



THE FAMILY *BirthPlace*™

**YOUR GUIDE FOR NEW BEGINNINGS
THE FAMILY BIRTHPLACE**



BAY REGION

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NUTRITION HIGHLIGHTS

- Vital in mom’s diet are protein, iron, calcium and folic acid.
- Fluid intake, mainly water, is needed to prevent many common problems in pregnancy. Drink 8–10 glasses of water per day (8 oz each), besides whatever else you often drink.
- Your diet needs to include foods high in fiber (raw fruits, veggies, and whole grains) to help prevent hard stools (constipation).
- Fruits and veggies also contain many vitamins and minerals needed for your health, as well as your baby’s.
- Avoid excess fats and sweets.
- Limit yourself to 2 cups of caffeinated drinks per day. High caffeine use can decrease your body’s use of nutrients and may cause a low birth weight baby or even preterm birth. Drinks such as soda pop, coffee, and tea contain high levels of caffeine.
- Just like your newborn will need to eat every 3–4 hours after he is born, you will need to feed your baby every 3–4 hours while you are pregnant. You need to eat small, frequent meals instead of 3 large meals per day. This will help keep your energy level up and help to prevent nausea.

Folic Acid is a “B” vitamin that is crucial during the first weeks of pregnancy to help prevent birth defects of the brain and spinal cord. **Sources:** multivitamins; foods rich in folic acid, such as fortified breakfast cereals, orange juice, and leafy green veggies.

Calories...

Most pregnant women need only about 300 extra calories per day. Examples include two cups of low-fat milk, a small bagel with cream cheese, a tuna fish sandwich, or two baked chicken breasts the size of the palm of your hand.

Weight Gain...

The amount of weight a woman should gain during pregnancy varies depending on her pre-pregnant weight, body build, and height.

Food Cravings...

No one really knows why some women crave certain foods during pregnancy, but cravings are not thought to be the result of a lack of nutrients. There is no reason to avoid foods you crave as long as you do not overeat, which may cause a large weight gain. Sadly, some pregnant women crave non-food items such as laundry starch or clay and want to eat them. This is called pica. If you crave non-food items, be sure to tell your health care provider.

Where do the pounds go?

Baby.....	7.5 lbs	Breasts	1.0 lb
Placenta	1.0 lb	Blood volume	2.5 lbs
Uterus	2.0 lbs	Fat	5.0 lbs
Amniotic fluid.....	2.0 lbs	Tissue fluid.....	6.0 lbs
		Total	27.0 lbs

BABY BUILDING WITH PROTEIN

Throughout your pregnancy, your body is in the process of “baby building!” Protein is vital to the growth of your baby.

What is protein?

Protein is one of the key nutrients found in food. It is made of amino acids, the building blocks of human tissue and needed for baby building.

What does protein do?

- Helps build a pregnant woman’s growing uterus and breast tissue.
- Builds a pregnant woman’s blood supply, which brings oxygen and nutrients to build her baby.
- Helps develop the baby’s brain, muscle, and nerve tissue.

How much protein does a pregnant woman need for baby building?

Pregnant women need about 60 grams of protein per day. 3–4 servings from the meat group will meet your daily protein needs.

- A cup of milk or an ounce of red meat contains about 10 grams of protein.
- Good sources of protein include:
 - Lean meats, poultry, fish, dried beans, lentils, nuts, eggs, cheese, and peanut butter.
 - Avoid soft cheeses such as Brie and Jalisco.
 - Avoid raw or rare meats, as these might contain bacteria that could harm your infant.
 - Limit processed foods such as lunch meats as they are high in salt.

What if I am a vegetarian?

It is still possible to meet your increased needs for protein, vitamins, and minerals on a vegetarian diet. Talk with your health care provider about a diet that will meet these needs.

Rule of thumb

Combine these foods for complete protein:

- Legumes* with nuts, seeds
 - Eggs/dairy products with any vegetable protein
 - Legumes with grains
- * Legumes are plants that have pods with tiny rows of seeds inside, such as beans, peas, lentils, and peanuts.

THE CALCIUM CONNECTION

Calcium is needed during pregnancy to form baby's bones and teeth.

- The suggested daily amount for calcium during pregnancy is 1,200 mg per day.
- 3–4 or more servings of milk or milk products will meet these needs.

Calcium sources:

- Milk, yogurt, cheese, and other dairy products
- Dried beans and peas, tofu, figs, and green veggies such as broccoli, rhubarb, collards, and chard
- Calcium-fortified fruit juices, cereals, and bread
- Seafood sources, such as canned salmon, sardines, and oysters

OMEGA-3 FATTY ACIDS (DHA & ARA):

- Omega-3 fatty acids play a major role in the growth of an infant's brain, helping to enhance memory, learning, and focus
- Needed for the retina of the eye to form and function
- Enhance fetal growth and timing of birth
 - A diet that includes enough of these fatty acids is chiefly needed during the latter half of pregnancy.

Sources:

- Deep ocean, oily-fleshed fish
- Fish from cold-water environments such as salmon, sardines, mackerel, lake trout, herring, sole/flounder fillet, tuna (light—not albacore), and cod (Atlantic) fillet
- Shellfish
- Flax seed and walnuts
- Flax seed oil, canola soybean oils, soybeans, and tofu
- Poultry and some wild game (small amounts)
- Some eggs and dairy products
- Fish oil supplements

BAKE OR BROIL FISH

- You can safely eat 4–12 ounces per week of a variety of cooked fish from the acceptable fish list.
- Check with your health care provider or local health department about risks before eating fish from the Great Lakes.
Website: www.michigan.gov/mdch
- DO NOT eat shark, swordfish, king mackerel, tilefish, walleye, pickerel, or bass.

LET'S PUMP SOME IRON!

Our bodies need iron every day to keep blood strong. Iron is a mineral that helps make red blood cells, which carry oxygen in the blood to our body tissues. Without enough iron you may develop low blood iron, or anemia. People who have anemia may feel tired, weak, or dizzy or be short of breath. We can check your iron by doing a blood test.

Pregnant women need more iron in their blood to prevent anemia, help the baby develop, and decrease the risk of bleeding during birth. **To help your body have iron-rich blood:**

1. Take your prenatal vitamin every day.
2. The best way to get iron into your body is from the foods you eat. Eat foods that are high in iron every day.

Red meats or liver

Dark green, leafy veggies, like spinach, broccoli, kale, or collard greens

Prunes or prune juice

Dried fruits, like apricots and raisins

Dark meat chicken or turkey

Fish, clams, shrimp, tuna, or salmon

Eggs, mainly yolks

Hard-shell beans and peas, like navy and pinto, or baked beans

100% whole-grain breads and cereals, like wheat bread, oatmeal, or cream of wheat

Nuts and seeds

Molasses, mainly black strap

Additional iron may be added to food from cooking in pots.

3. Foods rich in vitamin C (citrus fruits and fresh veggies) eaten with small amounts of iron-containing foods may help the body make best use of iron.
4. Choose foods at the store where the labels say "iron fortified," such as bread, hot or cold cereals, or pasta products.
5. Take an iron pill if your provider orders it.

When iron is combined with certain foods, it may lose much of its value. If you are taking iron, the following foods should be avoided, or only taken in very small amounts, for at least 1 hour before or 2 hours after you take iron:

- Cheese and yogurt
- Eggs
- Milk
- Spinach
- Whole-grain breads and cereals and bran
- Coffee, tea, and caffeine-containing drinks

Do not take iron supplements and antacids or calcium supplements at the same time. It is best to space doses of these 2 products 1 to 2 hours apart to get the full benefit from each medicine or dietary supplement.

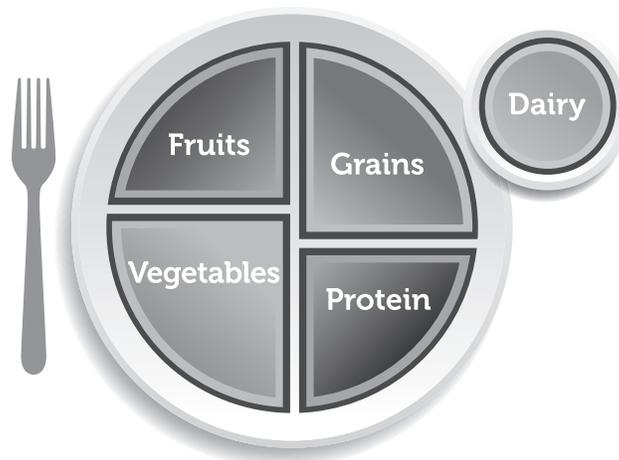
FOOD PLATE

Grains Make half your grains whole	Eat at least 3 oz of whole-grain cereals, breads, crackers, rice, or pasta every day. 1 oz is about 1 slice of bread, about 1 cup of breakfast cereal, or 1/2 cup of cooked rice, cereal, or pasta.	Eat 6 oz every day
Vegetables Vary your veggies	Eat more dark green veggies like broccoli, spinach, and other dark leafy greens. Eat more orange vegetables like carrots and sweet potatoes. Eat more dry beans and peas like pinto beans, kidney beans, and lentils.	Eat 2 1/2 cups every day
Fruits Focus on fruits	Eat a variety of fruit. Choose fresh, frozen, canned, or dried fruit. Go easy on fruit juices.	Eat 2 cups every day
Milk Get your calcium-rich foods	Go low-fat or fat-free when you choose milk, yogurt, and other milk products. If you don't or can't consume milk, choose lactose-free products or other calcium sources such as fortified foods and beverages.	Eat 3 cups every day
Meat & Beans	Choose low-fat or lean meats and poultry. Bake it, broil it, or grill it. Vary your protein routine—choose more fish, beans, peas, nuts, and seeds.	Eat 5 1/2 oz every day

For a 2,000-calorie diet, you need the amounts shown in column 3 from each food group.

KNOW THE LIMITS ON FATS, SUGARS, AND SALT (SODIUM)

- Make most of your fat sources from fish, nuts, and vegetable oils.
- Limit solid fats like butter, stick margarine, shortening, and lard, as well as foods that contain these.
- Check the nutrition facts label to keep saturated fats, trans fats, and sodium low.
- Choose food and beverages low in added sugars. Added sugars contribute calories with few, if any, nutrients.



PREGNANCY HAZARDS – SMOKING

If you are a smoker, STOP SMOKING! Know that if you keep smoking or are exposed to secondhand smoke during your pregnancy, you are creating dangers for your unborn baby and yourself. Further, if your child is exposed to secondhand smoke, many of these health risks will linger.

- Increased risk of miscarriage
- Increased risk of stillbirth
- Increased risk of baby not being able to handle labor, leading to cesarean delivery
- Lower than normal birth weight caused by decreased oxygen supply and nutrition to the baby
- Increased risk of early (premature) labor and delivery
- Infant colic (very fussy baby)
- Increased risk of health problems in infancy and childhood, such as asthma, ear infections, obesity, and behavior problems
- Learning problems, including ADHD (attention deficit and hyperactivity disorder)
- Bad teeth
- Increased risk of crib death (SIDS or sudden infant death syndrome)

KNOW THAT IF YOU STOP SMOKING AND AVOID SECONDHAND SMOKE DURING YOUR PREGNANCY, THESE DANGERS WILL BE GREATLY DECREASED.

Resources to help you QUIT SMOKING:

- For **Free Quit Kits**, contact:
Michigan Resource Center
Health Promotion Clearinghouse
1-800-480-7848
- Hotline info: **Quitline: 1-800-784-8669**
- American Lung Association: 1-800-LUNG-USA
- American Cancer Society: 989-895-1730

PREGNANCY HAZARDS – ALCOHOL & DRUGS

DO NOT DRINK ALCOHOL during your pregnancy. Alcohol is toxic (poisonous) to the unborn baby's brain. Alcohol exposure during pregnancy can cause low birth weight, premature labor, mental slowness, hyper child, attention problems, behavior problems, learning problems, memory problems, birth defects, and death!

Fetal alcohol syndrome (FAS) is the leading known cause of mental slowness. There is no cure for FAS, but it can be prevented 100%.

A father's drinking (both before conception and during pregnancy) can also have negative effects on the baby, which include lower birth weight, learning problems, hormone problems, defects in the nervous system, and behavior problems such as drinking (alcoholism) and mood disorders (like major depression and bipolar disorder).

No amount of alcohol intake during pregnancy is thought to be safe.

DRUG USE IN PREGNANCY

The use of drugs during pregnancy (whether over-the-counter, prescribed, or illegal) can create serious problems for both mom and baby.

- Check with your health care provider before taking any type of drugs.
- Check with your health care provider before taking any type of herbal remedies.
(Hotline for herb safety in pregnancy: 1-866-626-6847)

The use of street drugs (which includes marijuana, cocaine, etc.) can cause miscarriage, stillbirth, birth defects, low birth weight, premature labor, brain damage, behavior and learning problems, addicted baby, and more. These drugs also endanger mom's life. A father's drug use can also be harmful to the growing baby/child.

RESOURCES FOR HELP:

B.A.S.I.S.

Bay Area Social Intervention Services
515 Adams St., Bay City, MI 48708
989-895-9861

Hours: M-Th 8am–9pm, F 8am–5pm

Drug testing and outpatient substance abuse counseling.
Also offer intensive outpatient and prevention programs.

Bay-Arenac Behavioral Health

Regional coordinating agency for mental health and substance abuse services.

To request mental health or substance abuse services:
Call 1-800-448-5498

For emergency services 24 hours a day/7 days a week:

Call 1-800-327-4693 or 895-2300

Outpatient, intensive outpatient, residential, methadone, women's and children's specialty programs.

Bay County Neighborhood Resource Center

301 North Farragut St., Bay City, MI 48708
989-895-3510

Provides parenting and prevention programs.

Bridgewater (Saginaw Bay Human Services)

Residential, outpatient, and intensive outpatient services.
904 Sixth St., Bay City, MI 48708
989-891-0272

Provide long-term and short-term residential services.

Offer substance abuse, mental health, co-occurring, and women's specific (co-occurring) treatment.

DOT Caring Centers, Inc.

Outpatient, intensive outpatient, and women's and children's specialty services.

114 Tuscola Rd., Bay City, MI 48708

989-892-4303

1-800-8-CARING

PREGNANCY HAZARDS

TOXOPLASMOSIS

Toxoplasmosis is one of the most common infections in the world. Most cases go undiagnosed. Symptoms, if any, tend to look like the flu. Toxoplasmosis is a widespread parasite infection that can pose serious risks to your unborn baby. Almost one in 1,000 babies in this country is born infected with toxoplasmosis. Toxoplasmosis can be picked up through exposure to cat feces or by eating raw or under cooked meat that contains the parasite. Other sources of infection may include raw goat's milk, raw eggs, and insects such as flies and cockroaches that may have been in contact with cat feces.

How can a woman prevent toxoplasmosis during pregnancy?

- Do not empty the cat's litter box. Have someone else do this.
- Wear gloves when in the garden, since outdoor soil may contain the parasite from cats. Keep your hands away from your mouth and eyes, and wash your hands well when done. Keep gloves away from food products.
- Avoid children's sandboxes. Cats may use them as litter boxes.
- Do not feed the cat raw or under cooked meats.
- Keep the cat indoors to prevent it from hunting birds or rodents.
- Do not eat raw or under cooked meat, especially lamb or pork. Meat should be cooked to an internal temp of 160° F throughout.
- If you handle raw meat, wash your hands right away with soap. Never touch your eyes, nose, or mouth with dirty hands.
- Wash all raw fruits and veggies before you eat them.

LEAD

Women who are exposed to high levels of lead during pregnancy have an increased risk of miscarriage, stillbirths, and newborn death.

Possible sources of lead:

Lead-based paint (may have been used in homes built before 1978)

Dust and soil (windows, windowsills, doors, door frames, porches, fences)

Drinking water

Air (due to dust caused by sanding, scraping, or burning during removal of lead-based paint)

Food (stored or served in lead crystal, pottery, or ceramic)

Vinyl miniblinds

Hobbies and jobs (Dust and fumes or chemicals used for hobbies, such as stained glass, reload ammunition, pottery, refinishing furniture, making fishing weights, jewelry, etc., can be a source of lead poisoning. Workers may bring lead dust home in their car or on their clothing, shoes, or other work-related objects.)

If you think you or your baby may be at risk for lead exposure, talk to your health care provider. Lab tests can be performed to find out if you are at risk.

PREGNANCY HAZARDS – OTHER RISKS

X-RAYS

Check with your health care provider before having any x-rays.

WORKPLACE, HOUSEHOLD, AND GARDEN CHEMICALS

Chemicals that are easily breathed in are especially dangerous. These include fumes from paint, cleaning fluids, and varnish. Ask someone else to do jobs that involve these while you are pregnant.

HOT TUBS AND SAUNAS

The heat from these can damage your baby's growing brain and spinal cord.

STDs (SEXUALLY TRANSMITTED DISEASES)

STDs can be spread through sexual intercourse (vaginal, anal, or oral) with an infected person. They can also be spread by sharing needles with an infected person. This includes needles used to:

- Shoot drugs
- Make tattoos
- Pierce body parts

Mothers can pass STDs to their babies during pregnancy or birth. This includes HIV, the virus that causes AIDS.

FAMILY VIOLENCE

Physical abuse can harm you and your baby. If you are in an abusive relationship:

- Be aware that abuse often increases during pregnancy.
- Talk to your health care provider about getting help right away.

Resources: Bay Area Women's Center, 989-686-4551/1-800-834-2098.

THE OB OFFICE VISIT

Most routine prenatal office visits will take about 10 minutes. This may not seem like much time, but a great deal can be learned during this brief visit.

First step...the scale!

We know that gradual weight gain during pregnancy is best. No weight gain, too little weight gain, and too rapid weight gain are all key factors. With rapid weight gain, we need to look for too much swelling (edema) in the ankles, feet, hands, and face. If your diet is a problem, you may need to talk about it with a dietitian.

Blood pressure check

By checking your blood pressure at each visit, we will be able to find out whether or not you are developing high blood pressure.

Urine sample testing

This test reveals whether you are “spilling” glucose, protein, or ketones. We may also learn whether you have a urinary tract infection, which pregnant women are more prone to. This can put a woman at risk for early labor.

The baby’s heart beat

Are the fetal heart tones regular in rhythm? Are they within a normal range? (120–160 is normal, which is much faster than the adult rate.)

Is the baby growing?

The fundus is the top of the uterus. Measuring the height of the fundus tells us how the baby is growing.

How are you feeling?

Are you having any problems? Has your baby been active? Do you have any questions or concerns?

HINT: MANY PREGNANT WOMEN TEND TO FORGET WHAT THEY WERE GOING TO ASK ONCE THEY GET TO THEIR OB VISIT. TRY WRITING YOUR QUESTIONS DOWN. KEEP IN MIND THAT NO QUESTION IS A FOOLISH QUESTION. WE ARE HERE FOR YOU.

PRENATAL LAB WORK

PRENATAL PACKAGE (LAB WORK DRAWN AT THE FIRST OB VISIT):

CBC—Measures hemoglobin and cell counts which provide information on the amount of iron in your blood.

Blood group/Rh type—Alerts us to possible blood problems.

Antibody screen—Detects unusual antibodies that may have arisen during a prior pregnancy or from a transfusion.

Rubella titer—An antibody test to detect immunity for rubella (German measles).

Syphilis screening test (RPR)—Tests for exposure to syphilis.

Hepatitis B screening (HBs Ag)—Detects a viral infection of the liver.

Thyroid level (TSH)—Checks the level of the thyroid stimulating hormone.

HIV test—Test for the virus that causes AIDS.

Urinalysis—Detects urinary tract infections.

OTHER TESTS THAT MAY BE DONE AT SOME TIME DURING YOUR PREGNANCY:

GENETIC TESTING

Some birth defects or other problems can be detected by screening before the baby is born. This may be done by drawing a blood sample from the expectant mother in the first or second trimester of pregnancy and may include an ultrasound. There is no risk to you or your baby. Most tests come back normal. However, if your test is not normal, you will be contacted to discuss more testing. A negative screen places your baby at a lower risk for certain problems. A positive screen does not mean your baby will have problems but indicates that your baby may be at higher risk for some complications. You will then have the choice of further testing. Talk to your health care provider about which tests he or she suggests.

You may also be tested to see if you are a carrier for cystic fibrosis. This test may not be covered by insurance.

BLOOD SUGAR SCREENING

This is usually done around the 6th or 7th month of pregnancy. It may be done earlier in pregnancy if certain risk factors are present. It checks for signs of gestational diabetes. (Gestational means the diabetes developed during pregnancy.) This condition usually goes away after giving birth, but special precautions may need to be taken during pregnancy and birth.

Depending on your test results, your health care provider may suggest a change in diet or other special care to help you have a healthy pregnancy.

There are other types of testing that are sometimes done, based on your medical information and certain risk factors. These will be explained to you if they are needed.

PREVENTION

- During flu season, the Centers for Disease Control (CDC) recommends that all expectant moms receive the influenza vaccine (flu shot).
- Health officials now recommend that adults and adolescents receive a Tdap booster vaccine to protect against whooping cough (Pertussis). It is especially important for those in contact with infants less than 12 months of age
- Screening for depression should be done at about 28 weeks. Be sure to ask your health care provider about this.

ROUTINE ULTRASOUND

- A routine ultrasound will be done sometime between 14 and 20 weeks of gestation.
- Ultrasound uses sound waves to see the baby and other parts of your body.
- You will need to have a full bladder.
- Ultrasounds are not done to find out the sex of the baby.
- The baby will be measured to give us information about your baby's size and growth and may be helpful in deciding your due date.
- Ultrasound is not able to detect all birth defects, family diseases, or possible problems with the baby.



- There are other forms of testing that may be done at any point along the way if problems of any kind are noted or suspected.
- Your health care provider will explain these tests to you if the need arises.
- If at any time you have any questions, please contact your health care provider.

SEX DURING PREGNANCY

QUESTIONS THAT ARE OFTEN ASKED:

1. **Will my desire for sex decrease during my pregnancy?**

No two women will react exactly the same way to pregnancy. In most women, pregnancy does not change their interest in sex. Sometimes a woman may feel no interest in sex during the pregnancy, which may be related to a fear of hurting the baby, but this fear often disappears after the baby is born.

2. **Can vigorous sex harm the baby?**

It is impossible to harm the baby while it is protected in the womb.

3. **Is it harmful to have orgasm during pregnancy?**

Not at all. Due to the increase of the size of blood vessels in the vagina, many women find themselves more aroused during pregnancy.

4. **Is oral sex okay?**

Yes, but blowing into the vagina is not! Blowing air into the vagina can cause a deadly air bubble in women.

5. **How often is it safe to have sex during pregnancy?**

There is no ideal frequency and any frequency is safe. Some women are disinterested during the first three months of pregnancy, partly due to feeling very tired, which is common at this time. They tend to regain their energy in the 4th month and will often have an increase in sex drive.

6. **Can I have sex at any time during pregnancy?**

Yes, unless your health care provider advises you not to. You should not have sex if:

- Your “bag of waters” has broken
- You have bleeding from the vagina
- You feel pain in the vagina or abdomen

Be sure to discuss concerns with your health care provider.

7. **My partner seems to not be interested in sex while I'm pregnant. Is there something wrong?**

Some men are “turned off” during their partner’s pregnancy. It is only temporary and should not be viewed as rejection. Most men find their wives most beautiful during this time but may have mixed feelings about becoming a father that make them seem distant. Some women put distance between themselves and their partner as they become so involved with the “inner life” growing within them. It is essential that you and your partner talk about your feelings.

If you have any further questions, please talk with your health care provider.

First Trimester

FIRST TRIMESTER

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THE FIRST TRIMESTER

2 weeks:

The moment the sperm joins or fertilizes an egg in one of your fallopian tubes, the journey of life begins. The sperm and egg, each one cell, fuse and become one new cell. This new cell, with half genes from the mother and half from the father, divides and keeps dividing as it travels toward the uterus. The cluster of cells attaches to the wall of the uterus and cell division progresses rapidly. A placenta forms and grows against the wall of the uterus. The placenta is connected to the fetus by a cord that carries food and oxygen from you to the baby while carrying off waste from the baby.

3-4 weeks:

Your baby's brain, spinal cord, heart, and lungs are starting to develop. The heart starts to beat. At only 3/16 of an inch long, the face is already forming.

5-6 weeks:

The period of rapid growth continues. Sex is determined with the start of either testes or ovaries. The brain is growing and the backbone is forming cartilage as the start of a skeleton.



5 weeks

7 weeks:

The embryo is now considered a "fetus" and weighs 1/1000 of an ounce and is only 1/2 inch long. Tiny buds are present on the body that will grow into arms and legs.

8 weeks (second month):

Your baby is developing in very important ways. Though still very small, just 7/8 of an inch long and 1/30 of an ounce in weight, the brain and spinal cord are well-formed. The head is the largest part of the body, with little folds of skin at the side of the head that will develop into ears. Teeth are forming inside the gums. Buds are present at the end of extremities, the beginning of fingers and toes. If your baby is a boy, the penis is starting to appear.



8 weeks

Maternal changes: Your uterus is the size of an orange now, and you may find your waistline growing. If this is your first pregnancy, you are most likely not showing. If this is not your first pregnancy, you may "pop out" a little sooner.

12 weeks (third month):

The wonder of human development continues. The fetus is now about 3 inches long and weighs about an ounce. By this point, nearly all of the organs and structures of the fetus are formed. They will continue to grow and develop until birth. Fingers and toes have separated, and hair and nails begin to grow. Teeth are forming in the tiny jawbones, and the outside ears develop. The genitals begin to appear male or female. Amniotic fluid begins to collect as the baby's kidneys begin to produce and excrete urine. The muscles in the walls of the intestines begin to practice contracting to digest food.



13 weeks

Maternal changes: Around this time, your uterus will shift up and forward as it grows. The good news is that it will not be pressing on your bladder so much, and those bathroom visits will be less often. Enjoy this while you can because by the third trimester, the uterus will grow large enough to sit on your bladder once again.

Morning sickness is getting better by this time and you may be less tired. Headaches and feeling dizzy are common now thanks to the increased blood volume, but be sure to discuss these symptoms with your health care provider.

COMMON DISCOMFORTS OF EARLY PREGNANCY

Weeks 1-12

Discomfort	What You Can Do	When To Call
Morning Sickness	<ul style="list-style-type: none"> • Eat small meals every 2–3 hours (more like “power snacking” on high-protein snacks!) • Eat soda crackers or dry toast before rising • Stop smoking cigarettes • Avoid spicy, greasy, or fatty foods or those with a strong odor • Wear Seabands™ • Take ginger in the form of snaps, tea, ale or root • Separate hot/cold foods & dry/wet foods • Suck on red & white peppermint candies • You may take vitamin B6 (check with your health care provider) 	Vomiting that persists for more than 24 hours
Constipation	<ul style="list-style-type: none"> • Drink 8–10 glasses of water daily • Eat more fiber like bran, cereals, prunes, fresh fruits, and veggies • Walk 30 minutes at least 3 times a week • Drink warm fluids first thing in the morning, such as warm prune juice • You may take Metamucil, Fibercon 	No bowel movements for more than 3 days
Backaches	<ul style="list-style-type: none"> • Use good posture; stand/sit up straight • Do not lift anything that weighs more than 20 pounds • Take a warm shower or bath; use heating pad on low heat, rice sock, or ice packs • Get a back rub • Wear low-heeled shoes • Put feet up when resting or sitting • Wear a good support bra • Do the pelvic rock • Avoid sitting in the same position for long periods; rotate walking and resting • Lift things by using arms and bending knees • You may take plain Tylenol® (acetaminophen) 	Backaches that are constant or severe
Tiredness	<ul style="list-style-type: none"> • Take your prenatal vitamin every day • Stop smoking • Get regular exercise • Eat a well-balanced diet with “power snacks” • Rest often during the day 	
Mood Swings	<ul style="list-style-type: none"> • Talk about your feelings • Get emotional support from family/friends • Get enough rest and exercise • Eat a well-balanced diet • Avoid extra sugar/caffeine • Ask for help if you need it • You may take vitamin B6 (check with your health care provider) 	<p>Feel depressed</p> <p>Problems eating (too much or no desire to eat)</p> <p>Problems sleeping (unable to sleep or wanting to sleep all the time)</p> <p>No desire to take care of self or family</p>

OTHER DISCOMFORTS/POSSIBLE COMPLICATIONS

Discomfort	What You Can Do	When To Call
Cramping (uterine stretching)	<ul style="list-style-type: none"> • Keep your bladder empty • Take warm bath • Use heating pad/rice sock • Get a back rub 	Severe cramping or pain Bleeding
Headache	<ul style="list-style-type: none"> • Drink more water • Eat right • Try to nap • Rest in quiet, dark room • Drink a small glass of cola (Coke or Pepsi) • Put ice pack on forehead or try heat • You may take Tylenol® (acetaminophen) (check first with your health care provider) 	Headache with severe numbness, stiff neck, fever or severe nausea, and vomiting Problems with speech or vision (see spots) Headache lasts 24 hours Have upper abdominal pain or swelling of the face/hands/feet in the morning
Cold/Congestion	<ul style="list-style-type: none"> • Drink more water • Inhale steam • Rest • Take vitamin C (orange juice) • Use cool mist vaporizer at night • You may use Saline nose drops • You may take Dimetapp®/Sudafed® or plain Tylenol® (acetaminophen) 	Fever over 101°F Green nasal drainage Foul-smelling drainage Not improving after 5–7 days or symptoms worsen Shortness of breath
Cough	<ul style="list-style-type: none"> • Decrease dairy foods for 24 hours • Stop smoking • You may take plain Robitussin® cough syrup or any cough drops 	Fever over 101°F Cough up green mucous Severe chest pain Foul-smelling mucous
Sore Throat	<ul style="list-style-type: none"> • Warm salt water gargles • Drink lots of cold fluids • Stop smoking • You may take Chloraseptic®, Ricola®, or Cepacol® lozenges 	Fever over 101°F Problems swallowing Bright red throat Pus in back of throat Not better after 3–4 days or symptoms worsen
Fever/Chills	<ul style="list-style-type: none"> • Drink more fluids • Rest • You may take Tylenol® (acetaminophen) (check with your health care provider) 	Fever over 101°F four hours after taking Tylenol® (acetaminophen) Also have respiratory, urinary, or infection symptoms
Bleeding	<ul style="list-style-type: none"> • Put pad on • Lie down 	Call right away

MORE PROBLEMS

Discomfort	What You Can Do	When To Call
Vomiting	<ul style="list-style-type: none"> • Avoid food/fluids for 4 hours • Sips (1 teaspoon at a time) of clear liquids (water, juice, flat pop) for 12–24 hours • Then slowly add bland foods (jello, dry toast, applesauce, broth) • Rest 	Fever over 101°F Severe pain in tummy Vomiting blood or coffee ground material Unable to hold food/fluids down for 24 hours
Diarrhea	<ul style="list-style-type: none"> • No solid foods for 24 hours • Increase water • Avoid spicy foods • Rest • Eat BRAT diet (bananas, rice, applesauce, toast) 	If diarrhea persists after 24 hours Severe abdominal pain If blood noted in diarrhea
Sudden Severe Tummy Pain		Call right away
Urinating More Often or Pain/Burning When Urinating	<ul style="list-style-type: none"> • Drink four 8 oz glasses of water • Avoid pop, chocolate • Empty bladder often • Avoid water before bed 	Burning persists after water Back pain Fever over 101°F If blood noted in urine
Vaginal Discharge Change	<ul style="list-style-type: none"> • Put pad on to check color • Avoid douches or hygiene sprays • Keep bottom clean and dry • Wear cotton or cotton-crotch underwear 	Call right away if discharge is watery, mucousy, or bloody If you note a bad odor or itch Discharge is green
Dizziness	<ul style="list-style-type: none"> • Eat fruit or drink glass of juice or milk • Eat small, frequent meals • Lie down on side and rest • Avoid fast position changes, such as standing up too fast 	If symptoms persist after eating/drinking and rest Call right away if you “pass out”

Second Trimester

SECOND TRIMESTER

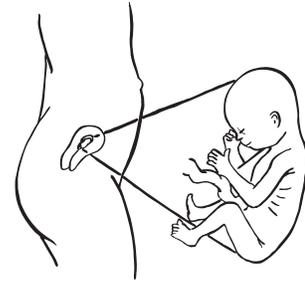
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THE SECOND TRIMESTER

16 weeks (fourth month):

At four months, your baby is still very small, weighing about 4 to 6 ounces. The head appears large compared to the rest of the body. The baby has a strong heartbeat, can suck its thumb, and moves its muscles. You may begin to feel movement as the baby's bones harden.

Maternal changes: You are most likely feeling better and adjusted to pregnancy. You are now in your second trimester. You may be starting to show. You may want to wear loose-fitting, comfortable clothing.



16th week

If you had a poor appetite early in pregnancy, your appetite may be coming back. Be sure to eat a well-balanced diet. Avoid empty calories that do not nourish you and your baby but can cause excess weight gain. (This can be hard to lose after you have given birth.)

Do you have a stuffy nose or nosebleeds? Your blood volume increases 40%–50%. This affects your estrogen levels, which in turn swells your nasal membranes. This increased blood volume also causes your heart to work harder to support your pregnancy. This is not a problem for a healthy heart. Your ligaments keep stretching and you feel aches and pains in your abdomen.

20 weeks (fifth month):

You are halfway through the pregnancy, and the baby has as much sleep and awake time as a newborn. Your baby keeps growing and now weighs 1/2 to 1 pound and is 10 to 12 inches long. Baby's muscles are growing, and you can usually begin to feel the exercise that is going on. The baby is skinny and the skin is translucent (see through). Fat is starting to develop. Hair may be starting to grow on the head.

Maternal changes: Your uterus is at your navel now. You may be tender as your belly button becomes an "outie" from the uterus pressing on it. The line between your navel (linea nigra) and pubic hair has become darker. It will fade after delivery.



20th week

24 weeks (sixth month):

As your 6th month ends, your baby keeps growing. Height is now 11–14 inches and the baby may weigh from 1-1/2 to 2 pounds. The skin, red and wrinkled, is covered with a white cheese- or cream-like substance (vernix caseosa), which protects baby's skin. The eyes open and close and respond to light. Your baby can hear; so talk, read, and sing to your baby. This will help with the growth of your baby's brain. Your baby now has handprints and footprints. You will continue to feel the baby move.

Maternal changes: Your uterus is 1-1/2 to 2 inches above the navel.



24th week

COMMON DISCOMFORTS OF EARLY PREGNANCY

Weeks 13-27

Discomfort	What You Can Do	When To Call
Leg Cramps	<ul style="list-style-type: none"> • Bend ankles towards knees when sitting or lying down • Drink at least 4 cups of milk a day or eat low-fat cheese or yogurt • Avoid rubbing legs • Use support hose • Take a warm bath • Walk • Put legs up when resting or sitting • Rotate rest & activity during the day • Eat non-dairy calcium (salmon, almonds, broccoli, sardines, TUMS®) • Eat more potassium (orange juice, bananas, baked potatoes) • You may take plain Tylenol® (acetaminophen) 	<p>Severe leg pain</p> <p>Swelling, redness, or heat over a tender area</p>
Heart Burn	<ul style="list-style-type: none"> • Use good posture • Avoid spicy foods • Avoid overeating • Avoid eating before bed • Avoid greasy & fatty foods • Do not lie down for at least 1 hour after eating • Eat small meals (healthy snacks) every 2 or 3 hours • Do not drink lots of liquids while eating • Avoid bending over, especially after eating • Drink low-fat milk • Stretch arms over your head • You may take Maalox®, Mylanta®, or TUMS® (liquids work better)/ sodium-free is best 	<p>Severe heart burn or upper tummy discomfort</p>
Hip Pain	<ul style="list-style-type: none"> • Use pillow under hips • Place pillow between legs when lying down • Keep active—do not sit or stand for a long time • Take a walk every day • Change positions, using pillows for support • Do the pelvic rock • Take warm bath or use heating pad • Get a back rub • Lie on other hip 	
Round Ligament Pain (pain in the side, most often noted after twisting or moving suddenly)	<ul style="list-style-type: none"> • Stand straight • Lift things properly • Do not stand for long periods • Change positions, put pillow under tummy when lying on side • Put legs up • Bend knees up on tummy • Take a warm bath or use heating pad • Bend toward the pain • Do the pelvic rock 	<p>Severe pain</p> <p>Bleeding</p> <p>Fluid loss</p> <p>If symptoms worsen</p>

PREPARING FOR CHILDBIRTH

A great way to begin preparing for labor is to take a childbirth class! We have a variety of classes available to meet your needs, whether this is your first baby or you are an experienced parent.

FAMILY-CENTERED CARE IS A PRIORITY AT MCLAREN BAY REGION

Call 989-894-9517 to schedule the class or classes that are right for you.
Call when you are 4 to 6 months along in your pregnancy.

CHILDBIRTH SERIES

Options include:

- 5 weeks (2-1/2 hours/week)
- Weekend cram session
- For all expectant mothers & their support persons
- Content includes emotional & physical aspects from 3rd trimester of pregnancy to postpartum (not included in cram session); breathing & relaxation techniques; other coping/comfort measures/coaching strategies; labor & birth process; common complications; cesarean section; postpartum & newborn care; tour of the Family BirthPlace™

LABOR & DELIVERY REFRESHER

- For couples who have previously taken a childbirth class and have experienced delivery together
- Content includes information on breathing & relaxation techniques; other coping/comfort measures/coaching strategies; labor & birth process; usual expectations as compared to first pregnancy, birth, and postpartum experience; suggestions to help older child adjust to new baby. (Consider signing up for the “Baby Class For Big Kids” if your child is 3 or older.)

BREASTFEEDING CLASS

- For expectant mothers and their support person who plan to or are considering breastfeeding their baby
- Content includes information about benefits; preparation; proper positioning & latch on; troubleshooting tips; infant feeding personalities; pumping & storing of breast milk; back-to-work routine; weaning

PREPARING FOR CHILDBIRTH

BOOT CAMP FOR NEW DADS

- For first-time dads, taught by dads
- Content includes baby care; fatherhood; needs of new mothers; forming a new family; changing roles of fathers; safety

Veteran dads bring their babies to class for hands-on practice.

BABY CLASS FOR BIG KIDS (SIBLING PREPARATION)

- For older siblings ages 3–8 who are expecting a new baby at home
- Content includes information about fetal development; newborns; getting used to this new addition to the family; sibling safety; older siblings' role
- Class includes a puppet show, game, hands on with dolls, crafts, a snack, and a tour of the nursery

INFANT/CHILD CPR & FIRST AID CLASS

- For parents wishing to learn these skills. Format taken from infant/child section of “Family & Friends Curriculum” with the addition of safety & commonly used first aid techniques.

THE HAPPIEST BABY AND BABY'S FIRST MASSAGE CLASS COMBO

- Includes instruction on Dr. Harvey Karp's 5 S's for soothing a fussy baby PLUS Baby's First Massage Class.
- You may attend before your baby's birth or shortly after your baby is born. (Bring your baby along.)

For class dates, fees, or any other questions, call 989-894-9517.

BOOT CAMP FOR GRANDPARENTS

- Includes Infant/Child CPR
- Updates on safety & first aid, sleep and feedings, etc.
- Information on supporting new parents on their parenting journey

For class dates, fees, or any other questions, call 989-894-9517.

PREPARING FOR CHILDBIRTH

SOME GENERAL ADVICE TO HELP YOU PREPARE FOR CHILDBIRTH

Be flexible! It is good to remain limber during your pregnancy. This will help you to use a mixture of positions to aid in your comfort during pregnancy and to help you during childbirth.

- Gentle stretching of your muscles every day will help you
- Walking
- Swimming

Caution: Avoid overheating your body. Do not exercise until short of breath.

(You should be able to talk with ease while exercising.)

Your heart should not be racing.

(Pulse rate needs to be no more than 140 beats per minute depending on your resting pulse.)

These prenatal exercises may be done 10 times per day (unless your health care provider has told you not to exercise):

- Pelvic rock
- Tailor sitting
- Kegel exercises (refer to childbirth section of book)
- Knee-chest position (ask your childbirth educator or health care provider)

Relax! The goal is to have the mind and body relax, to allow the working uterus to labor better.

(This is also helpful any time you are stressed or tense.)

- Soft music
- Meditation
- Prayer
- Progressive relaxation (gradually relax each muscle group in your body)
- Warm bath
- Massage

Breathing exercises. Using a rhythmic form of breathing...“in through your nose, out through your mouth”...will help you to relax. The steady flow of oxygen to your uterus decreases discomfort and pleases your baby, too. Patterned breathing also serves to distract and help you focus.

- Abdominal breathing
- Paced/patterned breathing
- Pant-blow breathing

You will learn about all of this and much more in a childbirth class!

BREAST IS BEST!

Breastfeeding is strongly encouraged by the American Academy of Pediatrics (AAP). They say that babies should receive only breast milk for at least the first 6 months. They suggest that mom keep breastfeeding for at least 12 months or as long as mom and baby desire.



BEST FOR BABY:

- Promotes bonding between mother and baby
- Meets all of baby's nutrition needs
- Easy to digest and absorb
- Fewer hard stools (constipation)
- Serves as a super booster to the baby's immune system
- Fewer ear, lung, and diarrhea infections
- Promotes proper jaw and tooth growth
- Promotes brain growth
- Provides great eye stimulation, due to closeness to mom and varied positions while nursing
- Promotes normal weight gain
- Decreases risk of type I diabetes
- Decreases risk of Crohn's disease

BEST FOR MOM:

- Gives mom a great sense of well-being knowing that she is able to provide this perfect form of nutrition for her baby
- Fewer trips to the doctor because baby is healthier
- Cheap...it is free!
- Uterus shrinks back to non-pregnant state faster/less bleeding after birth
- Mom burns about 500 calories a day while breastfeeding
- It is relaxing
- Baby's stools are less smelly
- Handy...always ready to feed!
- Gestational diabetic moms are twice as likely to develop insulin-dependent diabetes if they do not breastfeed
- Reduces risk of pre-menopausal breast cancer
- Reduces risk of ovarian cancer
- Decreases risk of weak bones (osteoporosis)

Third Trimester

THIRD TRIMESTER

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THE THIRD TRIMESTER

28 weeks (seventh month):

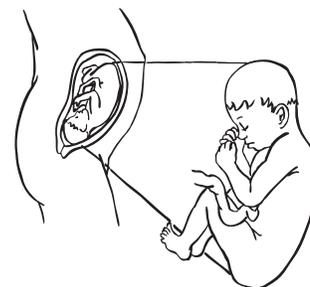
Your baby is fully developed by the end of this month, weighing about 3-1/2 pounds and measuring about 16 inches long. The baby has taste buds, the male's testicles have descended into the scrotum, and all organ systems are developed. Babies born at 28 weeks gestation have a fairly good chance for survival, depending on their weight and the reason for their premature birth. The next two months, however, are needed periods of growth and maturity, and they help assure a healthy entry into the world.

Maternal changes: Welcome to the third trimester—the period of leg cramps, hemorrhoids, varicose veins, itchy skin, aches and pains, swelling, heartburn, upset stomach and more! Colostrum (yellowish fluid) may leak from your breasts. You very much look and feel pregnant. Artists have tried to capture the beauty and glow women have at this time.

32 weeks (eighth month):

Your baby is growing! He or she is now about 18 inches long and may weigh as much as 4 pounds. The baby's fingernails are long, and there is lots of movement in your uterus. Keep in touch with your baby by talking, playing music, rocking, and gently rubbing your tummy from your pelvic bone to the navel.

Maternal Changes: Your hips are spreading and your body is stretching. This may cause you to notice pain in the groin or lower abdomen. You may also have a backache. A maternity girdle can help both of these problems.



32nd week

36 weeks (ninth month):

As your baby keeps growing and maturing, he is losing his wrinkled look. The skin is red and smooth. By the time your baby reaches 40 weeks gestation, he will be about 20 inches long and weigh about 7-1/2 pounds. Sometime during this month, the baby should change position to get ready for birth. If this is your first baby, the head will drop down into your pelvis and engage in position for birth. You may hear, "You've dropped!" If you have had a baby before, this may not happen until you are in labor.

Maternal changes: You may complain of feeling tired, cranky, and sick of pregnancy; having trouble sleeping due to frequent trips to the bathroom; and having chronic heartburn and upset stomach. Your mood may relate to these late-pregnancy discomforts. Keep in mind, it will all be over very soon. Savor these final days of pregnancy. Believe it or not, you will later miss some of the feelings of pregnancy.



40th week

COMMON DISCOMFORTS OF PREGNANCY

Third Trimester—Weeks 28-40

Discomfort	What You Can Do	When To Call
Hemorrhoids (swelling/pain /or itching in the rectum caused by straining on the toilet/hard stools)	<ul style="list-style-type: none"> • Avoid hard stools <ul style="list-style-type: none"> – drink 8–10 glasses of water/day – eat foods high in fiber (raw fruits & veggies, whole grains) • Soak in a warm (not hot) bath • Apply ice packs for intense pain • May use Anusol® or TUCKS® 	If problem continues If you note any bleeding
Varicose Veins	<ul style="list-style-type: none"> • Wear support hose and put them on before you get out of bed • Sit with your legs up • Avoid sitting or standing in one position for long periods of time • Avoid wearing knee highs with tight elastic bands 	Severe leg pain If swelling, redness, or heat noted over tender area
Frequent Urination	<ul style="list-style-type: none"> • Avoid drinking within an hour of bedtime • After urination, gently lift your uterus to release the last drops 	If you have pain when you urinate If the urinary frequency becomes excessive
Fatigue	<ul style="list-style-type: none"> • Take a short nap in the afternoon if possible to meet your body's demand for rest • Drink plenty of water to keep your body well hydrated • Keep taking your prenatal vitamin every day • Eat a well-balanced diet 	If the problem persists despite your efforts
Backache or Pain Down the Buttocks and Leg	<ul style="list-style-type: none"> • Sit up straight (use good body posture) • Avoid slouching • Back rub/massage • Pelvic rock/tilt exercises • Use proper body mechanics, bending at the knees to reach downward/tie shoes, etc. • Warm bath/moist heat pack • Place pillow between legs when sleeping on side to maintain good body alignment and comfort • Avoid high-heeled shoes • You may take plain Tylenol® (acetaminophen) (check with your health care provider) 	If the pain keeps you from going about your daily routines

Discomfort	What You Can Do	When To Call
Swollen Hands, Feet, and Ankles	<ul style="list-style-type: none"> • Take off your rings before they get too tight • Put your feet up (elevate on pillow) • Rock in a rocking chair • Sleep on your left side • Keep drinking plenty of water • Avoid adding salt to your food 	<p>If swelling gets worse all of a sudden</p> <ul style="list-style-type: none"> • You have severe headaches • You are dizzy • Blurred vision
Cannot Sleep	<ul style="list-style-type: none"> • Cut back on liquids just before going to bed • Avoid heavy meals or caffeine before bed • Use pillows between knees and under tummy while lying down • Take a warm bath • Read/relax in bed • Exercise during the day • Get a back rub/massage • Warm drink before bed (warm milk, tea with milk) • Try progressive relaxation of muscle groups starting with your face and working downward through your body to your toes • May try Tylenol PM® (acetaminophen) for 1–2 nights 	<p>If problem persists</p>
Off & On Tingling in Arms and Fingers	<ul style="list-style-type: none"> • Sit up straight, use good posture • Wear support hose • Drink more water • Put arms up on pillows when sitting • Avoid salt or salty foods • Rest on left side 	<p>If hands become numb</p>
Contractions	<ul style="list-style-type: none"> • Rest on left side or walk around • Use your Lamaze breathing • Drink more water 	<p>If less than 37 weeks pregnant and have 4 per hour</p>
Pubic Bone Pain	<ul style="list-style-type: none"> • Walk slowly • Use moist heat or ice packs • Avoid climbing stairs 	
Decreased Fetal Movement	<ul style="list-style-type: none"> • Eat/drink something • Lie on left side for 1 hour and count the number of times you feel your baby move 	<p>If baby moves less than 5 times in 1 hour after you have eaten and closely watched movement</p>
Shortness of Breath	<ul style="list-style-type: none"> • Do not sleep flat on your back • Use extra pillows for comfort • Try sleeping in a recliner • Try slowly raising your arms over your head with elbows bent and hold position for a few seconds before bringing arms back down (repeat as needed) 	<p>Difficulty breathing</p>

WARNING SIGNS IN PREGNANCY

What is preterm labor?

Preterm or premature labor is when you go into labor 3 or more weeks before your due date. This is too early and babies often have problems when they are born too soon.

What are the warning signs of preterm labor?

- Cramps that feel like your period
- Cramps with or without diarrhea
- Low, dull backache
- If you have 4 or more contractions in an hour

What should I do if I start to have any of these signs?

1. Empty bladder
2. Drink 4 large glasses of water
3. Rest on your left side for one hour

If not better, call your health care provider.

If the symptoms get better, relax for the rest of the day and do not do things that cause symptoms to come back.

Call your health care provider right away if you have any of these signs of preterm labor:

- Bleeding
- Fluid leaking from your vagina
- The feeling that your baby is pushing down hard

Call your health care provider if you have any of these other warning signs in pregnancy:

- Vaginal bleeding
- Decrease in fetal movement
- Severe tummy (abdominal) pain
- Sudden swelling in the face, hands, feet, or legs
- Severe or chronic headaches
- Blurred or double vision
- Burning or pain when you go to the bathroom
- Increased swelling, especially in hands and/or feet

SEVENTH MONTH OF PREGNANCY TO BIRTH

- You should travel no more than one hour away during the last six weeks of pregnancy.
- You may have sex unless your water breaks, you have any vaginal bleeding, or your health care provider instructs otherwise.
- You will need to preregister at either the Admitting Department located in the South Tower of Bay Regional's East Campus (open 5am to 8pm daily) or the West Side Medical Mall / 4175 Euclid Ave. in Bay City (open 7am to 5pm, Monday–Friday). Do this before you reach your 36th week of pregnancy. Shortly thereafter, you will receive a phone call from Pre-procedure Screening (PPS). You will be asked a number of questions about your family health history, as well as any special preferences you may have for your pending hospital stay.
- You need to choose a health care provider for your baby. Contact the provider you choose to make sure they are taking new patients. If you do not know who the area baby health care providers are, ask your OB health care provider for a current list. If you choose a provider who practices at McLaren Bay Region, this provider will see your baby in the hospital and follow up with your baby after you are discharged from the hospital. If you choose a provider who does not practice at our hospital, your baby will be seen by the baby doctor (pediatrician) on call. Be sure to provide the name, address, and phone number of the provider to your nurse at the hospital so that your baby's hospital records will be sent to the correct address for proper follow up.

Call your health care provider if:

- You think you may be in labor.
- Your bag of waters breaks (leak or gush).
- If you have any vaginal bleeding.
- If you notice a decrease in fetal movement.

Call your health care provider before heading to the hospital.

Describe whether the problem is urgent.

- Also provide any other key information, such as whether your water has broken, if you have any known risk factors, if you are group B positive, where you live, etc.
 - Have someone drive you to the hospital.
- If you believe labor is starting, eat lightly and drink plenty of clear fluids.
 - When in labor, enter McLaren Bay Region through the South Tower Patient Entrance. Take the elevator to the third floor.

BABY MOVEMENT COUNTS

One of the best ways to keep track of a healthy baby is to notice its movements. Babies who are having problems move less or not at all. A baby should move at least 10 times in 2 hours. Sometime during the last trimester of pregnancy, your health care provider may ask you to count your baby's movements. Some babies are more active in the evening or after you eat. Normal babies have sleep periods as long as 60 minutes during which they are quiet and not moving. Moms sometimes get so used to feeling the baby move that they forget about it.



You can help your health care provider watch your baby by counting 10 movements every day, starting at 28 weeks.

1. Start your counting time with a movement. You may count any time of the day. It may help to eat first or to lie on your left side. Pick the time of day when the baby is most active.
2. Shut off the TV or any other distractions and focus on your baby.
3. Count 10 times in a row that the baby moves. A movement may be a kick, turn, flip, or just a nudge-like movement of the baby.
4. Once your baby moves 10 times, you can stop counting movements for that day. Put an "X" on your calendar for that date.
5. **If it takes longer than 2 hours to count 10 movements, call your health care provider right away.**

WHAT IS GROUP B STREP?

Group B strep is a bacteria found in the vagina and/or lower bowels of many healthy women. This bacteria is normal and does not often cause an infection. Do not confuse it with group A strep, which causes strep throat.

How can I get it?

We do not know for sure. There are many kinds of bacteria in the vagina and bowels that are needed and good. This bacteria is one that may be normal for you.

Why do you test for it?

There is a small chance that a baby could be infected with group B strep during birth. Only one in 100 babies whose moms have group B strep will catch it. Babies that do can sometimes become very sick and even die. Preterm labor or leaking bag of waters gives the baby more chance to catch it.

You will be tested for group B strep between 35 and 37 weeks of pregnancy by your health care provider. A cotton swab is used to obtain a culture from the vagina and rectum.

So why not do something about it now? Get rid of it!

We could treat it now; however, since it is a normal bacteria, it could come right back. Also, group B strep comes and goes; sometimes you may test positive for it, but sometimes you may not.

What can you do so that the baby does not catch it?

A positive culture does not mean the baby will get sick. However, we will give you medicine through an IV when you are in labor. When women who test positive for group B strep are treated in labor, their babies have less chance of getting sick. The baby may need closer watching in the hospital after birth. Talk to your baby's doctor.

FAMILY BIRTH PLAN

Name: _____ Date: _____

Please return this form to your OB health care provider after you complete your childbirth classes.

Purpose: To help communicate desires / expectations for your labor & birth experience & empower you to strive for a positive & memorable experience with the ultimate goal of happy, healthy mom & baby.

Note: We will make every effort to honor your requests. We ask that you be flexible and understand that unforeseen circumstances sometimes occur requiring a deviation from your plans. Should this happen, we will do our best to keep you informed along the way. Open communication between you and your health care team is of the utmost importance. Enjoy the journey!

Birth Team: Limit of 2 coaches from active labor through birth unless discussed with your OB ahead of time.
Coach(es): _____

If planning to have siblings present at birth, call 894-3018 to make arrangements.

Visitors: (Check all that apply)

- I'm open to visitors during early labor
- No visitors except for my birth coach
- I'm open to visitors after the baby is born, but no sooner than 2 hours postpartum
- Please check with me before allowing any visitors in my room

Managing Labor Discomfort/Pain

List ways you presently cope when you're uncomfortable or highly stressed: _____

Where do you tend to hold your tension? _____

Which of the following would be helpful to you during labor: (check all that apply)

Natural methods:

- Focus on breathing
- Quiet room/low lighting
- Focal point
- Walking
- Birthing ball
- Frequent position changes (including gravity) to move labor along
- Massage - Areas where massage is most helpful: _____
- Visualization (close eyes, concentrate on positive image/place, etc.)
- Heat &/or Cold therapy Ways you'd like to use this: _____
- Other:
- Relaxation exercises
- Aromatherapy (no candles/incense allowed)
- Music or white noise
- Shower/bath
- Bean bag

Pain medications:

- No Pain Medication – Desire natural childbirth
- Wait & see – Do not offer me pain medication/let me ask for it
- Would like pain medication (shot in IV or muscle) when labor gets intense
- Epidural once I'm in active labor - I have reviewed information about potential risks

Other Medical Interventions (Check all that apply)

- Would prefer not to have an IV (intravenous)
- Would like IV line upon arrival to receive pain medications, epidural, etc. when needed
- Prefer not to be induced for labor & let labor start up on its own
- Prefer minimal fetal monitoring to allow me to be more active throughout labor & birth
- If high risk & continuous fetal monitoring required, would like to avoid use of internal monitoring unless absolutely necessary
- Prefer to avoid having amniotic membrane artificially ruptured unless medically indicated

FAMILY BIRTH PLAN

Delivery (Check all that apply)

- Would like choice of different positions for pushing & birth
- Prefer to avoid episiotomy (incision to perineum prior to birth)
- Would like mirror available to see my baby's head when it crowns
- Would like to touch my baby's head when it crowns
- Would like to see placenta afterwards

Immediately after delivery - Baby is routinely placed on mom's chest. (Check all that apply)

- Please allow the cord to stop pulsating before clamping/cutting the cord
- My coach (or myself) would like to cut the umbilical cord
- We are donating/banking cord blood (We will bring the necessary kit & forms.)
- I'd like to breastfeed immediately. Please hold off on procedures until baby has nursed
- Please delay newborn procedures (eye ointment, etc.) to allow bonding time with baby

Cesarean Delivery: If C-section becomes necessary, I prefer the following:

- Would like my coach to stay with me during the surgery
- Would like my coach to accompany baby to the nursery & stay with baby at all times while my surgery is being completed
- Bring my baby to Recovery Room as soon as possible so I may bond & feed my baby

Postpartum preferences: (Check all that apply)

- Would like to shower as soon as my condition permits
- Would like to wait at least 2 hours before allowing visitors so we can bond/feed baby
- I am okay with staff taking my baby to the nursery for testing/procedures as needed
- Allow my coach to be with the baby at all times when baby is not in my presence
- If I have a baby boy, I do not want him to be circumcised.
- If I have a baby boy, I'd like to have him circumcised (check preferences below)
- Wait until feedings are going well before doing circumcision
- Prefer local anesthetic for the procedure
- Okay with topical anesthetic
- Okay to give "Sweeties" on tongue for pain control
- Okay to give acetaminophen if needed
- Do not give my baby any medication

Birth control/contraceptive method I plan on using: _____

Newborn feeding plan (Check all that apply)

- I will be breastfeeding only (no bottles or formula)
- If baby has not nursed by 6 hours of age, I'd like to use a breast pump to initiate milk supply
- I would like to meet with the lactation consultant
- I plan to breast & bottle-feed, but will avoid using bottles in the hospital so my baby can learn the breastfeeding process well first
- I will be formula feeding only. My preference for formula is: _____
- I do not want my baby to be given a pacifier

Thank you for completing your birth plan. If you have any questions throughout your pregnancy, childbirth or beyond, please contact someone from your birth team or the childbirth educator/lactation consultant.

McLaren Bay Region Family BirthPlace: 989-894-3020

Childbirth Educator/Lactation specialist: 989-894-3935

Childbirth

A GUIDE TO CHILDBIRTH

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PERINEAL MASSAGE

If you prepare your perineal tissues for the stretching of birth, they will be less likely to tear and they will heal more easily. Like training muscles to perform at their best in a sports event, training the tissues around the vaginal opening with massage prepares the perineum to perform. Women who practice perineal massage daily in the last six weeks of pregnancy may have less stinging during crowning of the baby's head. Mothers with a more prepared perineum are less likely to tear or need an incision to aid in the birth. An added value of perineal massage is that it teaches a woman what stretching feels like in this area. By knowing the feel of the perineal muscles, you are more able to more easily relax these stretching muscles, which helps during vaginal exams and childbirth. It will also help prepare you for the pressure, stinging, or burning that occurs just before birth.

CAUTIONS:

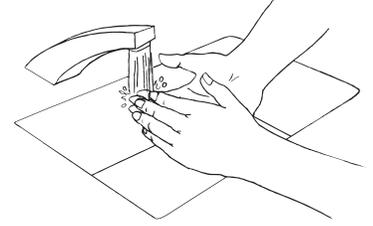
- Avoid the urine opening (urethra) to prevent urinary tract infections.
- Check with your health care provider before starting perineal massage if you have any type of infection.
- Do not do perineal massage if you have active herpes sores, as those could spread to other areas.

HELPFUL HINTS:

- May be done by you or your partner.
- Massage once every day for at least 5 minutes.
- Use an oil or lubricant like cocoa butter, vitamin E, wheat germ oil, or K-Y jelly. You can also use your body's own natural lubricant.
- Take a warm bath or apply warm compresses to the perineum for 5 to 10 minutes. This can help you to relax if you feel tense about doing the massage.
- Use a mirror at first when you do the massage. This lets you see what you are doing.
- If you have had other babies, you may have scar tissue from previous stitches. Focus some of the massage here. The scar tissue will not stretch as easily and will need more gentle massage to help it to be more giving for birth.

PERINEAL MASSAGE

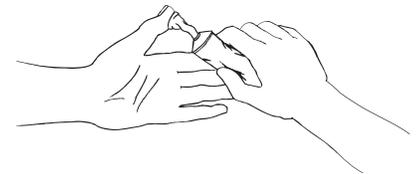
1. Wash your hands.



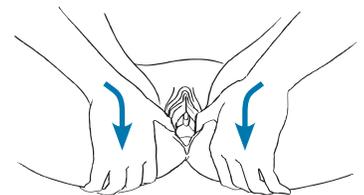
2. Sit or lean back into a comfy position against some pillows (or lean back in the bath tub).



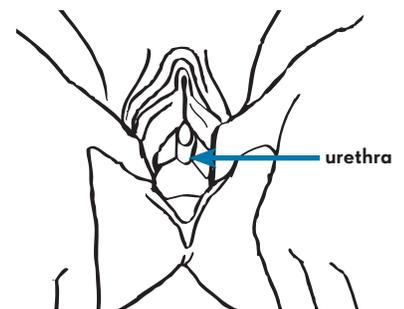
3. Making your fingers slippery with the oil or lubricant, rub it into the perineum and lower vaginal wall.



4. Put your thumbs or index fingers inside the vagina, about 1 to 1-1/2 inches. Press down toward the rectum. With a steady pressure, move your fingers upward and slightly outward along the lower sides of the vagina in a slow “U” movement, for about 3–4 minutes. Expect the muscle to be tight at first. The more you do this gentle massage, the more you begin to feel the muscles relax and stretch.



5. Gently but firmly apply pressure. Focus on letting go of the tension in muscles around the vagina and rectum area.



6. Increase the pressure until you begin to sense a slight burning or tingling feeling in the tissues. Hold it there for 2 minutes. The area will become slightly numb and the tingling will decrease. This will feel like the baby's head coming down the birth canal. If your partner is doing the massage, talk to him so he can be aware if he is using too much pressure. Partners need to massage firmly, but gently.

KEGELS

PELVIC FLOOR MUSCLE EXERCISES

The strength and stretch built into the pelvic floor by correct and consistent exercise will aid in the birth of the baby and postpartum healing of the mother. The pelvic floor is the muscles that form a figure-eight around the rectum, vagina, and urethra or urinary opening.

Kegels are contraction exercises that will help prevent a problem, usually caused by childbearing, which afflicts one out of twenty women. This is uncontrolled passage of urine, or urinary incontinence, brought on by sudden movement, coughing, sneezing, lifting, etc.

A very important effect of these exercises is the increased sexual pleasure women (and men) have after improving the tone and strength of pelvic floor muscles. The vaginal passage has few nerve endings in the muscles beneath the vaginal walls. The degree of feeling from these nerve endings is directly related to the tone of supporting muscles.

TO BEGIN TO TONE AND STRENGTHEN THE PELVIC FLOOR:

Start with urinating teaspoon by teaspoon to become aware of the exact muscles. Contract and release strongly and quickly to stop and release the flow of urine. After becoming aware of your pelvic muscles, do not practice this while urinating, as this may cause bladder irritation and/or infections. Practice this at other times in other positions: sitting, standing, and lying down.

Begin the Kegel exercise with 10 contractions per session. One contraction could be slowly counted as: **tighten — hold — release**. Continue practicing this contracting and releasing at other times during the day. (How about when the phone rings or at red lights?)

TRUE VS. FALSE LABOR

Here is what you can expect:

TRUE LABOR

Over a few hours...

1. Contractions will:
 - a) Last longer
 - b) Get stronger
 - c) Get closer
2. The cervix opens and thins out.
3. Contractions will not ease up if you:
 - a) Drink water
 - b) Rest
 - c) Take a warm shower or bath
4. Movement will increase contractions.

Keep in mind: Time contractions from the start of one to start of the next!

FALSE LABOR

1. Contractions do not change with time.
2. The cervix does not open or change.
3. Contractions should ease up if you:
 - a) Change your activity
 - b) Drink a large glass of water
 - c) Rest on your left side
 - d) Take a warm shower or bath

EARLY LABOR

WHAT IS GOING ON?

1. Cervix is in process of opening up to 3 cm (1-1/4 in).
2. Cervix is thinning (effacement).
3. Baby slowly moves lower in pelvis.
4. Contractions:
 - Come every 5–10 min.
 - Last 30–40 seconds each.
 - Mild tightening, may feel “cramp-like” or begin as on-and-off lower backache.

MAY WE SUGGEST...

1. Get some rest. You will need it!
2. Eat light and take in plenty of fluids.
3. If you are well rested, you may want to walk around.
4. Time contractions:
 - Time from start of one to start of next.
 - May begin slow, paced breathing, if needed.

WHEN SHOULD I CALL MY HEALTH CARE PROVIDER?

1. When contractions are 5 to 10 minutes apart for at least 1 hour or when you can no longer talk through your contractions.
 - Some women may need to call sooner depending on their risk factors, labor history, driving time, or number of prior births.
2. When bag of waters breaks (leaks or gushes)

HOW LONG IS THIS GOING TO LAST?

1. If this is your first baby, about 8–12 hours.
2. Could be shorter if you have had a baby before.
 - Keep in mind, each person and each pregnancy varies. This is only a guide.

ACTIVE LABOR

WHAT IS GOING ON?

1. Cervix is slowly dilating up to 7 cm (2-3/4 in).
2. Contractions:
 - Closer: 3–4 minutes apart.
 - Longer: 45–60 seconds each.
 - Stronger/harder.
3. Health care provider may break water if this has not already happened.
4. You may feel chilled off and on.

**Active labor lasts for about 4–6 hours.
(Shorter if you have had a baby before.)**

NOW WHAT?

1. Come to the hospital if not already there.
2. Use special breathing patterns during contractions and be sure to relax between contractions.
3. Continue to take in fluids and keep bladder empty!
4. Focus on an object or picture as you breathe through contractions.
5. A warm shower may be relaxing.
6. Pain meds are on hand, if needed.

TRANSITION

WHAT IS GOING ON?

1. Cervix is opening quickly from 7 to 10 cm (4 in).
2. Baby's head moves down lower in pelvis.
3. Contractions:
 - Closer: 2–3 minutes apart.
 - Longer: 60–90 seconds.
 - Stronger.
4. Sudden changes you may feel:
 - Shaky.
 - Sick to your stomach.
 - Hot and flushed.
 - Cranky.
 - Rectal pressure.
 - Urge to PUSH!

Transition usually lasts from half an hour to 2 hours.

WHAT DO I DO?

1. Use special breathing.
2. Call for your nurse if you feel the urge to push.
3. Focus! Think of your cervix opening up and your baby gently moving down.
4. Keep vomit basin nearby.
5. Use “pant-blow” type of breathing if needed to resist strong urge to bear down.

PUSHING...TIME TO GET DOWN TO BUSINESS!

WHAT IS GOING ON?

1. Cervix is fully dilated!
2. Contractions may space apart some.
3. The baby's head is really moving down.
4. You know the "end is in sight" when the baby is crowning and you can see the head!
5. How does it feel?
 - Lots of pressure.
 - Burning.
 - Lots of stretching!
6. Listen closely to your health care team as they help guide you through the birth of your baby.

HOW DO I COMPLETE THIS MISSION?

1. Finally! (Coach help guide mom into position.)
2. Use this time to rest up. Pushing takes lots of energy!
3. Push when you feel the urge. It may be helpful to try a variety of positions until you find the one that works the best for you. (Try squatting, standing, or lying on your side.)
4. Your nurse will help you if you're not sure what to do with this new sensation.
5. You are now well into your second wind!
6. Pushing can be a great relief, as you realize your mission will soon be achieved!
7. Well done!

FEELING A BIT DOWN AND OUT?

That is good because that is the very best way to **push!**

You are on the **home stretch**.

First baby: 1–3 hours. Otherwise, often much shorter.

BREATHING FOR COMFORT

RELAXED BREATHING FOR COMFORT

One of the best ways to get relaxed is to breathe slowly. Here is one way to find the level of breathing that feels the most relaxing:

First, put your hands above your baby so that they rest on the top of your stomach. Fill your hands with your breath. When you are breathing at this level, you will feel your hands move. Take your time, let the air flow in. You do not have to force your breath. Breathe at this level for a minute or so.

Next, move your hands under your baby. Breathe at this level for a minute or so. You will feel your hands move a little with each breath (deep breathing).

Your most relaxing breath may lie between these two levels, perhaps near your belly button. (This is **abdominal breathing**.)

Move your hands to the level where your breath seems the most at ease. If you want, your partner can also mark that level on your back. Breathe at that level for a minute or so. What do you do to keep your breathing slow and peaceful? Some women count or focus on a sound or word; others focus on the feeling of their breath or on an image. Focus on whatever keeps your breath at this relaxing level.

FOCUSED BREATHING FOR COMFORT

When you are using breathing to distract you, breathe lightly. To find the balance of rate and depth that is easy for you, move around for a minute or so. As you keep moving around, keep your breathing light and even. Breathing in a rhythm helps you focus (**paced breathing**). You can silently count or repeat words like **in—out**. Try adding a soft sound like **ha** to the exhale. Some women prefer to say **he** or **who**, making a sound as they exhale. Do whatever feels most comfortable and helps you keep your rhythm.

If you want to focus even more on your breathing, you can add a pattern of sound to your exhale (**patterned breathing**). The pattern can be a repeated cycle of **ha-ha-ha-he** or any pattern of sounds that works for you.

OTHER WAYS OF BREATHING FOR COMFORT

You can use any breathing method that has worked for you in the past—yoga, singing, or the rhythm you use during exercise.

You can make a sound when you exhale that brings you comfort, such as **mmm**. The sound **ahh** can help you stay focused (**vocalized breathing**).

You can direct your breath to any area of your body that feels tight or painful. This is sometimes called “breathing into the pain.”

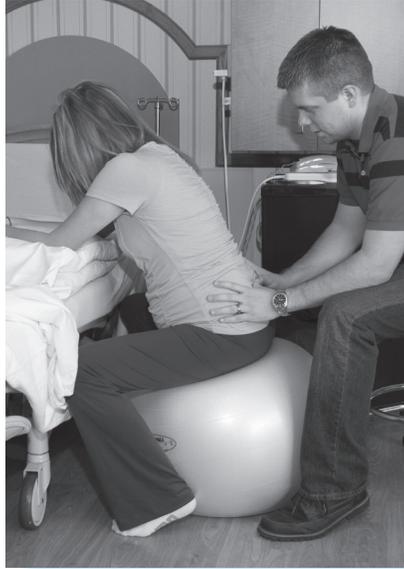
Resource: Trish Booth, 1998, Helping Women Design Their Own Comfort Package

COACHING TIPS

“I FEEL SO HELPLESS!”

1. Stay calm. Keep mom relaxed.
2. Eat a good meal yourself, and keep snacks and fluids nearby.
3. Make sure mom drinks lots of fluids.
4. Time contractions once they start to hurt (from beginning of one contraction to the beginning of the next).
5. Suggest that mom take a warm shower.
6. Suggest position changes at least every hour: walking, rocking, side to side in bed, etc.
7. Keep room quiet and dim the lights.
8. Tell mom she is doing a good job and do this often!
9. Use relaxing music if helpful.
10. Offer ice chips, cool cloth to forehead, and chapstick.
11. Offer back rubs or light touch to skin per mom’s liking.
12. Limit visitors and distractions!
13. Help mom with her breathing skills. Remember the cleansing breath before and after contractions.
14. Make sure she gets up to go to the bathroom at least every 2 hours.
15. Do not forget the “law of gravity!”
16. Talk to the nurses and let them know any concerns you have.
17. Call your nurse if you need more ideas for helping mom relax.
18. If mom has a backache, refer to “Back Labor Aids.”
19. Remember...a variety of laboring techniques or tools is the key to helping mom cope with labor.
(When one method is no longer working, it is time to try something else.)

POSITIVE POSITIONS FOR LABOR



PAIN MEDICATION DURING LABOR (LABOR ANALGESIA)

Each woman's labor is unique to her, and labor pain differs from woman to woman. It depends upon things like her level of pain tolerance, the size and position of the baby, the strength of uterine contractions, the length of her labor, her level of energy or fatigue, her support system, laboring positions, her knowledge level and expectations regarding birth, and prior birth experiences.

Decisions about control of labor pain must be made on an individual basis. Many women can have good pain control with breathing and relaxation techniques. Some may find that these techniques alone are not enough. Some women choose to have pain medication during labor and delivery to help them cope and to perhaps provide for a more comfortable childbirth.

CONSERVATIVE MEDICAL APPROACH:

- This includes medication given IV (intravenously) or IM (intramuscularly).
- Any medications used would be prescribed by the obstetrician, family physician, or nurse midwife (the health care provider).

The purpose of these medications is to take the edge off your labor pain and help aid in relaxation. Risks of this form of analgesia include slowing down labor briefly, and the possibility of having a depressing effect on the newborn, especially if the baby is born while the medication is at its peak. (This effect can usually be quickly reversed by appropriate intervention.) In some instances, the baby will have a depressed sucking reflex, which may last through the first week of life. Of course, there is always the risk of allergic reaction when one takes any medication.

MORE AGGRESSIVE APPROACH:

- This includes medication given in the epidural or spinal space, located within the spinal column of your back.
- Medications given this route would be administered by an anesthesiologist.

The purpose of this method of analgesia is that it offers more effective pain relief. It does not completely take away the pain of labor but does decrease it significantly. When a woman still has some feeling present, she is better able to assist with the delivery by directing her pushing efforts in the right direction. There are times when one type of pain relief may be better than another. Keeping an open mind is important. A physician from the Anesthesia Department is always available to answer questions, so please feel free to ask upon arrival at the Family BirthPlace.

PAIN MEDICATION DURING LABOR (LABOR ANALGESIA)

Spinal Analgesia is a single injection technique. The tip of a needle is inserted into the back. The medication is injected into the spinal fluid within the spine. An option currently available for spinal analgesia is the intrathecal. The medication will take effect in about five to ten minutes and will usually last for four to six hours before it begins to wear off. Women who have had a spinal may not be able to walk or shower after it has taken effect.

Epidural Analgesia is a method accomplished by inserting a needle into the back and passing a thin, soft, hollow tube (epidural catheter) through the needle into the epidural space within the spine. The needle is removed and the catheter is taped in place. The medication may then be given continuously through the catheter. The epidural takes effect in about ten to twenty minutes. Its effects vary and may last until birth if medication is given continuously throughout labor. Weakness or numbness of the legs may be present, so mom will likely need to remain in bed. Showering is not allowed with the epidural catheter in place.

CAN ANYONE HAVE AN EPIDURAL OR SPINAL?

Most women can. Women who have bleeding problems, skin infections at the needle site, or allergies to certain medications cannot. Women who have had back surgery or heart conditions may not be able to get an epidural or spinal analgesia, depending on the circumstance.

HOW ARE EPIDURALS AND SPINALS DONE?

They are most often done once active labor has begun, as determined by your health care provider. First, an intravenous line administering fluids will be started and continued throughout labor. Blood pressure, pulse, and respiratory rate will be taken every 15 minutes. Heart rhythm and oxygen monitoring will be done. Oxygen may be given by face mask or by a small tube under the woman's nose. The woman will then be assisted into a position either on her side or sitting. The skin over the lower back is wiped with an antiseptic soap to reduce skin bacteria and lessen the chance of infection. A small area of skin is numbed with a local anesthetic. Then the spinal or epidural needle is guided through the skin into position. Some pressure is usually felt as the needle is positioned. If any discomfort is felt during the needle placement, it is important to tell the anesthesiologist so that additional local anesthetic can be given or the needle repositioned. Continuous fetal monitoring will be required throughout the duration of labor and delivery.

HOW LONG DOES IT TAKE TO PUT IN PLACE AND START?

Both epidural and spinal procedures take approximately five to fifteen minutes to start, however; if it takes a little longer, do not be concerned.

WILL AN EPIDURAL OR SPINAL AFFECT LABOR?

Sometimes, analgesia can slow labor for a short period. Oxytocin, a drug which makes contractions stronger and more frequent, may be given. Sometimes, epidural or spinal analgesia can actually speed labor because the woman is more relaxed.

PAIN MEDICATION DURING LABOR (LABOR ANALGESIA)

DOES AN EPIDURAL OR SPINAL ALWAYS WORK?

Some epidurals give “patchy” pain relief. The woman may be asked to lie on one side or the epidural may need to be adjusted or replaced. The epidural or spinal space may be difficult to locate in some patients. Spinal analgesia provides little pain relief during the pushing stage of labor.

WHAT IF THE WOMAN CANNOT URINATE DURING LABOR?

The process of labor can make it difficult to urinate as can labor analgesia. If the woman is unable to urinate, a catheter will be inserted to drain the bladder. An enlarged bladder can slow the birth of the baby.

WILL THE WOMAN BE ABLE TO FEEL THE URGE TO PUSH?

The epidural may decrease the sensation to push. This can increase the amount of time it takes to push the baby out. It can increase the chance of forceps or use of a vacuum to help with birth. The woman should feel vaginal or rectal pressure when it comes time to push to help focus pushing efforts. After receiving a spinal, the urge to push should not be affected.

WILL EPIDURAL OR SPINAL ANALGESIA BE COVERED BY MY INSURANCE CARRIER?

The majority of insurers do pay for these procedures. There may be a co-pay or a portion of the bill the woman will be responsible for. It is best to check with your insurance carrier during pregnancy.

WHAT ARE THE SIDE EFFECTS AND RISKS?

Common: Drop in blood pressure, nausea, vomiting, itching (more common with spinal): 1-5% may experience headache and fever.

Rare: Infection, rapid heartbeat, nerve injury/paralysis, dizziness, ringing in the ears, difficulty breathing, loss of consciousness, seizure, and death. Of course, there is always the risk of allergic reaction when one takes any medication.

Risks to baby: Fetal stress may occur if mom’s blood pressure suddenly drops. There may also be a depressing effect on the newborn (less vigorous, decreased breathing effort), which can usually be quickly reversed by appropriate intervention. In some instances, the baby will have a depressed sucking reflex, which may last through the first week of life.

It’s all about choices.

It’s important for you to be well informed about childbirth and to know your birthing options.

May you have a beautiful and memorable birth experience.

ARE YOU PACKED AND READY TO GO?

- Childbirth Education Resource Packet/handouts & a positive attitude
- Cord blood donor kit if donating cord blood
- Relaxing music/CDs/DVDs (and something to play these on, e.g. MP3 player)
- Focal point (special picture?)
- Chapstick; lip balm
- Hair clips or ties for hair
- Back labor aids (tennis balls, etc.)
- Headache medicine for coach just in case
- Snacks and comfy clothes for coach
- Magazines, books, cards, games
- Camera equipment
- Cell phone and list of phone numbers for “proud parent” phone calls
- Nightgowns, robe, slippers, bras, underwear
- Personal care items: deodorant, shampoo/cream rinse, toothbrush, toothpaste
- Makeup, hair brush/comb, hair dryer, etc.
- Clothes for baby to wear home; may bring special outfit for pictures
- B.Y.O.B. (Bring your own “binky” or pacifier if you plan to use one for the baby)
- Receiving blanket or warm blanket, depending on the weather
- Eyeglasses/contacts with needed solutions
- Lotion/powder/oils for massage
- Your special pillow from home in a colored pillow case
- Baby books, notes to announce baby, thank yous
- Infant car seat (correctly installed in car)
- Going-home clothes for mom (something that fit during 4th month of pregnancy or something loose fitting)
- Checkbook, money order, or credit card to order baby’s pictures
- Small gift from “new baby” to siblings

Hospital

HOSPITAL

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HOSPITAL ADMISSION

You will need to preregister in either the Admitting Department located in the South Tower of McLaren Bay Region's Main Campus / 1900 Columbus Avenue (open 5am to 8pm daily) or the West Side Medical Mall / 4175 Euclid Avenue. in Bay City (open 7am to 5pm, Monday–Friday). Do this before you reach your 36th week of pregnancy. Someone in the Admitting Department will make a copy of your insurance card and have you sign a few forms. Shortly after you have completed the pre-registration process, you will receive a phone call from Pre-procedure Screening (PPS). You will be asked a number of questions that will inform us of any special needs you may have for your pending hospital stay, as well as obtain key information about your medical history. This phone call will take about 10–15 minutes. Obtaining this information from you ahead of time helps the nurses and saves time in the event that you are not up to answering these detailed questions when you get to the hospital.

UPON ARRIVAL TO THE FAMILY BIRTHPLACE (THE ORDER OF THE FOLLOWING MAY VARY):

- You will be given a hospital gown (unless you prefer to wear your own).
- A urine specimen will be obtained.
- The external fetal monitor will be put on to obtain a baseline tracing of your baby's heart rate and to check your contractions.
- A vaginal or cervical exam may be done to determine if you are in labor.
- You will be asked questions about general health and family history.
- Your blood pressure, temp, and pulse (vital signs) will be taken.
- ID bracelets will be given to mom and coach.

HOSPITAL ADMISSION

IF YOU ARE IN LABOR:

- Lab work will be drawn. (If you plan to donate cord blood, give your kit to the nurse before your lab work is drawn.)
- You will be watched for labor progress.
- Your baby's heart rate will be checked from time to time, unless you have certain risk factors that require constant watching.
- In most cases, you may get up and move about while you are in labor, such as to take a shower, walk, etc.
- Your vital signs will be taken periodically throughout labor.
- Clear liquids are often allowed during labor and are encouraged.
- During early labor, a light diet is often allowed.
- Your nurse will help support you throughout your labor, along with your chosen support person.
- When needed, an IV (intravenous line) may be started. (If you need fluids, meds, an epidural, etc.)

SUPPORT FOR YOUR COACH:

- You may bring your own food, drinks, or snacks if you like, as there will be a mini refrigerator in your room for your convenience.
- Your coach has no limit on visiting and may stay with you for as long as you like. A cot or recliner is available for his/her use.

USE OF ITEMS FROM HOME:

- We suggest you bring a camera and video camera, if you have them. Videotaping of birth is not allowed, but you might want to videotape after the baby is born and you have been given the okay by your health care provider.
- You may bring a laptop or music player to allow for some "mood music" during labor. (McLaren Bay Region is not responsible for lost or stolen items.) Please notify your nurse upon admission of any valuables in your possession.
- Wireless Internet is available
- * McLaren Bay Region offers the Emmi Interactive Education Program. For more information, contact your health care provider, childbirth educator, or nurse.

FAMILY BIRTHPLACE VISITING/INFANT SECURITY

Patients in labor may have up to 2 support persons at any one time in their birthing apartment during their labor and birth. (Any other visitors must remain in the waiting room.) If you wish to have more than 2 coaches with you during labor and birth, check with your health care provider before you go into labor and let your nurse know when you arrive at the hospital in labor.

If you plan to have children present (sibling(s)) at birth, you will need to discuss this with your health care provider and obtain "Child Guidelines for Presence at Birth."

If you need a C-section, one support person will be allowed in the C-section room, as long as you are able to be awake during your C-section birth.

Visitor Guidelines: The Family BirthPlace is a secure unit, which means that before guests are allowed to enter our unit, the staff will be checking with the new family to make sure they are ready to receive guests. This assures your privacy and promotes safety for all the families we serve.

- Quiet time is from 2 to 4pm throughout our hospital, and, during that timeframe, the lights will be dimmed. We ask that visitation/interruptions be kept to a minimum during this time to allow patients to rest.
- Visiting hours end at 8pm Only your coach (the one wearing an ID band) will be allowed in the Family BirthPlace beyond this time. Some exceptions may apply, such as the timing of your delivery. In this case, at your request, we will contact Security in the Emergency Department and extend visiting hours for a given timeframe to accommodate you.

Do not sleep with your baby in your bed. You may be very sleepy after childbirth; our beds are narrow and the floors are hard! Your baby could be seriously hurt. If you feel sleepy, call for your nurse to help place your baby in the crib.

Remember: You are the first line of defense against abduction. If your baby is "rooming-in" while you're in the hospital, keep your door closed when you are sleeping or in the bathroom. Become familiar with the following safety rules and take measures to assure continued safety in your home by maintaining a safe level of privacy. (Avoid putting your address in the newspaper for birth announcements. Consider **not** putting signs in your yard about baby's arrival.)

For your safety, all Family BirthPlace staff are required to wear a photo hospital badge. Do not allow anyone to remove your baby from the room who does not have proper identification.

To maintain your privacy, the hospital staff is not allowed to give out any information over the phone about you or your baby's status. It is our policy to give all patients a **PIN** (personal identification number) upon admission. The PIN serves as a code and will allow those people access to your info. (Keep in mind that you also have a phone in your room so that you can call family with updates. The phone can be set to outgoing calls only, to spare you from being disturbed.) You can also use your cell phone.

Shortly after birth, a **Safe Place Bracelet**® will be put on your baby's ankle. This is a safety measure to assure that your baby remains within the Family BirthPlace™ at all times. If the bracelet becomes loose, notify your nurse.

These policies are put in place to protect your privacy, as well as the privacy of the other patients in the department. These policies are also a key part of assuring the safety of all babies born at McLaren Bay Region.

ADMISSION PROCESS FOR THE BABY

Once your baby is born, he or she will be admitted to the hospital.

- The baby will be **dried off and examined**.
- A shot of **vitamin K** will be given to your baby, which helps stimulate his/her natural blood clotting factor.
- **Eye ointment** (antibiotic) will be put in baby's eyes to help prevent any eye infections that might have been acquired during his/her trip through the birth canal. (State law.)
- Your baby will be **weighed and measured** for length, head, and chest size. All of this information will go on a crib card, which you can take home upon discharge.
- **Hepatitis B vaccine** will be given before discharge from the hospital. You will be given an immunization card. Your baby will need two other Hepatitis B shots to complete the series, as well as other routine shots. Be sure to follow up with this at your baby's health care provider's office or your local health department.
- A **hospital photo** will be taken sometime during your hospital stay. You may choose to order a photo package at that time. (Have your checkbook or a credit card with you.) You may bring a special outfit for this picture, if you like.
- **Hearing screening** will be performed on your baby. A series of clicking sounds will be played through an earphone-like device. We will then be able to record your baby's response to these sounds. Your baby will receive either a "pass" or "refer" score on this test. A passing score means that no further testing is needed at this time. If your baby receives a "refer," this means that we were unable to obtain a valid test at this time, and your baby will need to be tested again at a time stated by baby's health care provider.
- **Circumcision:** If you choose to have your son circumcised, this will be done by a doctor in the nursery. You will need to sign a consent form. You will be given information on follow-up care. **A local or topical numbing medicine (anesthetic) may be used to decrease the discomfort of circumcision. The baby is also given "sweeties" (sucrose/sugar), which has shown to decrease pain by increasing the natural pain relievers in the body. Baby Tylenol® (acetaminophen) may be available to help with discomfort, as well.**
- **Newborn screening** is a blood test that screens for a number of diseases that can be avoided and is required by the State of Michigan for all newborns. This test cannot be done before the baby is 24 hours old. Your nurse will perform a "heel stick" on your baby to obtain the blood sample needed to run this test. The results of this test will be sent directly to your baby's health care provider. If you will be seeing a health care provider other than the one who sees your baby in the hospital, you will need to give us the name, address, and phone number of this health care provider.
- **Bilirubin level** (blood test) to screen babies for newborn jaundice (yellow coloring of skin) will be done, along with newborn screening above.
- **Other lab work** (blood sugar, blood cultures, etc.) may be done on your baby if needed, and your nurse will explain these tests to you.

GOING HOME!

DISCHARGE TEACHING

Before you go home from the hospital, your nurse will go over post partum and newborn discharge teaching with you. Make sure that you keep any booklets or handouts that you receive throughout your pregnancy and at the hospital as a guide. If you have any questions, please feel free to ask; your nurses or health care provider will be happy to answer them for you.

Baby is to leave the hospital in a safety approved infant car seat.

HOME FOLLOW-UP

After you go home from the hospital, when you are home a few days, you may receive a follow-up phone call from a nurse. She will be asking you a few questions to make sure that all is going well for you, and she will be happy to answer any questions that you may have. (At this point, you are sure to have at least a few!) She will also direct you to proper resources should you have any special needs.

Your baby's health care provider will give you specific information as to when your baby will need to be seen in the office for the first time. This office visit usually takes place within the first couple of days after your baby goes home from the hospital. If you will be following up with a different health care provider from the one that saw your baby at the hospital, be sure to provide the name, address, and phone number of this provider to your nurse so that your baby's hospital records can be sent to the correct address. This will also assure that your baby's newborn screening results will be sent to the correct office.

Your OB health care provider will let you know when you need to be seen for an office visit.

QUESTIONS?

For any questions or concerns about your recovery, call your health care provider. If you have any questions about your baby, call your baby's health care provider. You can phone McLaren Bay Region's Family BirthPlace at 989-894-3034 any time if you have any questions about the instructions you received upon discharge. For breastfeeding questions, call our lactation consultant at 989-894-3935.

DISCHARGE CHECKLIST

- Baby's picture has been taken
- The birth record (certificate) is signed
- Paternity papers signed, if applicable
- Shot (immunization) card is packed
- I have my baby's hearing screen results
- Self-care supplies packed (Peri-bottle/sitz bath)
- Imagination Library Registration completed (Bay and Arenac County forms in packet). To register in Tuscola County, call 989-673-8283.
- Baby's follow-up appointment made
Date/time: _____
- Postpartum appointment made
Date/time: _____
- Postpartum Depression Screening Completed
- Resource material packed (discharge info)
- Questions about taking care of myself and my baby have been answered
- First date out of the house made (it is good to set aside some special time just for you and your partner/friend)
Date: _____

Postpartum

POSTPARTUM

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WHAT TO EXPECT AFTER BIRTH

A TIME OF CHANGE...

After you have your baby, your body will go through a healing process. The time it takes for complete healing is about 4 to 6 weeks. During this time, make sure you get plenty of rest, eat well-balanced meals, and drink at least 8 to 10 glasses (8 oz) of water each day. Keep taking your prenatal vitamins until they are gone. If you are breastfeeding, you may want to keep taking these vitamins even longer. Check with your health care provider.

By taking care of yourself, you will be at your best so that you can more fully enjoy the grand experience of being a mother. This is a very special time in your life. Start off on the right foot.

CHANGES YOU CAN EXPECT

Menstrual cycle

If you are not breastfeeding, your period (menstrual flow) often returns within four to eight weeks after birth. Your first period after birth may be heavier than normal and contain small clots. Your cycle may not be regular for a few months after birth. Breastfeeding mothers may not have a period for a much longer time. Often the period will appear when breastfeeding begins to decrease. Your ovaries will release an egg before you have a period. **This means you can become pregnant. Nursing is not a form of birth control.**

Vaginal flow:

- Vaginal flow (lochia) after birth is different than your regular menstrual period.
- First 3 days or so, the flow is mostly blood mixed with a small amount of mucous. It should not be heavy, or contain large clots or tissue.
- Days 3–9, the flow becomes more watery and changes to a pink color.
- Towards day 10, your flow is light, thinner, and white or almost colorless. By the end of the 3rd week, your flow has often stopped; however, a brownish discharge may stay a little longer.

Your flow should never, at any time, have a strong or foul smell. A strong or foul smell along with a fever above 100°F may be a sign of an infection.

If your flow changes from pink back to red, it may mean you are doing too much.

Do the following:

- a) cut back on activity, and
- b) rest with legs and feet up

Call your health care provider if:

- a) your flow turns from light-colored to bright red and you use more than one to two pads in one hour
- b) you are passing clots, along with increased flow

WHAT TO EXPECT AFTER BIRTH

COMMON CONCERNS:

Hard stools (constipation) is a common complaint the first few days after having a baby. Your stomach muscles are relaxed, and it is harder to push out the stool.

- Eat foods high in fiber (bran, fresh fruits, and vegetables), and drink lots of fluids (eight to ten 8-ounce glasses a day). You may not be able to have a bowel movement before leaving the hospital. If not, be sure to ask if you should take a stool softener at home.
- If hemorrhoids are present, you may be afraid to have a bowel movement. You may be given stool softeners and/or laxatives.

Swelling in the anal/rectal area (hemorrhoids)

- Pregnancy is the most common cause of hemorrhoids in young women. The growing uterus and baby increase pressure on the rectal veins. Also, the woman's blood supply increases, raising the pressure in the veins. During pregnancy, the body needs more water, so many women find their stools hard and dry, which also causes more pressure.
- Pushing through birth of the baby can also cause hemorrhoids. Luckily, hemorrhoids often go away after birth.
- Try a hemorrhoid ointment, such as Dibucaine® or Tucks®/witch hazel pads/ointment.
- Sitz baths may be helpful.
- Avoid hard stools (constipation) to prevent hemorrhoids.

Problems with urinating

- Not urinating.
- Urinating too often.
- Not emptying the bladder completely may lead to urinary tract infections.
- Not being able to urinate may last for only a few hours after birth, but it sometimes lasts up to two or three days. The main cause is trauma and swelling from giving birth. Medicines for pain and the anesthesia you received in labor may cause a short-term problem with emptying the bladder.
 - Drink plenty of fluids (eight to ten 8-ounce glasses a day).
 - Urinate often (at least every four hours while awake).
 - Be sure to not let your bladder get too full, which could cause an increase in bleeding and pain.

After birth cramping

After you give birth, the uterus has to shrink, which decreases the amount of bleeding that occurs. In order for this to happen, the uterus needs to contract, which feels like menstrual cramps. This may be noticed more while breastfeeding during the first few days post partum. You may take ibuprofen (Motrin®/Advil®) for relief if needed. What helps the most is keeping your bladder empty. You may want to urinate before you breastfeed to decrease cramping.

Perineal discomfort

You may have soreness in your bottom (the perineum) after birth. Many women describe this as a "pulling tightness."

- Ice packs on and off during the first 24 hours feels good and will also reduce the swelling.
- You may take pain medicine, such as ibuprofen (Motrin®/Advil®) or acetaminophen (Tylenol®) if needed.
- Sitz baths also provide relief. (More information about this on page 4 of this section.)

WHAT TO EXPECT AFTER BIRTH

Special consideration for cesarean section births

- **Spinal headache:** You should call your doctor if you have a long-lasting headache with a stiff neck. The headache may be worse when sitting upright. Increase your fluid intake (mainly water) and lie flat as much as you can.
- **Steri-Strips and Sutures:** If steri-strips are applied, you may remove them in one week. When removing the steri-strips, gently pull toward the incision from first one end, and then the other. Do not worry if the steri-strips fall off before one week. Sutures and staples are often removed on the 4th or 5th day after birth. Your doctor will tell you when to schedule a visit to remove sutures or staples if you go home before they are removed.
- **Do not drive a car until your doctor says it is okay.**

GENERAL HYGIENE

Sex/Tampons/Douching

- Avoid sex until the discharge becomes colorless. When you decide to have sex, you need to use birth control (this is covered in the next section). Sex should not be painful. If soreness is present, healing is not complete and you should wait until the soreness is gone. If soreness does not go away, call your health care provider. It is common to be fearful the first time.
- No douching or tampons until after your first checkup.

Peri-care

- Be sure to wash your hands well **before** and **after** peri-care.
- Use your peri-bottle at home after urinating and each bowel movement until the perineum is no longer sore.
- When removing your perineal pad, always grasp it by the tabs and remove it from front to back.
- Clean perineum at least once a day with warm water and a mild soap, from front to back.
- When handling a clean perineal pad, do not touch the inner surface with your fingers; grasp it by the tabs and put it on from front to back. Change your pads each time you go to the bathroom or at least every four hours during the day.

Sitz bath

- Clamp tubing, fill bag with warm water, and hang bag above toilet bowl.
- Fill sitz bath about 1/2 full.
- Place sitz bath in toilet bowl, seat up, with overflow opening directed towards back of toilet.
- Feed tube into the opening in the front and snap into groove on the bottom.
- Adjust tube clamp for rate of flow. May repeat as needed.
- Take a sitz bath 2 or 3 times a day until your bottom is no longer sore (about two weeks).
- If you have hemorrhoids, a warm sitz bath will help reduce their size and make you feel better.
- Be sure to use clean water.
- Rinse sitz bath well between uses.

WHAT TO EXPECT AFTER BIRTH

BATHING

Vaginal birth:

- A shower for the first two weeks after birth is suggested.
- A tub bath is fine if you do not have a shower, but clean the tub well with a disinfectant before and after bath.
- Use two wash cloths, one for your bottom (the perineum or area between vagina and rectum) and one for the rest of the body until the perineum is healed.

Cesarean section:

- You may shower for the first two weeks but do not soak in the tub. Soaking in the tub increases the chance of infection. Again, if you do not have a shower, you may bathe in a well-cleaned tub with water level below incision.
- Use a fresh, clean wash cloth when washing the incision. Pat incision dry with a fresh, clean towel.

BREAST CARE

Breast fullness occurs when you have a “milk surge,” as the first mature milk comes in. This often occurs 3–5 days after your baby is born. Your breasts may feel heavy, full, and tender for about 24 hours. Sometimes, the breasts become uncomfortably full (engorged). Engorgement causes the breasts to become swollen, hard, hot, and sore and to throb with pain.

Non-nursing mothers:

If you are not nursing and you become engorged, the pain can be relieved by wearing a well-fitted support bra, day and night, for support and comfort. Apply ice for 20 minutes at a time to help relieve the pain. You should not touch the breasts or express milk. Do not let warm water run on your chest while showering. A binder can be made from an old sheet or towel. Have someone help you pull the sheet tightly around your breasts and pin in place. Then apply ice. Do not put ice directly on breasts.

Nursing mothers: refer to feedings section (page 10)

Note: Nursing or non-nursing mothers should notify their health care provider if a section of a breast appears red, sore, and/or warm to the touch. These symptoms and a fever above 100 may be signs of infection. You may feel flu-like symptoms if you have a breast infection.

Rest and activity

Below are five (5) basic rules to follow until your first check up:

1. Try to take a nap or rest time with legs raised for 20 minutes at least 3 times a day.
2. Do not lift anything heavier than your baby.
3. For the first couple of weeks, do no heavy housework. You may need someone to help you with household chores while you take care of the baby. Do not push, pull, or lift anything heavier than your baby.
4. Limit climbing stairs to twice a day (up and down counts as one time). Do only needed climbing and go slowly, one step at a time, as a child does. As you walk, hold in your stomach muscles. This will help strengthen the muscles around the uterus and keep it from moving as you walk.
5. If you have an increase in flow or it changes to red, you are doing too much. Slow down and cut back on activities. (Keep everything you need for the baby and yourself on one level or in one area of your home to help you avoid extra trips.)

Do not drive a car for 2 weeks!

WHAT TO EXPECT AFTER BIRTH

“BABY BLUES”

- You may have “baby blues” after giving birth. This is common and is caused by hormone changes within your body and the challenge of adjusting to your newborn.
- The “blues” often strike between 3 and 7 days after birth.
- Baby blues last a few days.
- If symptoms last more than 2 weeks, notify your health care provider.

Symptoms:

- feeling sad
- rapid mood swings
- crying for no reason
- headache
- hard stools (constipation)
- fatigue
- irritability

POSTPARTUM DEPRESSION

Some women get postpartum depression or mood disorder. This can become severe if left untreated. It is like the blues but lasts longer and its symptoms are more severe.

Symptoms may include:

- unable to sleep (insomnia) or sleeping all the time
- extreme lack of energy or up-and-down mood and energy levels
- confusion
- poor appetite
- lack of desire to take care of your baby or yourself
- rarely, one may have thoughts of harming herself or her infant
- not enjoying motherhood at all

If you have any of the above, call your health care provider right away.

Helpful hints:

- Take time out for yourself, whenever you can. This can be a 20-minute bath, a walk, or reading a book.
- Make a date with your partner, get a baby sitter, and have some time alone together.
- If you enjoy shopping, get a babysitter and go shopping for a couple of hours.
- Allow family and friends to help you. (It’s okay to ask for help!)

For local support, call Bay-Arenac Behavioral Health at 989-895-2240 or 1-800-327-4693.

For information on our Postpartum Support Group, call the Family BirthPlace™ at 989-894-3034.

POSTPARTUM NUTRITION

Eating a well-balanced diet after your baby is born will help you feel better. Good nutrition will aid the healing process and provide you more energy to meet the demands of being a mom. With good nutrition, your immune system will work more effectively at keeping you healthy.

A few suggestions:

1. Choose foods from all the food groups:
 - Fruits, veggies, whole grains, proteins (meat, dried beans, cheese, peanut butter), milk and dairy products.
2. Drink to quench your thirst. Include juices, milk, and plenty of water. This will give you more energy!
3. Keep taking your prenatal vitamins or a multivitamin.

What about mom's diet while breastfeeding?

- You do not need to follow any special diet.
- Nursing moms should have 3 or more servings of dairy products or other high calcium or calcium-fortified foods or juices per day.
- A nursing mother should take about 400 extra calories a day above her non-pregnant needs.
- Sometimes a baby may spit up or seem more gassy after a particular feeding. This just may be because you ate something that the baby was not used to.
- If you notice that certain foods consistently trouble your baby, simply limit or avoid those particular foods.
- Caffeine drinks should be limited to 1–2 servings/day. Also, avoid eating too much chocolate.

Will eating poorly affect the quality of your milk?

No. However, if you do not take in enough calories, you may produce less milk. Also, you will not feel your best, which may take away from how much you enjoy parenting.

Avoid smoking, which may decrease your milk supply.

Avoid alcohol intake.

- The removal of alcohol from breast milk is 2–3 hours for one drink, up to 13 hours if drinking heavily.
- Alcohol will have a more harmful effect on a newborn's immature liver.

CALL YOUR HEALTH CARE PROVIDER IF...

1. **You have a fever over 100°F and chills with any of the following symptoms:**
 - very painful stitches (episiotomy) that may include drainage and/or swelling
 - backache with an increased flow
 - orange- or rusty-colored flow and strong, foul smell
 - bad cramps in uterus
 - urinating too often in small amounts and/or pain when urinating
 - red, warm, painful breasts (or discharge)
2. **If your flow turns from pink to bright red and you are:**
 - passing clots or using more than one or two pads in one hour
3. **If you have a headache with a stiff neck, which is worse when sitting up**
4. **You have a bad headache with blurred vision**
5. **You have pain or swelling in either leg or pain in your groin or hip**
6. **Pain in the pelvic or perineal area**
7. **Swelling in the feet or face**
8. **Severe mood swings**
9. **Incision is red, sore, or draining**
10. **Thoughts of harming self or baby**

EXERCISE

There are many benefits to exercise. Exercise will tone your muscles, reduce stress, and make you more alert, as well as give you energy!

Many women want to know when they can start to exercise to help take off the weight they gained with the pregnancy.

You must give your body time to heal from childbirth first. If you exercise too hard or too soon (like aerobics), you can do more harm than good for these reasons:

- Can prolong post-birth vaginal flow
- Aerobic exercises do not build muscle tone in areas weakened by childbirth
- Bouncing movements can cause strain to muscles of the chest and back
- It puts too much stress on the body of the new mother
- The hormones of pregnancy relax the body joints, and they need time to regain strength

It took nine months for the changes of pregnancy and birth to occur so it will take some time to get things back to the way they were.

Here are a few exercises that are safe for you to start doing right away:

KEGEL EXERCISES

This exercise will help rebuild strength in the pelvic muscles that were stretched during the birth by the baby's head. They are like a sling that holds all your pelvic organs in place. This exercise also helps you to sit more comfortably the first few days after birth. If you have stitches on your bottom, do a kegel when you are in the process of sitting down. (See prenatal section.)

What to do: Practice this the first few times sitting on the toilet while urinating. After you have learned what the muscle feels like when you are moving it, no longer do them while urinating. Tighten the muscles of your bottom (the perineum) by pulling them up and in. If you do this the right way, you will stop the flow of urine while you are pulling them up and in. Hold the muscle in to the count of 3, then relax. Do this 10 times, 3 times per day. You can put a mirror on the floor and look at your bottom if you are not sure if you are doing this right. Your anus will pull up and in when you're doing this right. This exercise can also be used to increase the pleasure of sex for both you and your partner.

ANKLE/FOOT STRETCHES

- These exercises will help decrease swelling in the ankles and varicose veins and relieve cramps.
- Bend and stretch your ankles.
- Bend and stretch your toes.
- Roll your feet around in circles, first one way, then the other, while keeping your legs close together.

EXERCISE

ABDOMINAL EXERCISES

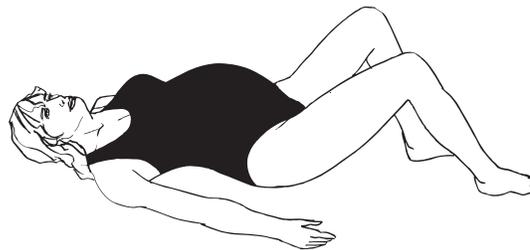
Your belly muscles (abdominals) have been stretched by the baby/pregnancy. They will take time to tone up again. If your health care provider has shown you a parting in your muscles that needs to be brought back together, there are 2 exercises you can do to help.

1. **Belly breathing**

Lie on your back with knees bent with one hand resting on your belly. Breathe in slowly through your nose and picture air filling your belly as it rises. Blow out slowly through your mouth and draw in your belly until it is flattened. Repeat two times, then build up to 4.

2. **Modified roll up**

Lie on your back with your knees bent. Put your arms at your side or your hands together on your belly. Take a slow, deep breath. Lift your head and chin to your chest. Hold this position for a few seconds. Lower your head back to the bed as you breathe out. Repeat three times, then work up to 10, twice a day.



WALKING

After the first week, walking is a good way to get back in shape. As long as you are not in any pain from walking or your bleeding does not increase, you can start walking for 5 to 10 minutes, once or twice a day. Make sure you drink a glass of water before and after you walk. By three weeks after your birth, you can slowly build up your walking time to 20–30 minutes, once or twice a day.

You should not begin an active exercise program until after you have had your postpartum checkup by your health care provider. Listen to your body. Eat a balanced diet. Wear a good bra. Do something nice for yourself like get a new haircut or have your nails done. These things will help you feel better and look better. The weight you gained should come off in time with proper diet and exercise.

RENEWING ROMANCE!

SEX AFTER PREGNANCY

You and your partner are faced with many changes after you have your baby. You have less time for each other as you care for your baby, and you often feel tired. A woman's body has many changes: breasts may be tender, and the vagina may not be as moist, and may feel sore. It may take 6 weeks to 6 months or more for a woman to return to the weight she was before pregnancy. All of these changes can affect your desire for sex. Many women have less desire for sex for a few months after they have a baby. It may help to talk about your feelings with each other. You can talk to your health care provider about any questions or concerns.

It is vital to do what feels best to you and wait until you feel "ready" to have sex again. It is safe to have sex when all the vaginal flow has stopped and the stitches are healed. This takes about 4 to 6 weeks. There is an increased risk of pelvic infection if you have sex before this time. Women can get pregnant right away after giving birth, even if they are breastfeeding. Be sure to use birth control EVERY TIME you have sex until you plan your next pregnancy.

SOME HELPFUL HINTS FOR HAVING SEX

Positions:

- Side lying, partner behind woman
- Woman on hands and knees, partner kneeling behind
- Woman on top

Moisture (lubrication):

- K-Y Jelly® or other water-based jelly, such as Surgilube,® or a petroleum-based product (NOT VASELINE®)
- Saliva
- Vegetable oil
- Breast milk

Other options:

- Cuddle
- Oral sex
- Manipulate and massage

Be patient, gentle, and keep talking to each other in order to spark the romance again!

BIRTH CONTROL (CONTRACEPTION)

Be aware: You can become pregnant at any time after birth.

Method	Pros/Use	Cons	Success Rate
Birth Control Pill	<p>Some non-birth control health benefits, such as decreased risk of cancer of the ovary and uterus</p> <p>One type of pill may be an option for breastfeeding moms</p> <p>Makes periods regular</p>	<p>Must take a pill every day at same time</p> <p>Medicine for infections may decrease success rate of pill</p> <p>Increased risk of blood clots, heart attack, stroke, especially in smokers more than 35 years old</p> <p>Does not protect against STDs* (sexually transmitted diseases)</p> <p>May have some side effects, like spotting, weight gain, headache, high blood pressure, nausea, sore breasts</p>	97–99% when taken without error
Shots (Injections)	<p>Need 1 injection every 3 months</p> <p>Decreased menstrual flow and cramps</p> <p>Some non-birth control health benefits (as above)</p>	<p>Health care provider visit for injection every 3 months</p> <p>May take up to 18 months to become pregnant again after stopping shots</p> <p>Side effects may include weight change, menstrual bleeding changes, depression</p> <p>Does not protect against STDs</p> <p>May decrease milk supply if breastfeeding</p>	99%
Implant	<p>Birth control for up to 3 years</p>	<p>Must be inserted into upper arm by health care provider</p> <p>Side effects may include change in periods; headache; weight gain; acne; mood swings; nausea; pain at implant site</p> <p>Does not protect against STDs</p>	99%
Condoms with Sperm Killer (spermicide)	<p>Easy to get</p> <p>Helps protect against STDs</p> <p>Good results when used with spermicide</p>	<p>May reduce feeling</p> <p>Need to plan ahead for sex</p> <p>May break</p> <p>Used by male partner</p>	88–98%
Spermicides (kill sperm)	<p>Easy to get</p> <p>Good results when used with other methods, such as condom, cap, diaphragm</p>	<p>Need to insert before sex</p> <p>Need to use again for repeated sex</p> <p>May be messy</p> <p>May cause burning/irritation</p> <p>May increase risk of urinary tract infections, mainly when used with diaphragm</p> <p>Does not protect against STDs</p>	74–94%

* Discuss any birth control options with your health care provider.

* STD—sexually transmitted disease

BIRTH CONTROL (CONTRACEPTION)

Method	Pros/Use	Cons	Success Rate
Sponge	<p>Inserted vaginally up to 24 hours before sex and for 6 hours after sex</p> <p>Easy to get</p> <p>Provides a barrier and contains spermicide</p> <p>Disposable</p>	<p>Need to insert before sex</p> <p>Does not protect against STDs*</p> <p>Increases risk of yeast and urinary tract infections</p> <p>May cause burning/irritation</p>	89–91%
Vaginal Ring	<p>A flexible vaginal ring (releases female hormones for birth control)</p> <p>Inserted into vagina and left there for 3 weeks</p> <p>New ring inserted after a 1-week break</p>	<p>May be hard to insert at first</p> <p>Does not protect against STDs</p> <p>Increased risk of blood clots, heart attack, stroke, especially in smokers more than 35 years old</p>	98–99%
Birth Control Patch	<p>Patch contains female hormones for birth control</p> <p>Apply once a week for 3 weeks then take 1 week off before repeating this cycle</p>	<p>May irritate skin at patch site</p> <p>Side effects may include tender breasts, headache, nausea, menstrual changes and cramps</p> <p>Increased risk of blood clots, heart attack, stroke, especially in smokers more than 35 years old</p> <p>Does not protect against STDs</p> <p>Does not work well if your weight is more than 200 lbs</p>	99%
IUD (Intrauterine device)	<p>Constant birth control for up to 10 years</p> <p>A hormonal IUD is also available (Mirena). IUDs are inserted by health care provider.</p>	<p>May fall out or puncture uterus</p> <p>May increase risk of Pelvic Inflammatory Disease (PID) for some women</p> <p>May be unable to be used in those who have a history of STDs</p> <p>Need to be in a long-term, committed relationship with only one person</p>	99%
Lasting Methods (made sterile by surgery)	<p>Women—Tubal Ligation (having tubes tied)</p> <p>Men—Vasectomy (Tube that carries sperm is cut and tied off)</p> <p>Once procedure is done, you do not have to think or worry about birth control (sex can be unplanned)</p>	<p>Need to be sure that you do not want to have any more babies, as often cannot be undone</p> <p>Requires surgery (done in hospital for women, office for men)</p> <p>No protection from STDs</p>	Greater than 99%

* Discuss any birth control options with your health care provider.

**When you are ready to renew romance, proceed with caution!
Make sure you have a good, safe birth control method before taking that leap!**

* STD—sexually transmitted disease

Newborns

NEWBORNS

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WELCOME TO THE WONDERFUL WORLD OF THE NEWBORN

Skin: Your baby's skin is thin and dry. You may see veins through it, and fair-skinned babies may be "rosy red" at first. A white wax-like coating on the skin, called vernix, may be seen in the creases and hairline. You may notice dryness and peeling. If you want to lubricate the skin, follow advice from your health care provider.

JAUNDICE IN YOUR NEWBORN

Jaundice is the yellow color of the skin seen in many newborns. It happens when a chemical called bilirubin builds up in a baby's blood. Bilirubin is a pigment produced as red blood cells break down. Bilirubin is removed by the liver. When a baby has jaundice, either too much bilirubin is being produced, or the liver does not get rid of it quickly enough. It takes a few days for the baby's liver to mature to get better at handling the removal of bilirubin.

Most infants have mild jaundice that is harmless, but in some babies the bilirubin level can get very high and might affect some of the baby's brain cells. This may cause a baby to be less active and may even cause a seizure in rare cases. This is why babies need to be checked for jaundice and treated to prevent a high-bilirubin level.

In the hospital, after 24 hours of age, your baby's bilirubin level will be checked unless jaundice is noted before this time. Whether a test is needed after that depends on the baby's age, the amount of jaundice, and whether the baby has other factors that make jaundice more likely or harder to see.

Other factors include:

- A high-bilirubin level before leaving the hospital
- Early birth (more than 2 weeks before the due date)
- Breastfeeding that is not going well
- A lot of bruising or bleeding under the scalp related to baby's birth
- A parent or brother or sister who had a high-bilirubin level
- When the baby's blood type is different than mom's

At home, call your baby's doctor if:

- The baby's skin turns more yellow or tan
- Baby's belly, arms, or legs are yellow
- The whites of the baby's eyes are yellow
- Baby is hard to wake or is sleepy, fussy, or not eating well

Most jaundice requires no treatment. When treatment is needed, special lights or a special blanket may be used to lower the bilirubin level. Depending on the bilirubin level, this can be done at home or in the hospital. Feeding your baby every two to three hours will help. Giving baby extra water will not help.

Placing your baby in direct sunlight is no longer recommended. Exposing your baby to sunlight might help lower the bilirubin level, but this will only work if the baby is completely undressed. This cannot be done safely in your home because the baby will get cold, and baby should never be put in direct sunlight outside because they might get sunburned.

WELCOME TO THE WONDERFUL WORLD OF THE NEWBORN

Skin rashes: Small, raised, white pimples called “milia” may be seen on the face. These are plugged ducts and will go away in time. Blotchy, red areas with raised white or yellow spots are also normal, and are sometimes called “flea bite” rash because of how it looks. These will go away in time. Do not squeeze them. (They do not bother the baby.)

Genitals: Newborn girls may have a discharge from the vagina that is clear or milky white. Some babies will have a pink or even bloody discharge like a false period. This is quite harmless and should go away by the end of the first week. The labia or tissue around the vagina may be quite swollen. A smooth pink “tag” may be seen and will slowly shrink over the next two to three weeks. Newborn boys have a foreskin that covers the head of the penis. Erections are common in baby boys. The scrotum may look large and appear swollen at first.

NORMAL NEWBORN BEHAVIORS

Some new parents become concerned over things that babies do. Most of these actions are harmless reflexes caused by an immature nervous system and not signs of illness or problems. These normal behaviors should go away in two to three months and include:

- lower lip quivers
- chin trembles
- hiccups
- sneezes
- spitting up or “wet burps”
- startle reflex: the body stiffens briefly in response to noise or movement
- straining with bowel movement
- uneven breathing

WELCOME TO THE WONDERFUL WORLD OF THE NEWBORN

Whether you are reading this before or after your baby is born, you have much to look forward to. You will probably learn how to be even better organized once you become a parent. You are already learning these skills as you prepare for the birth of your baby through baby showers and getting the nursery ready, as well as preparing yourselves for this exciting and challenging venture. It is also a joy watching your baby grow and knowing that you are a key part of that process.

Let's take a look at a newborn...

NEWBORN LOOKS

Scalp hair: Most hair is dark at birth. This hair is short term and may begin to fall out by one month of age. Some babies lose it slowly while the final hair is coming in. Others lose it quickly and look bald for a short time. The lasting hair often appears by six months. It may be unlike the newborn hair color.

Soft spot (fontanel): The soft spot is found on the top part of the skull. It is often shaped like a diamond and is about the size of a quarter. It is protected by a thick layer of tissue, so it is safe to touch it. The purpose of the soft spot is to allow for the rapid growth of the baby's brain. It should close by about 18 months of age.

Molding (cone head): This refers to the long, narrow, cone-shaped head that results from passage through a tight birth canal. Your baby's head will be more rounded within a few days after birth.

Eyes: The final color of your baby's eyes may not develop until six months to one year of age. White babies are often born with blue-gray eyes. African-American, Asian, and Latino babies are usually born with brown-gray eyes.

Blocked tear duct: If your baby's eyes water or have some drainage, the tear duct may be blocked. The tear duct drains tears from the eyes to the nose. A blocked tear duct is common and more than 90% open by the time the child is 12 months old. If the white part of your baby's eye is red, call your baby's health care provider.

BABY CARE

Bathing your baby

It's important to keep your baby clean, but a full bath every day isn't necessary. In fact, two or three times a week will be enough until your baby begins to crawl. However, baby's face, neck, hands and bottom should be cleaned daily. To make bathing a more pleasant and successful event, choose a time when your baby is calm. Avoid bathing a baby who's just been fed. Sponge bathe your baby until the umbilical cord falls off. When bathing your baby, it is best to start with baby's face using clean water, no soap on the face. The baby's hair and rest of the body is washed next with the baby's bottom last. A simple rule is to go from clean to dirty. This can be a very pleasant time for you and your baby if you follow a few simple guides.

- Gather together all needed equipment first:
 - Mild baby soap
 - Towel
 - Soft wash cloth
 - Diaper and diaper supplies, as needed
 - Fresh clothing
- It is best to use your wrist or elbow to test the water for comfort before putting baby in.
- Do not use Q-tips.®
- **Never leave baby alone.**
- Many new parents find it easy to bathe their baby by the kitchen sink until the cord falls off. The water can run at a constant temp, and you will not need to do a lot of bending.
- Babies are slippery when wet, so try to get a better grip on your baby by using a wash cloth.
- If your male baby is not circumcised, **DO NOT** pull back on the foreskin. It may take anywhere from months to years for the foreskin to pull away from the head of the penis. If you have any questions or concerns, contact your baby's health care provider.

Umbilical cord care

Your baby's umbilical cord will usually fall off by 2 weeks after birth. You need to turn the baby's diaper down to allow air to help dry the cord.

- In most cases, there is no need to put anything on the umbilical cord.
- Slight bleeding (slight ooze) is common when umbilical cord falls off.

Watch for these warning signs, and call your baby's health care provider at once:

- Thick yellow or green drainage
- Foul odor
- Redness/swelling
- Bleeding (more than a slight ooze)

BABY CARE

DIAPERING

Wet diapers:

- Your infant should wet 6–8 diapers per day by the third day of life (3-4 if breastfeeding).
- The diaper should be folded down until the cord falls off.
- Either cloth or disposable diapers are okay to use.
- Wash your baby's diaper area gently with each diaper change, cleansing from front to back, including between creases. It is best to use a warm, moist wash cloth. Baby wipes work well when you are on the run, but overuse may cause irritation.

Stools:

A baby's first stools are called meconium and appear to be black and tarry. These stools are often cleared out of baby's system by the third or fourth day of life.

- Babies may have quite a few stools per day or no stools for a few days.
 - Call baby's health care provider if your baby has hard, firm stools, if you notice any blood in the stools, or if stools become watery (diarrhea).
- **Breastfed babies'** stools slowly change from meconium to a mustard yellow color. They may be slightly loose or pasty with small curds. Some breastfed babies stool at each feeding. Others may not stool for 2–3 days.
- **Formula-fed babies'** stools slowly change from meconium to loose green to brown before they become a loosely formed brown stool.

A changing table is an easy place to diaper and dress your newborn. Make sure there are straps to help secure your baby during use. Keep all needed products/items handy, as you never want to turn your back on your baby to reach for something. Never leave baby alone!

In the hospital, let your nurse know when the baby wets or messes.

Dressing/laundry

Just a few tips:

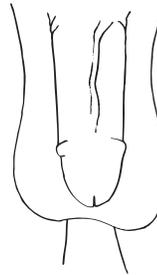
- Dress your baby in the same type of clothing as you are comfortable wearing.
 - Babies who are overly warm may be crabby.
- Wash your baby clothes alone in a mild laundry soap and rinse well. Do not use dryer sheets or fabric softener because of possible problems with allergies. You may want to include mom and dad's shirts in with your baby's laundry, as the baby's face does rub on your clothes and may become chapped.
- If you are unable to use a mild laundry soap, run the laundry load through the rinse cycle twice.
- If using cloth diapers, wash apart from other laundry.

CIRCUMCISION

If your baby is a boy, you will have to decide whether or not you want him to be circumcised. This is a surgery to remove the foreskin, a loose fold of skin that covers the end of the penis. The American Academy of Pediatrics has stated that scientific studies show some medical benefits of circumcision. However, these benefits are not sufficient for them to recommend that all infant boys be circumcised. Talk about the risks and benefits with your health care provider.



Un-circumcised



Circumcised

The choice for a circumcision is a personal one. This decision is usually based on religious, cultural, or traditional factors. Some other reasons may be health and hygiene issues or if the father of the baby is circumcised. If you have a family history of bleeding problems, you might want to consider waiting to have this surgery done or discuss with your baby's health care provider first.

Should you decide to have your baby boy circumcised, talk with your baby's health care provider about using a local or topical numbing medicine (anesthetic) to decrease the discomfort of circumcision. Your baby will be given "sugar water," which has shown to decrease pain by increasing natural pain relievers in the body. Concentrated Tylenol Infant Drops® (acetaminophen) may be available to help with discomfort, as well.

It is common for babies to be very sleepy for several hours after having a circumcision. This may cause a short-term feeding problem if baby will not wake as often for feedings. Make sure your baby has had at least a few good feedings before this surgery is done.

Whether or not your baby is circumcised, you will be given instructions on proper cleansing/care of your baby's penis.

SAFETY

CAR SEAT SAFETY

Do not ever leave home without using an infant car seat for your baby/child. Make sure you know how to use your infant car seat by reading the information ahead of time and trying it with a stuffed animal or doll. Baby is to leave the hospital in an approved infant car seat.

Some general guidelines:

- Make sure your car seat is safety approved, has an instruction book and is under 5 years old. Car seat safety checks can ensure that the seat is correct for the baby and the vehicle and meets current recommendations.
- Do not use or purchase a car seat without knowing its history and especially if it was ever in a crash. Infant seats involved in a crash, whether they show damage or not, are not safe.
- Send in the car seat warranty card. This is used for the car seat manufacturer to notify you of any recalls or safety updates.
- Infants must be rear-facing and in the back seat. Refer to the car seat instructions as well as the vehicle's owner manual for proper placement, how to install, weight, and other recommendations.
- Never place a car seat in front of an active air bag.

Burns/falls

If you are disrupted while caring for your infant, be sure to place your infant in a secure place away from radiators, cigarettes, hot beverages, curling irons, stoves, etc., to prevent burns or falls.

Secondhand smoke increases baby's risk of sudden infant death syndrome (SIDS), asthma, and ear infections.

Choking

Keep all small objects (buttons, pins, small toys, etc.) away from the infant. Beware of jewelry (necklaces), ribbons, cords, etc., which could strangle the baby. Keep in mind that well-meaning siblings or other children can present a danger to babies by trying to share food items, small toys, etc. Never let them out of your sight.

Drowning

Never leave your baby alone in a tub or near any source of water, like a pool, buckets of water, etc. If a crisis arises and you need to stop the bathing process, always take your baby with you or place your baby in a secure place (playpen or crib).

SAFETY

SAFE SLEEP SUGGESTIONS

- Remember the ABC's of Safe Sleep: Always place baby
Alone on his
Back in his
Crib
1. Make sure your crib meets current safety standards.
 2. Use a firm mattress that is covered by a tight fitting sheet.
 3. Use only 1 blanket, sleep sack, or swaddler for sleep.
 4. No extra blankets, pillows, stuffed animals, etc. in the crib. The only thing that should be in the crib is the baby!
 5. Baby may sleep in his parents' room but not in the same bed.
 6. Avoid over-heating baby - Do not over dress.
 7. Do not use bumper pads or wedges in the baby's crib.
 8. Consider offering a pacifier at nap time and bedtime during the first year. (If breast feeding, wait until nursing is going very well before trying a pacifier).
 9. Parents often become overly tired during feedings or while cuddling with baby. If you're feeling sleepy, put the baby in the crib so you don't fall asleep and suffocate your baby.
 10. Do not smoke or allow others to smoke around your baby. Second hand smoke greatly increases the risk for SIDS (Sudden Infant Death Syndrome).
 11. Breastfeeding decreases the risk of SIDS.

IMMUNIZATIONS

Make sure your baby receives the full series of shots (immunizations or vaccines) to prevent some diseases. This can be done at your local health department or health care provider's office.

PROTECT BABY'S HEAD

Because your baby's neck muscles are weak, you need to support your baby's head at all times to avoid severe injury or even death.

SHAKEN BABY SYNDROME

Parents need to realize that even a small amount of shaking can cause lasting brain damage to an infant. Ask for help from a family member if you are feeling highly stressed when caring for your infant.
Never pick up your baby while you are angry!

SUN SAFETY

Infants should be kept out of direct sunlight. The most harmful time is between 10 am and 4 pm, even on foggy or hazy days.

A few tips:

- Keep your baby in the shade (use an umbrella or canopy).
- Dress your baby in lightweight clothing that covers the arms and legs.
- Have your baby wear a hat with a wide brim.
- If baby is less than 6 months old, check with your baby's health care provider about the use of sunscreen (opinions vary).
- When using sunscreen, apply half an hour before going out during warm weather. Use one with SPF (sun protection factor) of at least 15. SPF of 30 is better. Reapply it about every 2 hours.

Warning...children who suffer just one blistering sunburn have more than doubled their chance of getting skin cancer later in life, according to medical experts.

CRYING

CRYING

Babies cry to express a need or protest. Crying is normal and healthy for babies. Many mothers learn early that their baby's cry changes depending on their needs. The normal infant cries an average of 2 hours and 15 minutes each day, peaking at 6 weeks of age. Luckily, time spent crying often decreases a lot by the time your baby is 10 to 12 weeks old.

When your child cries, check out his/her basic needs first. Is your baby hungry? Need a burp? Tired? Uncomfortable? Too hot or too cold? Messy diaper? Not feeling well or sick (long crying that sounds like whining or whimpers)? Is he in pain (sudden shrill, high-pitched shriek that is long and loud, followed by lengthy pause of breath holding)? When your baby cries, go to him/her as soon as you can. A baby who is upset is much harder to soothe.

Some babies will cry when they want to be left alone. When this happens, your baby may become even more upset when you try to soothe him. Your baby may just need to be allowed to cry to "let off steam."

UNEXPLAINED CRYING (SOMETIMES REFERRED TO AS COLIC)

Most babies have a normal fussy period, often in the evening. They may seem more needy than usual. But babies with colic have very fussy times that may last up to three months of age. There are four key features of babies with colic:

- They cry longer than other babies.
- Their cries are often louder.
- These babies are hard to comfort.
- They tend to cry during a certain time of day, which is often in the afternoon and early evening.

CALMING FUSSY BABIES

Babies may feel stressed when they are suddenly "evicted" from their mother's womb after nine months. This is quite a time of change for the newborn. Imitating the qualities of the womb will trigger a baby's calming reflex. Five Ss help to trigger this calming reflex:

1. Swaddling (arms should be tightly swaddled unfolded against the baby's sides)
2. Side-lying or tilted toward stomach
3. Shushing or white noise
4. Swinging (dancing with baby, jiggling back and forth)
5. Sucking

Ref. Harvey Karp, M.D., [The Happiest Baby on the Block](#).

CRYING

OTHER COMFORT MEASURES

Here are some other tips for comforting a fussy baby. Give each tip 15 minutes before trying something else.

POSITION

- Baby held seated in your hand, his back to your chest so that he is facing forward leaning over your other forearm.
- Baby held high over your shoulder so she is looking down on your back.

RHYTHMIC MOTION (THE MOST COMFORTING PACE FOR RHYTHMIC MOTIONS IS 60 TIMES PER MINUTE)

- Rocking in an up-and-down bouncing way with deep knee bends.
- Sitting in a rocking chair to rock baby.
- Using an infant swing.
- Stroller ride, if weather permits.
- Consider going for a drive (in an approved infant car seat).

WARMTH

- Cuddle infant close to you (skin to skin is best).

SUCKING

- Encourage your baby to suck his thumb or fingers.
- Pacifiers may be helpful but should be used with caution. (May interfere with feeding cues and is a source of germs.) Also, if you are breastfeeding, it is suggested that you wait until nursing is going very well before using a pacifier.

SOOTHING SOUNDS

- Try speaking calming words to your infant in a low, soft voice.
- Hum and sing songs.
- Your baby may be calmed by the sound of a dishwasher, vacuum cleaner, clothes dryer, washing machine, or fan.
- Try one of the new devices that play womb sounds.
- Play music: classical (Mozart, Brahms, Beethoven, Bach, Vivaldi), new age or, soft jazz.

You may find that your baby has his/her own desired comfort measures.

Try different things until you learn what your baby finds most soothing.

TOUCH AND MASSAGE—A LANGUAGE OF LOVE

BENEFITS OF INFANT MASSAGE:

1. Touch is a way to communicate. It plays a vital role in the growth and development of your baby. Your tender touch conveys your love for your baby.
2. Massage affects sleep patterns, eating, intestinal function, bonding, attachment, weight gain, and overall development.
3. Massage promotes bonding by aiding in eye-to-eye and skin-to-skin contact. Baby is also calmed by the soothing sounds of mom's/dad's voice.
4. Infant massage stimulates muscles and strengthens lung and heart functions. It also releases "feel good" chemicals.
5. Babies who are massaged before bedtime fall asleep faster and are more alert and wakeful during the day.
6. Massage promotes rest! The ability to relax when presented with stress is a skill that children need to carry through their entire lives.

Choose a time of day when your baby is alert and not hungry (right after a diaper change, bath or nap). Find a comfy spot on the floor, a bed, or a couch in a room warm enough for your baby to lie without clothes on. You might put on some soothing music. Plan to spend from 10 to 30 minutes of time alone with your baby. Massage oil or lotion will help your hands glide over baby's skin. (Rub oil in your hands first to warm it.)

If your baby cries, stop the massage and try again later.

IS MY BABY SICK?

Fever: If your baby feels warm, will not feed, is very crabby, or will not wake up for feedings, you need to check your baby's temp. This should be done rectally. A rectal temp is the most precise.

- Ear thermometers are not suggested for newborns.
- If your child is 2 months or younger and has a **rectal temp of 100.4 degrees Fahrenheit (37.9 degrees Celsius) or higher**, call your baby's health care provider at once. Report the temp and how you took it. Your baby will need to be checked out to rule out any problems.
- Also call if the temp is **less than 96 degrees**.

Skin color change: Your baby may appear yellow or tan in color (jaundice). Jaundice is normal in many newborns, but should be checked. Also, if your baby appears gray (dusky) or blue in color, call your baby's health care provider immediately.

Breathing problems: Call your baby's health care provider if you think your baby is having any trouble breathing (grunting or wheezing).

Behavior changes: Call your baby's health care provider if your baby is listless (hard to wake) or does not stop crying.

Dehydration: Dehydration means that your baby's body fluids are low. The baby may dry out after **vomiting or diarrhea**. Your baby may be dry if he/she has less than 6 wet diapers in 24 hours; abnormal color or odor to urine; or dry mouth rather than moist or the soft spot in the skull (fontanel) is sunken. If you think your baby might be dehydrated, call your baby's health care provider.

Feeding problems: If you cannot get your baby to eat or your baby will not wake up for feedings, your baby needs to be seen by his/her health care provider. Babies can dehydrate quickly.

Vomiting: Spitting up small amounts is normal. Vomiting is not normal. Call your baby's health care provider for follow up.

Diarrhea: Loose, watery bowel movements—more than 3 in a row—can cause baby to dehydrate quickly and baby should be checked out by baby's health care provider.

Newborn Jaundice: Your baby may appear yellow in color (jaundice). Jaundice is normal in many newborns but should be checked. Refer to page 3 of this section.

Circumcision problems (see page 6)

Infected umbilical cord (see page 4)

When in doubt, call your baby's health care provider. Many times your questions can be answered over the phone. You will feel better too.

Feedings

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FEEDING TIME

Newborns have only two food choices on their menu...

Mother's own milk (breast milk) or infant formula

Breastfeeding is the ideal diet, as suggested by the American Academy of Pediatricians

BREASTFEEDING HAS MORE THAN A FEW PERKS IN STORE FOR MOM AND BABY.

There is a special bonding that occurs between mom and baby. This "custom-made" form of food is specific to your baby's needs and is easy for your baby to digest. The immune boost served to your baby through your milk will provide health gains that go way beyond the newborn period. As for mom, think of the savings! (Less need for sick-baby office visits; no need to buy formula.) Decreasing mom's risk for cancer of the breast and ovary as well as lowering mom's risk of bone mineral loss (osteoporosis) are also bonuses.

Breastfeeding provides a lifetime of benefits for mom and baby!

PREPARING YOUR NIPPLES FOR BREASTFEEDING

1. Daily shower with no soap to nipples is the only cleaning needed. Pat dry gently.
2. Check them out!
 - Sometimes a mother will have flat or inverted nipples, which may make it harder for the baby to latch onto the breast at first, but should not prevent mom from being able to breastfeed her baby.
 - The pinch or compression test: to find out if you have flat or inverted nipples, do the pinch or compression test by gently compressing your nipples between your thumb and fingers. Note what happens to your nipples. Your nipples will either "stand out" (protrude), flatten, or draw inward (invert or retract). Early and frequent nursing is very important to help draw out your nipples, which will make nursing easier for the baby.
3. During the first few days of breastfeeding, just before putting your baby to breast, it may help if you gently roll the nipple between your finger tips to help the nipple stand out. This allows the baby to latch on more easily.

NURSING BRA BASICS

UNDERWIRES

Just like regular bras, some nursing bras have underwires.

Pros: Nursing bras with underwires provide great support.

Cons: Some women find underwires uncomfortable, and you should not sleep in a bra that has an underwire.

Also, when wearing an under-wire bra, be sure the wire is not putting pressure on the breasts, as this could lead to blocked ducts and infection (mastitis).

NO UNDERWIRE

If you do not wear an under-wire bra, you may want a nursing bra that also has no underwire.

Pros: A nursing bra with no underwire may be more comfortable for you.

Cons: A nursing bra with no underwire may not provide enough support for women with large breasts.

FLAPS

For your nursing ease, many nursing bras are made so that the material that covers the breast can be opened without having to undo the bra. The nursing “flaps” are designed for discreet nursing, and, on some bras, they can be adjusted to a changing cup size.

Flaps make nursing easy and handy and can be very helpful when nursing in public. Sometimes the flaps connect at the top of the bra cup, and other times they connect at the middle of the two cups, near the band of the bra. You should buy whatever type is easy for you to clasp and unclasp with one hand.

HOW TO KNOW IF YOUR BRA FITS PROPERLY:

- A well-fitted bra covers the entire breast—no breast tissue “spills out.”
- A well-fitted bra is snug around the bottom band. It should be comfortable while not putting any pressure on the breasts. A bra that fits too tightly may cause plugged ducts or infection (mastitis).
- A well-fitted bra should “not ride up” in the back.
- A well-fitted bra should have straps that keep the breasts raised up without cutting into your shoulder.

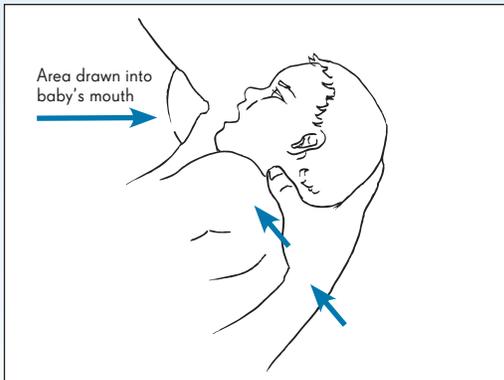
LATCHING ON



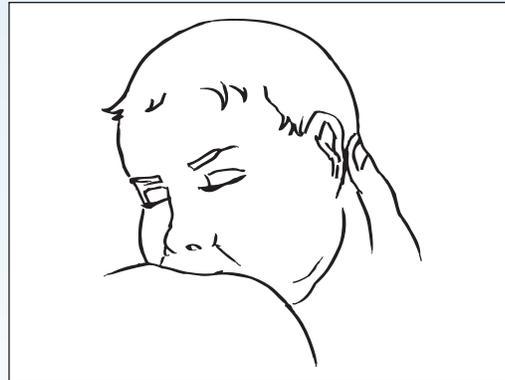
1. Hold your baby's head close to your breast, supporting the breast as needed. Use the "C" hold to position your breast with thumb on top of breast, fingers beneath, placed well back from the brown area around nipple (areola) so area for latch on is well exposed.



2. Lightly touch your nipple to the baby's top lip to help the baby to open his mouth wide (rooting reflex).



3. Once baby opens wide, pull him onto the breast quickly and gently, chin first, aiming the nipple to the roof of the baby's mouth, as baby takes in a large mouthful of the dark brown area of your breast (areola).



4. Keep him close. His nose may rest on the breast, lips flanged out with tongue positioned over lower gum, cupping around breast. As he suckles, his tongue compresses the areolar tissue against his palate.

SIGNS OF GOOD LATCH ON

1. Baby sucks with bursts and pauses
2. Baby's swallows can be heard at times
3. Cramps in uterus during first few days postpartum

SIGNS OF BAD LATCH ON

1. Pain during or after feedings
2. Nipple appears flat or striped as it leaves baby's mouth

POSITIONS

CRADLE POSITION

- Position baby tilted to his side, with his body and legs wrapped in around mom and his head resting along mom's arm in such a way that mom's nipple points to baby's upper lip or nostril.
- Use the "C" hold to position your breast.



SIDE-LYING

- Lie tilted to your side in bed with your baby lying on her side, supported by a pillow.
- Place pillows between your legs, at your back to lean against, and under your head.
- Use the "C" hold to lift your breast upward to your baby's mouth.
- When your baby starts rooting for your breast with a wide, open mouth, pull her head in close to your breast.
- This position works well for those late-night feedings.
- This position may be a more comfortable position following a cesarean birth.



POSITIONS

FOOTBALL HOLD (CLUTCH POSITION)

Sit in a chair with a pillow on your nursing side. Tuck baby's legs under your arm. With your arm under your baby's back and head, supporting the neck/head, bring baby toward your breast to latch on. Use "C" hold position to position your breast.

This position may be helpful when:

- You have had a cesarean birth and do not want the baby lying across your incision area.
- Your baby is very small or premature.
- You have large breasts.
- Your baby has trouble getting enough of your breast into his mouth.



POSITIONING TIPS

- Whichever position you choose for nursing, make sure you are at ease and relaxed.
- Use extra pillows for support.
- A foot stool may be helpful when sitting in a chair.
- Do not lean forward and strain your back, neck, or shoulders. Instead, bring your baby towards you.
- If you feel as though your breasts are not emptying completely with a feeding, you may want to try nursing in a different position.

Keep in mind: The first 1 to 2 weeks of breastfeeding require patience and effort as you and your body adjust to the natural changes that occur in hormone levels, sleep patterns, breast changes, and stress, as well as the healing process. Once you get used to breastfeeding, you will begin to enjoy this experience as you watch your body thrive and discover how convenient breastfeeding can be.

BURPING YOUR BABY

COMMON HOLDS FOR BURPING

Gently pat or rub baby's back in a circular, upward motion using one of the 3 methods of burping below.

Place baby upon your shoulder, so baby's chest is resting on your shoulder bone, and support baby's bottom with your arm or hand.



You may prefer to place baby face down across your lap with his head resting on one thigh and stomach on the other.



Another method that works well is to sit baby upright on your lap sideways, with baby's legs dangling over yours. Place one hand across baby's chest, positioned so your thumb and forefinger can support baby's chin. With baby leaning forward across that hand, use the other hand to pat or rub baby's back.



BREASTFEEDING TIPS

A few breastfeeding basics:

- Try to breastfeed your baby within the first hour of life. Babies are quite alert at this time and may be more willing to take part in their meal plan.
- Attempt to nurse every 2 to 3 hours during the waking hours over the first few weeks.
- If your baby does not seem to want to nurse, keep baby skin to skin next to you so that you will notice subtle hunger signs from baby, helping you to “seize the moment” by offering your breast at such times.
- Frequent feedings will increase the amount of milk you produce.
- Uterine cramping is normal while breastfeeding over the first few days postpartum. This is caused by the release of a hormone, oxytocin, when the baby suckles.
 - This is a reassuring sign of proper latch and suck.
 - The release of oxytocin decreases the amount of postpartum bleeding you will encounter.
 - Urinating just before nursing may decrease the intensity of cramping.
- Let the baby nurse when he seems hungry. Rather than watching a clock, watch for baby’s cues and leave baby on each side until baby releases the breast and acts content.
- Try nursing from both breasts at each feeding, if baby is interested. This will help stimulate and produce milk.
- If baby nurses on both breasts at a feeding, begin next feeding on the side you last ended with.
- To release baby from your breast, place a finger in the corner of baby’s mouth to break the suction.

Hunger cues:

- Simply just being awake during those first days of life.
- Sucking on fingers/hands.
- Crying or fussing (a late sign of hunger—don’t wait for this to happen).

HOW TO KNOW IF BABY IS GETTING ENOUGH TO EAT

Short term (first 72 hours)

- a) Content between feedings
- b) Swallowing heard at times
- c) Cramping in uterus
- d) 1 wet diaper in first 24 hours

Long term (4 days and beyond)

- a) Content between feedings
 - b) Your breast feels softer after a feeding
 - c) 6–8 wet diapers per day
 - d) 3–4 stools per day
 - e) Return to birth weight by 2 weeks of age
- Your baby will nurse more often during growth spurts, which often occur at 2–3 and 4–6 weeks of age and at 3 and 6 months of age. (The timing of these growth spurts will vary from baby to baby.)
 - The “**let down reflex**” has been described as a tingling feeling to the breasts that occurs when the milk “lets down.”
 - This feeling may not be noticed until a few weeks of nursing have passed.
 - This reflex may be triggered by your baby’s cry or suck.
 - Leaking of milk may occur when you feel the “let down,” therefore the use of breast pads may be helpful. (Change pads when damp; if using cloth pads, make sure they are made of cotton.)
 - Untimely leaking may be stopped by applying pressure to breasts.

BREASTFEEDING CALENDAR—FIRST WEEK OF LIFE

1-8 hours	8-24 hours	Day 2	Day 3	Day 4	Day 5	Day 6
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Milk Supply	You will have healthy colostrum for your baby.	Milk production most often increases between the 2nd and 4th day.			Milk should be in. Breasts may be firm or leak milk.	Breasts should feel softer after nursing.
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Baby's Activity	Baby is often wide awake in the 1st few hours of life. Put baby to breast within 1 hour of birth.	Watch your baby for feeding cues: moving arms & legs, open eyes, rooting, hands to face.	Baby may still be pretty sleepy. Keep watching for feeding cues.	Baby may sleep one 4 to 5 hour period. Wake baby up after 3 hours in the day time if you want baby to sleep more at night.		
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Feeding Routine	Baby may go into a deep sleep 2-4 hours after birth.	Feed your baby 8 times in 24 hours. Babies do not eat by the clock. Keep a log when you go home if you think that will be helpful.	Feed 8 times in 24 hours. If you have problems, refer to Community Breastfeeding Resource sheet.	Baby should appear content after feedings.		
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Breast-Feeding	Baby will have a 2nd alert period between 4-6 hours of life.	Listen for baby's swallow every 5-6 sucks. Feeding should not be painful to mother.	Try to nurse on both sides at each feeding, aiming for 10-15 min. each side. Expect some slight nipple tenderness but not pain.	If the breast is too firm for the baby to latch on, consider warm compresses and hand expression to soften it.	Baby is probably eating every 2-3 hours now, for 10-15 min. on each side.	Expect a growth spurt at about 2-3 weeks of age, when baby will want to eat every 1-1/2 to 2 hours. This tells your body to make more milk. May last 24-48 hours.
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Baby's Urine Output		Baby should have at least 1 wet diaper in the 1st 24 hours.	Baby should have at least 2 wet diapers.	Baby should have at least 4 wet diapers. If disposable diapers make it hard to tell if it is wet, place a small piece of tissue inside diaper.	Baby should have 6-8 wet diapers.	
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Baby's Stools		Baby should have at least 1 black stool (meconium).	Baby should have at least 2 stools. May turn to green color.	Baby should have 3-4 stools, changing in color from black to green to yellow.	Baby should have 3-4 yellow, seedy stools per day. (This may vary with each baby.)	The number of stools may slowly decrease after 4-6 weeks.
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1-8 hours	8-24 hours	Day 2	Day 3	Day 4	Day 5	Day 6
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FIRST WEEK DAILY BREASTFEEDING LOG

Circle the hour when your baby nurses.

Circle the W when your baby has a wet diaper.

Circle the S when your baby has a soiled diaper.

During the first week, you will use more diapers each day.

Birth date: _____ Time: _____ AM PM

Day One. Circle the hour each time breastfed—Goal 8–12 feedings.

12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Wet Diaper W (1)

Black, tarry soiled diaper S (1)

Day Two. Circle the hour each time breastfed—Goal 8–12 feedings.

12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Wet Diaper W W (2)

Black, tarry soiled diaper S S (2)

Day Three. Circle the hour each time breastfed—Goal 8–12 feedings.

12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Wet Diaper W W W (3)

Black, tarry soiled diaper S S (2)

Day Four. Circle the hour each time breastfed—Goal 8–12 feedings.

12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Wet Diaper W W W W (4)

Yellow soiled diaper S S S (3)

Day Five. Circle the hour each time breastfed—Goal 8–12 feedings.

12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Wet Diaper W W W W W (5)

Yellow soiled diaper S S S (3)

Day Six. Circle the hour each time breastfed—Goal 8–12 feedings.

12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Wet Diaper W W W W W W (6)

Yellow soiled diaper S S S S (4)

Day Seven. Circle the hour each time breastfed—Goal 8–12 feedings.

12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11

Wet Diaper W W W W W W (6)

Yellow soiled diaper S S S S (4)

It is OK for your baby to have more wet diapers or soiled diapers. Call your breastfeeding helper or physician if your baby has less than the number on the log.

PREVENTION AND TREATMENT OF BREAST SORENESS

TENDER OR CRACKED NIPPLES:

1. Position yourself so that you are sitting upright and your knees are higher than your hips.
2. Massage your breasts before starting to nurse to help the milk to start to flow quicker.
3. Make sure baby is positioned well at your breast and correctly latched on. His mouth needs to be opened wide for the latch, as you roll him onto your breast with his chin coming in contact with the breast first and the nose last.
4. Express a little colostrum and apply to nipples after each feeding.
5. You may apply an ointment/cream, specially designed for sore nipples.
6. You may apply ice or cold, wet tea bags to tender or cracked area after feedings for relief.
7. If nursing pads are worn to protect against leaking, change often or when damp.
8. If one breast becomes more tender than the other, try to begin on the least tender breast, as baby will suck stronger at the start of the feeding.
9. Nurse more often so that baby will not be too hungry.
10. You may also want to change your position and the way you are holding baby, which will vary pressure points during suckling.
11. Insert your finger into the corner of baby's mouth when removing from the breast to break the suction.
12. Make sure baby is sucking properly, in bursts of 10 to 20 sucks. You should feel a tug on the nipple, but not pain.
 - If skin is broken, wash wound daily with warm soapy water and rinse with warm water.
 - If pain continues, call a lactation specialist or your health care provider.

Breast Fullness occurs when you have a “milk surge,” as the first mature milk comes in. Your breasts may feel heavy, full, and tender for about 24 hours until the baby controls how much milk you produce.

1. Nurse baby often, on his or her demand or every 2 to 3 hours.
2. Wear a firm support bra 24 hours a day, if needed, to provide comfort.
3. Avoid pumping or expressing milk to relieve the pressure, unless baby needs to miss a feeding, as this will lead to more milk being made and disrupt the “supply and demand” system of feeding.
4. Sometimes when a woman's breasts are very full, the nipples will flatten out as a result of this fullness. You may need to express a small amount of milk just to soften the nipple enough so that baby is able to grasp the nipple/areola and latch on.
5. Warm shower just before nursing may be helpful.
6. Once your baby is feeding, massage your breast to enhance milk flow. Take note of when baby pauses between suckling, and during that pause, gently press your fingertips against the upper-outer portion of your breast, near your arm. You will notice a burst of suckling as milk is pressed toward the milk sinuses and into your baby's mouth. When baby pauses again, rotate the position of your fingertips and press on another portion of your breast, avoiding the area near your areola. Breast massage may be helpful if you have a sleepy baby who needs a little enticement to keep feeding.

PREVENTION AND TREATMENT OF BREAST SORENESS

Engorgement occurs when breast fullness is not relieved. You may notice fever, pain, tingling and numbness in arm and fingers, as well as having trouble removing milk from the breast. The tips listed for relief of “breast fullness” are key to follow, should you have engorgement.

Other suggestions:

- After feeding, apply ice packs to your breast for 20 minutes every 2 hours.
- If necessary, you may take mild analgesics, like Tylenol® (acetaminophen) or Motrin®, to stay comfy and relaxed for feedings.
- Some women have found that applying cracked cabbage leaves to their breasts between feedings is helpful. Change these every 2 hours or if wilted.

Keep in mind: If you have severe breast fullness, it often lasts no longer than 24 hours. Most women have more of a breast fullness versus engorgement. If you have trouble dealing with this problem, contact someone on your Community Breastfeeding Resources sheet.

BREAST INFECTION—MASTITIS

Signs and symptoms:

- fever, chills
- muscle aches (flu-like symptoms)
- tender, red area on breast

Causes:

- Blocked milk ducts due to delayed or missed feedings
- Incomplete emptying of breasts

Treatment:

- Call your health care provider if you think you have a breast infection.
- Keep nursing! It is not the milk that is infected, just the tissue surrounding the ducts. Nursing more often will help free the blocked duct and will not harm the baby.
- Try breastfeeding in different positions to help with the emptying of the breast.
- Get plenty of rest. (Just stay in bed and let your body heal.)
- Drink lots of fluids.
- Use warm, moist compresses on the sore area.
- Avoid tight clothing. Remove bra if not comfortable.
- Take Tylenol® (acetaminophen) or Motrin® to relieve the soreness.

PUMPING

Reasons for pumping:

- If baby is in a special care nursery and unable to be breastfed
- Pumping can help pull out flat or inverted nipples to aid in good latch on
- To relieve engorged breasts
- To help maintain high-milk supply when a feeding has been missed (eg., mom's night out or returning to work)
- To increase milk supply

Note: It takes 3–4 weeks to get a good solid breastfeeding pattern set up, so if you are pumping to increase your supply or to store up extra milk, it is best to wait until 3–4 weeks after the baby is born to begin pumping.

Kinds of pumps

There are several types of breast pumps. The type of pump you choose will likely be based on the reason you are pumping as well as for comfort and success. This is your choice.

- Hand expression
- Electric or battery breast pumps
- Manual breast pumps

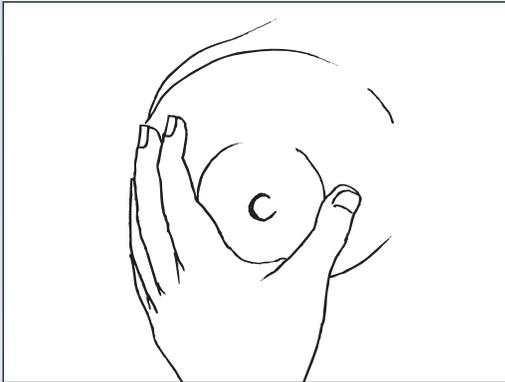
Preparing to pump:

- Read the information on your breast pump before starting
- Wash hands well
- Use hot, soapy water to wash the parts of the pump that touch the breast, (make sure to rinse thoroughly)
- Make yourself comfy before you start; it may help to use pillows to assure a relaxed posture
- Taking a warm shower or using warm, moist compresses before pumping may help promote the “let down” of your milk
- Have something to drink within reach
- It may help you to relax if you think about or view a picture of your baby
- Moisten breast lightly before placing pump shield on the breast to create a seal, (if using an electric breast pump, apply olive oil to the breast to prevent friction pain)

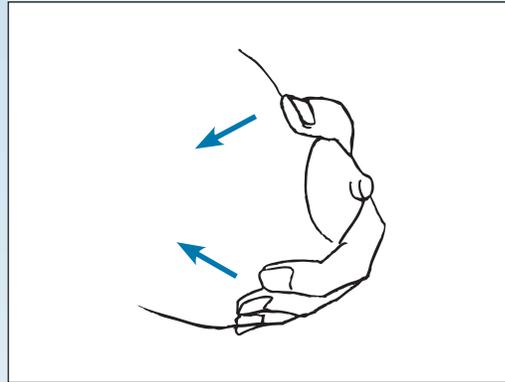
Pumping:

- If double pumping is an option for you (pumping both breasts at the same time), this can be done easily and in less time, as the other breast often starts to leak while one is being pumped
- Pumping time will vary depending on the type of breast pump, mom's ability to relax, as well as how full your breasts are when you decide to pump them
- Allow 15 to 20 minutes per pumping session
- Human milk can vary in color, texture, and smell, and also depend on your diet and age of baby
- The best time to pump is upon rising in the morning or when your baby has not completely emptied your breast
- It takes time and practice to become more effective at breast pumping
- The best breast pump is your baby!

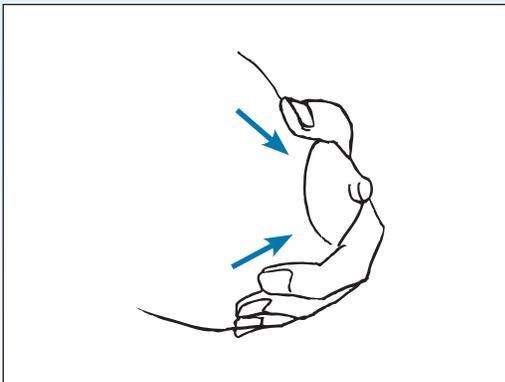
HAND EXPRESSION OF BREAST MILK



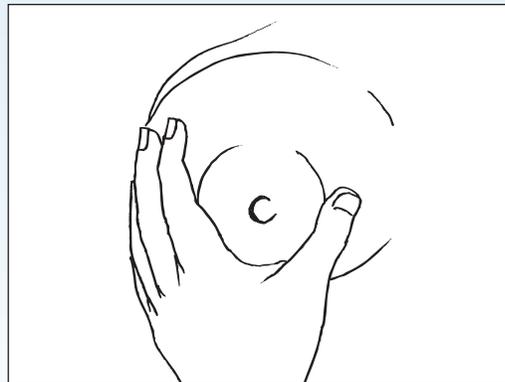
1. Grasp the outer edge of the areola between your thumb and two fingers (thumb on top, fingers below).



2. Squeeze fingers and thumb together while pushing back toward your chest wall.



3. Roll your thumb and fingers together toward your nipple.



4. Move thumb and fingers a quarter turn, and repeat until you have gone all the way around the breast.

BREAST MILK STORAGE

Storage:

- Fresh-pumped milk may be stored in a refrigerator for up to 7 days.
- Milk may be stored in containers made of glass, plastic, or stainless steel. Milk storage bags may also be used.
- Label milk container with date and amount.
- If freezing the milk, freeze in small amounts (2 to 4 oz). Small amounts will thaw more quickly. Also, if baby only takes a small amount at a feeding, you will avoid wasting this precious milk. Leave space at the top of the container for the frozen milk to expand.
- You may add small amounts of fresh milk that has been chilled to a container of frozen milk.
- You may also add small amounts of cooled milk to a refrigerated container of milk.
- With good hand washing, milk will be safe at room temp for 4 to 10 hours (depending on the room temp), though it is best to chill right away.
- Frozen milk may be stored in a self-contained freezer unit of a refrigerator for 3–4 months; in a separate deep freeze at a constant 0° F for 6 months or longer; or in a freezer section of a refrigerator for 2 weeks.
- Defrosted milk may be kept in the refrigerator for up to 24 hours.
- Once a baby has taken from a bottle, that bottle is good for up to 1 hour and then must be thrown out.

Baby's average intake:

0–2 months: 2–4 ounces per feeding

2–4 months: 3–5 ounces per feeding

4–6 months: 4–6 ounces per feeding

Defrosting:

- Place frozen milk in pan of lukewarm water. (Do not use hot water.)
- Do not microwave. It will change the nutritional content of the milk.
- Avoid shaking of milk. Fat may break and stick to sides of the container.
- Defrosted milk is good for 24 hours.

MEDICINE USE DURING BREASTFEEDING

Breastfeeding has become very popular in recent years, and for good reason. Gains for infants in terms of overall health, protection against disease, and improved growth are well known. Besides the warm sense of bonding, breastfeeding also enhances your health and may even help prevent some forms of cancer. Although breastfeeding is best, it requires great care to make sure that your breast milk is of the highest quality and free of contaminants. Just as in pregnancy, avoid using any drug that could have a harmful effect on your baby. Does this mean that you cannot take any medicines at all? Certainly not! If you let an illness go untreated, it could be much more harmful to your baby than the presence of a small amount of a medicine in your breast milk. The key is to check with your health care provider first to make sure that any prescribed or over-the-counter medicine you plan to use is safe for nursing mothers.

Here are a few guidelines:

- A medicine that is safe for use during pregnancy may not be safe during breastfeeding, so check with your health care provider after your baby is born.
- Medicines that are safe for an infant to use are often safe for nursing mothers, but again, check with your health care provider.
- Think about whether your problem (e.g., headache, muscle pain, minor cold or allergies) really needs medicine. Try to find other options, such as a heating pad or cold compress. However, do not dismiss a severe headache or neglect an illness that could worsen.
- If you must take medicine, choose the one that is safest for the baby. For example, Tylenol® (acetaminophen) is better than aspirin for headaches and muscle pain.
- When able, use a topical form of medicine (cream, ointment, lotion, vaginal or rectal) instead of an oral form (one taken by mouth) because less of the topical form will find its way into breast milk.
- When able, take medicine after nursing.
- Consult your health care provider before taking any herbal remedies.
- The age of your baby may be a factor in determining the safety of a particular medicine while breastfeeding.
- If you must use a risky medicine, ask your baby's health care provider about checking drug levels in the baby's blood.
- If you need to use a medicine for a very short time and it is not considered safe while breastfeeding, you may pump your breast milk during that time and dispose of it (pump & dump). Continuing to pump your breasts when you cannot feed baby your milk will help you maintain your milk supply. Of course, the baby will need to receive previously expressed breast milk or formula during the time when it is not safe for him to breast feed.

MEDICINE USE DURING BREASTFEEDING

Which drugs are the safest?

- Most antibacterials, antivirals, antiepileptics, antihypertensives, antidepressants, nonsteroidal anti-inflammatory drugs (NSAIDs), anticoagulants, and prednisone compounds are usually safe in breastfed infants.
- You can become pregnant while you are breastfeeding so you should use some type of birth control to avoid another pregnancy right away. Although birth control pills are often safe, those with estrogen may decrease the amount of breast milk produced, so a progestin only “mini pill” may be preferred. It is recommended that you wait until you are at least 6 or more weeks post partum before you begin taking the “mini pill” or other hormonal method of birth control.

Other advice?

- Keep nursing if you get a cold, the flu, or a bacterial infection. By the time you experience symptoms of these illnesses, your baby has probably already been exposed. Also, your baby can receive helpful antibodies through your milk.
- If you cannot breastfeed while you are ill, express your milk so that it can be chilled and used as needed.

Breastfeeding is stopped for very few medical situations. In most cases, you can work with your health care provider to find medicines that will control your symptoms while allowing you and your baby to enjoy all of the benefits of nursing.

* An excellent resource for this topic is [Medications and Mother’s Milk](#) by Thomas W. Hale, R.Ph., Ph.D., professor of pediatrics, Texas Tech University School of Medicine.

* If your health care provider is unsure about a particular medication, refer them to this valuable resource or to our lactation consultant at 989-894-3935.

WEANING

The American Academy of Pediatrics advises that “breastfeeding should continue for at least the first year of life, and beyond for as long as mutually desired by mother and child.” Any length of time that you can provide breast milk for your baby is helpful, even if it is only the first few weeks.

The choice about when to stop breastfeeding is yours. The weaning process will vary depending on your baby’s age and how long you have breast fed.

By taking the weaning process slowly, you give your baby the chance to get used to new tastes and textures. Slow weaning gives your baby time to adjust to drinking from a bottle or cup.

Weaning slowly will help you avoid engorgement.

If baby is being weaned to a bottle, it may help to let someone other than you begin to offer the new feeding, as your baby will smell you and your milk and may refuse to take the bottle. During this time, your baby will slowly get used to someone other than mom being involved in his feedings.

Avoid setting a strict timetable for weaning your baby. If weaning is going well and then your baby refuses to proceed, relax. Give your baby extra time. You will soon be able to get back on track. The weaning process is also a time of change for your baby. Be aware of this.

To begin the weaning process, you may leave out one breastfeeding session every third day, replacing it with formula or milk depending on the baby’s age. You should avoid weaning more rapidly than this rate for the reasons stated above. You may also take it more slowly than this. The last feedings to be left out should be the morning and evening feedings because these are the times when your baby mostly likely seeks comfort from you and when you will most likely need to have your breasts relieved for your own comfort. Many nursing moms keep morning and evening breastfeeding long after they have weaned their baby from the daytime feedings.

If your baby has been getting breast milk only, you may wonder what is the right amount of formula to give. Most small babies drink about 2 to 3 ounces per feeding. Babies weighing over 15 pounds drink about 6 ounces or more per feeding.

The American Academy of Pediatrics suggests that no cow’s milk be given for the first year of life. Solid foods, such as rice cereal, vegetables, and fruits are not advised until baby is between 4 and 6 months of age. Check with your baby’s health care provider, as this may vary.

References: American Academy of Pediatrics (www.aap.org) and the American Academy of Family Physicians (<http://home.aafp.org>).

COMMUNITY BREASTFEEDING RESOURCES

Bay Area Breastfeeding Coalition

Contact WIC Coordinator/989-895-4002

Bay County Health Department

1200 Washington Ave., Bay City, MI 48708

Maternal & Infant Support Services 989-895-4004

Provides public health nurse, social worker, registered dietitian; helps with payment of childbirth classes.

WIC (Women, Infants, and Children) 989-895-4002

Provides teaching, food, breast pumps, and formula to moms/babies who qualify.

McLaren Bay Region Childbirth Education

Childbirth and breastfeeding classes

Lactation consultant

989-894-3935

Family BirthPlace

989-894-3034

LaLeche League

International: 1-800-525-3243

Offers breastfeeding support and teaching, monthly meetings, lending library of breastfeeding books.

LLLBayCity@gmail.com

<http://www.llusa.org/web/BayCityMi.html>

Mother to Mother Program/MSU Extension

989-895-4026

Breastfeeding peer counselor provides information and support through home visits.

Medicine questions

LactMed - free online resource for health care providers and nursing mothers.

Breast pumps to rent or to buy:

McLaren Home Medical

Several locations in Bay County.

989-667.6292

989-895-4500

989-667-2324

WIC Clinic-manual pumps available

Breastfeeding Websites

www.lalecheleague.org

www.beststartinc.org

www.promom.org

www.parentsplace.com

www.breastfeeding.com

www.mommybras.com

www.motherwear.com

Check this out (at your local library)

The Womanly Art of Breastfeeding

By LaLeche League International

Breastfeeding: A Parent's Guide

By A. Spangler

Nursing Mother, Working Mother

By Gail Pryor

The Nursing Mother's Companion

By K. Huggins

FORMULA FEEDING YOUR BABY

Formula preparations:

- Ready to feed
- Concentrate
- Powder

Double check which type of formula you are using and follow how to use it exactly as stated on the label. Formula that is not prepared right could cause your baby to have health problems, which could make your baby ill.

- Check the expiration date on the formula container. Do not use if expired.
- Take note of the serial number on the formula can. You will need to refer to this number if there is a formula recall!
- The AAP (American Academy of Pediatrics) strongly suggests that babies who are not breastfed be given a formula fortified with iron.

Guidelines for formula use:

- Wash your hands before handling baby bottles or feeding your baby.
- If a can opener is needed, make sure that it is thoroughly cleaned before opening the can, and wipe the can off before opening it.
- Cold tap water is okay to use to prepare formula.
 - Use sterilized (boiled) water to prepare formula for premie or sick babies. (Bring water to a boil and let boil for 5 minutes. Let cool. Use this water to prepare the formula.)
- Distilled water does not need to be boiled.
- If planning to use nursery water, wait until baby is 6 months old if it contains fluoride.
- If you have concerns about the safety of your water supply, contact your local health department for well water info or your city water department for city water info.
- Use chilled ready-to-feed or prepared formula within 48 hours of opening.
- Throw away any formula left in a bottle after a feeding. Germs and bacteria from your baby's saliva will live and breed in the warm liquid.
- Chill unused but prepared formula.
- Hold your baby close for every feeding. They need closeness during feedings to help their brains develop and to feel secure and loved.

FORMULA FEEDING YOUR BABY

Formula preparation tips:

- Prepare small amount (like 2–3 oz bottles at first to avoid waste).
- Once baby has sucked on the bottle, it is only good for up to 1 hour and then must be thrown out or bacteria can start to grow.
- If more than 1 bottle is prepared, put a clean nipple upside down on each bottle and cover it with screw-on ring and cap or lid.
- Check with baby's health care provider about need to sterilize bottles/nipples.
 - Often done first time only, then OK to use hot, soapy water. (Some bottles can go in top of dishwasher.)
- Formula can be served at room temp or warmed slightly (no microwave).
- Spitting up with each feeding is quite common. (If forceful or a lot, call baby's health care provider.)
- No solids until 4–6 months of age (check with baby's health care provider).

Positioning

Hold your baby close, relaxed, with his head higher than his stomach. Keep the bottle tipped so no air enters the nipple. You may need to burp your baby more often at first (after he takes 1/4 to 1/2 ounce of formula) to avoid or decrease the amount of spitting up that may occur.

How much to feed?

At your baby's first feeding, he may only take 1/2 to 1 oz of formula (this will slowly increase). Most babies eat every 3 to 4 hours during the first month, taking from 2 to 4 oz per feeding. Do not over feed your baby. Most babies let you know when they have had enough by pushing away. The amount they take may vary from one feeding to the next.

FORMULA FEEDING YOUR BABY

Feeding tips

1. Always take care to support the head of the newborn baby.
2. Use the burping technique that works best for you and is the most comfortable to use. Please refer to page 7 for information on burping your baby.
3. Once your baby gets bottle-feeding down pat, burp your baby halfway through the feeding or more often if needed.

Cautions with formula use:

- Do not leave prepared formula at room temp for more than 2 hours.
- Do not heat formula in a microwave. The temp of the liquid may be uneven and could scald your baby even if the bottle feels cool to the touch.
- Do not put cereal in a bottle—it makes choking more likely.
- Do not put your baby down to sleep with a bottle. The sugar in formula can collect on his gums/teeth and cause tooth decay (nursing bottle mouth). It also increases the risk of choking and ear infections.
- Do not prop your baby's bottle—it increases his risk of choking and ear infection. Babies need to be held close!

Feeding time is bonding time.

So sit back, relax, and enjoy feeding your baby!