

Your Guide to a **Healthy Pregnancy**



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Congratulations on your pregnancy, and Welcome to our care center!

We thank you for choosing us to share in such a special time in your life. Whether you are a first-time parent or growing your family, having a baby is a precious moment. During this period filled with anticipation, you will undoubtedly experience many uncertainties and new sensations. Our goal is to be by your side, providing you with the highest quality medical care throughout your entire pregnancy and delivery.

This booklet contains some important information to assist during your pregnancy and answer some of the most common questions pregnant women have. During the course of your pregnancy you will see all of our providers for your regular Obstetric (OB) visits.

If you have any questions or concerns that cannot wait until your next visit, please contact our office.

If you are unable to reach us, please leave a detailed voicemail, so that we may return your call.



If you are having a medical emergency, please call 911, or go to your local hospital emergency room for immediate care.

So that we make your labor and delivery process both a safe and enjoyable experience, the following guidelines have been developed by your physicians.

- Our physicians perform all deliveries at the hospitals where we have medical privileges.
- To reduce the risk of infection during and after the delivery, it is important to limit the number of support persons present in the delivery room. During a hospital visit, an adult must be present to supervise all children.
- We have been directed by our insurance carrier not to permit either still or video pictures until after the delivery. Rest assured that pictures of the baby may be obtained following the delivery, at the discretion of the physician or nurse midwife.
- All of the OB physicians in our care center would like to meet with you sometime during your pregnancy to ensure you are familiar with all of them, as we are unsure who will be on call to deliver your baby. If you choose not to meet all OB physicians, be aware that you may not know the physician who will attend your delivery. A physician is always on call to attend to deliveries and emergencies, 24/7/365.
- If you have an emergency or are in labor after regular office hours, our answering service will contact the physician on call, who will return your call promptly.

Your pregnancy, Week by Week

Routine Care Overview



This list will assist you in keeping track of lab tests and ultrasounds that you will need to schedule. Mark and date items on this list as your reminder. Use the following page to keep track of any notes or questions you may have for your provider at each appointment.

Time Period to Complete	What you Need to Have Done
ASAP Your date:	Check with your insurance company to determine coverage, copays, deductibles, and approvals that you and your baby will require. Initial Prenatal Labs As a convenience, we now offer this service in your care center, and this can be completed during your first prenatal visit. You do not need to be fasting.
7 – 10 Weeks Your date:	Dating Scan Your physician will either listen to the heartbeat with a Doppler or perform an ultrasound to see the baby's heart beat, confirm the pregnancy is inside your uterus, and confirm your due date.
11 – 13 Weeks Your date:	Genetic Screening Tests Non-Invasive Prenatal Testing (NIPT), also called Cell-Free Fetal DNA Screening, will be offered. As an alternative, you can get Sequential Screen Part 1/Nuchal Translucency Ultrasound and blood work (Either test is an optional genetic screen for Down Syndrome, Trisomy 13, and Trisomy 18).
16 – 18 Weeks Your date:	Sequential Screen Part 2-blood work only. Alpha Fetoprotein (AFP) is offered, as a blood test, which may be elevated if the baby has Spina Bifida.
19 – 20 Weeks Your date:	Anatomy Ultrasound This ultrasound examines the baby's structures as well as the placenta, cervix, and amniotic fluid.
27 – 28 Weeks Your date:	Diabetes Screening This includes a 1-hour glucose blood test, and possibly additional blood tests as necessary.
28 – 36 Weeks Your date:	TDAP Vaccine To prevent tetanus, diphtheria, and whooping cough. If your blood type is Rh Negative, you may also need a Rhogam injection.
36 Weeks Your date:	Vaginal Exam with Group B Strep Culture
Seasonal Your date:	You can receive a Flu Vaccine at any time during the pregnancy.

Personal Care Tracker

Appointment Date/Time	Questions for Provider & Notes
	_____ _____ _____ Weight: _____ BP: _____

Scheduling of Prenatal Visits

- After 1st appointment, usually every 4 weeks until 28–32 weeks of pregnancy
- After 28–32 weeks, every 2 weeks until 36 weeks of pregnancy
- After 36 weeks, once a week until delivery

If your pregnancy is complicated, more visits may be necessary. It is advisable to make several appointments in advance with all of the different practitioners who will participate in your care. If you need to cancel, please call us at least 24 hours before the appointment.

Routine Care Details

Read further for additional information on care milestones throughout your pregnancy.



Anatomy Ultrasound (19–20 weeks)

We recommend a detailed ultrasound around 19–20 weeks of pregnancy to look at the baby's anatomy including the heart, brain, spine, limbs, etc. This will identify most, but not all abnormalities.

Ultrasound uses high-frequency sound waves to produce a picture of your baby. The safety of ultrasound has been studied, and at normal energy levels, has not been shown to be harmful.

At this visit the sex can usually, but not always, be seen. At your first prenatal visit, your physician will discuss the types of ultrasounds available. Ultrasounds may be offered in our office or at a facility of your choice. Please note that children are not permitted in the Ultrasound room.

One-hour Glucose Test (27–28 weeks)

All patients will undergo a blood sugar test during their sixth month of pregnancy to screen for gestational diabetes. DO NOT FAST before this test. To properly complete the test, you will need to sit in our office for one hour after you drink a sugary liquid provided.

Complete Blood Count (27–28 weeks)

Your blood count will be measured to determine if the iron count is too low. This is to check for anemia, which is common during pregnancy. If your levels are low, we will start you on iron supplements.

Rhogam Injection, if Rh Negative (28–36 weeks)

Your blood type will be tested for the Rh factor. If you are Rh negative, then you may be given Rhogam to prevent any complication that could occur in a future pregnancy. If you are Rh negative, contact our office immediately if you experience bleeding, a car accident, or other trauma to your belly.

Vaccinations (28–36 weeks)

TDaP is a vaccine that helps to protect you and your baby against tetanus, diphtheria, and pertussis (whooping cough) disease. Tetanus affects your muscles and both diphtheria and pertussis affect your throat and lungs—all are serious diseases. The TDaP vaccine is recommended for all pregnant women in their third trimester and should be given in EVERY pregnancy. This is to protect the baby from whooping cough in its first few months of life. Whooping cough can be fatal to newborn babies. Vaccines given to the mom prior to the third trimester have been shown not to give adequate protection to the baby. Your partner and other family members and caregivers should receive this vaccination at their family physician. It is given every 10 years for non-pregnant adults.

Flu & Influenza Vaccine (anytime)

All women who are pregnant and/or breastfeeding should be given the flu vaccine at any time during the pregnancy, because flu can be very dangerous for both mom and baby. There is no worry about safety or getting the flu from the vaccine because this is not a "live" vaccine. Nasal flu vaccine is a live virus, so this should not replace the flu shot. If you are severely allergic to eggs, you should not receive this vaccine.

This vaccine may be obtained in some of our offices, your family doctor, internist, or from a local pharmacy. Vaccinations should be available from September through the spring. Please speak with your provider for more information.

Group B Strep Vaginal Culture (36 weeks)

Group B streptococcus (GBS) is a type of bacterial infection that can be found in a woman's vagina or rectum. About 25% of all healthy adult women carry these bacteria in their vagina or rectum on a regular basis. During delivery, a mother can pass GBS to her baby, so the baby may become very ill if GBS infection occurs. Most often, the baby who is born to a mother with GBS will not become infected. If you are known to have GBS, you will be administered antibiotics during labor, or if your amniotic sac has broken, to prevent a serious infection to mom or baby.

A nurse or physician will contact you concerning your GBS test results after the physician has reviewed the results. Laboratory tests often take several days or longer to be completed.



Baby's Development at a Glance

Your pregnancy is divided into 3 phases, called "trimesters." Each trimester is another stage in your baby's development. Your baby's due date is calculated 40 weeks from your last menstrual cycle. Most babies do best if they are born at full-term (37+ weeks of pregnancy), giving a baby all the time he/she needs to develop and grow before being born.

Baby's Development Week by Week



Trimester	Week	Your Baby's Approx. Size	Your Baby's Development
1	4	Poppy seed	At this point, your baby is known as a "blastocyst," which is a tiny ball of cells, settling comfortably into your uterus.
	5	Orange seed	The placenta is developing and will finish forming by the end of your first trimester.
	6	Sweet pea	Your baby's heart is beating and can be seen on an ultrasound, although not heard until approximately 12 weeks.
	7	Blueberry	Your baby now has webbed feet and hands – no fingers and toes just yet!
	8	Raspberry	Your baby's eyes are beginning to develop their pigment.
	9	Cherry	Your baby is now officially a fetus, and is close to an inch long.
	10	Strawberry	Bones and cartilage are forming, helping knees and ankles to take shape.
	11	Lime	Your baby's webbed hands and feet are beginning to separate, allowing tiny fingers and toes to take shape.
	12	Plum	Your baby is developing reflexes, and can now curl his or her tiny toes.
	13	Lemon	Your baby's vocal cords are developing.
2	14	Peach	Your baby's genitals are fully developed, but are too difficult to detect on an ultrasound just yet.
	15	Navel orange	Whether or not you can feel it yet, your baby can now move all limbs and joints.
	16	Avocado	Your baby's circulatory system is functioning, with a tiny and impressive heart that can pump nearly 25 quarts of blood per day.
	17	Turnip	Your baby is growing by leaps and bounds and weighs approximately 6 ounces.
	18	Sweet Potato	Your baby is twisting, rolling, and kicking. You may begin to feel him or her move.
	19	Tomato	Your baby's lungs and airways are developing.

2	20	Mango	Your baby's sucking reflexes are in development to help prepare for feeding after birth. It's possible to catch him or her sucking their thumb during an ultrasound!
	21	Banana	Your baby's digestive system is now manufacturing meconium, which is the black, tarry material you'll find in their first dirty diaper.
	22	Grapefruit	Your baby's ears are gaining functionality. He or she can now begin to process sounds heard from inside your body – such as your heartbeat and breathing.
	23	Spaghetti Squash	Your baby's face is fully formed.
	24	Ear of corn	Your baby is developing eyelashes, eyebrows, and hair, all of which do not yet have pigment.
	25	Rutabaga	Your baby is packing on weight in fat, helping to lose his or her wrinkly appearance.
	26	Eggplant	Your baby, now weighing about 2 pounds, has developed tiny fingernails.
3	27	Cucumber	Your baby's brain is continuing to grow and is now showing visible activity.
	28	Head of Cauliflower	Your baby's eyes have been shut to this point, but now may begin to open and close periodically.
	29	Acorn Squash	Your baby is approximately 15 inches long and is becoming quite active. You may even feel your baby have the hiccups!
	30	Zucchini	Your baby's hands are fully formed, and now has the ability to grasp.
	31	Coconut	Your baby can now process information from all five of his or her senses.
	32	Head of Lettuce	All of your baby's major organs are now developed; however, the lungs need a little more time to strengthen.
	33	Honeydew	Your baby likely weighs around 4 pounds now, and could nearly double this weight by birth.
	34	Butternut Squash	Your baby's vernix (the protective waxy, cheesy coating on his or her skin) is thickening this week, but will begin shedding in the next few weeks.
	35	Pineapple	Your baby is likely positioned head-down, toward your cervix, in preparation for birth.
	36	Large Cantaloupe	Your baby's circulation and immune systems are a go, and is closer to being able to breath on his or her own.
	37	Winter melon	Your baby is likely practicing new skills in utero – inhaling, exhaling, sucking, gripping, and blinking – in preparation for birth.
	38	Swiss chard	The lanugo, or fine hair that covered your baby's body for warmth in the womb, is now falling off in preparation for delivery.
	39	Pumpkin	Your baby's pink skin has turned white or whitish-gray, and will gain pigment shortly after delivery.
	40	Watermelon	The average full-term, 40-week baby measures about 20.2 inches and weighs 7.6 pounds.

*Sources: *What to Expect When You're Expecting* and *TheBump.com*

Taking Care of You

Nutrition During Pregnancy

The first step toward healthy eating is to look at your daily diet. Having healthy snacks to eat during the day is a good way to obtain the nutrients and extra calories that you need. Pregnant women need to eat an additional 100–300 calories per day, which is equivalent to a small snack such as half of a peanut butter and jelly sandwich and a glass of low-fat milk. **The American College of Obstetricians and Gynecologists** make the following recommendations regarding nutrition during your pregnancy:



Prenatal Vitamins: We recommend a daily prenatal vitamin to help provide the best balance of nutrition for you and your baby, and to ensure you receive the proper amount of folic acid. Either an over the counter or prescription vitamin is fine. If you cannot tolerate a prenatal vitamin, we recommend 2 children's chewable vitamins a day instead. We do not recommend additional vitamin intake unless your physician believes this is appropriate. If vitamins are causing nausea, try taking them at night with a snack. If constipation is an issue, increase the fiber in your diet, drink more fluids, and increase activity. An over the counter stool softener may be added if needed.



Folic acid: During pregnancy, you need more folic acid and iron. Folic acid, also known as folate, is a B vitamin that is important for pregnant women. Taking 400 micrograms of folic acid daily for at least 1 month before pregnancy and 600 micrograms of folic acid daily during pregnancy may help prevent major birth defects of the baby's brain and spine called neural tube defects. It may be difficult to get the recommended amount of folic acid from food alone. For this reason, all women who may become pregnant should take a daily vitamin supplement that contains the right amount of folic acid.



Iron: Iron is used by your body to make a substance in red blood cells that carries oxygen to your organs and tissues. During pregnancy, you need extra iron – about double the amount that a nonpregnant woman needs. This extra iron helps your body make more blood to supply oxygen to your baby. The daily recommended dose of iron during pregnancy is 27 milligrams, which is found in most prenatal vital supplements. You can also eat iron-rich foods, including lean red meat, poultry, fish, dried beans and peas, iron-fortified cereals, and prune juice. Iron can also be absorbed more easily if iron-rich foods are eaten with vitamin C-rich foods, such as citrus fruits and tomatoes.



Calcium: Calcium is used to build your baby's bones and teeth. All women, including pregnant women, aged 19 years and older should get 1,000 milligrams of calcium daily; those aged 14–18 years should get 1,300 milligrams of calcium daily. Milk and other dairy products, such as cheese (avoid soft, unpasteurized, imported cheeses during pregnancy) and yogurt, are the best sources of calcium. If you have trouble digesting milk products, you can get calcium from other sources, such as broccoli; dark, leafy greens; sardines; or a calcium supplement.



Vitamin D: Vitamin D works with calcium to help the baby's bones and teeth develop. It is also essential for healthy skin and eyesight. All women, including those who are pregnant, need 600 IU of Vitamin D a day. Good sources are milk fortified with Vitamin D and fatty fish such as salmon. Exposure to sunlight also converts a chemical in the skin to Vitamin D.



Oils and Fats: The fats that you eat provide energy and help build many fetal organs and the placenta. Most of the fats and oils in your diet should come from plant sources. Limit solid fats, such as those from animal sources. Solid fats can also be found in processed foods.



Fish: Omega-3 fatty acids are a type of fat found naturally in many kinds of fish. They may be important factors in your baby's brain development both before and after birth. To get the most benefit from omega-3 fatty acids, women should eat at least two servings of fish or shellfish (about 8–12 ounces) per week while pregnant or breastfeeding.

Special Dietary Concerns

Vegetarian Diet: Be sure you are getting enough protein, about 75 grams per day. You will need to take supplements, especially iron, B12, and Vitamin D.

Lactose Intolerance: During pregnancy, symptoms of lactose intolerance often improve. If you are still having problems after eating or drinking dairy products, talk with us. We may prescribe calcium supplements if you cannot get enough calcium from other foods. Remember, calcium can also be found in sardines and certain types of salmon, spinach, and fortified orange juice.

Key Nutrients During Pregnancy

Nutrient (amount per day)	Importance	Example Sources
Calcium (1000 mg)	Helps build and maintain strong bones and teeth	Milk, cheese, yogurt, sardines
Iron (27 mg)	Helps create the red blood cells that deliver oxygen to the baby and also prevents fatigue	Lean red meat, dried beans, peas, iron-fortified cereals
Vitamin A (770 mcg)	Forms healthy skin, helps eyesight, helps with bone growth	Carrots, dark leafy greens, sweet potatoes
Vitamin B6	Helps form red blood cells, helps the body use protein, fat and carbohydrates	Beef, liver, pork, ham, whole grain cereal, bananas
Vitamin B12 (2.6 mcg)	Maintains nervous system, needed to form red blood cells	Liver, meat, fish, poultry, milk (only found in animal foods, vegetarians should take a supplement)
Vitamin C (85 mg)	Promotes healthy gums, teeth and bones. Helps your body absorb iron.	Oranges, melon, strawberries
Vitamin D (600 IU)	Helps build and maintain strong bones and teeth	Liver, egg yolks, fortified cereal and milk
Folate (600 mcg)	Needed to produce blood and protein, helps some enzymes	Green leafy vegetables, liver, orange juice, legumes and nuts
Protein (75 mg)	Helps with formation of enzymes, antibodies, muscle and collagen	Meat, eggs, cheese, whole grains

Foods to **Avoid** in Pregnancy

Caffeine: Try to limit caffeine intake to 200 mg per day, or the equivalent of 1 cup of coffee per day. Moderate caffeine consumption (less than 200 mg per day) does not appear to be a major contributing factor in miscarriage or preterm birth, and it is not clear if high caffeine intake contributes to small babies or miscarriage.

Fish with Mercury: Fish is very good for you and the baby during pregnancy, and is important in the baby's brain and eye development. You should try to eat 2 servings per week (12 oz.) of low-mercury fish such as salmon, catfish, or tilapia. Medium-mercury fish such as tuna or halibut can be consumed, but you should have no more than one can or 6 oz. per week. You should completely avoid high-mercury fish, which includes shark, swordfish, tile fish, and mackerel.

Raw Meat: Avoid uncooked seafood and undercooked beef or poultry due to risk of bacterial contamination, toxoplasmosis, and salmonella. Prepared meats or meat spreads including pate, hot dogs, and deli meats should be avoided due to the risk of listeria (a bacterial illness), unless they are heated until steaming hot.

Raw or Undercooked Shellfish: Raw clams, oysters, and mussels can cause bacterial infections. Cooked shrimp is safe.

Smoked Seafood: Refrigerated, smoked seafood should be avoided due to risks of listeria contamination.

Soft Cheeses: Imported soft cheeses may contain listeria. You may eat any pasteurized cheese and soft cheeses made with pasteurized milk.

Unpasteurized Milk: This milk may contain listeria, which can lead to miscarriage.

Unwashed Vegetables: Wash all vegetables well to avoid exposure to toxoplasmosis, which may contaminate the soil where vegetables are grown.

NOTE: Artificial sweeteners are ok to use, but we recommend limiting to 1–2 servings per day. If you have diabetes, the artificial sweeteners are better than sugar to help control your blood sugar.

Weight Gain

According to the American College of Obstetricians and Gynecologists, if you were a normal weight before pregnancy, you should gain between 25 and 35 pounds during pregnancy. If you were underweight before pregnancy, you should gain more weight than a woman who was a normal weight before pregnancy. If you were overweight or obese before pregnancy, you should gain less weight.

Recommendations for weight gain during a single pregnancy are as follows:

- Underweight women (BMI < 20): 30–40 lbs
- Normal weight women (BMI 20–25): 25–35 lbs
- Overweight women (BMI 26–29): 15–25 lbs
- Obese women (BMI >29 lbs): up to 15 lbs



Underweight women with a low weight gain during pregnancy have an increased risk of a low birth weight infant as well as preterm birth. On the other hand, obese women have an increased risk of a large-for-gestational-age infant, post-term birth, and other pregnancy complications. These problems include gestational diabetes, high blood pressure, preeclampsia, and cesarean delivery. Babies of overweight and obese mothers are also at greater risk of certain problems, such as birth defects, macrosomia (high birth weight), and childhood obesity.

Exercise

Exercise is recommended in healthy pregnancies for 30 minutes each day, 5–7 days per week. If 30 minutes is too strenuous, try 10 minutes of exercise, 3 times daily.

A combination of cardio and core strengthening is advised. For cardio, try running, biking, swimming, elliptical, stair climber, and aerobics. You should avoid high-impact activities and keep your breathing and heart rate in an aerobic zone (you can continue to talk without having to catch your breath).

For core strengthening (yoga, Pilates, sit-ups, other abdominal and back exercises), avoid lying flat on your back after 20 weeks. You may be on an incline, exercise ball, or on your side. For weight lifting, you should lift weights that you can lift relatively easily and don't need to strain to lift. It is important to maintain adequate hydration during exercise.

Exercising can benefit your health during pregnancy in the following ways:

- Helps reduce backaches, constipation, bloating, and swelling
- May help prevent or treat gestational diabetes
- Increase your energy
- Improve your mood
- Improve your posture
- Promote muscle tone, strength, and endurance
- Help you sleep better
- Help keep you fit during pregnancy and may improve your ability to cope with labor
- Make it easier for you to get back in shape after the baby is born



When you exercise, follow these general guidelines, as outlined

by the American College of Obstetricians and Gynecologists, for a safe and healthy exercise program:

- If it has been some time since you have exercised, start slowly. Begin with as little as 5 minutes of exercise per day and add 5 minutes each week until you can stay active for 30 minutes a day.
- Avoid brisk exercise in hot, humid weather or when you have a fever.
- Wear comfortable clothing that will help you remain cool.
- Wear a bra that fits well and gives lots of support to help protect your breasts.
- Drink plenty of water to help keep you from overheating and dehydrating.
- Make sure you consume the daily extra calories you need during pregnancy.

Warning Signs that You Should Stop Exercising

Stop exercising and call your health care provider if you have any of these symptoms:

- Vaginal bleeding
- Dizziness or feeling faint
- Increased shortness of breath
- Chest pain
- Headache
- Uterine contractions
- Fluid leaking from the vagina
- Calf pain or swelling
- Muscle weakness

When You Are Not Feeling Like You

You will initially experience several new discomforts during pregnancy. Some will be fleeting, while others will be somewhat more lasting. Some may occur in the early weeks while others emerge closer to delivery. Some will be reoccurring while others may never repeat.

Aches and Pains: As your baby grows, backaches are common. You may feel stretching and pulling pains in the abdomen or pelvic area, especially on the sides of your pubis. These are likely due to growth of the uterus and stretching of the supporting ligaments, or pressure from your baby's head, or weight increase and the normal loosening of joints. Practice good posture and try to rest with your feet elevated.

Braxton-Hicks Contractions: These are painless cramps and irregular contractions that normally occur as early as 12 weeks of pregnancy. When they occur, empty your bladder, drink 1–2 glasses of water and try to rest. If you are less than 36 weeks pregnant and having more than 6 contractions per hour, call the office immediately because this could be premature labor and not Braxton-Hicks contractions.

Constipation: Is a common complaint which can be related to hormone changes, low fluid intake, increased iron in your vitamins or lack of fiber in your diet. Try to include whole grains, fresh fruit, vegetables and plenty of water. There are also safe over-the-counter medications (e.g., Colace, 100mg, twice per day; avoid Milk of Magnesia unless instructed to use per your physician). If you develop hemorrhoids, try sitz baths 3–4 times per day for 10–15 minutes each time. You may use Preparation H, but if pain or bleeding persists, call the office.

Cramping: Experiencing some cramps and contractions is normal. When they occur, empty your bladder, drink 1–2 glasses of water and try to rest. If you are less than 36 weeks pregnant and having more than six contractions in an hour after trying these measures, or if your cramping is accompanied with bleeding, contact the office immediately.

Discharge: An increase in vaginal discharge that is white and milky is common in pregnancy. If the discharge is watery or has a foul odor, call the office.

Dizziness: You may feel lightheaded or dizzy at any time during your pregnancy. Try lying down on your left side and drink 1–2 glasses of water and try to rest. If you faint or the symptoms persist, call the office.

Heartburn: You may experience heartburn throughout the pregnancy. This is a particularly common problem during the latter part of your pregnancy when your baby is larger. Try to eat 5–6 smaller meals a day, and avoid lying down for at least one hour after eating (lying down with 1–2 pillows propping you up will help to avoid reflux). Some over-the-counter antacids are also safe for use.

Leg cramps: Cramping in your legs or feet can also be common. Eating bananas, drinking more lowfat/non-fat milk, and consuming more calcium-rich foods like dark green vegetables, nuts, grains, and beans may help. To relieve the cramp, try to stretch your leg with your foot flexed toward your body. A warm, moist towel or heat pad wrapped on the muscle may also help.

Nausea or Vomiting: Feeling nauseous during the first three months of pregnancy is very common. For some women, it can last longer, while others may not experience it at all. Try a Sea-Band that is worn on your wrists, providing pressure to the wrist and possibly reducing nausea. Try to eat 5–6 smaller meals a day in order to keep your stomach full at all times. Try bland foods like plain crackers, toast, and dry breakfast cereals. Try sipping carbonated drinks like ginger ale. Ginger is a natural treatment for nausea. Peppermint can also be used. If the symptoms become severe or you are unable to keep fluids down without vomiting for more than 12 hours, contact the office.

Swelling: Because of the increased production of blood and body fluids, normal swelling, also called edema, can be experienced in the hands, face, legs, ankles and feet. Elevate your feet, wear comfortable shoes, drink plenty of fluids and limit sodium. Supportive stockings can also help. If the swelling comes on rapidly, or is accompanied by headache or visual changes, contact us immediately.

The Pelvic Floor

The pelvic floor are the muscles and ligaments that are attached from the pubic bone to the base of the spine at your back. The pelvic floor muscles provide support and maintain proper positioning of the bladder, uterus, and rectum. These muscles are also involved in the ability to empty the bowel and bladder, hold your bladder, and sexual function.

During pregnancy there are normal changes in bladder function. For example, all women notice they are emptying their bladder frequently, especially in the last third of their pregnancy. If urinary frequency is accompanied by burning with urination, fever or back pain, you should contact your provider. Most of the time urinary frequency by itself occurs because the uterus presses the bladder as it grows, limiting bladder capacity. Many pregnant women may also leak urine with movement or activity because of the weight of the uterus on the bladder.

Many times the pelvic floor muscles are injured during labor or vaginal delivery. The muscles may become stretched, torn, or the nerves to these muscles may become injured. Consequently, some women may experience urinary incontinence (leaking urine), changes in how the bladder empties, painful sex, or difficulty controlling stool or gas. Often, these problems are short-lived as the body heals and repairs itself. Some women may have persistent symptoms.

There is some evidence to suggest that strengthening the pelvic floor during pregnancy may decrease the risk of pelvic floor injury. Typically, these muscles are strengthened by performing Kegels exercises. Squeezing the Kegel muscles involves contracting the same muscles you would to hold your bladder or stop the flow of urine if you are emptying your bladder. A common misperception is that everyone knows how to contract their Kegel muscles. Ask your provider if you are unsure if you are contracting your muscles properly.

Leaking urine, changes in bladder or bowel function, or painful sex do happen after delivering your child; however, persistent symptoms may not be "normal." The most important thing is to let your physician or nurse practitioner know that you are being bothered by these symptoms. They can provide you with help regarding these problems or direct you to other providers. There are many resources available to help you!

Safe Medications

During pregnancy, women can be more susceptible to ailments like colds, flu, and other conditions. Only certain medications are safe during pregnancy. The following are considered relatively safe, but you should use these sparingly, especially decongestants of any kind. Prescription medication should be taken exactly as directed, and you should check with us before starting any new prescription. Follow the labels for dosage and directions. Contact our office with questions.

Acne

AVOID: Accutane, Retin-A, Tetracycline, Minocycline, Vitamin A beyond your prenatal vitamins

Antibiotics

Ceclor, Cephalosporins, E-mycins, Keflex, Macrobid/Macrodantin, Penicillin and other "cillins," Zithromax

AVOID: Cipro, Tetracycline, Minocycline, Levaquin, Bactrim (avoid in third trimester)

Colds/ Allergies

Benadryl, Claritin, Zyrtec, Claritin -D**, Chlor-Trimeton, Dimetapp, Drixoral-Non-Drowsy, Mucinex (guaifenesin), Tylenol Cold & Sinus**, Vicks Vapor Rub

**** AVOID these highlighted products** if you have high blood pressure

Constipation

Colace, Miralax, Fibercon, Metamucil, Citracil

Cough

Cough Drops, Phenergan w/Codeine if prescribed, Robitussin (plain & DM)

Crab/Lice

RID

AVOID: Kwell

Gas

Gas-X, Mylicon, Phazyme

Headaches

Cold Compresses, Tylenol (Regular or Extra Strength), Acetaminophen

Heartburn

Aciphex, Maalox, Mylanta, Pepcid, Prilosec, Rolaids, Zantac, Tums (limit 6/day)

Hemorrhoids

Anusol/Anusol H.C. (RX: Analapram 2.5%) Hydrocortisone OTC, Preparation H, Tucks, Vaseline Lotion applied to tissue

Herpes

Acyclovir (Zovirax), Famvir, Valtrex

Nasal Spray

Saline Nasal Spray

Nausea

Vitamin B6, 25mg, 3 times daily; Unisom 1/4 or 1/2 tablet at bedtime; Dramamine, Ginger Root, 250mg, 4 times daily; High Complex Carbs at bedtime, Sea Bands - Acupressure, Rx: Diclegis

Pain

Tylenol

AVOID: Ibuprofen (Motrin, Advil) and Naprosyn (Aleve)

Rash

Benadryl, 1% Hydrocortisone Cream

Sleep Aids

Benadryl, Unisom, Tylenol PM, Warm milk-add vanilla or sugar for flavor

Sore Throat

Cepacol, Cepastat, Warm salt water gargle, throat lozenges

Tooth Pain

Oragel

Yeast Infection

Gyne-Iotrimin, Monistat-7, Terazol-3
AVOID: 1-Day Creams



Activities to Avoid

Please Be Careful to Avoid:

- Hot tubs, saunas, roller coasters, sky diving, horse-back riding, skiing, scuba diving, motorcycle riding.
- Changing cat litter boxes.
- Smoking, drinking alcohol, or using illicit drugs.

Drugs, Tobacco, and Alcohol

Exposure to alcohol, illicit drugs, and tobacco during pregnancy may lead to developmental disorders in the fetus and can also adversely impact pregnancy outcomes and the newborn's health status. Marijuana has been shown to impair a baby's development. Cocaine can cause the placenta to separate and result in a baby's death. According to the American College of Obstetrics and Gynecology, there is no amount of alcohol use during pregnancy that is definitely safe.

Mosquitos and the Zika Virus

Birth defects have been reported when pregnant women have been bitten by the Aedes mosquito and contract the Zika virus. The mosquito is currently found in North and South America, Asia, Europe, and Africa. It is best to obtain clearance with your physician before traveling to tropical climates.

The Centers for Disease Control (CDC) and Prevention, say it's safe for women at any stage of pregnancy (and nursing moms) to use insect repellents containing DEET (up to 30 percent concentration), the synthetic compound picaridin (20 percent), or the biopesticide IR3535 (20 percent)—as long as they're registered with the Environmental Protection Agency. Learn more at www.epa.gov/insect-repellents.

Shirts and pants treated with the insect-repellent permethrin are also considered safe. The CDC recommends using "just enough repellent to cover exposed skin or clothing," and rinsing off once you're back indoors.

The Zika virus can be passed through sex from a person who has Zika to their sex partners. The use of condoms can reduce the chance of acquiring Zika from sexual transmission if your partner has been exposed to mosquitos.

Additional Health and Safety Tips

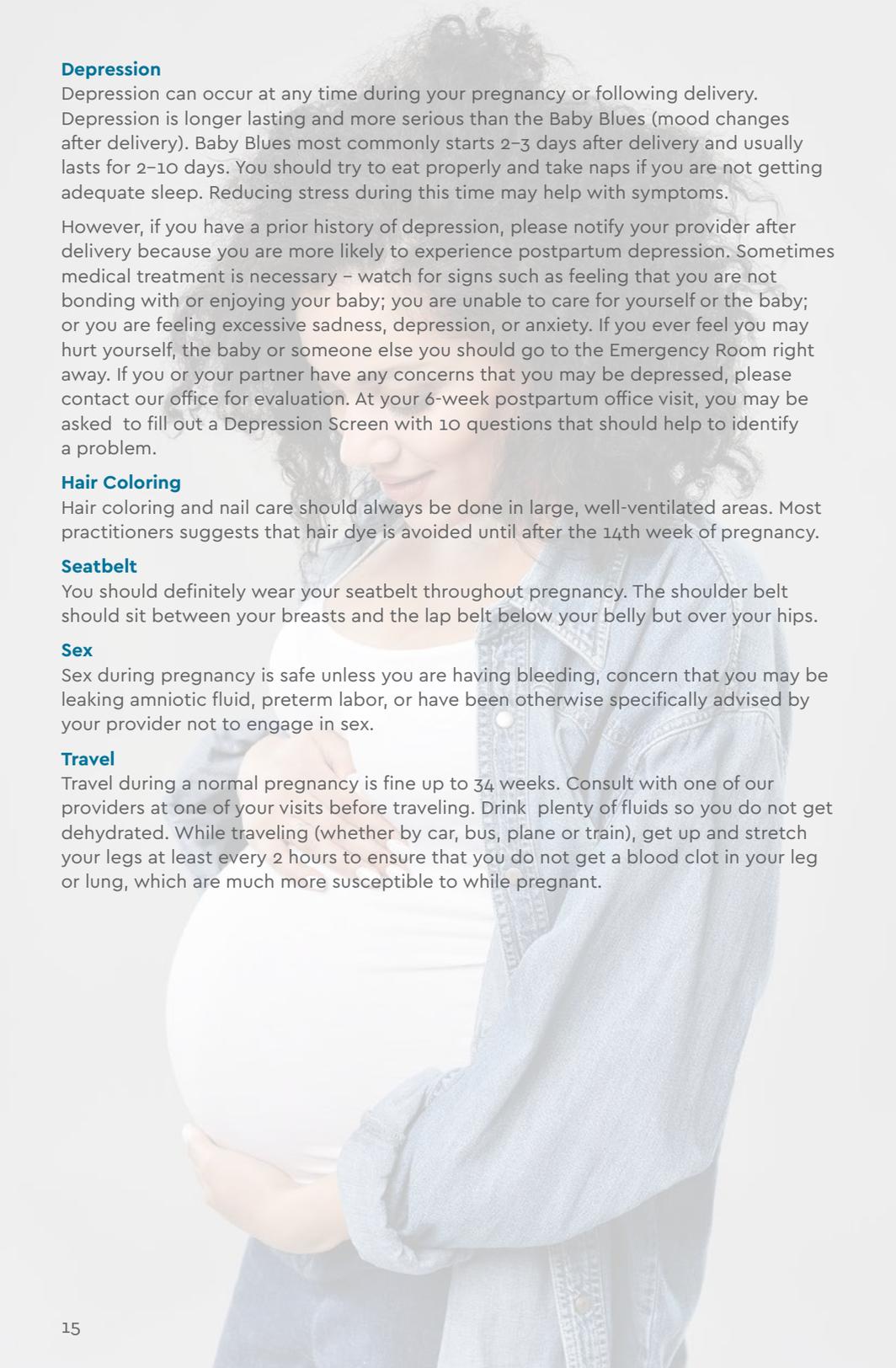
Dental Care

Try to postpone dental procedures until the end of the first trimester, or after 13 weeks. However, it should not be postponed if the delay will result in deterioration of a problem and, in turn, risk of the health of the mother or the fetus. When sitting in the dentist's chair, try NOT to lie flat on your back, and instead put a pillow under a hip.

Gum disease and bacteria in the gums become more common during pregnancy and can have potential negative impacts on your pregnancy. You should be sure that you have your teeth cleaned by your dentist every 6 months during pregnancy.

In addition:

- Local anesthetics such as lidocaine or bupivacaine have not been found to be harmful in pregnancy as long as you are not allergic to these medications.
- There are no known risks to dental x-rays. The use of an abdominal shield is recommended for patient. Try to postpone routine x-rays until postpartum.
- There are no known risks to using Penicillin, Ampicillin, Clindamycin or the cephalosporins in pregnancy as long as there is no known allergy to these medications.
- No medication has been declared 100% safe in pregnancy. We prescribe the following analgesics to pregnant women when required: Tylenol, Tylenol with Codeine, and Percocet. The use of NSAIDs and aspirin should be avoided, unless instructed to use by your physician.



Depression

Depression can occur at any time during your pregnancy or following delivery. Depression is longer lasting and more serious than the Baby Blues (mood changes after delivery). Baby Blues most commonly starts 2–3 days after delivery and usually lasts for 2–10 days. You should try to eat properly and take naps if you are not getting adequate sleep. Reducing stress during this time may help with symptoms.

However, if you have a prior history of depression, please notify your provider after delivery because you are more likely to experience postpartum depression. Sometimes medical treatment is necessary – watch for signs such as feeling that you are not bonding with or enjoying your baby; you are unable to care for yourself or the baby; or you are feeling excessive sadness, depression, or anxiety. If you ever feel you may hurt yourself, the baby or someone else you should go to the Emergency Room right away. If you or your partner have any concerns that you may be depressed, please contact our office for evaluation. At your 6-week postpartum office visit, you may be asked to fill out a Depression Screen with 10 questions that should help to identify a problem.

Hair Coloring

Hair coloring and nail care should always be done in large, well-ventilated areas. Most practitioners suggests that hair dye is avoided until after the 14th week of pregnancy.

Seatbelt

You should definitely wear your seatbelt throughout pregnancy. The shoulder belt should sit between your breasts and the lap belt below your belly but over your hips.

Sex

Sex during pregnancy is safe unless you are having bleeding, concern that you may be leaking amniotic fluid, preterm labor, or have been otherwise specifically advised by your provider not to engage in sex.

Travel

Travel during a normal pregnancy is fine up to 34 weeks. Consult with one of our providers at one of your visits before traveling. Drink plenty of fluids so you do not get dehydrated. While traveling (whether by car, bus, plane or train), get up and stretch your legs at least every 2 hours to ensure that you do not get a blood clot in your leg or lung, which are much more susceptible to while pregnant.

Labor and Delivery

Getting Ready for the Big Day!

Pre-register with the Hospital: When you go into labor, you will be admitted directly to the maternity floor, without going through the admitting office. Our office will give you information regarding your hospital's registration process.

Attend Educational Courses: You will receive information about educational courses on labor and delivery, breastfeeding, infant CPR, and baby care. It will also be important to get your home ready for the baby.

Choose a Pediatrician: You will need to decide on a doctor for your baby before you deliver. Please ask us for a list of pediatricians in our area. You will need to contact the doctor's office prior to delivery to make sure they accept your insurance and are taking new patients.

Finalize Your Cord Blood Banking Enrollment: If you decide you want to store your baby's cord blood, you will want to make sure you have chosen your cord blood bank and completed the enrollment process. You also will want to take the collection kit from the cord blood bank with you to the hospital. Our office works with several leading cord blood banks; ask your physician for more information.

Obtain and Install a Car Seat: You must have a car seat installed in your vehicle before taking your baby home. By law, children must be in a federally approved, properly installed, crash-tested car seat for every trip in the car beginning with the trip home from the hospital.

Learn More About Breastfeeding: Breast milk is perfectly designed nutrition for babies and provides immunity against newborn and infant infectious diseases. Babies who are breastfed get fewer infections and are less likely to be admitted to the hospital. Another advantage is that mothers who breastfeed can burn up to 500 calories a day, which can help with weight loss and reducing a woman's risk of breast cancer during her lifetime. After delivery, the nurses and a lactation specialist are there to help you learn how to breastfeed.

Consider Circumcision: A circumcision is the removal of excess foreskin from the penis of baby boys. It may be performed prior to the baby going home from the hospital, or at home several days after discharge in a ritual ceremony. It may help reduce urinary tract infections, medical need for circumcision later in life, and penile cancer. Not everyone elects to have their son circumcised, and we respect your choice.

When You Go Into Labor: As labor begins, the cervix opens (dilates). The uterus, which contains muscle, contracts at regular intervals. When it contracts, the abdomen becomes hard. Between the contractions, the uterus relaxes and becomes soft. During labor, you may continue to experience the baby's movement.

Your doctor will give you individual guidelines as to when to call the office. The guidelines will depend upon how far from the hospital you live, which number pregnancy this is for you, any pregnancy complications you have had, and how fast your labor is expected to proceed. In general, call us when your contractions have been five minutes apart for at least one hour, if your water breaks, you have vaginal bleeding that is more than spotting, or if you experience reduced fetal movement. If you lose your mucus plug (thick mucus discharge) you do NOT need to call. If you are more than three weeks before your due date, call immediately if your water breaks or if you are having regular contractions. Always call the main office number and wait for us



to call back before you leave for the hospital. If you have not heard back from us within 10–15 minutes, call the office again and make sure we have received the message.

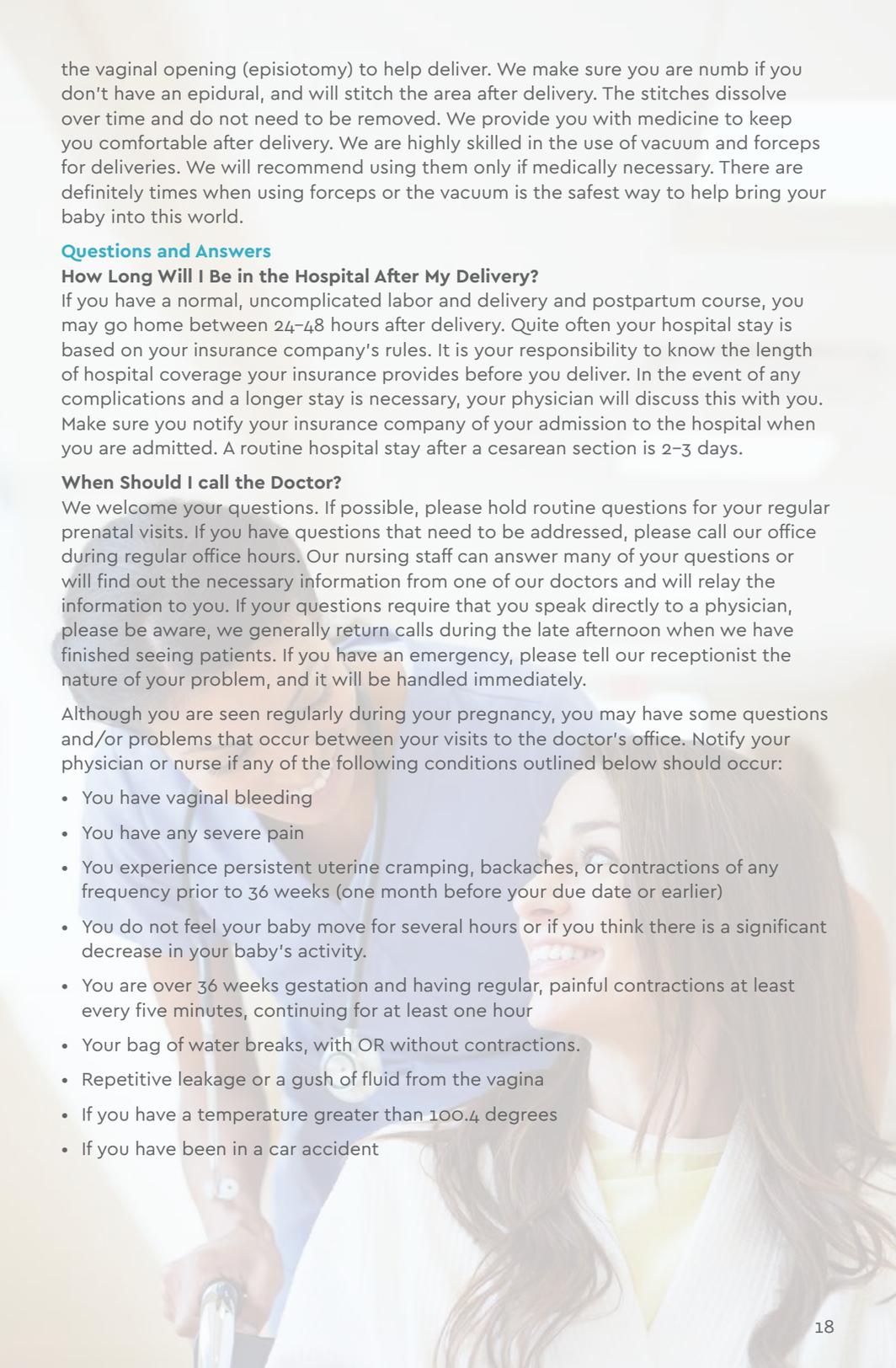
When you arrive at the hospital, make sure you mention that you are from our care center. If you are planning on collecting your baby's cord blood, bring your kit with you, and make sure you inform the nurses in labor and delivery.

Delivery: When you are in labor, you will call the doctor on call to discuss when it is time to go to the hospital. Once you are admitted to the labor and delivery unit, you may receive an IV or a heparin lock (a capped off IV); your baby's heart rate and your contractions will be traced on the fetal monitor; your bag of water may be broken by your physician or midwife if it has not already happened on its own; you may receive Pitocin if your contractions are not strong enough or frequent enough; you may receive pain medication if you desire; you may possibly be able to be up walking or in the shower on a portable monitor if one is available and the baby's heart rate is stable and you so desire. If you would like to discuss one of these options, we should discuss this at any time in your pregnancy.

Scheduled Cesarean Section: If you and your provider have decided to schedule a C-Section prior to labor, it is important to register at the hospital as soon as possible. You will be given a date and time for your delivery at your office visit or will receive a telephone call with this.

If you are scheduled for a C-Section, do not eat or drink anything for 8 hours prior to your arrival at the hospital (no gum, hard candy, or water). Plan to arrive at the Labor & Delivery Unit 2 hours prior to your scheduled surgery time.

Episiotomy/Forceps/Vacuum: We plan to help you deliver in the safest way possible for you and your baby. Episiotomies are not routinely needed and many women deliver without the need for any stitches. Sometimes we need to make a small incision at



the vaginal opening (episiotomy) to help deliver. We make sure you are numb if you don't have an epidural, and will stitch the area after delivery. The stitches dissolve over time and do not need to be removed. We provide you with medicine to keep you comfortable after delivery. We are highly skilled in the use of vacuum and forceps for deliveries. We will recommend using them only if medically necessary. There are definitely times when using forceps or the vacuum is the safest way to help bring your baby into this world.

Questions and Answers

How Long Will I Be in the Hospital After My Delivery?

If you have a normal, uncomplicated labor and delivery and postpartum course, you may go home between 24–48 hours after delivery. Quite often your hospital stay is based on your insurance company's rules. It is your responsibility to know the length of hospital coverage your insurance provides before you deliver. In the event of any complications and a longer stay is necessary, your physician will discuss this with you. Make sure you notify your insurance company of your admission to the hospital when you are admitted. A routine hospital stay after a cesarean section is 2–3 days.

When Should I call the Doctor?

We welcome your questions. If possible, please hold routine questions for your regular prenatal visits. If you have questions that need to be addressed, please call our office during regular office hours. Our nursing staff can answer many of your questions or will find out the necessary information from one of our doctors and will relay the information to you. If your questions require that you speak directly to a physician, please be aware, we generally return calls during the late afternoon when we have finished seeing patients. If you have an emergency, please tell our receptionist the nature of your problem, and it will be handled immediately.

Although you are seen regularly during your pregnancy, you may have some questions and/or problems that occur between your visits to the doctor's office. Notify your physician or nurse if any of the following conditions outlined below should occur:

- You have vaginal bleeding
- You have any severe pain
- You experience persistent uterine cramping, backaches, or contractions of any frequency prior to 36 weeks (one month before your due date or earlier)
- You do not feel your baby move for several hours or if you think there is a significant decrease in your baby's activity.
- You are over 36 weeks gestation and having regular, painful contractions at least every five minutes, continuing for at least one hour
- Your bag of water breaks, with OR without contractions.
- Repetitive leakage or a gush of fluid from the vagina
- If you have a temperature greater than 100.4 degrees
- If you have been in a car accident

Optional Genetic Testing

A woman's risk of having a child with a genetic abnormality is assessed with genetic testing. During pregnancy our providers work closely with patients providing education to assist in choosing the options that make the most sense for you and your family. Ultimately, the decision of what genetic tests to perform, if any, is up to the patient. All of the information pertaining to genetic testing comes from several medical societies.



There are 3 different types of prenatal tests to address concerns about genetic defects: Carrier tests, Screening tests, and Diagnostic tests.

Carrier Tests

These are screening tests that can show if a person carries a gene for an inherited genetic disorder. An inherited disorder is caused by defective genes. These disorders may be passed down by parents to their children. Some inherited disorders are more common in certain races and ethnic groups, such as sickle cell disease (African American), cystic fibrosis, and Tay-Sachs disease (Ashkenazi Jewish, Cajun and French Canadian). Carrier tests can be done before or during pregnancy. Cystic fibrosis and SMA (spinal muscular atrophy) carrier screening are two of the most common genetic disorders that may be offered.

Screening Tests

These tests evaluate the risk that a baby will have Down Syndrome and other chromosome problems, such as Trisomy 13, Trisomy 18, and spinal or brain defects. Screening tests only tell you if you have an increased or decreased risk of having a baby with a particular disorder. These tests do not definitively tell whether the fetus actually has the abnormality.

FIRST TRIMESTER:

Sequential Screen – Part 1, at 10.8 to 13.9 weeks gestation – blood work and ultrasound to measure the thickness of the back of the baby's neck. Part 2 is offered at 16–18 weeks and includes only blood work.

NIPT (Cell-Free Fetal DNA) – at 10 weeks gestation and later. This test will detect Trisomy 13, 18, and 21 (Down Syndrome). Some insurance companies only pay for the test in high-risk women such as over the age of 35 or if you had an abnormal screening test. Discuss with your provider whether your insurance will cover this test.

SECOND TRIMESTER:

QUAD or Penta Screen – at 15–20 weeks gestation for patients who were not able to have the Sequential Screen or NIPT, because it detects fewer babies with Down Syndrome, Trisomy 18.

MS-AFP (Maternal Serum Alpha Fetoprotein) – Best to have blood drawn at 16–18 weeks. This screens for spinal defects that are open, such as spina bifida, and also, placental problems.

Diagnostic Tests

These tests prove whether the fetus has a genetic condition. If a woman is shown to have an increased risk, perhaps from a screening test, she will be offered an invasive diagnostic test such as amniocentesis (after 15 weeks), chorionic villus sampling (at 11–13 weeks), or rarely, fetal blood sampling. You will be offered genetic counseling prior to any of these tests, as there is a very small risk of miscarriage (under one-half of 1%) from the procedure. Results are usually reported in 6–10 days.

Important Information

State Required Testing: HIV and Syphilis is required.

Educational Courses: Childbirth classes and Lactation classes may be offered at our office or hospital.

If rescheduling an appointment, please provide 72 hours of notice for routine appointments. Failure to do so may jeopardize testing. We will forward prescriptions, prenatal information, prenatal labs, and referrals if necessary, before your visit. In most instances, prenatal labs will be drawn in our care center. Feel free to contact us with any questions.

Disability

Unfortunately, most employers do not look upon pregnancy as a reason for a disability. Therefore, we are unable to approve disability before your delivery unless there is a valid medical reason (see example reasons below) that we can document in your chart and send to your employer and your employer's FMLA insurance company.

An example valid medical reason may include: high blood pressure, diabetes, premature labor, unexplained vaginal bleeding and other complications that may warrant restrictions of physical activity and bed rest.

When you are eligible for FMLA (Family Medical Leave), drop your forms off at the front desk. Forms take 7-10 days to complete, and you will receive a call to pick up upon completion.



NEW



Hospital Strength Breast Pump



Safe

A True Closed Protection System safeguards against backup of milk into the pump or tubing



Portable

Internal rechargeable battery lasts two hours between charges



Compact

Weighs half a pound and fits in the palm of your hand or purse



Ultra-Quiet

Allows for discreet pumping anywhere



Ordering your Ameda Mya is super easy... and it could be FREE! Call us today at **877.932.6327**

Ameda.com
866.992.6332



What to expect after you submit your order



Phone Call

After submitting your order form to Acelleron, you will receive a phone call from one of our Certified Lactation Counselors or customer care specialists. Questions? 877-932-6327, option 1.



Select Your Pump

Acelleron will educate you on which pumps are covered by your insurance and help you determine the best pump for you based on your needs and lifestyle.



Free Shipping

Once we confirm the pump you want, we will ship it to you, free of charge. Please keep in mind we may have to hold the pump until your insurance company allows us to dispense the pump to you.



Pump Education

Download our Breast Pump Selection Guide and sign up for the monthly Acelleron Pump Exploration webinar where our Certified Lactation Counselor will walk you through how to use your pump and accessories, as well as pumping tips, tricks, and more! Sign up at acelleron.com/pump-edu

Breastfeeding Education

It's clinically proven that the breastfeeding experience, success, and health outcomes improve when combined with education. Visit acelleron.com/bf-edu and use PROMO code **gD2gYN** to redeem your **FREE** online education classes.

Pumping Tips and Tricks for Moms

Here are 7 basic steps to help you have the ultimate pumping experience:

1. **Create a Routine** - Set up your pump in the same comfortable place every day. Keep a picture or video of your baby with you to help with your "let-down."
2. **Stimulate** - Spend a few minutes massaging your breast and nipple. Visualizing your milk flowing will also help stimulate your let-down reflex.
3. **Minimize Distractions** - Try to relax! It will help with how much milk you are able to collect.
4. **Get a Hands-Free Bra** - Pump and have your hands free if you wish to multi-task. Order your Simple Wishes Hands Free Bra at acelleron.com!
5. **Get a Set of Spare Parts** - Always keep extra parts handy for backup.
6. **Pump as Often as Your Baby Is Eating** - Double pumping every 3 hours for 10-15 minutes will help you maintain your milk supply.
7. **Learn to Hand Express** - Very helpful if you are somewhere without your pump!

Resources

- Kellymom.com
- Zipmilk.org
- Workandpump.com
- Womenshealth.gov
- LLLusa.org | 1-877-4 LA LECHE

Find Places to Pump

- [Moms Pump Here](#) - app available for Apple and Android
- [Pumpspotting](#) - app available for Apple and Android

Breastmilk Storage Guidelines

Location	Temperature	Duration
Countertop/Table	Room temperature (60-85°F or 16-29°C)	4 hours optimal. 6-8 hours under very clean conditions
Insulated cooler bag (with ice packs)	Up to 59°F or 15°C	24 hours
Refrigerator	~39.2°F or 4°C	4 days optimal. 5-8 days under very clean conditions
Freezer	< 24.8°F or -4°C	6 months optimal. 12 months acceptable

2 easy ways to submit your order form

FAX: Fax your order form to: 866-615-6082

UPLOAD: Upload your order form to: acelleron.com/upload



Breast Pump Prescription & Order Form

ALL FIELDS MUST BE FILLED OUT TO RECEIVE YOUR BREAST PUMP

Mother's Last Name: _____ First Name: _____ MI: _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ Phone: () _____ - _____ Email: _____

Baby's Due Date or Date Delivered: _____ Mother's Date of Birth: _____

Mother's Primary Insurance: _____ ID #: _____

Mother's Secondary Insurance: _____ ID #: _____

Emergency Contact Name: _____ Phone: _____

What to expect next? One of our Certified Lactation Counselors or customer care specialists will contact you to finalize your order.

By signing below, I certify that I have read and agree to the terms and conditions outlined at acelleron.com/terms.

**Mother's
Signature:**

Date:

Breast Pump Prescription

Date: Office Name: _____ Phone #: _____

MD/DO/CMN Name: Name of person faxing form:

Address: _____ City: _____ State: _____ Zip Code: _____

Equipment Order: Double Electric Breast Pump (E0603) Other: _____

Diagnosis: Breastfeeding/Lactating Mother (ICD 10: Z39.1) Other: _____

I certify that this order is reasonable and medically necessary and not merely a convenience item. This document will serve as a confirmation of a verbal order and is also written in the patient's record. The foregoing information is true, accurate and complete. I understand that any falsification, omission or concealment of material fact may subject me to civil or criminal liability.

**MD/DO/CMN
Signature:**

NPI #:



FREE Breast Pump Through Insurance

It's never too early to order your breast pump



Ameda Mya



Ameda Mya with
Dottie Tote



Spectra S2 Plus



Medela Pump In Style
Advanced Starter Set



Medela Pump In Style
on the Go Tote



Ardo Calypso Essentials



Lansinoh Smartpump



Lansinoh Signature Pro



Spectra S1 Plus Lizzy
All-In Bundle

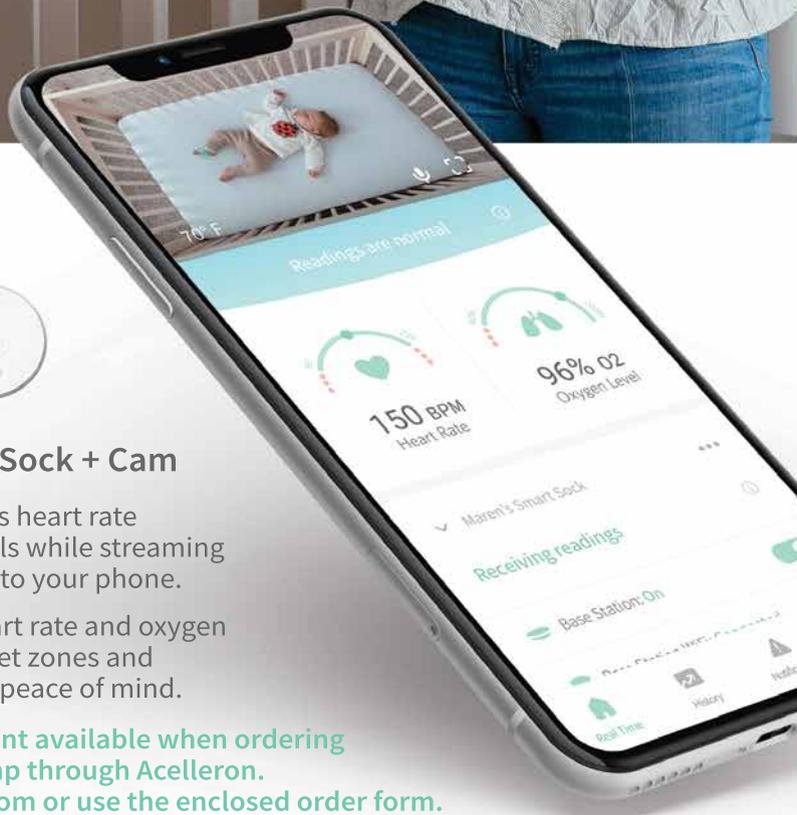
other models available

We contact your insurance
so you don't have to!

Free indicates no out-of-pocket costs with participating in-network, non-grandfathered insurance plans.



Everything
you need
to know your
baby is okay.



Owlet Smart Sock + Cam

Track your baby's heart rate and oxygen levels while streaming video and audio to your phone.

Be notified if heart rate and oxygen levels leave preset zones and experience total peace of mind.

Exclusive discount available when ordering your breast pump through Acelleron. Visit acelleron.com or use the enclosed order form.