



Prenatal Care

AT THE BIRTH PLACE



southern
new hampshire
health

A Member of  SOLUTIONHEALTH



Congratulations!

Thank you for allowing us the privilege of taking care of you and your new baby! We look forward to partnering with you throughout your pregnancy. Please use this guide as a resource to prepare you for your visits with us and beyond. If at any time you have any questions, please call our office.

*The Providers & Staff at Foundation OB/GYN,
Women's Care of Nashua and Amherst Obstetrics
& Gynecology*

Classes

- We offer a wide variety of classes from prenatal classes to newborn care and postpartum wellness.

Please visit our website at snhbirthplace.org and register under classes. Or you may ask your provider's office for a flyer with a QR code to register.

Tours

- Tours of The Birth Place are available. Visit snhbirthplace.org and register for tours under classes. They are held once a month at 5pm or 6pm.

0-12 Weeks

During this time in your pregnancy, you will have your nurse intake and initial visit. We may also order a viability or dating ultrasound during this time. This type of ultrasound is ordered if you are unsure of the dates for your last menstrual cycle, have irregular or longer cycles than 28 days, or a high risk factor that requires us to confirm your dating. We will use this ultrasound to determine gestational age of your baby.

Please be aware that some insurance carriers only cover one first- trimester ultrasound per pregnancy. Please check with your carrier if you are in need of this type of ultrasound.

Nurse Intake

You will have an over-the-phone or in-person intake with the nurse where you will discuss your medical history and past pregnancies. Please make sure that we have all the correct and most recent history in order to provide you and your baby with the best quality and safest care.

The office will either call you or provide you with a copy of your Global Maternity Benefits that we have received from your health insurance carrier. Please contact your insurance carrier with any questions or concerns regarding your benefits and coverage.

Initial OB Visit

This appointment should be completed between 8 and 10 weeks of pregnancy and is your first visit with one of your providers. We will be coordinating your care so that your visits rotate between a nurse or physician assistant and a physician. You will also have nurses and medical assistants as part of your care team. We believe consistency in your care team is important to provide the best possible care for you and your baby. You will have a physical exam at this visit and a pap smear if you are due. The provider will discuss all the recommended blood tests, genetic screening options and ultrasound tests. We also recommend Gonorrhea and Chlamydia screening at this visit; even if you are not at high risk, it is recommended at least once in every pregnancy.

How Will I Change?

- You may feel more tired than usual. Take the time to rest and relax when you can.
- You may get morning sickness during this time. Morning sickness usually ends around 14 weeks in pregnancy.
- Your breasts may get bigger and feel sore. The skin around your nipple (areola) may get darker.
- You may urinate more frequently.
- You may have an increase in vaginal discharge.
- The skin in the middle of your abdomen may get darker.
- As your hormones change, your feelings may too, and you may see an increase in moodiness.
- All of these things are normal changes for your body at this time. If you have any questions or concerns, please reach out to your health care provider at any time.

How Will My Baby Change?

- Your baby's heart begins to beat.
- Your baby's eyes and ears start to form.
- Your baby can open and close its fists and mouth.
- By week 12, your baby's sexual organs are formed.
- By the end of week 13, your baby will be about 3 inches long and weigh about 1 ounce.



Recommended Tests

Blood Tests

- **Complete Blood Count (CBC).** to test for anemia (low iron). If you are anemic, we will recommend iron supplementation.
- **Hepatitis B (viral infection of the liver).** If the mother has it, there is a 90% chance that without treatment, the baby will be infected. The baby can be treated at birth to prevent infection in almost all cases.
- **Rubella (German measles).** A German measles infection can lead to severe birth defects. If a woman is not immune, a vaccine can be given to her after the baby is born to prevent infections in future pregnancies.
- **Blood Type (A, B, AB, O) and Rh factor (negative or positive).** A pregnant woman who is Rh negative may need to receive a blood product called anti-D immune globulin. This prevents the breakdown of the baby's red blood cells. This condition, called hemolytic disease, can lead to severe problems in the newborn if not treated.
- **Syphilis (sexually transmitted disease).** If syphilis is found in the first half of pregnancy, birth defects may be prevented by treatment.
- **HIV (virus that causes AIDS).** You can have HIV for years and not know or feel sick. To get help for yourself, you need to know for sure. If you have HIV, even without symptoms, there is a 1 in 4 chance you could pass it on to your baby. The risk can be greatly reduced with treatment.
- **Open neural tube defects (ONTDs).** Spina bifida and anencephaly are the most common ONTDs. When a baby is born with spina bifida, part of the bone covering the spinal cord does not form correctly and the spinal cord is exposed. Surgery is needed to close the opening. Spina bifida can cause problems ranging from bowel and bladder control difficulties to paralysis of the legs, hydrocephalus (fluid on the brain), and learning disabilities. Anencephaly occurs when the fetal skull and brain do not develop. Babies with anencephaly cannot survive. We screen for this in between 15 weeks and 21 weeks gestation. Your provider will inform you of the specific timeline best for you, at your prenatal visit. We offer either a maternal serum screening for individuals that opted for genetic testing, or a quadruple screen for individuals that declined genetic testing, but desire to screen for down syndrome.

Additional Recommended Blood Tests

- **Vitamin D level.** Severe maternal vitamin D deficiency has been associated with evidence of disordered skeletal homeostasis, congenital rickets, and fractures in the newborn. Pregnant women at increased risk for vitamin D deficiency are offered Vitamin D testing. Typically, women in the Northeast U.S. are at risk due to lack of natural sun exposure.
- **TSH (thyroid stimulating hormone).** This test is recommended for symptomatic women and those with a personal history of thyroid disease or other medical conditions associated with thyroid disease, e.g., diabetes mellitus.

These are only recommended if your provider has determined you are at high risk for abnormal levels.

Genetic Screening Options

- **Non-Invasive Prenatal Testing.** We use Panorama™ Non-Invasive Prenatal Test and it can be ordered as early as 10 weeks and 1 day, giving you time to plan and prepare for your baby. NIPT uses a blood sample from the mother to analyze DNA from the placenta for certain chromosome conditions that could affect a baby's health. It screens for genetic abnormalities such as Down syndrome. It can identify the baby's sex (optional and poses no risk to your baby, unlike more invasive forms of testing like amniocentesis and chronic villus sampling, which carry a slight risk of miscarriage).
- **Cystic fibrosis (CF).** Cystic fibrosis (CF) is a genetic condition that affects approximately 30,000 people in the United States. One in 2,500 Caucasian newborns has CF. This is a progressive, multisystem disease that primarily impacts the lungs, pancreas, and digestive tract. CF significantly shortens the lifespan of people affected by it. Screening is now recommended for all pregnant women.
- **Tay Sachs Disease.** This disease causes a progressive deterioration of nerve cells and of mental and physical abilities that begins around 6 months of age and usually results in death by age 4. Patients of Ashkenazi Jewish and French Canadian descent are at increased risk and are offered testing.
- **Fragile X Syndrome.** This is the most common inherited form of mental retardation. The syndrome occurs in approximately 1 in 3,600 males and 1 in 4,000–6,000 females. Approximately 1 in 250 females carry the premutation. Prenatal testing for Fragile X Syndrome is offered to known carriers of the Fragile X premutation/mutation, and women with a family history of Fragile X-related disorders, unexplained mental retardation or developmental delay, autism, or premature ovarian insufficiency.
- **Spinal muscular atrophy (SMA).** This neurodegenerative disease results from degeneration of spinal cord motor neurons, leading to atrophy of skeletal muscle and overall weakness. Prenatal testing for SMA is offered to all patients per ACOG guidelines.
- **Hemoglobinopathy screening.** This test is offered to couples at risk for a child with sickle cell disease or thalassemias. Individuals of African, Southeast Asian, and Mediterranean descent are at risk for these diseases.
- **Down syndrome.** Babies with Down syndrome are born with an extra 21st chromosome. This causes mild to moderate mental retardation, specific facial features, and sometimes physical problems, such as heart defects. About half of all babies born with Down syndrome will live to at least age 50.
- **Trisomy 18.** Babies with trisomy 18 have an extra 18th chromosome. This causes multiple physical problems and severe mental retardation. Most babies with trisomy 18 do not survive the first year of life.
- **Trisomy 13.** Also called Patau syndrome, is a chromosomal condition associated with severe intellectual disability and physical abnormalities in many parts of the body. Individuals with trisomy 13 often have heart defects, brain or spinal cord abnormalities, very small or poorly developed eyes (microphthalmia), extra fingers or toes, an opening in the lip (a cleft lip) with or without an opening in the roof of the mouth (a cleft palate), and weak muscle tone (hypotonia). Due to the presence of several life-threatening medical problems, many infants with trisomy 13 die within their first days or weeks of life. Only 5 to 10 percent of children with this condition live past their first year.

Recommended Tests

Genetic Screening Options (continued)

You and your provider can determine if any of these genetic screenings are right for you. Please keep in mind that not all insurance plans have coverage for genetic screenings, or you may be required to have authorization from your insurance carrier prior to this testing being performed in order to have coverage.

These tests are also not 100 percent accurate and an abnormal finding does not guarantee your baby will be born with a birth defect. Your provider can give you more information about the specifics of each test and answer any questions or concerns you may have.

Ultrasounds

- **Nuchal Translucency (NT).** The ultrasound exam, called a nuchal translucency screening, measures the thickness of a space at the back of the fetus's neck. An abnormal measurement means there is an increased risk that the fetus has Down syndrome (trisomy 21) or another type of aneuploidy. It also is linked to physical defects of the heart, abdominal wall, and skeleton. The best time to perform nuchal translucency measurements is at 12 to 13 weeks' gestation. Although nuchal translucency measurement alone is a good detector of Down syndrome, trials have shown even higher detection rates and lower false-positive rates when it is combined with biochemical markers. Therefore this test maybe combined with an MSS4 (Quadruple Screen) for higher accuracy of testing results.
- **Fetal Survey.** This ultrasound is performed between 18 and 20 weeks in pregnancy. This is performed to make sure that the baby is growing normally. It is also the ultrasound that may identify the sex of the baby if you desire to know, however there is no guarantee.

You should have at least one standard exam during your pregnancy, which usually is performed at 18–22 weeks of pregnancy. Some women may have an ultrasound exam in the first trimester of pregnancy. A first-trimester ultrasound exam is not standard because it is too early to see many of the fetus's limbs and organs in detail. However, we will perform ultrasounds in early pregnancy for a medical indication, or when we need to confirm gestational age for various reasons.

How Accurate is Ultrasound?

Ultrasound does not pick up every fetal abnormality. Only 35% of major congenital anomalies in the routine screening group of the RADIUS study were picked up by ultrasound. However, it should be noted that "targeted ultrasounds," performed when there is a specific high-risk factor and done with special techniques by personnel specially trained, can be very accurate in terms of evaluation for specified problems.

Ultrasound does not always predict an accurate due date. An estimate of fetal size can be obtained, and from this you can determine approximately how far along the pregnant patient is, but it is still an approximation. The earlier this ultrasound is performed, the more accurate it is, but in late pregnancy the accuracy can be as low as plus or minus 2–3 weeks.

Ultrasound may not accurately predict the birth weight. It will give you an estimate, the accuracy of which may be plus or minus 15%.

Ultrasound will not always predict the sex of your baby. Frequently it will, and when you can get a good image it's pretty accurate, but depending on the baby's position, sometimes that part of the body just can't be visualized well.



Staying Healthy

Nutrition in Pregnancy

A balanced diet is very important in pregnancy. For a woman of ideal body weight, the normal and healthy weight gain during pregnancy is between 25 and 35 pounds. The average woman can expect to gain about 3 pounds in the first 13 weeks and then one pound per week for the remainder of the pregnancy. If you are carrying twins you should expect to gain about 40 pounds. For patients who begin pregnancy above or below ideal body weight, your provider will provide you with proper guidelines.

Calcium: For Great Bones

Dairy Foods

Ounce for ounce, dairy foods have more calcium than any other food. But they can be high in fat. So try eating low-fat or fat-free forms of:

- Hard cheese (1½ oz.)
- Milk (1 cup)
- Ricotta (½ cup) or cottage cheese (2 cups)
- Yogurt (1 cup)

If You Don't Like Dairy

If you don't like dairy foods, there are still plenty of ways to get enough calcium. Try these foods:

- Broccoli, bok choy, collards, turnip greens, kale (½ cup cooked)
- Calcium added: soy cheeses (1½ oz.), soy milk or soy yogurt (1 cup), tofu (9 oz.), rice milk or orange juice (¾ cup)
- Canned fish with bones: salmon, sardines (3 oz.)

Nutrition Tips

- Eat an additional 300 calories during the second and third trimester.
- You will also need to intake 64 oz. of fluids per day to include low-fat milk and water.
- Ensure you are getting 1000 mg of Calcium daily.
- Ensure you are getting 0.8 mg of folic acid. If pregnant with twins or have a history of neural tube defects, please ask your provider for the best dose for you.
- Limit fish servings to a maximum of 12 oz. per week.
- Wash fruits and vegetables thoroughly.
- Cook all meats well done.
- Deli meat should be avoided or heated up in the microwave for at least 15 seconds.
- Avoid raw eggs, unpasteurized juices and cider, soft cheese like brie, blue cheese and Camembert.

What Foods Should I Avoid?

Right now, do not take things into your body that might harm your growing baby. Avoid:

- Unpasteurized dairy foods or juices Your baby's eyes and ears start to form.
- Organ meats, such as liver
- Raw or undercooked meats, such as sushi and rare hamburgers
- Some kinds of fish



Protein: Building Your Baby

High-Quality Proteins: A Cut Above

Your body can easily use the form of protein that comes from animals. Good sources of high-quality protein include:

- Chicken, turkey, lean red meat, fish (1 oz.)
- Eggs (1)

If You're a Vegetarian

If you eat dairy foods and eggs, you're likely to get all the protein you need. But if you don't eat any animal products, talk to your health care provider. You may need more of certain nutrients.

Good protein choices for vegetarians include:

- Peanuts or other nuts, pumpkin or sunflower seeds (½ oz.), roasted soybeans (1/4 cup)
- Soy milk or soy yogurt (1 cup)
- Split peas, lentils, dried beans such as pinto and garbanzo beans (1/4 cup cooked)
- Hummus (2 Tbsp.), peanut or almond butter (1 Tbsp.)
- Tofu (1/4 cup), tempeh (1 oz.), soy cheese (2 oz.)

Pumping Iron

Iron helps make extra blood you need, as well as all the blood your baby needs. Iron is found in many foods, but some of the best sources are lean red meats, dark green vegetables, and enriched grains. Some foods rich in iron are:

- Lean beef (1oz.) and eggs (1)
- Dried raisins, prunes and dried peaches (1/4 cup)
- Spinach and mustard greens (½ cup cooked)
- Cereal (1 cup)
- English peas and lima beans (½ cup)

Carbohydrates: Vitamins and Energy

Vitamin A: Where to Get It?

Vitamin A helps your baby's cells grow. It also keeps your own skin smooth and clear. It's found in dark yellow, green and red fruit and vegetables. Good sources include:

- Apricots (3 raw or ¼ cup dried)
- Cantaloupe or mango (1/4 fruit)
- Carrots (1 small or ½ cup sliced)
- Bok choy, collards, dandelion, spinach, mustard greens (½ cup cooked or 1 cup raw)
- Squash, such as acorn or butternut (½ cup)
- Sweet potatoes (½ cup)
- Tomatoes (2 medium) or tomato sauce (½ cup)

Do not take vitamin A pills unless told by your health care provider. Taking too much of this vitamin may affect your baby's development.

Carbohydrates: Vitamins and Energy

Vitamin B: Beyond Pasta

The B vitamins help your body use the food you eat. They also keep your nerves healthy and help make red blood cells. Whole-grain foods are some of the best sources of B vitamins. So reach for whole-grain forms of:

- Bagels or English muffins (½)
- Bread (1 slice)
- Pasta or noodles (½ cup cooked)
- Tortillas (1 small) or pita bread (½)
- Cereals, oat or whole wheat flakes (1 cup), or rice or corn (1 ¼ cup)

Folic Acid: A Safeguard for Your Baby

Folic acid is one of the B vitamins. Getting enough folic acid before pregnancy and daily during pregnancy reduces the risk of certain birth defects. Good sources include dark leafy greens and black-eyed peas, as well as pinto, kidney and navy beans.

Vitamin C: Not Just Orange Juice Anymore

Vitamin C helps make tissue that supports your baby's bones and muscles. When you think of vitamin C, you may think of orange juice. You can also get healthy amounts of C in many types of fruits and vegetables. Here are a few:

- Bell peppers—red, green, or yellow (½ cup)
- Bok choy, broccoli, Brussels sprouts, cabbage, cauliflower (½ cup)
- Grapefruit or cantaloupe (1/4 fruit)
- Kiwi fruit or orange (1 fruit), mango (½ cup)
- Papaya (1/4 fruit) or strawberries (1/4 cup)
- Tangerines or tomatoes (1 medium)

Water: The Nutrient You Drink

Your Best Choices

Be sure to drink plenty of liquids. Your body will use the water in the liquids to make extra blood you need and the fluid your baby floats in (amniotic fluid). Drinking a normal amount of liquids won't make you feel bloated; in fact, it's likely you'll feel less puffy. When it comes to liquids, water is best. But here are some other good sources of liquid:

- Water or seltzer water with a slice of lemon or lime
- Clear soups that are low in salt
- Low-fat or fat-free milk, or soy or rice milk with calcium added
- Popsicles or gelatin

Drinks to Avoid or Limit

While you are pregnant, avoid or limit drinking some types of liquids. They contain things that may be harmful to your growing baby. If you have questions, talk with your health care provider. Otherwise:

- Avoid alcohol, including beer and wine.
- Limit coffee and tea, both regular and decaf.
- Limit fruit juices, soft drinks, and sports drinks.

Fats and Sugars: Limit Them

Fats for Fuel

Fats give you long-lasting energy and help your body use certain vitamins. They also help your baby's brain grow. But fats are high in calories. So limit the amount of fat you add to meals. Also, if you must add fat, use a type that comes from a vegetable source. Here are some better choices:

- Avocado (1/8 medium) or olives (5)
- Nut butters such as peanut butter or tahini (1 or 2 tsp.)
- Oils such as olive, canola, or corn (1 tsp.)

Sugars: The Highs and Lows

Sugar may taste good and give you a quick lift. But it's high in calories and low in nutrients. Too much added sugar can also affect your moods and energy levels. So when you want something sweet, don't always add sugar or eat candy. Instead, try eating a healthy food that is naturally sweet. Have an orange, a few raisins, or a ripe banana.

Artificial Sweeteners

Try not to use certain artificial sweeteners, such as saccharin. Talk to your health care provider if you have questions.

Hidden Fat and Sugar Calories

Limit these foods. They are high in hidden fats and sugars:

- Baked goods
- Candy
- Dairy desserts
- Fast foods
- Processed foods
- Snack foods

Weighing In

How Much Is Enough?

This depends partly on your weight before getting pregnant, but your health care provider can help you know what a healthy weight gain is for you.

- If your weight was normal, you may want to gain 25 to 35 lbs.
- If you were underweight, your health care provider might suggest gaining 28 to 40 pounds.
- If you were overweight, keeping weight gain between 15 to 20 pounds might be best.
- Expect to gain about 12 pounds or more extra with twins than with one baby.
- The idea is to aim for healthy. No need to diet, just make healthy choices to help you maintain the appropriate weight gain for you.



Staying Healthy

Iron Supplementation in Pregnancy

Iron is a nutrient needed in pregnancy in such large amounts that even a well-balanced diet would not provide enough. Without supplements, 80% of women will have depleted iron stores by the end of their pregnancies. So, in following the guidelines of the American College of Obstetricians and Gynecologists (ACOG) and the Center for Disease Control (CDC), we recommend that you take 30 mgs of elemental iron daily after the first trimester.

Iron is available over the counter; it does not need a prescription. When ferrous iron is in a prenatal or multivitamin with calcium, iron absorption is decreased. Because of this decreased absorption, we recommend you take an additional iron supplement, even if you are taking prenatal or multivitamins. You will need to buy one of the following supplements (any brand is fine).

- Ferrous sulfate 150–365 mg (30–65mg elemental iron).
- Ferrous fumarate 100 (Chewable) or 150 mg (33–50 mg elemental iron).
- Ferrous gluconate 300 mg (35 mg elemental iron).
- Carbonyl iron 50 mg (of iron).
- Polysaccharide-iron complex 50 mg (of iron), brand name is Niferex. You must ask the pharmacist for this iron as it is kept behind the counter.

Our dietician recommends ferrous gluconate because it is well tolerated. If ferrous iron causes unpleasant side effects for you, try Polysaccharide-iron complex or carbonyl iron. These should have the least side effects. In addition, research shows that carbonyl iron does not cause toxicity if accidentally taken by children. The absorption of this type of iron requires stomach acids, so the smaller the stomach, the less iron that can be absorbed.

We routinely check your hematocrit (HCT) for anemia twice during pregnancy. If you are anemic you will need to take 30–50 mg of elemental iron twice per day. You also need 15 mg of zinc and 2 mg of copper per day, which can be found in a prenatal or multivitamin. Plan to be rechecked in 4 weeks.

As the years go by, we learn more and more about the absorption of vitamins and minerals. In the 70's, we were taught to give iron with milk to protect the stomach. In the 80's, we were taught to give it with orange juice to enhance the absorption. Now we understand that ferrous iron is already in its absorbable form, so that taking it on an empty stomach either between meals or at bedtime is best. You need to avoid taking iron within two hours of an antacid, thyroid medications or Metamucil.

Travel

The best time to travel during pregnancy is between 14 and 32 weeks. Discuss with your provider if you are planning on traveling out of the country. Most airlines will allow women to fly until around 36 weeks, but you should check with your carrier and provider.

- Wear a seatbelt whenever traveling by car. This includes the lap and shoulder belt.
- Have a prenatal checkup before you leave.
- Eat regular meals and drink extra fluids.
- Change positions and stretch your legs frequently to prevent circulation problems and blood clots.

Exercise

Exercise is essential to good health and is an excellent way to prepare your body for the “labor” of giving birth. It helps relieve pregnancy-related pains and aches. You should strive for 30 minutes of moderate exercise daily. If you are already in an exercise routine, you do not need to change it just because you are pregnant. If you are not currently in an exercise routine, please start slowly.

- It is generally safe to lift up to 25 lbs, however you may discuss with your provider if you feel you are capable of lifting more.
- Drink plenty of fluids when exercising.
- Breathe deeply using your abdominal muscles.
- After the first trimester, avoid exercises on your back.
- Avoid racquet sports, skiing, snowmobiling, motorcycling, gymnastics, horseback riding, water skiing, surfing, diving, scuba diving and contact sports.
- Avoid exercising in hot rooms or outdoors during hot humid weather.
- Stop exercising if you feel faint, dizzy, uterine contractions, leakage of fluid from the vagina, calf pain or swelling, vaginal bleeding, or chest pains.
- You’ll need an extra 100 calories for each 30 minutes of mild exercise. You’ll need more if you work out longer or harder.

Exposure Risks

Mercury in New Hampshire’s Fish

Fish and shellfish are good sources of protein, omega-3 fatty acids, and other nutrients. However, pregnant women should not eat certain kinds of fish because they contain high levels of a form of mercury that can be harmful to the developing fetus.

Methyl Mercury, an organic type of mercury that is found in fish, can be harmful even at low levels. Mercury passes into the brain and interferes with normal development. Fetuses and young children are especially at risk because their nervous system is actively developing. High levels of mercury exposure have been shown to cause difficulties with learning, and to delay development of certain activities like walking and talking. Mercury gets into fish from the sediments at the bottom of a lake, stream, or ocean.

The New Hampshire Department of Health and Human Services recommends the following guidelines for how much fish people should eat:

- Women who are pregnant and/or who are breastfeeding should only eat one 8-ounce serving of freshwater fish per month.
- Children under the age of 7 should only eat one 4-ounce serving of freshwater fish per month.
- All other people should eat no more than four 8-ounce servings of freshwater fish per month.
- People should only eat smaller fish because mercury accumulates over time and fish that are older and larger will have more mercury than younger smaller fish.

Fish Guidelines for women who are pregnant, may become pregnant or breastfeeding:

- No shark, swordfish, king mackerel or tilefish.
- Stocked trout, rainbow or brown, one serving per week.
- Brook trout, stocked or wild, one serving per week.
- Canned tuna should be limited to one serving per week.

Since certain bodies of water have higher levels of mercury contamination than others, the Department of Health and Human Services recommends:

- For Horseshoe Pond in Merrimack, everyone should avoid eating Largemouth Bass.
- For Moore and Comeford Reservoirs, women of reproductive age and children under 7 should avoid eating all species of fish. All other people can safely eat up to 2 servings of fish per month taken from these reservoirs.
- For McIndoes Reservoir, reproductive-age women and children under the age of 7 should limit consumption to no more than 1 serving of fish per month. All other people can safely eat up to 3 meals per month of fish taken from this reservoir.

All of the fish-mercury consumption limits should be considered together. For example, a pregnant woman who eats two cans of light tuna per week is advised not to consume any additional meals of other ocean fish or freshwater fish that week.

Lead

Lead can cause health problems in adults and children. Pregnant and breastfeeding women and younger children are at special risk and should be tested. Lead poisoning can cause miscarriages, premature delivery, low-birth-weight babies and permanent damage to fetus in pregnant women. For breastfeeding women, it may cause contaminated milk, which can expose your baby to lead. Some ways you could be exposed to lead are:

- Peeling paint or repair work, especially in homes built before 1978.
- Jobs and hobbies like stained glass, painting and fishing.
- Imported cosmetics, candy, jewelry, medallions and charms that may contain lead.
- Home and natural remedies like Azarcon, Bala Goli, Pay-loo-ah and Ba-baw-san may also contain lead.
- Some jobs in construction, manufacturing, metal working and repairs may expose you to lead. It is important to know that lead particles can cling to clothes and the dust can be transferred to your home by a spouse working in these industries.
- Calcium can help protect against storing lead in the bones.

Zika Virus

The Zika virus can cause birth defects in babies from women exposed during or right before pregnancy. It is important to notify your provider of any travel within 6 months prior to or during your pregnancy. This virus can also be spread through sexual contact, including oral sex and use of sex toys. For more information on areas with risk of exposure to Zika virus, as well as safe sex practices if you have or may have been exposed, please visit the CDC website.





What to Do If You're Sick

Common Illnesses and Suggested Remedies

Use this part of the packet as a guide to remedies for common illnesses that occur in pregnancy. Please refer to the Safe Medication List regarding over-the-counter medications that may be used in conjunction with these remedies. Remember, it is best to try all courses of action before referring to medications, especially during the first 12 weeks of pregnancy when your baby's organs are developing.

Cold Symptoms

Colds may be more common and more prolonged during pregnancy. Always call our office for a fever greater than 101 degrees Fahrenheit.

- Increase humidity in the air with a cool mist vaporizer or humidifier. A vaporizer is invaluable for treating baby's stuffy nose too, so you might as well buy one now.
- Drink lots of extra fluids—juices, broth, decaffeinated beverages, ice pops etc.
- Chicken soup has been scientifically shown to decrease congestion.
- Rest as much as possible.
- Relieve nasal stuffiness with saline drops or Ocean Spray—a weak salt solution you can buy at the pharmacy— or by adding ¼ teaspoon of salt to 1 cup of boiled water. You can apply with a nose dropper or inhale directly to help loosen nasal secretions. Use as needed.
- For cough symptoms: mix 1 teaspoon of honey with lemon juice diluted with a small amount of water, or suck on hard candy or cough drops (please call if you are coughing up green or yellow sputum).
- For sore throat symptoms, frequent saltwater gargles (½ teaspoon salt in cup of warm water).
- Make an appointment with your PCP to have a culture taken if it is not better in two days, if it is getting worse, or if you have a fever over 101 degrees Fahrenheit.

Fever

- Increase fluids.
- Lower your temperature gradually by taking a lukewarm, not cold, shower or bath.
- Dress in loose, comfortable clothing and cover lightly if necessary.

Fever (continued)

- Keep room well ventilated but avoid drafts.
- Rest.
- Take 650 mg of Acetaminophen (Tylenol) every 4 hours, not to exceed 4000 mg in a 24-hour period. No Ibuprofen (Motrin/Advil).
- If fever of 101 degrees Fahrenheit, or if fever does not respond to these measures or continues for more than 10–12 hours, call us.

Aches and Pains

- Massage the area.
- Relax in the shower or bath.
- Apply heat such as heating pad or a hot water bottle, to sore muscles. Use an ice pack for 15 minutes per hour for muscle spasms.
- Rest, use pillows for support.
- Tell us about frequent or persistent aches and pains.

Nausea

- Vitamin B6, 25 mg three times a day, or Preggo Pops.
- Eat small frequent meals.
- Avoid simple sugars and carbohydrates; add complex carbohydrates, protein and some fat and dairy products.
- Avoid sweets.
- Unisom Nighttime Sleep Aid, ½ tablet every 8 hours at bedtime as needed.
- If unable to keep anything solid down for 2 days, call us.

Vomiting and Diarrhea

- Rest!
- Do not eat or drink anything for a couple of hours to give your stomach a rest.
- Start out with sips of water or ice chips.
- Gradually begin drinking small amounts of clear liquids— broth, flat cola or ginger ale, weak tea, Jell-O, popsicles, Gatorade.
- Gradually take larger amounts of fluids, then add ripe bananas, rice, apple sauce and toast. Continue for 24 hours.
- Avoid milk and fatty foods for 48 hours.
- If vomiting or diarrhea persists over 24 hours, call us.

Morning Sickness

- Keep a box of unsalted crackers by your bed. Eat a few before you go to sleep and a few before you get out of bed. Take your time getting up, and move slowly.
- Drink liquids such as water or fat-free milk between meals.
- Eat often; instead of 3 meals a day, try eating 5 or 6 small meals.
- Avoid triggers, such as specific foods or odors that are more likely to make you nauseous.
- Talk to your provider about taking Vitamin B6 and Unisom.

Indigestion/Heartburn

- Eat 5–6 small meals spaced throughout the day.
- Avoid greasy, fried, spicy, and acidic foods.
- Avoid coffee, tea, chocolate, and carbonated beverages.
- Avoid reclining after eating or eating immediately before bed.
- Avoid tight-fitting clothes.
- Eat slowly in a relaxed atmosphere.
- Try antacids like Tums, Rolaids or Maalox.

Constipation

- Increase fluids, especially 6–8 glasses of water daily.
- Exercise daily, a brisk 30-minute walk is excellent.
- Treat by adding bran foods, whole grains, fibrous fruits and veggies, dried fruits and prune juice.
- Add bulking agent, like Metamucil, Citrucel or Fibercon. Use 2–3 times daily.
- If constipation persists, call the office.

Hemorrhoids

- Avoid constipation, or straining. If constipation occurs please follow recommendations listed at left.
- Cold compresses or ice packs can help with discomfort.
- Elevate feet and hips.
- Preparation H may be used up to 4 times per day.
- Mix solution of 50% Epsom salt, and water. Place in freezer and make ice cold compresses. Apply for 20 minutes at a time, then rinse. Use every 2–3 hours.
- If hemorrhoids persist, call the office.

Leg Cramps

- Take two or more short rest periods throughout the day where you can lie on your left side.
- Sleep on your left side at night and avoid lying flat for long periods of time.
- Point your heels and not your toes when stretching your legs.
- Stretch the cramping muscle, do not rub.
- Evaluate daily consumption of milk; we recommend a quart of milk or the equivalent in milk products.
- Avoid foods high in phosphorus like soda and processed snacks.
- Increase potassium sources, like bananas, fruit, tomato juice and potatoes.
- If none of the above work, try supplementing calcium with Tums (Calcium Carbonate) once daily.

Carpal Tunnel

- Take more frequent breaks and rest your hands.
- Stretch your wrists daily.
- Use cold compress to reduce inflammation.
- Use a wrist splint, that you can find at any local pharmacy.

Safe Medications in Pregnancy

We have compiled a list of over-the-counter medications that we feel are relatively safe for your use in pregnancy. Please use the dosages as described on the labels. If there are any other medications that you have questions about you can call the office at any time and we will advise you on whether or not we believe they are safe.

Congestion/Cold/Allergies	Benadryl, Chlor-Trimeton, Sudafed/Sudafed PE (after first trimester), Mucinex, Claritin (original only), Zyrtec (original only), Ocean Nasal Spray, Dayquil (after first trimester)
Constipation	Metamucil, Colace, Miralax, Ducolax, Senokot
Cough	Robitussin (original only), cough drops, Mucinex, Dayquil (after first trimester)
Diarrhea	Immodium-D
Headache	Tylenol, Tylenol Extra-Strength
Hemorrhoids	Preparation-H, Tucks Pads, Anusol
Heartburn	Gaviscon, Mylanta, Tums, Pepcid, Maalox, Rolaids
Insect Repellent	Off, Skin So Soft, Skintastic

Motion Sickness	Dramamine, Sea Bands
Nausea	Vitamin B6, Preggo Pops, Ginger Tabs, Sea Bands, Unisom-Doxylamine (½ tablet)
Pain/Aches	Tylenol, Tylenol Extra-Strength
Sore Throat	Chloraseptic Spray, Vicks Throat Lozenges
Sunscreen	SPF (at least 30) Titanium Dioxide, Zinc Oxide
Yeast Infections	Monistat-7, Clotrimazole 1% (preferably after 1st trimester)

** Many of these medications come in generic form; please consult a pharmacist to help you find the generic brand of the above listed medications.

*** No drug can be considered 100% safe for use during pregnancy.

12–13 Week Visit

If you and your provider determined the Nuchal Translucency (NT) ultrasound was best for you, it would be performed at this time. You may have this ultrasound visit scheduled with your OB follow-up visit or separately, either is fine to accommodate your scheduling needs. At this visit we will review any lab results that you had ordered from your previous visit. From this point on, you will have your weight and vitals taken at each visit. We will also ask for a urine sample to perform an in-office urine dip at each visit to check for protein and glucose. If you are having symptoms or we find an abnormality in your urine dip, we may also ask for a clean catch urine sample to send to the lab for a urine culture. At this point, we will also do a fetal heart tone check at each visit. We should be able to hear the baby's heart starting in between 11 and 12 weeks on the Doppler. We will also start performing fundal height measurements, which is where the provider measures your uterus size to make sure it is measuring according to your gestational dates.

15–16 Week Visit

Your provider will discuss any remaining lab results that were not discussed at the previous visit with you at this visit. Your provider will discuss quickening with you. The first fetal movements are called quickening and are often described as fluttering.

19–20 Week Visit

You may have your fetal survey ultrasound scheduled separately or with your OB follow-up visit—either is fine. Both appointments will take place in this gestational time period. The fetal survey is best performed between 19 and 20 weeks, for the optimal visualization. You should expect this scan to take about 45 minutes to an hour as we need to take a look at all of your baby's body parts to ensure your baby is growing as expected and there are no issues. Your provider will also discuss fetal movement with you.

How Will I Change During Weeks 14 to 27?

- Now is a good time to shop for maternity clothes. You will continue to gain weight during the rest of your pregnancy.
- Most women gain about 25 to 35 pounds during pregnancy. If you were underweight before pregnancy or are having twins, you should gain more. You should try to gain a little less if you were already above your ideal weight.
- You'll probably feel less moody and your stomach may be less upset.
- You may have more energy and feel more comfortable.
- You may be extra hungry now. Choose healthy foods and be careful not to overeat.
- Your breasts may get bigger and feel tender.
- Your back may get sore at times.
- You'll feel your baby move!

How Will My Baby Change During Weeks 14 to 27?

- Your baby can swallow and suck their thumb.
- Your baby's arms, legs, ears, eyes, toes and bones are formed and growing.
- Your baby can kick, move his arms, sleep, wake up and yawn.
- Your baby has eyelashes, eyebrows, nails and hair.
- By the end of week 27, your baby will be about 13 inches long and weigh about 1½ pounds.



Round Ligament Pain

Round ligament pain is an uncomfortable sensation you may feel in your abdomen, hips, or groin during pregnancy. Your round ligaments are two rope-like bands on each side of your uterus. Each one is about 10 to 12 centimeters long. They connect your uterus to your lower abdominal wall through your groin.

During pregnancy, the round ligaments are placed under tension as they support your growing uterus. This tension can cause pain, especially when you move suddenly.

Round ligament pain is a common and normal symptom of pregnancy. There's no cause for worry. Talk to your pregnancy care provider if you experience round ligament pain and don't find relief from resting or changing positions, or if the pain comes with vaginal bleeding or contractions.

What Does It Feel Like?

Round ligament pain usually occurs during the second trimester of pregnancy (weeks 14 through 27). But it can appear earlier or later in pregnancy. It usually happens with sudden movements. People often describe round ligament pain as:

- Aches
- Cramps
- Spasms
- Sharp, stabbing or pulling sensation

Where Do You Feel It?

The pain may occur on the lower part of your pelvis or in your groin area. It can occur on both sides or just one side. It typically lasts only a few seconds or minutes. It often happens repeatedly during the second trimester when your uterus begins to grow more quickly. If pain in your round ligament doesn't go away after a few hours, call your healthcare provider.

Possible Causes

As your uterus expands during pregnancy, your round ligaments get longer and wider because they're supporting your growing belly. This places tension on the ligaments and can cause them to ache. Additionally, your round ligaments typically contract and loosen slowly. So, when they're already stretching, and you move suddenly, you're making the round ligaments move and contract faster than they can.

Round ligament pain typically occurs when your uterus is enlarged, most commonly in pregnancy. But round ligament pain may also occur in people who aren't pregnant. This could be a sign of endometriosis when your uterine lining grows outside your uterus.

What Aggravates the Pain?

Some of the more common triggers of round ligament pain occur when you move suddenly or abruptly. Understanding what triggers your round ligament pain and avoiding those movements can go a long way in feeling better.

Common triggers include:

- Changing positions (like standing up too quickly)
- Rolling over in bed or getting out of bed
- Sneezing, coughing, or laughing
- Exercising

Care and Treatment

There are several things you can do to ease any discomfort you feel due to round ligament pain. Some of those are:

- Wear an elastic belly band to support your belly
- Stretch or do yoga to stretch the ligaments gently
- Rest
- Hold your belly or flex your hips when you sneeze, cough, or laugh.
- Take acetaminophen for severe pain
- Take a warm bath (not hot)
- Avoid positions that worsen the pain

While round ligament pain is usually harmless, it's best to tell your provider about your symptoms so they can make sure it's not something more serious.

Prevention

It's not always possible to prevent round ligament pain. But you may be able to reduce the sudden movements that sometimes cause the pain such as:

- Avoid lifting heavy objects and standing for long periods of time during pregnancy. This will help lessen the stress on your round ligaments.
- If you think you're about to laugh, sneeze or cough, try leaning forward first. Try placing your hands under or over your belly for support.
- Move slowly when changing positions. Try to avoid standing, sitting, or rolling over suddenly.
- Try bending and flexing your hips throughout the day. Or try this floor stretch daily: Put your hands and knees on the floor. Lower your head toward the floor. Keep your butt in the air.

Additionally, you can ask your provider if yoga or other gentle exercises could help you.

Does the Pain Go Away?

Yes, it goes away. Some people say round ligament pain subsides by about the third trimester. Others don't experience complete relief until after delivery when hormone levels drop, and your uterus returns to its pre-pregnancy size.

When to Call Your Doctor

Abdominal pain can be a symptom of other conditions, whether you're pregnant or not. Seek medical attention right away if you have abdominal pain and other symptoms, such as:

- Bleeding
- Contractions
- Chills
- Fever
- Nausea or vomiting not related to morning sickness
- Pain or pressure in your lower back, another sign of labor
- Severe pain that doesn't go away
- Vaginal discharge (any substance leaking from your vagina)
- Blood in your pee or pain when you pee



24 Week Visit

At this visit, your provider will discuss the glucose testing that is performed between 26 and 28 weeks. We will discuss the TDaP vaccine with you, which is due to be given in between 28 and 32 weeks gestation. Your provider will also discuss birthing classes, pediatricians, circumcision, and preterm labor signs and symptoms with you at this visit.

Preterm Labor

Warning signs of preterm (premature) labor may be very subtle. Waiting to call for help could result in the preterm birth of your baby. Call your health care provider immediately if you have any of the following symptoms;

- Menstrual-like cramps usually in the lower abdomen that may come and go or remain constant. They may also occur with or without nausea, diarrhea, or indigestion.
- Contractions that feel like a tightening of your abdomen every 10 minutes or more frequently within one hour.
- Low, dull backache below the waist that does not go away when you change position or rest on your side, or a rhythmic backache that comes and goes in a pattern (back labor).
- Pelvic pressure or pain that comes and goes in a rhythmic pattern in the lower abdomen, back and/or thighs (described as a "heaviness in the pelvis").
- Intestinal cramping or flu-like symptoms, with or without diarrhea.
- Increase or change in vaginal discharge (heavy or mucous-like discharge, a watery discharge, or a light bloody discharge).
- Rupture of membranes (bag of waters breaks).

Lab Work To Be Done at 26 to 28 Weeks

- **Complete Blood Count (CBC):** Abnormally low levels of red blood cells in the blood stream, caused by lack of iron, can cause complications in pregnancy. It is common in pregnancy, and easily treated with over-the-counter iron supplementation.
- **Antibody Screen:** We will rescreen anyone with an RH negative blood type to make sure you are not developing any antibodies during your pregnancy.

Lab Work To Be Done at 26 to 28 Weeks (continued)

- **Syphilis (RPR):** American College of Obstetrics and Gynecology now recommend universal screening for syphilis at the start of pregnancy as well as at 28 weeks, due to national increases in undiagnosed syphilis rates.

Glucose Challenge Test (GCT)

Gestational diabetes is a complication of pregnancy in which the pregnancy hormones create a temporary condition of diabetes which resolves after the delivery. If not diagnosed and treated, it can lead to complications for both mother and baby. When it is diagnosed and managed properly, most of the pregnancy complications can be prevented.

Since 1–3% of pregnancies can be complicated by gestational diabetes, most authorities recommend that all pregnant women be screened between 26 and 28 weeks gestation, although we may advise patients with certain risk factors to be screened earlier. The definitive test is a 3-hour glucose tolerance test (GTT), which is inconvenient and time-consuming. The Glucose Challenge Test (GCT), also called the O'Sullivan Screen, has been designed as a screening test for gestational diabetes. If you have a normal GCT, you probably do not have gestational diabetes, and you do not need to undergo a GTT. If the GCT is abnormal, you may have gestational diabetes and GTT will need to be performed. Most women with abnormal GCT's turn out to have a normal GTT and do not have diabetes.

On the day of the test, eat normally, but try to avoid things that are excessively sweet. For the test you will take in 50 grams of glucose (sugar) orally in one dose by drinking a special sweet drink. One hour later, you will have your blood drawn to obtain a glucose level. You will receive a sheet with your glucose test instructions, please follow them closely.

If you have any questions regarding your upcoming tests, please feel free to call our office.



Back Pain and Spine Health

As the body prepares for childbirth, hormones cause the pelvic ligaments and joints to loosen. This can lead to pain. These changes may also cause poor posture (positions that are not best for the spine). Over time, poor posture often results in back pain.

Types of Back Pain During Pregnancy

Lower back pain occurs along the bottom (lumbar) curve of the spine. It can be caused by added weight in the abdomen pulling the body forward, and by standing with poor posture. It can feel like a dull ache in the lower back, in or above the waist.

Upper back pain occurs along the middle (thoracic) curve of the spine. It can be caused by using poor posture for long amounts of time. It often feels like a dull pain between the shoulder blades.

Pelvic pain affects the thighs, groin and buttocks. This pain can be caused by poor posture while walking, bending or lifting. It can feel like a dull ache or shooting pain below the waist.

Sciatica occurs when the baby's weight puts pressure on the sciatic nerve. This nerve runs from the lower back down the legs. Sciatica feels like a shooting pain down the buttocks and the back of the leg. It most often occurs on only one side of the body.

Tips for Good Posture

Standing for long periods can strain the back. When standing, it helps to:

- Rest one foot on a book, ledge or low stool. Every few minutes, switch legs. Doing this helps relieve strain on your lower back.
- Try to change positions every 15 minutes. This gives your muscles a break.
- Keep your legs slightly apart. This helps you balance your weight so that all of your muscles are doing equal work.
- Stand on a carpeted or cushioned floor. Or, put a mat or small rug on a hard floor.
- Wear comfortable shoes with padded soles and arch support. Athletic shoes are a good choice.
- When sitting in a chair or car, make sure your spine's lumbar curve is supported. To do this:
 - Use a chair with lumbar support built in, or put a firm pillow against your lower back.
 - Sit with your knees slightly lower than your hips. Don't cross your legs.
 - Take deep breaths often. This helps keep your spine and abdomen in the best position.
 - Vary your activity each hour. For instance, get up and take a 5-minute walk around the office.
 - Watch your balance as you stand up.

After the first trimester (13 weeks), lying flat on your back may decrease blood flow to your baby. Your baby's weight can also put pressure on the sciatic nerve. Ask your health care provider if you should avoid lying or sleeping flat on your back. Follow these tips for lying safely and comfortably:

- Lie on your side with your knees slightly bent. This takes pressure off the uterus and improves blood flow to your baby.
- Place a pillow under your abdomen to support your uterus. Also put a pillow between your knees to help keep your spine aligned.
- Try lying in a semi-reclined position. Prop up your back and legs with pillows. You can also use a reclining chair. (Check with your health care provider to make sure this position is safe for you and your baby.)

Tips for Good Posture (continued)

- Roll onto your side to get out of bed. Use your arms to push yourself into seated position. Scoot to the edge of the bed and place your feet on the floor. Lean forward, then use your leg muscles to stand.

Moving Safely

Bending – To Protect Your Back as You Bend:

- Put one foot slightly in front of the other. Bend at the knees and hips, pushing your hips backward. Keep your upper body as straight as you can.
- Face forward. Try to keep your ears, shoulders and hips in a line.
- Don't hold your breath.

Lifting – To Lift a Large Object or a Child Safely:

- Get as close to the load as you can. Face forward, to help keep your ears and shoulders aligned.
- Use the muscles in your thighs and buttocks to stand. As you lift, tighten your abdominal and pelvic floor muscles.
- Don't hold your breath. Avoid twisting.

Carrying – To Carry a Load Safely:

- Carry an object or child in front of you, not resting on your hip.
- If you can, break up your load into two smaller bags, if you can. Carry one bag on each side to maintain balance, or, break the load into smaller ones and take more trips.
- Try to tighten your abdominal and pelvic floor muscles as you walk. This takes weight off your back.

Exercising Your Back

Exercising the muscles that support your back can help them work without pain. The muscles include those in your neck, back, abdomen and thighs. Before trying the exercises below, ask your health care provider if they are safe for you. Don't push yourself. Start by doing each exercise once or twice a day. Work up to doing each one 5 to 10 times daily.

Pelvic Tilt

This exercise stretches muscles in the buttocks and lower back. It also strengthens your abdomen and helps "set up" good posture.

- Get on your hands and knees with your back straight. A mat can help cushion your knees.
- Try to pull your abdominal muscles in. Tuck in your buttocks. This will tilt your pelvis up. As your pelvis tilts, your back will rise toward the ceiling.
- Hold and count to 5, then relax.

Standing Pelvic Tilt

The pelvic tilt can also be done leaning against a wall.

- Stand with your feet 12 inches from the wall and your knees slightly bent. Support your abdomen with your hands.
- Use your muscles to pull your abdomen in. Do this until your lower back flattens against the wall.
- Hold and count to 5, then relax. Do this stretch at any time to relieve lower back pain.

Exercising Your Back (continued)

Neck and Back Stretch

This stretch reduces tension in your neck and upper back. You can do this standing or sitting.

- Look straight ahead, with your ears lined up over your shoulders. Wrap your arms around your shoulders and hug yourself.
- Tuck in your chin and roll your head forward. You'll feel a stretch in the back of your neck and into your shoulder blades.
- Hold and count to 5. Then return your head to its original position.
- Next, turn your head as far left as you comfortably can. You'll feel a stretch on the right side of your neck. Hold and count to 5. Then repeat, turning your head as far right as you can.

Wall Stretch

This strengthens and loosens the muscles in your upper back.

- Lean against a wall with a rolled towel or firm pillow under your shoulder blades. Your feet should be about 12 inches from the wall and shoulder-width apart. Point your chin down.
- Breathe in. Push your shoulders, neck and head against the wall. You will feel a stretch in your shoulders.
- Hold for 5 counts, then breathe out and relax your shoulders and neck.

Leg Lifts

This strengthens the muscles of your back, buttocks and abdomen.

- Get down on your hands and knees. Put your arms directly under your shoulders. Keep your knees shoulder-width apart.
- Round your back. Then lift your left knee and gently bring it toward your elbow. Look at your knee as you raise it. (If you feel pressure in your abdomen, stop raising your knee.)
- Keeping your knee slightly bent, extend your leg. Lift your leg until you feel a stretch in your low back. Don't lift your leg higher than your hip.
- Hold for 5 counts, then lower your left leg. Repeat the exercise with your right leg.

Body Bends

This strengthens your back and buttocks muscles.

- Stand with your legs shoulder-width apart. Put your hands on your upper thighs and bend your knees slightly.
- Slowly bend forward at the hips. Push your hips back and keep your shoulders up. Make sure your back is straight. You'll feel a stretch in your upper thighs. You'll also feel your back muscles holding you in position.
- Hold for 5 counts, then straighten.

Tailor Sit

This exercise makes your thigh, pelvic and hip muscles more flexible.

- Sit on the floor with the soles of your feet together. Your back should be straight.
- Gently lean forward until you feel a mild stretch in the hip and thigh muscles. Your back should remain straight. Don't push down on your legs with your hands.
- Hold and count to 5. Then relax.



Tailor Sit

This exercise makes your thigh, pelvic and hip muscles more flexible.

- Sit on the floor with the soles of your feet together. Your back should be straight.
- Gently lean forward until you feel a mild stretch in the hip and thigh muscles. Your back should remain straight. Don't push down on your legs with your hands.
- Hold and count to 5. Then relax.

Trunk Turns

This helps make your trunk (from your shoulders to your hips) more flexible.

- Sit on the floor with your legs crossed. Your back should be straight.
- Put your right hand on your left knee. Rest your left hand on the floor to support yourself and help you balance.
- Slowly twist left. To do this, turn your head, shoulders and chest as far left as you comfortably can. Keep your hips, knees and feet in place.
- Hold for 5 counts. Then change sides and slowly twist right.

Dressing for Comfort

Certain clothes can help support your back and improve your posture. You can find maternity items in specialty stores or department stores. A salesperson can help you with the right fit. To dress for comfort, try:

- A maternity belt or girdle, which supports the weight of your abdomen. (Some pants for pregnant women have these built in.)
- A maternity bra, which supports the weight of your growing breasts.
- Comfortable shoes with padded soles and arch support. These can help you stand and walk without pain.

If Pain Occurs

Even with the tips listed in this booklet, some back pain is likely during your pregnancy. To help relieve pain, try these tips:

- Soothe pain with a warm heating pad wrapped in a towel. Or, take a warm (not hot) bath. Use heat for up to 20 minutes at a time.
- Numb pain with an ice pack wrapped in a thin towel. Keep the ice in place for up to 20 minutes at a time.
- Ask your partner or a friend to massage the painful area, or see a massage therapist who works with pregnant women.
- Ask your health care provider whether over-the-counter painkillers are safe for you and your baby or whether a referral to physical therapy would be beneficial for treatment of your back pain.

28 Week Visit

If you had your glucose testing completed prior to this appointment, your provider will discuss those results with you at this visit. If your provider determined that you need a Rhogam injection due to your blood type, you will receive that injection at this visit. We will offer you the Tdap vaccine, which is given in-between 28 and 32 weeks gestation. If you have a planned C-Section or repeat C-Section, we will discuss that around this time. We will also be discussing if you have plans to breastfeed or not and contraceptive options for after delivery of the baby. If you are planning to have a Tubal Ligation procedure for your contraceptive option, your insurance may require consent for this procedure to be signed at this time. Please discuss this further with your health care provider, if you are considering this option. If you are interested in breastfeeding, please be sure your care team provides a breast pump order form so that your pump will be ordered in time.



Lightning Crotch

Lightning crotch is a sharp, burning or shooting nerve pain in our vaginal area during pregnancy. It's a normal symptom of pregnancy and isn't usually a cause for concern.

Lightning crotch is a quick, sharp, and shooting pain you may feel in your entire pelvic area, rectum, or vagina. Some people describe it as a stinging or stabbing jolt of pain. It comes and goes quickly – like a flash of lightning. How intense the pain is usually depending on the fetus's position and size.

Most people experience lightning crotch in their third trimester (weeks 28 to 40 of pregnancy).

Some of the best ways to feel better if you have lightning crotch are:

- Make slower movements. For example, when you get out of bed or out of the car, make your movements deliberate and slow. Quick, jerky movements can lead to more lightning crotch pain.
- Wear a belly support band or belt. This may be helpful because it relieves some of the pressure on your pelvis.
- Maintain a gentle and regular exercise routine throughout pregnancy. Swimming is a great option.
- Take a warm bath or get a prenatal massage to relax your muscles and joints.
- Shift positions when you feel lightning crotch pain.

Birth Control Options

Choosing a method of birth control can be difficult. Know the options and how to pick the type of contraception that's right for you. If you're considering using birth control (contraception), you have a variety of options. To help pick the right method of birth control for you and your partner, consider the following questions.

What Birth Control Options are Available?

Your birth control options include:

- **Barrier methods.** Examples include male and female condoms, as well as the diaphragm, cervical cap and contraceptive sponge.
- **Short-acting hormonal methods.** Examples include birth control pills, as well as the vaginal ring (NuvaRing), skin patch (Xulane) and contraceptive injection (Depo-Provera). These are considered short-acting methods because you have to remember to use them on a daily, weekly or monthly basis.
- **Long-acting hormonal methods.** Examples include the copper IUD (ParaGard), the hormonal IUD (Mirena, Skyla, Kyleena, others) and the contraceptive implant (Nexplanon). These are considered long-acting methods because they last for three to 10 years after insertion – depending on the device – or until you decide to have the device removed.
- **Sterilization.** This is a permanent method of birth control. Examples include tubal ligation for women and vasectomy for men.

- **Spermicide or vaginal gel.** These are nonhormonal options for birth control. Spermicide is a type of contraceptive that kills sperm or stops it from moving. Vaginal pH regulator gel (Phexxi) stops sperm from moving, so they can't get to an egg to fertilize it. You put these products in the vagina right before sex.
- **Fertility awareness methods.** These methods focus on knowing which days of the month you can get pregnant (fertile), often based on basal body temperature and cervical mucus. To avoid getting pregnant, you do not have sex on or around the days you are fertile, or you use a barrier method of birth control.

It's also important to be aware of emergency contraception – such as the morning-after pill (Plan B One-Step, Aftera, Ella, others) – which can be used to prevent pregnancy after unprotected sex.

How Do The Different Birth Control Options Work?

Various types of birth control work in different ways. Birth control methods may:

- Prevent sperm from reaching the egg.
- Inactivate or damage sperm.
- Prevent an egg from being released each month.
- Alter the lining of the uterus so that a fertilized egg doesn't attach to it.
- Thicken cervical mucus so sperm can't easily pass through it.

Birth Control Options

What is the Method's Effectiveness?

Over 99% effective:

- Sterilization (male or female)
- Hormonal implant
- IUD

91%-94% effective:

- Injections
- Oral contraception
- Patch
- Vaginal ring

72%-88% effective:

- Diaphragm, cervical cap or sponge
- Gel or spermicide
- Condom
- Withdrawal
- Natural Family Planning

15% effective:

- No birth control

as a short-acting hormonal method or a barrier method. If you want to prevent pregnancy for a longer amount of time, you may consider a long-acting method, such as an IUD. If you're certain that you don't want to get pregnant at any time in the future, you may prefer a permanent method, such as sterilization. You may find that different contraceptive options work for you at different stages of your life.

How Do I Choose?

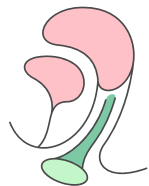
The best method of birth control for you is one that is safe, that you are comfortable using, and that you can use consistently and correctly. Your preferred method of birth control may change over your lifetime and is influenced by many different factors, including:

- Your age and health history.
- Your reproductive goals, such as the number of children you want and how soon you want to get pregnant.
- Relationship factors, including marital status, number of sexual partners, how often you have sex and partner preferences.
- Religious beliefs.
- Differences between birth control methods, including how effective they are at preventing pregnancy, side effects, cost and whether they prevent sexually transmitted infections.

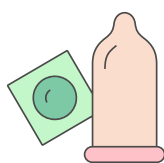
Knowing your options is part of the decision process – but an honest assessment of yourself and your relationships is just as important when deciding which type of birth control is right for you. Your provider will discuss these options with you during pregnancy, to help you have a birth control plan that meets your needs post-delivery.

Is It Reversible?

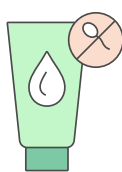
The method of contraception you choose depends on your reproductive goals. If you're planning pregnancy soon, you may want a method that's easily stopped or quickly reversible, such



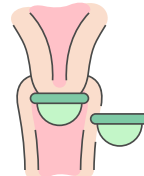
female condom



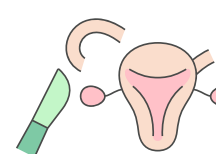
male condom



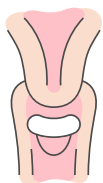
spermicide



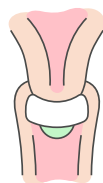
vaginal diaphragm



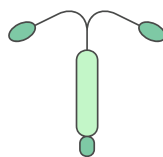
salpingectomy



sponge



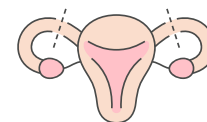
cervical cap



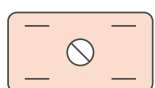
IUD



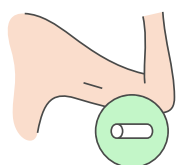
birth control pills



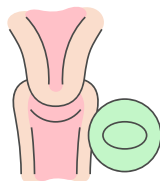
tubal ligation



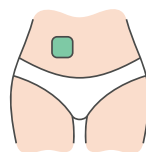
emergency
contraception



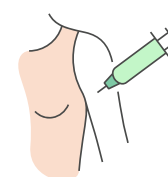
birth control implant



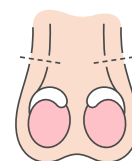
vaginal ring



hormonal patch



birth control shot



vasectomy

30-32 Week Visit

You may be seen once or twice in this time period, or possibly more often if you are deemed a high-risk pregnancy. If you have not received the Tdap vaccine at 28 weeks but wish to still receive it, we will administer it at this visit. We will also discuss Group B Strep testing which is done at 36 weeks, and if your baby is determined to be in a Breech (bottom down) position, your provider may discuss options of exercises or other treatments to try to get the baby turned head down.



How Will I Change During Weeks 28 to 40?

- Your belly will feel hard and your uterus may tighten up like a fist. This is called a Braxton Hicks contraction (also called false labor). This type of contraction often happens as you get closer to labor and delivery.
- You will feel and see your baby moving. The baby's turning and kicking might even wake you up in the middle of the night.
- Your lower belly will feel heavier as the baby moves down.
- You may have trouble sleeping.
- You'll probably need to urinate more often.
- You'll get tired more easily. You may be short of breath sometimes.

How Will My Baby Change During Weeks 28 to 40?

- Your baby can open its eyes and hear sounds.
- The baby's bones and organs are all formed by now.
- Your baby will move down, getting into the right position to be born.
- By week 40, your baby will be about 19 inches long and weigh about 7 pounds.

Choosing a Doctor for Your Baby

If you haven't already chosen a health care provider for your baby, now is the time. You'll want to establish care prior to your baby's arrival as your new baby will be seen shortly after they are born and frequently in the early stages of development. Below are Foundation Medical Partners practices that care for newborns and children. To learn more, visit SNHHealth.org.

For help in selecting a new provider for your baby, call HealthMatch at 603.577.2255.

Pediatric Practices

Main Street Pediatrics & Adolescent Medicine

280 Main Street, Suite 410 | Nashua, NH
Phone: 603.595.7388

Foundation Pediatrics

280 Main Street, Suite 111 | Nashua, NH
Phone: 603.594.6030

Merrimack Pediatrics

696 Daniel Webster Highway | Merrimack, NH
Phone: 603.429.3155

Medicine-Pediatrics of Nashua

17 Prospect Street, Suite N103 | Nashua, NH
Phone: 603.594.6337

Partners in Pediatrics

Tara Commons | 116 Spit Brook Road | Nashua, NH
Phone: 603.891.0083

Family Medicine

Amherst Family Practice

8 Limbo Lane | Amherst, NH
Phone: 603.673.5885

Family Practice of South Nashua

Tara Commons | 116 Spit Brook Road | Nashua, NH
Phone: 603.888.5573

Merrimack Family Practice

Merrimack Medical Center
696 Daniel Webster Highway Merrimack, NH
Phone: 603.429.3155

Pepperell Family Practice

68 Main Street | Pepperell, MA
Phone: 978.433.6317

Primary Care of Milford

10 Jones Road | Milford, NH
Phone: 603.672.7600

Primary Care of Hudson

300 Derry Road | Hudson, NH
Phone: 603.886.3979



Additional Testing

Non-Stress Test

A non-stress test (NST) is a technique for evaluating how well the placenta is functioning and thus the well-being of the fetus in the uterus. By watching the response of the fetal heart rate to fetal movement, we can get a good idea of how well the placenta is meeting the fetus' needs.

NSTs are done for several reasons, the most common being post-maturity, or going beyond the due date. Others may include high blood pressure, maternal diabetes, toxemia, growth restriction, and decreased fetal movement. These are all conditions that may be associated with decreased placental function.

Before an NST, you should eat a meal or a snack to promote fetal activity. You will be positioned comfortably and the external fetal monitors will be fastened to your abdomen with elastic straps. You will be given a "button" to push whenever you feel fetal movement. The test takes 20-40 minutes, depending on whether the fetus is awake or asleep at the beginning of the test.

An NST is considered "good" or reactive if the fetal heart rate increases, or accelerates, with fetal movement. We like to see at least 2-3 fetal heart rate accelerations in a 20-minute period. If the test is reactive, the NST may be repeated at weekly intervals until delivery to monitor continued fetal well-being.

If accelerations are not seen, we may change your position, stimulate the baby, give you a snack or ask you to walk for a while and then re-monitor. A borderline or non-reactive tracing may require a repeat or further testing.

If contractions are noted on the monitor, we can assess the fetus' response to the contractions as well as to fetal movement. On occasion, we may ask you to try "nipple stimulation" to create spontaneous contractions. This constitutes a "contraction stress test."

An official contraction stress test is rarely indicated. This involves giving small amounts of oxytocin intravenously until there are enough mild contractions (3 in 10 minutes) to judge the baby's response to them. This test is done in the labor room.

Group B Strep Test

A third of all women are carriers of Group B Strep. It is common for these bacteria to be present around the vagina and the rectum. The presence of these bacteria does not represent an infection; rather it is normal flora, meaning it belongs there. There is no risk to your health if you are a carrier of Group B Strep, nor can the carrier state be effectively eradicated with oral antibiotics. If a newborn were to contract Group B Strep, however, a serious infection could result. Because of the potential risk this bacteria poses, a great deal of research has been done. Specialists have proven that such infections can be prevented by treating a mother who is a carrier of Group B Strep with antibiotics during labor.

At Southern New Hampshire Medical Center, in an effort to prevent transmission of Group B Strep to the newborn and possible neonatal infection, all the Obstetricians have adopted a universal screening protocol. This means that at 36-37 weeks gestation in every pregnancy, women are screened for Group B Strep. The screening test is a simple swab of the vagina and rectum that is then cultured in the lab to see if Group B Strep is present. These test results are available in 36-48 hours and determine which women are Group B Strep carriers and which ones are not. You will be informed of your test results during your next visit. Those women who are not Group B Strep carriers likely will not have an affected infant.

Those women who are Group B Strep carriers are treated with Penicillin (or another antibiotic if allergic) during labor. This antibiotic regimen should virtually eliminate the risk of a Strep infection in full term infants. Furthermore, the pediatrician will have the comfort of knowing if the infant was exposed to Group B Strep and will be able to use this information in their assessment of any possible signs of an infection in a newborn.

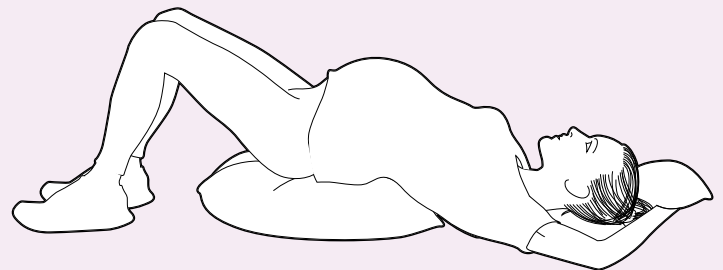
This program began in August of 1994 and we are keeping careful records of our babies' outcomes. At Southern New Hampshire Medical Center, we feel that this program is painless, cost effective, and an evidence-based way to deal with the problem of Group B Strep. If you have any questions about the test, please feel free to ask your health care provider.

Dr. Souza's Breech Exercise

This exercise was developed by Dr. Juliet De Sa Souza to help change the position of the baby from breech to vertex (head-first). Dr. Souza claimed that in a series of 744 patients, this exercise worked 88.7% of the time.

To perform the exercise, assume the above position for 10 minutes at a time, twice a day. This should be done on a hard surface with the pelvis raised by pillows 9-12 inches above the head. It is important to do this on an empty stomach.

The purpose of the exercise is to move the baby out of the pelvis so that it can turn to a head-first position by its own activity. According to Dr. Souza, even when this treatment fails to make the baby turn, it frequently dislodges the baby from the pelvis sufficiently to allow the baby to be turned by the obstetrician during a subsequent prenatal visit.



Baby Kick Counts

Your baby moves many times a day. Your baby's kicks can be a reassuring test of well-being. If you ever have a period of time that you haven't felt your baby, or can't remember feeling the baby move that day, you will need to use this tool. This should only be done after 28 weeks, as before this period, you may not feel your baby move all the time. This doesn't mean anything is wrong, it just may be the baby isn't big enough to feel in every position.

The baby may kick or roll during the time you are counting, so count all movements. You will know when your baby is most active and at what time of day. You may also attempt to stimulate your baby's movement, by drinking juice, having something sweet, patting your belly or playing some music.

If You Need To:

- Pick one quiet time a day when you can count how many times the baby moves. Some babies move most in the evening.
- You may want to sit with your feet up or lie on your side (the left side is preferable).
- Count all baby movements until you reach 10. DO NOT count for more than 2 hours.
- Write down the time it took the baby to move 10 times.
Example: SUNDAY = 45 minutes
- If your baby does not move at least 10 times in 2 hours and you have already tried the helpful hints to stimulate activity, please call the office.

Resources

For more information on Baby Kick Counts and to download a free app to help you track kick counts, please visit countthekicks.org.

Week of:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday





36-39 Week Visit

Depending on your specific health needs, you may be seen twice, three times or more during this period. As you are now nearing the end of your pregnancy, this is often a time where health concerns may arise. For this reason, we may need to see you more often if you are developing complications in your pregnancy or if you have already been determined to have a high-risk pregnancy.

At 36 weeks we will perform the Group B Strep testing. At 38 weeks we will review signs of labor with you. We will offer you a cervical check at 38 and 39 weeks, to see if your cervix is dilated or effaced. Many women, especially those who have had previous pregnancies, may have a slightly dilated cervix earlier in pregnancy.

40-41 Week Visit

If you have not yet gone into labor, you will be seen at 40 weeks. A routine prenatal exam and cervical check will be done at this visit. If you go to 41 weeks gestation without going into labor on your own, we will see you for a non-stress test, Amniotic Fluid Index (AFI) ultrasound and exam with cervical check. Your provider will discuss induction and set you up to have an induction before you leave this visit.

Signs of Labor

Is this Labor?

True Labor Contractions:

- Become stronger and more regular over time.
- Become closer together over time.
- Keep happening whether you sit, stand or change position.
- Start in back and move to the front, or move from the top of the uterus to the bottom.
- May break amniotic sac (water).

Timing Contractions:

- Time the length of each contraction from start to finish.
- Time how far apart the contractions are (from the start of one to the start of the next).

When to Leave for the Hospital or Birth Center:

- Your health care provider will give you guidelines on when to leave for the hospital or birth center (for example, when your contractions are 5 minutes apart).
- You may have to leave earlier if the hospital or birth center is not nearby, you have a history of fast labor, you have a health concern, or you've been given special instructions.
- Make sure to contact the office or on call provider, depending on the time of day, to notify them that you think you are in labor and they will assess your symptoms in order to help you figure out the right time to go into the Birth Center. This also helps for the Birth Center to be made aware of your arrival ahead of time.

The Birth Place at Southern NH Medical Center

Thank you for choosing to have your baby at The Birth Place!

We are looking forward to getting to know you, your family, and your new little one. Interpreter services and resources are available during your stay. Please let your nurse know if we can assist you with this. Here are a few things that you may need to know during your stay.

If You Have Not Already Done So:

- Select a pediatrician for your baby (a list of pediatricians is available if needed).
- Install your car seat and become familiar with how it works.

During Your Stay

While You Are Here:

- Visiting hours at The Birth Place are from 12:00 noon until 8:00pm.
- During labor, there can be up to 2 designated support people throughout the labor process.
- After delivery, there are up to 2 visitors (over the age of 16) allowed at the bedside (this is not including the banded support person or siblings)
- Siblings of the baby can visit during these hours but must be accompanied by an adult who is not the patient.
- We can accommodate one overnight adult guest for the length of your stay. Although siblings are welcome, there are no overnight accommodations for children.
- Your length of stay is determined by you and your care team based on your method of delivery and other factors. Please talk to your care team for additional details. On the day of discharge, anticipate leaving the hospital around 11:00am.

Are You Hungry?

- Room service meals are available from 7:00am to 5:45pm every day by calling the number printed on your menu. Staff can assist you with ordering if needed.
- Following your delivery, your support person may order one free meal from the room service menu. Meal passes are available to purchase from the cafeteria if your support person prefers ordering with you from the room service menu.
- For visitors, the cafeteria (ground floor) is open on week days from 6:30am to 6:30pm and on weekends from 7:00am to 6:00pm.
- The coffee shop in the front lobby is open on weekdays from 7:00am to 5:00pm. The grill closes at 4:30pm.

Please let us know if there's anything we can do to improve your experience at The Birth Place.

Important Information

Keeping Your Baby Safe at The Birth Place

- The Birth Place is a locked unit with controlled access at the front entrance. Please pause when entering or exiting to allow us to unlock the doors for you. Visitors will be given a pass when entering the unit.
- At delivery, four (4) ID bands with pre-printed matching numbers will be applied: one for Mom, one for another adult, and two for the baby. All bands need to remain on until the baby is discharged from the hospital. Any time you are separated from your baby, the bands should be checked and matched with yours when the baby returns. If any of the bands come off, notify your nurse immediately so that they can be replaced.
- Your baby must be in the presence of a staff member or banded adult at all times.
- Your baby will remain in your room except for brief periods for testing or procedures.
- Our electronic security system is called Hugs and Kisses. The baby will wear a "Hugs" tag, and the Mom will wear a "Kisses" tag. They are electronically connected and should not be removed or tampered with. Removing or tampering with the tags will trigger an alert on the unit. Alarms will sound if your baby is brought too close to an exit door, or to another Mother.
- Our clinical staff that care for you and your baby have a badge with a pink frame around our photos.
- While admitted, all of your baby's medical records will have Mom's last name. This is not anything permanent. It is just an additional safety measure to identify your baby as yours.

Sleep Safety

- Babies should always sleep flat on their backs on a firm mattress. There should be no other bedding or soft objects in the bassinet with the baby. A sleep sack is provided while baby is in hospital.
- Keep the bulb syringe secured to side of bassinet.
- Ask your nurse for instructions for use, if needed.
- Place your baby in the bassinet when walking in the hallway.
- Your baby should only sleep in the bassinet. If you feel yourself falling asleep while holding your baby, place your baby in the bassinet. Other adults in the room should not doze or sleep while holding the baby.
- Ask for help, if needed.





Delivery

What Happens During Delivery?

- A nurse will be there to help you and your baby before, during and after delivery. A doctor or nurse midwife will help deliver your baby. In most cases, a special obstetrical hospitalist will deliver your baby. These doctors specialize in delivering babies and caring for new mothers during their hospital stay.
- Plan to have a support person with you during delivery. This person can cheer you on, remind you to breathe correctly, or just hold your hand.
- Even though contractions hurt, remember that they're helping your baby to be born. Try to rest between contractions.
- Don't be afraid to ask for pain relief. You may be given special medications or an epidural (an injection that numbs the lower body).

What Kind of Delivery Will I Have?

- Most women have a vaginal delivery. The baby passes through the mother's vagina (also called the birth canal).
- Sometimes a woman needs to have the baby delivered through an incision in the abdomen. This is called a cesarean delivery or C-section.

Vaginal Delivery

- When the cervix is completely open, you'll push the baby out of your vagina.
- You might need a small incision to enlarge the opening of the vagina. This is called an episiotomy.

Assisted Delivery

- An episiotomy (a small incision in the perineum) may be made. This enlarges the vaginal opening and helps prevent tearing.
- Forceps (spoon-shaped instruments that cup the baby's head) may be used to help your baby's head through the birth canal.
- Vacuum extraction, which uses a small suction cup attached to the baby's head, may be used to assist the birth.

Cesarean Delivery

- A cesarean may be done if your baby is in the wrong position or if its head is too big to pass through your pelvis.
- Or, a cesarean may be done if your baby has a medical problem.
- You may also need a cesarean if your cervix doesn't efface and dilate enough during labor.

Recovery

If You've Had a Vaginal Birth

Don't be surprised if you tire easily for several weeks. You will not fully regain your energy until the baby sleeps through the night! Try to find some time for rest periods in these early weeks. A nap may be more important than cleaning the house or making the beds.

You should continue using the peri-bottle until the bleeding decreases to the point that it becomes unnecessary. Take care of your episiotomy stitches with continued sitz baths, particularly if you have had a large number of stitches or a third- or fourth-degree laceration. Let the area air dry or pat it dry thoroughly. If there is some oozing or discharge from the area of the stitches, try some peroxide washes in the peri-bottle. If the stitches bleed or separate or have a bad smelling discharge, or puss drainage, please call our office immediately.

Don't expect to jog, jump steps three at a time or do vigorous exercises until the stitches heal. This should take about two weeks. The stitches usually dissolve 7-10 days from delivery and you may see a few brown knots drop off. You can and should begin abdominal exercises and Kegel's immediately after delivery and progress to a more complete exercise program by four or five weeks.

Do not soak in a bath tub or going swimming for at least 6 weeks post delivery. Nothing inside of your vagina for 4 to 6 weeks post delivery. You may drive or ride in a car and get out of the house as soon as you feel ready. Just remember that you and the baby have definite limits at this point, and don't plan a trip to the mall or other long, tiring ventures just yet. Think twice about venturing out in bad weather.

If You've Had a Cesarean Birth

Help is a must, not a luxury, for at least the first two weeks after you are discharged from the hospital. This helper should do the meals, cleaning, laundry and supervision of other children to allow you to take care of yourself and the baby. You will tire easily for many weeks. Nap daily. Do not drive for two weeks.

Though you may ride and take short trips and short walks in nice weather, don't overdo it. Pushing yourself too much will only delay your healing and may decrease your milk supply if you are nursing. Listen to your body, rest when you feel tired, pace yourself. Try not to get frustrated when your energy level stays low for many weeks. Remember, you've had major surgery and now you're "on call" every night!

Keep the incision dry and clean and open to air as much as possible. Baths are **not** okay - you should not soak in a tub or go swimming for at least 6 weeks post delivery. It is okay to start low impact exercise such as walking, or body weight strength training and pelvic floor exercises. We do advise waiting 6 to 8 weeks before starting a regular exercise routine after Cesarean delivery.

After a Vaginal or Cesarean Birth

Postpartum bleeding is called Lochia and has three stages.

1. Lochia rubra is the first stage of lochia. You can expect:

- Dark or bright red blood.
- Lasts for three to four days.
- Flows like a heavy period.
- Small clots are normal.
- Mild, period-like cramping.

2. Lochia serosa is the term for the second stage of lochia.

You can expect:

- Pinkish brown discharge that's less bloody looking.
- Thinner and more watery than lochia rubra.
- Lasts for four to 12 days.
- Flow is moderate.
- Less clotting or no clots.

3. Lochia alba is the last stage of lochia. You can expect:

- Yellowish white discharge.
- Little to no blood.
- Light flow or spotting.
- Lasts from about 12 days to six weeks.
- No clots.

Call Us Immediately If:

- The bleeding is very heavy (more than a pad every two hours) or gushing, or accompanied by large clots.
- The blood develops any type of odor.
- You have excessive cramping.
- You have a fever (100 degrees Fahrenheit or higher)

If you are still bleeding by your 6-week check, keep your appointment and we will evaluate it then. Try to eat a nutritious diet with plenty of fluids and fiber. Constipation is common in these weeks so take Metamucil freely if needed (especially with episiotomies). Continue to take your prenatal vitamins, especially if you are breastfeeding. You may also need to take one iron supplement daily to restore your blood count.

Your Changing Emotions

Birth is exciting, and seeing your new baby is wonderful. But you're probably also tired. After the "high" wears off, you may feel a little letdown. Your hormone levels change quickly, affecting your emotions. This is normal. Don't be afraid to tell others how you're feeling. Having "the blues" is normal after any birth. One in 3 women experience postpartum symptoms. But if this feeling persists or seems severe, you may have postpartum depression. Talk to your provider right away if any of the following occur:

- You have trouble eating or sleeping.
- You don't want to spend time with your baby.
- You can't stop crying.
- You don't want to see people or leave the house.
- You think about harming your baby or yourself.

Your Body Readjusts to Not Being Pregnant

Your body needs time to return to its pre-pregnant state. Expect some vaginal bleeding for 3 to 6 weeks. This flow should gradually become lighter. You may be eager to lose any weight gained during pregnancy, but this is not the time to crash diet. Eating balanced meals is important for you and your baby. Breastfeeding may help you lose weight faster.

Rest and Activity

Rest is important for your recovery, so sleep when your baby sleeps. It's tempting to use quiet time to do other things, but being too active too soon can increase bleeding and wear you out. Your partner, family and friends can help you - don't try to do everything yourself. As you regain energy, increase your activity a little each day. Ask your provider when you can start to exercise.

Breastfeeding Guide

Finding Support

You and your baby are about to try a new skill for the first time. Don't worry, there are many health care providers who can help. A lactation consultant is a health care provider specifically trained to help breastfeeding moms. Your nurse, midwife, obstetrician, pediatrician or family practice doctor can also help you learn about breastfeeding.

Getting Ready

Before your baby is born, tell your health care provider that you're planning on breastfeeding. Then:

- Make sure your baby won't be given a pacifier or bottle at the hospital. That way the baby can get used to natural nipple first.
- Plan on bringing the baby to your breast within an hour of birth. This is when a baby is most alert. It's also when the suckling instinct is strongest. From that point on, frequent feedings will establish your milk supply.

The Right Milk for the Right Time

As your baby grows, so changes their needs, and your body's milk changes to suit those needs. You produce three kinds of milk for your baby:

- Colostrum is the first milk. It is thick and yellowish. Colostrum provides all of the nutrients that your baby needs in the first days. It also contains important antibodies to protect your baby against infection.
- Transition milk comes in 2 to 5 days after birth. It can look creamy, white or yellow.
- Mature milk begins in the end of the second week after birth. It looks thinner or more watery. It can have a bluish tint. Levels of protein, fat and antibodies in mature milk change as your baby's needs change.

Learning How to Breastfeed

Babies use their lips, gums and tongue to suckle (take milk from the breast). Your baby is born with an instinct for suckling. But remember, they've never had the chance to try it before. That's why it takes time for you and your baby to learn how to breastfeed. There are steps you can take to support your baby's natural instinct.

Storing Breast Milk

Always use a clean container to collect and store breastmilk. Never pour warm expressed breastmilk into a bottle with cold milk. And be sure to label and date each bottle of milk. To store breastmilk safely, see the chart below.

Type of Storage	Storage Time
At Room Temperature 16–29° C (60–85° F)	3–4 hours optimal 6–8 hours acceptable under very clean conditions
In a Refrigerator <4° C (39° F)	72 hours optimal 5–8 days acceptable under very clean conditions
In the Freezer <-4° C (24° F)	6 months optimal 12 months acceptable

Positioning Your Baby

Comfort and position are two keys to successful breastfeeding. To learn how to correctly position your baby at the breast, try the holds listed here and see which ones you and your baby like best. Before breastfeeding, always wash your hands.

Holding Your Breast

At first, you'll need to hold your breast to help guide your baby. Once they get the hang of it, you won't need to hold the breast during feedings. To hold the breast correctly:

- Put your thumb on top of the breast and the other fingers below, forming the letter C, or put your fingers around the breast from the bottom up, forming the letter U.
- Make sure your fingers are off the areola.

Holding Your Baby

Always make sure your baby is tummy-to-tummy with you. Then choose the cradle hold, football hold or side-lying hold.

Cradle Hold

The cradle hold is the most common breastfeeding position. To use this hold:

- Find a comfortable position, making sure you have back support. Raise your baby to the breast height. Use pillows or a chair with armrests.
- Cradle your baby. Make sure your baby's back and bottom are well supported. Also, make sure your baby's ears, shoulders and hips are in line.
- Rest your baby's head in the crook of your arm (cradle hold). Or support your baby's head with one of your hands (cross-cradle hold). Either way, you'll have one free hand to hold the breast or caress your baby.

Football Hold

This is a good hold if you are recovering from cesarean birth. It is also helpful for mothers of twins. To use this hold:

- Have a pillow at your side. Lay the baby on the pillow. Place the back of the baby's head in the palm of your hand. Your forearm should support their shoulders and spine.
- Tuck your baby's legs between your arm and body, as if you were clutching a football.

Side-Lying Hold

This is a good hold for breastfeeding in bed. It's also helpful if you're recovering from cesarean birth. To use this hold:

- Stretch out on your side with your baby tummy-to-tummy with you. Use pillows to support your head, neck and back.
- Support your baby's head, neck and back with your hand.
- To switch breasts, gather your baby close to your chest. Then roll onto your other side to feed from the other breast.

Learning How to Breastfeed (continued)

Getting Your Baby's Attention

There are a few ways to help your baby know when it's mealtime. You can gently touch your nipple to the center of your baby's lips. Or you can touch his mouth or cheek nearest to the breast. Gentle touches can catch a newborn's attention. They also help stimulate the rooting reflex. This is when the baby opens their mouth wide and turns in your direction.

Offering Your Breast

Once your baby knows the breast is nearby, they'll probably open their mouth wide. They may also curl their lips outward. When you see this, bring the baby to your breast. Remember to hold your breast using either the C-hold or the U-hold. As you get ready for the baby to latch on, take slow deep breaths. Stay relaxed. This will help the milk flow.

Latching On

The way your baby connects with the breast is an important part of breastfeeding. This is called the latch. The nipple and as much of the areola as possible should be in your baby's mouth. Your baby's nose and chin should be against the breast. If a latch pinches or hurts, it is incorrect. You should gently release the latch and try again. Note: During the first weeks, it's normal to feel cramps in your lower abdomen when you breastfeed. These contractions (afterpains) help the uterus return to its normal size.

Releasing the Latch

During breastfeeding, you may need to relatch, change breasts, or burp the baby. If so, you can gently release the latch. Slip your finger into the corner of your baby's mouth. You should feel the suction break. Don't take the baby off your breast until you've felt a decrease in suction.

Burping Your Baby

During feeding, excess air can get into the baby's stomach. This can cause discomfort. Burping your baby helps expel that air. Your baby may not burp every time, but try to burp them after they feed on each breast. To burp your baby:

- Hold the baby at your upper chest or slightly over your shoulder. Gently rub or pat their back.
- Or hold the baby sitting up on your lap. Support his head and chest in front and in back. Slowly rock him back and forth.

Waking Your Baby

You may need to wake your baby for feedings. If so, try one of these gentle ways to rouse your baby:

- Use a cool, damp cloth to gently wash their face.
- Softly rub or blow on their feet.
- Slowly rock your baby back and forth, rubbing their back.
- Undress your baby and change their diaper.

Breastfeeding in Public

Breastfeeding is a natural, normal part of being a mother. You can breastfeed wherever you need to, even in public. In fact, your right to breastfeed in public is protected by law. Many stores and restaurants offer private breastfeeding rooms. You can also be discreet by using a nursing cover or a sling. Or you can drape a baby blanket over your shoulder.

Is My Baby Getting Enough Milk?

When it comes to feeding your baby, what goes in must come out. You can tell how much milk your baby is getting by keeping track of the baby's diapers. Here are some guides to help:

- **Urine output:** The baby should have 1 wet diaper the first day after birth and 2 to 3 wet diapers by the second day. This should increase to 4 to 6 by the third day, and to 6 to 8 by day 5 and beyond.
- **Stools:** The baby should have 1 to 2 thick, greenish-black, tarry stools within the first two days after birth. By days 3 and 4, the stools should be more yellow and looser. By day 5, the baby should have at least 3 stools a day. The stools should appear yellow and seedy.

How Can I Tell When My Baby Is Hungry?

Newborns should be nursed as soon as they show any hunger signs. These include:

- Increased alertness or activity.
- Rooting reflex (nuzzling against your breast).
- Sucking on their hand or fingers.
- Smacking their lips or opening and closing their mouth.
- Crying (late sign of hunger).

How Often Should I Feed My Baby?

Feed your baby at least 8 to 12 times a day. Make sure you're nursing every 2 to 3 hours. Your baby may spend 10 to 15 minutes or more on each breast. You may need to wake your baby for some feedings. Newborns tend to be very sleepy, however don't let your baby sleep for more than 3 hours at a time. If your baby fusses when feeding, don't worry; some babies get distracted easily.

Why Is My Baby So Hungry?

Babies eat a lot. This is even truer during a growth spurt. Growth spurts usually happen at 2 and 6 weeks of age. They happen again at 3 and 6 months. During these times, your baby will breastfeed more often. Don't be alarmed. Your baby will not need formula or supplements.

When to Call Your Provider

Call Your Doctor Right Away If:

- Your baby has white patches on the lips, mouth, tongue or throat (thrush).
- Your baby is listless, refuses to nurse or is sleeping too much.
- Your baby is losing weight after the first week.
- Your baby's temperature, taken under the arm, is 99° F (37.2° C) or higher.
- You have a red spot or streaks on your breast, flu-like symptoms or fever (mastitis).
- You have a rash or cracks on your nipples or if they burn or itch.
- You have a hard lump in your breast.
- You feel very sad or don't want to be with your baby.

Call Your Lactation Consultant If You Have:

- Twins
- A premature baby or a baby with special needs
- Sore nipples
- Trouble breastfeeding

Taking Care of Yourself

When you have a new little person in your life, it's easy to forget about yourself. There are new demands on your time. There are also new responsibilities. But it's important to take care of yourself as well as your baby. That way you both feel your best. Here are some tips to help.

Post-Partum Care

Taking Baby Home

- You and your baby are likely to leave the hospital within 1 to 2 days.
- Before going home, talk with your health care provider. You may have questions about breast care, sex, birth control, nutrition and caring for your baby.
- If your baby is a boy and you want him circumcised, it may be done before you go home. If not, be sure to ask about it before you leave.

First Ride

- Plan ahead for the ride home. Get an infant car safety seat that meets federal safety standards.
- If you don't have an infant car seat, be sure to borrow one. For safety's sake, your child should always be secured in a safety seat anytime they are in a car.
- Put the infant seat in the back seat of the car. Make sure the seat is rear-facing. Be sure to follow the instructions for holding it in place.

When Your Baby Cries

- Check to see if your baby is hungry, wet or hot. A feeding, clean diaper or a change of clothes might be all they need.
- Try rocking your baby, singing, playing soft music or giving them a warm bath.
- Take your baby for a walk outside. Fresh air and new sights might help them calm down.
- If your baby keeps crying for a long time and you think they are sick, call your baby's doctor or clinic.

Other Tips

- After removing a diaper, use warm water or baby wipes to clean the baby's bottom.
- Never shake your baby.
- Be prepared to get up during the night. Most babies sleep only 2 or 3 hours at a time.
- Feed your baby every 2 to 3 hours.

Breast Care

Most new moms adapt to breastfeeding pretty quickly. Even so, in the beginning you may notice swelling, tenderness or discomfort. Here are a few ways to find relief and prevent future problems.

Coping with Swelling

Your breasts may swell, feeling tender and heavy. This is called engorgement. For relief, try breastfeeding more often. Massage your breast before you begin, letting some of the milk come out. This helps the baby latch on. Between feedings, place a cool cloth or ice pack on your breasts.

Avoiding Infection

To avoid breast infection, breastfeed regularly. Don't skip feedings. When too much milk collects over time, it can inflame the breast tissue and glands. In some cases, this leads to infection (mastitis). If you suspect infection, call your health care provider.

Relieving Soreness

To prevent sore nipples, make sure the baby is latched on correctly. If your nipples do get sore, apply moist heat. It's also a good idea to feed more frequently. That way, the baby's hunger is not so forceful. Be sure to offer the baby the less sore breast first. When you're finished nursing, rub some of your milk over your nipples. Then let them air-dry. Using pure lanolin lotion or cream may help reduce soreness. If soreness persists, call your health care provider or lactation consultant.



Mom Care

Every day, you can make choices to help you and your baby stay healthy.

Healthy Habits

- Get exercise when you can. To reduce milk leakage, nurse right before activity.
- Avoid smoking. Smoking is unhealthy for you and can cause you to make less milk. Secondhand smoke is also harmful to your baby.
- Talk to your health care provider about alcohol, if you choose to drink.
- When you're sick, tell your health care provider that you are breastfeeding. In most cases, you can still continue to breastfeed.
- Ask your health care provider before taking any prescription or over-the-counter medications, herbs or supplements.

Nutritional Needs

- Make sure you get enough to eat. You'll need 450 to 500 calories more a day than you needed before pregnancy. Drink plenty of water and liquids.
- Limit foods that contain caffeine (such as coffee, tea, chocolate and some sodas).
- Get as much calcium, vitamin D and protein as you did when you were pregnant.

Comfy Clothes

- Get fitted for a nursing bra. Avoid underwires. Many stores have on-site fitting. Or ask your doctor or nurse for a referral.
- Place breast pads inside your bra. They can absorb leaking milk.
- Choose an extra-supportive bra for exercise. Or you can wear two bras at the same time for more support.

Having Sex

Ask your health care provider when you can start having sex again. Keep in mind that you can get pregnant between childbirth and your next period. So ask about the best type of birth control for you. Breastfeeding does not prevent pregnancy.

A new baby will change your relationship with your partner. You'll find that demands on your time and energy are greater, and you may not be interested in sex for a while after the birth. So be good to your partner and to yourself. Remember that there are other ways to be intimate. Make time to talk, to cuddle and to show your partner that you still care. When you're ready, get a babysitter and plan an evening out.

Getting into Shape

Take it easy for about a month after you give birth. Then, stay active by walking, swimming or doing other exercises. Keep eating well and drink at least 8 cups of water a day, especially if you're nursing. And enjoy being a new mother!

Post-Partum Follow up Visits

You'll need to make at least two important follow-up visits after you give birth. One visit will be for your baby, 1 or 2 weeks after birth. The other visit will be for you, about 6 weeks after delivery. Your baby will need a few follow-up visits for vaccines and to make sure he/she is growing as expected. Your baby's pediatrician will give you recommendations for these follow-up visits. If you had a cesarean, you may see your health care provider about 2 weeks after delivery. Or depending on your specific health care needs, your provider could also recommend a few weekly visits, directly following your delivery.

Learning to Be Apart

Work, school or even a late-night movie can require you to be away from your baby. This doesn't mean you have to give up breastfeeding. You can transfer milk from your breast to a bottle (expressing). But remember, don't give your baby bottles or pacifiers until they're at least 4 weeks old. This is so they can get used to your natural nipple first.

Expressing Breastmilk

Before you begin, always wash your hands. Next, gently massage your breast to stimulate the milk flow. Start under the arm and move around the entire breast. If you're at home, taking a warm shower might help. If you're away from your baby, looking at your baby's picture can help your milk let down. Once the milk has let down, you can express by hand or by pump. Your lactation consultant can help you choose the best method for your needs.

Working and Breastfeeding

Many hospitals offer return-to-work classes and support groups for breastfeeding moms. If you're returning to work, here are some tips to help:

- Breastfeed before you leave for work and soon after you return home.
- Arrange to breastfeed at lunch if your childcare is nearby.
- Express milk during breaks. This helps protect engorged or leaking breasts.
- Talk to your partner or childcare provider about timing bottles. It's best if your baby is ready to breastfeed when you return from work.
- Breastfeed at night and on weekends. Your baby can have bottled breastmilk during the day.

Introducing Solid Food

Check with your health care provider about when to start your baby on solid foods. Most babies can start iron-enriched foods at 6 months. These foods are given in addition to breastmilk. The American Academy of Pediatrics and the World Health Organization both recommend breastfeeding for at least the first year. Then, you can continue as long as you and your baby want. Every mother and baby is different. When you or your baby is ready to stop breastfeeding (wean), talk to your lactation consultant.

Thank you for letting us provide your care during this amazing time in your life. We hope this booklet has been a great resource for you and we cannot wait to see you and your new baby at your follow up visit!



SNHBIRTHPLACE.ORG