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# Welcome! Congratulations! You're Pregnant!

Congratulations on your pregnancy. Thank you for choosing North Atlanta Women's Care as your provider.

Having a baby is one of the most memorable and important experiences for a woman. We are dedicated to do all we can to ensure your pregnancy experience is safe, healthy, and happy.

This "booklet" is provided to you to help answer common questions you may experience along the way. We encourage you to keep it nearby as a resource throughout you pregnancy.

Thank you for placing your trust in our care.

## Your Physicians

### Sujatha Vivek MD, FACOG



Dr. Sujatha Vivek is a board-certified OB/GYN. She is a member of the [American Congress of Obstetricians and Gynecologists](#) (ACOG) and the [American Board of Obstetrics and Gynecology](#) (ABOG).

Dr. Vivek completed her OBGYN residency at Wayne State University, Michigan. Her past experience is extensive having practiced in the United Kingdom for several years in the field of obstetrics and gynecology prior to commencing her career in the United States.

Her special interests include caring for patients with complicated pregnancies, minimally invasive surgery for gynecological problems and procedures done in the office for abnormal uterine bleeding.

She has performed research involving disorders of urinary incontinence, uterine prolapse in women and reparative surgery for these disorders.

Dr. Vivek is fluent in English and also speaks Tamil.

She is affiliated with Emory Johns Creek Hospital - Exclusively for delivery.

### Whitney Cook MD



Dr. Cook grew up in Alpharetta, Georgia and attended Taylor Road Middle School and Chattahoochee High School. She went to Emory University in Atlanta and completed her bachelor's degree in Chemistry with a minor in French. She completed both medical school and her OBGYN residency at Mercer University in Macon, Georgia. As a senior resident she was elected Administrative Chief Resident and was awarded the Special Resident in Minimally Invasive Gynecology by the American Association of Gynecologic Laparoscopists.

Dr. Cook's interests include high risk pregnancy management, minimally invasive procedures, and the diagnosis and treatment of infertility. She has performed research in the diagnosis of preeclampsia in hypertensive obstetric patients and has also studied the use of progesterone for the treatment of acute head trauma. Dr. Cook is a member of the American Congress of Obstetricians and Gynecologists and is currently board eligible.

She also specializes in physician guided weight loss, including both dietary management and counseling as well as prescription based therapies.

Dr. Cook and her husband are outdoor enthusiasts and animal lovers who enjoy kayaking, hiking, and scuba diving. They currently have two four-legged family members, a welsh corgi named Brody and a rescue dachshund mix named Marty McFly.

She is affiliated with Emory Johns Creek Hospital - Exclusively for delivery.

# Office Information

## Office hours and Location

Our offices are open Monday through Friday 8:30 am – 5:00 pm for office visits. You may be seen at any of our office locations:



### Johns Creek Office

6300 Hospital Pkwy, Suite 375,  
Johns Creek, GA 30097



### Alpharetta Office

4040 Old Milton Pkwy, Suite 200,  
Alpharetta, GA 30005



### Cumming Office

407 East Maple Street, Suite 101,  
Cumming, GA 30040

## How to Contact our office

You may call our main office number at 770.771.5270 Monday through Friday 8:00 am – 5:00 pm for either emergency and non-emergency questions or concerns. If you need to contact the office on weekends or after business hours and your call is in regards to a **non-emergency** issue, you may either leave a message *OR* call back during normal business hours. Messages are checked the following business morning. If your call is in regards to an **emergency** issue and cannot wait until the following business day, you may call the same number and press “0” to speak with the physician on call. Please do not leave a message on the weekends, as the messages will not get checked until the next business day that the office is open.

## Billing for prenatal care

We understand that maternity benefits can be confusing. Our billing staff is available during normal business hours to discuss any questions you may have. You may call them at 770.771.5270. You may also have an opportunity to meet with our billing staff to review your insurance coverage and your financial responsibility.

# Your Prenatal Visits

Because pregnancy is a time of great change for your body as well as the fetus, you will be visiting our office on a regular basis. During your regular visits, your weight, blood pressure and urine will be checked. Your abdomen is measured to check fetal growth and we will listen to your baby's heartbeat beginning around week 14. Visits will be as follows:

- Monthly office visits until 28 weeks
- Office visits twice a month from 29 weeks to 36 weeks
- Weekly office visits from 36 weeks to 40 weeks
- Postpartum follow-up visit 6 weeks after delivery



## Important visits that are scheduled during and after your pregnancy

- **First OB visit: Confirmation of Pregnancy Ultrasound & Routine Pregnancy Bloodwork**

During this visit, you will have a physical exam which may include a pap smear. There will also be a series of prenatal labs that will test your blood type and blood count for infections (syphilis, hepatitis B, HIV, and rubella). All of the results will be reviewed with you at your next appointment. You may decline the HIV testing, but it is recommended for all pregnant women to provide the best care for you and your baby.

An optional blood test to evaluate the risk of parents having a child with cystic fibrosis. This test can be performed any time during the pregnancy.

- **11-13 weeks: First Trimester Screen with optional Panorama and Horizon testing**

A fetal ultrasound (performed at Maternal Fetal Specialists or our office in John's Creek) and blood test to evaluate the baby's risk for Down Syndrome and chromosomal problems. There is more information about these tests on the following pages.

- **18-20 weeks: Second Trimester Screen & Anatomy Scan**

A test that uses sound waves to outline and photograph organs of the developing baby to determine if there are any abnormalities. This test also allows the physician to determine or confirm the due date. This scan is done with Maternal Fetal Specialist only. A blood test performed to detect brain, spinal cord defects, or other chromosomal problems such as Down Syndrome. This blood test is considered the second half of the first trimester screen and will be drawn in our office if the first part was drawn by us as well.

- **24-26 weeks: 1 hour GTT (1 hour Sugar Test)**

A blood test performed to detect if the pregnancy is causing diabetes. If you have a family history of diabetes or are in a category which places you at a higher risk, this test will be done at 19-20 weeks and then repeated at 28 weeks.

**Iron is rechecked along with this test**

- **28 Weeks: Rhogam Injection**

We will test your blood for the Rh factor at the beginning of your pregnancy. If your blood type is Rh negative, then you may be at risk for Rh disease, which affects about 10% of people. Rh disease is a pregnancy complication in which your immune system attacks the baby's blood and can result in a life threatening situation for the baby if left unknown. Fortunately, it can be prevented with a shot called Rhogam which is given at 28 weeks or anytime if vaginal bleeding occurs. If you are Rh negative, contact our office immediately if you develop bleeding or trauma to your belly.

- **35-37 weeks: GBS Culture**

A vaginal /rectal culture collected to detect Group B Strep which is an infection which requires administering antibiotics when you are in labor.

- **Post-Partum**

At this visit, we will check to make sure you are healing correctly from your delivery. Blood may be drawn and a vaginal exam will take place. How are you feeling physically? Emotionally? What types of contraception are you interested in using, if any? These are topics we will discuss at this visit.

The average pregnant woman will have around 12 visits with the doctor. There are circumstances where there will be more ultrasounds, blood draws, vaginal exams, office visits, etc. Not every pregnancy is the same. We will make sure that you receive the best care we can provide. The above schedule is only an example of your visits while pregnant and any variations to this will be explained to you by the doctor or staff. As always, if you have any questions or concerns, please let us know.

# Prenatal Cell-Free DNA Screening

*Panorama, Harmony, Verifi, MaterniT21 plus, ect.*

Screening for genetic conditions and birth defects is offered to all pregnant women. Some screening methods are routine, such as an ultrasound. Other screening tests are optional, such as blood tests for Down syndrome. Decisions about screening are very personal and should be based on your values and needs. You may find it helpful to discuss your thoughts and feelings about prenatal screening with your obstetric provider. You may also want to talk about how you might use the results. To help guide this discussion, we have outlined some questions to consider.

## **Should I undergo prenatal screening for genetic conditions?**

Based on your needs and values, you may choose whether or not you want these screening tests. Some benefits of prenatal screening might include preparing for raising a child with a health issue or disability. Other benefits might include learning more about the condition or making birth plans. Some families might also want to start treatments as soon as possible after birth or, in some cases, prepare for a baby who may not survive. Some might opt to terminate a pregnancy or create an adoption plan for a child with a disability. Some patients might not want any prenatal screening. They may feel it would not be helpful or that it would cause more stress and worry.

## **What is cell-free DNA screening?**

You may be offered cell-free DNA screening (cfDNA) as a way to screen for some genetic conditions. cfDNA screening might also be called: non-invasive prenatal testing (NIPT), non-invasive prenatal screening (NIPS), or other specific brand names. cfDNA screening looks at a blood sample from a pregnant woman and poses no risk of miscarriage. While this blood test is often accurate, it does not give a definite answer. cfDNA screening can miss pregnancies when the baby does actually have the condition (false negatives). On the other hand, these tests can sometimes show that a baby has high chances for a condition and be wrong (false positives). Therefore, diagnostic testing is recommended for those who want to know for sure. In addition, cfDNA screening does not find all genetic conditions or risk factors possible in a pregnancy. The results should be reviewed with you by a medical professional.

Several other blood tests for Down syndrome may also be offered to you, such as a first trimester screen, second trimester screen, sequential screen, or integrated screen. You should not have more than one type of Down syndrome screening test performed at the same time. Your obstetric provider can discuss the benefits and drawbacks of each option. For questions about these screening tests, please contact your obstetric provider.

## **What is diagnostic testing, and how is it different from screening?**

Diagnostic testing is available to any woman who wants the most accurate testing option. Diagnostic testing is over 99% accurate and can be used to confirm cfDNA screening results. These tests can also detect other genetic conditions not found by screening tests. Depending on the timing during your pregnancy, two diagnostic testing options may be available: chorionic villus sampling (CVS) or amniocentesis. These are invasive tests in which a small sample of tissue from the placenta or amniotic fluid is used to study the baby's chromosomes. Because these procedures are invasive, there is a risk, likely less than 1%, for a miscarriage.

## **What conditions are screened for by cfDNA screening?**

cfDNA almost always screens for Down syndrome, trisomy 18, and trisomy 13. Screening for gender, sex chromosome conditions, and other conditions may also be a part of a cfDNA screen. cfDNA screening is most effective at screening for Down syndrome even though the results are still not certain. However, the accuracy of results for the other conditions is still being studied. The screening options are constantly changing to include more conditions, so you may want to talk to your medical provider about what is included in the different testing options.

People with chromosome conditions can have a broad range of outcomes. For example, babies with trisomy 13 and 18 often have major health and cognitive issues with only about 10% living past the first year. People with Down syndrome commonly have mild to moderate developmental disabilities and some treatable health issues, with a minority having more severe issues. They are usually active members of their communities and live an average of 60 years. An extra or



missing sex chromosome can sometimes cause learning delays and health issues, but can also be so mild that it goes undiagnosed.

### **How long do results take for cfDNA screening?**

cfDNA results are typically available in 5-10 days. You can ask your obstetric provider or genetic counselor how and when you will be getting your results.

### **What do cfDNA screening results mean?**

A “negative” cfDNA result means that the chances your baby has the genetic conditions on the screening panel is low. It does not eliminate the chance and cfDNA does not screen for all conditions. A “positive” cfDNA result greatly increases the chances your baby has a specific condition. Your chances after a “positive” screen depends on many factors: the condition itself, your age, timing during pregnancy, family history, and ultrasound results. Sometimes, a cfDNA result cannot be reported for a number of reasons. When a result cannot be given by cfDNA, you can discuss what this could mean with your genetic counselor or obstetric provider.

### **How do I get information and support if my screening test comes back “positive” or “high risk” for a genetic condition?**

While prenatal screening offers more information about the pregnancy, it can also lead to many more questions. What do these screening results or this diagnosis mean? What kind of life does a person with this diagnosis live? Where can I find reliable information?

Sometimes you might find incorrect or out-of-date information when trying to learn about different conditions. The outcomes and attitudes about many disabilities have changed greatly in recent years. This means expectant parents need current updates about genetic conditions so that they can make informed choices about the pregnancy and find any needed services, resources, and support. Your obstetric provider can show you accurate and trusted resources. If you would like more information, you can ask for a referral to a genetic counselor. Genetic counselors are health care professionals with training in prenatal genetics. Genetic counselors can help you understand your options and discuss your thoughts about testing. They can also give you accurate information about your test results. You can find a genetic counselor through your obstetric provider or by using the “Find a Genetic Counselor” link on the [www.nsgc.org](http://www.nsgc.org) website.

### **Where can I find more information about prenatal screening and testing?**

You can find more information about prenatal screening, testing, and chromosome conditions at [www.lettercase.org/prenataltesting/](http://www.lettercase.org/prenataltesting/). This pamphlet is an introduction to your prenatal testing options, and you can continue the discussion further with your genetic counselor or obstetric provider.

*Fact Sheet for Patients*

*A product of the National Society of Genetic Counselors (NSGC) Prenatal Special Interest Group and The National Center for Prenatal and Postnatal Resources/Lettercase, June 2015 Endorsed by the American College of Obstetricians and Gynecologists (ACOG), June 10, 2015, and should be construed as ACOG clinical guidance*

# First & Second Sequential Screen

There are maternal serum screening tests now available in both the first and second trimesters to determine if pregnant women may have an increased risk for certain fetal chromosome abnormalities such as Down syndrome and trisomy 18. The information below describes first trimester screening.

The first trimester screen is relatively new and consists of:

- a maternal blood test measuring two analytes: free beta-hCG (human chorionic gonadotropin) and PAPP-A (pregnancy associated plasma protein A), **and**
- a fetal ultrasound measurement of an area on the back of the fetal neck termed nuchal translucency (NT). This screening combination is thought to detect approximately 80-90% of Down syndrome and trisomy 18 pregnancies and is performed between the 10th and 13th weeks of pregnancy.

“Nuchal Translucency” or NT refers to a measurement taken on an ultrasound of a pregnancy, usually between 10 and 13 weeks gestation. During fetal development, a layer of fluid on the back of the body normally exists between the skin and underlying tissue. In certain disorders, such as chromosome abnormalities (e.g., Down syndrome), heart defects, and others, there is more fluid in this layer. This layer is translucent on ultrasound and its thickness is measured at the level of the fetal neck. Approximately 5% of normal pregnancies have increased nuchal translucency, so this measurement alone cannot determine whether a problem definitely exists or not.

Not all physicians use both criteria above, and they are not 100% accurate on their own. It is important to discuss with your physician which types of first trimester screening criteria are being utilized, along with their accuracy. Second trimester MSAFP screening for open-neural tube defects is recommended for women who have the first trimester serum screen and nuchal translucency.

Second trimester maternal serum screening for open-neural tube defects, Down syndrome, and trisomy 18 is considered standard of care at this time by the American College of Obstetrics & Gynecology (ACOG). It is performed by measuring maternal serum alpha-fetoprotein (MSAFP), human chorionic gonadotropin (hCG), and estriol (uE3) with or without dimeric inhibin A (DIA) between 15 and 20 weeks of pregnancy. This test can detect:

- - 85% of pregnancies with open neural tube defects (e.g. spina bifida, anencephaly)
- - 70% of pregnancies with Down syndrome (85% in women over 35)
- - approximately 70% of pregnancies with trisomy 18.

Both types of serum screening have little value in detecting most other chromosome abnormalities.

If the values from the maternal serum screening test indicated an increased risk for Down syndrome or trisomy 18, additional testing would be necessary to diagnose either condition. Since women who are 35 years of age and over have a higher risk for a fetus with a chromosome condition based on their age, they should not depend completely on serum screening (either first or second trimester) for detection of chromosome conditions in their pregnancies.

# Common Symptoms of Pregnancy

**Nausea/Vomiting** – feeling nauseous during the first three months of pregnancy is very common. For some women, it can last longer, while others may not experience it at all. Try to eat 5-6 smaller meals a day in order to keep your stomach full at all times. Try bland foods like plain crackers, toast, dry breakfast cereal as well as carbonated drinks like ginger ale or 7-Up. Ginger is a natural treatment for nausea. Peppermint can also be used. Some over-the-counter medications are also safe. If the symptoms become severe or you are unable to keep fluids down without vomiting for more than 12 hours, contact the office.

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

**Spotting** – light bleeding can be common, especially in the first 12 weeks of pregnancy. It may occur after intercourse, cervical exam, vaginal ultrasounds or strenuous activity or exercise. If the bleeding is heavy or is accompanied by pain, contact us immediately.

**Constipation** – is a common complaint which can be related to hormone changes, low fluid intake, increase iron or lack of fiber in your diet. Try to include whole grains, fresh fruit, vegetables and plenty of water. There are also safe over-the-counter medications. If you develop hemorrhoids, try sitz bath three to four times per day for 10-15 minutes each time. If the pain persists, contact the office.

**Cramping** – experiencing some cramps and contractions are normal. When they occur, empty your bladder, drink 1-2 glasses of water and try to rest. If you are less than 36 weeks pregnant and having more than 6 contractions in an hour after these measures, contact the office.

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

**Dizziness** – you may feel lightheaded or dizzy at any time during your pregnancy. Try lying down on your left side and drink 1-2 glasses of water. If symptoms persist, contact the office.

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

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

**Aches and pains** – As your baby grows, backaches are common. You may also feel stretching and pulling pains in the abdomen or pelvic area. These are due to pressure from your baby's head, weight increase and the normal loosening of joints. Practice good posture and try to rest your feet elevated. You may also treat with heat and Tylenol®.





# Tips to Help Prevent Nausea During Pregnancy

- Before getting out of bed in the morning, eat a few crackers, a handful of dry cereal, or a piece of toast or dry bread. Put these within reach of your bed the night before.
- Get up slowly in the morning and sit on the side of the bed for a few moments before standing up.
- Avoid any sudden movements.
- Eat six to eight small meals during the day. Never go for long periods of time without food.
- Eat foods that are high in long acting proteins such as milk, yogurt, cheese, peanut butter, and nuts.
- Drink fluids, including soups, between rather than with meals.
- Avoid greasy, highly seasoned, and fried foods. These include butter, margarine, bacon, gravies, pie crust, pastries, fried meats, and french fries.
- Avoid unpleasant smells. When you cook, open windows or use the exhaust fan to get rid of odors. After cooking, wait for a short period of time before eating.
- Always eat a snack high in protein before bedtime.
- Be sure to have plenty of fresh air/good ventilation in the bedroom while sleeping.
- If the nausea is severe, avoid drinking citrus juice, coffee, and tea.
- Try eating popsicles if you are having difficulty keeping down liquids.
- If nausea or vomiting persists, you may call office and speak with a nurse about getting a possible prescription.



# Safe medications

During pregnancy, women can be more susceptible to ailments like cold and flu and other conditions. Only certain medications are safe during pregnancy. The following are considered safe. Follow the labels for dosage and directions. Contact the office with questions.

<b>Colds/Allergies</b> Benadryl, Claritin Mucinex (guaifenesin) Vicks Vapor Rub	<b>Constipation</b> Colace, Miralax, Senakot Dulcolax Suppository Fibercon, Metamucil	<b>Cough</b> Cough Drops Robitussin-Cough and Cold
<b>Gas</b> Gas-X Mylican	<b>Headaches</b> Cold Compress Tylenol (regular or extra strength) Acetaminophen	<b>Heartburn</b> (Avoid laying down for at least 1 hour after meals) Zantac 75 Tums (limit 4/day)
<b>Hemorrhoids</b> Anusol/Anusol H.C. Preparation H, Tucks	<b>Leg Cramps</b> Benadryl Bananas	<b>Nasal Spray</b> Saline Nasal Spray
<b>Nausea</b> Vitamin B6 25 mg 3 times daily Emetrol Sea Bands – Acupressure Ginger, Ginger tea	<b>Pain</b> Tylenol Heating Pad for muscles(do not use on abdomen or leave unattended) Icy Hot for muscles	<b>Rash</b> Benadryl 1% Hydrocortisone Cream
<b>Sleep Aids</b> Benadryl Chamomile Tea Warm milk-add vanilla/sugar for flavor ZzzQuil	<b>Throat</b> Cepacol Salt Water Gargle w/ warm water Throat Lozenges	<b>Tooth Pain</b> Orajel
<b>Yeast Infection</b> Monistat 5 or 7	<b>Herpes</b> Valtrex	



# Nutrition and Pregnancy

## Recommendation for weight gain

Underweight women with low weight gain during pregnancy appear to have an increased risk of having a low birth weight infant or preterm birth. On the other hand, obese women have an increased risk for having a large for gestational age infant, post term birth, and other pregnancy complications.

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

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

Underweight women (BMI less than 20): 30-40 lb

Normal weight women (BMI 20-25): 25-35 lb

Overweight women (BMI 26-29): 15-25 lb

Obese women (BMI >29): up to 15 lb

## Healthy diet

The first step toward healthy eating is to look at your daily diet. Having healthy snacks that you eat during the day is a good way to get the nutrients and extra calories that you need. Pregnant women need to eat an additional 100-300 calories per day, which is equivalent to a small snack such as half of a peanut butter and jelly sandwich and a glass of low fat milk.
































## Key nutrients during pregnancy

Nutrient	Reason for Importance	Sources
Calcium	Helps build strong bones and teeth	Milk, Cheese, Yogurt, Sardines
Iron	Helps create the red blood cells that deliver oxygen to the body and also prevents fatigue	Lean Red Meat, Dried Beans and Peas, Iron-Fortified Cereals
Vitamin A	Forms healthy skin, helps eyesight, helps with bone growth	Carrots, Dark Leafy Greens, Sweet Potatoes
Vitamin C	Promotes healthy gums, teeth, and bones. Helps your body absorb iron	Oranges, Melon and Strawberries
Vitamin B6	Helps red blood cells, helps body use protein, fat and carbohydrates	Beef, Liver, Pork, Ham, Whole Grain Cereals, Bananas
Vitamin B12	Maintains nervous system, needed to form red blood cells	Liver, Meat, Fish, Poultry, Milk(only found in animal foods, vegetarians should take a supplement)
Folate	Needed to produce blood and protein, helps some enzymes	Green leafy vegetables, Liver, Orange Juice, Legumes and Nuts
DHA	DHA is important for optimal infant brain and eye development	Algae, fatty fish such as salmon, organ meat such as liver, fish oil, and small amounts found in poultry and egg yolks

\*Prenatal Vitamins that contain key nutrients including folic acid and 200 mg DHA is recommended throughout the entire pregnancy and post-partum period while breastfeeding.

# Recommended Sources of Essential Nutrients



Milk and Dairy						
						
1 cup milk	1 cup yogurt	Two 1" cubes cheese	Lowfat: 1-1 1/2 cups			
Meat, Fish, Chicken, Beans, Eggs and Nuts						
						
3 oz. meat	3 oz. fish	3 oz. chicken	1/2 cup beans	1 egg	2 tablespoons	1/2 cup nuts
Bread and Cereal						
						
1 slice bread	1/2 cup cooked rice	1/2 cup cooked pasta	1/2 cup cereal	4 crackers	2 tortillas	
Fruits and Vegetables						
						
apple, banana or orange		3/4 cup juice	1 cup raw, leafy vegetables		1/2 cup cooked vegetables	
Foods Rich in Folic Acid						
						
3/4 cup juice	spinach	strawberries	1 slice bread	1/2 cup cereal	1/2 cup beans	
AVOID						
						
alcohol	soda	fast food	chips			



## Foods to Avoid

- **Raw meat** – Avoid uncooked seafood and undercooked beef or poultry due to risk of bacterial contamination, toxoplasmosis and salmonella.
- **Fish with mercury** – Avoid fish with high levels of mercury including shark, swordfish, king mackerel and tilefish. (Limit Albacore Tuna to 6 oz. /week.)
- **Smoked seafood** – Refrigerated, smoked seafood should be avoided due to risk of listeria contamination.
- **Raw shellfish** – including clams, oysters, and mussels can cause bacterial infections.
- **Raw eggs** – raw eggs or any foods containing raw eggs can be contaminated with salmonella.
- **Soft cheeses** – imported soft cheeses may contain listeria (soft cheeses that are pasteurized are safe).
- **Unpasteurized milk** – may contain listeria which can lead to miscarriage.
- **Caffeine** – limit caffeine intake to equivalent of one to two cups of coffee a day.
- **Unwashed vegetables** – Wash all vegetables well to avoid exposure to toxoplasmosis which may contaminate the soil where vegetables are grown.













## Lactose intolerance

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



# Your Baby's Growth

 <p><b>Week 4</b></p>	 <p><b>Week 8</b></p>	 <p><b>Week 12</b></p>	 <p><b>Week 16</b></p>	 <p><b>Week 20</b></p>
<p>Your baby's body now has three distinct layers from which all of his organs will develop</p>	<p>Your baby's tiny fingers and toes start to develop</p>	<p>Your baby's facial features continue to become more defined, particularly his nose and chin</p>	<p>Your baby's skeletal system and nervous systems start to coordinate movement</p>	<p>Your baby's skin thickens and develops layers under the vernix</p>
 <p><b>Week 24</b></p>	 <p><b>Week 28</b></p>	 <p><b>Week 32</b></p>	 <p><b>Week 36</b></p>	 <p><b>Week 40</b></p>
<p>Your baby's movements can reveal to your doctor more about your baby's development</p>	<p>Your baby is starting to take 20- to 30-minute naps</p>	<p>Your baby's movements could start to change</p>	<p>Although your baby's bones are hardening, his skull remains soft and flexible for birth</p>	<p>A surge of hormones in your baby's body could play a part in initiating labor</p>



# Smoking

**If you smoke, SO DOES YOUR BABY!!!!** This is a very important fact of pregnancy. The placenta is the organ that connects the developing baby to you. It consists mostly of blood vessels and is attached to your uterus on one side and your baby on the other side by way of the umbilical cord. Its job is to allow the passage of nutrients, oxygen, vitamins, and other substances to pass from your blood to the baby allowing it to grow and develop. It also carries away your baby's waste products to your kidneys, liver, and lungs and acts for the baby until his/her organs are mature enough to do well on their own outside the womb. Cigarette smoke contains more than 2,500 chemicals. It is not known or certain which one of these chemicals are harmful to a developing baby. However, both nicotine and carbon monoxide (the same gas released from a car's exhaust) are believed to play a role in causing bad pregnancy outcomes. These chemicals are directly taken from your lungs, to your blood to your baby's blood. Imagine how these chemicals affect the fragile tissues of a developing baby.

Here are some known complications from smoking during pregnancy:

- Low birth weight baby – low birth weight can be caused by prematurity (birth prior to 37 weeks), poor growth, or a combination of both. Prematurity is increased in pregnancy smokers and is the number one cause of neonatal death and chronic illness in babies. Problems such as cerebral palsy, life-long lung, kidney or other problems.
- Placenta previa – Low lying placenta that covers part or all of the opening to the uterus. Placenta previa blocks the exit of the baby from the uterus causing the baby and or mother to bleed.
- Placental abruption – the placenta tears away from the uterus causing the mother and baby to bleed.
- Stillbirth – the baby dies in the womb before birth.
- Premature rupture of membranes – the water breaks before 36 weeks and is associated with low birth weight babies and increased preterm labor and delivery.



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

**GREAT START (1-866-66-START)** is a national pregnancy specific smokers quit line operated by the American Legacy Foundation.

# Alcohol/Drugs

There is no amount of alcohol or street drugs that are known to be safe during pregnancy and therefore should be avoided. Drinking alcohol or using drugs can cause birth defects, mental retardation and abnormal brain development.

# Common Questions

## **When will I feel my baby move?**

Sometime between 9-20 weeks of pregnancy, mothers will begin to feel movement. Initially, movements will be infrequent and may feel like butterfly flutters. As your baby grows, you will feel movement more often.

It is recommended to start counting fetal movements beginning at 28 weeks once daily until you get 10 movements within 2 hours. A good time to do this is 20-30 minutes after breakfast and dinner. If you are concerned about movement, eat or drink something with sugar or caffeine, lie on your side and press your hands on your belly. If you have concerns about feeling baby movements or notice a decrease in movements, contact the office.

## **Why am I so tired? What's the best sleep position?**

It's normal to feel more tired. You may also notice you need more sleep than usual. Try to get at least 8-10 hours per night. Listen to your body.

Try to sleep on your side to allow for maximum blood flow to baby. Lying on your back can cause your blood pressure to drop. You may also find it helpful to put a pillow behind your back and between your knees to improve comfort. As your pregnancy progresses, use more pillows and frequent position changes to stay comfortable.

## **Can I travel?**

Traveling is safe during pregnancy for uncomplicated pregnancies. After 36 weeks, we recommend staying close to home. When you do travel, be sure to take breaks to stand up/walk around at least every two hours.

If traveling by vehicle, wear a seat belt, positioning it under your abdomen as your baby grows. If you are involved in a car accident, please call 911 and the office immediately. You may need to be monitored.

## **Can I care for my pets?**

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

## **What do I need to know about dental care?**

Your teeth and gums may experience sensitivity throughout the pregnancy. Regular dental cleanings are recommended during the course of your pregnancy. Inform the dentist of your pregnancy and shield your abdomen if x-rays are necessary. Contact our office with any questions about dental care.

## **Can I go to the salon for treatments?**

Hair coloring and nail care should always be done in large, well-ventilated areas. If possible, avoid treatments in the first trimester. Waxing is also okay, just try to avoid sensitive areas.

## **Can I exercise?**

30 minutes of exercise is recommended daily in uncomplicated pregnancies. This could include walking, jogging, biking, aerobics class, prenatal yoga, swimming, etc. Listen to your body during exercise and drink plenty of fluids. After 20 weeks, avoid lying flat on your back and avoid activities with a high risk of falling or trauma to your belly (i.e. snow skiing, kickboxing, horseback riding).

## **Can I have sex?**

You can have sex unless you are having complications or sex becomes too uncomfortable. There are times when exercise and sex should be avoided. This includes vaginal bleeding, leaking amniotic fluid, preterm labor, chest pain, regular uterine contractions, decreased fetal movement, growth restricted baby, headache, dizziness or general weakness.





# Vaccination for pregnant Women

Vaccine	Do you need it?
Hepatitis A (HepA)	<b>Maybe.</b> You need this vaccine if you have a specific risk factor for hepatitis A virus infection* or simply want to be protected from this disease. The vaccine is usually given in 2 doses, 6 months apart. It's safe to get this vaccine during pregnancy.
Hepatitis B (HepB)	<b>Maybe.</b> You need this vaccine if you have specific risk factor for hepatitis B virus infection* or simply to be protected from this disease. The vaccine is usually given in 3 doses, over a 6 month period. It's safe to get this vaccine during pregnancy. It's important. Too. That your newborn baby gets started on his or her hepatitis B vaccination series before leaving the hospital.
Human Papillomavirus (HPV)	<b>No.</b> This vaccine is not recommended to be given during pregnancy, but if you inadvertently receive it, this is not a cause for concern. HPV vaccine is recommended for all women age 26 years or younger, so make sure you are vaccinated before or after your pregnancy. The vaccine is given in 3 doses over a 6 month period.
Influenza	<b>YES! You need a flu shot every fall (or winter) for your protection and for the protection of other around you. It's safe to get the vaccine during pregnancy.</b>
Measles, Mumps, Rumbella (MMR)	<b>No.</b> The MMR vaccine is not recommended to be given during pregnancy, but if you inadvertently receive it, this is not a cause for concern. At least 1 dose of MMR vaccine is recommended for you if you were born in 1957 or later (and you may need a second dose*). It's best for you (and any future baby) to receive the protection vaccination provides before trying to conceive.
Meningococcal	<b>Maybe.</b> You need this vaccine if you have one of several health conditions, or if you are 19-21 and a first-year college student living in a residence hall or you either have never been vaccinated or were vaccinated before age 16*. It's safe to get the vaccine during pregnancy.
Pneumococcal (OVC13, PPSV23)	<b>Maybe.</b> You need this vaccine if you have a specific risk factor for pneumococcal disease, such as Diabetes. If you're unsure of your risk, talk to your healthcare provider to find out if you need this vaccine*. It's safe to get this vaccine during pregnancy.
Tetanus, Diphtheria, and Whooping Cough (Pertussis)(Tdap, Td)	<b>YES! Women who are pregnant need a dose of Tdap vaccine (adult whooping cough vaccine) during each pregnancy, preferably during the third trimester. After that, you'll need Td booster dose every 10 years. Talk to your healthcare provides if you haven't has at least 3 tetanus- and diphtheria-containing shots sometimes in your life or if you have a deep a dirty wound.</b>
Varicella (Chickenpox) (VAR)	<b>No*.</b> Varicella vaccine is not recommended to be given pregnancy, but if you haven't been vaccinated or had chickenpox, it's best for you (and any future baby) to be protected with the vaccine before trying to conceive. If you were born on the U.S. in 1980 or later and have never had chickenpox or the vaccine, you need to get 2 doses 4-8 weeks apart.

\*Consult your healthcare provider to determine your level of risk for infection and your need for this vaccine.

If you will be traveling outside the United States, you may need additional vaccines. For information, consult your healthcare provider, a travel clinic, or the Center of Disease Control and Prevention at [www.cdc.gov/travel](http://www.cdc.gov/travel).



# When to Call the Doctor

If you experience any of the following, please contact us immediately as these are considered emergency:

- Continuous leaking of fluid (water broken)
- Abdominal trauma or car accident
- Heavy bleeding
- Fever greater than 101°
- Decreased fetal movement
- Urinary tract infection
- Headache with vision changes
- Painful contractions greater than 6 times an hour if less than 36 weeks

Please use this chart to determine how you should treat certain illnesses or symptoms throughout your pregnancy. If in doubt, call the office at 770.771.5270.

ILLNESS/SYMPTOM:	CALL THE OFFICE:	CALL THE DOCTOR IMMEDIATELY IF:	HOME TREATMENT:
<b>Bleeding/Cramping</b> • Some bleeding/ spotting may occur after an internal exam	• Bleeding is less than a period with mild cramping; common in 1st trimester	• Bleeding is heavy (using a pad every 2 hours) • 2nd & 3rd trimester cramping or painless heavy bleeding • Cramping is equal or worse than menstrual cramps	• Rest • Avoid heavy lifting (more than 20 pounds)
<b>Vomiting</b> • Common in 1st trimester	• Unable to keep down liquids and solids for more than a 24 hour period • Weight loss of more than 3-5 pounds	• Signs of dehydration occur (e.g. dry mouth, fatigue/ lethargy, poor skin turgor) • Abdominal pain accompanied with vomiting	• Vitamin B6 25 mg three times a day • Separate liquids from solids (e.g. dry cereal followed by a glass of milk 1 hour later) • Plain popcorn • Rest • Avoid hot sun
<b>Decreased fetal (baby) movements after 24 weeks</b>	• Baby moves less than 4 times in a 30 minute period while you are resting, during a normally active period of baby	• No fetal movement if accompanied by severe abdominal pain	• Rest • Drink juice or soft drink • Eat a small snack • Lay on left side
<b>Labor</b>	• Contractions stronger than Braxton-Hicks (mild, irregular contractions), but may not be regular • If less than 36 weeks, call if contractions are every 15 minutes	• Contractions are every 5 minutes apart for 1 hour • Water breaks; small leak or as a gush • Bleeding is more than a period • Pain or contractions won't go away	• Rest (you'll need energy for real labor) • Increase fluids to 8-12 glasses daily • Dehydration can cause contractions, especially in the summer • Empty bladder • Lay on left side
<b>Urinary Urgency and/or Pain With Urination</b> • Frequency is common in early and late pregnancy	• Pain with urination • Feeling of urgency to void with little urine produced	• Temperature of 101°F or higher • Pain in upper back • Contractions occur • Blood in urine	• Urinate at regular intervals • Increase fluid intake to 8-12 glasses daily
<b>Swelling</b>	• Recent, noticeable increase in feet and ankles • Swelling of face and hands	• Swelling accompanied with headache or upper abdominal pain • Swelling with decreased fetal movement • Elevated blood pressure if using home monitoring	• Lie on left side and elevate legs • Avoid salty foods (e.g. ham, pizza, chili)
<b>Cold and Flu</b>	• Temperature of 101°F or higher • Green or yellow mucus develops • Persistent cough for more than 5 days	• Breathing is difficult or wheezing occurs	• Tylenol, Actifed, Sudafed, and any Robitussin • Increase fluids • Rest • Use vaporizer • Ibuprofen ok in 2nd trimester only
<b>Rupture of Membranes</b>		• Water breaks; small leak or as a gush	



# Preparing for Labor and Delivery

## **Pre-register with hospital**

We are affiliated with Emory Johns Creek Hospital located at 6325 Hospital Parkway, Johns Creek, GA 30097. You will be provided with a registration packet for Emory Johns Creek Hospital and we also have it on our website. Please register before you are in labor as this will make admitting you to the hospital smoother. You may schedule a tour of the birthing suites at your convenience.

## **Consider a birth plan**

If you have a birth plan, please share it with your physician. If desired, there are several options to provide pain relief while you are in labor. We are supportive of whatever you choose.

**Epidural** – This safe and popular option is administered by an anesthetist and requires a fine, thin catheter or tube to be placed in your back during active labor. Medicine slowly drips through the tubing to provide pain relief throughout labor. It is removed after delivery.

**Local** – Many patients deliver without pain medication. Sometimes we need to give a small injection of numbing medication for stitches called lidocaine. It feels like a small pinprick.

## **Attend educational courses**

There are educational courses on labor and delivery, breastfeeding, infant CPR and baby care available. See Emory Johns Creek Hospital packet for more information. Consider these classes especially if you are a first time parent!

## **Choose a doctor for your baby**

You will need to decide on a doctor for your baby by the time you deliver. The hospital will send your baby's information and test results to your chosen doctor. Your baby is commonly seen within 1 week after birth. You will need to contact the doctor's office prior to delivery and make sure they are accepting your insurance and are taking new patients.

## **Obtain and install a car seat**

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



# Cord Blood Banking

## What is Cord Blood?

To understand cord blood banking, it is first necessary to define what cord blood is and the medical uses for it. In essence, cord blood is the blood found inside the umbilical cord, the flexible cordlike structure connecting a fetus at the abdomen with the placenta, from the mother, to provide the transfer of nutrients and removal of waste from the unborn baby.

## Where Do Stem Cells Come From?

Following the birth of a baby, the umbilical cord is cut and usually discarded, along with the placenta. However, medical research has shown that the blood that is retrieved from the umbilical cord is a rich source of stem cells. Stem cells are unspecialized cells that can develop into specialized cells such as a muscle cell, a red blood cell, or a brain cell.



## What Are Stem Cells?

Stem cells are what make cord blood valuable. Stem cells are important for living organisms for many reasons. Like donated bone marrow, stem cells from umbilical cord blood can be used to treat various genetic disorders that affect the blood and immune system, leukemia and certain cancers.

Cord blood has therapeutic advantages over adult stem cells. Cord blood stem cells, unlike adult stem cells, are less likely to contain DNA abnormalities caused by sunlight, toxins and errors in DNA replication during the course of a lifetime. Cord blood stem cells are also less likely to be rejected in transplants.

Cord blood is also a richer source of stem cells than bone marrow, with nearly 10 times as many blood-producing cells, so fewer cord blood cells are needed for a successful transplantation.

Cord blood banks recruit expectant mothers to donate their baby's umbilical cord blood for stem cell transplants. The cord blood banks collect, process, test and store the donated umbilical cord blood. Blood from each cord is frozen (cryopreserved) as an individual cord blood unit that is available to transplant.

## Donating Cord Blood

When a mother is interested in donating her child's umbilical cord blood, she looks for a cord blood bank in her community. The cord blood bank asks the mother to complete a consent form and health history questionnaire and give

a small blood sample. The cord blood is collected after the baby's birth.

Collecting cord blood poses no health risk to the mother or infant donor. The cord blood is stored only with the mother's signed consent, and no collection is made if there are any complications during delivery.

After the baby's birth, the umbilical cord is clamped, breaking the link between the baby and the placenta. Trained members of staff drain the blood from the umbilical cord and placenta. The blood is usually collected using a needle to draw the blood into a blood bag. The collection usually takes ten minutes or less and it is then sent off for cord blood storage. On average, about three to five fluid ounces are collected from the umbilical cord to produce enough stem cells. Doctors can search the NMDP (National Marrow Donor Program) Registry of donors and cord blood units to find a match for their patients who need a transplant. If selected, the cord blood unit is transplanted to a matching patient.

## Storing Cord Blood

Parents can also choose to save their babies cord blood in a cord blood bank in case of future need as a transplant alternative to bone marrow. A private bank ensures the cord blood stem cells are available only to the family who preserved the cord blood. The stem cells are an exact match for the baby, and the cells have at least a one in four chance of being an exact match for a sibling.

If the cells are needed for transplant, it's been shown that the transplant recipient is more tolerant of a partial match if the cells are from a related donor. Additionally, transplant recipients of cord blood stem cells are less likely to develop severe complications from **Graft-versus-Host-Disease** than those receiving bone marrow transplants.

# Circumcision

## How do I decide about circumcision?

Deciding whether to have your newborn son circumcised may be difficult. You will need to consider both the benefits and the risks of circumcision. Other factors, such as your culture, religion and personal preference, will also affect your decision.

The information about circumcision in this handout may help you make your decision. After you have read the handout, talk with your doctor about any concerns you have. The decision about whether to have your son circumcised should be made before your baby is born.

## What is circumcision?

During a circumcision, the prepuce or the foreskin, which is the skin that covers the tip of the penis, is removed. Circumcision is usually performed on the first or second day after birth. It becomes more complicated and riskier in infants older than 2 months and in boys and men. The procedure takes only about 5 to 10 minutes. A local anesthetic (numbing medicine) can be given to your baby to lessen the pain from the procedure.

## Are there any benefits from circumcision?

Studies about the benefits of circumcision have provided conflicting results. Some studies show certain benefits, while other studies do not. The American Academy of Pediatrics (AAP) says the benefits of circumcision are not significant enough to recommend circumcision as a routine procedure and that circumcision is not medically necessary. The American Academy of Family Physicians believes parents should discuss with their son's doctor the potential benefits and the risks involved when making their decision.

A recent AAP report stated that circumcision does offer some benefit in preventing urinary tract infections in infants. Circumcision also offers some benefit in preventing penile cancer in adult men. However, this disease is very rare in all men, whether or not they have been circumcised. Circumcision may reduce the risk of sexually transmitted diseases. A man's sexual practices (e.g., if he uses condoms, if he has more than one partner, etc.) has more to do with STD prevention than whether or not he is circumcised.

Study results are mixed about whether circumcision may help reduce the risk of cervical cancer in female sex partners, and whether it helps prevent certain problems with the penis, such as infections and unwanted swelling. Some studies show that keeping the penis clean can help prevent these problems just as well as circumcision. Infections and unwanted swelling are not serious and can usually be easily treated if they do occur.

## What are the risks of circumcision?

Like any surgical procedure, circumcision has some risks. However, the rate of problems after circumcision is low. Bleeding and infection in the circumcised area are the most common problems. Sometimes the skin of the newly exposed glans becomes irritated by the pressure of diapers and ammonia in the



urine. The irritation is usually treated with petroleum ointment (Vaseline) put directly on the area. This problem will usually lessen after a few days.

## How do I care for my baby's penis after a circumcision?

Gently clean the area with water every day and whenever the diaper area becomes soiled. Some swelling of the penis is normal after a circumcision. A clear crust will probably form over the area. It normally takes 7 to 10 days for the penis to heal after a circumcision.

After the circumcision, you may notice a small amount of blood on the baby's diaper. If the bloodstain is larger than the size of a quarter, call your doctor right away. In addition, you should call your doctor if a Plastibell device was used during the circumcision and the device doesn't fall off within 10 to 12 days. If there is a bandage on the penis instead of a Plastibell, the bandage should be changed each time you change your son's diaper. This will help prevent infection. Signs of infection also signal the need to call your doctor. These signs include a temperature of 100.4°F or higher, redness, swelling and/or a yellowish discharge.

## When to call your doctor:

- If the wound does not stop bleeding.
- If your son does not have a wet diaper within 6 to 8 hours after the circumcision.
- If the redness and swelling around the tip of the penis do not go away or get worse after 3 to 5 days.
- If there is a yellow discharge or coating around the tip of the penis after 7 days.
- If the Plastibell device does not fall off within 10 to 12 days.

## How do I care for my baby's penis if I choose not to have him circumcised?

Simply keeping the penis clean with soap and water helps reduce the risk of problems or infections.

In older boys and adult men, the foreskin slides back and forth over the penis, allowing the area underneath to be cleaned. The foreskin doesn't retract in boys for a few years. Don't try to force the foreskin to retract, because this can damage the penis and cause problems. When the foreskin is ready to retract, you can teach your son how to retract it himself and clean the skin underneath. He should wash his foreskin every day while bathing.



# Suggested Items for Your Hospital Bag

## Toiletries

- Shampoo
- Conditioner
- Hair dryer
- Facial cleaner
- Any special soaps or lotions which you may use
- Deodorant
- Lip balm
- Supplies to clean your contact lenses (if necessary)
- Makeup (if you desire)

## Night Clothes

- Nightgown (if you plan to breast feed, make sure that it will accommodate this)
- Sleep Mask
- Underwear
- Bathrobe
- Slippers
- Warm socks
- Supportive, full-coverage bra (to prevent engorgement)

## Clothes to wear home

- One loose-fitting, comfortable outfit

## Baby Clothes

(The hospital will provide t-shirts, blankets and diapers while the baby is in the hospital)

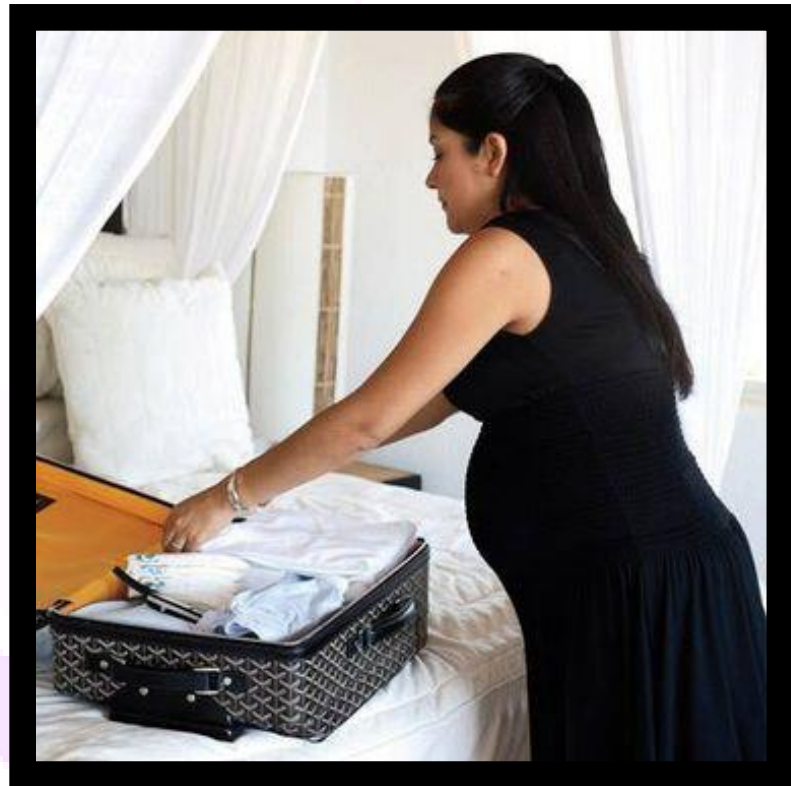
- T-shirt or "onesie" to go home in
- Blanket
- Appropriate outerwear, depending on the season
- DO NOT FORGET THE CAR SEAT!!!!**

## Dad's Bag

- Razor
- Pajamas or shorts (even if you don't wear them to sleep in at home, you will want them here as nurses and doctors will be walking into your room often while you are still asleep)
- Comfortable clothes

## Miscellaneous Items

- Glasses ( you may need to remove your contact lenses)
- Camera and video recorder (make sure you bring extra film, batteries and any plug-in adapters which may be necessary)
- Music and appropriate equipment to play it on (some women find light music soothing during labor)
- Telephone numbers of family and friends that you will want to call
- Paper and pencil to write down all the information that we will be telling you before you go home (future appointments for you and baby, etc.)
- Cell phone, laptop, or iPad chargers



# Labor and Delivery

## When will I know I'm in labor?

The chart below will help determine if you are in labor. If you have signs of true labor, contact the labor and delivery unit. If your water breaks, notify labor and delivery immediately, day or night.

If you think you are in labor, be sure to time your contractions with a clock.

Signs of True Labor
Contractions are regular and get closer together
Contractions continue despite movement
Pain/discomfort usually felt in back and moves around to front
Contractions steadily increase in strength
Cervix dilates
Bloody show may be present
Water breaks

## Induction

Labor induction is labor that is started with medication to begin the process of childbirth. Labor may be induced for medical reasons or as an elective procedure. If there is concern for your health or the health of your baby, a medical induction is indicated.

## Cesarean Birth and Recovery

A Cesarean birth may be planned or unplanned. Nurses, anesthesia staff and your physician will be with you in the operating room. If necessary, a group of neonatal health care providers also will be with you. Your blood pressure and heart rate/rhythm will be monitored, and a nurse will listen to your baby's heart rate. Your baby will be delivered in a short period of time once surgery begins. It will take approximately 45-60 minutes total to complete the surgery. Your incision will be closed with staples or sutures. You will then be moved to the recovery room, where you will stay for two hours before being transferred to the postpartum floor.





# Post-partum Instructions

1. Make an appointment to see the doctor for a check-up 6 weeks after vaginal/C-section delivery.
2. Refrain from douching, tampons, and swimming until after your post-partum.
3. You may ride in a car but no driving for 2 weeks.
4. If breastfeeding, continue your prenatal vitamins daily, eat well balanced diet, and increase your fluid intake to 10-12 glasses of water per day. With any signs or symptoms of a breast infection (fever, flu-like symptoms, pain or redness in the breast) call the office for further instructions.
5. If not breastfeeding, continue to wear a good supportive bra, bind if necessary, use ice packs, take Tylenol or Motrin for discomfort, and call the office if the problem persists or worsens.
6. Vaginal bleeding may continue for 6-8 weeks while the uterus is involving back to pre-pregnancy state. You may have spotting and/or menstrual-like flow. Increased activity increases the flow. If bleeding is persistently heavy, call the office for further instruction.
7. Avoid lifting anything heavier than your baby until after your post-partum check-up.
8. Exercise – Avoid sit-ups, jumping jacks and aerobics until after your post-partum check-up. You may do kegal exercises and walking.
9. Constipation is very common. Drink 6-8 glasses of liquids every day. Citrucel, Metamucil, and stool softeners (Colace) may be used. Include food like bran cereal, fresh fruits and vegetables in your diet. Stool softeners are recommended while taking Percocet or Vicodin.
10. Hemorrhoids usually are more symptomatic after delivery. If they are a problem for you, we can prescribe medication to relieve symptoms.
11. Post-partum blues – sadness, crying and blues are normal responses to hormonal changes in your body after the baby is born. Please let us know if you need additional assistance or if you are concerned that the blues have turned into depression.
12. Abstain from intercourse for 2-3 weeks or longer if your stitches are still painful. Contraception options may need to be discussed with your doctor at you check-up or earlier if you have special needs.
13. Please call the office if you have a fever of 101°F or greater, swelling, tenderness or redness in the lower leg.
14. If you had a Cesarean delivery, keep your incision clean with soap and water. Bandage with gauze only if instructed. Call the office if the incision is swollen, red or has any unusual drainage. Remove any steristrips after 7 days.



# What to Expect in the First Few Weeks After Childbirth

After your baby arrives, you'll notice you've changed both physically and emotionally.

## Physically, you might experience the following:

- **Sore breasts** –Your breasts may be painfully engorged when your milk comes in, and your nipples may be sore.
- **Constipation** –The first postpartum bowel movement is typically delayed to the third or fourth day after delivery, and sensitive hemorrhoids and sore muscles may make bowel movements painful.
- **Episiotomy** –If your perineum (the area of skin between the vagina and the anus) was cut by your doctor or if it was torn during the birth, the stitches may make it painful to sit or walk for a little while during healing.
- **Hemorrhoids** –Although common, hemorrhoids (swollen anal tissues) are frequently unexpected and initially unnoticed.
- **Hot and cold flashes** –Your body's adjustment to new hormone and blood flow levels can wreak havoc on your internal thermostat.
- **Urinary or fecal incontinence** –The stretching of your muscles during delivery can cause you to inadvertently pass urine when you cough, laugh, or strain or may make it difficult to control your bowel movements, especially if a lengthy labor preceded a vaginal delivery.
- **"After pains"** –The shrinking of your uterus can cause contractions that worsen when your baby nurses or when you take medication to reduce bleeding.
- **Vaginal discharge (lochia)** – Heavier than your period and often containing clots (sometimes golf-ball sized), vaginal discharge gradually fades to white or yellow and stops within two months.
- **Weight** –Your postpartum weight will probably be about 10 pounds (the weight of the baby, placenta, and amniotic fluid) below your full-term weight, before additional water weight drops off within the first week as your body regains its sodium balance.

## Emotionally, you may be feeling:

- **"Baby blues"** –About 80% of new moms experience irritability, sadness, crying, or anxiety, beginning within days or weeks postpartum. Like the more severe associated syndromes of postpartum depression and postpartum psychosis, these baby blues result from hormonal changes, exhaustion, unexpected birth experiences, adjustments to changing roles, and a sense of lack of control over your altered life as you adjust to your new baby.

- **Postpartum depression (PPD)** –More serious than the baby blues, this condition is evident in 10-20% of new moms and may cause mood swings, anxiety, guilt, and persistent sadness. Your baby may be several months old before PPD





strikes, and it's more common in women with a family history of depression.

- **Postpartum psychosis** –Postpartum psychosis is a severe and fairly rare condition that makes it difficult to think clearly or function and may become life-threatening to you or your baby. It's common for women with postpartum psychosis to have thoughts about harming themselves or their babies. If you experience any such feelings, call your doctor immediately.

In addition, when it comes to sexual relations, you and your partner may be on completely different pages. Men may be ready to continue where things left off before baby's arrival, whereas women may not feel comfortable enough—physically or emotionally—and may be craving nothing more than a good night's sleep.

### Take Care of Yourself

- When your baby sleeps, take a nap.
- Set aside time each day to relax with a book or listen to music.
- Shower daily.
- Get plenty of exercise and fresh air, either with or without your baby, if you have someone who can baby-sit.
- Schedule regular time—even just 15 minutes a day—for you and your partner to be alone and talk.
- Make time each day to enjoy your baby, and encourage your partner to do so, too.
- Lower your housekeeping and gourmet meal standards—there's time for that later. If visitors stress you, restrict them temporarily.
- Talk with other new moms (perhaps from your birthing class) and create your own informal support group.

### Call Your Doctor If Any of the Following Occurs

- You experience an unexplained fever of 100.4 degrees Fahrenheit (38 degrees Celsius) or above in the first two weeks.
- You soak more than one sanitary napkin an hour or if the bleeding level increases.
- You had a C-section or episiotomy and the incision becomes more red or swollen or drains pus.
- You have new pain, swelling, or tenderness in your legs.
- You have hot-to-the-touch, significantly reddened, sore breasts, or any cracking or bleeding from the nipple or areola (the dark-colored area of the breast).
- You find your vaginal discharge has become foul-smelling.
- You have painful urination or a sudden urge to urinate or inability to control urination.
- You have increasing pain in the vaginal area.
- You develop a cough or chest pain, nausea, or vomiting.
- You become depressed or experience hallucinations, suicidal thoughts, or any thoughts of harming your baby.



# Breastfeeding

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

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

There are several breastfeeding advantages such as breast fed babies have fewer ear and diarrhea infections, decreased vomiting and acute respiratory illnesses, a lower risk for diabetes, lymphomas and Crohn's disease and breast fed babies tend to have higher IQ's than bottle fed babies.

For additional support, you may call 513-533-0071 to schedule a breastfeeding class or receive information from the Breastfeeding Support Service.



## Breastfeeding Options for Working Mothers

**Full time Nursing** means you can nurse the baby during the workday OR you want to express milk often enough (at least every 3-4 hours) to be able to provide all the milk your baby needs while separated from you. Formula will be used in only rare instances when you don't have quite enough breast milk.

About seven to fourteen days prior to returning to work begin practicing with expressing milk by hand or with a pump to become familiar with the technique. It will take about 3 to 4 times before you become proficient.

Most women find they have more success expressing milk in the morning. Try this about one hour after the baby nurses. Just express for 10 to 15 minutes at the most and do it consistently each day. Expressing more than 1-2 times per day is not recommended.

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

Remember that you only need enough milk for your first day back to work. What you express each day at work is what is used the next day.

Occasional bottle-feeding should begin at about 4-6 weeks after delivery even if you are not planning on returning to work until your baby is several months old. Introduce the baby to the bottle 1-3 times per week by letting dad or someone else feed some of your expressed milk by bottle. It doesn't need to be a "full" feeding; the intent is for the baby to get used to how to drink milk from a rubber nipple and bottle.



When you are at work express milk every 2-4 hours. You do not have to express at the same time every day but express milk often enough to prevent engorgement.

You should nurse as soon as you can when you get home and as exclusively as you can. If you find that your breast milk supply has dropped, try expressing milk before bedtime to help stimulate the supply a little.

**Part time Nursing** involves the ability to nurse the baby or express milk occasionally during the workday.

You do not expect to be able to feed or express milk often enough to maintain a full milk supply and meet all of your baby's needs with your breast milk. Formula will be used frequently to provide all or most of the milk your baby needs while you are at work.

This option works better when babies are older and mothers do not have long workdays and long commutes. Mothers with babies less than 3-4 months old risk losing more of their milk supply than they planned on if they are not able to express milk at all during the day. "Comfort Expressing" (removing just enough milk to avoid discomfort from overly full

breasts) can help you meet this goal better. Another variation of this option is expressing milk (even on a limited basis) at work until the baby reaches 3-4 months of age and then discontinuing it and using formula while you are working and continued frequent breastfeeding when you are at home.

About seven to fourteen days prior to returning to work eliminate one or two feedings that you will miss while you are at work. Replace breastfeeding at those feedings with a bottle of formula or breast milk. If your breasts are uncomfortable place some ice on your chest or express just enough for comfort. This will reduce the amount of stimulation your breasts receive and thereby, decrease the milk supply a little.



Try to express your milk while at work if you can, even if it is not every day or the same time every day. Nurse as much as you can when you are home.

### **Sore Nipple Management**

Breastfeeding is meant to be a comfortable, pleasant experience. However, many new mothers still find their nipples tender for the first few days when the baby starts nursing. This usually disappears by 1-2 weeks.

To help prevent nipple tenderness, start with the correct positioning and latch on.

### **Cradle Position**

- Place a pillow or two in your lap to support your baby.
- Place your baby's head on the crook of your arm
- Make sure your baby is turned toward your chest to chest at breast level
  - a. Support your breast with your hand in an "L" or "C" position, thumb on top of your breast, fingers below, away from areola.

- b. Tickle your baby's lower lip until he opens WIDE, and then quickly pull him onto your breast. Be patient.
- c. This may take a minute.
- d. Make sure your baby's lips are behind the nipple, encircling the areola.
- e. The tip of your baby's nose should be touching the breast.

### Football/Clutch Position

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

### Lying down Position

- Lie on your side with pillows supporting your back and your top leg, which is bent forward.
- Place your baby on his side facing you.
- Follow steps a, b, c, and d under the Cradle position.

Vary nursing positions for the first week.

Breastfeed frequently, about every one and one-half to three hours. Keeping your baby on an artificially longer schedule may make him frantically hungry and increase the likelihood of vigorous nursing and tender nipples.

Release the suction before you remove your baby from the breast. Do this by placing a clean finger in the side of your baby's mouth between his jaws. Don't take him away until you feel the suction break.



After nursing your baby, express a little breast milk and massage it into your nipples and areola, then air dry. Leave them open to the air as much as possible. Never use soap, alcohol or breast creams on your breasts or nipples. Water is all that is needed to clean your breasts when you shower or bathe.

If your nipples do become sore, try these suggestions:

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

### Suggested Books on Breast Feeding

*"The Womanly Art of Breast Feeding"* by: LaLeche League International

*"Breast Feeding your baby"* by: Sheila Kitzinger

*"Best feeding: Getting Breast feeding right for you by"*: Mary Renfrew, Chloe Fisher, Suzanne Arms

*"The Nursing Mothers Companion"* by: Kathleen Huggins.

# Congratulations!

