

Geisinger

Women's Health

A guide to help you prepare for your special delivery





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Congratulations!

We are delighted you have chosen Geisinger for your care. We look forward to giving you the most up-to-date information and maternity care available. This book will guide you through your pregnancy — it will tell you about body changes and what the baby is doing at each stage of your pregnancy, as well as how to prepare for labor and take care of yourself after delivery.

What will happen at my appointments?

At each appointment, your provider will perform the following screenings or counseling:

- Blood draws for basic screening (in first and second trimester only; some are optional)
- Breastfeeding counseling
- Education on taking care of yourself and your baby
- Heart tones (beginning at about 12 weeks)
- Measurement of uterus or womb (up to 37 weeks)
- Mental/emotional health survey
- Nutrition counseling, if needed
- Review of chronic medical conditions or conditions related to pregnancy
- Screening for up-to-date immunizations
- Smoking cessation counseling, if needed
- Urine sample to test glucose and protein levels
- Weight and blood pressure



Fill in the information below and use it as a quick reference throughout your pregnancy.

My due date: _____

My emergency contact information:

My primary care provider:

For any health issues outside of pregnancy, call your primary care provider (e.g., if you have a cold).

My Geisinger OB clinic:

To schedule an appointment, call **800-275-6401** and say “Women’s Health.” You can make appointments from 7 a.m. to 9 p.m. daily.

To reach OB after hours, call:

To ask a question, call:

If you think you are in labor, if your water broke or if you have any other pregnancy concerns, call:

Sign up for myGeisinger at myGeisinger.org to manage your healthcare and contact your provider with **non-urgent** questions. Download the MyChart mobile application for access on the go. **For urgent concerns or questions**, call the triage number on the card given to you by the clinic.

Geisinger’s MyPregnancy Center offers helpful pregnancy and childbirth articles. Just visit geisinger.org/MyPregnancy.

Pregnancy care providers

Certified nurse-midwife

Nurse holding a Master of Science in Nursing (MSN) who has additional training in the provision of low-risk, low-intervention options to pregnant patients and for the delivery of babies

Certified registered nurse practitioner

Nurse holding an MSN who has specialized training in women's health and prenatal care or high-risk obstetrics

Genetic counselor

Provider with specialized training in the development of babies before birth

Neonatologist

Physician who has specialized training in the care of premature or ill infants

Obstetrician

Physician who has specialized training in the care of pregnant patients and the delivery of babies

Pediatrician

Physician who has specialized training in the care of children from birth through young adulthood

Perinatologist or maternal-fetal medicine specialist

Physician who has specialized training in the care of high-risk pregnancies

Physician assistant

Trained provider supervised by a physician

Resident physician

Physician who has graduated from medical school and is receiving specialized training in obstetrics and gynecology while being supervised by a staff physician in the clinic or inpatient unit

Our reasons for what we do

Geisinger's purpose

Everything we do is about caring — for our patients, our members, our Geisinger family of physicians and employees, and our communities.

Geisinger Women's Health mission statement

Geisinger Women's Health is committed to excellence in providing safe, quality patient care in a family-centered setting. The goal of our highly skilled professional healthcare team is to exceed each family's expectation of care and communication while respecting individual differences and needs.

ProvenCare Perinatal

At Geisinger, you will benefit from the integrated, comprehensive ProvenCare® Perinatal Program. Our team of obstetricians, nurse midwives, nurse practitioners and physician assistants work closely to guarantee that you and your baby receive the skilled care you deserve. When you choose Geisinger for your pregnancy care, you are automatically enrolled in our innovative ProvenCare Perinatal Program. Through this evidence-based program, your team of dedicated providers can make sure that you and your baby receive the best care possible.

Childbirth classes

Geisinger offers a variety of classes at multiple locations to help you prepare for your special delivery. To see dates, times and specific locations for each class, visit geisinger.org/events. You can even register and pay online. If you prefer, one of our staff members can help you schedule a childbirth class during your prenatal visit.

Childbirth classes teach you what to expect in your pregnancy, how to prepare for labor and the birth process, how to cope with labor, and about medical options. Geisinger's classes also include information about the postpartum period and breastfeeding. Our classes involve your labor partner, giving you both the chance to interact with other expectant parents and ask questions of one of our childbirth educators.

These classes are for any expectant mother, not just first-time moms. Geisinger offers an online childbirth class, as well. Email us at ChildbirthEducation@geisinger.edu with any questions.



About this guide

This guide will walk you through what to expect during each trimester of your pregnancy, from conception to delivery. It also contains special sections to answer questions about food, travel, medicines and normal discomforts related to pregnancy.

If at any time if you are concerned for yourself or your baby, contact your provider for guidance or go to the nearest hospital.

What is a trimester?

Your pregnancy is divided into groups of weeks that separate the 40-week pregnancy into three parts:

First trimester: Conception to completion of week 13

Second trimester: Week 14 – week 27

Third trimester: Week 28 – week 40

Pregnancy survival guide

Around the house

- Avoid paint fumes and strong cleaning products such as oven cleaner, toilet bowl cleaner or calcium deposit remover.
- Read labels on all cleaners for pregnancy, ventilation or exposure warnings.
- Consider cleaning with natural products, such as vinegar water for surfaces and baking soda for sinks and hard-to-clean surfaces (though not for wood or leather).
- Make your home smoke-free. Toxic chemicals from cigarette smoke fall on every surface in the home and are easily absorbed through the skin.
- Be careful on stairs, escalators, stepstools and ladders. Your center of gravity changes in pregnancy, putting you at a higher risk of falling. On steps, always keep one hand on the railing — don't carry large laundry baskets or hold grocery bags in both hands. Get help or make an extra trip.

Domestic violence

Domestic violence comes in many forms, including physical, emotional, sexual, social isolation, financial control, threats and intimidation. Your nurse and other pregnancy healthcare providers are prepared to talk to you about domestic violence and the effects it has on you, your baby and your future. If you are affected by domestic violence, you are not alone — and you are not to blame. If you are afraid, tell someone. Call **800-544-8293** to speak with a counselor who will talk to you about your choices, including crisis intervention, safety, goal planning, counseling and more.

Exercise

Be physically active during your pregnancy — 30 minutes a day of physical activity will help you feel your best. Walking, swimming, dancing, gardening or other activities you enjoy can become part of your regular exercise routine.

While exercising, remember:

- Keep your heart rate below 140 beats per minute.
- Avoid jumping or jarring movements.
- Avoid activities that could cause you to fall.
- Gentle stretching in the morning and evening will make you feel better.
- Don't lift more than 40 pounds without assistance or more than 10 pounds over your head.

- Stay hydrated (120 ounces of liquid per day — limit caffeine).
- Don't get overheated or use hot tubs or saunas. They raise your heart rate as well as the baby's heart rate, which can be dangerous.

Pets

- Cats can carry a parasitic disease called toxoplasmosis. This disease can lead to miscarriage or birth defects. Have someone else change the litter box during your pregnancy, and beware of sandboxes or mulch piles that cats might use. Always wear gloves in the garden to avoid coming in contact with cat droppings in the soil.
- Turtles, chicks, snakes and lizards can carry bacteria called *Salmonella*. Do not handle these animals while pregnant or allow them near your infant or small children.
- Hamsters, guinea pigs and mice can carry a virus called lymphocytic choriomeningitis. This virus can cause severe birth defects, miscarriage or stillbirth. Do not handle rodents or clean rodents' cages while pregnant.

Sexual intercourse

During pregnancy, your desire for sex may increase or decrease. This is normal. Both partners need to adjust to these changes and talk about them. Expectant partners have emotional changes, too. Some feel uncomfortable or fearful about having sexual intercourse with a pregnant partner. You can continue sexual intercourse as long as it isn't painful.

Call your pregnancy provider if you have:

- Pain in your vagina or stomach during or after intercourse
- Vaginal bleeding, itching or discharge
- Fluid leaking out of your vagina
- Cramping after intercourse

Consider positions that do not put your partner's entire weight on you. As your pregnancy progresses, you may find that there are certain positions that are easier. Intercourse after childbirth may feel different for a while. Communication is key, so talk to your partner about these challenges now — because a baby may interrupt intimate times later!



See appendix p. 35 for information on oral health during pregnancy.



Travel

Everyone, including pregnant women, should wear a seatbelt in a car. Here's the safest way when you are pregnant:

- Wear the lap and shoulder belts, and be sure they fit snugly.
- Buckle the lap belt under your belly and over your hips. Never wear it across your belly.
- Put the shoulder strap between your breasts and off to the side of your belly. Never put it under your arm.

If you are traveling a long distance, stop every two hours to walk and stretch for a few minutes. Sitting for long periods puts you at risk for developing blood clots in your legs. If you are traveling an extremely long distance, or if you are in your third trimester, consult your healthcare provider before taking your trip. Travel outside the country may affect your health or the health of your baby.

Warning signs

Signs that you may need to seek medical attention:

- Abdominal cramping or contractions (more than 4 an hour before 37 weeks)
- Abdominal pain that is constant or worsening
- Abnormal or persistent pain
- Absence of or decrease in fetal movement after the baseline is known
- Auto accidents, even if minor
- Blurred vision or spots before your eyes
- Exposure to toxic materials or poisons
- Falls, especially directly on your abdomen
- Fever higher than 101 degrees Fahrenheit or 38.3 degrees Celsius
- Severe, persistent vomiting or diarrhea
- Sudden weight gain in a few days
- Swelling or puffiness in your upper body (especially face)
- Vaginal bleeding or a gush of fluid from your vagina

Weight management

Avoid dieting. If your primary care doctor has recommended weight loss, do it under the supervision of a physician. The best indication of your ideal weight through your pregnancy is body mass index (BMI). There are many online BMI calculators, such as the one provided by the National Institutes of Health (NIH). Just search for "NIH BMI calculator."

Work

If you are healthy and do not have a high-risk pregnancy, you can work through your pregnancy unless you are exposed to hazardous materials, X-rays or other contaminants. Discuss this with your pregnancy provider.

Pregnancy survival guide

Harmful habits

Alcohol

The effects of using alcohol during pregnancy are not fully known. We do know that babies exposed to alcohol during pregnancy are at risk for learning disabilities, physical deformities, low birth weight and premature birth. Therefore, no amount of alcohol is considered safe during pregnancy.

Smoking

We know: Quitting is hard. But pregnancy is a great motivation to quit! Smoking isn't healthy for you or your baby. Every time you inhale smoke, your baby gets less oxygen and exposure to harmful chemicals.

Reasons to quit smoking:

- Your body will start healing right away.
- You will have more energy and focus.
- You will have whiter teeth and healthier gums.
- You will cough less and breathe easier.
- You will no longer expose your family and friends to secondhand smoke.
- Smoking increases your risk of miscarriage.
- Smoking during and after pregnancy is a risk factor for sudden infant death syndrome (SIDS).
- If you don't smoke, your child is less likely to grow up to become a smoker, too.

Quitting tobacco use is a process. Whether you are thinking about quitting, you are not yet ready to quit or you have already quit, PA Free Quitline can help. It's free, convenient, safe and secure to call **800-QUIT-NOW** or visit pa.QuitLogix.org.

Drug abuse

Using illegal drugs, such as heroin, cocaine, crack and crystal meth, or abusing prescription drugs are both harmful to pregnant women and their growing babies. Babies are at risk of respiratory problems, feeding difficulty, low birth weight, seizures and even death.

Prenatal use of drugs, including opioids, may cause a withdrawal syndrome called neonatal abstinence syndrome (NAS), though it's difficult to predict which babies will have it. Some babies have NAS with exposure to small amounts of drugs, and other babies only have symptoms when exposed to larger amounts.

There is safe and effective treatment for opioid use disorder (OUD) during pregnancy using buprenorphine or methadone. Geisinger offers a Subutex (buprenorphine) Program specifically designed for pregnant patients addicted to opioids or with a history of OUD with current cravings. Our nonjudgmental, compassionate providers are experienced in treating opioid addiction.

Marijuana

Although marijuana use is legal in some states, it is not considered safe during pregnancy. There is limited research on the extent of the harm of using marijuana during pregnancy, but the chemicals in the drug reach your baby through your placenta.

Risks of marijuana use during pregnancy include:

- Your baby may be smaller at birth.
- Your baby's brain development may not be normal.
- Your baby may have learning and behavioral problems later in life.

We can help

Your healthcare providers are here to help if you are struggling with addiction to alcohol, cigarettes or other drugs. Be honest with your healthcare team so we can get you the help you need to quit.



Breastfeeding

At Geisinger, we promote and encourage moms to breastfeed or provide breast milk for their infants. Our certified lactation consultants are nurses experienced in helping moms achieve their breastfeeding goals.

How to feed your baby is one of the most important decisions you will make. Why breastfeed? The American Academy of Pediatrics recommends that babies be exclusively breastfed for at least six months. The breast milk you produce is specially designed to nourish and protect your newborn. It contains the right amount of fats, proteins and other nutrients, which are easy for your baby to digest.

- Breast milk gives baby the nutritional support he or she needs.
- Your milk is unique to your environment and your health, providing custom-made antibodies that fight the diseases your baby is exposed to.

Breastfeeding is good for your baby's health, growth and development. **Here are myths and facts about breastfeeding:**

Myth: I can't breastfeed because I smoke.

Fact: Although we encourage all mothers not to smoke, breastfeeding can decrease the effects on the baby's lungs associated with cigarette smoke. Infants of smoking mothers need the protection breast milk can provide. We encourage mothers to breastfeed even if they smoke.

Myth: Small breasts don't produce as much milk as large ones.

Fact: Breast size has nothing to do with the amount of milk you produce.

Myth: Formula is the same as breast milk.

Fact: Breast milk contains many ingredients that are not in formula. It promotes healthy growth and boosts your baby's immune system.

Myth: Breastfeeding hurts.

Fact: Breastfeeding may feel uncomfortable as you and your baby learn to breastfeed in the first few days after birth. However, pain beyond slight discomfort may be a sign that baby is not latching on properly. With help from our trained staff, you will learn how to properly latch and position your baby to breastfeed well.

If you have questions or concerns while breastfeeding, you can get help from lactation consultants; La Leche League or other professional breastfeeding support groups; and Women, Infants, and Children (WIC) peer counselors. Contact your OB clinic if you are not sure what resources are available to you.

Benefits of breastfeeding

Benefits for you:

- It decreases the risk of breast, ovarian and uterine cancers.
- It returns you to your pre-pregnancy weight more quickly.
- It encourages your uterus to tighten, reducing blood loss after delivery.
- It lowers the risk of depression after delivery.

Benefits for your baby:

- Breast milk contains baby's first natural defense against illnesses.
- Breast milk makes vaccines more effective.
- Breast milk lowers the risk of illness, allergies, asthma, certain childhood cancers, obesity, diabetes and sudden infant death syndrome (SIDS).



Benefits for your partner:

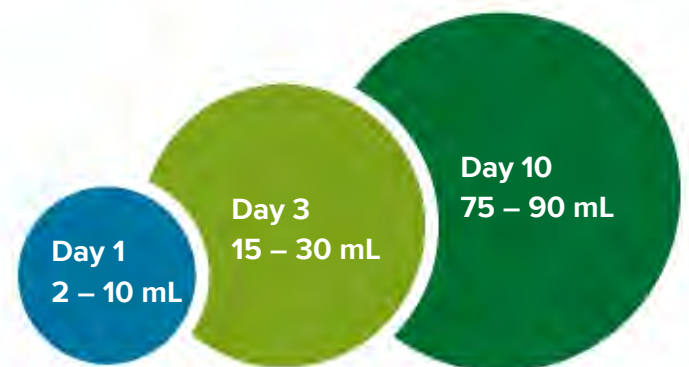
- Feeding isn't the only way to bond. Your partner can bond with the baby in many ways:
 - » Holding the baby using skin-to-skin contact
 - » Bathing
 - » Dressing
 - » Changing diapers
 - » Reading stories or singing songs
- Because breastfed babies tend to get sick less often, your partner won't need to take as much time off work due to a sick baby.

Skin-to-skin contact

Holding your baby skin to skin as soon after delivery as possible — and as long and often as possible — helps in so many ways. It is often suggested that new mothers “wear” the baby for the first 24 hours after delivery. This gives your baby a chance to bond with your smell and regulate his or her body temperature faster and better. Skin-to-skin contact also helps to increase your milk supply and keeps your baby calm and feeling more secure.

Baby's belly size

At birth, your baby's belly is small, only holding 2–10 milliliters (mL) per feeding on day 1 of life. Over time, your body produces more breast milk to meet the needs of your baby as his or her belly grows bigger.



Risks of not breastfeeding

For mothers, not breastfeeding:

- Is associated with a higher chance of certain breast and ovarian cancers
- Increases your risk of Type 2 diabetes
- Makes it more difficult to lose pregnancy weight
- Increases your risk of heart disease and stroke

For infants, not being breastfed:

- Increases the risk for ear infections
- Increases the risk for SIDS
- Increases the risk of childhood obesity, diabetes, asthma and allergies

Your lifestyle while breastfeeding

Smoking and drinking

Avoid nicotine and alcohol while breastfeeding, as they pass to your baby in your breast milk. They can also decrease your milk supply.

Your diet

Remember the healthy diet you started while you were pregnant? Keep it up while breastfeeding. Most foods — even spicy foods — are fine for nursing moms to eat. Caffeine will pass into your breast milk, so limit your intake to one or two caffeinated drinks per day.

Medications

Most medications are considered safe for breastfeeding mothers, but consult your lactation consultant or your pediatrician before starting any new prescriptions or over-the-counter medications.

Birth control

You can become pregnant while breastfeeding, so talk to your OB provider about your birth control plan and the potential impact of an unplanned pregnancy.

- Hormonal birth control methods may decrease your breast milk supply.
- Barrier methods will not affect your supply of breast milk.

When to check with the doctor

While most moms can breastfeed, there are a few instances where breastfeeding may not be possible. Speak with your provider and your baby's provider before breastfeeding if you:

- Have HIV
- Have active tuberculosis
- Use illegal drugs
- Receive chemotherapy treatments for cancer

Help after you go home

Your local Geisinger lactation consultant is ready and willing to help anytime you have questions or problems.



Formula feeding

If you're unable to or choose to not breastfeed, you can feed your baby formula. There is no brand of formula that is best for every baby, but you should use a formula made specifically for babies. If you are unsure, ask your baby's doctor for recommendations.

Important tips about formula feeding:

- Infant formula comes in a variety of preparation types.
 - » Ready-to-feed – Requires no water or mixing
 - » Concentrate – Liquid that requires adding equal parts of water before feeding
 - » Powdered – Powder that must be mixed with water
- Wash your hands well before preparing bottles and feeding your baby.
- Make sure bottles are clean and sanitized.

Safe formula preparation:

- Follow exact measurements on the label.
- Adding too much water to formula is dangerous for your baby. It can cause electrolyte imbalance and slow baby's growth and development.
- Use a safe water source.
- Never warm a bottle in the microwave.
- Any leftover prepared formula must be discarded within 1 hour after feeding it to baby.
- Prepared formula that has not been fed to baby may be stored in the refrigerator for up to 24 hours.
- An open container of ready-to-feed formula, concentrated formula or formula prepared from a concentrated formula should be covered, refrigerated and discarded after 48 hours if not used.

Pregnancy nutrition

Food safety in pregnancy

Bacteria such as *Listeria* and *Salmonella* can cause premature labor, significant illness in baby or stillbirth. Your baby does not have a strong, independent immune system to fight off foodborne bacteria illness, so it is important that you are careful about what types of foods you are eating.

Foods you must avoid

- Raw eggs
 - » Raw eggs are a source of *Salmonella* and are dangerous to your baby.
 - » All eggs should be cooked thoroughly.
 - » Avoid soft-boiled eggs, eggs with soft yolks, cookie dough, Caesar salad dressing, meringue and homemade mayonnaise. (However, check food labels — if a product is pasteurized, it is safe.)
- Raw sprouts — These include alfalfa, clover, radish and mung bean.
- Salad bars — Since you don't know what the greens were washed in (or if they were washed at all), it is best to avoid them.
- Lunch meats and hot dogs — They contain preservatives and may harbor bacteria such as *Listeria*.
- Juices that are not shelf stable or pasteurized
- Uncooked meats — All meats should be cooked well done, without any pink, to a temperature of at least 160 degrees Fahrenheit.
- Unclean food — There is no “five-second rule” in food drops; if it falls on the floor or an unclean surface, it is contaminated.
- Shark, swordfish, king mackerel, orange roughy, tilefish, tuna steaks, and canned albacore tuna — All of these fish contain high levels of mercury.
- Artificial sweeteners containing saccharin
- Energy drinks
- Unpasteurized drinks or foods, such as raw milk, eggnog and apple cider
- Foods at an event or picnic that have not been kept at an appropriate temperature (such as hot or cold salads)

Foods you must limit

- Shrimp, canned light tuna, salmon, pollock and catfish — These fish are lower in mercury. You can have 12 ounces or 2 average meals per week.
- Caffeine
 - » Too much caffeine can increase your blood pressure.
 - » Limit caffeine to 200 mg per day (about 1 cup of coffee or 1 can of soda).
- Sugar
 - » Limit sweetened beverages such as soda, sweet tea, fruit juices and Kool-Aid.

Remember to hydrate

- Drink at least 120 ounces of fluid per day — water is best.



A balanced diet to build a baby

Calcium, protein, fruits, vegetables, grains and vitamins are all part of a healthy diet during pregnancy. Below are serving recommendations for each based on a 2,000-calorie daily diet, along with some examples of what and how much to eat.

Calcium

Builds strong bones, teeth and nervous system
3 servings a day

2% milk or soy milk (calcium-fortified)	.....1 cup
Pudding	.....1 cup
Ice cream	.....1 cup
Orange juice (calcium-fortified)	.....1 cup
Cheese	..... 2 one-inch cubes
Cottage cheese	.....1 ½ cups
Yogurt	.....1 ½ cups
Soup (milk-based)	.....1 ½ cups
Broccoli	.....1 cup

Protein

Contributes to strong muscles, blood and immune system to fight infection
7 ounces a day*

Lean meat, poultry or fish	.....1 ounce
Egg	..... 1
Tuna	.....¼ cup
Hummus	.....½ cup
Peanut butter	..... 2 tablespoons
Beans	..... ½ cup cooked
Nuts	.....¼ cup
Tofu	.....¼ cup

*Three ounces of meat is about the size of a deck of cards.

Grains

Important for a healthy nervous system, skin and energy
At least 7 ounces a day

1 slice bread	.....1 ounce
½ cup hot cereal	.....1 ounce
½ cup spaghetti or noodles	.....1 ounce
5 whole wheat crackers	.....1 ounce
7 round or square crackers	.....1 ounce
1 small muffin or biscuit	.....1 ounce
1 mini bagel	.....1 ounce
½ English muffin	.....1 ounce
¾ cup cold cereal	.....1 ounce
½ cup rice	.....1 ounce
1 pancake or 1 waffle	.....1 ounce

Fruits and vegetables

Provide vitamins for growth, eyes, skin, hair, gums, glands and immune system
2 cups of fruit and 2½ cups of vegetables a day

Iron

Leads to a healthy blood supply
Spinach, dried fruits, beef, lentils, beans, and fortified cereals

Vitamins, herbs and supplements

Your doctor might prescribe over-the-counter chewable prenatal vitamins if you have trouble swallowing pills. Do not use gummy vitamins, as they do not contain iron, an essential mineral for your baby.

Do not take any over-the-counter herbs or supplements without talking to your physician, as they may be harmful to your baby.



The first trimester

Conception through the 13th week of pregnancy is considered the first trimester.

You might be feeling:

- Extraordinarily tired
- Nauseated/morning sickness
- Dizzy
- Sore breasts
- Increased urination
- Moody

If you have checked any or all of these, you are perfectly normal. If you haven't checked any of these — you are still perfectly normal. Every pregnancy is different for every person.

During the first trimester, you will have screening studies for your health and the health of the baby.

Your pregnancy: Weeks 5 – 8

Weight: _____ Blood pressure: _____ Urine: _____

Education: Breastfeeding; food safety; spotting and cramping; lack of fetal movement; blood tests for hemoglobin, hematocrit, and blood type Rh factor; immunity for rubella, hepatitis B and syphilis (a test required by law); depending on history, test for toxoplasmosis and cytomegalovirus; HIV testing with consent

Your pregnancy: Weeks 9 – 13

Weight: _____ Blood pressure: _____
Urine: _____

Baby's heartbeat (at approximately week 12): _____

Education: Breastfeeding, nutrition, flu vaccine, blood tests for genetic screening, possibly thyroid levels, possibly early glucola test (depending on history)

The second trimester

Weeks 14 – 27 are considered the second trimester.

What is normal in the second trimester?

- Clumsiness and forgetfulness
- Feeling baby move regularly
- Food cravings or aversions
- Frequent urination
- General aches and pains
- Heartburn
- Increase in abdomen and breast size
- Increased energy
- Mood swings
- More difficulty sleeping

Things to do:

- Register for a **childbirth class** to be taken in the sixth or seventh month of pregnancy. See p. 2 for registration instructions.
- Eat smaller, more frequent meals.
- Drink plenty of water (120 ounces per day).
- Get enough rest. Schedule a short daily nap, if you can.
- Ask what phone number to call before going to the hospital with labor or pregnancy concerns.

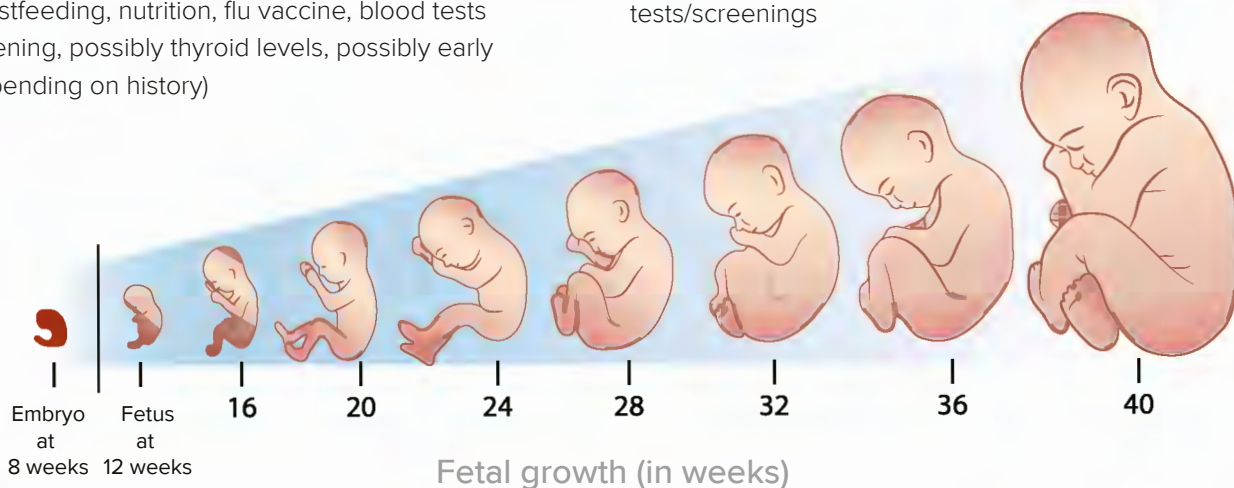
Your pregnancy: Weeks 14 – 18

Weight: _____ Blood pressure: _____ Urine: _____

Baby's heartbeat: _____

Fundal height: _____

Education: Feeling the baby move, cramping, spotting, ultrasound between 18 and 20 weeks, genetic blood tests/screenings



Your pregnancy: Weeks 19 – 23

Weight:_____Blood pressure:_____Urine:_____

Baby's heartbeat:_____

Fundal height:_____

Education: Ultrasound, premature labor

Your pregnancy: Weeks 24 – 27

Weight:_____Blood pressure:_____Urine:_____

Baby's heartbeat:_____

Fundal height:_____

Education: Glucola test, Tdap vaccine, repeat type and screen blood test, premature labor

It's time to record your baby's movements! The nurse will explain how this works. Recording movements will help you and your provider know what is normal for you and give you an idea of what to expect as your baby continues to grow.



See page 31 for a fetal movement record you can use.

Between weeks 26 and 28, we will draw your blood to test for gestational diabetes, a form of diabetes that develops during pregnancy. This diagnosis would mean closer follow-up, possibly including medications and nutrition counseling.



See appendix p. 37 for information on signs and symptoms of preterm labor.

The third trimester

Weeks 28 – 40 are considered the third trimester.

Preparing for labor and birth

If you haven't signed up for a childbirth class, there's still time! Visit geisinger.org/events to view dates, times and specific locations for each class, and to register and pay online.

Your pregnancy: Weeks 28 – 30

Weight:_____Blood pressure:_____Urine:_____

Baby's heartbeat:_____

Fundal height:_____

Education: DVT assessment, signs and symptoms of labor, daily record of fetal movements

If you are Rh negative, you will receive (or you may have already received) your injection to keep your baby safe.

At this point in your pregnancy, you will likely begin to have Braxton Hicks contractions, also known as practice contractions. If these contractions become regular, are painful or if you are leaking fluid, contact your provider or go to the nearest hospital.

Your pregnancy: Weeks 30 – 32

Weight:_____Blood pressure:_____Urine:_____

Baby's heartbeat:_____

Fundal height:_____



Start preparing baby's sleep space. See appendix p. 36 for information on a safe sleep environment for baby.

Your pregnancy: Weeks 32 – 34

Weight:_____Blood pressure:_____Urine:_____

Baby's heartbeat:_____

Fundal height:_____

If you haven't chosen a provider for your baby's care, do so now. You can visit our website at geisinger.org for a list of pediatricians, or you can call CareLink at **800-275-6401**.

Now is a good time to start thinking about what form of birth control you want to use after delivery — because it is possible to get pregnant a few weeks after your baby is born. Consult with your OB/GYN for recommendations.

Your pregnancy: Weeks 34 – 36

Weight:_____Blood pressure:_____Urine:_____

Baby's heartbeat:_____

Fundal height:_____

Pack your bag — it's almost time!

Your pregnancy: Weeks 36 to delivery (weekly appointments)

Weight:_____Blood pressure:_____

Urine:_____

Baby's heartbeat:_____

Fundal height:_____

Education: Signs and symptoms of labor, preeclampsia, when to come to the hospital or call

Weight:_____Blood pressure:_____

Urine:_____

Baby's heartbeat:_____

Fundal height:_____

Education: Signs and symptoms of labor, preeclampsia, when to come to the hospital or call

Weight:_____Blood pressure:_____

Urine:_____

Baby's heartbeat:_____

Fundal height:_____

Education: Signs and symptoms of labor, preeclampsia, when to come to the hospital or call

Weight:_____Blood pressure:_____

Urine:_____

Baby's heartbeat:_____

Fundal height:_____

Education: Signs and symptoms of labor, preeclampsia, when to come to the hospital or call

Vaccines in pregnancy

Tdap vaccine

The Centers for Disease Control and Prevention recommends that women get the Tdap vaccine in the third trimester of each pregnancy.

- Tdap is a combination vaccine to immunize against tetanus, diphtheria and pertussis.
 - » Tetanus (also known as lockjaw) kills 1 in 5 people who are infected.
 - » Diphtheria causes a thick covering in the back of the throat and can lead to breathing problems, heart problems and even death.
 - » Pertussis (whooping cough) is on the rise. This infection causes severe coughing spells and pneumonia. It is particularly dangerous for children under age 7.
- To maximize maternal antibody response and transfer of antibodies to your baby, you should be vaccinated with every pregnancy between 27 and 36 weeks of gestation. If you chose to wait until your baby is born, you should get immunized every five years.
- Anyone over the age of 11 living in the home with a newborn should be immunized to protect themselves and the baby. If children are not up to date with the DTaP vaccine, Tdap should be given at age 7.

Influenza (flu) vaccine

- Flu vaccination is safe and recommended for pregnant women, as flu is more likely to cause severe illness in pregnant women.
- During pregnancy, changes in your immune system, heart and lungs put you at higher risk for severe complications from the flu (including hospitalization).
- The vaccine is the most important step in protecting against the flu.
- Getting vaccinated while pregnant helps protect your baby from the flu after birth.

RhoGAM

When people talk about blood type, they use the words *positive* and *negative* along with a letter or letter combination, such as “AB positive” or “O negative.” If your blood doesn’t have an inherited protein called an *Rh factor*, your blood type is negative — if you do have it, your blood type is positive. When you’re pregnant, your Rh factor can potentially harm your baby. An Rh-negative mother produces antibodies against an Rh-positive baby’s blood, endangering the baby’s health.

We will test your Rh factor during your second trimester. If you are Rh-negative, you will get your first injection of RhoGAM® to keep your baby safe. After your baby is born, we will find out his or her blood type. If your baby is Rh-positive, we may give you another injection to keep your body from forming antibodies against future pregnancies. If your baby is also Rh-negative, you will not need another injection.

Pregnancy testing

For your health: Screening in pregnancy

Your nurse and provider will discuss your health history and immediate family history to determine if there are increased risks to you during your pregnancy. We will screen you throughout your pregnancy with the tests listed below.

Weight

You should expect a gradual weight gain. Your expected weight gain depends on how your health was before pregnancy and how it is now. The best way to know if your weight gain is appropriate is by using a body mass index (BMI) calculator. There are many online BMI calculators, such as the one provided by the National Institutes of Health (NIH). Simply perform a search for “NIH BMI calculator.”

Blood pressure

We will take your blood pressure at every visit to make sure you are healthy and not developing complications that show up in elevated blood pressure as a “silent symptom.”

Blood studies

We will perform a blood draw for the following tests: blood type, Rh factor, hemoglobin and hematocrit, rubella, hepatitis B and syphilis (a test required by law). Depending on your health history, we may also test for toxoplasmosis and cytomegalovirus. We will perform a blood draw for the following tests: blood type, Rh factor, hemoglobin and hematocrit, rubella, hepatitis B, hepatitis C, HIV and syphilis (a test required by law).

Pap smear

This test checks for abnormal cells or infection of the cervix (the opening to your womb) as well as additional screening of the vagina to determine the health of the birth canal.

Internal pelvic examination

This examination includes your cervix, uterus (womb) and pelvic bones. It tells us if you have room for the baby to pass through the birth canal, and also alerts us to any abnormalities.

Urine

We will ask you for a urine sample at each visit to quickly test whether you are losing protein or glucose, which may indicate an early onset of problems with your health or your pregnancy.

Group B streptococcus

Around weeks 35 to 37, your provider will test you for Group B streptococcus (GBS). This is not a time-sensitive test, so your provider may do it sooner or later. GBS is a type of bacteria that lives in many women and men, and it usually does not cause any illness. It is not a sexually transmitted disease, nor is it the bacteria that cause strep throat. Up to 30 percent of women are colonized with GBS, which means they have the bacteria and no symptoms. GBS bacteria are found in the birth canal. The test is not painful, and will be done with a cotton swab inside your vagina and rectum.

Although GBS is not harmful to adults, babies who are exposed to GBS are susceptible to lung or blood infections, pneumonia or meningitis. About 5 percent of infected babies will die, so it is very important that you are tested — and if you are colonized with GBS, you need to receive antibiotics before your baby is born. If you test positive for GBS, we will ask you to come to the hospital at the onset of labor instead of waiting until labor progresses so there is plenty of time for the antibiotics to work. Antibiotics are always given through an intravenous fluid so they are effective immediately.

One-hour glucose

During your pregnancy, we will ask you to take a glucose tolerance test to determine how your body handles sugar. This test screens you for diabetes, as some women develop gestational diabetes during pregnancy (which may resolve after pregnancy).



See appendix p. 38 for more information on one-hour glucose screening.

For your baby's health: Screening in pregnancy (optional studies)

Ultrasound

An ultrasound is an optional screening test that uses sound waves emitted through the fluid around the baby to let the health provider see the baby, the amniotic sac, the baby's anatomy and the placenta. If you'd like (and depending on baby's position), you may find out the sex of your baby. You may bring one person to the test (but no small children due to safety reasons and limited space).

Ultrasound in Radiology Department: Drink three 8-ounce glasses of water one hour before the test. Do not empty your bladder until the test is completed. The full bladder allows the technician to get the best results.

Ultrasound in Maternal-Fetal Medicine: If you are more than 14 weeks pregnant, there are no special instructions. If you are less than 14 weeks pregnant, see the instructions above for Ultrasound in Radiology Department. You may bring family members, though we may ask children to leave the room (under the supervision of an accompanying adult) if their behavior interferes with the performance of your ultrasound study.

If any abnormal results come back, this does not mean your baby has a genetic disorder, but is at higher risk to have one, so we will refer you to a genetic counselor in the Maternal-Fetal Medicine Department. See the *Optional screening blood tests in pregnancy* table for the study information.

Are you a high-risk pregnancy?

Women typically found to have high-risk pregnancies include:

- Those with twins, triplets or other multiples
- Those under 17 or over 35 years of age
- Those with a history of an inherited disease on either side of the family
- Those with medical conditions requiring more frequent visits
- Those with prior pregnancy complications (mother or baby)
- Those with screening studies that return abnormal results

If any of these apply to you, we may refer you to the Maternal-Fetal Medicine Department and possibly to a genetic counselor for more studies or information about risk. If you are being followed by Maternal-Fetal Medicine, you will still need to see a general OB/GYN provider for routine pregnancy care.

What is a genetic counselor?

A genetic counselor is a professional with specialized education in genetics and counseling. He or she can help you understand your genetic screening results and how they may affect your baby. Along with the providers in Maternal-Fetal Medicine, you have a team who will help you understand the test results and options for additional testing. Prenatal blood tests are a screening tool, so results must be weighed with other factors. These tests do not give a “yes/no” answer.

High-risk pregnancies

Screening for genetic disorders (optional)

Screening for genetic disorders is available to all pregnant women, and it is optional — this is a personal decision.

If you choose to have genetic screening, it is extremely important that your pregnancy date (conception) is correct in order for the tests to be as accurate as possible. There are two different times in early pregnancy that genetic screenings can be done. One type of screening requires an ultrasound done the same day as a blood draw to increase the accuracy of the test. There are other tests that do not involve an ultrasound. Some screenings are specifically recommended only for mothers 35 years of age and older.

Optional screening blood tests in pregnancy

		Weeks 11 – 14	Weeks 15 – 22
Down syndrome “Trisomy 21”	Down syndrome happens when a baby has an extra number 21 chromosome. The extra chromosome causes health issues, such as learning disabilities and an increased chance for a heart defect. Women at any age can have a baby with Down syndrome, but women over 35 years old have a higher chance to have a baby with Down syndrome. Visit ndss.org for more information.	First trimester screen <ul style="list-style-type: none"> • Ultrasound and blood work on the same day • Results in 1 – 3 days • Tells you the chances that your baby may have Down syndrome • Covered by insurance • More accurate than the quad screen 	Quad screen <ul style="list-style-type: none"> • Blood work • Results in 3 – 5 days • Tells you the chances that your baby may have Down syndrome • Covered by insurance • Less accurate than the first trimester screen
		or	

Optional screening blood tests in pregnancy

		Weeks 11 – 14	Weeks 15 – 22
Edwards syndrome “Trisomy 18”	Edwards syndrome happens when a baby has an extra number 18 chromosome. This extra chromosome causes serious health issues, such as heart defects, brain disorders, a small head, small jaw and overall poor growth before birth. These problems often lead to death in infancy. A few babies with Edwards syndrome live longer than one year. These babies all have severe learning disabilities, and most have many medical issues.	First trimester screen <ul style="list-style-type: none"> • Ultrasound and blood work on the same day • Results in 1 – 3 days • Tells you the chances that your baby may have Edwards syndrome • Covered by insurance • More accurate than the quad screen 	Quad screen <ul style="list-style-type: none"> • Blood work • Results in 3 – 5 days • Tells you the chances that your baby may have Edwards syndrome • Covered by insurance • Less accurate than the first trimester screen
Patau syndrome “Trisomy 13”	Patau syndrome happens when a baby has an extra number 13 chromosome. This extra chromosome causes serious health problems, such as heart, spine and brain defects, small eyes, extra fingers or toes and cleft lip and palate. Most babies are stillborn. Those that are born alive usually die within a few days. A few babies with Patau syndrome live up to a year. All babies with Patau syndrome have severe learning disabilities and many health problems.	First trimester screen <ul style="list-style-type: none"> • Ultrasound and blood work on the same day • Results in 1 – 3 days • Tells you the chances that your baby may have Patau syndrome • Covered by insurance 	No screening in the second trimester
Spina bifida	Spina bifida occurs when a baby’s back does not develop normally very early in pregnancy. It is sometimes called a neural tube defect (NTD) and looks like an opening in the skin along the spine. Babies with an NTD can have problems with their body at any point below the area of the opening. Problems may include bowel and bladder problems and trouble walking.	First trimester screen <ul style="list-style-type: none"> • Does not screen for spina bifida 	MSAFP only or quad screen <ul style="list-style-type: none"> • Maternal serum alpha-fetoprotein (MSAFP) only: offered to patients who had genetic screening in the first trimester • Quad screen: offered to patients if the genetic screening in the first trimester was unable to be completed • Blood work • Results in 1 – 3 days • Tells you the chances that your baby may have spina bifida • Covered by insurance

Optional screening blood tests in pregnancy

		Weeks 11 – 14	Weeks 15 – 22
<p>Cystic fibrosis**</p>	<p>Cystic fibrosis (CF) is a genetic condition that affects the lungs and pancreas, making them “sticky.” This can cause children to have issues with breathing and getting nutrients. This condition is most common in the Caucasian (white) population. About 1 in every 2,500 Caucasian people have CF, but any ethnicity can have CF. One in 25 Caucasian people are carriers of CF and may not know it. It is caused by changes on the CF gene. These changes are passed on from both parents, so an affected child has two changes in the CF gene. Most of the time, parents do not know they carry a change on the CF gene, because having one change will not cause CF. Most affected children have no family history of CF. Visit cff.org for more information.</p>	<p>Carrier screening</p> <ul style="list-style-type: none"> • Any woman who is pregnant or planning to become pregnant • Blood test • Detects 23 of the most common changes known to cause CF • May be an expensive test with possible out-of-pocket fees, depending on health insurance (though many plans cover testing) • If mother has a CF gene change, testing father of the baby is recommended • If both parents have CF gene changes, 1 in 4 (25 percent) chance that the baby will have CF 	<p>Prenatal testing</p> <p>When both parents carry a CF gene change, testing for CF in a baby can be done by either sampling the amniotic fluid (amniocentesis) or the placenta (chorionic villi sample, or CVS). This can be discussed with a genetic counselor.</p> <p>All babies born in Pennsylvania are tested at birth for CF on the newborn screen.</p>
<p>Spinal muscular atrophy (SMA)**</p>	<p>Spinal muscular atrophy is a genetic condition that causes muscle weakness and wasting. Babies with SMA have trouble with crawling, walking and other motor movements, like holding their head up. In the most severe forms, children do not survive past early childhood. SMA affects 1 in 9,000 people worldwide. One in 30 people are carriers of SMA and may not know it. SMA is caused by genetic changes in the SMA gene. These changes are passed on from both parents, so an affected child has two changes in the SMA gene, while the parent who is a carrier will have one change on the SMA gene. Most of the time, parents do not know they carry a change on the SMA gene, because having one change will not cause SMA.</p>	<ul style="list-style-type: none"> • Any woman who is pregnant or planning to become pregnant • Blood test • May be an expensive test with possible out-of-pocket fees, depending on health insurance (though many plans cover testing) • If mother has a SMA gene change, testing father of the baby is recommended • If both parents have SMA gene changes, 1 in 4 (25 percent) chance that the baby will have SMA 	<p>When both parents carry a SMA gene change, testing for SMA in a baby can be done by either sampling the amniotic fluid (amniocentesis) or the placenta (chorionic villi sample, or CVS). This can be discussed with a genetic counselor.</p> <p>If a baby has SMA, there is a new drug that can be given to reduce symptoms and increase quality of life.</p> <p>As of Feb. 1, 2019, SMA testing will be part of the newborn screen.</p>

Noninvasive prenatal screening/testing (NIPS/NIPT)

or

Cell-free fetal DNA screening (cffDNA)

- Screening test offered to women at high risk of having a baby with a chromosome condition (e.g., 35 years old or older at the time of delivery, abnormal first trimester screen, abnormal quad screen, previous pregnancy with a chromosome condition)
- Screens for Down syndrome, trisomy 18, trisomy 13, and sex chromosome disorders
- Includes blood work
- Results in 7 – 10 business days
- Results screen low risk or high risk for Down syndrome, trisomy 18, trisomy 13, monosomy X, and triploidy*
- For women at high risk for a pregnancy with a chromosome condition, NIPS is more accurate than other screening tests
- Coverage dependent on insurance

Diagnostic testing for chromosome conditions:

Chorionic villus sampling (CVS)

- A diagnostic procedure performed between 11 weeks and 13 weeks 6 days
- Invasive procedure (needle into mother’s abdomen or catheter inserted through mother’s cervix to collect placental cells)
- Risk of miscarriage is less than 0.5 percent (less than 1 in 500 chance)
- Makes a picture (karyotype) of the baby’s chromosomes to detect extra or missing chromosomes (99 percent accurate “yes” or “no” answer)
- Needs preauthorization through insurance company

Amniocentesis

- A diagnostic procedure performed at 16 weeks or more
- Invasive procedure (needle into mother’s abdomen to collect amniotic fluid)
- Risk of miscarriage is less than 0.2 percent (less than 1 in 500 chance)
- Makes a picture (karyotype) of the baby’s chromosomes to detect extra or missing chromosomes (99 percent accurate “yes” or “no” answer)
- Needs preauthorization through insurance company

**A high-risk result is not a diagnosis. Further diagnostic testing will be offered for a high-risk result.*

***Carrier screening can be offered for more than 100 genetic conditions that you may be a carrier for. Ask to speak with a genetic counselor if you are interested in learning more.*

Contractions and labor

Ready, set — not yet! It might be labor, but it might not be labor. This section discusses the differences between practice contractions and labor.

Contractions

What are contractions?

Contractions are how labor works to thin out and shorten your cervix, which is at the bottom of your uterus. If your water breaks, contractions usually start within a few hours. You should go to the hospital immediately if your water breaks.

What does a contraction feel like?

Your whole belly will feel hard. Touch your forehead and touch your belly — if they feel about the same in hardness, you're having a contraction. However, if only part of your belly feels semi-hard, like the tip of your nose, you could be having a Braxton Hicks (or practice) contraction. Practice contractions can be uncomfortable, but they don't change the cervix.

If the contractions hurt, try this:

- Empty your bladder.
- Drink 12 ounces of water over 15 minutes.
- Put your feet up for 15 to 20 minutes.

Don't worry — if you are experiencing real labor, these steps won't stop it.

However, if you are extremely dehydrated or have an infection, these tips also won't stop the practice contractions, so you should contact your pregnancy provider. Your provider may tell you to go to the hospital for evaluation, where you may be treated and then discharged to return home.

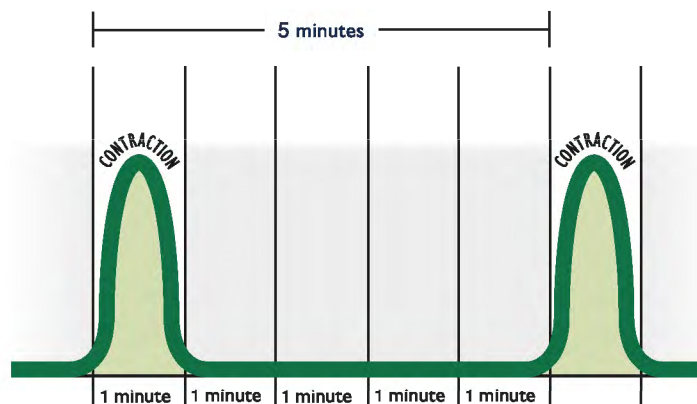
Sometimes your uterus is just irritated. The growth of the baby, your activity or the baby's position all might make your uterus irritated. This irritation can cause contractions, but not labor contractions. How can you know the difference?

When your cervix (the opening at the bottom of the womb) is thinning out and opening, it is labor. Contractions that do not change the cervix are just contractions, not labor. This can be very frustrating to mothers when they are close to their due date and the practice contractions are distracting or painful. It feels like it must be labor.

As real labor begins, the contractions will become more regular and predictable; they don't change when you empty your bladder or drink fluids. Walking will make them more regular and more uncomfortable.

Measuring contractions

When you are having four or more contractions in an hour, it might be labor. Time the contractions by measuring the time between the beginning of one contraction and the beginning of the next.



Stages of labor

Every labor and every woman is different — this is just a guide. There are many factors that affect how long your labor lasts, but labor is generally longer for first-time moms.

Go to the hospital when your contractions are 5 minutes apart, lasting 1 minute, for 1 hour. This is called the 5-1-1 rule, but it's a general rule; follow your healthcare provider's instructions.

Call your provider and go to the hospital right away if you:

- Are considered high-risk
- Are vomiting with contractions
- Feel rectal pressure
- Are unable to walk or talk through contractions
- Think your water broke or you're leaking fluid
- Are Group B positive and need to receive antibiotics in labor
- Live far from the hospital
- Experience a gush of blood

If you think your baby is coming now, call 911 and lie on your side. Call the hospital before coming so they are prepared for your arrival.

Early labor

Early labor contractions are irregular and crampy, and become more regular and more uncomfortable with time. Early labor can last 8 to 12 hours for first-time mothers, and less time for those who have already had a baby.

- Dilation is 0 to 6 centimeters (cm). Water might break or might not.
- Eat light. Eat things that are easy to digest, such as rice, pasta, clear broth-based soup, fruit or toast. You can also have plain tuna or chicken, but eat just a few bites.

- Be sure you have a ride to the hospital. Put down two beach towels and two large plastic bags on the seat before you get in, just in case your water breaks or leaks on the way to the hospital.
- Listen to your body. Walk if you can, but be sure to rest.
- Stay hydrated. Drink plenty of water or other clear drinks.
- Go to the hospital immediately if your water breaks, even if you don't have contractions.

Active labor

- Dilation is 6 to 8 cm.
- Contractions are 3 to 5 minutes apart, and the peak of the contraction can last 10 or more seconds. Water might break or might not. Your provider may offer to break your water for you.
- Active labor can last three to five hours, but can be shorter or longer. Every labor and every mother is different.
- Be as active as you can. Use the shower, rocking chair, birthing ball and other upright positions to make the most of the work of each contraction.

Transition

- Dilation is 8 to 10 cm (10 cm is completely dilated).
- Contractions can be 1 to 3 minutes apart, lasting 40 to 90 seconds. If your water has not broken by now, your provider may offer to break it for you.



- These contractions are the strongest of all the labor contractions, but this period is the shortest of the labor, lasting 30 to 90 minutes.
- You may be distracted or focused, possibly nauseated or shivering.

Birth

- First-time mothers might push for two hours or longer. Pushing contractions usually come about every five minutes, so you will rest between pushing.
- After the baby is born, the placenta usually delivers in 5 to 20 minutes.

Pain management in labor

How you work through the labor process is a very personal choice — and one that you should talk about before labor, but decide during labor. Attending the Understanding Birth class, in person or online, can help you better understand options available to you. There are several choices as your labor progresses:

Natural labor

Natural labor involves using labor positions, breathing, movement and working with your body to keep labor moving. Of all the options, recovery is usually the fastest for this.

Medication

Usually used in conjunction with some of the natural labor positions. Medication can be given through an IV; these medications offer temporary relief but will not completely take away your pain. Medication given through your IV site can make you and your baby sleepy. If this is a side effect of the medication chosen by your provider, it will not be offered after about 6 cm so the baby has time to clear the medicine from his or her system before delivery. Sleepy babies may need assistance breathing at first. If it has been two or more hours since you have had the medicine, it will be the same recovery as natural labor for you and your baby.

Epidural

Placed by an anesthesiologist, medication is given through a space in your back and does not cross over to your baby. You will experience numbness from about your waist to your knees. You may not be able to urinate, so the nurse will use a flexible tube to empty your bladder. This will stay in place until delivery. You cannot walk or get out of bed with the epidural, but you will be able to rest. Following delivery, it will take two to three hours before your numbness wears off. You will need assistance the first time you get out of bed.

Nitrous oxide

Nitrous oxide for pain control during labor and birth may be available to you. Talk with your provider to learn more.

What to take to the hospital for childbirth

What will you need?

- Three or four pairs of old socks
- Two bras with good support — nursing bras for breastfeeding or sports bras if you don't plan to breastfeed
- Two or three pairs of underwear (disposable underwear provided)
- Sanitary pads (provided)
- Toiletries
- Glasses, contact lenses, contact lens cases/solution
- Loose-fitting clothes and comfortable shoes to wear home
- A list of any medicines you are taking, including any over-the-counter and herbal medications
- Lip balm
- Sugarless hard candy
- Camera or video camera
- Pillow from home for your own comfort
- Cell phone and cell phone charger or phone card for long-distance calls
- Phone numbers of friends and family

What will your baby need?

- An outfit to wear home
- Receiving blanket
- A car seat (already installed in car)
- Diapers (provided)
- Baby wipes (provided)
- Baby wash (provided)

What will your support person need?

- A pillow from home
- Change of clothes
- Any medications
- Toiletries
- “Silent” snacks
- Glasses, contact lenses, contact lens cases/solution
- Coaching aids learned in childbirth class

Things to remember

What should your support person know?

- One person may stay with you overnight in your room.
- Visitation policy varies by hospital, so be sure to ask about yours.
- During flu season, visitation is restricted for your safety.
- If you have a cesarean section, visitation is restricted to only your primary support person in the first two hours after you return to your room.

Protecting yourself and your baby

- After delivery, sleepy mothers and coaches must put the baby in a bassinet for safety.
- Remind all visitors to wash their hands upon entering and leaving the room.
- Visitors holding the baby must be seated.
- Ask people with colds, flu or other contagious illnesses to visit when they are feeling better.



What to expect during your hospital stay, from admission to discharge

When you enter Labor and Delivery, nursing staff will greet you and bring you to a room. Depending on why you are there, you might need to be examined before the team determines if you need to be admitted. If you're there for a scheduled procedure, you will be brought to a room and admitted as soon as you arrive. Throughout your entire stay with us, we want to care for you and your family in a way that makes you feel right at home. We encourage you to participate in your care and your baby's care, and to remind us of any special needs or requests you might have.

All of the things we do to care for you and your family have been supported by the top clinicians in the obstetric and pediatric fields of nursing and medicine. During your entire stay with us, controlling your pain is very important. There are many ways we can help you control your pain — with or without medication. Tell us your preferences so that we can best take care of you. Our goal is for you to be able to manage your pain in a way that is safest and best for you.

Admission

What does your admission involve? Nursing staff will ask you questions and chart the answers in your medical record. We will ask you to sign papers allowing us to take care of you and your new baby. We will give you education and information on what is to come during your hospital stay. An obstetrics provider will see you, and we'll discuss your plan of care with you soon after you arrive. You might have blood tests, you may need an IV and you will also likely have your baby's heartbeat and your contractions monitored. As your stay continues and your situation progresses, we may alter your plan of care based on our discussions with you.

Delivery

During childbirth, your delivery provider and nurses will be present to take care of you and your baby. Depending on where you are delivering, the pediatric doctors or NICU team might be present at your delivery to check on your baby after he or she is born. We do this to make sure the baby is safe and to avoid complications. If you and your baby are medically stable, we encourage you to begin skin-to-skin contact as soon as possible after delivery and enjoy the "golden hour" with your baby.



Baby care

Within the first few hours after birth, we will take your baby's vital signs and give him or her medications. We follow the American Academy of Pediatrics guidelines for medication administration, giving antibiotic eye ointment to protect your baby from eye infections and a vitamin K injection to help support your baby's blood clotting system, which prevents spontaneous bleeding in the brain or intestines. We also recommend a vaccine to protect your baby from the hepatitis B virus.

We will delay bathing your baby until he or she has a stable temperature and blood sugar and has had a successful first feeding. After the bath, you can dress your baby and bundle him or her, or you can keep skin-to-skin contact. We encourage rooming-in and skin to skin to help you learn your baby's feeding cues and how to care for your baby once you go home.

Before your baby is discharged, we will perform a hearing test, a newborn blood screening and a heart defect screening, which are all recommended by our pediatricians and the state of Pennsylvania. These are all to ensure that your baby gets the care he or she needs.

We encourage you to choose a pediatric provider or family practice provider before you come into the hospital. This person will see and care for your baby following discharge. If you are unsure of who to choose, we can provide suggestions and information about providers upon your request.



See appendix pp. 39–40 for more information on skin-to-skin benefits and newborn screenings.

Mom care

After delivery your nurse will check your vital signs frequently during the first two hours after delivery, known as the recovery period. The nurse will also assess the amount of bleeding you are having and massage your uterus to help prevent excessive bleeding. Breastfeeding early on following delivery helps to prevent excessive bleeding and promotes your uterus to return to its pre-pregnancy size sooner.

Once you and your baby have eaten and your nurse feels you are stable, you will be assisted out of bed and will be able to shower and walk around in your room.

Postpartum

Your stay in the hospital following delivery is known as your postpartum stay. Following a vaginal delivery, your stay will usually be one to two days. Following a cesarean section, your stay will usually be two to four days, unless you or your baby are not medically stable for discharge.

During your stay, we will check on you and the baby hourly to make sure you are both safe. We promote a safe sleeping environment for the baby, so we might ask you to place your baby in a bassinet if you are tired. We provide demonstrations and videos for education, as well as handouts and folders for you to take home. The state of Pennsylvania requires you to watch the shaken baby syndrome prevention video and to receive education on safe sleeping habits to decrease the risk of sudden infant death syndrome (SIDS).

Handwashing is important to keep you and your baby safe. All staff and visitors should wash their hands before touching you or your baby. Make sure to ask anyone who would like to visit you — including family — if they are healthy. If they have any signs of illness, such as coughing or fever, ask them to wait and visit when they feel better.

If you would like to know more about what to expect in the hospital and what to expect with your newborn, Geisinger offers a variety of classes for families expecting a baby. Ask us any questions you have, and we will be happy to get you the answers you need.



Over-the-counter medications in pregnancy

When used as directed, the following medications are considered safe in pregnancy. Seek immediate medical attention if you experience symptoms indicating that you are allergic or sensitive to a medication, including rash, hives, difficulty breathing, sudden dizziness or confusion, or any other severe or unusual symptoms. Unless otherwise indicated, follow the dosage recommendation for adults on the label.

Headache

- **Tylenol® (acetaminophen) Regular or Extra Strength**

Do not exceed 1,000 mg in 4 hours or 3,000 mg in 24 hours. Headaches may be caused by dehydration or lack of sleep. If you feel thirsty, drink 10 ounces of water or another non-caffeinated beverage. If you have difficulty sleeping through the night, taking a 15-minute rest later in the day can help. If the headache is not relieved, call your care provider.

Avoid aspirin-containing products, ibuprofen (Advil®) and naproxen (Aleve®) unless approved by your provider.

Cough

Drink lots of fluids, such as warm beverages with honey or lemon. You may also gargle with warm salt water.

- **Vicks® VapoRub™**

Nasal congestion

For some, nasal congestion is continuous throughout pregnancy. If so, sleeping with two pillows at night might help.

- **Breathe Right®** nasal strips
- **Ocean®** saline nasal spray

For nasal congestion associated with cold symptoms:

- **Sudafed®** (pseudoephedrine) – Avoid during first trimester, but safe in second and third trimester for women without hypertension.
- **Afrin®** spray (oxymetazoline)
- **Chlor-Trimeton®** (chlorpheniramine)

Avoid sustained-action (SA) or “multi-symptom” forms.

Sore throat

- **Chloraseptic®** spray – No lozenges
- **Non-medicated cough or throat drops**

Yeast infection

(Note that you may have a bacterial infection rather than a yeast infection — call your caregiver before self-treatment.)

- **Monistat® (miconazole)**
- **Gyne-Lotrimin® (clotrimazole)**

Diarrhea

- **Imodium® (loperamide)** – After first trimester and only for 24 hours

Avoid Pepto Bismol®, Kaopectate® and Lomotil®.

Heartburn/indigestion

Eat smaller, more frequent meals, and drink more liquids between meals (rather than with meals). Avoid spicy or fatty foods. Avoid lying down for at least two hours after a meal. Avoid extremes of very cold or very hot foods or beverages. Carbonated beverages can worsen heartburn.

- **Maalox®**
- **Mylanta®**
- **Tums®**
- **Pepcid® (famotidine)**
- **Zantac® (ranitidine)**

Constipation

If your diet allows, try two Fig Newtons and a hot cup of non-caffeinated tea before bed. Eat more whole grains, bran, raw vegetables and fresh or dried fruits. Drink more water (and fruit juice, if allowed). Exercise regularly, especially by walking.

- **Metamucil®**
- **FiberCon®**
- **Citrucel®**
- **Colace®**
- **Konsyl® (psyllium)**
- **MiraLAX® (polyethylene glycol 3350)**

Hemorrhoids

- **Preparation H®**
- **Witch Hazel (Tucks® pads or ointment)**

Avoid Anusol® unless recommended by a physician.

Difficulty sleeping

- **Benadryl® (diphenhydramine)**
- **Unisom® (doxylamine)**

Nausea

- **Ginger capsules**
- **Vitamin B6 (pyridoxine and doxylamine)**
- **Bonine® (meclizine)**
- **Dramamine®**

Comfort measures

Backache

Maintain good posture. Sit on an exercise ball to watch TV. Use good body mechanics when bending and lifting. Do pelvic tilt exercises.

Difficulty sleeping

Light exercise at least three hours before bedtime, coupled with a warm shower just before bed, will help with sleeping. Sleep with support under your breasts and abdomen, as well as between your knees and ankles. Use two pillows to support your head if you need to be elevated more. The last four to six weeks are usually more difficult for moms to get comfortable — the only “cure” is delivery!

Fatigue

Listen to your body. Rest. Maintain good nutrition and hydration. Take prenatal vitamins.

Hemorrhoids

Avoid or correct constipation. Do Kegel exercises to increase circulation. Apply external witch hazel compresses.

Leg cramps

Do calf stretches in the morning and evening: Get into a “lunge” position, bracing your hands against the wall. Put one leg straight back behind you with your foot flat on the ground. Put the other leg forward, with your knee bent at about 90 degrees. Hold for a count of 10 and then switch legs.

Eat foods rich in calcium and magnesium, such as milk, cheese, potatoes and bananas.

Do not rub leg cramps. Walk them out or counter the cramp by having your partner help you stretch your toes toward your nose. Or try standing securely on a step and allowing your heels to drop a little.

Nausea

Eat four to five smaller meals a day. Don't allow your stomach to get empty — keep crackers on hand. Eat crackers before getting out of bed. Chew crystallized ginger, take ginger capsules or drink ginger tea. Try motion sickness bands.

Shortness of breath

This increases as the baby pushes up on your diaphragm — good posture helps. Sleep propped up with pillows. Be patient and slow your pace when you need to.

Swelling in legs and feet

Try water aerobics. Increase your intake of fluids. Elevate your feet several times a day. If you sit for long periods, exercise your legs such as by flexing and twirling your feet. Wear support hose — put on after your legs have been elevated for 30 minutes or first thing in the morning before you get up.

Varicose veins

Take a cool bath to soothe discomfort. Avoid sitting with your legs crossed. Elevate your legs at a right angle to your body for two to five minutes several times a day. Wear support hose (see “Swelling in legs and feet”).



Common troubles in pregnancy

Symptom	When/why	What you can do
Backache	Second and third trimester. As your weight, shape and balance change, you may feel the strain on your lower back.	Do not use a heating pad — it increases the baby's temperature, which can be dangerous. Use good body mechanics as you move. Wear comfortable shoes with low heels. Sit on an exercise ball. Do gentle stretches of your low back, try pelvic rocking or enroll in pregnancy yoga.
Bladder changes	Throughout pregnancy. Due to the uterus and baby pressing against the bladder.	Frequency is normal. Empty your bladder as completely as you can. Reducing fluids will not reduce the need to use the toilet frequently. Do Kegel exercises to strengthen the pelvic floor. If urination burns or stings, you may have an infection — consult your pregnancy provider right away.
Breast changes (tenderness, leakage, enlargement)	Throughout pregnancy as your body prepares for the baby.	May grow one or two cup sizes during pregnancy. May get tender and sensitive — wear a bra with firm support throughout pregnancy. Leaking can happen beyond the fifth month — wear breast pads, clean nipples with plain water (soap can dry nipples) and keep nipples dry.
Constipation/diarrhea	Second and third trimester. Hormonal and physical changes can influence intestinal function and movement.	For constipation, drink lots of water (120 ounces in a day) and eat whole grains, fruits and vegetables. Try two fig cookies and a cup of non-caffeinated hot tea before bed. Colace and Metamucil are safe after 12 weeks. Exercise daily, especially by walking. For diarrhea, eat bananas and/or rice. Imodium is safe after 12 weeks.
Contractions (practice contractions)	After week 28 to help strengthen uterus for birth. They are irregular and don't last, but may be uncomfortable. Also known as Braxton Hicks contractions. Labor contractions are expected around your due date, but if you are before 37 weeks, it is pre-term labor.	If you have more than four contractions in an hour for two hours, call your pregnancy provider — you may be in labor. Practice contractions will go away if you rest, drink water and empty your bladder. Labor contractions are not affected by these measures. If they are term labor contractions, try to relax, drink water and follow your pregnancy provider's directions regarding when to come to the hospital. Time them from the beginning of one contraction to the beginning of the next contraction.
Cough	Anytime during pregnancy. Due to common cold or allergies. Cough can also come from heartburn (see <i>Heartburn</i>).	If cough is accompanied by a fever, see your primary care provider. Increase fluids to keep secretions thin. After 12 weeks, Robitussin or other cough medication containing guaifenesin (without other active ingredients) is safe. Use Vicks VapoRub at night.

Common troubles in pregnancy

Symptom	When/why	What you can do
Excessive salivation	Mid- to late pregnancy. Salivary glands may become more active. Cause is unknown.	Eat several smaller meals instead of three larger ones. Drink a tart beverage, such as lemonade with little or no sugar. Chewing gum may also help.
Faintness	Early and late pregnancy. Due to changes in blood pressure or dehydration.	Drink plenty of water. Do not stand for long periods of time. Shift your weight or change positions frequently. When lying down, lie on your side for best circulation.
Fatigue	Throughout pregnancy. Most significant in first and third trimesters.	Try relaxation or meditation before bed to help with a good night's rest. Schedule a short nap during the day, if possible. Good nutrition and hydration will help. Take prenatal vitamins. Exercising every day will help regulate the extremes, but do not exercise less than three hours before bedtime.
Groin pain	Second trimester and beyond. Round ligaments support your growing uterus.	Ask your health provider before self-diagnosing. Use cold compresses and rest. Remind yourself not to twist your body. Keep your shoulders, hips and knees aligned any time you are moving, picking things up or getting up from the floor.
Gums (bleeding, swelling and sensitivity)	Mid to late pregnancy. Due to increased blood supply and hormones.	Increase vitamin C in your diet. Brush and floss daily. Use an antiseptic mouthwash. Dental care is encouraged during pregnancy; your insurance may cover additional cleanings during pregnancy. Tell your dentist you are pregnant before any procedure or cleanings.
Headache	Throughout pregnancy. Due to pregnancy hormones, changing sleep patterns, dehydration.	Make time for rest. Increase fluids (non-caffeinated). For sinus headache, try a vaporizer or place a warm, moist towel over the sinus area until it cools. Repeat as needed. If not allergic, take acetaminophen (Tylenol) according to the directions. Do not exceed 3 grams (3,000 mg) in 24 hours. If headache is persistent or severe, call your provider.
Heart pounding	Throughout pregnancy. Due to pregnancy hormones and increased blood and plasma levels.	Stay calm — don't panic. Take slow, deep breaths. Reduce caffeine gradually to prevent a withdrawal headache. Discuss relaxation techniques with your provider. If heart pounding is frequent, painful or continuous, tell your pregnancy provider.
Heartburn and indigestion	Second and third trimester. Your digestive system is impacted by pregnancy hormones as well as the size of the growing baby.	Eat smaller meals more frequently. A very empty stomach may make you feel worse. Drink liquids between meals rather than with meals. Avoid spicy, fried or rich foods. Don't lie down within two hours of eating. Tums and Maalox may help.

Symptom	When/why	What you can do
Hemorrhoids	Usually second or third trimester. Due to increased blood volume. Made worse by pregnancy-related constipation. The growing uterus adds pressure to your rectum and vagina.	See <i>Constipation</i> section. Soak a clean cloth or gauze square with cold witch hazel and hold it on your hemorrhoids for 20 minutes while you lie on your left side. Or try an ice pack applied to hemorrhoids for 20 minutes for pain relief. Preparation H is safe after 12 weeks. Try Kegel exercises to strengthen pelvic floor. Increase fluids (non-caffeinated). If constipation does not resolve or if hemorrhoids bleed, call your primary care provider.
Leg cramps	Early pregnancy or throughout pregnancy. Caused by the growing uterus, and may be caused by disruption of mineral absorption (such as calcium and magnesium) in pregnancy.	Do not rub leg cramps — walk or stretch them out. To ease a cramp, stand on a step with your toes and drop your heels. Try a warm bath. If you are taking a calcium supplement, do not take it at the same time as an iron supplement or iron-rich foods.
Morning sickness (dizziness, nausea or vomiting)	Generally occurs at the beginning of pregnancy. Worst symptoms occur first thing in the morning when your stomach is empty, but can also happen in the evening or at night.	Have a low-sugar snack before bed (for example, cheese or peanut butter crackers) to slow your stomach's emptying. Put crackers at your bedside and eat a couple before getting up. Rise slowly. Sip flat ginger ale or peppermint or ginger tea. Eat smaller, more frequent meals. Use motion-sickness bands.
Nasal stuffiness and Nosebleeds	Throughout pregnancy. Nose stuffiness through pregnancy due to increased blood volume in pregnancy. Nosebleeds happen for the same reason throughout pregnancy.	For stuffiness, using two pillows at night might help. Ocean nasal spray is safe anytime. For nosebleeds, increase vitamin C in your diet. Use a humidifier if your house is dry. Coat the inside of your nose with a thin coat of Vaseline® to help with dryness. In winter, try a humidifier. To stop a nosebleed, pinch your nostrils for several minutes. When the bleeding stops, lie down and apply a cold compress to your nose.
Pelvic pain or discomfort	Mid- to late pregnancy. Due to your pelvic joints relaxing to prepare for birth.	Take a warm (not hot) bath or shower. Avoid constipation. Change positions. If pain is severe or persistent, call your pregnancy provider.
Shortness of breath	Second trimester and beyond. Your growing uterus puts pressure on your diaphragm and pushes up on your lungs. You breathe a little faster each trimester in pregnancy without realizing it until you exercise or go up steps.	If shortness of breath occurs at rest or is related to asthma, call your primary care provider immediately. Good posture will help. Hold your arms above your head and stretch. Pace yourself when walking distances or using stairs.

Common troubles in pregnancy

Symptom	When/why	What you can do
Skin changes (blotches, discoloration, stretch marks)	Second trimester and beyond. Hormones of pregnancy and the changing size of the uterus.	Some women get blotches or discolorations on the face, belly and breasts. Avoid direct sunlight and sunburn. Eat well, especially green leafy vegetables and sources of vitamins C and E and protein. Stretch marks are not preventable, but keeping your skin soft and being hydrated can minimize them. If you get pustules or hives, contact your pregnancy provider.
Sleep difficulty	More significant in the last trimester. Due to the need to urinate often, muscle aches and increasing uterus size.	Sleep with support under your breasts and abdomen as well as between your knees and ankles. Elevate your head. Try light exercise three hours before bed. Try soft music and a calm atmosphere an hour before bed. Use deep breathing and relaxation techniques. Limit caffeine intake.
Sore throat	Anytime in pregnancy. Due to common cold, allergies or dryness.	Increase fluids. Use Chloraseptic spray (no lozenges). May use non-medicated cough or throat drops. Increase vitamin C in your diet. May take Tylenol as directed. If you need medical attention related to sore throat, contact your primary care provider.
Swelling	Second trimester and beyond. Extra blood volume to support pregnancy and a growing uterus put pressure on small veins in your hands and lower legs.	Do not sit or stand for long periods of time. Walk around or sit with your feet level with your hips. Don't cross your legs. Twirl your feet when you are sitting. Wear loose, comfortable clothing and comfortable shoes. Use support hose. Exercise by walking or swimming. Drink plenty of fluids and eat a balanced diet. If swelling is sudden or severe, or accompanied by headache or itching, call your pregnancy provider immediately.
Vaginal discharge or itching	Throughout pregnancy. Change in hormones and increased blood supply cause an increase in normal secretions. May also be due to a bacterial or yeast infection.	Do not self-treat for a yeast infection without consulting a physician. Wear loose-fitting clothes and cotton underwear. Do not douche. Be alert for signs of your water breaking or early labor. If discharge is bright red blood, clear and watery or tinged with blood, call your provider immediately.
Varicose veins	Mid- to late pregnancy. Due to increasing blood volume and pressure from uterus on veins.	Avoid standing for long periods of time. If you must stand, move about. Sit with legs crossed at ankles or with feet flat on the floor. Wear elastic stockings — put them on first thing in the morning. A cool bath may help. Elevate your legs as often as you can.

Fetal movement record

Department of Gynecology & Obstetrics
Geisinger Women's Health

G T Preterm Ab Living EDC Start date No. weeks pregnant

Patient instructions on: _____ By: _____

Indication for observation _____

Instructions for daily movement counting

Counting the movements your baby makes is a way you can help us check on the baby's health. By counting and recording the number of movements made by your baby each day, you create a profile of your baby's activity during your pregnancy.

Take some time each day to count 10 movements and the amount of time it takes to feel those movements. We ask that you count and record the baby's movements at approximately the same time every day. Pick a time that is convenient for you, and have a meal or snack within two hours before counting.

Lie down on your side to count your baby's movements. As you begin counting, record the time that you start in the "Start time" column. Put a check mark or an X in a box each time you feel a movement until you get 10 movements. Once you check off the 10th movement, write down the time in the "Finish time" column. If you feel fewer than 10 movements in 2 hours of counting, call the number listed in your book on the triage card.

Danger signs to report:

- Abdominal pain
- Burning, frequency or urgency with urination
- Elevated temperature
- Headaches without relief
- Painful regular uterine contractions before 36 weeks
- Prolonged nausea or vomiting
- Swelling of ankles, face or hands
- Uncontrollable leakage of fluid from vagina
- Vaginal bleeding
- Visual disturbances (e.g., spots before your eyes, blurred vision, double vision)

Week 28	Day	Start time	1	2	3	4	5	6	7	8	9	10	Finish time
	Mon.												
	Tue.												
	Wed.												
	Thu.												
	Fri.												
	Sat.												
	Sun.												

Week 29	Day	Start time	1	2	3	4	5	6	7	8	9	10	Finish time
	Mon.												
	Tue.												
	Wed.												
	Thu.												
	Fri.												
	Sat.												
	Sun.												

Week 30	Day	Start time	1	2	3	4	5	6	7	8	9	10	Finish time
	Mon.												
	Tue.												
	Wed.												
	Thu.												
	Fri.												
	Sat.												
	Sun.												

Week 31	Day	Start time	1	2	3	4	5	6	7	8	9	10	Finish time
	Mon.												
	Tue.												
	Wed.												
	Thu.												
	Fri.												
	Sat.												
	Sun.												

Week 32	Day	Start time	1	2	3	4	5	6	7	8	9	10	Finish time
	Mon.												
	Tue.												
	Wed.												
	Thu.												
	Fri.												
	Sat.												
	Sun.												

Week 33	Day	Start time	1	2	3	4	5	6	7	8	9	10	Finish time
	Mon.												
	Tue.												
	Wed.												
	Thu.												
	Fri.												
	Sat.												
	Sun.												

Week 34	Day	Start time	1	2	3	4	5	6	7	8	9	10	Finish time
	Mon.												
	Tue.												
	Wed.												
	Thu.												
	Fri.												
	Sat.												
	Sun.												

Week 35	Day	Start time	1	2	3	4	5	6	7	8	9	10	Finish time
	Mon.												
	Tue.												
	Wed.												
	Thu.												
	Fri.												
	Sat.												
	Sun.												

Week 36	Day	Start time	1	2	3	4	5	6	7	8	9	10	Finish time
	Mon.												
	Tue.												
	Wed.												
	Thu.												
	Fri.												
	Sat.												
	Sun.												

Week 37	Day	Start time	1	2	3	4	5	6	7	8	9	10	Finish time
	Mon.												
	Tue.												
	Wed.												
	Thu.												
	Fri.												
	Sat.												
	Sun.												

Week 38	Day	Start time	1	2	3	4	5	6	7	8	9	10	Finish time
	Mon.												
	Tue.												
	Wed.												
	Thu.												
	Fri.												
	Sat.												
	Sun.												

Week 39	Day	Start time	1	2	3	4	5	6	7	8	9	10	Finish time
	Mon.												
	Tue.												
	Wed.												
	Thu.												
	Fri.												
	Sat.												
	Sun.												

Week 40	Day	Start time	1	2	3	4	5	6	7	8	9	10	Finish time
	Mon.												
	Tue.												
	Wed.												
	Thu.												
	Fri.												
	Sat.												
	Sun.												

ORAL HEALTH MATTERS





ESPECIALLY DURING PREGNANCY

You regularly see your OBGYN, but are you keeping up with your regular dental appointments?

During pregnancy, you may notice a change in your oral health. If you're experiencing red, swollen or bleeding gums, you're not alone! The good news is that many of these issues are preventable and treatable through regular dental visits and a good at-home oral care routine. Your dental care and prenatal care professionals can provide advice on how to keep your mouth and the rest of your body healthy during pregnancy.

Up to **70%** of women experience gingivitis during pregnancy

Oral health issues are common during pregnancy

Common Changes During Pregnancy:	Oral Health Effects You May Not Expect:	What You Can Do About It:
 Hormone Increase	Hormone changes can bring on gum inflammation (gingivitis).	Choose a toothbrush, toothpaste and rinse that fight gingivitis.
 Morning Sickness	Morning sickness with vomiting can increase risk of enamel erosion.	Rinse mouth after vomiting. Use a toothpaste with stannous fluoride daily to help prevent acid erosion.
 Increased Sugar Intake	Greater sugar intake can increase risk of cavities.	Try to avoid excessive sugar intake
 Stronger Gag Reflex	Stronger gag reflex can make brushing unpleasant.	Find times in the day to brush, floss and rinse when you're feeling your best.

Myth

If I focus on a daily routine that includes prenatal vitamins, healthy eating and exercise, I am doing everything I can to stay healthy during pregnancy.

Fact

Professional dental care and a good at-home oral health routine are an essential part of a healthy pregnancy.

Did You Know?

During pregnancy, increased hormone levels can affect the way your body reacts to plaque that builds up on your teeth, causing redness, swelling and even bleeding gums. This is commonly known as pregnancy gingivitis.

Steps to maintain good oral health during pregnancy:

- 1 Create a daily at-home oral care routine if you do not already have one.
- 2 Be sure to use products that are proven to fight plaque and gingivitis.
- 3 Make an appointment to see your dentist during pregnancy.

Dentist: _____

Contact Info: _____



*The March of Dimes and AWHONN do not endorse any specific brands or products

Create a **Safe Sleep Environment** for Baby

Did you know that the features of your baby's sleep area can affect his/her risk for **Sudden Infant Death Syndrome (SIDS)** and other sleep-related causes of infant death, such as suffocation?

Reduce the risk of SIDS and other sleep-related causes of infant death by **creating a safe sleep environment** for your baby.

How can you make a **safe sleep environment**?



- ▶ Always place baby **on his or her back** to sleep for all sleep times, including naps.



- ▶ Have the baby **share your room, not your bed**. Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else. Try room sharing—keeping baby's sleep area in the *same* room next to where you sleep.



- ▶ Use a **firm sleep surface**, such as a mattress in a safety-approved* crib, covered by a fitted sheet.



- ▶ Keep soft objects, toys, pillows, crib bumpers, and loose bedding **out of your baby's sleep area**.



- ▶ Dress your baby in **no more than one layer of clothing more than an adult would wear** to be comfortable, and leave the blanket out of the crib. A one-piece sleeper or wearable blanket can be used for sleep clothing. Keep the room at a temperature that is comfortable for an adult.



Safety-approved* portable play yards can also provide a safe sleep environment for your baby. When using a portable play yard, always place baby to sleep on his or her back and keep toys, pillows, and blankets out of the play yard. These actions help reduce the risk of SIDS and other sleep-related causes of infant death.

*Visit the U.S. Consumer Product Safety Commission website for more information about safety-approved baby sleep areas: <http://www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/cribs/>



Eunice Kennedy Shriver National Institute of Child Health and Human Development



Learn more about ways to reduce the risk of SIDS and other sleep-related causes of infant death at

<http://safetosleep.nichd.nih.gov>

Signs and symptoms of preterm labor

Even if you do everything right, you can still have preterm labor. Preterm labor is labor that happens too early, before 37 weeks of pregnancy.

Babies born before 37 weeks of pregnancy are called premature. Premature babies can have serious health problems at birth and later in life. Learning the signs of preterm labor may help keep your baby from being born too early.



What are the signs and symptoms of preterm labor?



- Change in your vaginal discharge (watery, mucus or bloody) or more vaginal discharge than usual
- Pressure in your pelvis or lower belly, like your baby is pushing down
- Constant low, dull backache
- Belly cramps with or without diarrhea
- Regular or frequent contractions that make your belly tighten like a fist. The contractions may or may not be painful.
- Your water breaks

If you have even one sign or symptom of preterm labor, call your health care provider right away.

When you see your provider, she may check your cervix to see if you're in labor. The cervix is the opening to the uterus (womb) that sits at the top of the vagina (birth canal). If you're in labor, your provider may give you treatment to help stop labor or to improve your baby's health before birth.

If you have preterm labor, getting help is the best thing you can do.

Fill this out with your provider so you know when labor is preterm:

Example

Due date August 25
 Preterm labor August 3
 (3 weeks or more before your due date)

Your pregnancy

Your due date _____
 Preterm labor _____



Watch a video about preterm labor at: marchofdimes.org/pretermlabor

Pregnant woman icon designed by OCHA from Flaticon

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One-hour glucose tolerance test

Your healthcare provider would like you to have a glucose tolerance test. This is to determine how your body handles sugar. This screening test is done in every pregnancy to screen for diabetes. Some women develop diabetes during pregnancy which may resolve after pregnancy. This is called gestational diabetes. Some women have diabetes and may not know it. This screening test will help us to care for you during your pregnancy.

There are no special preparations for your test before you come into the clinic — you do not need to fast. When you arrive for the test, you will be given a sugar mixture to drink. It is important that you drink all of the sugar mixture within five minutes. A blood sample will be drawn one hour later. During the hour between drinking the sugar mixture and having your blood drawn, you may not eat, drink, smoke, or chew anything until the test is completed.

It is very important for the blood draw to occur at the one-hour time frame. Be sure to return in plenty of time, or the test will need to be redone.

If you are on any medications, make sure the nurse or your healthcare provider is aware, as some medications may affect your blood sugar. If the result is greater than 129 mg/dL, you may be asked to take a more definitive test to determine the status of gestational diabetes.

Newborn screening: Hearing screen

Three simple screens

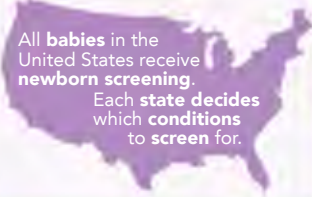
- 1 BLOOD SCREEN
- 2 HEARING SCREEN
- 3 HEART SCREEN

A baby may **look healthy** but be **born with a hearing problem.**



All babies in the United States receive newborn screening.

Each state decides which conditions to screen for.



Helps identify babies at risk for **hearing loss**. If found early, babies can be **referred for additional testing**.



Hearing screen process

Hearing screen

Before a baby leaves the hospital, a health care provider places a **soft earphone** in the baby's ear that plays sounds.

This checks how the baby's ear and brain respond to sound.

Lab results

If there are signs of hearing loss in one or both ears, the baby needs **more tests**.

The baby needs to be tested at **least 2 more times** in the first month after birth.

Follow-up

Negative screen:

- ✓ Baby is released from the hospital and **no additional testing** is needed.

All hearing screening results should be reported to the baby's provider.

Positive screen:

- ✓ Provider should follow up with the **baby's family**.
- ✓ Provider refers the baby to a **pediatric audiologist** to evaluate the baby for **permanent hearing loss** before the baby is **3 months old**.
- ✓ If the baby has hearing loss, provider refers the baby to an **early intervention program** before the baby is **6 months old**.



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Newborn screening: Heart screen

Three simple screens

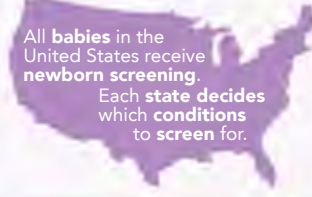
- 1 BLOOD SCREEN
- 2 HEARING SCREEN
- 3 HEART SCREEN

A baby may **look healthy** but be **born with a serious heart condition.**



All babies in the United States receive newborn screening.

Each state decides which conditions to screen for.



Helps identify conditions called **critical congenital heart disease (CCHD)**.



If found **early**, many can be **treated**.

Heart screen process

Pulse oximetry

Within **48 hours** of a baby's birth, a health care provider places a **sensor** on the baby's **hand and foot** for a few minutes.

This test is called **pulse oximetry**. It checks the amount of oxygen in the baby's blood.

Low blood oxygen may be a sign of a **heart condition**.

Results

If the baby has **low levels of blood oxygen**: Test again **1 and 2 hours** after the first test.

Follow-up

Negative screen:

- ✓ Baby is released from the hospital and **no additional testing** is needed.

All heart screening results should be reported to the baby's provider.

Positive screen:

- ✓ Provider is notified.
- ✓ Provider follows up with baby's family and refers the baby immediately to a **pediatric cardiologist** for:
 - ✓ **More testing**, like an **echocardiogram**
 - ✓ **Surgery**, if needed, to repair a heart condition



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Newborn screening: Blood screen

Three simple screens



A baby may look healthy but be born with a serious health condition.



All babies in the United States receive newborn screening. Each state decides which conditions to screen for.

Helps identify inherited, endocrine and metabolic conditions.



If found early, many can be treated.

Blood screen process



Heel stick

Before a baby leaves the hospital, a health care provider pricks the baby's heel to get a few drops of blood. The blood drops are placed and dried on a special paper.

This should happen within 48 hours of a baby's birth.



Shipping and testing

Within 24 hours of the heel stick, the paper with blood drops should be sent to a newborn screening lab for testing.



Lab results

Within 5 days of birth, results for time-critical conditions should be shared with the baby's provider.

Within 7 days of birth, results for all other conditions should be shared with the baby's provider.



Follow-up

All newborn screening results should be reported to the baby's provider within 7 days of birth.

Positive screen results require further testing and immediate follow-up.

Negative screen:

- ✓ Provider is notified.
- ✓ Provider should follow up with baby's family.
- ✓ If parents don't hear about results, call and ask the provider.

Positive screen:

- ✓ Provider is notified.
- ✓ Provider follows up with baby's family for further testing.
- ✓ Diagnostic tests must be done immediately to confirm results.
- ✓ Intervention should begin as soon as possible.



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Skin-to-skin contact

What is skin-to skin contact?

- Done immediately after a vaginal delivery or within 5 minutes after a c-section.
- Should be uninterrupted and in an unhurried environment.
- Should last for at least 60 mins.

What to do?

- Hold your baby, after dried and assessed, against your bare chest.
- Baby's tummy should be facing you, their heads to the side, their arms hugging you.
- Cover the baby's back with blankets and the baby's head with a hat.
- Routine care can be continued by nurses.
- Baby's measurements and footprints can wait until the hour is over.

Benefits:

For baby:

- Protects against infection.
- Improves respirations and oxygen saturation.
- Stabilizes heart rate.
- Regulates temperature.
- Regulates blood sugar.
- Promotes breastfeeding.
- Adapts to life quicker.
- Decreases stress level and increases tolerance to pain.
- Promotes happiness and calmness.
- Promotes better sleep.

For Mom:

- Establishes a strong foundation for attachment.
- Promotes enhanced maternal-infant interaction and bonding.
- Promotes a sense of control and empowerment.
- Promotes a hormonal balance.
- Increases milk production.
- Quickens discharge.

"I felt some pain at the end of the surgery because the effects of the anesthesia were wearing off, but when they put the baby in my arms I forgot about the pain because I was so happy to have him with me."
—post C-section mother

Situations when skin-to-skin is not acceptable:

- Baby is premature or unstable
- Start as soon as possible when baby is healthy and stable.
- Mother is unstable
- If mother is unable to hold baby skin-to-skin and baby is healthy, baby should be placed skin-to-skin with the partner/father of baby or a close family member.

Tips:

- Skin-to-skin contact should continue during hospital stay and at home with both mother and father/partner.
- Enjoy these special moments with baby.
- Watch video on skin-to-skin to learn more! (link on back)



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