

Your Guide to a **Healthy** Pregnancy



We are a community of caring, connected, and progressive health professionals committed to providing women more from their healthcare. Our Board Certified providers offer compassionate, personalized care for the women we serve.



Selecting a partner for your obstetric care is one of the first important decisions you'll make as a new parent. At Axia Women's Health, we take pride in our role as leading partners for patient-recommended, top-rated obstetric care.

When you select Axia Women's Health for your prenatal care, our providers will be with you every step of the way. We'll be with you in the delivery room, helping you bring your new life into this world, so that the most important moment of your life is spent with someone you trust. We're with you for each important milestone.

From our extensive clinical expertise to our compassionate approach to patient care, we help to ensure a more joyful prenatal experience – with the ultimate goal of a happy, healthy mom and baby.

When to Call Your Provider

Our providers are dedicated to ensuring your pregnancy goes smoothly. We welcome your questions. If possible, please hold routine questions for your regular prenatal visits. If you have urgent or non-urgent questions that need to be addressed prior to your visit, please call our office during regular office hours. On weekends and after office hours, you may contact the doctor/nurse on call through the same number. We ask that you limit these after-hours calls to emergencies only. If we determine that you need to be evaluated immediately, we will have you go to your delivering hospital.

Please call us immediately if you:

- Experience bleeding (some bleeding for 1–2 days after vaginal exams or intercourse is normal and does not require a call)
- Have cramps that are persistent or severe abdominal pain
- Have a fever of 101°F or higher
- Vomiting and unable to hold down fluids for more than 24 hours or signs of dehydration
- Have decreased fetal movement defined as less than 6 movements or kicks over the course of an hour during a normal active period
- Are leaking fluid, your water is breaking
- Have contractions that are more than 6 an hour before 37 weeks
- Think you are in labor, experiencing painful contractions lasting one minute, occurring every five minutes for at least one hour

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A large background image of a pregnant woman sitting on a bed, wearing a white t-shirt and blue jeans. She is holding a pregnancy test stick in her hands and looking down at it with a concerned expression. The room is brightly lit with natural light from a window in the background.

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Your Prenatal Visits

Because pregnancy is a time of great change for your body as well as the fetus, you will be visiting our office on a regular basis. During your regular visits, your weight, blood pressure and urine will be checked. Your abdomen is measured to check fetal growth and we will listen to your baby's heartbeat.

Routine Visits are Scheduled:

- Every 4 weeks until 28 or 30 weeks
- Every 2 weeks between 30–36 weeks
- Weekly from 36 weeks to delivery

We may request that you be seen more frequently if you have complications or are considered high risk. It is advisable to make several appointments in advance with all 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 by Gestational Age:

- 6–12 weeks (initial visit): Review health history and go over routine pregnancy education. First trimester prenatal labs will be drawn. This includes your blood type, blood count, screening for infections (syphilis, hepatitis B and C, and HIV), urine evaluation, and any other screening indicated by your health history. These results will be discussed at your next visit with the physician.
- 7–10 weeks (first ultrasound): A first trimester ultrasound is performed for dating and "due date confirmation".
- 8–12 weeks: Full physical exam, pap smear (if indicated), and screening gonorrhea and chlamydia. In some cases, this will be done with your initial visit.
- 10–20 weeks (optional genetic screening): These tests determine if the baby is at high risk for genetic disorders. If the test reveals you or your baby are high risk, other specialized tests may be ordered.
 - Carrier Testing for Cystic Fibrosis, Spinal Muscular Atrophy, Fragile X, Tay-Sachs, or Sickle Cell
 - Early screen with NT (nuchal translucency) test (12–14 weeks)
 - Cell Free Fetal DNA also known as NIPT after 10 weeks
 - AFP Quad screen, 15–22 weeks
 - Other testing options may be available and can be discussed with your provider. Reference Additional Testing for more information
- 20–24 weeks: Ultrasound to evaluate fetal anatomy including the heart, brain, spine, limbs, etc. This will identify most but not all abnormalities and will also assess the placenta, cervix, and amniotic fluid. Some medical conditions necessitate referral to maternal fetal medicine for extensive ultrasounds. This will be determined by your physician.
- 24–28 weeks: Third trimester labs including syphilis, CBC, and glucola test to screen for gestational diabetes. We do not recommend you fast before this test. If Rh negative, antibody screen and RhoGAM administration.
- 28–34 weeks: Tdap vaccine (Pertussis booster).
- 36–37 weeks: Cervical evaluation and Group B strep culture.
- Postpartum follow up 4–6 weeks after delivery.

Standard Testing

Prenatal Blood Work: Tests for anemia, blood type, and antibodies.

Blood Type & Antibody Screen: Your blood type is determined by 2 factors:

1. Blood group – O, A, B, or AB
2. Rhesus (Rh) status is either positive (+) or negative (-).

If your blood type is Rh negative, then you may be at risk for Rh disease, which affects about 10% of people. Rh disease is a pregnancy complication in which your body produces antibodies that attacks the baby's blood and can result in a life-threatening situation for this and future pregnancies. Fortunately, Rh Immuno-globulin (Rhogam) injections are given to prevent these antibodies from forming. Rhogam is given around 28 weeks or anytime if vaginal bleeding occurs. If you are Rh negative, contact our office immediately if you develop bleeding, a car accident, or other trauma to your belly.

Complete Blood Count (CBC): A CBC is a blood test for anemia. If you have anemia, we will start you on iron supplements. This is a common condition in pregnancy and if you take the iron as directed, there should be no long-term effects on your baby.

Rubella: Rubella is German measles. Most women were vaccinated as children, so they and their babies are not at risk. Pregnant women who are not immune to rubella, are at risk for developing the infection and having a baby with birth defects.

Syphilis Screening: This is a blood test to screen for a sexually transmitted disease which is increasing in occurrence. The American College of Obstetrics and Gynecology (ACOG) recommends that all pregnant women be screened twice during pregnancy.

Infections: There are tests for Hepatitis B, Hepatitis C, Syphilis, HIV, and bladder infections. You may also be tested for chickenpox, toxoplasmosis, Chlamydia, gonorrhea, and Tuberculosis (TB).

Urine Toxicology Screen: Urine specimen collection is performed to test for various components of controlled substances.

Pap Smear: Tests the cervix for pre-cancerous cells and will be performed if you are due for screening.

Dating Ultrasound: A vaginal probe ultrasound is usually performed at an early visit around 8–12 weeks to determine accurate dating and viability. This transvaginal ultrasound is perfectly safe and painless. It is the optimal way to view baby during early pregnancy.

Anatomy Ultrasound (20–24 weeks): We recommend an ultrasound around 20–24 weeks for complete fetal anatomy evaluation including the heart, brain, spine, limbs, etc. During this ultrasound, your baby's gender may be identified if desired. Ultrasounds are performed by ultrasound technicians using high-tech equipment. The safety of ultrasound has been studied, and at normal energy levels, has not shown to be harmful. Additional ultrasounds are performed based on medical need. Remember that your insurance plan does not cover this service if there is not a medical need. Most ultrasounds will be performed in our office; however, some medical conditions necessitate referral to maternal fetal medicine (MFM) for extensive ultrasounds. This will be determined by your physician.



One-Hour Glucose Test (24–28 weeks): It is a routine blood test. It is performed between 24–28 weeks to screen for gestational diabetes. We do not recommend you fast before this test. We encourage a high protein meal rather than a meal high in carbohydrates. You will be asked to drink a glucose (sugar) beverage. After one hour, blood will be drawn. The blood sample will show how your body reacts to having a "glucose load." The test results are usually back within 48 hours. If the test is abnormal more testing will be done. Why is the test so important? Gestational diabetes occurs in up to 12% of all pregnancies in the United States and can be a concern for the health of both the mother and the baby. If gestational diabetes is diagnosed early, complications during the pregnancy can be prevented.

Third Trimester Labs (24–28 Weeks): In addition to the One-Hour glucose test, a complete blood count (CBC), and a repeat syphilis test. If you are Rh negative, you will also have a repeat antibody test and be given a Rhogam injection.

Group B Streptococcus (GBS) (36 Weeks): Group B streptococcus (GBS) is a type of bacteria that can be found in approximately 20–25% of healthy adult women. It is most commonly found in the vagina or rectum. During delivery, GBS can be passed from mothers to their baby. About 1–2% of all babies who are exposed to GBS during delivery become infected. This can cause major health problems or even be life threatening to newborns. A vaginal/rectal culture is done at 36 weeks to screen for GBS. If you test positive, you will receive antibiotics during labor to help decrease the risk of spread to your baby.

Additional Testing

You will have the option to test for the potential of several genetic diseases. During pregnancy, our providers work closely with you to provide education and assist you in choosing the options that make the most sense for you and your family. Ultimately, the decision to proceed with genetic testing, is up to you. Questions you may have regarding these optional tests can be discussed with your physician. Some of these tests require a referral to a maternal fetal medicine (MFM) physician. There are also risks associated with some of the tests. If you are interested in any optional tests, please check with your insurance plan to see if these tests are covered.

Carrier Screening Tests: There are several blood tests that can be done to determine if you are a carrier for certain genetic disorders. Tests are available for disorders including Cystic Fibrosis (CF), Spinal Muscular Atrophy (SMA), Fragile X Syndrome, Expanded Carrier, Tay-Sachs, Jewish Genetic Disorders, and Sickle Cell Anemia. Carrier screening determines if a mother is positive for one of these disorders. Carriers don't show any signs or symptoms of these diseases. If a mother is positive, we recommend the baby's dad be tested. If both parents are carriers for one of these diseases, there is a 25% risk that your baby will be affected with the disorder. We will recommend referral to a genetic counselor to discuss options for further testing.

Early Screen/Nuchal Translucency: This screening is a combination of ultrasound and blood test performed with maternal fetal medicine between 11–14 weeks. The blood test measures certain enzymes in the maternal blood and the ultrasound measures the thickness of skin on the baby's neck. Together this can determine if your baby is at high risk for chromosomal abnormalities such as Down Syndrome, Trisomy 13 and 18. Sometimes repeat blood work is performed at 16–18 weeks called a Sequential Screen.

AFP-4 (Quad Screening): This screening is a blood test performed between 15–22 weeks. The test determines high or low risk for Down Syndrome, Trisomy 13 and 18, and birth defects of the spinal cord and skull. If this test indicates a high risk, other diagnostic tests can be ordered. We will recommend referral to a genetic counselor to discuss options for further testing.

MS-AFP (Maternal Serum Alpha Fetoprotein): This screening is a blood test performed between 16–18 weeks. This screens for spinal defects that are open, such as spina bifida, and placental problems.

Non-Invasive Prenatal Testing (NIPT)/Cell Free Fetal DNA: This screening is a non-invasive blood test performed after 10–12 weeks. This evaluates fragments of fetal DNA for evidence suggesting a high risk of a fetus with Down syndrome (trisomy 21), Patau syndrome (Trisomy 13), Edwards syndrome (Trisomy 18), or an abnormality in the sex chromosomes (X and Y). If this test indicates a high risk, other diagnostic tests can be ordered. We will recommend referral to a genetic counselor to discuss options for further testing.

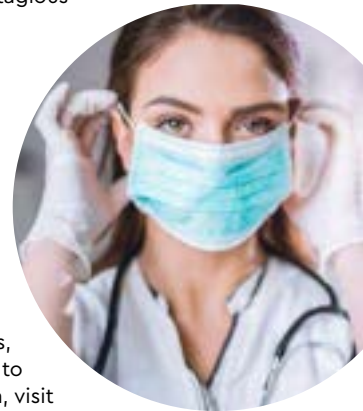
CVS (Chronic Villus Sampling): This diagnostic test is performed between 10–12 weeks with a maternal fetal medicine physician. The test can detect abnormal chromosomes including Down syndrome. Guided by ultrasound, a small needle is inserted through the mother's abdomen or cervix and placental tissue is obtained and used for genetic testing. This procedure has a small risk of miscarriage.

Amniocentesis: This diagnostic test is performed after 16 weeks with a maternal fetal medicine physician. The test can detect abnormal chromosomes including Down Syndrome. Guided by ultrasound, a needle is inserted through the mother's abdomen into the baby's sac of fluid, a small amount is removed for genetic testing. This procedure has a small risk of miscarriage.

Vaccinations

Influenza (Flu) Vaccine: Influenza can be very dangerous for both expecting mom and babies. Pregnancy alters the immune system making pregnant women at higher risk of serious illness caused by influenza. The Centers for Disease Control (CDC) recommends that all women pregnant during flu season (September–April) receive the flu shot. This vaccine can be given at any time during the pregnancy. There is no worry about safety or getting the flu from the vaccine because this is not a "live" vaccine. The flu mist, which is a live vaccine, is NOT recommended and 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 or your local pharmacy.

Tetanus, Diphtheria, and Pertussis Vaccine (Tdap): Tdap is a vaccine that helps to protect you and your baby against tetanus, diphtheria, and pertussis (whooping cough) disease. Tetanus can affect your muscles and both diphtheria and pertussis can affect your throat and lungs—all are serious diseases. Pertussis (whooping cough) is a highly contagious disease caused by bacteria known as *Bordetella pertussis*. Although pertussis is often milder for older children and adults, pertussis can lead to pneumonia and seizures, and be potentially fatal to newborns. Therefore, the Centers for Disease Control (CDC), and The American College of Obstetrics and Gynecology (ACOG), recommend the Pertussis vaccine be given in EVERY pregnancy, irrespective of prior vaccination history. To maximize maternal antibody response and passive immunity to your newborn, optimal timing of this vaccine is between 27–36 weeks of pregnancy. This is to protect the baby from whooping cough in its first few months of life. It's also extremely important for anyone who will have contact with the newborn to be vaccinated if they haven't within the last 10 years, this includes dads, relatives, and caregivers. Those people need to contact their own provider for vaccination. For more information, visit cdc.gov/pertussis.



As Your Baby Grows

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.



Trimester	Week	Approximate Size	Your Baby's Development	
1	4	Poppy seed	Body now has three distinct layers from which all of the organs will develop. At this point, it 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	Heart is beating & can be seen on an ultrasound, although not heard until approximately 12 weeks.	
	7	Blueberry	Now has webbed feet and hands – no fingers/toes yet!	
	8	Raspberry	Eyes are beginning to develop their pigment.	
	9	Cherry	Officially a fetus and is close to an inch long.	
	10	Strawberry	Bones/cartilage are forming, helping knees/ankles to take shape.	
	11	Lime	Webbed hands and feet are beginning to separate, allowing tiny fingers and toes to take shape.	
	12	Plum	Facial features continue to become more defined, particularly the nose and chin. Developing reflexes and can now curl its tiny toes.	
	13	Lemon	Vocal cords are developing.	
	2	14	Peach	Genitals are fully developed but are too difficult to detect on an ultrasound just yet.
		15	Naval Orange	Whether or not you can feel it yet, your baby can now move all limbs and joints.
		16	Avocado	Circulatory system is functioning, with a tiny and impressive heart that can pump nearly 25 quarts of blood per day. Skeletal system and nervous systems start to coordinate movement.
17		Turnip	Growing quickly and weighs approximately 6 ounces.	
18		Sweet Potato	Twisting, rolling, and kicking. You may begin to feel movement.	
19		Tomato	Lungs and airways are developing.	
20		Mango	Sucking reflexes are in development to prepare for feeding after birth. It's possible to catch the baby sucking their thumb during an ultrasound! The skin thickens and develops layers under the vernix.	

2	21	Banana	Digestive system is now manufacturing meconium, the black, tarry material you'll find in their first dirty diaper.
	22	Grapefruit	Ears are gaining functionality. The baby can now begin to process sounds heard from inside your body – such as your heartbeat and breathing.
	23	Spaghetti Squash	Face is fully formed.
	24	Ear of Corn	Developing eyelashes, eyebrows, and hair, all of which do not yet have pigment. Movements can reveal to your doctor more about your baby's development.
	25	Rutabaga	Packing on weight in fat, helping to lose the wrinkly appearance.
	26	Eggplant	Now weighs about 2 lbs, has developed tiny fingernails.
	27	Cucumber	Brain is continuing to grow and is now showing visible activity.
3	28	Head of Cauliflower	Eyes have been shut to this point, but now may begin to open and close periodically. Starting to take 20-30-minute naps.
	29	Acorn Squash	Approximately 15 inches long and is becoming quite active. You may even feel your baby have the hiccups!
	30	Zucchini	Hands are fully formed, and has the ability to grasp.
	31	Coconut	Can now process information from all five senses.
	32	Head of Lettuce	All major organs are now developed; however, the lungs need a little more time to strengthen. Movements could start to change.
	33	Honeydew	Your baby likely weighs around 4 pounds now and could nearly double this weight by birth.
	34	Butternut Squash	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	Likely positioned head-down, toward your cervix, in preparation for birth.
	36	Large Cantaloupe	Circulation and immune systems are a go and closer to being able to breath on his or her own. Bones are hardening, skull remains soft/flexible for birth.
	37	Winter Melon	Likely practicing new skills in utero – inhaling, exhaling, sucking, gripping, and blinking – in preparation for birth.
	38	Swiss Chart	The lanugo, or fine hair that covered body for warmth in the womb, is now falling off in preparation for delivery.
	39	Pumpkin	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.

Common Questions/Symptoms/Complaints

Common Questions

How to Estimate Due Date? Due dates are set to help gauge the approximate date of delivery. Only 1 in 20 babies are delivered on the calculated day, although most are born within 10 days of the projected date. A full-term baby usually goes 280 days from the last period to birth. Your provider will determine your estimated due date during one of your first appointments. This date does not change once established by your provider.

When Will I feel My Baby Move? Between 16–25 weeks of pregnancy, mothers will begin to feel movement. Initially, movements will be infrequent and may feel like butterfly flutters. As your baby grows, you will feel movement more often. If you are concerned about movement after 28 weeks, drink something with sugar, lie on your left side and press your hand on your belly. You should feel at least 6 movements an hour. If you're concerned about feeling baby movements or notice a decrease in movements, contact the office.

What Do I Need to Know about Dental Care? Maintaining routine dental care is recommending during pregnancy. Your teeth and gums may experience sensitivity throughout the pregnancy. Gum disease and bacteria in the gums become more common during pregnancy and can have potential negative impacts on your pregnancy. Therefore, you should be sure to have your teeth cleaned by your dentist every 6 months even during pregnancy. Inform the dentist of your pregnancy. When sitting in the dentist's chair, try NOT to lie flat on your back, and instead put a pillow under a hip.

Try to postpone dental procedures until the end of the first trimester, or after 13 weeks. However, if the delay will result in deterioration of a problem and, in turn, increase risks to your health, they should not be postponed.

Guidelines for Dental Procedures Include:

- 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. Routine x-rays should be postponed 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.

Can I Use a Jacuzzi? It is NOT recommended to submerge yourself in hot water or use a sauna or steam room. This includes hot yoga.

Can I Care for My Pets? If you have cats, please let us know. Avoid changing the litter box or use gloves to change it. Toxoplasmosis is a rare infection that you can get from cat feces.

Can I exercise? 30–60 minutes of daily exercise is recommended in uncomplicated pregnancies. If you were working out prior to pregnancy, most of those activities may be continued including walking, jogging, stationary bikes, yoga, swimming and aerobics. If you haven't been exercising – start slowly. Try walking for 10 minutes five times per week and gradually increase to 40 minutes per day. Drink plenty of water, 16 oz. before a workout, 8 oz. during and 16 oz. after. Your exercise should be moderate, which may vary from one pregnant woman to the next based on their exercise prior to pregnancy. Exercise to fatigue, not to exhaustion, and listen to your body. If your exercise routine causes you to have an increased shortness of breath, feel faint or dizzy, have blurred vision or experience pain, stop the workout. It's recommended that you avoid activities with a high risk of falling or trauma to your belly, such as snow and water skiing, horseback riding, kickboxing and biking. Scuba diving is also NOT recommended.



For exercise recommendations during pregnancy and post-partum go to axiawh.com/ob-exercises.

Can I Have Sex? You can have sex unless you are having complications or sex becomes too uncomfortable. Sex is safe and does not harm the baby. There are times when sex should be avoided. This includes vaginal bleeding, leaking amniotic fluid, preterm labor, chest pain, regular uterine contractions, decreased fetal movement, growth restricted baby, headache, dizziness, general weakness, placenta abnormalities, or when advised by a physician.

Why Am I So Tired? It's normal to feel more tired. You may also notice you need more sleep than usual. Try to get at least 8–10 hours per night. Listen to your body. Try to sleep on your side to allow for maximum blood flow to the baby. Lying on your back can cause your blood pressure to drop. You may also find it helpful to put a pillow behind your back and between your knees to improve comfort. As your pregnancy progresses, use more pillows and frequent position changes to stay comfortable.

Can I Travel? Traveling is safe during pregnancy for uncomplicated pregnancies. After 36 weeks, we recommend staying close to home. When you do travel (whether by car, bus, plane or train), be sure to take breaks to stand up/walk around at least every two hours to promote circulation in your legs. Drink adequate fluids so you do not get dehydrated. If traveling by vehicle, wear a seat belt. The shoulder belt should sit between your breasts and the lap belt positioned under your abdomen, as your baby grows, put over your hips. If you are involved in a car accident, please call the office immediately, you may need to be monitored. If you are traveling outside of the country, please review with your physician prior to travel as there maybe additional recommendations. For information concerning Zika virus, visit cdc.gov/Zika/pregnancy.

Can I Paint or Use Cleaning Products? Use paint and cleaning products in a well-ventilated area and follow the manufactures instructions.

Can I Go to the Salon for Treatments? Hair coloring and nail care should always be done in large, well-ventilated areas. If possible, avoid treatments in the first trimester or after the 14th week of pregnancy.

Common Symptoms During Pregnancy

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 recurring while others may never repeat.

Aches and Pains: As your baby grows, backaches are common. You may also feel stretching and pulling pains in the abdomen or pelvic area. These are due to pressure from your baby's head, weight increase, and the normal loosening of joints. Practice good posture and try to rest with your feet elevated. You can also consider a prenatal massage.

Backache: Backache is very common in pregnancy due to the growth of the uterus and the extra weight gained. A belly band (maternity belt) may help with this discomfort.

Bleeding: Nose and gum bleeds are normal in pregnancy. This is due to the increased blood flow during pregnancy.

Braxton-Hicks Contractions: These are typically painless, irregular contractions that can occur as early as 12 weeks of pregnancy. Experiencing some contractions is normal. When they occur, empty your bladder, drink 1–2 glasses of water, then try to rest. If you are less than 37 weeks pregnant and having more than 6 contractions in an hour after trying these measures, contact the office.

Breast Changes: Breast changes are caused by the increase in hormones that your body produces during pregnancy. Most women will notice that their breasts grow considerably larger and feel very tender in early pregnancy.

Cramping: During your first trimester you may feel menstrual-like cramping which is very normal; however, if cramping is accompanied with bleeding, contact your provider. Cramping is typically related to the uterus growing and enlarging.

Constipation: A common complaint is constipation, this can be related to hormone changes, low fluid intake, increased iron, or lack of fiber in your diet. Try to include whole grains, fresh fruit, vegetables, and at least 80 oz of water daily. There are also safe over-the-counter medications (e.g., Colace, 100 mg, once or twice daily).

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

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

Headaches: There are numerous reasons such as caffeine withdrawal, fatigue, stress, and hormone changes that contribute to headaches during pregnancy. If your headaches are severe and do not go away, contact your provider.

Heartburn: You may experience heartburn throughout your pregnancy, especially during the latter part of your pregnancy when your baby is larger. Try to eat 5–6 smaller meals a day and avoid laying down immediately after eating. Some over-the-counter medications are also safe for use.

Hemorrhoids: Hemorrhoids are enlarged veins at the rectal opening. Most often burning, itching, and irritation occur with hemorrhoids. The best treatment of hemorrhoids is to keep bowel movements regular, soft, and avoid straining. For comfort, try sitz baths three to four times per day for 10–15 minutes each time. If the pain persists, call the office.

Insomnia: As you near delivery, you may find it more difficult to sleep through the night. This is often related to difficulty finding a comfortable position, anticipation of the baby's arrival, or getting up numerous times at night to go to the bathroom. You should change positions frequently, use pillows for support, and you may take Benadryl.

Leg Cramps: Cramping in your legs or feet can be common. They often occur at night and disrupt sleep. Eating bananas, drinking more lowfat/nonfat 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 heating pad wrapped on the muscle may also help.

Nausea/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. See nausea and vomiting sections for recommendations.

Round Ligament Pain: The round ligaments attach at the top of the uterus and to the groin on either side. The stretching of the round ligament is a common cause of abdominal pain in pregnancy. We recommend trying Tylenol and wearing a maternity belt or belly band.

Shortness of Breath: This is caused by the diaphragm – the flat muscle that lies under your lungs – is being pushed up and out of its normal place by the expanding uterus. This movement of the diaphragm decreases the lung capacity causing shortness of breath.

Spotting: Light bleeding can be common, especially in the first 12 weeks of pregnancy. It may occur after intercourse, cervical exams, vaginal ultrasounds, strenuous activity, or exercise. If the bleeding is heavy or is accompanied by pain, contact us immediately. If it occurs after exercise, discontinue exercising until the spotting has subsided for approximately one week.

Stretch Marks: There is no proven treatment for stretch marks. Applying anything externally cannot prevent them because they develop from deep within the connective tissue underneath the skin.

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.

Urinary Frequency: Urinary frequency varies throughout your pregnancy; this is normal. If your urinary frequency is accompanied by burning, low back pain, blood, or has a bad odor contact your doctor.

Varicose Veins: Varicose veins are caused by a weakness in the small veins that carry blood back to the heart; they show up as bluish, reddish, or purplish lines under the skin, most often on the legs and ankles. Varicose veins may cause no symptoms or may be accompanied by mild to severe pain. Try to avoid standing for long periods, elevate your legs when you can, avoid sitting with your legs crossed, and wear support stockings.

Tips to Prevent Nausea During Pregnancy

The term "morning sickness" can be deceptive because some women experience it at any time of the day. Typically, it starts around 4 to 6 weeks after conception and usually resolves itself spontaneously by the 16th week. Some women may have symptoms beyond the first trimester, and a few may have symptoms throughout their entire pregnancy. What can be done to relieve nausea and prevent vomiting?

We have compiled a list of suggestions we have found helpful in the past. Remember, each woman is an individual – what works for one may not be the answer for another. Listen to your body and eat the kinds of foods that make you feel the best.

- Before getting out of bed in the morning, eat a few crackers, a handful of dry cereal, or a piece of toast or dry bread. Put these within reach of your bed the night before.
- Get up slowly in the morning and sit on the side of the bed for a few moments before standing up.
- Eat six to eight small meals during the day, even if you are not hungry. Never go for long periods of time without food but don't overfill your stomach.
- Don't skip breakfast.
- Avoid any sudden movement.
- Always eat a snack high in protein before bedtime.
- Eat foods that are high in long-acting proteins like milk, yogurt, cheese, peanut butter, and nuts.
- Drink fluids including soups between, rather than with, meals.
- Avoid greasy, highly seasoned, and fried foods like butter, margarine, bacon, gravy, pie crust, pastries, fried meats, and French fries.
- Be sure to have plenty of fresh air/good ventilation in the bedroom while sleeping.
- Increase the fiber in your diet (fruits, salads, vegetables and bran).
- Try eating popsicles if you are having difficulty keeping down liquids.
- If the nausea is severe, avoid drinking citrus juice, coffee, and tea.
- Vitamin B6 25mg four times per day and/or Unisom sleep ¼ or ½ tablet at bedtime.
- There are medications which can be prescribed during your pregnancy, if over the counter meds are unsuccessful.
- Ginger is a natural treatment for nausea. Ginger snap cookies, ginger gum, tea and candy may help. Others have found that sea bands, mints, or mint gum help relieve nausea.
- Rest – Your body requires more sleep during early pregnancy. Try to get plenty of sleep at night and a short nap during the day. Being tired does often trigger nausea.
- Avoid unpleasant smells. When you cook, open windows or use the exhaust fan to get rid of odors. After cooking, wait for a short period of time before eating.

If symptoms become severe, you cannot hold down fluids for more than 24 hours, or if you have lost more than 5 pounds, contact the office.

Remember, nausea will usually improve as your pregnancy progresses. By 12–14 weeks, you should begin to notice more good days than bad. Generally, during the second trimester most women report more energy and no nausea.

Handling Common Symptoms of Pregnancy

If there's a problem, sometimes it's difficult to tell when you should call us immediately or if the call can wait until the next office day. The chart below will help you distinguish urgent symptoms from routine ones. When calling, please provide a brief history, detail of symptoms, number of weeks pregnant and intensity of symptoms.

Symptom Chart

Symptom/Illness	Call the Office	Call the Provider Immediately	Home Treatment
Bleeding/Cramping *Some bleeding/cramping may occur after an internal exam	<ul style="list-style-type: none"> • Bleeding is less than a period with mild cramping; common in 1st trimester 	<ul style="list-style-type: none"> • Bleeding is heavy • 2nd & 3rd trimester cramping or painless heavy bleeding • Cramping is equal or worse than menstrual cramps 	<ul style="list-style-type: none"> • Rest • Avoid heavy lifting (more than 20 lbs.)
Vomiting *Common in the first trimester	<ul style="list-style-type: none"> • Unable to keep down liquids/solids for more than a 24-hour period. • Weight loss of more than 3–5 lbs. 	<ul style="list-style-type: none"> • Signs of dehydration occur (e.g. dry mouth, fatigue/lethargy, poor skin tone) • Abdominal pain accompanied with vomiting 	<ul style="list-style-type: none"> • Vitamin B6 25mg • Separate liquids and solids • Bland diet- bananas, rice, applesauce, toast • Rest • Avoid hot sun
Decreased Fetal/Baby Movement after 28 weeks	<ul style="list-style-type: none"> • Baby moves less than 6 times in 60 min while you're resting, during a normally active period 	<ul style="list-style-type: none"> • No fetal movement if accompanied by severe abdominal pain 	<ul style="list-style-type: none"> • Rest • Drink juice or a soft drink • Eat a small snack
Labor	<ul style="list-style-type: none"> • Contractions stronger than Braxton-Hicks • Less than 37 weeks, call if contractions are more than 6 per hour 	<ul style="list-style-type: none"> • Contractions are 5 min apart for 1 hour • Water breaks; small leak or a gush • Bleeding is more than a period • Pain of contractions won't go away 	<ul style="list-style-type: none"> • Rest • Increase fluids to 8–12 glasses daily; dehydration can cause contractions, especially in the summer
Rupture of Membranes	<ul style="list-style-type: none"> • Water breaks; small leak or as a gush 	<ul style="list-style-type: none"> • Water breaks; small leak or as a gush 	
Urinary Urgency and/or Pain with Urination *Frequency is common in early and late pregnancy	<ul style="list-style-type: none"> • Pain with urination • Feeling of urgency to void with little urine produced 	<ul style="list-style-type: none"> • Temperature 101°F or higher • Pain in upper back • Contractions occur • Blood in urine 	<ul style="list-style-type: none"> • Urinate at regular intervals • Increase fluid intake to 8–12 glasses a day
Swelling	<ul style="list-style-type: none"> • Recent, noticeable increase in feet and ankles • Swelling of face and hands 	<ul style="list-style-type: none"> • Swelling with headache or upper abdomen pain • Swelling with decreased fetal movement • Elevated blood pressure if using home monitoring 	<ul style="list-style-type: none"> • Lie on left side and elevate legs • Avoid salty foods
Cold and Flu	<ul style="list-style-type: none"> • Temperature of 101°F or higher • Persistent cough for more than 5 days 	<ul style="list-style-type: none"> • Breathing is difficult or wheezing occurs 	<ul style="list-style-type: none"> • Tylenol & Robitussin • Increase fluids • Rest • Use vaporizer

Nutrition and Health

Nutrition

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.

Prenatal Vitamins:

We recommend a daily prenatal vitamin with folic acid and DHA prior to conception, throughout pregnancy, and postpartum while breastfeeding. Prenatal vitamins help to provide the best balance of nutrition for you and baby. Either over the counter or prescription vitamins are fine. If they are causing nausea, try taking it 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. Please check with your physician before taking any vitamins, herbs, or other supplements as some may be unsafe during pregnancy.

Key Nutrients During Pregnancy

Nutrient (amount per day)	Reason for Importance	Source
Calcium (1000 mg)	Builds strong bones and teeth	Milk, cheese, yogurt, sardines, broccoli, dark leafy greens, or a calcium supplement
Iron (27 mg)	Develops red blood cells that deliver oxygen to the baby and also prevents fatigue	Lean red meat, dried beans and peas, iron-fortified cereals (better absorbed with vitamin C rich foods)
Vitamin A (770 mcg)	Forms healthy skin, boosts eyesight, improves bone growth	Carrots, dark leafy greens, sweet potatoes
Vitamin C (85 mg)	Promotes healthy gums, teeth, and bones. Encourages your body to absorb iron	Oranges, melon and strawberries
Vitamin B6	Aids in forming red blood cells, encourages body to use protein, fat and carbohydrates	Beef, liver, pork, ham, whole grain cereals, bananas
Vitamin B12 (2.6 mcg)	Maintains nervous system	Liver, meat, fish, poultry, milk (only found in animal foods, vegetarians should take a supplement)
Vitamin D (600 IU)	Helps build and maintain strong bones and teeth, essential for healthy skin and eyesight	Liver, egg yolks, fortified cereal, milk, fatty fish such as salmon and sunlight
Folate (600 mcg)	Necessary for formation of red blood cells and some enzymes	Green leafy vegetables, liver, orange juice, legumes and nuts
Protein (75 mg)	Promotes the formation of enzymes, antibodies, muscle and collagen	Meat, eggs, cheese, whole grains

Special Dietary Considerations

Vegetarian Diet: Be sure you are getting enough protein. You will probably need to take supplements, especially iron, B12 and vitamin D.

Hydration: Recommend at least 80 oz of water. Approximately 5 bottled waters daily.

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

Artificial Sweeteners: These are ok, but we would recommend limiting to 1–2 servings per day. If you have diabetes, artificial sweeteners are better than sugar to help with your blood sugars.



Safe Food Preparation

There are many bacteria that can cause foodborne illnesses. Follow these simple recommendations to decrease the risk of bacterial growth on your foods.

Wash hands thoroughly with warm water and soap before and after handling food, after using the restroom, changing diapers, or handling pets.	Place 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.
Wash cutting boards, dishes, utensils, and countertops with hot water and soap.	Rinse raw fruits and vegetables thoroughly under running water.
Separate raw meat, poultry, and seafood from ready-to-eat foods.	Cook foods thoroughly. Use a food thermometer to check the temperature.
Refrigerate or freeze perishables (foods that can spoil or become contaminated by bacteria if left unrefrigerated).	2-Hour Rule: Discard foods left out at room temperature for more than two hours.
Your refrigerator should register at 40° F (4° C) or below and the freezer at 0° F (-18° C). Place appliance thermometer in the refrigerator and check them periodically.	Keep foods out of the Danger Zone: The range of temperatures at which bacteria can grow are usually between 40° F and 140° F (4° C and 60° C).
Use ready-to-eat, perishable foods (dairy, meat, poultry, seafood, produce) as soon as possible.	

The above are condensed guidelines to food safety. For more in-depth information, be sure to check out these websites or see your healthcare provider if you have questions about foodborne illness.

FDA Center for
Food Safety and
Applied Nutrition:

[www.fda.gov/
Food/](http://www.fda.gov/Food/)

U. S. Partnership
for Food Safety
Education:

www.fightbac.org

Gateway to
Government Food
Safety Information:

www.foodsafety.gov

Foods to Avoid During Pregnancy

Raw Meat

Avoid undercooked seafood and undercooked beef or poultry due to risk of bacterial contamination, toxoplasmosis, and salmonella.

Fish With Mercury

Avoid fish with high levels of mercury including tuna, shark, swordfish, king mackerel, and tilefish. For other fish, limit consumption to two servings per week.

Smoked Seafood

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

Raw Shellfish

Including clams, oysters, and mussels can cause bacterial infections. Cooked shrimp is safe.

Raw Eggs

Raw eggs or any foods containing raw eggs can be contaminated with salmonella. This includes some homemade Caesar dressings, mayonnaise, and homemade ice cream. Cook eggs thoroughly, until the yolk is firm.

Soft Cheeses

Imported soft cheeses may contain listeria. Soft cheeses made with pasteurized milk are safe.

Unpasteurized Milk

May contain listeria which can lead to miscarriage.

Caffeine

Limit caffeine intake to 200mg per day, or the equivalent of 1 cup of coffee a day. Excess caffeine may be associated with miscarriage, premature birth, low birth weight, and withdrawal symptoms in infants.

Lunch Meats and Hot Dogs

Do not eat unless heated until steamy warm to kill bacteria.

Deli Prepared Salads

Avoid salads from supermarkets, but safe if it is made fresh. Store leftovers immediately.

Unwashed Vegetables

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



Recommendations Regarding Weight Gain

There is an increased risk of small for gestational age and preterm births in women who gain less than the recommended weight, based on pre-pregnancy weight. Women who exceed the weight gain recommendations double their risk of having a very large infant which increases the risk for C-section, post term births and birth trauma. It may also increase the risks of childhood obesity and makes weight loss more difficult after delivery.



Underweight

(BMI less than 18.5)
28-40 lb

Normal Weight

(BMI 18.5-24.9)
25-35 lb

Overweight

(BMI 25-29.9)
15-25 lb

Obese

(BMI >30)
up to 15 lb

Alcohol/Drugs

There is no amount of alcohol or recreational drugs (marijuana, opiates, cocaine, etc.) that are known to be safe during pregnancy and therefore should be avoided. Drinking alcohol or using drugs can cause complications during pregnancy, birth defects, mental retardation and impaired brain development. Pregnant women struggling with opiate use come from all walks of life and are often afraid. Getting treatment with pregnancy care can improve birth outcome for those who admit to drug use and are willing to make a change.



Smoking

If you smoke, **SO DOES YOUR BABY!** This is a very important fact of pregnancy. The placenta is the organ that connects the developing baby to you. It consists mostly of blood vessels and is attached to your uterus on one side and your baby on the other side by way of the umbilical cord. Its job is to allow the passage of nutrients, oxygen, vitamins, and other substances to pass from your blood to the baby allowing it to grow and develop. It also carries away your baby's waste products to your kidneys, liver, and lungs and acts for the baby until his/her organs are mature enough to do well on their own outside the womb.

Cigarette smoke contains more than 2,500 chemicals. It's not known which one of these chemicals are harmful to a developing baby. However, both nicotine and carbon monoxide (the same gas released from a car's exhaust) are believed to play a role in causing bad pregnancy outcomes. These chemicals are directly taken from your lungs, to your blood and to your baby's blood.

Here are some known complications from smoking during pregnancy:

- Low birth weight baby – low birth weight can be caused by prematurity (birth prior to 37 weeks), poor growth, or a combination of both.
- Prematurity increases in pregnant smokers and is the number one cause of neonatal death, chronic illness in (such as cerebral palsy, life-long lung, kidney, or other problems).
- Placenta previa – low lying placenta that covers part or all of the opening to the uterus. It blocks the exit of the baby from the uterus and can cause the mother to bleed.
- Placental abruption – the placenta tears away from the uterus causing the mother to bleed.
- Stillbirth – the baby dies in the womb before birth.
- Premature rupture of membranes – the water breaks before 37 weeks and is associated with low birth weight babies and increased preterm labor and delivery.

The effects smoking has on your baby continue once you are home. Children exposed to smoke in the home have a higher risk of lung problems such as asthma, pneumonia, or bronchitis. They also suffer more ear infections than children not exposed to smoking.

For Counseling and Support:

Indiana: 1-800-QUIT-NOW
New Jersey: 1-866-NJ-STOPS
Pennsylvania: 1-800-QUIT-NOW
Ohio: 1-800-QUIT-NOW

Third Trimester Overview

Fetal movement

It's like a fluttering in your belly or a rolling kick, depending on the day. Fetal movement or "kick counts" measure the baby's activity level. Your baby should move many times every day and generally, you'll feel it. Do kick counts when you cannot remember the last time your baby moved or if your baby is not moving as much as usual.

Kick Counts Step-by-Step:

1. Eat a healthy snack & drink a large glass of juice/water. Babies are more active after you eat.
2. Use the restroom.
3. Grab a piece of paper and pen.
4. Turn off all distractions.
5. Find a quiet spot to lay down with a clock nearby. You can lay on either side to do this.
6. Record the time you start counting.
7. Put one hand on your abdomen and concentrate on your baby's movements.
8. Count the number of times you feel your baby move.
9. If you feel less than 6 movements over an hour, please contact your provider immediately.

Preterm Labor

Pre-term labor is categorized as labor occurring before 37 weeks. While pregnancy lasts approximately 40 weeks, sometimes conditions arise to cause your baby to arrive early.

Risk Factors:

- Previous pre-term labor or pre-term delivery
- An abnormally shaped uterus
- Chronic illness
- Uterine fibroids
- Infections
- Smoking/drug use
- Multiple gestations (twins, triplets, etc.)
- Under the age of 18 or over the age of 35
- Surgery during pregnancy
- Placenta previa (placenta covers the cervix)
- Late or minimal prenatal care

Symptoms:

- Vaginal bleeding
- Dull backache that may come and go
- Stomach cramps
- Persistent lower abdominal or vaginal pressure
- Contractions with or without pain (more than 6 per hour)
- Water breaking (could be a gush of fluid or a trickle)



Preeclampsia

Preeclampsia, also called toxemia or hypertension of pregnancy, is an unusual elevation in an expectant mother's blood pressure before delivery. Preeclampsia can cause decreased blood flow and oxygen to the placenta and could result in seizures. If you experience the following symptoms, contact your provider immediately:

- Severe headache (not remedied with Tylenol)
- Nausea/vomiting
- Blurred vision/seeing spots
- Upper abdominal pain especially on the right side
- Decreased urination
- Sudden swelling of your face and fingers

If you've been diagnosed with preeclampsia or hypertension of pregnancy, it is critical to keep your doctor's appointments to ensure a healthy pregnancy and recovery.

Pain Management During Labor

Your provider will discuss pain management options with you prior to your delivery.

Natural birth: This is always an option. There are many ways to approach this to be successful. It's encouraged that you take classes or prepare in some way if that is the option you prefer.

Epidural: This is the most commonly used type of anesthesia during labor. A small catheter is inserted in your back to deliver the local anesthetic and block the nerve impulses from the lower half of your body. Epidurals allow you to have consistent pain relief during labor.

Nitrous oxide (if available at your hospital): Also known as laughing gas, it is a clear, odorless, tasteless gas that can be inhaled during labor for pain relief as well as anxiety reduction. It can be used during all stages of labor. The effects of nitrous oxide are immediate and dissipate rapidly. Studies have shown that the medication is generally well tolerated and poses less risk to babies as it does not cross the placenta.

Pain medicine: Administered through an IV for early labor.

Other options: Breathing/relaxation exercises, hydrotherapy, aromatherapy, and use of labor balls/tubs (available in select hospitals)

Preparing for Labor and Delivery

Getting Ready for the Big Day!

Register and Tour the Hospital: Our office will provide you with the hospital registration information. You will be admitted directly to the maternity floor during labor.

Attend Educational Courses: There are educational courses on labor and delivery, breastfeeding, infant CPR and baby care available. Ask us about options including online classes available through Birthly. Consider these classes especially if you are a first-time parent!

Consider a Birth Plan: If you have a birth plan, please share it with your provider. If desired, there are several options to provide pain relief while in labor. We are supportive of whatever you choose. Discuss pain management plan with your provider.

Research Cord Blood Banking: Cord blood is the remaining blood in your child's umbilical cord following birth and is a rich source of stem cells. Cord blood stem cells have been used successfully to treat more than 70 diseases. Your newborn's stem cells could be used by your child, their siblings, and, in some cases, parents. Stem cells can still be viable after 15 years of storage. It's safe, easy, and painless for you and your child. It doesn't interfere with delivery but must be arranged in advance of delivery. Cord blood banking is an optional service provided by outside public and private cord blood banks. If you're interested, we can provide you with the information to contact them. There is a cord bank fee that needs to be paid before the kit is shipped to you prior to delivery. There is also a storage fee. If you elect to do this, it's your responsibility to bring your personal kit to the hospital for birth. Your provider will collect the sample at delivery. It's your responsibility to forward the sample to the cord blood bank. Some hospitals have programs in place for patients to donate the cord blood, which is a good option to potentially help others. Please check with your hospital if you wish to donate cord blood.

Choose a Provider for Your Baby (Pediatrician): You need to decide on a provider for your baby by the time you deliver. The hospital will send your baby's information and test results to your chosen provider. Your baby is commonly seen within 1 week after birth. You'll need to contact the provider's office prior to delivery to make sure they accept your insurance and are taking new patients. We can provide you with a list of local providers.

Obtain a Car Seat: 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.

Consider Circumcision: A circumcision is the removal of the excess foreskin from the penis. We can perform this optional procedure for you. It may help reduce infections and cancer of the penis. Please let your provider know if you desire this procedure. It's generally performed prior to the baby's discharge from the hospital. We respect your choice if you decide not to.

Labor and Delivery – What to Expect

When Will I know I'm in Labor? The chart on this page will help determine if you are in labor. If you have signs of true labor or your water breaks, call the office day or night.

When to Call Your Provider?

1. 5–1–1 Contractions. Call when contractions are 5 minutes apart, lasting 1 min, for 1 hr.
2. Uncontrolled leaking of fluid (water). Fluid can be clear or discolored (green).
3. Heavy bleeding and/or severe pain.
4. Decreased or absent fetal movement after stimulation and attempted kick count.

Usually, labor pains are uniform in their intensity and predictably rhythmic in their timing.

In general, when at term, there is NO need to call if:

1. You are cramping or have erratic contractions, even if some are strong.
2. You note bloody discharge, pass your mucous plug, or see blood-tinged mucous in the absence of regular labor pains.

True labor is diagnosed as contractions that cause a change in your cervix any time after 37 weeks. Your contractions will get stronger, longer, and progressively closer together. During mild contractions, you can continue normal activity.

Timing Contractions

Frequency: How often are the contractions happening, from beginning of one contraction to the start of the next.

Duration: How long each contraction lasts. Contractions usually last one minute or longer.

Intensity: How strong is each contraction?

Listen to your body. If something seems amiss or if there's a decrease in your baby's movements, contact your provider. Contact your provider when you have contractions every five minutes that last at least 60 seconds for an hour.

True Labor	False Labor
Contractions are regular, get closer together and last about 40–60 seconds.	Contractions are irregular, do not get closer together and last 20 to 40 seconds.
Contractions continue despite movement and rest.	Contractions may stop when you walk or rest or may change with change of position.
Pain/discomfort usually felt in back and moves around to front.	Pain/discomfort often felt in abdomen.
Contractions steadily increase in strength.	Contractions usually are weak and do not get much stronger.
Bloody show may be present.	Usually no bloody show is present.

Understanding 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. Always call before you leave for the hospital. 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.

The Three Stages of Labor

1

The First Stage

This is the longest phase of labor. The first stage of labor occurs from the onset of true labor to the full dilation of the cervix. This stage is divided into three phases:

Early or latent phase – Contractions occur every 5 to 20 minutes in the beginning and increase in frequency and intensity until they are less than 5 minutes apart. The contractions will last between 30 and 45 seconds at first and progress to 60 to 90 seconds. During this phase, your cervix is gradually dilating becoming effaced. Effacement is the process by which the cervix prepares for delivery, becoming softer, shorter, and thinner. This phase can last from several hours to several days and you will be most comfortable at home.

Active phase – Contractions occur every 3 to 5 minutes and last generally 60 seconds or more. Your cervix will dilate at a faster rate. You will feel increasing discomfort and pain during this phase.

Transition phase – Contractions occur every 2 to 3 minutes and last approximately 60 seconds. Your cervix will complete the dilation process to 10 centimeters. You may become frustrated at this point and want to give up. Hang in there, you have almost made it. If you feel an urge to push let the provider know. Do not push until the provider tells you to, this is very important.



2

The Second Stage

The second stage of labor begins once you are fully dilated (10 centimeters) and is complete with your baby's delivery. This stage is also what is called the "pushing stage" and can take anywhere from 30 minutes to a few hours.

3

The Third Stage

The third stage of labor is from the time you deliver the baby until the delivery of the placenta, which usually takes less than 20 minutes for most deliveries.

Care During Labor and Delivery

Most mothers and babies go through labor and birth without serious problems. Below are common practices you might experience during your time at the hospital. If you have questions, be sure to ask your clinician.

Clinical Care Team: A nurse will work with your doctor or midwife to take care of you. In some hospitals, doctors training in obstetrics or anesthesia (residents) may also help care for you. Other clinicians-in-training (i.e., medical students, student midwives, nurse, or physician assistants) may be involved in caring for you. Your doctor, midwife, or nurse always supervises students.

Fetal Monitoring: When you arrive at the hospital in labor, a nurse will put monitors on your abdomen to check the baby's heartbeat and trace your contractions. Your doctor will determine if your baby's heartbeat will be monitored intermittently or continuously during labor and delivery. Some hospitals have portable/remote monitors which will allow mobility during labor. Sometimes there are variations in the fetal heart rate pattern that cause concern, even when the baby is fine. In these situations, your provider may request continuous monitoring or place internal monitors.

IV Access/Fluids: You may have an intravenous line (IV) during labor to supply extra fluids and/or provide medication. Not all women require fluids or medication and may receive a saline lock (a capped off IV).



Pain Relief: There are many forms of pain relief for labor such as walking, use of the bathtub or shower, breathing and deep relaxation exercises, aromatherapy, use of labor balls/tubs (available at select hospitals) and massage. If you feel you need additional pain relief, your doctor or midwife can offer you other choices that are safe for you and your baby.

Vaginal Birth: When the cervix is completely open, contractions, along with your help, push the baby through the birth canal (vagina). Usually, the baby's head comes out first, then the shoulders, followed by the rest of the body. Many women will get small tears around the vaginal opening. Sometimes a doctor or midwife will cut some tissue to make the opening bigger (episiotomy). The tears or episiotomy may need stitches.

The stitches will dissolve over a few weeks during the process of healing. The area may be swollen and sore for a few days, but usually heals

without problems. After the baby is delivered, the uterus will generally expel the placenta within a few minutes. In about one percent of births, the doctor or midwife must assist with removal of the placenta. All women lose some blood during childbirth. Your nurse will monitor blood loss closely for several hours after delivery. Occasionally, woman will need to receive additional treatments if bleeding is too heavy.

Induction: Your due date is considered 40 weeks after conception. Anticipate delivery sometime the week of your due date. We induce labor around 40-41 weeks or sooner for concerns (poor fetal growth, infection, high blood pressure, diabetes). Induction is a process where we give medication to stimulate contractions. Your provider will determine the type of induction based on your current cervical exam. It can take more than 24 hours to work and can increase cesarean delivery, especially for your first. It is important to allow your baby to fully grow and develop before we schedule a delivery.

Cesarean Section: A cesarean birth may be planned or unplanned. If you and your provider have decided to schedule a c-section, you will be given a date and time for your c-section at your office visit or will receive a telephone call with this information. 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 2 hours prior to your scheduled surgery time.

The most common reasons for a cesarean birth include:

- The cervix doesn't dilate completely
- The baby needs to be delivered quickly because of a problem for mother or baby
- Prior cesarean section
- The baby doesn't move down the birth canal
- The baby's position is not allowing for a vaginal delivery

Nurses, anesthesia staff, and your physician will be with you in the operating room. Anesthesia performed using spinal or epidural technique allows for you to be awake during the procedure. In a small percentage, general anesthesia is required. If necessary, a group of neonatal health care providers also will be with you. Your blood pressure and heart rate/rhythm will be monitored, and a nurse will listen to your baby's heart rate. Your baby will be delivered in a short period of time once surgery begins. Once delivered, it will take approximately 45-60 minutes to complete surgery. Your incision will be closed with staples, sutures, or glue. You will then be moved to the recovery room. The immediate recovery period is similar to the recovery period of a vaginal birth. You will have a catheter in place to keep your bladder empty for 12-24 hours. Rest to conserve your strength. You and your support partner will remain in the labor and delivery recovery room for approximately two hours. During this time, you and your baby will be monitored closely.

Vaginal Birth After Cesarean (VBAC): If you have had a cesarean delivery in a previous pregnancy and are now preparing for the birth of another child, you may consider delivering your baby vaginally. VBAC is recommended for those who are a candidate. You will need to discuss this with your OB/GYN.

Newborn: After your baby is born, he or she will be monitored closely while encouraging family bonding and skin to skin. Baby will be treated with eye ointment to prevent infection of the eyes and an injection of Vitamin K to prevent bleeding. A pediatrician will manage your baby's care while in the hospital and review necessary tests and discharge instructions. Prior to discharge, all baby's undergo routine testing including a hearing test and a "Newborn Screening". The newborn screening uses a few drops of blood from the baby's heel to tests for various diseases. The results will be sent to your pediatrician. You will also be encouraged to have your baby receive the first immunization against hepatitis B before going home.

Episiotomy/Forceps/Vacuum: We plan to help you deliver your baby with the least amount of trauma. Episiotomies are not routinely performed, however may be necessary to help deliver your baby safely. Should a vaginal tear occur, we will stitch the area after delivery. We make sure to numb the area if you do not have an epidural. 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 indicated. Our goal is to deliver your baby in the safest manner. There are definitely times when this is the safest way to help your baby into this world.

Length of Stay: 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.



Disability During Pregnancy

Your pregnancy may easily affect your work. These comments were written to prevent the misunderstanding that may occur between a pregnant woman, her physician, and employer.

The usual pregnancy discomforts, e.g., nausea, tiredness, back and low abdominal pain, do not qualify as an illness requiring disability. A complication of pregnancy or illness unrelated to your pregnancy does not qualify.

If you are unable to carry out certain tasks necessary for your work, first speak to your employer. Your physician may authorize physical restrictions on your work after they have received a complete and specific job description from your employer.

If the restrictions written for your employment prevent you from performing your job, it is then the responsibility of your employer either to find you a less demanding position, or, if no such position is possible, to give you disability. If you become too uncomfortable to work, you may want to discuss a leave of absence with your employer. Please do not ask your physician for disability unless he has restricted you from ALL work.

Most employers will give disability two weeks prior to your due date, through six weeks after your delivery. We will happily furnish a letter with those dates. The decision to grant medical disability any earlier in pregnancy will be made honestly, carefully, and only with proper justification. Disability will be granted only for medical illnesses that may jeopardize a mother's ability to safely nurture, protect and promote the development of her unborn child. Disability will not be granted for symptomatic complaints that stem from the normal physical or emotional changes of pregnancy.

Your provider may require a fee for the completion of each set of short-term disability forms, leave of absence and/or Family Medical Leave Act (FMLA) forms. This includes FMLA forms following a normal pregnancy and delivery (vaginal or cesarean). Paternity leave may also be available through the father's employer.

Please allow 7-10 working days for the completion of these forms.

Post-Partum Instructions

- Make an appointment to see your provider for a check-up 4-6 weeks after delivery. After a c-section follow up at the providers recommendation, you may require a 2-week incision check.
- Refrain from douching, using tampons, & swimming until after your postpartum check-up.
- You may ride in a car, but no driving for 10-14 days.
- If breastfeeding, continue your prenatal vitamins daily, eat a well-balanced diet, and increase your fluid intake to 10-12 glasses of water per day. With any signs or symptoms of a breast infection (fever, flu-like symptoms, pain or redness in the breast) call the office for further instructions.
- If not breastfeeding, continue to wear a good supportive bra, bind if necessary, use ice packs, take ibuprofen or Tylenol for discomfort, and call the office if the problem persists or worsens.
- Vaginal bleeding may happen for 6-8 weeks while the uterus is shrinking to pre-pregnancy state. You may spot or have menstrual-like flow. If bleeding or cramping increases to greater than a period, take two ibuprofen and get off your feet. If bleeding is persistently heavy, call the office for further instructions.
- You may have cramps as the uterus returns to its normal size. This cramping gets stronger with each birth and you may notice it more when breast-feeding. After a vaginal delivery, you will have discomfort around the vaginal opening. After a c-section, you will have pain from your abdominal incision. Use ibuprofen, Tylenol, and/or pain medication as prescribed. Call the office for severe or worsening pain.
- Avoid lifting anything heavier than your baby until after your postpartum check-up.
- Exercise – Avoid sit-ups, jumping jacks and aerobics until after your postpartum check-up. You may do simple abdominal tightening exercises, kegel exercises, and walking.
- Constipation is very common. Drink at least 6-8 glasses of liquids every day. Citrucel, Metamucil, Miralax, and stool softeners (Colace) may be used. Include foods like bran cereal, fresh fruits, and vegetables in your diet. Stool softeners are recommended while taking narcotic pain medication.
- Hemorrhoids usually are more symptomatic after delivery. If they are a problem for you, we can prescribe medication to relieve symptoms.
- Showering is permitted (no tub bathing).
- Abstain from intercourse until after your postpartum visit. Contraception options may be discussed with your provider at your check-up or earlier if you have special needs.
- You may climb stairs but use handrails, go slowly, and limit frequency in the first couple of weeks. Too much activity delays episiotomy and incisional healing.
- Please call the office if you have a fever of 101°F or greater, swelling, tenderness or redness in the lower leg.

Cesarean Section Recovery:

If you have a c-section for delivery, your doctor will have either closed the incision with staples sutures, or surgical glue. Per discharge instructions, keep your incision clean with soap and water, bandage with gauze, and remove steri-strips after 10 days. An abdominal binder may be provided to you and worn optionally for your comfort. Call your provider if you experience the following symptoms:

Redness/swelling at the incision site	Discharge from the incision site	Unusual pain at the incision site
Heavy menstrual bleeding that soaks a pad within an hour	A fever higher than 101 °F	Severe abdominal pain
Painful urination		

Contraceptives:

It is important to understand what your conception options after delivery are, and what method is right for you. You may have heard that breastfeeding prevents pregnancy. Some studies suggest that it can be an effective form of birth control in the first 6 months after delivery but you may want to have a backup option. Your provider can discuss your options at your 4-6-week postpartum visit, depending on your future plans.

Baby Blues:

A glowing disposition, a growing belly, and the birth of a new child would seem to spark happiness, however for many women it can be a confusing, stressful and even depressing time. According to The American Congress of Obstetricians and Gynecologists (ACOG), between 14-23% of women will struggle with depression during pregnancy and 40-80% of new mothers will feel very emotional after the birth of their child, often called the baby blues. Symptoms of the baby blues can last up to two weeks and include:

- Moodiness
- Restlessness
- Panic
- New fears
- Sadness
- Anxiety
- Over sensitive
- Irritability
- Headaches
- No energy/exhaustion
- Feeling overwhelmed
- Confusion
- Not eating
- Tearfulness or continuous crying

It is important to eat properly, get adequate sleep and reduce stress during this time to help with the symptoms.

Baby blues symptoms will lessen as your hormones and body return to normal. With support, household help, loving care and time the blues will go away. If you have a prior history of depression or if symptoms continue longer than 2-3 weeks, please talk to your provider.



Post-Partum Depression:

If your symptoms continue, or you feel you may be struggling with depression, the most important step is to talk with your healthcare provider about your symptoms and struggles, especially if they continue to get worse or continue after two weeks, as this may be a sign of postpartum depression. Postpartum depression affects 20-30% of new mothers. Symptoms can occur during pregnancy and continue in the first year following the birth of the baby. Symptoms can include the same ones as the baby blues, as well as:

- Totally avoiding family and friends
- Not being able to take care of yourself or your baby
- Fears that you're not a good mother
- Lack of interest in daily tasks
- Severe mood swings, anxiety, or panic attacks
- Trouble feeling close to your baby, or bonding
- Too much or too little sleep
- Thoughts of harming your baby
- Thoughts of suicide or suicide attempts

If you or your partner feel you may be struggling with depression, the most important step is to talk with your healthcare provider about your symptoms and struggles. If you ever feel you may hurt yourself, the baby or someone else you should go to the ER right away.

It is also very important to keep your follow-up postpartum appointment with your physician.

Breastfeeding

Whether to breastfeed your baby or not is a very personal choice and is your decision to make. Mother Nature, though, has provided you with the best food to feed your baby. Human milk is a unique combination of fats, sugars, mineral proteins, vitamins and enzymes, custom-made to promote brain and body growth. Breastfeeding provides natural antibodies and proteins to your newborn.

Colostrum, also called first milk, is a milky or yellowish fluid secreted by the mammary glands a few days before and after birth. Colostrum provides unmatched immunity against bacteria and viruses. Colostrum also acts as a natural laxative to clear the meconium (first bowel movement) from the baby's intestine, thereby, decreasing the chance of jaundice.

There are several breastfeeding advantages such as breastfed babies have fewer ear infections, decreased diarrhea, vomiting, and acute respiratory illness, a lower risk for diabetes, lymphomas and Crohn's disease and breastfed babies tend to have higher IQ's than bottle fed babies. Not only that, but it also has numerous benefits to you, including reducing your risk of ovarian and breast cancer and more rapid weight loss.

However, Axia Women's Health understands some women do not want to breastfeed or are not able, depending on their age, lifestyle, medical concerns, etc. Your provider will talk you through your options, as well as provide counseling for women struggling with the process.

For additional support, you may call to schedule a breastfeeding class or receive information from the breastfeeding support service.

Breastfeeding Options for Working Mothers

Full Time Nursing: This means you can nurse the baby during the workday OR you want to express milk often enough (at least 3-4 hours) to be able to provide all the milk your baby needs while separated from you. Formula will be used in only rare instances when you don't have quite enough breast milk. About seven to fourteen days prior to returning to work begin practicing with expressing milk by hand or with a pump to become familiar with the technique. It will take about 3 to 4 times before you become proficient. Most women find they have more success expressing milk in the morning. Try this about one hour after the baby nurses. Just express for 10 to 15 minutes at the most and do it consistently each day. Expressing more than 1-2 times per day is not recommended.

Milk can be stored in baby bottles, a pitcher or any clean container in the refrigerator. Don't worry if you only get a small amount when you begin. Fresh breast milk can be added to the milk you already have in the refrigerator as long as the new milk is chilled first. Milk can be kept in the refrigerator for 5 days. After 5 days it should be frozen or discarded. Breast milk, when removed from the refrigerator or freezer, may appear discolored (yellow tinged, bluish green, even a little brown). This does not mean the breast milk is bad. Always check breast milk to be certain it does not smell sour or taste bad. Because breast milk does not look like cow's milk when stored, taste and smell, not color, should determine if the refrigerated breast milk is good.



Occasional bottle-feeding: This should begin at about 4-6 weeks after delivery even if you are not planning on returning to work until your baby is several months old. Introduce the baby to the bottle 1-3 times per week by letting dad or someone else feed some of your expressed milk by bottle. It doesn't need to be a "full" feeding; the intent is for the baby to get used to how to drink milk from a rubber nipple and bottle. When you are at work express milk every 2-4 hours. You do not have to express at the same time every day but express milk often enough to prevent engorgement. You should nurse as soon as you can when you get home and as exclusively as you can. If you find that your breast milk supply has dropped, try expressing milk before bedtime to help stimulate the supply a little.

Part-time nursing: It involves the ability to nurse the baby or express milk occasionally during the workday. You should not expect to be able to feed or express milk often enough to maintain a full milk supply and meet all of your baby's needs with your breast milk. Formula will be used frequently to provide all or most of the milk your baby needs while you are at work. This option works better when babies are older and mothers do not have long workdays and long commutes. Mothers with babies less than 3-4 months old risk losing more of their milk supply than they planned on if they are not able to express milk at all during the day. "Comfort Expressing" (removing just enough milk to avoid discomfort from overly full breasts) can help you meet this goal better. Another variation of this option is expressing milk (even on a limited basis) at work until the baby reaches 3-4 months of age and then discontinuing it and using formula while you are working and continue frequent breastfeeding when you are at home. About 7-14 days prior to returning to work, eliminate one or two feedings that you will miss while you are at work. Replace breastfeeding at those feedings with a bottle of formula or breast milk. If your breasts are uncomfortable place some ice on your chest or express just enough for comfort. This will reduce the amount of stimulation your breasts receive and thereby, decrease the milk supply a little.

Breastfeeding Positions



Cradle Position:

- Place a pillow or two in your lap to support your baby.
- Place your baby's head on the crook of your arm.
- Make sure your baby is turned toward your chest at breast level.
 - A. Support your breast with your hand in an "L" or "C" position thumb on top of your breast, fingers below, away from areola.
 - B. Tickle your baby's lower lip until he/she opens WIDE, and then quickly pull him/her onto your breast. Be patient. This may take a minute.
 - C. Make sure your baby's lips are behind the nipple, encircling the areola.
 - D. The tip of your baby's nose should be touching the breast.



Football/Clutch Position:

- Put a pillow or two at your side to help support your arm and your baby.
- Support your baby's neck and the lower back of his/her head in your hand, with your forearm supporting his/her upper body against your side.
- Follow steps A, B, C, and D under the Cradle position.



Lying Down Position:

- Lie on your side with pillows supporting your back and your top leg, which is bent forward.
- Place your baby on his/her side facing you.
- Follow steps A, B, C, and D under the Cradle position.

Breastfeeding Challenges

Breastfeeding can be a challenging process at times, but resources are available to help. Lactation specialists are available for individual and group sessions at your hospital. You can even schedule a consultation prior to delivery.

Sore Nipple Management: Breastfeeding is meant to be a comfortable, pleasant experience. However, many new mothers still find their nipples tender for the first few days when their baby starts nursing. This usually disappears by 1-2 weeks. To help prevent nipple tenderness, start with the correct positioning and latch on. Vary nursing positions for the first week. Breastfeed frequently; about every one to three hours. Keeping your baby on an artificially longer schedule may make him/her frantically hungry and increase the likelihood of vigorous nursing and tender nipples. Release the suction before you remove your baby from the breast. Do this by placing a clean finger in the side of your baby's mouth between his jaws. Don't take him away until you feel the suction break. After nursing your baby, express a little breast milk and massage it into your nipples and areola, then air dry. Leave them open to the air as much as possible. Never use soap, alcohol or breast creams on your breasts or nipples. Water is all that is needed to clean your breasts when you shower or bathe. If your nipples do become sore, try these suggestions:

- Use deep breathing, soft music or other relaxation techniques before and during breastfeeding.
- Limit the nursing time on the sore nipple.
- Express a little milk first to stimulate let down.
- Massage your breasts while nursing. This helps stimulate the milk to flow.
- Use non-plastic lined bras and/or bra pads. Change the pads frequently to keep the nipple dry.
- If your nipples become dry or cracked, use a little modified lanolin on them. This forms a moisture barrier so they stay dry.

Mastitis:

Mastitis is an infection of the breast tissue that can occur in breastfeeding women. Please call your provider if you start to experience symptoms of mastitis.

Symptoms/When to call your provider:

Breast tenderness	Flu-like symptoms	Skin redness/warmth	Fever over 101°F
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Prevention:

Wash hands before handling your breasts	Use lanolin cream to treat nipples	Breast feed or pump on a regular basis	Drink more fluids
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Treatment:

Apply moist heat to speed up milk letdown and ease soreness	Your provider may prescribe antibiotics	Take Tylenol or ibuprofen to reduce fever and discomfort	If your symptoms do not respond within 48 hours, contact your provider immediately
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Breastfeeding Resources

Breast Pump

For your convenience our providers will place an order for you for a breast pump that may be paid for by your insurance company. Please confirm interest in acquiring a breast pump in your third trimester.

Pumping Tips and Tricks for Moms

Seven basic steps to help in 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 breast and nipple. Visualizing milk flowing will 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.
5. **Get a Set of Spare Parts:** Always keep extra parts for backup.
6. **Pump as Often as Your Baby Is Eating:** Double pumping every 3 hours for 10-15 minutes will help maintain your milk supply.
7. **Learn to Hand Express:** Helpful if you are without your pump!



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

Suggested Books and Resources on Breastfeeding

The Womanly Art of Breastfeeding LaLeche League International

Breastfeeding your Baby Sheila Kitzinger

Breastfeeding: Getting Breastfeeding Right for You Mary Renfrew, Chloe Fisher, Suzanne Arms

The Nursing Mothers Companion Kathleen Huggins

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

Hospital Checklist

Prepare for Labor and Delivery:

- Pre-Register at hospital where you plan to deliver
- Tour the hospital
- Attend educational classes offered on labor and delivery, breastfeeding, infant CPR, and baby care

Don't Forget to Pack:

- Car seat
- Two sets of baby clothes (onesies, blanket, weather-appropriate outerwear)
- Hair dryer
- Deodorant
- Toiletries (toothbrush, toothpaste, shampoo, conditioner, shower gel, etc.)
- Contact lens supplies
- Glasses
- Sleepwear
- Bathrobe
- Slippers
- Warm socks
- Cell phone and charger
- Music to play
- Full-coverage bra/nursing bra
- Camera and extra batteries
- Supplies for Dad or anyone staying with you
- Loose-fitting clothes to wear home

Insurance-covered breast pumps are available!

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Ask your provider for more information.



S T O R K P U M P by ++adapthealth