Pathways to Motherhood Parent Guide

Please bring this book to: Prenatal Visits and Hospital Admission

ST. JOSEPH MERCY
FAMILY BIRTH CENTER
St. Joseph Mercy Ann Arbor
5301 East Huron River Drive
P.O. Box 995
Ann Arbor, MI 48106-0995

Labor & Delivery: 734-712-0331
Mother & Baby Unit: 734-712-6351
Neonatal Intensive Care Unit: 734-712-3327
Congratulations

THIS IS THE BEGINNING OF A MIRACULOUS JOURNEY AS YOU PREPARE FOR THE BIRTH OF YOUR BABY.

You may experience many different thoughts and emotions as you get ready for your baby. This book is designed to help you prepare for your baby and your new role as parents. The doctors, nurse midwives, nurses and various other health care providers you come in contact with at the offices and at Saint Joseph Mercy Health System are here to make sure that your experience will be truly remarkable. We know this book will help you prepare for the changes ahead.

This book provides you with information from early pregnancy through the first few weeks home with your baby. It is set up to follow along with you as you go through your prenatal appointments, routine tests, labor, delivery, feeding your baby and much more, all the way to your baby’s care with their own doctor. It is a good idea to have all those who will care for you and your baby read this book as well.

If you can’t find what you need in this book please ask your doctor, midwife or baby’s doctor for additional information. They will be happy to provide you with the answers you are looking for.

IMPORTANT PHONE NUMBERS

Health Care Provider __________________________________________________________

Baby’s Doctor ________________________________________________________________

Preregistration: 734-712-7000 • toll-free 877-791-2051 • Family Birth Center: 734-712-0336

Educational Classes: 734-712-5400 • toll-free 800-231-2211

stjoesannarbor.org/family-birth-center-classes-tours
# Record of Prenatal Visits

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PATIENT CENTERED CARE
The St. Joseph Mercy Family Birth Center team recognizes each birth as unique and individualized process.
We serve together and partner with you to provide quality care in an environment that supports mother, child and family. We thank you for the privilege of sharing in your experience.
First Trimester | Weeks 4 - 13

- Schedule and have your first visit with the Obstetrician/Midwife’s office
  
  Expect a pelvic exam, blood work, blood pressure, urine test, weight and breast exam. Obtain previous medical records and ask about prenatal vitamins

- If you smoke, ask your health care provider for resources to help quit smoking

- Learn about Exercise and Nutrition in Pregnancy, pages 17-21

- Sign-up for weekly pregnancy electronic newsletters at: stjoesannarbor.org/family-birth-center-newsletter

- Talk to your provider about scheduling first trimester tests for chromosomal disorders and/or baby’s first ultrasound, if needed

- First baby? Call your provider’s office to schedule your IHA prenatal class. You should attend the prenatal class in your second trimester or early third trimester.

- Register for childbirth classes and a birth center tour, pages 9
  
  Complete your classes by the end of week 34 of pregnancy

- Baby’s heart beat may be heard

- Schedule next month’s Obstetrical office visit

- Get into the habit of removing your rings daily from your fingers (to make sure they don’t become too tight)

- For more information on preparing for baby, download Coffective’s free mobile app: coffective.com.

BABY

Your baby at six weeks of age is only about one inch long. His or her nervous system, spine, brain and tooth buds are beginning to form. Eyes and ears also start to develop. The baby’s body organs are beginning to form during this month and the heart and blood circulation are starting to develop.

The baby will begin to move at eight weeks, but you won’t feel it for several more weeks. Tiny fingers and toes are apparent by the end of this month. The baby’s heart is beating 110 to 160 beats per minute. Your baby is about three inches in length. During this month, the sex organs are forming.

MOM

You may need to urinate more frequently. You also might be crying or getting upset more easily. Nausea and fatigue may be starting.

Your clothes may be getting tighter and your sexual desires might be changing (either by increasing or decreasing). Your gums might be sore due to increased blood volume.

Nausea will usually decrease or disappear toward the end of your first trimester. Avoid fatty, greasy foods. Frequent, small meals may help relieve nausea. Your appetite will probably increase. You may begin experiencing backaches.
Second Trimester | Weeks 14 - 26

BABY
The baby can hear mom and knows the sound of her voice and heartbeat. You may hear your baby’s heartbeat by using a fetal doppler and feel the baby’s movements. At this stage the baby can smile, suck their thumb, hiccup, open their eyes and swallow. Hair, eyelashes, eyebrows, fingernails and toenails are beginning to grow. A white coating called “vernix” protects baby’s skin from the amniotic fluid.

MOM
The top of your uterus is about as high as your belly button. You may notice stretch marks on your skin around your stomach, breasts and hips. They usually fade after delivery. You may have increased clear or white vaginal discharge. Your center of balance is changing so wear low heels or flats. Your ankles and feet may swell; elevate your feet above your heart during resting times to help decrease swelling. If you’re experiencing leg cramps, check with your health care provider. If you aren’t already exercising, begin a walking or aqua-aerobics exercise routine. Sign up and start childbirth classes at stjoesannarbor.org/family-birth-center-classes-tours.

DAD/PARTNER
He has new things to learn and may be overwhelmed with feelings and responsibilities. Remember, he has a new baby too and may be wondering how this will change your lives.

- Monthly Obstetrical office visits
- Ask family and friends who will care for your baby to take a CPR class
- Learn about the benefits of breastfeeding, pages 57-61
- Read Choosing a Doctor for your Baby, page 12
  • Start considering doctors to care for your baby
- Schedule Fetal Survey Ultrasound (19-21 weeks)
- Read Traveling Safely while Pregnant, page 15
  • Are you wearing a seat belt?
- Review “When should I call the doctor/midwife?” page 32
- Make child care arrangements, if you plan to work outside of the home after delivery
- Plan to take Breastfeeding and Childbirth Education Classes
- Complete the Birth Wishes form, pages 87 & 88
Third Trimester | Weeks 27-40 Plus

- Obstetrical visits become more frequent
- Complete the Birth Wishes Form and bring to 34 week visit, pages 87-88
  - Bring with you when you come to the hospital
- Have your partner read this book!
- Cervical exam for signs of labor (perhaps)
- Receive group beta strep culture
- Take a trial drive to the hospital, noting the best route and time
- Prepare suitcase for hospital and pack clothing for baby to wear if you want a baby photograph, page 35
- Decide about circumcision
- Learn how to install the infant car seat and get the car seat inspected, see page 66
- Review “signs of labor,” pages 31-32
- Plan for the care of your other children and pets while you are in the hospital
- Set-up meals and help for after you are home with the baby
- Call your provider’s office to schedule your IHA postpartum class. You should plan to attend the postpartum class two to four weeks after you deliver.
- Pre-register by phone before your seventh month (32 weeks):
  Call Monday-Friday, 9 a.m. - 5 p.m.
  **734-712-7000 | (toll-free) 877-791-2051

**BABY**

By now the baby is usually moving actively every day and developing more fat under his/her skin to help the body adjust to temperature changes after birth.

The baby’s brain cells are growing rapidly now and your baby is continuing to gain weight. By the end of the third trimester, the baby is gaining about an ounce of weight every day. He/She probably weighs six to nine pounds and is 18 to 22 inches long. Does the baby have a name?

**MOM**

Your breasts may begin to leak colostrum in preparation for breastfeeding. Sleeping on your side is often the most comfortable and preferred position, but remember to support your abdomen and legs with pillows. You may experience shortness of breath as your uterus presses against your rib cage. Increased frequency of urination is also common at this time.

Your baby may lower into your pelvis during these final weeks. After this “lightening” you will breathe more comfortably. Contractions may increase. (Discuss this with your health care provider.) Avoid stress. Lighten your schedule.

You need to prepare for energy needed during labor and delivery, so get plenty of rest and eat well balanced, regular meals. Your bladder will feel lots of pressure right now as baby continues to grow.

**BEFORE YOU CALL YOUR HEALTH CARE PROVIDER -**

- Write down the time each contraction begins.
- Time the length of each contraction (15 seconds, 30 seconds, one minute, etc).
- Walk around and do some easy activities while continuing to time contractions, refer to pages 31 and 32.
Post Partum | Weeks 1-6

- Schedule a six-week maternal post-partum check-up with your health care provider
- Take your baby to his/her doctor for a check-up and add baby to your insurance plan
- Consider coming to our mom’s group “Mommy & Me” or St. Joe’s Breastfeeding Club
  
  For more information, visit: stjoesannarbor.org/birthcenter
- Assess your moods and ask for help, as needed
  
  refer to PMAD and take the Edinburgh Screening Tool, pages 52-53

BABY

The baby enjoys making eye contact, recognizes your voice, is often comforted by being held close to hear your heartbeat, likes to listen to you talk and sing, sleeps 10-20 hours a day and likes to be touched and cuddled.

MOM

This is a time of continuing physical and emotional re-adjustment. Your priority should be taking care of yourself and your baby as you recuperate.

DAD/PARTNER

He has new things to learn and may be overwhelmed with feelings and responsibilities. Remember, he has a new baby too and may be wondering how this will change your lives. The role of the father or other parent goes beyond emotional and physical support during the pregnancy and labor. Partners may now find themselves with many new concerns and questions including:

- What about family finances?
- How will our relationship change?
- How can I balance time away from home with the needs of the family?

Communicating with your partner about your thoughts as well as staying rested and healthy will help with your adjustment to your new role.
Baby Preparation
Classes to Prepare You and Your Partner Before and After Baby Arrives

To register and view our most up-to-date list of classes and class fees, visit stjoesannarbor.org/family-birth-center-classes-tour and click on the class or tour to sign-up OR register by phone at 800-231-2211/734-712-5400. Some classes and services that may be offered are:

BREASTFEEDING

Breastfeeding Preparation
Breastfeeding offers many benefits for you and your baby. Whether you’ve decided to breastfeed or are still thinking about it, this class will give you valuable information that can help you and your baby get breastfeeding off to a good start. Learn breastfeeding techniques that work. Partners are encouraged to attend!

NEWSLETTER
Pregnancy and Newborn eNewsletter
Whether you’re newly pregnant or bringing a newborn home, you could probably use some friendly, professional advice. Expectant parents and moms and dads of newborns will want to sign up for Saint Joseph Mercy Health System’s FREE weekly email newsletter at stjoesannarbor.org/family-birth-center-newsletter or text code SJMI to 617-580-3050. Every week we’ll send you tips and advice, support and research findings — the kind of news that can impact your child’s growth. You can even contact us directly with any questions.

SUPPORT GROUPS
Breastfeeding Club
This is a free meeting for breastfeeding moms and pregnant moms who are planning on breastfeeding their baby. This group is led by a board-certified lactation consultant. Come meet other new moms and babies. Bring your breastfeeding questions and concerns. No registration needed. Just drop in.

~ Second Monday of the month, 1-3 p.m.
Women’s Health Center
No meetings in July or December

Mommy and Me
This is a free drop-in monthly meeting for new mom and her baby. Join us for an informal discussion with other new mothers, share ideas and learn more about caring for yourself and your newborn. No registration needed.

~ First Thursday of the month, 10-11:30 a.m.
Women’s Health Center
No meetings in January or July

EDUCATIONAL

Bringing Home Baby
This class is designed to help first-time Moms and their support person/partner transition into parenthood. Mothers will learn lots of practical information on not only surviving, but enjoying those first few weeks at home with baby, caring for themselves and nurturing their relationships with their partners.

Childbirth Education Classes
These classes will prepare you and your labor support coach for labor and delivery. Information regarding natural childbirth techniques, relaxation exercises, medical intervention and cesarean births is included. Classes are offered at Ann Arbor, Brighton, Canton, Chelsea and Livonia.

CPR: Family and Friends
Would you know what to do if your baby was choking? Infant and child CPR classes are available at St. Joe’s.

Infant Care
Learn how to care for your new baby. This class discusses normal newborn care, both in the hospital and at home.

FAMILY BIRTH CENTER TOUR

Tour our labor and delivery, postpartum and other supporting units from the convenience of your own environment online at stjoesannarbor.org/birthcenter.

However, if you feel you would like to physically tour the Family Birth Center you need to register for the tour. Tours will meet and leave from the main lobby of the Family Birth Center entrance. Sign up early, as the tours fill up quickly.
All About Partners

You may have not been the one to go through pregnancy, labor or delivery, but your new role is very important. You may have many unexpected feelings about becoming a parent. Who is this new little person in your life? What will you mean to this beautiful baby?

It may take some time to sort through all these new changes in your life. But one thing is for sure being a parent is amazing. Take this time to talk to other parents and find out how they adjusted.

During pregnancy, many parents find they like to be involved in the following ways:

▪ Attend some of the prenatal appointments with mom
▪ Plan nutritious meals
▪ Grocery shop
▪ Attend classes with mom, especially childbirth classes
▪ Support and encourage her, even on her bad days

WAYS A DAD/PARTNER CAN HELP

After your baby is born your role is even more important! Children need both parents. You will become closer to your child by helping to care for him/her. You can be very involved in your baby’s life in the following ways:

▪ Take a turn at getting up with the baby at night. If mom is breastfeeding you can change the baby’s diaper and bring the baby to her. It is recommended to delay bottle feeding until three to four weeks of age, until breastfeeding is well established.
▪ You can be the one to give your baby a bath.
▪ Take your baby for a walk. You will enjoy the exercise and time with your baby and mom will enjoy the break.
▪ Unwrap your baby and lay him/her on your chest (skin to skin). This is called Kangaroo Care. It is a great way to bond with your baby. This also is very calming for your baby.
▪ Make sure that the refrigerator has lots of healthy food in it for you and mom to eat. You are going to need your energy.
**Sibling Preparation**

Nine months is a long wait for a child, so when mom starts to look pregnant, it’s a good time to begin talking about the new baby.

- Let them feel mom’s belly when the baby is moving.
- When you talk about the baby say “our baby.”
- Find some storybooks that talk about baby animals and baby brothers or sisters.
- Pull out their own baby pictures and talk about their birth.
- Be willing to answer questions about the baby or how the baby will change brother’s and sister’s lives.
- Make any big changes, like beds, bedrooms or babysitters, months before the baby is born.
- Be sure that big brother and big sister will have their own space and some toys they don’t have to share.
- Let big brother and sister choose a present for the new baby. Help them wrap it. They can bring this to the hospital when they meet the new baby.
- Have a present for them when they come to see the new baby at the hospital.
- If possible, for a trial run, have a sleepover or two with whoever will be taking care of big brother or sister while mom is in the hospital.

When you come home from the hospital, let dad or someone else carry the baby into the house and let your arms be free to greet the big brother or big sister.

Expect some acting out by the brother or sister when you bring the new baby home. Give them some one on one time every day just with mom or dad. Feeding time for the new baby can also be a great story time for brother and sister. Sometimes all that is needed are some extra hugs and attention, so they know they are still loved as much as before the new baby arrived.

**PET PREPARATION**

Families often have pets that have been part of their lives for some time. Before your baby meets your pet for the first time assure the following:

- Talk to your veterinarian about preparing your home and pet for baby’s arrival.
- Your pet’s vaccinations and yearly check-ups with the veterinarian are up-to-date.
- Have your pet spayed or neutered, if possible. According to the Humane Society spayed and neutered pets have less health problems, are more docile, and are less likely to bite.
- Make sure your dog follows commands such as “sit,” “stay” and “come.” If not, enroll your pet in an obedience class.
- Take baby’s first hat or other object that has the baby’s smell to your pet before your baby is discharged home.
- Apply products you plan to use on your baby to your hands.
- Consider playing tape recordings of a baby crying, for your pet.

**ONCE BABY ARRIVES AT HOME THE HUMANE SOCIETY SUGGESTS THE FOLLOWING:**

- Apply double stick tape to furniture such as the changing table to discourage your pet from jumping onto it.
- If your pet will not be allowed in the nursery install a sturdy barrier to the door that allows your pet to see what is going on in the room.
- Do not leave your baby and pet alone together. Always supervise their interactions.
- Never allow your pet and baby to sleep together due to the risk of suffocation.
Choosing a Doctor for Your Baby

When you discover that you are pregnant there are many decisions to make. One of these decisions is selecting a doctor for your baby. Doctors who care only for babies and children are called pediatricians. Pediatricians have attended four years of medical school with three additional years of working with babies and children. Family medicine physicians who have had additional training in pediatrics may care for your baby.

Here are some suggestions that may help you make your decision:

- Begin to search for a baby doctor during your last three months of pregnancy and make your selection before the birth.
- Check with your insurance company. They will have a list of doctors that participate with your insurance.
- Ask for recommendations from friends and family. Also, ask your obstetrician or midwife for some suggestions.
- Do you want a male or female doctor?
- Check to see who is in your area. See if they have "meet the doctor nights" or perhaps you can make an appointment to meet with them. Take a list of questions with you. You should feel like you could ask them any questions.

Some questions might be:

- Does the office have any partners/nurse practitioners who also may be seeing your child?
- Do they have more than one office location?
- What are their office hours?
- How can they be reached after office hours, evenings and weekends?
- What hospital are they affiliated with?

After these interviews you need to ask yourself if you are comfortable with the doctor and their practice. You should feel that you can trust them and that your questions will be answered and your concerns handled compassionately.

Remember, let your provider know who you chose so that we can include this in prenatal record.

After discharge from the hospital you will need to contact your insurance company to add the baby to your policy.

Discomforts of Pregnancy

Refer to list of medications on page 24

BACKACHE

Backache is a very common complaint during pregnancy and can be attributed to various causes. As your uterus grows, your pelvic and back muscles may be strained. Wear comfortable shoes. Certain exercises may help reduce your back pain.

BREAST CHANGES

Your breasts may be sore and increase in size. The nipple area (areola) may darken. During the second half of pregnancy, your breasts may leak fluid, called colostrum, in small amounts. Colostrum is the early form of breast milk. Colostrum secretion is normal and nothing to worry about. Keep nipples clean with warm water only.

CONSTIPATION

Drink plenty of fluids, especially water. Prune or fruit juices may help. Eat whole-grain foods, fruits and raw vegetables. You may need to take a stool softener or a fiber additive daily. Do not take any over-the-counter medications without checking the "Safe Medications During Pregnancy" on page 24 or checking with your practitioner.
DIZZINESS
During early pregnancy, you may experience dizzy spells, light-headedness or fainting. This may be caused by over heating, circulation changes, dehydration or blood sugar issues. Be sure to let your practitioner know. Rising slowly from a lying or sitting position is recommended. Increase your fluid intake and eat smaller, more frequent meals. Lie on your side when resting during the second half of pregnancy to help circulation of blood to your heart.

EMOTIONAL CHANGES IN PREGNANCY
Mood swings are very common during pregnancy. Hormonal changes are partly responsible for mood shifts. You may be happy and smiling one moment and worried or anxious and crying the next. Discuss persistent feelings of anxiety or depression with your provider. Make sure you talk with someone about your feelings. There is a lot to learn when you are pregnant, and it can be overwhelming to think about the addition of a new baby into your life! Communicate your thoughts to your partner, a family member, or a friend, and ask for help whenever you feel you need it.

FATIGUE (TIREDNESS)
In the first three months of pregnancy your body is going through many changes. Your hormone levels are changing, your baby is growing and your body is physically changing. No wonder you are so tired. Listen to your body. Rest when you are tired. Eat healthy foods. Drink healthy fluids. Take your prenatal vitamin. Your healthcare provider will check the level of iron in your blood. Most women find by the fourth month of pregnancy they have their energy back.

HEADACHES
Headaches are a common complaint during pregnancy, especially in early pregnancy. They may be caused by hormonal changes. Your provider will advise you what to take for a headache if medication is needed. If your headache is severe, you have visual changes or are sensitive to light or you have associated nausea and vomiting with a headache, call your provider right away.

HEARTBURN
Heartburn is common. This is related to stomach indigestion, not your heart. Eat smaller meals more often. Avoid spicy, fried, and fatty foods and carbonated beverages. Elevate your head on the bed a few inches with an extra pillow so that stomach acids remain below your throat.

HEMORRHOIDS
Hemorrhoids are enlarged veins in the rectal area. Hemorrhoids are caused by straining when constipated, and also by the increased weight you carry as the baby grows. They may cause pain, rectal bleeding and itching. Eat a high-fiber diet and drink lots of water to help avoid constipation. Warm tub soaks will help. Apply witch hazel pads to the area for comfort. You may use Preparation H or Anusol for relief of discomfort.

LEG CRAMPS
You may experience a painful cramp in the lower leg especially at night. If you are awakened at night with this spasm, straighten the affected leg and bend your foot towards the ceiling. Ensuring you are not deficient in calcium and potassium may help decrease the amount of leg cramps you have. Try stretching your legs before getting into bed.

LOWER ABDOMINAL PAIN
Pain on one or both sides of the lower part of the uterus towards the groin may occur as your baby grows. The pain may be sharp. This is called "round ligament" pain and happens when the ligaments are stretched. Position changes, leaning into the pain and changing positions slowly may lessen these pains. A pregnancy support belt and heat to the area may help. If your pain worsens or is severe, call your provider.

NOSEBLEEDS
Extra blood supply and congestion in the nasal passages cause nosebleeds during pregnancy. Apply pressure to the side of your nose that is bleeding to help slow down the blood flow. You may use a humidifier at night to help nasal congestion. Over-the-counter saline nose drops may be helpful.

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Discomforts of Pregnancy (continued)

NAUSEA

Nausea is quite common in the early weeks of pregnancy and may occasionally result in vomiting. Unless the problem is severe enough to interfere with your daily activities, we usually do not prescribe medication. Foods high in carbohydrates are usually easier to digest and are less likely to make your nausea worse. Experiment with different foods to see what works for you.

Before you go to bed
Try to have fresh air in the room where you sleep. Keep some crackers or dry cereal near your bed to nibble on before you go to sleep. If you wake in the middle of the night, nibble on the crackers or dry cereal then, too. Keep the room you sleep in a little cooler than the rest of the house.

When you get up in the morning
Get up slowly. Sudden movements can make nausea worse. Eat a few crackers, potato chips or dry cereal before you get up.

Cooking meals
Keep a window open while you cook to get rid of odors in the kitchen. Try burning a cinnamon-scented candle in the kitchen before, during and after cooking to cover up food odors. On days that you feel less nauseated, cook extra servings and freeze the extra portions to reheat on days you don’t feel well enough to cook.

At mealtime
Eat several smaller meals each day instead of three large meals. You are more likely to feel nauseated if your stomach is empty, so it’s important to eat. Drink fluids 30 minutes before or after meals. Ginger tea may help settle your stomach (check with your care provider about a safe amount of caffeine). When you feel that you are able to eat, DO NOT over eat. Avoid heavily spiced or greasy foods. Heavily seasoned foods, such as those cooked with onions, garlic, or peppers, may upset your stomach. Try to avoid foods that produce gas such as broccoli, cauliflower, brussels sprouts, cabbage and beans.

At any time
You may suck on hard candy or peppermints, sip flat coke or ginger ale or try taking a ginger capsule (250 mg every six hours) or Vitamin B6 (25 mg every eight hours). You may also consider wearing seabands.

The following meal plan may be of some help if you’re suffering from nausea. This plan doesn’t give you all of the foods you need during your pregnancy, so as soon as you begin to feel better, gradually incorporate the foods listed in your pregnancy nutrition plan.

- Before getting up: plain crackers, dry cereal or toast with a little jam or jelly.
- Breakfast: cereal and ¼ cup milk, dry toast, poached or boiled egg (not fried).
- Midday: granola bar or plain bagel, sips of juice or flavored water and a fruit serving.
- Lunch: sandwich made with lean meat or peanut butter and jam, a fruit serving (applesauce with cinnamon or a banana or pear for example).
- Dinner: lean meat, fish or poultry, baked, mashed or boiled potato, dark green or yellow vegetable and a bread serving.
- Before bed: milk or other liquid taken a few sips at a time and cereal or bread with a little jam or jelly.

If you can’t keep any food or fluids down for 24 hours, please call your doctor or midwife.

- continued on page 16
TRAVELING DURING PREGNANCY

Just because you are pregnant doesn’t mean you have to stay home. Traveling during pregnancy can be very safe and enjoyable if you plan ahead. Always talk with your care provider before you take long trips. Your care provider will have some tips to help you and your baby travel safely and comfortably.

HERE ARE SOME SUGGESTIONS:

- Always wear a seat belt. Tuck the lap part of the belt under your belly. Continue to use the shoulder strap.
- Stretch every two hours and walk around.
- Wear comfortable clothing and shoes.
- Drink lots of fluids.
- Wear support hose if you have leg swelling or varicose veins.
- Avoid crossing your legs.
- Rotate your ankles and lift your feet while traveling.
- Get the name of a health care provider in your destination area, in case you need to contact someone in an emergency. Take along a copy of your medical records and insurance card.
- Check with your health insurance to see if you will be covered for any medical care you may need while traveling.
- Pick a safe destination.
- Do not drink the water or swim in it if you are in a country with uncertain water standards.
- If you are flying, most airlines do not want you to fly past 36 weeks of pregnancy. Check with the airline as well as your care provider.

ZIKA VIRUS

Zika is a viral infection that is spread by the bite of an infected mosquito. It can also be spread from a mother to child during her pregnancy, from a man with Zika infection to his sex partners as well and possibly from a blood transfusion collected from a donor who has Zika infection.

Postpone travel if you are pregnant

- There have been reports of a serious birth defect and other poor pregnancy outcomes in babies of mothers who were infected with Zika virus while pregnant.
- Women who are pregnant (in any trimester) should consider postponing travel to any area where Zika virus transmission is ongoing.
- If you are pregnant and must travel to a Zika virus outbreak area talk to your doctor first and strictly follow steps to prevent mosquito bites. If you have a male partner who lives in or has traveled to an area with Zika, either use condoms the right way every time you have vaginal, oral or anal sex, or do not have sex during the pregnancy.

Protection against Zika

- If traveling to or live in a Zika virus affected area:
  - Use insect repellent. Reapply as directed.
  - Remember to apply sunscreen first and then insect repellent.
  - Cover exposed skin when possible.
  - Stay and sleep in screened-in or air-conditioned rooms. Use a bed net if you’re sleeping outside.
  - Use condoms if you have sex.

For questions and concerns about your personal health concerns and the Zika virus contact your doctor.

For general Zika information and the current outbreak go to the CDC website:

For CDC travel health notices:
http://wwwnc.cdc.gov/travel/notices
Discomforts of Pregnancy (continued)

SHORTNESS OF BREATH
It is very common to feel short of breath as your pregnancy continues. This is because your growing baby is taking up more room, and your lungs have less room to fill with air. Also, your body is working harder now that you are carrying a baby. Your heart is pumping more blood too. So, rest when you can and drink lots of fluids.

SKIN AND HAIR CHANGES
Although skin and hair changes do not cause discomfort, they are common in pregnancy and are temporary. Stretch marks are reddish, discolored lines that may appear on your abdomen, breasts or buttocks. Creams do not help diminish these marks. They will fade after delivery. Acne may occur more during pregnancy due to hormonal changes. You may use a mild over-the-counter facial wash. Ask your provider about specific medications for the treatment of acne, as some are not recommended in pregnancy.

SWELLING
Extra fluid retention and weight gain during your pregnancy may cause swelling, especially in your lower legs, ankles, feet, and hands. Resting and elevating your legs may help. Drink extra water and avoid excessive salt in your diet. Check daily to make sure rings are not becoming too tight on your fingers.

SWOLLEN GUMS
Some women complain that their gums are swollen and bleed from time to time, especially when they brush their teeth. The hormones, as well as the extra blood your body is producing, make your gums swollen and likely to bleed. It is very important that you continue to brush and floss your teeth. If your gums continue to give you concern you should see your dentist.

VAGINAL DISCHARGE
Increased vaginal discharge that is clear, white, odorless, or sticky is normal during pregnancy and does not need to be treated. Call your provider if your discharge is discolored, watery, has an odor, or you have soreness and/or itching.

VARICOSE VEINS
Varicose veins occur when the veins in your legs weaken and circulation is altered. They can be painful. Exercise and moving about for short intervals if you stand or sit for long periods of time may help. Rest when you can with your legs propped up. Support stockings may help.
Exercise During Pregnancy

Exercise is encouraged for women of all ages to promote and maintain a healthy body. This is especially important during pregnancy. Current research supports the fact that changes in a woman’s body are enhanced by regular, moderate exercise. Healthy pregnant women who engage in regular exercise report less discomfort and quicker recoveries than those who do not or who stop exercising during pregnancy. Exercise during your pregnancy can benefit your health in the following ways:

- Increase your energy
- Relieve constipation, leg cramps, bloating and swelling
- Lift your spirits
- Help you relax
- Improve your posture
- Promote muscle tone and stamina
- Help control gestational diabetes
- Improve sleep
- Shorten your labor

It is important to keep in mind that a well-balanced diet and adequate fluids are essential to support a body that is exercising. As always, make certain your healthcare provider is aware of the exercise program you choose to participate in during your pregnancy. Through exercise, breathing, and relaxation techniques, women reap the benefits of increased physical strength and flexibility, improved self-confidence and self-awareness, and that cherished peaceful night’s rest. Incorporating these healthy behaviors into one’s lifestyle will help the pregnant woman meet the challenges of childbirth as well as life with a new baby and beyond.

- Regular exercise (at least three times weekly) is healthier than intermittent activity.
- Women who have not exercised before should begin gradually.
- Before you begin, exercise with a five-ten minute warm-up; finish with a ten minute cool-down.
- Follow exercise with gentle stretching. Stretches should not be taken to the point of pain.
- Drink plenty of fluids before, during and after exercise. Avoid overheating.

- Eat enough to meet the needs of both the pregnancy and the exercise.
- Strenuous activities should not exceed 30 minutes. If you can’t talk at a normal level during exercise, you are working too hard.
- No exercise should be performed flat on the back after week 20 of pregnancy.
- Don’t do exercises using the valsalva maneuver (bearing down effort).

The type of exercise one can do safely is partially determined by some of the changes that occur in the body of a pregnant woman. Joints are more prone to injury because there are hormones released that cause the ligaments that support the joints to stretch. Stress is placed on joints and muscles, especially those of the lower back and pelvis, by the shift in the pregnant woman’s center of gravity. The weight gain that is carried in the front of the body can cause the woman to feel less stable and she is more likely to fall. The extra weight also makes her body work harder than it did before pregnancy. Vigorous exercise shifts oxygen and blood flow to the working muscles and away from the uterus.

The woman who has been accustomed to a regular exercise routine should ask her health care provider if it is advisable to continue that routine during the remainder of her pregnancy.

Some of the safe options with your provider’s permission are:

- Cycling (stationary bike)
- Pilates/Yoga
- Swimming
- Walking
- Jogging
- Low-impact aerobics
- Contact sports
- Diving
- Downhill/water skiing
- Gymnastics
- Horse back riding
- In-line skating
- Racquet sports
- Scuba diving
- Surfing
- Sports that should be avoided during pregnancy are:
**BABY PREPARATION**

**STRETCH AND STRENGTH EXERCISES**

**DO BOTH THE STRETCHES AND STRENGTH EXERCISES ONE TIME EVERY OTHER DAY.**

**Warning signs to discontinue exercises and consult your physician include:**

- Amniotic fluid leakage
- Chest pains
- Dizziness
- Headaches
- Muscle weakness that may affect balance
- Regular painful contractions
- Vaginal bleeding

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**STRETCHING EXERCISES**

**Seated hamstring stretch**
- Sit tall with good posture
- Straighten one leg with toes up towards the ceiling
- Keeping back straight, hinge forward at hips until you feel a gentle stretch
- Repeat on the other leg (hold for 30 seconds to one minute)

**Quadratus lumborum stretch**
- Face a wall with feet shoulder distance apart
- Place hands on wall overhead
- Walk hands over to the left; you should feel a stretch in your right lower back (hold for 30 seconds to one minute then switch to the opposite side)

**Seated piriformis stretch**
- Sitting with back straight
- Cross ankle over knee
- Carefully press down on crossed knee to further stretch
- Hold and repeat with other side (hold for 30 seconds to one minute)

**Cat/Camel**
- Begin on your hands and knees
- Tighten lower abdominals and glutes as you tuck your tailbone between your legs
- Continue to tuck and round your back, creating a hump like a scared cat
- Starting from your tail, relax pushing your tailbone up towards the ceiling, continue to arch through your lower back and lift head up towards the ceiling, creating a two hump camel (hold exercise times five seconds complete 10 repetitions)

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**STRENGTH EXERCISES**

**Kegels – Pelvic floor**
- Get into a semi reclined position, sidelying or sitting
- Take a deep breath, as you exhale, slowly tighten the pelvic floor muscles
- To identify the correct pelvic floor muscles experiment with different cues
  - **Cues include:** holding back gas, picking up a small pea and pulling the tailbone to pubic bones
- Hold five repetitions for five seconds, relaxing times 10 seconds in between contractions

**Transverse abdominus**
- Lie on side with knees bent
- Release muscle tension
- Tighten lower abdominal muscles by drawing your belly button to the spine
- Use 50 percent effort
- Relax and repeat (hold for five seconds and complete two sets of 10 repetitions)

**Clam shells**
- Lie on left side with knees bent, feet together
- Gentle draw stomach into spine
- Lift right knee upwards towards the sky (heels will continue to touch), don’t let hip roll back
- Lower and repeat (hold for five seconds and complete two sets of 10 repetitions)

**Ball squeeze**
- Sitting with back straight
- Place a pillow or medium size ball between your legs with feet close together
- Gently squeeze legs together (hold for five seconds and complete two sets of 10 repetitions)
## Special Considerations for Biomechanics

<table>
<thead>
<tr>
<th>Poor Biomechanics</th>
<th>Good Biomechanics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bending forward at sink to wash dishes, stove to prepare meals, or at baby’s changing table</td>
<td>Keeping one foot on a small footstool while standing, alternating the foot on the stool periodically; keeping posture tall and lower abdominal muscles slightly contracted</td>
</tr>
<tr>
<td>Bending forward at the waist with legs straight to lift a laundry basket or small child; picking them up from arm’s length</td>
<td>Keeping posture tall and lower abdominals contraction, bend through the hips and knees; pick up the basket or child while holding them closely to your body use same techniques in reverse to set them down</td>
</tr>
<tr>
<td>Lifting an item or coming to stand and turning body at the same time</td>
<td>Lift or stand completely before turning your body – do not twist through the spine</td>
</tr>
<tr>
<td>Holding your breath with exerting</td>
<td>Exhale as you lift a laundry basket, grocery bag or your child</td>
</tr>
<tr>
<td>Always holding your child on the same hip</td>
<td>Alternate which hip you allow your child to sit on; avoid shifting hips to one side hen doing so</td>
</tr>
<tr>
<td>Staying in one position for a long time</td>
<td>Frequently change positions, particularly when standing or sitting for long periods. Get up every 30-45 minutes</td>
</tr>
<tr>
<td>Sleeping without proper support</td>
<td>Sleep on side with pillow between your knees and a pillow under the bell when pregnant, adequate neck support to keep neck in the rest of your spine sleep on back with pillows under knees</td>
</tr>
<tr>
<td>Sitting or breast feeding with poor posture</td>
<td>Use pillow support behind small of back to avoid slouching; use pillow support under baby to avoid forward flexed posture</td>
</tr>
</tbody>
</table>
Nutrition in Pregnancy

WHAT YOU CAN DO

You should aim for three meals a day with healthy snacks in between. Follow the recommendations found online at ChooseMyPlate.gov to create a nutrition plan that’s right for you.

- Eat a variety of foods to help you get all the nutrients you need. Your body needs protein, carbohydrates and fats for energy.
- Eating well will help you feel better, give you more energy and help you gain a healthy amount of weight. It will also contribute to your baby’s growth and development.

CALCIUM

Calcium is a mineral that helps build strong bones and teeth, both yours and your baby’s. If you don’t get enough calcium through your food intake, your baby will take the calcium he/she needs from your bones. That can lead to osteoporosis, which means porous bones.

Some tips to prevent osteoporosis include:

- Limit carbonated and caffeinated beverages
- Avoid cigarettes
- Exercise and increase weight bearing exercises such as walking, jogging
- Eat calcium-rich foods
- Limit high fat foods
- Avoid alcohol altogether during pregnancy
- Breastfeeding your baby

How to increase your calcium intake:

- Have yogurt for a snack
- Add grated low fat cheese to salads
- Drink cocoa made with low fat or nonfat milk instead of coffee or tea
- Add nonfat milk to canned soup. Try some of the low fat, lower sodium prepared soups
- Choose low fat puddings, frozen yogurt or ice cream for desserts
- Use tofu (made with calcium sulfate) in stir-fried dishes with plenty of vegetables
- Drink three (8 ounces) glasses of milk or soymilk daily

IRON

The body uses iron to make hemoglobin, which is a protein in red blood cells that carries oxygen to organs, tissues and to the baby. Just like other cells in the body, blood cells die and are replaced in a constant process. The iron from blood cells is used to make more hemoglobin.

Women need more iron in their diets during pregnancy to support the growth of the baby and to produce the additional blood necessary for this growth. If a woman does not have enough iron stored in her body when she becomes pregnant, anemia may result. Blood tests are done early in pregnancy and again early in the third trimester to assess for anemia. If anemia is diagnosed, the woman is encouraged to include more iron-rich foods in her diet and an iron supplement may be prescribed. The iron table lists dietary sources of iron.

FISH AND SEAFOOD

Fish and shellfish can be important components of a healthy, well-balanced diet since they are good sources of high-quality protein and other nutrients. However, there are several kinds of fish that should not be consumed during pregnancy because they contain methyl-mercury, which can potentially harm the nervous system of your growing baby. Shark, swordfish, king mackerel and tilefish contain high levels of this type of mercury. Albacore tuna is also high in mercury, so choosing canned light tuna packed in water is preferred. You can safely eat up to 12 ounces (two - three meals) of other types of fish and shellfish per week. Check with local advisories about fish from local rivers, lakes and streams.

FLUIDS

Be sure to drink 8 to 10 (8 oz) glasses of fluids daily. Include milk, water, juice and non-caffeinated beverages. Most people don’t think of water as a nutrient, but it does serve many purposes in our bodies: it builds new tissue, allows nutrients and waste products to circulate within and out of the body, aids in digestion and helps form amniotic fluid. Water is lost through sweat, urine and breathing, so it is important to replace what is lost by drinking water throughout the day. You should not wait until you are thirsty to drink. By the time you are feeling thirsty, you are already becoming dehydrated.

CAFFEINE: Limit your daily intake to 12 ounces of coffee, tea or other caffeinated beverages. Limit chocolate.
FOLIC ACID

Folic acid is used by the body to make the extra blood that is needed during pregnancy. Lack of folic acid through dietary sources prior to becoming pregnant and in the early weeks of pregnancy can increase the risk of birth defects known as neural tube defect (abnormalities of the spine and skull).

Women who are pregnant should consume 400 mcg of folic acid each day. Food companies have been asked by the government to add folic acid to certain food products to help lower the incidence of certain types of birth defects. Folic acid has been added to almost all breads, cereals, pasta, rice and flour. It is also found in leafy dark green vegetables, citrus fruits and beans. Since it is sometimes difficult to get all the necessary folic acid from food alone, a supplement may be required.

CALORIES AND WEIGHT GAIN

Eating a healthy diet and reaching a healthy weight gain during pregnancy is important for your health and that of your growing baby. Different stages of pregnancy can present certain challenges as you try to eat well. In early pregnancy, morning sickness can affect your appetite. Later in pregnancy heartburn, indigestion or constipation may affect your interest in food.

A pregnant woman’s appetite usually increases during the middle part of pregnancy. Keep in mind that “eating for two” does not mean eating twice as much. If healthy eating is already important for you, continue that pattern. If it is not, having a baby is a great reason to improve your own diet. The following can be used as a guide in helping you determine how many pounds would be advisable for you to gain during your pregnancy. Ask your doctor about the right amount of pregnancy weight gain for you.

Women often wonder why they may be advised to gain 25-35 pounds when a baby weighs only 7 or 8 pounds. The average newborn weighs about 7½ pounds. Most of the remaining pounds come from the various ways your body nurtures your baby. The table gives a breakdown of the weight gain for a normal-weight woman who gains 30 pounds during her pregnancy.

PREGNANCY WEIGHT GAIN GUIDELINES

<table>
<thead>
<tr>
<th>BMI Category</th>
<th>Chart</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>BMI &lt; 18.5</td>
<td>BMI 18.5-20.9</td>
</tr>
<tr>
<td>20-24.9 lbs.</td>
<td>25-38 lbs.</td>
<td>18-31 lbs.</td>
</tr>
</tbody>
</table>

Women often wonder why they may be advised to gain 25-35 pounds when a baby weighs only 7 or 8 pounds. The average newborn weighs about 7½ pounds. Most of the remaining pounds come from the various ways your body nurtures your baby. The table gives a breakdown of the weight gain for a normal-weight woman who gains 30 pounds during her pregnancy.

<table>
<thead>
<tr>
<th>NUMBER OF POUNDS (30 LBS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby</td>
</tr>
<tr>
<td>Amniotic fluid</td>
</tr>
<tr>
<td>Placenta</td>
</tr>
<tr>
<td>Uterus</td>
</tr>
<tr>
<td>Breasts</td>
</tr>
<tr>
<td>Body fluids</td>
</tr>
<tr>
<td>Blood</td>
</tr>
<tr>
<td>Maternal stores of fat, protein, nutrients</td>
</tr>
</tbody>
</table>

Discuss your BMI with your health care provider.
There are three foodborne illnesses that can cause serious sickness or death to you or your unborn child. The illnesses occur when people eat or drink harmful microorganisms (bacteria, parasites, viruses) or chemical contaminants in some foods or drinking water. Follow these steps to help ensure a healthy pregnancy.

**LISTERIA**
A harmful bacterium that can grow at refrigerator temperatures where most other foodborne bacteria do not. It causes an illness called listeriosis.

*It’s found in refrigerated, ready-to-eat foods and unpasteurized milk and milk products.*

- Do not eat hot dogs and luncheon meats – unless they’re reheated until steaming hot.
- Do not eat soft cheese, such as feta, brie, camembert, “blue-veined cheeses,” “queso blanco,” “queso fresco,” and panela — unless they’re labeled as made with pasteurized milk. Check the label.
- Do not eat refrigerated pâtés or meat spreads.
- Do not eat refrigerated smoked seafood — unless it’s in a cooked dish, such as a casserole. (Refrigerated smoked seafood, such as salmon, trout, whitefish, cod, tuna or mackerel is often labeled as “nova-style,” “lox,” “kippered,” “smoked,” or “jerky.” These types of fish are found in the refrigerator section or sold at deli counters of grocery stores and delicatessens.)
- Do not drink raw (unpasteurized) milk or eat foods that contain unpasteurized milk.

**METHYLMERCURY**
A metal that can be found in certain fish. At high levels, it can be harmful to an unborn baby’s or young child’s developing nervous system.

*It’s found in large, long-lived fish, such as shark, tilefish, king mackerel and swordfish.*

- Don’t eat shark, tilefish, king mackerel and swordfish. These fish can contain high levels of methylmercury.
- It’s okay to eat other cooked fish/seafood, as long as a variety of other kinds are selected during pregnancy. You can eat up to 12 ounces (2 meals) a week of a variety of fish and shellfish that are lower in mercury.
  - *Five of the most commonly eaten fish low in mercury: shrimp, canned light tuna, salmon, pollock and catfish.*
  - *Another commonly eaten fish, albacore (“white”) tuna has more mercury than canned light tuna. So, when choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) of albacore tuna per week.*

**TOXOPLASMA**
A harmful parasite that causes an illness called toxoplasmosis, which can be difficult to detect.

*It’s found in raw and undercooked meat; unwashed fruits and vegetables; soil; dirty cat-litter boxes; and outdoor places where cat feces can be found.*

- If possible, have someone else change the litter box. If you have to clean it, wash your hands with soap and warm water afterwards.
- Wear gloves when gardening or handling sand from a sandbox.
- Don’t get a new cat while pregnant.
- Cook meat thoroughly.

**Simple Steps to Follow in Preparing Food**

**CLEAN**
- Wash hands thoroughly with warm water and soap before and after handling food and using the bathroom, changing diapers or handling pets.
- Wash cutting boards, dishes, utensils and countertops with hot water and soap.
- Rinse raw fruits and vegetables with water.

**SEPARATE**
- Separate raw meat, poultry and seafood from ready-to-eat foods.
- If possible, use one cutting board for raw meat, poultry and seafood and another one for fresh fruits and vegetables.
- Place cooked food on a clean plate. If cooked food is placed on an unwashed plate that held raw meat, poultry or seafood, bacteria from the raw food could contaminate the cooked food.

**COOK**
- Cook foods thoroughly. Use a food thermometer to check the temperature.
- Keep foods out of the danger zone (temperatures which bacteria can grow — between 40° F - 140° F (4° C and 60° C).
- Discard foods left out at room temperature for more than two hours.

**CHILL**
- Keep refrigerator at 40° F (4° C) or below and the freezer at 0° F (-18° C).
- Refrigerate or freeze perishables (foods that can spoil or become contaminated by bacteria if left unrefrigerated).
- Use ready-to-eat, perishable foods (dairy, meat, poultry, seafood) as soon as possible.

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*For more in-depth food safety information, visit: Food Safety for Moms-to-Be: cfsan.fda.gov/pregnancy*
Illness in Pregnancy

During the course of your pregnancy, it is possible that you may develop a cold or symptoms of the flu. Because the immune system is affected during pregnancy, the symptoms may persist longer than usual. Nasal stuffiness is also very common in pregnancy because of hormonal effects on the nasal passages. If other cold symptoms (cough, sore throat, fatigue) are not present, you probably do not have a cold.

To help determine how to treat your illness, you should know the difference between a cold and the flu. Cold symptoms are usually consistent with cough, sore throat, sneezing and sinus congestion, but rarely cause a high fever. Flu symptoms consist of body aches, elevated temperature, and chest congestion. Stomach flu (gastroenteritis) is not really the flu. Symptoms include diarrhea and vomiting, sometimes with body aches and pains.

The following measures may help to make you feel more comfortable:

- Be sure your fluid intake is at least eight-ten glasses of liquids per day. Water is important, of course, but juices, some soda pop and broth all provide extra fluids as well as calories at a time when your appetite may be decreased.
- If you do not feel like eating, try to maintain your nutritional intake with six small meals instead of three regular sized meals.
- Increase your rest periods. You may want to elevate your head when you sleep or rest to enhance breathing and decrease post-nasal drip.
- Monitor your temperature at least once daily and call your health care provider if your temperature rises over 100.4 F. You should also call your provider’s office if you begin to cough up green/yellow mucus.
- Use a steamer to help loosen secretions. If you do not have a steamer, you can sit with a towel draped over your head and shoulders over a pan of steaming water. Cool vapor from a vaporizer may also be beneficial.
- If you are having pain in your sinus area (the bones above and below your eyes and across your cheek-bones), apply warm compresses to help alleviate the congestion.
- Suck on hard candy to relieve cough.

Call your doctor’s office if you are unable to keep any food or fluids down for more than 24 hours.

VACCINATIONS

Two important vaccinations to protect yourself and your baby from serious illness, complications or even death include:

FLU VACCINE

The flu shot is a safe way to protect the mother and her unborn child from serious illness and complications from the flu. Changes in the pregnant women’s immune system, heart and lungs during pregnancy make her more prone to severe illness from the flu that can lead to hospitalizations including premature labor and delivery or even death. The flu shot given during pregnancy protects both the mother and the baby (up to six months old after birth) from the flu.

TDAP VACCINE

Tdap protects against diphtheria, tetanus and pertussis (whooping cough). Whooping cough is a contagious disease easily spread from person to person when an infected person coughs. Pertussis can cause severe coughing that can lead to vomiting, broken ribs, pneumonia or even death. It is recommended pregnant women get the Tdap vaccine in the last trimester or if available, in the hospital after delivery. All family members (dads, siblings) with close contact with the baby need to be vaccinated to keep baby safe.
SAFE MEDICATIONS DURING PREGNANCY

There are many safe medications that can be used during pregnancy. Other care providers may be involved in your care for nonpregnancy related problems. Rest assured that if you’ve told them you are pregnant, medications prescribed by them should be safe for you and your baby. If in doubt, feel free to call your health care provider. In the meantime, please refer to the list of acceptable over-the-counter medications. If it’s not listed, don’t take it without checking.

Follow package directions and do not exceed the recommended dose unless directed by your care provider.

<table>
<thead>
<tr>
<th>PREGNANCY WEEKS</th>
<th>MINOR AILMENT</th>
<th>MEDICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before 12 Weeks</td>
<td>Cold/Cough</td>
<td>Zicam® and throat lozenges: Cepacol®, Ludens®, Halls®</td>
</tr>
<tr>
<td></td>
<td>Constipation</td>
<td>Natural fiber products such as Fibercon®, Metamucil®, Benefiber® and stool softeners such as Colace®, Senokot® or Pericolace®</td>
</tr>
<tr>
<td></td>
<td>Hemorrhoids</td>
<td>Preparation H®, Anusol®</td>
</tr>
<tr>
<td></td>
<td>Indigestion</td>
<td>Antacids: Mylanta®, Maalox®, Rolaids®, Tums®</td>
</tr>
<tr>
<td></td>
<td>Nausea/Sleep</td>
<td>Doxylamine (Unisom®) for sleep or nausea.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For sleep: one tablet at bedtime.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For nausea: you may take an additional ½ tablet in the morning.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In addition: Pyridoxine (Vitamin B6) 25 mg by mouth three times a day.</td>
</tr>
<tr>
<td></td>
<td>Pain (headache)</td>
<td>Acetaminophen (Tylenol®)</td>
</tr>
</tbody>
</table>

IN ADDITION TO ITEMS LISTED ABOVE

<table>
<thead>
<tr>
<th>After 12 Weeks</th>
<th>Cold/Cough</th>
<th>Cough Syrups: Robitussin® (plain or DM) Formula 44®, Vicks® Cough Syrup</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Diarrhea</td>
<td>Imodium®, Kapectate®</td>
</tr>
<tr>
<td></td>
<td>Indigestion/Gas</td>
<td>Anti Gas: Mylicon® or Gas-X®</td>
</tr>
<tr>
<td></td>
<td>Nasal Congestion</td>
<td>Decongestants: Sudafed®, ChlorTrimeton®, Triaminic®, Claritin®, Benadryl®</td>
</tr>
</tbody>
</table>

MEDICATIONS NOT TO TAKE DURING PREGNANCY

- Aspirin, ibuprofen, Motrin®, Aleve® or Advil® at any time during your pregnancy, unless instructed by a health care provider.
- Combination Products: for example – Tylenol Cold and Flu®
- Herbal Supplements unless you have discussed it with your health care provider.

As a general guideline, if you do not experience improvement in symptoms within 24 - 36 hours, a call to your health care provider should be made.
Alcohol Use

Alcohol consumption during pregnancy can be harmful to the baby, as the baby’s liver cannot break down the alcohol. A safe number of drinks during pregnancy cannot be determined. Alcohol can affect babies in many ways. Babies may have the following:

- Abnormal facial features, heart defects, joint and limb problems, small babies or low IQ
- Behavioral problems including anxiety, hyperactivity, and poor attention span
- Fetal alcohol syndrome is a pattern of major physical, mental and behavioral problems in exposed babies. There is no cure for fetal alcohol syndrome.

Narcotics/Opioids

Narcotics/Opioids are occasionally prescribed for short term use. Using them for a long period of time or using them when not prescribed for your specific need at the time can have negative effects on both you and your unborn baby. Please discuss narcotic/opioid use with your care practitioner.

Marijuana

Marijuana use during pregnancy may be harmful to your baby’s health. The chemicals in marijuana (THC or tetrahydrocannabinol) pass through your system to your baby and can negatively impact your baby’s development. The chemicals in any form of marijuana may be bad for your baby and increase the risk of developmental or growth problems – this includes edible products and vaporizers.

Chemicals from marijuana can be passed to your baby through your breast milk. THC is stored in fat and is slowly released over time, meaning an infant could be exposed for a longer period of time. Baby’s may have feeding problems and poor weight gain if marijuana is used while breastfeeding.

Some research shows that using marijuana can cause health problems in newborns including low birth weight and developmental problems. Your child may find it difficult to pay attention or to learn, with more noticeable issues as your child grows older.

CHEMICALS AND HOUSEHOLD POISONS

Teratogens are agents that can cause birth defects when a woman is exposed to them during pregnancy. They include certain medications and chemicals. If you have been prescribed or exposed to any of the following substances, inform your health care provider.

- Alcohol
- Androgens and testosterone by-products (danazol)
- ACE inhibitors (enalapril or captopril)
- Anti-folic acid drugs (methotrexate or aminopterin)
- Coumadin by-products (warfarin)
- Carbamazepine
- Cocaine
- Diethylstilbestrol (DES)
- Lead
- Lithium
- Organic mercury
- Paramethadione
- Phenytoin
- Streptomycin/Kanamycin
- Tetracycline
- Thalidomide
- Trimethadione
- Valproic acid
- Vitamin A by-products

HOUSEHOLD POISONS

Household plants are among the most frequently ingested by children. Know the names of all the plants in your home and yard. The Poison Control Center uses a specialized library that is continually being expanded and updated to reflect new products. Trained personnel are on duty 24 hours to answer questions or help with poisoning exposures at 800-222-1222.
Illegal Drugs

The use of illegal drugs during pregnancy can harm your baby. Many illegal drugs are highly addictive to both mother and baby. The lifestyle associated with illegal drugs can also be harmful. The following is a list of some common illegal drugs and the potential risks.

COCAINE

Can cause the placenta to tear away, bleeding, preterm delivery, baby and/or mother death. Babies born to mothers using cocaine can have problems with withdrawal, slow growth, brain injury, fussiness, long term behavioral, emotional, and learning problems.

ECSTASY

Can cause mood changes, sleep problems and loss of appetite in the user. Babies born to users may have long-term learning and memory problems.

GLUES / SOLVENTS

Inhalants make a user feel lightheaded and dizzy. They can damage the liver, kidneys, bone marrow and brain. They can also cause sudden death. During pregnancy, glue and solvent use can lead to miscarriage, slow growth and preterm delivery.

HEROIN

Can cause the baby to be addicted, your baby may die, be born too soon, have a low birth weight, delays in development and behavioral problems. Sudden withdrawal from heroin can also harm a woman and her baby.

METHAMPHETAMINE

This can cause the placenta to tear away. The baby may die. If the baby survives, he/she may have behavioral problems such as fussiness or trouble bonding with others.

PCP/KETAMINE/LSD

Users of PCP or angel dust may lose touch with reality. They may become violent and may experience flashbacks, seizures, heart attacks or lung failure. Babies exposed may have withdrawal symptoms, low birth weight, and poor control of their movements.

Smoking

A baby whose mother smokes during pregnancy is exposed to the harmful chemicals tar, nicotine and carbon monoxide. Nicotine constricts blood vessels, which result in less oxygen and nutrients reaching the baby. Carbon monoxide also decreases the amount of oxygen the baby receives.

The following problems are more common in women who smoke:

- Tubal pregnancy
- Vaginal bleeding
- Stillbirth
- Low-birth-weight babies (less than 5½ pounds)
- Issues with the way the placenta attaches to the uterus
- Premature birth
- Increase risk of cleft lip or palate

Smoking is harmful to the newborn. Babies and children whose mothers smoke have more frequent ear infections and upper respiratory infections. Breathing second-hand smoke raises the risk of asthma and sudden infant death syndrome (SIDS). Some studies suggest that children of mothers who smoked during and after pregnancy are more likely to suffer behavior problems such as hyperactivity than children of non-smoking mothers.

It would be ideal if a woman was not smoking prior to becoming pregnant, but cutting down or quitting is a positive step at any point during pregnancy. Encouraging other family members and friends to decrease exposure of a pregnant woman and her baby to second-hand smoke is also extremely important.

Vaping

Smoking during pregnancy can be harmful to your baby both before and after birth — that is why moms should avoid lighting up at all during pregnancy. This includes conventional cigarettes as well as e-cigarettes or vapes since e-cigarettes still expose your baby to nicotine and other potentially harmful substances.

For help in reducing your dependence to alcohol or drugs contact our Outpatient Behavioral Services at 734-786-2300.
Routine Tests

During your pregnancy your health care provider will order lab tests to check for many diseases or infections. The blood tests that are ordered will determine your blood type, check to see if you have low iron, check for infections and diseases like syphilis, rubella, HIV and hepatitis B. Your urine may be checked for signs of diabetes, urinary tract infections and for signs of high blood pressure. You will also have a cervical test done to check for changes that could lead to cancer and to check for sexually transmitted infections, like gonorrhea and chlamydia.

You will also have the opportunity during your pregnancy to decide if you would like to be tested to see if your pregnancy is at risk for, or has, a genetic disorder. Chromosomes are structures inside each cell of the body that contain genes. Genes determine what a person’s physical make up will be. Chromosomal disorders occur when there is a missing, extra, or damaged chromosome. Down syndrome is one example of this. Different tests are offered at various times in your pregnancy.

### Diagnostic / Screening Tests

The earliest screening test that can be performed is the **Nuchal Translucency (NT) test**. This is a noninvasive test that will not cause any harm to you or your baby. The test consists of a combination of an ultrasound and a blood test. This test is often performed between 11-13 weeks of pregnancy. NT can detect 85-88% of Down syndrome pregnancies. Further testing, such as an amniocentesis, may be recommended with a positive test result. Your health care provider will assist you in scheduling this appointment.

If you decide to have a screening test after the time frame of the NT, your care provider may recommend a simple blood test that can be done between 15-22 weeks of pregnancy. This test is often called the **Quad test**. This test can detect a majority of babies with Down syndrome and neural tube defects. Further testing such as an amniocentesis may be recommended with a positive result.

**These tests can determine if your baby is at risk for having a chromosomal problem or birth defect.** They are not done on all women, but may be recommended by your doctor.

**Chorionic Villus Sampling (CVS)** is a procedure where a small sample of cells is taken from the placenta and tested. This is usually done sometime between weeks 10-13 of your pregnancy.

**Amniocentesis** is a procedure where a small amount of amniotic fluid is taken from the sac around the baby. This fluid is sent to the lab where they are able to look at cells from the baby and see the baby’s chromosomes. Amniocentesis can also be used later in the pregnancy to determine if there is a blood incompatibility, for lung maturity or to check for infections. If your doctor recommends this test, they will assist you in arranging the appointment.

**Cell-free Fetal DNA Testing** is a non-invasive prenatal lab test primarily used to detect some fetal chromosome abnormalities and is generally recommended for women who are at risk for chromosomal problems. Cell-free fetal DNA testing currently evaluates for an abnormal number of chromosomes 13, 18, 21 and the sex chromosomes (X and Y). There are also select genetic abnormalities evaluated with this test. A maternal blood sample is drawn between 10-22 weeks for this test.
Other Tests

GESTATIONAL DIABETES

Gestational diabetes is a type of diabetes (high blood sugar) only in pregnant women. Gestational diabetes is one of the biggest health concerns in pregnancy. All women are tested between weeks 24-28 of their pregnancy. If you are at high risk for developing gestational diabetes you may be tested earlier.

Are you at high risk?
- Did you have gestational diabetes or a very large baby in a previous pregnancy?
- Are you over weight or have close family members with diabetes?
- Are you Hispanic, Native American, Asian or African American?

When it is time to take the blood test, you may drink a special sugary drink and then have your blood drawn one hour later. The lab will then measure the amount of sugar (glucose) in your blood. If the test shows that your glucose is high, you may have to schedule a second blood test that will check your glucose over a three hour period. Your health care provider will give you more information on this test if it is needed.

Most women with gestational diabetes are able to control their blood sugar with diet and exercise. You will meet with a dietician to help you develop a plan for your pregnancy. If the problem is more severe you will also learn to test your blood sugar at home and you may need medication to control your blood sugar.

The good news is that most of the time gestational diabetes goes away after the baby is born and it is treatable. Without treatment you are at risk for developing high blood pressure and of having a baby that is very large. Very large babies may have many health problems including low blood sugar, jaundice and breathing problems.

If you have gestational diabetes, it is important that you meet with your primary care doctor after delivery. Your doctor can help you develop a plan to help reduce the risk of developing diabetes later in life.

CYSTIC FIBROSIS CARRIER TESTING

Cystic fibrosis is a life-long genetic disease that causes thick and sticky mucus that makes breathing difficult. Medications are available to treat the problems. The purpose of cystic fibrosis carrier testing is to see if a couple is at risk for having a child with cystic fibrosis. Certain ethnic groups have a higher chance of being a carrier than others. Ashkenazi Jewish couples have the highest chance of being carriers. If you are interested in testing, let your care provider know. You may want to consult your insurance plan to see if the test is covered.

GROUP B STREPTOCOCCUS

Group B streptococcus (GBS) is a type of bacteria that can be found in up to 30% of women. In most cases women who have this bacteria are not in any health danger. When a woman is pregnant, she can pass this bacteria to her baby during labor. If the baby becomes infected there can be serious problems with the baby’s blood, lungs or brain. For these reasons, all pregnant women are tested for GBS between 35-37 weeks. This is done with a simple vaginal swab. If the mom is positive for GBS she will be treated with antibiotics in labor to protect the baby.

ULTRASOUND

Ultrasounds create pictures of your baby using sound waves. There are no harmful effects from ultrasound to the mother or the baby. Ultrasound can be used at any point in the pregnancy. Most women will have an ultrasound during their first visit to the doctor and then again between 19-21 weeks.

Ultrasound is used in pregnancy to help:
- Confirm pregnancy and determine age of the baby
- Measure baby’s growth, amount of fluid around the baby, cervix length and location of the placenta
- Check the position of the baby, it’s breathing, movement, heart rate and birth defects

SPINAL MUSCULAR ATROPHY (SMA) CARRIER TESTING

SMA is the most common inherited cause of infant death. It affects a person’s ability to control their muscles, including those involved with breathing, crawling, eating and walking. It has different levels of severity, but none of them affect intelligence. The most severe form of the disorder causes death by age of two. Anyone can be a carrier of SMA, but it’s more prevalent in some ethnic groups (Caucasian, Ashkenazai Jewish). The only way to determine if you are a carrier is to have a genetic carrier testing. If you are interested in testing let your care provider know. You may want to consult your insurance plan to see if the test is covered.
Later Childbearing

More couples are choosing to start their families later in life. There is no set age when women should not become pregnant. Most women over the age of 35 will have healthy pregnancies and healthy babies. However, certain medical problems are more likely to occur in women over the age of 35. Your care provider will watch you closely as your pregnancy progresses for the development of potential problems.

Some of these are:
- High blood pressure
- Gestational diabetes
- Miscarriage and stillbirth
- Low birth weight baby
- Need for a cesarean section
- Birth defects/chromosomal problems

You will want to discuss the pros and cons of having further testing with your health care provider. Cell free fetal testing, an amniocentesis or chorionic villus sampling can be done to diagnosis chromosomal abnormalities.

Perinatal Mood and Anxiety Disorders (PMAD)

During and after pregnancy, the changing hormones in a women's body may trigger symptoms of PMAD, see pages 52 and 53 for more explanation and self test.

<table>
<thead>
<tr>
<th>Age</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>1 in 526</td>
</tr>
<tr>
<td>25</td>
<td>1 in 476</td>
</tr>
<tr>
<td>30</td>
<td>1 in 385</td>
</tr>
<tr>
<td>35</td>
<td>1 in 192</td>
</tr>
<tr>
<td>40</td>
<td>1 in 66</td>
</tr>
<tr>
<td>45</td>
<td>1 in 21</td>
</tr>
</tbody>
</table>

You will be seeing your health care provider often during your pregnancy. At each appointment your weight will be checked along with your blood pressure and urine, to make sure that you and your baby are doing well during pregnancy. However, there are some things that you will need to let your doctor or midwife know, if they should occur.

You will be seeing your health care provider often during your pregnancy. At each appointment your weight will be checked along with your blood pressure and urine, to make sure that you and your baby are doing well during pregnancy. However, there are some things that you will need to let your doctor or midwife know, if they should occur.

- If you fall or are involved in a motor vehicle accident including a fender bender, call your health care provider immediately.
- Signs of preterm labor (prior to 37 weeks): change in vaginal discharge or leaking fluid and/or contractions (see page 32).
- Any bright red bleeding from the vagina, with or without pain
- Pain or burning when you urinate
- Vomiting, fever or chills that last longer than 24 hours
- Sudden swelling of hands, face and ankles
- Blurred vision or spots before your eyes
- Dizziness
- Headaches that are constant and severe
- Severe abdominal pain
- Gush or leak of fluid from the vagina
- Once you start to feel your baby move you will feel movement (kick, roll, flutter or wiggle) often during pregnancy. After 28 weeks, if you do not feel your baby move as usual please call your care provider. If you are concerned that your baby may not be moving as much as usual, do the following:
  - Drink a cold, sugary beverage (unless you have blood glucose issues)
  - Eat a healthy snack or meal
  - Empty your bladder
  - Rest on your side, if you have been up (or walk around, if you haven’t)
  - Chart how many times your baby moves by following the Fetal Movement Record on page 85
  - If you are still concerned call your care provider
Preparing to Deliver

- Access the Family Birth Center tour online at stjoesannarbor.org/birthcenter. If you wish to take a tour in person, sign-up online or call to schedule a tour at 800-231-2211.
- Before you deliver, choose a doctor who will care for your baby, and inform your obstetrician or midwife of your selection.
- Discuss your birth wishes form with your health care provider and bring with you to 34 week appointment (refer to pages 87-88). Please bring the birth wishes form with you when you come to labor and delivery.
- Let your friends and family know what your wishes are in terms of visitors while you and your baby are in the hospital.
- Prepare and freeze meals ahead of time.
- Prepare birth announcements as much as you can ahead of time.
- Learn how to properly use the car seat before the birth of your baby. Get your baby’s car seat inspected and learn how to safely and securely transport your baby. To locate a source for car seat inspections, check with your local fire departments, car dealerships, AAA or contact an organization that you find at seatcheck.org (refer to page 66).
- Schedule and attend any classes that may interest you.
- You will be asked, at admission to the hospital, if you have a “Durable Power of Attorney” in place. If you have this, please bring a copy with you for your chart.

Create a to-do list for friends and family. Preparing meals is a great option.

Signs Your Body is Preparing for the Start of Labor

Your care provider will give you instructions on when you should come to the hospital. The following are some signs that your body is getting ready for labor. If you have any concerns, always call your care provider.

LIGHTENING
The baby’s head has dropped down into your pelvis. Many pregnant women will say, “I think my baby has dropped.” This may occur a couple of weeks before labor actually begins. Some women never sense that the baby has dropped.

MUCOUS PLUG
Thick mucus seals off the cervix during pregnancy. When the cervix starts to open, the mucus plug is released into the vagina. You may not notice when this happens. You may also have some minor bleeding. This is called a bloody show. This also can occur weeks before labor.

BAG OF WATER
The bag of water around the baby is there to keep your baby protected during pregnancy. Before or during labor your bag of water may break, causing the amniotic fluid to leak out. This fluid may come out as a large “gush” or it may trickle out. There are four things you should note if you think your bag of water has ruptured:

- Color: Is the fluid clear, yellow, green or brown?
- Odor: Is there any odor?
- Amount: About a teaspoon or a half of cup?
- Time: What time did the bag rupture?

Some moms can’t tell if the bag has broken. They might feel that they may have had some urine leak out. If you aren’t sure, wear a sanitary pad. Empty your bladder and try coughing. If anything leaks out onto the pad you can then check the color, odor and amount. Please call your health care provider with this information. Also, note how often you feel the baby move after you think your bag of water has broken. You will want to wear a pad or small towel in your panties when you drive to the hospital.

CONTRACTIONS
Your uterus tightens and relaxes. These contractions open the cervix and help push the baby into the birth canal.
Guidelines for Early Labor at Home

**Early Labor** (your cervix dilates from 0 to 6 cm)

**WHAT HAPPENS**
- Mild contractions begin. They are often irregular and can last anywhere from 30 to 60 seconds.
- Contractions gradually get closer together. Toward the end of early labor, they are less than five minutes apart.

**HOW LONG IT LASTS**
The length of early labor varies quite a bit. For some women it’s a few hours. For others, it’s a day or more. But the average for first time moms is 6 - 12 hours.

**WHAT YOU CAN DO**
- Go for a walk with your partner or labor coach
- Take a shower or bath
- Try to rest and relax
- Practice relaxation exercises or meditation
- If you can, sleep

**When to Call When You Think You’re in Labor**

Your health care providers are there to address any and all of your questions or concerns. You may find yourself calling the office for advice from time to time. *Most health care providers will want you to come to Labor & Delivery triage, if you are experiencing any of the following:*
- Contractions are regular (every three to five minutes), intense enough that you have to breathe through them and it is difficult to talk, lasting one to two hours.
- If your water breaks, either a large gush or a constant trickle, enough that you have to wear a pad.
- Bright red bleeding like a period. Spotting and mucus (especially common after vaginal exams) is normal.
- If you are concerned about the decrease in amount your baby is moving. A general guideline is the baby should move a minimum of ten times in one hour at one point during the day (not every hour). Refer to the Fetal Movement Record on page 85.

**HOW WILL I KNOW IF I AM IN LABOR?**

Every woman feels labor begin differently. Some women feel menstrual type cramps. Other women feel backaches that come and go. Still others feel heavy pressure on the top of their thighs. Listen to your body. If you feel aches or pains that come and go start to time them. See if a pattern is developing. The following table may help you decide if you are in early labor.

<table>
<thead>
<tr>
<th>True vs. False Labor</th>
<th>False Labor</th>
<th>True Labor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Timing of contractions</strong></td>
<td>Contractions often are irregular; they don’t get closer together as time goes on.</td>
<td>Contractions come at regular intervals and get closer together. They last 30 to 90 seconds.</td>
</tr>
<tr>
<td><strong>Change with movement</strong></td>
<td>Contractions may stop when you walk, rest or change position.</td>
<td>Contractions keep coming no matter what you do.</td>
</tr>
<tr>
<td><strong>Strength of contractions</strong></td>
<td>Contractions often are weak and they tend to stay that way. An occasional strong contraction is often followed by a weaker contraction.</td>
<td>Contractions steadily get stronger.</td>
</tr>
</tbody>
</table>

**HINT:** True labor generally has three progressives. The contractions get closer together, they last longer and they get stronger.
HOSPITAL AND ROOM AMENITIES

All of our rooms are private and provide a home-like environment to make your experience as comfortable and memorable as possible. You may use hand held or video cameras that do NOT require a tri-pod in the labor and delivery area, operating room or Neonatal Intensive Care Unit (NICU). You will need permission from all hospital personnel in attendance. Appropriate use and timing of photography or recording is at the discretion of the hospital personnel. No medical or obstetrical emergencies, anesthesia or neonatal procedures or resuscitation may be recorded.

In your birthing room you will labor, deliver and recover. Then you and your baby will move to a private room on the Mother/Baby unit for your postpartum and newborn care. You will stay here until you go home.

You and your baby will stay in the same room on the Mother/Baby unit. Keeping your baby in your room and caring for him or her will help you to feel more comfortable once you are at home with your baby. Most parents report they sleep best when the baby sleeps in their room. Your partner is encouraged to stay with you and your new baby.

**BIRTHING ROOMS INCLUDE:**
- All private rooms
- Birthing bed
- Jacuzzi tubs (2) and Jacuzzi showers (10)
- Birthing balls
- Television (baby programs available)
- Refrigerator in the room
- Phone
- CD/DVD players
- Hair dryer
- Infant security
- 24-hour anesthesia coverage
- Snacks for coaches
- Individual room climate control
- Patients with pregnancy complications will receive care within the LDR suite
- Free WiFi

**MOTHER / BABY ROOMS INCLUDE:**
- All private rooms
- Baby rooms in with mom and her partner
- Infant security
- Nourishment room
- Hair dryer
- Phone
- Television (your choice of baby care programs available at the touch of a button)
- Free WiFi
- 24-hour on-site pediatrician coverage
- Certified lactation consultants
- Nursing team to address any concerns
- Breast pumps and supplies are available while your baby is in the hospital
Delivering at St. Joseph Mercy Ann Arbor

PRE-REGISTER
Pre-register by phone before your seventh month:
- Call Monday-Friday, 9 a.m. - 5 p.m.
  734-712-7000 / (toll-free) 877-791-2051

WHEN YOU ARE IN LABOR
- Follow the signs to the Treatment Centers Area and park in Lot Q. The entrance will be marked Family Birth Center/Imaging Center.
- This entrance is used for labor patients, 24 hours a day, 7 days a week.
- Take the elevator to the third floor and check-in at the desk. You will need your current driver's license, military or state identification card when you sign in. Your legal name needs to match what is on the identification card.

After your baby is born you and your baby will be moved to the Mother/Baby Unit on 3 North.
- At this time your support person will need to move the car from parking lot Q to parking lot B or C and bring your luggage to 3 North (third floor) using the main hospital entrance.

Please have your family and friends use the main hospital entrance. This entrance will be closest to the Mother/Baby Unit on 3 North.
- Take one of the visitors’ elevators to the third floor and follow the signs to 3 North, Mother/Baby Unit.

VISITING ON THE MOTHER/BABY UNIT
Visitors are allowed to visit you and your baby at your choosing. We ask that all your visitors be healthy and wash their hands before holding your baby. We do encourage the visits to be short, as you will need your rest. This is also a very important time for you to get to know your baby and yourselves as parents. Visitors can park in lots A, B or C and enter through the main hospital entrance. They will then take the tower elevators to the third floor and follow the signs to 3 North. For your safety and security, there is one locked entrance into the unit for family and visitors. The doors must be unlocked by staff only.

Visitors staying after 10 p.m., must have a special visitor pass, please ask your nurse for more details. Children under the age of 18 years of age are not permitted to stay overnight.

NEONATAL INTENSIVE CARE UNIT (NICU)

Our Neonatal Intensive Care Unit is a 30-bed unit for babies who are born prematurely and full term babies that require specialized care and observation. The majority of babies receive specialized care to help support their breathing.

Babies in the NICU will receive comprehensive care from a team of health care providers that consist of a neonatologist (pediatric doctor specializing in the care of newborns), nurses, respiratory therapists, lactation consultants, a nutritionist, pharmacist, social worker and the parents of the newborn. The NICU provides family centered care — a philosophy of care that embraces a partnership between staff and families. It is important to remember that 90% of newborn babies make the transition to life outside of the womb without difficulty. For the small percentage of babies with difficulties, the NICU can provide the specialized care needed.
ITEMS TO BRING TO THE HOSPITAL

LABOR & DELIVERY AND MOTHER/BABY UNIT

Bring anything that will offer you comfort during labor and your stay in the hospital. Leave the rest of your luggage in the car.

- Any paperwork you received at the offices, filled out as much as possible
- This Book
- Driver License, Military or State Identification Card
- Durable Power of Attorney, if you have one

Your own pillow

Slippers or skid proof socks

Toothbrush, toothpaste and floss

Comb and brush

Massage Lotion

CDs or music to listen to

Toiletries, shampoo, deodorant

Soft comfortable blanket for mom or partner

Two cotton panties

Two bras

Photograph or some other focal point

Sleep Sack

Swaddle blankets for going home

Infant car seat installed and inspected, see pages 66

Spring suit or quick dry shorts

Food or snacks

Water bottles

The Nourishment Room on the unit is stocked with sandwiches, juice, soda, coffee and tea. A microwave is also available for use.

FOR COACH OR SUPPORT PERSON

Wear comfortable clothing and clothes to sleep in after delivery.

Camera

Comfortable clothing (extra sweatshirt and clothes)

Electronic devices and chargers

Toiletries

Food or snacks

Camera Comfortable clothing

Electronic devices and chargers

Toiletries

Food or snacks
During Labor and Delivery

The following is meant to help you understand what you may experience in labor, options for pain management and what typically happens during the birth of your baby.

ARTIFICIAL RUPTURE OF THE BAG OF WATER
Your health care provider may want to break the bag of water while you are in labor. They can do this during a vaginal exam by inserting a small hook to break the bag lining. This is a painless procedure and only takes a moment. After the bag has been broken you will feel the warm fluid leaking out. You may also feel more intense contractions as the baby’s head will no longer be cushioned by the fluid. There are many reasons your health care provider may want to break the bag of water:

- To see what color the fluid is
- To help strengthen the labor contractions
- To place internal monitors

If the fluid is stained a yellow/green or brown color it is called “meconium fluid” indicating that your baby has had a bowel movement. Your OB team will pay close attention to your baby during labor, along with our pediatric team that will be present at delivery to make sure your baby doesn’t have any of this fluid in his/her lungs.

AUGMENTATION OF LABOR
A woman who is in labor may need the help of pitocin. The use of pitocin may strengthen contractions or even restart them if the contractions are showing signs of weakening.

BACK LABOR
Back labor can be described as pain in the lower back that is present during each contraction. This pain can be just enough to prevent a mom from relaxing during the contractions. Often time this pain is caused by the back of the baby’s head rubbing on mom’s lower spine, pelvis and tailbone. If this occurs we may say that the baby is in the “posterior” position. Ways to deal with back labor may include:

- Have mom get on her hands and knees and have her rock her pelvis to and fro
- Alternate warm and cold compresses to mom’s back
- During a contraction, apply pressure to mom’s lower back
- Warm shower/tub

Even if the baby’s head is not in the posterior position, some women do experience back labor. All these techniques can help with any type of back labor.
**MONITORING DURING LABOR**

Monitors help the health care team see how your labor is progressing and how your baby is tolerating labor. If you have an uncomplicated pregnancy, you may only be placed on the fetal monitor intermittently during labor. There are two types of monitors: internal and external.

**External Monitors**
These are monitors that gently rest on your belly. There are two monitors. One will monitor your baby’s heart rate and the other will monitor your contractions. These monitors do not tell us how strong your contractions are. They let us know when your contractions begin and end. Some women can be monitored using a telemetry unit which allow you more freedom of movement during your labor.

**Internal Monitors**
Not all women will have internal monitors placed, but sometimes conditions change during labor so that internal monitoring of either your contractions or the baby’s heart rate, or both, is necessary. If internal monitors are used, external monitors will be removed. Your bag of water will have to be broken for internal monitors to be placed. Internal monitoring will not hurt your baby. This is a very accurate way to monitor your baby’s heart rate and/or actual strength of contractions.

**INTRAVENTOUS FLUIDS (IVS)**
IVs are not always needed during labor. Some women are able to stay well hydrated with oral fluids. We do recommend a Saline-Lock that is not hooked up to fluids, but would allow fluids to be started quickly in an emergency. However, if you request any type of pain medication, epidural or you have a medical condition that requires close monitoring of you and your baby, you will have an IV. IVs are also needed for cesarean deliveries.

**URINARY CATHETERS**
We encourage women to void often to keep their bladders as empty as possible during labor. Occasionally, a catheter may be placed in a mom’s bladder to help keep the bladder empty during labor. A full bladder may prolong labor and prevent the baby from moving lower into mom’s pelvis. Typically, foley catheters are placed for cesarean deliveries.

**LABOR INDUCTION**

Most women go into labor on their own, but when it does not happen or there is a medical need, other methods may be used to induce labor. Labor induction causes the uterus to contract and the cervix to soften, open and thin out. Typically, labor is not induced before 41 weeks unless there is a medical reason. There are several choices for inducing labor and your doctor or midwife will help you choose what option is best for you and your baby.

Induction of labor may take more than one day, especially if this is your first baby. Your doctor or midwife may start with a process called cervical ripening to help the cervix become soft and thin.

- Medication may be taken orally or placed in the vagina to help the cervix soften. This requires you to stay in the hospital.
- Another method is placement of a small water-filled balloon, which passes through the vagina into the cervix. The balloon stays in the cervix for 12-24 hours. You may be able to go home with the balloon in place and return in the morning for the next step of the induction. For your comfort and to help your labor, you will be encouraged to remain active.

**Before Your Induction**
Two hours before your induction time, call the Labor and Delivery charge nurse at 734-712-9828. Your scheduled induction time depends on how many patients are already in labor. The charge nurse will guide you if there is a delay in your induction and will instruct you when to come to the hospital. It is important to eat a light meal and drink fluids as once your induction begins, you are limited to clear liquids such as popsicles, apple juice, clear sodas and chicken broth.

**During Your Stay**
Upon arrival to Labor and Delivery you will sign a consent form to begin the induction. You will get fluid through an IV and another induction medication, Pitocin may be used. Occasionally delivery does not happen even though labor is induced and it might be in your best interest to try again another day.
Management of Labor Pain

The management of labor pain is one of the main goals of maternity care. The following are descriptions of non-medicated ways of reaching this goal. These techniques will help you deal with the physical pain of labor as well as enhance your emotional sense of well-being during labor.

What is pain? Pain is part of the normal process of labor. It is not a sign of damage, injury, or anything abnormal. Rather than make the pain totally disappear, your caregiver will assist you to cope with the labor pains, help build your self-confidence, and help you maintain a sense that all is well. Your health care provider and labor coach will help you by offering you reassurance, guidance, encouragement, and acceptance of your coping style.

Our birthing rooms will help foster a sense of comfort and privacy. These rooms also will help you maintain a certain level of activity during labor: walking, bathing, showering, using birthing-balls and periods of rest. These rooms are designed to help you feel empowered and fulfilled as you progress through labor. It is these feelings that most women describe as having the most positive effect on their labor rather than the amount of pain she experiences.

The following techniques are very effective:

- Aromatherapy
- Breathing techniques and relaxation
- Childbirth education
- Continuous labor support
- Heat and cold
- Hydrotherapy
- Intradermal water blocks
- Movement and positioning
- Music
- Touch and massage

At the Family Birth Center we use many, but not all, of these techniques.

APPLICATION OF HEAT AND COLD

Alternating hot and cold compresses to various parts of a woman’s body in labor is an easy and inexpensive way to help a woman cope with labor pains. Heat is often applied to her lower back, lower abdomen or groin. Heat is also used to help relieve chills or trembling and decrease joint and muscle stiffness. If a woman has a fever or has areas of her body that are numb, you will not want to apply heat. Don’t use heat if there is excessive bleeding, you have a fever or have received an epidural.

Cold therapy is usually applied to the woman’s back, chest or face during labor. You can use a small bag or glove filled with ice, gel pack, hollow plastic rolling pin, or even a frozen bag of vegetables. You can even put some ice water in a hot water bottle. If that this is too cold and uncomfortable, take the ice off and maybe a cool wash cloth will be enough.

AROMATHERAPY

Essential oils can be used to reduce anxiety, reduce nausea or vomiting, enhance a sense of well-being, improve contractions and reduce labor pain. The use of diffusers are not permitted.

CHILDBIRTH EDUCATION

We recommend pregnant women and their partner take these classes during pregnancy. There are many types of classes available and many methods of childbirth education being taught. The benefit of these classes is to help the couple know what to expect and be armed with the knowledge to make informed decisions when the time to deliver the baby is near.
MUSIC AND OTHER SOUNDS

Music, white noise or sounds in the environment may decrease your perception of pain during labor. Music can enhance relaxation and induce self-hypnosis. Choosing music that promotes relaxation and lifts your spirits may give you a greater sense of control.
There are different types of pain medications that your doctor or nurse midwife may offer. You might choose only one type to manage your pain or you may choose a combination.

**EPIDURAL**
This medication is given through a tiny catheter (tube) that is placed in your back by an anesthesiologist. The medicine is given throughout labor until after the delivery of your baby. An epidural is a very effective method of relieving your pain, although nothing is 100%. Risks with an epidural are very rare. They will be reviewed with you by the anesthesiologist before your epidural is placed.

**NITROUS OXIDE**
Nitrous oxide (laughing gas) is a self-administered gas used at the bedside by placing a mask over your nose and mouth during contractions and is removed when the contraction is gone. The gas takes effect quickly and doesn’t interfere with the labor progress. It provides a quick recovery and rapidly clears the body.

**OPIOID PAIN MEDICATION**
These are strong pain relievers that help to reduce pain, anxiety and tension in early labor. Morphine, Stadol and Nubain are the most commonly used medications in labor.
Assisted Delivery

EPISIOTOMY
An episiotomy is a surgical incision that your health care provider may make to allow more room for the baby’s head at the time of delivery. This incision is made between the opening of the birth canal (vagina) and the anus (rectum). This is not routinely done. Your doctor or midwife will not know if an episiotomy is needed until close to time of delivery.

Perineal tears are very common and they are repaired using dissolvable stitches. The area where the stitches will be placed will be numbed, so you will be comfortable as possible. If you have had an epidural, this may also cover the pain of the stitches.

FORCEPS
Forceps are not used routinely for deliveries. When necessary, they are used to help deliver a baby that is very low in the birth canal. Forceps look like metal salad spoons. These are gently placed around the side of the baby’s head. While mom pushes, her doctor will gently pull and guide the baby’s head. Some common reasons for using forceps may include:

- Mom is exhausted.
- The baby is in the posterior position in the mom’s pelvis.
- The baby is in distress, but his/her head is low enough in the birth canal for forceps to be used to deliver the baby quickly.

VACUUM EXTRACTOR
This can be used in place of forceps and is not routinely used. Your health care provider will decide if the vacuum extractor is needed. Instead of forceps, the vacuum extractor has a suction-cup that is gently placed on the baby’s head. When mom pushes during the delivery, her health care provider will gently apply pressure to the suction cup to help deliver the baby’s head quickly and gently. Reasons for use of the vacuum extractor are the same as forceps.

After an assisted delivery your baby may have some marks or bruises on his/her head from the placement of the forceps or vacuum extractor. These marks will usually disappear in a couple days.
Cesarean Delivery

In a cesarean birth, an incision is made in the abdomen through which the baby is delivered. Cesareans are performed when a vaginal delivery is not possible. There are many reasons for cesarean deliveries:

- The baby’s head is too large for mom’s pelvis
- The baby may not be tolerating labor well and may be stressed
- The baby may be breech, or not aligned correctly in mom’s pelvis
- The placenta may be covering the opening to the birth canal (placenta previa)
- Umbilical cord is in the way of the birth canal
- Premature baby
- Twins or triplets

Mom may also have some health concerns that make a cesarean delivery safer for her health as well.

Some of these reasons may include:

- Mom may have a heart condition
- Poorly controlled diabetes
- Labor doesn’t progress
- Mom may have had a previous cesarean delivery

If you find that you will be delivering your baby by cesarean, your nurse and health care provider will provide you with all the information you need to be ready for your surgery. An anesthesiologist will speak to you about your anesthesia options. These usually include an epidural or spinal anesthesia. In emergent circumstances a general anesthesia may be needed. The following procedures may take place to prepare you for a cesarean delivery:

- IV will be placed
- You will be given an antacid to neutralize the acids in your stomach
- A clipper prep will be done on your abdomen around the incision area

Your partner will be given a coverall, mask and hat, then will wait outside the cesarean room while the room is prepared. Your partner will be brought in to sit next to you. One person can be with you during surgery.

Heart and blood pressure monitors will be placed on you.

After receiving anesthesia, a foley catheter will be placed in your bladder to keep it draining during surgery and may remain in place until the following day when you are up and walking to the bathroom on your own.

Your abdomen will be cleaned and draped with sterile drapes. These draped can allow for viewing, if the mother wishes.

The surgery begins

The actual delivery of the baby takes only a few minutes. The delivery of the placenta and completion of your surgery will take about another 45-60 minutes.

Skin-to-skin contact with the baby and breastfeeding will be initiated as soon as possible after the delivery of the baby, once they are stable. After surgery you, your partner and your baby will be taken to the recovery room. You will be in the recovery room for about two hours. Now is a great time to bond with your baby. Your nurse will let you know when you may have visitors. They may come to see you one at a time, as long as they are healthy and wash their hands before holding your baby.

If your baby requires special assessment immediately, he/she will be taken to the NICU for further care. Your support person may go with the baby to the NICU. After your recovery time is over (approximately 2-2½ hours), we will take you to see your baby.
PREPARATION FOR YOUR SCHEDULED CESAREAN DELIVERY

You and your partner must arrive at the Labor and Delivery Unit **two hours** before your scheduled surgery time.

**GETTING READY FOR SURGERY**
- **Shower the night before your surgery** using an antibacterial soap (example: Dial®).
- **Follow the preoperative skin preparation instructions** on the attached page for use of the Chlorhexidine Gluconate wipes the night before your surgery.
- **Do not shave or wax the abdomen or pubic area** for one week prior to your surgery.
- **Do not smoke the night before or the day of surgery.**
- **Do not eat anything after midnight the night before your surgery** – unless your provider tells you otherwise. If you eat something after midnight, or closer to your surgery than eight hours, your surgery may be postponed or canceled for your own safety.
- **Do not drink milk, juice, pop or have hard candy or chewing gum** the day of your surgery.
- **Do not shower, bathe or shampoo hair** the morning of your surgery.
- **You may brush your teeth and rinse your mouth.**
- Some women may be instructed to drink a pre-op carbohydrate loading drink two hours before their scheduled surgery. This will be coordinated with you prior to your surgery.
- **In addition, all women may drink four ounces (one-half cup) of clear liquids four hours before your scheduled surgery time.**
- **For your safety, the following must be removed before surgery:**
  - All metal jewelry, tongue rings and any piercings
  - Contact lenses
  - Dentures and any removable dental work
  - Hair pins or clips
  - Wigs

**USE OF CAMERAS IN THE OPERATING ROOM**
Feel free to bring your hand held camera or video equipment to take photos or video of your newborn baby. However, we ask that you delay videos or picture taking until initial evaluation of your infant is complete and the baby care nurse or pediatrician gives approval. Tripods are not allowed at any time for safety reasons. You will need permission from all hospital personnel in attendance before including them in your pictures or videos. No medical or obstetrical emergencies, anesthesia or neonatal procedures or resuscitation may be recorded.

**INVolVEMENT OF FAMILY AND FRIENDS**
Many people share in the anticipation of your baby’s birth. One person may be in the operating room with you during your Cesarean Section. They will be seated by your head after you have been given your anesthesia and the surgery is beginning. Other visitors can wait in the Family Birth Center Waiting Room or wait for your call at home. Your partner can contact them after your surgery to update them on you and the baby. Visitors will be limited to two in recovery. You will be transferred to the Mother/Baby Unit approximately two hours after the birth of your baby.

**YOUR PLAN OF CARE**
Your path to recovery and transition to home will include the following while you are in the hospital:
- **Medications to prevent infections and blood clots**
- **Coordination of pain medications on a schedule to keep you comfortable**
- **Early mobilization to prevent complications**
- **Review of what to expect so you are prepared for a timely transition to home for you and your baby**
First Moments After Birth

Following a vaginal birth, unless there is a medical reason to take your baby directly over to the warmer located in your room, your baby will be placed "skin-to-skin" on your chest. Your baby will initially look slightly blue until he or she takes their first breath or first cry. As your care provider stimulates your baby to cry, your baby should turn more pink. Your baby’s hands and feet may remain bluish (acrocyanosis). As your baby pinks up, your support person will most likely be offered the chance to cut your baby’s umbilical cord and you can enjoy "skin-to-skin" time with baby. Your baby's hands and feet may remain bluish (acrocyanosis). As your baby pinks up, your support person will most likely be offered the chance to cut your baby’s umbilical cord and you can enjoy "skin-to-skin" time with baby. If your baby has any immediate medical needs, your baby may be taken directly over to the warmer, located in your room. A pediatrician, special care nurse and possibly a respiratory therapist may be waiting to assess your baby, if needed.

Our patients requiring a cesarean birth will have the option of skin-to-skin time with baby in the cesarean suite. In special circumstances, your baby may need to be taken directly over to a warmer located at the foot of your bed, where he or she will be assessed. At that time, your support person will be invited over to the warmer.

A pre-term baby (one requiring a stay in the Neonatal Intensive Care Unit) will be taken directly to the NICU. In this situation, your support person can usually accompany the health care team to the NICU with the baby. After your recovery, you will be taken to see the baby in the NICU on the way to the Mother/Baby Unit.

BANKING YOUR BABY’S CORD BLOOD

Typically, after birth the cord and placenta are discarded. However, some parents may wish to save and bank the blood that is left in the umbilical cord. There are private companies that will send the parents a kit that they bring to the hospital on admission. After delivery, the cord blood is collected, according to directions that come in the kit, and sent off to be preserved. Storing your baby's cord blood is a personal decision. There is cost involved. However, if you have a family history of certain diseases or genetic disorders this may be something you wish to consider. You may discuss this with your care provider.

DONATING CORD BLOOD

Saint Joseph Mercy Health System has teamed up with Karmanos Cancer Center and the J.P. McArthy Stem Cell Bank in Detroit to collect donated cord blood. Cord blood is rich in blood-forming stem cells that can be used to treat people with leukemia, lymphoma, sickle cell disease and other life threatening conditions. Usually this blood is thrown away after delivery. But now, with a parent’s consent, this cord blood can be put to good use. Bankable units are available to those in need through the National Bone Marrow Program. This is totally free. Ask your care provider for more information or call 313-576-8750 or visit karmanos.org/cordblood.
Security and ID Bands

Shortly after the birth of your baby, two matching identification bracelets and a security tag will be applied to your baby. Both you and your support person will be given identification bracelets that match the two placed on your baby. It is important that you, your support person and your baby all keep your bracelets on until discharge, as they are used for identification and security purposes.

There is a security tag used to prevent your baby from leaving the Labor and Delivery/Mother Baby unit. When your baby goes home from the hospital this will be removed.

Hospital Employee Identification

While you are in the hospital, any employee of the hospital who comes into contact with you or your baby should be wearing the proper hospital ID badge. All employees and doctors are required to have their IDs placed where they are easily seen. If you have any questions or concerns please speak with your nurse.

Visiting in Labor and Delivery

Visitors in Labor and Delivery are at the discretion of the patient. While in Labor and Delivery we do encourage the patient and her support person to get as much rest as possible. You may have up to four visitors at any time. However, if you are admitted with elevated blood pressures (Gestational Hypertension/Preeclampsia), we may limit visitors related to your medical condition.

On rare occasions healthy children, with the permission of their pediatric provider, may attend a vaginal delivery if they are siblings of the newborn. A responsible adult (other than the mother/father) must attend to the child and be responsible for their safety and conduct and be available to remove the child from the room, if necessary.

Additional Visitor

If your baby is born by cesarean, your main support person will be at your side in the recovery room. As your recovery progresses, you may be able to have an additional visitor.

Baby Care and Skin-to-Skin Contact

Erythromycin, Vitamin K, Weight, Length and Head Circumference

After the birth of your baby, a Labor and Delivery nurse will measure your baby’s weight, length, head circumference and administer medications. An injection of vitamin K will be administered to every newborn to promote the ability of the blood to clot. An eye treatment of Erythromycin will also be administered to every newborn to prevent blindness from bacteria present during delivery. Erythromycin for the newborn is a State of Michigan statutory requirement.

Skin-to-Skin

After your baby’s birth, we encourage you to hold him/her “skin-to-skin.” We will help you lay your unclothed newborn against your bare chest and wrap you both in a warm blanket.

Research has shown that skin-to-skin contact between the mother and her baby immediately after birth until baby’s first feeding reduces crying, improves mother-infant interaction, keeps the baby warm and helps the mother to breastfeed successfully. This is sometimes referred to as ‘kangaroo care.’ If you are unable to hold baby immediately, we encourage your significant other to initiate skin-to-skin contact.
AFTER A CESAREAN DELIVERY

Your Plan of Care

Your path to recovery and transition to home will include the following while you are in the hospital:

- Medications to prevent infections and blood clots
- Coordination of pain medications on a schedule to keep you comfortable
- Early mobilization to prevent complications
- Review of what to expect so you are prepared for a timely transition to home for you and your baby

Following a Cesarean Delivery, you will spend two hours recovering in the PACU. Ongoing monitoring is very similar to recovery following a vaginal delivery (see "Recovering in Labor and Delivery," on this page). After your recovery time is over you will be taken to the Mother/Baby Unit where you will spend the rest of your hospital stay.

Emotions After a Cesarean Delivery

Some women, and their support person, may feel disappointed after a cesarean delivery, especially if they were not expecting this type of delivery. There will be a wide range of emotions both of you may go through. Mom’s hormones are changing. Moods may be swinging. This is all very normal. It is important that you continue to talk to one another about all these feelings.
Caring for Yourself

- Keep your baby in the hospital room with you.
- Limit visitors for the first 24 hours.
- Keep visits short, unless the visitor is there to help.
- Have your partner help keep the visits from friends and family brief.
- Consider placing a “Do Not Disturb” sign on your door if you are resting.

Your body needs this time to begin to recover from delivery. Your nurse will help you learn how to care for yourself as these changes in your body take place.

The weeks after the birth of your baby can be very challenging emotionally and physically. Your body now begins the work of healing after delivery. This process takes about six weeks. During this time your body is trying to get back to its pre-pregnant state. If you are breastfeeding, your body is now making milk to nourish your baby. It is very important that you take good care of yourself during this time.

ACTIVITY

Let comfort guide you. Most care providers advise against heavy lifting, such as not lifting anything over ten pounds for four weeks. Generally, it is okay to resume light household chores (meal preparation) and increase activity gradually over two weeks. You should always rest when tired. It is important to resume driving only when you can do so safely (you are able to brake quickly and comfortably). If you had a cesarean birth you should defer your next delivery for at least six weeks. If you are feeling the urge to drive after surgery, you should consult your care provider. If you live in a multi-level home you may want to have a safe sleep area set up for your baby to be with you on whatever floor of your home you will be most of the time. This will prevent you from having to go up and down many flights of stairs.

BLEEDING AFTER DELIVERY

After delivery, and for the next six weeks, your uterus will be shrinking. For the first few weeks you will experience vaginal bleeding immediately after delivery. The type of bleeding and amount may change. It usually lasts four to six weeks.

- Days 1-3: the bleeding will be dark red with some small clots.
- Days 3-10: the bleeding will become lighter in color and diminish in amount.
- Days 10 and after: the bleeding will become more common and light.

BATHING

The weeks after the birth of your baby can be very challenging emotionally and physically. Your body now begins the work of healing after delivery. This process takes about six weeks. During this time your body is trying to get back to its pre-pregnant state. If you are breastfeeding, your body is now making milk to nourish your baby. It is very important that you take good care of yourself during this time.

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The weeks after the birth of your baby can be very challenging emotionally and physically. Your body now begins the work of healing after delivery. This process takes about six weeks. During this time your body is trying to get back to its pre-pregnant state. If you are breastfeeding, your body is now making milk to nourish your baby. It is very important that you take good care of yourself during this time.

ACTIVITY

Let comfort guide you. Most care providers advise against heavy lifting, such as not lifting anything over ten pounds for four weeks. Generally, it is okay to resume light household chores (meal preparation) and increase activity gradually over two weeks. You should always rest when tired. It is important to resume driving only when you can do so safely (you are able to brake quickly and comfortably). If you had a cesarean birth you should defer your next delivery for at least six weeks. If you are feeling the urge to drive after surgery, you should consult your care provider. If you live in a multi-level home you may want to have a safe sleep area set up for your baby to be with you on whatever floor of your home you will be most of the time. This will prevent you from having to go up and down many flights of stairs.
CRAMPING
As your uterus returns to its pre-pregnant size you may experience some mild cramping in the first two or three days after delivery. This is normal. Women who breastfeed may experience these cramps a bit more, as the hormones used for breastfeeding also make the uterus contract.

CONSTIPATION
The first bowel movement you have after delivery can cause some anxiety, especially if you have any stitches on your perineum. You will want to drink lots of fluids and eat foods that are high in fiber, such as whole grains, fruits and vegetables. Your health care provider may recommend the use of stool softeners. Use only as directed.

EYE HEMORRHAGES
During the pushing and delivery of your baby some of the blood vessels in the white part of your eyes may burst. This is painless and will clear by itself without any special treatment.

FATIGUE
You will be very tired when you first get home. Rest as much as you can, napping when the baby is sleeping. Try to have others help with the household chores. If you do not have a lot of support in those early weeks, only do what is necessary. You should focus on taking care of yourself and your baby. Everything else can wait.

HEMORRHOIDS
Hemorrhoids are swollen veins around the rectum and can result from pregnancy and birth. Hemorrhoids are treated by maintaining a high fiber diet, drinking plenty of fluid and using cold compresses or anything else your care provider may recommend. Frequent warm baths may be helpful. Avoid straining when trying to pass stool. If you are having severe pain from the hemorrhoids be sure to talk to your care provider.

MUSCLE AND JOINT PAIN
The first couple of days after delivery you may experience achy joints and muscles. This is the result of all the hard work your body exerted to deliver your baby. You may also have stiff joints in your hands if you had an IV during labor. These aches and pains will diminish over the next few days.

You may notice that your belly is soft and flabby. It will take time and exercise to reshape your abdomen. Your care provider will recommend some exercises to help strengthen these muscles.

Some exercises you can start after delivery are:
- Pelvic tilt
- Kegel exercises
- Small abdominal curls
- Walking

HAIR LOSS
Due to the hormonal changes your body experiences after delivery, you may notice more hair loss in the six months after you give birth. This is normal. There are things you can do to help including:

- Keeping your hair healthy by eating well and continuing to take your prenatal vitamin supplement.
- Shampoo only when necessary, use a good conditioner and wide-tooth comb to minimize tangles.
- Talk to your practitioner, if your hair loss is excessive. When it’s accompanied by other symptoms, hair loss after pregnancy could be a sign of postpartum thyroiditis.
AFTER BIRTH

Caring for the Perineum or Incision

PERINEUM (STITCHES) CARE
If you have stitches you will want to take care of them by keeping them as clean as possible. The first 24 hours after delivery you will want to keep ice packs on your stitches. The nurses will get you ice packs as needed. It feels very good and helps decrease swelling around the stitches. After you use the restroom you will clean your perineum with a squirt bottle.

- Wash your hands.
- Fill the squirt bottle with warm water and a little hand soap. Shake gently to mix.
- Squirt the water on your bottom from front to back. Wash your bottom daily with soap and water and gently pat dry. If you have a hand held showerhead, this makes the job easier.
- Always wash from front to back.
- If your stitches are uncomfortable you may want to try a sitz bath. Your nurse will teach you how to use the sitz bath while you are in the hospital.
- You may use witchhazel/Tucks pads on your stitches for comfort, as well.
- Change your sanitary napkins often.
- You may experience some itching as the stitches dissolve, fall out and the area begins to heal. Do not scratch.

VARICOSE VEINS
If you developed varicose veins during pregnancy, you will want to elevate your legs when resting. When you are up and about you may want to wear elastic support stockings for the first six weeks.

WEIGHT LOSS
Much of the weight that remains after the birth is fluid. Weight loss will occur as the fluids leave your body. This will take some time. You will want to continue to eat a healthy diet and drink lots of water after your baby is born. This will help you feel your best and be up to the challenge of caring for you and your baby. Your diet should be balanced and contain all the proper amounts of vitamins and nutrients that you need to heal after delivery. Refer to the “Exercise, Diet and Nutrition” on pages 54 and 55.

INCISION CARE
After a cesarean delivery you may have either staples or stitches on the lower part of your abdomen. If the staples are not removed before you leave the hospital, arrangements will be made to have them out. Sticky tapes (steri-strips) are applied after the staples are removed.

- Wash your hands prior to caring for your incision
- Wash your incision two times a day with soap and water by patting gently, rinse and pat dry
- Keep the incision dry
- If you have steri-strips they usually fall off within a couple of weeks

You may expect some itching as the incision begins to heal. Do not scratch. Refer to page 55 to find out when you need to call your health care provider after you are home.
The most serious psychiatric disorder that can occur after the birth of a baby is called “postpartum psychosis.” This is very rare and may affect one to two women per 1000 births. This is a medical emergency. Symptoms include sleep disturbances, confusion, agitation, irritability, delusions and potential for suicide or hurting the baby. Call 911 Immediately!

Menstrual Cycle and Family Planning

The return of a woman’s menstrual cycle varies. Women who are formula feeding their babies may see their menstrual cycle appear in four to nine weeks. Women who are breastfeeding may not have a return to a menstrual cycle for months. Whatever the case may be, you may ovulate at any time. Breastfeeding is not a form of birth control. You will need to discuss with your health care provider the best family planning options for you.

Resuming Sexual Intercourse

Your body has been through a lot of physical, hormonal and emotional challenges since the birth of your baby. Every woman responds differently to these changes. Both you and your partner are dealing with these changes together. You will need to keep communicating with each other your wants, needs and desires.

When it comes time to resume sexual intercourse these guidelines may be helpful:

- Talk with your health care provider about personal circumstances. Most health care providers recommend that intercourse resume only after complete healing of the perineum and your bleeding has decreased. Most important is your increase in comfort and desire.
- You may want to be intimate in other ways without having intercourse.
- Hormone changes may require you to use a water-based lubricant, such as K-Y jelly.
- Breast milk may leak from your breasts.
- You may have decreased desire due to fatigue, hormone changes and the work of caring for a new baby.

Be patient with each other.

Emotional Changes After the Baby

Giving birth is one of the most rewarding and joyful times in a mother’s life, yet it can be very stressful. Your role as a mother is beginning to take shape and there are many changes that occur after birth. These changes can leave mothers feeling sad, anxious or confused. Most mothers have these feelings in a mild form, called the “baby blues.” This affects nearly 70-80% of all women, beginning as early as two to three days after birth and almost always improves within a week or so without treatment.

For many women (about 1 in 8), these feelings can linger or intensity over weeks or even months after delivery. This is a serious condition called postpartum depression and it requires quick treatment from your health care provider. If the following signs last longer than one to two weeks (at any time in the first year of your baby’s life) you need to contact your health care provider.

- Feelings of anxiety or panic
- Restlessness and irritability
- Feeling depressed or crying a lot
- No energy, not getting out of bed
- Unable to sleep or sleeping too much
- Overeating/weight gain or no interest in eating
- Trouble concentrating or making decisions
- Having no interest in the baby
- Feeling worthless/guilty
- No interest or pleasure in activities, including sex
- Fleeting thoughts of harming yourself or the baby
- Call your health care provider immediately or 911
Perinatal Mood and Anxiety Disorder (PMAD) | Formerly called Postpartum Depression

No one knows the exact cause of PMAD, but the changing hormones in a woman’s body during and after birth may trigger the symptoms. It is important to understand that while stress may play a role, depression is basically a physical and chemical disorder and not a personal weakness.

The following may also contribute to PMAD:
- Lack of sleep
- Feeling overwhelmed at having to care for yourself and a baby
- Feeling like you have to be “super mom” or perfect all the time
- Feeling like you have no control in your daily life
- Body image changes
- Being confined indoors for long periods of time
- Feeling isolated
- Having less time to do things you enjoy

TREATMENT
The good news is that PMAD is treatable and will go away. There are two ways to treat PMAD: medication and counseling. Not all women need medication and not all women need counseling.
- Contact your health care provider to get the help that is best for you.
- Spend some time with those you care about.
- Eat foods that are healthy for you.
- Surround yourself with people who understand the emotional challenges you may be experiencing. Support groups and play groups are excellent ways to be around other women who may also share in what you are feeling.
- Come to our mom’s group called “Mommy and Me.” It meets the first Thursday of each month (except January and July) from 10 -11:30 a.m. at the Women’s Health Center on the campus of St. Joseph Mercy Ann Arbor. Bring your baby and meet other new mothers.
- Rest when the baby sleeps.
- Don’t try to do everything. Do as much as you can and leave the rest. If people offer to help out around the house, let them.
- Tell those who care about you how you are feeling.
- Do not spend too much time alone. Get up, get dressed and get out of the house for a while. Run short errands or take a walk.
- Talk with your health care provider about resuming the activities and exercise that you enjoy.
- Understand and accept that some days are better than others and that’s okay.

If you or someone who loves you feels that you are just not yourself or if you are experiencing any of the uncomfortable symptoms of PMAD, please call your health care provider immediately! They can help you! Seeking help from health care professionals early on will give you back that precious time with your baby that you both deserve.

RESOURCES
- Your health care provider
- St. Mary Mercy Outpatient Behavioral Services
  Ann Arbor: 734-668-3113
- Depression After Delivery
  800-944-4PPD / depressionafterdelivery.com
- postpartum.net

If you are experiencing any signs of PMAD, take the Edinburgh Screening Tool on page 53).
EDINBURGH POSTNATAL DEPRESSION SCALE® (EPDS)

If you are pregnant or have recently had a baby and unsure if how you are feeling is "normal" use this scale to help determine if you are experiencing PMAD. Check the answer that comes closest to how you have felt in the PAST SEVEN DAYS, not just how you feel today. After completing the test, you should call your health care provider and discuss your results.

Mom should complete this test herself and not be coached or stopped to discuss each statement.

In the Past Seven Days:

1. I have been able to laugh and see the funny side of things
   - As much as I always could
   - Not quite so much now
   - Definitely, not so much now
   - Not at all

2. I have looked forward with enjoyment to things
   - As much as I ever did
   - Rather less than I used to
   - Definitely, less than I used to
   - Hardly at all

3. I have blamed myself unnecessarily when things went wrong
   - Yes, most of the time
   - Yes, some of the time
   - Not very often
   - No never

4. I have been anxious or worried for no good reason
   - No, not at all
   - Hardly ever
   - Yes, sometimes
   - Yes, very often

5. I have felt scared or panicky for no very good reason
   - Yes, quite a lot
   - Yes, sometimes
   - No, not much
   - No, not at all

6. Things have been getting on top of me
   - Yes, most of the time I haven’t been able to cope at all
   - Yes, sometimes I haven’t been coping as well
   - No, most of the time I have coped quite well
   - No, I have been coping as well as ever

7. I have been unhappy that I have had difficulty sleeping
   - Yes, most of the time
   - Yes, sometimes
   - Not very often
   - No, not at all

8. I have felt sad or miserable
   - Yes, most of the time
   - Yes, quite often
   - Not very often
   - No, not at all

9. I have been so unhappy that I have been crying
   - Yes, most of the time
   - Yes, quite often
   - Only occasionally
   - No, never

10. The thought of harming myself has occurred to me
    - Yes, quite often
    - Sometimes
    - Hardly ever
    - Never

Exercise regularly after delivery to help strengthen pelvic floor muscles and abdominal muscles, to help keep bones strong, to tone and shape body, and to help with weight loss. Weight bearing exercise, such as walking, is adequate in the beginning, depending on how you are feeling. Weight loss should be gradual. More vigorous exercise before your six-week postpartum checkup should be discussed and approved by your health care provider. Research has shown that 30 to 40 percent of moms report lower back pain in pregnancy. If back pain persists for an extended period of time after delivery consult your physician. Physical therapy may be beneficial for you.

**TIPS TO HELP KEEP YOUR BACK HEALTHY**

- **Breastfeeding:** Bring the baby to the breast, not the breast to baby.
- **Car Seats:** Keep back straight and avoid carrying the seat with one arm.
- **Carrying the baby:** Carrying the baby with the baby’s chest facing your chest to keep the weight close to you
- **Changing Table:** Ideal height is midway between the waist and eye level.
- **Crib:** Get as close to the baby as possible.
- **Pumping:** Try using a pumping band for support try to avoid holding the pumps on the breast in awkward positions.
- **Rocking to sleep:** Support your back with a lumbar support and arms with a pillow.
- **Stroller:** Choose a stroller with handles that you can reach without stooping. Set up stroller first before lifting your baby out of the car seat.
Diet
Eating a balanced diet is important for your recovery. Don’t try to lose weight quickly by cutting calories. Calcium and iron are essential nutrients in your diet. You should have a least 1200mg of calcium each day. Continue your prenatal vitamin supplement, or an over-the-counter multivitamin, with iron needed. Drink plenty of non-caffeinated fluids, including water every day. Limit avoid caffeine, alcohol and tobacco use, especially if you are breastfeeding.

Nutrition
After delivery you will want to continue to eat a healthy, balanced diet. Your diet should be balanced and contain the appropriate amount of calories and nutrients in order to fulfill these special needs. You may lose up to 20 pounds easily in the postpartum period. More weight loss will be easier with moderate exercise and a smart eating program. Listen to your body and follow the nutrition guidelines at ChooseMyPlate.gov to maintain a healthy lifestyle after you are home with your baby.

Combining a healthy diet with exercise will help your postpartum recovery. Remember to listen to your body and do what feels comfortable.

WHEN TO CALL THE DOCTOR

You will be seeing your doctor for a regular postpartum check up in about six weeks.

If at any time you experience any of the following, please call your health care provider immediately.

- Pain is not relieved by prescribed pain medication
- You have a temperature of 101° F or higher
- Your vaginal discharge has a bad odor
- You experience burning during urination and it is difficult to empty your bladder
- Redness, discharge or pain at an incision site that becomes worse
- Severe abdominal pain
- Hot, red, hard or painful area in the leg
- Red streaks or hard, lumpy areas in the breast and feeling fever and chills
- Severe headache, nausea, vomiting, vision changes or pain in the top of your stomach
- You saturate a sanitary napkin in less than one hour
- You pass more than one clot larger than a golf ball
- You get dizzy as your bleeding increases
- You notice frequent blood clots or sudden heavy bleeding
- Constipation that does not respond to changes in your diet or use of prescribed stool softeners
- You have any of the signs or symptoms of perinatal mood and anxiety disorder, see pages 52-53.
Breastfeeding

Breast milk is well known as the natural and best possible nutrition for babies. The American Academy of Pediatrics (AAP), Centers for Disease Control (CDC), World Health Organization (WHO) and many others support breastfeeding due to its benefits for babies as well as mothers, families and society in general.

Breast milk is the natural feeding choice for babies. A mother’s body makes milk that is specifically designed for her baby and breast milk changes to match a baby’s needs as they grow and develop. Breast milk contains antibodies designed to boost baby’s ability to fight infection, along with special nutrients that are important for baby’s health and growth. Most of these ingredients cannot be copied in cow’s milk formula.

Health organizations and doctors recommend that babies receive nothing other than breast milk for the first six months of life as breast milk provides all a growing baby needs. Extra water and other foods are not necessary. Once solid foods are introduced at six months, it is recommended that infants should continue breastfeeding in between addition to mealtimes for at least the first year.

Get Breastfeeding Off to a Great Start in the Hospital

THE FIRST HOUR AND HOLDING SKIN-TO-SKIN

After a baby is born, they should be placed skin-to-skin on mother’s chest for the first hour or until baby has nursed for the first time. This is often possible even after a cesarean delivery.

Babies who spend the first hour skin-to-skin with their mother:

- Have better latch and breastfeeding success in the first days. Newborns are usually wide-awake after birth. After this initial alert time, they may sleep for long periods of time during the first day. Early nursing takes advantage of the awake period.
- Are warmer with better temperature regulation.
- Are more calm and cry less. Babies held close smell mother’s scent and hear her heartbeat and voice, both of which are very familiar and comforting.
- Have more comfortable breathing and higher blood sugars.
- Have a stronger bond with mother due to hormones released during skin-to-skin time.

Infants who breastfeed within the first hour get off to the best start. They are able to suck better and breastfeed longer than infants whose first feeding was delayed.

To allow for uninterrupted, quiet skin-to-skin time baby’s weight, length and head measurement will be delayed until after the first hour. In addition, antibiotic eye ointment (to protect against an eye infection) and the vitamin K shot (to protect against bleeding) will be given after this important time.

Ask family and friends to delay their first visit with the new baby and parents until after this special bonding and feeding time.

Continue skin-to-skin holding in the first days and weeks to continue supporting bonding and nursing.

Remember: if baby is having difficulty with latching and breastfeeding, continue skin-to-skin as much as possible. This will help promote effective breastfeeding.

SUPPORT PERSON

A support person can provide lots of help in the hospital and beyond.

They can:
- Help mother and baby bond and work on breastfeeding by limiting visitors.
- Hold baby so mother can rest during the day and at night. Nap while mother is feeding baby.
- Give encouragement to mother and the great job she is doing. Learn about normal infant behavior and breastfeeding.
Milk Supply

HOW A MOTHER’S BODY KNOWS TO PRODUCE MILK

A new mother’s body gets the signal to start making milk when her baby is born and then suckles frequently at the breast. If a baby nurses frequently in the first days, lots of breast milk will be available three to five days after birth.

To stimulate milk production a mother should:

- Have lots of close contact with baby. Skin-to-skin holding should continue after the first hour and in the weeks after birth.
- Feed baby frequently and “on demand” whenever baby wants to eat.
- Avoid using bottles and formula, unless medically necessary.
- Learn how to latch baby to the breast properly.
- Avoid using a pacifier until three to four weeks of age.

Some women who have had breast surgery in the past may have difficulty making enough milk for their baby. These women are encouraged to discuss this with their obstetrician and/or lactation consultant.

THE IMPORTANCE OF AVOIDING FORMULA

Almost all healthy term newborns need only the colostrum and breast milk they get from breastfeeding to grow and do well—even in the days before a mother’s milk increases.

Giving formula to a healthy baby has drawbacks:

- The benefits of breast milk are greater the more breast milk a baby receives.
- Using a bottle can interfere with breastfeeding success by introducing an artificial nipple.
- Giving formula will eliminate an opportunity to get help with breastfeeding.
- Giving formula takes the place of a breastfeed and can delay mother’s milk from increasing.
- A baby given formula may overfill their stomach. This can lead to decreased interest in breastfeeding where they get smaller amounts of food.

If a breastfeeding mother requests formula, her nurse will provide information about the drawbacks of giving formula without a medical reason.

BREASTFEEDING BENEFITS

BABIES

- The first milk after birth, called colostrum, is rich in disease-fighting substances. Colostrum is often called “baby’s first immunization.”
- Colostrum helps baby pass the first bowel movements. These early bowel movements reduce the risk that jaundice will develop. Health advantages that mother and baby get from breastfeeding are increased the longer baby breastfeeds.
- Breast milk has the perfect balance of protein, fat, minerals and vitamins to help babies grow.
- Long-term, babies who are breastfed have:
  - fewer ear infections, episodes of vomiting/diarrhea and hospitalizations for pneumonia
  - lower risk of asthma, diabetes, food allergies, obesity/overweight and some childhood cancers

MOTHERS

- Hormones involved in breast milk production help mother’s uterus stay firm and contracted. This reduces mother’s risk of bleeding after delivery.
- Mothers who breastfeed have:
  - lower risk of breast, ovarian and uterine cancers, Type 2 Diabetes and osteoporosis
  - quicker loss of weight gained during pregnancy

FAMILIES

- Families where mothers breastfeed their children have:
  - lower health care costs because mothers and babies are healthier
  - less time missed from work due to an ill child
  - no costs for formula
FEEDING: CUES, FREQUENCY AND COMMONS WAYS TO HOLD BABY TO BREASTFEED

FEEDING CUES
Feed frequently, when baby wants and according to feeding “cues.” Feeding on a schedule is not what's best for a baby or a mother's milk supply. Infants should be fed when they want to eat for as long as they want to eat. Babies give lots of silent feeding cues to let parents know they are hungry.

Watch for these feeding cues:
- Rooting/turning head and opening mouth
- Sticking tongue out
- Mouthing movements/lip smacking
- Moving arms and hands to mouth
- Sucking on tongue or lips during sleep

Crying is a late sign that baby is hungry. Babies enjoy feedings more when they don’t have to cry to be fed. Remember that feeding provides comfort to babies, as well as nutrition.

FREQUENT FEEDINGS
Newborn babies need frequent feedings in the first days of life - at least eight feedings each day. These frequent feedings signal the mother's body to start making milk. The increase in milk production usually takes a few days. If there is less nursing, mother's body will make less milk.

Babies often cluster feed where they eat continuously or every one to two hours and then have longer periods of sleep. This is very normal and may occur most often in the evening or during growth spurts. Remember, babies' stomachs are small in the beginning and frequent feedings are just what they need.

COMMON WAYS TO HOLD BABY TO BREASTFEED
Rooming-in

After baby is born, mother and baby both benefit from the closeness that being together provides. St. Joe’s strongly encourages new parents to keep baby in the room with them. This is called “rooming in.”

**Rooming-in has many benefits:**
- Baby sleeps better and cries less
- Baby is less stressed when mother is near
- Baby will breastfeed more often which helps mother’s breast milk increase
- Parents get to know and bond with their baby quickly
- Mother sleeps better when baby is in the room
- Mother learns baby’s feeding cues and never misses a chance to work on breastfeeding
- Parents feel more confident about recognizing their baby’s needs when they go home

**HOW TO ROOM-IN**

Parents should plan to sleep when their baby sleeps even during the day. We have quiet times each day to encourage rest for you and your partner. The days after delivery can feel overwhelming as mother recovers from delivery and the new family adjusts to having a newborn.

New parents want to share this experience with family and friends. However, new parents report feeling better if they plan for periods of uninterrupted rest time with their baby. A sign can be posted on the mother’s door to discourage visitors during family rest time. A support person that is present with mother can help manage visitors as well as hold and cuddle baby while a new mother sleeps.

Routine tests and exams will happen in mother’s room. Nurses and doctors perform the hearing test, heart disease test, blood draws, blood sugar checks, vaccines or shots, baby’s first bath, weighing and exams at the bedside.

When baby has blood drawn or gets an injection, holding them and breastfeeding during these procedures can decrease baby’s pain or discomfort. We encourage mothers to hold and nurse their babies, if possible, during these times.

Procedures such as circumcision are performed in the Newborn Treatment Room. Babies with health concerns that require more monitoring may be cared for in the Newborn Treatment Room. Aside from these situations, baby and mother are strongly encouraged to remain together.

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**WHAT IS A “BABY-FRIENDLY” HOSPITAL?**

The Baby-Friendly Hospital Initiative was developed by the WHO to “promote, protect and support breastfeeding.” To accomplish this, the WHO developed the ‘Ten Steps to Successful Breastfeeding for Hospitals.’

These steps lay the foundation for optimal breastfeeding support that includes:
- Prenatal breastfeeding education
- Care practices during the birth hospitalization
- Breastfeeding resources in the community for help after discharge

St. Joseph Mercy Ann Arbor is a Baby-Friendly hospital. We provide care to mothers and their babies that support a mother’s informed decision on how they choose to feed their baby. Breastfeeding education and support is extensive in the hospital. Additionally, we avoid the use of formula unless it is medically necessary and we do not provide free formula samples or gift bags provided by formula companies.
Breastfeeding Basics

WAYS TO HOLD BABY WHILE BREASTFEEDING

There are many different ways to hold a baby while breastfeeding. It is most important for mother to be comfortable and for baby to latch on deeply to nurse well. Pillows can help support mother's arms and baby while feeding.

A GOOD LATCH IS IMPORTANT

The "latch" is the way an infant takes the breast into the mouth and gets milk from it. A good latch makes it easier for baby to get milk from the breast and prevents nipple soreness. Although some nipple tenderness is common for the first days after birth, pinching or continued pain can be a sign of a poor latch. Before leaving the hospital, a new mother should know how to latch her baby to her breast successfully.

As mother and baby learn to nurse, some feedings will go better than others. Learning how to breastfeed takes both practice and patience.

SIGNS OF A GOOD LATCH INCLUDE:

- Flanged out, fish-like lips
- No clicking sounds
- Puffed out cheeks
- Rhythmic jaw movement (suck, suck, swallow)
- No pain for mother
- Swallowing is heard

Breastfeeding Resources

Parents will benefit from learning about breastfeeding before baby is born. A few resources are listed.

- Take a St. Joe’s breastfeeding class – visit stjoesannarbor.org/family-birth-center-classes
- Call IHA Breastfeeding Medicine Specialists Lisa Hammer, MD, IBCLC | 734-213-3680
- Learn online at the following websites:
  - lalecheleague.org
  - kellymom.com
  - breastfeeding.com
  - womenshealth.gov/breastfeeding
- Talk to other mothers who breastfed their babies successfully
- Find friends and family members who will be supportive of breastfeeding after baby is born

Our goal is to support families in their breastfeeding needs. Prenatally, breastfeeding education is provided during routine obstetrical visits. Breastfeeding classes and individual counseling sessions are also available. In the hospital, families receive additional education about breastfeeding from highly-trained staff, lactation consultants and a “Guide to Breastfeeding” booklet to take home. Information about community breastfeeding support is also provided.

SUPPORT PROGRAMS

WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM | fns.usda.gov/wic · 703-305-2746

This federally funded service provides food, nutrition counseling and access to health services for low-income women, infants and children under the Special Supplemental Nutrition Program. Breastfeeding mothers supported by WIC may receive educational materials, peer counselor support, an enhanced food package, breast pump and other supplies.

Breastfeeding moms are eligible to participate in WIC longer than non-breastfeeding moms.

ST. JOE’S BREASTFEEDING CLUB | 734-712-6357

Pregnant and breastfeeding moms, along with their children, meet at the Women’s Health Center the second Monday of each month from 1-3 p.m. The Breastfeeding Club is free and is led by a board certified lactation consultant. Just drop in, no registration necessary.

No meetings in July or December.
The Newborn
Caring for Your Newborn

CONGRATULATIONS ON THE BIRTH OF YOUR BABY

You are now embarking on a wonderful journey called parenthood. Your life will never be the same.

If you have not been receiving our free eNewsletter, now is a great time to sign up. This electronic newsletter will come in your email each week with information specific for you and your baby’s age. This newsletter gives you access to our health care professionals to answer any questions you may have and keep you up to date on any classes you may be interested in taking as a new parent. Sign up online at stjoeshealth.org/baby.

Characteristics of the Newborn

The day of your baby’s birth is one of the most anticipated and wonderful days in your life. However, you may find your newborn’s appearance a little surprising. There are many common characteristics that babies may have at birth that are normal.

- A slightly misshapen or cone-shaped head.
- A white creamy substance on their skin. This is called vernix and protects their skin while they are in all that water while you are pregnant. This wipes off easily or will be absorbed by their skin.
- Soft spots on their head where the bones of the head will eventually come together.
- A general rash or red splotches on their skin.
- Very dry skin, especially on their hands and feet, with some peeling.
- White bumps on their face, called milia – Do not squeeze these.
- A red patch on the forehead, eyelid or back of the neck is called a “stork bite.”
- A bluish/gray mark at the base of their spine.
- Swelling in the breast and genital area.
- Some vaginal discharge or spotting of blood in baby girls.

These things are normal. You do not have to treat them with lotions, creams or powders. If you are worried about your baby for any reason, please talk to the nurse or your baby’s doctor.

Newborn Reflexes

IRREGULAR BREATHING

Newborns do not have mature breathing patterns at first. They will breathe and then stop for a second or two. This can be alarming for new parents. They also sneeze, squeak, hiccup and make little noises in their sleep. This is very normal for the first month or two. Call 911 or your baby’s doctor if your baby turns blue around the mouth, stops breathing for more than 10 seconds, seems to be breathing hard, or you are worried about your baby.

ROOTING REFLEX

This reflex lets you know that your baby is hungry. When your baby opens his/her mouth wide and turns his/her head from side to side, as if trying to get something into his/her mouth, your baby is telling you to “feed me.” This reflex goes away or becomes smaller, by about three-four months of life.

STARTLE REFLEX

This reflex lets you know that your baby has been surprised. Usually it is a loud sudden noise or perhaps a bump to his/her crib while he/she is sleeping. Your baby will throw out his/her arms and legs, as if to grab onto something, and then he/she may start to cry. This reflex will become smaller by the fourth month of life.

SUCKING

Babies like to suck. It is comforting for them. Your clean finger may work to calm your crying baby.

If you are breastfeeding your baby, you should wait three to four weeks until nursing is well established before giving your baby a pacifier. A pacifier should not be used to replace or delay meals.
Tests for Baby in the Hospital

Most tests can be done at your bedside.

BLOOD TEST

The state of Michigan requires all babies to have a blood test when they are 24-48 hours old called the Newborn Screen. Using just a few drops of your baby’s blood, the Michigan Newborn Screening Laboratory performs screening tests to check your baby for rare disorders that, if not detected early, can cause developmental delays or serious health problems.

If any of the tests are abnormal, you will be notified and given further instructions about obtaining treatment for your child promptly.

If identified early, the serious effects can be greatly reduced or completely prevented.

If you have any questions about the Newborn Screen, call or visit michigan.gov/newbornscreening | 866-673-9939.

HEPATITIS B VACCINE

The Hepatitis B vaccine is strongly recommended and given routinely in the first 24 hours of life. This is the first of three Hepatitis B vaccines that your baby will receive. You will be given an informational handout and you will need to sign a permission form. We encourage you to ask questions.

CRITICAL CONGENITAL HEART DEFECT TEST

Critical congenital heart disease (CCHD) represents a group of heart defects that cause serious, life threatening symptoms and requires intervention within the first days or first year of life. CCHD is often treatable, if detected early. CCHD can cause abnormalities in the rhythm of the heart or structural heart problems. Pulse Oximetry Newborn Screening is a non-invasive test to measure how much oxygen is in the blood and it can help identify babies affected with CCHD before they are discharged home.

HEARING SCREENING

Soon after birth your baby will have a hearing test. Hearing loss in newborn babies can be easily detected by this simple screening test. While in a natural sleep soon after birth, your baby’s hearing can be checked using special computerized equipment. The screening test is painless and takes just a few minutes. In fact, most babies sleep through the entire procedure.

You will get the results of your baby’s hearing test before you go home from the hospital. If your baby did not pass the hearing test you will reschedule with your Mother/Baby staff to come back for a retest in one - two weeks. If you have any questions about the screening program please call the Michigan Department of Community Health at 517-335-8955.

BIRTH CERTIFICATE

A birth certificate is the official record of birth of your child. It is a permanent, legal record, which will be necessary when your child needs to prove age, citizenship and identification of his or her parents. To name but a few examples, a birth certificate must be presented to register in school, enter the military service, obtain a passport, or apply for a social security number. A social security number is required when filing a yearly income tax return for dependents over one year old.

You will be asked to provide some personal information that will remain confidential. This is information that is needed to fill out the application properly. If you wish to obtain a copy of your child’s birth certificate, you can get a copy from the County Clerk/Register of Deeds Office, Vital Record Division.

- Certified copies of your child’s birth certificate are usually available in four to six weeks after the birth and are only given to the person or parents named on that record.

- There is a fee for a copy of the birth certificate.

- Requests can be made in person, online or by mail.
  Washtenaw County Vital Records, PO. Box 8645, Ann Arbor, MI 48107-8645 | 734-222-6720
Baby Pictures

If you wish to have your baby’s picture taken while you are in the hospital, we provide a photography service. There is a fee for this service. The photos will be mailed to you and are also posted on a secure web site. You will have to sign a permission form. This will allow your baby’s picture to appear on the website. If you want your baby’s picture taken you may want to pack an outfit for them to wear.

Social Security Number

A social security number for your child may take three to six months to get processed. You may contact the Social Security Administration with any questions.

The social security office closest to the hospital is located at:
3971 Research Park Drive
Ann Arbor, MI 48108
800-772-1213

CIGARETTE SMOKE AND YOUR BABY

Secondhand smoke is the smoke released from a burning cigarette and exhaled from a person smoking. It has more than 4000 chemicals in it (including nicotine), some of which cause cancer. The level of nicotine in the blood of an infant breathing secondhand smoke may be as high or higher than the blood level of nicotine in the smoker.

Children who breathe secondhand smoke are not as healthy as children living in smoke-free homes. Babies and children with asthma and other lung diseases (such as chronic lung disease in former premature infants) can develop difficulty breathing when exposed to secondhand smoke.

Second and third hand smoke* can contribute to many childhood illnesses:
- Asthma
- Colic
- Ear infections and hearing problems
- SIDS (Sudden Infant Death Syndrome)
- Upper respiratory infections and other problems such as bronchitis and pneumonia

Later in life, exposure to secondhand smoke during childhood may cause:
- Cataracts (eye disease)
- Heart disease
- Lung cancer and other cancers

Make your home a smoke-free environment for your baby
- If you must smoke do it only outside and away from your baby. Never smoke in a car containing children.
- Ask that visitors refrain from smoking when they visit.
- Smoke lingers on clothing, walls and furniture. Change your clothes or have visitors change their clothes after smoking (even if outside) and before touching your baby. Keep your child away from any object that may have smoke on it.
- Avoid exposing your baby to cigarette and cigar smoke in public places.
- Always wash your hands after smoking and before touching your baby.
- The best thing you can do for your baby is to quit smoking as soon as possible and before your baby comes home.

* Thirdhand smoke refers to gases and small particles in smoke that are deposited on every surface they come in contact with including clothing, hands, face, hair, furniture, carpet, etc.
CAR SEATS: PREPARATION AND CHECKLIST

You must have a car seat to take your baby home from the hospital. You will need to know how to properly install and use a car seat before delivery. Our nursing staff does NOT check or install car seats for full-term newborns.

PREPARATION

- If your baby is small or premature he/she may need a special car seat for transportation.
- After you install the car seat, get it inspected. A list of certified CPS technicians is available by state or zip code at the National Highway Traffic Safety Administration (NHTSA) website: nhtsa.dot.gov.
- Learn how to properly use the car seat before the birth of your baby. Get your baby’s car seat inspected and learn how to safely and securely transport your baby. To locate a source for car seat inspections, check with your local fire departments, car dealerships, AAA or contact an organization that you find at seatcheck.org | 866-SEATCHECK.
- Never leave your baby in the direct sun or in a parked car. Remember, a car seat is not a crib. Babies should be in car seats during travel only. If a baby is still asleep in the car seat after a trip place him/her in a safe sleep location once you arrive at your destination.

CHECKLIST

Use the checklist to make sure you are properly using and securing your baby’s car seat before your baby needs to be taken home from the hospital.

Car Seat Inspection

- My infant only car seat or my convertible car seat is appropriate for my baby’s size.
- My car seat is safe to use – no recalls, has never been in a crash and is not older than six years or the recommended expiration date of the seat.
- I have reviewed the car seat manufacturer’s instructions and my vehicle manufacturer’s manual. I know how the seat belt/latch system lock the car seat in the car.
- I know how to place the car seat in the car to get the right angle – see instructions that came with car seat.

Placing Baby in Car Seat

- Make sure the baby has no heavy clothing or extra blankets around him/her that would prevent a secure (snug) fit in the car seat.
- Place the baby in the car seat with his/her buttocks (bottom) and back flat against the back of the car seat.
- The harness straps come out from the slots at or below the baby’s shoulders (usually the lowest slots when rear facing).
- The harness straps lie flat in a relatively straight line without sagging or twisting and are snug. You should not be able to pinch the harness straps together.
- The harness retainer clip is correctly threaded and is at armpit level, not on the stomach or at the neck area.
- Blanket rolls may be placed along the side of the baby to help position the baby or to take up a little room between the diaper and crotch strap to make a secure fit and prevent the baby from slipping down. Products, such as head supports and cushions that did not come with the car seat should not be used.
- I know the car seat should never be placed in front of an air bag and that the safest position for baby is usually in the middle of the rear seat – see instructions with car seat and vehicle.
- I know that my car seat should not move more than one inch side to side or front to back when grasped at the belt path.
- I know a baby should never be left unattended in a car seat, in or out of the car.
- I know that my baby should only be in a car seat when he/she is traveling in a car.

The American Academy of Pediatrics recommends infants should ride facing the rear as long as possible and to the highest weight and length allowed by the manufacturer of the seat.

Ask the baby’s doctor about the use and safety of infant swings, carriers and seats.
What is Tummy Time?

It is important for babies to spend time on their tummies when they are awake and being closely watched by a caregiver. This position helps baby develop strong neck, arm, trunk and shoulder muscles. Your baby may not like being on his/her tummy initially. Start tummy time with brief (one - two minutes) periods of time and work up to having baby on his/her tummy four - five times each day for at least ten minutes. This is good exercise for them. It will prevent a flat head and help them get strong. After a few minutes pick them up and comfort them.

Baby’s enjoyment of tummy time can be enhanced by putting your face close to baby’s face while smiling and talking or by placing an interesting toy in front of them. Having baby lay on his/her tummy on your chest while you recline also promotes tummy time. If baby falls asleep during tummy time, place baby in a safe sleeping location on their back.

What is Shaken Baby Syndrome?

As much as it is joyful, taking care of a baby can be overwhelming. Constant crying can leave a parent feeling very tired, angry, and frustrated. Shaking a baby to quiet them can result in injury to their brain and spine. It can happen so quickly. Shaking causes damage to babies because they have weak neck muscles and limited ability to support their heavy heads with a developing brain. Even a few seconds of shaking can cause serious damage to infants and young children.

If crying persists and you are getting frustrated with your baby, please place your baby in the crib on his/her back. Now you need to take a short time out. As long as your baby is in the crib he/she is safe. If you feel like you may be losing control, you need to step back and take some time for yourself. Call someone on the phone. Talk to another adult. Have a healthy snack. Ask someone to come over and give you a break.

When you feel calmer, you can return to care for your baby. If you notice that you are having a more difficult time coping with adjusting to life with a fussy baby please see below. Recognize your limits. If you’re worried about your ability to cope, contact your doctor or your baby’s doctor or the National Child Abuse Hotline at 800-422-4453.

Most new parents are surprised by the amount a newborn sleeps. Typically a new baby will sleep 16 - 20 hours a day. This may sound wonderful, but this sleep is very sporadic and in brief periods. If you look at when a baby is the most active when still inside mom, you will find that most babies are awake at night. This will continue for the first few weeks after the baby is born. So new parents can expect to be up at night with their baby. That is why we tell parents that they are on “baby time” and there is very little they can do to change their baby’s sleep around those first few weeks at home.

After a few weeks you will notice that your baby may be awake more during the day. Now is the time to try to keep your baby awake for longer stretches. You can do this by playing with him/her more. Maybe offer him/her a massage or bath or supervised tummy time. Read or sing to him/her. These are great things for others to do with your baby to allow you to get some rest as well. Slowly you will notice your baby sleeping longer at night and staying awake more during the day. Keep going—you are doing a great job. Eventually your baby will sort out night and day.
SAFE SLEEP FOR BABY

SAFE SLEEP PRACTICES

- **Always place your baby on his or her back to sleep, for naps and at night.** The back sleep position is the safest and every sleep time counts.

- **Place your baby on a firm sleep surface, such as a safety-approved crib mattress, covered by a fitted sheet.** Never place your baby to sleep on pillows, quilts, sheepskins or other soft surfaces. Keep soft objects, toys and loose bedding out of your baby’s sleep area.

- **Keep your baby’s sleep area close to, but separate from, where you and others sleep.** Your baby should not sleep in bed or on a couch or armchair with adults or other children, but he or she can sleep in the same room as you. If you bring your baby into bed with you to breastfeed, put him or her back in a separate sleep area, such as a bassinet, crib, cradle or bedside cosleeper (infant bed that attaches to an adult bed) when finished.

- **Do not let your baby overheat during sleep.** Dress your baby in appropriate clothing and keep the room between 70-72 degrees.

- **Beware of products that claim to reduce the risk of SIDS.** Do your research: most products that claim to reduce SIDS have not been tested for effectiveness or safety.

- **Do not use home cardiac monitors to reduce the risk of SIDS.** If you have questions about using monitors for other conditions talk to your health care provider.

- **Reduce the chance that flat spots will develop on your baby’s head:** provide “Tummy Time” when your baby is awake and someone is watching; change the direction that your baby lies in the crib; and avoid too much time in car seats, carriers and bouncers.

SAFE SLEEP ENVIRONMENT

- **Use a firm mattress in a safety-approved crib covered by a fitted sheet.**

- **Place your baby on his or her back to sleep for naps and at night.**

- **Make sure nothing covers the baby’s head.**

- **Do not use pillows, blankets, sheepskins or pillow-like bumpers in your baby’s sleep area.**

- **Keep soft objects, stuffed toys and loose bedding out of your baby’s sleep area.**

- **Use sleep clothing, such as a one-piece sleeper, instead of a blanket.**

- **Do not let anyone smoke near your baby.**
Baby’s Doctor Visits After the Hospital

Although you will be seeing a doctor for your baby while in the hospital, you will also need to see the baby’s doctor after you go home. Make this appointment before you are discharged. That is why it is very important that you decide who will care for your baby before you deliver.

Well Baby Visits

The typical well baby check-up schedule after birth may look something like this:

- One - three days after discharge
- Two weeks
- Four weeks
- Two months
- Four months
- Nine months
- Twelve months
- Six months
- Fifteen months

During these visits your baby’s growth and development will be checked. If there are any concerns about your baby they can be detected at these appointments. Bring any questions you may have to these appointments. The doctor or nurse practitioner will be happy to answer them for you.

It is very important that you keep all of your baby’s check-ups.

PROTECTING BABY FROM GERMS

Hand washing is the most effective way to keep your baby healthy. A new baby’s ability to fight against infection is still immature so wash your hands frequently. Encourage all friends and family members to do the same before they hold your baby. If anyone is ill they should not be around the baby.

RECOMMENDATIONS TO KEEP BABY HEALTHY

- Ask anyone who has a cold, cough, stomach virus, rash or is simply feeling ill, to postpone their visit to see your baby until they are well. As much as is possible, keep an ill sibling and your new baby apart.
- If your baby will be attending a day care, inquire about their infection control practices (for example hand washing, toy washing, cleaning of play surfaces).
- Try not to take your baby to crowded indoor places such as the mall, the grocery store, church or large family gatherings for the first few weeks. Your baby may be exposed to ill people without your knowledge. Walks outside during the winter months when the temperature is above freezing are fine. Just make sure that baby is dressed appropriately given the current weather conditions.
- Wash your baby’s toys, play areas, bedding and pacifier often.
- Do not share your baby’s pacifiers, cups, eating utensils, toothbrushes, towels and washcloths with anyone.
- Hand washing should already be a routine. Continue this practice at home using either soap (antibacterial soap is not recommended) and water or hand sanitizer. Have bottles of hand sanitizer conveniently located throughout your house so they are readily available to you and all family members (including siblings) or visitors. Keep a bottle of hand sanitizer in your baby’s diaper bag so that hand washing can continue when you are not at home. Request that visitors to your house wash their hands upon arrival.

HANDS SHOULD BE WASHED OR SANITIZED

- Before handling, feeding baby or eating food
- When you return home from an outing
- After blowing your nose, sneezing or coughing into your hand, using the bathroom, diaper changes and touching pets
BABY CRYING: REASONS WHY AND IDEAS TO CALM A FUSSY BABY

REASONS INFANTS CRY AND WAYS TO HELP COMFORT THEM

- "I’m Hungry!" At first, a baby will want to eat at least every two to three hours.
- "I Like to Suck." A baby naturally wants to suck and to help calm themself. Try putting baby to breast even after just nursing. Baby may need to be comforted – a clean finger can work too.
- "I’m Tired (or Over-Tired)" Baby may need help calming down to sleep. Try holding skin-to-skin or swaddling snugly and ‘SHHHH’g’ in baby’s ear.
- "My Diaper Feels Icky." Some babies voice their displeasure with wet or soiled diapers quite early in life.
- "I’m Tired (or Over-Tired)" Baby may need help calming down to sleep. Try holding skin-to-skin or swaddling snugly and ‘SHHHH’g’ in baby’s ear.
- "I Like to Suck." A baby naturally wants to suck and to help calm themself. Try putting baby to breast even after just nursing. Baby may need to be comforted – a clean finger can work too.

IDEAS TO CALM A FUSSY BABY

- Never shake a baby
- Hold your baby close so they can sense you and hear your comforting voice
- Offer baby the breast when fussy – it doesn’t need to be near a feeding time
- Change the baby’s diaper, if needed
- Let the baby hold or suck on a clean finger or pacifier
- Rock, swaddle or sing to the baby
- Babies like noise. Offer the baby a noisy toy or rattle or some white noise, like appliance noises, stroller rides or car rides.
- Check to make sure baby is not: ill, check his/her temperature or too warm or cold
- Try stroking the baby’s head; rub baby’s back, arms and legs softly

Research shows babies who are held and carried more, in the early months, cry less.
How to Care for Your Baby at Home

HOW OFTEN SHOULD I BATHE MY BABY?
It is not recommended that babies be bathed every day as long you are keeping the diaper area clean with each diaper change. Baby’s skin can dry out very quickly if bathed too often. A complete bath two to three times a week is fine. Babies can have tub baths once the umbilical cord has fallen off (which can take up to a month after birth). Until that happens a sponge bath works well.

NEVER LEAVE YOUR BABY UNATTENDED DURING THE BATH

NEVER WASH A BABY UNDER RUNNING WATER AS THE WATER TEMPERATURE CAN QUICKLY CHANGE

SCHEDULE BABY’S BATH TIME WHEN IT’S CONVENIENT FOR YOU

THE BATH IS TIME FOR YOU AND YOUR BABY TO INTERACT WITH EACH OTHER

CHOOSE A SAFE PLACE TO GIVE THE BATH – IT MAY BE A TABLE, COUNTER OR A BLANKET ON THE FLOOR.

CHOOSE A PLACE THAT IS WARM AND FREE FROM DRAFTS. AVOID GIVING THE BATH NEAR COLD WINDOWS OR DOORS THAT MAY BE OPENED DURING BATHTIME.

GATHER THE BATH SUPPLIES: TEAR FREE SHAMPOO, MILD SOAP, TWO TOWELS, WASHCLOTH, DIAPER AND CLOTHES FOR BABY.

FILL A BASIN WITH WARM WATER (NOT HOT). YOU CAN TEST THE WATER WITH YOUR ELBOW.

DURING THE SPONGE BATH, KEEP YOUR BABY COVERED WITH A TOWEL OR BLANKET AND ONLY EXPOSE THE AREA OF THE BABY’S BODY THAT IS TO BE WASHED.

WHILE HOLDING THE BABY OVER A BASIN OF WATER OR SUPPORTING THE INFANT’S HEAD IF STAYING ON THE TABLE, THE HAIR IS WASHED WITH A MILD TEAR FREE SHAMPOO AND THEN RINSED. GENTLY DRY THE HAIR USING A TOWEL. A SOFT BRUSH MAY BE USED TO COMB THE HAIR.

WASH YOUR BABY FROM HEAD TO TOE. THE DIAPER AREA IS DONE LAST.

THE REST OF THE BODY IS WASHED WITH A MILD SOAP AND RINSED. REMEMBER TO KEEP THE UMBILICAL CORD DRY.

AS YOU BATHE YOUR BABY PAY CAREFUL ATTENTION TO THE FOLDS AND CREASES ON YOUR BABY, SUCH AS UNDER THE NECK, UNDERARMS AND THE FOLDS OF THE LEGS AND GROIN.

WASH THE DIAPER AREA LAST

Girls: wipe from front to back using a clean area on the washcloth for each wipe.

Boys: Circumcised may be gently washed with warm water until it heals. Uncircumcised do not pull back the foreskin. Clean the outer area only.

On the days when the baby will not get a bath wash his/her face and hands. The baby’s bottom (diaper area) will need to be cleaned with each diaper change. Do not use any harsh soap (a warm wet cloth or baby wipes are fine).

SHOULD I WASH MY BABY’S FACE?
Your baby’s face should be washed every day with a washcloth and warm water. Take extra care to keep the skin folds of the neck clean. This is where milk and ‘spit-up’ may collect and irritate the skin. Most babies do not like to have their face washed and will wiggle and squirm. It helps to do one side of the face at a time, trying not to completely cover the face all at once. Wipe the outside of the ears with the cloth. Never use a Q-tip or cotton swab in your baby’s ears.

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TUB BATHING
You may give your baby a tub bath after the umbilical cord stump falls off. This can be a great time to play with your baby.

- You may want to use an infant bathtub or you can simply bathe them in a clean kitchen sink or tub that has a towel on the bottom to prevent the baby from slipping.
- The water temperature should be warm to your elbow’s touch.
- Stay away from the faucet, to avoid accidental burns and bumps.
- Support the baby through the entire bath. Never leave your baby, even for an instant.

Things to remember when bathing a baby
- Always check the temperature of the water
- Never leave your baby to get supplies or answer the phone or door

CIRCUMCISED OR UNCIRCUMCISED BOY

CIRCUMCISED
The circumcision takes up to three weeks to heal. If your baby has not had a wet diaper within 24 hours of the circumcision, please call your baby’s doctor.

When you change your son’s diaper, apply petroleum jelly to the penis with every diaper change for three weeks. This prevents the penis from sticking to the diaper. To clean the healing penis, squeeze a wet washcloth over the penis using soap and water, washing gently, rinse and gently pat dry. On the second to third day a sticky, yellow material may form around the penis, this is normal. Do not wash it off. Report any increase in redness, swelling or bleeding to the baby’s doctor.

UNCIRCUMCISED
The outside of the penis should be washed with soap and water. Do not pull back on the foreskin to clean under it. As the boy grows into a toddler/preschooler (three to five year olds) the foreskin will gradually loosen and will then be able to be pulled back. Parents can then teach their little boy to wash this area himself.

Contact your baby’s doctor if any of the following occur:
- The stream of urine is never heavier than a trickle.
- Your baby seems to have discomfort while urinating.
- The foreskin becomes considerably red or swollen.
DIAPERING

There are two types of diapers available: cloth or disposable. There are advantages and disadvantages to each. The following instructions apply to both. At each diaper change clean your baby’s bottom.

A baby’s skin is sensitive and easy to irritate. If you use baby wipes, use a type without alcohol or fragrance. Lotions, ointments or powders are not needed.

Change the baby’s diaper when it is wet or soiled. The baby may need a diaper change with every feeding. Use a warm, wet cloth or baby wipe to wash away any urine and stool. A mild soap may be needed to remove stool. Do not forget to clean in the folds of skin around the boy’s buttocks, groin and under the scrotum. Dry the baby’s bottom thoroughly before putting on a clean diaper. Until the umbilical cord stump falls off, the diaper should be folded down below the cord to assist in drying. When diapering a boy, make sure the penis is pointing down in the diaper. This will keep the boy’s clothes dry.

When changing a little girl’s diaper, wipe from front to back using a clean place on the washcloth to wipe with each wiping motion. This prevents your daughter from getting a bladder infection. During the first few days a girl may have a white thick mucous discharge, that may be tinged with blood. This is normal and may only last a few days. This is a result of mom’s hormones still in the baby’s body.

If you are using disposable diapers for your son or daughter you may notice some “crystals” on their buttocks when you change them. These crystals are formed when urine is absorbed into the diaper.

DIAPER RASH

Babies often have some redness on the skin around their buttocks. A good way to keep this redness and irritation under control is to keep their buttocks as dry as possible, so change their diapers when wet or soiled. Some babies benefit from having some A and D ointment, Desitin (zinc oxide), Vaseline or Lanolin applied to the red areas with each diaper change. Another approach is to wash the baby’s buttocks with water (or soap and water) with each diaper change and then allow the skin to air dry before diapering.

If the diaper rash does not improve after a few days, or if pimples or blisters are starting to form on your baby’s buttocks, please call the baby’s doctor.

DRESSING

In order to keep your baby comfortable, dress your baby in as much clothing as you are wearing and add a layer. If you think your baby may be cold, feel their ears, not their hands. Babies lose a large amount of heat through their head. In cool weather it is a good idea for them to wear a hat for outdoors. Babies born at term should not wear a hat indoors (even in the winter) or when sleeping. Also protect your baby from the sun outside, as well. Keep them covered and in the shade during the warmer months. Don’t use sunscreen on the baby for the first six months.

When you wash your baby’s clothing and bedding use a mild detergent that is free from harsh chemicals and perfumes. Do not use a detergent that has a bleach-alternative, as these can be harsh for your baby’s skin. Fabric softener and dryer sheets are not needed.
FINGERNAILS

Keep your baby’s fingernails short so he/she won’t scratch him/herself. An emery board may be the easiest way to keep nails trim and smooth. If you use infant nail clippers, make sure you only clip the nail and not the skin. It is easiest to trim baby’s nails while they are sleeping.

SWADDLING

Many babies take comfort in being swaddled in a blanket. However, swaddling the wrong way can cause hip dislocation. The cozy feeling of a blanket snugly wrapped around the baby’s body resembles the mother’s womb. Studies have found that straightening and tightly swaddling a baby’s legs can lead to hip dislocation or dysplasia. The American Academy of Pediatrics supports safe swaddling of infants that leaves the hips and legs free to move.

JAUNDICE

Jaundice is due to higher bilirubin levels and occurs in approximately 50% of babies. Newborns with jaundice have a yellowish color in the whites of their eyes and also their skin. Eating helps the baby to flush the bilirubin out of their body. Please call your baby’s doctor if your baby looks more yellow after you go home from the hospital. Your baby may need a blood test or special light treatment to protect their health.

UMBILICAL CORD

In the hospital, your care providers will talk to you about how to care for the cord. You will need to keep the cord clean and dry. If there is any increase in redness around the skin of your baby’s cord, a bad smell, some yellow/green discharge, or more than a little smear of blood, please call your baby’s doctor. These may be signs of an infection.

When putting a diaper on your baby, fold the diaper down below the cord to keep it clean and dry.

BULB SYRINGE

You will be taking the bulb syringe home with you when you are discharged from the hospital. This is a handy tool to have. This is used to clear your baby’s nose and mouth of any mucus or secretions, to help them breathe and eat more comfortably. Use only when necessary, do not over use.

To use on baby’s mouth:
- Always suction mouth before the nose.
- Press bulb firmly to push the air out.
- Gently turn the baby’s head towards the side. Place pressed bulb into the baby’s mouth, against the cheek pocket, and slowly release the bulb. This will gather the secretions into the bulb.
- Gently remove the bulb and squeeze the secretions into a tissue. Always remember to press the bulb first before placing in the baby’s mouth.
- Do not insert the bulb deeply into the mouth as this may choke your baby.

To use on baby’s nose:
- Press bulb firmly to push the air out.
- Gently turn the baby’s head towards the side. Place pressed bulb gently into one side of the baby’s nose and slowly release the bulb. This will gather the secretions into the bulb.
- Gently remove the bulb and squeeze the secretions into a tissue. Always remember to press the bulb first before placing in the baby’s nose.
- Do not insert the bulb deeply into the nose as this may harm the baby.

To clean the bulb syringe after use:
- Wash in warm soapy water
- Rinse
- Air dry
- Do not share with other babies
TAKING YOUR BABY’S TEMPERATURE

There are many reasons for taking your baby’s temperature:
- Baby feels hot or cold to you
- Baby is very fussy
- Baby seems very sleepy
- Baby was born a little early (between 34-37 weeks of pregnancy)

GENERAL GUIDELINES
- Use an electronic digital thermometer that is approved by the manufacturer for rectal and underarm (axillary) temperature for an infant. If you have one, follow the package directions. You will want to use a plastic cover on your thermometer.
- Ear thermometers, temperature patches or forehead strips are not recommended for use with babies. Check with your baby's doctor. A pacifier thermometer is useful only if the baby can hold the pacifier in his/her mouth.
- After you use the thermometer, wash or clean it with soap and cool water or according to directions.

PROCEDURE FOR UNDERARM TEMPERATURE
(Use this method first)
- Place the plastic cover over the thermometer and turn it on.
- Place the tip of thermometer in the center of the baby’s armpit, directly against the skin.
- Hold your baby’s arm securely at their side over the thermometer.
- Remove the thermometer when you hear the signal. The reading is complete.
- If the temperature reading is less than 97.7° F or above 99.3° F take a rectal temperature.

PROCEDURE FOR RECTAL TEMPERATURE
(After taking underarm temperature)
- Place the plastic cover on the thermometer and turn it on.
- Lubricate the end of the thermometer with water-based lubricant (such as KY jelly).
- Securely hold your baby with their tummy on your lap and gently spread the buttocks so you can see the baby’s rectum (opening where stool leaves the body) OR lay baby down on their back on a flat surface and grasp the baby’s ankles with one hand and raise their legs so the rectum can be seen.
- Gently insert the lubricated tip of the thermometer ¼ to ½ inch into the baby’s rectum. Hold the thermometer securely in place.
- Remove the thermometer when you hear the signal. The reading is complete.
- If the temperature is less than 98° F, add a layer or more of clothes or do skin-to-skin warming and recheck the temperature in 30 minutes.
- If the temperature is between 99.5–100.4°F, remove one or more layers of baby’s clothing and recheck temperature in 30 minutes.
**MEDICATIONS**

*Never medicate your baby without the doctor’s advice.* If your baby develops a cold do not use cough or cold medicines that can be purchased over-the-counter or without a prescription. These medicines usually do not help improve cold symptoms and can actually make them worse. They can also have serious side effects in children less than two years of age. Always talk with your baby’s doctor before giving him any medicine.

**IMMUNIZATIONS**

Getting your baby properly immunized will help prevent serious disease. The baby’s doctor will explain the immunizations that your baby will receive and when they will receive them. These immunizations are needed for your child to enroll in any nursery, day care, preschool, Head Start program and public or non-public school. If you have any concerns about the immunizations please discuss them with your baby’s doctor. You can also get further information by checking the American Academy of Pediatrics at [aap.org](http://aap.org).

If you have any concerns about the immunizations please discuss them with your baby’s doctor.
WHEN TO CALL YOUR BABY’S DOCTOR

TEMPERATURE
Your baby’s doctor will give you guidelines on what to do when baby's temperature is not within normal limits. In general:

• The rectal temperature is 98.0° F or less, after 30 minutes of warming up your baby with an added layer of clothing
• If the rectal temperature is below 97.0° F
• The rectal temperature is over 100.4° F or more

GENERAL
■ Unusual rash
■ High-pitched cry
■ Constant crying or extreme fussiness
■ Constant cough
■ Drainage from eyes, nose, umbilical cord or circumcision area
■ Redness or heat around the umbilical cord or circumcised penis
■ Baby is sleepy or not waking for feedings normally
■ Baby is not eating well
■ The baby spits up a lot or has forceful vomiting
■ The baby seems to have a more yellow coloring to their skin or the whites of their eyes seem more yellow

URINE / STOOLS
■ Urine is dark or has a strong odor or the baby has less than six to eight wet diapers in a 24 hour period (after one week of age)
■ No urination within 24 hours after being circumcised
■ Stools have not turned yellow by day five of breastfeeding
■ Bright green or watery stools
■ Significant change in elimination (urine or bowel movements) or straining like they may be constipated

OTHER
■ Any time you have a feeling/concern that something doesn’t seem quite right
Taking Care of Your Late Preterm Infant

A late preterm infant is a baby born between 34 and 37 weeks gestation. For many years, late preterm babies were treated like full-term babies. However, research shows that late preterm babies are not the same as full-term babies and have their own set of needs and challenges. They are, in fact, preemies.

In order to take good care of your preterm infant, you need to know about his/her special health needs.

You should pay close attention to:

**FEEDING**
Late preterm infants get tired easily and may not be strong enough to drink enough breast milk or formula to gain weight. They may feed slowly. They may need to be fed more often than full-term babies. Some late preterm infants may not breastfeed well and this can affect the mother’s milk supply. A breastfeeding mother of a late preterm infant may need extra help from a nurse, doctor, or lactation consultant. If you have concerns or questions about breastfeeding your preterm infant, ask for help. As with all infants, if your baby refuses to eat, even for less than a day, you should call your baby’s doctor or nurse practitioner.

**SLEEPING**
Late preterm babies may be sleepier than full-term babies and may sleep through feedings. They should be awakened to eat after two to three hours of sleep. All babies, including those born early, should be placed on their backs to sleep.

**BREATHING**
Breathing problems occur more often in late preterm infants. If your baby is breathing rapidly or is working hard to breathe, you should call your baby’s doctor right away or call 911.

**JAUNDICE**
Late preterm infants are more likely to develop jaundice in the first week of life than full-term infants. Jaundice is caused by too much bilirubin in the baby’s blood and it causes the baby’s skin to turn yellow. The whites of the baby’s eyes may also become yellow. Your baby’s doctor will check for jaundice in your infant before he/she goes home. Your baby may need to be tested again after discharge. If you think that your baby’s skin appears more yellow, call your baby’s doctor.

**INFECTIONS**
When babies are born early, their ability to fight germs is not fully developed, putting them at higher risk for infections. Signs of infection can include: a high or low temperature, breathing problems, being too fussy, crying and/or sleeping too much, or simply “not acting right.” If you think that your baby may be getting sick, call your baby’s doctor right away. Make sure anyone who touches your baby washes their hands first and don’t allow visitors who are sick to be around your baby. Immunizations can help your baby stay healthy and you should not wait longer to get your baby’s immunizations because he/she was born early.

**TEMPERATURE**
Preterm babies don’t have as much stored fat as term babies and they get cold easily. For this reason, preterm babies should be kept away from drafts. House temperature should be kept around 69-72 degrees and the thermostat should not be turned down at night. Dress your baby in one more layer than you are wearing. If you undress your baby for nursing, remember to rewrap him/her right away after feeding. A sleep sack can help keep your baby warm while he/she is sleeping. Your baby’s doctor may instruct you to take your baby’s temperature in the first couple of days at home. It is important that you know the right way to take your baby’s temperature. Read and follow the instructions for “Taking Your Baby’s Temperature” on pages 75. We will go over this with you and make sure you know how to take your baby’s temperature before you go home.

Although late preterm infants are at higher risk for health problems than full-term infants, most do very well. Following the advice given in this book and following-up closely with your baby’s doctor will help your baby stay healthy.
## PEDIATRIC SERVICES: INPATIENT AND OUTPATIENT CARE

### INPATIENT CARE

Our 12 bed pediatric unit, staffed by pediatric nurses and hospitalists, cares for patients from newborn to 18 years old and focuses on providing family centered care. All patient rooms are private. We encourage parents to stay 24-hours-a-day with their child. Toys are available, as well as a large fish tank and pet therapy.

A dedicated pediatric pharmacist and pediatric social work staff meet the needs of patients on the pediatric unit and the NICU. Many subspecialists see patients at St. Joe’s.

**Inpatient services include:**
- Allergy/Asthma
- Dermatology
- Ear, Nose and Throat
- Ophthalmology
- Orthopedic Surgery
- Plastic Surgery
- Urology

**Additional outpatient services include:**
- Behavioral Health
- Nephrology
- Podiatry
- Rheumatology

### OUTPATIENT (AFTER HOURS)

For most pediatric illnesses and injuries, please call your doctor first. In case the primary care physician’s office is closed, use Urgent Care Centers for medical problems that are urgent, but not life-threatening. Pediatric Emergency provides after hours care when the urgent care is closed and in case of life-threatening emergencies.

Pediatric Emergency at St. Joseph Mercy Ann Arbor has board certified pediatricians, nurses and technicians who have been specially trained in the care of illnesses and injuries of infants, children and adolescents up to 19 years old. After treatment in Pediatric Emergency, children are referred back to their personal physicians for follow up and routine.

**WHERE DO I GO FOR AFTER-HOURS TREATMENT?**

**Pediatric Emergency for:**
- Changes in mental status, confusion or decreased alertness
- Severe difficulty breathing or shortness of breath
- Severe or persistent vomiting or diarrhea
- Sudden dizziness, weakness or changes in vision
- Sudden or severe pain
- Uncontrolled bleeding

**Urgent Care for:**
- Back Pain
- Bronchitis, upper respiratory and sinus infections
- Cuts requiring stitches
- Eye infections, pink eye or styes
- Fever or flu symptoms
- Headaches
- Illness with nausea, vomiting and/or diarrhea
- Mild to moderate allergic reactions
- Mild to moderate asthma
- Minor head injuries
- Seasonal allergies
- Skin rashes, sun burns or minor burns
- Sore throat/cough
- Sprains, strains and fractures (broken bones)
- Urinary Tract Infections (UTIs)

For a full list of urgent care and pediatric emergency locations visit: stjoeshealth.org • lhacares.com
### Recommended Resource List

These references may be used to help supplement the discussions you will have with your health care provider.

#### PREGNANCY
- **Birthing from Within** by Pam England
- **Conception, Pregnancy and Birth** by Dr. Miriam Stoppard
- **Healthy Pregnancy** by Dr. Miriam Stoppard
- **Pregnancy, Childbirth and the Newborn** by Penny Simkin, Janet Walle, Ann Keppler, April Keppler and Janelle Durham
- **What to Expect When You’re Expecting** by Heidi E. Murkoff and Sharon Mazel

#### LABOR AND BIRTH
- **Gentle Birth Choices** by Barbara Harper
- **Mothering the Mother: How a Doula Can Help You Have a Shorter, Easier and Healthier Birth** by Marshall and Phyllis Klaus and John Kennell
- **The Birth Book** by William and Martha Sears
- **The Birth Partner** by Pauline Perez

#### POSTPARTUM
- **After the Baby’s Birth: A Woman’s Way to Wellness** by Robin Lim
- **Mothering the New Mother** by Sally Placksin
- **Postpartum Survival Guide** by Ann Sanford and Diane G. Dunnewold

#### LACTATION/BREASTFEEDING
- **Breastfeeding and the Working Mother** by Diane Mason and Diane Ingersoll
- **Breastfeeding Mother’s Guide to Making More Milk** by Diana West and Lisa Marasco
- **Breastfeeding Made Simple: Seven Natural Laws of Nursing Mothers** by Nancy Mohrbacher and Kathleen Kendall-Tackett
- **New Mother’s Companion** by Kathleen Huggins
- **The Breastfeeding Book: Everything You Need to Know About Nursing Your Child from Birth through Weaning** by Martha Sears
- **The Ultimate Breastfeeding Book of Answers** by Dr. Jack Newman
- **The Womanly Art of Breastfeeding** by La Leche League
- **Your Guide to Breastfeeding womenhealth.gov/breastfeeding**

#### ELECTRONIC NEWSLETTER
- Newsletter for expectant and new parents stjoesannarbor.org/family-birth-center-newsletter

#### ONLINE RESOURCES
- American Academy of Pediatrics: aap.org
- Breastfeeding and Parenting: kellymom.com
- National Institute of Child Health & Human Development: nichd.nih.gov
- Parenting and Baby Talk Magazines: parenting.com

#### MOBILE APP
- Download Cofective’s We’re Prepared Checklist and Mobile App to help prepare for the hospital, build your care team and communicate your wishes. cofective.com.

#### MULTIPLE BIRTHS
- **Mothering Multiples: Breastfeeding and Caring for Twins and More** by Kerkhoff Grromada
- **Raising Multiple Birth Children: A Parent’s Survival Guide** by William Laut
- **The Art of Parenting Twins** by Pat Malmstrom and Janet Poland
- **The Multiple Pregnancy Sourcebook** by Nancy Bowers
- **Twins Magazine**
- **When You’re Expecting Twins, Triplets or Quads** by Dr. Barbara Luke

#### MULTIPLE BIRTHS WEBSITES
- National Organization for Mothers of Twins Club nomotc.org
- twinsmagazine.com
Glossary of Terms

You will hear the doctors and nurses use a number of medical terms when discussing your care or the care of your baby. Refer to this guide to help you understand the definitions of these terms. And always remember to ask questions if you don’t understand something.

A

Afterbirth pains
Pain from the uterus contracting after delivery. Feels like “mini” labor pains.

Amniotic fluid
Water-like fluid that surrounds the baby in the mother’s uterus.

Amniotic sac (bag of waters)
Thin membrane that contains the fluid that encloses the growing fetus. The amniotic sac keeps the baby free from outside bacteria, regulates the baby’s temperature and acts as a cushion, protecting the baby. When there is a tear in the sac the bag of water is said to have been “broken”. Women may feel water drain out through the vagina.

Analgesia
Pain relieving medications.

Anesthesia
General or localized pain relief.

Apgar score
A score given to a baby when they are 1 and 5 minutes of age. The score is based on 5 areas; color, cry, muscle tone, breathing and reflexes. There is a possible 0-2 points for each area for a maximum score of 10.

Areola
The dark area around the nipple.

B

Back labor
Pain during a contraction that is primarily felt in the low back of the laboring woman. This may indicate that the back of the baby’s head is lying on the mother’s spine.

Bearing down (pushing)
A reflex effort by the mother that helps the uterine contractions to move the baby down the birth canal.

Braxton-Hicks contractions
Unpredictable contractions that occur throughout pregnancy. These contractions are generally painless and occur more often as pregnancy progresses.

C

Cesarean section
A baby is delivered through a surgical incision on the mother’s abdomen and uterus.

Cervix
The lower part of the uterus. The cervix opens during labor (dilation) to allow the baby to move through the vagina and be delivered.

Circumcision
The removal of the foreskin of a baby boy’s penis.

Contraction
The rhythmical tightening and relaxation of the uterine muscle that causes changes in the cervix.

Crowning
The appearance of the baby’s head at the vaginal opening.

D

Dilation
The gradual opening of the cervix to allow passage of the baby into the vagina. It is measured in centimeters from 0-10.

E

Effacement
The gradual thinning, shortening and drawing up of the cervix. This is measured as a percentage from 0%-100%.

Electronic Fetal Monitoring
A machine that records the baby’s heart rate and the mother’s uterine contractions during labor. There are external monitors that rest on mom’s belly. If close monitoring is needed there are internal monitors that may be applied to the baby’s head to measure the baby’s heart rate as well as a monitor that gently rests inside the uterus to accurately measure the strength of contractions.

Embryo
What an unborn baby is called up to eight weeks of pregnancy.

Engagement
The entrance of the baby’s head into the upper opening of the mother’s pelvic bone.

Engorgement
When a mother’s breasts fill with milk after delivery.

Episiotomy
A surgical incision of mother’s perineum that enlarges the vaginal opening for delivery of the baby.

Epidural Anesthesia
Regional anesthesia administered through the patient’s back by a thin flexible tube placed in the epidural space. It numbs the lower part of the body.
F

Fetus
The name given to the unborn baby after the 8th week of pregnancy as it is developing with the mother’s womb.

Forceps
Instruments used while the mother is pushing to assist the baby through the birth canal.

Fundus
The upper part of the uterus (womb).

G

Gestation
The period of time a baby is carried in the uterus. It is usually described in weeks and 37-42 weeks is full term.

H

Hemorrhoid
A dilated blood vessel inside the anus.

Hormone
A chemical substance produced in the body that is carried through the blood stream and causes the function of another gland.

I

Induced labor
The use of medication or “breaking the bag of water” to stimulate labor contractions.

Intrauterine
Inside the uterus.

Involution
The process of the uterus returning to its normal size after delivery.

J

Jundice
A condition in the newborn where they may appear more “yellow” due to excess bilirubin in their body after delivery.

K

Kegel exercises
An exercise to strengthen the muscles of the pelvic floor.

L

Lightening
The sensation that the baby has moved lower into the pelvis near the end of pregnancy.

Linea Nigra
The brown/dark line that runs from a mother’s navel to the pubic hair line on her belly during pregnancy. This is caused by hormone changes during pregnancy.

Local anesthesia
The numbing of skin using anesthetic medications.

Lochia
The discharge from the uterus during the six weeks after delivery.

M

Meconium
A greenish-brown material that collects in the bowels of a developing baby that is normally expelled after delivery. It can stain the amniotic fluid if expelled before delivery.

Molding
The shaping of the fetal head during labor to adjust to the size and shape of the birth canal.

Mucous plug
A thick mucous plug that seals the opening of the cervix during pregnancy. It protects the pregnant uterus from bacteria that is present in the vagina.

O

Oxytocin
A hormone in a woman’s body that causes the uterus to contract and later is used during breastfeeding to allow milk to “let down”.

P

Pelvis
Hip bones

Perineum
The layers of muscles and tissues between the vagina and rectum.

Phases of labor
Latent/early: 0-3 centimeters dilation
Active: 4-7 centimeters dilation
Transition: 8-10 centimeters dilation

Pitocin
A synthetic oxytocin used to induce or enhance labor. Also given after delivery of the placenta to contract the uterus.

Placenta (after birth)
The circular, flat organ in the pregnant uterus that nourishes the baby during pregnancy with nutrients and oxygen. The placenta is delivered after the baby.

Post-term pregnancy
A pregnancy more than 42 weeks gestation.

Pregnancy Induced Hypertension (PIH)
A condition specific to pregnancy causing mother’s blood pressure to be elevated, usually in the last three months of pregnancy. It can also be called pre-eclampsia or toxemia.

Prenatal
Time before birth.

Preterm infant (premature)
An infant born before 37 weeks of pregnancy.

– continued on page 84
Glossary of Terms (continued)

Preterm labor
Labor prior to 37 weeks gestation.

Prenatal Mood Disorder (PMD)
A condition that occurs in about 10% of women who have recently (within a year) delivered a baby. This is a treatable condition.

Prostaglandin
A chemical substance that causes uterine contractions.

Pushing (bearing down)
Reflex effort by mother that helps the uterine contractions move the baby down the birth canal during delivery.

Quickening
First baby movements felt in the uterus.

Round ligament pain
Pain in one or both groin regions from stretching or spasm of the round ligaments.

Shaken Baby Syndrome
A brain injury in an infant that is caused by shaking the baby violently that results in bruising, swelling and bleeding of the brain often leading to permanent, severe brain damage or death.

Show
Pink or blood-tinged mucous discharge from the vagina that can occur before and during labor.

Station
Location of the baby’s head in mother’s pelvis.

TOLAC
Trial of Labor After Cesarean. Attempting to deliver vaginally (VABAC) after previously having a cesarean section.

Trimester
A period of three months or one third of a full term pregnancy.

Tummy time
Placing your baby on his tummy when he’s awake and you’re there to help him. This helps baby gain neck and back strength.

Umbilical cord
A thick cord that contains the blood vessels that lead from the placenta to the baby.

Urinary catheter
A flexible tube that is placed through the urethra into the bladder to drain it of urine.

Uterus
The muscular organ that contains the products of conception: baby, placenta, umbilical cord, amniotic sac and fluid. It contracts during labor to move the baby through the birth canal for delivery. It is commonly called the womb.

Vacuum extractor
The use of a special instrument that is attached to the baby’s head to help guide it out of the birth canal during delivery.

Vagina
The lower part of the birth canal.

VBAC
Vaginal birth after a cesarean

Vernix
A greasy white material that coats the baby’s skin at birth. This material protects the baby’s skin from being in water for the past nine months.
## Fetal Movement Record

### INSTRUCTIONS

- Eat and drink before test
- Select a one hour period in the morning and in the evening
- Lie comfortably on your left or right side

- Count each movement until you reach 10 movements in one hour. If you do not have 10 movements in one hour, repeat the test for another one hour.
- If you still do not have the 10 movements or there is a significant decrease from normal, call your doctor’s office OR Labor and Delivery Triage at 734-712-0336

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<th>Date</th>
<th>First Counting Period</th>
<th>Second Counting Period</th>
<th>Daily Totals</th>
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<td>Time</td>
<td>Number of Movements</td>
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# Preventive Health Visits and Immunizations

## Recommended Schedule

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<th>Vaccine / Age</th>
<th>Birth</th>
<th>24-48 Hours</th>
<th>2 Month</th>
<th>4 Month</th>
<th>6 Month</th>
<th>9 Month</th>
<th>12 Month</th>
<th>15 Month</th>
<th>18 Month</th>
<th>24 Month</th>
<th>30 Month</th>
<th>3-5 Years</th>
<th>6+ Years</th>
<th>11 Years</th>
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<td>DTaP (Diphtheria, Tetanus, acellular Pertussis)</td>
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<td>Varicella (Chickenpox)</td>
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## Health and Immunization Notes
Birth Wishes

Birth Wishes are a popular method for expressing your vision of an ideal birth. We welcome your thoughts and ideas on how we can achieve this birth together. We all share the main goal of having a healthy mom and baby. A goal of this document is to support positive communication and a trusting partnership between you and your obstetric care team. We encourage you to discuss your wishes with your provider at your 34 - 36 week prenatal visit.

As your obstetric care team, we make every effort to see each family as unique as they experience labor and delivery. However, please keep in mind we are bound by some hospital and national guidelines, which have been developed for the safety of you and your baby. During labor, your provider will inform you about the benefits, risks and alternatives of the decisions you may face. We encourage you to voice your priorities and preferences during your hospital stay. We want to know how we can help you feel confident and relaxed during this important time.

Are you planning to take any classes during your pregnancy? ______ YES ______ NO

Please circle all that apply: Breastfeeding | Childbirth Preparation | CPR | Infant Care

HOSPITAL ARRIVAL AND ADMISSION

When you arrive in the OB triage, you will be seen by a nurse and a nurse midwife or physician. During this time, we will assess the well-being of you and your baby to determine where you are in the labor process. In many cases, our practice is to delay hospital admission until your are in active labor. Research has shown that this practice can reduce the risk of labor interventions, including cesarean delivery. This phase of labor precedes active labor, called latent labor, which is a phase of slower change. Painful contractions can occur during both phases of labor. Please see page 00 of the Pathways to Motherhood book for more information about hospital admission in labor.

Your Name __________________________________________________________  Estimated Due Date __________________________

Support people (limited to a total of four) ______________________________________________________________________________
_____________________________________________________________________________________________________________________

FETAL MONITORING

In some cases, based on a woman’s medical/obstetrical history, standards of care will guide decision-making about how to best monitor baby’s well being in labor.

What is your preferred method of fetal monitoring in labor?

___ Intermittent fetal monitoring     ___ Continuous fetal monitoring     ___ No preference at this time

PAIN RELIEF DURING LABOR

What are your plans for comfort in labor? (check all that apply)

___ Natural/unmedicated childbirth. You may also be able to utilize relaxation and breathing techniques, massage, shower or Jacuzzi, birthing ball, intradermal water blocks etc.

___ Use of IV pain medication, such as morphine

___ Epidural placement

___ Nitrous oxide

___ Unsure at this time

DELIVERY

During the delivery process (also known as the “second stage of labor”), we will encourage you to push when you have an urge and do what feels most natural for you. We may make suggestions at times to help you.

What we DO at delivery: immediate skin-to-skin for at least the first 60 minutes of life or until the first feeding; delayed cord clamping; stem cell cord blood collection (if desired).

What we DON’T routinely do at delivery: enemas; shaving for a vaginal birth; episiotomies

I would like __________________________________________ to cut the baby’s umbilical cord.

- continued on back
St. Joe’s Birth Wishes (continued)

CESAREAN DELIVERY PREFERENCES

Our goal is always for a healthy, normal vaginal birth. If cesarean birth becomes necessary, we will continue to consider your preferences as much as possible. Sometimes emergency situations necessitate a rapid conversation about the risks and benefits of cesarean birth. We encourage your active participation in this discussion. We aim to keep your family unit together, even when a cesarean delivery is required.

___ Support person to stay with me, if possible (Name _______________________________________________________________)
___ Skin-to-skin in the operating room if mom and baby are both doing well
___ Other _______________________________________________________________________________________________________

POSTPARTUM PREFERENCES

Pediatrician’s Name (First / Last Name and Office Location)
______________________________________________________________________________________________________________________

What are your plans for feeding your baby?
_________________________________________________________________________

If you are having a boy, do you plan on circumcision? _____ YES _____ NO

There are two matching identification bracelets that match those that baby will wear. One will be placed on your wrist after delivery. Please identify another adult you would like to wear the second bracelet ________________________________

Rooming-in with your baby is the norm at our hospital. Keeping you and your baby together all the time has many benefits for both you and your baby. Except in special circumstances, newborn tests and assessments will be done at the bedside.

We encourage you to consider one additional support person to stay with you and your partner/primary labor support person at night. This is when most parents find that they could use the additional help in the hospital.

Will someone be staying with you in your postpartum room? _____ YES _____ NO

If so, name/relationship ________________________________
______________________________________________________________________________________________________________________

SPECIAL REQUESTS

Please describe any religious, cultural, dietary and/or personal preferences or concerns pertinent to your labor, birth, postpartum stay, or to the care of your newborn. We want to be sure we know what is important to you.
______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________

I have talked about and shared my Birth Wishes with my provider and both of us understand it. We will work together toward a healthy and satisfying birth experience. I recognize that my preferences may not be followed just as written and may need to change if medical needs arise in order to ensure a safe and healthy birth for my baby and me.

My Signature ___________________________________________ Date ________________________________

Health Care Provider’s Signature ___________________________________________ Date ________________________________

Labor & Delivery RN Signature ___________________________________________ Date ________________________________
Please bring this book to: Prenatal Visits and Hospital Admission