

9 Months

*YOUR GUIDE
TO A HEALTHY
PREGNANCY &
BEYOND*



 **Amberwell**
MATERNAL CARE
Amberwell Hiawatha





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Taking good
care of you and
your baby

PRENATAL CARE

WHY IS PRENATAL CARE IMPORTANT?

Prenatal care is medical care you get during pregnancy. At each visit, your doctor checks on you and how your baby is growing. Prenatal care starts as soon as you know you're pregnant. Go to all your prenatal care checkups, even if you're feeling fine.

A healthy pregnancy promotes a healthy birth. Prenatal care helps prevent and identify complications and keeps women informed about important steps along the way.

HOW OFTEN SHOULD YOU GO FOR PRENATAL CARE CHECKUPS?

Getting early and regular prenatal care can help you have a healthy pregnancy and a full-term baby. Full term means your baby is born between 39 weeks and 40 weeks. Being born full term gives your baby the right amount of time he or she needs in the womb to grow and develop into a healthy baby.

Don't be afraid to talk to your doctor about personal things. Your doctor needs to know all about you so he or she can give you and your baby the best care. Your doctor asks lots of questions about you and your family. Your medical information, and anything you tell your doctor, is confidential. This means he or she can't share that with anyone without your permission.

PRENATAL CHECKUP FREQUENCY

Weeks 4 to 27	Once a month
Weeks 28 to 36	Twice a month
Weeks 37 to 41	Once a week

If you have complications during pregnancy, your doctor may want to see you more often.

Your support person (a friend or someone from your family) is welcome at your prenatal checkups.



MEDICATIONS

HOW CAN I SAFELY CHOOSE MEDICINES DURING PREGNANCY?

No medication is 100% safe, so always check with your doctor. In general, don't take more than the recommended dose. Other than the recommended Prenatal Vitamin that includes at least 400mcg of Folic Acid, try to avoid taking medications during your first trimester. The first trimester is when your baby is the most vulnerable to the effects of medication. There may be times when your doctor specifically recommends taking a medication to help control symptoms you may experience during pregnancy.

HERE IS A GENERAL LIST OF MEDICATIONS THAT ARE APPROVED BY YOUR DOCTOR:

Pain

- Tylenol (acetaminophen)

Constipation

- Miralax
- Prune Juice
- Milk of Magnesia
- Colace

Colds

- Benadryl (diphenhydramine)
- Zyrtec (cetirizine)
- Claritin (loratadine)
- Vicks Vapor Rub
- Cough drops
- Mucinex (guaifenesin)
- Robitussin

DO NOT use Sudafed or Afrin

Diarrhea

- Kaopectate

Nausea

- Vitamin B6 - at least 25 mg three times a day
- Unisom - 25 mg at bedtime, may take 1/2 tab in am if needed
- Benadryl - 25 mg every 6 hours as needed

Indigestion/Heartburn

- Tums
- Gas-X (simethicone)
- Mylanta
- Pepcid (famotidine)
- Prilosec (omeprazole)

DO NOT TAKE THE FOLLOWING:

- **Aleve** (naproxen)
- **Motrin or Advil** (ibuprofen)
- **Bayer** (aspirin) - unless prescribed by your doctor
- **Alka Seltzer Plus Cold**

NUTRITION FOR A HEALTHY PREGNANCY

WHY IS IT IMPORTANT?

What you eat during pregnancy provides nutrients for your growing baby as well. There is not a “one-size fits all” amount of weight to gain during pregnancy. Please talk to your doctor about your expected weight gain. The old myth of “eating for two” is not true. During the beginning of pregnancy, you do not need any extra calories to support a healthy pregnancy. During the second half of your pregnancy, you need between 300-500 (depending on body type) extra calories, primarily protein.

A few general principles:

- All meat should be thoroughly cooked
- Be sure foods are stored properly

Healthy Foods



Grains

6-8 servings per day

- Bread
- Cooked rice
- Pasta
- Cereal



Fruits

2 cups per day

- Fresh, frozen or canned fruit



Dairy Products

3 servings per day

- Milk
- Yogurt
- Cheese



Vegetables

2-3 cups per day

- Raw or cooked vegetables
- Vegetable juice
- Leafy Greens



Proteins

5-6 ounces per day

- Cooked beans
- Lean meat, poultry or fish
- Nuts
- Peanut butter

Limit These Foods



Caffeine

- Limit to 150 mg per day (about one 12 ounce cup of coffee)

Fish with small amounts of mercury

- Shrimp, Salmon, Pollock, Catfish, Canned Tuna, Albacore

Fatty foods and sweets

- Such as donuts, ice cream, chips, soda, cookies, and candy



Avoid These Foods

Fish with high amount of mercury

- Swordfish, Shark, King Mackerel, Tile Fish

Raw or undercooked foods

- Including meat, fish, eggs
- Heat deli meat and hot dogs until hot

Unpasteurized foods

- Check food labels on juice, milk and soft cheeses



HOW YOUR BABY GROWS

A month-by-month look
at your baby and how
your body changes



MONTH **1**

During the first week after your period, your body is preparing an egg for ovulation and then ovulating in the second week.

WEEK 3

Your baby is still a small bundle of cells that is now traveling to the uterus to continue growing.

WEEK 4

Your baby is about the size of a poppy seed. Many of your baby's organs are now beginning to form. You may also start to suspect you are pregnant during this week.

WEEK 5

You may begin to start noticing some signs of pregnancy; frequent urination, morning sickness, breast growth and tenderness, and fatigue. Your baby is about the size of a sesame seed and the heart starts beating this week, although it is not always detectable on ultrasound yet.

APPOINTMENT WITH YOUR DOCTOR

Week 5 is a good time to call and make your first appointment with your OB doctor. A good time to plan this appointment is around 8-12 weeks; calling now allows for time to get a convenient appointment time for your schedule.

Baby's heart beat: _____ **Your weight:** _____

Questions for my doctor:

FUN FACT: *Nine in ten women experience a change in skin tone during pregnancy.*

1st TRIMESTER

MONTH 2

WEEK 6

Your baby is about the size of a lentil seed. The heartbeat is usually visible on ultrasound at this point. You may experience some light vaginal spotting that can be normal in pregnancy.

WEEK 7

Your baby is about the size of a blueberry. Hands and feet are beginning to develop, although they look like paddles for now.

WEEK 8

Your baby is about the size of a kidney bean. Webbed fingers and toes are starting to develop.

WEEK 9

Your baby is about the size of a grape. Eyes, ears, and nose are all beginning to develop, although eyelids won't open for several weeks still.

APPOINTMENT WITH YOUR DOCTOR

How to prepare: Write down questions, bring a list of your medications, know your first day of your last menstrual period (or as close as possible), be hydrated.

What to expect: Having your questions answered, leaving a urine sample (at every appointment), getting blood drawn for prenatal labs, making an appointment for an ultrasound..

Baby's heart beat: _____ Your weight: _____

Questions for my doctor:

1st TRIMESTER

FUN FACT:

When pregnant, you do have a heightened sense of smell. The reason? It's meant to help you steer clear of food you shouldn't eat because of your growing baby.



MONTH **3**

WEEK 10

Your baby is about the size of a strawberry. Most of baby's organs such as liver, kidneys, intestines, and brain are developed and beginning to function.

WEEK 11

Your baby is about the size of a fig. Bones and cartilage are beginning to develop. Your baby has started moving more, but you won't feel movement for several weeks. The baby's heartbeat can usually be heard on Doppler at your appointments at this point.

WEEK 12

Your baby is about the size of a lime. Your baby's reflexes are rapidly developing and he or she can also start making mouth sucking motions.

WEEK 13

Your baby is about the size of a pea pod and weighs about one ounce. Fingerprints are beginning to form. If your baby is a girl, she has more than 2 million eggs in her ovaries.

APPOINTMENT WITH YOUR DOCTOR

What to expect: Hearing baby's heart beat (if 11 weeks or more), leaving a urine sample, discussing genetic screening options.

Baby's heart beat: _____ **Your weight:** _____

Questions for my doctor:

FUN FACT:

Average weight gain at full term is 25-35 pounds. Target weight gain is determined by your doctor and your pre-pregnancy weight.

1st TRIMESTER

MONTH 4

WEEK 14

Your baby is about the size of a lemon. You may notice your energy returning, nausea fading, and breast tenderness improving.

WEEK 15

Your baby is about the size of an apple. Amniotic fluid is moving through the baby's respiratory tract and helping their lungs begin to develop.

WEEK 16

Your baby is about the size of an avocado. Fingernails and toenails are beginning to develop. You may begin to feel "flutters" at this point that are early fetal movements. Don't be alarmed if you don't feel this yet.

WEEK 17

Your baby is about the size of a turnip. Your baby's cartilage is beginning to form into bone.

WEEK 18

Your baby is about the size of a bell pepper. Your baby's genitals are beginning to develop, but may be hard to see on ultrasound, especially depending on baby's position. This is the point you may begin to notice specific food cravings.

APPOINTMENT WITH YOUR DOCTOR

What to expect: Hearing baby's heart beat, leaving a urine sample.

Baby's heart beat: _____ **Your weight:** _____

Questions for my doctor:

FUN FACT:

Pregnancy hormones can do amazing things for your nails and hair. But after birth? You can expect some of your hair to fall out.

2nd TRIMESTER

MONTH 5

WEEK 19

Your baby is about the size of an heirloom tomato. Your baby's senses of smell, taste, hearing, touch, and vision have begun to develop. If you talk to your baby, he or she can hear you now.

WEEK 20

Your baby is about the size of a banana. This is a good time for your next sono when your doctor makes sure your baby's organs are developing normally and you may find out your baby's gender, if desired.

WEEK 21

Your baby is about the size of a carrot. This is a common time in pregnancy to begin feeling movement, or an increase if you have already noticed it. It is not uncommon to begin having some sharp shooting pains on one or both sides of your abdomen and pelvis that are called round ligament pain. To help ease the pain, you may rest, take a warm bath, take Tylenol, or talk with your doctor about an abdominal support band.

WEEK 22

Your baby is about the size of a coconut. Your baby is developing small tooth buds below the gums.

APPOINTMENT WITH YOUR DOCTOR

What to expect: Hearing baby's heart beat, leaving a urine sample.

Baby's heart beat: _____ **Your weight:** _____

Questions for my doctor:

FUN FACT:

While pregnant, you produce a hormone called relaxin. It causes ligaments to relax and the pelvis to open for delivery.

2nd TRIMESTER

MONTH 6

WEEK 23

Your baby is about the size of a large mango. Blood vessels in your baby's lungs are developing to prepare for breathing.

WEEK 24

Your baby is about the size of an ear of corn. Taste buds are continuing to develop.

WEEK 25

Your baby is about the size of a head of cauliflower. Your baby begins adding fat to their body and is beginning to grow hair.

WEEK 26

Your baby is about the size of a bundle of kale. If you are having a boy, his testicles begin descending into his scrotum. You may start to feel more aches and pains in your low back as your pelvis is supporting your growing baby.

WEEK 27

Your baby is about the size of a head of lettuce. Your baby has regular sleep/wake intervals and is practicing opening and closing his or her eyes.

APPOINTMENT WITH YOUR DOCTOR

What to expect: Hearing your baby's heart beat, leaving a urine sample, glucose screening for diabetes between 24-28 weeks.

Birth education: Ask to be registered for an upcoming Childbirth Education class at your Amberwell location.

Baby's heart beat: _____ **Your weight:** _____

Questions for my doctor:

FUN FACT:

Babies may cry silently in the womb as early as 28 weeks.



2nd TRIMESTER

MONTH 7

WEEK 28

Your baby is about the size of an eggplant. Your baby's senses have continued developing. He or she now has eyelashes. It is common to begin experiencing Braxton-Hicks contractions at this stage. Be sure to start talking to your doctor about kick counts.

WEEK 29

Your baby is about the size of a butternut squash. Your baby is starting to grow at a rapid rate. Be sure to get enough protein, calcium, iron, and vitamin C in your diet to support this rapid growth.

WEEK 30

Your baby is about the size of a zucchini. You may begin to feel increased fatigue and clumsiness as you adjust to your changing shape and weight.

WEEK 31

Your baby is about the size of a bundle of asparagus. Your baby is moving frequently at this point and may even make it difficult for you to sleep at night. Try using a supportive maternity pillow when sleeping and avoid sleeping flat on your back.

APPOINTMENT WITH YOUR DOCTOR

What to expect: Hearing your baby's heart beat, leaving a urine sample, glucose screening for diabetes between 24-28 weeks (if not done already), getting your Tdap vaccine, and RhoGAM (for those mothers who's blood type is Rh negative). From now on, visits increase to every 2 weeks.

Visit 1: Baby's heart beat: _____ Your weight: _____

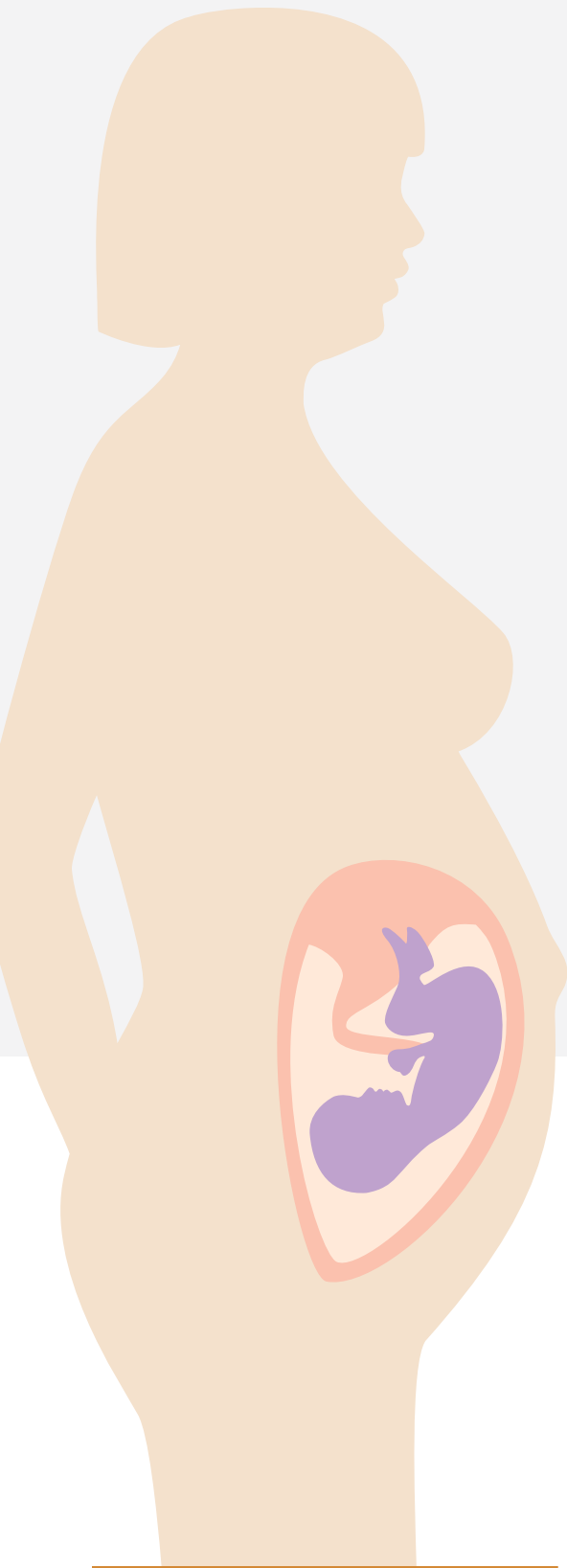
Visit 2: Baby's heart beat: _____ Your weight: _____

Questions for my doctor: _____

FUN FACT:

As your baby grows, he or she pushes up on your stomach turning it sideways, giving you less capacity to hold food. Therefore, the acid from your stomach travels up into your esophagus causing a burning sensation. Ask your provider for tips to avoid heartburn.

3rd TRIMESTER



MONTH 8

WEEK 32

Your baby is about the size of a spaghetti squash. Your baby's skin is developing into smooth skin that is no longer transparent. If you are having increased low back pain, consider trying a pregnancy support belt.

WEEK 33

Your baby is about the size of a pineapple. You may notice increased swelling in your hands and feet. This swelling can cause numbness in your hands called carpal tunnel.

WEEK 34

Your baby is about the size of a cantaloupe. Your baby is continuing to develop fat layers that will help regulate body temperature after birth.

WEEK 35

Your baby is about the size of a honeydew melon. Your baby has grown to the point that large flips (somersaults) are less common, but movement should continue.

APPOINTMENT WITH YOUR DOCTOR

What to expect: Hearing baby's heart beat, leaving a urine sample, discussing options for postpartum birth control.

Visit 1: Baby's heart beat: _____ Your weight: _____

Visit 2: Baby's heart beat: _____ Your weight: _____

Questions for my doctor:

3rd TRIMESTER

FUN FACT:

Most women experience swelling in their feet during pregnancy. Because of water weight and other extra fluid, your feet can grow up to one full shoe size! In fact, some women's feet stay that size after their baby is born.

MONTH 9

WEEK 36

Your baby is about the size of a papaya. You may notice some relief in your breathing symptoms if your baby has dropped down preparing for birth.

WEEK 37

Your baby is about the size of a Swiss chard. Your baby is now considered “term” but is not “full-term” until 39 weeks.

WEEK 38

Your baby is about the size of a leek. He or she now has a strong grasp. The waiting may be getting hard at this point, but be patient and give your baby time to continue developing.

WEEK 39

Your baby is about the size of a mini watermelon. He or she is now full-term.

WEEK 40

Your baby is about the size of a small pumpkin. This is when the waiting is the hardest. Remember a spontaneous labor is the best for you and baby. However, if you go a week past your due date, your doctor will likely talk to you about scheduling an induction.

APPOINTMENT WITH YOUR DOCTOR

What to expect: Hearing baby’s heart beat, leaving a urine sample, Group B Strep test (vaginal swab), cervical checks (optional unless planning an induction), planning when to go to the hospital.

Visit 1: Baby’s heart beat: _____ Your weight: _____

Visit 2: Baby’s heart beat: _____ Your weight: _____

Visit 3: Baby’s heart beat: _____ Your weight: _____

Visit 4: Baby’s heart beat: _____ Your weight: _____

Questions for my doctor: _____

FUN FACT:

Your baby’s brain, lungs, and liver are doing lots of developing the last five weeks of pregnancy. At 35 weeks, your baby’s brain is only 2/3 of what it will weigh at 40 weeks which is why elective deliveries are not granted prior to 39 weeks. If you or your baby have medical indications, your provider will discuss with you a need for an earlier delivery date.

3rd TRIMESTER



PREPARING FOR HOSPITAL

What to pack?

Have everything ready to go when you're 8 months pregnant, since you could go into labor at any time in the weeks before your due date. You'll need items during labor, and after you give birth.

Here's what experienced parents recommend packing:

WHAT TO PACK FOR LABOR

- ☐ **Picture ID.** (Driver's license or other ID)
- ☐ **Insurance card.**
- ☐ **Your birth plan.** (If you have one)
- ☐ **Eyeglasses,** if you wear them. Even if you usually wear contact lenses, you may not want to deal with them while you're in the hospital.
- ☐ **Bathrobe.**
- ☐ **Nightgown or two.** Choose a loose, comfortable gown that you don't mind getting dirty. It should be either sleeveless or have short, loose sleeves so your blood pressure can be checked easily.
- ☐ **Slippers, socks, and slide-on shoes.**
- ☐ **Whatever will help you relax.** Here are some possibilities: your own pillow, music, a picture of someone you love, anything else you find reassuring. If you're going to be induced, think about bringing something to read or watch because it may be a while before labor is underway.
- ☐ **A camera or cell phone**
Someone has to document the big event!
- ☐ **Toiletries.**

WHAT TO PACK FOR AFTER DELIVERY

- ☐ **Snacks.** After many hours of labor, you're likely to be pretty hungry, and you may not want to rely solely on hospital food.
- ☐ **Comfortable nursing bras or regular bras.**
- ☐ **Several pairs of maternity underpants** (or wear ones provided by the hospital).
- ☐ **A notepad or journal and pen or pencil.** Track your baby's feeding sessions, questions, doctor's instructions, memories of your baby's first day, and so on.
- ☐ **A going-home outfit.** Bring something roomy and easy to get into.
- ☐ **Breast pump.** If you need a breast pump for any reason, the hospital can provide one for an additional charge.

ESSENTIALS TO PACK FOR YOUR BABY

- ☐ **An installed car seat.** You can't drive your baby home without one! Have a rear-facing car seat properly installed ahead of time and know how to buckle your baby in correctly.
- ☐ **A going-home outfit for baby.**

WHAT NOT TO BRING TO THE HOSPITAL

- ☐ **Jewelry, lots of cash or other valuables.**
- ☐ **Diapers.** The hospital will provide diapers for your baby while you're there. Leave yours at home

MY BIRTH PLAN

WHY DEVELOP A BIRTH PLAN?

Your birth plan shows your doctor, nurse, and family what you want and don't want throughout your birthing experience. Not all patients choose to make a birth plan, but for those with specific wishes, it is helpful to have those written down. Please remember to be flexible as not all wishes are possible.

ABOUT ME	Name _____	Due Date _____
	Doctor _____	Support person _____
	I have <input type="checkbox"/> Group B Strep <input type="checkbox"/> Rh negative blood type <input type="checkbox"/> Gestational diabetes	
	<input type="checkbox"/> Pre-eclampsia <input type="checkbox"/> Other _____	

DURING MY LABOR I would like:	
<input type="checkbox"/> Music played (I will provide) <input type="checkbox"/> The room quiet <input type="checkbox"/> Lights down <input type="checkbox"/> To walk when desired <input type="checkbox"/> Labor support	Pain control: <input type="checkbox"/> Breathing <input type="checkbox"/> Aromatherapy <input type="checkbox"/> IV medications <input type="checkbox"/> Massage/Touch <input type="checkbox"/> Epidural <input type="checkbox"/> Position Change <input type="checkbox"/> Bath/Shower <input type="checkbox"/> Other _____

DURING MY DELIVERY I would like:
<input type="checkbox"/> To have a mirror <input type="checkbox"/> To touch the baby's head during crowning <input type="checkbox"/> To have my support person cut the cord <input type="checkbox"/> Delayed cord clamping <input type="checkbox"/> Other: _____

AFTER MY DELIVERY I would like:
<input type="checkbox"/> To hold my baby immediately <input type="checkbox"/> My baby to be dried at the warmer first <input type="checkbox"/> To bank cord blood (I will provide the kit) <input type="checkbox"/> To breastfeed as soon as possible <input type="checkbox"/> To see placenta

FOR THE REST OF MY HOSPITAL STAY
I would like:
<input type="checkbox"/> Baby to remain in my room

I would like FOR MY BABY:	
To be fed with: <input type="checkbox"/> Breast milk only <input type="checkbox"/> Formula only <input type="checkbox"/> Breast milk with supplemental formula only if necessary	To be soothed by: <input type="checkbox"/> Offering a pacifier <input type="checkbox"/> Not offering a pacifier If I have a boy: <input type="checkbox"/> I <i>do not</i> want him circumcised <input type="checkbox"/> I <i>do</i> want him circumcised



BOY OR GIRL?

Finding out the sex of your baby is such an exciting part of pregnancy. While some people choose to be surprised at the time of delivery, many couples want to know the sex of the baby before they give birth.

Your baby's sex is determined at the moment of conception. Of the 46 chromosomes that make up your baby's genetic material, two chromosomes - one from the egg and one from the sperm - determine your baby's gender. A woman's egg contains only X sex chromosomes.

A man's sperm, however, may contain either an X or Y sex chromosome. If, at the instant of fertilization, a sperm with an X sex chromosome meets the egg (another X chromosome), your baby will be a girl (XX). If a sperm containing a Y sex chromosome meets the egg, your baby will be a boy (XY). It is always the father's genetic contribution that determines the sex of the baby.

GENETIC TESTING

Most women find out their baby's sex during a routine ultrasound in the second trimester - usually around 20 weeks. A traditional ultrasound is approximately 93% to 100% accurate at detecting the baby's sex. Just remember sometimes the sex is not clearly visible depending on your baby's position.

Some women decide to find out their baby's sex and look for genetic abnormalities earlier in the pregnancy through separate testing. Options for genetic testing include a non-invasive prenatal test (NIPT), Quad screen, or Neural Tube testing.

PREGNANCY PRECAUTIONS

KICK COUNT

Be aware of your baby's movement

Time: Start a timer and record the time it takes for you to feel 10 movements.

Count: Pick a time when baby is active to start counting, preferably the same time every day. Mothers should start kick counts during the third trimester.

Pattern: After each counting session, compare that time with your past sessions.

Contact: Contact your provider if you notice any significant changes in the amount of time it takes to get to 10. You should have at least 10 movements in 2 hours

PRE-ECLAMPSIA

Notify your provider of these signs and symptoms

- Headache unrelieved by Tylenol and rest
- Seeing spots or other visual disturbances
- Pain in upper abdomen/epigastric pain unrelieved by antacids
- Numbness, weakness, loss of balance
- Nauseous, vomiting
- Swelling in your hands and face
- Gaining 5 pounds in one week.
- SBP >140 or DBP > 90 with any of the above symptoms
- SBP >160 or DBP >110

WHEN TO CALL YOUR PROVIDER

- ☐ **Your bag of water breaks.** You may experience a gush of fluid or a constant slow trickling. Do not wait for contractions to start. Please note the time your water broke and the color of the fluid.
- ☐ **A significant decrease in your baby's movement.** See kick counts. You may try to eat and or drink something sweet, like fruit juice and drink a glass of cold water to try to stimulate the baby's movements. The baby often seems to move more at night and after meals than at other times.
- ☐ **Vaginal bleeding** that looks like a menstrual period. A small amount of spotting after a vaginal examination or intercourse is normal.
- ☐ **Regular contractions every 5-10 minutes for 1 hour.** True labor contractions are uncomfortable and difficult to walk or talk through.
- ☐ **Temperature** of 100.4 °F or higher by mouth.
- ☐ **Symptoms of a urinary tract infection:** Pain, urgency, burning, or increased frequency of urination may indicate a urinary tract infection.
- ☐ **Severe abdominal pain or cramping.**
- ☐ **Premature labor:** If you have contractions and it is more than 3 weeks before your due date, you may be in premature labor. These contractions may feel like your stomach is getting tight, the baby is "pushing up" or standing, pain in your lower back, or menstrual cramps. Other symptoms may include diarrhea, an increased frequency of urination, and a change in vaginal discharge. If you have any of these signs more than 4 times in 1 hour, call your doctor.



PREPARING FOR LABOR

HOW DO YOU KNOW YOU ARE IN LABOR?

You will begin to have contractions.

A contraction is when the muscles of your uterus tighten and relax. They help to push your baby out of the uterus.

Unlike the Braxton Hicks contractions that occurred throughout your pregnancy, these contractions are more uncomfortable and regular. The contractions may start out occurring every 5-10 minutes and are so strong you cannot walk or talk during them like you can with Braxton-Hicks contractions.

Another sign of labor is when your water breaks. The sack of fluid that your baby has been floating in throughout your pregnancy has ruptured. You may feel a sudden gush of fluid or it may only feel like a trickle of water as the bag of water leaks.

Do not wait for contractions to start, if you think your water broke call your doctor or go to the hospital to be checked. The nurses in the labor and delivery unit are skilled and trained to check your cervix and test any fluid that may be present to determine if you are in labor or if your amniotic fluid bag has broken or is leaking.

HOW CAN YOUR BABY BE DELIVERED?

Most babies are born through a vaginal birth. This is the most common type of delivery. The uterine contractions push the baby out of the uterus through the vagina.



A cesarean birth or C-section is used when your doctor feels there is a problem with the baby or your health.

A C-section is a surgical procedure in which the doctor makes an incision in your lower abdomen to remove the baby from your uterus. This method is used if you have had a previous C-section, as an unplanned or emergent surgery if the baby develops problems during labor, or may be planned if medically indicated and the baby needs to be delivered early.

WHAT CAN BE DONE ABOUT LABOR PAIN?

Contractions can hurt! Even if you have taken classes to learn how to breathe and relax during labor, you will still feel some pain during labor. You may need some medical help to reduce your pain. Some pain will always be present until the baby's birth, but your doctor and the nurses will do all they can to reduce your pain to a tolerable level.

An epidural is the most popular and effective kind of pain relief. To provide this relief, the doctor uses a needle to put a small tube in your lower back. Medication that numbs your lower body goes into this tube while you are in labor. This method does not put you to sleep so you can be awake when your baby is born.

A spinal block is a shot you get in your lower back that works like an epidural but only lasts for 1-2 hours. It is not a continuous infusion of the medicine like an epidural provides. Spinal blocks are typically used for C-sections. The decision to use a spinal block is made by the CRNA and Physician.

Narcotic pain medications are medications you take to reduce pain. They can be given either in liquid form through your IV tubing or a shot into a muscle. This method of pain relief is not as effective as an epidural but may be used until you are dilated enough to get an epidural or provide temporary relief. These medications can cause your baby to have trouble breathing so it cannot be given too close to delivery. Your doctor or nurse will advise when it is no longer recommended for this medication.

Non-Pharmalogical: Other ways to relieve pain may include the use of a support person to help you focus on breathing and relaxation or provide touch and massage. You can also try repositioning yourself. One other option may be to sit in a tub of warm water. Aromatherapy tabs are available upon request.

The Stages of Labor

STAGE

EARLY/ACTIVE LABOR

1

Early Labor: 0-5cm

Active Labor: 6-8cm

Early labor begins with the first contraction and ends when the cervix is dilated to 5 cm. Contractions average 60 seconds long and less than 5 minutes apart. Your contractions will cause the cervix to open and get thinner. This stage can last from 12 to 14 hours with intermittent and strong contractions, or longer if being induced.

TRANSITION

Transition begins when the cervix is dilated at 8cm and ends when fully dilated (10cm). Contractions are 90 - 120 seconds long and less than two minutes apart. You may feel nauseous during this stage as labor is at its highest intensity.

STAGE

PUSHING/DELIVERY

2

Pushing begins when your cervix is fully dilated and the baby is in the birth canal. Contractions are 90

seconds long and 2-5 minutes apart.

Your doctor will instruct you on how to breath and when to push. This stage may

last 15 minutes - three hours and ends with the birth of your baby!

STAGE

AFTERBIRTH

3

Afterbirth begins when the placenta is delivered after the birth of your baby. If there are no complications with the birth, this a perfect time for skin-to-skin snuggles with your baby. Your uterus will continue to contract every few minutes to expel the placenta. Breastfeeding is encouraged to help these contractions. This stage may last up to 30 minutes. A nurse or your doctor will firmly massage your uterus through your lower abdomen to make sure there is nothing left in the uterus. The doctor will repair any tearing that may be present from labor at this time.

STAGE

RECOVERY

4

Recovery means you are no longer pregnant! During this period, your blood pressure, heart rate, and temperature will be monitored closely. Your care team will frequently check your uterus to assure it is firm to decrease vaginal bleeding. Rest, recover, and enjoy these first moments with your new baby!

HOW DRUGS AFFECT YOUR BABY'S HEALTH

WHAT IS NEONATAL ABSTINENCE SYNDROME?

Neonatal Abstinence Syndrome (NAS) is the symptoms that may occur in babies whose mothers have consumed certain types of medications or drugs during their pregnancy. This is also known as withdrawal.

WHAT TYPES OF SUBSTANCES CAN CAUSE NAS?

Many different medications and street drugs can cause a baby to show signs of NAS. Some of these are prescribed by the mother's doctor during pregnancy. Others may be bought illegally.

TYPES OF DRUGS THAT CAN CAUSE NAS:

Morphine • Codeine (Tylenol #3, Robitussin AC) • Hydrocodone (Lortab, Vicodin) • Oxycodone (Percocet, OxyContin) • Methadone Suboxone/Subutex • Heroin • Benzodiazepines (Xanax, Ativan, Valium, Klonopin) • Tramadol

TYPES OF DRUGS THAT CAN INCREASE NAS:

Use of these medications/ substances in combination with medications/drugs associated with NAS are known to make withdrawal more severe.

Alcohol • Cocaine • LSD • PCP • Ecstasy • Amphetamines (Adderall) Methamphetamines • THC • Nicotine

DURING YOUR PREGNANCY

When you are pregnant, the medications/ drugs that you take get into your bloodstream. They can be passed to your baby through the placenta, and the effects of the medication/ drug are felt by the baby.

It is important to tell your doctor about any and all medications/drugs that you are taking during your pregnancy. This helps us to provide your baby with the best care possible.

DO NOT change your medication/drug routine or stop taking prescribed medications without talking to your doctor. Your health and that of your baby could be affected.

Tell your provider if you are taking:

- Any prescription medications
- Alcohol
- Over-the-counter medications
- Cigarettes
- Herbal remedies
- Street drugs



BIRTH CERTIFICATES

Kansas Law requires that birth certificates be filed within five days of birth in a Kansas hospital. To do this, hospitals need to have a signed birth certificate within 48 hours. If you do not have a name chosen by discharge, the birth certificate will be filed with last name only, and will require legal action to add a first name.



THE PROCESS

- **Unofficial copy of the Birth Certificate.** Hospital staff will have you check to make sure all of your baby's information is correct and sign the document.
- **Confirmation of Birth Letter.** You will be provided with a signed Confirmation of Birth Letter. You might need this letter to add your child to insurance or signing baby up for an infant program like WIC or Early Head Start.
- **Paternity Consent Form (for non-married couples only).** If the mother and father are not married, you are required to fill out a Paternity Consent Form if the father wishes to be on the birth certificate. This form needs to be read, signed and initialed by both parents.
- **State of Kansas Application for Birth Certificate.** You will complete this form and mail it with a \$15.00 fee to receive your official birth certificate. In 3-6 weeks, you will receive the official certificate in the mail with the state of Kansas seal.
 - **Social Security Card.** If indicated on your child's birth certificate, your child's Social Security number will be automatically sent to you by the Social Security Administration via the mail in about three weeks to the address provided.
 - **Kansas Immunization Registry.** When completing your birth certificate, you have the opportunity to enroll in the Kansas Immunization Registry. This gives parents easy access to their children vaccination records.



CAR SEAT SAFETY

When picking a car seat, make sure the seat fits your car and your baby. Newborn babies must have a rear facing car seat. This can be a rear-facing only or a convertible seat. Read all the car seat instructions. Make sure the seat is easy to use so you are sure to use it right every time! Be sure to check the expiration date of your seat. If the seat does not have a designated expiration printed, the expiration date is 6 years from the manufacturer date. Second hand car seats should come with all pieces intact and the instructions. Make sure you know the expiration date and the history of the car seat. If the car seat has been in a crash, it should not be used again.

REAR FACING CAR SEAT CHECKLIST

- ☐ Harness at or below shoulders
- ☐ Harness is snug
- ☐ Chest clip is at armpit level
- ☐ Recline indicator is level
- ☐ Keep babies and toddlers rear-facing until they have reached the maximum weight or height limits of the seat.

THE BEST CAR SEAT IS ONE THAT...

- ☐ Fits the child-verify height and weight limits of the seat
- ☐ Fits the car
- ☐ Is used correctly every time



YOUR BABY'S HERE!

Now that baby is home, here's what you can expect and how to make the most of each and every moment.

The first six weeks with a newborn are full of sleepless nights and uncertainty. This amazing little baby will create a time of intense bonding with you. You'll learn how to feed, change, and swaddle the baby. You'll be recovering from delivery, dealing with out-of-control hormones, and managing on minimal sleep.

WEEK ONE

Once you get home, things are likely to go a lot like this: Your new baby will need to eat 10-12 times over 24 hours and will spend much of the rest of the time sleeping, pooping and crying. You'll be nursing and/or bottle-feeding, regularly changing diapers, snuggling, and gazing in wonder at this tiny being.

WEEKS TWO AND THREE

Growth spurts occur at different times for different babies, it's likely that he or she will have one sometime between weeks two and four. That means an increase

Safe Sleep Guidelines



SIDS PREVENTION

- Back to sleep
- Firm sleep surface
- No bed sharing
- Sheet only in crib: no toys, blankets, bumpers, etc.
- No sleep positioning devices
- Routine prenatal care
- No smoking/drugs/alcohol
- Breastfeed!
- Pacifier to sleep
- Comfortable temperature
- Immunizations/ well baby visits
- Supervised awake tummy time
- Do not rely on monitors that are marketed to reduce SIDS

in appetite, and if you're breastfeeding, get ready to do it frequently - and don't worry if you think you won't have enough milk. Nursing more frequently stimulates more milk production

Learning your baby's cues. Remember that crying is his or her sole method of communication in these early days, which can make things difficult for the both of you. If you begin to feel overwhelmed, put the baby down in a safe environment and take some deep breaths.

If you are overwhelmed, utilize the 5 S's for Soothing Babies:

1. Swaddle
2. Side or Stomach Position
3. Shushing sounds
4. Swing
5. Suck (pacifier or breast)

You may also notice that your baby has increased periods of wakefulness as his or her vision improves. His or her skin may be displaying interesting things-baby acne, tiny white bumps known as milia or red blotches-all of which are normal and will go away by themselves. The umbilical cord stump will likely fall off around week two, which means baby is ready for his or her first real bath and some time on his or her belly.



WEEK FOUR

If you haven't introduced it yet, your baby is ready for supervised tummy time regularly now, which is great practice for big developmental leaps still to come. Start with a few minutes at a time and build from there.

At about one month, you'll hear gurgles, sighs, grunts, coos - it's all adorable, and you can encourage it with lots of interaction. Get in the habit of talking to your baby now, and you'll be setting him or her up for success when it comes to mastering language down the road.

At this point, you may find that you're feeling comfortable in your new role as a parent. Also, at this stage, babies become easier to soothe; however, crying is still normal up to 5 hours a day.

WEEKS FIVE AND SIX

You've probably caught a grin before week five, but around this time, it's likely that your baby's charming little smile is downright social - and directed right at you. Keep them coming with lots of talking, singing and silliness, which will be easy to do because around this time, your baby becomes more interactive. He or she is likely having longer periods of quiet and active alertness, which is good news on the sleep front too - afterward your baby needs lots of shut-eye to recover from all that stimulation.

Crying typically peaks from 2-3 months and begins to decrease at 5 months.



BREASTFEEDING BASICS

Exclusive breastfeeding is strongly recommended for the first six months. The baby does not need water, other fluids, or foods during this time. Breastfeeding continues to be important after the first six months when other foods are given to baby.

A mother's milk is especially tailored to her own baby's needs and changes from day to day, month to month, and feed to feed. Even if you only nurse your baby for a few days or weeks, that early milk, called colostrum, provides an important source of antibodies to protect against disease as baby's own immune system develops during the first year.

BENEFITS OF BREASTFEEDING

FOR BABIES	FOR MOTHERS
Reduced risk of: <ul style="list-style-type: none">• Asthma• Obesity• Type 1 diabetes• Sever lower respiratory disease• Ear infections• Sudden Infant Death Syndrome (SIDS)• Gastrointestinal infections (diarrhea/vomiting)• Necrotizing enterocolitis (NEC) for preterm infants	Reduced risk of: <ul style="list-style-type: none">• High blood pressure• Type 2 diabetes• Ovarian cancer• Breast cancer

BREASTFEEDING IS A LEARNED PROCESS.

To improve your chance of success, try to feed within the first hour of birth.

Also, keeping baby in the room with you will help you feed on demand.

Have a nurse, your doctor, or lactation consultant check how baby latches on while you are still in the hospital.

While it might be uncomfortable when baby latches on, it shouldn't be painful. If it hurts badly enough to make you grimace every time, then you may not have the right position.

Prepare for your milk to come in. This occurs on about the third or fourth day after birth. You'll know it's happened because your breasts uncomfortably increase in size! Speaking of which, make sure you have several well-fitting nursing bras, and don't forget to pack one in your hospital bag.

Plan to breastfeed about 8-12 times in every 24-hour period. Your baby is good at giving hunger signals: rooting around searching for your nipple; putting her hand in her mouth; and looking increasingly alert. Always feed on demand.

Try not to introduce a bottle or other nipples, including pacifiers, until breastfeeding is well established. The thrusting motion required to nurse is different from that required to suck a nipple, and baby could get confused.

Stay hydrated to ensure your body can make enough milk. A good idea is to sip from a glass of water when nursing and to keep a snack close by.



BREASTFEEDING CHALLENGES

Here are the most common breastfeeding related problems and how to avoid them:

Sore and cracked nipples. Check the position of the baby when he or she latches on and let your nipples air dry after finishing.

Also, alternate which breast you start on each time. Put a plastic bracelet on your wrist or the side of your bra that was just used to help you remember. You should also not hear any clicking or sucking sound. If you do, the baby isn't positioned right. Bring baby closer to you, and hold his or her head firmly so his or her mouth covers as much of the areola as possible.

Engorgement (overly full breasts) or blocked milk duct. Lay warm compresses on your breasts to help relieve some of the

pressure. You can also try pumping or hand expressing some milk between feedings.

Mastitis or breast infection. If you feel like you have the flu and one breast is red, hot and sore, you probably have mastitis. You'll likely need an antibiotic to clear up the infection. Contact your provider the same day you notice symptoms. In the meantime, keep nursing and/or pumping on that side as much as you can, even though it hurts.

To prevent mastitis, make sure you empty your breasts regularly. If you do take antibiotics, add a probiotic (good bacteria such as lactobacillus) supplement, to help prevent the next complication: thrush.

Thrush. Thrush is a fungal infection that can form on the breast and be passed between your breast and the baby's mouth.

Overly moist breasts, sore or cracked nipples, following a diet high in sugar or yeasty foods or taking antibiotics or steroids can all throw your body's natural yeast levels out of control and lead to thrush. Symptoms are very sore nipples, achy or painful breasts or pink, flaky, shiny, itchy or cracked nipples. Your baby may have little white spots in his or her mouth, or a diaper rash that won't heal. To prevent thrush, air-dry your nipples, change your breast pads frequently, wear a clean bra every day, and reduce the amount of sugar and yeasty products in your diet.

Be sure to contact your provider if you believe you or your baby have developed thrush.



Increasing Milk Supply

Breastfeeding is a basic supply-and-demand activity. The more you nurse, the more milk your body makes. So when your baby goes through a growth spurt and seems to be nursing all the time, keep in mind she's signaling your body to up the milk production for her nutritional needs.

Need breastfeeding assistance? Contact your local Amberwell location for lactation services.

INTRODUCING SOLID FOODS

Introduce solid foods when your infant is ready, at around 6 months of age depending on the infant's development. Infants are ready to start eating solid foods when they can:

- Sit up on their own or with a little support
- Reach for and put things in their mouth
- Open their mouth when seeing something coming
- Keep food in their mouth rather than pushing it out onto the chin
- Move food to the back of their mouth with their tongue
- Turn their head away when they do not want something

Foods to avoid: Avoid fruit juice and honey until after one-year of age.



BOTTLE FEEDING

PREPARING A BOTTLE

- Wash hands with soap and water before making the bottle.
- Heat the water to 158 degrees or above which will kill any bacteria that may be present.
- Immediately mix in the formula according to package directions.
- Cool the formula so that it is not too hot before feeding your baby. Test the temperature of the formula by shaking a few drops on your wrist.
- Feed the bottle to your baby within an hour of making the formula. The unused formula should be thrown away.
- If you plan to prepare formula bottles ahead of time, refrigerate them immediately and use the bottles within 24 hours.

FEEDING RECOMMENDATIONS

AGE	AMOUNT	# OF FEEDS PER 24 HRS
1 mo	2 to 4 oz.	6-8
2 mo	5 to 6 oz.	5-6
3-5 mo	6 to 7 oz.	5-6

- The amount of formula an infant takes will decrease as the baby increases intake of solid foods, but formula remains a significant source of calories, protein, calcium and vitamin D for the first year of life.
- Ask your health care provider before switching an infant less than 1 year of age from formula to cow's milk or a cow's milk alternative.

FORMULA SAFETY

What is Cronobacter?

Cronobacter is a bacteria that lives in the environment and can survive in very dry conditions. It has been found in a variety of dry foods, including powdered infant formula. Cronobacter illnesses are rare, but they can be lethal for infants.

How is Cronobacter transmitted?

Infections have been associated with powdered infant formula. The bacteria may have contaminated the powdered infant formula after it was opened at home, in the factory, or elsewhere.

What symptoms does Cronobacter cause?

In infants, symptoms usually start with a fever and poor feeding, crying, or very low energy. It usually gets in the blood or makes the lining of the brain and spine swell (meningitis). Some infants may experience seizures. Those with meningitis may develop brain abscesses or infarcts, hydrocephalus, or other serious complications that can cause long-term neurological problems. Up to 4 out of 10 babies with meningitis from Cronobacter can die.

When should I take my child to the doctor?

You should take your child to the doctor if he or she:

- Has bloody diarrhea
- Is younger than 12 months and won't eat or drink anything for more than a few hours
- Has bad belly pain
- Is not acting like him or herself
- Is low in energy and does not respond to you
- Is dehydrated

POSTPARTUM DEPRESSION & ANXIETY

**What does it feel like to have postpartum depression or postpartum anxiety?
What are the signs or symptoms? How do you know when you have it?**

You may not be experiencing all of the symptoms listed or even most of them: Postpartum depression and anxiety are not “one-size-fits-all” illnesses. Your experience may include just a few of the symptoms. You may experience these feelings for a period of at least 2 weeks or up to a year, and these symptoms make it feel very hard to live your life each day.

POSTPARTUM DEPRESSION SYMPTOMS

You feel overwhelmed. Not like “being a new mom is hard.” More like “I can’t do this and I’m never going to be able to do this.” You feel like you just can’t handle being a parent. In fact, you may be wondering whether you should have become a parent in the first place.

You feel guilty because you believe you should be handling new parent hood better than this. You worry that you don’t feel the happiness or connection that you thought you would.

You don’t feel bonded to your baby. You’re not having that mythical mommy bliss that you see on TV or read about in magazines.

You feel irritated or angry. You have no patience. Everything annoys you. You feel resentment toward your baby, or your friends who don’t have babies. You feel out-of-control rage.

You feel nothing. Emptiness and numbness. You are just going through the motions.

You feel sadness to the depths of your soul. You can’t stop crying, even when there’s no real reason to be crying.

You feel hopeless, like this situation will never ever get better. You feel weak and defeated, like a failure.

You can’t bring yourself to eat, or perhaps the only thing that makes you feel better is eating.

You can’t concentrate. You can’t focus. You can’t think of the words you want to say. You can’t remember what you were supposed to do. You can’t make a decision. You feel like you’re in a fog.

You feel disconnected. You feel strangely apart from everyone for some reason, like there’s an invisible wall between you and the rest of the world. You’re thinking “Why can’t I just get over this?” You feel like you should be able to snap out of it, but you can’t. You are afraid that this is your new reality and that you’ve lost the “old you” forever.

You are afraid that if you reach out for help people will judge you. Or that your baby will be taken away.

TURN TO YOUR DOCTOR

Tell your doctor the symptoms you’re experiencing. His or her expertise will get you the help you need. You might also look online for a support group.

BABY'S FIRST CHECKUP



You can prepare for the visit by jotting down a list of questions as you think of them. Dress your baby in loose clothing that is easy to remove for when the doctor is ready to examine him or her. Some areas that the doctor will cover during the visit include:

Height and weight. The nurse will weigh the baby and measure his or her height and head circumference. These measurements will be marked on a chart that shows where your baby stacks up in relation to other infants.

Physical checks. Next the doctor will examine the baby's eyes, ears, and mouth, and listen to his or her heart and lungs. The doctor will also check your baby's head, genitals, and the mobility of his or her hip joints. The doctor will test for newborn reflexes, including the rooting reflex (baby turns head when you stroke his or her cheek), the grasping reflex, and the stepping reflex (baby's feet appear to step or walk when touching a flat surface). At this visit the doctor will also make sure that the baby's umbilical stump (and the baby's penis, if you had a boy who was circumcised) is healing properly.


Eating and Digestion. The doctor will ask about how much and how often the baby is eating and producing wet and/or dirty diapers. By age 3 to 4 days, the baby should have finished passing the thick tar-like stool known as meconium, and will now be passing yellow or yellow-green stool as often as once after every feeding.

This appointment should help alleviate many of your fears and worries. If you feel that you still have questions after this doctor's appointment, don't hesitate to get back in touch with your doctor. Now is the time to make sure that you have all of the information you need to make good parenting decisions for your newborn.

VACCINATION SCHEDULE*

*Recommended by the Centers for Disease Control and Prevention

Vaccine		BIRTH	1 Month	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	24 Months	4 Years	5 Years	6 Years
HepB (prevents Hepatitis B)	3 TOTAL	1st	2nd			3rd							
DTaP (prevents diphtheria, tetanus, pertussis)	5 TOTAL			1st	2nd	3rd		4th			5th		
Hib (prevents haemophilus, influenzae type b)	4 TOTAL			1st	2nd	3rd	4th	Your child may get this vaccine in 3 doses instead of 4					
IPV (prevents polio)	4 TOTAL			1st	2nd	3rd					4th		
RV (prevents rotavirus)	3 TOTAL			1st	2nd	3rd							
PCV (prevents pneumococcus)	4 TOTAL			1st	2nd	3rd	4th						
Flu (prevents influenza)		2 doses in the first year, 1 dose each year after			Yearly								
MMR (prevents measles, mumps, rubella)	2 TOTAL						1st				2nd		
Varicella (prevents varicella, also called chickenpox)	2 TOTAL						1st				2nd		
HepA (prevents Hepatitis A)	2 TOTAL						1st and 2nd at least 6 months apart						
Meningococcal (prevents meningitis)				For children with certain health conditions, like sickle cell disease									



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