a support group. Ask your doctor about groups in your area.
• Don’t make any major life changes during pregnancy or right after giving birth. Major changes can cause unneeded stress. If big changes can’t be avoided, try to arrange support and help in your new situation ahead of time.
Heartburn

What is heartburn?
Heartburn is a burning feeling from your breastbone to your throat from acid in your stomach. It is also sometimes called indigestion or acid reflux. It can be caused by hormonal and physical changes occurring in your body during pregnancy. As your uterus grows, it pushes on the stomach which forces acid up into your throat.

What can I do to treat or prevent heartburn?
• Eat small, frequent meals.
• Eat slowly.
• Avoid fried, spicy, or rich foods.
• Do not lie down right after eating.
• Raise the head of your bed 6–8 inches. You can use a foam wedge under the head of your mattress.
• Wear loose, comfortable clothing.
• Do not smoke or chew tobacco.
• Use nonprescription antacids like Rolaids®, Maalox® or Tums®. Do not use antacids that contain sodium bicarbonate because they are too high in salt.

What if my heartburn does not go away?
If your heartburn does not get better, talk to your doctor. He or she may prescribe medications that are safe to take during pregnancy. Heartburn usually disappears after childbirth.
Third Trimester Testing

Along with your doctor visits, you may have some of the following tests done between 27 and 41 weeks:

**Glucose Testing:** This blood test is performed to see if you have high blood sugar. You will be asked to drink a high-sugar drink and have your blood drawn an hour later to see how the sugar was used. This is a test for diabetes.

**Group B Strep Culture:** A swab from your vagina and rectum is performed to determine if you have the bacteria called *Group B Strep*. If the test is positive, you may need to have antibiotics in labor.

**Hematocrit:** This blood test determines if you have low red blood cells or iron-poor blood (called *anemia*).

**Urinalysis and Urine Culture:** A urine test is performed to evaluate the health of your kidneys and bladder.

**Antibody Screen**: A blood test used on RH-negative women to determine if you need an injection of Rhophylac.

**Non-Stress Test (NST)**: This procedure records your baby’s heart rate and any contractions you might have. It is one way to measure the health of your baby. If you are found to have diabetes or other risks during your pregnancy, you may need more frequent NSTs.

**Biophysical Profile (BPP)**: A test for the baby’s health is performed with both the Fetal Activity Determination and ultrasound. These tests measure the baby’s heart rate, movement, breathing, muscle tone and how much fluid is around the baby.

*As medically necessary*
When to Call the Doctor During Your Third Trimester

In the following situations, seek IMMEDIATE medical care:
• If you are bleeding through one or more pads in 2–3 hours
• If you are having severe cramps or constant abdominal pain
• If fluid is gushing or leaking from your vagina
• If you know or think the umbilical cord is bulging into your vagina. If this happens, immediately get down on your knees so your buttocks are higher than your head. This will decrease the pressure on the cord until help arrives
• If you had a significant fall or blow to the abdomen
• If you are having signs of preeclampsia, such as:
  – sudden swelling of your face, hands or feet
  – new vision problems (such as dimness or blurring)
  – a severe headache

Call your doctor if you have:
• Vaginal spotting or bleeding that concerns you
• Burning with urination or experience pelvic pressure
• A temperature greater than or equal to 101°F
• Continual vomiting and can’t keep anything down
• Bad smelling vaginal discharge
• A nosebleed that you can’t stop
• A leg that is swollen, painful and sensitive to the touch
• Severe back pain that won’t go away
• Regular contractions (with or without pain) for an hour. This means that you have six contractions per hour prior to 34 weeks and 12 contractions per hour after 34 weeks
• A sudden release of fluid from your vagina
• Noticed that your baby has stopped moving, is moving much less than normal, and does not meet the guidelines for 10 movements in two hours
• Additional questions or concerns
Knowing the Signs of Labor and When to Call

You may be in labor and need to call your doctor if:

- You have regular contractions. This means having painful contractions occurring every 5 minutes, lasting 1 minute in length, for at least one hour, even after you have had a glass of water and are resting. Count from the beginning of one contraction to the beginning of another.
- Your contractions last between 20 and 60 seconds and occur in a pattern.
- You can no longer walk or talk through your contractions.
- Your contractions become much stronger when you are walking.
- Your water breaks. You may have a gush of fluid or a slow leakage of fluid from your vagina. The fluid is usually clear, pinkish or straw-colored. Use a sanitary pad or towel, but not a tampon. You can take a shower. Do not have intercourse.
- You start vaginal bleeding that is bright red or heavy. Use a sanitary pad, not a tampon.
- Your baby has not moved 10 times in two hours, or has slowed for 24 hours.

You may not be in labor if:

- You have single or several strong contractions with no pattern. These are called Braxton-Hicks contractions, and they often stop if you change what you are doing. They are “practice contractions,” but they are not the start of labor.

Things that may or may not happen before labor:

- Your water breaks. This happens for only about 15% of women before the start of labor.
- Your baby settles low in your pelvis. People often say the baby has “dropped,” but not every woman experiences this.
- You lose your mucous plug. If this happens, you will have a brownish pink discharge. You can lose your mucous plug up to three weeks before labor. Tell your doctor if you think this has happened.

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The Four Stages of Labor and Delivery

The **first stage** of labor has three parts: early, active and transition.
- Most women have early labor at home. You can stay busy or rest, eat light snacks, drink clear fluids and start counting contractions.
- When talking is difficult during a contraction, you may be moving to active labor. During active labor, you should head for the hospital if you are not there already.
- You are in active labor when contractions come every 3 to 4 minutes and last about 60 seconds. Your cervix is opening more rapidly.
- If your water breaks, contractions will come faster and stronger.
- During transition, your cervix is stretching and contractions are more rapid and more intense.
- You may want to push, but your cervix might not be ready. Your doctor will tell you when to push.

The **second stage** of labor starts when your cervix is completely opened and you are ready to push.
- Contractions are very strong and push the baby down the birth canal.
- You will feel the urge to push. You may feel like you need to have a bowel movement.
- You may be coached to push with contractions. These contractions will be very strong, but you will not have them as often. You can get a little rest between contractions.
- You may be emotional and irritable. You may not be aware of what is going on around you.
- One last push, and your baby is born!

The **third stage** of labor is when a few more contractions push out the placenta. This may take 30 minutes or less.

The **fourth stage** of labor is the welcome recovery. You may feel overwhelmed with emotions and exhausted but alert. This is a good time to be skin-to-skin with your baby and allow him/her to breastfeed.

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Starting Labor (Induction)

For many reasons, your doctor may suggest that you come to the hospital to have your labor started. One reason is that you may be past your due date. Another reason may be that you have a medical condition that makes it better for the baby to be born than to stay inside.

Here are some of the ways that the doctor may start your labor:

**Cervical ripening.** If your baby has dropped and the opening to the uterus (cervix) is soft and beginning to open, you are ready for labor. If it is not ready, your doctor may give you medicine to soften your cervix.

**Amniotomy (breaking your water).** If your cervix is soft and has started opening but you are not contracting regularly, the doctor may break your water. To do an amniotomy, the doctor will put a thin instrument into your vagina and pull on your bag of water until it breaks. It is usually not painful, but you may feel a gush of fluid.

**Oxytocin (Pitocin).** If your cervix is soft and has started opening, the doctor may give you intravenous (IV) medicine to start contractions. This medicine is also used if your water breaks and contractions do not start.

You and the doctor will discuss which labor induction method is right for you.
Managing Discomfort During Labor

No two labors are the same, and no two women have the same amount of pain. Because your labor is unique (and may even be completely different from a prior labor) your discomfort level and the amount of pain you experience will vary. Many things can affect your pain – such as the size and position of your baby and the strength of contractions.

There is no right or wrong way to manage your pain. You may find breathing and relaxation techniques to be helpful. You may need little or no pain relief, or you may find that pain relief gives you better control over your labor and delivery. The information below will help you understand what to expect, how to prepare yourself for labor and provide details for you to talk with your doctor about your options.

Labor pains are something that most pregnant women worry about. However, there are a variety of non-pharmacological (other than using medication) pain relief methods available.

Medications and their affects:

- Some pain medications given in labor make the mother and baby sleepy. This might make it harder for your baby to breastfeed effectively in the first few hours.
- Medications do enter the milk (especially in the beginning colostrum phase) but the dose is usually low due to the low volume of milk taken by the baby in the first couple of days.

Some non-medication options for pain relief include:

1. Patterned breathing and relaxation
   These breathing techniques provide comfort and focus while enhancing labor progress. Patterned breathing allows for better oxygenation of the uterus so it can work more efficiently.

2. Using a birth ball
   The birth ball encourages movement of your pelvic bones, helps the baby drop down into the pelvis better, keeping the baby properly aligned in the pelvis. It also allows the laboring woman to shift her weight, rock her pelvis, and find a more comfortable position than lying flat on a bed.

3. Stay hydrated
   Most women can stay hydrated during labor by sipping on clear liquids, ice chips, or popsicles.

4. Movement and position changes
   Moving around during labor is more comfortable and can help when gravity draws your baby into the pelvis. Be sure to change positions at least every 1-2 hours while in labor.

5. Heat and cold
   Warm moist towels, warm blankets or a hot water bottle can be used on the lower abdomen, groin or perineum. A cool cloth to the forehead, neck or lower back can relieve tension.

6. Counter pressure
   Counter-pressure consists of steady, strong force applied to one spot on the lower back during contractions using one or both hands. Counter-pressure can help alleviate back pain during labor.
7. **Touch and massage**
Massage or a gentle touch can reassure the laboring women, helps her relax, and sends a message of support.

8. **Aromatherapy**
Essential oils such as lavender, rose, chamomile and clary sage can be used to relax and calm a laboring woman. A few drops in warm water can be used to soak a cloth and apply to the forehead, neck or feet.

9. **Hydrotherapy**
Water can be very soothing during labor. A shower or bath comforts the laboring woman with warmth, water pressure, and the sound. Hydrotherapy may speed up labor, decrease blood pressure and increase a woman’s feeling of power over her labor contractions.

10. **Music**
Music can be very soothing and has a calming effect. Music can also distract the laboring woman’s thought away from pain.

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### What types of pain relief can be used?

There are two types of pain-relieving drugs.

1. **Analgesics**, which reduce the intensity of the pain sensation
2. **Anesthetics**, which take away most sensation or put you to sleep

**Analgesia** lessens pain without loss of feeling or muscle movement. Typically, analgesia...
- Is injected into your muscle or vein.
- Acts on the whole nervous system instead of just a certain area.
- Is often given during labor and after delivery; however, it is not given right before delivery.
- Has minor side effects such as feeling sick to your stomach, a feeling of drowsiness and trouble focusing on your thoughts.

**Nitrous Oxide Use in Labor**
One type of analgesia is Nitrous Oxide. Many women will have good pain relief with the use of nitrous oxide during labor, but nitrous oxide may not be the right choice for everyone. You and your doctor will decide if it is an option for you.

**What is Nitrous Oxide?**
Nitrous oxide, or “laughing gas”, is an inhaled gas that is used to relieve pain in labor &/or during postpartum procedures. It is an almost odorless, tasteless gas that enters and exits the body quickly during use. Nitrous oxide has been used for many years in dental procedures and is widely used throughout Europe during labor.

**How is it used?**
Nitrous oxide is breathed in through a mask that you will hold over your mouth and nose during a contraction. You are able to control the amount of gas you give yourself.

**Benefits**
- Helps you to relax and feel less tense during contractions.
- Works quickly.
- Does not slow down labor.
- You do not need to have an I.V.
- You do not need to be attached to a baby monitor all of the time.
- There are no effects on the baby.
- May be used if you need a procedure after the baby is born.

**Side Effects**
- Nausea or vomiting
- Feeling dizzy or lightheaded
- Feeling restless, anxious, or nervous
- Although these side effects are possible, they are often very mild.
Anesthesia blocks all feeling, including pain.
There are three main types of anesthesia:
• Local
• Regional
• General

Some forms of anesthesia, such as general anesthesia, make you lose consciousness. Other forms, like regional and local anesthesia, take away painful feelings from parts of your body, while you stay awake.

Local anesthesia provides numbness or loss of feeling in a small area of the body while you are awake. It helps when an episiotomy is done or when any vaginal tears are repaired. Local anesthesia does not lessen the pain of contractions, rarely affects the baby and usually has no side effects.

Regional anesthesia decreases the pain from parts of your body while you are awake and alert. Epidural, spinal and combined spinal-epidural blocks are all types of regional pain relief. Regional anesthetics take away painful feelings from parts of your body while you stay awake, cause few side effects and are often the most effective method of pain relief during labor.

Epidural
An epidural block causes some loss of feeling in the lower areas of your body, yet you remain awake and alert. It can be given soon after your contractions start, or later as your labor progresses. An epidural block can be used for a C-section or if vaginal birth requires the help of forceps or vacuum extraction. Your doctors will work with you to decide the right time to give the epidural.

You will sit or lie on your side with your back curved outward during the procedure. Your skin is numbed and a small needle is placed in the lower back. A small tube (catheter) is inserted through the needle. The needle is removed and a small dose of medicine is given through the tube. The pain medicine needs to be absorbed into several nerves before you will feel any pain relief. This will take about 10–20 minutes.

An epidural block will make you more comfortable; however, you will still be aware of your contractions. You also may feel your doctor’s exams as labor progresses.

Most women have no problems, but some side effects may occur:
• A decrease in blood pressure
• A sore back at injection site
• A bad headache
• Difficulty in bearing down and pushing during labor
In addition, anesthetic medicine could be injected into a swollen vein. If this occurs, you may feel dizziness, numbness around your mouth, have a rapid heartbeat or have a funny taste in your mouth. **If you feel any of these things, let your doctor know right away.**

**Spinal Block**
A spinal block uses a much stronger medication (anesthetic, not analgesic) and is often used for a C-section. It can also be used in a vaginal birth, if the baby needs to be helped out of the birth canal with forceps or by vacuum extraction. Spinal block can cause the same side effects as epidural block, and these side effects are treated in the same way.

As long as a trained and experienced anesthesiologist gives your analgesia or anesthesia, there is little chance you will run into trouble. If you think a regional block may be the option for you, talk with your doctor.

**General Anesthesia**
General anesthetics are medicines that put you to sleep (make you lose consciousness). Once asleep, your anesthesiologist will place a breathing tube into your mouth and windpipe. You will not feel any pain.

When having general anesthesia you should not eat or drink once labor has started. Food or liquids in the stomach could back-up into the mouth, enter the lungs and could cause damage.

**Cesarean Births and Anesthesia**
The kind of anesthesia you have for a cesarean birth depends on you and your baby’s health. In emergencies or when bleeding occurs, general anesthesia may be needed.
Review
Many women worry that having pain medicine during labor will make the experience less “natural,” which is not necessarily the case. No two labors are the same, and no two women have the same amount of pain. Some women need little or no pain relief, and others find that pain relief gives better control over their labor and allows them to participate more effectively in the delivery. Talk with your doctor and your nurses about your options. Be prepared and be flexible. Do not be afraid to ask for pain relief if you need it. We want your birth experience to be pleasant, safe and occur in an atmosphere that supports you and your family.

Glossary
Anesthesiologist: A doctor who is an expert in pain relief

Cesarean Delivery (C-section): Your baby is delivered through an incision in your abdomen and uterus

Episiotomy: The region between the vagina and the anus (perineum) is surgically cut to widen the vaginal opening

Forceps: Special instruments placed around baby’s head to help guide it out of the birth canal

Vacuum Extraction: A special instrument placed on baby’s head to help guide it out of the birth canal
What to Expect After Delivery of Your Baby

*During pregnancy, babies get all the nutrition, warmth and safety they need inside their mother. During the transition after birth, babies must keep themselves warm, switch to breathing air, and they must learn to breath, suck and swallow – all in a short amount of time. You can help your baby’s transition to the outside world by placing your baby skin-to-skin.*

**Skin-to-Skin Contact**

Skin-to-skin contact is when the naked, diapered baby is placed on the chest, against the naked skin of an adult. A light blanket can be placed over the baby once they are skin-to-skin, but nothing should be between the baby and the other person. Skin-to-skin contact is perfect for most healthy, full-term babies.

Skin-to-skin hour – Your baby will be dried off while on your abdomen and then be placed on your chest immediately following the birth (as long as it is stable) for at least one hour, until breastfeeding has been initiated, or for as long as you want! After the umbilical cord is cut, a diaper will be placed on the baby. Your baby will be placed under your gown close to your skin so that your baby’s abdomen is on your chest. There are many benefits to this sacred time – it stabilizes baby’s temperature, heart rate and breathing. Studies show that women who have their baby skin-to-skin immediately following birth are better able to initiate breastfeeding and are able to breastfeed for longer duration. Your baby will begin to show hunger cues that will let you know when they are ready to begin breastfeeding. Your nurse will assist you with breastfeeding, as needed. Your baby should be allowed to breastfeed for as long as he or she wishes. The baby instinctively will start looking for the breast, smelling it’s mother, and in some instances “crawl” to the breast to latch on. Women who have a cesarean birth are also able to have the baby skin-to-skin while still in the operating room, as long as mom and baby are stable. Lots of skin-to-skin time in the first few days helps to establish milk supply. When mom isn’t nursing, partners can do skin-to-skin with baby too. Encourage your partner to wear button-up shirts to also provide skin-to-skin time with baby. It is a great way for partners to bond. Babies love to snuggle!

After skin-to-skin and the first feeding, the nurse will weigh and measure the baby, complete an assessment and give your baby their medications. We encourage you to place the baby skin-to-skin often in the first few days and weeks of their life to encourage breastfeeding, confidence and bonding.

The benefits of skin-to-skin contact after birth:
- Helps baby maintain its temperature
- May decrease crying
- Stabilizes blood sugar
- May help baby breastfeed sooner and more easily
- Lowers stress hormones for mother and baby
- Exposes baby to bacteria on mother’s skin, which can help protect baby from illness

**Early Initiation of Breastfeeding**

Breastfeeding your baby as soon as possible at delivery is an important step for breastfeeding. Feed your baby when you see the first signs of hunger and ask for assistance with feeding as often as needed.

*continued on next page*
• The first milk is called colostrum. It is thick and clear or yellowish colored. Colostrum coats your baby’s tummy and helps prevent allergies, viruses and infections. It’s your baby’s first immunization!
• Babies are alert and interested in feeding for the first couple of hours after delivery. After about two hours, they go into a deep sleep and may be difficult to wake for feedings. Watch for your baby’s hunger cues.
• The first few hours after birth are a great time for bonding. Your baby recognizes your voice, smell and heartbeat.
• When a baby is held skin-to-skin they feel safe and protected and may breastfeed more easily.

Keeping your baby in the room with you during your hospital stay also keeps your baby safer. Research shows that mothers who room in with their babies in the hospital get the same amount of sleep as if they were in the nursery. Rooming in with you 24 hours a day also benefits the baby as they cry less and have fewer problems breastfeeding than babies who spend time in a newborn nursery. Your baby will have their hearing and metabolic screening, blood tests and newborn photos in the room with you. This will allow you to ask questions and be close to your baby at all times. We encourage you to keep your baby in the room with you during your entire hospital stay.

Rooming In With Your Baby
You and your baby are no longer connected by an umbilical cord, but you are still a unit that is meant to be together! Your baby will stay in your room with you throughout your hospital stay (unless he needs to have a medical procedure). This allows you to get to know each other and to learn your baby’s feeding cues and how to soothe him/her. Rooming in allows you to quickly respond to your baby’s needs, feed your baby when they first show signs of hunger and feel more confident. This also facilitates feeding on demand, which is the most important step in establishing a good milk supply.
Tips for Choosing a Primary Care Physician

Why it’s so important
A primary care physician is a doctor who is trained to provide a wide range of preventative and long-term health care services. Typically, primary care is separated into Family Medicine, Internal Medicine and Pediatrics.

At SSM Health Dean Medical Group, our care team – consisting of physicians, physician assistants, nurse practitioners, nurses and other patient care staff – are well suited for people who want a long-term relationship.

Some advantages of having an established primary care physician include:
• Staying healthier because of regular check-ups, immunizations and screenings
• Management and coordination of all your health care needs
• Easy access for immediate care needs

Whom to choose
Primary care physicians specialize in different areas, and each specialty has its own benefits. A basic summary might help you narrow your search:

Family Medicine (with or without Obstetrics) focuses on health care for individuals and families of all ages, including infants. Some Family Medicine physicians also include Obstetrics (the care of women during pregnancy and childbirth).

Internal Medicine focuses on adult patients and the aging process. Internists generally see patients over 18 years old. They also frequently care for patients with multiple ongoing health conditions. They provide preventative care, age-related screenings and health guidance.

Pediatrics is a specialty which treats children from birth to their late teens. While pediatricians see healthy children for primary care, they also help children who have special or difficult health conditions. Pediatricians provide ongoing screenings, immunizations and preventative care throughout childhood.

Helpful tips and resources
• Get recommendations. Talk to your family, friends and co-workers to find out if they would recommend their doctors. What do they like about their doctors, and why? Do their reasons for liking their doctors match up with your priorities?
• To assist in your search, you can visit deancare.com and click the “Find a Doctor” tab to search by ZIP code, medical specialty or clinic location.
• Call Dean On Call and ask for help in choosing a primary care physician. This line is staffed by registered nurses 24 hours a day at 800-576-8773.

The Third Trimester
Third Trimester Checklist

____ Create a birth plan, if you are using one.
____ Start your childbirth education classes.
____ Tour the hospital.
____ Take an infant care and breastfeeding class.
____ Update your list of phone numbers.
____ Make sure your infant car seat is installed properly.
____ Wash the baby’s linens and clothes.
____ Arrange for child or pet care for when you are in the hospital.
____ Stock up your freezer with precooked meals for when you return from the hospital.
____ Get the nursery ready for the baby.
____ Pack your suitcase for the hospital.
____ Pre-register with the hospital.
____ Baby-proof your home.
____ Start fetal kick counts.
____ Complete short-term disability forms.
____ Identify insurance for the baby.
Pregnancy Journal

Use this space for random thoughts, observations about your pregnancy, personal notes, questions for your doctor or just about anything.
Throughout the course of your pregnancy, you should be aware of the possibility of medical conditions that might develop that could put you or your baby at risk. While serious, the conditions outlined in this chapter are not uncommon and have specific treatment and action plans.

Our intent is to provide you with helpful, accurate information you can discuss with your care team.

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Multiple Pregnancy: Twins and More

What is a multiple pregnancy?
A multiple pregnancy means that a woman has two or more babies in her uterus. These babies can come from the same egg or from different eggs.

Babies that come from the same egg are called identical. This happens when one egg is fertilized by one sperm. The fertilized egg then splits into two or more embryos. Experts think that this happens by chance. It isn’t related to your age, race or family history.

If your babies are identical, they...
• Are either all boys or all girls.
• All have the same blood type.
• Probably will have the same body type and the same color skin, hair and eyes. But they won’t always look exactly the same. They also won’t have the same fingerprints.

Babies that come from different eggs are called fraternal. This happens when two or more eggs are fertilized by different sperm. Fraternal babies tend to run in families. This means that if anyone in your family has had fraternal babies, you’re more likely to have them, too.

If your babies are fraternal, they...
• Can be both boys and girls.
• Can have different blood types.
• May look different from each other or may look the same, as some brothers and sisters do.

Figure 1: Twin Pregnancy Types
Identical twins come from a single egg that has been fertilized by one sperm. For unknown reasons, the fertilized egg splits into two embryos during the first stage of development. In the mother’s womb (uterus), most identical twins share the same placenta. (They get oxygen and nutrients from the mother and get rid of wastes through the placenta.) But they usually grow within separate amniotic sacs. In rare cases, identical twins share one amniotic sac.

Fraternal twins develop when two eggs are fertilized by two separate sperms. The fetuses have separate placentas and amniotic sacs.

continued on next page
What causes a multiple pregnancy?
If you take fertility drugs or have in-vitro fertilization to help you get pregnant, you're more likely to have a multiple pregnancy.

Fertility drugs help your body make several eggs at a time. This increases the chance that more than one of your eggs will be fertilized.

In-vitro fertilization is the most common kind of assisted reproductive technology used to help women get pregnant. Several of your eggs are mixed with sperm in a lab. When the eggs are fertilized, they're put back inside your uterus. The doctor puts in several fertilized eggs to increase your chances of having a baby. But this also makes a multiple pregnancy more likely.

You're also more likely to have more than one baby at a time if...
• You're age 35 or older.
• You are of African descent.
• You've had fraternal babies before.
• Anyone on your mother’s side of the family has had fraternal babies.
• You have just stopped using birth control pills.

How can you tell if you're carrying more than one baby?
While you may feel like you’re carrying more than one baby, only your doctor can say for sure. He or she will do a fetal ultrasound to find out. This test can give your doctor a clear picture of how many babies are in your uterus and how well they’re doing.

If the test shows that you’re carrying more than one baby, you’ll need to have more ultrasounds during your pregnancy. Your doctor will use these tests to check for any signs of problems that your babies may have as they grow.

What type of treatment will you need?
If you’re pregnant with more than one baby, you’ll need to see your doctor more often than you would if you were having just one baby. This is because you and your babies have a greater chance of developing serious health problems.

Your doctor will do a physical exam at each visit. It’s important that you go to every appointment. Your doctor may also do a fetal ultrasound, check your blood pressure and test your blood and urine for any signs of problems. Early treatment can help you and your babies stay healthy.

Figure 2: Breech and Transverse Twins
Breech and transverse twins require a cesarean delivery to avoid complications.
You’re having multiples. Now what?
The thought of having more than one baby may be scary, but it doesn’t have to be. There are some simple things you can do to keep you and your babies healthy.

The best thing you can do is take care of yourself. The healthier you are, the healthier your babies will be.

While you’re pregnant, be sure to do all of the following:
- Go to every doctor’s appointment.
- Eat a healthy diet. Take in plenty of calories from foods rich in folic acid, iron and calcium. These nutrients are essential for the healthy growth of your babies. Breads, cereals, meats, milk, cheeses, fruits and vegetables are all good choices. If you’re not able to eat enough because of severe morning sickness, call your doctor.
- Don’t smoke, drink alcohol or use illegal drugs.
- Avoid caffeine.
- Avoid using any medicines, vitamins or herbs unless your doctor says it’s OK.
- Talk to your doctor about what activities are OK for you to do while you’re pregnant.
- Get a lot of rest.

After your babies are born, you may feel overwhelmed and tired. You may wonder how you’re going to do it all. This is normal. Most new moms feel this way at one time or another. Here are some things you can do to ease the stress:
- Ask your family and friends for help.
- Rest as often as you can.
- Join a support group for moms with multiples. This is a great place to share your concerns and hear how other moms cope with the demands of raising multiples.
- If you feel sad or depressed for more than two weeks, call your doctor.

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Gestational Diabetes Diet

**Gestational diabetes** is a form of diabetes that develops during pregnancy and then usually goes away after the baby is born. Diabetes means that your pancreas cannot make enough insulin or your body does not use insulin properly. Insulin helps sugar enter your cells where it is used for energy.

You may be able to control your blood sugar while you are pregnant by eating a healthy diet and getting regular exercise. A dietitian or certified diabetes educator (CDE) can help you make a food plan that will help control your blood sugar and provide good nutrition for you and your baby.

If diet and exercise do not lower or control your blood sugar, you may need insulin shots. Insulin is safe to use during pregnancy.

**Follow-up care is a key part of your treatment and safety.** Be sure to make and go to all appointments, and call your doctor if you are having problems. It’s also a good idea to know your test results and keep a list of the medicines you take.

**How can you care for yourself at home?**
- Learn which foods have carbohydrates. Eating too many carbohydrates will cause your blood sugar to go too high. Carbohydrate foods include:
  - Breads, cereals, pasta and rice
  - Dried beans and starchy vegetables, like corn, peas and potatoes
  - Fruits and fruit juice, milk and yogurt
  - Candy, table sugar, soda pop and sugar-sweetened drinks
- Learn how many carbohydrates you need each day. A dietitian or certified diabetes educator (CDE) can teach you how to keep track of the amount of carbohydrates you eat.
- Try to eat the same amount of carbohydrate at each meal. This will help keep your blood sugar steady. Do not save up your daily allowance of carbohydrate to eat at one meal.
- Limit foods that have added sugar. This includes candy, desserts and soda pop. These foods need to be counted as part of your total carbohydrate intake for the day.
- Do not drink alcohol. Alcohol is not safe for you or your baby.
- Do not skip meals. Your blood sugar may drop too low if you skip meals and use insulin.
- Write down what you eat every day. Review your record with your dietitian or CDE to see if you are eating the right amounts of foods.
- Check your blood sugar first thing in the morning, before you eat. Then check your blood sugar two hours after the first bite of each meal (or as your doctor recommends). This will help you see how the food you eat affects your blood sugar. Keep track of these levels and share the record with your doctor.

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Kick Counts

As your baby grows, a regular pattern of movement starts around 28 weeks. The presence of normal baby movements provides reassurance that your baby is doing well.

Instructions for kick counts
1. If you feel that your baby is moving less than usual, this is the time to relax and pay attention to your baby’s movements.
2. Lie down on your left side or sit in your most comfortable chair. Pay attention to the movements of your baby.
3. The first time you feel your baby move, check the time and write it down.
4. Count every kick or movement until your baby has moved 10 times. When you feel the tenth movement, check the time again and write it down.

Contact your doctor if:
• Your baby has not moved 10 times in TWO HOURS
• You have not felt your baby move all day

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Preeclampsia and High Blood Pressure During Pregnancy

What are high blood pressure and preeclampsia?

Blood pressure is a measure of how hard your blood pushes against the walls of your arteries. If the force is too high, you have high blood pressure (also called hypertension). When high blood pressure starts after 20 weeks of pregnancy, it may be a sign of a very serious problem called preeclampsia.

Blood pressure is shown as two numbers. The top number (systolic) is the pressure when the heart pumps blood. The bottom number (diastolic) is the pressure when the heart relaxes and fills with blood. Blood pressure is high if the top number is more than 140 millimeters of mercury (mm Hg), or if the bottom number is more than 90 mm Hg. For example, blood pressure of 150/85 (say “150 over 85”) or 140/95 is high. Or both numbers can be high, such as 150/95.

A woman may have high blood pressure before she gets pregnant. Or her blood pressure may start to go up during pregnancy.

If you have high blood pressure during pregnancy, you need to have checkups more often than women who do not have this problem. There is no way to know if you will get preeclampsia. This is one of the reasons that you are watched closely during your pregnancy.

High blood pressure and preeclampsia are related, but they have some differences.

High blood pressure

Normally, a woman’s blood pressure drops during her second trimester. Then it returns to normal by the end of the pregnancy. But in some women, blood pressure goes up very high in the second or third trimester. This is sometimes called gestational hypertension, and can lead to preeclampsia. You will need to have your blood pressure checked often and you may need treatment. Usually, the problem goes away after the baby is born.

High blood pressure that started before pregnancy usually doesn’t go away after the baby is born.

A small rise in blood pressure may not be a problem, but your doctor will watch your pressure to make sure it does not get too high. The doctor also will check you for preeclampsia.

Very high blood pressure keeps your baby from getting enough blood and oxygen. This could limit your baby’s growth or cause the placenta to pull away from the uterus too soon. High blood pressure also could lead to stillbirth.
Preeclampsia
A pregnancy-related problem, preeclampsia has two main symptoms: high blood pressure after 20 weeks of pregnancy and high amounts of protein in your urine. Preeclampsia usually goes away after you give birth. In rare cases, blood pressure can stay high for up to six weeks after the birth.

Preeclampsia can be deadly for the mother and baby. It can keep the baby from getting enough blood and oxygen. It also can harm the mother’s liver, kidneys and brain. Women with very bad preeclampsia can have dangerous seizures. This is called eclampsia.

What causes preeclampsia and high blood pressure during pregnancy?
Experts don’t know the exact cause of preeclampsia and high blood pressure during pregnancy. But they have some ideas about preeclampsia:
• Preeclampsia seems to start because the placenta doesn’t grow the usual network of blood vessels deep in the wall of the uterus. This leads to poor blood flow in the placenta.
• Preeclampsia may run in families. If your mother had preeclampsia while she was pregnant with you, you have a higher chance of getting it during pregnancy. You also have a higher chance of getting it if your baby’s father’s maternal grandmother had preeclampsia.
• The mother’s immune system may react to the father’s sperm, the placenta or the baby.
• Already having high blood pressure when you get pregnant raises your chance of getting preeclampsia.
• Problems that can lead to high blood pressure, such as obesity, polycystic ovary syndrome and diabetes could raise your risk of preeclampsia.

What are the symptoms of high blood pressure and preeclampsia?
High blood pressure usually doesn’t cause symptoms. But very high blood pressure sometimes causes headaches and shortness of breath or changes in vision.
Mild preeclampsia usually doesn’t cause symptoms either. But preeclampsia can cause rapid weight gain and sudden swelling of the hands and face. Severe preeclampsia causes symptoms of organ trouble, such as a very bad headache and trouble seeing and breathing. It also can cause belly pain and decreased urination.

How are high blood pressure and preeclampsia diagnosed?
High blood pressure and preeclampsia are usually found during a prenatal visit. This is one reason why it’s so important to go to all of your prenatal visits. You need to have your blood pressure checked often. A sudden increase in blood pressure is often the first sign of a problem. You also will have a urine test to look for protein, another sign of preeclampsia.

If you have high blood pressure, tell your doctor right away if you have a headache or belly pain. These signs of preeclampsia can occur before protein shows up in your urine.
**How are these conditions treated?**
Your doctor may have you take medicine, if he or she thinks your blood pressure is too high. The only cure for preeclampsia is having the baby. You may get medicines to lower your blood pressure and to prevent seizures. You also may get medicine to help your baby’s lungs get ready for birth. Your doctor will try to deliver your baby when the baby has grown enough to be ready for birth. But sometimes a baby has to be delivered early to protect the health of the mother or the baby. If this happens, your baby will get special care for premature babies.

**Do preeclampsia and high blood pressure lead to long-term high blood pressure?**
If you have high blood pressure during pregnancy, but had normal blood pressure before pregnancy, your pressure is likely to go back to normal after you have the baby. But if you had high blood pressure before pregnancy, you probably will still have it after you give birth.

Experts don’t think preeclampsia causes high blood pressure later in life. But women who get preeclampsia may have a higher-than-normal chance of getting high blood pressure after pregnancy or later in life.
Cesarean Section

What is a cesarean section?
A cesarean section is the delivery of a baby through a cut (incision) in the mother's belly and uterus. It is often called a C-section. In most cases, a woman can be awake during the birth and be with her newborn soon afterward.

Figure 1: Cesarean Delivery
A cesarean section (C-section) is the delivery of a baby through an incision in the mother’s belly and uterus.

Figure 2: Cesarean Section Incisions
To do a cesarean section, the doctor makes an incision. Usually it is a horizontal incision, made low across the belly, just above the pubic hair line. This may be called a “bikini cut.” Sometimes the incision is vertical, from the navel down to the pubic area.

If you are pregnant, chances are good that you will be able to deliver your baby through the birth canal (vaginal birth). But there are cases when a C-section is needed for the safety of the mother or baby. So even if you plan on a vaginal birth, it’s a good idea to learn about C-section, in case the unexpected happens.

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**When is a C-section needed?**
When doctors know about a problem ahead of time, they may schedule a C-section. You will be given specific instructions regarding how to prepare for your delivery.

Reasons you might have a planned C-section include:
- The baby is not in a head-down position close to your due date
- You have a problem such as heart disease that could be made worse by the stress of labor
- You have an infection that you could pass to the baby during a vaginal birth
- You are carrying more than one baby (multiple pregnancy)
- You had a C-section before, and you have the same problems this time or your doctor thinks labor might cause your scar to tear (uterine rupture)

In some cases, a woman who had a C-section in the past may be able to deliver her next baby through the birth canal. This is called a trial of labor after cesarean delivery (TOLAC) where you may attempt to have a vaginal birth after cesarean delivery (VBAC). If you have had a previous C-section, ask your doctor if VBAC might be an option this time.

**How long does it take to recover from a C-section?**
Most women go home three to five days after a C-section, but it may take four weeks or longer to fully recover. By contrast, women who deliver vaginally usually go home in a day or two and are back to their normal activities in one to two weeks.

Before you go home, a nurse will tell you how to care for the incision, what to expect during recovery, and when to call the doctor. In general, if you have a C-section:
- You will need to take it easy while the incision heals. Avoid heavy lifting, intense exercise and sit-ups. Ask family members or friends for help with housework, cooking, and shopping.
- You will have pain in your lower belly and may need pain medicine for one to two weeks.
- You can expect some vaginal bleeding for several weeks. (Use sanitary pads, not tampons.)

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Vaginal Birth After Cesarean (VBAC)

What is a vaginal birth after cesarean (VBAC)?
If you have had a cesarean delivery (also called a C-section) before, you may be able to deliver your next baby vaginally. This is called vaginal birth after cesarean, or VBAC.

Most women, whether they deliver vaginally or by C-section, don’t have serious problems from childbirth.

If you and your doctor agree to try a VBAC, you will have what is called a “trial of labor.” A trial of labor after cesarean delivery (TOLAC) is the attempt to have a vaginal birth after cesarean delivery. This means that you plan to go into labor with the goal of delivering your baby vaginally. Nevertheless, it is hard to know if a VBAC will be successful, and you still may need a C-section. As many as 4 out of 10 women who have a trial of labor need to have a C-section.

Is a VBAC trial of labor safe to try?
Having a vaginal birth after having a C-section can be a safe choice for most women. Whether it is right for you depends on several things, including the reasons why you had a previous C-section, as well as how many previous C-sections you’ve had. You and your doctor can talk about your specific risks.

A woman who chooses VBAC is closely monitored. As with any labor, if the mother or baby shows signs of distress, an emergency cesarean section is performed.

What are the benefits of a VBAC?
The benefits of a VBAC compared to a C-section include:
• Avoiding another scar on your uterus. This is important if you are planning on a future pregnancy. The more scars you have on your uterus, the greater the chance of problems with a later pregnancy.
• Less pain after delivery.
• Fewer days in the hospital and a shorter recovery at home.
• A lower risk of infection.
• A more active role for you and your care partner in the birth of your child.

What are the risks of VBAC?
The most serious risk of a VBAC is that a C-section scar could come open during labor. This is very rare, but when it does happen, it can be very serious for both the mother and the baby.

The risk that a scar will tear open is very low during VBAC, particularly when you have just one low cesarean scar and your labor is not started with medicine. Still, this risk is why VBAC is often only offered by hospitals that can do a rapid emergency C-section.

Finally, if you have a trial of labor and need to have a C-section, your risk of infection is slightly higher than if you just had a C-section. Since the decision to try a VBAC depends on many different variables, it’s important to talk with your doctor and determine the best plan for you.
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Breast Feeding:
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Postpartum Care: Welcome to your Fourth Trimester

The time of physical recovery and psychological adjustment following the birth of your baby has been called the “fourth trimester.” The pregnancy may be over, but your journey as a mother has only just begun. Most women stay in the hospital for 24-48 hours after a vaginal birth and 2-4 days following an uncomplicated cesarean section. But full recovery at home takes several weeks. By naming this period of time, we are acknowledging the importance of care and support for you, the new mother, in addition to your new baby. Don’t be afraid to ask for help and allow others to take care of you.

There are several physical and emotional changes to be aware of during this time, including:

- Postpartum vaginal bleeding, which is called “lochia.” Normal lochia will typically persist for about 3 to 8 weeks. There is often an episode of heavier vaginal bleeding on days 7-14.
- It is recommended to use perineal pads during this time. Avoid all vaginal insertions, including tampons and sexual intercourse, until after clinic follow up with your physician. Vaginal douching is never recommended and should be avoided.
- Fatigue is very common, particularly during the first several weeks. Resting and taking care of yourself are important. Don’t try to do too much - laundry, dishes, cleaning can wait. Try to nap at least once a day when the baby sleeps. Have family or friends who want to visit hold the baby so you can nap. Or have them help with the chores or bring a meal.

- Physical activity may be resumed upon discharge from the hospital if delivery was uncomplicated. Moderate exercise postpartum does not affect lactation and may help decrease anxiety.
- On average, it is ok to resume intercourse about 6-7 weeks following delivery. This may be longer depending on need for stitches and discomfort. Wait until you are physically and emotionally ready!
- Resuming intercourse may be uncomfortable at first. Optimize foreplay, use a water-soluble personal lubricant (Astro-glide® or similar), and remember to take it slow. Talk to your doctor if this discomfort lasts longer than several weeks.

Physical Care at Home
The area near the opening of the vagina is called the perineum. This is the area that often requires suture repair (stitches) following delivery. It is important to keep the area clean by rinsing with water only for the first 2 weeks following delivery. Limit soap to the area for at least 2-4 weeks following discharge home from the hospital to allow healing and avoid irritation. Never wash with soap inside the vagina. Ibuprofen 400 mg by mouth up to every 4 hours is effective for treatment of perineal pain and uterine cramping. You may also use warm or cold bath soaks (sitz bath) for additional pain relief and hygiene following delivery and throughout the postpartum period. It is important to postpone resumption of sexual intercourse until perineal pain has resolved.

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The Postpartum Visit
A follow up clinic visit and exam is typically scheduled for 4-6 weeks after delivery. This is a time to “check in” with your provider and discuss common postpartum questions and concerns.

Typical issues commonly addressed at this visit include:
• Newborn’s well-being and growth
• Pediatric follow up
• Feeding with breast or bottle
• Adjustment to motherhood
• Energy
• Mood/depression
• Healing from delivery, particularly if you had stitches
• Diet
• Activity/exercise
• Sexuality
• Contraception & future family planning
• Chronic medical conditions, labs, and medication follow up
• Discussion of any unresolved issues from the pregnancy or delivery

Physical and Emotional Changes After Having a Baby: What to Expect
You are forever changed after having a baby - now you are a mom! While many of the obvious pregnancy changes do resolve, you may still feel like your body is different. Some of these changes are more noticeable than others. Learn to accept a new normal. Postpartum mood changes and depression may linger after physical recovery. Even women who don’t experience postpartum depression will still have day-to-day ups and downs. Raising a baby is one of life’s most rewarding experiences, but also one of the most challenging. It can be easy to feel isolated when you have a newborn. Besides talking with family and friends, try to find a mom support group either through your hospital, church, community or online. Sharing these experiences with others who can relate is sometimes the most helpful thing.

Uterus
The pregnant uterus is 10-20 times larger than the non-pregnant uterus, and returns to normal size and position in the pelvis within the first 6 weeks.

On average, postpartum bleeding lasts about 3-4 weeks. However, it can be normal for bleeding to continue through 6-8 weeks.

It is important to present to clinic for evaluation if having persistent or heavy vaginal bleeding following delivery. Soaking through a pad in an hour or passing clots the size of a golf ball are not normal once you are home.

Ovulation and Menstrual Periods
Ovulation (and subsequent pregnancy) can occur as early as 4 weeks postpartum.

Menstruation resumes by 12 weeks postpartum in about 70% of women who are not breastfeeding.

Even if exclusively breastfeeding, many women will have unpredictable ovulation. This is why it is important to use condoms and/or other forms of contraception until subsequent pregnancy is desired.

The ideal spacing between births is 18 to 36 months. This decreases the risk of health problems for the baby and pregnancy complications such as preterm birth.

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Weight Loss
There is an immediate loss of about 10-13 pounds due to delivery of the newborn, placenta, and amniotic fluid.

Most women will have continued swelling in their hands, legs, and feet for 1-2 weeks postpartum.

By 6 weeks postpartum, less than one third of women will have returned to their pre-pregnancy weight. The remainder of weight loss typically occurs gradually from 6 weeks postpartum until 3-6 months after delivery.

Women with excess weight gain in pregnancy of more than 35 pounds are likely to have long-term net gain of about 11 pounds or more. In contrast, women who return to pre-pregnancy weight by 6 months after delivery are much more likely to have gained less weight at 5- to 10-year follow up.

A program of healthy eating and exercise is the most effective method of postpartum weight loss, with goal of about 0.5 to 1 pound weight loss per week from 4 to 14 weeks postpartum. Make sure you are eating a balanced mix of vegetables and fruits, whole grains, lean proteins and dairy. Avoid processed foods and added sugars.

Caloric needs for breastfeeding women are higher even than in pregnancy. Avoid severe calorie restriction!

Exercise
Exercise has many benefits for postpartum women, including: improved energy and mood, decreased anxiety, stress relief, improved sleep, improved strength, and weight loss.

After having a baby, it is recommended that you get at least 150 minutes of moderate-intensity exercise every week. Walking is an ideal exercise postpartum. Take your baby out in a stroller or wear her in a carrier and get outside! It’s good for the baby’s day/night regulation to get sunshine and fresh air, too. When the weather is bad, try walking in the mall.

It is usually safe to begin exercising a few days after giving birth, as long as you feel ready and are not experiencing pain or heavy vaginal bleeding with activity. Women who have a cesarean birth are safe to start walking when comfortable and no longer requiring pain medication. They should avoid heavy lifting and more intense exercise for 6 weeks following delivery.

See associated handout for additional information and resources.

Postpartum Depression
Approximately 50-70% of women will experience relatively mild, transient “maternity blues” or “baby blues.” Feeling more emotional and overwhelmed as you transition to motherhood is very common and sleep deprivation makes it worse! This response can become abnormal, however, if it lasts more than 2 weeks or if it becomes so overwhelming that it limits your ability to care for yourself or your baby.

Postpartum depression is characterized by intense feelings of sadness, guilt, anxiety, or despair that interfere with sleep and/or daily tasks. It can also feel like an inability to bond or connect with your baby, or it can manifest as anger and/or resentment towards your baby.

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More serious postpartum depression occurs in about 8-20% of women, and is severe in about 0.1 to 0.25%. Women with underlying depression, previous history of postpartum depression, family history of depression, or prolonged separation from her infant are at increased risk for postpartum depression.

Postpartum depression often begins in the first several weeks following delivery, but it is important to know that it can occur at any point during the first year after birth.

Emergency operative delivery, either vaginal with vacuum/forceps or Cesarean section, as well as severe pain during labor and/or delivery, may lead to posttraumatic stress and increased risk of postpartum depression.

Postpartum depression can be effectively treated with antidepressant medications and/or counseling with talk therapy. It may take 3-4 weeks of treatment before depression and associated symptoms improve.

Antidepressant medications can be transferred to the baby during breastfeeding, but the levels found in breast milk are typically very low, so many are regarded as safe for breastfeeding women.

If you or your family/friends are concerned that you may be suffering from postpartum depression, it is important that you follow up with your health care provider to discuss your symptoms, safety, and treatment options.

See associated handout for additional information and resources.

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Other Changes

By 8 weeks postpartum, possible anemia from delivery has resolved in most women.

After delivery, there is more rapid hair loss for about 3 months. You may notice more hair that falls out with combing or brushing. This is called telogen effluvium, and hair growth will return to normal within a few months.

Approximately 33% of women will report urinary incontinence at 8 weeks postpartum. This decreases to about 15% by 12 weeks, and is often associated with activity.

Approximately 5% of women will have decreased ability to control gas (“flatal incontinence”) at 3 months postpartum, but incontinence of stool is less common.

Incontinence issues typically improve or resolve in the first 3-6 months following delivery. However, if persistent or severe, further evaluation is recommended.

See separate sections of this handbook for additional information regarding specific instructions for postpartum discharge home from the hospital, breastfeeding, and contraception.

If you have further questions or concerns, please contact your OB/GYN provider.

References


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Post Partum Instructions/Precautions:

1. **Vaginal Bleeding** – The first 2 weeks after your delivery, the amount you bleed is dependent on how active you are, in other words, the more you do, the more you will bleed. If you think you are bleeding a bit more than you should be, then consider decreasing your activity.

Occasionally, you may have a blood clot pass vaginally. This is not necessarily a bad thing. With rest, blood may accumulate in the lower uterus or vagina and end up passing vaginally as you get up and start your activities. If you do not have excess bleeding associated with this, then do not worry. However, if you pass a blood clot(s) AND have heavy vaginal bleeding with this, then please call the office or your doctor’s office or on-call nurse line for further recommendations.

2. **Swelling in your legs** – The first week after delivery it is common for your legs to swell. Much shifting of fluid from extravascular to intravascular locations goes on with labor and delivery. This does not indicate anything bad and will get better with time. However, if you were to develop an area (s) in the leg that was red, painful to the touch and felt warm, this could be a blood clot in the leg. Please call the office or your doctor’s office or on-call nurse line for further recommendations. *If you became significantly short of breath or have difficulty breathing, then please go to the Emergency Room for further care as this could represent a serious medical condition.*

4. **Personal Hygiene/ Care of perineum (vagina, vulva and perianal areas)** – NO restrictions on showering, however if you have had a cesarean section, please avoid putting the shower stream directly on the incision. Please avoid full tub baths- again due to increased infection risk. However, “sitz baths” are encouraged for anyone having perineal /anal pain complaints (stitches, hemorrhoids). Sitz baths are simply shallow tub baths = 3-4 inches of warm comfortable water (no need to add anything to the water) in which you soak your bottom for approximately 10 minutes 2-3 times/day. This allows the area to be more comfortable, decrease swelling and keeps the area clean which promotes healing.

5. **Temperature** – With breast engorgement and other benign/ physiologic processes, temperature of up to 100 degrees can occur. If temperature increases to 101 degrees or more, it is likely that you have an infection somewhere. Please call the office/your doctor’s office or on-call nurse line for further recommendations.

3. **Vaginal inserts** – Please put nothing in the vagina. This includes sex, douching and tampons. There is increased risk for infection of the uterus in the immediate postpartum time frame. These activities will increase that risk.
6. Mood Changes – After giving birth, there is a large change in hormone levels. This is what causes a fair amount of day and night sweating. This is normal. Also with this hormonal change, along with the hours spent off your regular sleep/wake cycle, it is common to be a bit more emotional and teary at times. This is often called the “baby blues.” This can begin fairly shortly after birth and last for a couple of weeks. Most commonly, these mood changes improve over a short time. Of concern: 1) Thinking negative thoughts about yourself or others (including your baby); 2) Not caring for yourself or your baby; 3) Feelings of hopelessness or despair; 4) Thoughts of causing harm to yourself, baby or others around you. If any of these thoughts occur, it is possible that you have postpartum depression. We ask that you call the office or your doctor’s office or on-call nurse line for further recommendations.

7. Constipation – Multiple factors increase your risk for constipation after delivery: relative dehydration related to breast milk production, narcotic use, the delivery itself. Please make sure to maintain adequate fluid intake after delivery. Use of stool softeners (docusate sodium 100mg 1-2/day) and fiber therapy (Metamucil, Citrucel, etc.) are to be considered as preventative. However, if you have not had a bowel movement by your third day home, please consider use of Milk of Magnesia to help prevent this from becoming a more painful/serious condition.

8) Driving – No restrictions after vaginal delivery. Typically it is recommended to wait 2 weeks after a C-section birth before driving. If you are using narcotics for pain relief, you should not drive.

9. Stairs – No restrictions after vaginal delivery. After C-section birth, it is wise to be a bit careful with stairs during your first 2 weeks of recovery. If you can avoid using stairs, great. If you need to take stairs, then try to group your activities so that you are not continually going up and down flights. When you do take stairs, then one or two and rest, one or two and rest.

10. Lifting – No restrictions after vaginal delivery. After C-section birth, please limit lifting to 10-15 lbs. (baby’s weight) during the first 2 weeks of recovery. After the first 2 weeks it is reasonable to lift up to 20 lbs. (baby with carrier weight). It is important to remember that although C-sections are done frequently, it is still a major surgery and needs the same sort of recovery accommodations as any other major surgery for you to heal well and avoid complications.

11. Narcotic use – After C-section surgery, narcotic therapy (hydrocodone, morphine, oxycodone with or without acetaminophen) along with ibuprofen are commonly given for pain control. Narcotics are important initial therapy, however it is important to remember that prolonged narcotic use can lead to physical addiction. We do not expect that you will need narcotics beyond 2 weeks post C-section. In addition, if you are breastfeeding, it is important to know that a small amount of narcotic is passed into the breastmilk. Try to avoid taking any narcotics just before breastfeeding. If you note that your infant seems more lethargic than expected, this could be related to narcotic use.

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12. Abdominal incision care – Again showers are fine to take, do avoid directly spraying the shower stream at your incision. If you have steri strips, they can be removed after 2 weeks if you desire. A small amount of liquid from the incision is normal, heavy leakage is not normal. If this occurs, please call your doctor’s office or on-call nurse line for follow up recommendations.

13. Nausea/vomiting – On occasion, you may be nauseated and/or vomit, this is usually a temporary occurrence and can happen for a variety of reasons. If however, this would persists for 24 hrs or more, this is not normal and we ask that you call our doctor’s office or on-call nurse line for further recommendations.

Post Partum Visit:
We request that you have your postpartum visit 6 weeks after delivery. This appointment is typically made for you before you are discharged from the hospital. At that visit, we will check your weight and blood pressure. A review of bowel/bladder function, mood is performed. Discussion as to milk production and your infant’s progress is had. A pelvic exam and incision check (if you have one) is performed. Contraceptive options, activity recommendations are given. Expected GYN follow up will be reviewed.

Return of menses:
1) If you are not breastfeeding, your period will commonly return between 6 weeks to 3 months after delivery.
2) If you are full-time breastfeeding, your period will commonly return 3-6 months after delivery. However, there are some women so sensitive to breastfeeding, that their period may not return until 12-14 months after delivery, depending on their breastfeeding activity. OF NOTE: Ovulation occurs prior to the return of your periods. It is possible to become pregnant without having a period!! Contraception should be used with sexual activity until you are ready to try and conceive.

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Postpartum Contraception (Birth Control)

There are many safe options to use after delivery to prevent pregnancy. See the chart (to follow) for a list of the many different types and how well each option works at preventing pregnancy.

General considerations:
• Wait to resume intercourse until 6 weeks after delivery (to allow for proper healing).
• It is important to consider resuming a method of birth control (this could be exclusive breastfeeding) soon after delivery to prevent future pregnancy.
• Short intervals between pregnancies have increased risks for both mother and the baby.
• Pregnancy can occur unexpectedly before a woman has her first menstrual period (an egg from the ovary ovulates and is fertilized prior to first menstrual period coming).
• Most contraceptive methods are safe to use while breastfeeding.

Special considerations:
Female Sterilization (tubal ligation surgery, Essure)
• Usually performed 6-8 weeks after delivery
• May require treatment with pill to thin lining of uterus before procedure and 3 month confirmation test (Essure)
• Safe with breastfeeding

Intrauterine Contraception (Paragard, Mirena, Skyla, Liletta, Kyleena)
• Placement usually at 6-8 weeks after delivery
• Safe to use with breastfeeding

Implants (Nexplanon)
• Implant under skin in arm
• Placement any time after delivery
• Safe to use with breastfeeding

Injectables (Depo Provera)
• Injection anytime after delivery with repeat injections every 3 months
• Safe to use with breastfeeding

Combined hormonal contraceptives- Pills/ Patch/Vaginal Ring (contain both estrogen and progesterone hormones)
• Safe to start 4-6 weeks after delivery
• Safe to use with breastfeeding

Progestin only pill
• Safe to start anytime after delivery
• Must take every day at same time
• Safe to use with breastfeeding

Lactation Amenorrhea Method (Breastfeeding)
• Temporary method of birth control
• Need to be exclusively breastfeeding an infant less than 6 months old
• Exclusive = breastfeeding at least every 4 hours (pumping does not count)
• When menstrual period returns, it is no longer a method of birth control

References

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## EFFECTIVENESS OF FAMILY PLANNING METHODS

*The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.*

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentages</th>
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<tbody>
<tr>
<td><strong>Most Effective</strong></td>
<td>0.05% (Implant)</td>
</tr>
<tr>
<td><strong>Permanent Sterilization</strong></td>
<td>0.5% (Female)</td>
</tr>
<tr>
<td><strong>Reversible</strong></td>
<td>6% (Injectable)</td>
</tr>
<tr>
<td><strong>Least Effective</strong></td>
<td>18% (Male Condom)</td>
</tr>
</tbody>
</table>

**Condoms should always be used to reduce the risk of sexually transmitted infections.**

**Fertility Awareness-Based Methods**

- Abstain or use condoms on fertile days.
- Contraception failure rates:
  - **Nulliparous Women**: 18%
  - **Parous Women**: 24%

**Other Methods of Contraception:**

1. **Lactational Amenorrhea Method (LAM):** is a highly effective, temporary method of contraception.
2. **Emergency Contraception:** emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.

Breast Feeding: General Advice and Solutions

Congratulations on the birth of your new baby! One of the most important decisions for your new family is how you plan to feed your baby. Human milk is uniquely designed to meet all of baby’s needs — it provides optimal nutrition, protects against infections, and allows for bonding and attachment for emotional security. Babies are hard-wired to seek the breast — many of the instincts they are born with are for helping them breast feed. But while breast feeding is “natural” it is still a learned skill for a newborn, so it can take patience and time for everything to go smoothly.

Getting Started
In an effort to make breastfeeding more successful, please take a moment to identify potential challenges, before you have your baby. Your doctor will review your medical and obstetric history. Your doctor may assess your breasts and nipples for risk factors that may affect breastfeeding.

Your doctor or the hospital lactation consultant (breastfeeding specialist) can discuss risk factors with you and make a plan to maximize your ability to breastfeed.

Risk factors to discuss with your doctor or lactation consultant:
• No breast/nipple changes in size or color during pregnancy
• Flat or inverted nipples
• Significant breast asymmetry (one breast much larger or smaller than the other)
• Previous breast surgery or trauma (including implants or reduction)

• Severe nipple trauma (including nipple piercings)
• History of low milk supply with a previous baby
• History of low weight gain with a previous baby
• History of breast feeding “failure”
• Diabetes: Gestational/Type 1 or 2/Insulin Dependent
• Maternal illness/disease/medications
• Maternal drug or alcohol use
• High blood pressure
• Infertility/Polycystic Ovary Syndrome

Only Breast Milk for the First 6 Months
Your baby is born with a very small tummy (approximately the size of a marble) and needs very small frequent feedings for the first few days. Your body will produce small amounts of milk that match the size of your baby’s tummy and the nutritional needs exactly.

The American Academy of Pediatrics recommends exclusive breastfeeding (giving the baby only breast milk) for at least the first 6 months of your baby’s life. Research shows that breastfeeding while your baby’s immune system is maturing helps prevent many illnesses and diseases. At 6 months, your baby will be introduced to solid foods, but breastfeeding can continue for as long as mother and baby would like. Babies continue to get benefits from breast milk even beyond their 6 month birthday.

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The Importance of Exclusive Breastfeeding
• Your milk is the perfect nutrition for your baby’s needs.
• Your milk changes as your baby grows to meet nutritional needs.
• Breastfeeding creates a special bond between mother and baby.
• Formula supplements can cause babies to refuse to breastfeed.
• Formula supplements can over feed your baby and lead to obesity.
• Breasts need to be emptied 8-12 times daily to maintain a good supply.
• Giving formula means baby breastfeeds fewer times each day.
• Breastfeeding is recommended for at least 6 months and encouraged to 1 year and beyond.
• Breastfeeding continues to provide benefits to baby and mother for as long as they continue.
• Breastfeeding provides comfort and makes your baby feel secure.

Ten Steps to Making Plenty of Breast Milk
1. Frequent breast feeding: The more often you feed, the more milk you will make. Babies usually breastfeed 8-12 times daily. It’s all supply and demand!

2. Only give breast milk for the first 6 months: The American Academy of Pediatrics recommends no other food or drink is needed.

3. Feed early and often: Watch for your baby’s hunger cues (rooting, sucking on fingers, turning head side-to-side). Babies who feed early are calm and latch on better. Crying and fussing are late cues and make it more difficult for baby to nurse.

4. Listen for swallowing: When a baby is latched on well and removing milk, you will hear a soft “cah cah” sound in your baby’s throat. You will also see her/his jaw lower as she/he swallows.

5. Just say “No” to bottle nipples and pacifiers: Artificial nipples can change the way a baby breastfeeds in the first few weeks. Pacifiers can mask hunger cues and make you miss an opportunity to breastfeed. Wait until breastfeeding is well established before offering them.

6. Keep your baby close to you 24/7: Mothers respond quicker to babies hunger cues if they are sleeping close by (in a separate bed crib/bassinet close to your bed).

7. Make sure baby latches with a wide mouth: Place your nipple along the baby’s upper lip and wait for the baby to open wide. Placing the nipple far back in the mouth decreases nipple pain and helps the baby remove more milk.

8. Watch your baby, not the clock: Most babies will eat 8-12 times daily. Watch for hunger cues and signs of being satisfied. Many babies “cluster feed” for part of the day and then have a few longer stretches between feedings.

9. Take your baby with you: You can breastfeed anywhere! Bring along a wrap, light blanket, or sling and you can breastfeed anytime your baby is ready. There’s no need to carry bottles, formula or pumps.

10. Ask for help! Many breastfeeding problems can be easily solved with the right support. Call your lactation consultant or health care provider for help as soon as a problem occurs.

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The Baby’s Here… Now What?
It is very helpful to learn about breastfeeding before your baby arrives. Enrolling in a breastfeeding class will prepare you for the first days and weeks of breastfeeding. The nurses have been specially trained to help you with breastfeeding during your hospital stay. Please ask for help!

At Birth and for the First Day:
• Place the baby skin-to-skin on your bare chest with you right after birth, with your baby only in a diaper.
• Skin-to-skin will keep the baby warm, soothe your baby and help your baby to be ready to breastfeed.
• Babies can smell your first milk called colostrum (a thick sticky substance). Try to hand express a few drops, so the baby can taste it.
• Keep your baby skin-to-skin until he has finished breastfeeding. Keeping your baby close also stimulates your hormones to produce more milk.

Days 2 and 3:
• Your baby may want to feed very frequently and prefer to be held. This doesn’t mean anything is wrong! This is your baby’s way of staying safe, warm and fed.
• Each day your milk supply will gradually increase to meet your baby’s needs.
• By day 3 you might feel heaviness in your breasts as the breast milk starts to increase in volume.
• Let your baby finish the first breast, then offer the second breast.
• Let your baby end the feeding by falling asleep or letting go of your breast himself.

How to Latch the Baby Onto the Breast
• Hold your baby close, with the baby’s tummy facing your tummy.
• Bring your baby up to the level of your breast by placing a pillow under the baby.
• One hand should support your baby’s neck and shoulders. The other hand should support your breast well behind your nipple and compress it slightly, making a sandwich shape. This will help the baby take in more of the nipple.
• Press the baby’s chin into your breast with your nipple just opposite his nose.
• Tickle your baby’s upper lip with your nipple until he opens his mouth very wide (be patient!) then bring him to your breast quickly.
• Your baby should latch onto the areola and not just the tip of the nipple. This will allow your baby to remove more milk and prevent nipple soreness.
• If you feel discomfort during nursing, your baby may not have enough of your breast in his mouth. Insert your finger into the corner of his mouth to break the suction, remove him and re-latch with a wider mouth.

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How to Position the Baby
The following four basic positions are helpful to learn when breastfeeding your baby. Try them all and see which feels most comfortable.

Cross Cradle
- Good position for the first few days
- Provides good support of breast and the baby’s head
- Always support the baby by holding the upper back and shoulders
- Avoid pushing on the back of the baby’s head

Cradle
- In the first few days this can be a difficult position due to your baby’s lack of neck muscle control
- Bring your baby’s tummy to your tummy with the baby’s head level and facing your breast
- The baby’s arm that is closest to you can be tucked beside the baby or under your breast

Football
- Good position after a cesarean birth, with preterm babies, twins or mothers with large breasts
- Sit in a chair and support your baby in a semi-sitting position facing you
- Your baby’s bottom should be against the back of the chair with legs flexed
- Use your hand to support the baby’s head behind the neck
- Hold your breast with the opposite hand

Side-Lying
- Good for nursing at night or when sitting is painful
- You and your baby lie on your sides facing each other tummy to tummy
- Your baby will nurse on the breast that is closest to the bed
- Never sleep with your baby!

REMEMBER... practice makes perfect!
Use lots of pillows in the beginning to help support the baby and your arms. Keep the baby tucked in close to you with her/his body turned towards you.
Feeding on Cue – Baby Led Feeding
Healthy, full term newborns eat at least 10-14 times in 24 hours. Feed them as often as they want, for as long as they want. Newborns have the ability to give hunger cues when they’re ready to eat. Knowing those hunger cues can help you be ready when your baby is just starting to get hungry.

Advantages of Feeding On Cue
• Keeps the baby calm and able to start breastfeeding more easily.
• Every time the baby empties the breast, it stimulates more milk production.
• Babies feed frequently because they are growing. Breastmilk is easy to digest and babies have a small stomach.
• The baby will be more satisfied because you are feeding when the baby is hungry.

Common Hunger Cues in Babies
Rooting towards you (baby turning toward whoever is holding her/him)
• Sticking out the tongue
• Smacking sounds
• Moving hands to mouth
• Sucking on hands/fingers

Late Signs of Hunger
• Fussing
• Crying

Waiting too long can make it harder to calm the baby before they are ready to eat. Calm the baby before trying to feed. Try walking, cuddling and talking to the baby. When the baby is calm, put the baby to your breast.

Did You Know?
Limiting the time a baby spends at the breast does not prevent or decrease sore nipples! Sore nipples are usually caused from poor positioning of the baby or poor latch. Call your nurse or lactation consultant if you have sore nipples.

Babies don’t use their mother as a “pacifier”. Babies really do NEED to feed very frequently in the first few days in order to get enough breast-milk to meet their nutritional needs.

So... watch your baby, not the clock!

Preparing for Your Return to Work During Pregnancy
• Attend a breastfeeding or prenatal class (ask at your doctor’s office, delivering hospital or WIC office).
• Join a breastfeeding support group to speak with other mothers about your concerns.
• Talk with your supervisor about your plans to continue providing breast milk to your baby.
• Find out if your company or school provides a lactation support program or private room for pumping.
• Check with your insurance company to see if they provide you with an electric breast pump.
• Check with your WIC office about getting an electric breast pump.

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During Your Maternity Leave

• Take off as many weeks as you can. At least six weeks of leave will help you recover from childbirth and get breastfeeding off to a good start. Twelve weeks of leave is even better.
• Practice expressing some breast milk with your hands or a good quality breast pump. You can freeze 1-2 ounces at a time to save.
• Practice giving breast milk in a bottle (after 3 or 4 weeks). Be patient! Your baby has to learn a new way to drink milk. Try different types of bottles to see which one your baby likes best.
• Sometimes babies take a bottle of breast milk easier from another person.
• Talk with your family or daycare and tell them your plans to leave breast milk for your baby while you are away. Make sure they know how to thaw, warm and feed the right amount to your baby.
• Try to find child care options close to your work to visit and breast feed your baby.

When You are Back at Work

• Breastfeed your baby before you leave for work and right when you get home.
• Try to pump at work at least 2-3 times during an 8 hour work period.
• Work with your supervisor to find a private/clean area to pump. There are labor laws that allow you to use your break or lunch time for pumping.
• Have a good double electric pump and an insulated bag in which to store your milk.
• A frozen pack will help keep your milk safe until you get home and place it in the refrigerator or freezer. Be sure to label the milk with the date and time.
• Try to relax and bring a picture of your baby to look at while you’re pumping.
My Breastfeeding Plan
The benefits of breastfeeding are very important to me, my baby and my family. I request that these guidelines be supported as long as it is medically safe for me and my baby.

Check All That Apply:
- **Skin-to-skin:** When my baby is born I would like to have him/her placed on my bare chest, skin-to-skin with a diaper on and left for at least one hour or until the first breastfeeding is complete.

- **A Blanket** may be placed over us, but not between us. I want to do skin-to-skin as much as possible in the first few days.

- **Emergency Cesarean:** If I have a cesarean, I would like to hold my baby skin-to-skin as soon as I’m awake and alert. If I am unable to place baby skin-to-skin, please allow my baby to be skin-to-skin with my birth partner.

- **First Hour:** Please help me place my baby skin-to-skin and assist me as needed with breastfeeding. If my baby doesn’t latch on, show me how to hand express colostrum into my baby’s mouth or on a spoon.

- **Breastfeeding Assistance:** Please teach me how to position and latch my baby. Teach me how to recognize hunger cues and if my baby is nursing well.

- **Breast Pumps:** If my baby is unable to breastfeed or is separated from me due to a medical condition, please help me start pumping within 6 hours of delivery. Make a referral to the Lactation Consultant, if you think I will need a pump after discharge.

- **Exclusive Breastfeeding:** My goal is to exclusively breastfeed my baby. Please do not give any formula supplements before speaking with me or my partner.

- **No Bottles or Pacifiers:** Please do not give my baby artificial nipples including pacifiers or bottles of formula, water or glucose water. If there is a medical reason to supplement, I would like to express milk first and give with an alternative feeding method.

- **Routine Exams:** Please examine my baby in my room and do not take him/her away from me unless he/she requires a medical treatment that cannot be done in my room.

- **Rooming In:** I would like to keep my baby in my room 24 hours a day, to give my baby plenty of skin-to-skin time and so I can learn my baby’s hunger cues. If my baby is out of my room, please bring him/her to me at the earliest sign of hunger cues.

- **Breastfeeding Support After Discharge:** I would like to receive contact information for breastfeeding support, in case I need help with breastfeeding after I get home.
Essential Information and Phone Numbers........................119

Online Resources......................................................................120-121
Essential Information and Phone Numbers

Your delivery is planned to take place at this hospital:

________________________________________________________________________

The hospital is located at:

Street: __________________________________________________________________

City: _______________________________________________ Zip: ___________________

When your contractions are _____ minutes apart, call this number: (_______) ____________

You can call (_______) ____________________ for information and questions, 24 hours a day.

Your doctor is _______________________________________________________________

His/her office phone number is (_______) ____________________
This number is answered during normal business hours.

You can also reach SSM Health Dean Medical Group, 24 hours a day, at 800-57-NURSE.

If you believe you and/or your baby are in danger, call 911 immediately.
# Online Resources

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<th>Site</th>
<th>Topic</th>
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<tbody>
<tr>
<td>deancare.com</td>
<td>SSM Health Dean Medical Group contact information, physician profiles, health information and more</td>
</tr>
<tr>
<td>marchofdimes.com</td>
<td>Pregnancy, preventing birth defects, research finding support groups</td>
</tr>
<tr>
<td>womenshealth.gov</td>
<td>Comprehensive information about all aspects of women's health</td>
</tr>
<tr>
<td>ehd.org</td>
<td>Pregnancy, fetal development information from the Endowment of Human Development</td>
</tr>
<tr>
<td>choosemyplate.gov</td>
<td>Nutrition</td>
</tr>
<tr>
<td>dnr.wi.gov</td>
<td>Recreation and fishing in Wisconsin, mercury information, fish contamination</td>
</tr>
<tr>
<td>dhs.wisconsin.gov/wic</td>
<td>WIC program</td>
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<tr>
<td>ndvh.org</td>
<td>Domestic violence and getting help</td>
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<tr>
<td>saferidenews.com</td>
<td>Child safety in vehicles</td>
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<tr>
<td>wcpsa.com</td>
<td>Seat belts</td>
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<tr>
<td>seatcheck.org</td>
<td>Seat belts, car seats and proper installation</td>
</tr>
<tr>
<td>carseat.org</td>
<td>Seat belts, car seats and proper installation</td>
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<tr>
<td>usa.safekids.org</td>
<td>All aspects of child safety</td>
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<td>NHTSA.dot.gov</td>
<td>Highway safety</td>
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<tr>
<td>aap.org</td>
<td>Medical resource of the American Academy of Pediatrics</td>
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<tr>
<td>bucklebear.com</td>
<td>Child seats, booster seats</td>
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<tr>
<td>cdc.gov/motorvehiclesafety</td>
<td>Motor vehicle safety</td>
</tr>
<tr>
<td>healthychildren.org</td>
<td>All aspects of pediatrics from prenatal to early adulthood</td>
</tr>
<tr>
<td>yourpregnancyandchildbirth.com</td>
<td>Full information about pregnancy, medical information, tips and more</td>
</tr>
<tr>
<td>ada.org</td>
<td>Dental care</td>
</tr>
<tr>
<td>text4baby.org</td>
<td>Educational program which sends weekly free text messages about healthy pregnancy</td>
</tr>
<tr>
<td>wwhf.org</td>
<td>Wisconsin Women's Health Foundation, featuring full health information and resources</td>
</tr>
<tr>
<td>ctri.wisc.edu/quitline.html</td>
<td>Quitting smoking</td>
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<tr>
<td>medlineplus.gov</td>
<td>Health and prescription drug information</td>
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<tr>
<td>americanpregnancy.org</td>
<td>Full pregnancy wellness information from the American Pregnancy Association</td>
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<tr>
<td>familydoctor.org</td>
<td>Comprehensive health information for the entire family</td>
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<tr>
<td>bit.ly/2hwr8n6</td>
<td>SSM Health St. Mary’s Family Birth Center</td>
</tr>
<tr>
<td>stclare.com</td>
<td>SSM Health St. Clare Hospital - Baraboo</td>
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<td>stmarysjanesville.com</td>
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Any concerns about the content of this binder can be directed to pregnancyhandbook@deancare.com.