



# Your journey through pregnancy and birth



Samaritan  
Health Services

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# Congratulations, you're pregnant! Now what??

To help you organize your decisions and prepare you for pregnancy, the physicians, staff and maternity care coordinators at Samaritan Health Services have created this notebook.

Bring any questions you have to your provider's office during your prenatal visits, to your childbirth preparation classes and to the hospital when you deliver.

Being prepared is a great way to fill the time until your baby comes home!

— Samaritan Health Services



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# Welcome, general information and common terms

- Your maternity care coordinator works with your doctor, nurse practitioner or nurse-midwife to coordinate your maternity care, prenatal education and community resources. Have you met her? Contact information is on the next page.
- Do you know what edema is? How about preeclampsia? We have a glossary of medical terms for you. We want you to understand the natural changes to your body during pregnancy and delivery. They may also help you with terms you hear in your provider's office or hospital.
- What should you expect from routine office visits during and after pregnancy?

Use this space to jot down questions or make a few notes of your own.

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You'll probably have a lot of questions as you begin your pregnancy. Even if you've been pregnant before, you might welcome some "refresher" information. We hope this guidebook will be a valuable resource for you.

*The information in this guidebook is meant to be in addition to the health care you receive from your health care provider. It is not in any way meant to replace your prenatal care.*

In the coming weeks and months, and with the help of your health care team and this guidebook, you'll be learning a lot about obstetrics (OB) — that specialized area of medicine concerned with managing pregnancy, labor and childbirth. Our goal is for you to have a positive and healthy OB experience. We'd like to begin by introducing you to a program called Maternity Connections.

## Maternity Connections

Maternity Connections is a free program that will connect you to the resources you may need before, during and after your birthing experience. Through this program you'll be assigned a "maternity care coordinator," based on the hospital where you plan to deliver.

Your maternity care coordinator is a nurse or social worker with experience in maternal/child nursing. She will work with your doctor, nurse practitioner or nurse-midwife to coordinate your maternity care, prenatal education and available community services. She also will give you the necessary paperwork to fill out before your admission to the hospital.

Your maternity care coordinator will:

- Help you learn more about community services and support groups available for pregnant moms and their families
- Help you design an educational plan for pregnancy and your own personal birth plan
- Help you determine which baby care and parenting classes will help you feel comfortable in caring for yourself and your new baby
- Help you learn more about the hospital's procedures, your options and choices
- Help you and your family as you prepare with confidence for the newest family member

**Did you know ...** Your maternity care coordinator works closely with community services including WIC, Healthy Start, Babies First and Maternity Case Management. Contact your maternity care coordinator at any time with questions or concerns.

Albany: 541-812-4301

Corvallis: 541-768-6908

Lebanon: 541-451-7872

Newport: 541-574-4936

Services are also available in Spanish.

Albany: 541-812-4303

Corvallis: 541-768-5772

Lebanon: 541-451-7872

## Prenatal office visits: what to expect

Now that you're pregnant, you will visit the doctor's office quite often. In general, you can expect your visits to follow the routines listed on the next page.

### Routine visit schedule

- Initial (first) visit, then...
- Every four weeks until 28 weeks of pregnancy
- Every two weeks between 28 and 36 weeks of pregnancy
- Every week from 36 weeks until delivery
- Follow-up visit after six weeks
- You may need to be seen more frequently for certain conditions during pregnancy

**Did you know ...** Your first prenatal visit should be scheduled as soon as pregnancy is suspected. Women should attend every prenatal care appointment, even if they are feeling fine. According to the March of Dimes, women who meet with their health care provider regularly during pregnancy are less likely to experience pregnancy complications, have a lower rate of premature delivery and have healthier babies.

### Visit routine

- Complete physical exam, including medical and obstetrical history, at first or second visit

- Other visits may include: weight, blood pressure, uterine measurements, check of fetal heart tones, check of urine for protein and sugar
- Prenatal lab work and other tests as indicated in the “Prenatal testing” chapter of this book

**TIP:** Eat a healthy diet that includes fruits, vegetables, grains, calcium-rich foods and protein. Choose foods low in saturated fat.

## Medical terms

**Afterbirth:** The placenta, membranes and fluids, which are expelled (pushed) from the uterus after delivery

**Afterbirth pains:** Contractions of the uterus following birth that help the uterus return to pre-pregnancy size

**Amniocentesis:** A procedure in which a small amount of amniotic fluid is taken from the sac surrounding the fetus and tested for various fetal abnormalities or lung maturity

**Amniotic fluid:** The clear liquid that surrounds the baby inside the amniotic sac

**Analgesics:** Medications that relieve or reduce pain without causing unconsciousness

**Anesthesia, local:** An injection into the perineum (area between vagina and rectum) to numb the tissues

**Anesthesia, regional:** An injection causing loss of sensation to only a part of your body

**Apgar score:** Evaluation of the baby following birth; the baby is checked for heart rate, respiratory effort, muscle tone, reflexes and color at one minute and five minutes after birth; a rating of 0–2 is given for each assessment for a total score of 0–10

**Areola:** The pigmented area, around the nipple of the breast, which darkens during pregnancy

**Baby blues:** A period following childbirth, usually no more than one to two weeks, caused by sudden change in hormone levels and fatigue and characterized by emotional highs and lows. This is different than postpartum depression. (*See section on postpartum depression in the “Care for new mothers” chapter.*)

**Bag of waters:** The amniotic sac and fluid surrounding the fetus

**Bilirubin:** Product of the breakdown of red blood cells

which can cause jaundice in the newborn

**Birth canal (vagina):** Passageway from the uterus through which the baby is born

**Bonding:** The attachment that develops between a mother and father and a newborn baby

**Braxton Hicks (false labor):** Irregular contractions of the uterus, often painless, noticed during pregnancy

**Breech:** Position of the baby in which the buttocks or feet are presented first

**Centimeters:** The unit of measurement describing the dilation (opening) of the cervix during labor

**Cervix:** The narrow neck-like end of the uterus which leads into the vagina

**Cesarean birth:** Delivery of the baby through incisions in the abdomen and the uterus

**Circumcision:** Surgical removal of the foreskin of the penis

**Colostrum:** A yellowish fluid produced in the breasts at the beginning of milk production in small amounts during pregnancy and for several days following birth

**Complete cervical dilation:** The cervix is effaced (thinned) and dilated to 10 centimeters

**Contractions:** A tightening or shortening of the uterine muscles during labor

**Contraction stress test (CST):** A test in which mild contractions are induced in the mother, and during which the fetus’s heart rate is monitored using an electronic monitor, and evaluated in response to the contractions

**Crowning:** The time when the head of the baby is seen at the vaginal opening

**Dilatation (dilation):** Gradual opening of cervix, measured in centimeters from 0–10

**Ectopic pregnancy:** A pregnancy in which the fertilized egg begins to grow in a place other than inside the uterus; considered a medical emergency

**Edema:** Swelling caused by fluid retention

**Effacement:** Thinning and shortening of the cervix measured 0–100 percent

**Effleurage:** Light abdominal massage that can be used for relaxation during labor

**Electronic monitoring:** A method in which electronic instruments are used to record the heartbeat of the fetus and contractions of the mother's uterus

**Engagement:** The time when the lowest part of the baby has entered the upper opening of the pelvis

**Engorgement:** A temporary feeling of fullness and hardness of the breasts caused by a large amount of milk in the breasts

**Epidural:** A form of regional anesthesia (numbing) used for labor, delivery or cesarean birth

**Episiotomy:** An incision that is sometimes made into the perineum prior to delivery to enlarge the vaginal opening

**Fetal heart tones (FHT):** The baby's heartbeat (normally 110-160 beats a minute) heard through the woman's abdomen with an electronic device called a Doppler

**Fetus:** The term used to refer to the baby from the eighth week after conception until birth

**Forceps:** Instruments that fit alongside the baby's head and are used to turn the baby's head and/or to help the baby through the vagina

**Fundus:** The upper portion of the uterus

**Gestation:** The state of being pregnant. The length of time from the first day of your last menstrual period to delivery, approximately 40 weeks long

**Glucose:** A sugar that is present in the blood and is the body's main source of fuel

**Gravida:** A pregnant woman

**Primigravida (primip):** A woman who is pregnant for the first time

**Multigravida (multip):** A woman who has been pregnant more than once

**Hyperventilation:** An excessive depletion of carbon dioxide in the blood caused by breathing too rapidly; symptoms are lightheadedness, dizziness, faintness and tingling of the fingers

**Induction:** Starting labor most commonly with medication or breaking the bag of waters

**Insulin:** A hormone that controls the levels of glucose (sugar) in the blood

**Intravenous (IV):** Inside a vein

**Jaundice:** A yellowish-appearing pigment in the skin,

which also may be noticed in the whites of the eyes

**Kick count:** A test during which a mom counts her baby's movements

**Labor:** Uterine contractions which cause effacement and dilation of the cervix

**Lanugo:** Fine hair that grows on a baby's back and shoulders at birth; it goes away in one or two weeks

**Lightening:** The downward movement of the presenting (lowest) part of the fetus into the pelvis

**Linea nigra:** A line running from navel to pubic hair that darkens during pregnancy

**Lochia:** A bright red fluid, similar to menstrual flow, discharged from the uterus after the birth of the baby

**Meconium:** A dark green or a black, tar-like substance seen as the first stool after birth

**Miscarriage:** The spontaneous loss of a pregnancy before the fetus can survive outside the uterus

**Molding:** The shaping of the baby's head as it adjusts to the size and shape of the birth canal

**Mucus plug:** Mucus, which may be tinged with pink or dark brown, blocking the cervix during pregnancy

**Neural tube defect (NTD):** A fetal birth defect that results from improper development of the brain, spinal cord or their coverings

**Non-stress test (NST):** Fetal movements noted along with changes in fetal heart rate using an electronic fetal monitor

**Para:** The number of pregnancies carried to at least 20 weeks gestation

**Pelvis:** A basin-shaped ring of bone that supports the baby during pregnancy and through which the baby passes to be born

**Perineum:** The area between the vagina and the rectum

**Phototherapy:** Light treatment used for babies who are jaundiced

**Pitocin® (Oxytocin):** A drug used to help bring on contractions

**Placenta:** Tissue that connects mother and fetus and provides nourishment to and removes waste from the fetus

**Placenta previa:** A condition in which the placenta lies



very low in the uterus, so that the cervix is partially or completely covered

**Postpartum:** The time from delivery to approximately six weeks after birth

**Postpartum depression:** Intense feeling of sadness, anxiety or despair after childbirth that interferes with a new mother's ability to function and that does not go away after two weeks. (See postpartum depression section in the "Care for new mothers" chapter.)

**Post-term pregnancy:** A pregnancy that extends beyond 42 weeks

**Posterior:** A position of baby in labor, where the back of the baby's head is against the woman's spine

**Preeclampsia:** A condition of pregnancy in which there is high blood pressure, swelling due to fluid retention and abnormal kidney function

**Presenting part:** The part of the baby closest to the cervix

**Preterm:** Fetus born before 37 weeks

**Prostaglandin gel:** A substance that helps stimulate uterine contractions and softens the cervix

**Provider (health care provider):** A doctor, nurse-midwife, nurse practitioner or physician assistant

**Pyleonephritis:** An infection of the kidney

**Quickening:** The first movement of the fetus felt by the woman

**Respiratory distress syndrome (RDS):** A condition of some preterm newborns in which the lungs are incompletely developed

**Ruptured membranes:** A leakage of fluid from the amniotic sac through the vagina in a slow dribble or gush

**Station:** The position of the presenting part of baby in relation to the woman's pelvic bones

**Trimester:** Any of the three-month periods into which pregnancy is divided

**Toxemia:** (see preeclampsia)

**Ultrascreen:** Is a first trimester screening test for Down syndrome, trisomy 18 and other chromosomal abnormalities

**Ultrasound:** The use of high-frequency sound waves to examine the fetus

**Umbilical cord:** The cord that connects the baby to the placenta

**Uterus:** Muscular pear-shaped organ which holds the fetus during pregnancy

**Vacuum extractor:** A cup that is inserted into the vagina and placed on baby's head to help guide the baby out

**Vagina:** Very elastic canal, leading from the woman's uterus to the outside of her body; often called the birth canal

**Vernix:** The greasy, whitish coating on a newborn

# Prenatal testing

- Prenatal testing is designed to help you and your baby receive the best care possible. Review a complete list of prenatal tests and why we do them. Talk to your health care provider about any questions or concerns you might have.
- Timing is important for prenatal testing. Information on the tests and timing are outlined for you in this chapter.
- Testing may vary depending on your provider and your individual needs.

Throughout your pregnancy, you'll receive many tests to check your health and the ongoing health of your baby. Many of the tests are routine, in that they are given to all pregnant women. Others may be specific to your own special health history and needs. All are designed to help you and your baby receive the best care possible.

**Did you know ...** The normal duration of pregnancy is 40 weeks. These weeks are divided into three, three-month periods called trimesters. A woman's due date is calculated by adding 40 weeks to the first day of her last menstrual period.

**TIP:** Avoid hot tubs, saunas, tanning beds and X-rays during pregnancy.

## Prenatal tests

Test	Reason
<i>First trimester routine (0 to 13 weeks)</i>	
Complete blood count (CBC)	To check for anemia (low iron)
Blood type and RH factor	If RH negative, will need Rhogam at 28 weeks and at birth if baby is RH positive
Antibody screen	To check for antibodies against blood type
Rubella immunity	If not immune to rubella, which can cause severe fetal deformities, will need to avoid exposure especially in first trimester and will need postpartum vaccine
Syphilis	Sexually transmitted disease that can be passed on to the fetus — can cause stillbirth
Hepatitis B screen	If positive, can be transmitted to baby at birth
PAP screen	Routine check for cervical cancer
HIV	Done with consent; results confidential — if positive, can transmit to baby at birth
Urine drug screen	Tests for traces of alcohol or drugs in urine
Chlamydia and gonorrhea	Sexually transmitted, can cause fetal eye infections at birth
Ultrasound for due date	Done if needed to verify due date
HbA1c	Diabetes screen, if indicated, per OB provider
TSH	Thyroid testing

Test	Reason
<i>Second trimester routine (14 to 27 weeks)</i>	
20-week ultrasound	To check fetal anatomy and growth
<i>Third trimester routine (28 to 40 weeks)</i>	
Antibody screen	Done if blood type is RH negative
Diabetes screen	Done at 28 weeks to rule out gestational diabetes
Group B strep	Vaginal/rectal culture to check for bacteria in digestive and urinary tracts; if detected, precautions will be taken to protect baby
Repeat CBC	Recheck for anemia (low iron)
Other tests, done according to history	
Chicken pox	To check for immunity; if active case at birth, infant may develop disease
Toxoplasmosis	Blood test for presence of immunity
Ultrasound repeated	If needed to check: Fluid level, fetal position, growth
Cystic Fibrosis screening	Blood test to determine if the mother or father are at risk of having a baby with this disease; not for fetal diagnosis
Non invasive genetic screening (NIPT)	Ordered based on medical risk factors and history, may include ultra screen

**Did you know ...** A pregnant woman can pass a sexually transmitted disease (STD) to her child during delivery, as well as before or after birth. Pregnant women should be tested at their first prenatal visit because STDs can cause serious damage to a baby including blindness, deafness and mental retardation. In some cases, they may cause death.

## Ultrasound

An ultrasound, also known as a sonogram, is a procedure that uses the energy of sound waves to gather prenatal information. These sound waves move at a frequency too high to be heard by the human ear, but they can be monitored with a device known as a transducer. When the transducer is moved over the skin, the sound waves bounce like echoes off the tissues inside the body and create sounds and pictures. An ultrasound device known as a Doppler is used to hear the sounds of the fetus' heartbeat. An ultrasound machine is used to produce pictures of the baby inside the womb. The term "ultrasound" is often used to refer to the machine that makes visual images of your baby.

### How can ultrasound be used in prenatal care?

Ultrasound can provide valuable information about your baby's health and well-being, and it can be used at any time in your pregnancy for different reasons. While most expectant parents enjoy "seeing" their baby before it is born, ultrasound is a procedure that should be used only when indicated. Ultrasound is not perfect and does not guarantee a healthy baby.

### How is ultrasound used in the first trimester?

Ultrasound during the first trimester is generally done using a special ultrasound transducer, or probe, which is inserted into the vagina. It allows better visualization of early pregnancies when the uterus is still in the pelvis (rather than higher in the abdomen as it is later in pregnancy). Reasons for ultrasound in the first trimester include:

- To establish or confirm an estimated date of delivery for women who do not know their last menstrual period, have very irregular menstrual cycles, or upon exam, seem larger or smaller than expected

- To determine the location of a pregnancy in women with a suspected ectopic pregnancy
- To determine whether a pregnancy is progressing normally
- To check for the presence of twins or more.

### **How is ultrasound used in the second and third trimesters?**

You may receive a screening ultrasound at 18 to 20 weeks. While an ultrasound at this time can help to verify your due date and to determine the presence of some problems, there are many things which cannot be detected by ultrasound.

Many times, ultrasound reveals the gender of your baby. If you want to know the sex of your baby, let the technicians know that at the time of your ultrasound. Remember, this is not a perfect way of determining gender. We can be fooled occasionally.

### **Other reasons for ultrasound in the second and third trimester include:**

- To assess the age of the baby. Size begins to vary after about 20 weeks, making it less accurate to determine your due date
- To assess for size and growth. Ultrasound measurements repeated weeks apart can be used to assure that your baby is growing properly. These repeated measurements are used most frequently when there are complications such as high blood pressure or diabetes, or when abdominal measurements seem to indicate the baby is smaller or larger than expected
- To determine the presence of a multiple gestation (twins, triplets or more)
- To check the location of the placenta
- To determine the amount of amniotic fluid around the baby
- To determine the position of your baby. If a breech position is suspected, it can be verified by ultrasound
- For special procedures, such as amniocentesis and turning a breech baby

## **Group B strep**

Group B strep (GBS) is one of many bacteria that can be found in the digestive, urinary and reproductive tracts. GBS is found in at least 20 percent of women and

is most often found in the vagina and rectum. GBS is not a sexually transmitted disease. There are often no symptoms; having GBS does not mean that you are sick.

### **How do I know that I have GBS if there are usually no symptoms?**

A simple swab culture of your vagina and rectum is done to check for the presence of GBS at 36 weeks. In addition, if you develop any symptoms of premature labor, you may be cultured at that time.

### **Why is GBS important in pregnancy?**

GBS can be transmitted to your baby during delivery. If you test positive and have no symptoms during your pregnancy, you will not be treated until you come into the hospital in labor.

### **What are the effects of GBS on babies?**

If a woman is positive for GBS, the bacteria may be passed from her to her baby, and the baby may develop a GBS infection. This happens in only one or two babies for every 100 whose mothers have GBS. A baby infected with GBS can rapidly develop serious infections, such as pneumonia or meningitis.

### **Will this affect my length of stay in the hospital?**

Generally, after a normal vaginal delivery, you may go home after about 24 hours. With a positive GBS, doctors recommend staying at the hospital for 48 hours after delivery. This allows more time to closely observe the baby for any symptoms of illness resulting from the GBS. Generally, if a baby is infected with GBS, it can become extremely sick very quickly. Because these infections can be very serious, immediate treatment is needed.

### **How can infection to the baby be prevented?**

Should you test positive for GBS, you will be treated with antibiotics in labor. Treating you with antibiotics while you are in labor significantly decreases the likelihood of transmitting GBS to your baby.

**TIP: Stay away from toxic chemicals like insecticides, solvents (like some cleaners or paint thinners), lead and mercury. Most dangerous household products will have pregnancy warnings on their labels. Ask your health care provider about products if you are unsure.**

## **Genetic testing, if indicated**

During your first OB visit, your medical and genetic (or family) history will be reviewed. *If it is determined*

that you may be at risk for having a baby with a genetic problem, genetic testing may be suggested. Testing is available to diagnose some birth defects while you are pregnant. Remember, not all birth defects are detectable by genetic testing.

### **Who should be tested?**

We may suggest genetic testing if:

- You will be 35 years of age or older on your due date
- You or the baby's father has previously had a child with a birth defect or has a family history of certain birth defects
- You have had an abnormal genetic screening test or an abnormal finding on ultrasound, which may indicate a genetic concern
- Couples with a history of multiple pregnancy losses

*Only you and your partner can decide whether to have genetic testing. This is a very personal decision, and only you can determine if it is right for you. Each pregnancy is unique, and there is some risk involved with any pregnancy.*

### **What types of testing are available?**

If genetic testing is indicated or desired, your provider will discuss your options.

### **What do these tests show?**

In these tests, the chromosomes within the growing cells are studied under a microscope. The number and shape of the chromosomes are examined, and tests for specific genetic diseases can be performed on the cells. In certain situations, there may be not enough or too many chromosomes. In Down syndrome, for example, there is an extra (a third) copy of the 21st chromosome.

**TIP:** Do not empty the cat litter when you are pregnant. It may contain a parasite that causes an infection called toxoplasmosis, which can cause birth defects. Also, always wear gloves when working in garden areas used by cats.

## **Ultra screen**

### **What is an ultra screen?**

Ultra screen is a first trimester screening test for Down syndrome, Trisomy 18 and other chromosomal abnormalities. The ultra screen is offered to women who will be age 35 or older when their baby is due.

### **When is the ultra screen done?**

The ultra screen is performed between 11 weeks 1 day and 13 weeks 6 days of pregnancy.

### **How is the ultra screen done?**

The ultra screen involves ultrasound and maternal blood testing. The ultrasound, also known as a nuchal translucency screen, measures the fluid accumulation behind the neck of the fetus, confirms fetal heartbeat and gestational age. The blood test analyzes two chemicals found in the blood of all pregnant women.

### **How do I get results?**

The ultrasound information and the blood test are both gathered and sent off for testing. Your OB provider will receive the results and contact you.

### **What are the risks of the ultra screen?**

Ultra screen is non-invasive and poses no risk to a pregnancy.

### **Pros and cons of ultra screening:**

**Pro:** The ultra screen can be done very early in the pregnancy.

**Con:** Ultra screen only detects about 90 percent of pregnancies with Down syndrome and 98 percent of pregnancies with Trisomy 18.

**Did you know ...** The normal gestation period for a fetus is 40 weeks, but any child born more than three weeks earlier (37 weeks or less) is considered premature. Without the additional time in the mother's womb to develop and mature, the baby is at a higher risk of medical and developmental complications.

## **Multiple (quad) marker screening test**

As a pregnant woman, you have the choice of having a blood test called the multiple marker screening test, which can detect several birth defects early in your pregnancy.

### **What is the multiple marker screening test?**

This is a screening test for neural tube defects and Down syndrome. Occasionally, the test will detect other abnormalities. The test is easily done by obtaining a

small blood sample from your arm. The laboratory measures the amount of certain proteins in your blood. These amounts may be increased or decreased if a baby has a neural tube defect or Down syndrome.

This test is a screening test. This means it does not tell us who has a baby with one of these conditions, but rather who has a greater chance of having a baby with either a neural tube defect or Down syndrome. Additional testing would be necessary to determine if these conditions actually exist.

### **What is a neural tube defect?**

A neural tube defect, such as spina bifida, is a condition in which the spinal cord and/or brain are abnormally formed. These defects can cause handicaps after birth or may even be fatal to the baby. Babies with neural tube defect can be born to women of any age or race, even if no one else in the family has spina bifida.

### **What is Down syndrome?**

Down syndrome is a chromosome abnormality; the baby has too many chromosomes and is mentally disabled. People with Down syndrome look very similar to each other. There can be many health problems associated with Down syndrome, including heart defects. Babies with Down syndrome are more common in women 35 years of age or older but can be born to women of any age or race.

### **How is the test done?**

Your health care provider will give you specific instructions for this test. You do not need to fast or do anything special before getting your blood drawn. A small sample of blood will be taken from your arm. It can take up to 14 days to get the results. If there is an abnormal result, you will be notified of the need for further testing. In almost all cases a follow-up test shows the baby is fine.

### **Do I have to have a multiple marker screening test?**

No. This is completely your decision. We simply want you to understand the test, so you can make the best decision for you and your family.

This testing can give you an idea of your own risk for having a baby with a neural tube defect or Down syndrome. Some women find having the test to be reassuring, and the results of these tests can help some women make decisions about their options. Other women find the testing process to be anxiety-producing and prefer not to have the test. This is a completely

individual choice. Please discuss any concerns or questions you may have with your health care provider.

### **What is a Doppler?**

A Doppler is a device used on your abdomen, which allows your nurses or other health care provider to hear the sound of your baby's heartbeat. Listening to your baby's heartbeat, especially for the first time, can be very exciting and reassuring. It tells you undeniably that you have a growing child inside your body. Most fetal heartbeats can be heard using a Doppler by 10 to 12 weeks. This can be earlier or later depending on the position of your uterus and maternal weight. Your health care provider will listen to your baby's heartbeat at each prenatal visit.

The normal fetal heart rate is 120 to 160 beats a minute. In the first trimester of pregnancy, it is not unusual for the heart rate to be even faster — perhaps in the 170s. Later in pregnancy, heart rates vary, based on if a baby is moving, awake or asleep. This variation of heartbeat actually indicates that your baby is healthy.

## **Cystic fibrosis screening**

Cystic fibrosis (CF) is a life-long illness that is usually diagnosed in the first few years of life. The disorder causes problems with breathing and digestion. CF does not affect intelligence or appearance.

One out of every 29 Americans of Northern European descent is an unaffected carrier of an altered CF gene. About 2,500 babies are born with CF each year in the United States.

If both you and your partner test positive for CF there is a 25 percent chance that your child will inherit CF. There is also a 50 percent chance that your child will be a carrier but will not have CF.

Possible reasons to be tested:

- If CF seems like a very serious disorder to you
- If the chance of being a CF carrier seems high to you; this may be especially likely if a member of your family or your partner's family has CF or is a known carrier
- If you and the baby's father would consider amniocentesis or CVS (Chorionic villus sampling) to help you prepare for the birth of a baby with CF, if you were both found to be carriers
- Because the test results are usually reassuring

# Fetal movement testing

## Non-stress test

This non-stress test (NST) uses ultrasound to listen to the fetus' heartbeat and record its rate on graph paper. Usually the fetal heart rate quickens when the fetus moves, just as your heart beats faster when you exercise. Tracking the heart rate for a period of 15 to 30 minutes helps determine how well the baby is doing.

Along with ultrasound, a second monitor is placed on top of the uterus to record any contractions the mother may be having. If a contraction occurs, it can show how the fetal heart reacts. If the fetus does not have what is called a "reactive" test, your health care provider may have you monitored for a longer period of time.

### Indications for fetal movement testing:

Mother	Baby
Diabetes	Overdue > 40 weeks
Chronic high blood pressure	Small for dates/slow growth
Preeclampsia	Decreased fetal movement
History of stillbirth	Decreased amniotic fluid
Kidney disease	Increased amniotic fluid
History of preterm labor	Twins
Advanced maternal age, ≥ 35 years of age	Fetal abnormality
Body injury or possibility of injury	

### How to prepare for a non-stress test

- Try to schedule during a time of day when baby is active
- Eat a nutritious meal or substantial snack 30 minutes to one hour before the test
- Avoid caffeine/soda
- If you are a smoker, do not smoke for two hours before the test

## Kick counts

A test during which a pregnant woman counts her babies movements. Your provider will let you know if you need to do a kick count.

Your baby will develop a preference for what time of day he or she will sleep and move. Movements may include twisting, turning, stretching, rolling and kicking. You may notice your baby move when you are trying to rest or at bedtime. However, each baby is an individual and may have a flurry of movement any time of the day or night.

As the baby grows larger and moves into position for birth, his or her activity level will change. There will be fewer big turns and twists and more kicks and jabs. You should feel your baby move every day. An active baby is a healthy baby. Pay attention to your baby's activity/sleep pattern, so that you can schedule about the same time each day to monitor your baby's movements.

### How to count fetal movements

1. Find a quiet and comfortable area to sit or lie down on your left side. Lying on your left side provides the best blood and oxygen circulation to your baby.
2. Write down the day and time on a sheet of paper or in a journal.
3. Start counting kicks, flutters, swishes, rolls, or jabs in a two-hour period. You should feel at least 10 movements within two hours.
4. If you do not feel 10 movements in two hours, call your prenatal care provider.

### Seek medical care if:

- You feel less than 10 counts in two hours.
- There is no movement in over an hour.
- The pattern is changing or taking longer each day to reach 10 counts in two hours.
- You feel the baby is not moving as he or she usually does.

# Kick count log

Date	Time begin	Time end	Total kicks

Date	Time begin	Time end	Total kicks



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# Physical changes

During pregnancy, both you and your baby will go through many physical changes. The most obvious change, of course, will be physical growth. As the baby grows, so will you. This chapter will review your baby's growth throughout your pregnancy and the changes you may experience, such as weight gain and back pain. Remember that most changes are normal and that discomforts are usually temporary.

## Changes in baby

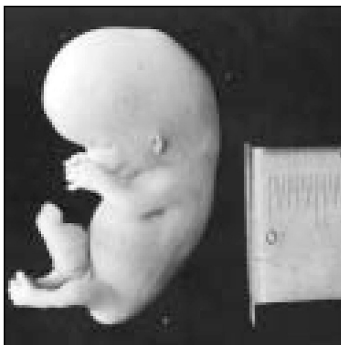
### First trimester

#### Four weeks:

- Less than 1/10 inch long
- Beginning development of spinal cord, nervous system, gastrointestinal system, heart and lungs
- Amniotic sac envelops the preliminary tissues of entire body

#### Eight weeks:

- Less than 1 inch long
- Face is forming with rudimentary eyes, ears, mouth and tooth buds
- Arms and legs are moving
- Brain is forming
- Eyelids form and grow but are sealed shut
- Fetal heartbeat is detectable with ultrasound
- Called an "embryo"



*Embryo at eight weeks*

#### 12 weeks:

- About 3 inches long and weighs about 1 ounce
- Can move arms, legs, fingers and toes

- Fingerprints are present
- Can smile, frown, suck and swallow
- Sex is distinguishable (but not yet by ultrasound)
- Heartbeat may be heard with a Doppler ultrasound device by 10 to 12 weeks
- Can urinate
- All body parts and organs formed but continuing to mature throughout pregnancy
- Called a "fetus"

**Did you know ...** You probably won't feel your baby kick until sometime between 16 and 22 weeks, even though he started moving at seven or eight weeks and you may have already witnessed his acrobatics if you've had an ultrasound.

### Second trimester

#### 16 weeks:

- About 5 1/2 inches long and weighs about 4 ounces
- Heartbeat is strong
- Skin is thin, transparent
- Downy hair (lanugo) covers body
- Soft fingernails and toenails are forming
- Moving about and able to roll over in amniotic fluid (though you may not yet feel baby move)
- Able to hear your voice



*Fetus at 16 weeks*

### 20 weeks:

- 10 to 12 inches long and weighs 1/2 to 1 pound
- Heartbeat is audible with Doppler
- Sucks thumb
- Hiccups
- Very active, turning from side to side and sometimes head over heels (most women begin feeling movement around this time)
- Has hair, eyelashes, eyebrows

**TIP: Get early and regular prenatal care. It doesn't matter if this is your first pregnancy or if you have already had children. It is important to have early and regular prenatal care for each of your pregnancies.**

### 24 weeks:

- 11 to 14 inches long and weighs 1 to 1 1/2 pounds
- Skin is wrinkled and covered with white creamy protective coating (vernix)
- Eyes are open
- Meconium is collecting in bowel
- Has strong grasp

## Third trimester

### 28 weeks:

- Adding body fat
- Very active
- Sucks thumb
- Responds to light and sounds
- Rudimentary breathing movements are present

### 32 weeks:

- 16 1/2 to 18 inches long and weighs 4 to 5 pounds
- Has periods of sleep and wakefulness
- Responds to sounds
- May assume birth position
- Bones of head are soft and flexible
- Iron is being stored in liver



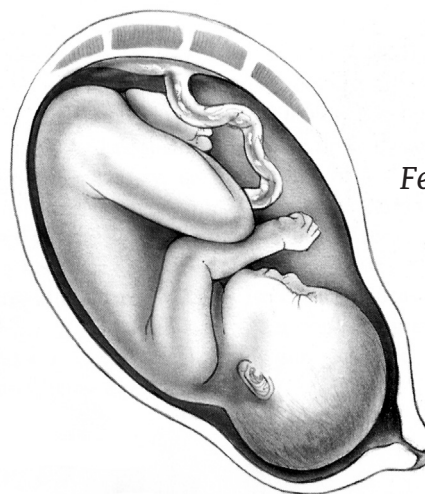
*Fetus at 32 weeks*

### 36 weeks:

- Skin is less wrinkled
- Vernix is thick
- Lanugo is mostly gone
- Less active
- Gaining immunities from mother

### 40 weeks:

- About 20 inches long; average weight is about 7 to 7 1/2 pounds
- Fingernails protrude beyond fingers
- Vernix thins, mostly seen now in skin folds or creases
- Arms and legs are in flexed position
- At 38 to 40 weeks baby is full term
- Lungs are mature and ready to function on their own
- Fetus may be "engaged" in the pelvis



*Fetus at 40 weeks*

# Changes in mother

## Weight gain in pregnancy

Weight gain is a normal, healthy part of pregnancy. For many women, especially those who have struggled with weight issues in their life or have worked hard at staying fit, gaining weight can be emotionally difficult. Remember that gaining weight in pregnancy is a unique form of weight gain. It is important in assuring that your growing baby is getting the nutrition it needs. If you have concerns about your weight, please speak with your health care provider.

### Where does the weight go?

Infant	7.5 pounds
Placenta	1.5 pounds
Extra blood and fluid	8 pounds
Increase in uterus/muscles	2 pounds
Increase in breasts	2 pounds
Amniotic fluid	2 pounds
Fat (mother's)	7 pounds
<b>Total</b>	<b>30 pounds</b>

Individuals will gain different amounts of weight. Women who begin pregnancy underweight need to gain slightly more. Those who begin pregnancy overweight need to gain less. Pregnant teens need to support their own still-growing bodies as well as that of their developing baby. Pregnant teens and those carrying twins should have the highest weight gain and need to consume more calories and nutrients.

### Suggested weight gain in pregnancy

Remember that these values are only guidelines. Women are individuals, and weight gain may vary. What is important is that you are eating a well-balanced, nutritionally sound diet.

Closely spaced pregnancies can deplete certain nutrients, especially calcium. In this case, pay special attention to your calcium intake, and increase your calories.

	BMI	Weight gain
Normal weight women	18.5-24.9	25 to 35 pounds
Underweight women	< 18.5	28 to 40 pounds
Overweight women	25-29	15 to 25 pounds
Obese women	+or > 30	11 to 20 pounds
Women carrying twins		35 to 45 pounds
Teenage women		35 to 40 pounds

## Common discomforts

There are many bodily changes that occur during pregnancy. This is an attempt to describe many of them, explain why they occur, when they are most likely to occur, and offer suggestions for coping comfortably with them. You will find these changes discussed below in alphabetical order.

You may find some of these suggestions helpful. Remember, however, that no two pregnancies are exactly alike; and just because a particular problem is listed, that doesn't mean it will happen in your case. Few women will experience all of the discomforts mentioned, and you may avoid many or even most of them. For further questions ask your health care provider.

### Backache

*Causes:* As your body's weight, shape and balance change, you may change your posture (the way you sit and stand). This can cause muscle strain. Lifting and carrying other children can contribute to backache as well. In addition, the weaker your abdominal muscles become, the greater the strain on your back. In late pregnancy, if the baby is facing front with the back of his or her head pressing against your spine, low backache may result.

*Timing:* One of the most common complaints of pregnancy, it can occur at any time throughout pregnancy, but most commonly occurs in mid-to-late pregnancy.

*Prevention and relief:*

- Make an effort to maintain good posture.
- Use sensible body mechanics to avoid strain. For example, squat instead of bending over from the waist. Rise from lying down by rolling onto your side and pushing yourself up with your hands.

- Massage or gentle daily exercise may help, especially for sore spots. Try head rolling and shoulder rotating to lessen discomfort in the upper back. Pelvic rocking in the “angry cat” position should help the lower back.
- Wear comfortable shoes with good support. This is not a time for very high heels or shoes so different from what you usually wear that your comfort and balance are affected.
- For a low backache caused by pressure of the baby, rest in a position that takes the baby’s weight off your spine.
- Sleep on your side with lower knee bent and upper leg supported on a pillow.
- Practice stretching and back exercises consistently. Here are a few to practice.
- Consider pregnancy support underwear — discuss options with your provider.
- Cotton underpants, or at least those with a cotton crotch, are better than those made from synthetic fabrics. Avoid pants or pantyhose that fit tightly against the crotch.
- When you empty your bladder, you may find it soothing to rinse yourself with warm water. To minimize the chance of infection, always wipe from front to back.

**Did you know ...** Many women experience itchiness as their pregnancies progress. This is due to hormones and stretching skin in areas such as the abdomen. Some women also develop itchiness and redness on their palms and the soles of their feet. These symptoms usually vanish after delivery. Women may benefit from moisturizing and using soaps for sensitive skin.

## Bladder problems

*Causes:* During the first trimester, your growing uterus and developing baby press against your bladder, causing a frequent need to urinate. This will happen again near the end of pregnancy, when the baby has dropped in preparation for being born. Hormones and increased blood volume also affect bladder control and the potential for urinary tract infection.

*Timing:* Throughout pregnancy, but especially during early and late pregnancy.

*Prevention and relief:*

- During pregnancy, frequent urination is normal. There’s nothing you can do about it, so accept it and plan accordingly. Each time you use the toilet, try to empty your bladder as completely as you can.
- Drink plenty of liquids, especially water. Reducing your fluid intake does not solve the problem of needing to urinate often, and you need fluids to keep your kidneys functioning well.
- If your urine burns or stings, you may have a urinary tract infection. Call your health care provider without delay, because such infections only get worse if left untreated. Continue to drink plenty of fluids. Cranberry juice may help.

## Breasts (leakage)

*Causes:* Your breasts produce colostrum, a yellowish or clear liquid, intended to be your baby’s first food. Some women experience leakage of this fluid in late pregnancy. Others do not. Either condition is normal.

*Timing:* Any time from the fifth month on, though can occur as early as 10 weeks.

*Prevention and relief:*

- Tuck a cotton handkerchief or gauze pad into each bra cup to absorb leaking fluid. You can buy nursing pads made especially for this purpose in most stores. Avoid plastic shields, which trap moisture and prevent air from circulating. Replace pads when they get wet.
- If leaking colostrum dries and becomes crusty on your nipples, wash it off with plain warm water. Soap may dry or irritate your nipples.
- Do not try to squeeze or pump out this early milk; it can cause breast and nipple irritation.

## Breasts (change in size and appearance)

*Causes:* Your breasts will increase in size because your milk glands enlarge, and there is an increase in fatty tissue. They may become tender and more sensitive. As your blood supply increases in volume and the blood vessels enlarge, bluish veins may appear. Your nipples become more pronounced, as do the small glands on

the areola (area surrounding the nipple), as your breasts prepare for breastfeeding.

*Timing:* Changes occur throughout pregnancy.

For many women, breast changes are the first sign of pregnancy. Early in pregnancy, the breasts increase in size and may feel firm and tender. Changes in the color of the nipple and areola continue as pregnancy progresses. Nipples project out more, and areola darkens.

*Prevention and relief:*

- Wear a bra that gives you firm support. This will ease the strain on breast tissue and also on your back muscles if your breasts are heavy.
- Choose cotton bras over those made from synthetic fabric. Cotton allows the skin to breathe.
- As your breast size changes, make sure your bra size does, too. Your bra should fit well without binding or irritating your nipples. You may need a larger-size bra or a style that's cut differently. Try a maternity or a nursing bra without underwire, if you can't find a regular one that fits well.

## Constipation

*Causes:* During pregnancy, your growing uterus takes up part of the working space of your digestive system. The hormone progesterone causes relaxation of smooth muscle, including the bowel. This is useful in that food spends more time in the bowel, allowing for greater absorption of nutrients. It can also result in more fluid being drawn out of the stool causing stools to be hard and dry. In some cases, iron and vitamin supplements may contribute to constipation.

*Timing:* Can occur at any time, but most common mid through late pregnancy.

*Prevention and relief:*

- Drink at least two quarts (eight to 10 glasses) daily of fluids, especially water.
- Eat raw vegetables, fruits and whole grain cereals and bread daily to make sure you are getting enough fiber.
- You may want to include dried fruit such as prunes, apricots or figs in your diet.
- Try to give yourself time for a bowel movement at about the same time every day, or at least go when you have the urge. Don't put it off. Try to avoid straining.

- Try a nice warm bath.
- Exercise daily.
- You may try prune or apple juice, glycerin suppositories or bulk forming products containing psyllium such as Metamucil (be sure to drink extra water with these bulk forming products or they can make the problem worse).
- Stool softeners, which act only in the digestive tract, are not irritating or habit forming and may be used while pregnant or breastfeeding.
- There are prenatal vitamins available with stool softeners.
- Avoid mineral oil, which can remove vitamins A, D and E from your body. Don't use laxatives, enemas or castor oil.
- If the above measures are not helpful, over-the-counter stool softeners are available.

## Cramping, Braxton Hicks contractions

See "[Complications](#)" or "[Labor and birth](#)" chapters.

## Faintness

*Causes:* If you stand for long periods of time, low blood pressure may cause faintness. This is especially likely to occur in warm, crowded places or during long, uncomfortable periods of inactivity, such as standing in line at a checkout counter or taking long showers. In late pregnancy, lying on your back may cause your blood pressure to drop, and you may feel dizzy or faint when you first get up. Faintness may also result from low blood sugar, anemia (too little iron in the blood) or dehydration.

*Timing:* Early and late pregnancy.

*Prevention and relief:*

- After the fourth month of pregnancy, try not to lie flat on your back. Sleep on your side or propped up on pillows. If you find you have rolled onto your back while sleeping, lie on your left side a few minutes before trying to get up.
- Avoid sudden position changes such as hanging your head down and quickly standing up straight or jumping out of bed quickly.
- Be sure to drink eight to 10 glasses of fluids daily, especially water. Avoid caffeinated and carbonated beverages.

- Try to avoid standing for long periods of time. If you must stand, move around frequently to stimulate your circulation. If you're in line or in a crowd where you can't go anywhere, shift your weight back and forth from one leg to the other.
- To keep your blood sugar up and at a more even level, eat healthful foods in small amounts at frequent intervals throughout the day. Choose food with complex carbohydrates (bread, pasta, fresh fruit and vegetables, cereal) rather than those laden with simple carbohydrates (sugar).
- If faintness is a recurring problem for you, be sure to mention it to your health care provider. If anemia is detected, changes in your diet will be recommended and supplementary iron may be prescribed.

## Fatigue

*Causes:* Fatigue is a natural effect of the hormones of pregnancy. Your developing baby and your changing body require extra energy. Fatigue also may result from anemia, which is not uncommon during pregnancy.

*Timing:* Most common and intense in the first three months, again increasing at the end.

*Prevention and relief:*

- Abide by a new motto: Early to bed, late to rise, with rest periods during the day as well.
- Balance your rest with daily exercise. Brisk walking is excellent. Exercise stimulates circulation and brings oxygen and nutrition to your entire body.
- You will be checked for anemia during pregnancy. If anemia is a problem for you, changes in your diet and/or supplementary iron may be suggested.
- Vary your position and your activities if you can. For example, if your work requires you to be on your feet for long periods, try to schedule short rests during which you can sit down with your feet up. If, on the other hand, you must spend a lot of time sitting, try to get up and walk around every hour or so.
- Try to do whatever you must do efficiently, but don't be afraid to share chores and burdens with family members or friends. Don't try to be a "Supermom."

## Gums (bleeding and swelling)

*Causes:* During pregnancy, the increase in your blood volume and supply of certain hormones may cause

tenderness, swelling and bleeding of gums. A lack of vitamin C in your diet also may contribute to this condition.

*Timing:* Mid to late pregnancy.

*Prevention and relief:*

- Don't neglect proper care of your teeth and gums, even though discomfort may tempt you to ignore regular brushing and flossing.
- An antiseptic mouthwash such as Listerine keeps your mouth feeling fresh and may reduce the potential for gum infection. Remember, swish it around and spit it out: do not swallow it.
- A professional cleaning of your teeth and gums early in pregnancy and perhaps again before you deliver is a good idea. If you routinely require prophylactic use of antibiotics before dental work because of mitral valve prolapse or a similar condition, be sure your dentist knows you are pregnant. You must take an antibiotic that is safe for you and your baby. It's best for your dentist and your prenatal care provider to work together on this.
- Vitamin C, which is best used by your body when taken naturally as part of your daily diet, helps tooth and gum tissues to be strong.

## Headaches

*Causes:* Nasal congestion, fatigue, eye strain, caffeine withdrawal, anxiety and tension are all possible causes of headaches during pregnancy (and any other time). Call your health care provider if your headache is severe, causes blurred or spotty vision, or makes you feel sick to your stomach.

*Timing:* Throughout pregnancy.

*Prevention and relief:*

- For headaches of the sinus type, press a hot, moist towel over your eyes and forehead. If nasal congestion is part of the problem, a vaporizer may help.
- Rest and relaxation are often the most effective remedies for headaches.
- Pregnancy is not the time to have new glasses or contact lenses fitted, and the lenses that were fine before you became pregnant might cause headache and strain now. Your body's increased blood volume during pregnancy can affect your vision, but be reassured that these problems are usually temporary.

- Because excessive doses of aspirin and ibuprofen may be related to birth defects and problems during pregnancy, we advise against aspirin or ibuprofen use during pregnancy unless advised by your provider. Use a non-aspirin pain reliever such as acetaminophen (Tylenol) instead. Don't be afraid to ask for guidance.
- If your headaches persist or are severe, ask for advice. Don't self-medicate, and don't continue to suffer.
- If abrupt elimination of caffeine from your diet has left you irritable and with headaches, a more gradual approach to reducing caffeine intake may be appropriate.
- Relax and eat slowly. Try to enjoy your meals.
- Avoid spicy, rich or fried foods or others that tend to cause intestinal gas. You know best which foods disagree with you. Learn from your own mistakes, and avoid them.
- Don't lie down for two hours after eating.
- Wait two hours after eating before exercising.
- Use good posture. Give your stomach room to work. Try to find positions in which the pressure of your uterus on your stomach is minimized. Sitting in a straight chair, for example, may be better for you than slouching in one that might be very comfortable under different circumstances. You may find that propping yourself up on pillows allows you to sleep more comfortably.

## Heart pounding (palpitations)

*Causes:* Occasional heart pounding is a normal response your body makes to meet your baby's needs and the demands of your extra blood volume.

*Timing:* Mid to late pregnancy.

*Prevention and relief:*

- When you feel your heart pounding, don't panic. Make a conscious effort to let go of tension throughout your body. Sometimes it helps to start at your head and to relax each part of your body in sequence until you reach your toes. Or, start at your feet and work up to the top of your head.
- Breathe easily and comfortably. Take slow, deep breaths. Stay calm.
- If heart pounding is a frequent or continual problem for you, be sure to tell your health care provider.

## Heartburn and indigestion

*Causes:* During pregnancy, your digestive system may work more slowly. Hormones of pregnancy relax the sphincter muscle at the top of the stomach and cause the stomach to empty more slowly and the stomach acids to move upward. In addition, your enlarging uterus crowds your stomach and may cause stomach acids to be pushed upward. These things together can lead to heartburn and intestinal gas, or indigestion.

*Timing:* Can occur at any time.

*Prevention and relief:*

- Don't crowd your stomach. Eat five or six small, nourishing meals each day instead of three big ones.

- Wear comfortable clothes that are loose at the waist.
- Avoid bicarbonate of soda or baking soda, which may cause you to retain fluid and also may bind B vitamins. The temporary relief these products provide may be followed by heartburn that's worse than before.
- If you feel you absolutely must take an antacid, try to take it at a time other than mealtime. Avoid products with aspirin, caffeine or too much sodium.

## Hemorrhoids

*Causes:* Hemorrhoids are varicose (or swollen) veins of the rectum. Your increased blood volume may cause dilation of veins in your rectum and vagina. High levels of progesterone cause relaxation of vein walls. There is added pressure from your growing uterus that slows blood return.

*Timing:* Mid to late pregnancy. Hemorrhoids may not occur until after the birth as a result of pressure of the baby's head during birth.

*Prevention and relief:*

- Try not to become constipated, because constipation will make hemorrhoids more painful.
- Eat high fiber foods, and be sure to drink lots of fluids.
- Make an effort not to strain during a bowel movement.
- Use the pelvic floor (Kegel) exercises to strengthen the muscles around your vagina and anus. Tighten this part of your body, hold it for a few seconds, and then relax slowly. Do this at least 40 times a day.



- Soaking in a tub of warm water may be soothing.
- An ice pack may help ease the pain. This works for varicose veins of the vagina as well as for rectal hemorrhoids.
- Cold witch hazel may be soothing. Soak a clean cloth or gauze square and hold it on your hemorrhoids for 20 minutes while you rest.
- Rest several times a day on your side.
- Do not sit for long periods.
- Increased exercise helps improve circulation.

## Leg cramps

*Causes:* Pressure from your growing uterus slows circulation in the legs, and this may lead to cramps. Calcium, which affects muscle contractions, is less easily absorbed during pregnancy and may also be involved in increased leg cramps. Leg cramps most often occur when you are in bed.

*Timing:* Mid to late pregnancy.

*Prevention and relief:*

- Watch your diet. Be sure to eat foods that are rich in calcium, magnesium and potassium.
- If your health care provider recommends, you may take a calcium supplement. It's best to eat foods that contain calcium, and vitamin D at the same time. Your body best utilizes calcium in the presence of other nutrients found around it naturally.
- To ease a cramp in your calf, push away from your body with your heel, while pulling your toes toward your nose. This helps stretch the muscle out of its cramp. If you have someone to help you, you can achieve the same effect by having that person press down on your knee with one hand while pushing up against the sole of your foot with the other hand.
- Gentle massage or a hot water bottle on the cramp may help. Try a warm bath. (If your cramp is especially severe, you may need someone to help you get in and out of the tub.)
- Avoid lying on your back. The weight of your body and the pressure of your enlarged uterus on major vessels will slow down circulation in your legs and increase the likelihood of cramps. Lie on your left side instead.
- Ask your provider about adding vitamin E.

## Nausea and vomiting (morning sickness)

*Causes:* The exact cause is not understood. Nausea in pregnancy may be related to sensitivity to increased levels of estrogen or other hormones, changes in the way your body uses carbohydrates, or dehydration. Too little vitamin B6 or too little glycogen (the natural sugar stored in your liver) can cause nausea. Fatigue and emotional factors also can play a role in some women. Slower digestion, caused by the hormonal changes of pregnancy, may also contribute to nausea. Extreme nausea also may indicate a thyroid imbalance.

*Timing:* First three months.

*Prevention and relief:*

- Eat small but frequent meals during the day instead of three large ones. Eat slowly, chew your food completely, and try to stay relaxed.
- Avoid fried, spicy or rich foods or any food that seems to give you indigestion.
- Nausea is especially bothersome on an empty stomach, so you might try a high-protein snack such as lean meat or cheese before going to bed. (Protein takes longer to digest.)
- If you are troubled by nausea in the morning (morning sickness), nibble on some crackers, dry toast, gingersnaps or dry cereal about 15 to 20 minutes before you get out of bed. You may also wish to try eating dry toast or crackers as soon as you get up.
- Some women find it best not to drink liquids with their food, but to take fluids between meals instead. Some women do better with warm or hot beverages rather than cold. Find out what works for you, and do it.
- Speak with your health care provider about increasing vitamin B6 to 50 mg three to four times a day. It may be very helpful.
- Speak with your health care provider about adding Unisom. It may be very helpful.
- Sips of peppermint, chamomile, ginger or anise tea may help.
- Try sucking on candied ginger or lemon drops.
- Relaxation, visualization or self-hypnosis may help.
- Avoid becoming overtired.

- Keep track of situations and factors that trigger nausea so that you can avoid those things. Odors, sudden motion, or even busy patterns can serve as triggers.
- Lie or sit down when symptoms appear.
- Salty foods may help settle your stomach. Ask yourself what would make you feel better — something crunchy, salty, sour, fruity or sweet — and eat it. Don't worry about perfect nutrition right now.
- Use acupressure: Look at your wrist on your palm side. Locate the wrist crease and measure two thumb widths up from this crease (toward your arm). Press in the middle of this spot. There is an acupressure point here, which if stimulated for several seconds, relieves nausea and motion sickness in most people. If you have the point, you should feel a distinct twinge when you stimulate it. You may use it several times a day. There are wristbands, known as motion sickness bands, which are available as well.
- If your vomiting is persistent and so severe that you can't keep fluids down on a continuous basis, call your health care provider. Get help before you become seriously dehydrated.

*Remember, this will pass.* Most nausea and vomiting of pregnancy ends by 12 weeks, occasionally going on until 20 weeks or more. While nutrition is important, try not to worry about the effects nausea has on your nutritional intake. Studies have shown that women who are healthy at conception have sufficient reserves to supply the baby, even if they are unable to eat well for the first several months. In addition, nausea is often a good sign of a healthy pregnancy.

## Nosebleeds

*Causes:* Membranes become overloaded during pregnancy from your increased blood volume. In some women, this causes nosebleeds.

*Timing:* Throughout pregnancy.

*Prevention and relief:*

- Be sure you are getting enough vitamin C in your diet. Vitamin C promotes strong tissues.
- To stop a nosebleed, pinch your nostrils together for several minutes. When the bleeding stops, lie down and apply cold compresses to your nose. This may prevent an immediate recurrence.
- If you're suffering from nasal congestion, be careful

to blow your nose gently rather than vigorously.

- A higher level of humidity will help decrease the risk of nosebleeds. If the air in your home tends to be very dry, try a humidifier.
- Try a thin coating of Vaseline in each nostril, especially at bedtime.

## Pelvic pain or discomfort

*Causes:* During pregnancy, your pelvic joints relax (stretch) to increase the size and flexibility of space available for the birth canal. This may cause pressure on the sciatic nerve, with pain in the pelvic area and down the thigh into the leg. Also, the pressure of your growing uterus on the ligaments that support it may cause you to experience some shooting pains (known as round ligament pain) on either side of your abdomen.

*Timing:* Early to late pregnancy.

*Prevention and relief:*

- Warmth may help you relax and bring some relief. Try a hot water bottle or a warm tub bath.
- Some women find massage helpful.
- Pelvic exercises, such as pelvic tilt, can help.
- A change in position may help you. Experiment with different positions to find the one that brings you the most relief. Sit for a while with your feet elevated. Try sleeping on your side, with one leg forward and the other back, with a pillow between your knees.
- If you are constipated or have a bladder infection, you also may experience some discomfort in the pelvic region. If your pain is severe or persistent call your health care provider. Don't self-medicate or continue to suffer.

## Salivation (excessive)

*Causes:* During pregnancy, the salivary glands increase production. For a few women, this increase may turn out to be excessive. The reason for this is unclear.

*Timing:* Mid to late pregnancy.

*Prevention and relief:*

- Chewing gum may help keep excessive salivation under control.
- Sometimes eating several small meals instead of three large ones during the day will help with this problem.

## Shortness of breath

*Causes:* Your growing uterus takes up part of your breathing space, causing pressure on your diaphragm. Occasionally women experience shortness of breath very early in pregnancy, probably due to hormone changes and increasing blood volume.

*Timing:* Mid to late pregnancy (but can be early pregnancy as well). In the ninth month, after your baby drops, you may find some relief.

*Prevention and relief:*

- Hold your arms up over your head, and stretch. This raises your rib cage and temporarily gives you more breathing space.
- Find positions that give you more room to breathe. Sitting up in a straight chair may work. Try sleeping propped up with pillows in a position that makes breathing easier. If you're not comfortable propped up with pillows, try lying on your left side instead. Experiment with different positions until you find one that works for you. (But don't lie flat on your back.)
- Practice very slow, deep breathing while you are relaxed. Try this every day. It will help you use your lung space to its greatest capacity.
- When you become short of breath, you may find you just have to slow down. Don't race up the stairs; walk slowly. Don't overexert yourself. Listen to your body.
- Although you may feel short of breath, this does not affect the amount of oxygen your baby gets.

## Skin (blotches and discoloring)

*Causes:* A high level of pregnancy hormones can trigger extra deposits of pigment, which may appear as darkened blotches on the cheeks, nose and forehead. These skin changes may be associated with an inadequate supply of folic acid as well. Hormones also may cause pigment changes on the nipples and in a line from the navel to the pubic bone (called the linea nigra, or the line of pregnancy).

*Timing:* Mid to late pregnancy.

*Prevention and relief:*

- Exposure to the sun makes the condition more intense. Avoid sunburn.
- Make sure that your diet contains sufficient sources of folic acid. The daily requirement for folic acid doubles during pregnancy.

- If dark blotches on your face make you self-conscious about your appearance, try the type of cream makeup designed to minimize birthmarks.
- Be reassured that the hormone that causes these discolorations will decrease after your baby is born. The spots will disappear on their own.

## Stretch marks

*Causes:* About 90 percent of pregnant women experience stretch marks to some degree. Stretch marks are a type of scar tissue that forms when the skin's normal elasticity is not sufficient to accommodate the stretching required during pregnancy. Stretch marks occur most frequently on the abdomen, but some women also get them on their breasts, buttocks or thighs.

*Timing:* Mid to late pregnancy.

*Prevention and relief:*

- Be sure that your diet contains adequate sources of nutrients needed for healthy skin — primarily vitamin C and vitamin E. Sufficient protein is essential, too.
- Understand that stretch marks are caused from within, and external treatments can't remove or prevent them. Spending money on expensive or exotic skin creams may make you feel as though you are doing something, but creams won't prevent or remove stretch marks.
- Some women find that cocoa butter helps keep the skin soft. A gentle massage with oil or cream — on your own or with the help of your partner — may be pleasurable and relaxing as well as an aid to soft, smooth skin. Caution: if itching occurs, stop using lotions or creams.
- Although stretch marks may not disappear after delivery, those that remain usually fade into a light silver color.

## Swelling (feet, legs and hands)

*Causes:* Fluid retention that causes swelling (edema) is a natural condition of pregnancy. The growing uterus puts pressure on the blood vessels that carry fluid from the feet and ankles. Tight clothing, especially around the ankles, legs and lower body, can increase fluid retention and swelling by slowing down circulation. Too little protein in the diet may cause the body to retain fluid.

*Timing:* Mid to late pregnancy.

### *Prevention and relief:*

- Don't remain on your feet for long periods of time.
- To help reduce swelling, sit with your legs and feet raised.
- Don't sit with your feet on the floor for extended periods. Don't cross your legs when you sit, because this can further interfere with already sluggish circulation.
- When you are sitting, rotate your ankles in a circular motion.
- If you can't sit with your feet up as often as you would like, walk around to stimulate circulation.
- Avoid standing still if you can.
- Some form of mild to moderate physical activity will help to pump out excess fluid.
- Wear loose, comfortable clothing. Be sure to avoid tight pants, snug waistbands, garters, knee or ankle socks with tight bands, or anything else that might constrict your circulation.
- Lying on your left side may help too, although you may need to turn from side to side.
- Be sure to keep your daily diet rich in protein.
- Although fluid retention during pregnancy was at one time thought to be related to excess salt intake, that view is no longer considered correct. Salt restriction during pregnancy does not cure edema and actually may cause harm. You may salt your food to taste, in moderation. It is best to avoid or minimize your intake of highly salted snacks or foods.
- You can't prevent or reduce edema by avoiding fluids. In fact, the opposite is true. Drinking clear fluids (water) will help your kidneys work well and pull the extra fluid out of your system.
- Exercise or simply rest in water (a large tub or pool is better than a regular bath tub). The hydrostatic pressure of water reduces swelling and promotes diuresis (the excretion of excess fluid by urination.)
- Wear maternity support pantyhose. Put them on in the morning, when you get up.
- Some swelling of the feet, ankles and legs is to be expected and is probably not cause for concern unless the various measures suggested above are ineffective. Let your health care provider know immediately,

however, if your hands, face or upper part of your calves/legs swell. This may be a warning sign that your kidneys are not functioning as efficiently as they should be.

## **Vaginal discharge**

*Causes:* Increased blood supply and hormones cause your vagina to increase its normal secretions. The normally acidic atmosphere of the vagina changes too, creating a more receptive environment for common vaginal infections, such as yeast infections.

*Timing:* Throughout pregnancy.

### *Prevention and relief:*

- Wear skirts rather than slacks or jeans, which are tight in the crotch. Air circulation will help.
- Cotton briefs or briefs with a cotton crotch are better than underpants made of synthetic fabrics.
- Frequent baths (warm, not too hot) will keep you feeling clean. A mini-pad or panty shield will add to your comfort and make you feel more secure. However, for some women, pads may be very irritating.
- Do not douche during pregnancy.
- If your discharge burns, itches, smells bad or causes your genitals to become swollen or inflamed, call your health care provider. You probably have a yeast infection, but it's important to find out for sure so that the correct treatment can be prescribed.
- If you do have a yeast infection, cutting out sugar and wheat products may help. Eating natural yogurt, with acidophilus cultures as part of your diet may help. Soaking in the tub with 2 tablespoons of baking soda may help reduce itching. Medication for yeast infections, once available only by prescription, now can be purchased over the counter. If you are unsure whether it is a yeast infection, please call your health care provider before using such a remedy.
- Be alert to the signs of preterm labor. Call without delay to report an increase or change in vaginal discharge, especially if the discharge is clear and watery or tinged with blood.

## **Varicose veins**

*Causes:* Increasing levels of estrogen cause the elastic tissue found in the veins to be more fragile. Increasing levels of progesterone cause relaxation of vein walls. Veins in your legs can become overloaded as a result of

the slowed circulation caused by the greater volume of blood and the pressure of the growing uterus.

*Timing:* Mid to late pregnancy.

*Prevention and relief:*

- Avoid standing for long periods. If you must stand, try to move about.
- Avoid remaining in any position that might restrict the circulation in your legs. For example, don't sit with your thighs pressed against the edge of a chair and don't cross your legs when you sit.
- Rest several times a day with your feet up and your legs raised at a mild angle to your body.
- Leg and foot exercises will help your blood to circulate better.
- Maternity support pantyhose may help. Put them on in the morning, when you get up.
- Avoid tight restrictive clothing.
- Be aware of concerning signs: warmth, redness, swelling or tenderness over the vein or in the leg; leg pain when pressure is applied to the calf; swelling in one leg only.

# Staying healthy

Talk to your provider about any prescription or over-the-counter drugs (including vitamins and herbs) to be sure they are safe during pregnancy.

- Follow exercise guidelines to avoid injury and to provide the most benefit to you.
- Pregnancy is the best time to change unhealthy behaviors. Once you take care of yourself, you'll be better able to take care of your baby and your family.
- Care for your body, feelings and mind.
- Saccharin and cyclamates should be avoided because the effects of these sweeteners are not yet known.
- There are special nutritional needs if you are a teen, have an intolerance to milk and dairy products or if you are a vegetarian/vegan.
- Please, if you are pregnant and still drinking alcohol, stop. If you are unable to stop, please talk to your provider, maternity care coordinator or someone you trust and get help.
- Infections from some foods can be dangerous to your baby. Wash your hands after you handle raw meat, chicken, fish or eggs.
- Some of the foods you should avoid during pregnancy include:
  - Uncooked or rare meat: deli meat, hot dogs, seafood or shellfish
  - Raw sushi and sashimi
  - Foods containing raw or undercooked eggs
  - Alfalfa and other sprouts
  - Unpasteurized milk products and juices
  - Soft cheese
  - Herbal tea
  - Excessive seafood

You already know that eating nutritious foods, exercising regularly and handling stress are important to good health. These were crucial to your good health even before you became pregnant; and they're especially important during your pregnancy. Your health, both physical and emotional, now affects your baby's health. That means you'll want to be particularly careful about choosing the

right foods, the right amount of foods, and the safest and most effective forms of exercise. You'll want to keep your mind relaxed and anxiety-free. If you practice healthy habits now, you and your baby will be happier later!

## Food safety and handling

### What precautions should I take?

- Avoid eating raw or undercooked meats, fish, seafood or deli meats.
- Wash your hands after handling raw meat, fish, chicken or eggs.
- To avoid cross contamination, be sure you use a separate cutting board or area for cutting meats and fish from other foods that you may eat raw, such as fruits or vegetables.
- Wash all fruits and vegetables before eating.
- Avoid eating raw or undercooked eggs.

## Eating well; nutrition during pregnancy

What you eat during your pregnancy can have a significant effect on your baby's health. If you don't keep yourself well-nourished, your pregnancy may deplete you and your baby of important nutrients.

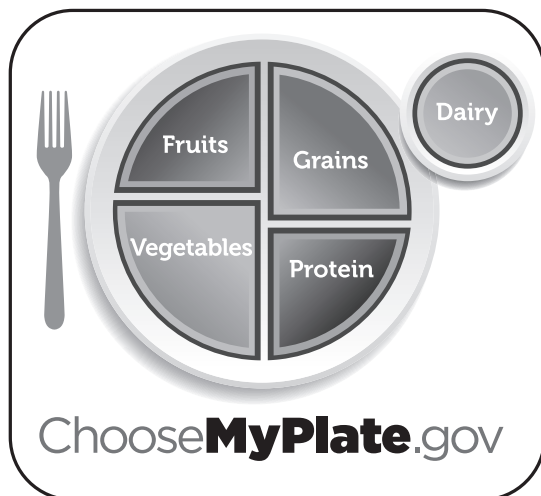
The essential foundations of a healthy pregnancy diet are adequate calories, protein, calcium, iron, folic acid and a variety of vitamins and fluids, especially water. An ideal pregnancy diet includes lots of variety: fruits and vegetables, whole grains, dairy products, protein foods and about eight cups of fluids (milk, fruit juice, herb teas and especially water) a day.

In the first trimester of your pregnancy, you do not need to take in extra calories. In the last two trimesters of your pregnancy you may need an additional 300 calories a day (500 calories for a woman who is underweight or under age 18) to do the work of growing your baby and preparing your body for the days ahead. For the average woman this means a total of approximately 2,000 to 2,500 calories a day. The additional 300 calories should be in the form of protein-rich and calcium-rich foods. Adding additional calories through high-calorie, non-nutritious foods (cakes, cookies or candies) is of no value to you or your baby.

Vegetables	Fruits	Grains	Dairy	Protein foods
<p>Eat more red, orange, and dark-green veggies like tomatoes, sweet potatoes and broccoli in main dishes.</p> <p>Add beans or peas to salads (kidney or chickpeas), soups (split peas or lentils), and side dishes (pinto or baked beans), or serve as a main dish.</p> <p>Fresh, frozen and canned vegetables all count. Choose “reduced sodium” and “no salt added” canned veggies.</p>	<p>Use fruits as snacks, salads and desserts. At breakfast, top your cereal with bananas or strawberries; add blueberries to pancakes.</p> <p>Buy fruits that are dried, frozen and canned (in water or 100% juice), as well as fresh fruits.</p> <p>Select 100% fruit juice when choosing juices.</p>	<p>Substitute whole-grain choices for refined-grain breads, bagels, rolls, breakfast cereals, crackers, rice and pasta.</p> <p>Check the ingredients list on product labels for the words “whole” or “whole grain” before the grain ingredient name.</p> <p>Choose products that name a whole grain first on the ingredients list.</p>	<p>Choose skim (fat-free) or 1% (low-fat) milk. They have the same amount of calcium and other essential nutrients as whole milk, but less fat and calories.</p> <p>Top fruit salads and baked potatoes with low-fat yogurt.</p> <p>If you are lactose intolerant, try lactose-free milk or fortified soymilk (soy beverage).</p>	<p>Eat a variety of foods from the protein food group each week, such as seafood, beans and peas, and nuts as well as lean meats, poultry and eggs.</p> <p>Twice a week, make seafood the protein on your plate.</p> <p>Choose lean meats and ground beef that are at least 90% lean.</p> <p>Trim or drain fat from meat and remove skin from poultry to cut fat and calories.</p>

**For a 2,000-calorie daily food plan, you need the amounts below from each food group.  
To find amounts personalized for you, go to [ChooseMyPlate.gov](http://ChooseMyPlate.gov).**

<p><b>Eat 2 1/2 cups every day</b></p> <p><i>What counts as a cup?</i></p> <p>1 cup of raw or cooked vegetables or vegetable juice; 2 cups of leafy salad greens</p>	<p><b>Eat 2 cups every day</b></p> <p><i>What counts as a cup?</i></p> <p>1 cup of raw or cooked fruit or 100% fruit juice; 1/2 cup dried fruit</p>	<p><b>Eat 6 ounces every day</b></p> <p><i>What counts as an ounce?</i></p> <p>1 slice of bread; 1/2 cup cooked rice, cereal or pasta; 1 ounce of ready-to-eat cereal</p>	<p><b>Get 3 cups every day</b></p> <p><i>What counts as a cup?</i></p> <p>1 cup of milk, yogurt or fortified soymilk; 1 1/2 ounces natural or 2 ounces processed cheese</p>	<p><b>Eat 5 1/2 ounces every day</b></p> <p><i>What counts as an ounce?</i></p> <p>1 ounce of lean meat, poultry or fish; 1 egg; 1 Tbsp peanut butter; 1/2 ounce nuts or seeds; 1/4 cup beans or peas</p>
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## Protein

*You need about four or more servings of protein each day.*

Protein is the essential building block of all cells and body tissues. Protein requirements increase because of rapid and important growth — of baby, placenta, breasts, blood volume and amniotic fluid. Protein is of primary importance in the production of brain cells. Some research suggests that all the brain cells a person will ever have are produced between the fifth month of fetal growth and the first 18 months of life.

**Foods high in protein include:**

- Meats, fish, poultry
- Eggs
- Cheese, cottage cheese and other dairy products
- Beans, lentils, garbanzo beans
- Cooked soybeans, soy products
- Tofu
- Seeds and nuts
- Peanut butter and other nut butters
- Milk
- Whole grains

Remember, animal proteins (meat, fish, poultry, eggs, dairy foods) are complete proteins. Non-animal sources of protein also provide essential vitamins and minerals, and may be combined with other non-animal or animal proteins throughout the day to offer complete proteins.

**Some good combinations are:**

- Legumes (beans) and grains (red beans and rice)
- Grains and nuts or seeds (multi-grain bread with peanut butter)
- Legumes and nuts or seeds (garbanzo beans with sesame seeds)
- Legumes, grains or nuts/seeds with any animal protein, including eggs, cheese or milk (any pasta with bread or cheese)

**The following provide approximately one serving of protein: (try to eat four servings daily)**

- 2 large or 3 medium eggs
- 2 to 2 1/2 ounces of meat, fish or poultry
- 2 ounces unprocessed pasteurized cheese like Swiss, cheddar or muenster
- 1/2 cup cottage cheese
- 2 cups of milk (lowfat, skim, buttermilk)
- 4 tablespoons peanut butter or 1/2 cup peanuts
- 1 cup cooked beans (lentils, garbanzo, kidney beans)
- 3/4 cup cooked soybeans
- 6 ounces firm tofu (bean curd)

- 1/2 cup sunflower seeds
- 2 cups yogurt

**Calcium**

*You need about 1,000 milligrams (mg) of daily calcium (three to four servings) during each trimester.*

Calcium promotes the health of your baby's bones and teeth. Although the teeth begin to form as early as the first six to eight weeks of pregnancy, the need for calcium is most crucial during the last three months of pregnancy. If the baby does not receive the calcium it needs from the mother's diet, it will draw on the mother's calcium stores, leaving the mother in a depleted state. Mom may then experience sleeplessness, irritability, muscle cramps (particularly of the legs) and excessive dental decay.

The easiest and most available source of calcium is dairy products. One glass of milk (8 ounces) offers approximately 300 mg.

Vitamin D is required for calcium absorption. Talk with your health care provider about a supplement, as adequate amounts are difficult to obtain in many diets.

**The following foods have about the same calcium content as one glass of milk:**

- 1 1/2 ounces unprocessed pasteurized cheese
- 1 1/2 to 2 cups cottage cheese
- 1/3 cup dry powdered milk
- Calcium fortified juice
- 1 1/2 cups ice cream
- 1 cup yogurt
- 1/2 to 2/3 cup canned salmon with bone (varies by brand)
- 2 1/2 ounces canned sardines with bone
- 2 cups soy beans
- 8 ounces tofu processed with calcium (bean curd)
- Soy or rice milk (fortified)
- 1 cup almonds
- 3 tablespoons ground sesame seeds or 1/4 cup tahini
- 3/4 pound or 2 cups cooked fresh broccoli
- 1 1/2 cups cooked fresh kale or collards and other leafy green vegetables



- Blackstrap molasses
- Figs

Contact your health care provider, if you have questions about calcium supplements.

**Did you know ...** There are many well-known risks associated with smoking during pregnancy, including low birth weight babies and premature deliveries.

## Iron

*The recommended daily iron intake during pregnancy is 27 mg.*

Iron is a very important nutritional ingredient in a healthy pregnancy. It's required to make hemoglobin, the protein that carries oxygen in your blood. Because your blood volume increases by 50 percent during pregnancy, your need for hemoglobin (and thus, iron) increases, too. If your body doesn't form enough hemoglobin, the result is anemia. Anemia, can cause extreme fatigue in the mom and cause diminished oxygen supply to the baby. During the last six weeks of pregnancy, the growing fetus stores enough iron in his/her liver to supplement his/her iron needs for the first three to six months of life outside the womb.

Prenatal vitamins contain iron. However, if your hemoglobin is too low, you may be counseled to take a supplement in addition to your prenatal vitamin. For the best absorption, take the iron supplement at a different time than you take your prenatal vitamin. Foods rich in vitamin C, such as orange juice, increase the body's ability to absorb iron. If taken with milk, calcium may interfere with your body's ability to use iron.

Although iron is essential for good nutrition, supplements often cause some digestive tract irritation. Constipation, heartburn and nausea are not uncommon. The easiest and most effective way to get enough iron, and to avoid irritations, is to eat a variety of foods that are rich in iron. Some of these foods, such as apricots, prunes, raisins, prune juice and iron fortified bran cereals, can have a laxative effect to offset the constipating tendency of iron supplements and pregnancy itself.

Iron from plant foods is not as easily absorbed as iron from animal foods. Eating foods in combination (beans with meat, bread with fish, pasta with meat) will help increase the absorption rate of iron from the plant foods.

### **The following are examples of iron content in foods:**

- 3 ounces liver: 7 to 12 mg
- 3 ounces oysters: 5.5 mg
- 1 cup (cooked) dried beans: 4 to 5 mg
- 1/2 cup dried apricots: 3.8 mg
- 1 Tbsp blackstrap molasses: 3.5 mg
- 3 ounces sirloin: 3 mg
- 1 cup prune juice: 3 mg
- 1/4 cup wheat germ: 2.5 mg
- 3 ounces extra lean ground beef: 2 mg
- 1/2 cup dried prunes: 2 mg
- 1/2 cup raisins: 1.7 mg
- 3 ounces tuna fish: 1.3 mg
- 3 ounces chicken, turkey: 1 mg
- 1 slice bread, whole wheat, iron enriched: less than 1 mg
- Enriched pasta
- 3 ounces flounder, sole, salmon, halibut: less than 1 mg
- Potatoes with skin
- Iron fortified cereals, including oatmeal
- Nuts and nut butters

**TIPS:** Ask your health care provider before taking any medicine, even over-the-counter medicines and herbals. Some medicines are not safe to take during pregnancy.

**Do not take advice from others regarding diet, medication or exercise or make those decisions on your own. It's best to get advice from your health care provider.**

**Did you know ...** The FDA recommends limiting your consumption of tuna and other cooked fish to about 12 ounces a week, the equivalent of about two servings.

## Folic acid

*The recommended daily amount of folic acid in pregnancy is 600 micrograms.*

Folic acid is very important in pregnancy. Recent studies have shown that women who took folic acid (one form of the B vitamin folate) before becoming pregnant, reduced their risk of giving birth to children with neural tube defects (NTDs) by up to 70 percent. Such defects can occur in early pregnancy, when the tube that will encase the baby's brain and spinal cord does not close properly. If this happens, infants may be born with a condition called spina bifida, which may cause lifelong disability.

Good nutrition at the time that pregnancy occurs may be one of the best ways to ensure a normal pregnancy.

The best way to obtain folic acid is through a well-balanced diet. Folic acid may be taken as a supplement. If you are planning a pregnancy, this is the time to discuss the use of a supplement with your provider. If you are pregnant, start folic acid supplements as soon as possible.

### **The following foods are good sources of folic acid:**

- Fortified breakfast cereals: 100 to 400 mg (check nutrition facts label)
- 1 cup lentils: 358 mg
- 1 cup garbanzo beans: 282 mg
- 1 cup black beans, cooked: 256 mg
- 6 spears asparagus, cooked: 131 mg
- 1/2 cup spinach, cooked: 131 mg
- 1 cup baked beans, homemade: 122 mg
- 8 ounces orange juice: 109 mg
- 1/4 cup toasted wheat germ: 102 mg
- 1/2 cup frozen broccoli, cooked: 52 mg
- 1/2 cup enriched pasta, cooked: 51 mg
- 1/2 cup frozen peas, cooked: 47 mg
- 1 medium navel orange: 44 mg
- 1/2 cup canned corn: 40 mg
- 1/2 cup raw romaine lettuce: 38 mg
- 1/2 cup frozen cauliflower, cooked: 37 mg
- 1 slice rye bread: 28 mg

- 1 cup raw cantaloupe: 27 mg
- 1 slice white bread: 24 mg
- 1 slice whole wheat bread: 14 mg

## Other vitamins

### **Vitamin A (beta-carotene)**

Vitamin A is necessary for the proper development of your baby's bones, hair, skin and glands. Vitamin A aids in the development of the eyes and is necessary for good vision. It plays an important role in the development of tooth enamel even before the teeth have emerged. Sources of beta-carotene include green leafy vegetables, yellow vegetables and fruits.

### **Vitamin C**

Vitamin C is needed to build strong cell walls and blood vessels. This vitamin helps the body utilize vitamin A, folic acid and iron. Tender gums and nosebleeds, both common discomforts of pregnancy, are often controlled by an increased intake of vitamin C. Because vitamin C is a water-soluble vitamin and cannot be stored by the body, a fresh supply of vitamin C daily is recommended. You obtain vitamin C from citrus fruits, such as oranges, grapefruit, lemons, strawberries, tomatoes and tangerines; melons, such as cantaloupe and watermelon; and vegetables, such as potatoes, broccoli, cabbage, peppers and kale. Vitamin C is easily destroyed by heat and air. Caution should be taken to not overcook fruits and vegetables or leave them exposed uncovered.

### **B vitamins**

There are 11 B-complex vitamins. You may be familiar with the names of some of these: folic acid, riboflavin, thiamine, B-6 and pantothenic acid. Their role in pregnancy includes cell division and growth of the fetus, helping the body break down and use protein and carbohydrate in the mother, and prevention of anemia. B vitamins are especially plentiful in whole grains like brown rice, cracked wheat, rye, millet and wheat germ. Leafy vegetables, milk and eggs are other sources.

Enriched processed grains, such as white rice, white flour and enriched breads, do not supply all of the B vitamins; much is lost in the milling and processing. Therefore, make an effort to eat four to eight servings of whole, unrefined grain products each day. Use wheat germ liberally, especially when cooking. For a real boost, stir one tablespoon brewer's yeast into a glass of juice or other beverage.

## DHA/omega-3

DHA is an omega-3 fatty acid that can be supplemented during pregnancy and breastfeeding. Omega-3s are important for brain growth and development for your baby, and the amount of omega-3s present in breast milk are directly correlated with the amount of omega-3 that moms get. Sources of omega-3s include fatty fish (salmon, tuna and halibut), flaxseed and walnuts. Talk with your health care provider or a registered dietitian to determine if this supplement is appropriate for you.

## Vitamin D

Few foods are naturally high in vitamin D, but dairy products are fortified with vitamin D in the United States. People who choose not to eat dairy products and who do not receive exposure to sunlight on a regular basis may wish to consider taking a vitamin D supplement of no more than 100 percent of the Daily Value.

Good sources of vitamin D include:

- Eggs
- Vitamin D-fortified foods (soymilk, cow's milk, orange juice, ready-to-eat cereals)
- Vitamin D is also made in the skin from sunlight

## Special diets

### Vegetarian

If you are a vegetarian, you can still nourish yourself and your unborn baby adequately. If you include milk and eggs in your diet, you'll find it easier to meet your dietary needs in pregnancy. Your major nutritional concerns are sufficient intakes of calories, non-meat sources of B-12, and protein. It is essential that you eat a variety of protein-rich food to obtain all the essential proteins. Vegetarian and vegan protein sources are legumes, tofu and soy-based meat substitutes. Nuts, seeds and whole grains also provide protein.

### Vegan

Vegan mothers need to be sure to include adequate plant-based protein foods in each meal such as legumes, beans, nuts, soy products and whole grains. Other nutritional concerns include consuming adequate vitamin B-12, calcium and vitamin D. As vitamin B-12 comes from animal-based foods, it is important to include vitamin B-12 fortified foods such as fortified

soymilk or ready-to-eat cereals in your diet. Discuss with your health care provider if you might need an additional B-12 supplement. Calcium is found in fortified soymilk, rice milk, juice, leafy green vegetables, calcium-set tofu and a variety of nuts and seeds. You should include vitamin D fortified foods in your diet as well as fortified soymilk, orange juice and cereals.

## Milk intolerance

If you cannot tolerate milk, you may have a difficult time getting enough calcium. Those upset by milk can often tolerate cultured forms of milk, such as acidophilus milk, yogurt and cheese. Please refer to the section on calcium for other non-milk sources of calcium. Without drinking milk it is difficult to get the 1,000 to 1,300 mg of calcium required in pregnancy, but it can be done. You should consult your provider about taking a calcium supplement if you have concerns.

If you simply do not like the taste of milk, consider cooking with milk (using milk in cooked cereal, soups or puddings) or adding powdered milk to baked goods or smoothies.

## Teens

If you are a teenager, your own body is still growing. You have greater requirements for most nutrients. It is very important that you increase your calcium intake. You need to have approximately five servings of dairy a day. If this is not realistic, consult your health care provider, who may suggest a calcium supplement. In addition, you need to increase your protein and calorie intake.

**Did you know ...** Eating better doesn't mean eating more — or rather, much more. Surprisingly, you need only about 300 calories more per day during pregnancy.

## Other considerations

### Low-calorie sweeteners

Low-calorie sweeteners can be useful to pregnant women who have diabetes. Yet overall, pregnancy is a period of increased caloric need, so we recommend changes in dietary habits (increasing whole grains, fruits, vegetables, dairy and protein) rather than utilizing low-calorie sweeteners. The safety of some artificial sweeteners is not clear.

Currently, eight low-calorie sweeteners are approved for use:

- Saccharin — Sweet’N Low® or Necta Sweet®
- Aspartame — Equal® or Nutrasweet®
- Acesulfame potassium (Ace-K) — Sunett®, Sweet One® and Sweet and Safe
- Sucralose — Splenda® or Nevela
- Neotame — Newtame®
- Advantame — Twinsweet™
- Steviol glycosides — Stevia or Truvia®
- Luo Han Guo fruit extracts — Monk fruit extract
- *Cyclamates should be avoided*

Please view this website for more information:

[fda.gov/Food/IngredientsPackagingLabeling/FoodAdditivesIngredients/ucm397725.htm](https://www.fda.gov/Food/IngredientsPackagingLabeling/FoodAdditivesIngredients/ucm397725.htm)

## Caffeine

It is best to avoid caffeine while you are pregnant. Caffeine is a concern in that, if women are drinking caffeinated beverages, they may not be drinking water and other beverages that are beneficial in pregnancy. Because caffeine crosses the placenta, it is therefore best to avoid caffeinated products or limit your intake to no more than one to two cups of caffeinated beverages per day. Be aware of caffeine in candies and foods, as well as in soda pop and coffee. If you must drink coffee, try decaffeinated; or drink caffeine-free teas. It is recommended to avoid energy drinks.

Black/green or otherwise caffeinated teas, may be a good replacement for coffee as they do have less caffeine per cup. It is recommended to consume less than 200 mg of caffeine per day while pregnant.

One 8-ounce cup of coffee has about 133 mg of caffeine, one shot of espresso has 40 mg, one 8-ounce cup of brewed tea has about 47 mg of caffeine, a caffeinated cola has about 33 mg of caffeine.

## Alcohol

There is no known safe alcohol level in pregnancy. Therefore, the only safe recommendation is complete restriction of alcohol intake in pregnancy. If you drink alcohol soon after conception, know that limited amounts of alcohol during a limited period of time should not be of concern. Please do not continue to drink.

*Please, if you are drinking alcohol in your pregnancy, STOP. If you are unable to stop, please talk to your doctor, nurse practitioner or nurse-midwife, maternity care coordinator, or someone you trust, and get help.*

**Did you know ...** Alcohol and pregnancy don’t mix. That’s because no one knows exactly what harmful effects even the smallest amount of alcohol has on a developing baby. All public health officials in the United States recommend that mothers-to-be play it safe by steering clear of alcohol entirely.

## Food safety

Do NOT eat raw or undercooked meats, unpasteurized dairy products, raw fish, raw eggs (as in cookie dough or cake batter) or eggs with runny yolks. Wash your hands well with soap and warm water after you handle raw meat, chicken or fish. Infections from these foods can be dangerous to your baby.

*Don’t eat:*

- Hot dogs and luncheon meats — unless they’re reheated until steaming hot.
- Soft cheeses like Feta, Brie and Camembert, “blue-veined cheeses,” or “queso blanco,” “queso fresco,” or Panela — unless they’re made with pasteurized milk. Make sure the label says, “made with pasteurized milk.”
- Refrigerated pâtés or meat spreads.
- Refrigerated smoked seafood — unless it’s in a cooked dish, such as a casserole. (Refrigerated smoked seafood, such as salmon, trout, whitefish, cod, tuna or mackerel is most often labeled as “nova-style,” “lox,” “kippered,” “smoked,” or “jerky.” These types of fish are found in the refrigerator section or sold at deli counters of grocery stores and delicatessens.)

*It’s okay to eat:*

- Canned or shelf-stable (able to be stored unrefrigerated on the shelf) pâtés and meat spreads.
- Canned or shelf-stable smoked seafood.
- Pasteurized milk or foods that contain pasteurized milk.

## Fish

Fish and shellfish are an important part of a healthy diet. Fish are a valuable low-fat food source and fish oils are

vital for the health of unborn or breastfed babies. Eat two to three servings (4 ounces) of fish and seafood from the Best Choices list within the FDA Advice About Eating Fish chart (below.)

However, some fish may contain toxins, like PCBs and mercury, that could harm you or your family. Mercury is a toxin that can damage the brain as it is forming and growing. That's why young children, unborn and breastfed babies are most at risk. Serve one to two servings (2 ounces) of fish or seafood per week to children, starting at the age of 2. Be sure to use the chart below to make the best choices for type of fish or seafood.

Fish oil supplements do not contain mercury. The safety of these supplements cannot be guaranteed, however there are studies citing the benefits of fish

oil supplements for pregnant women. Discuss your personal eating habits and any supplements you may be taking with your health care provider to determine if any changes need to be made to your regimen while you are pregnant.

Use the following chart to select fish lower in mercury from Oregon waters, then trim skin and fat to reduce PCBs. These safe eating guidelines are for women who are pregnant, planning to become pregnant or are breastfeeding, and children under the age of 6.

If you eat fish caught by family or friends, check local fish advisories. If there is no advisory, eat only one serving and no other fish that week. For more information about fish caught in Oregon, call 971-673-0425 or go to [healthoregon.org/FishADV](http://healthoregon.org/FishADV).

Best Choices <small>EAT 2 TO 3 SERVINGS A WEEK</small>			OR	Good Choices <small>EAT 1 SERVING A WEEK</small>		
Anchovy	Herring	Scallop	Bluefish	Monkfish	Tilefish (Atlantic Ocean)	
Atlantic croaker	Lobster, American and spiny	Shad	Buffalofish	Rockfish	Tuna, albacore/white tuna, canned and fresh/frozen	
Atlantic mackerel	Mullet	Shrimp	Carp	Sablefish	Tuna, yellowfin	
Black sea bass	Oyster	Skate	Chilean sea bass/ Patagonian toothfish	Sheepshead	Weakfish/seatrout	
Butterfish	Pacific chub mackerel	Smelt	Grouper	Snapper	White croaker/ Pacific croaker	
Catfish	Perch, freshwater and ocean	Sole	Halibut	Spanish mackerel		
Clam	Pickrel	Squid	Mahi mahi/ dolphinfish	Striped bass (ocean)		
Cod	Plaice	Tilapia				
Crab	Pollock	Trout, freshwater				
Crawfish	Salmon	Tuna, canned light (includes skipjack)				
Flounder	Sardine	Whitefish				
Haddock		Whiting				
Hake						
<b>Choices to Avoid</b> <small>HIGHEST MERCURY LEVELS</small>						
			King mackerel	Shark	Tilefish (Gulf of Mexico)	
			Marlin	Swordfish	Tuna, bigeye	
			Orange roughy			

\*Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants. State advisories will tell you how often you can safely eat those fish.

[www.FDA.gov/fishadvice](http://www.FDA.gov/fishadvice)

[www.EPA.gov/fishadvice](http://www.EPA.gov/fishadvice)



THIS ADVICE REFERS TO FISH AND SHELLFISH COLLECTIVELY AS "FISH." / ADVICE UPDATED JANUARY 2017



## How to Protect Yourself and Your Baby

- What is foodborne illness?**
- It's a sickness that occurs when people eat or drink harmful microorganisms (bacteria, parasites, or viruses) or chemical contaminants found in some foods or drinking water.
  - Symptoms vary, but in general can include stomach cramps, vomiting, diarrhea, fever, headache, or body aches. Sometimes you may not feel sick, but whether you feel sick or not, you can still pass the illness to your unborn child without even knowing it.

- Why are pregnant women at high risk?**
- You and your growing fetus are at high risk from some foodborne illnesses because during pregnancy your immune system is altered, which may make it harder for your body to fight off some harmful foodborne microorganisms.
  - Your unborn baby's immune system is not developed enough to fight off harmful foodborne microorganisms.
  - For both mother and baby, foodborne illness can cause serious health problems — or even death.



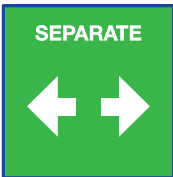
### Tips for a Lifetime

There are many bacteria that can cause foodborne illness, such as *E. coli* O157:H7 and *Salmonella*. Here are **4 Simple Steps** you should follow to keep yourself and your baby healthy during pregnancy and beyond!



#### 1. CLEAN

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



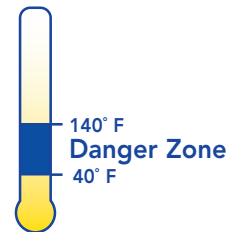
#### 2. SEPARATE

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



#### 3. COOK

- Cook foods thoroughly. Use a food thermometer to check the temperature. See the "Lifelong Food Safety" section of the website for the "Apply the Heat" chart of recommended cooking times for foods. Click on "Cook."
- Keep foods out of the **Danger Zone**: The range of temperatures at which bacteria can grow — usually between 40° F and 140° F (4° C and 60° C).
- **2-Hour Rule**: Discard foods left out at room temperature for more than 2 hours.



#### 4. CHILL

- Your refrigerator should register at 40° F (4° C) or below and the freezer at 0° F (-18° C). Place an appliance thermometer in the refrigerator, and check the temperature periodically.
- Refrigerate or freeze perishables (foods that can spoil or become contaminated by bacteria if left unrefrigerated).
- Use ready-to-eat, perishable foods (dairy, meat, poultry, seafood) as soon as possible.

## Key Tips for Moms-to-Be Summary

As a Mom-to-be, there are some important food topics you need to be aware of. Follow these steps to help ensure a healthy pregnancy.

### Foodborne Pathogens to Avoid

#### LISTERIA

##### What it is:

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

##### Where it might be found:

Refrigerated, ready-to-eat foods; raw or undercooked animal foods such as unpasteurized milk and unpasteurized milk products, meat, poultry, and seafood; contaminated fresh produce; soil.

##### How to prevent illness:

- Follow the 4 Simple Steps: Clean, Separate, Cook, and Chill.
- Do not eat hot dogs, deli meats, and luncheon meats — unless they're reheated until steaming hot.
- Do not eat soft cheese, such as feta, brie, camembert, "blue-veined cheeses," "queso blanco," "queso fresco," and panela — unless they're labeled as made with pasteurized milk. Check the label.
- Do not eat refrigerated pâtés or meat spreads.
- Do not eat refrigerated smoked seafood — unless it's in a cooked dish, such as a casserole. (Refrigerated smoked seafood, such as salmon, trout, whitefish, cod, tuna, or mackerel, is most often labeled as "nova-style," "lox," "kippered," "smoked," or "jerky." These types of fish are found in the refrigerator section or sold at deli counters of grocery stores and delicatessens.)
- Do not drink raw (unpasteurized) milk or eat foods that contain unpasteurized milk.

#### TOXOPLASMA

##### What it is:

A harmful parasite that causes an illness called toxoplasmosis. It can be difficult to detect.

##### Where it might be found:

Raw and undercooked meat; unwashed fruits and vegetables; soil; dirty cat-litter boxes; and outdoor places where cat feces can be found.

##### How to prevent illness:

- Follow the 4 Simple Steps: Clean, Separate, Cook, and Chill.
- Have someone else change the litter box. If you have to clean it, wash your hands with soap and warm water afterwards. Consider wearing disposable gloves.
- Wear gloves when gardening or handling sand from a sandbox.
- Don't get a new cat while pregnant.
- Cook meat thoroughly, see the "Apply the Heat" chart for the proper temperatures.

### Dietary Advice

#### FOLIC ACID

##### What it is:

B vitamin that helps prevent birth defects.

##### Best Sources:

Leafy, dark green vegetables, legumes (dried beans and peas), citrus fruits and juices, most berries, whole grains, breakfast cereals, fortified corn masa

##### How to optimize health:

- Eat folate-rich foods every day. Since B vitamins are water soluble, whatever is not used is lost in urine each day.
- Women who are or who may become pregnant should consume 400 to 800 micrograms of folic acid daily.

#### FISH

##### What it is:

Good source of high-quality protein and nutrients that can help growth and development

##### Best Sources:

Fish from the "Best Choices" list, which includes 7 of the most commonly eaten fish [catfish, cod, pollock, salmon, shrimp, tilapia, and tuna (canned, light)]

##### How to optimize health:

- Eat 2 to 3 servings each week of a variety of fish from the "Best Choices" list OR 1 serving from the "Good Choices" list at [www.fda.gov/fishadvice](http://www.fda.gov/fishadvice)
- Don't eat king mackerel, marlin, orange roughy, shark, swordfish, tilefish from the Gulf of Mexico, and tuna (bigeye). These fish can contain high levels of methylmercury.
- If you eat fish caught by family or friends, check for fish advisories. If there is no advisory, eat only 1 serving and no other fish that week.

#### GRAINS

##### What it is:

A major staple of the global diet

##### Best Sources:

Wheat, Oats, Barley, Rice

##### How to optimize health:

- Eat a variety of grains, including wheat, oats, and barley.
- Choose whole grains for at least half of your grains to get more nutrients.

#### For more information

- Talk with your doctor or healthcare provider if you have questions about foodborne illness or your personal diet.
- FDA Food Information line: 1-888-SAFE FOOD
- FDA Center for Food Safety and Applied Nutrition: [www.fda.gov/food](http://www.fda.gov/food)
- Gateway to Government Food Safety Information: [www.foodsafety.gov](http://www.foodsafety.gov)
- U.S. Partnership for Food Safety Education: [www.fightbac.org](http://www.fightbac.org)

This fact sheet is a condensed guide to food safety. For more in-depth information, be sure to check out:



**U.S. FOOD & DRUG  
ADMINISTRATION**

Food Safety for Moms-to-Be  
[www.fda.gov/pregnancyfoodsafety](http://www.fda.gov/pregnancyfoodsafety)

Updated: 2017

## Food cravings and aversions

Most women find that their tastes in food change, sometimes dramatically. You may be unable to tolerate certain foods you previously enjoyed. If you crave non-food items like clay, dirt, laundry starch or ice, you may have a nutritional deficiency, and you should consult your health care provider.

## Tobacco use

Pregnancy is a good time to stop smoking and using vape containing nicotine. If stopping cold turkey doesn't work for you, try cutting back by one-half cigarette a day each week until you can quit. (See more information about stopping tobacco use in the "[Common concerns and questions](#)" chapter.)

## Drugs/medications

Ask your provider about any prescriptive or over-the-counter medications, vitamins or herbs you are taking to be sure they are safe for use during pregnancy.

If you are using drugs, ask your health care provider to help you quit. Also see the next chapter for more information about drug use.

## Healthy smiles for a healthy pregnancy

*Did you know?*

- During pregnancy you are more likely to have problems with your teeth and gums. Hormonal changes during pregnancy may cause some women to develop pregnancy gingivitis, a type of gum disease. Pregnancy gingivitis is an inflammation of the gums that can cause swelling, tenderness and bleeding. This can affect the health of your growing baby.
- Pregnancy gingivitis happens in more than half of pregnant women, and may be a risk factor for premature delivery and low birth weight babies.
- Cavity prevention for your baby begins during pregnancy.
- The first stage of tooth development begins at about 6 weeks of pregnancy. Your baby's teeth begin to develop between the third and sixth month of pregnancy.
- If your teeth are healthy, it is more likely your child's teeth will be healthy.

- If you have untreated cavities or gum disease, your child is more likely to get cavities.
- By lowering the amount of cavity-causing bacteria in your mouth, you lower the chance of spreading the bacteria to your child.

*What can you do?*

- See your dentist regularly for dental care and cleanings. It is important and safe to see your dentist while you are pregnant. Remember to tell your dentist you are pregnant when you make an appointment.
- Avoid dental X-rays during pregnancy.
- What you eat during pregnancy will have an effect on the development of your baby's teeth. Eat a variety of healthy foods including fruits, vegetables, whole-grains, lean meats and dairy products.
- Get lots of calcium from milk, yogurt, cheese, dried beans and green vegetables. It is important that you get enough vitamins A, C, D and calcium for your baby's developing teeth. Ask your provider about prenatal vitamins or other supplements that may be right for you.
- Limit snacks between meals. When you do snack, choose foods that are low in sugar and full of nutrients for you and your baby, like fruits, vegetables, yogurt or cheese. Eat fewer foods high in sugar.
- Drink water or milk instead of juice or soda. Avoid drinks that have lots of sugar (sodas, juices etc.).
- Brush your teeth with fluoride toothpaste at least twice daily after meals. Replace your toothbrush every three to four months.
- Floss your teeth daily.
- If you have morning sickness or vomiting, rinse your mouth after vomiting. Try rinsing your mouth with a teaspoon of baking soda mixed with water to protect your teeth from stomach acid.
- Don't use tobacco or vape containing nicotine.

## Exercise; sensible ways to keep in shape

### Exercise in pregnancy

It's important to talk with your provider before beginning an exercise program during pregnancy. In general, exercise is an important part of a healthy pregnancy.



The specific amounts and types of exercises, however, will depend on a woman's overall health and fitness and the course of her own particular pregnancy.

*Regular exercise during pregnancy can:*

- Improve posture
- Strengthen important muscles
- Relieve tension and promote relaxation
- Increase energy and reduce feelings of fatigue
- Enhance your feeling of well-being
- Lessen some of the discomforts associated with the normal body changes in pregnancy, such as backache, difficulty sleeping, fatigue and swelling
- Prepare your body for the work of labor and delivery
- Help you feel stronger after delivery

Pregnancy causes unique hormonal and body changes, which affect your ability to exercise. You need to consider the following changes when you're choosing an exercise that's appropriate for you:

- Your ligaments relax, and your joints become more mobile
- Your center of gravity shifts because of enlargement of the uterus and abdomen
- Your heart rate speeds up because of normal changes (such as increased blood volume) in your cardiovascular system
- Your body temperature and metabolic rate are higher

Early pregnancy may be a difficult time to exercise. Fatigue and nausea can limit your interest in exercise. A simple stretching routine, however, may help in diminishing some of your fatigue.

### **General exercise guidelines**

During exercise sessions, follow the guidelines below to avoid injury and to provide the most benefit to you.

- Exercise regularly, three or four times a week. Regular exercise is better than spurts of heavy exercise followed by long periods of no activity.
- Always include a "warm-up" and "cool-down."
- For land exercise, use a firm surface.
- Wear a good support bra.

- Wear supportive footwear appropriate to the type of exercise.
- Exercise with smooth movements; avoid bouncing or jerking, or high-impact exercises.
- While performing an exercise do not hold your breath; it can increase pressure on the pelvic floor and abdominal muscles or may make you feel dizzy.
- After 20 weeks of pregnancy, avoid exercises that require you to lie flat on your back for more than a few minutes.
- Be sure you can always talk when exercising. If you are pushing yourself to the point of being unable to talk, you need to slow down.
- Stop the exercise if you feel pain. Your body might be telling you that muscles, joints or ligaments are being strained.
- To avoid strain and fatigue, start with the easiest position, then try others as your muscles strengthen. Start with a few repetitions and gradually increase the number. Toward the end of pregnancy, you may need to decrease the level of exercise.
- Consider your calorie and liquid intake. Liquids should be taken before, during and after exercise to replace body fluids lost through perspiration and respiration. Take a water bottle along with you. You need to eat enough to meet the caloric needs of pregnancy, and your level of activity.
- Avoid vigorous land exercise in hot, humid weather or when you are ill or have a fever. Your body temperature should not exceed 101°F (38°C).
- Women who did not regularly exercise before becoming pregnant should begin with low intensity exercise and progress slowly. You may want to consider starting with gentle stretching.
- Walking and swimming are always good, safe exercises in pregnancy and may be ideal for women new to exercising.
- Check with your provider if you have questions about exercising.

### **Suggested exercises**

*(Check with your health care provider before beginning any activity that is new to you.)*

**Low risk:** *Good for women who were not exercising before becoming pregnant.*

*Walking* is a wonderful beginning exercise and safe to try even if you have not been exercising. Try to walk briskly for 30 minutes at least three times a week. You might want to start with shorter lengths of time and gradually increase your pace if you are just beginning to walk.

*Swimming* is a great exercise because it works many different areas of the body. The water helps support your weight and helps prevent injuries due to falls. (Avoid the diving board.) Swimming can be a good way to stay cool, if you are pregnant during the summer. Start swimming in a similar fashion as walking.

**Slightly increased risk:** *For women who were doing these activities before becoming pregnant.*

*Cycling and low impact aerobics* may provide a good workout. In late pregnancy, you may need to slow your pace or switch to stationary biking to avoid injury. Pace yourself. Avoid getting overheated and short of breath. If you experience any pain, you should stop the exercise.

**High risk:** *For women who are accustomed to these activities – however, recognize there is more of a risk of injury with continuing these exercises while you are pregnant.*

*Jogging, aerobics, tennis, strength training, and gentle horseback riding* may all be safe during pregnancy, but again, it is recommended that you speak with your health care provider. Even if you have been participating in these activities prior to your pregnancy, you may need to slow your pace. Strength training should only be done with the advice or watchful eye of an expert or trainer. Avoid overheating, and drink plenty of fluids. Watch for sudden changes in position that may affect your balance and cause a fall. Check with local swimming centers or community colleges for special aerobics classes designed for pregnancy.

**Significant risk:** *These exercises are not recommended during pregnancy, even if you were doing them when you became pregnant.*

*In-line skating or snow skiing* may be OK if you are skilled and careful. Do not attempt these unless you are experienced and have been consistently already performing the activity.

*Water skiing, surfing, scuba diving or snowboarding* are not recommended during pregnancy. Consult with your health care provider, if you have special circumstances.

## Emotions; how to enhance mental well-being

Each new pregnancy, whether it is your first or you are adding to your family, can be a wonderful and exciting experience. At the same time, no matter how desired or planned it is, pregnancy can still bring with it some anxiety and stress.

You may worry that things are happening to you that did not happen to your mother or your sister or even during your own previous pregnancies. Remember, that you are not your mother or sister or even the exact same woman you were during previous pregnancies. Realize that each pregnancy is as unique as the child you are carrying.

How can you stay happy, full of energy and in control of your emotions? To keep yourself balanced, not only physically, but emotionally and mentally as well. You have to take some time for yourself. That's not being selfish! That's being sensible.

Start by getting enough sleep. It's important that you get enough rest.

Pregnancy is the best time to change unhealthy behaviors you have been unable to change in the past. Remember, once you take care of yourself first, you'll be better able to take care of your baby and your family.

### Care for your feelings

**Feel relaxed:** Frequently you will find that you are on an emotional roller coaster during pregnancy. Pay attention to things that help you to relax: a good book, a warm shower or bath, quiet music, a walk, a massage, a back or foot rub.

**Feel good about yourself:** Find ways to feel comfortable with the changes in your body. The changes are very important for a healthy baby. You are NOT fat, you are pregnant. You may think it is silly to feel bad about the changes your body is going through right now and want to hide those feelings. Don't! Talking to someone about these concerns can help.

**Build a strong support system:** You need to feel supported, loved and understood. Think about how you can get help if you need it. This is NOT the time to be Superwoman. Make sure you have a list of people you can call if you need help with keeping up the house, taking care of other children while you rest, or just having someone to talk to. If you don't have any one close by, call your maternity care coordinator or health care provider for suggestions.

**Feel safe and secure:** Feelings about current or past physical, sexual and emotional abuse experiences can recur or become more intense while you are pregnant. Find someone to talk to about these feelings. If there isn't anyone you feel comfortable talking with, call your maternity care coordinator or your health care provider. CARDV (Center Against Rape and Domestic Violence) is a great support for women with current (or past) abuse concerns. See phone number in the “[Resources](#)” chapter.

**Feel strong:** Concerns with substance abuse, whether it is tobacco, alcohol or drugs, should be discussed as soon as possible. It is safe to treat depression during pregnancy. Speak with your provider before you stop taking any medication for depression. Eating disorders and mental health issues also need to be discussed as soon as possible. Again, you can call your maternity care coordinator or health care provider if you don't have anyone in your life you feel you can share these issues with.

**Decrease your stress:** Are you feeling stressed out? Take some time to look closely at the stress points in your life right now:

1. Make a list of all the fears and concerns you have
2. Put them in order of the most stressful fear/concern to the least stressful
3. Now step back with your list:
4. What stress points can you change?
5. How can you change them?
6. Who and what can help you to change them?
7. Share this list with someone whose opinion you trust. Although this person may not have “all the answers,” talking to someone about your fears can be helpful.

*Remember: Feeling stressed during pregnancy is a common experience. Handling your stress in a constructive way will benefit you, your baby and your family. Don't forget it is important to talk with someone about getting help.*

**Manage other stressors:** Do you need help with housing, utilities, insurance, food or other daily living issues? Do you have a hard time getting a ride to your prenatal (doctor, nurse practitioner or nurse-midwife) appointments? Call your maternity care coordinator to get referrals for help. There are some resources available in your community.

## Care for your mind

**Read:** There are lots of books on pregnancy, labor and delivery and parenting. Don't forget to read books that help you to relax.

**Take classes:** Looking ahead to the unknown experience of the labor and birth of your child can be frightening, as well as exciting. Childbirth education classes help you prepare for the rapid changes your body goes through during the birth of your baby. A childbirth education class not only offers accurate information to reduce your fears, but also improves your ability to cope with pain and enhances your decision-making skills. Just being aware and having a place to discuss your fears with others can help you stay in control of your labor and delivery and decrease your stress level. There are many classes available to you. Some classes are free of charge, or there may be scholarships available to help you cover costs. Call your maternity care coordinator or health care provider for other suggestions.

**Watch educational programs:** There are a number of ways to learn about pregnancy, childbirth and parenting. There may be educational programs, videos or information on the web. If you are researching information on the web, be sure to look for .org, .edu and .net sites instead of those with a more commercial focus (.com).

**Begin a collection:** Start thinking about music, books, games, videos or computer programs you want to share with your child. If this is fun for you, you will make it fun for your child.

# Common concerns and questions

During your pregnancy, you'll have lots of questions. That's only natural, because your body is going through many changes. Suddenly, you'll be questioning ordinary activities, such as bathing and changing cat litter, and wondering if those activities are safe for you and your baby. You'll have questions about sexual activity and mental and physical diseases.

If you have concerns that could signal emergencies, call your health care provider immediately. If you're not sure how important a question is, call your health care provider's office or maternity care coordinator for more information.



## Potentially serious concerns

**During pregnancy, call your health care provider if you have any:**

- Vaginal bleeding
- Leaking of fluid from your vagina, slow leak or sudden gush
- Sudden weight gain and/or swelling of your face, hands (not just your fingers) and legs
- Visual changes, seeing spots or blurry vision
- Constant or severe headaches
- Sudden, constant, severe abdominal pain
- Depression that is interfering with eating, sleeping or caring for yourself
- Trouble stopping drinking alcohol, using drugs or tobacco
- Persistent fever above 100.4°F not relieved with Tylenol
- Nausea and vomiting persisting for more than 48 hours with inability to keep fluids down
- Burning upon urination
- Breathlessness or shortness of breath when not moving around
- Hard, painful veins in legs with or without reddened areas
- Persistent rash or flu-like symptoms
- If you are feeling ill or are concerned about your health
- Symptoms of preterm labor (see "[Complications](#)") chapter)
- Symptoms of preeclampsia (see "[Complications](#)") chapter)
- When you think you are in labor, call your health care provider's office during normal business hours or the hospital's Labor and Delivery Department after-hours, weekends and holidays.
- Decreased fetal movement \*\*

*\*\*Ask your health care provider for specific instructions for fetal movement, or consult the chapter on [Prenatal Testing](#). If you notice your baby has been less active than normal, it is sometimes helpful to eat or drink something, lie down on your side and place your hand on your abdomen to feel for fetal movements. If your baby does not move within one hour call your health care provider.*

**Did you know ...** During the second trimester, the uterus may begin flexing to build up strength. As a result, a woman may feel contractions in her lower abdomen and groin. These Braxton Hicks contractions are usually painless and unpredictable. Women should immediately contact their physician when contractions become painful or regular.

## Common concerns and questions

### Baths

#### Can I take a tub bath?

Yes, you may take tub baths or showers, whichever you prefer, throughout your pregnancy. Water is generally very soothing. Some women do find they get lightheaded in the shower, especially in early pregnancy. This is due to the warmth of the water. If you feel dizzy, stop the water and get out.

#### What about hot tubs?

Hot tubs and saunas are not recommended during pregnancy. The extreme temperatures can cause problems for your developing baby. Prolonged exposure to extreme temperatures raises your body temperature, which can impair fetal development. This is especially important in the first trimester.

Remember, the issue is temperature, not water. If you are able to control the temperature of the hot tub to below 100°F, soak away.

### Cats

#### Why can't I change my cat's litter box when I am pregnant?

Cats (especially outdoor cats that eat mice, rats or raw meat) are the most common carrier of a protozoan infection known as toxoplasmosis. While toxoplasmosis is a mild infection that causes only cold-like symptoms or no apparent illness at all in adults, it can be very serious — even fatal — if it is transmitted to an unborn child. Fortunately, it is easy to minimize your chances of exposure.

If you have a cat, do not change its litter box. It is a good idea to wash your hands after handling your cat. Be careful when gardening or digging in the soil outside. Wear gloves. Even if you do not have a cat, other cats may have visited your garden and toxoplasmosis can remain in cat feces for up to a year.

### Alcohol

Being alcohol free will help your baby have less chance of birth defects, learning difficulties and will help your baby feed better.

#### How much can I safely drink while I'm pregnant?

There is no known safe alcohol consumption level in pregnancy. Therefore, the only safe recommendation is no alcohol intake during pregnancy. If you drink alcohol soon after conception, know that limited amounts of alcohol during a limited period of time should not be of concern. Please do not continue to drink once you find out you are pregnant.

#### What is fetal alcohol syndrome (FAS)?

FAS describes a specific pattern of abnormalities observed in children and adults who have been exposed to alcohol during pregnancy. The extent of the abnormalities depends on the amount of alcohol and at what point in the pregnancy the alcohol was consumed. Because the brain develops during the entire nine months of pregnancy, it is quite possible to have a child with minimal symptoms of FAS if the mother quits drinking very early in pregnancy. If a woman drinks alcohol heavily in the first three months of pregnancy, and then stops, the child may have the facial features of a child with FAS, but not have the learning disabilities associated with FAS. If a woman stops drinking in the beginning of pregnancy but later starts again, the child may be born with out the features of FAS, but have severe developmental and learning difficulties. If the woman continues to drink throughout her pregnancy, severe damage to the brain can be the result.

*Please, if you are drinking alcohol in your pregnancy, STOP. If you are unable to stop, please talk to your health care provider or nurse-midwife, maternity care coordinator or someone you trust, and get help.*

## Medications

### Is it safe to take over-the-counter medications while I'm pregnant?

During pregnancy, it's preferable that you avoid medications, but there are occasions when a medication may be prescribed or recommended. Be sure to discuss all prescription medications with your provider.

The medications listed in the following chart are generally considered Category A or B, meaning they are considered safe to use. These medications can be bought over-the-counter. Call your health care provider if you have questions.

Medication Guide:			
Do not take: Pepto Bismol, aspirin, Excedrin, ibuprofen, Motrin, Aleve or naproxen unless directed by your health care provider.			
Allergy/Decongestant medication			
Name of drug/dose	Indications/uses	Frequency	Side effects/comments
Allegra®	Allergies	1 tablet daily	Allergy symptoms
Benadryl® 25-50 mg	Allergy or cold symptoms, sneezing, nasal congestion, itching	Every 4 to 6 hours (Don't take more than 150mg in 24 hours)	Drowsiness
Chlor Trimeton® 4 mg	Allergy or cold symptoms, sneezing, nasal congestion	Every 4 to 6 hours (Don't take more than 24mg in 24 hours)	Drowsiness
Zyrtec®/Claritin®	Allergy or cold symptoms: sneezing, nasal congestion	Once daily	Drowsiness
Tylenol® 325-650 mg (Acetaminophen)	Pain/fever relief	Every 4 to 6 hours (do not exceed recommended dose)	Call provider if pain/fever are not relieved
Pain/cold medicine			
Name of drug/dose	Indications/uses	Frequency	Side effects/comments
Saline nasal spray, 2 to 6 sprays in each nostril	Stuffy nose/dryness in nose	As often as needed	Warm steam may also help
Dayquil®	Decongestant	Per package directions	Congestion, stuffy nose
Robitussin® (*after 16 weeks only)	Decongestant	As directed by provider or package directions	Congestion, stuffy nose
Tylenol Cold® and other over-the-counter cold medicines	Cold symptoms: sneezing, nasal congestion	As directed on package, do not take more than directed	

<b>Nausea/Indigestion medication</b>			
Name of drug/dose	Indications/uses	Frequency	Side effects/comments
Vitamin B6 50 mg (Needs to be taken with Unisom to be effective for nausea)	Nausea	Take 3 times a day for 3 consecutive days, then once a day before bed	Don't take with prenatal vitamins
Unisom® (Needs to be taken with vitamin B6 to be effective for nausea)	Nausea	Half a tablet in the morning and one tablet before bed to help with morning nausea	May cause drowsiness
Mylanta II®	Indigestion, heartburn	As directed on package or by your provider	Mild diarrhea-reflux. Don't take with prenatal vitamins
Pepcid®/Zantac®	Indigestion, heartburn	As directed on package or by your provider	Don't take with prenatal vitamins
Tums® 500 to 2,000 mg	Indigestion, heartburn, leg cramps, extra calcium	As directed on package or by your provider	Don't take with prenatal vitamins
Metamucil® Fibercon®	Constipation	As directed on package, take 2 hours before or after taking any medication	Diarrhea or increased constipation. Increase water/juice intake
Docusate Sodium	Constipation	As directed on package or by your provider	Loose stools, soft stools
<b>Supplements</b>			
Name of drug/dose	Indications/uses	Frequency	Side effects/comments
Iron (Ferrous Sulfate) 325 mg	Anemia—low blood iron	As directed by provider. Take with juice, the vitamin C helps iron absorb	Constipation/indigestion. Don't take with prenatal vitamins

## **Marijuana**

### **Marijuana and pregnancy**

THC is the chemical in marijuana that makes you feel “high.” Using marijuana while you are pregnant passes this chemical to your baby through your placenta. There are many other chemicals in marijuana that could potentially harm your baby.

- THC is stored in body fat and stays in your body for a long time. It may also stay in your baby’s body for a long time.
- There is no known safe amount of marijuana use during pregnancy.

- Using a vape pen or eating marijuana is not known to be any safer than smoking marijuana.
- Using marijuana, at any time and in any form, during pregnancy can harm your baby. It can cause premature birth and low birth weight.
- There is research linking marijuana use during pregnancy with difficulties in learning and attention for the baby later in life.
- Being legal does not mean that marijuana is safe for pregnant or breastfeeding women and their babies.

### **Marijuana and breastfeeding**

Breastfeeding has many health benefits for you and your baby. Your breast milk needs to be as safe as possible for the health of your baby.

- Unlike alcohol, “pumping and dumping” your breast milk after marijuana use will not work. THC is stored in body fat, including the fat in breast milk.
- How much and how long the different chemicals from marijuana stay in your body is different for each person. The strength of the marijuana product, the amount you use, how often you use it and your own body’s metabolism make the difference.
- Marijuana amounts in your breast milk can be higher than that in your blood. Marijuana use during breastfeeding may cause problems with milk production and a decrease in your baby’s sucking reflex.

Being marijuana-free will help your baby:

- Have less risk of abnormal mental and physical development.
- Have fewer problems breastfeeding.

### **Child safety**

Even small amounts of marijuana can make children very sick.

- Store all marijuana products in a locked area that your children cannot see or reach.
- If you grow marijuana, it should be locked in a way that children cannot get to it.

### **Parenting safely**

Being high or buzzed while caring for a baby is not safe. Do not let anyone who is high take care of your baby.

Some marijuana can make people very sleepy when they are high. It is not safe to sleep with your baby while you are high. After having a baby, you may be tired and using marijuana may further lower your awareness. If something were to happen to your baby, you may have a difficult time responding appropriately.

It is not safe to drive a car while high. Do not let your baby ride in a car if the driver is high.

Second-hand smoke, either tobacco or marijuana, is not safe. Do not allow anyone to smoke in your home or around your baby.

**If your child eats or drinks marijuana by accident, call the poison control hotline at 800-222-1222 as soon as possible. If symptoms seem serious, call 911 or go to an emergency room right away.**

### **What if I’m taking illegal drugs?**

Included in this category is cocaine, methamphetamine, heroin or other street drugs.

Being opiate- and heroin-free will help your baby:

- Have less chance of birth defects and learning difficulties
- Have less chance of withdrawal, seizures or tremors

Being amphetamine/methamphetamine-free will help your baby:

- Gain weight more easily
- Sleep better
- Have less risk of breathing problems
- Have less risk of developmental or learning problems

If you are using drugs, ask your health care provider to help you quit. It is not safe to take drugs during your pregnancy. All street drugs cause some type of effect on your baby, either during pregnancy and/or later in life. Many of these effects on your baby can be very severe and lifelong. Talk with your provider immediately. Don’t wait, ask for help now.

- Cocaine may cause placental abruption, preterm birth, bleeding or fetal death. Babies may be very fussy, have brain injury or have learning, behavioral or emotional problems later in childhood.
- Heroin has been shown to cause preterm birth, babies born too small, and/or addicted to heroin. Behavioral and developmental problems are noted in children whose mothers’ used heroin during pregnancy.
- When methamphetamine is taken (used) by a pregnant woman, the drug enters the body and brain of the fetus (unborn child) in very high levels. Methamphetamine can cause preterm birth, placental abruption, bleeding in the fetal brain or fetal death. Children can be born addicted to methamphetamine, can go through withdrawal and may be very difficult to care for. Children exposed to methamphetamine during pregnancy often have smaller brains and learning disabilities. These babies may have tremors, be very fussy and have feeding problems.
- Narcotics are strongly addictive. Babies may be born addicted to these drugs and problems are similar to risks related to heroin use.



There are resources available in the community. Ask your health care provider, maternity care coordinator or the local health department for help.

**The most wonderful gift you can give your baby is breast milk free from drugs or alcohol.**

### **Risks of substance use and breastfeeding**

The following substances can pass from you to your baby through your breast milk: nicotine, THC, alcohol, opiates, heroin, including many chemicals, metals and/or other unknown substances that are in these drugs.

- Tobacco/e-cigarettes can increase the risk of SIDS and may cause your baby to feed poorly and be more irritable.
- Amphetamine/methamphetamine can cause poor feeding, irritability and trouble breathing.
- Alcohol can cause you to have low breast milk production and your baby to have poor feeding and irritability.
- Opiates/heroin can cause you to have lower breast milk production, and cause your baby to have poor feeding, irritability and possibly seizures or withdrawal.
- Marijuana may cause you to have low breast milk production and your baby may feed poorly and be more irritable. There are other harmful chemicals in marijuana similar to tobacco.

### **Smoking/tobacco use**

**Is it really that bad if I smoke while I'm pregnant?**

YES!

The more research that is done on this subject, the more reasons we find to say very strongly, PLEASE QUIT!

Smoking is associated with numerous medical and health disorders including cancer, heart disease and lung disorders. In addition, smoking causes many complications during pregnancy.

The pregnant woman not only endangers herself, but also her unborn child.

Being tobacco free will help your baby:

- Have less risk of asthma
- Have fewer coughs, colds and ear infections
- Have less risk of sudden infant death syndrome (SIDS)

There are many additives and by-products in cigarettes that are harmful to you and your baby including:

- Tar
- Nicotine
- Carbon monoxide
- Lead
- Arsenic

Cigarettes affect your baby by:

- Reducing the amount of oxygen your baby receives
- Inhibiting the supply of nutrients given to your baby
- Slowing your baby's breathing
- Causing the arteries in the placenta and cord to constrict, which reduces the flow of oxygen and causes your baby's heart rate to quicken in an attempt to increase the oxygen supply

This is a list of possible complications associated with smoking and pregnancy:

- Ectopic pregnancy
- Miscarriage
- Intrauterine growth retardation (IUGR)
- Low newborn birth weight
- Placenta previa
- Placental abruption
- Preterm birth
- Fetal death
- Infants born to mothers who smoke:
  - Are at increased risk for sudden infant death syndrome (SIDS)
  - Have more serious respiratory infections
  - When they get older, have more ear infections, respiratory symptoms and asthma
  - Are at higher risk of developing allergies

Yes, it is serious.

**I know it's dangerous to smoke, but what can I do? Can I use nicotine gums or patches?**

Yes, you can. While these products continue to deliver nicotine, which has harmful effects, it is better than

giving your baby nicotine PLUS carbon monoxide and other additives.

Please, we encourage you to quit. If you think patches will help, let your health care provider know. We'd love to talk with you about it. There are also smoking cessation programs that might help you. Pregnancy is a wonderful time for *both parents* to embark on a joint effort to stop smoking and make their home for their baby smoke-free.

## **Toxic substances**

Although you should try to avoid unnecessary contact with toxic substances in your environment at all times, this is especially true in pregnancy. Read labels carefully.

### **Can I paint the baby's room?**

Yes, but with caution. Latex paints are safer to use than oil-based paints. Be sure you are working in a well-ventilated area. Paint fumes, even if not toxic, can trigger nausea as well as headaches for many pregnant women. Do not shut yourself in a room; keep the doors and windows open. It is probably not a good idea to use paint removers or solvents while you are pregnant. Do not stand on ladders to paint.

### **What about hair dyes and permanents?**

Plant-based hair dyes are probably safe and there is no information on whether non-ammonia versus ammonia-based products are safer. A prudent approach is to avoid ammonia- and peroxide-based products. Use these products in a well-ventilated area since women with asthma/allergies may be more sensitive to the scents during pregnancy. Lastly, it is prudent to avoid new products since skin sensitivity is more common in pregnancy.

There are also only limited data on the safety of cosmetics. As above, skin may be more sensitive in pregnancy. Some nail polishes have toluene, formaldehyde and dibutylphthalate. These toxins may be inhaled when applied or absorbed from the nail bed, so it is prudent to apply nail polish in a well-ventilated place.

### **What about using pesticides and herbicides?**

While pregnant, avoid using these products. Their presence in the atmosphere and on food has been associated with both miscarriage and birth defects. Many pesticides, which are not considered safe, are shipped to other countries where regulations are less stringent and then used on foods that we import from other countries.

Always wash your produce before eating.

If you have specific, potential toxic-exposure concerns, please address them with your health care provider. Specific questions regarding environmental toxins also can be addressed by the Environmental Health Department in your county.

## **Travel**

### **Can I travel when I'm pregnant?**

Yes, travel in pregnancy is fine.

If you are traveling close to your due date, it is a good idea to discuss precautions with your health care provider and be knowledgeable about resources in the area you are traveling to. Many airlines have some restrictions for flying while pregnant after week 35 of pregnancy (sometimes earlier).

Be sensible and cautious. Some good guidelines are:

- Avoid sitting still for long periods of time in a car, bus, plane or train. Stretch your body, arms and legs every hour.
- When traveling by car, be sure to take breaks at least every one to two hours to use the restroom.
- Be sure to drink lots of fluids and empty your bladder frequently. Some women may get bladder infections when traveling, because they are out of their usual routines.
- Always bring snacks.
- If traveling by plane, consider an aisle seat so you can get out of your seat easier for those frequent trips to the restroom.
- Always wear a seat belt!

## **Sex: Questions from mothers and fathers**

These days, people can and do talk about sex more easily than ever before. Nevertheless, when it comes to the subject of sex during pregnancy, women are often reluctant to bring up the question with their health care providers. Worse, both women and their partners frequently keep their innermost fears and feelings to themselves.

Particularly if this is your first child, your pregnancy will probably be a time of erratic mood swings

for you and your partner. You may alternately feel fatigued or exhilarated, content or depressed, eager or fearful, motherly and beautiful, or uncomfortable and unattractive. He may alternately feel proud at having fathered a child, anxious about the new financial responsibilities, protective toward you and the growing fetus, or jealous of your new preoccupation.

All these mood changes will affect your attitudes toward each other and your desire for sex. The most important thing is not what you feel, nor how silly you think it is, but that you share those feelings with each other. In this way, you can make necessary adjustments and accommodations for a sexual relationship that continues to be as fulfilling as possible for both of you.

## Questions that trouble pregnant women

### **Will my desire for sex decrease during my pregnancy?**

No two women react exactly the same way to pregnancy. In most women, pregnancy has no significant effect on their interest in sex. In those women for whom contraception was an interruption or psychological obstacle, pregnancy may be a period of carefree and uninhibited sexual indulgence. At certain times, some women may feel they are “losing their figure and looks” during pregnancy. They may shy away from love-making because they feel undesirable. Or, they may desire sex more often than usual as reassurance that their partner still loves them and finds them attractive.

Occasionally, there will be a woman who feels absolute distaste for intercourse throughout the course of her pregnancy. It is thought that this may be related to a conscious or unconscious fear of hurting the fetus, since it usually disappears after the baby is born.

### **Can vigorous intercourse harm the baby?**

It is virtually impossible to harm the fetus in the uterus during intercourse. The fluid it floats in, the membranes which contain it, the womb itself, the abdominal wall, and the bony pelvis all serve to protect the new life from injury.

### **Is it harmful to have an orgasm during pregnancy?**

Not at all.

### **How often is it safe to have intercourse during pregnancy?**

There is no ideal frequency, and any frequency is safe. Frequency varies remarkably from couple to couple and from month to month with the same couple. Some

women are disinterested during the first three months, partly due to fatigue that may accompany this period. But they tend to regain their energy in the fourth month and will often experience a new surge of sexual feeling.

### **Can I have intercourse any time during pregnancy?**

Generally, sexual intercourse is fine throughout pregnancy.

Your health care provider may suggest when intercourse and orgasm should be avoided. This can be necessary when you are experiencing preterm labor, vaginal bleeding, placental problems (like placenta previa), if your bag of waters has broken, if you have vaginal itching or discharge, or if you feel pain in the vagina or abdomen.

### **I don't have pain, but pressure during intercourse causes me great discomfort. What can I do?**

If it is simply your partner's weight that is causing you discomfort, this can be remedied by changing position. For instance, he may kneel astride you, or approach you from the side or back, or you may sit astride him.

If you feel internal pressure, it is wise to avoid deep penetration. Changing position or using pillows under you to change the angle of entry into the vagina may help. Also, additional lubrication with water-based cream or jelly (Astroglide or K-Y Jelly) made for this purpose may relieve any vaginal discomfort.

### **It is very difficult to talk to my partner about the way I feel. I think I look ugly and undesirable. He never tells me otherwise, and he doesn't cuddle me anymore.**

Occasionally, a few men are physically “turned off” during their partner's pregnancy. It is only temporary, and it shouldn't be viewed as a rejection. On the other hand, your partner's seeming neglect probably has nothing to do with your looks, given that the majority of men find their partners most beautiful during this time. He may have inner anxieties and mixed feelings about harming the baby, about his coming fatherhood, that make him behave differently. Or, you may be unconsciously so involved with your ‘inner’ life, that you are perhaps somewhat neglectful of him. Possibly you and your partner just need to talk things out.

## Questions that trouble expectant fathers

### **I have a strong need for sex, but since her pregnancy, my partner isn't interested. It is causing tension between us. What can we do?**

As with other disagreements, some form of loving

compromise is probably the healthiest solution. See if you can talk it out with your partner and perhaps settle on some lesser frequency or alternate method for you that requires less complete participation on her part.

Remember, too, that it is sometimes hard for a woman to feel interested in sex when she herself doesn't feel desirable. Frequent reassurance from you that she is still beautiful and loved despite her bulging belly may also help matters.

**When I feel the baby moving in my partner's belly while we're making love, it puts an end to my sexual interest. Any suggestions?**

No doubt you are unconsciously worried that you might hurt the baby. You won't. The fetus is well protected. The baby's kicking and turning have nothing to do with your sexual activity. However, if you are still bothered by this, try another position so you don't feel the baby.

## Mental health concerns

If you are pregnant and have a history of a mental health problem, or if you have previously taken medication for any mental health issue, you should notify your provider. Do not stop taking your prescribed medication without discussing it with your health care provider or your mental health provider. Some medications are not safe to take during pregnancy. Again, please discuss all medications with your provider. Remember that you are not alone, mental health problems may affect as many as one in six women.

Mental health problems include mood disorders, such as depression and bipolar disorder; schizophrenia; personality disorders; and anxiety disorders, including obsessive-compulsive disorders and phobias. These are all of concern during pregnancy. Some mental illnesses may have a genetic factor, and women may want to see a genetic counselor or speak with their health care provider before they plan to become pregnant. If you already are pregnant, it is very important to discuss your situation with your provider.

A woman who has a mental health disorder or illness that is not treated may do things that could harm her baby or herself. It may be difficult to eat well, get enough rest or even get regular prenatal care. Call your health care provider if you are having difficulty sleeping, eating or caring for yourself.

**The hormonal changes and other stresses of pregnancy may aggravate preexisting mental health concerns.**

**Even if the pregnancy was planned, it can be a very stressful and emotional time. It is vital to seek help.**

- Ask your health care provider for a referral to a counselor or other mental health professional. Mental health care is also very important after your baby is born to help you bond and care for your baby properly.
- Talk with your health care provider.
- Develop a support system: your family, friends, coworkers, other young mothers in your neighborhood. Join a support group or a new baby class.
- Join a support group or new baby class.
- Attend classes prior to the birth of your baby.
- Plan for someone to be with you or to check in with you frequently the first few weeks after the birth of your baby.

Women are more likely to have postpartum depression if they have suffered from mood disorders or chronic mental health concerns before pregnancy, or if there is a family history of mood disorders or chronic mental health concerns. If your situation is very stressful or you have little support for after your baby is born, be sure to ask your health care provider, maternity care coordinator or hospital for available services.

See "[Care for new mothers](#)" chapter for more information on postpartum depression and other perinatal mood disorders.

*Women with a chronic illness should discuss their illness with their health care provider before planning a pregnancy. This will increase chances of having a healthy pregnancy and baby. Learning of a mental health concern during pregnancy may come as a shock. You will need to learn how to care for your medical condition along with learning about pregnancy and birth. You will need extra support during this time from your partner and/or family and friends.*

## Communicable diseases in pregnancy

### Flu

The Centers for Disease Control recommend an annual seasonal flu vaccine for women who are pregnant. The seasonal flu vaccine protects against the three viruses that research suggests will be most common that season. Vaccination is especially important for people at high

risk of serious flu complications, such as pregnant women.

To further protect yourself from flu, take these preventive actions:

- Cover your nose and mouth with a tissue when you cough or sneeze, then throw the tissue away.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid contact with sick people.
- If you are sick with flu-like illness, stay home for at least 24 hours after your fever is gone, except to get medical care or for other necessities (Your fever should be gone without the use of a fever-reducing medicine).
- While sick, limit contact with others to keep from infecting them.

If you do get the flu, antiviral drugs can help treat it. Antiviral drugs are prescription medicine (pills, liquid or an inhaled powder) that fight against the flu by keeping flu viruses from reproducing in your body. Antiviral drugs can make your illness milder and make you feel better faster. They may also prevent serious flu complications. Antiviral drugs are not sold over-the-counter and are different from antibiotics. They are especially important for people who are very sick, or who are sick with the flu and are at an increased risk for serious complications, such as pregnant women. For best results, antiviral drugs should be started within the first two day of flu symptoms.

#### **Flu symptoms:**

- Fever (does not always accompany the flu)
- Cough
- Sore throat
- Runny or stuffy nose
- Body aches
- Headaches
- Chills
- Fatigue
- Occasionally diarrhea and vomiting



#### **When should I seek medical care?**

If you have any of these signs, see your provider immediately.

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- High fever that does not respond to fever-reducing medication
- Decreased or no movement of your baby
- For viral symptoms, follow up with your primary care provider, urgent care or the emergency room.
- If you fall and strike (land on) your abdomen (stomach/pregnancy) or have an accident where you are hit in the abdomen, it is important to go to the emergency room. They will send you to Labor and Delivery for an evaluation and check to be sure baby and you are okay.

#### **How should I feed my baby if I am sick?**

If you can, breastfeed. There are many ways that breastfeeding and breast milk protect babies' health. Flu can be very serious in young babies. Babies who are not breast fed get sick from infections like the flu more often and more severely than babies who are breast fed.

Mothers pass on protective antibodies to their baby during breastfeeding that help fight off infection. Because mothers make antibodies to fight diseases they come in contact with, their milk is custom-made to fight the diseases their babies are exposed to as well. This is really important in young babies when their immune system is still developing. It is okay to take medicines to prevent the flu while you are breastfeeding. You should make sure you wash your hands often and take everyday precautions. However, if you develop symptoms of the flu such as fever, cough, or sore throat, you should ask someone who is not sick to care for your baby. If you become sick, someone who is not sick can give your baby your expressed milk.

#### **Fifth disease (Parovirus B19)**

Fifth disease is a viral infection caused by the B19 parvovirus. Fifth disease got its name because it was the fifth disease to be discovered among a group of

diseases that cause fever and skin rash in children. This common childhood illness is usually mild but is very contagious. The virus incubates four to 14 days prior to symptoms of headache, sore throat, fever and flu lasting two or three days. A characteristic rash in children (the “slapped cheek” rash — a redness on the cheeks) may be accompanied by a lace-like rash on the trunk, arms or legs. Adults may not develop the rash, but may have sore joints, sore muscles, fatigue, fever and enlarged lymph glands. Up to 20 percent of children and 30 percent of adults will never show a rash and will have only mild symptoms. Approximately five percent of children 1 to 5 years old, 30 percent of adolescents 5 to 19 years old and 50 percent of adults are already immune.

### **Pregnancy risks with fifth disease**

If you are already immune, there is no risk. If you are not immune and you catch the infection, there is a five to 10 percent chance the pregnancy can be seriously affected leading to pregnancy loss.

### **The following information is very important:**

- Not all people exposed become infected. If a child has the virus, the overall chance of an exposed mother contracting the illness and it affecting the pregnancy is approximately one to three percent.
- If you do become infected, the virus will not cross to the fetus 70 percent of the time (70 percent of the time there is no evidence of infection in the baby after it is born). Even if the infection does cross to the fetus, the baby can be entirely unaffected at birth (the largest study of infected pregnancies showed that 84 percent had normal outcomes).
- Studies of children exposed to the virus while in their mother’s uterus show no increased incidence of congenital anomalies, motor or learning problems over uninfected pregnancies.
- In approximately two to 10 percent of infected pregnancies (again remember, most are not infected even if the mother is), the baby will be infected and is at risk for a condition known as “hydrops.” Hydrops shows itself as swelling of the baby’s body from excess fluid collection. It can be diagnosed by ultrasound and may be treatable.

If you think you have been exposed or have questions about fifth disease, do not hesitate to call your health care provider. A blood test is available that can determine if you are immune and if you have recently been exposed. If there is evidence of an active infection during

pregnancy, we can evaluate your baby by ultrasound. The ultrasound will most likely need to be repeated weekly for four to six weeks.

## **Chickenpox**

Chickenpox is caused by varicella-zoster virus. Adults who come down with chickenpox usually get sicker than children do. Pregnant women who get chickenpox are more likely than other adults to get other illnesses, such as pneumonia, along with it. It takes about 14 days from time of the exposure until you have symptoms. Chicken pox is most contagious before the rash occurs.

### **Pregnancy risks with chickenpox**

If you have been exposed before and are already immune, there is nothing to worry about. If you are unsure, we can test your blood and determine your varicella immunity status.

If you get chickenpox a week or more before giving birth, the fetus can catch the infection and be born with it. It is possible, however, that the antibodies you make while having chickenpox will cross the placenta and enter your baby’s blood and help protect it from serious infection. If you get chickenpox less than a week before delivery, however, there is not enough time for antibodies to develop and protect the baby. In such cases, babies are more likely to get very sick.

People with chickenpox should not be near a newborn. Because chickenpox is very easy to catch, pregnant women who are not immune to it should stay away from people who have the disease, especially near the time of their delivery.

If a pregnant woman does come in contact with an infected person, varicella-zoster immune globulin may keep her from getting seriously ill if it is given within four days of exposure. A vaccine for chickenpox does exist. It is not recommended in pregnancy. However, if you know you are not immune, we suggest you get vaccinated after your baby’s birth.

## **Herpes**

Herpes is a common viral infection that can cause blister-like sores on the genitals and/or mouth. Herpes is contagious when blisters are present and for approximately five days before blisters appear. Once blisters crust and begin to heal, they may not be contagious. Genital herpes outbreaks are a problem in pregnancy when they occur near term. Genital herpes

can cause serious illness in a newborn if he/she is exposed during the birth process. The risk is highest when a woman has her first ever herpes outbreak near delivery.

If you have had herpes in the past, it is very important to inform your health care provider. There are anti-viral medications that may be given to prevent an outbreak. If you have an outbreak of herpes near labor, please contact your health care provider. The risk to your baby can be reduced by having your baby by cesarean birth.

If you have a genital or oral herpes outbreak after your baby is born, it is still important to avoid herpes virus from coming in contact with your baby. Careful hand washing and, in the case of oral herpes, avoiding kissing your baby, can help prevent passing on the virus.

## **Vaccinations**

Ask your health care provider about recommended vaccines during pregnancy.

## **Vaginal infections**

When you are overly tired, eat poorly, are stressed out, are sick or pregnant, the body's natural balance between yeast and bacteria in the vagina can be thrown off. If you experience vaginal discharge, milky or yellowish in color with or without odor, or redness, itching or swelling in the vaginal area call your health care provider. These are signs of a vaginal yeast or bacterial infection. There are over-the-counter medications available to treat yeast infections (Gynelotrimin or Monistat). If you are not sure what type of infection you may have or if symptoms do not improve, call your health care provider.

# Complications

Each woman brings to her pregnancy her own unique set of circumstances. She has her own personal genetic makeup, medical history and physical and emotional environments. It's no wonder that no two pregnancies are the same! It's also no wonder that the course of many pregnancies doesn't follow the so-called textbook routine. The complications listed here, although not necessarily common occurrences, are among the more common that can occur.

## Gestational diabetes

Gestational diabetes is a special kind of diabetes that occurs only during pregnancy (gestation). Diabetes, in general, is a disease in which the body doesn't properly control the level of sugar (glucose) in the blood. In pregnancy, the mother's body undergoes many changes, most of which are controlled by hormones. Many of these hormones are made in the placenta. As the placenta grows, more hormones are made; and some of these control blood sugars, assuring a steady supply of glucose to the developing baby. However with gestational diabetes, the blood glucose levels do not stay within normal limits, which can lead to complications (see below). Usually, gestational diabetes subsides after delivery, but **a woman who has had diabetes during pregnancy usually develops some form of diabetes later in life.**

Gestational diabetes is more likely in women who:

- Have a pre-pregnancy weight of 110 percent of ideal body weight or BMI greater than 30
- Have a family history of diabetes
- Have had a baby who weighed more than nine pounds at birth
- Have had a baby who died before birth
- Have had gestational diabetes in the past

## Testing for gestational diabetes

At approximately 24 to 28 weeks, all women will have a screening test to check their blood glucose level. During the test, you will be given a glucose drink and your blood sugar measured. A positive test result will mean you need further evaluation.

### **If you are diagnosed with gestational diabetes:**

- Your health care provider will give you more information about gestational diabetes.
- You will be referred to a dietitian at the hospital who will review the necessary diet for gestational diabetes with you.
- You will have your blood sugar tested at office visits and at home as determined by your health care provider.
- You may have fetal monitoring testing between 36 to 40 weeks gestation.

### **Risks to baby if your blood sugar is not controlled:**

- Baby may grow too large, necessitating early delivery or cesarean delivery
- Higher risk of lung immaturity if baby is born early
- Baby's blood sugar may be low at birth due to making too much insulin
- Baby has an increased risk of jaundice after birth

### **Risks to mother if your blood sugar is not controlled:**

- Higher risk of forcep, vacuum or cesarean birth for large baby
- Increased risk of high blood pressure
- Greater risk of infections



## High blood pressure (hypertension)

There are two types of high blood pressure that can complicate pregnancy: chronic hypertension and pregnancy-induced hypertension.

### Chronic hypertension

Some women have long-term high blood pressure before they become pregnant. Heredity, diet, weight and lifestyle can all play a role in chronic high blood pressure. Many of these factors can be controlled with medication, diet, lifestyle changes and stress management. During pregnancy, it will be important to control blood pressure and have regular checkups to detect changes that may signal problems. Women with hypertension have a higher risk of developing preeclampsia during pregnancy.

### Pregnancy-induced hypertension (PIH)

PIH is high blood pressure that occurs during the second half of pregnancy and usually goes away after delivery. PIH may lead to preeclampsia.

#### Chronic hypertension vs. PIH

	Chronic hypertension	PIH
Occurrence	Preexists or appears in early pregnancy	Symptoms appear after 20 weeks of gestation
Cause	Heredity, diet, lifestyle	Unknown
Symptoms	Often silent, high blood pressure only, headache	High blood pressure, headache, visual changes
Treatment	Medication, diet, bed rest, stress reduction	Bed rest, medication
Prognosis	Chronic	Resolves after delivery (usually)

## Preeclampsia

Preeclampsia is a disorder that's marked by an onset of acute hypertension, along with swelling and abnormal kidney function. It affects seven out of every 100 pregnant women, with 85 percent of those cases seen in first pregnancies and developing after 20 weeks gestation. Although the cause of preeclampsia is unknown, it is more likely to develop in women who have chronic hypertension, large fetuses, obesity and/or multiple fetuses.

Preeclampsia occurs in degrees from mild to severe and can slowly worsen or improve. *Symptoms may get worse very suddenly.* If allowed to progress untreated, severe preeclampsia can be fatal to the mother and fetus. When preeclampsia is caught in mild stages and controlled by modified bed rest, the effects on the baby can be reduced. Your blood pressure will be frequently monitored by your health care provider.

When a woman has preeclampsia, the blood flow through the blood vessels in the uterus (which supply blood to the placenta) may be decreased by 50 percent or more. The degree of risk to the fetus depends on how severe the preeclampsia is and when it begins. Because the disease affects many of the mother's organs, including liver, kidneys, brain and blood system, lab tests are performed to monitor the severity of the condition. Screening of mother's blood pressure, assessing the presence of protein in her urine, and conducting lab tests are all measures that help the health care providers determine treatment.

Initial treatment usually begins with simple bed rest, but preeclampsia may require hospitalization and medication to control. If symptoms remain severe, the decision to deliver depends on whether the risk to the fetus is greater in remaining in the mother's uterus or in undergoing premature delivery, and on how dangerous the condition is for the mother.



#### Warning signs and symptoms of preeclampsia

Signs and symptoms develop during pregnancy and disappear quickly after birth. These signs and symptoms are linked to high blood pressure in pregnancy and should warn you to have your blood pressure checked and to notify your health care provider:

- Severe or constant headaches
- Swelling (edema) especially of the face or hands

- Pain in the upper right part of the abdomen
- Blurred vision or spots in front of the eyes
- Sudden weight gain of more than one pound a day

## Multiple pregnancy

A multiple pregnancy is one in which a woman is carrying more than one fetus. Although multiple pregnancy isn't a complication in and of itself, it does carry the potential for complications during pregnancy and birth. At the very least, a multiple pregnancy will require some extra special care for the mother.

Twins are the most common form of multiple pregnancy, occurring in about one of every 41 births in the United States. More rare is a pregnancy with three or more fetuses. Triplets, for example, occur naturally in less than one of 10,000 births. If your health care provider suspects a multiple pregnancy, you will have an ultrasound exam to confirm it.

Multiple pregnancies bring a higher risk of problems. For instance, the mother is more likely to get high blood pressure or anemia. She also is more likely to go into preterm labor. If you are carrying more than one fetus, your health care provider will discuss your special care needs with you.

You also may want to attend special classes and support groups. If you have questions, ask your health care provider or maternity care coordinator.

## Preterm labor

Preterm labor is defined as labor that starts between 20 and 37 weeks of pregnancy. Almost one out of every 10 babies born in the United States is born preterm. Babies born early have problems with breathing, infections and eating, along with numerous other health problems. To lessen your chances of going into preterm labor, be informed, continue with regular prenatal care, and communicate any concerns you may have to your health care provider.

### Factors that increase risk of preterm labor

Past pregnancies:

- History of preterm labor
- History of preterm birth
- History of several induced abortions

Current pregnancy:

- Multiple pregnancy
- Defects in the uterus (incompetent cervix/fibroids)
- Abdominal surgery during pregnancy
- Infection in the mother
- Bleeding in second trimester
- Placenta previa
- Premature rupture of membranes (water breaking)
- High blood pressure
- Chronic illness in the mother
- Birth defects in the fetus
- Underweight mother (weight less than 100 pounds)
- Too much amniotic fluid
- Tobacco use
- Alcohol or drug use



### Preterm labor warning signs

*Call your provider right away if you notice these symptoms before 37 weeks:*

- Vaginal discharge, change in type (watery, mucous or bloody) or an increase in amount
- Pelvic or lower abdominal pressure
- Constant, low, dull backache
- Mild abdominal cramps, with or without diarrhea
- Regular or frequent contraction or uterine tightening, may be painless
- Ruptured membranes (water breaks)
- Cramping, backache or contractions closer than 10 to 15 minutes apart
- If you are feeling ill and are concerned (trust your instincts)

*Always ask your health care provider for instructions specific to your special needs or condition.*

To find out whether you are actually in preterm labor, your health care provider will examine you to see whether your cervix has begun to change. You may be observed for several hours in Labor and Delivery at the hospital and re-examined to see whether your cervix continues to change, which is the only way to confirm preterm labor.

Don't hesitate to call your health care provider if you suspect you might be in preterm labor. It's better to find out that you are not in labor than to wait and risk preterm delivery. It is much easier to stop preterm labor if treatment is started early.

## Preventing preterm birth

Preterm labor that is detected in the early stages has a higher chance of being stopped before going into preterm birth. Once you are evaluated for preterm labor, observed over a period of time and it is determined that it is safe for you to go home, you will be given instructions regarding care at home.

**Bed rest may include some of the following limitations, determined by your provider. (See next page about coping with limited activities during pregnancy.)**

*Modified activity:*

- Periodic bed rest throughout the day
- Non-strenuous extra activities
- Adjusted according to contractions

*Complete bed rest:*

- Side lying
- Up to bathroom only
- No extra activities

## Hydration and nutrition

Drink eight to 10 8-ounce glasses of fluids a day.  
Eat well-balanced meals.

## Medications called “tocolytics”

Your health care provider may give you medication if you are in preterm labor. Medications help stop or slow preterm labor. They may be taken routinely or “as needed” for contractions.

Side effects include:

- Fast pulse
- Feeling of warmth
- Chest pressure or discomfort
- Dizziness
- Shaky or nervous feeling
- Headache

Please call your provider if side effects seem extreme.

## Vaginal/pelvic rest

Avoid anything that may cause vaginal/pelvic stimulation. Vaginal/pelvic or sexual stimulation can be caused by: nipple stimulation, intercourse (sex), bicycle riding, horseback riding, four wheelers, trips longer than 30 minutes one way by car, plane, train or bus, etc. If your health care provider has recommended vaginal or pelvic rest, avoid all of these activities, including sex.

## Fetal movement

Your health care provider may ask you to assess fetal activity daily.

## Office appointments

Keep scheduled appointments as determined by your health care provider. Prenatal care is important for a healthy pregnancy and baby and is one primary way to manage preterm labor.

## Self monitoring of contractions

- Lie down on your left side where you can concentrate without distractions.
- Gently feel the entire surface of your lower abdomen with your fingertips.
- Feel for a firm tightening over the surface of your uterus; tightening may not be painful.
- Count contractions for length of each individual contraction and time between contractions.

*If you have more than four to six contractions in a one-hour period, report to your health care provider.*

## Vaginal bleeding

Vaginal bleeding may indicate several problems or concerns with pregnancy, including preterm labor, threatened miscarriage, or a placental abruption in which the placenta may be detaching from the wall of the uterus. If you are having vaginal bleeding, you need to call your health care provider.

## Coping with bed rest

One of the most common treatments for certain problems of pregnancy is a simple one: bed rest. Staying in bed keeps you off your feet and lowers stress on your heart, kidneys and other organs. Bed rest is recommended when a woman has certain complications such as:

- Bleeding at any time during pregnancy
- Threatened miscarriage
- Premature labor contractions
- Slow growth of the fetus
- Hypertension
- Preeclampsia
- Multiple gestation
- Incompetent cervix

Bed rest is not a cure—all for all the above conditions, but it can contribute to preventing severe problems with a good outcome for mother and baby.

### **What is bed rest?**

Bed rest has many meanings, depending on the complication and on the well-being of the mother and baby. It can range from resting periodically during the day to complete resting with the exception of bathroom trips. A woman in early pregnancy who is threatening to miscarry may be asked to stay in bed until the bleeding stops, which may be two days or longer. A woman with mild preeclampsia could be asked to decrease her time at work and spend the afternoons at home lying on her left side until she gives birth, which could be days or weeks. Sometimes it means quitting all work and all social activities and staying in bed constantly. Each health care provider will tailor bed rest requirements to your individualized needs.

### **Coping with bed rest**

Most people live active lives, and pregnancy usually doesn't slow them down; but being on bed rest involves change, sometimes very sudden, and that requires some adjustment. The first days or weeks are usually the most difficult. Fear of early delivery or of possibly losing the pregnancy creates great anxiety. In most cases where bed rest is indicated, the longer the baby stays in the uterus, the greater chances of him or her doing well at birth.

Being on bed rest can affect your entire self-image. Instead of being wife, mother, worker, you now have the role of "dependent patient." Learning to live with being dependent can be a challenge. Someone else has to take over most of your responsibilities. You may be expected to be cooperative and grateful, but you may feel angry, guilty and frustrated instead. These are very normal reactions.

Bed rest affects the whole family. Your partner has more

responsibilities and is also worried about you and the baby. It helps if you can share your feelings about the changes with each other. It is a stressful situation, but one that will be much easier to cope with if you can both be open with each other and accepting of each person's concerns. Other children are also worried about seeing their mother in bed and feel the added responsibility of having to help around the house. It is helpful with older children to explain honestly what the problem is and to let them know how valued their help is and that they are contributing to having a healthy baby. Even very young children will sense that something is wrong and need extra reassurance that mommy loves them and she will be all right.

You may resent your situation at first, but you can come to accept that you are basically a healthy person who has a temporary problem. During this time, you can:

- Accept the fact that you need help. Allow your partner, family or friends to take care of you. Don't feel guilty about it. Think of staying in bed as an act of love for the baby you are carrying.
- Learn to relax. This will help you feel better emotionally and physically. Books or videos on relaxation techniques are available.
- Send someone to the library for you or look online for information on pregnancy and parenting.
- Put a calendar nearby and mark special events, crossing off each day as it goes by.
- It may help to keep a journal. It can be the beginning of the baby book. Record your feelings to share with your children when they are older.
- Read some books you've been wanting to read but haven't had time for. Once the baby is born, your reading time will be limited.
- Reconnect with friends or family.
- Allow family or friends to help with meals, care for your other children, housecleaning and laundry, etc. If possible, it may be helpful to hire someone, such as a nearby teen, to assist with caring for other children and assisting with a few chores.
- Enjoy a movie, or start a series you have been wanting to watch.
- Use visualization to encourage your baby to do well. Imagine a healthy, full-term baby growing every day.

## Loss and grieving

One of the most difficult complications of pregnancy is the loss of your baby during pregnancy or shortly after birth. Miscarriage is one of the more common causes of fetal loss. A miscarriage is the loss of a pregnancy before the fetus is able to live on its own outside the mother's uterus. A pregnancy can also be lost in later stages. A baby can be delivered stillborn, which means it shows no signs of life.

Most women are emotionally attached to their babies long before the actual birth. This process is called bonding. The bond grows stronger throughout pregnancy. As the weeks and months of your pregnancy go by, you may imagine how the baby will look and what he or she will be like. Around 16 to 20 weeks of pregnancy, when you first feel your baby move, the bond may become much more intense. The father also develops a strong tie to his unborn child. He may have many of the same feelings you do.

Losing your baby can bring intense sadness and shock. In almost all cases, you did not expect it to happen. The loss

of a baby at any stage, whether during or after pregnancy, can be very difficult. Grief is a normal, natural response to the loss of your baby. Working through grief and mourning your loss are healing processes that help you adapt and move ahead with your life.

If you experience a miscarriage or stillbirth, your health care provider or hospital will help you through your grieving process. Special staff is available in each hospital to assist you with support, education and referrals to groups, such as the childbearing loss or perinatal loss support groups. Staff also will give you information about the bi-yearly service, held in Albany, for parents who have experienced a loss. This is a time for parents and families to mark with ceremony their time of reflection and mourning. If you have further questions, please call the perinatal loss support nurses at Samaritan Albany General Hospital. Please refer to the "[Resources](#)" chapter for contact information.

# Labor and birth

After months of anticipation, you're ready for the labor and birth process. As with all aspects of your pregnancy, labor and delivery are very personalized. Every woman has a different experience. Attending a childbirth class can help you prepare.

This chapter has information about false labor and what to bring with you to the hospital. You can help your own experience go more smoothly by learning a little about the process and by gathering, well ahead of time, all the items you'll need to take with you to the hospital.

## A brief overview: the three stages of labor

**First stage** is defined as from the beginning of labor until the time when your cervix is fully dilated (opened). This stage is further divided into three phases: latent, active and transition.

- *Latent phase* of labor lasts from the start of labor until the cervix is dilated to five or six centimeters. For most women this is the longest stage of labor. You may feel very excited about finally being in labor and about the upcoming birth of your baby. Be careful not to overdo it during this time. You have a big job ahead, and you'll need all the energy you can conserve

during this time. The contractions will become longer, stronger and closer together. During this time you will start using coping strategies to manage labor.

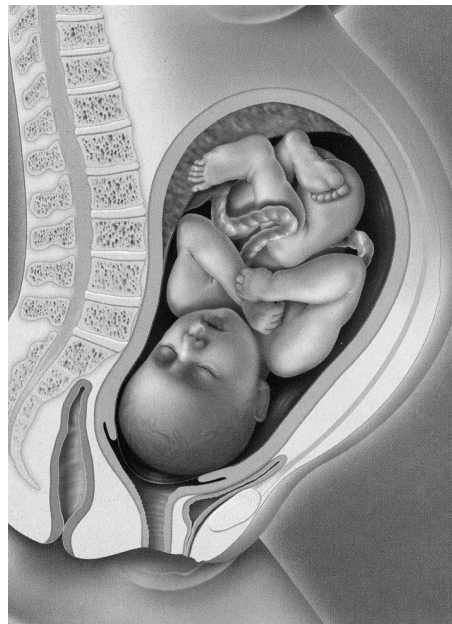
- *Active phase* of labor is from five or six centimeters to complete dilation of the cervix. During this time you will continue to actively work with your contractions. Your support people will be very valuable; let them know what feels best to you.
- *Transition phase* is from seven to 10 centimeters dilation (complete). The contractions are very strong and may seem to be one right after another. You may be aware of increasing pressure on your perineum as your baby's head moves further down into the birth canal. This is the hardest part of the first stage of labor, but usually it is the shortest!

**Second stage** begins with complete dilation and ends with the delivery of your baby. This is the stage when you get to actively push your baby down and out. This stage can last from one contraction to three hours. First babies typically take a little longer to push out than subsequent ones.

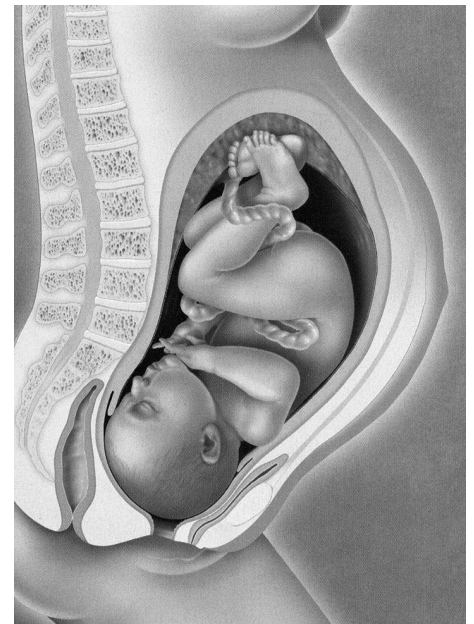
**Third stage** begins after the baby is born and ends with the delivery of the placenta. This stage usually lasts from five to 30 minutes.



*Latent phase*



*Active phase*



*Transition phase*

# At home: the first signs of labor

## Am I in labor?

Determining if you are in labor can be difficult. No one knows exactly what causes labor to start. Often there are signs that signal the beginning of labor. Many of these signs are noticeable several days to weeks before actual labor begins. Signs may include:

- *Nesting:* A spurt of energy experienced by some women. You may want to clean the house, do the wash, grocery shop, etc. This is nature’s way of giving a woman extra energy for her labor. It’s okay to be active, but try to pace yourself by relaxing for one or two hours a few times throughout the day.
- *Lightening:* This is known as the “baby dropping.” The baby’s head has settled deep into your pelvis. This may happen from a few weeks to a few hours before labor begins.
- *Loose bowel movements:* Can occur 24 to 48 hours before labor begins to clean out the lower bowel for delivery.
- *Vaginal secretions:* Discharge (from the vagina) of thick mucus (mucus plug) that has accumulated at the cervix. It may be noticed the last few weeks of pregnancy. The mucus plug may also be streaked with blood, or you may notice spotting when you wipe.

- *Effacement and dilation:* Thinning (effacement) and opening (dilation) of the cervix. These processes can start before the beginning of labor and can be determined by a vaginal exam done at office visits. True labor is the combination of these two events.
- *Contractions:* Your uterus may contract off and on before “true” labor begins. These irregular contractions are called false labor or Braxton Hicks contractions. They are normal but can be painful at times. You might notice them more at the end of the day. Usually, false labor contractions are less regular and not as strong as true labor. Sometimes the only way to tell the difference is by having a vaginal exam to look for changes in your cervix that signal the onset of labor.

One good way to tell the difference is to time the contractions. Note how long it is from the start of one contraction to the start of the next one. Keep a record for one hour. True labor contractions will continue and get stronger and closer together even when you change positions or activities.

- *Water breaking:* If you have a trickle of fluid or a gush of fluid from your vagina, your amniotic sac may have broken.

## False labor vs. true labor

Differences between false labor and true labor		
Type of change	False labor	True labor
Timing of contractions	Often are irregular and do not get closer together (called Braxton Hicks contractions)	Come at regular intervals and, as time goes on, get closer together. Each lasts about 30–70 seconds.
Change with movement	Contractions may stop when you walk or rest, or may even stop with a change of position	Contractions continue, despite movement
Strength of contractions	Usually weak and do not get much stronger (may be strong and then weak)	Increase in strength steadily
Pain of contractions	Usually felt only in the front	Usually starts in the back and moves to the front

## Has my water broken?

Call your health care provider if you think your water has broken. Note the time and color. The rupture of membranes is referred to as the breaking of the bag of waters (the sac that surrounds the baby in the uterus). This is a sign labor may be on the way. When the membranes rupture, fluid may escape in a sudden gush or trickle out in a slow leak. The fluid may be sticky, and it is usually clear or slightly milky in appearance. It is essentially odorless and can be confused with urine leakage. There is often no pain, although some women say they sense a “pop” before leaking fluid.

The membranes do not always rupture early in labor, and the doctor may wait for them to break naturally before delivery or offer what is called amniotomy (artificial rupture of membranes). This procedure is done at the hospital while the baby is being monitored, either to start labor or enhance labor. Usually, breaking the bag of water makes labor stronger as it removes the “cushion” of the fluid around the head against the cervix.

The color of the fluid is important, and your health care provider or nurse will ask you to describe the color. Normally the fluid is clear but may be cloudy, milky or yellowish. If the color is green-tinged or thick green, you will need to be seen right away, as this color can indicate a serious problem for the baby.

*If your bag of waters breaks, you need to notify your health care provider’s office, day or night. Even if you are not in labor at the time, or if you are not sure if your bag of water has actually broken.*

There is an increased risk of infection if delivery is not completed within a certain amount of time.



### When to call your health care provider

#### After 37 weeks, call:

- When contractions are three to five minutes apart, last 60 seconds, and are moderate to strong for more than one hour. (If this is not your first baby, call when contractions are five to eight minutes apart.)
- If you are leaking fluid or have a gush of fluid from your vagina
- If you have vaginal bleeding
- If you notice decreased fetal movement

#### Before 37 weeks, call:

- If you are having more than four to six contractions per hour
- If you are having vaginal bleeding
- If you are leaking fluid
- If you notice decreased fetal movement

*Before going to the hospital, please call your health care provider, day or night. Follow your provider’s specific instructions for you.*

#### There’s NO NEED to call your provider, if:

- You feel the loss of your mucus plug
- You have the nesting urge or experience lightening (the baby dropping)
- You have occasional Braxton Hicks contractions

## Coming to the hospital: what to bring

It’s a good idea to pack an overnight bag with the following items well before your actual labor begins. That way, you’ll be ready to go, without extra worry, when the time comes.

#### Labor supplies

- Your visitor list
- Your own pillow with colorful pillowcase (so it’s not confused with the hospital pillows)
- Music
- Cell phone and charger
- Camera with extra memory card and charger
- Tablet or laptop computer and charger (Wi-Fi available in the hospital)
- Birth plan
- Baby book (for footprints)
- Slippers or socks for you (required for walking in hallways)
- Bathrobe
- Something to tie your hair back
- Toothpaste and brush for you and your support people
- Breath mints or spray, mouthwash
- Lip balm



- Snacks, or meal, and drinks for your support people
- Change of clothes for your support people
- Change for vending machines/cafeteria
- Lotion or massage oil
- Your focal point (photo or object)
- Two spongy rubber balls for back labor
- Your labor information from childbirth class
- List of names and phone numbers to call after baby arrives

### **After-labor supplies**

- Shampoo, hair brush, cosmetics
- One or two nursing bras (or supportive bras, if you're not planning to breastfeed). Do not use underwire bras.
- Clothing to wear home (should be loose-fitting and comfortable)
- Outfit and a blanket for baby to go home in, appropriate for the weather
- Car seat. Be sure you know how to use the car seat, and practice installing it in your car. By law, you must have a car seat to take your baby home in. We recommend you attend a car seat clinic before the baby is born to learn how to correctly secure the car seat in your car.

*Please leave jewelry and other valuables at home.*

## **At the hospital**

When you arrive at the hospital, please check in at the Patient Registration/Admitting desk near the entrance. Someone there will escort you or give you directions to the Labor and Delivery Department and start your chart for the nurses. When you arrive at Labor and Delivery, the nurses will show you to your room and have you change into a hospital gown. You will be asked to give a urine sample. Two stretchy monitor belts will be placed on your abdomen. The monitor will help your nurses and health care provider assess your baby's heart rate, and see how frequently you are contracting. While you are being monitored, the nurse will be filling out your admission paperwork. *Please let the nurse know if you have already met with a maternity care coordinator.*

The admission process involves asking you questions related to your health history, your plans for labor and delivery and what your plans are for your newborn including: feeding, circumcision, who your pediatrician

is etc. (If you have already covered this information with your maternity care coordinator, your chart and birth plan will simply be verified with you.) If your provider has not already been notified of your arrival, your nurse will call and let him or her know you are at the hospital and how your labor is progressing.

## **Monitoring your baby and contractions**

### **External monitoring**

When you arrive in Labor and Delivery, your nurse will place an external monitor to assess your baby's heart rate and presence of contractions. The monitors will remain on for at least 30 minutes while your admission paperwork is completed. If you have a low-risk pregnancy and if the baby's heart rate is reassuring and you would like to be up, the monitors may be removed. Your nurse will need to monitor you off and on throughout labor. There are a number of situations that require continuous fetal monitoring, including:

- Regional anesthesia, such as an epidural or (rarely) an intrathecal
- Induction of labor (starting labor with medication)
- Maternal complications, such as bleeding or elevated blood pressure or other maternal pregnancy conditions or complications
- Concerns about fetal (baby's) heart rate

### **Internal monitoring**

Occasionally during the course of labor, certain situations occur that can be best monitored with the use of internal monitors. These monitors have the ability to give a more accurate picture of the heart rate and uterine contraction intensity.

Indications for internal monitoring include difficulty tracing your baby's heart rate or decreases in your baby's heart rate. Your health care provider may recommend that an FSE (fetal scalp electrode) be placed on the baby's head. The FSE is a small electrode that is introduced through the cervical opening and gently attached to baby's scalp.

The external uterine monitor shows how frequent and long your contractions are. However, it does not provide an assessment of their intensity or strength. An IUPC (internal uterine pressure catheter) is the only accurate way to determine the intensity (strength) of uterine contractions. This may be necessary if you are progressing at a slower rate than expected, your

contractions are hard to record on the monitor or if you need Pitocin®. An IUPC is inserted through the cervical opening and left in place in the uterus throughout your labor. The IUPC is usually removed just prior to delivery of your baby.

## What causes labor pain?

There are many factors that play a part in what you will feel as your body prepares for the delivery of your baby. Knowing what changes are occurring with labor will help you to work with your body and not against it.

The following factors contribute to the pain you will experience in labor:

- The thinning and dilation of the cervix
- Pressure created by the baby's head as it moves down the birth canal
- The contracting uterus putting pressure on internal organs
- The size and position of your baby
- Stretching of the vagina and perineum
- Lactic acid building up from the contracting uterus
- Your personal beliefs and conditioning in response to pain

## Coping with the pain of labor

No two women will experience labor in the same way. You already may have heard stories that reinforce this. Some women will say that labor was a breeze, and others describe it as very painful. One thing that is known is that being fearful of the discomfort of labor will have an effect on your response to labor and how well you cope. Do all you can to keep this amazing experience as positive as possible. Remember: pain is a normal part of the process of birth.

For the best information, we highly recommend that you attend prepared childbirth classes during pregnancy. They will help provide you with knowledge about the birth process and help you to understand the causes of labor pain. You will learn techniques you can use to cope during your labor and to stay focused on the positive aspects. This knowledge will help you stay in control of your labor and assist you in making the decisions that are right for you.

Your childbirth educator will teach relaxation using breathing techniques, positioning and visualization.

She may recommend ways to use temperature, such as warm or cold compresses and warm baths or showers. She will help you to create a comforting environment. In addition she will share with you information on medications and anesthesia options that will be available to you at the hospital.

## Non-pharmacological comfort measures

There are many ways to help manage or decrease perception of pain during labor other than medication. You may try some of these techniques to help you avoid or delay medication.

### Position changes

In labor, it is important to move or change positions approximately every 30 to 60 minutes. There are many benefits to changing position and being active during labor. Moving may help you feel that you are working with your body and help lessen your perception of pain. Being active may help your contractions be more effective and help the baby descend into the pelvis in an optimal position for delivery. Walking, taking a bath or shower, using a birthing ball and sitting in a chair are all good options for a change in position. Be sure to get up to urinate at least once every hour, if possible.

If you are unable to get out of bed, turn side to side and sit up in bed. You may also want to try a hands and knees position using the bed as support. Moving your pelvis in a rocking motion, in these positions, may help baby descend into the pelvis. In some instances when you first change positions you may feel an increase in your pain level, but as you and baby settle in to your new position the pain may become easier to manage.

### Aromatherapy

Essential oils may help to distract your senses and lessen your perception of pain. It is important to ask your providers if they are bothered or allergic to particular scents.

### Distraction

Distractions are meant to give pleasurable sensations to your brain to lessen the focus on the pain of labor. A focal point may be helpful. Your focal point can be anything, often it is your labor coach, but it could also be a picture, a stuffed animal, a spot on the ceiling or any object of your choice. A favorite movie may also assist in taking your mind off your contractions.

## **Quiet environment**

Some women relax best in a quiet environment with their eyes closed, minimal interactions, talking or touch. Others prefer to have their eyes open and focus on their partner or family and enjoy touch, interaction, verbal encouragement and closeness. Ask your support people to assist you with your individual needs.

## **Imagery**

Imagery can be a great tool, but is often best used in early labor. Imagine yourself relaxed from head to toe and lying or sitting in any place that is of great comfort to you. This place may include your own home, a beach, a garden or meadow. Lie still, breathe in deeply and try to feel the surface of where you mentally are. Hear the sounds and smell the fragrances, visualize the colors that may be present. Let yourself totally relax. Your labor support people will need to know that you are using visualization and may need to touch or talk with you as a contraction is starting.

## **Heat or cold therapy**

Hot or cold compresses may be used as needed. A cool wet washcloth may feel good applied to your neck or forehead. A warm or cold shower, or a warm bath in a jetted tub may also help to relieve pain in labor.

## **Music**

Music can be very therapeutic during labor. It is a good idea to put together a play list of music that is relaxing to you. Please bring a device that supports your playlist.

## **Massage or touch**

Your labor support people may massage or apply pressure on specific areas that are painful to help lessen discomfort. Firm massage will usually be more helpful than light touch in active labor. If you are experiencing back pain, it may be helpful to apply firm pushing pressure to your lower back. You may have your labor support people place a cold pack on your back while applying pressure. A hip squeeze is another helpful tool. Have your support person(s) apply pressure to your hips during contractions, pressing inwards on hips toward the center of your body.

## **Breathing techniques**

Breathing techniques are a common tool to help you relax and focus in labor. The most common technique is slow deep breathing, with your focus on your breath as you breathe in and out. As your labor gets stronger and

more painful you may find it helpful to add counting as you breathe or vary speed and/or depth of your breath. Use whichever breathing technique feels most comfortable to you. If you feel lightheaded, you may be breathing too quickly, ask your nurse or support persons for help.

## **Pushing**

This is the second stage of labor. During this time you will push with your contractions to deliver your baby. You may be asked to get in different positions. For most effective pushing, it is best to push with your contractions.

## **Vaginal massage**

During pushing, your health care provider may massage your perineal muscles with mineral oil. This may help to assist with the stretching of the vaginal muscles.

## **Episiotomy**

Although rare, and only done if medically necessary, an episiotomy is an incision to make the vaginal opening larger. A local anesthetic is given to lessen any discomfort. Dissolving sutures are done to repair the episiotomy. Your nurse will explain care and healing of an episiotomy or natural tear.

## **Medication and anesthesia options**

### **Nitrous oxide**

Nitrous oxide is a non-flammable, almost odorless and tasteless gas. It is widely known as “laughing gas.” Nitrous is self-administered by the laboring woman. If it is medically safe for you, your nurse will show you how to use it after consent is obtained.

Nitrous works by increasing the release of endorphins, corticotrophins and dopamine in your brain. When it is inhaled, it has a rapid onset and quick clearance (30 to 60 seconds) so the gas doesn't accumulate in maternal or fetal tissues. It is used by holding a mask (like an oxygen mask) over your nose and mouth. Nitrous may cause some unsteadiness, be sure to ask for assistance if you need to get out of bed or a chair. There are no known effects on baby.

### **Narcotics: Fentanyl**

Fentanyl is a narcotic pain medication that is given intravenously (IV) for pain in labor. It is a pain medication that enters your blood stream and that of your baby. The medication helps to take the “edge off”

the pain and may help the laboring woman feel more sleepy and relaxed, especially between contractions. Ask your nurse about medication in labor. Narcotics may cause slow or depressed respirations in mother and infant.

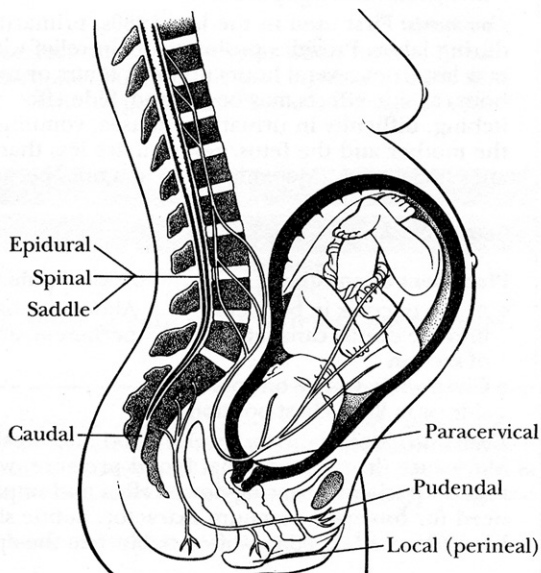
For this reason, narcotics are rarely given toward the end of your labor. An oxygen monitor is used if narcotics are given during labor. There is medication available that can counteract the narcotic effects if needed.

**Intrathecal**

Intrathecal means “within a sheath.” In this case, it refers to a small amount of medication injected into the spinal area by an anesthesia staff person. An intrathecal often brings quick pain relief, while still allowing you to feel the urge to push. An intrathecal works for a short period of time and may need to be repeated, therefore it is rarely used. Side effects from an intrathecal can include nausea, itching and urinary retention. Medications can be given to help control these side effects.

**Epidural**

An epidural is also a procedure done by anesthesia staff. A small, flexible catheter (about the size of a thin string) is placed in the lower back. Medication is continuously given through the catheter, bathing the nerves that go from the lower back to the uterus and vaginal area. (You are usually numb from about upper abdomen to mid-thigh level.) The degree of numbness can vary. It may take up to 30 minutes before pain relief is fully achieved. Because the medication is continuously being injected, there is no time limit on its effectiveness.



Placement of Regional and Local Blocks

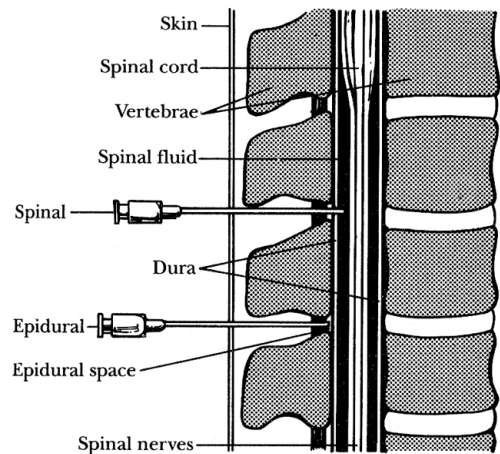
*Epidural*

Occasionally it is necessary to increase the amount of medication to maintain adequate pain control. The most common side effect of an epidural is a drop in blood pressure. For this reason you will need an IV (intravenous) drip, and your nurse may need to increase the amount of IV fluids. Medications may be needed to correct this side effect.

Your epidural may have an option for you called a PCA, or patient-controlled analgesia. Patient-controlled analgesia is a drug delivery system by which analgesia is administered when you press a button attached to the epidural pump. A PCA device prevents accidental overdosing with a lock out time between doses. The epidural will infuse the analgesic at a continuous rate regardless of whether the PCA button is pushed or not.

**Spinal**

A spinal is used only for cesarean birth. It is similar to an intrathecal, but the medications create an increased level of numbness from about the breast line to the toes. This allows you to be awake and comfortable for the birth. Side effects of the spinal may include a drop in blood pressure, nausea and vomiting or itching. These side effects can be helped with medication.



*Spinal/epidural*

**Local anesthesia**

Local anesthesia is used to numb a specific area, such as the perineum. It will be used, if it is necessary, for your health care provider to do any repair after the birth of your baby.

*To use, or not to use pain medication for labor and birth of your baby is a personal decision and only you will know what is right for you. Your health care provider can answer any questions you may have and direct you to classes that*

will assist you in your decision. Your provider and nurses will support you in whatever decision you make!

## Induction of labor

Induction of labor may be recommended by your health care provider if your baby is overdue or if complications arise that require the delivery of your baby. Unless medically indicated, this will not be performed prior to 39 weeks gestation. There are various ways to help induce labor. Your provider will determine which route is best for you depending upon your individual medical circumstances. Things your care team will be monitoring during the induction process include:

- Your baby's heart rate
- Frequency and strength of contraction
- Vital signs: Blood pressure, pulse, respirations, and temperature
- Oral intake and urinary output

If you have any questions about any of the following inductions methods, please feel free to ask your care team for further explanation.

## Cervical ripening

Cervical ripening may be achieved with a medication placed vaginally, or taken by mouth, which promotes softening of the cervix. It is not uncommon to need more than one dose of the medication to achieve cervical ripening. Occasionally, this procedure alone will initiate labor contractions. Monitoring the baby's heart rate and frequency of contractions will be necessary at least 30 minutes before and one hour after receiving this medication. If the medication is placed vaginally, you will be positioned slightly tilted, in a laying down position, for 30 minutes. This medication may be repeated every two to six hours if necessary.

## Pitocin®

Pitocin® is a synthetic hormone given through an IV. It may cause contractions to begin or become stronger and more frequent, and thus more effective. Vital signs will be monitored frequently and continuous monitoring of fetal heart rate and contractions is necessary during administration of Pitocin®.

## Amniotomy

Manually rupturing the amniotic sac (breaking the bag of water) is achieved when an instrument called an amniohook is inserted into the vagina, through the

cervix and used to break the bag of waters. This also can cause the contractions to begin or become stronger and more effective. Usually, breaking the bag of water makes labor stronger as it removes the "cushion" of the fluid around the baby's head applying more pressure against the cervix. During this procedure, the fetal heart rate will be monitored immediately before, during and after the amniotomy.

## Potential labor/delivery complications

### Breech presentation

Usually in the last trimester of pregnancy the baby will descend into the pelvis head first. If the baby presents with the buttocks (bottom) or buttocks and feet first, this is called breech presentation. Breech is usually an indication for a cesarean birth. Your health care provider may recommend an "external version" in which medication is given to relax the uterine muscles and your health care provider gently tries to manipulate, or push your baby to turn the head down. Your health care provider will discuss this option in detail with you if the need arises.



*Breech presentation*

### Cesarean birth

Cesarean birth is the delivery of the baby through an incision in the uterine and abdominal wall.

Reasons for a cesarean birth:

- Previous cesarean birth (you will need to discuss your specific circumstances with your provider)
- Baby that is too large to fit through the pelvis, or a small pelvis
- Labor stops progressing

- Multiple gestations (twins, triplets)
- Medical conditions including active genital herpes
- Medical conditions such as high blood pressure, diabetes, heart conditions
- Breech
- Problems with the placenta
- Fetal distress

Cesarean birth is done with an epidural or spinal anesthesia in place. One support person may be with you during the cesarean delivery. If you and your baby are in stable condition, the baby can be placed skin-to-skin until the procedure is complete. Early skin-to-skin contact immediately after birth reduces crying, facilitates bonding, improves success with breastfeeding and regulates baby's vital signs.

### **Forceps or vacuum extraction**

Vacuum or forceps delivery is used when the mother is too tired or otherwise unable to push the baby out, when fetal distress makes immediate delivery necessary, or when a lack of progress during pushing is noted. Forceps are metal instruments that look similar to large spoons and are placed inside the vagina along the baby's head. The doctor then pulls gently to guide the baby's head through the pelvis. A vacuum is usually a plastic cup that is inserted inside the vagina and placed on the baby's head. Suction is applied, and the doctor again gently guides the baby's head out. These instruments are used only when other efforts have not been effective. If the doctor is unable to deliver the baby with these instruments, a cesarean delivery is usually recommended and done quickly.

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# Care for new mothers

In the six weeks following the birth of your baby, the changes of pregnancy are gradually reversed as the body begins to return to its non-pregnant state. These first six weeks are called the postpartum period. This is a time for learning about your new role as a mother and your new life as a family. If you already have children, it will be a time for the family and new baby to learn about each other.

During this time, in addition to learning to care for a new baby, you will be adjusting to many physical and emotional changes. That means you have to remember to take good care of yourself as well.

Here is some information to help you understand what changes your body is going through. Also included are some tips for coping with the changes.

## Comfort care

### Uterine changes and cramping

Cramping (the uterus contracting) helps the uterus return to its normal size. Cramping or “after-pains” are felt as the uterine muscle contracts and are most noticeable in the first three to four days after delivery. You may notice more cramping when breastfeeding or with increased activity. Cramping is generally mild after the delivery of your first baby but may be stronger and more painful with subsequent deliveries.

Your health care provider may prescribe pain medication for cramping, or you may use over-the-counter medications such as ibuprofen or acetaminophen (Advil or Tylenol).

### Vaginal bleeding (lochia)

Vaginal bleeding, or lochia, following delivery is similar to menstrual flow. Bleeding is usually moderate and bright to dark red for the first two to four days after delivery. The vaginal bleeding will lighten and change to pinkish red or brown within one to two weeks following delivery. You may then notice your flow turning yellowish in color, or lightening and totally stopping. You may notice spotting for several weeks after delivery.

Notify your health care provider if your bleeding becomes heavy (greater than one pad per hour) or you notice a foul odor to the bleeding. Use pads during the entire postpartum period (four to six weeks): do not

use tampons. Change pads several times daily, after urinating or having a bowel movement.

### Perineal care

If you had an episiotomy or tear, with stitches at delivery, it will take about four to six weeks to heal. Swelling of your bottom, or the perineal area, is common after having a baby. Place ice packs on your bottom for the first day after birth. At the hospital, the nurses will bring ice packs for you. After 12 to 24 hours you may take a warm Jacuzzi bath two to three times a day to help decrease the swelling. After urinating, rinse with warm water from a “peri-bottle” from front to back, to cleanse your perineum. Then pat dry with toilet paper. This should be done as long as vaginal bleeding is present. Do not use vaginal douches.

Stitches will dissolve, they do not need to be removed. As they dissolve it is normal to find pieces of the stitches on the sanitary pad. If pain or swelling increase, notify your health care provider.

Topical applications such as witch hazel pads (Tucks) or anesthetic sprays (Dermoplast), foams or creams may be applied to the episiotomy or hemorrhoids as directed on the package. If burning or increased swelling occurs, discontinue use and contact your provider.

### Bathing

At home, warm baths may help lessen the swelling. Bathe two to three times daily for 15 to 30 minutes for comfort and to aid in healing. Do not use bubble bath or douches. Showers are OK. Use this time to relax, drink some juice or water and read a book. Have your family or friends help you with the baby so you can totally relax for a few minutes or half hour.

If you had a cesarean birth, do not soak your incision until you have seen your provider for a follow-up appointment.

### Pain medications

While you’re still in the hospital, ask your nurse for medication, if needed. Your health care provider has ordered pain medication for you to take at home as well. Once you are home, if the pain becomes more severe and is not relieved by the prescribed or over-the-counter medication, call your health care provider.



## Urination

Urinating large quantities for the first few days after delivery is normal. If you have stitches, it is normal for this area to burn while urinating. Continue to rinse well after urinating. If you notice increased burning or frequency, call your health care provider.

## Bowel movements

Most women will have a bowel movement one to three days after delivery. Avoid constipation by drinking lots of fluids and eating extra fiber, fruits and vegetables, and whole grain foods. Walking in the hospital and at home will help. Talk with your health care provider about taking a stool softener or a mild laxative if you have not had a bowel movement in four days, or if you have special concerns. (You will be given instructions at discharge from the hospital: refer to these before calling your health care provider.)

## Hemorrhoids

If you have hemorrhoids, you may apply cold compresses, take warm baths or apply topical ointments. Avoid constipation. Pain medications may be needed. Ask your health care provider for prescription medication, if the pain is severe or if hemorrhoids do not improve.

## Special instructions for after cesarean birth

If you have had a cesarean birth, you will be recovering from major surgery, as well as learning to take care of your baby, and coping with your feelings. Your nursing staff is available to assist you with this adjustment. Before you have your baby, think about who may be available to help you after the birth. Talk with family and friends, and plan ahead for help with housekeeping, laundry, shopping and cooking. Allow time for you to recover, rest and cope with the new changes in your life.

## Activity

After your surgery, you will be in bed for several hours. Before you get up, your nurse will remind you to take deep breaths to help keep your lungs clear. About 12 hours after your surgery, your nurse will help you sit in a chair. The nurse will remove your catheter and IV within 12 to 24 hours after your surgery; then she/he will help you up to the bathroom and for short walks in your room. Your activity will gradually increase until you are

walking in the halls. Usually your stay at the hospital is two to three days.

For a few weeks, avoid driving or lifting anything heavier than your baby. Avoid curl ups until after your first visit with your health care provider.

## Nutrition

In the first few hours after the birth, you are usually only allowed to take sips of water or ice chips. As the anesthesia wears off, you will be given more fluids, gradually increasing to regular foods as tolerated.

## Pain medication

If you have had spinal or epidural anesthesia for your surgery, you may continue to have pain relief for several hours after your delivery. You will then start on pain pills in 12 to 24 hours to help with any pain you may still feel. At the hospital, ask for pain medication if you are uncomfortable. After you go home from the hospital, you will be given a prescription for pain medication. Use the medication as directed and as needed, and taper off to over-the-counter medications when you are able to, usually within three to five days.

## Incisional care

Your incision may be closed with surgical glue, dissolvable sutures or staples. Staples will usually be taken out and replaced with a special tape before you go home. You may shower and get these tapes wet, (trim the edges as needed). The tape will fall off gradually in seven to 10 days. Do not use soap on your incision. Be sure to air dry your incision before putting on your clothing. After two weeks you may remove any remaining tape or glue. Call your health care provider if you notice any signs of infection including redness, swelling, discharge, tenderness or separation of the incision. You may need to use a hand mirror to view the incision each day. Avoid tub bathing until the incision is healed.

## Other postpartum concerns

The following signs and symptoms may indicate a problem requiring treatment.



*Please call your health care provider if you are experiencing any of the following.*

### Symptom:

- Fever above 100.40 F
- Burning with urination or blood in the urine
- Inability to urinate
- Swollen, red, painful area on leg (especially calf) that is hot (or warm) to the touch
- Sore, reddened, hot, painful area on breast(s) with fever and flu like symptoms
- Heavy bleeding (more than one pad an hour); passage of golf ball-size red clots, pieces of tissue.
- Foul odor to vaginal discharge; vaginal soreness or itching
- Severe vaginal, pelvic or abdominal pain, not relieved by prescribed pain medication
- Increase in pain in vaginal repair or episiotomy site; may be accompanied by bleeding or foul smelling discharge
- Redness, increased discomfort, drainage, foul smell from incision or if incision opens up
- Chest pain, cough or shortness of breath
- Nausea and vomiting
- Feeling depressed, uncontrollable crying, inability to sleep or eat, anxiety or agitation, feeling trapped, thoughts of harming self or baby, or if these feelings interfere with your ability to care for yourself or your baby. These feelings can occur at any time within one year of giving birth. (Help is available — see the “[Resources](#)” chapter.)
- Severe headaches or visual changes

## Nutrition and exercise

### Healthy eating

Eat a well-balanced diet including a variety of fruits, vegetables and whole grains. While breastfeeding, women need to eat:

- 3 to 4 servings of milk or dairy products
- 2 to 3 servings of meat or meat alternatives
- 3 to 5 servings of vegetables
- 3 to 4 servings of fruits
- 6 to 11 servings of breads/grains

Women who are breastfeeding need an additional 200 to 500 calories daily, depending on each woman’s individual BMI. These calories should be from one of the above food groups. Avoid extra foods, such as sweets and food high in fats and salt. Continue taking your prenatal vitamins as long as you are breastfeeding. Drink enough fluids to satisfy your thirst, at least eight glasses a day. We recommend mostly water and some juice or milk. Please avoid caffeinated or carbonated beverages. If you do not like or cannot tolerate dairy products, talk with your health care provider about a calcium supplement.

### Vegetarian diet

Women who are on a vegetarian diet and eat eggs and dairy products are able to meet their needs for nutrients as long as they eat a variety of foods, including legumes, whole grains, and nuts. Strict vegetarians or “vegans,” who do not eat animal or dairy products, may need supplements of vitamin B-12, found only in animal foods, and iron, calcium and protein. Ask your health care provider for information or a referral to a registered dietitian for more detailed dietary information, if you have questions.

### Exercise

Rest is very important after the birth of your baby. It is normal to tire easily with the demands of a newborn and of other family members. Allow yourself a few days to rest and recover. Gradually increase your activity to your pre-pregnancy level to help you regain your energy and strength. Add walking and other mild activity as you feel able. Avoid aerobic exercises for four to six weeks, as this may increase your vaginal bleeding.

### **Light exercises for after delivery, while in the hospital:**

- Take short walks in your room or in the hall.
- Tighten the vaginal muscles and hold for 10 seconds (the Kegal exercise) one to three times a day as able. Gradually increase to 10 to 20 Kegals a day over the next few weeks.
- Rotate ankles in a circle and point and flex your toes. Repeat five to 10 times two to three times daily, especially if you are not up and walking.

### **Exercises after going home:**

- Continue to gradually increase your activity to your pre-pregnancy levels.
- Do not attempt sit-ups, running or aerobics prior to your first visit with your health care provider.
- Avoid housework, such as vacuuming and laundry for three to six weeks.
- Increase the amount of walking you do gradually. Walking is an excellent, gentle way to tone muscles after the birth of your baby.
- Continue the above exercises as desired.

## **Sleep**

Naps and resting are important after you have your baby. Try to get as much sleep and rest as possible in the first few weeks after delivery. Your body needs sleep and rest to help you heal and recover after birth. Staying well rested will help keep your emotions level and allow you to have more energy for the baby and the rest of your family. Resist the temptation to use the baby's naptime as an opportunity to get chores or other tasks done. Resting is important! Try to get at least one nap or resting time in each day. A nap in the afternoon or early evening can replenish your milk supply and help you have enough energy to meet your baby's nighttime demands.

## **Emotional changes**

Emotions after the birth of your baby may be among the most intense you've ever felt. It is like no other experience in life. You may feel love, joy, uncertainty and exhaustion — and even all of them at about the same moment. Becoming a new mother involves a tremendous amount of adjustment for you and your partner. There are many books available about parenting and children. There are also several local parent/baby groups you

may want to check out. Check the resource list in this notebook, talk with family and friends, as well as your childbirth educator, maternity care coordinator and health care provider for suggestions.

Give yourself time to adjust, and make sure you get plenty of rest. Have a family member or friend arrange a schedule for bringing meals and for giving gifts of time for shopping, childcare, housecleaning and help with limiting visitors. Don't feel that it is your job to entertain family or friends.

## **Postpartum blues**

"Baby blues" or "postpartum blues" are a natural response to a huge drop in hormone levels after giving birth. About 70 to 80 percent of new mothers experience postpartum blues. The blues usually start within three to five days, and last up to two weeks. You may feel tearful, exhausted and irritable, and have trouble sleeping.

Postpartum depression does not go away within two weeks after birth. Keep reading for more information about postpartum depression.

Along with experiencing major hormonal changes, you may also be tired and suffering from lack of sleep. The adjustment of becoming a parent and trying to manage the tasks of caring for your new baby while recovering from the birth may feel overwhelming at times. Read through the list below to find some suggestions to help lessen the effect of the blues. There is help available if you need it. See the "[Resources](#)" chapter in this notebook or call your health care provider.

### **To try to lessen the effect of the blues we encourage you to:**

- Try to get enough rest.
- Eat a balanced diet.
- Spend a little time away from the baby each day or two to three times a week (even a few minutes for a quiet bath or a short walk may help you to feel rejuvenated).
- Begin walking or another mild activity as early as you feel able.
- Share your feelings with your partner, close friend or family member.
- Call other new parents; find a local support system.
- Don't expect too much from yourself. Give yourself time to heal and rest.

- Ask for help at home. Your partner, family or friends may be more than willing to help with the care of an older child, cooking, laundry and housecleaning.
- Prepare some meals ahead of time and place them in the freezer. Shop for baby and new mother supplies before your baby is born. Stock up on easy-to-fix meals.
- If you live alone, ask your family or a friend to check on you daily and bring meals, if possible. You may want to consider staying with a family member or friend or having a family member or friend stay with you for a few days after the delivery.
- Ask for help. Call your partner, family, friends, health care provider or maternity care coordinator, if you are feeling overwhelmed or having trouble coping. Don't try to "go it alone." With some help and support, you will be able to recover, get some rest and regain the strength you need.



### Postpartum depression

Postpartum depression is the most common complication of childbirth. Twenty percent of women may suffer from postpartum depression and/or anxiety. Postpartum depression is defined as having feelings of sadness, anxiety, despair or hopelessness that interfere with a new mother's ability to care for herself or her new baby and that do not go away within two weeks after birth.

Women are more at risk for postpartum depression if they have a history or family history of depression, or mental health issues. Lack of sleep and lack of support after the birth of your baby may contribute to or worsen depression symptoms.

If you have any of these symptoms for longer than two weeks after birth, call your health care provider or maternity care coordinator. You should also call your provider if you are experiencing anxiety or panic attacks, constant worrying, despair or helplessness that are interfering with your eating, sleeping, or caring for yourself or your baby.

*If you have thoughts of harming yourself or your baby, go to the nearest emergency room or call 911. These thoughts may occur at any time within one year of giving birth.*

### Grief and loss

If your baby has had severe complications or is transferred to another hospital, or you have suffered a

loss, there is support available. Please talk with your health care provider, staff nurse or maternity care coordinator to discuss your situation and concerns. Counseling and support groups are available. Please refer to the "[Resources](#)" chapter for contact information.

## Couples relationships

A healthy relationship with your partner is vital to your child's well-being. Set time aside to be alone with your partner. Find someone you trust, and leave your baby with that person for a short time. Take a walk, have a quiet dinner alone, and share your feelings, goals and just how your day has gone. Try taking five to 10 minutes together to reconnect after being away from each other. Just hug and ask how your partner's day has been. Stop, listen and really focus on each other for a few minutes.

### For fathers

Becoming a father is a time of adjustment. Share your feelings with your partner, as she is often overwhelmed with concerns about herself and her new baby and may not be aware of your feelings or may misinterpret your attempts to communicate. Develop your own support system — other new fathers, family members, someone to share your concerns with. There are many new parent groups in the area: check one out. If possible, plan for several days off from work to give yourself and your partner time to rest, recover and enjoy the first few days with your new baby as a new family. After some rest, the adjustments will seem less overwhelming.

You may not have fallen instantly in love with your baby, and that is normal. By caring for your baby you will begin to feel more attached to him or her. Talk to your baby, cuddle skin-to-skin, hold and make faces at him or her and watch your baby's responses. Spend time alone with your baby. It will give you and your baby time together and give your partner a much-needed break.

If your partner is breastfeeding, consider other ways to help care for the baby, such as holding, burping, hugging, bathing, diapering, rocking or taking your baby for a walk.

A father's love and the time spent with your baby is important to your baby's growth and development. Helping your partner with household chores (or arranging for outside help), arranging for childcare for older siblings and managing visitors, will all help her to rest and recover more easily. You also may want to spend special time with older children to reassure them of your love.

## Sex

Your health care provider will usually recommend waiting to have intercourse until after your six-week postpartum check up. That's so your body has time to heal and prevent infection. Intercourse may be uncomfortable due to hormonal changes that may increase vaginal dryness. You may want to use a water soluble lubricating jelly, such as K-Y, when you are ready to resume sexual intercourse. Spending time talking, walking, cuddling may help new parents increase sexual desire.

## Birth control/family planning

Talk to your provider before your baby is born to learn about all the options that are available for birth control. Breastfeeding is not considered birth control; it will not prevent pregnancy.

There are many forms of birth control, some short term and some long term, and some permanent.

Within your community you will find affordable birth control resources. Check the “[Resources](#)” chapter of this notebook for more information. Prior to your delivery, call the different resources to inquire about the programs and services that are available to you.

## Menstruation

Your periods may begin before your six-week postpartum check or as late as several months after delivery. If you are breastfeeding, your periods may not return until you start to wean your baby. Breastfeeding is not a form of birth control. Remember, you will ovulate before your first period, so you will want to use birth control to prevent pregnancy until you are ready. Talk to your health care provider if you need more information.

## Returning to work

It is highly recommended to take as much time as possible off from work after the birth of your baby. If possible, take a full three months leave. Some women are able to use vacation or sick pay to extend their time off work. Prior to the birth of your baby, talk with your employer about the Family Medical Leave Act (FMLA) for you and your partner.

Look at your expenses and income, and add up how much it costs for extra items for work. Add the cost of work clothing, convenience foods, daycare, transportation costs and other expenses. Check if your

employer offers opportunities for job sharing, part-time work or flexible hours. This may allow you to arrange for childcare coverage with your partner's schedule. Check out childcare options before your baby is born.

There are some resources in this notebook. If you decide to stay home with your baby, check out the [local support network](#).

## Safe surrender

Not all women who get pregnant are ready to raise a child. An Oregon law called A Safe Place for Newborns allows a distressed parent to give up a baby safely, legally and confidentially.

With this law, you may take the baby to one of the following places:

- Hospital
- Doctor's office
- Birthing clinic
- Police station
- Sheriff's office
- Fire department

As long as the baby meets the following criteria, there will be no legal consequences for surrendering the baby:

- Baby is 30 days old or younger
- Baby is handed to a person at one of the above places
- Baby shows no signs of abuse

You will be offered a form to supply health information. You can fill out the form immediately or you can take it with you to fill out and send in later. After that, you are free to leave at any time. The baby will be cared for and will receive medical attention if needed. If you need support or to talk to someone about this decision, call 211.

When a parent cannot care for an infant, leaving the baby at A Safe Place for Newborns may be the best choice for the child. Please remember that feeling like you can't take care of your baby may also be a sign of depression.

Call 211 for help.

# Feeding your new baby

We encourage you to breastfeed (nurse) your baby. Oregon is among the top states in the nation for breastfeeding, and classes and support are available in each community Samaritan serves. Ongoing research continues to provide more and more reasons why breast milk is best for baby and why breastfeeding is best for new mothers. The American Academy of Pediatrics and the World Health Organization recommend breastfeeding as the sole source of nourishment for the first six months. They recommend continued breastfeeding along with the introduction of solid foods through the first year or longer.

Whatever your choice, though, whether it be to breastfeed or bottle feed, we'll support your decision and help you to be successful. What's most important is that feeding time be a loving and satisfying time for both baby and mother.

**We strongly encourage you to attend a breastfeeding class taught by a certified lactation consultant prior to the birth of your baby.** You will receive detailed information on breastfeeding and information on when and how to contact a lactation consultant if needed after delivery.

**Did you know ...** Most newborns nurse eight to 12 times a day.

## Benefits of breastfeeding

### Benefits for baby:

- Your baby gets perfect nutrition. Everything your baby needs is present in your breast milk in just the right amounts. In fact, as your baby grows, your milk will change to meet your baby's changing needs.
- Your baby will be healthier. Breastfed babies have fewer allergies, fewer infections and a decreased chance of developing eczema, asthma and chronic disorders of the immune system. Human milk helps protect babies from illness and developing allergies.
- Breastfed babies have less tooth decay.
- Breastfed babies are three to four times less likely to develop ear infections.
- Breast milk is easy to digest, so breastfed babies have fewer problems with diaper rash, digestive upset and constipation.

- Breast milk promotes optimum brain development and helps your baby reach his or her full potential. This is a long-lasting effect.
- Breastfeeding helps you bond with your baby. The emotional bond is as vital as the nutritional benefit he or she receives. Breastfeeding promotes a growing attachment between the two of you that will continue to play an important role in your child's development for years to come.
- Breastfeeding reduces the rate of SIDS.
- Breastfeeding decreases the risk of developing diabetes.

### Benefits for mom:

- Breastfeeding lessens the risk of postpartum depression and anxiety.
- Breastfeeding speeds your recovery after your baby's birth by protecting you from excess bleeding and by helping your uterus return to its normal size more quickly.
- Breastfeeding can help you lose the weight you gained during pregnancy.
- Exclusive breastfeeding can delay the return of your menstrual periods.
- Breastfeeding saves you money and time. There is nothing special to buy. Your baby's food is always ready and at the right temperature, and there is no preparation time or waste. Because breastfed babies are healthier, you worry less and also spend less money and time in the doctor's office.
- Breastfed babies are easier to care for. Breastfed infants smell sweet. Their spit-up isn't likely to stain clothes, and bowel movements have only a yogurt-like smell until other foods are added. Your milk is all most babies need for the first six months of life!
- Breastfeeding can protect your health in years to come! Breastfeeding may decrease your risk of breast and ovarian cancers and play a role in protecting your bones in the long run. The longer you breastfeed each baby, the more benefits for each of you.

### Benefits for the environment:

- No garbage is generated because of breastfeeding. Valuable resources, such as water, electricity or other fuels, are not used up in the production of breast milk.

- Less illness in breastfed babies means fewer costs for medical care, fewer problems with the spread of infections, and less time lost at work.

### Dose-response benefits of breastfeeding

Condition	Percent lower risk	Breastfeeding length needed to achieve benefit
Ear infection (otitis media)	23% 50%	Any ≥ 3 or 6 months exclusive breastfeeding
Upper respiratory tract infection	63%	> 6 months exclusive breastfeeding
Lower respiratory tract infection	72%	≥ 4 months exclusive breastfeeding
Asthma (with family history)	40%	≥ 3 months
Asthma (no family history)	26%	≥ 3 months
RSV bronchiolitis	74%	> 4 months
Atopic dermatitis (with family history)	42%	> 3 months exclusive breastfeeding
Atopic dermatitis (no family history)	27%	> 3 months exclusive breastfeeding
Gastroenteritis	64%	Any
Inflammatory bowel disease	31%	Any
Obesity	24%	Any
Celiac disease	52%	> 2 months (with gluten exposure when breastfeeding)
Type 1 diabetes	30%	> 3 months exclusive breastfeeding
Type 2 diabetes	40%	Any
Leukemia	20%	> 6 months
SIDS	36%	Any > 1 month
<i>From the American Academy of Pediatrics</i>		

# Breastfeeding: Getting off to a good start

**Breast milk is the best nutrition for your baby.** All health care organizations recommend exclusive breastfeeding for the first six months and breastfeeding for at least the first year of life. Breastfed babies have fewer ear infections, diarrheal diseases, and allergies and have improved digestion and nutrition. Breastfed babies are also at lower risk for obesity, SIDS and diabetes. Mothers who breastfeed have lower rates of type 2 diabetes, breast and ovarian cancer, and are at lower risk for postpartum anemia and depression.

**Placing your baby skin-to-skin** helps baby transition to life outside of the womb. Babies who are held skin-to-skin regulate their body temperature, blood sugar, heart rate, and respiratory rate better, and cry less. Keeping your baby skin-to-skin will help you identify their early hunger cues, allowing you to feed your baby on demand. Hold your baby skin-to-skin for at least 60 minutes at a time, as often as you or your partner are able, especially during the first few days after birth.

**Feed your baby on demand by noticing feeding cues.** Try to begin feedings when you see early or active feeding cues. Waiting for late feeding cues, such as crying, may make breastfeeding more difficult. Avoid pacifier use for the first 3 to 4 weeks until feeding is well-established.

- Early feeding cues are subtle, such as restless sleep, slight sucking motions and tongue extensions
- Active feeding cues include fast breathing, rooting for the breasts and making light sounds such as whimpering or fussing
- Late feeding cues include frantic movements, crying, exhaustion or falling asleep

**Monitoring your baby's urine and stool** will help you understand if s/he is getting enough to eat. Baby's stool will change as your breast milk changes and is a good indicator that your mature milk is coming in. This will happen between day three and five after birth.

	<b>First 24 hours Birth Day</b>	<b>48 hours Day two:</b>	<b>Days 3 to 5:</b>	<b>One week Days 6 to 7:</b>
<b>Wets:</b>	1 to 4 times in 24 hours	1 to 4 times in 24 hours	4 or more in 24 hours, lightening up in color	6 or more times in 24 hours
<b>Stools:</b>	1 to 5 times in 24 hours; dark and tarry	1 to 5 times in 24 hours; dark and tarry	2 to 12 times in 24 hours; loose, yellow and green	4 or more times in 24 hours; runny yellow, seedy

## **Alertness:**

Your baby will feed best when alert and awake and show good feeding cues.

In the early days, babies may need to be brought skin-to-skin often, to help them wake up and be ready to feed. It's common for babies to be sleepy in the first day of life.

By day 3 or 4, most babies wake on their own and are demanding to feed. This behavior is in response to your milk changing and increasing in volume.

## **Feedings:**

Assure at least 8 feedings in 24-hours. A more regular pattern will begin developing by the end of the first week.

Do not limit the time for each feeding or how often you feed if the baby is interested in feeding. Most babies need to work on a feeding for 20 to 40 minutes.

Watch for rhythmic sucking patterns and listen for swallowing. Expect frequent night feeds and offer both breasts at each feeding.



# Steps to successful breastfeeding

- Learn about breastfeeding before your baby is born. Books, breastfeeding classes or support groups can be helpful. Encourage and help your partner to learn about breastfeeding.
- Select a health care provider for yourself and your infant who is supportive of breastfeeding and is willing to help you work through any concerns you might have. Check with your health care provider about lactation services.
- It is not necessary to prepare your nipples before your baby is born. However, during one of your doctor visits, have your provider or lactation consultant examine your nipple type. Inform your provider or lactation consultant of any breast surgeries you have had.
- Labor medications may make your baby sleepier than normal after birth or interfere in subtle ways with a baby's ability to suckle.
- Keep your baby skin-to-skin as much as possible. Skin-to-skin time helps baby transition to life outside the womb. Skin-to-skin is placing your baby tummy-to-tummy on your chest. Your nurses will provide a blanket to help keep baby warm. There are many benefits to skin-to-skin. See more information at the end of this section.
- **Breastfeed early.** Breastfeed your baby as soon as possible after birth. Most healthy babies begin breastfeeding within an hour after birth if left undisturbed with their moms. This helps establish your milk supply.



*Correct latch*

- Correct latch is very important in preventing problems with breastfeeding. Hold your baby close tummy-to-tummy or in one of the other positions.

(See illustrations.) Make sure your baby opens his or her mouth wide before latching on and gets as much of the areola as possible in his/her mouth.

- If the baby slips down to the end of the nipple, break the suction and start again for proper latch.
- To remove your baby from the breast, slide your index finger into the corner of the baby's mouth and gently pull down to release the suction.
- **Breastfeed on demand**, and spend time with your baby learning his or her cues for feeding. Common cues are smacking their lips, turning their heads searching for the breast, sucking on their hands and crying. Don't wait until your baby begins to cry, which is a late sign of hunger.
- **Alternate positions.** There are several ways to hold baby while breastfeeding. These include the cradle, football or side-lying positions. You will find a position that is most comfortable for you and your baby. It is helpful to change positions for nipple comfort while breastfeeding (see pictures and descriptions).
- **Prevent nipple soreness** by helping your baby with proper latch and position — not by limiting the amount of nursing time. Use alternate positions including cradle, side-lying or football hold if needed.
- **Breastfeed frequently.** Most newborns nurse eight to 12 times a day. Often feedings may be very close together during one part of the day. It may seem as if the baby wishes to nurse constantly. This is normal, and babies tend to do this less by three months of age.
- **Get extra rest** in the daytime.
- **Don't give your baby bottles of water**, other supplements (formula), or pacifiers while you are learning to breastfeed. Supplements and pacifiers can interrupt time at the breast and interfere with the cycle of supply and demand.
- **Set up a breastfeeding area** at home. Be sure to get some fluids to drink. Have several pillows available and the phone within reach, then get in a comfortable position before you begin to breastfeed your baby.
- **Get help if you have problems** or questions about breastfeeding! Breastfeeding is the best thing you can do for yourself and your baby, but it doesn't come easily for every mom. It may be comforting to talk with other mothers who have breastfed, or you may wish to speak to a lactation consultant or an

individual who has special training and certification to help nursing moms. Your health care provider, hospital, maternity care coordinator or health department (WIC) may be able to give you assistance or referrals.

- If you have a baby with special needs, contact a lactation consultant to assist you with your breastfeeding success.

*Remember breast size does not determine how much milk you will produce. As long as your baby is latched and suckling correctly, the amount of milk you produce is determined by how much your baby nurses.*

## **Pacifiers and breastfeeding**

It is recommended that breastfed babies not use a pacifier until breastfeeding is well established, usually at 3-4 weeks of life.

### **Does my breastfed baby need a pacifier?**

Your baby may have a need to suck, even when they are not feeding. Sucking that is not associated with feeding is called non-nutritive sucking. Sucking at the breast, on a parent's finger, or their own hands and fingers can meet your baby's need for non-nutritive sucking, without using a pacifier.

If your baby is fussy or difficult to settle, try the following before using a pacifier:

- Place your baby skin-to-skin
- Decrease stimulation in your room (turn down the lights, turn off the TV)
- Make sure your baby's diaper is clean
- Make sure your baby isn't too cold, or too hot

### **What are the disadvantages of using a pacifier?**

- Pacifier use may hide your baby's early feeding cues, like licking their lips, making mouth movements, or sucking on their hands, which may delay the start of a feeding
- The shape and texture of a pacifier is different than the breast and nipple, your baby may develop a preference for the firmness, making it difficult to latch to the breast correctly
- Pacifiers may cause more frequent ear infections
- Pacifiers that are clipped or tied to the baby may cause strangulation

- Pacifiers can break down into small pieces that may cause choking

### **What about pacifiers and SIDS (Sudden Infant Death Syndrome)?**

Breastfeeding is associated with a reduced risk of SIDS, and the protective effects increases with breastfeeding exclusivity. The American Academy of Pediatrics recommends using a pacifier at naptime and bedtime once breastfeeding is well established.

### **How do I know if breastfeeding is well established?**

- Your milk supply has increased
- Baby breastfeeds at least 8 to 12 times in 24-hours
- Baby is satisfied after breastfeeding
- Baby is gaining weight
- Baby is heard swallowing during breastfeeding
- Baby has the expected number of dirty diapers

### **If I choose to use a pacifier, what should I know?**

- Do not skip or delay a feeding by using a pacifier, this may lessen how often your baby breastfeeds, which may lower your breast milk supply
- Pacifiers can carry germs, so wash the pacifier frequently with hot, soapy water
- Do not "clean" the pacifier by putting it in your mouth, this may spread germs from you to your baby

## **Breastfeeding positions**

**Cradle position (cross-cradle):** The baby is placed across your upper abdomen, your baby's tummy next to yours. The baby's ear, shoulder and hip should be in a straight line. The baby is held with the opposite arm of the breastfeeding side. The other hand supports under the breast and guides the nipple into the baby's mouth. Your baby's nose should be at the level of your nipple.

**Football position (clutch):** Place your baby on his or her side beside you. Use pillows to support your arm to hold baby even with your nipple. The baby's ear, shoulder and hip should be in a straight line. Your hand will help support baby's head.

**Side-lying position:** Place your baby on his or her side with baby and you tummy-to-tummy. Be sure baby's ear, shoulder and hip are in a straight line. Baby's nose should be level with your nipple. As baby opens its mouth wide, position your nipple to the roof of baby's mouth.

Bring baby toward you, do not lean over to your baby.  
Pillows can be used to support your arm and baby



*Football position*



*Side-lying position*



*Cradle position*

## Benefits of skin-to-skin

Benefits to your baby include:

- Improved sleep time and quality
- Less crying
- Improved self-soothing
- Keeps baby warmer
- Reduces low blood sugars post-birth
- Promotes and enhances breastfeeding
- Decreases the release of hormones that can impair the immune system and increase stress in your baby
- Promotes brain maturation and development during the first year of life

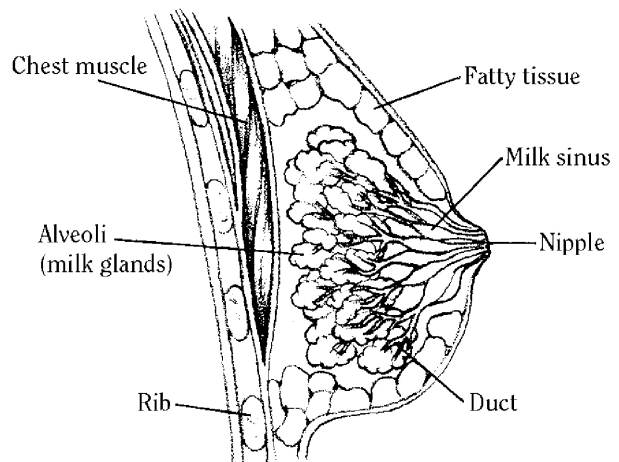
Benefits to the mother include:

- Promotes breastfeeding within two hours of birth
- Improves breast milk production by fourth day postpartum
- Promotes bonding with baby
- Promotes mother's confidence with parenting
- Decreases vaginal bleeding postpartum
- Creates a relaxed environment in delivery room and decreases anxiety after the birth
- Decreases pain during vaginal or cesarean incision repair

## Breast anatomy

Understanding the physiology and anatomy of the breast will increase your confidence in your ability to breastfeed. The breast begins its preparation for lactation (milk production) while you are pregnant. The uninterrupted and rising concentration of estrogen, progesterone and prolactin during pregnancy causes the breast to increase in size with water, electrolytes and fat. This process usually increases the size of each breast by three-quarters to one pound.

The breast is composed of glandular tissue, surrounded by adipose tissue and separated from the chest and ribs by connective tissue.



*Side view of breast*

- The *alveoli* are the small glands that make milk.
- The lactiferous *ducts* are the passageways through

which the milk travels from storage in the alveoli to the nipple.

- Milk flows through the many tiny *nipple* openings.
- The *areola* is the dark area of skin surrounding the nipple.

## Nutrition during breastfeeding

You probably established good eating habits during pregnancy and gained an adequate amount of weight, so you probably won't need to change your diet. The ideal diet for a breastfeeding mother provides about 200 calories more than when you were pregnant and about 500 calories more than before you were pregnant.

After birth, new mothers often have trouble finding time to fix nutritious meals when they are at home alone with the baby and/or other children. Some women experience a temporary loss of appetite the first couple weeks after delivery. Eating small, but frequent, healthy snacks may be more appealing than eating large meals.

### **The following suggestions will help you maintain good nutrition while breastfeeding:**

- Start the day with a good breakfast: eggs, whole grain cereal, fruit, yogurt.
- Snack throughout the day on nutritious foods such as: cheese, peanut butter, seeds and nuts, raw vegetables, whole grain crackers, whole grain breads.
- Continue taking prenatal vitamins.
- Eat foods rich in calcium.
- Eat a variety of foods with plenty of fiber, protein and carbohydrates.
- Remember to stay well-hydrated — be sure to drink to satisfy your thirst. Keeping a glass or water bottle nearby when you are feeding baby is helpful. Any fluid is helpful, but water is best. Avoid beverages with added sugar. It is important to continue taking your vitamins. Please discuss with your health care provider.

Other recommendations:

- Avoid foods high in sugar, saturated fats and cholesterol or salt. Avoid empty calorie foods, such as refined sugars, flours, soda, cookies and sweets.
- Moderate caffeine intake of less than three (8 ounce) cups of caffeinated beverages per day, is usually not a problem for babies.

- Talk to your lactation consultant or provider before taking medication.
- Substances that you put in your body are passed to your baby when you are breastfeeding (or pregnant.) Some substances can be more concentrated in breast milk than in your blood. It is important to be healthy and stay away from substances that can cause your baby harm.
  - Tobacco and e-cigarettes can increase the risk of sudden infant death syndrome (SIDS), and may cause your baby to feed poorly and be more irritable.
  - Amphetamine or methamphetamine can cause poor feeding, irritability and trouble breathing.
  - Alcohol can cause you to have low breast milk production, and your baby to have poor feeding and irritability.
  - Opiates and heroin can cause you to have lower breast milk production, and cause your baby to have poor feeding, irritability, possible seizures or withdrawal.
  - Marijuana may cause you to have low breast milk production and your baby may feed poorly and be more irritable. There are other harmful chemicals in marijuana similar to tobacco.

**Did you know ... You can successfully breastfeed after having a cesarean birth.**

## Weight loss

Although you lost some weight when you delivered, you are probably still pounds away from your usual weight. During the early months of breastfeeding, this extra fat is a useful energy store. If you let your appetite guide you as you continue nursing, you will probably lose the excess weight gradually and feel good while you are doing it. Dieting during the early weeks is not a good idea. Remember, it took you nine months to put on the weight; give yourself time to lose the weight after birth.

## Breastfeeding concerns

### **When to call a lactation consultant**

- You have cracked, bleeding or blistered nipples, continued nipple soreness or breast pain during breastfeeding.

- You are experiencing unrelieved, painful engorgement that lasts longer than 12 hours.
- You have had any prior breast surgery such as augmentation, reduction or biopsy.
- You have flat or inverted nipples.
- You think breastfeeding is not going well in spite of everyone else's opinion.

**If your baby is experiencing any of the following, special help may also be needed:**

- Difficulty latching on
- Not satisfied after feeding, as demonstrated by crying or finger sucking
- Not swallowing consistently for at least 10 minutes while breastfeeding
- Baby is not feeding well — at least eight times in a 24-hour period
- Inadequate urine and/or stool output
- Has not had successful breastfeeding prior to hospital discharge
- Requires formula or expressed breast milk
- Has not regained birth weight by the two-week visit
- Has lost more than 10 percent of his or her birth weight
- Was less than 37 weeks gestation at birth
- Displays signs of sucking (nipple) confusion or flow preference (accepts bottle but not breast)
- Develops jaundice (yellowing of the skin)

You may call the [Lactation Line](#) for help. Call your provider if you or your baby require more immediate attention.

### **Sore nipples**

Sore nipples are the most common problem for breastfeeding mothers. For the first few days after birth, you may feel tenderness during the first minute of nursing, when the baby latches onto the nipple. More than 90% of women report some tenderness at some time during nursing. Fortunately, it does not last. If tenderness does not improve or worsens after your milk comes in, contact your health care provider or the lactation consultant.

### **Prevention**

- Put the baby to the breast when you see early feeding cues. Don't wait until he is frantic with hunger.
- Hunger clues may include: smacking their lips, turning their head searching for the breast or sucking their hands.
- Hand express a small amount of milk before nursing to encourage the milk to flow.
- Damaged nipples are most often the result of improper latch and positioning (not the length of feeding), so make sure the baby is positioned tummy-to-tummy with mouth open wide at the time of latch. If the baby slips down to the end of the nipple, break the suction and start again for proper latch.
- Release the baby's suction carefully before removing the baby from the breast (break suction by inserting your finger in the corner of her mouth).

### **Relief measures**

- Start with the least sore side and switch when the baby is satisfied but still awake.
- Alternate feeding positions.
- Air-dry the nipples after each feeding. Leave nipples exposed to the air as much as possible between nursings.
- Spread a small amount of colostrum/breast milk onto the nipple after each feeding.
- Applying a lanolin cream after drying is OK and doesn't require washing off before the next feeding. (Anyone with wool allergies should not use lanolin creams.) Only use lanolin creams meant for human breasts.
- Avoid excessive washing of your nipples. Rinse them in your daily shower.
- Change nursing pads frequently so there is not continuous moisture next to the nipple. Cotton clothing/bras allow for good air circulation.
- Leave scabs and blisters alone. Even if you have some bleeding, this is not harmful to the baby.
- Do not delay nursing. Shorter more frequent breastfeeding is easier on the nipples while healing.
- If you are using a breast pump during a period of soreness, pump your milk often, at least eight times a day, to keep up your supply.

## Engorgement

Three to four days after delivery, the breasts may become full or engorged. This is caused by the increased flow of blood to the breasts and the increase of milk production. For some women, the breasts become only slightly full; but for others, their breasts feel very swollen, tender, throbbing and lumpy. Engorgement may cause the nipple to flatten, making it difficult for the baby to latch on. Symptoms usually lessen in 24 to 48 hours. If engorgement is unrelieved by breastfeeding or pumping, milk production will decline and ultimately stop.

### Prevention

- Begin to breastfeed early after delivery. Breastfeed frequently.
- Avoid using formula supplements, which decrease the baby's willingness to breastfeed.

### Relief measures

- Nurse frequently, every one to three hours. This may mean waking the baby.
- Take a warm shower for 10 minutes prior to nursing. Gently massage breasts from the chest wall outward toward the nipple. Express enough milk to soften the areola, so the baby can latch on.
- Gently massage the breast when the baby is breastfeeding. This will encourage the milk to flow and will help relieve some of the tightness and discomfort.
- To soothe the pain and help relieve swelling, apply cold packs to the breasts for a short period after nursing. Ice in a Ziploc bag covered with a light cloth works well, as do frozen corn or peas kept in their bags.
- If necessary, take Tylenol or ibuprofen for the discomfort.
- If the baby is not breastfeeding well enough to soften at least one breast every few hours, use an electric pump as necessary to soften breasts. Unrelieved engorgement is painful and gives your body the signal to decrease milk production. Pump for comfort. Excessive removal of milk may prolong engorgement.

*If engorgement is not eased by the above measures, contact a lactation consultant or your health care provider.*

## Breast infection (mastitis)

Mastitis is an infection of the breast. Up to 30% of all nursing women can develop mastitis during their breastfeeding period. It occurs most commonly in the first three months after birth and affects usually only one breast. A breast infection may follow a cracked nipple or plugged milk duct.

It is most important to continue breastfeeding frequently during this period; stopping breastfeeding would slow healing and might lead to the development of a breast abscess. *The baby will not get sick, because the infection only involves the breast tissue and not the milk.*

With prompt and proper treatment by your health care provider, the symptoms usually subside within 24 hours.

***Call your lactation consultant or health care provider if you have signs and symptoms of mastitis:***

- Temperature over 101° F.
- Breast swelling, soreness; may include all of breast or localized tender/red area.
- Presence of lumpy or hardened area or redness.
- Flu-like symptoms; fever, chills, body aches, headaches, sometimes nausea and vomiting.

### Prevention

- Get plenty of rest.
- Remove milk frequently.
- Prevent damage to your nipples (see "[Sore nipples](#)" section in this chapter).

### Relief measures

- Go to bed, if you haven't already, and keep baby in a bassinet nearby for 24 to 48 hours of rest. Have someone take care of your family at this time.
- Nurse frequently, at least every two hours, to encourage emptying of the breast. Begin nursing on the affected breast.
- If baby is not emptying breast well, you may need to pump.
- Wear loose comfortable clothing; remove restrictive bras.
- Do not wean or stop nursing at this time. Giving up breastfeeding may slow healing and lead to a breast abscess.

- Apply moist heat to the breast for 10 to 15 minutes before nursing.
- Massage breast gently before and during feedings.
- Increase your fluid intake. Drink at least eight glasses of water a day.
- Take Tylenol or ibuprofen to reduce fever and discomfort.
- Eat healthy, well-balanced foods.
- Call your provider if your symptoms are not improved after 24 hours.
- After you have finished a course of antibiotics, watch for symptoms of yeast growth (thrush), diaper rash or sore nipples.
- If you are given antibiotics take the full course, even if your symptoms go away. It may be beneficial to take probiotics while on antibiotics. Check with your health care provider.

## Breast pumps

Breast pumps may be needed in a variety of situations.

If you are not comfortable with the use of a breast pump, we recommend an appointment with a lactation consultant, LaLeche League or WIC (Women, Infants, Children Program).

### Use of a breast pump

Begin by thoroughly reading all the instructions with your pump. Make sure the pump fits your nipple. There are different size openings to the piece that fits your nipple; use one that fits correctly. Pumping both breasts at the same time is usually more effective. You may also use a combination of manual expression and pumping to get more milk out. Pumping can help you increase or maintain your milk supply. If you are supplementing your baby, pump as often as your baby feeds after breastfeeding. If your baby is not breastfeeding, pump at least eight times per day. Most women pump for about 10 to 20 minutes or until the milk flow stops. If you are pumping to relieve breast engorgement and to help your baby latch on, pump only until the nipple is standing out and the breasts are soft enough to allow the baby to latch on.

Clean the appropriate breast pump parts with hot, soapy water. Then rinse well and air dry the parts. Some pieces may be dishwasher safe. *Always read the instructions.*

# Human milk storage guidelines

Type of breast milk	Storage locations and temperatures		
	Countertop 77° F or colder	Refrigerator 40° F	Freezer 0° F or colder
Freshly expressed or pumped	Up to 4 hours	Up to 4 days	Within 6 months is best, but up to 12 months is acceptable
Thawed, previously frozen	1-2 hours	Up to 1 day (24 hours)	Do not refreeze human milk after it has been thawed completely
Leftover from a feeding (Baby didn't finish bottle)	Use within 2 hours after the baby has finished eating		

Storage tips	Safe thawing
<ul style="list-style-type: none"> <li>Clearly label your breastmilk with the date it was expressed.</li> <li>Do not store in the fridge or freezer door.</li> <li>When freezing breast milk, leave about an inch of space at the top of the container because breast milk expands as it freezes.</li> <li>Breast milk can be stored in an insulated cooler bag with frozen ice packs for up to 24 hours when you are traveling. Once you arrive at your destination, milk should be used right away, stored in the refrigerator, or frozen.</li> </ul>	<ul style="list-style-type: none"> <li>Always thaw the oldest breast milk first. Remember first in, first out.</li> <li>There are several ways to thaw your breast milk, you can put it in the refrigerator overnight, set it in a container of warm/lukewarm water, or under warm running water.</li> <li>Never thaw or heat breast milk in a microwave. Microwaving can destroy nutrients in breast milk and scald baby's mouth with hot spots.</li> <li>Once breast milk is brought to room temperature or warmed after storing in the refrigerator or freezer, it should be used within 2 hours.</li> </ul>

[https://www.cdc.gov/breastfeeding/recommendations/handling\\_breastmilk.htm](https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm)

Adapted from the CDC Proper Storage and Preparation of Breast Milk guidelines



## Information for breastfeeding families

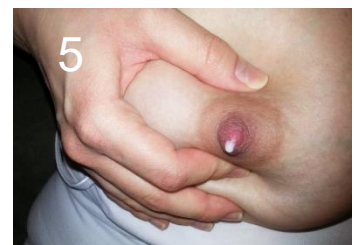
# Hand Expression



Hand expression is a handy skill to have whenever you need to empty your breasts and you are not with your baby or your baby is temporarily unable to breastfeed. In the first few days after birth, hand expression can be more effective at removing colostrum than using a breast pump. If your baby needs a supplement in the first week or so, use hand expression to provide the milk he needs!

### **Hand expression routine:**

1. Apply heat, massage and stroke breasts
2. Position fingers behind areola
3. Press back toward the chest
4. Compress fingers together to express milk
5. Relax and repeat, getting a rhythm going
6. Express for 5-7 minutes
7. Move fingers to a different position
8. Massage and stroke the breast
9. Press back toward the chest
10. Compress fingers together to express milk
11. Express milk for 3-5 minutes
12. Massage and stroke breasts
13. Move fingers to a different position
14. Express milk for 1-2 minutes
15. Complete cycle takes 20-30 minutes



***Watch these videos while you are hand expressing to see the technique in action!***

- <http://newborns.stanford.edu/Breastfeeding/HandExpression.html>
- <https://vimeo.com/65196007>

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# Breastfeeding Resources: Mid-Willamette Valley and Coast

## Prenatal classes and support

- **All About Breastfeeding Classes Part 1 & 2**  
**Good Samaritan Regional Medical Center, Corvallis**  
Visit website [samhealth.org/classes](http://samhealth.org/classes) or call 541-768-6908 to register  
**Samaritan Albany General & Lebanon Community Hospitals:** visit [pollywogfamily.org](http://pollywogfamily.org) or call 541-917-4884 for Albany or 541-451-7872 for Lebanon to register for classes.
- **WIC** also has a prenatal class, their numbers are listed below

## Breastfeeding Clinics

### Corvallis

- Good Samaritan Regional Medical Center lactation line: 541-768-5244  
This line is checked every 24 hours. For questions or appointments, call and leave a message. Appointments are available all week.
- WIC: 541-766-6835

### Albany

- Mid Valley Children's Clinic: appointments: 541-812-5111; for Lactation Consultant Message Line: 541-812-5116
- WIC: 541-967-3888

### Lebanon

- Samaritan Lebanon Community Hospital Lactation line: 541-451-7588
- Samaritan Lebanon Community Hospital Lactation clinic: 541-451-7136; open Monday and Thursdays
- Samaritan Lebanon Health Center 541-451-5932 ext 223
- WIC: 541-451-5932

## Coastal communities

- Lincoln County Health Department Maternity Case Management: 541-265-0457  
This is a free program for all mothers
- Samaritan Pacific Communities Lactation Consultant, 541-574-1826
- WIC: 541-265-4112
- Women's Connection Group, for more information call 541-265-3955

## Support groups & parenting resources

- **Go With the Flow – Breastfeeding Support Group**  
Saturdays, 1:30 to 3 p.m. at Good Samaritan Regional Medical Center
- **Linn County WIC Breastfeeding Circle in Albany** – every 3rd Tuesday drop-in from 2-4pm, 2730 Pacific Blvd SE, Albany, OR. Call (541) 967-3888 ext 2619 for more information.
- **Samaritan Lebanon Community Hospital Breastfeeding Support Group** – Meets Wednesdays 3-4pm, 525 Santiam Hwy SE, Lebanon, OR. Call (541) 451-7136 for more information.
- **Linn County WIC Breastfeeding Circle in Lebanon** – every 4th Wednesday drop-in from 2-4pm, 1600 S Main St, Lebanon, OR. Call (541) 967-3888 ext 2619 for more information.

- **La Leche League of the Willamette Valley**  
541-714-3370, Facebook page “La Leche League Willamette Valley Events & Announcements” **LLL Corvallis morning group** meets the first Wednesday of the month at 10 a.m. at the [Corvallis Birth and Women’s Health Center](#), 2314 NW Kings Blvd, Corvallis. **LLL Corvallis evening group** meets the third Thursday of the month at 6pm at the Multi-Cultural Literacy Center, 2638 NW Jackson Avenue, Corvallis. **LLL Lebanon group** meets the second Thursday of the month at 6pm [Samaritan Lebanon Community Hospital](#), 525 N Santiam Hwy, Lebanon
- **Hope for Mothers - postpartum support group**  
Albany 541-812-4475, Lebanon 541-451-7872
- **Well Mama Linn-Benton**  
For support with stress, anxiety or depression, call 541-231-4343 or email [csilla@fourth-trimester.com](mailto:csilla@fourth-trimester.com)
- **International Mom’s Group**  
When: Thursdays 9:30-11:30 am  
(Following OSU academic calendar)  
Where: Orchard Court Community Center (3405 NW Orchard Ave., Corvallis)  
For more information visit: [internationalmomsgroup@gmail.com](mailto:internationalmomsgroup@gmail.com)  
or email: [www.internationalmoms.net](http://www.internationalmoms.net)
- **Postpartum Support International** 1-800-944-4773
- **Corvallis Babywearers** Help with and lend baby carriers to promote bonding.  
[www.corvallisbabywearers.org](http://www.corvallisbabywearers.org)
- **Parenting classes/support for Infants, Toddlers and Preschoolers, Living and Learning With Your Baby and many other classes** LBCC Family Resource Center 541- 917- 4899
- **Mid-Valley Birth Network - Postpartum Doulas**  
Help with breastfeeding and family support at home. Visit [midvalleybirthnetwork.com](http://midvalleybirthnetwork.com) or [midvalleydoula.net](http://midvalleydoula.net) for more information.
- **Linn Benton Breastfeeding Coalition - Area Resources for Families**  
Visit [lbbreastfeedingcoalition.org](http://lbbreastfeedingcoalition.org) for more information

## Milk Bank Donation or To Order Milk

- Northwest Mother’s Milk Bank 503-469-0955, [nwmmb.org](http://nwmmb.org)
- Local milk donation depot is at Good Samaritan Regional Medical Center in Corvallis. Call 541-768-5244 for donation drop-off appointment

## Breastfeeding Supplies

- Breast pumps are covered by most insurance. You may need a prescription. Contact your insurance provider for details
- Samaritan Durable Medical Equipment - Corvallis 541-768-7500 Lebanon 541-451-6364 Newport 541-574-6364
- WIC can provide pumps to eligible participants
- Medela 1-800-435-8316, [medelabreastfeedingus.com](http://medelabreastfeedingus.com)
- Nursing Bras- Donna Bella Lingerie and The Kid Shop in Corvallis. They do bra fitting

## Information for breastfeeding families

# Paced Bottle Feeding



Breastfeeding and bottle feeding are unlike in almost every way. For this reason we recommend that you only breastfeed for the first several weeks while your baby is learning to breastfeed.

Bottle Feeding	Breastfeeding
Firm nipple	Soft, amorphous shaped nipple
Front of the mouth position	Back of the mouth position (near juncture of hard and soft palate)
Inelastic nipple	Nipple elongates during sucking
Flow begins instantly	Flow is delayed until the let-down occurs
Flow is very fast	Flow is slow, faster during let-down
Feeding is very quick	Feeding takes 30-45 minutes
Sucking on bottle is suction/vacuum	Suckling at breast is peristaltic tongue movement
Tongue is humped in back of mouth	Tongue is forward cupped around the nipple

### Paced Bottle Feeding

- ✓ Hold the baby almost **upright**.
- ✓ Select a medium or wide base nipple with a slow flow.
- ✓ Hold the bottle **horizontal** just filling the nipple with fluid.
- ✓ Encourage your baby to take it into his mouth until he has a wide latch (140°) and it is deep in his mouth. Let the baby seek for the nipple.
- ✓ The feeding should take 15-30 minutes. If the baby drinks too fast, tip the bottle down or remove it to slow the pace of the feeding.
- ✓ Mothers can hold the baby cheek to breast for the feeding.



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## Breast care for non-breastfeeding mothers

Wear a well fitting supportive bra for about the first 10 days (a sports bra works nicely, as it is supportive, and also stretchy and comfortable). Be sure it is not too tight. Cleanse the breasts only with warm water. Do not use soap. Avoid any touching or stimulation to your breasts

If you become engorged, the breasts become very full and uncomfortable. You may lessen the discomfort with the use of ice packs or cold washcloths applied to the breasts several times a day and over-the-counter pain medication such as acetaminophen (Tylenol) or ibuprofen, as needed. Engorgement usually lasts about 24 to 48 hours.

### **If you experience engorgement and are very uncomfortable you may:**

- Lean over a sink of warm water, placing your breasts in the water and allowing the breast milk to drip out into the water. (This method allows milk to flow out of the breasts softening them and making you more comfortable. It also helps to avoid stimulating the breast, which can increase milk production.)
- Take a warm shower and let the milk leak until you are more comfortable. Try to avoid having the water spray directly on your breasts. (Again, this increases the stimulation to the breast and increases milk production.)
- You may also wish to use acetaminophen (Tylenol) or ibuprofen and ice packs.

*Call your health care provider or lactation consultant if you have any hard, red, or painful areas on your breast or for unrelieved engorgement.*

## Burping

Burping is important because air that remains in the baby's stomach can result in pain for the baby. Burp your baby midway through and at the end of each feeding. Burping may help wake the baby enough to finish his feeding. There are a few ways to burp your baby:

- Hold baby over your shoulder, supporting her head and gently patting her back.
- Hold baby across your lap, on his tummy, with his head turned to one side, and gently pat his back.
- Hold the baby sitting up in your lap, support the baby's chin and chest with one hand and gently pat her back with your other hand.

## Solid foods

We do not recommend the addition of solid foods to a newborn's diet until the age of 6 months. When you are ready to start adding foods to your baby's diet, ask your baby's health care provider for help in this process.

# Caring for your new baby

Caring for your new baby may seem overwhelming at first, especially as you realize that your baby is completely dependent upon you for every need. With practice and time, though, you will feel much more comfortable and capable. You'll feel more relaxed and better able to enjoy your new baby.

The information in this chapter is meant as a guide. Your baby's pediatric provider will have more information about care, including a vaccination schedule. If you have specific questions about caring for your baby or have any special circumstances, please call your baby's provider.

## Appearance at birth

Your baby may not look as you expected. Babies' appearances vary widely. Some babies have smooth, pink skin; others have dry, scaly and peeling skin. Some babies have a creamy, oily, white coating, called vernix, on their skin. It may be over most of their body or in the body creases. It does not need to be washed off. The vernix will be absorbed by your baby's skin.

Your baby may have a molded or "pointy" head. This molding changes quickly: within one to two days your baby's head will be more rounded in shape. The soft spots on baby's head are fontanelles. These spots are covered with a thick tough membrane. Babies may have bruising or swelling of the head or scalp, face or eyes. These bruises may take several days or weeks to disappear. Babies often have swelling of their breasts or genitals: this is normal and due to hormones passed to the baby before birth.

Newborn babies may also develop a newborn rash that is blotchy and red and may be seen anywhere on your baby. Do not use soaps, creams or oils on the rash. It usually disappears without treatment but may return. Babies' noses frequently have white spots called milia. These, too, will disappear without treatment.

## Bathing and skin care

The first time you bathe your baby, it may feel a little awkward and difficult; but after a couple baths, it will be much easier.

You may bathe your baby as often as you like, every day if you and your baby enjoy bath time. Do not use any soap on baby's skin. A little shampoo on the scalp is okay, but not needed with every bath. Be sure to rinse completely.

Remember to *never* leave your baby alone.

Begin the bath by gathering all the supplies you will need:

- Two bath towels (one for laying the baby on; one for drying)
- One to two washcloths
- Baby (tear-free) soap, baby wash or shampoo
- Cotton ball
- Clean diaper
- Clean clothing

## Bathing with a sponge

Sponge bathe your baby until the cord falls off to avoid getting the cord wet. Fill a basin or sink with warm water. Check the water's temperature with the inside of your wrist to make sure the water is comfortable and not able to burn or scald baby. You might want to consider getting a bath thermometer to check the water temperature. Undress the infant and place him on a towel. To keep baby warm, keep him covered when he's not actually being bathed.

With a clean, wet, warm washcloth cleanse baby's eyes from the inner corner outward, and wash baby's face. Be sure to keep a hand on the baby at all times.



Gently wash the baby's neck, body and arms, being sure to clean in the creases and folds. Dry the baby's body, and keep it covered. Wash the legs and back gently, dry and cover. Then cleanse the genital area last, again being careful to wash from front to back and in the creases and folds of the groin. Dry baby, and reapply a clean diaper.

Shampoo your baby's hair by holding the baby firmly at your side (see photo below) wrapped in a warm blanket, the baby's head in the palm of your hand. Standing at a sink with warm running water or a basin of clean water, use your other hand to wet your baby's hair. Apply a small amount (pea size) of mild shampoo, and massage on baby's scalp. (Do not place your baby's head under the running water: use your hand to splash water on your baby's hair to wet and rinse.) Scrub the hair gently, but thoroughly, and then rinse well with warm water.

Your baby's skin is delicate and lacks the protective layers of older children's skin. By keeping your baby's skin clean, dry and using soaps and other products minimally, you can more easily protect your baby from rashes and irritated skin.

### **Bathing in a tub**

Once the cord has fallen off, you may give baby a tub bath. Use an infant bath tub<sup>1</sup> or sink, fill with warm water (check the temperature with the inside of your wrist), and gently place the infant in the water. Hold onto her by placing your arm around the baby and grasping her opposite upper arm.<sup>2</sup>

Complete the bath as instructed for sponge bathing (above), gently washing with warm water<sup>3</sup> over her body. After the bath, place baby on an open towel and gently dry the baby. Shampoo the baby's hair, rinsing well.

We do not recommend the use of powder. Powders can be inhaled and irritate your baby's lungs.

### **Bulb syringe use**

You may use the bulb syringe if your baby is spitting up or has a lot of nasal congestion. Be careful not to overuse it. Deflate the bulb syringe by squeezing the bulb, and place about 1/4 inch of the pointed side of the syringe into the nostril. Release your hold on the bulb and allow the bulb to inflate. This will remove the mucous from

the nose. If the baby is spitting up, turn the baby on his side, and wipe his mouth with a cloth. If necessary, place the bulb syringe into the lower cheek to suction out the mouth. Ask your nurse for a demonstration before you leave the hospital. After use, clean the bulb syringe with hot soapy water and air dry it.

### **Care of the uncircumcised penis**

There is no special treatment or cleaning method needed for an uncircumcised penis. Just wash with warm water. Do not pull the foreskin back over the head of the penis. When the child is older and the foreskin is easily pulled back (this may not happen until adolescence), teach your son to gently pull the foreskin back and gently cleanse the area with warm water. Be sure to discuss this with your child's health care provider.

### **Circumcision care**

Circumcision is the removal of the foreskin that surrounds the head of the penis. The circumcision is not a procedure that is routinely done without a discussion with your pediatric provider. If you have questions about this procedure as to how it is done and what to expect, ask your nurse or pediatric provider.

If your baby is circumcised, the circumcised area will appear red and raw for two to three days. Rinse the penis with warm water at diaper changes: do not use soaps, lotions, oils, or diaper wipes on the circumcision. The penis may be covered with a gauze dressing. You should remove the dressing if it gets soiled, or in 24 hours if it has not already fallen off. If it sticks to the penis, apply some water or a water soluble lubricant such as K-Y to loosen the gauze. You may place a little Vaseline on the diaper to prevent the penis from sticking to the diaper. A small amount of yellowish green discharge is normal. Call your baby's health care provider if there is swelling, any creamy discharge, pus or bleeding.



*Fill an infant bath tub or sink with warm water*



*Hold baby securely by placing your arm around the baby and grasping her opposite upper arm*



*Wash gently with warm water*

## Cord care

Please consult your baby's health care provider about umbilical cord care. Keep the cord clean and dry. Notify the baby's provider, if you notice any redness, discharge or foul odor around the cord. Fold down the diaper under the cord to give the cord a better chance to dry and to prevent urine from getting on it. The cord usually dries and falls off between 1 and 3 weeks of age. You may notice a drop or two of blood: this is normal. Call the health care provider if there is more bleeding.

## Crying

Try to spend the first few weeks at home just being with and getting to know your new baby's behavior patterns. On average, babies cry for two hours each day for a variety of reasons. If your baby is fussy, some reasons may be: hunger, wet or soiled diapers, gassiness or a need to burp, over-stimulation, over-tiredness, being too hot or too cold, a desire to be held.

Some newborns are fussier than others. However, the more time you spend with your infant, caring for and feeding him or her, the easier it will get to understand your baby's cues. Some babies give very clear cues as to what they need, and some babies will learn how to self-calm well. Some babies don't give clear cues and may be harder to calm. Again, spending time with your baby will help you to learn your baby's ways of telling you what he or she needs. Babies are not able to differentiate between what they want and need. *Remember you cannot spoil babies by cuddling them.* Also remember that you are the one who knows your baby best. Your baby will be more confident and secure when her needs are met.

## The Period of Purple Crying®

A way to understand your baby's crying

The Period of Purple Crying is a program that is given to all parents in the hospital after the birth of their baby. The program was developed to explain infant crying based on years of child development research. For more information go to [purplecrying.info](http://purplecrying.info) or [dontshake.org](http://dontshake.org).

**Peak pattern**

**Unpredictable**

**Resistant to soothing**

**Painful look**

**Long episodes of crying**

**Evening crying**

**All babies cry, some a lot more than others**

- Healthy crying babies can look like they are in pain, even when they are not.
- Your baby may not stop crying no matter what you try.
- Crying can come and go and you don't know why.
- No matter how frustrated you get, never shake your baby.

**Try these tips to comfort your crying baby**

- Hold your baby close with skin-to-skin contact.
- Walk and sing with your baby.
- Give your baby a warm bath.
- Take your baby outside for a walk.
- Check to see if your baby is hungry, tired or needs changing.

**These soothing ideas may not work every time.**

**Review the Period of Purple Crying to help understand why your baby is crying.**



If you believe your baby has eaten adequately and he is crying, he may need to be burped, to be held or have his diaper changed. Your baby may be getting too much of a good thing and be over stimulated and just need some quiet time. After making sure baby is dry, not hungry and has been burped, try laying her in her crib or bassinet and leaving her for five to 10 minutes. Baby may cry and then calm down and fall asleep.

Other things to try are rocking, walking, swaddling baby in a blanket, bathing, playing soft music or snuggling baby close to you. If you are both exhausted, cuddling skin-to-skin and napping may be helpful. A drive in a car, a walk in a stroller, or placing baby in an infant seat in the center of the household activity may help if he is bored. A nap may be what is needed if baby is over stimulated. After the first four weeks, a pacifier may help if baby is crying because he wants to suck but has already been fed an adequate amount.

Babies take a lot of time, attention, care and patience, even on their good days. They reward us throughout the day with little sounds and expressions. Even as rewarding as parenting can be, it can also be overwhelming and exhausting. No matter how exhausted or tired you get, *remember: never shake your baby if he or she is crying. It may cause permanent harm to baby's developing brain. It could even cause death.*

Before your baby is born, write down a list of people you can call on for support. Display phone numbers of family, friends, your health care provider, your baby's provider, the hospital and the Emergency Room in an easily seen place. The 24-hour national child abuse hotline is 800-422-4453. Refer to the "[Resources](#)" chapter of this notebook for numbers in your area.

If you reach the end of your tolerance for a crying baby, place the baby in her crib, and call for help. Even the best parents can be pushed to their limits. Take some deep breaths, and call someone. Go outside and get a few breaths of fresh air.

## Other baby care

### Diapering

The diaper area should be cleansed with warm water with each diaper change. If baby has soiled the diaper, unfasten the front of the diaper, and wipe as much of the stool off as possible and into the diaper. Then fold the diaper under the baby's buttocks. Pay special attention to cleansing the skin folds and creases. Use

a clean washcloth or diaper wipe to cleanse the area from front to back. After removing the diaper, lift the baby gently, supporting the hips and back, and place a clean diaper under the infant's hips. Pull the sides of the diaper toward the front and connect to the front with the sticky tabs, if you are using a disposable diaper. If using cloth diapers tuck the cloth diaper into a diaper wrap, place under the infant and attach with the Velcro tabs. Remember to fold the diaper down, under the umbilical cord, until the cord has fallen off.

It is okay to use diaper wipes. If your baby's skin becomes reddened in the groin or diaper area after using diaper wipes, you may want to discontinue use, change brands, or cleanse the area gently with warm water after using the diaper wipe. Avoid wipes with fragrances or alcohol.

### Diaper rashes

The key to preventing diaper rashes is to keep your baby's skin clean and dry. Check the baby's diaper with each feeding, and change as frequently as needed. Be sure your baby's skin is dry before reapplying the diaper. If your baby develops a rash, place baby, while awake, in a warm, safe place, on his or her abdomen, to allow air to circulate around baby's bottom. (Be sure to place a diaper, towel or other absorbent pad under the baby first.) You may use protective ointments, such as A&D or zinc oxide (Desitin), on baby's skin to prevent more irritation from urine or stool. Cleanse and dry the skin thoroughly, and apply the ointment.

### Elimination

The newborn's first stools (bowel movements) are called meconium and are thick, black and sticky. Babies normally have meconium stools for the first two to three days of life. The stools change from dark green to greenish-yellow, (transitional) for three to four days. They will then become yellow and soft and are frequently "seedy or mushy" and part watery. These stools continue until the baby begins to eat solid food. Notify your baby's health care provider, if you notice any blood in your baby's stools.

Breastfed babies may have frequent stools (four to six or more small stools each day). Bottle fed babies may have bowel movements less frequently. Your baby may not have a bowel movement every day. If the stools are hard or mostly water, and your baby is vomiting or not eating normally, call your baby's physician.

Newborns will wet their diapers six to 10 times a day.

Urine is normally light yellow in color. If breast-fed, your baby may urinate only one to two times daily in the first two days, usually adding one wet diaper for each day of age: Day 1: one wet diaper, Day 2: two wet diapers, Day 3: three wet diapers ... up to six to 10 a day.

You may notice an orange discharge (uric acid crystals) during the first few days of life. This discharge may indicate a need for more fluids but is not a cause for concern or reason to call your health care provider. Call your baby's provider if your baby is not urinating adequately.

Baby girls may have a white or pinkish (blood tinged) discharge from their vagina. This is due to mother's hormones, is a normal occurrence and will disappear in a few days.

### Fingernail care

Clip or cut your baby's fingernails when he is asleep, using small rounded blunt scissors or baby nail clippers. You may also use a fingernail file to lightly file your baby's fingernails.

### Hearing screening

A hearing screening is done at the hospital before your baby is discharged. Performing a hearing screening on your baby is an important first step in ensuring your child's speech and language development. The hearing screening is easy and painless. Babies are often asleep while screened. You will be notified if further testing is needed.

### Jaundice

If your baby has excess bilirubin, his or her skin may have a yellow coloring known as jaundice. Bilirubin is the result of the normal breakdown of red blood cells. If your baby develops jaundice, your health care provider may need to see your baby and check the baby's blood level. If you notice your baby's skin is yellow, especially in the body, legs or whites of the eyes, call your baby's health care provider immediately. At the hospital, the nursing staff will be evaluating you your baby for jaundice on an ongoing basis.

### Newborn screen

Before leaving the hospital, your baby will have a screening test, using blood drawn from the baby's heel. It will be repeated at about two weeks of age. The test is required by Oregon State law and screens for several disorders, including phenylketonuria (PKU), sickle cell anemia,

galactosemia, thyroid disorders and more. If diagnosed early, most of these disorders are treatable; and by treating early, severe problems may be prevented. If your child's test indicates any disorders, you will be contacted by your infant's health care provider. If you have questions regarding the test, talk with your baby's provider.



### Safety instructions

- Never leave your baby unattended on a high surface, such as a bed, couch or changing table.
- Never shake your baby. If your baby cries, use the suggestions under "Crying" (this chapter) to help calm the baby and yourself.
- Place your baby on his back to sleep, because this position has been well documented to reduce the risk of SIDS (sudden infant death syndrome).
- Do not sleep with your baby.
- If your baby uses a pacifier, make sure it's a commercial design that cannot pull apart.
- Avoid toys that have small removable parts. Pay attention to the suggested age recommendations on the toys you give to your baby.
- Keep hot objects and fluids, including heaters, cigarettes, and food and drinks away from your baby.
- Make sure the slats on baby's crib are not greater than 2 3/4 inches apart.
- Be sure the crib mattress fits the crib properly, and the gap between the crib and the mattress is not wider than two fingers. Be sure to use a tight-fitting sheet.
- Keep drapery cords, plastic bags, and bags or toys with strings beyond the reach of your baby and away from the baby's crib.
- Childproof your home before you bring baby home. Look at the world from your baby's viewpoint (the floor, when baby is crawling), and keep all cleaners, medicines and potential poisons and dangers in locked cabinets. Keep low cupboards and drawers locked and electrical outlets covered.
- In case of accidental poisoning, call a poison control center, your health care provider or the hospital Emergency Room. Call 911 if it is a life-threatening emergency.

- Have a smoke alarm in working order near the baby's bedroom (and other appropriate areas). Replace the battery twice yearly with the time change.
- Always have your baby placed correctly in a car seat when traveling in a car. Read instructions carefully before use. Incorrect use can result in injury or even death. Car seat clinics are often held at community fire departments or local community colleges. Call your health care provider, maternity care coordinator, fire department, police department or community college to find out about car seat instruction/safety check classes in your area.
- Take a pediatric choking and/or first aid class offered through your hospital or community.
- Do not smoke near your baby! Don't smoke in any room or car where your baby will be.

## Sleep

Babies vary as much in their temperaments as in their appearances. They may cry or be fussy frequently or have many sleepy, quiet or alert periods. Newborns may sleep (alternating from deep sleep to light sleep and drowsiness) from 16 to 18 hours a day, with sleep distributed over six to seven sleep periods. Baby may wake for feedings and then go back to sleep. To decrease the risk of SIDS (sudden infant death syndrome) babies should be placed on their backs to sleep. Talk with your health care provider, if you have special circumstances or any questions.

Most newborn babies will wake up every two to four hours to feed. Babies digest their liquid diets quickly. Nighttime feedings may change at about four to eight weeks of age. Then, babies may start sleeping through one or two feedings, allowing you longer periods of nighttime rest. It would be nice if your baby slept through the night; but for a new baby, a five-hour stretch is a full night, and very few babies sleep even this long. Try to keep nighttime feedings quiet and dark. Avoid turning on bright lights or the TV. You may want to play soft music. Be patient; your baby will gradually sleep longer during the night.

Paying particular attention to daytime naps also may help baby sleep better at night. Look for your baby's sleepy signals (decreasing activity, yawns, rubbing eyes, fussing), and put him down for a nap at that time. Don't wait until baby gets renewed energy, only to get fussier and even sleepier later. Although all babies are different, by 4 months of age, a baby may benefit from naps at mid-morning, early afternoon and early evening.

## Sleep position

SIDS (sudden infant death syndrome) is the major cause of death in infants ages 1 month to 1 year. Parents can greatly reduce the possibility of SIDS by placing babies on their backs to sleep. This position is recommended by The American Academy of Pediatrics, the SIDS Alliance and other medical groups. There may be special circumstances in which another sleep position is recommended: follow your provider's advice. The rate of SIDS has dramatically decreased (in Oregon by more than 50 percent) since the "back to sleep" idea has taken hold. Talk with your baby's health care provider if you have any questions. When your baby is awake, and you are able to supervise closely, give the baby "tummy time" to help your baby develop upper body motor skills. Tobacco use during pregnancy and after delivery increases the risk of SIDS. To avoid SIDS it is recommended that you follow the "Safe to Sleep" guidelines and recommendations below:

When you put your baby "safe to sleep" for every sleep, you reduce the risk of sudden infant death syndrome (SIDS) and other causes of sleep-related infant death.

Spread the word. Tell grandparents, babysitter, child care providers and other caregivers to always place your baby on his or her back to sleep. Babies who usually sleep on their backs but are then placed on their stomachs, even for a nap are at a very high risk for SIDS.

Remember every sleep counts.

- Always place your baby on his or her back to sleep, for naps and at night.
- Place your baby in a crib/bassinet/portable play yard with a firm mattress and tight fitting sheet.
- Do not allow your baby to sleep on a chair, couch, car seats or other devices. These are not recommended for routine sleep.
- No other items should be in baby's bed. Remove all soft, fluffy and loose bedding and stuffed toys from your baby's sleep area. This includes pillows, blankets and bumper pads.
- Avoid overheating your baby, do not cover your baby's head or overdress your baby while they are sleeping.
- Dress baby in a one piece sleeper or sleep sack and keep the room temperature at a level comfortable to an adult, about 65 to 71 degrees.
- Wedges and positioners should not be used.

Other steps you can take to prevent SIDS:

- Breastfeed your baby.
- Room share, instead of bed share.
- Once breastfeeding is established a pacifier may be offered.
- Do not allow smoking around your baby.
- Avoid drinking alcohol or using drugs that alter your awareness while pregnant or caring for your baby.
- Infants should receive all recommended vaccines.



### **Co-bedding (sleeping with your baby) warning:**

- Do not co-bed (co-sleep) with your baby.
- The risks of co-bedding include: accidental suffocation, entrapment or asphyxia, and death.
- The American Academy of Pediatrics recommends “room sharing without bed sharing.” They recommend if parents want their babies to sleep nearby, that babies sleep in their crib, portable crib, bassinet or play yard separately from parents.
- Do not have siblings sleep in the same bed as the new baby, due to chances of smothering.

## **Sun protection**

Your baby’s skin needs protection from the sun. Limit your baby’s exposure with appropriate clothing, cap or bonnet, and by keeping your baby in the shade and out of direct sunlight as much as possible. Sunscreens are not recommended until your baby is 6 months to 1 year old. Check with your baby’s health care provider for recommendations regarding sunscreens.

## **Taking your baby’s temperature**

It can be a challenge for your baby to maintain a normal body temperature after delivery. Skin-to-skin contact is the best way to keep baby warm.

The normal newborn’s axillary (armpit) temperature is between 97.6 °F and 99.6 °F. If you think your baby may be sick, take the baby’s temperature before calling baby’s health care provider. You may use a digital thermometer.

Read the instructions that come with your thermometer. Glass thermometers are no longer recommended. If you are using a digital thermometer, place it under baby’s arm for about one to two minutes or until it beeps. Ear thermometers are not recommended for the first year, because the tips are too large for an infant’s ears. Call your baby’s health care provider if the temperature is greater than 100.4 °F under baby’s arm. Unless you are directed by a health care provider, do not take a rectal temperature.

## **Vaccines/immunizations**

Your baby’s health care provider will give you a schedule for vaccinations or “shots” for your baby to ensure that your baby get immunity (protection) from certain diseases. These usually coincide with your baby’s “well-baby” visits and are part of your baby’s routine care. It is very important to vaccinate your baby following the scheduled guidelines to improve your baby’s chance of avoiding serious illness. Please talk with your baby’s health care provider, if you have any questions regarding the immunizations or the schedule. Immunizations play an important role in keeping your baby healthy.



### **Baby danger signs**

#### **Call your baby’s health care provider if your baby has:**

- Fever above 100.4 °F (under arm)
- Jaundice (yellowing of the eyes and skin)
- Breathing difficulty, blue or very pale color
- Insufficient urination or bowel movements (baby should have one wet diaper per day old, up to six to 10 per day)
- Frequent watery stools or no bowel movements (baby should have up to six to 10 per day)
- Feeds poorly (two to three feedings where baby does not want to eat) or vomiting
- Swelling, pus, discharge or bleeding around circumcision site
- More than a little bleeding, redness, discharge or foul smell around the cord site
- Increased sleepiness or listlessness

# Baby's developmental milestones

Baby's age	Mastered skills	Emerging skills
Newborn	Stares at faces, sees black and white objects	Follows bright objects
1 month	Lifts head, responds to sounds, stares at faces	Follows objects, oohs and aahs, sees black and white objects
2 months	Holds head up for short periods, follows objects, coos and gurgles	Smiles, laughs, holds head at 45 degree angle, movements become smoother
3 months	Laughs, holds head steadily, recognizes your face and scent	Squeals, gurgles, coos, recognizes your voice, does mini push-ups
4 months	Holds head up steadily, bears weight on legs, coos when spoken to	Grasps toys, rattles reaches out for objects, rolls front to back and back to front
5 months	Distinguishes bold colors rolls over easily, plays with hands and feet	Turns toward sounds, mouths objects, recognizes own name
6 months	Turns toward sounds/voices, imitates sounds, blows bubbles, rolls in both directions	Reaches for objects, puts objects in mouth, sits without support, is ready for solid foods

# Buying for baby: suggested list

It can be fun to gather items for your baby to wear and use. Remember, though, that your baby doesn't really need many of the items listed in a layette. However, your baby does need some comfortable clothing and some useful toiletry and care items.

Here are a few suggestions to get you started:

- Use what you can of the borrowed or handed down items people have given you: be sure these items meet current safety standards.
- Think about what time of year your baby is due, and buy clothing appropriate for size and time of year. Sizes are not uniformly standard.
- Choose comfortable, easy-to-handle clothing. This includes snaps in the legs of pants, or back of sweaters, roomy elastic waists, etc.
- Think about if you really need this item now, or if it can wait until baby is older, or even if you will need it at all.
- Limit bath and toiletry items. A small bottle of baby soap or shampoo will go a long way.

## What to buy for your baby

### Clothing

- 3 to 6 one piece sleepers or sleep sacks. Avoid overdressing baby.
- 3 to 4 booties or socks
- 3 to 4 outfits with snap crotch long or short sleeve
- 4 to 6 onesies or undershirts

If summer:

- Bonnet or cap

### Bath/toiletry items

- 2 to 3 towels and washcloths
- Baby bath tub
- Baby wash, mild bath soap or shampoo
- Curved, blunt baby nail scissors
- Comb
- 4 to 6 bibs or burp cloths

### Diapering supplies

- 3 to 4 dozen diapers (cloth or disposable)
- Cloth diapers: Need diaper pail, detergent, antibacterial agent, bleach and 4 to 6 diaper covers.
- Washcloths or baby wipes
- Diaper rash ointment, Vaseline or gauze for circumcision care, if needed

### Medicine/emergency kit

- Liquid acetaminophen (do not give to your baby before 8 weeks of age unless instructed by your baby's provider)
- Thermometer
- Phone numbers for doctor/hospital/Poison Control Center: 800-222-1222
- Family or friends' numbers to help in an emergency

### Bedding

- Crib and mattress (or bassinet or portable crib)
- 2 tight-fitting mattress pads
- 2 to 4 tight-fitting crib sheets
- 2 to 4 waterproof pads

### Feeding supplies

For breastfeeding:

- 2 to 4 nursing bras/gowns — do not use underwire bras (for mom)
- Nursing pads
- 1 to 2 bottles and nipples
- Breast pump

For formula feeding:

- Infant formula — iron fortified (discuss with your baby's provider)
- 2 to 4, 4-ounce bottles/nipples
- 4 to 8, 8-ounce bottles/nipples
- Bottle brush

### Furniture

- Changing table
- Dresser
- Rocking chair
- Baby swing

### Transportation

- Car seat
- Front pack/carrier
- Stroller
- Diaper bag/changing pad

### Other

- Announcements
- Baby book
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

# Childproofing

Whether it's finding a class in infant CPR or choosing a car seat, there's a lot to think about even before your child is born. Where to begin? Use this checklist to help you prepare.

## Around the house

### Carbon monoxide

- Install carbon monoxide (CO) detectors if you use gas or oil heat or have an attached garage, and check the batteries twice a year

### Fire prevention

- Install and maintain working smoke detectors; check monthly
- Keep a fire extinguisher on hand
- Plan a fire escape route

### First aid

- Assemble a first aid kit for babies
- Post emergency numbers next to your telephone

### Poison control

- Put childproof locks on all cabinets containing poisons, glass and sharp objects

### Lead paint

- If paint is flaking or peeling, have a professional remove or seal it

### Furniture

- Cover sharp furniture edges with padding or bumpers

### Rugs

- Put nonslip pads under area rugs that don't have nonslip backs

### Water safety

- Set your water heater no higher than 120° F (48° C)
- Purchase an infant bathtub with contours or other features that make it slip-resistant

## Nursery

### Bassinet

- Has sturdy bottom and wide, stable base
- Surfaces are smooth; no sharp protrusions

- Legs lock securely
- Mattress is firm
- Mattress fits snugly
- Avoid soft, fluffy bedding such as pillows, comforters or sheepskins

### Changing table

- Has a safety strap
- Find a place to keep baby wipes and other supplies within your reach but out of your baby's
- Has a carpet or rug below in case of a fall

### Crib

- Slats are no more than 2 3/8 inches apart
- Corner posts are 1/16 inch or shorter (or 16 inches or higher if there is a canopy)
- Has no decorative cutouts that can entrap baby's head
- Mattress is firm
- Mattress fits snugly (less than two fingers' width between mattress and side)
- Do NOT use soft, fluffy bedding such as pillows, comforters or sheepskins
- Is positioned away from windows, heaters, lamps, wall decorations, cords and climbable furniture

### Windows

- Install window guards or window stops
- Cut looped window blind cords; use safety tassels and inner cord stops

### Outlets

- Install plates that slide closed over outlets

## Away from home

### Car

- Purchase a car seat intended for infants
- Install it properly, in rear-facing position in middle of back seat
- Practice removing and reinstalling car seat correctly

### Nice to have

- Window shades to block the sun

## General safety

### First aid

- Take an infant CPR class

## Choosing a provider for your baby

You will need to choose your *baby's health care provider* before your baby's birth. The maternity care coordinator will ask you for this information when you come in to do your preadmission appointment with her. Both your health care provider and the nurses at the hospital will want to know the name of your baby's health care provider.

Many parents-to-be are unsure how to choose a provider for their baby. A good place to start is by asking family, friends, your own health care provider and your maternity care coordinator for recommendations. Then, decide whether you want the baby to be cared for by your *family health care provider* or by a *pediatrician* (a health care provider who cares only for infants, babies and children under age 18).

Once you have decided which provider you would like your baby to see, call the provider's office to ask if he or she is accepting new patients or babies into his or her practice. If you would like, you can make an appointment to meet this provider. Many providers will allow a visit before birth at no charge. (There may be a charge, so be sure to ask.)

### Here is a list of questions you may find helpful when you see your baby's new provider:

- What are your office hours?
- How much time is allotted to a sick baby visit?  
A well-baby visit?
- In which hospital do you treat your patients?
- Who is on-call for you when you are not available?
- How do I contact you after hours?
- How do you feel about: circumcision, breastfeeding, baby shots, etc.?
- Is there a lactation consultant available to assist with breastfeeding?
- When is the best time to ask general questions about my infant/child?
- What is the charge for a newborn exam, attending a cesarean birth, circumcision or immunizations?

### After the interview, ask yourself these questions:

- How did he/she respond to my questions?
- Did he/she take time to answer my questions?
- Was he/she easy to talk to?
- Did I feel comfortable talking with this health care provider?

Samaritan also has a physician referral network that can help you find a provider in your area who is accepting new patients. Call 800-863-5241.

## Birth certificates

After your baby is born, you will need to order a legal birth certificate for your baby from the state. Your baby must have a birth certificate to:

- Apply for a Social Security number
- To enter school for the first time or to transfer to a new school system
- To play on certain sports teams
- As part of required identification to apply for a driver's license, marriage license or passport

You may order a legal copy by filling out the order form in your OB Notebook. You may also order a copy from the county health department where your baby was born. Ordering through the county

is available only for babies up to 6 months of age. You will be required to present two pieces of identification. The cost for the birth certificate is \$25 for each copy.

**Order a legal birth certificate from the state online at [vitalchek.com](http://vitalchek.com), or call 888-896-4988, payment by credit or debit card.** Ordering in-person is limited to immediate family members. This may be done at the State Vital Records office: 800 NW Oregon St., Suite 205, Portland, Oregon, Monday through Friday 9 a.m. to 4 p.m. (as of this printing).

Information is available online at [healthoregon.org/chs](http://healthoregon.org/chs) or call 971-673-1190.



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# Resources for expecting and new parents

No matter how well you prepare for parenthood, you still may find that you need a little help at times. Many organizations and services are available both in the mid-Willamette Valley and on the coast to help you prepare the right environment for yourself and for your baby. In addition to the resources listed below, you can call your maternity care coordinator, your health care provider or your hospital for additional suggestions.

Samaritan Health Services also partners with [211info](http://211info.org), a statewide initiative that gives you a place to find the most current list of local resources. **Dial 211 to be connected with your local station, or visit [211info.org](http://211info.org) to find resources online.**

## Willamette Valley area

### Listed by resource

#### Alcohol and drug counseling services

- Albany InReach Services: 541-812-4059
- Benton County Health Department: 541-766-6835 (bilingual)
- Community Outreach: Corvallis, 541-758-3000
- Linn County Health Department: 541-967-3819; East Linn County: 541-451-5932 (bilingual)

#### Baby supplies

- FISH: Albany, 541-928-4460; Lebanon, 541-259-3200
- Love Inc.: Corvallis, 541-757-8111
- Options Pregnancy Center: Albany, 541-924-0160; Corvallis, 541-757-9645
- Pregnancy Alternatives Center: 541-258-3500
- Vina Moses Center: Corvallis, 541-753-1420
- Willamette Crisis Pregnancy Center: 541-367-2447

#### Birth control

- Your family or OB provider
- Benton County Health Department: 541-768-6835
- Linn County Health Department: 541-967-3888

#### Breastfeeding services

- Mid-Valley Breastfeeding Clinic: Albany, appointments, 541-812-5111; lactation line, 541-812-5116
- Samaritan Lebanon Community Hospital Lactation Line: 541-451-7588
- Good Samaritan Regional Medical Center Lactation Line: Corvallis, 541-768-5244
- La Leche League International: 541-766-0055
- Milk Depot, Good Samaritan Regional Medical Center for breast milk donations: 541-768-5244

#### Breast pumps

- Benton County WIC: 541-766-6835
- Linn County WIC: 541-967-3888
- Samaritan Medical Supplies: Corvallis, 541-768-7500; Lebanon, 541-451-6364
- East Linn County WIC: Lebanon, 541-451-5932; Sweet Home, 541-367-3888

#### Car seats and car seat safety

- Child Safety Seat Resource Center: 877-793-2608
- Online: [healthychildren.org](http://healthychildren.org) or [safekidsoregon.org](http://safekidsoregon.org)
- Car Seat Safety: Albany, 541-917-7726; Corvallis, 541-766-6961
- Pregnancy Alternatives Center: Lebanon, 541-258-3500 (income qualification and classes required)
- Sweet Home Pregnancy Center: 541-367-2447 (income qualification and classes required)

#### Cash assistance

- Department of Human Services: Food Stamps (SNAP)/Cash Assistance (TANF): Albany, 541-967-2078; Corvallis, 541-757-4201; Lebanon, 541-259-5860

#### Child abuse

- 24-hour Child Abuse Hotline: Linn and Benton counties, 541-757-5019; 866-303-4643
- National Child Abuse line: 800-422-4453

## **Childcare**

- Family Connections Linn Benton Community College  
Childcare Resource and Referral: 541-917-4899

## **Classes: prenatal, childbirth and parent education**

- Samaritan Albany General Hospital:  
visit [Pollywogfamily.org](http://Pollywogfamily.org) or call 541-917-4884;  
Spanish, 541-812-4303
- Good Samaritan Regional Medical Center:  
541-768-4752; Spanish, 541-768-5772
- Samaritan Lebanon Community Hospital:  
541-451-7872 (bilingual)
- LBCC Family Resource Center: 541-917-4897
- Fitness During Pregnancy: Corvallis, 541-768-4752
- Pregnancy Alternatives Center: Lebanon,  
541-258-3500
- Early Kidco Head Start: 541-451-1581
- Sweet Home Pregnancy Center: 541-367-2447
- Websites for more information: [samhealth.org](http://samhealth.org);  
[parentingsuccessnetwork.org](http://parentingsuccessnetwork.org)

## **Counseling**

- Benton County Mental Health: 541-766-6844;  
24-hour crisis line, 888-232-7192
- Linn County Mental Health: 541-967-3866;  
24-hour crisis line, 800-304-7468
- East Linn County Mental Health: Lebanon,  
541-451-5932; Sweet Home, 541-367-3888
- Hope for Mothers: Albany, 541-812-4475  
(bilingual)
- Hope and Wholeness Counsel: Albany and Corvallis,  
541-753-9217
- Pastoral Counseling Services: Albany and Corvallis,  
541-753-9217
- Samaritan Mental Health: Albany, 541-812-5060;  
Corvallis, 541-768-5235
- Albany InReach Services: 541-812-4059
- Postpartum Support International: 800-944-4773

## **Domestic violence and abuse**

- CARDV (Center Against Rape and Domestic Violence):  
24-hour crisis line 541-754-0110;  
toll free 800-927-0197

## **Education**

- Albany Options: check with high school counselor for  
transfer process
- LBCC/GED program: 541-917-4710; Spanish services  
line: 541-917-4664
- Community Services Consortium GED Program:  
Albany, 541-928-6335; Corvallis, 541-752-1010;
- HS completion/GED Program Harding Center/College  
Hill Alternative School: 541-757-5945
- High school night school program:  
Lebanon, 541-451-8555

## **Energy assistance**

- Community Services Consortium:  
Albany, 541-928-6335; Corvallis, 541-752-2840
- Consumer Power: 800-872-9036
- Pacific Power: 888-221-7070
- NW Natural Gas: 541-926-4253

## **First aid and CPR classes**

- Good Samaritan Regional Medical Center, Samaritan  
Lebanon Community Hospital and Samaritan Albany  
General Hospital: 541-768-5116

## **Food stamps/cash assistance/WIC**

- Department of Human Services: Food Stamps/Cash  
Assistance: Albany, 541-967-2078;  
Corvallis, 541-757-4201; Lebanon, 541-259-5860
- WIC: Albany, 541-967-3888; Lebanon, 541-451-5932;  
Corvallis, 541-766-6835; Sweet Home, 541-367-3888

## **Food banks/soup kitchens**

### **Food banks**

- FISH of Albany: 541-928-4460;  
Philomath, 541-929-2499;
- Sharing Hands: Brownsville, 541-466-3110;  
Summit, 541-456-2141
- Sweet Home Emergency Ministries: 541-367-6504
- The River Center: 541-451-1271

### **Soup kitchens**

- Salvation Army: Albany, 541-928-4774; Lebanon (walk-in service only at Lebanon Senior Center, 585 Park St.)
- St. Vincent DePaul: Corvallis, 541-757-1988; Lebanon, 541-258-5405; Albany, 541-926-1559
- St. Mary's Soup Kitchen: Albany, 541-926-8562; Corvallis, 541-757-1988

### **Healthy Families**

- Benton and Linn counties: 541-757-8068 ext. 142

### **HIV/AIDS resources hotline**

- 800-777-2437

### **Housing**

- Linn Benton Housing Authority: 541-926-4497
- Community Outreach: 541-758-3000

### **Immunizations**

Call your health care provider or county health department.

- Benton County Health Department: 541-766-6835
- Linn County Health Department: 541-967-3888
- East Linn County: Lebanon 541-451-5932; Sweet Home, 541-367-3888

### **Mental health/counseling services**

- Benton County Mental Health: 541-766-6835, after-hours/crisis line: 888-232-7192
- Linn County Mental Health: 541-967-3866, 800-304-7468; after-hours: 800-560-5535
- Samaritan Mental Health: Albany, 541-812-5060; Corvallis, 541-768-5235

### **Nurse home visitation program**

- Family nurse visit, Maternity Case Management (prenatal)/Baby's First! (newborn to 4 years)/CaCoon (medically fragile children): Benton County, 541-766-6835; Linn County, 541-967-3888

### **Paternity testing**

- DNA Services of America: Eugene, 541-484-7353
- Oregon Paternity Establishment Services (Linn, Benton, Lincoln county): 541-967-2028; 800-850-0228

### **Poison control**

- Oregon Poison Control: 800-222-1222

### **Pregnancy loss support/SIDS (Sudden Infant Death Syndrome)**

- Albany Childbearing Loss Support Group information: 541-812-4307

### **Support enforcement**

- Linn, Benton, Lincoln county: 541-967-2028

### **Teen pregnancy/parenting programs**

- Albany Options: 541-967-4563
- Pregnancy Alternatives Center: 541-258-3500
- Sweet Home Pregnancy Center: 541-367-2447

### **Transportation**

- Cascade West Ride Line: 541-924-8738, 866-724-2975 (Medicaid/OHP and Medicare insurance only)

## **Coastal communities area**

### **Listed by resource**

#### **Alcohol and drug counseling services**

- Lincoln County Health Department: 541-265-4179

#### **Baby supplies**

- Birthright Pregnancy Center: Newport, 541-265-2404

#### **Breastfeeding services**

- Samaritan North Lincoln Hospital: Lincoln City OB/Maternity Department, 541-996-7179
- Samaritan Pacific Communities Hospital: Newport OB/Maternity Department, 541-574-1826
- Public Health Department: Lincoln City, 541-265-4112
- WIC Support Group: 541-265-4115

#### **Breast pumps**

- Samaritan Medical Supplies: Newport, 541-574-1826
- Newport Rental Service: 541-265-5721
- North Coast Home Care: Newport, 541-265-2888; Lincoln City, 541-996-5102

**Car seats**

- Child Safety Resource Center: 800-772-1315
- Lincoln County Health Department: 541-265-4112
- Newport Fire Department: 541-265-9461
- Lincoln City Fire Department: 541-996-2233
- Samaritan Pacific Communities Hospital Education Department: Newport, 541-574-4754

**Car seat rentals**

- Lincoln County Health Department: 541-265-4112
- North Coast Home Care: 541-265-2888
- Newport Rental: 541-265-5721

**Cash assistance**

- Lincoln County Health and Human Services: 541-265-2248 or 541-765-2529

**Child abuse**

- Newport Child Protective Services: 541-265-8557

**Classes: prenatal, childbirth and parent education**

- Samaritan Pacific Communities Hospital Education Department: 541-574-4936
- Samaritan North Lincoln Hospital: 541-994-3661

**Counseling**

- Reconnections Counseling: Lincoln City, 541-994-4198; Newport, 541-574-4860; Toledo, 541-336-5476
- Lincoln County Mental Health: 541-265-4179

**Dental**

- Willamette Dental: 855-433-6825
- Advantage Dental: 888-468-0022, ext. 61857
- Inter-Christian Outreach dental van: 541-272-5005

**Disability services**

- Shangri-La: 541-265-4015

**Domestic violence and abuse**

- My Sister's Place (women's shelter): 800-841-8325

**Education**

- Lifeskills: Newport, 541-265-2283, ext. 110
- ALOC: 541-265-8505

**Employment office:** 541-265-8891

**Energy assistance**

- Central Lincoln Peoples Utilities District: 541-265-5877
- Community Service Consortium: 541-265-8577

**First aid and CPR classes**

- American Red Cross: 541-265-7182
- Samaritan Pacific Communities Hospital Education Department: 541-574-4754
- Samaritan North Lincoln Hospital: 800-804-3202
- Lincoln City Fire Department: 541-996-2233
- Newport Fire Department: 541-265-9461

**Food stamps/cash assistance/WIC**

- Department of Human Services: Newport, 541-265-2248 or 800-426-7089
- Lincoln County WIC: 541-265-4112

**Food banks/soup kitchens****Food banks**

- Adventist Food Pantry: Newport, 541-563-2644
- Food Share of Lincoln County: 541-265-8578
- Lincoln City Food Pantry: 541-994-3699
- Newport Food Pantry: 541-992-5723
- Toledo Food Pantry: 541-270-7921
- Waldport Food Pantry: 541-563-2508

**Soup kitchens:**

- Calvary Baptist Church: Newport, 541-265-5232
- Trinity Methodist Church: Toledo, 541-336-2450

**Housing**

- Lincoln County Housing Authority: Newport, 541-265-5326
- HALC (Housing Authority of Lincoln County): 541-265-5326
- Viridian Management: Lincoln City, 541-994-3393 or 541-265-8860
- Emergency Shelter: 541-265-9234
- Samaritan House (family shelter): 541-574-8898

## **Interpreter**

- Centro De Ayuda: 541-265-6216

## **Immunizations**

- Health departments: Newport, 541-265-4112;  
Lincoln City, 541-994-0227

## **New mom/dad and baby classes**

- OSU Extension Services: 541-574-6534

## **Poison control**

- 800-222-1222

## **Support enforcement**

- Child Support Enforcement Program:  
800-850-0228 or 800-850-0294

# **Valley resources**

## **Listed alphabetically**

### **Albany Childbearing Loss Support**

**Group information:** 541-812-4307

**Albany Indoor Park:** 541-967-0281

**Albany InReach Services:** 541-812-4059

**Albany Options:** 541-967-4563

**Albany Rental:** 541-967-2789; Corvallis,  
541-753-2214 (toddler only)

**American Red Cross:** Albany, 541-926-1543;  
Corvallis, 541-753-6628

### **Benton County Health Department:**

541-766-6835

**Benton County Mental Health:** after hours/crisis line:

888-232-7192

**Benton County:** 541-766-3548

**Car Seat Safety:** Albany, 541-917-7700, ext. 7732;  
Lebanon, 541-258-3500; Corvallis, 541-766-6961

### **CARDV (Center Against Rape and Domestic Violence):**

24-hour crisis line 541-754-0110; 800-927-0197

**Cascade West Ride Line:** 541-924-8738

**Child Abuse Hotline:** 541-967-2060  
(after-hours 911)

**Child Safety Seat Resource Center:** 800-772-1315

**Community Outreach:** Corvallis, 541-758-3000

### **Community Services Consortium GED Program:**

Albany, 541-928-6335; Corvallis, 541-752-1010;  
Lebanon, 541-451-1071

### **Community Services Consortium:**

Albany, 541-926-7163; Corvallis, 541-752-2840;  
Lebanon, 541-451-4408

**Consumer Power:** 800-872-9036

### **Corvallis office and Child Abuse Hotline:**

541-757-4121 (after-hours 911)

**Corvallis Pregnancy Center:** 541-757-9645

### **Department of Human Services: Food Stamps/Cash**

Assistance: Albany, 541-967-2078;

Corvallis, 541-757-4201; Lebanon, 541-259-5860

### **East Linn County Mental Health:**

Lebanon, 541-451-5932; Sweet Home, 541-367-3888

**East Linn County WIC:** 541-451-5932

**East Linn County:** Lebanon 541-451-5932,

Sweet Home 541-367-3888

**Elm Street Pharmacy:** Albany, 541-812-5071

### **Family Connections Linn Benton Community College**

**Childcare Resource and Referral:** 541-917-4899

**FISH Albany:** 541-928-4460; Philomath,

541-929-2499; Lebanon, 541-259-3200

### **Home Medical Equipment & Supplies: Samaritan Medical**

Supplies, 541-752-9621, 541-451-6364

### **Good Samaritan Regional Medical Center Lactation Line:**

Corvallis, 541-768-5244

### **Good Samaritan Regional Medical Center:**

541-768-5111 or 888-872-0760

**LBCC Family Resource Center:** 541-917-4897,

541-917-4949

**LBCC/GED program:** 541-917-4710,

Spanish services line: 541-917-4664

**LeLeche League:** 847-519-7730

**Linn-Benton Housing Authority:** 541-926-4497

**Linn-Benton Mediation Services:** 541-928-5323

**Linn County Health Department:** 541-967-3888;

East Linn County: 541-451-5932

**Linn County Mental Health:** 541-967-3866,

800-304-7468, after-hours: 800-560-5535

**Linn County Healthy Start:** 541-924-6910,  
800-304-7468

**Mid-Valley Children's Clinic Lactation Services:**  
Albany, 541-812-5111, 541-812-5116

**New Hope Pregnancy Center:** Albany, 541-924-0166

**NW Natural Gas:** 541-926-4253

**Oregon Poison Control:** 800-222-1222

**Pacific Power:** 888-221-7070

**Pastoral Counseling Services:** Albany, 541-926-6132;  
Lebanon, 451-5015; Corvallis, 541-753-9217

**Paternity Testing — DNA Services of America:**  
Eugene, 541-484-7353

**Philomath Neighbor to Neighbor:** 541-929-2412

**Pregnancy Alternatives Center:** 541-258-3500

**Pregnancy Loss Support Group:** Albany, 541-812-4307

**Salvation Army:** Albany, 541-928-4774;  
Corvallis, 541-758-1178

**Samaritan Lebanon Community Hospital Lactation Line:**  
541-451-7588

**Samaritan Mental Health:** Albany, 541-812-5060;  
Corvallis, 541-768-5235

**Samaritan Pediatrics Lactation Clinic:**  
Corvallis, 541-768-4900

**Samaritan Pharmacy:** Corvallis, 541-768-5225;  
Albany, 541-812-5070; Lebanon, 541-451-7119

**Sharing Hands:** Brownsville, 541-466-3110;  
Summit, 541-456-2141

**SIDS (sudden infant death syndrome) 24-hour  
support hotline (and support group information line):**  
541-928-9292

**St. Mary's soup kitchen:** Albany, 541-926-8562;  
Corvallis, 541-757-1988

**St. Vincent DePaul:** Corvallis, 541-757-1988;  
Lebanon, 541-258-5405; Albany, 541-928-1559

**Sweet Home Emergency Ministries:**  
541-367-6504

**Sweet Home High School:** 541-367-7114

**Sweet Home Pregnancy Center:** 541-367-2447

**WIC:** Albany, 541-967-3888; Lebanon, 541-451-5932;  
Corvallis, 541-766-6835; Sweet Home, 541-367-3888

## Coastal resources

### Listed alphabetically

**Advantage Dental:** Newport, 888-468-0022, ext. 61857

**Adventist Food Pantry:** Newport, 541-563-2644

**ALOC:** 541-265-8505

**Alternative School:** Lincoln City, 541-996-2115  
(Wise Program)

**American Red Cross:** 541-265-7182

**Birthright Pregnancy Center:** Newport, 541-265-2404

**Cascades West Ride Line (non-emergency medical  
transport for Medicaid/OHP clients):** 541-924-8738

**Central Lincoln Peoples Utilities District:**  
541-265-5877

**Centro De Ayuda (Spanish Interpreter):**  
541-265-6216

**Child Safety Resource Center:** 800-772-1315

**Child Support Enforcement Program:**  
800-850-0228, or 800-850-0294

**Community Service Consortium:** 541-265-8577

**Department of Human Services:**  
Newport, 541-265-2248, 800-426-7089

**Emergency Shelter:** Newport, 541-265-9234

**Employment Office:** 541-265-8891

**Family Promise of Lincoln County (shelter,  
day center):** 541-614-0964

**Food Share of Lincoln County:** 541-265-8578

**Food Stamps (SNAP):** 541-265-2248

**Head Start:** Lincoln County, 541-996-3028;  
Newport, 541-574-7690; Toledo, 541-336-5113

**HALC (Housing Authority of Lincoln County):**  
541-265-5326

**Lifeskills:** Newport, 541-265-2283, ext. 110

**Lincoln City:** 541-994-0227

**Lincoln City Fire Department (car seat assistance):**  
541-996-2233

**Lincoln City Food Pantry:** 541-994-3699

**Lincoln County Health and Human Services:**  
541-265-2248, 541-765-2529

**Lincoln County Health Department:** 541-265-4112

**Lincoln County Housing Authority:**  
Newport, 541-265-5326

**Lincoln County Mental Health:** 541-265-4179

**Lincoln County WIC:** 541-265-4112

**My Sister's Place (women's shelter):** 541-574-9424;  
24-hour hope line: 541-994-5959

**Native American Siletz Community Health Clinic:**  
541-444-1030

**Newport:** 541-265-4112

**Newport Child Protective Services:** 541-265-8557

**Newport Fire Department (car seat assistance):**  
541-265-9461

**Newport Food Pantry:** 541-992-5723

**Newport Rental Service:** 541-265-5721

**North Coast Home Care:** Newport 541-265-2888;  
Lincoln City 541-996-5102

**OSU Extension Services:** 541-265-4107

**Poison Control:** 800-222-1222

**Reconnections Counseling:** Lincoln City, 541-994-4198;  
Newport, 541-574-9570; Toledo, 541-336-5476

**Samaritan Health Clinics:** Depoe Bay, 541-765-3265;  
Lincoln City, 541-996-7480; Newport, 541-574-4860;  
Toledo, 541-541-574-2730; Waldport, 541-563-3197

**Samaritan North Lincoln Hospital:**  
541-994-4440, 541-574-3661

**Samaritan North Lincoln Hospital:** Lincoln City,  
OB/Maternity Department, 541-996-7179

**Samaritan Pacific Communities Hospital:**  
Newport, OB/Maternity Department: 541-574-1826

**Shangri-La:** 541-265-4015

**Viridian Management:** Lincoln City, 541-994-3393;  
Newport, 541-265-8860

**Waldport Food Pantry:** 541-563-2508

**WIC:** Newport, 541-265-4163

**Willamette Dental:** 855-433-6825

**WorkSource Oregon: Unemployment questions;**  
877-345-3484; Lincoln City, 541-994-6992;  
Newport, 541-265-8891

**Yachats Youth & Family Activities Program:**  
541-547-4599









Samaritan  
Health Services

[samhealth.org](http://samhealth.org)

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