



Your Pregnancy



girl excitement dad
baby expectations birth family
boy mom

Best Wishes on Your Pregnancy!

Henry Ford Health System welcomes you to our Women's Health Services Department. The goal of our health care team is to make sure that you receive the very best care for you and your baby.

The main purpose of prenatal care is to have a healthy mom and baby. Therefore, our approach is research-based and revolves around what has been proven to help both mom and baby through the pregnancy process. This is an exciting time for you and your family. We are committed partners in this process and have compiled this book as a resource of what to expect.

In addition to this book, we have online resources that are available to you. We suggest you read through both of these resources and talk to your provider if you have questions or concerns.

*Thank you for allowing us to take
this journey with you!*



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Baby & Me

BABY & ME – 40 WEEKS OF GROWTH & BONDING

As your baby is growing, your body will be going through a lot of changes. Some of these changes you will notice and some you will not.

FIRST TRIMESTER

6 – 8 weeks (1½ – 2 months)

Your body is changing, at this stage...

- Your womb (uterus) is about the size of a pear or a large orange.
- Your breasts may get larger and tender. The area around your nipples (areola) may darken.
- You may pass urine more often and bowel movements could become harder.
- You may have morning sickness, which can last all day.

As it develops, baby has...

- Started to form systems, including hands and fingers. Heart begins to beat.
- Become about an inch long.

10 – 12 weeks (2½ – 3 months)

Your body is changing, at this stage...

- Your uterus is now the size of a grapefruit.
- We may be able to feel the top of your uterus (the fundus) a little bit above your pubic bone, during your prenatal visit.
- Morning sickness may be getting better.
- Your weight gain should be about two to four pounds.
- Your desire for sex decreases (due to nausea, vomiting, being tired, and breast tenderness). It may increase going into the second trimester.
Note: Sex during pregnancy will not hurt the baby or cause you to miscarry.

Your baby is growing and developing, at this stage...

- The baby's heartbeat may be heard at your prenatal visit.
- The baby's private area starts to look like a boy or girl.
- The baby's movements are becoming more rapid, but you cannot feel them yet.
- The baby weighs just over an ounce and is 3½ inches long.



SECOND TRIMESTER

16-20 weeks (4 - 5 months)

Your body is changing, at this stage...

- Your uterus is about the size of a melon, which could affect your balance and how you move.
- The usual weight gain should be about one pound per week until the end of your pregnancy. Slow and steady weight gain is best.
- You may begin to feel short of breath.
- You may be able to feel the baby moving by 20 weeks. It starts as a light flutter.
- You are half way through pregnancy when you get to 20 weeks!

Baby is growing and developing, at this stage...

- The baby will be formed by the end of the fifth month.
- The baby is able to hear your voice and other sounds around you.
- The baby may have learned to suck his/her thumb.
- The baby weighs about five ounces and is six to seven inches long.

24 weeks (6 months)

Your body is changing, at this stage...

- Your uterus is now an inch or two above the belly button. It is about the size of a small soccer ball.
- You may have swollen (varicose) veins, heartburn, and skin changes due to hormones.
- You may feel some tightening of your abdomen (Braxton Hicks contractions), which is normal.
- Your weight gain may be highest during the second trimester.

Baby is growing and developing, at this stage...

- The baby is growing fast and the muscles are becoming stronger.
- The baby's eyelashes, eyebrows, and teeth are starting to form.
- The baby weighs about one pound and is 10 inches long.

THIRD TRIMESTER

28 weeks (7 months)

Your body is changing, at this stage...

- You may have gained about 17 pounds.
- You may notice some swelling, which is normal. You may also experience numbness or pain in your hands and wrists.

Note: To help with numbness, avoid sleeping on your hands or bending your wrists for long periods of time.

- Focus on eating healthy for your baby. Try to eat a variety of foods that have the right nutrients for the baby's growth.

Baby is growing and developing, at this stage...

- The baby's brain is growing fast.
- The baby has hair and toenails.
- The baby is able to hiccup, which you can feel.
- The baby's weight is just under two pounds.

At this point, the baby is not ready to be born yet. Your baby still has a lot of growing and developing to do in the coming weeks. If born early (premature), your baby would need very special care to survive outside of you.

32 weeks (8 months)

Your body is changing, at this stage...

- Your uterus is about four to five inches above the belly button.
- You may feel back and pelvic area discomfort, due to your pelvic bones moving and shifting to make room for the baby's head to pass through during birth. The ligaments around the pelvis also stretch, which can cause some aches in the hip joints, back, and front of the pelvis.

Baby is growing and developing, at this stage...

- The baby's eyes will begin to open and shut. Baby can produce real tears.
- The baby's body fat and weight will increase the most during the final weeks of pregnancy.
- The baby weighs about 2½ pounds and is about 14 inches long.

36 weeks (9 months)

Your body is changing, at this stage...

- You may notice deep breaths are easier after the baby "drops" or moves into the pelvis. Some babies do not drop until after labor begins.
- You may have to pass urine more often after the baby "drops", due to the position of the baby. Your back, pelvic area, and bottom may ache more.
- You may have more swelling of the ankles and feet. And, your hands and face may feel puffy.
- You may feel Braxton Hicks contractions.

Baby is growing and developing, at this stage...

- The lungs are developed enough for life outside of you.
- The baby is asleep most of the time and is gaining weight.
- The baby weighs about five to six pounds and is 16 to 18 inches long.



38 - 41 weeks (9½ - 10 months)

Your body is changing, at this stage...

- You may feel the strength of the baby's movements change as he/she takes up more room in your uterus. Your baby should move at least 10 times within a two-hour time period, while he or she is awake.
Note: It is important to track the movements and report if baby is moving less.
- You will start to be tired most of the time.
Note: Take frequent breaks and put your feet up to reduce swelling and try to take a one- to two-hour nap every day.
- You may lose your mucus plug (it will come out). If so, it may have pink or red blood streaks in it and is no cause for alarm. Relax, take it easy, and wait for labor.
- Your cervix will start to prepare for labor (ripen) by getting soft and thin (effacement) and start to open (dilation).

Baby is growing and developing, at this stage...

- The baby is getting into a head-down position to be ready for birth.
- The baby is becoming more active. You should be able to feel the hands and feet pushing on your belly.
- The baby is preparing for birth and he/she should arrive any day now.
- The baby weighs about six and a half to eight pounds and is 19 to 21 inches long.



Nutrition & Exercise



NUTRITION IN PREGNANCY

You should gain weight slowly during your pregnancy. Most of your weight gain should be in the last three months. You should gain weight at the rate below:

- one to four pounds *total* in the first three months (first trimester).
- two to four pounds per *month* during the fourth to ninth months (second and third trimesters).

The total amount of weight you should gain during your pregnancy depends on your weight and height before you became pregnant. This is calculated based on your Body Mass Index, or BMI. If you do not know your BMI, please ask your provider. Women whose weight was in the healthy range before becoming pregnant should gain between 25 and 35 pounds during pregnancy. This may change for women who were over- or underweight before becoming pregnant.

BMI	Category in pregnancy	Weight gain
BMI <18.5 kg/m ²	Underweight	28 to 40 pounds
BMI 18.5 to 24.9 kg/m ²	Normal weight	25 to 35 pounds
BMI 25.0 to 29.9 kg/m ²	Overweight	15 to 25 pounds
BMI ≥30.0 kg/m ²	Obese	11 to 20 pounds

Women with a very high BMI have an increased risk of problems during pregnancy, such as high blood pressure or diabetes. It may also cause issues for the baby, such as heart problems or sudden death. Women who are very overweight also have an increased chance of a c-section.

It is not true that a pregnant woman is eating for two. Your baby only needs an extra 300 calories each day. This should be healthy food, such as one extra piece of chicken, a half sandwich, or extra fruits and vegetables.

To eat healthy, choose from the five food groups every day (see page 15). You need to drink eight to 10 large glasses of water each day; this is in addition to other beverages you drink. If you have problems eating while pregnant, let your provider know.

While pregnant, avoid food-borne illness by using the following tips:

- Be sure to keep raw meat away from other foods.
- Keep foods separate while making meals and snacks.
- Always clean, cook, and chill foods as indicated on their labels.
- Cook food well.
- Chill any food that can spoil.
- Clean hands and work areas often with soap and hot water.



FOODS TO AVOID IN PREGANCY

All of these can cause food-borne illness:

- Raw sushi and any other raw or undercooked fish.
- Soft cheeses like brie, feta, Camembert, or queso blanco.
- Raw cookie dough or cake batter.
- Fresh raw juice, cider, or milk (unpasteurized).
- Raw shellfish such as oysters or clams.
- Raw or under-cooked sprouts, such as alfalfa, clover, mung bean, or radish.
- Shark, swordfish, king mackerel, and tilefish as they may have high levels of mercury.

Avoid or cut down on soft drinks. Pop is full of sugar, which can add empty calories and has large amounts of sodium (salt), which leads to swelling. Diet pop should also be avoided because of the artificial sugars it contains, like aspartame and saccharine. These sugars are not healthy for the baby.

Cut down, or cut out caffeine. It is best to have no more than 200 mg of caffeine each day. This is the amount in one 12-ounce coffee, or about one and a half cups. Caffeine may harm your baby. It is in many foods such as coffee, tea, colas, hot cocoa, and chocolate.

If you have problems getting food to eat, please let your provider know. There are programs to help you, such as Women, Infants and Children (WIC). WIC focuses on getting low-income women the food they need during pregnancy.



What Should I Eat?



When you are pregnant, you have special nutritional needs. Follow the MyPyramid Plan below to help you and your baby stay healthy. The Plan shows different amounts of food for different trimesters, to meet your changing nutritional needs.

Food Group	1st Trimester	2nd and 3rd Trimesters	What counts as 1 cup or 1 ounce?	Remember to...
Eat this amount from each group daily.*				
Fruits 	2 cups	2 cups	1 cup fruit or juice ½ cup dried fruit	<i>Focus on fruits— Eat a variety of fruits.</i>
Vegetables 	2½ cups	3 cups	1 cup raw or cooked vegetables or juice 2 cups raw leafy vegetables	<i>Vary your veggies— Eat more dark-green and orange vegetables and cooked dry beans.</i>
Grains 	6 ounces	8 ounces	1 slice bread 1 ounce ready-to-eat cereal ½ cup cooked pasta, rice, or cereal	<i>Make half your grains whole—Choose whole instead of refined grains.</i>
Meat & Beans 	5½ ounces	6½ ounces	1 ounce lean meat, poultry, or fish ¼ cup cooked dry beans ½ ounce nuts or 1 egg 1 tablespoon peanut butter	<i>Go lean with protein— Choose low-fat or lean meats and poultry.</i>
Milk 	3 cups	3 cups	1 cup milk 8 ounces yogurt 1½ ounces cheese 2 ounces processed cheese	<i>Get your calcium-rich foods—Go low-fat or fat-free when you choose milk, yogurt, and cheese.</i>

*These amounts are for an average pregnant woman. You may need more or less than the average. Check with your doctor to make sure you are gaining weight as you should.

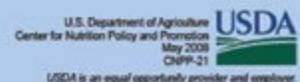
In each food group, choose foods that are low in “extras”—solid fats and added sugars.

Pregnant women and women who may become pregnant should not drink alcohol. Any amount of alcohol during pregnancy could cause problems for your baby.

Most doctors recommend that pregnant women take a prenatal vitamin and mineral supplement every day in addition to eating a healthy diet. This is so you and your baby get enough folic acid, iron, and other nutrients. But don't overdo it. Taking too much can be harmful.



Get a MyPyramid Plan for Moms designed just for you.
Go to www.MyPyramid.gov for your Plan and more.
Click on “Pregnancy and Breastfeeding.”



VITAMIN D

Vitamin D is what your body needs to help calcium keep your bones strong and to maintain muscle strength. The most common source comes from skin exposure to sunlight. It also comes from eating foods high in Vitamin D, such as fatty seafood (like salmon and oysters), drinking milk or soy milk with added Vitamin D, or eating cereal that has added Vitamin D.

Having low vitamin D may cause some problems. Research has shown that having enough Vitamin D may decrease your chance of:

- High blood pressure in pregnancy
- Diabetes during pregnancy
- Infections
- Feeling sad or depressed
- Colon cancer

If you are pregnant, having enough Vitamin D may decrease your baby's chance of having:

- Lung disease
- Asthma
- Soft or weak bones

A simple blood test is all that is needed to see if your Vitamin D is low. If it is low, your provider can prescribe a pill to take in addition to the prenatal vitamins.

After taking the pill for a few months, you may have your blood checked again. Once the Vitamin D level returns to normal, your provider can direct you on how much and how often to continue the Vitamin D supplement.

ANEMIA

Our bodies need iron every day to keep blood strong. Iron is a mineral that helps make red blood cells, which carry oxygen in the blood to our body tissues. Without enough iron you may develop low blood iron, or anemia. People who have anemia may feel tired, weak, dizzy, or may be short of breath. Your iron will be checked by doing a blood test.

Pregnant women need more iron in their blood to prevent anemia, help the baby develop, and to decrease the risk of bleeding during birth. **To help your body have iron-rich blood:**

1. Take your prenatal vitamin every day.
2. The best way to get iron into your body is from the foods you eat. Eat foods that are high in iron every day.
 - Red meats or liver
 - Dark green leafy veggies, like spinach, broccoli, kale, or collard greens



- Prunes or prune juice
 - Dried fruits, like apricots and raisins
 - Dark-meat chicken or turkey
 - Fish, clams, shrimp, tuna, or salmon
 - Eggs, mainly yolks
 - Hard-shell beans and peas, like navy and pinto, or baked beans
 - 100% whole-grain breads and cereals, like wheat bread, oatmeal, or cream of wheat
 - Nuts and seeds
 - Molasses, mainly black strap
3. Eat Vitamin C foods to help the body make the best use of iron.
 - Oranges and orange juice
 - Grapefruit and grapefruit juice
 - Cantaloupe
 - Blueberries or strawberries
 - Tomatoes or tomato juice
 - Broccoli, cauliflower, Brussels sprouts, or cabbage
 - Asparagus
 - Green pepper
 4. Choose foods at the store where the labels say “enriched with iron” or “iron fortified,” such as bread, hot or cold cereals, or pasta products.
 5. Take an iron pill if your provider orders it. Do not take iron pills at the same time you eat dairy foods, such as milk, cheese, or yogurt as they can decrease your body’s use of iron. Allow one to two hours between taking iron pills and eating dairy food.
 6. Avoid coffee, tea, or caffeinated pop as they prevent iron from being used by the body.
 7. Cook foods in cast iron pots or pans.



STAYING HEALTHY WHILE PREGNANT

Exercise is one of the best things you can do to stay healthy. It will keep you fit and help you feel better as your body changes.

If you already exercise, you may keep on as long as you avoid bouncing, jumping, or high impact motions and sports. Working does not count as exercise. If you are new to exercise, a good option is to swim or walk. Talk to your provider before starting a new type of exercise.

Some perks to staying active while pregnant are:

- **Gives you more energy.** Try to exercise three or four times a week. It will help make things like grocery shopping or working easier.
- **Reduces aches and pains of pregnancy.** It can prevent or reduce backaches, improve your blood flow, and build up your body's power to fight germs.
- **Helps you sleep better.** Finding a good position to sleep in may be hard. Exercise will help you relax and promote more restful sleep.
- **Lifts your mood.** Studies have shown that exercise improves your outlook on life through increased blood flow. This puts you in a better mood and helps prevent you from feeling sad.
- **Helps you think better.** Exercise increases your focus and helps you to become a better problem solver.
- **Helps to keep your blood flowing.** Exercise can prevent problems with blood flow, including aches in your legs (varicose veins or blood clots) or itching and swelling in your rectum (hemorrhoids).
- **Makes it easier to return to normal after having your baby.** Exercise will help you keep your strength and muscle tone. Your body will bounce back better after you give birth.



TIPS FOR EXERCISE:

- Start with warm ups or stretches, then exercise.
- Make sure to cool down.
- Be sure to drink lots of water.
- Exercise for short periods of time - rest and relax in between. You can do a couple of sessions each day.
- Stop and rest if you are short of breath, dizzy, or feel pain.
- As your due date gets close, your body changes will make it harder to exercise. You may need to change how long, how fast, or the kind of exercise you do. This will allow more time for rest, saving your energy for labor and birth.

TIPS FOR STRETCHING/EXERCISE AT WORK:

- Park in the back of the parking lot instead of taking the closest spot.
- Get up every 30-60 minutes and take a walk.
- Take the stairs to your meeting, instead of the elevator.



SAFETY PRECAUTIONS DURING PREGNANCY

Sex is safe while you are pregnant, as long as you are not having any problems with your pregnancy. The bag of water around the baby protects it from harm during sex. In early pregnancy, your desire for sex may decrease and sometimes it may be more awkward, but position changes may help. Do not have sex if your water breaks.

Contact with diseases may pose risks to you or your unborn baby. Avoid being near anyone who is sick or has a disease.

A germ or disease passed during sex may also cause problems during your pregnancy. Avoid sex with anyone who has a disease that would be passed on during sex (sexually transmitted disease). Use a condom to protect yourself.

Washing your hands often is the best way to prevent the spread of disease. Be sure to wash your hands after going to the bathroom, before and after touching any food, and after contact with anyone who is sick. Wash your hands with soap and water for at least 30 seconds - long enough to sing "Happy Birthday."

Going to the dentist is important while you are pregnant. Please see your dentist for a check-up if you have not gone in the past six months. Many dentists will require a note from your provider before the appointment.





Testing

TESTING DURING PREGNANCY

Your health, and your baby's matters a lot to us. At every prenatal visit we will check both of you. This includes blood pressure, measuring the growth of your uterus, taking your weight and listening to the baby's heart rate. These things let your provider know that you and your baby are doing well. We may discuss test results and talk about any questions or concerns you may have.

SOME OF THE TESTS YOU WILL HAVE:

Blood: We will take blood at your first prenatal visit to make sure you are healthy. Some of these tests include your blood count, blood type, and HIV status. In the second half of your pregnancy we will check for diabetes, repeat your blood count, and offer HIV testing again. We will also offer genetic testing to detect some major problems. Your provider will talk to you about these tests at the right time in your pregnancy.

Ultrasound: Ultrasounds show a picture of your baby through the use of sound waves. These sound waves create a black and white picture. Ultrasounds are used to look at the baby and placenta (afterbirth) for minor problems, measure fluid around the baby, and measure the size of the baby.

Fetal movement counts: Fetal movement counts are a quick and easy way for you to know your baby is doing well. Studies show that by counting baby's movements once a day, fetal death rates can be reduced. Be sure to tell your provider if your baby's movements decrease. This counting is key as your pregnancy goes on. We will ask you to start doing this at 28 weeks.

SOMETIMES MORE TESTS ARE NEEDED. THESE MAY INCLUDE:

Non-Stress Tests (NSTs): NSTs look at your baby's heart rate in response to its movement. Just as your heart rate increases with exercise, so should your baby's. Two belts will be put on your belly. One measures your baby's heart rate. The other one checks for contractions. This is the same type of monitor used in labor. If your baby's heart rate does not meet what we are looking for, more testing may be needed.

Biophysical profile: An ultrasound is used to look at your baby's heart rate, breathing, body movements, muscle tone, and the amount of fluid around your baby. Each part of the test is scored. The total score helps to show how your baby is doing.

Amniotic fluid measurements: The fluid around the baby is measured during an ultrasound. If the fluid is normal, it tells us that your placenta is working well and that the baby is doing fine.

Amniocentesis: A needle removes some fluid around the baby for testing. This may be done to check for problems, infection, or to see if the lungs are mature. An ultrasound is used to make sure the needle does not hurt the baby. Most women do not have much pain from the needle.



WHAT TO EXPECT AT YOUR OBSTETRIC ULTRASOUND

Your provider will likely ask you to have an ultrasound (scan) of your baby around 20 weeks of pregnancy. Here are a few questions often asked about your exam.

1) WHAT IS AN ULTRASOUND?

An ultrasound is a test which uses sound waves to create pictures of the inside of your body. It does not use radiation, which is used in x-rays. During the test a transducer is used to send out sound waves, which strike an object and bounce back or create echoes. These echoes are then measured and displayed on a computer, which creates a picture on the monitor.

2) HOW IS THE TEST PERFORMED?

An ultrasound tech (sonographer) will place warm gel on your lower abdomen to ensure proper contact of the transducer with the skin and then press the transducer firmly against the skin and move it over the lower abdomen. Sometimes, an exam through the vagina (transvaginal) may be needed, such as when examining the cervix (opening to the uterus). This means inserting the tip of a thin transducer into the vagina. The transducer will be covered and have a small amount of gel on it. Only 2-3 inches of the transducer are put into the vagina.

3) HOW DO I PREPARE?

The only thing you need to do is to **drink 32 ounces (four cups) of liquid one hour before the exam.** You should be done drinking 30 minutes before the exam starts. This will help provide a better image of your cervix.

4) WHAT DOES THE SONOGRAPHER LOOK FOR DURING THE TEST?

The sonographer will perform a complete exam of your baby, as well as the placenta, your uterus, cervix, and pelvis. Many measurements of the baby will be taken to help your provider determine your due date and confirm proper growth of the baby. The baby's position in the uterus will be assessed and the baby's anatomy will be examined, looking at several body parts to detect anything abnormal. The fluid around the baby will be measured to ensure that there is enough, and the placenta will be examined as well as the length of your cervix. The rest of your pelvis will be scanned to ensure that there is nothing abnormal. **We will also try to see the baby's sex if you wish. If you do not wish to know the baby's sex, please let the sonographer know.** After the scan, the sonographer will then check the images with the radiologist, a doctor trained to interpret them. The sonographer or radiologist may then request more images if needed.



5) SHOULD I WORRY IF MORE IMAGES ARE NEEDED?

No. Often more images are needed because the first images were not ideal or the baby may have moved when the image was taken.

6) HOW LONG DOES THE TEST TAKE?

The exam takes about one to one and a half hours to complete depending on the baby's position and how deep within the pelvis the baby is located.

7) CAN I BRING SOMEONE IN THE ROOM WITH ME?

Yes, however only ONE person can come with you during the first part of the exam. Please keep talking to a minimum during this part of the exam. This allows the sonographer to focus and obtain the needed images as quickly as possible. After the exam has been checked and completed, any other people who came with you can come into the room and the sonographer will show everyone the baby.

8) CAN I BRING THE BABY'S SIBLINGS?

Siblings will have to wait in the waiting room until the end of the exam. We do not have childcare services, so you will need to bring someone to watch them. We will be happy to show siblings the baby after the exam is done.

9) I HAD MY EXAM BUT WAS TOLD I HAVE TO COME BACK. IS SOMETHING WRONG?

Not really. The most common reason you need to come back is that on the first scan, all of the baby was not seen clearly. Babies do not always let us see everything. We will try our best to see everything on the first exam, but this is not always possible.

10) WHO WILL TELL ME MY RESULTS?

Your exam will be interpreted by the radiologist who will issue a report. Your provider will receive the report and inform you of your results.







General Help

COMMON DISCOMFORTS OF PREGNANCY

All these discomforts are a normal part of pregnancy and will go away at some point. Try the hints below. If you do not get relief, talk to your provider about other measures to try.

DISCOMFORT/ WHEN	WHAT YOU CAN DO TO HELP	WHEN TO CALL
Backache - second half of pregnancy	<ul style="list-style-type: none"> • Use good body mechanics: <ul style="list-style-type: none"> – Keep your back straight and your head up. – Avoid bending at the waist to lift things (no more than 15-20 pounds); bend your knees. – Wear comfy flat shoes; no high heels! – Do not stretch to reach high places. – Avoid standing a long time. – Keep one foot on a stool with leg bent. • Move about more often. • Take a warm bath or shower; use heating pad and/or ice pack. • Get back rubs. • Use a firm mattress or put a board under your mattress. • Use extra pillows for support. • Rest on back with legs raised. • Do pelvic rock exercises to make your back strong. • Use pregnancy support belt. • May take plain Tylenol. 	<ul style="list-style-type: none"> • Backaches are constant or more severe. • Unable to do daily functions.
Bleeding gums - throughout	<ul style="list-style-type: none"> • Use a very soft toothbrush and gently brush teeth. • Get routine dental care. 	<ul style="list-style-type: none"> • Call your dentist and provider if bleeding is constant or severe.
Breast leakage - begins during second trimester	<ul style="list-style-type: none"> • Wear breast pads that do not have any plastic linings. • Avoid harsh soaps, creams, or ointments. • Do not try to squeeze milk out; save for baby. 	<ul style="list-style-type: none"> • Breasts are red, hot, or very sore.
Breast tenderness - begins early and may persist	<ul style="list-style-type: none"> • Wear a good support or athletic bra day and night. • Soak in a warm bath. 	<ul style="list-style-type: none"> • Breasts are red, hot, or very sore.
Constipation - second trimester till end	<ul style="list-style-type: none"> • Eat more fiber every day (bran cereal, whole grain breads, prunes, fresh fruits and vegetables). • Drink 8-10 glasses of water each day. • Drink warm fluids first thing in the morning, such as warm prune juice. • Exercise each day to help move food through your bowels. • Walk after meals. • Avoid use of medicine to make you have a bowel movement unless ordered by your provider. • May take Metamucil or Fibercon. 	<ul style="list-style-type: none"> • No bowel movement for more than 3 days. • Severe cramping.





DISCOMFORT/ WHEN	WHAT YOU CAN DO TO HELP	WHEN TO CALL
Contractions (<i>Braxton-Hicks</i>) - after 20 weeks	<ul style="list-style-type: none"> • Pass urine often. • Drink 3 to 4 glasses of water. • Lie down on left side for one hour. • Walk around. • Take a warm bath. 	<ul style="list-style-type: none"> • If less than 37 weeks: More than 4 per hour that do not go away with rest or fluids. • Heavy bleeding like a period.
Fatigue or tiredness - early in pregnancy and again the last month	<ul style="list-style-type: none"> • Eat a good diet and drink lots of water. • Get lots of exercise. • Take extra naps during the day if you can. • Try to get at least 8 hours of sleep per night. • Get help from others with housework. • Take your prenatal vitamin every day. 	<ul style="list-style-type: none"> • Unable to do daily functions. • Cannot take care of self or family.
Gas pains - any time, mostly after 20 weeks	<ul style="list-style-type: none"> • Try to move your bowels every day. • Avoid gassy foods such as beans, cabbage, and pop. • Increase fiber and water in diet. • Increase exercise. • May take Mylicon. 	<ul style="list-style-type: none"> • Severe pain. • Trouble passing gas.
Headaches - first half of pregnancy	<ul style="list-style-type: none"> • Eat right and drink lots of water. • Drink a small glass of pop with caffeine. • Place warm towel over eyes and forehead, or use an ice pack. • Avoid eye strain. • Rest eyes often. • Take frequent breaks from reading, TV, and computers. • Put more moisture into your air; use a vaporizer. • May take plain Tylenol. 	<ul style="list-style-type: none"> • Also have numbness, stiff neck, fever, or severe nausea and vomiting. • Problems with speech or vision. • Lasts longer than 24 hours. • Does not go away with rest and Tylenol.
Heartburn - second trimester till end	<ul style="list-style-type: none"> • Eat more often; eat small amounts at a time. • Eat slowly and chew food well. • Avoid fried, greasy, fatty, and spicy foods. • Drink fluids between meals rather than during. • Go for a walk after meals. • Do not lie down for at least one hour after eating. • May try antacids such as Maalox, Mylanta, or Tums. 	<ul style="list-style-type: none"> • Also have vomiting, headache, vision changes, or swelling.
Hemorrhoids - any time	<ul style="list-style-type: none"> • Avoid constipation or straining. • Take warm or cold sitz baths. • Do Kegel exercises. • Rest a couple of times a day with hip and legs raised. • Apply cold witch hazel pads (Tucks) or hemorrhoid ointment, such as Anusol or Preparation H. 	<ul style="list-style-type: none"> • Severe rectal pain. • Heavy bleeding.
Hip pain - second and third trimester	<ul style="list-style-type: none"> • Keep active; walk every day. • Use pillows under hips and between legs. • Do pelvic rock exercise. • Warm bath or heating pad. 	

DISCOMFORT/ WHEN	WHAT YOU CAN DO TO HELP	WHEN TO CALL
Larger belly and breasts - second half of pregnancy	<ul style="list-style-type: none"> • Sleep on your side with a pillow between your legs and lower belly. • Wear loose clothes. • Wear a support bra, even to bed. 	
Leg cramps - second half of pregnancy	<ul style="list-style-type: none"> • Raise legs a couple of times through the day. • Exercise often; walk when able. • Keep legs warm. • Soak cramped muscle in warm water or use a heating pad; avoid rubbing legs. • Sit down, straighten the leg, point or pull toes up toward knees. • Wear support hose. • Make sure you are getting enough calcium through dairy food, such as milk. • Add other foods high in calcium such as dark green leafy vegetables (broccoli, kale, turnips, mustard or collard greens), sardines, salmon with bones, and almonds. • Drink orange juice and eat bananas for potassium. • Avoid medicine to relax muscles. 	<ul style="list-style-type: none"> • Severe leg pain. • Swelling, redness, or heat over the tender area.
Light headed or dizzy - throughout	<ul style="list-style-type: none"> • Drink a glass of milk or juice. • Stop what you are doing and lie down on left side. • Get up slowly after lying down. • Eat something every 2 to 3 hours. • Include protein such as meat, fish, chicken, eggs, dairy, beans, or nuts each time you eat. • Carry healthy snacks with you. • Drink lots of fluids. • If you get dizzy, bend forward with your head down close to your knees. 	<ul style="list-style-type: none"> • Still feel dizzy after eating, drinking, and rest. • If you pass out. • Vision is blurry or see spots.
Mood swings - first trimester till end	<ul style="list-style-type: none"> • Talk about your feelings. • Get support from family and friends. • Eat right and exercise. • Avoid extra sugar and caffeine. • Ask for help if you need it. • You may take Vitamin B6 50 mg twice a day. 	<ul style="list-style-type: none"> • Feel depressed. • No desire to eat, or want to eat all the time. • Cannot sleep, or want to sleep all the time. • No desire to take care of self or family.
Passing urine often - begins early, better mid-pregnancy, then increases at end of pregnancy.	<ul style="list-style-type: none"> • Know where the bathrooms are when out and about. • Do not cut back on fluids. • Expect to make many trips to the bathroom, day and night. • Avoid drinking lots of fluids before bed. 	<ul style="list-style-type: none"> • Pain or burning when passing urine.
Round ligament pain (sharp pulling on either side of lower belly) - increases as uterus grows	<ul style="list-style-type: none"> • Support your belly with your hands when changing positions. • Move slower. • Use pregnancy support belt. • Warm bath or heating pad. • Support belly with pillows when lying on side. • Lean toward the pain to decrease stretching. • Do pelvic rock exercise. 	<ul style="list-style-type: none"> • Severe pain. • If less than 37 weeks: More than 4 cramps or contractions per hour that do not go away with rest or fluids.





DISCOMFORT/ WHEN	WHAT YOU CAN DO TO HELP	WHEN TO CALL
Saliva - first trimester	<ul style="list-style-type: none"> • Gum and hard candy help; watch excess calories. • Use mouthwash. • Avoid starchy foods or non-food substances. 	
Soreness during sex - throughout	<ul style="list-style-type: none"> • Change positions such as female on top or side-lying. • Discuss feelings. • Know sex is safe in pregnancy. • Raise your hips on a pillow. • Talk to your partner about other options like touching or oral sex. 	<ul style="list-style-type: none"> • Sex is very painful. • Heavy bleeding like a period.
Stuffy or bloody nose - first trimester and again at end	<ul style="list-style-type: none"> • Put more moisture into your air; use a vaporizer. • Blow your nose gently. • May use a saline nose spray. • Can use over-the-counter medicine such as Sudafed as directed. 	<ul style="list-style-type: none"> • If your stuffy nose occurs often and is hard to control. • Constant heavy bleeding.
Sweating - any time	<ul style="list-style-type: none"> • Increase fluids. • Wear layers of clothes that are easy to remove. • Wear loose clothes that wash easy. • Keep your body clean. 	
Swelling of hands, ankles, or feet - second trimester till end	<ul style="list-style-type: none"> • Avoid tight clothes, such as knee high stockings. • Wear support hose. • Remove rings. • Raise arms on pillows when sitting. • Raise legs 2-3 times a day for 20 minutes. • Lay on left side in bed. • Avoid sitting or standing for a long time. • Avoid salty foods. • Drink at least 8 -10 glasses of water a day. • Eat celery, cucumber, or watermelon. • Do not take over-the-counter water pills. 	<ul style="list-style-type: none"> • Also have swelling in face, mostly in the morning. • Also have bad headache, vision changes, or severe pain in upper belly.
Trouble sleeping - any time, mostly last trimester	<ul style="list-style-type: none"> • Try a warm bath before bed. • Have something warm to drink before bed. • Do not be too active before bed; exercise during day. • Find ways to relax. • Get in a comfy position to sleep; use pillows between legs and under belly. • Exercise every day. • May use Tylenol PM. 	
Vaginal discharge - throughout pregnancy	<ul style="list-style-type: none"> • Wipe front to back after using the bathroom. • Wear cotton underwear. • Avoid nylon panty hose. • Avoid scented soaps, sprays, or hygiene products. • Do not douche. 	<ul style="list-style-type: none"> • Discharge is yellow, green, or thick and cheesy. • Strong fishy odor. • Soreness, itching, or burning. • Discharge is like mucus. • Heavy bleeding like a period.

DISCOMFORT/ WHEN	WHAT YOU CAN DO TO HELP	WHEN TO CALL
Varicose veins - increases during pregnancy	<ul style="list-style-type: none"> • Avoid tight clothes. • Put support hose or elastic stockings on in bed before standing. • Avoid crossing legs or standing for a long time. • Rest with legs raised. 	<ul style="list-style-type: none"> • Severe pain, swelling, or redness. • Trouble walking.
Vision changes - throughout	<ul style="list-style-type: none"> • Rest eyes often. • Take frequent breaks from reading, TV, or computers. • Have your eyes checked. • Do not buy new glasses unless you really need them, as you may return to pre-pregnant vision after birth. • May not be able to wear contact lenses during pregnancy. 	<ul style="list-style-type: none"> • Blurry, spots, floaters, double vision, or flashing lights. • Also have bad headache or severe pain in upper belly.



OVER-THE-COUNTER MEDICINE DURING PREGNANCY

Over-the-counter medicines can be bought in stores without a prescription, but this does not mean they are safe during pregnancy. It is too hard to list all over-the-counter medicines you should know about. Please check with your provider before taking any medicines not listed on this page. Let your provider know of any herbs and supplements you are taking. We want to make sure they are safe in pregnancy too.



PROBLEM	MEDICINE	OTHER NAME	WARNING
Allergies or hay fever	Claritin, Tavist, or Alavert	Loratadine	Do NOT use other types
Allergies or hay fever	Chlor-trimeton	Chlorpheniramine Maleate	Do NOT use other types
Bloating or gas	Mylicon	Simethicone	
Constipation	Metamucil or FiberCon	Calcium Polycarbophil	
Cough	Plain Robitussin or Vicks 44	Dextromethorphan	Do NOT use other types
Diarrhea	Imodium AD	Loperamide Hydrochloride	Call if lasts more than 24 straight hours
Fever, headache, or pain	Tylenol	Acetaminophen	Do NOT use Aspirin, Motrin, or Aleve
Heartburn or upset stomach	Tums	Calcium Carbonate	Avoid Roloids and Alka Seltzer
Heartburn	Zantac	Ranitidine	
Heartburn, nausea, or gas	Maalox	Magnesium Hydroxide	
Heartburn, nausea, or gas	Mylanta	Aluminum Hydroxide	
Hemorrhoids	Preparation H or Tucks Pads	Witch Hazel	
Nausea	Emetrol	Phosphorated carbohydrate solution	
Rash, sleep, or allergies	Benadryl	Diphenhydramine	Use only for a short time
Sleep	Tylenol PM	Acetaminophen with Diphenhydramine	Use only for a short time
Vaginal yeast infection	Monistat 7	Miconazole	Call if you are not sure or this is your first infection

You will need to take prenatal vitamins as ordered by your provider. Some women also need Vitamin D, as well as other vitamins or minerals. Your provider will let you know.

WARNING SIGNS DURING PREGNANCY

Preterm labor, or premature labor, is when a baby is born before 37 weeks of pregnancy.

SIGNS OF PRETERM LABOR:

- Contractions that occur more than four times in one hour.
- Cramps that feel like you are having your period.
- Pressure in your lower belly or pelvis.
- Bleeding from your vagina.
- Pink-colored discharge while you are cramping.
- Leaking of fluid from your vagina like the bag of water broke.

If you have more than four contractions in one hour:

- Stop what you are doing.
- Go to the bathroom and empty your bladder.
- Drink at least four large glasses of water as fast as you can.
- Lie down on your left side.
- Count your contractions over the next hour.

If you still have more than four contractions in one hour, or any of the other signs, you need to go to the hospital. There we will decide how to care for you.

OTHER WARNING SIGNS IN PREGNANCY:

- Call your provider right away if you have heavy bleeding from your vagina, like your period.
- Your baby is moving less than normal. After 28 weeks, your baby should move at least 10 times in two hours. Any movement of your baby counts, if you do not feel baby move:
 - Stop what you are doing.
 - Eat something sweet or drink something cold.
 - Lie down and rest.
 - Put your hands on your belly.
 - Count baby's movement.
 - If you do not have at least 10 movements in the next two hours, call your provider.
- Pain or burning when you pass urine.
- Vision changes such as blurry, spots, floaters, double vision, or flashing lights.
- Headache that does not go away with Tylenol.
- Vomiting or diarrhea that lasts for 24 straight hours.



THINGS TO AVOID DURING PREGNANCY:

- Do not strip paint. When painting, open the windows.
- Avoid all pest and insect killers. These can cause birth defects. Wear clothes and gloves that protect you when working in the garden.
- Avoid plants that have been treated with pest killers.
- Avoid home chemicals. Ask someone else to use them instead. If you must use them, use in an area with lots of air. Never mix chemicals. Wash hands with soap and water often and after all contact with chemicals.
- If you have a pet that uses a litter box, do not change the litter while pregnant. Ask someone else to change the litter for you.
- Do not drink any alcohol (wine, beer, or liquor) while you are pregnant. Drinking can cause babies to have major health problems their whole lives. If you have a drinking problem, please let your provider know so we can help.
- Giving up tobacco is one of the best things you can do for your baby. Smoking can cause major health problems for you and your unborn baby. These problems include:
 - Preterm labor
 - Preterm birth
 - Babies born too small and too sick
 - Lung infections
 - Ear infections
 - Problems with learning and behavior in school

Quitting smoking is not easy. However, it is one of the greatest gifts you can give your baby. If you want to quit smoking, ask your provider for help. Being around someone who smokes while you are pregnant can also harm your unborn baby.

- All street drugs, including marijuana, pose risks for both you and your unborn baby. They can cause a baby to be born too small or too soon. They can cause a baby to be born hooked on these drugs. These babies can then have problems when the drug is stopped. Street drugs can cause birth defects. They can also cause health, learning, and behavior problems. Women who use street drugs may engage in other unhealthy behaviors which can also put their pregnancies at risk. Your provider can help you to quit.

Stay away from alcohol, tobacco, and drugs during pregnancy.
These substances can harm you and your baby.
Talk to your provider and seek help!



ABUSE

Abuse is a pattern of actions used by someone to gain control and power over another person. This can occur through fear and the threat or use of force. Abuse is also known as domestic violence, intimate partner violence, and battering. There are many forms of abuse. These include harm to the body, feelings, and mind, including hurting someone during sex or keeping money hidden.

Domestic violence is a crime against the law. You are not to blame and are not alone. Abuse is not always easy to see and can happen to any one. Many women are abused, so do not feel ashamed. There are many places to get help.

Abused women tend to depend upon their abusers and often times are kept away from their family and friends. Abuse may begin, or get worse, during pregnancy. Abused women often hope their abuser will change and the abuse will decrease or stop. This rarely occurs without help.

WHAT TO DO IF YOU ARE ABUSED:

- Make sure you are safe. If you feel that you or your children are in danger, call 911.
- Make a plan to escape.
- You do not have to rush into any decisions. Leaving an abuser is a process. Take it one step at a time.
- Talk to someone. You can talk to a friend, family member, boss, coworker, neighbor, or someone in your church. Let your provider know.
- Call the National Domestic Violence Hotline at 1-800-799-SAFE (7233). It is open 24 hours a day.

Keep in mind: Abuse is about power and control over someone else. It is not fair. If it feels wrong, it is wrong. It is not your fault. You are not alone. You did not do anything wrong. No one deserves to be abused. You deserve better. You can get help!



WORKING DURING PREGNANCY

Most women can keep working during pregnancy. It is not uncommon for many women to work up until they go into labor.

Providers often receive requests to be off work during pregnancy. We know you may feel tired, are clumsy, and have lots of aches, pains, and swelling during work hours and at the end of the day. It may become even harder to work as your due date nears. It can also be difficult to get a good night's rest as you get closer to the end of your pregnancy.

However, the laws about taking a patient out of a job are very strict. We cannot take you off work unless you have a specific medical problem which requires you to be home on bed rest for your health or your baby's.

Many women ask us when they can stop working and start their maternity leave. Again, we cannot give you a note unless there is a medical need. In some cases, women will choose to start their maternity leave before they go into labor. If you choose to do this, you must talk about it with your employer. We cannot give you a note to keep you home, unless there is a medical reason.

Please do not make this type of request. If you need to be on bed rest for a medical reason, we will give you a note for your employer.

If you need us to fill out papers for you to take a leave from work after you have the baby, please give them to us at least two weeks before you need them.





Labor & Birth

LABOR AND CONTRACTIONS

WHAT IS A CONTRACTION?

The womb or uterus is a big muscle that tightens, or contracts. Contractions:

- Keep the uterus in good **tone**.
- **Prepare** the uterus for labor.
- **Open** the uterus during labor.

HOW DO YOU TIME A CONTRACTION?

You time contractions from the start of one to the start of the next one.

CONTRACTIONS THAT TONE

You may feel your uterus tighten on and off during the last months of pregnancy. These contractions are called Braxton-Hicks contractions. They keep the uterus in good tone. When it happens, it feels like the baby is stretching and the uterus feels hard. These toning contractions do not hurt and are normal.

When are contractions that tone too much?

Four or more in one hour before 36 weeks of pregnancy is not normal and could be a warning sign of preterm labor. If this happens go to the bathroom, then drink four large glasses of water as fast as you can, and then lie down for an hour and rest. If the contractions do not go away after that, call your provider or go to the hospital.

CONTRACTIONS THAT PREPARE

Two to four weeks from your due date you may notice Braxton-Hicks contractions more often. They may feel stronger and a little painful too. These contractions may thin and soften your cervix, but do not open it very much. They also give you a chance to practice how to relax as your uterus tightens. They are getting you ready for labor. When you start into labor, if your cervix is soft and thin you may have a shorter labor!

Many people call these contractions “false labor.” They are not labor, nor are they false. They are needed to prepare the way for your cervix to open later. These contractions:

- Are irregular.
- Stay in the lower belly (abdomen).
- Do not get longer or stronger.
- Will become less when you move, such as walking.



These contractions can be very tiring. Some things that may help:

- Moving.
- Take a warm bath for 30 to 60 minutes. It is very relaxing.
- Take two plain Tylenol or Tylenol PM (if it happens at night). This will decrease aches and help you sleep.
- Drink four large glasses of water, as being dry can cause the womb to tighten more.

If nothing works, or you have not rested in 24 hours, call your provider or go to the hospital to be checked.

CONTRACTIONS THAT OPEN

When the womb tightens during TRUE LABOR, the cervix thins even more and opens wide. You may have:

- Contractions that are longer, stronger, and closer together.
- Contractions that do not change with moving.
- Contractions that start in the back and go around to the front.
- Blood spots in your panties or when you pass urine.
- Your water breaks – this can be a gush or a slow leak.

What to do with signs of labor:

- Keep in mind that a first labor may last 12 to 24 hours total. Other labors may be about half the time of the first labor. You do not need to rush to the hospital unless contractions are very close together and strong.
- If it is late afternoon or at night when you start labor, **GO LAY DOWN AND TRY TO SLEEP!** Any work is hard to do when you are tired and labor is very hard work. You will cope much better if you have rested. Walking in early labor will not make your labor go any faster. We know that you are excited and want things to go faster, but what you need early on is rest and you will be very sorry if you do not get enough rest.
- After you have rested, do things that make you feel better:
 - Take a warm bath (if your water has not broken) or shower.
 - Rock in a chair.
 - Go for a walk.
 - Get a back rub or massage from your partner.
 - Listen to calm music.
- Have a glass of water or fluid every half hour.
- Go to the bathroom and pass urine every one to two hours.
- You may have a light meal early on (no grease or spice), then clear fluids for the rest of labor (jello, broth, popsicles, juice, tea, or pop).



WHEN TO GO TO THE HOSPITAL

Go the hospital when:

- You have painful contractions every five minutes for two hours that do not go away with rest and fluids.
- There is a gush or leak of fluid from the birth canal, or if you are not sure.
- **You have bright red bleeding like a period, where you soak a pad in one hour.**



PAIN RELIEF OPTIONS

Comfort measures are used to help cope with the pain of labor. They are not used to take away the pain. There are many things you can try. These include:

- Breathe slow and easy
- Relax
- Sit on the birthing ball
- Walk
- Use position changes
- Use massage
- Aroma therapy
- Use guided images or Hypnobirthing
- Shower

Pain medicine can be given in your IV. It starts working within five minutes. It does not completely take away the pain. It takes the edge off so that you are able to cope with the pain a little better. It may cause you to feel sleepy or dizzy. Sometimes the medicine may be given as a shot.

An Epidural is a safe method of pain relief during labor. It blocks pain in a certain part of the body. While an epidural is great for pain relief, it does come with some risks. It may cause your blood pressure to drop. It may also slow your labor. Long lasting back pain and nerve injury are very rare. Talk to your provider to learn more.



WHAT TO EXPECT IN THE EVENT OF A C-SECTION

Unlike a vaginal birth, a C-section is surgery and is performed in an operating room under sterile conditions.

In the United States about one in four babies is born by C-section, according to the American College of Obstetricians and Gynecologists.

When to Perform a C-Section

In most cases, your provider will opt for a vaginal birth over a C-section. The reason is that a vaginal birth is almost always safer for the mother and baby unless there are certain health problems.

Often, however, C-sections are performed in an emergency because conditions suggest that the mother or baby is at risk for a potential problem. So, you may go to the hospital expecting a “normal” birth and suddenly find that you are going to have a C-section. It is not possible to tell when this will occur, but some of the reasons that might cause this decision on the part of your provider are listed below.

Reasons in the mother for a C-Section

If these conditions are noted in advance, chances are good that you will be scheduled for a C-section when your baby is at term. These health conditions include the following:

- A woman who cannot labor for various reasons (for example, she has a serious heart problem).
- A woman who has a small or contracted pelvis that will not allow the baby to push through (sometimes this is known in advance, but not always).
- Serious health problems where a birth through the vagina would put the baby at risk (for example, the mother has herpes or AIDs).
- If the mother has had a certain type of C-section in a prior birth.

Reasons in the baby for a C-Section

These conditions may not be known in advance of the baby’s birth. They include the following:

- Problems with the umbilical cord (for example, the cord falls into the vagina, or the cord is pinched or compressed)
- Certain changes in the heart rate (such as slowing)
- Illness
- Multiple babies – twins, triplets, or more





After the Birth



BREASTFEEDING: IT IS TOO IMPORTANT NOT TO THINK ABOUT!

You may have heard that breastfeeding hurts, is “hard to do” or you might worry that you should not breastfeed as you take medicine or do not eat the best diet. The fact is that none of these statements are always true.

Breastfeeding is so good that it is worth the effort to ask questions and ask for help. It is helpful to make a choice to breastfeed before your baby is born so you can get off to the best start and have a good experience. Breast and bottle feeding can be combined after the first few weeks once breastfeeding is going well, however breast milk feeding only is best for as long as possible.

You may wonder if breastfeeding will make the baby’s father feel left out but fathers and other family members can be part of a breastfed baby’s life. And women value the love and support they feel from others while they learn to love and mother their new baby.

Learn as much as you can before your baby is born. There are handouts, prenatal classes and good websites to research. Read books, watch DVDs, and take prenatal or breastfeeding classes at the hospital or through WIC. Share the information you get with the people who will be helping you when your baby is born – mainly your partner or your mother. As they learn more about breastfeeding, they will be more prepared to help you.

BREASTFEEDING FACTS

Breast milk is the best food for babies and small children:

- Gives human babies the most easily digested food
- Promotes healthy growth and development
- Studies show a higher I.Q. among breastfed babies
- Protects against cancer and diabetes
- Transmits mother’s protection against illness
- Leads to fewer ear and respiratory infections
- May protect against Sudden Infant Death Syndrome (SIDS)
- Gives health benefits that last a lifetime
- Mother’s milk changes over the course of nursing
- Diapers do not smell as bad
- Mother’s milk is the safest food in any crisis

Breastfeeding is best for mothers:

- May delay egg release and periods
- Protects against cancer of the breast and ovary
- Helps uterus get back to a non-pregnant size and shape
- Less time spent making bottles
- Releases a calming hormone





Breastfeeding is best for families:

- Saves money on formula and health care costs
- Allows mother to spend time with the whole family
- Easy to travel
- Easy to comfort a crying baby

Breastfeeding is best for the world:

- Breast milk is a natural, living resource
- No package, nothing to throw away, no waste
- No storage needed

Plan to breastfeed for as long as you can; this means breast milk and nothing else. Even a month of only breast milk feeding gives your baby better protection against illness than mixing formula and breast milk from birth. The first few weeks and months after delivery “sets up” your milk supply and giving bottles may set your milk supply at a lower volume than your baby needs. Exclusive breastfeeding will make it easier to maintain your milk supply if you need to return to work or school.

AT THE HOSPITAL

After your baby is born, your baby will be placed skin-to-skin with you and urged to breastfeed. Babies held this way for at least thirty minutes after birth, are more likely to breastfeed well and often. Your baby will be alert and interested in breastfeeding for the first hour or two after birth. Breastfeeding in the delivery or recovery room gives your baby the food he needs for the next few hours when he or she will be sleepy and less likely to feed well. If you have an emergency C-section and cannot nurse your baby right away, tell the nurses and doctors you want to begin as soon as you can. If you and your baby are not together, you will be encouraged to begin using a breast pump as soon as possible.

COLOSTRUM IS THE FIRST MILK AND IS VERY IMPORTANT FOR YOUR BABY.

You may think there is no milk at birth but colostrum is made during your pregnancy and is present in the breast at birth. It is enough food for the first few days of life and with frequent feedings will increase in amount. Colostrum can be golden or clear; like honey or syrup. Baby will suck steadily and slowly, pausing to swallow. It coats the baby’s intestines, to protect against illness, allergies and viruses. Colostrum is like giving your baby the first vaccine.

Do not be surprised by how sleepy your newborn baby is. They are usually sleepy for the first twenty-four hours, but will become more alert.

You may have some cramping of your uterus during breastfeeding which is proof that the hormone that releases milk from the breast is working. This is a benefit for mom and will decrease faster if you breastfeed often.



LATCH IS KEY AND EASIER THAN YOU THINK

Babies are born knowing how to latch on to the breast. All of their natural in-born reflexes help them to breastfeed. Be sure to ask your nurse to help. There are also DVDs you can watch to help explain latching. Breastfeeding should not be painful and if it is, it can be fixed!

WE WILL HELP YOU

Learning about how to care for yourself, care for your baby and how to breastfeed will take place during your hospital stay. Information will be given on how to get help after you go home and what to expect in the first few weeks of life. There are many resources for you to get some help and have your questions answered – all you have to do is ask.



LACTATION CONSULTANTS

Breastfeeding is a learned art. Some mothers and babies may have problems that need the knowledge and skills of an expert. At Henry Ford we are committed to helping nursing mothers and their babies so that breastfeeding is a pleasant and successful experience. When new mothers and babies have problems with latching, painful nursing, low milk supply, or poor weight gain, our International Board Certified Lactation Consultants (IBCLC) are available to help. They will observe and assess you and your baby, and support your efforts to learn how to breastfeed. They will assist you with breast pump rental. Our lactation consultants offer in-hospital services, well-baby visit support, and in-home visits. Some insurances may cover the cost of lactation support.

Henry Ford Hospital in Detroit

(313) 916-8363

Henry Ford Hospital Macomb – Clinton Township

(586) 263-2527

(586) 263-2502

Henry Ford Wyandotte Hospital

(734) 246-7575

Henry Ford West Bloomfield Hospital

(248) 325-0047



POSTPARTUM DEPRESSION

Postpartum depression may seem like the baby blues at first, but the signs are worse and last longer, sometimes making it very difficult to take care of yourself or your baby. Depression usually goes away with treatment. Without treatment, it can get worse and may lead to thoughts of hurting yourself or your baby. Any of the symptoms below after pregnancy that last longer than two weeks may be signs of postpartum depression:

- Feeling constantly tired, no energy to do anything
- Feeling no joy in life, or do not feel like yourself
- Feel like a failure or just numb
- Avoiding family and friends
- Feel a lack of concern for yourself or your baby, or feel like you never should have had this baby
- Overly concerned for your baby, or feeling like a bad mother
- Severe mood swings or feel out of control
- Feel like you cannot sleep even when the baby is sleeping
- Feel like you are going crazy or feel panicky
- Sleeping too much or too little
- Eating too much or too little
- Thoughts of injuring yourself or your baby

CAUSES

There is no single cause for depression after childbirth. Postpartum depression is a condition that results from a combination of reasons. Sometimes it is caused by hormone changes in your blood or due to a feeling of loss. Women who have depression or mental health problems before childbirth are more likely to feel depressed after having a baby. Or depression may happen because of too much stress, not enough sleep, a poor diet or not enough help at home. It may even happen to women without any risk factors. Every woman is different. The important thing to remember is that it is not your fault.

WILL IT GO AWAY?

Yes. If you get the help you need, the symptoms usually go away with treatment.

HENRY FORD BEHAVIORAL OR WOMEN'S HEALTH SERVICES

We can help you get back on track.

1-800-HENRYFORD

PLACES TO TURN TO FOR HELP

Wayne County 313-224-7000

Oakland County 248-456-0909

Macomb County 586-307-9100

Depression after Delivery (Postpartum Support International) 1-800-944-4PPD

National Women's Health Information Center 1-800-994-9662

Tree of Hope (postpartum depression support group) 586-777-0142



ONLINE SERVICES

Visit www.henryford.com/baby for a host of resources about your pregnancy, delivery, breastfeeding and bringing baby home.

Here you'll find information such as:

- Pre-conception and Prenatal Genetics
- Infertility Treatment
- High-Risk Pregnancy
- Midwifery Services
- Breastfeeding Support & Tips
- Post-partum Care
- Newborn Care
- Choosing a Pediatrician
- Immunizations
- Post-partum Care
- Educational videos

You can sign up for classes, find a pediatrician, or schedule appointments. Visit today to see the resources available to you.



