Your Pregnancy Journey
A Resource Guide for You
Welcome to Dartmouth-Hitchcock Medical Center (DHMC). We created this binder to give you a complete guide to your pregnancy journey. Inside, you’ll find resources, contact information and helpful tips. Use this binder during the next nine months to keep your health information organized. Your partner can use it too.

The obstetrics team thanks you for letting us share this very special journey with you.

Note: The information in this guide is not a substitute for regular prenatal appointments. Please attend all of your appointments even if you are feeling well. If you have questions, please contact your doctor or midwife.

For the purpose of consistent writing, we use the term “he” to refer to the baby.
Copyright 2011. Dartmouth-Hitchcock Medical Center.
Introduction 8

Section 1 - The Trimesters 11
The First Trimester - Weeks 1-12 14
Your Body's Changes and How You Will Feel 14
Your First Trimester Office Visits 15
Your Baby's Growth and Development 18
Benefits of Breastfeeding 19

The Second Trimester - Weeks 13-23 20
Your Body's Changes and How You Will Feel 20
Childbirth Education 20
Your Second Trimester Office Visits 21
Your Baby's Growth and Development 22
Skin-to-Skin 23

The Third Trimester - Weeks 24-40 24
Your Body's Changes and How You Will Feel 24
Your Third Trimester Office Visits 25
Register for Your Hospital Stay 25
Signs of Labor 26
Stages of Childbirth 27
Special Notes on Cesarean Birth 29
Vaginal Birth after Cesarean (VBAC) 30
Labor Instructions 30
Your Baby's Growth and Development 31
DHMC Lactation Services 32

Section 2 - Taking Care of Yourself During Your Pregnancy 35
Nutrition 38
Exercise and Sports 44
Traveling 46
Sexual Intercourse 46
# TABLE OF CONTENTS

Dental Care 47
Tub Baths and Showers 47
Seatbelts 47
Smoking 48
Alcohol 48
Medication and Drugs 49
Herpes Infection 49
Contagious Illnesses 50
X-rays 50
Industrial Toxins 50
Toxoplasmosis 50

**Section 3 - Warning Signs** 53
Listening to Your Body 56

**Section 4 - Common Discomforts** 59
Backache 62
Breast Changes 63
Constipation 63
Diaphragm Pressure 64
Emotional Changes 64
Faintness or Dizziness 65
Fatigue 66
Fluid Retention 66
Frequency of Urination 67
Groin Ache or Pain 67
Headaches 67
Hemorrhoids 68
Increased Vaginal Secretions 68
Increased Salivation 68
Indigestion 69
Irregular Tightening of the Uterine Muscles 69
Nausea and Vomiting 70
Nosebleeds and/or Nasal Congestion 70
<table>
<thead>
<tr>
<th>Condition</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pelvic Pressure</td>
<td>70</td>
</tr>
<tr>
<td>Sensitive Gums</td>
<td>71</td>
</tr>
<tr>
<td>Shortness of Breath</td>
<td>71</td>
</tr>
<tr>
<td>Skin Changes</td>
<td>71</td>
</tr>
<tr>
<td>Sleep Problems</td>
<td>72</td>
</tr>
<tr>
<td>Tingling, Pain, and Numbness in Hand</td>
<td>73</td>
</tr>
<tr>
<td>Vaginal Infections</td>
<td>73</td>
</tr>
<tr>
<td>Varicose Veins or Leg Aches</td>
<td>74</td>
</tr>
</tbody>
</table>

**Section 5 - Preparing for Your New Family**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby Friendly Hospital Initiative</td>
<td>80</td>
</tr>
<tr>
<td>Arranging for Help</td>
<td>81</td>
</tr>
<tr>
<td>Items to Have at Home</td>
<td>81</td>
</tr>
<tr>
<td>Vaccines for Moms (and their families)</td>
<td>83</td>
</tr>
<tr>
<td>Equipment and Clothing</td>
<td>84</td>
</tr>
<tr>
<td>Your Baby’s Sleep Space</td>
<td>87</td>
</tr>
<tr>
<td>Safety Considerations for Equipment</td>
<td>88</td>
</tr>
<tr>
<td>Smoking</td>
<td>88</td>
</tr>
<tr>
<td>Circumcision</td>
<td>89</td>
</tr>
<tr>
<td>Cord Blood Banking</td>
<td>92</td>
</tr>
<tr>
<td>Breastfeeding Benefits</td>
<td>92</td>
</tr>
<tr>
<td>Getting Ready for Breastfeeding</td>
<td>93</td>
</tr>
<tr>
<td>Feeding Your Baby</td>
<td>94</td>
</tr>
<tr>
<td>Support is the Key to Success</td>
<td>95</td>
</tr>
<tr>
<td>Lactation Consultant</td>
<td>96</td>
</tr>
<tr>
<td>Nursing Bras</td>
<td>96</td>
</tr>
<tr>
<td>Helpful Tips for Breastfeeding Your New Baby</td>
<td>97</td>
</tr>
<tr>
<td>Choosing Baby’s Provider</td>
<td>100</td>
</tr>
<tr>
<td>Ten Tips for Great Beginnings With Your New Baby</td>
<td>101</td>
</tr>
<tr>
<td>Section 6 - Your Hospital Stay</td>
<td>103</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Registration</td>
<td>106</td>
</tr>
<tr>
<td>Advance Directives</td>
<td>106</td>
</tr>
<tr>
<td>What to Pack</td>
<td>106</td>
</tr>
<tr>
<td>Where to Go</td>
<td>106</td>
</tr>
<tr>
<td>Your Stay in the Birthing Pavilion</td>
<td>107</td>
</tr>
<tr>
<td>Infant Care</td>
<td>107</td>
</tr>
<tr>
<td>Other Activities</td>
<td>111</td>
</tr>
<tr>
<td>Getting Ready to Go Home</td>
<td>112</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 7 - After Your Baby is Born - The Post-Partum Period</th>
<th>115</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uterus</td>
<td>118</td>
</tr>
<tr>
<td>Aches and Pains</td>
<td>118</td>
</tr>
<tr>
<td>Perineum</td>
<td>119</td>
</tr>
<tr>
<td>Vaginal Bleeding</td>
<td>120</td>
</tr>
<tr>
<td>After Pains</td>
<td>121</td>
</tr>
<tr>
<td>Fatigue</td>
<td>121</td>
</tr>
<tr>
<td>Breast Engorgement</td>
<td>122</td>
</tr>
<tr>
<td>Emotional Ups and Downs</td>
<td>122</td>
</tr>
<tr>
<td>Hot Flashes and Sweating</td>
<td>123</td>
</tr>
<tr>
<td>Hair Loss</td>
<td>123</td>
</tr>
<tr>
<td>Concerns About Post-partum Sexual Adjustment</td>
<td>124</td>
</tr>
<tr>
<td>Resuming Menstruation</td>
<td>125</td>
</tr>
<tr>
<td>Post-partum Exam</td>
<td>125</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 8 - Resources</th>
<th>127</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources</td>
<td>130</td>
</tr>
<tr>
<td>Important Phone Numbers</td>
<td>131</td>
</tr>
<tr>
<td>Recommended Reading</td>
<td>132</td>
</tr>
<tr>
<td>Glossary of Terms</td>
<td>135</td>
</tr>
<tr>
<td>My Pregnancy Progress</td>
<td>140</td>
</tr>
<tr>
<td>Baby’s Check up Diary</td>
<td>142</td>
</tr>
<tr>
<td>Questions and Notes</td>
<td>144</td>
</tr>
</tbody>
</table>
At Dartmouth-Hitchcock Medical Center, we believe that the more you know about the natural course of pregnancy, the better prepared you will be to understand your changing body. We encourage you (and your support person) to ask questions during office visits, attend classes, and learn as much as you can about pregnancy, childbirth, and parenting. We welcome partners to take part in the entire childbirth experience - from attending appointments and classes to giving support to their partner.

Nurse midwives, obstetricians, specialists in pregnancy complications and family medicine doctors are all at Dartmouth-Hitchcock Medical Center to care for you. Our nurses, childbirth educators, lactation specialists, pediatricians, and resident physicians will play an important role in your care.

The pregnancy and birth experience is unique for each woman and her family. We will respect your decisions, with your safety first, to determine how you experience this journey. We are honored to participate in this experience with you.

About This Binder
This binder was written to add to the information you will get at your office visits. Inside, you will find information about the three trimesters and other common topics. We hope this information helps you during your pregnancy.

Bring your binder to your office visits and use it as a guide for any questions you may have. At each appointment, you can note your progress and add information your provider gives to you. Your binder will also make a great scrapbook of your pregnancy journey.
For more information, check out the Resources Section for local organizations, websites, DVDs, and books.

Contact Numbers
If you see a doctor, call:
- (603) 653-9300 8 a.m. - 5 p.m.

If you see a midwife, call:
- (603) 653-9303 8 a.m. - 5 p.m.

If you see a family practitioner, call:
- (603) 650-4000 8 a.m. - 5 p.m.

For emergencies after 5 p.m., and on weekends and holidays, you will reach the operator at these numbers. Ask for the midwife or doctor on call. If your call is not urgent, please call your provider during normal office hours, 8 a.m. - 5 p.m.

You may call during weekday office hours to:
- make an appointment
- speak with a nurse

If you leave a message for the doctor or nurse, please give a phone number where someone can reach you. An obstetrician/gynecologist or certified nurse midwife is on call 24 hours a day for emergencies and can be reached at the number listed above.

We ask that you call us yourself. If a friend or relative calls for you, it can be harder to relay important information.

Online help
As a patient of Dartmouth-Hitchcock, you can sign up to use our free online confidential and secure service called myD-H. With this tool you can request appointments, communicate with your healthcare team in non-emergency situations, and get appointment reminders. You can sign up by going to www.mydh.org/home.

Prenatal Care for You and Your Baby
Prenatal care is the health care you get before your baby is born. Studies have shown that prenatal care may help you avoid complications and deliver a healthier baby.

Pregnancy lasts about 37-41 weeks and is divided into three parts of three months each, called trimesters. For a normal pregnancy, you can expect to see your provider once a month through your eighth month, and every two weeks during your ninth month until delivery. We encourage your partner (or family member) to go to visits with you.

We may need to see you more often based on your individual health needs.

Follow these easy steps for good prenatal care:
- Go to all of your scheduled visits, even if you feel well.
- Talk with your healthcare provider about your concerns. Ask questions and discuss your stresses.
- Learn to take care of your own health for a healthy pregnancy and healthy baby.
the trimesters

section 1
The First Trimester  Weeks 1-12
Your Body’s Changes and How You Will Feel
Your First Trimester Office Visits
Your Baby’s Growth and Development
The Benefits of Breastfeeding

The Second Trimester  Weeks 13-23
Your Body’s Changes and How You Will Feel
Childbirth Education
Your Second Trimester Office Visits
Your Baby’s Growth and Development
Skin to Skin

The Third Trimester  Weeks 24-40
Your Body’s Changes and How You Will Feel
Your Third Trimester Office Visits
Register for Your Hospital Stay
Signs of Labor
Stages of Childbirth
Special Notes on Cesarean Birth
Vaginal Birth after Cesarean (VBAC)
Labor Instructions
Your Baby’s Growth and Development
DHMC Lactation Services

in section 1
THE FIRST TRIMESTER

Your Body’s Changes and How You Will Feel

During the first three months of pregnancy, the first trimester, your body goes through many changes. As your body gets used to the growing baby, you may have nausea, fatigue, backaches, mood swings, and stress. These discomforts are all normal.

Most of these discomforts will go away as your pregnancy progresses. Some women may not feel any discomfort at all. If you have been pregnant before, you may feel different this time. Just as each woman is different, so is each pregnancy.

As your body changes, you may need to make changes to your normal, daily routine. Here are some of the most common changes or symptoms you may experience in the first trimester:

**Tiredness**

Many women find they feel exhausted in the first trimester. Don’t worry, this is normal. This is your body’s way of telling you that you need more rest. After all, your body is working very hard to grow a whole new life. To ease exhaustion, it may help to get at least eight hours of sleep every night and a nap during the day when possible. When you are tired or feel stressed, try to rest or relax.

**Nausea and Vomiting**

Usually called “morning sickness,” nausea and vomiting are common during early pregnancy. For many women though, morning sickness can happen at any time during the day. Although it can seem like it might last forever, nausea and vomiting usually gets better or goes away completely after the first trimester.
Try these tips to help prevent and soothe nausea:

- Eat 6-8 small meals a day, rather than three large meals. Avoid fatty, fried, or spicy foods.
- Try eating starchy snacks like toast, saltines, or dry cereals when you feel nauseous.
- Keep snacks by your bed and eat something before you get out of bed in the morning. If you feel nauseous in the middle of the night, reach for these starchy foods. It’s also a good idea to keep these snacks with you at all times, in case of nausea.
- Try drinking carbonated beverages like ginger ale or seltzer water between meals.
- Ask your care provider if you should change prenatal vitamins. Sometimes taking your prenatal vitamin at a different time (e.g. at night, not in the morning) can also help.
- Ask your care provider about taking vitamin B6 for nausea and vomiting that doesn’t improve with dietary changes.

If you are worried about your vomiting, call your doctor or midwife.

Frequency of Urination

Are you running to the bathroom all the time? Hormone changes cause the kidneys to produce more urine. This causes frequent urination. See your provider right away if you notice pain or burning during urination, or if you notice that your urine is cloudy, bloody, or smells bad. You might have a urinary tract infection that needs treatment.

Your First Trimester Office Visits

During the early months of pregnancy, regular prenatal care is especially important. Become a partner with your care provider. Keep all of your appointments - every one is important.

During the first prenatal visit, you can expect your doctor or nurse to do the following:

- Ask about your health history including diseases, operations, or prior pregnancies.
- Ask about your family’s health history.
- Do a complete physical exam.
- Do a pelvic exam with a Pap test.
- Order lab tests.
- Check your blood pressure, urine and weight.
- Figure out your expected due date. This is only an estimate. Most women will carry their baby for approximately 40 weeks.
- Answer your questions.
Tests and Procedures
Some of the optional tests your care provider may suggest in the first trimester include:

Prenatal Screening Tests
Most babies are born healthy. About 3 percent of babies (3 out of 100) are born with a birth defect. Prenatal screening tests are offered to all pregnant women to assess their chances of having a baby with certain genetic conditions and birth defects. These tests are optional. Many women choose not to do screening tests.

An abnormal screening test result, while scary, only signals a possible problem. In most cases, the baby is healthy even with an abnormal screening result. Likewise, not all babies with problems will be identified by screening. If a screening test shows an increased risk of having a baby with a possible problem, then more tests may be offered, such as chorionic villus sampling and/or amniocentesis.

The following tests are intended to screen for Down syndrome, trisomy 18, and neural tube defects such as spina bifida (see the Glossary for further information about these conditions). Occasionally, other conditions may be found. If you decide to have prenatal screening in the first trimester, you may choose one of the following three tests:

First Trimester Screening
This screening test includes a specialized ultrasound exam and a blood test between 11 and 13 weeks. The ultrasound is used to measure the nuchal translucency (NT), which is the fluid-filled space under the skin of the baby’s neck. This test provides the earliest risk estimates for Down syndrome and trisomy 18. It does not provide a risk estimate for neural tube defects, although this may be done separately with a blood test in the second trimester.
Integrated Screening
This screening test includes an NT ultrasound and two blood tests, one between 11 and 13 weeks and the other between 15 and 20 weeks. All of this information is combined to give a risk estimate for Down syndrome, trisomy 18, and neural tube defects. This test finds the highest number of cases of Down syndrome compared with all other tests, but the results are not ready until the second trimester.

Sequential Screening
This screening test is almost the same as Integrated Screening. The main difference is that women who are at high risk for Down syndrome are contacted after the first step. These women do not have the second blood test. This test will detect nearly as many cases of Down syndrome as Integrated Screening, while giving an early result to those at the highest risk. Most women who have Sequential Screening will have to wait until after the second blood test in the second trimester for their results.

Ancestry-Based Carrier Screening
Certain genetic conditions are more common among people of different ancestral or ethnic groups. Both parents must carry an abnormal gene for the same condition in order to be at risk of having an affected child. Carrier screening for these conditions is optional.

If you and your partner are both carriers of a certain genetic condition you will have a 25% chance of having a child with that genetic condition. More tests during your pregnancy, such as chorionic villus sampling and/or amniocentesis, may be offered to determine if your baby has the certain genetic condition.

Cystic Fibrosis (CF) Carrier Screening
CF is a genetic disorder that affects the lungs and digestive system. CF is found among people of all ancestries, but it is most common among people of European white or Caucasian ancestry. If you and your partner are both of Caucasian ancestry, then your chance of having a child with CF is about 1 in 3300.

Other Carrier Screening
If you and/or your partner are of Eastern European Jewish, Black, Hispanic, or Asian ancestry, talk to your care provider or ask to speak to a genetic counselor about other carrier screening tests that you may wish to consider.

Chorionic Villus Sampling (CVS)
CVS is done between 10 and 13 weeks and can diagnose genetic conditions like Down syndrome and trisomy 18. A high-risk obstetrician, also known as a Maternal-Fetal Medicine specialist, obtains a sample from the placenta by inserting a needle through your abdomen. Another way the doctor may get a placenta sample is to insert a catheter through your cervix. The major advantage of CVS is that it can provide an earlier diagnosis than is possible with amniocentesis. The risk of pregnancy loss is up to 1 percent (1 out of 100).
Your Baby’s Growth and Development in the First Trimester

Month 1

Although not fully formed, the primitive heart beats at day 18. Other vital organs, including the brain and lungs, begin to form. The baby is in a sac filled with amniotic fluid. The placenta and umbilical cord develop. Arms and legs start to form. The baby is 1/2 inch long - about the size of a kidney bean.

Month 2

All internal organs are formed. Spine and major joints now move. Facial features are becoming more defined. Eyelids form but remain closed. Nostrils are formed and the nose moves into the correct position. The baby is 1 inch long - about the size of a grape or olive.

Month 3

Sex organs begin to develop. Arms and legs are able to move. The baby is 4 inches long - about the size of a large lime - and weighs about 1 ounce.
The Benefits of Breastfeeding

Research shows that breastfeeding gives your baby the best start in life. Here are some of the remarkable benefits of breastfeeding for you and your baby:

- Breastfed babies receive the best start with nutrition.
- Breastmilk changes as your baby grows and provides just the right amount of nutrients.
- Breastmilk protects against ear infections and respiratory illnesses such as pneumonia.
- Breastmilk protects your baby’s intestinal tract from infection.
- Breastmilk can reduce the risk of chronic constipation, colic, and other stomach upsets.
- Breastmilk reduces the risk of childhood diabetes.
- Breastmilk protects your baby from allergies, asthma, and allergic skin rashes.
- Breastfeeding reduces the risk of SIDS (sudden infant death syndrome). Statistics reveal that for every 87 deaths from SIDS, only 3 are breastfed.
- Breastfed babies may also have a decreased risk of tooth decay (cavities).
- Breastfeeding can help promote facial structure development, enhanced speech, and straighter teeth.
- Breastfed children have less risk of becoming overweight.
- Breastfed infants may have higher IQ’s and better brain growth. This is especially true for infants born prematurely.
- Breastfed children have less chance of heart disease and high blood pressure when they become adults.
- Breastfed babies enjoy a special warm bonding and emotional relationship with their mothers.

Health Benefits to Moms Who Breastfeed

- Breastfeeding helps the uterus contract to control bleeding after childbirth.
- Breastfeeding significantly reduces the risk of ovarian cancer, and may also decrease the risk of breast, cervical, and endometrial cancers.
- Breastfeeding reduces the risk of low iron in the blood.
- Women who have breastfed for 12 months or more have stronger, thicker bones with less chance of hip fracture later in life.
- Breastfeeding can help the mother’s body return to its pre-pregnancy weight faster.
- Mothers who breastfeed develop a special emotional relationship and bonding with their child.
- Breastmilk is free. Artificial milks cost $1500 to $2000 the first year of a baby’s life.
- Breastfed babies are sick less which decreases healthcare costs to your family in health care provider office visits, prescriptions, over the counter medicine purchases, and hospitalizations.
- Breastfeeding Moms miss less time off from work due to child related illnesses.
THE SECOND TRIMESTER

Your Body’s Changes and How You Will Feel

Most women find the second trimester of pregnancy easier than the first, but it is just as important understand your pregnancy during these months. You may notice that symptoms like nausea and fatigue are going away, while other new, more noticeable changes to your body are now taking place. Your abdomen expands as you gain weight and the baby grows. Before this trimester is over, you will feel your baby beginning to move. The first movements you’ll feel are light and fluttery and may feel like gas. These first movements may be felt as early as the 16th week.

Some of the following aches and pains may make their first appear during the second trimester:

- Pain in the abdomen, groin, and thighs
- Backaches
- Shortness of breath
- Stretch marks
- Skin changes
- Carpal tunnel syndrome in wrists and hands

Weight Gain

Everyone gains weight at different rates. It is normal to gain about one pound per week, or about three to four pounds per month during this trimester.

Childbirth Education

Your second trimester is a great time to think about taking childbirth and parenting classes. There are so many questions that arise as you get closer and closer to your due date. The more you know and understand about the process of labor and childbirth, the better prepared you will be to choose the best options. In childbirth classes, you and your labor support person will learn:

- the different stages of labor
- how to deal with pain
- tips for coping with a new baby
- the important role of your partner

The Women’s Health Resource Center (WHRC) offers a variety of classes for expectant parents. These classes include: prepared childbirth, refresher, cesarean birth, sibling, parenting, post-partum support groups, CPR, and breastfeeding. Most insurance plans will reimburse you for these classes. We encourage you to check with your insurance company to find out what classes they will cover. The earlier you sign up for classes, the more options and flexibility you will have with dates, times, and classes you desire.

Call the WHRC at (603) 650-2600 to register, or for more information visit: www.dhmc.org/dept/whrc
Your Second Trimester Office Visits
During the second trimester, you should continue to see your doctor or midwife for prenatal care. Most pregnant women have monthly office visits with their doctor or midwife until the end of this trimester.

During the second trimester your provider will use an ultrasound to see how your baby is developing. It is often possible to find out the baby’s sex at this time. You will also be offered screening tests to look for genetic birth defects.

Birth defects that are caused by problems with the baby’s genes are passed down from the mother and father. Birth defects can also occur in babies with no family history of that disorder.

Some of the diagnostic and screening tests your doctor may suggest in the second trimester include:

Quad Marker Screening
This test involves a blood test between 15 and 20 weeks. It will give parents an estimate of the baby being born with Down syndrome, trisomy 18, and neural tube defects. This test is only available to women who did not have prenatal screening in the first trimester.

AFP Only Screening
This test involves a blood test between 15 and 20 weeks. It only provides a risk estimate for neural tube defects, such as spina bifida. It can be done alone or after first trimester screening, which does not provide a risk estimate for neural tube defects.

Fetal Anatomy Ultrasound
This screening test is performed between 18 and 20 weeks to evaluate growth and development. It may detect certain birth defects and genetic disorders. This ultrasound can also be a screening test for Down syndrome. It works best though when combined with one of the other prenatal screening tests mentioned in the first or second trimester. Ultrasound carries no known risk to the baby and is the most common method of prenatal screening.

Amniocentesis
This test is done beginning at 15 weeks and can detect certain genetic conditions, such as Down syndrome and trisomy 18, and neural tube defects. A high-risk obstetrician, also known as a Maternal-Fetal Medicine specialist, inserts a thin needle through your belly and into your uterus to take out a small amount of amniotic fluid for testing. The risk of pregnancy loss is up to 0.3 percent (1 out of 300).
Your Baby’s Growth and Development in the Second Trimester

Month 4

Body parts are fully formed.
The baby can now hear and swallow.
The hands are more functional, and the baby may put a thumb in his mouth.
The baby is 8 to 10 inches long - about the size of an avocado - and weighs about 6 ounces.

Month 5

Baby is active, mother can feel strong movements.
Fine hair covers the body.
Nails on fingers and toes and a little hair may begin to sprout.
The baby is 10 to 12 inches long and can weigh up to 1 pound.

Month 6

Skin looks wrinkled.
Baby is very thin and begins to put on fat during the remaining weeks.
Eyes begin to open and eyelids and eyebrows are fully formed.
Fingernails have grown to the end of the fingers.
11 to 14 inches long and weighs about 1 pound.
Skin-to-Skin Contact and an Early Start to Breastfeeding

Research shows that uninterrupted skin-to-skin contact between mother and baby for the first few hours after birth is incredibly valuable and important for both the mother and baby. Here are many of the benefits of skin-to-skin contact for you and your baby:

• Skin-to-skin contact immediately after birth helps your baby to maintain a normal body temperature.
• Skin-to-skin contact also helps regulate your baby’s blood sugars, breathing, heart rate, digestion, and nervous system.
• Skin-to-skin contact is one of the best ways to help your baby transition successfully after birth.
• Your baby needs to be close to you after birth. Babies recognize their mother’s smell and calm and soothe more readily on their mother’s body. This makes them more responsive to feeding. This experience is an important part of your baby’s normal recovery from birth.
• Mothers and babies who have early skin-to-skin contact have more success with breastfeeding and breastfeed longer.
• When placed on your chest or belly, your baby will search around for your nipple. Your baby will bring the tongue forward and then open the mouth wide to latch to your breast. Your baby will learn to do this in the correct order by practicing at the breast.
• Your baby may find the way to the breast and latch and suckle all on her or his own, but you can also help your baby a little with positioning if necessary. Your Birthing Pavilion nurse will help you with your first feedings.
• Be patient and give your baby time to learn the new skill of breastfeeding.

Caesarean births

• We support women who have had caesarean births with either spinal or epidural anesthesia to have skin-to-skin care with their well babies in the operating room. We also encourage them to begin breastfeeding when their baby is showing signs of interest and readiness to breastfeed.
• We support women who have had caesarean births with general anesthesia to have supervised skin-to-skin contact with their babies as soon as they are able to.
THE THIRD TRIMESTER

Your Body’s Changes and How You Will Feel

You’re in the home stretch. Some of the same discomforts you had in your second trimester will continue. Many women also find breathing difficult and notice an increase in urination. This is because the baby is getting bigger and is putting more pressure on your organs.

Some new body changes you might notice in the third trimester include:

- Shortness of breath with activity
- Heartburn
- Swelling of the ankles, fingers, and face (If you notice any sudden or extreme swelling or if you gain a lot of weight really quickly, call your doctor or midwife. This could be a sign of preeclampsia.)
- Hemorrhoids
- Tender breasts, which may leak breastmilk
- Belly button may stick out
- Trouble sleeping
- The baby “dropping,” or moving lower in your abdomen
- Contractions, which can be a sign of real or false labor

Towards the end of your pregnancy, your baby’s movements may not be as strong, but your baby should move at least 10 times in a 2-hour period. Keep in mind your baby has sleep and rest times. If you notice that you have not felt your baby move, sit down with a cold drink or a snack and rest for a while on your side. If you have been active, you may not have noticed your baby’s movements as much. If you are worried about the change in your baby’s movements, call and talk with your provider.

As you near your due date, your cervix becomes thinner and softer (called effacing). This is a normal, natural process that helps the cervix to open during the birthing process.

Get excited - the final countdown has begun.
Your Third Trimester Office Visits

Prenatal care continues until you deliver your baby. Your healthcare provider will continue to monitor your blood pressure and weight and your baby’s heartbeat and movements.

Glucose Tolerance Test

This test is performed around your 28th week of pregnancy (or earlier) to detect and treat gestational diabetes. If you were tested for gestational diabetes earlier in your pregnancy, the test will probably be repeated around 28 weeks. For this simple test, you will be given a 10-ounce bottle of glucose to drink. You need to drink half of the bottle (5 oz.) one hour before having your blood drawn at reception desk 3L. You will need to drink the 5 oz portion of glucose all at once and in less than five minutes.

You may eat before this test but do not eat or drink anything after drinking the glucose.

Your blood must be drawn exactly one hour after drinking, so make sure you are in the blood lab 15 minutes before the time the blood is to be drawn. When you arrive at the lab at reception desk 3L, let them know of the time you drank the glucose. If results show a high level of glucose in your blood, your provider will conduct a more extensive test to diagnose gestational diabetes.

Testing for Group B strep

Most pregnant women are screened for Group B streptococcus (GBS) during the third trimester. GBS is a common bacterium that’s usually harmless in adults. A baby, however, could become very sick if exposed to GBS during labor and delivery. If a swab from your vagina and rectal area tests positive for GBS, you’ll be given intravenous antibiotics during labor to protect your baby from the bacteria. If you do not receive a full four hours of antibiotics in labor, we will watch your baby closely for 48 hours for signs of infection.

Register for Your Hospital Stay

During one of your prenatal appointments stop by the Patient and Financial Services office to preregister for your stay at the Birthing Pavilion. Patient and Financial Services is located near the main entrance on Level 3. Go to the Information booth and turn left down the mall. Patient and Financial Services is the first office on the left.

Vaginal exams

As your due date gets closer, your checkups may include vaginal exams. Your healthcare provider may:

■ Check the baby’s position

During a vaginal exam, your healthcare provider can feel your baby’s head in your lower abdomen or at the top of the birth canal. If your baby is positioned headfirst, you’re good to go. If your baby is positioned rump-first or feet-first (breech), your healthcare provider may try to turn the baby by putting pressure on your abdomen. This procedure is called an external version. If your baby remains in a breech position, you may need to have a cesarean delivery (C-section).

■ Detect cervical changes

As your body gets ready for birth, your cervix will begin to soften, open (dilate), and thin (efface). When you’re ready to push your baby out, your cervix will be 10 cm dilated and 100 percent effaced.

Resist the temptation to rely on these numbers. Cervical changes can help your healthcare provider determine how difficult it would be to induce your labor, but these numbers can’t predict spontaneous labor. You may be dilated to 3 cm for weeks, or you may go into labor without any dilation or effacement at all.
Signs of Labor
Labor occurs when the muscles of the uterus work to open the cervix and bring your baby down through the birth canal. You may have a lot of questions, such as:

- How will I know if I am in true labor?
- How long will my labor last?
- What should I do if I am in pain?

Talk about labor with your provider. This will help you feel prepared.

True labor versus practice labor (Braxton-Hicks)
It may be hard for you to know when you are experiencing true labor, but knowing what to look for can help.

<table>
<thead>
<tr>
<th>True labor:</th>
<th>Practice labor (Braxton-Hicks):</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Contractions happen at regular times such as once every 5 minutes.</td>
<td>- Contractions happen at irregular times - once every 5 minutes, then once every 3 minutes, then once every 10 minutes.</td>
</tr>
<tr>
<td>- Contractions get stronger as time goes on.</td>
<td>- Contractions do not get stronger with time, and they do not cause your cervix to dilate.</td>
</tr>
<tr>
<td>- Contractions make it hard to walk, or they do not stop with walking.</td>
<td>- Changing positions and staying well hydrated can make the discomfort go away.</td>
</tr>
<tr>
<td>- Contractions cause your cervix to dilate or open more, and they don’t stop.</td>
<td></td>
</tr>
</tbody>
</table>
**Stages of Childbirth**

**Stage 1: Labor**
Labor in Stage 1 has three phases: early, active, and transition phase. Stage 2 is delivery of your baby. Stage 3 is delivery of the placenta or afterbirth.

Every birth is special. If this is your first baby, you can expect childbirth to last about 18 hours from Stage 1 until delivery of the placenta. This is just the average. Your baby may come quicker or take longer. If this is not your first baby, labor and delivery may be faster. We will check your baby’s heartbeat when you are admitted to the hospital and throughout labor.

**Early labor**
Your labor partner can help you time the frequency and length of your contractions. Early labor signs can include backache, diarrhea, contractions that are getting stronger, and nausea.

**Tips for laboring at home:**
- Walk if it feels good to walk.
- Use a birthing ball. This will help you be more comfortable and give more space for your baby to move down and out.
- Take a tub bath/shower. This will help you relax.
- Focus on an object, or close your eyes and think soothing thoughts.
- Go to the bathroom often.
- Relax your jaw.
- Eat and drink to your hunger.
- Rest/sleep as possible.

**Active labor**
This phase starts when contractions become much stronger and closer. It ends when your cervix is fully dilated. The contractions may be three or four minutes apart and last nearly one minute.

**Transition**
Transition is the last phase of Stage 1 of labor. Contractions are longer and stronger. They may be two to three minutes apart and last about one minute or more. You may feel shaky in your legs, too hot or too cold, out of control, sick to your stomach, or pressure in your rectum.

**Tips for getting through transition:**
- Concentrate on the power of each contraction instead of the pain.
- Rest and relax between contractions.
- Change to a comfortable position.
- Sip water and suck on ice chips if allowed.
- Think about your cervix opening and your baby moving down.
Managing your pain during labor
Like most women, you may wonder how you will cope with labor pain. You will hear stories from friends and family about their labors. Each story will be different, because each labor is different. Some deliveries are quick and the mom didn’t use any medicines. Other labors are long and can make the woman feel tired or overwhelmed. Know that you do have choices to manage labor pain.

- Talk to your provider and your childbirth educator about your choices before delivery.
- Learn the risks and benefits of all comfort measures before you are in labor.
- Pain medicines used during labor may affect a baby’s feeding’s in the first day.
- Wait to see how you feel at the time. Wait to see how your labor is going.
- Match your decision on getting pain relief with what is happening at the time, rather than with a plan you made months before. Look at how you have coped in difficult situations in the past. Bring these coping skills to your delivery.

Our anesthesiologists are in the hospital and available 24 hours a day. They will work with your obstetrician, midwife, and labor nurse to provide pain medication if you wish.

If you choose to use pain medication for labor, you have options. Discuss your feelings and desires with your doctor or midwife before you go into labor. Gather information so you can make an informed choice when the time is right.

Intravenous pain medication
These medications are given to you using an IV. These medications will dull your contraction, but but should not completely take the pain away.

Epidural
An epidural is a small catheter (plastic tube) that is placed just outside the covering of the spinal cord. This tube is kept in place through labor and is designed to deliver medication close to the nerve roots. Once the epidural is placed and the medication is pumping, you should begin to feel less labor pain in about 10-15 minutes. An epidural will not get rid of all of the sensations; you should expect to still feel pressure with the contractions.

Spinal
Like an epidural, a spinal block is performed through a small injection in your back; however, a spinal block is a single injection of numbing and pain medication. Typically, no catheter is placed. These medications are injected into the spinal fluid. The pain relief from a spinal will last 1-2 hours and is usually used as a reliable method to provide pain relief during a cesarean section.
Stage 2: Pushing and Delivery
You may feel relieved that you can finally push. You may feel a lot of pressure in your back or rectum. Your contractions may come less often. They may come once every three to five minutes and last about one minute. Some women doze between contractions to save their energy.

Tips for Stage 2:
- Find the most comfortable position to push. Change positions as often as you like. Try sitting up halfway, using a birthing stool, lying on your side, squatting, getting on all fours.
- Push when you feel the urge.
- Rest between contractions.
- Concentrate on how each push brings you closer to delivering your baby.
- Try looking in a mirror to watch your baby’s head come as you push.

Stage 3: Delivering the Placenta
Congratulations, your baby is born! Now there is one final stage of childbirth. The placenta, or afterbirth, will come out of your uterus through the birth canal. You may feel slight contractions that last from 5 to 30 minutes after your baby arrives.

After your placenta is delivered, your provider will stitch any tears that may have occurred from delivery.

Tips for Stage 3:
- Hold your baby skin to skin. Putting your baby to your breast at this time is good for you and your baby.
- Push when you feel the urge.
- Your provider will guide you to help you push out the placenta.

Bonding
You and your partner will be able to hold and cuddle your baby right after delivery unless there are concerns about your baby’s health. Your baby will be able to see and hear right after birth. Your baby will be very responsive to your touch, so this is a perfect time to get acquainted with each other. Grandparents and older children can visit at this time if you wish.

If your baby needs to be taken to the nursery, we will make every effort to get you and your baby together as soon as possible. If your baby is sick or premature and has to stay in a “warmer” or isolette, you should visit your baby often.

Special Notes on Cesarean Birth
With a cesarean birth (C-section), your baby is lifted from your uterus through a cut in your abdomen and uterus. Some time after your baby is born, your provider will ask you to sit up and do some breathing and coughing exercises. Your IV will stay in for about a day. Also, a catheter, a tube inserted in your bladder to drain urine, will stay in for about a day until you can urinate on your own.

You may feel:
- Pain at the wound site (Ask for pain medication.)
- Sick to your stomach (Ask for medicine to help with nausea.)
- Afterpains or contractions
- Itchy all over your body the first day after surgery (Ask for medication.)
- Pain in your shoulder the first day after your cesarean birth
Expect to move more slowly for the first week after your baby is born. Ask someone to stay with you for the first week after you come home. Ask for help with household chores, errands, making meals, and taking care of your baby. While you won’t be able to lift anything heavier than your baby for about a week, you can still cuddle, feed, and hold your baby. This is a good time to get some rest.

Vaginal Birth after Cesarean (VBAC)
In the past, when you delivered one baby by cesarean birth, chances were that your other babies would be born by cesarean birth. This is not the case today. More women are opting for VBAC (Vaginal Birth after Cesarean). Talk with your provider about delivering your baby vaginally after you have had a cesarean birth.

Labor Instructions
These guidelines will help you decide if you are in labor and when to call your doctor or midwife. They are for women who are at least 36 weeks pregnant. Please go over these guidelines with your doctor or midwife. Depending on your medical history and how far you live from the hospital, there may be some changes.

It’s time to call your doctor or midwife during labor when:

First labor: Your contractions are three minutes apart, have been so for at least two hours, and you cannot talk through the contractions.

Second labor (or more): Your contractions are five minutes apart, have been so for at least one hour, and are getting stronger.

Call your doctor or midwife at any time if you notice the following:

- Your water breaks – you have a gush or leaking of fluid from your vagina.
- You have bleeding like a period or pass clots the size of a penny.
- You have constant and severe pain.
- You have a severe headache that is not helped by Tylenol, or you have changes in your vision with the headache.
- You are lying down at a time that your baby is normally awake and active, and your baby moves less than 10 times in two hours. Or, your baby is moving much less than usual.
- You have doubts or questions about what to do.

You do not need to call if you notice “show” or “bloody show” which is mucous that women sometimes notice days or weeks before labor.

Research has shown that waiting at home until labor is strong and the cervix is 4 cm dilated increases the chance that you will have a vaginal delivery. For this reason, if you come to the hospital during early labor, we may send you home.

You can always reach your doctor or midwife at the following phone numbers:

- If you see a doctor, call: (603) 653-9300 8 a.m.–5 p.m.
- If you see a midwife, call: (603) 653-9303 8 a.m.–5 p.m.
- If you see a family practitioner, call: (603) 650-4000 8 a.m.–5 p.m.
- You can also call the main number at (603) 650-5000 and ask for the obstetrician or midwife on call.
Your Baby’s Growth and Development in the Third Trimester

Month 7

Sucks thumb, does breathing motions and hiccups.
Kicks and stretches.
Can open and close eyes.
Able to perceive light, smell, and taste.
Lungs form tiny air sacs.
The baby is 15 inches long and weighs 3 pounds.

Month 8

Baby has periods of sleeping and waking.
Baby’s wrinkled skin begins to disappear as fat begins depositing under the skin.
Mother’s immunity will be transferred to baby to help it fight infection at birth.
Brain is growing quickly.
Baby’s skull remains soft and flexible for delivery.
The baby is 18 inches long and weighs about 5 pounds.

Month 9

Lungs are completely mature and ready to function.
The vernix, which is a greasy white material that coats the baby’s skin, and the lanugo are almost completely gone.
Baby may settle in a head-down position.
Your baby will be full term and may weigh 6 to 9 pounds.
DHMC Lactation Services

Dartmouth-Hitchcock Medical Center Lactation Services are provided by a group of International Board Certified Lactation Consultants. These specially-trained nurses are able to provide extra breastfeeding support for mothers of full term newborns, premature infants, hospitalized infants and older babies with breastfeeding challenges.

All staff at DHMC understand that breastfeeding is important to families and are eager to support your decision to breastfeed. During your stay at the Birthing Pavilion, our nurses and lactation consultants can answer your breastfeeding questions as well as help you:

- Learn how to breastfeed comfortably
- Gain confidence
- Learn the signs that tell you that your baby is eating well

After you return home with your baby you may come back to meet with a lactation consultant if needed.

- Outpatient appointments can be arranged by calling the Lactation Clinic at (603) 650-6159
- The lactation consultants will collaborate with your care provider and/or your baby’s care provider as needed
- We are available for telephone consultation for issues related to breastfeeding

We are happy to discuss any issues you are having with breastfeeding; and we can provide you with support and community resources.

Lactation Services

Lactation Clinic Lactation Consultants
Monday - Friday, 7:30 a.m. - 4 p.m.
(603) 650-6159

Birthing Pavilion Nursing Staff
Seven days a week, 24 hours a day
(603) 650-7281

Intensive Care Nursery (ICN)
Seven days a week, 24 hours a day
(603) 650-7256

ICN Lactation Consultants
Monday - Friday and Sunday
8 a.m. - 4 p.m.
(603) 650-7256

Pediatric Outpatient Clinic
Breastfeeding Support
Monday - Friday, 9 a.m. - 4 p.m.
(603) 650-6159

Community Resources

Women’s Health Resource Center
Monday - Friday, 9 a.m. - 5 p.m.
(603) 650-2600

La Leche League
www.lalecheleague.org

Your local WIC office
www.fns.usda.gov/wic
taking care of yourself during your pregnancy
in section 2

Nutrition
Exercise and Sports
Traveling
Sexual Intercourse
Dental Care
Tub Baths and Showers
Seatbelts
Smoking

Alcohol
Medication and Drugs
Herpes Infection
Contagious Illnesses
X-rays
Industrial Toxins
Toxoplasmosis
Nutrition

Eating a variety of healthy foods is important during pregnancy. This is not the time to try to lose weight. Under normal circumstances, you should add about 300 calories to your daily intake and gain 25-35 pounds over the next nine months. Your weight gain will depend on your nonpregnant weight, body build, activity level, the size of your baby and placenta, and your nutritional habits before and during your pregnancy.

If you are eating well-balanced meals, the amount gained is not as important as when you gain the weight. Ideally, you will gain about three pounds in the first 13 weeks and 3/4 to 1 pound per week for the remaining 27 weeks.

Why do we say gain 25 pounds if the average newborn weighs 7-8 pounds?

The following list helps answer that question:

<table>
<thead>
<tr>
<th>Item</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby</td>
<td>7-8 lbs.</td>
</tr>
<tr>
<td>Placenta</td>
<td>1-2 lbs.</td>
</tr>
<tr>
<td>Uterus</td>
<td>2 lbs.</td>
</tr>
<tr>
<td>Amniotic Fluid</td>
<td>1.5-2 lbs.</td>
</tr>
<tr>
<td>Breasts</td>
<td>1 lb.</td>
</tr>
<tr>
<td>Blood Volume</td>
<td>2.5-3 lbs.</td>
</tr>
<tr>
<td>Fat</td>
<td>5+ lbs.</td>
</tr>
<tr>
<td>Extracellular Fluid</td>
<td>4-7 lbs.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25-35 lbs.</strong></td>
</tr>
</tbody>
</table>
If you have recently worked hard to lose weight or have always battled a tendency to gain weight, you might be uncomfortable with adding five extra pounds of fat. Don’t worry about gaining weight during your pregnancy. This is nature’s way of giving you extra energy during the early weeks of lactation.

Overweight and underweight women have different weight gain needs. Underweight women should gain more, usually 28-40 pounds. Overweight women can gain 15-25 pounds. Women who are very overweight should limit their weight gain to no more than 15 pounds. This is a topic that needs to be discussed with your provider.

You’ll probably lose approximately 10-15 pounds immediately after your baby is born. Most women lose the remaining weight slowly over a period of three to six months if they eat sensibly.

Breastfeeding helps with weight loss since about 900 calories are needed to produce the quart of milk your baby will soon need each day. To make enough milk, you probably will need to add about 200 calories to the amount you ate during pregnancy. Your body will break down stored fat deposits to provide the remaining calories needed for your milk production. The weight loss will be gradual; don’t be disappointed if the final five pounds take extra time to get rid of. As soon as your provider gives you the green light, an exercise program will help get you back in shape.
## Daily Food Guide During Pregnancy

### Milk and Milk Products

4 servings daily  
5 servings daily for teens and breastfeeding women

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk</td>
<td>1 cup</td>
</tr>
<tr>
<td>Yogurt</td>
<td>1 cup</td>
</tr>
<tr>
<td>Cheese</td>
<td>1 1/2–2 ounces</td>
</tr>
<tr>
<td>Cottage Cheese</td>
<td>2 cups</td>
</tr>
<tr>
<td>Pudding or Custard</td>
<td>1 cup</td>
</tr>
<tr>
<td>Ice Cream</td>
<td>1 3/4 cups (occasionally)</td>
</tr>
</tbody>
</table>

One serving provides the amount of calcium in one cup of milk. These foods supply calcium, protein, vitamin A, vitamin D, and riboflavin. Eat these foods to keep your bones and teeth strong, and your muscles and nerves healthy. Milk products also help to give your baby strong bones and teeth. Try to choose low fat dairy products, such as low fat milk and cheese.

### Bread and Cereals

6 or more servings daily

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breads</td>
<td>1 slice</td>
</tr>
<tr>
<td>Ready-to-eat cereal</td>
<td>34 cup</td>
</tr>
<tr>
<td>Cooked cereals, corn, macaroni</td>
<td>1/2 cup</td>
</tr>
<tr>
<td>Spaghetti, noodles, rice</td>
<td></td>
</tr>
<tr>
<td>Bagel, english muffin</td>
<td>1/2 medium size</td>
</tr>
<tr>
<td>Pancakes, waffles,</td>
<td>1 medium size</td>
</tr>
<tr>
<td>Tortillas, muffins</td>
<td></td>
</tr>
<tr>
<td>Popcorn</td>
<td>3 cups</td>
</tr>
<tr>
<td>Crackers</td>
<td>4–5 crackers</td>
</tr>
</tbody>
</table>

These foods supply B vitamins, iron, folic acid, and fiber. Whole grain products are most nutritious when they are fortified and enriched. B vitamins help the body convert food into energy. Fiber will help prevent constipation.

### Protein Foods

2–3 servings daily  
4 servings daily for teens and breastfeeding women

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lean meat, fish or poultry</td>
<td>2–3 ounces (size of a deck of cards)</td>
</tr>
<tr>
<td>Eggs</td>
<td>2</td>
</tr>
<tr>
<td>Cheese</td>
<td>1 1/2–2 ounces</td>
</tr>
<tr>
<td>Cottage cheese</td>
<td>1/2 cup</td>
</tr>
<tr>
<td>Tofu</td>
<td>1 cup</td>
</tr>
<tr>
<td>Peanut butter</td>
<td>4 tablespoons</td>
</tr>
<tr>
<td>Cooked dried peas or beans</td>
<td>1 cup</td>
</tr>
<tr>
<td>Nuts or seeds</td>
<td>1/2 cup</td>
</tr>
<tr>
<td>Casseroles (meat or cheese)</td>
<td>1 cup</td>
</tr>
</tbody>
</table>

These foods provide protein, iron and B vitamins. Eat these foods to help build strong muscles, tissues, and healthy blood.
Fruits and Vegetables

5 or more servings daily.

**Vitamin C**
- Orange and grapefruit - fruits and juices 1/2 cup
- Broccoli 1 medium
- Green peppers, melons, kiwi, strawberries, 34 cup

**Vitamin A**
- Dark green or orange-colored vegetables and fruits, or spinach, broccoli, carrots, apricots, sweet potatoes, tomatoes, cantaloupes, winter squash

**Others**
- Apples, bananas, cauliflower and peas 1/2 cup
- Potatoes, summer squash, green beans and corn

Fluids

6 cups daily (at least 8 cups daily for breastfeeding women)

Water, fruit juices, (limit to 4 oz. daily) milk, soups, other beverages

Other Foods: Fats, Oils, Sweets

Use a small amount of fat (butter, margarine, salad dressings, oil) daily.
Limit sweets, sugared drinks, and desserts.

These foods provide many calories, but often few other nutrients. These foods should never replace a balanced meal. If you are gaining weight too fast, reduce these foods and drinks.

Prenatal Vitamins

- If you are taking an over-the-counter vitamin, check the content with your provider. Some brands, especially from a health food store, may have more vitamin A than you need.
- Avoid excessive vitamin A supplements.
- Remember to take your vitamin every day to avoid “doubling up,” which may not be safe.
- Do not take your vitamin with milk, as this will decrease your body’s absorption of iron.
- If using a calcium supplement (Tums, Rolaids, etc.), wait at least two hours to take it after taking your prenatal vitamin.
Tips for Good Eating

- Focus on eating the right foods, not on watching your weight.
- Avoid fasting or going for long periods without eating. Don’t skip meals. Eat throughout the day. Eat your “big” meal at midday if this makes you feel more comfortable.
- Drink 6-8 cups (8-ounce size) of liquids each day. Milk, a serving of juice, and water should be used to satisfy most of your fluid needs. Limit your use of caffeinated beverages (coffee, tea, cocoa, and soft drinks) to one 6-ounce serving a day.
- Coffee and tea decrease the body’s absorption of iron (in food or pill form) when drunk with or right after a meal. The stronger the beverage, the less iron absorbed.
- There is no need to restrict salt intake during a normal pregnancy. Use iodized salt.
- If you are unable to afford the amount or kinds of foods needed for a healthy pregnancy, apply for food stamps or food supplements provided by the WIC Program. The WIC program provides monthly benefits of free nutritious foods and nutrition education for eligible participants. Check with the welfare department or ask us for more details.
- Planning your meals and snacks ahead of time helps you to get a better balance of foods. Variety is important. Good eating starts in the supermarket. If you don’t buy “junk foods” you won’t be tempted to eat them.
- To get a realistic idea of your eating habits, write down everything you eat and drink for a week. Discuss any concerns with your doctor or nurse.

- If you are worried about your weight gain,
  - Drink skim milk instead of whole milk.
  - Reduce your intake of fats (butter, salad dressing, bacon, gravies, creams, oils).
  - Cut out desserts and candy, but don’t skimp on the other food groups.
  - Decrease soda and sweetened drinks such as Kool-Aid, sweetened iced tea, punch, etc.
  - Limit fried foods and snack foods such as chips.

- If you are following a vegetarian diet, nutrition education is very important. Make an appointment to see a dietitian or talk to your provider.

Listeriosis

The FDA and USDA advise pregnant women, older adults, and those with weakened immune systems to avoid foods that contain listeria. Listeria is a type of bacteria that can be found in some contaminated foods. Listeria may cross the placenta and infect unborn babies. The infection is called listeriosis. Listeria is destroyed when foods are heated to steaming hot, so heating these foods will make them safer.

Following these guidelines can greatly reduce your chances of contracting listeriosis.

- Eat hard cheeses instead of soft cheeses: The CDC recommends that pregnant women avoid soft cheeses such as feta, Brie, Camembert, blue-veined cheeses, and Mexican-style cheeses such as queso fresco, queso blanco and panela. Hard cheeses such as cheddar, and semi-soft cheeses such as mozzarella, are safe to eat. Pasteurized, processed cheese slices and spreads, such as cream cheese and cottage cheese, can also be safely enjoyed.
Be careful when eating hot dogs, luncheon meats, or deli meats. These meats should be reheated to steaming (or 160°): Eating deli meat sandwiches at restaurants is not recommended for pregnant women.

Do not eat refrigerated pates or meat spreads.

Do not eat refrigerated, smoked seafood unless it is contained in a cooked dish, such as a casserole. This includes smoked salmon, trout, whitefish, cod, tuna, and mackerel.

Do not eat or drink milk or foods that contain raw (unpasteurized) milk, as they might contain listeria.

Fish
High levels of mercury can cause problems in the development of a growing fetus. Mercury becomes concentrated in fish, as bigger fish eat smaller fish. Mercury cannot be removed by cooking.

Saltwater fish: According to the FDA, pregnant women, nursing women, young children, and women considering pregnancy should not eat shark, swordfish, king mackerel, or tilefish. These fish could contain enough mercury to harm an infant’s nervous system.

Freshwater fish: Pregnant women should not eat more than 8 ounces per month of freshwater fish from New Hampshire and Vermont waters.

**Pregnant women should never eat the following freshwater fish:**

- Lake trout (larger than 25 inches) from Lake Champlain
- Walleye from any lakes
- Any fish from the following rivers:
  - Androscoggin River, Comerford and Moore Reservoirs, Deerfield Chain of Reservoirs, Hoosic River

Pregnant women can eat up to 12 ounces (2 average meals) per week of other varieties of fish that are lower in mercury. Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, pollock, and catfish. Another commonly eaten fish, albacore (“white”) tuna, has more mercury than canned light tuna. So, when choosing your two meals of fish, you may eat up to 6 ounces of albacore tuna per week.

Snacks
In-between-meal snacks are an important part of your prenatal nutrition program. Nutritious snacks not only help provide the additional calories and nutrients you need to support your baby’s growth, but they also help reduce the early pregnancy nausea you may be experiencing.

**The following list of healthful snacks may be useful:**

- 100 percent fruit juice
- bagels
- cereal (dry or with milk)
- chunks of cheese with crackers
- dried fruits
- English muffins
- fresh fruits
- frozen juice pops
- hard-boiled eggs
- homemade bran muffins
- milk
- nuts
- peanut butter and crackers
- raw vegetables
- rice cakes
- seeds
- trail mix
- vegetable juice
- vegetable or tomato soup
- whole grain toast
- yogurt
Iron
Iron is important in creating hemoglobin which takes oxygen from the lungs to the rest of the body. During pregnancy, you need to take in more iron because your body will be sharing the iron with your baby. Since your baby will use your iron stores, it is important that you keep your iron intake at an optimal level. If you keep your iron levels at the right amount during pregnancy, you will decrease your risk of anemia.

To ensure an adequate level of iron during pregnancy:
- Eat iron-enriched foods on a daily basis. Animal sources of iron are absorbed best.
- Take your prenatal vitamin with water or juice.
- Include a vitamin C-rich food with an iron source (e.g. orange juice) for better iron absorption.

The following foods are the best sources of iron:
- liver, organ meats, lean meats such as chicken, fish, turkey, shellfish (cooked/never raw), egg yolks, legumes, peanut butter, and Cream of Wheat cereal.

Other good sources of iron include:
- peaches, apricots, prunes, raisins, green leafy vegetables, iron-enriched cereals and breads, and dark molasses.

DHA-Omega 3
DHA is an Omega-3 fatty acid which is stored in your brain, eyes, and throughout your body. DHA helps in your baby’s brain and eye development. We recommend that all pregnant and breastfeeding women consume up to 200 mg of DHA-rich foods or supplements each day. Eating two servings of fish per week will help you reach this goal. Salmon is high in DHA. If you do not eat fish, there are supplements available over-the-counter and plenty of foods that are made from grains high in Omega-3. Check with your provider or nutritionist for recommendations.

Note: Due to high mercury levels, the FDA advises pregnant women to avoid swordfish, tilefish, king mackerel, and shark. Albacore tuna should be limited to 6 ounces per week.

Exercise and Sports
Exercise is essential for your continued good health. It is also an excellent way to get your body ready for the “labor” of giving birth. Regular exercise can help reduce many of your aches and pains (especially in your legs and back) and can also help you feel good about yourself and your growing body. All women gain weight when pregnant, but those who exercise find it easier to get back in shape after the baby is born.

The goal of exercise during pregnancy is to maintain a safe level of fitness. It is not healthy for you or the baby to overdo it. Brisk walking and swimming, however, are excellent ways to tone up your whole body and can be started during pregnancy.

The American College of Obstetricians and Gynecologists recommends some general guidelines for following a safe and effective exercise program:
- Exercise on a regular basis (30 minutes or more of moderate exercise on most if not all days of the week).
- Always progress slowly with exercise, to a point where you are feeling comfortable with it. Intense exercise should last no longer than five minutes. Remember to rest one or two minutes between exercises. Your target heart rate should be maintained at no greater than 140 beats per minute or 70 percent of the maximum heart rate.
- Drink fluids before, during, and after your exercise session to prevent becoming overheated or dehydrated.
Listen to your body. You can usually tell what you should or shouldn’t be doing by the way you feel. Never push yourself to maximum effort or allow yourself to get overtired.

If an activity causes pain and/or excessive fatigue, stop immediately and rest.

Do not exercise or participate in an athletic activity if you are spotting or bleeding vaginally. Stop your activity and consult your doctor or certified nurse midwife if you are experiencing: pain, dizziness, shortness of breath, rapid heart beat, palpitations, faintness, or difficulty walking.

You will need to eat more if you are involved in any strenuous exercise on a regular basis. The extra calories are necessary to allow for a normal pattern of weight gain throughout the pregnancy.

Talk with your provider before starting or continuing an exercise routine if you have any of the following conditions: pregnancy-induced hypertension, premature rupture of membranes, preterm labor with a previous pregnancy or with this pregnancy, incompetent cervix or a cerclage, intrauterine growth retardation.

As your abdomen gets bigger your center of gravity will shift, making balance and coordination more difficult. Choose exercises that decrease the need to shift your weight to maintain balance.

**Kegel Exercises**

Kegel exercises can help tone muscles in the pelvic area. This will help before and after the birth of your baby to reduce the chance of incontinence. These exercises should be continued after delivery to promote more rapid healing and to improve tone in the vagina.

To make sure you know how to contract your pelvic floor muscles, try to stop the flow of urine while you’re going to the bathroom. If you succeed, you’ve got the basic move.

---

**GIVE KEGEL EXERCISES A TRY**

Contract or tighten your pelvic floor muscles.

Hold the contraction for three seconds, then relax for three seconds.

Repeat 10 times.

Once you’ve perfected three-second muscle contractions, try it for four seconds at a time, alternating muscle contractions with a four-second rest period.

Work up to keeping the muscles contracted for 10 seconds at a time, relaxing for 10 seconds between contractions.

To get the most benefit, focus on tightening only your pelvic floor muscles. Be careful not to flex the muscles in your abdomen, thighs, or buttocks. Also, try not to hold your breath. Just relax, breathe freely, and focus on tightening the muscles around your vagina and rectum.
Or try another technique: Insert a finger inside your vagina and try to squeeze the surrounding muscles. You should be able to feel your vagina tighten and your pelvic floor move upward. Then relax your muscles and feel your pelvic floor move down to the starting position.

If you’re having trouble finding the right muscles, don’t be embarrassed to ask for help. Your doctor or other healthcare provider can give you important feedback so that you learn to isolate and exercise the correct muscles. While there is no magic number of repetitions, it is generally suggested to try to do Kegels about three times each day.

**Traveling**

It is perfectly safe to travel while you are pregnant; however, you will probably feel more safe staying closer to home in the last month. The best time in pregnancy for most women to travel is during the second trimester when you will probably feel the most comfortable. If you are planning any long-distance travel after the 28th week, you should discuss this with your doctor or midwife. Also, if you are traveling by plane, you will want to check with your airline for travel restrictions. Some carriers will require a note from your healthcare provider before travel.

**Travel tips:**

- When traveling by plane, drink more fluids to avoid dehydration.
- Carry snacks with you to avoid hunger and keep up your energy level.
- Do not travel if it will make you tired.
- Change positions, stretch your legs, and do some ankle and foot exercises to avoid circulation problems. Stand and walk about every hour or two to limit swelling and improve your circulation.
- Use safety belts.
- Wear comfortable, layered clothing and shoes.
- Use a small pillow to support the lower back.
- Avoid sitting with your legs crossed.

**Sexual Intercourse**

Pregnancy and its resulting physical and emotional reactions may bring changes in the sexual desires and responses of both partners.

It is common for pregnant women and their partners to experience changes in sexual desire. There are many myths about sex during pregnancy that should not cause you to worry. The most common myth is that intercourse will harm the baby and/or will cause a miscarriage. The baby is protected by the bag of waters as well as the mucous plug which seals off the opening to the uterus. As long as these protectors remain intact, there is no need to worry that intercourse will cause harm. You can continue to enjoy sex throughout the entire pregnancy if you wish. During oral sex, care should be taken so that air is not blown into the vagina.

We suggest that your comfort should be the determining factor for continuing sexual intercourse. Sex should be avoided when:

- bleeding occurs
- membranes rupture (bag of water breaks)
- feeling of pain in vagina or abdomen from penetration
As the pregnancy progresses, experiment with different positions and use pillows to increase your comfort. For example, rear or side-entry positions cause less pressure on your abdomen and less vaginal penetration. A sense of humor about the interfering abdomen and the ability to tell your partner what does and doesn’t feel good helps a lot. During the later months of pregnancy do not be alarmed if you feel your abdomen getting hard after you have had an orgasm, or after nipple stimulation. This happens because these activities often cause release of a hormone called oxytocin which stimulates your uterus to contract or get hard. This is normal and does not mean that labor has begun. The contractions will go away within a short time if you rest quietly.

Dental Care
While you are pregnant it is extra important to have clean teen and healthy gums. You can do this by brushing and flossing after you eat and decreasing the number of sweets in your diet. Routine dental exams and good dental habits are especially important during pregnancy because your gums tend to be more sensitive. Poor mouth care increases your chances of a gum infection. Any infection during pregnancy can lead to preterm labor. There is no reason to avoid necessary dental work that involves local anesthesia; however, talk with your doctor or midwife before agreeing to dental work that will require general anesthesia ("gas").

It is important to realize that your unborn baby’s teeth are being formed now. Your body will utilize the foods you eat as “building blocks” for your baby’s development and growth. If your diet is deficient, your own body reserves will be used, leaving your body depleted.

Tub Baths and Showers
Taking baths and showers during your pregnancy are both safe. During pregnancy the center of gravity shifts to the balls of the feet, so use caution when getting in and out of the tub. You may still take a tub bath following the loss of your mucous plug. If you think you have ruptured your membranes, however, call your provider and follow his/her instructions. There is a greater chance for infection after this natural barrier is removed. Throughout your pregnancy, avoid extreme temperatures as well as hot tubs, tanning booths and saunas.

Douching
Do not douche at any point during your pregnancy.

Seatbelts
We strongly advise all pregnant women to wear their seatbelts. Although the use of a seat belt cannot guarantee protection against fetal loss or injury, the risk is greatly increased if you choose not to wear one. It is important to position the seat belt properly. The lap belt should be placed under your abdomen as low on your hips as possible. Never place the belt above your abdomen, at waist level, because this could increase the chance of injury during a collision.

Use your seat belt every time you ride in the car - even if it’s “just down the block.”
Smoking
Every time you actively or passively inhale cigarette smoke, you draw nicotine and harmful gases into your lungs and pass them along to your baby.

Research has shown that smoking:
- slows the baby’s growth in the uterus
- increases the risk of miscarriage or stillbirth
- increases the chance of a premature birth
- increases your and your baby’s susceptibility to illness and complications before and after birth
- increases your baby’s chance of dying of SIDS if someone smokes in the home

The more you smoke, the greater the risk to you and your baby. Please re-evaluate your decision to smoke. You will never have a better reason to stop.

Tips:
- If you are ready to stop smoking but need help, check the Resource pages for local and web resources.
- If you aren’t ready to stop smoking, limit the number of cigarettes you smoke to as few as possible.
- Avoid poorly ventilated, smoke-filled areas because this contributes to the effects of second-hand smoking on you and your baby.
- Ask your partner to cut down or stop smoking with you. If your partner is unable to do so, ask that your partner smoke outside of your home.

Alcohol
Alcohol is as much a drug as anything you may take in pill form. It passes through the placenta to your baby and can be harmful. The use of alcohol by a pregnant woman can result in her baby having many physical defects as well as mental retardation. More women who limited their drinking in early pregnancy have had miscarriages. Zero alcohol is the safest for your baby.

Since the “safe” level of alcohol is not known, we recommend that no alcohol be consumed during your pregnancy. If you have questions or concerns regarding alcohol consumption, we encourage you to discuss this with us during a prenatal visit.
Medications and Drugs
Any medication or drug that you take has the potential to affect your baby.

- Take medication only when advised by your doctor or certified nurse midwife.
- Check with your provider before continuing any medications you have been taking in the past.
- Do not assume that because you can buy something “over the counter” it is harmless.

Examples of medications or drugs that you should not take or “use” during your pregnancy:

- Advil (Ibuprofen)
- Aspirin
- Laxatives
- Megadoses of vitamins, especially A and E
- Sleeping pills
- Diet pills
- “Pep” pills
- Tranquilizers
- Marijuana
- Cocaine, heroin, “speed” or any other illegal drug
- Medications not prescribed to you
- Avoid medications that have multiple active ingredients, especially cold medicine with alcohol

Obviously, there are times when the use of a medication is needed to restore your health. Talk with your provider about any medications which are not on this list or your regularly prescribed medications. In an emergency, contact the physician on call at any time, day or night.

The following medications are safe to use during pregnancy:

- Pain Medications: Tylenol or Tylenol Extra Strength, generic acetaminophen
- Antacids: Mylanta II, Maalox, Rolaid, Tums, Gas X, Pepcid, Zantac, Gaviscon
- Antibiotics: Cephalosporins, Erythromycin, Bactrim, Penicillin, Azithromycin, Clindamycin, Macrobid, Metronidazole (after first trimester), no Sulfa drugs near term, **DO NOT take Doxycycline, Kanamycin, Streptomycin, Tetracycline, Quinolones**
- Antifungal Agents: Femstat, Monistat, Mycelex, Gyne-Lotrimin
- Cold and Allergy Remedies: Dimetapp, Robitussin products, Sudafed (after 24 weeks, consult your provider), Chlortrimeton, Benadryl, Claritin, all Tylenol products, Zyrtec, Visteril (not in 1st trimester)
- Stool Softeners: Colace, Metamucil, Fiber-con
- Laxatives: Milk of magnesia (occasional use only)
- Anti-diarrheals: Imodium AD (not longer than 24 hours), Keopectate (not longer than 24 hours), Pepto-Bismol (not in 3rd trimester)
- Motion sickness/travel: Dramamine, Bonine

Herpes Infection
Tell your provider if you or your partner have ever had genital herpes, if you develop a herpes sore at any time during your pregnancy, or if you suspect that an outbreak is about to happen. Your provider may do further testing. If an active genital herpes infection is present while you are in labor, your doctor may plan for a Cesarean birth.
Contagious Illnesses

At the beginning of your pregnancy, let your provider know if you have never had chicken pox. Exposure to any contagious disease while you are pregnant is always a concern. It is important that you stay away from anyone with a known infectious disease. This may include upper respiratory illnesses (“colds”), flu virus, or any of the common “childhood” diseases such as: rubella, chicken pox, and Fifth’s Disease.

If you have tested positive for immunity to rubella (German measles), or have had chicken pox, you do not need to tell your provider. It is very possible you have had previous exposure to Fifth’s Disease and may have built up immunity to it as well. If you have had a recent exposure to Fifth’s Disease (“slapped cheek” syndrome) call your provider right away for advice and possible testing. This is also true for any suspected exposure to venereal disease since your provider will want to obtain tests before prescribing treatment.

When checking in for your appointment, please tell the receptionist if you have a cough, cold, or fever, so you can be provided with a mask to wear. This protects other patients and our staff from getting ill.

X-rays

Before having an X-ray procedure, tell the doctor or dentist ordering the test that you are pregnant. If possible, postpone X-rays during pregnancy unless they are absolutely necessary.

Industrial Toxins

Please let us know if you are or have been exposed to chemicals, fumes, toxins, radiation, etc. in your work environment. The list of hazardous materials is updated frequently so do not assume that materials considered “safe” in the past are rated that way today.

You can also check the Pregnancy Exposure Hotline at (781) 466-8474

Toxoplasmosis

Most people who become infected with toxoplasmosis have few, if any symptoms; they recover without treatment and develop immunity to the disease. If, however, a pregnant woman with no immunity gets the infection, it could cause serious problems for her developing baby. The infection is spread by the “oral route” meaning that the organism (Toxoplasma gondii) must be swallowed. Sources of toxoplasmosis include contaminated raw meat, cat feces, and soil, sand, etc., contaminated by cat feces.

The best way to prevent becoming infected with the organism is to avoid being exposed to it. We recommend the following precautions:

- Never eat raw or extremely rare meat, particularly lamb or mutton.
- Wash hands after handling raw meat and clean surfaces touched by raw meat.
- Wash raw vegetables before eating.
- Don’t touch your mouth while working in the garden or handling raw vegetables - wear rubber gloves while gardening and wash your hands well following either activity.
- Do not garden in areas where there are cat feces.
- Cover children’s sandbox when not in use.
- Have someone else empty the cat’s litter box. Ideally someone should empty the box daily and use a highly absorbent litter that will help dry the feces.
- Wash your hands after playing with your cat, particularly before you eat or prepare meals.
- Do not feed your cat raw meat and, if possible, keep him from hunting and eating mice, birds, chipmunks, etc.
- Before adopting or babysitting a cat, consider its health and eating habits.
Listening to Your Body

in section 3
**Listening to Your Body**

Pregnancy is a normal, healthy, physiological occurrence. Early and ongoing prenatal care is important for discovering and/or preventing possible complications. Fortunately, most complications will give you some warning signs which you should discuss with your provider. In many cases, your provider will be able to help you so that you and your baby are safe and healthy.

**Call immediately, anytime, if you have:**

- **Vaginal bleeding which is more than spotting**
- **Breaking of the bag of waters**
  
  If you think your bag of waters has broken or is leaking, call us. This fluid is usually clear or pink-tinged but can also be green or brown. You may feel a pop or a sudden gush from your vagina or you may notice a slow trickle or leak, especially when you stand up or move about. Sometimes it is hard to tell if the bag of waters has broken or if you are wetting your pants. If this is the case, don’t be embarrassed to call.

  The bag of waters serves as a barrier between the sterile part of the uterus where the baby grows and the bacteria that are in the vagina. Once it breaks, the chance of an infection increases, and we will want to watch you and your baby carefully. So, if you think that your bag of waters has broken or is leaking, call us right away, regardless of whether or not you are near your due date.

- **Severe abdominal pain**
  
  This lasts longer than the brief round ligament pain.

- **Menstrual-like cramps that do not respond to the suggestions given for Braxton-Hicks Contractions**

- **Preterm contractions**
  
  Preterm contractions are uterine contractions that occur before the 37th week of pregnancy. A uterine contraction is a tightening of your uterus which may feel like a hardening of your abdomen. Your abdomen normally will feel soft (like your cheek) except when a contraction is occurring; then it will feel hard (like your forehead). It is normal to have some uterine contractions during the day or evening, but it is NOT normal to have frequent (more than 5 in 1 hour) or regular (i.e. every 10 minutes or less) contractions.

  *If you are experiencing frequent or regular uterine contractions, call your provider.*
Preterm labor
Preterm labor is characterized by regular uterine contractions that occur with changes in your cervix before the 37th week of pregnancy. The changes to the cervix may be effacement (thinning out/ measured in percentage) or dilation (opening up/ measured in centimeters).

Warning signs of preterm labor may be any of the following:

- Menstrual-like cramps felt low in the abdomen that may come and go or be constant.
- Low dull backache usually felt below the waist that may come and go or be constant. The backache does not go away when you change your position.
- Increase in pelvic pressure. Feeling the baby is low in your pelvis.
- Abdominal cramping, or hardening, that may come and go or be rhythmic.
- Change or increase in your vaginal discharge, which is mucous, watery, or blood-tinged.
- Sudden unexplained episode of diarrhea with abdominal discomfort.
- Symptoms of a urinary tract infection (bladder infection). You may need need to urinate more, or less, and have pain when you urinate. A urinary tract infection may cause uterine contractions.
- Sense of “feeling bad.” Some pregnant women know they just don’t feel well but can’t figure out why. Preterm labor doesn’t always hurt and cause pain. It may be a discomfort in your lower abdomen or back.

Get to know your body. Take time to notice the normal changes occurring with your body as you go through your pregnancy. By doing this, you will be able to notice small changes and know when to call your provider if something doesn’t feel quite right. Take time to notice changes in your vaginal discharge, changes in your pattern of urination (how often and how much), the twinges and stretching of your growing abdomen, and how your back feels at the end of the day. Remember to drink 6-8 glasses of water every day. This will prevent dehydration which can cause uterine contractions.

Other warning signs:

- Severe or prolonged nausea and vomiting
- Chills and fever over 100°F
- Pain or burning when urinating
- Urinating much less than usual
- Constant dull pain in back or side just below ribs
- Frequent, severe headaches
- Visual problems, especially blurring, dimness, spots, or double images
- Swelling or puffiness of the face (especially around the eyes) or hands, or excessive, continuous swelling of feet or ankles
- A change in your baby’s usual pattern of movement. If you feel less than 10 movements in two hours, please call your provider.

These are common warning signs of possible pregnancy complications. They may turn out to be nothing serious, but your provider should be the one to decide this. If you have any questions or doubts, call without delay.
common discomforts

section 4
Backache
Breast Changes
Constipation
Diaphragm Pressure
Emotional Changes
Faintness or Dizziness
Fatigue
Fluid Retention
Frequency of Urination

Groin Ache or Pain
Headaches
Hemorrhoids
Increased Vaginal Secretions
Increased Salivation
Indigestion
Irregular Tightening of the Uterine Muscles
Nausea and Vomiting

Nosebleeds and/or Nasal Congestion
Pelvic Pressure
Sensitive Gums
Shortness of Breath
Skin Changes
Sleep Problems
Tingling, Pain, and Numbness in Hand
Vaginal Infections
Varicose Veins or Leg Aches

in section 4
The changes that occur in your body during pregnancy are amazing. By the end of your pregnancy, your uterus will be 500 times larger. It will increase in weight from 2 ounces to 2 pounds. It will grow to be 10-14 inches from its start of 2-4 inches. Your blood volume increases about 45 percent. Your glands speed up their activity and all of your vital organs (such as heart, lungs, and kidneys) increase their workload to provide for two. Your baby grows from one tiny fertilized cell to a complex grouping of 200 billion cells weighing approximately 7 pounds.

Because of this growth and the large number of changes, even the most normal pregnancy will cause you to have occasional physical discomforts. Some changes, while not uncomfortable, may be worrisome and annoying.

The purpose of this section is to reassure you that the discomforts you feel are not unusual and do not last forever. The common discomforts are listed alphabetically. If you have a problem that is not mentioned here, or if you need more information, talk with your provider.

**Backache**

Your back needs all the help you can give it. Poor posture and weak abdominal muscles can cause problems for your spine as your uterus grows and pushes forward. The back muscles become strained, and the vertebrae and/or little discs between them may become displaced causing fatigue and chronic backache. Certain movements may cause a sharp pain to shoot into your buttocks and down your leg. Also, your back and pelvic bones soften and stretch as your body makes room for the growing baby and prepares for birth. These changes make your back more likely to strain and also changes the way you walk in the later months. Pregnancy will make any current back problems worse. It is important that you have good posture and follow these tips to keep reduce backache.
Preventive measures:
- Pay attention to your posture. Make an effort to tighten your tummy muscles and tilt your pelvis so that your buttocks are tucked under.
- Avoid any exercise or position that exaggerates the curve of your lower back.
- When exercising in a back-lying position, keep at least one knee bent with your foot flat on the floor.
- Wear low-heeled, comfortable shoes.

Pain relief for backache or strain:
- Warm baths or showers
- A warm heating pad, hot water bottle, or ice pack
- Massage
- Frequent rest periods or position changes
- Use of pillows to decrease strain on back
- Firm mattress or a board under the mattress
- If working at a desk, elevate your feet approximately 10-12 inches on a footstool.

Breast Changes
Breast tenderness is often one of the earliest signs of pregnancy. During the first half of your pregnancy, an increase in certain hormones causes the milk glands to grow larger and more numerous. This makes your breasts bigger and heavier. The skin looks thinner and the veins are much more noticeable. The nipples often become sensitive and the areola (brown area) darkens in color. You might notice for the first time that this brown area has little pimple-like bumps around the nipple. These bumps are called Montgomery glands and secrete a lubricant that conditions the nipple and also minimizes the growth of bacteria.

As your pregnancy advances, you may notice leakage of a small amount of sticky, yellowish fluid (colostrum) which might form a crust over your nipple as it dries. To remove, soften with warm water while bathing. Many women are reassured to see droplets of colostrum come out when they gently squeeze and massage their breasts. However, do not worry if you cannot express colostrum or never have any leakage – this does not mean that you will not be able to produce breastmilk.

Most women discover that they need a larger, sturdier bra during pregnancy as their breasts grow in size and weight. Good support will help prevent backache and excessive sagging of the breast tissue. When buying a bra, take time to try on different styles. Pick bras that fit well and that support without causing pressure on your breasts. You will need at least one size larger (in both cup and chest measurements) than what you wore before being pregnant. Women who are planning to breastfeed often start wearing a nursing bra during their last trimester.

Constipation
Constipation means hard bowel movements that are infrequent and difficult to pass. Constipation is a common complaint during pregnancy. It is usually caused by hormonal changes and pressure on the lower bowel as the uterus grows and changes position. Constipation can be made worse by a lack of exercise, poor nutrition, and iron pills. Ways to ease constipation include:
- Drink at least 6 to 8 glasses of water/liquids a day, preferably more.
- Exercise daily – a brisk 30-minute walk is excellent.
- Change what you eat: bran foods, i.e. bran cereals or home-made bran muffins, whole grain cereals such as oatmeal, whole grain breads and crackers (labeled 100% whole wheat or a mixture of grains), raw, unpeeled fruits and vegetables (wash before eating), dried fruits such as raisins, apricots, prunes, figs, juices, (warm prune juice is particularly helpful), nuts, and seeds.
Attempt to maintain a regular, unhurried time for elimination.

We strongly recommend that you avoid the regular use of laxatives since they may interfere with normal bowel function. They are irritating to the bowel itself and can cause permanent damage. Avoid enemas unless suggested by your provider.

Diaphragm Pressure (cramp under ribs)

This occurs when the baby is high in the abdomen causing the diaphragm to be pushed upward against the lungs.

You can relieve this pressure by raising your arms sideways and upward above your head to lift the rib cage. Then stretch. Lift one shoulder, then the other, as high as possible. Switch off between these two exercises.

Emotional Changes

It is common for both partners to have mixed feelings as the changes in the woman’s body become more noticeable and as the baby begins to make his or her presence known. You may both begin to realize that your daily routines and lifestyle will change, but just how, you aren’t sure. This uncertainty can cause anxiety and stress.

Stress that comes with pregnancy can appear in many ways:

- Sudden mood swings
- Irritability
- Feelings of dependency, vulnerability, depression and resentment
- Anxiety about death and possible fetal deformities
- Dreams and recurring nightmares
- Concern about body changes and worry about sexual attractiveness
- Physical symptoms such as headaches, fatigue, and digestive upsets

It is common to question your ability to be a “good” parent, to worry about the timing of this pregnancy, and to worry about your new responsibilities. You may have times when you wonder why you ever wanted to have this baby.

- Reassure yourself that these feelings are normal, legitimate, and will not last forever.
- Talk about your feelings with your partner. Often you will discover that your partner also has doubts and fears concerning the pregnancy.
- Discuss your ongoing fears and emotional changes with your doctor or certified nurse midwife. Encourage your partner to come with you.
- Keep involved. Continue with as many of your “normal” activities as possible but take care not to exhaust yourself.
- Exercise regularly to reduce stress.
- Be cautious about accepting as fact the advice or predictions of family and friends.
- Try not to become overwhelmed or frightened by other’s labor and birth stories. Remember that each experience is unique. Discuss your expectations, fears, and concerns with us. Attend a childbirth class series with your partner to get a better understanding of what happens during labor and delivery.
- Understand that there is no set time when you will begin to have motherly feelings for this child. Some women feel maternal as soon as they discover they are pregnant. Others feel this way when the baby begins to move about within them, and still others need to hold and get to know their baby before they begin to feel love and attachment.
Faintness or Dizziness
Low blood sugars or poor circulation are the two most common causes of faintness and dizziness. Anemia is rarely severe enough to cause problems prenatally.

Low blood sugar (hypoglycemia):
Pregnancy often changes the way your body processes food. Sometimes the amount of sugar in your blood will drop below a normal level, particularly if several hours have passed since your last meal. Besides feeling dizzy and faint, you may suddenly feel tired, shaky, and sweaty, or have a headache, difficulty concentrating, and/or become grouchy and short-tempered.

To treat low blood sugar symptoms:
- Eat something. 4 ounces of juice, yogurt, bagel, crackers, a peanut butter sandwich, milk, raisins and fruit are all good choices.
- Avoid skipping meals. Plan to eat something every 2–3 hours.
- Avoid foods with a lot of sugar.
- Since late afternoon is a common time for hypoglycemia to occur, eat a snack and take a short rest before driving home or starting supper.
- Let us know if these symptoms happen frequently or if they do not disappear within 20–30 minutes after eating.

Impaired circulation:
The weight of the heavy uterus may block and decrease the flow of blood.

- Avoid changing positions quickly, especially going from lying to sitting or standing.
- Avoid hot, stuffy rooms and/or crowds.
- Avoid standing in one position for a long time. Beware: this faintness seems to happen more frequently in the summer, especially when standing in line at the supermarket or theater.
- Avoid lying flat on your back for long periods. Lying on your side is better.

Anemia:
Often the growing baby uses the maternal iron supply. A severe iron deficiency may cause you to feel exhausted easily, especially with a lot of activity. You might have dizzy spells and some shortness of breath. The risk of having anemia increases if you vomit a lot, don’t eat a healthy diet and/or are pregnant with twins. As a preventive measure, your provider will test your iron levels at least twice during your pregnancy and will prescribe supplements if needed.

- Report symptoms to your doctor or midwife.
- Take iron tablets as prescribed (better absorbed if taken with a vitamin C-rich food such as orange or apple juice). Occasionally high doses of iron medication will cause diarrhea-like symptoms. If this happens, let us know. Avoid taking iron supplements with calcium supplements and calcium rich foods, such as milk products.
- Take your prenatal vitamin daily. If taking iron tablets, wait at least two hours before or after taking your vitamin.
Fatigue

Fatigue is one of the most common complaints of pregnancy. It is normal in the first trimester to be much more tired than later in your pregnancy. Get as much rest as possible and try not to “overdo it” during this time. Pregnancy increases your need for sleep. If you do not get enough sleep, it will be harder for you to deal with the normal daily stresses. This is extremely important to keep in mind if you are working outside the home and/or chasing after other children.

- Get plenty of sleep each night (at least 7-9 hours).
- Worries and fears can overwhelm you at night and keep you awake. Ask your partner for a back rub and think about using this time to talk about what’s bothering you.
- Insist on at least one rest period during the day. Make this a time of relaxation, shutting out the tensions and distractions of your day and letting your muscles relax until you get that limp, warm, tingling feeling.
- Don’t extend yourself to the point of exhaustion. Accept the fact that pregnancy, especially in the last trimester, causes physical and emotional strains which, in turn, increase feelings of fatigue.
- Don’t try to do too much. Ask for help with chores from your partner, family and friends.
- On the other hand, don’t extend the rest periods to include the whole day. Boredom and lack of exercise can be mistaken for fatigue.

Fluid Retention (swelling)

Circulation and hormonal changes can cause you to retain fluids (or feel bloated). You can expect some swelling during the last months of pregnancy, especially in your feet and ankles at the end of the day.

- Rest on your side to increase circulation – do this often. This side position is better than elevating your feet. It shifts the weight of the heavy uterus off the major blood vessels that supply blood to your lower body thus allowing the blood to circulate more freely. Fluid that has pooled in your feet and legs can be better absorbed and carried to the kidneys to be removed from your body.
- Avoid excessive salt intake. It used to be thought that salt was dangerous during pregnancy and was a cause of toxemia. More recent research indicates that a small amount of salt is necessary for proper body functioning.
- Drink when you are thirsty. You cannot prevent swelling by cutting back on fluids.
- Eat protein foods each day.
- Avoid long periods of sitting or standing. When traveling, stop at rest areas every hour or two so you can stretch and walk about for a few minutes.
- Call your provider if the swelling is so bad that your shoes make marks on your feet; an indentation remains when your ankles or calves are pressed; your fingers are swollen; your face is puffy; you have a sudden, excessive weight gain; or you have leg swelling that does not go away with sleep.
Frequency of Urination
Hormonal changes and the changing position of the uterus causes an increase in urination. Most women will feel the need to urinate more at the beginning and end of pregnancy.

- Accept it as an inevitable part of pregnancy.
- Try to empty your bladder as completely as possible. Sometimes changing positions while sitting on the toilet and/or prodding your baby to shift position will help.
- Avoid large amounts of fluids after your evening meal to reduce the number of nightly trips to the bathroom.
- Tell your provider right away if you have symptoms of burning, chills, fever and/or constant dull ache in your back or side just below your ribs. These signs suggest that you may have a urinary tract infection.

Groin Ache or Pain
Pain in your groin is caused by the ligaments that support the uterus and/or the increased pressure of the growing baby. It can be made worse by a change in position or sudden movement.

**Tips to reduce groin pain:**
- Improve your posture.
- Avoid long periods of standing or sitting followed by a sudden change of movement.
- Relieve a sudden spasm by pulling leg up on affected side (while lying down).

Headaches
Many women get headaches that seem to be caused by fatigue, tension, and possibly low blood sugar. Caring for a toddler, skipping meals, and/or job related stresses can also make headaches worse. These annoying headaches usually decrease or stop completely by 18-20 weeks.

**Tips to reduce headaches:**
- Lie down and put a hot water bottle or warm heating pad on the back of your neck and shoulders. Or, put a cold cloth on your forehead.
- Relax tense muscles by: slow, deep breathing – inhale deeply and exhale slowly and fully; pretend that you are floating on a raft – try to stop thinking about what has to be done, tense then relax your muscles starting with your toes and working up to your forehead.
- Take a warm, shower or bath.
- Ask for a gentle back-neck massage.
- Take a long, leisurely walk.
- Drink something warm like tea, cocoa, or milk.
- Listen to your favorite music. If you have older children, arrange to have a time each day just for you. Ask your partner to take over your toddler’s bath-bed routine. Hire a preteen or teenager to come after school and play with your child so you can have some “free time.”
- Swap child care with a friend.
- Tylenol (not aspirin) may be used as directed on the package.
Hemorrhoids
Hemorrhoids occur when the tiny veins around the rectum become filled with blood. They can be caused by the pressure of the heavy uterus, or straining or sitting for long periods of time. They can be painful and can cause feelings of itching and rectal pressure. It is not unusual to notice a small amount of blood when wiping. Straining can make the hemorrhoids pop out from the anus and increase the discomfort.

The best treatment for hemorrhoids is prevention. Follow the suggestions for constipation.

Comfort measures:
- Apply vaseline or KY jelly to the anus before and after bowel movements.
- Take warm sitz baths 2-3 times a day if necessary. Epsom salts may be added to reduce swelling.
- Apply an ice pack wrapped in a towel to the area for 10-15 minutes 3-4 times a day.
- Apply Tucks according to package directions.
- After bathing, cover the irritated area with a thin layer of over-the-counter hemorrhoid cream. Prescription suppositories may also be used for pain relief.
- Treat persistent hemorrhoids by applying cold Epsom salts.

If your symptoms are not significantly improved or cleared within 7 days, let us know. Do not continue to use any of the medications mentioned above for longer than 7 days except on the advice of your doctor or certified nurse midwife.

Increased Vaginal Secretions
Hormonal changes that get the vaginal tissues ready for delivery will cause an increase in vaginal secretions. This discharge is white or pale yellow, nonirritating, and very common.

- Wear absorbent cotton panties. If you need to wear a pad, change it frequently.
- Take frequent baths.
- Avoid douches, vaginal sprays, and powders.
- Avoid tight synthetic fabrics in underclothing and pantyhose. Pantyhose with a cotton or open crotch are best.
- Notify your provider if the discharge is itchy, irritating, frothy, or has a foul odor.

Increased Salivation
(mouth-watering)
The cause of increased salivation in pregnancy is not known; however, the condition will disappear as the pregnancy progresses or with delivery.

- Eat several small meals instead of three large ones.
- Try chewing gum.
- If particularly annoying, discuss with your provider.
Indigestion (heartburn)
Indigestion is a burning feeling in the upper abdomen or lower chest and is often accompanied by belching. It is usually caused by hormonal changes that relax the sphincter valve (muscle) controlling the flow of food to your stomach. It is also caused by the pressure of the growing uterus on the stomach which upsets normal digestion. These changes allow small amounts of stomach acid to escape up into the esophagus and cause irritation. Nervous tension, worry, and fatigue intensify the problem.

■ Try eating 5-6 small meals spaced throughout the day instead of three large ones.
■ Avoid:
  _ Rich, greasy, fried, highly spiced or acidic foods
  _ Foods that normally cause you discomfort
  _ Coffee, tea, chocolate
  _ Carbonated beverages, especially sodas
  _ Smoking
  _ Eating immediately before bedtime
  _ Reclining after eating
  _ Wearing tight-fitting clothing.
■ Eat slowly in a relaxed atmosphere.
■ If your provider has prescribed an iron medication, take it after meals.
■ Use antacids as needed for relief.
■ If the problem is especially bad at night, sleep propped up.
■ Your obstetrician or midwife can prescribe medication if over-the-counter antacids are not effective.

Irregular Tightening of the Uterine Muscles (Braxton-Hicks contractions)
These irregular contractions or cramps are nature’s “warm-up exercises” which get your uterus and baby ready for labor. They can cause your uterus to remain hard for several seconds or even minutes at a time. Braxton-Hicks contractions may be annoying but they should not stop you from your activities. Braxton-Hicks contractions should not be painful and should not be regular (i.e. you shouldn’t be able to time them).

Regular or painful uterine contractions are not Braxton-Hicks. Braxton-Hicks are more likely to occur when you are tired, after a rough car ride, during or after exercise, after sex (especially if you have had an orgasm), or with nipple stimulation. These contractions can occur throughout the pregnancy but are more noticeable in the last trimester. They are more common and start earlier with each additional pregnancy.

■ Change your position or rest quietly (on your side if possible) for awhile and they will usually disappear. A change in position or activity will not make true labor contractions go away.
■ Take a long, warm shower or sit in a tub of warm water (providing your bag of waters is still intact). Relax. If the contractions keep you awake at night, a shower or bath followed by a gentle massage will often help you relax enough to sleep.
■ Call us if the contractions become increasingly uncomfortable and intense, and especially if they do not go away after you have tried the above tips.
Nausea and Vomiting
Commonly called morning sickness, nausea and vomiting can occur at any time during the day or night. During the first three months, about one half of all pregnant women have some nausea. This nausea is usually caused by hormonal changes or low blood sugar.

- Eat crackers (saltines or graham) or dry cereal about 30 minutes before getting out of bed in the morning.
- Eat lightly; try 5-6 small meals instead of three large ones daily.
- Avoid fasting – don’t skip or postpone meals.
- Try taking your prenatal vitamin at bedtime.
- Try purchasing “seabands” at your local pharmacy to be worn on your wrists.
- Carry a snack when away from home. Foods such as chunks of cheese, hard-boiled eggs, yogurt, and peanut butter/crackers are best.
- Avoid greasy, spicy foods as well as foods that make you feel sick.
- If smells upset you, ask your partner to do as much of the cooking as possible. Use a fan to keep air fresh.
- Exercise every day. Often a walk in the fresh air will help.
- Wait 30-45 minutes after meals before drinking fluids.
- Try sipping iced liquids.
- Treat yourself to a change of pace: watch an afternoon movie, go window shopping, or take a few days off to be by yourself. Sometimes just getting away from your daily routine can help.
- Try not to think of yourself as being “sick.” Continue to make plans, to get out, and to carry on as normally as possible.
- Call during office hours if these suggestions do not help and you continue to vomit daily.
- Throughout your pregnancy, report excessive nausea and/or vomiting to your provider, especially if you are feverish, becoming dehydrated, and/or losing weight.

Nosebleeds and/or Nasal Congestion
Nosebleeds during pregnancy are caused by an increase in blood volume. They are more common during the winter. Nosebleeds usually go away after the birth of the baby.

- Use a humidifier or vaporizer to reduce the dry air in your home.
- Avoid excessive use of nose drops that cause vasoconstriction.
- Apply vaseline to nasal membranes 2 or 3 times a day.
- Try saline nose drops – an over-the-counter salt solution.

Pelvic Pressure
After the baby settles down into the pelvis, usually during the last weeks of pregnancy, you may feel stronger pelvic discomfort. Many women occasionally feel a sharp pain that travels into their pubic and/or vaginal area, especially if the baby is low. Usually these discomforts get better after a change in position and rest.

- Practice pelvic tilts while on your hands and knees.
- Try the Cat Yoga stretch.
  1) Start on your hands and knees. Your hands should be directly under your shoulders and your knees should be directly under your hips.
  2) Or if this is uncomfortable, you can change your arm position so that your elbow to fingertips is on the floor with your tailbone in the air.
  3) On the inhale, bring chest forward
  4) On the exhale, pull your abdomen and tailbone up
Do not overstretch. Stop if you have discomfort or pain. There are many yoga stretches that are beneficial in pregnancy. Check your local area for a certified yoga instructor who works with pregnant women.

- Report excessive change in pressure to your provider.

Sensitive and/or Bleeding Gums

Gums soften due to hormonal changes and this can increase the chance of infection. Gums bleed more easily during pregnancy because of the increased blood volume.

- Brush and floss your teeth after meals.
- Make sure that you get two or more servings of vitamin C-rich foods each day: oranges, grapefruit, tomatoes, raw cabbage, green pepper, dark green leafy veggies, and juices fortified with vitamin C.
- Avoid sweets, soda, and sugared chewing gum.
- Schedule a dental visit early in your pregnancy and continue to visit your dentist on a regular basis.

Shortness of breath

As the uterus gets larger it also puts pressure on the chest cavity. This pressure causes pregnant women to feel a shortness of breath. Women often describe this as feeling like they are suffocating or are unable to take in enough air. These feelings can be very frightening, especially when they occur at night. For most women, this pressure is greatly reduced when the baby “drops” or settles lower in the pelvis.

- Sleep in a semi-sitting position supported by many pillows – or try a recliner chair.
- Often side positions are more comfortable. Put a small pillow under your abdomen and one between your knees for support.
- Report to us any excessive or prolonged shortness of breath which results from normal daily activities.

Skin Changes

Rash or itching — usually due to hormonal changes.

- Apply body lotion after bath or shower to keep skin moist.
- Keep area clean and dry.
- Use small amounts of powder or corn starch to absorb perspiration.
- Wear loose, cool clothing that allows your skin to breathe.
- Use unperfumed soap and make sure to thoroughly rinse off soap during your bath. Prolonged soaking in warm water can intensify the itching.
- Use one of the following over-the-counter preparations for itching: calamine lotion or sarna lotion (No other products are recommended).

Facial mask — a darkening of the skin around eyes and over cheekbones and nose due to hormonal changes. Dark-skinned women may develop depigmented (lighter) blotches.

- These changes will fade after pregnancy.
- Avoid excessive exposure to sun.
- Use sunscreen with SPF 30 or more for added protection from the sun.

Stretch marks — lines caused by the stretching and breaking down of tissue under the skin of the abdomen, buttocks, and breasts. These marks will be less noticeable after pregnancy but probably won’t disappear altogether.

- Wear a good supportive bra.
- Avoid excessive weight gain.
- Use of cream or lotion will keep skin soft and will minimize itching but won’t prevent marks. Baby oil or vegetable oil will work just as well as more expensive products.
Darkening of pigmented areas of body — especially nipples, is due to hormonal changes.

Red, spider-like blemishes on upper body — probably caused by hormonal changes and increased blood supply which causes the veins to enlarge and become more visible. They usually disappear within weeks after delivery.

Sleep Problems
During the last weeks of pregnancy, most women will find it hard to sleep through the night. There are many causes for sleep problems, including: your baby's activity, your frequent trips to the bathroom, disturbing dreams, inability to maintain a comfortable sleeping position, and inability to stop thinking about the day's events or the projects that must be finished before the baby arrives.

Tips for a better night's sleep:
- Exercise during the day, but keep activities quiet just before bedtime.
- Avoid caffeinated teas, coffee, soft drinks, chocolate, and cocoa.
- Take a warm bath or shower.
- Ask for a back rub and/or foot massage.
- Use a lot of pillows to support your legs, back, and tummy.
- Practice the conscious relaxation techniques described in this section under “Fatigue” and “Headache.”
- Read a boring book.
- Drink a cup of warm milk sweetened with a tablespoon of honey or a cup of herbal tea.
- Use this awake time to think about your baby; as your thoughts turn inward, slowly and rhythmically massage your abdomen and enjoy the unique closeness you have with this child.
- If you feel nervous about your rapidly upcoming due date, make a priority list. What really has to be done now? What can be postponed or delegated to someone else? What are you worried about? Who can help? Sometimes you can give yourself permission to stop worrying by putting your thoughts on paper.
- If nothing works, get up and do something: read, write, knit, or watch a late movie.
Tingling, Pain and Numbness in Hand (carpal tunnel syndrome)
Carpal tunnel syndrome is caused by pressure on the medial nerve due to swelling in the hand and wrist. Symptoms include stiffness, tingling, and/or numbness in the thumb and first finger and sometimes the lower arm. Symptoms are worse in the morning, but tend to improve or go away within several hours. These symptoms may take awhile to disappear after delivery. Most women notice that they feel a bit better each week and are usually free of symptoms by six weeks postpartum.

Tips for easing carpal tunnel pain:
- Raise your arm over your head while opening and closing your fingers. Repeat several times throughout the day.
- Practice shoulder rolls and other exercises which will improve the circulation to your arms:
  - Place your fingertips on your shoulders and rotate your arms in a circular movement by rolling your shoulder muscles
- Let us know if the sensations continue to be bothersome and/or you have decreased function in your hand throughout the day. Often, the use of a splint, worn during the day or at night, reduces the pressure on the nerves by keeping your hand immobilized in a fixed position.

Vaginal Infections
Vaginal infections are very common during pregnancy. They can be annoying as well as very uncomfortable. Although an increase in vaginal secretions is common during pregnancy, report any unusual increase in the discharge. If you have had previous yeast infections and are having the same symptoms (itching, burning, “cottage cheese”-like discharge), it is safe to use over-the-counter yeast medications available at your drugstore.

You should still call your provider to report these symptoms, as well as any other unusual itching, irritation, or foul-smelling discharge. An evaluation may be needed and possibly a prescription medication to clear up your symptoms. In addition to making you feel more comfortable, it is important to treat a vaginal infection so it will not be transmitted to your baby during birth. Some vaginal infections may also be associated with preterm labor.
Varicose Veins or Leg Aches

Varicose veins are caused by hormonal changes that tend to relax the walls of the veins. They are also caused by increased pressure of the uterus on abdominal blood vessels which slows the circulation of blood to and from your lower body. Although most common in the legs, varicose veins can also occur in the vagina or rectum (hemorrhoids). Your legs may feel heavy and may ache or throb especially by the end of the day. Ankle may also become swollen. Hemorrhoids or vaginal varicosities often cause swelling and are frequently very painful. Fortunately, this problem usually improves dramatically in the weeks following the delivery.

Tips for preventing varicose veins:

- Do not sit with your legs crossed.
- If possible, lie on your side when resting.
- Practice ankle rolls (move feet in circular pattern while keeping legs still).
- Avoid any constrictive clothing (garters, tight knee socks, girdles, tight jeans, etc.).
- Change positions frequently. Avoid long periods of standing or sitting.
- Take brisk walks to stimulate circulation.
- Keep your knees in a slightly flexed position.
- When sitting, prop your feet on a small stool.
- Check with your doctor about wearing support stockings.
- If vaginal varicose veins develop, try to rest frequently by lying on your side with a pillow under your buttocks. Wrap some ice in a cloth and rest it against your protruding veins.
- Call at once if varicose veins become reddened, hardened, or inflamed.
preparing for your new family
The Baby Friendly Hospital Initiative
Dartmouth Hitchcock Medical Center supports The Baby-Friendly Hospital Initiative (BFHI), a global program sponsored by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF). The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals. DHMC’s Breastfeeding Policy and practices follow these Ten Steps:

1. DHMC has a written breastfeeding policy that is routinely communicated to all health care staff.
2. DHMC has trained health care staff who serve mothers and infants in skills necessary to implement this policy.
3. DHMC informs all pregnant women through the Prenatal Clinic and WHRC about the benefits and management of breastfeeding.
4. DHMC Birthing Pavilion nurses help mothers initiate breastfeeding within one hour of birth.
5. Birthing Pavilion and CHaD nurses show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. DHMC nursing staff encourages parents to give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. The Birthing Pavilion practices “rooming in”– allowing mothers and infants to remain together 24 hours a day.
8. DHMC encourages mothers to breastfeed their baby on demand.
9. The Birthing Pavilion nursing staff encourages families to give no pacifiers or artificial nipples to breastfeeding infants.
10. DHMC nursing staff and lactation team foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.
The following information will help you prepare for the early weeks at home with your new baby.

Arranging for Help
Giving birth takes a lot of physical and emotional energy. Afterwards, many parents feel an an extreme happiness that may last a few hours, days, or weeks. At some point, however, they usually come down from this “high” and feel a real sense of exhaustion. This “running out of steam” is often made worse by night feedings and having to deal with a baby’s fussy times. Some parents may also become overwhelmed by the responsibilities that come with having a new baby. The need to rest and re-charge is perhaps one of the most important things you can do as a new mother. You should plan to have help (preferably around the clock) for the first week. This is especially true for women who have had a cesarean birth. Aside from helping with chores, it is very reassuring to have someone close by who can care for you and offer support.

Sources of help:
- Your partner is probably the most ideal “helper.” See if your partner can take time off from work to provide extra support during the early weeks.
- A person (friend or relative) you like and feel comfortable with and who understands that you need a helper is a good resource. If this person can’t move in, perhaps he/she can come for a part of each day. It usually works best if this person doesn’t bring along young children who will need care.
- A teenager who can come after school to help with the chores, run errands, and/or play with your older children can be helpful. This person might also be able to care for your baby while you spend one-on-one time with your older children.

- Your church or a local church may have volunteers to help with errands, child care or infant care.
- Your local Girl Scout troop may be available for after-school or weekend help.
- A local high school or college student who is involved with a child-care degree program.

You and your partner should talk openly about the help you need and what works best for both of you. It is important for you, your baby and your family that you get the help you need. Do not worry about pleasing others.

Take time to interview any stranger coming into your home. Watch how this person plays and speaks with your children for the first few days. Your helper should know that you plan to take care of only yourself and your baby. Let your helper know what you need them to do, such as meals and chores. This sounds very easy on paper but you’ll need to plan in advance for it to run smoothly. If your helper isn’t familiar with your house and routines, write out instructions and make a to-do list. Then, let him take over without constant supervision from you (often the hardest part).

Try to have the “basics” listed below about three weeks before your due date. Knowing that your home is ready will make your hospital stay more relaxing and enjoyable.

Items to Have at Home
For Baby:
- A safety-approved car seat
- A safe place for your baby to sleep (bassinet, crib, playpen)
- Diapers – cotton (washed and folded) or disposable
- Digital thermometer
- Clothing washed and ready to use
- Blankets (cotton, cotton-blend only)

We recommend not using heavy or fleece blankets, as these can be unsafe for baby.
For Mom:
- Sanitary napkins
- Oral thermometer
- Comfortable, “adjustable” clothes
- Nursing bras
- Cotton nursing pads (one box) without plastic liners. You can buy reusable cloth pads in a catalog, at the store, or make reusable pads out of cotton diapers, old undershirts, or baby washcloths.
- Nutritious snack foods such as: cheeses, tuna, sardines, raisins, peanut butter, nuts, soups, whole grain cereals, breads, and crackers.

For the Family:
- A list of important phone numbers and “how to” and “what to do if” instructions.
- Canned or frozen foods that can be used for quick, nutritious meals. Make casseroles ahead of time, doubling the recipe and freezing half.
- Cards and gifts for upcoming events so you will not feel pressured to go shopping within the first few weeks home.
- A special gift for your older child to be given when you bring the new baby home. Or, a collection of inexpensive toys or books to have on hand when needed.

Nonessentials
- Cool mist vaporizer. The purpose of a vaporizer is to put moisture into the air. This is good to have when the air is dry or your baby has a stuffy nose or a cold. Daily water change is a must to decrease the buildup of germs and the spread of infection.
- Front pack or carrier.

Other considerations
You will need transportation home and to your baby’s first doctor’s appointment, which is usually 1 to 2 days after you go home from the hospital. A telephone is important to give you the reassurance that you can call your baby’s provider if you have any problems or concerns.

Who Will Care for My Baby in the Hospital?
Every day that you are in the Birthing Pavilion, a pediatric provider will check on and monitor your baby. Unless there is a need for immediate care, your baby will usually be examined the morning after his or her birth. The provider who comes to see your baby may not be your baby’s primary care provider but may be one of his co-workers, or a member of the Dartmouth-Hitchcock Nursery Team. The Nursery Team consists of a pediatric resident (a doctor receiving special training in care of infants and children) and an attending pediatrician. If your baby will be cared for by the Dartmouth-Hitchcock Nursery Team, your baby’s provider may also come by to see your baby and talk with you. The Nursery Team will share all of your baby’s medical information with your baby’s provider when you leave the hospital. They will also help set up your baby’s first appointment.
**Vaccines for Moms (and Their Families)**

**Tdap Vaccination**
As newborn infants are at high risk for infection, the Centers for Disease Control and Prevention (CDC) strongly recommend a “cocoon vaccine strategy” for 2 common infectious diseases called pertussis and influenza. The cocoon strategy aims to protect newborns from becoming infected with these diseases by vaccinating all of those around the newborn. In this way, those who are in close contact with the newborn are unlikely to get the infection and are therefore unlikely to pass the infection on to the baby. Since the immune system may take as long as 4 weeks to respond to a vaccine, it is recommended for all persons who will come in contact with the newborn to be vaccinated at least 4 weeks prior to the delivery. This vaccine protects individuals from getting tetanus, diphtheria, and pertussis. It is recommended for all persons who expect to have close contact with an infant younger than 12 months of age. This includes parents, grandparents, siblings, and any caregiver. If this vaccine is not given to you during pregnancy, it will be offered to you after your baby is born. Please talk with your midwife or physician for more information.

**Influenza Vaccination**
This vaccine protects individuals from getting certain strains of the flu virus, called “influenza”. It is recommended for all pregnant women, parents, siblings, household contacts, and caregivers of newborns. The vaccine is recommended throughout the entire influenza season (October through May), as late outbreaks of influenza or an outbreak caused by a different strain of the virus can occur later that same season.

**Varicella**
If you have not had chicken pox and a blood test shows that you are not immune to varicella, you will be offered the varicella vaccine after your baby is born.

**MMR**
If your blood test during pregnancy shows that you are not immune to rubella you will be offered a booster vaccination after your baby is born. This prevents you from getting measles, which can be harmful to you and your family particularly during a pregnancy.

**Pneumovax**
People who have a weak immune system or have a chronic illness, such as asthma or diabetes or who are smokers, are candidates for this pneumonia vaccine. If this is not given in pregnancy, it can be given before you leave the hospital.
Equipment and Clothing

Safety should be the most important thing you think about when buying baby equipment and furniture. Delay buying big items until you get to know your baby and have a chance to figure out what you really need. When possible, borrow things such as an indoor swing, a carriage, and a front carrier to see if you and your baby like them.

Car seat

The most important purchase for your child’s safety is a car seat. As borrowed car seats may not be safe in a car crash, we recommend that you use only a newly purchased car seat for your baby; There are several models available. Some car seats are designed for infant use only but can double as an infant seat outside the car. Other car seats can be used for both infants and toddlers. When considering a car seat with a handle, think about the combined weight of the seat and baby. This can add stress to a mom’s body.

Pick a seat that can be used easily in your car. The best seat will not protect your child if it is not used properly. Take the time to read the directions and make sure you know how to use it for your baby’s first ride home.

DO NOT PLACE A REAR-FACING CAR SEAT IN THE FRONT SEAT OF A CAR WITH AN AIR BAG.

Bring your new car seat to the hospital for your baby’s homecoming. The New Hampshire Child Passenger Restraint Law requires that any passenger under 18 years of age be restrained in the car. If the passenger is less than 6 years old and less than 55 inches tall, the passenger needs to be properly fastened and secured by a child passenger restraint. Due to this law, you are required to put your baby in a car seat when taking him home from the hospital, as well as any time he rides in the car.

Do not hold your baby while the car is moving.

If an accident takes place and your baby is not in a car seat, you will not be able to protect him.

A helpful web site that lists car seat information and local child safety seat inspection stations is www.nhtsa.gov.
Clothing
When you arrive home from the hospital, there are several types of clothes we encourage you to have. These include: diapers, cotton undershirts, nightgowns and/or stretch suits, and receiving blankets. Except for the diapers, you may want to start out with three or four of each item and add according to the need and your preference. Adjust the warmth of the garments to the weather to avoid overdressing the baby. For example, on hot days a shirt and diaper, or diaper alone, is fine.

Tips:
- Start with the 3 to 6-month size (except for rubber pants which seem to be sized more accurately) unless your baby is very tiny.
- Buy only a few items in any one size.
- Select simple, loose, easy-to-put-on styles that can be easily washed.
- Avoid outfits with tight elastic bands or rough, scratchy seams.
- Since diapers must be changed often, make sure the outfit has easy access (snaps or a zipper in the diaper area are ideal).
- Zippers and snaps are generally easier than tiny buttons.
- Follow the garment’s washing instructions to preserve its flame-retardant properties.
- Wash all new clothing at least once before use.
- Shoes are only needed to protect baby’s feet after he begins to walk; before that they are often only a nuisance.
- A “bunting” is a great quick-to-get-into wintertime “coat” for infants.
- When it is cool in the room or outside, hats are necessary for warmth as a baby can lose a lot of heat through their heads. A knitted hat fits closer to the ears and can protect them from the wind when outside. Do not use hats with a long drawstring as this may be dangerous around the baby’s neck.

Diapers
Today there are several options to choose from when diapering your baby. Whether you choose cloth or disposable diapers, you will need about a dozen each day. Diapers are available in many sizes and styles. Choose the one that is best for the weight of your baby and your lifestyle. Before getting started you will want to have all that you need within easy reach of your diaper-changing workspace. This includes diapers, wipes or washcloths, and a pail for disposal.

Always keep your hand on your baby when you are changing him on a high surface. He can roll when you least expect it. Changing your baby’s diaper should be a special time between you and your newborn. Make eye contact and talk with him. It is a time for him to learn more about you and you about your baby. Through gentle touch and a warm smile he will sense much security and love.
**Breast pumps**

Once your baby is born, you can focus on simply getting off to a good start by working on your breastfeeding relationship. It is best just to let your baby establish breastfeeding and a good milk supply without the added work of pumping. At times, some mothers find that they need to use a breast pump in the first few days to weeks of life, if their baby is having difficulties with breastfeeding. If your newborn has problems breastfeeding in the hospital, a hospital-grade breast pump will be provided and nursing staff will show you how to express your breastmilk. Additionally, if you plan on returning to work or school after having your baby, it may be helpful to have a breastpump on hand so you can express your breastmilk when you are away from your baby.

If you are purchasing or renting a breast pump, we recommend a double electric breast pump as these are the best for stimulating and maintaining your milk supply.

**For mothers who are returning to work or school, the ideal time to start pumping and introducing a bottle of breastmilk is about three or four weeks after delivery.**

When you do start pumping, you should plan on pumping both breasts for about 10 to 15 minutes, at about the same time every day. For specific instructions on pumping, storage, and feeding after the birth of your baby, please talk with your lactation consultant. Be patient if you don’t get much the first few times you pump. Most mothers get only drops of colostrum or breastmilk the first few times they pump. Even the best pump is not as efficient and effective as your baby when he or she is breastfeeding well. If you stick with a daily routine, you should soon see about 2 to 3 ounces with each pumping session after the first week of pumping.

If you are looking for an occasional bottle for times when you will be away from your baby for just a few hours, a single electric or manual pump should work well. You can pump shortly before leaving your baby and then store your breastmilk in the refrigerator. These pumps can also be useful to pump daily if you want to store small amounts of milk in the freezer. These are good pumps for occasional use, but they are not strong enough to help you maintain a good or large milk supply if you need to be away from your baby many hours each day.

Many insurance companies reimburse for the purchase of a double electric breast pump. Check with your insurance or employer’s benefits office to see if this is a covered expense. Shop around before purchasing a breast pump and try to connect with a store that will provide pumping information, support and quality customer service for the time you will be expressing your breast milk.

The Women’s Health Resource Center has pumps for sale or rent, and has staff who can answer any questions that you may have about pumping and/or breastfeeding.
Your Baby’s Sleep Space
To help reduce your baby’s risk of SIDS (Sudden Infant Death Syndrome), please follow these safe sleep tips:

- Place your baby to sleep on his back at all times for the first six months.
- Have your baby sleep on a flat mattress in a crib or bassinette with a tightly fitted sheet. Make sure the mattress fits snugly in the crib or bassinette.
- Have your baby sleep in your room, close to you, for the first six months.
- If you bring your baby into your bed for feeding or comforting, put your baby back in his own sleep space when you are ready to go to sleep.
- Do not bring your baby into bed with you when you are very tired or using medications or substances that make you less alert. This is especially important if you are taking any narcotics or sleep medicines, if you smoke cigarettes, or if you have had any alcohol before bed.
- If you cover your baby with a blanket, it should not go higher than your baby’s chest. Tuck the blanket under the crib mattress with your baby’s feet at the end of the crib.
- If you use a blanket for swaddling, wrap it snugly around your baby and place it no higher than your baby’s shoulders. There should not be any extra blanket up by your baby’s face. Ask your baby’s nurse or doctor to show you the correct way to swaddle a baby. Some babies do not like having their hands swaddled.
- Never place soft materials such as pillows, quilts, comforters, sheepskin, stuffed toys or loose blankets in your baby’s crib.
- Keep your baby’s sleep area free of clutter. Do not put wedges or rolled up blankets in your baby’s crib. If you use a bumper pad, make sure it is thin, firm, well secured and safely attached to the crib.
- Keep your baby’s room temperature at a level that feels comfortable for you.
- Avoid overheating: Do not over bundle your baby and make sure your baby does not feel hot to the touch.
- Once a week, change the direction your baby lies when going to sleep. This will help prevent one side of his head from getting flat.
- When your baby is one month old, consider offering a pacifier when going to sleep as this may help reduce the risk of SIDS.
- A fan in your baby’s room may also be helpful in reducing the risk of SIDS, but it should not directly blow on your baby.
Safety Considerations for Equipment

Important information for selecting baby equipment:

- The construction material should be sturdy. Products made of unbreakable plastic or tough fabric with heavy-duty stitching, snaps, and buckles are the best choices. Metal frames should be well padded. Mesh netting should be of a very fine weave. The base should be broad and stable.

- Latching devices should be strong and have safeguards against accidental release and possible pinching of little fingers.

- Items that fold should have a secure locking device to protect against collapse while in use. Many items have backup safety catches for extra security.

- Make sure that high chairs, infant seats, strollers, back carriers, and car seats have a safety strap or harness. The strap should be made of tough, long lasting material. A high chair should also have a crotch strap to prevent the child from sliding under the tray and falling off the chair. The safety straps should not be attached to the tray. This will protect the baby if the tray is removed and the baby stays seated.

- All baby products should have smooth and rounded edges. Beware of products with sharp edges or points. Coiled springs and hinges should have protective covers.

- Buy mesh safety gates. They are safer than collapsible wooden gates with a criss-cross design (the baby can get his head caught).

- Read the instructions for use before you buy any baby equipment. Make sure that all safety features listed actually come with the item.

- Test the brakes on carriages and strollers. The wheels should be large in diameter. Items that attach such as a shopping basket or canopy should not interfere with stability.

- Consider features that allow you to adjust the item as the child grows.

Smoking

Exposure to cigarette smoke increases your baby’s risk of growth restriction, nicotine withdrawl, SIDS, ear infections, respiratory tract infections, asthma and lung cancer. Cigarette smoking should not be allowed around your baby at any time. This includes in your baby’s home, in the homes of others, outside the house or in any car that your baby travels in. After you smoke outside, remove your coat before going inside your house and wash your hands and face before holding your baby. If you or anyone else around you can still smell the scent of cigarette smoke, it is getting into your baby's lungs. Please refer to page 46 for information on how you can quit smoking.
Circumcision
If you are having a baby boy and are considering circumcision, the following information may be helpful.

What is circumcision?
- Circumcision is the surgical removal of the foreskin (fold of skin covering the end of the penis). The operation is most often performed in the first few days after birth. However, it may not be performed for several weeks to months in some babies.
- Newborn circumcision has been relatively common in the United States, but is unusual in many parts of the world including Europe, Canada, Asia, and South America. More recently, more US families are not choosing circumcision.
- Studies show that circumcision has some medical benefits but also has disadvantages and carries risks such as infection and bleeding. As the benefits do not outweigh the risks, routine circumcision is not recommended for all baby boys.
- As a circumcision does not need to be done for health reasons, it is considered an elective procedure. For this reason, some insurance companies do not pay for the medical costs of circumcision. In addition, if there is difficulty in finding a provider to do the circumcision in the hospital, it will need to be done in the outpatient setting.

Arguments in favor of circumcision
Cleanliness: Some parents feel that circumcision will make cleaning the penis easier. It is possible, but rare, for an uncircumcised child to get an infection under the foreskin. Most males who are not circumcised do not have any problems. They can gently retract the loose foreskin for cleaning. Many problems can be avoided if parents are educated in the care of the uncircumcised penis. Young boys can easily be taught correct hygiene.

Decreased urinary tract infections: Infections of the urinary tract (the kidneys, tube from the kidneys to the bladder, and tube from the bladder to the end of the penis) appear to be decreased in circumcised male infants. This is not a reason however, for all boys to be circumcised. After the first year of life, urinary infections are very rare in males regardless if they are circumcised or not.

Prevention of phimosis (inability to pull back foreskin) and paraphimosis (inability to put retracted foreskin back to its normal position): As boys get older, the foreskin naturally separates from the head of the penis. In rare circumstances, this does not happen and may require surgery when the child is older. In other rare circumstances, the retracted foreskin may not be able to be returned to its original position. This can cause swelling and discomfort, and may require surgical correction. These problems are rare and are usually preventable without circumcision.

Prevention of cancer of the penis: Cancer of the penis is an extremely rare condition that is usually found only in elderly men. Cancer of the penis is less common in men who are circumcised. There is evidence that proper hygiene alone can help prevent cancer of the penis in uncircumcised males.
Prevention of sexually-transmitted infections:
Circumcision has been associated with a lower risk of developing or transmitting some sexually transmitted infections, including HIV and HPV. HPV is an infection that causes genital warts and cancer of the cervix in women. It is believed that the use of male condoms is the most important factor in reducing this risk. Vaccination with the HPV vaccine in early adolescence is also an important step in prevention. HIV is an infection that causes problems with the immune system and the ability to fight off severe infections. It is also believed that the use of male condoms, as well as not having sex with multiple partners, is more effective in reducing the risk of HIV than is male circumcision.

Custom:
Some parents choose to have their son circumcised for cultural, religious or social reasons. Approximately 55-60 percent of newborn American males are currently being circumcised. This number varies depending in which part of the United States a newborn lives. Approximately two thirds of newborn males living in New England are currently being circumcised. This number may change as we see more families from different cultures and countries deliver their babies in America. Approximately 30% of all males in the world are estimated to be circumcised, of whom an estimated two thirds are Muslim.

Arguments against circumcision
Risks and potential complications:
Circumcision is an operation that involves removing the foreskin from the end of a baby’s penis. Few babies (0.2-5 percent) have complications from circumcision. However, potential complications of circumcision can include:
- **Bleeding**
- **Infection**
- **Trauma to the penis**
- **Adhesion or scar tissue formation**
- **Functional defect (such as meatal stenosis, a narrowing of the opening of the penis)**
- **Cosmetic problems such as too much or too little foreskin removed**

Sometimes surgery is needed to correct the complication. Sometimes a special treatment is needed to stop the bleeding. Sometimes antibiotics are needed to treat infection. Sometimes a transfusion is needed to stop the bleeding. Rarely death can occur due to severe infection or bleeding. It is important that you understand these risks before you decide to have your baby circumcised.

Discomfort:
Common sense, observation, and research studies indicate that circumcision is painful. Restraining an infant to avoid movement during the circumcision can also be distressing. Local anesthesia, swaddling, and providing a sugar solution to suck on helps lessen the discomfort for babies being circumcised. There are some risks to local anesthesia, such as a reaction to the medicine or a bruise at the site of the injection, but these are generally uncommon.

Expense:
There is a cost to circumcision. This includes a charge made by the hospital for the use of its circumcision room, equipment, and nursing care, plus a charge from the provider for performing the procedure. There also may be additional expenses if surgical correction is needed. As circumcision is considered an elective procedure, some health insurance plans do not cover this surgery. Check with your insurance company first if paying for the circumcision would be hard for your family.

How is a circumcision performed?
There are several different techniques for performing a circumcision. It is believed that all techniques have similar results. First, the baby is given a sweet liquid to help with pain. Then, their arms are swaddled in a blanket to help them feel more comfortable during the procedure. The baby is placed on a “circ board” and the legs are held in place by Velcro straps. The genital area is cleansed with an antiseptic solution and local
anesthesia is used. The actual preparation and procedure time is 5 to 15 minutes. Bleeding is usually minimal and stitches are rarely needed. If extra bleeding does occur, other steps can be taken by the provider to help stop the bleeding. An ointment (bacitracin or vaseline) is placed on the penis to help keep it from rubbing against the diaper and to keep stool off the penis. Your baby’s nurse will help teach you how to care for the penis after the circumcision.

If you are having difficulty making a decision about circumcision, we encourage you to talk with your baby’s provider.

For parents choosing circumcision
If you choose to have your baby circumcised, you will be asked to watch a circumcision video that reviews the risks and benefits of circumcision and discusses the circumcision procedure. It is important to make sure there is no one in your baby’s family that has a history of excessive bleeding (hemophilia, Von Willebrand disease, heavy bleeding after surgery or trauma) or problems with lidocaine anesthesia. Your baby’s pediatric provider will make sure your baby’s penis and foreskin look healthy and that he is healthy enough to have the circumcision. When your baby is ready to have the circumcision, a doctor will review the risks and benefits of the circumcision with you and have you sign a consent form if you still desire to have your baby circumcised. If your baby’s pediatric provider does not think your baby is ready to have a circumcision performed before you go home, she will help coordinate this procedure as an outpatient.

As mentioned earlier, a circumcision is an elective (optional) procedure. Because of this, some medial insurance companies do not cover circumcisions. Please check with your insurance company before your baby is born to see if they will cover the circumcision cost.

Following a circumcision, the penis will be tender and sore for 1-2 days. You will also notice swelling and some redness that lasts about one week. If your baby seems to be in pain in the first day after the circumcision, try giving a pain medicine called infant acetaminophen. Your baby’s nurse will tell you the exact amount to use. Apply bacitracin or vaseline to the penis for several days after the circumcision. The penis will take about one week to fully heal. The penis should be kept clear of any stool while it is healing.

After going home, call the baby’s provider immediately if:

- There is a large amount of bleeding (more than a quarter-sized stain on the diaper).
- The head of the penis looks redder or more swollen.
- There is a yellowish discharge (pus) from the penis.
- A bad odor is present.
- Baby has a temperature over 100°.
- Baby has difficulty urinating (peeing).
- Baby acts sick in any way.
- Baby has a lot of pain.

For parents not choosing circumcision
Care of the uncircumcised penis is quite easy. In the first few years of life, the foreskin is connected to the head of the penis (glans). Until these connections (adhesions) naturally start to separate, all that is needed is to clean the penis with soap and to rinse with warm water. You do not need to pull back (retract) the foreskin until it starts to separate on its own (usually around one to two years of life). Forcing the foreskin back may harm the penis, or cause pain, bleeding, and scar tissue. When your little boy is older, you can teach him how to take care of his penis on his own.
Cord Blood Banking
Cord blood banking is the collection and storage of blood from your baby’s umbilical cord at the time of birth for potential use in treating disease. Public cord blood banks are free, and the blood is available to anyone that needs it. Private cord blood banks charge fees for collecting and storing blood that will be reserved for your family members.

The American Academy of Pediatrics (AAP) recommends storing cord blood at a public bank to help others in need. They recommend storing cord blood in private banks only when a full sibling has a known disease that can be treated by cord blood transplantation. Privately storing blood as “insurance” is discouraged by the AAP. Currently, we do not have access to an organization that accepts donated cord blood, but we are pursuing options for this.

Breastfeeding
Breastfeeding has been shown to have significant health benefits for both moms and babies, with many benefits being the greatest when babies are fed only breastmilk for the longest amount of time. For these reasons, the American Academy of Pediatrics and the World Health Organization (as well as many other maternal-child health organizations) recommend that babies be fed only breastmilk for the first six months of life and continue to breastfeed through at least the first year of life. Babies do not need any other milk or food in the first six months of life.

Breastfeeding benefits
Research shows that breastfeeding gives your baby the best start in life. Here are some of the remarkable benefits of breastfeeding for you and your baby:

- Breastfed babies receive the best start with nutrition.
- Breastmilk changes as your baby grows and provides just the right amount of nutrients.
- Breastmilk protects against ear infections and respiratory illnesses such as pneumonia.
- Breastmilk protects your baby’s intestinal tract from infection.
- Breastmilk reduces the risk of chronic constipation, colic, and other stomach upsets.
- Breastmilk reduces the risk of childhood diabetes.
- Breastmilk protects your baby from allergies, asthma, and allergic skin rashes.
- Breastfeeding reduces the risk of SIDS (sudden infant death syndrome). Statistics reveal that for every 87 deaths from SIDS, only 3 are breastfed.
- Some studies show that breastfed babies have a decreased risk of tooth decay (cavities).
- Breastfeeding may promote facial structure development, enhanced speech, and straighter teeth.
- Breastfed children have less risk of becoming overweight.
- Breastfed infants have higher IQ’s and better brain growth, especially if they are born prematurely.
- Breastfed children have less chance of heart disease and high blood pressure when they become adults.
- Breastfed babies enjoy a special warm bonding and emotional relationship with their mothers.
Health Benefits to Moms Who Breastfeed

- Breastfeeding helps the uterus contract to control bleeding after childbirth.
- Breastfeeding reduces the risk of ovarian cancer, and may reduce the risk of breast, cervical, and endometrial cancers.
- Breastfeeding reduces the risk of low iron in the blood.
- Women who have breastfed for 12 months or more have stronger, thicker bones with less chance of hip fracture later in life.
- Breastfeeding may help the mother’s body return to its pre-pregnancy weight faster.
- Mothers who breastfeed develop a special emotional relationship and bonding with their child.
- Breastmilk is free. Artificial milks cost $1500 to $2000 the first year of a baby’s life.
- Breastfed babies are sick less which decreases healthcare costs to your family in health care provider office visits, prescriptions, over the counter medicine purchases, and hospitalizations.
- Breastfeeding families miss less time off from work due to child related illnesses.

Getting ready for breastfeeding

Breastfeeding is one of the healthiest and most important things you can do for your new baby and for yourself. As you think about and get ready to breastfeed, you may find that you do not have a perfectly “matched set of breasts.” The size of your breasts and the fact that they may differ often has little or no effect on breastfeeding. Most women have nipples which are erect or will easily become so when stimulated or exposed to cold temperatures. If you have any concerns about the shape, size, or sensitivity of your breasts or nipples, please discuss this with your provider or visit with a lactation consultant to ask questions before your baby arrives.

You do not need to clean your breasts any differently while you are pregnant. Do take notice if there is any drying of the nipple or areola. Sometimes colostrum (a type of early breastmilk which is yellowish in color) may leak during pregnancy. This may be massaged into the nipple area. The latest research has shown that there is no benefit to preparing your breasts for breastfeeding. It is good to know that most moms will be able to breastfeed their baby and provide all the milk their baby needs to grow and be healthy.

There will always be someone in the hospital or clinic who can answer your questions about breastfeeding.

We are here to help you with whatever question or problem you may have in feeding your baby.
Feeding Your Baby

Your baby will be placed skin-to-skin on your chest right after he is born. Research shows that uninterrupted skin-to-skin between mother and baby for the first few hours of life is essential and can have a great impact on your breastfeeding success. Allowing your baby to find his way to your nipple and attach on his own will often reduce frustration. Be patient and allow yourself and your baby time to learn this new skill. Give yourself the gift of uninterrupted quiet time for skin-to-skin when you are at the hospital and the first few days at home.

Newborn babies need to eat often as their stomachs are very small. Your baby will show you that he is hungry by licking or moving his lips and by moving or opening his mouth when something touches his cheek or lips. This is also called rooting.

You should feed your baby at least 8 to 12 times each day (about every 1–3 hours) when your baby shows these early feeding cues. Plan to feed your baby until he is content (falls asleep, stops sucking, pushes nipple out of mouth). Do not wait until your baby is crying to feed him. When a baby is so hungry that he cries, he may experience gas or have trouble latching on to breastfeed.

During the first few weeks of feeding a baby, expect to have good days and bad days. Some babies may not be interested at first. This is normal, and usually just means your baby still has amniotic fluid in his stomach or had a stressful time being born and needs to rest. Sometimes, babies have a hard time figuring out how to feed correctly, or they have too much spitting. If this is the case, you can ask your baby’s nurse, doctor, or lactation consultant for support. Most feeding problems are temporary and can be resolved with time, patience, and practice.

Be prepared. Babies often “cluster feed” at night in the first week or so. This means they will want to eat a lot during the nighttime (a similar pattern to that inside the womb). To help you prepare and be more rested for these nighttime feedings, plan to take naps when your baby sleeps during the day. You can also try to feed your baby more often during the day by offering feedings every few hours. If your baby is sleepy, you can try some waking techniques, such as unswaddling your baby from his blanket; tickling the feet, back, or chin; sitting your baby upright; or changing the diaper. Also plan to limit visitors during the day so that you can get your rest (unless they are there to cook, clean, or do laundry). If your baby has been feeding and gaining well (back to birth weight), you may not need to wake your baby at night to feed, but you should always discuss this first with your baby’s doctor or nurse.
**Pacifiers**

In the first few weeks of life, it is not recommended to use a pacifier due to the concern about missing a baby’s feeding cues or the possibility of interfering with breastfeeding. If you do use a pacifier, it is important to make sure that you are not missing your baby’s feeding cues. If it looks like your baby wants to suck, always offer a feeding first. If your baby’s mouth opens wide when you touch his lips or cheek, this means your baby is hungry.

If you are breastfeeding, it is best to delay using a pacifier until your baby is breastfeeding well (no pain with feeding, latching-on well, gaining weight) and you know you have a really good milk supply as the suck on a pacifier is different from that at the breast. Waiting for 3 to 4 weeks should be enough time.

Starting around one month of age, using a pacifier at sleep times may help to reduce the risk of SIDS. This is especially true for babies one to six months old. Pacifiers should be weaned after six months as they may increase the risk of ear infections. If the pacifier falls out of your baby’s mouth during sleep, you do not need to replace it. If your baby doesn’t want to take the pacifier, please do not force its use. Never place a pacifier on a string or a clip around your baby’s neck or on to his clothing as this can be a choking hazard. Do not coat the pacifier with sweet solutions. Clean the pacifier and replace it often to help prevent yeast infections in your baby’s mouth.

**Support is the key to success**

Your success in breastfeeding will be strengthened by the amount of breastfeeding support you receive before and after delivery. Connect yourself with breastfeeding classes, and friends and family members who are breastfeeding or have breastfed before, especially those who have had a positive experience. It is also good to find healthcare professionals who are supportive of breastfeeding and will help you breastfeed for as long as you would like, in the way that you would like.

We strongly encourage you and your partner to attend a breastfeeding class prior to delivery. These are taught by the lactation consultant at the Women’s Health Resource Center.

**Call (603) 650-2600 for an updated schedule of classes appropriate for your due date.**

**If you have extra questions or concerns about breastfeeding:**

- Talk with your obstetrical provider.
- Talk with your baby’s primary care provider.
- Call the DHMC lactation clinic (603-650-6159) to talk with a lactation consultant.
- Talk with your partner.
- Read a few books about breastfeeding.
- Attend a breastfeeding prenatal education class.
- Attend a La Leche League meeting.
- Attend the Fourth Trimester Parent Group at the Women’s Health Resource Center.
- Talk with mothers who have breastfed their babies.
- Watch mothers breastfeed their babies.
Lactation consultant
A lactation consultant is a specialist trained to help a new baby and mother learn how to breastfeed and to diagnose and manage breastfeeding problems, when they are present. Your nurse at the hospital will be able to help you breastfeed your baby. She will also help you recognize and solve any breastfeeding problems, if they are present. A lactation consultant will also be available to help show you how to breastfeed if you are having any breastfeeding problems in the hospital or after you go home. The lactation consultant is also available for prenatal breastfeeding classes, office consultations, assistance with breast pump rentals, and telephone counseling.

To make an appointment with a Dartmouth-Hitchcock lactation consultant, call (603) 650-6159 or (603) 650-2600.

Nursing bras
Every pregnant women will have different experiences with breast changes. For most women, the ideal time to get fitted for a nursing bra is about three weeks before the baby is due. When buying a bra, take time to try on different styles and select a bra that fits well and that supports without causing pressure on any part of your breasts.

A good nursing bra should:
- Be comfortable. Straps should be adjustable and should not dig into your shoulders. Cups should be ample and should not put too much pressure on any part of your breasts, especially the underarm areas.
- Allow for adjustment in both chest and cup size since your breasts may vary in size throughout the day once your milk comes in.
- Be made of a comfortable, absorbent material such as cotton or a cotton-blend.
- Have flaps that can easily be unhooked with one hand.

Other things you can do to prepare yourself
- Find out your partner’s feelings and concerns about breastfeeding. If breast stimulation is an enjoyable part of your lovemaking now, know that these activities can continue while you are nursing (unless your breasts or nipples are so tender that you do not want them to be touched).
- Wear a bra that is comfortable during pregnancy. Don’t wear a bra that is so tight that it flattens your nipples and leaves indented areas around your breasts.
- DO NOT “scrub” or “buff” your nipples with a rough cloth. (Women used to be advised to do this as a way to “toughen” their nipples. However, studies have shown that this removes the natural oils, leaving the nipple susceptible to cracking and may increase nipple soreness during breastfeeding).
Helpful tips for breastfeeding your new baby

Babies are born to breastfeed
All babies are born with natural instincts that help them find and latch on to the breast all by themselves. If we give babies enough quiet time on their mother’s bare chest in the first hour or so after birth, the baby will start to “root” towards the breast. When they are ready to feed, they move themselves to the breast and can latch on all by themselves. Some babies may need a little extra help latching-on if they have had a difficult delivery or if the mother received certain medications in labor. Your nurse will be right there to help you position and latch your baby if you need help.

Skin to Skin
Plan to spend a lot of time skin to skin with your baby. Skin to skin contact helps regulate your baby’s breathing, heart rate, body temperature, blood sugars, digestion and nervous system. This skin contact also increases mom’s milk hormones and helps a mother feel more relaxed. It also just feels good! Other family members can also spend skin to skin time with the baby to help with bonding and helping calm the baby.

Get an early start
Plan to start nursing as soon as you can after delivery (within an hour or two if possible). The few hours after delivery are when your baby will be the most awake and when the sucking instinct is the strongest. In the beginning, your breasts contain a special thick, yellowish milk called colostrum, which provides protection against infection. It contains antibodies and other infection fighting properties. This is all the milk your baby needs in the first few days until your “mature milk comes in”. Colostrum is very easily digested which also helps your baby’s new intestines get used to breaking down this new form of nutrition. As colostrum is so easily digested, your baby will ask to feed every one to three hours. This is normal and healthy, and is the best thing for your brand new baby.

A “good” latch
A proper or “good” latch should not hurt. Waiting until your baby’s mouth is wide open before latching-on will help ensure that you have a comfortable latch. Bringing your baby close in to your body so that you are facing each other and so that your baby is looking up at your breast will also help your baby latch on well. You can tickle your baby’s lips with your nipple to get him to open his mouth wide, if this is needed. Babies are born with the natural instinct to crawl and self attach to their mother’s breast. Give your baby many chances to breastfeed by keeping your baby close and skin to skin on your chest. Make sure you are comfortable and consider lying back in a chair or bed to let gravity help you keep your baby close to your body. When latched on correctly, your baby’s lips will be turned out like a little goldfish with a nice wide-open mouth. You will see your baby’s jaw move up and down, with bigger movements when he swallows some milk. In the first few days, you may only hear a few swallowing noises, as your baby is getting the special early milk (colostrum). When your milk “comes in,” usually three or four days after delivery, you will start to hear your baby swallow more and see bigger jaw movements with sucking.

Breastfeeding should be comfortable
When you first begin to breastfeed, you may feel pulling and tugging sensations at your breast, and contractions in your uterus. If breastfeeding hurts, it is likely because your baby is latched more on the nipple than your breast. Sometimes you can fix the latch by pulling down gently on the baby’s chin, or just by bringing your baby in closer to your body. Other times, it is best to take the baby off the breast and try again. Break your baby’s suction to your breast by gently placing your finger in the corner of his mouth. Your nurse will be able to help you if you are having any pain with breastfeeding. If you are still having pain after the nurse helps you, we will help arrange for you to see a lactation consultant to receive more specialized help with breastfeeding. Remember, breastfeeding should be comfortable.
Feed your baby only breastmilk

Breastmilk is the only milk your baby needs for the first six months of life. Babies who feed only breastmilk for the first six months also have the most health benefits from breastmilk and breastfeeding. Babies who are fed formula are at risk for certain health diseases both due to the type of milk that formula is and because babies who feed with formula receive less or no breastmilk. Breastmilk helps babies fight off infection and other health conditions especially those related to the immune system. Formula is unable to do this at all.

Nursing babies who are feeding well only need breastmilk to help them stay hydrated and nourished. They don’t need formula, water, sugar water, or tea to help with this. It is especially important to not give any of these other fluids, as it will make a baby not want to breastfeed as well as they won’t be thirsty for breastmilk.

Many new parents worry that their baby won’t get enough milk in the first few days of life until the mothers milk “comes in”. Newborn babies are born with extra fluid and food on board to keep them well hydrated and nourished for the first few days of life. The special early milk that a mother makes, colostrum, is all they need for their fluid and nutrition as long as they are able to breastfeed well and frequently (goal = 8-12 times per day).

A newborn needs time to learn how to breastfeed. Wait on giving your baby an artificial nipple (bottle nipple, pacifier) until you know your baby is breastfeeding well. Artificial nipples require a different sucking action and may cause problems with how a baby sucks at the breast. You can offer your baby an artificial nipple, if desired, after you have been breastfeeding for 3 to 4 weeks. Talk to your baby’s healthcare provider first if your baby has had any difficulties with learning to breastfeed.

Risks of Formula Supplementation for Breastfeeding Mothers & Babies

We understand that you may still be concerned that your baby may not get enough breast milk from you. You may be concerned that your baby will need formula for another reason. Before you give your baby formula, we would like to share some of the risks of giving formula to your baby if there is no medical reason for doing so.

Some studies suggest that just one formula feeding can change a baby’s normal intestinal bacteria. This could increase a baby’s risk of infection in the digestive tract. It could also increase their risk for immune problems later in life.

Infants who receive formula feedings are also at a higher risk for these illnesses:
- Acute Otitis Media (ear infections).
- Asthma (a condition of the lungs that causes problems with breathing).
- Diabetes – type 1 and 2 (a problem in controlling the body’s sugar levels).
- Eczema (an itchy condition of the skin).
- Lower Respiratory Tract (lung) Infections (including increased risk of admission to the hospital).
- Obesity (being overweight).
Other problems related to formula feeding:

- Formula is harder to digest for a new baby.
- Formula stays in the stomach longer than breast milk. This may cause your baby to feed less often and could cause a decrease in your milk production.
- Supplementing with formula, especially from a bottle, may change your baby’s suck pattern at the breast.
- Latching your baby to the breast may be more difficult after your baby is fed with a firmer bottle nipple.
- A baby may also refuse to latch to the breast after feeding with a faster flow from a bottle.

Babies who drink only their mother’s breast milk receive the most health benefits. These health benefits include less risk of asthma, diabetes, ear infections, eczema, obesity and respiratory tract infections. Breastfeeding also lowers an infant’s risk of Sudden Infant Death Syndrome (SIDS) and childhood leukemia (a cancer of the blood).

Please ask to speak to your baby’s nurse, lactation consultant, or medical provider if you have any questions after you read this information. We are here to help you make the best decision for you and your new baby.

Caring for your nipples during breastfeeding

Letting your nipples air-dry after breastfeeding or showering can help keep them from getting sore. If your nipples crack or seem sore, coat them with breastmilk or other natural moisturizers (lanolin) to help them heal. You don’t have to wash your nipples with soap, and it may actually remove helpful natural oils. If you have are having any nipple pain, talk with your nurse, doctor, or a lactation consultant. Remember breastfeeding is not supposed to hurt.

Prevent and treat engorgement

It is normal for your breasts to become larger, heavier, and a little tender when they start making more milk around the second to sixth day after birth. This normal fullness may turn into engorgement (breasts become hard and painful) if the breasts are not being emptied well enough. Engorgement most often can be prevented by making sure the baby is latched-on well and is nursing frequently (8 to 12 times per day) and until content.

If you develop engorgement, the best treatment is to feed your baby more often. You also can put warm, wet, washcloths on your breasts or take a warm shower or bath before breastfeeding to help with “let down.” If the engorgement is severe, placing ice packs (a bag of frozen vegetables) on the breast after nursing may help. Talk with a lactation consultant if you continue to have problems.

Eat right and get enough rest

While breastfeeding, you will need a healthy diet that includes 500 extra calories a day (about 2,700 calories total). Drinking to thirst, about 8 cups of water every day, is the best way to stay hydrated. If you are on a strict vegetarian diet, you should talk with your healthcare provider about whether you need to increase your vitamin B12 intake. Rest as much as you can, so you stay strong and healthy to care for your baby.
Ready ... set ... relax ... and breastfeed.
Babies have a natural instinct to suck. Mothers’ bodies naturally produce milk after delivery. Sometimes, however, putting the two together takes some patience, time and work. Whether this is your first, second or fifth time breastfeeding, each new baby is unique and you will both need time to learn to breastfeed together.

Relax and enjoy this special early time with your new baby. For most mothers, these early days are a very special, rewarding experience that is over all too soon. If you have any problems breastfeeding, remember that most problems are temporary. With a bit of time, practice, and support from your family and providers, you’ll be able to get over most feeding problems.

If you are interested in having a Dartmouth-Hitchcock family medicine provider care for your baby, call the Dartmouth-Hitchcock Family Medicine Practice at (603) 650-4000.

We encourage you to schedule a prenatal visit with the provider you have chosen, or are thinking of choosing, for your baby. This will help you find out more about the practice and the provider. This is the time to talk about issues that are important to think about before your baby is born. It is also an opportunity for you to ask questions that you might have about the provider’s practice or about caring for your baby.

A few questions that you may want to ask at the visit include:

- What are the practice hours?
- Who is available after-hours for your questions or concerns?
- Do they have evening hours or weekend hours if your baby is sick?
- Who covers for the doctor or nurse practitioner when your provider is away?
- Who will see your baby while in the hospital?
- What is the practice’s well-baby visit and immunization schedule?
- How far ahead do you need to call for appointments?
- If your baby is sick, will you be able to see your baby’s own provider?
- Are there any books on child care that you suggest?
- What advice and support is given for breastfeeding?

Choosing Your Baby’s Provider
There are many choices available to you for your baby’s provider. If you have a doctor’s office in mind but have not yet chosen a provider, call the office and ask who is accepting new patients. If you have a particular provider in mind, ask if they are accepting new patients. Talk with family and friends to see if they have a provider they would recommend. When you are admitted to the Birthing Pavilion, you will be asked for the name of the primary care provider (PCP) whom you have chosen to care for your baby.

At Dartmouth-Hitchcock, we have physicians and nurse practitioners in both pediatrics and family medicine. Pediatricians have specialized training in the care of infants and children of all ages. Family medicine providers are trained in both pediatrics and adult medicine, and can provide care for the whole family.

If you are interested in having a pediatrician care for your baby, call the CHaD/Dartmouth-Hitchcock General Pediatrics Clinic at (603) 653-9663.
Ten Tips for Great Beginnings with Your New Baby

1) **Remember that you cannot spoil your new baby.** Hold and love your baby when he or she fusses and whenever you feel the need.

2) **Spend lots of time skin-to-skin with your baby.** Skin-to-skin contact helps regulate your baby’s breathing, heart rate, body temperature, blood sugars, digestion, and nervous system, and it just feels good.

3) **Feed your baby at early feeding cues.** Feeding your baby when he or she is just beginning to become hungry helps your baby feed better. Your baby will show hunger by licking or moving his or her lips and opening his or her mouth to something that touches the cheeks or lips.

4) **Feed your baby until content.** At each feeding, your baby may want to eat just a little snack or a whole meal. Whatever your baby is ready for at that feeding is the perfect amount. Your baby is finished eating when he or she falls asleep, stops sucking, or pushes the nipple out of his or her mouth.

5) **Feed your baby at least every 3 hours.** Though your baby may be sleepy in his or her first 24 hours, try to feed your baby at least every 3 hours. Feed your baby sooner if he or she shows feeding cues. After the first 24 hours, your baby should be asking to eat at least 8–12 times per day.

6) **Sleep when your baby sleeps.** Be prepared. Your baby will be wakeful and more hungry at night (just like during pregnancy). It’s important for you to sleep during your baby’s sleep-times during the day. This extra rest will give you the energy you need for your baby’s nighttime feedings.

7) **Make sure your baby is peeing and pooping well.** Keep track of your baby’s elimination patterns to help make sure your baby is eating enough. Your baby should have about one pee and one poop each for every day of his or her life (until about a week of life).

   Day 1 = one pee and one poop  
   Day 2 = 2 of each  
   Day 3 = 3 of each and so on.

8) **Limit visitors in the first few days of life.** This should be the time that you, as parents, focus on yourselves and your baby. Too many visitors may interfere with your baby’s feedings as well as your time to rest. To help prevent infection, ask your visitors to wash their hands before holding your baby.

9) **Keep your baby close to you at all times.** Keeping your baby close helps you to learn his or her feeding cues and needs, allowing you to respond quickly. This quick attention to your baby’s needs makes your baby feel safe and secure and helps you feel confident and comfortable in caring for your baby.

10) **Make your baby’s sleep time the safest.** To keep your baby safe while sleeping, put your baby to sleep on his or her back and make sure there are no extra blankets, pillows, or stuffed animals in your baby’s sleep space.
your hospital stay

section 6
Registration
We hope that you have already registered for your hospital stay during one of your prenatal appointments. If not, you need to register at the Patient and Financial Services office, located near the main entrance on Level 3. Go to the Information Desk and turn left. The Patient and Financial Services office is the first office on your left.

Advance Directives
Advance care planning is the process of planning ahead for medical care in the event you are unable to communicate your wishes to your family and healthcare providers. It involves at least two parts: 1) discussing your values and wishes for care with family and healthcare providers; and 2) recording these wishes in documents called advance directives.

The purpose of an advance directive is to provide information about your beliefs and wishes when you are unable to do this for yourself. The best time to make healthcare decisions is before you are ill, when you can carefully consider your options.

Each time you are admitted to the hospital, we are required to ask you if you have an advance directive, even when we have a copy on file. Your answer will be documented in your medical record. If you do not have an advance directive, we will offer you a booklet explaining the New Hampshire or Vermont state law concerning advance directives depending on where you live.

If you wish to complete an advance directive, we encourage you to do so. The Office of Care Management staff is available to help you by calling (603) 650-5789. There is no charge for this service.

What to Pack
If you participate in a childbirth education class, you will learn what you should bring to the hospital. The following is a suggested list of items:
- Address book
- Body lotion
- Camera
- Car seat
- Lip balm
- Loose-fitting clothes for mom
- Nightgown
- Nursing pads
- Outfit for baby
- Pillows
- Robe
- Slippers
- Snacks for your labor partner
- Socks
- Toiletries

Where to Go
When you come to Dartmouth-Hitchcock Medical Center to deliver, you will go to the Birthing Pavilion (BP). Please call your provider’s office number before you come so that we can prepare for your arrival.

If you are coming to the Birthing Pavilion between 5 a.m. and 11 p.m., please use the Patient/Visitors North Entrance. The Birthing Pavilion is located on Level 5 of the main mall. Enter the Patient/Visitors North Entrance and take the elevators to Level 5. Take a left off the elevator and look for signs for the Birthing Pavilion (about halfway down the hall). Take your first left and continue straight towards the Birthing Pavilion main desk.

Between 11 p.m. and 5 a.m., please enter through the Emergency Department entrance. If you need assistance, a member of our security staff can take you to the Birthing Pavilion.
Your Stay in the Birthing Pavilion

All rooms in the Birthing Pavilion are specially designed and equipped to accommodate the entire birth process—labor, delivery and recovery—as well as your post-partum stay. We welcome you to take photographs and videos to document the birth of your baby; however, for safety and security reasons, we ask that you focus the images on your new family allowing your providers the space to properly care for you.

As a courtesy, please ask permission before videotaping any DHMC staff member. Some may not wish to be included and we ask that you honor their request.

The following information will help you understand how the Birthing Pavilion staff will help you keep your baby healthy and safe in the few days after the delivery.

Infant Care

The birth of a new baby is an exciting time as well as a time of many transitions for the baby and family. In this binder, under the Preparing for your new family section, you will find “Ten Tips for Great Beginnings with Your New Baby” to help you and your baby make the best transition possible. After your delivery, we’ll also give you a booklet “Going Home with Your Newborn” that reviews these ten tips as well as teaches you other ways to keep your baby healthy and safe in the first few days of life and after you go home.

Infant safety

There are ways we will keep your new baby safe while you are in the Birthing Pavilion.

- Your baby will receive a foot and arm band at birth stamped with his name, date, and time of birth. You and your partner or other support person will receive a matching band. Care providers will check the bands to identify both you and your baby.

- An infant security tag is also attached to the baby’s ankle. This device sets off an alarm when brought close to one of the Birthing Pavilion exits. Please stay clear of the exits when you wheel your baby through the hallways.

- For safety and security reasons, all infants must be in their bassinets when outside of their rooms. Staff members have a heightened awareness to babies carried in arms and will question anyone carrying a baby. This is one of the best ways to assure your baby’s safety.

The first days... Keeping your baby healthy

To help keep your baby healthy and identify medical conditions before they become problems, the following procedures will be performed during your baby’s first few days of life. The BP staff will give you and your new baby time to breastfeed and bond before the first three medical treatments are given. There may be times, however, when these treatments need to be given right away. If this is the case for your baby, staff will let you know the reason ahead of time.
**Skin to Skin**  
Spend a lot of time skin to skin with your baby. Skin to skin contact helps regulate your baby’s breathing, heart rate, body temperature, blood sugars, digestion and nervous system – and it just feels good! Holding your baby on your chest will also help to increase your milk hormones. Remember that you can not spoil your new baby. Hold and love your baby when he fusses and whenever you feel the need to do so.

**Feeding your baby**  
Feeding your baby when he or she is just beginning to become hungry helps your baby feed better. Your baby will show hunger by licking or moving his lips and opening his mouth to something that touches the cheeks or lips. Feed your baby until he is content. At each feeding, your baby may want to eat just a little snack or a whole meal. Whatever your baby is ready for at that feeding is the perfect amount. Your baby is finished eating when he falls asleep, stops sucking or pushes the nipple out of his mouth.

Although your baby may be sleepy in his first 24 hours, try to feed your baby at least every three hours. Feed your baby sooner if he shows feeding cues.

After the first 24 hours, your baby should be asking to eat at least 8-12 times per day. Keep track of your baby’s elimination patterns to help make sure your baby is eating enough. Your baby should have at least one urination and one bowel movement for every day of his life (until about one week of life).

For example, Day 1 = one urination and one bowel movement, Day 2 = 2 of each, Day 3 = 3 of each and so on…

Your nurses will help you get a good start with breastfeeding.

**Erythromycin**  
To help prevent an infection of the eyes (“conjunctivitis”) due to bacteria in the birth canal, an antibiotic ointment will be placed in your baby’s eyes soon after birth. The ointment should not cause your baby any problems.

**Vitamin K**  
Because newborns have low levels of vitamin K (a vitamin that helps the body’s “clotting” factors stop bleeding), a vitamin K shot is given soon after birth to prevent bleeding. Without this injection your baby could develop bleeding in the skin, intestines or brain. The shot will cause some brief discomfort but should not cause any other problems for your baby.
Rooming In

To help babies transition into this big, new world, we encourage you to “room in” with your baby. “Rooming in” means having your baby stay in the room with you all the time including at night when your baby will especially need your touch and voice to help keep him calm. Keeping your baby close to you helps you learn your baby’s needs (such as hunger cues) and allows you to respond quickly to these. This helps your baby feel safe and secure and helps you feel more confident and comfortable in caring for your baby. When your baby needs tests or procedures, we may need to bring him to the newborn nursery. During these times, you are welcome to go with your baby and help soothe him with your voice and your touch. If there are times when you are feeling that you need help with your baby, please let your nurse know and she can help you.

We also recommend that you try to limit visitors in the first few days of life. This should be the time that you, as parents, focus on yourselves and your new baby. Too many visitors may interfere with your baby’s feeding as well as your baby’s and your time to rest. To help prevent infection, ask your visitors to wash their hands before holding your baby.

There is nap time every day on the Birthing Pavilion from 2-4 pm. This is a special time for you to rest or enjoy some extra skin to skin time with your new baby.

Hepatitis B Vaccination

If a newborn is exposed to the hepatitis B virus, a serious infection of the liver can develop. Hepatitis can cause liver failure or lead to liver cancer later in life. For these reasons, the American Academy of Pediatrics and the Centers for Disease Control strongly recommend that all newborn babies receive the hepatitis B vaccine before discharge. This vaccination is recommended even if a mom’s testing was negative during pregnancy. Occasionally testing can come back as a false negative (reported as negative, but really positive) and/or the mom developed the infection after her first testing. Giving the vaccine to your baby makes sure that your baby is well protected from this serious disease. This shot will cause some brief discomfort but should not cause your baby any problems.

For the latest recommended immunization schedule:

www.cdc.gov/vaccines/recs/schedules/
**Newborn Hearing Screen**

Most new babies hear well at birth, but a few babies do not. Only about half of all babies with hearing loss can be identified through a family history of deafness. For this reason, your baby will be screened for hearing loss before you go home. The screening test is easy and is done while your baby is resting or sleeping. Some babies may not pass on the first try due to fluid in the ear canal, if there was noise in the room, or if the baby was moving a lot. In about 1-3 of 1,000 babies it can be due to true hearing loss. If your baby does not pass on the first try, the hearing screen will be repeated before you go home. If your baby does not pass on the second try, the Birthing Pavilion staff will contact our audiology services. Someone from audiology will then call you at home to schedule an appointment for additional testing in your baby’s first few weeks.

**Newborn Metabolic Screening**

Some babies are born with problems in how they make or break down nutrition or hormones in their body. Often these problems do not show up in the baby until they become very sick or have delays in their development. Testing your baby’s blood with several drops of blood on a “filter paper” (the newborn screen) can help to identify these problems early. If a problem is present, often there is a special medicine or diet that can be given to your baby to help prevent complications. If there is any concern about this first blood test, additional testing can help confirm if a problem is truly present. This test is usually performed the night before you go home.

**Bilirubin Testing**

Bilirubin is a yellow pigment that is formed when your baby’s red blood cells break down (a normal event after birth). The baby’s body gets rid of bilirubin through the stool (“poop”). Because a new baby’s liver is not very mature and the baby does not pass much stool at first, bilirubin can build up in the baby’s blood. When this happens, bilirubin gets into the skin and causes it to look yellow (“jaundiced”). More than half of all babies develop some jaundice in their first few days of life. Most jaundice is healthy and does not cause problems. To find out if jaundice is going to be a problem, we will give your baby a bilirubin blood test before you go home. The blood sample is taken at the same time as the newborn screen to prevent an extra “poke” of your baby. We will give your baby a small amount of sucrose water (a sweet solution that has been shown to lower pain in babies) to suck on while the tests are performed.
Other Activities:

**Birth Certificate**
The Birthing Pavilion secretary will help you fill out your baby’s birth certificate. You will need both mother’s and father’s social security numbers and birth places to fill out the certificate.

**Circumcision**
If you have decided to have your son circumcised, you will be asked to watch a video and read a consent form that reviews risks and benefits of this surgery. A physician will review the form with you and have you sign it for consent. A circumcision can be performed if your baby is healthy, has no family history of problems with heavy bleeding or lidocaine anesthesia, and has normal anatomy of his penis. If your baby’s pediatric provider does not think your baby is ready to have a circumcision performed before you go home, or there is difficulty finding a provider to perform the circumcision, we will help you set up the surgery to be performed as an outpatient. This can be done either in your baby’s Primary Care Provider’s office or with a Pediatric Urologist.

Because a circumcision is optional, some insurance companies do not cover the costs. Please check with your insurance company before your baby is born to see if they will cover the circumcision cost.

**Safe Sleeping**
Mothers are often very sleepy in the first few days after birth. This may be due to pain medicine and/or from being sleep deprived from a long labor or a baby’s frequent nighttime feedings (which are very normal and healthy). Because of this, and as hospital beds are very narrow, we do not allow bed-sharing. If you are feeding your baby in bed but feel sleepy, please let your nurse, partner, or family member know so that they can help you hold your baby. When you are finished feeding your baby, place him in the bassinet, on his back, and make sure no extra blankets, pillows, or stuffed animals are in your baby’s sleep space.
Getting Ready to Go Home

To help you and your baby prepare for the transition to home, the BP staff will schedule your baby’s first medical appointments. They will also help identify resources in your community.

Choosing a Primary Care Provider (PCP)

We recommend that you choose a Primary Care Provider (PCP) for your baby before his birth. Your baby’s BP nurse or doctor can help you pick one. It is important for the BP staff to have the name of your baby’s PCP so that results of the newborn screen test can be sent directly to the PCP and so that they can set up your baby’s first office visit before you leave.

Community supports

As a new baby can sometimes come with certain challenges (feeding problems, jaundice, transitions for new families), a clinical resource coordinator (CRC) will meet with you during your hospital stay. The CRC will help you identify your discharge needs and any community resources that could be of use to you and your family (a rental breast pump, a visiting nurse, or Good Beginnings volunteer if available in your area). If you are still having a hard time choosing a PCP, the CRC can help with this as well. The CRC also works with insurance providers to obtain preauthorization and provide justification for extra inpatient days, if needed.

Vitamin D

Rickets is a bone-softening disease that can happen from not having enough vitamin D in the body. When a baby has rickets, he can develop bowed legs and is more likely to suffer a broken bone with trauma to his body. It is hard to imagine that our perfect little babies born to us in such modern times could be at risk for such an “ancient” disease. Recent research has shown that vitamin D-deficiency is more widespread than commonly thought.

For babies, the best way to get vitamin D is through a supplement found in a liquid. The American Academy of Pediatrics recommends that all babies start on a vitamin D supplement soon after birth. The recommended dose of vitamin D is 400 IU/day. Most vitamins come in a 400 IU per one mL solution. Over the counter, you can buy vitamin D in a multivitamin such as trisolv (vitamin A, D, C). You can buy a vitamin D only supplement in drugstores or online. One choice is “Just D” by Sunlight Vitamins or “Baby Drops” by Carlson Laboratories. If you have questions, please talk with your baby’s provider about the vitamin D supplement that is right for your baby.

Formula-fed babies get vitamin D from their formula. To get enough of this vitamin from formula, a baby needs to drink about 32 ounces of formula per day. If your baby is not drinking this much, you should also give a vitamin D supplement to your baby.

Car seat guidelines

You will need a car seat to take your baby home. See the guidelines in the Section, Preparing for Your New Family.
after your baby is born –
the post-partum period

section 7
Uterus
Aches and Pains
Vaginal Bleeding
After Pains
Fatigue
Breast Engorgement
Emotional Ups and Downs

Hot Flashes and Sweating
Hair Loss
Concerns About Post-partum Sexual Adjustment
Resuming Menstruation
Post-partum Exam

in section 7
The post-partum period is a time of transition. In these next months you will experience a lot of change. Your body, your emotions, your self-image, your relationship(s), your lifestyle – all will be in a state of change. Post-partum transition is similar to the transition stage of labor. You may feel stressed when your physical and emotional strength is tested. Both may cause you to feel insecure, out of control, and unsure of your ability to cope. Both may cause you, at times, to question why you ever wanted a baby, and possibly, to long for escape.

While the first few months may be hard for you, know that you will not feel this way forever. Having a baby provides new parents with the opportunity for growth as individuals, as well as couples.

This section talks about post-partum immediately after you deliver, while you are still in the hospital and through the next few months at home. It is intended to provide guidelines to add to the information you will receive from your provider.

**Uterus**

Right after delivery your uterus should feel like a large, firm grapefruit. Frequent massage during the first 6-12 hours helps to keep the muscle contracted and decreases the chance of excessive bleeding. To be effective, you have to massage hard enough to cause some discomfort – ask your nurse to show you how to do this.

Another way to be sure that your uterus stays firm is to urinate frequently. A full bladder pushes the uterus out of position and allows it to relax. Nursing your baby will also help to keep the muscles firmly contracted. Each day, your uterus should shrink and be felt lower in your abdomen. By 7-10 days you should no longer be able to feel it. By six weeks, your uterus should have returned to its normal size and position within the pelvis.

**Aches and Pains**

Most women feel sore the first few days after giving birth. Arm, shoulder, neck, and thigh muscles feel tight and achy during labor. Mothers who have had a cesarean birth may also feel these discomforts due to their position during surgery. Warm showers, massage, and a heating pad help to relax the sore muscles. Take the time to get into a comfortable position for baby’s feeding times. Use pillows for support.
Urination
Sometimes your bladder and/or urethra become bruised and swollen during the birthing process, causing temporary problems with urination. You may find that you are urinating small amounts frequently; or, you may not have the urge “to go” even though you have been drinking a lot of fluids. You may have more intense uterine cramps if your full bladder is pressing against your uterus.

If you are unable to urinate:
■ Get out of bed and move around if possible.
■ Ask for privacy when sitting on the toilet.
■ Use your peri-bottle to pour warm water over your perineum.
■ Run water from the tap.
■ Try to urinate while in the shower or bathtub.
■ If these suggestions don’t help, let your nurse know that you are having difficulty – a catheter may have to be inserted to empty your bladder.

If you have any of the following symptoms, please call your provider:
■ burning with urination
■ urinating in smaller amounts more often than normal
■ chills/fever
■ constant dull ache in back or side below your ribs

These are symptoms of a urinary tract infection/bladder infection.

After these initial problems are solved, you will probably discover that you are urinating a lot more than usual for the first week or so after delivery. This is your body’s way of getting rid of the extra fluid that accumulated from pregnancy. Again, it is temporary. Don’t try to limit the amount you drink.

Perineum (the area between the vagina and rectum)
Your perineum may be swollen and sore after the birth of your baby. This discomfort may be minimal, or severe enough to stop your activities. The pain is caused by swelling of the perineal and vaginal tissues as a response to the stretching that occurred during pushing and delivery. If you had an episiotomy or laceration, this swelling will create tension on the stitches, increasing the painful sensations. For most women, the discomfort is usually the worst by the third to fifth day, and then gradually disappears over the next two weeks. Some women, however, are aware of a dull aching or tenderness that lasts for a much longer period of time.

Comfort measures:
■ Apply an ice pack directly to the perineum for the first 12 hours after delivery to minimize swelling.
■ Experiment to find the most comfortable position for holding the baby. You may discover that lying on your side to nurse or cuddle is more comfortable for the first day or so. When it’s time to change sides, hold the baby against your chest and roll over slowly.
Although time-consuming, the following treatments are well worth the effort:

- Take a sitz bath 2-3 times a day or sit in a clean tub filled with comfortably warm water. Do not use scented oils or bubble bath.
- Although most women prefer a warm sitz bath, you may find a cool sitz bath followed by an ice pack to be more comfortable. Fill a portable sitz bath with cool water and then put ice cubes in it. Tiny tears will often sting when touched by urine. Use your peri-bottle (given to you during your hospital stay) to spray sore areas with warm water while urinating. These tears will heal in a week or two.
- Reduce discomfort by tightening your buttocks when easing yourself into and out of a sitting position.
- Be sure to wipe from front to back and to use the peri-bottle to rinse your perineum each time you go to the bathroom for at least one week. Keeping the perineum clean is most important. If you are fearful of tearing your stitches when having a bowel movement, use toilet paper to firmly support them as you gently bear down.
- After bathing, rinse your perineal area thoroughly (soap residue can be irritating).
- Place cold Tucks or witch hazel compresses between your bottom and the sanitary pad to reduce irritation and itching as your episiotomy begins to heal. Your episiotomy should be fairly well healed by 5-7 days. The stitches will dissolve in 2-5 weeks.

Call your provider if:

- Your perineum continues to be very painful.
- You notice a lump or new swelling or tenderness.
- The stitches look infected (pus or foul odor).
- You have a fever of 100° or higher.

Vaginal Bleeding (Lochia)

Bleeding will continue until the area where the placenta was attached inside your uterus has completely healed. This may take 6-8 weeks. Many women have fairly heavy bleeding (like a period) for a week or two after delivery.

During this time it is normal to:

- Have a sudden gush of blood when you stand up or after urinating.
- Have a gush or heavier flow during, or right after, breastfeeding. This happens because the baby’s sucking stimulates the release of the hormone (oxytocin) which causes your uterus to contract and, at the same time, your milk to let-down.
- Pass several small clots or one large one (can be several inches long) when you get out of bed after resting several hours. Clots are okay if not followed by bright red bleeding – soaking more than one pad per hour.
- Have a heavier flow that lasts longer if this isn’t your first pregnancy (Since the uterus has already been stretched, it takes longer to shrink down). The lochia should slowly change from red to pink to brown and then change to a yellow or clear mucous-like discharge. This yellowish discharge may continue for several weeks. If the flow has been slowing down and darkening or has stopped for several days, then suddenly returns as a gush or heavy red bleeding, slow down and rest.
Usually this pattern of bleeding indicates that you:
- Have been on your feet too long (common after a trip to the store)
- Need more rest periods
- Are going up and down the steps too often, or lifting things that are too heavy
- Are exercising too strenuously

Pay attention to your body:
It is telling you that you are doing too much, too soon.

Call if:
- Resting doesn’t slow the bleeding.
- You are soaking one pad per hour for 5-6 hours; call sooner if the bleeding is heavier or accompanied by clots and/or cramps.
- Bright red bleeding continues beyond three weeks.
- The bleeding or discharge has a foul smell.
- You have a fever of 100° or higher.
- You have persistent clots.

After Pains
You may notice after pains (uterine cramps which sometimes feel worse than labor contractions) as your uterine muscles contract and shrink back to their prepregnant size. These cramps are more noticeable with each pregnancy. They may bring on a sudden gush of blood or a heavier flow. Since the same hormone that causes your milk to let-down also causes your uterus to contract, the cramps will probably be stronger when you breastfeed. Although painful, these contractions are normal and quite beneficial.

After pains may last up to seven days but usually are much less bothersome by the third day.

Comfort measures:
- Empty your bladder before breastfeeding.
- Lie on your side with a pillow or folded blanket supporting your abdomen.
- Do the relaxation breathing you learned for labor.
- Take pain medication such as: over-the-counter Tylenol, Ibuprofen, Advil, or Motrin.
- You may also find that uterine massage works great.

Fatigue
The single most important thing you can do to speed up your recovery and fight the “blues” is to rest for the first two weeks you are home. Nothing is more magic or more difficult to actually do. The physical and emotional changes that will occur over the next weeks, plus the unrelenting responsibility for and demands on your time, may drain your energy. Most new mothers need to get up at least once or twice each night for feedings or just fussy times. You are exhausted not only because you are getting less sleep, but also because you are not able to sleep through the night. It is so important to take it easy, to nap when the baby sleeps, and to postpone as many of your former activities as possible for the first weeks.

This is not an easy thing to do. Often it’s hard to admit that you need help, that your body is telling you to “slow down” and that you just can’t do everything you used to do “before the baby.” You may see this as a sign of failure. It is not. Instead of blaming yourself, try to keep in mind reasonable expectations. Accept that it takes about three months to regain your strength and fully recover (some feel it takes much longer). Think of these months as the fourth trimester, the final three months of the childbearing year. Even if you are feeling great, don’t give up the naps and get back into your old routine too quickly. Fatigue has a nasty way of suddenly catching up with you and making you feel exhausted, irritable, and unable to cope.
Breast Engorgement
Once the baby and the placenta are delivered, your body will automatically begin the process of milk production. Within 2-3 days, your breasts will feel heavier, warmer, swollen with lumps (sometimes extending into your armpits), and probably tender. The skin may look flushed (pinker) and tight. These changes, known as engorgement, can be very uncomfortable but are temporary and usually last for only a day or two. Your body will not continue its impressive, all-out effort to make milk unless your breasts are stimulated and emptied at least several times a day.

Mothers who are unable to breastfeed can allow the normal body process of engorgement to run its course. The following comfort measures will help relieve your temporary discomfort:

- Wear a supportive and well-fitting bra. It is best to wear it as much as possible to minimize nipple stimulation.
- Apply ice packs to ease discomfort. You may place cold cabbage leaves around the breast for comfort and to decrease the swelling. Change the leaves every 2-3 hours as they wilt. Ibuprofen (generic ibuprofen, Advil, Motrin) may be taken by following the bottle’s label directions.
- If you are extremely uncomfortable, express a small amount of milk while standing in a warm shower, or allow your baby to nurse for a few minutes. You will probably need to do this only once or twice – discontinue these steps as your discomfort decreases and your breasts become softer. These brief periods of expressing or nursing will not provide enough stimulation to continue milk production beyond the engorgement period, but will allow you to feel more comfortable. Nursing will also provide the baby with the colostrum which is very rich in antibodies and helps him fight off infections.
- When taking a shower, avoid spraying warm water on your breasts, if you can.

Emotional Ups and Downs
Feeling as if you are on an emotional roller coaster is normal after having a baby. You expect the high feelings, although you may be surprised at the intensity of your happiness and joy. Excitement often overrides exhaustion and compels you to call family and friends to give them the news. You have a need to review your birth experience, to fill in memory blanks, and to talk about what happened.

Eventually, the lack of sleep will catch up with you; your body and mind will need to rest. Your feelings of excitement may turn to sadness and a real need for sleep. The discomfort of engorgement, the discovery that your baby is jaundiced, the anticipation/fear of going home, the realization that being a mother is a much bigger job than you ever imagined – all these things can bring on tears.

It is difficult to describe or prepare new parents for the changes in their lifestyle. At times you may feel overwhelmed, helpless, or maybe even angry. Most new parents experience both the positive and negative feelings about their baby and their changing lifestyle/roles. Keep in mind that parenting is not all instinctive, and you learn as you go. Your feelings are a natural process of the postpartum period.
The following suggestions may help:

- Get plenty of rest and sleep.
- Be patient – this is a learning process for everyone (including baby!).
- Talk with your partner, family, and friends who have children.
- Accept help from family, friends, and community resources.
- Keep your life simple for the first few weeks.
- Attend a mother’s group.
- Set aside a few minutes for yourself every day.
- A sense of humor is a must, as well as sharing your feelings.

This emotional upheaval, sometimes called the “baby blues,” is due to the rapid physical and hormonal changes that occur as your body returns to its prepregnant state. The natural order and rhythm of your life being interrupted by the many changes during this transition time, also accounts for these “blue” feelings. The “blues” can come on three or four days after birth and last up to one week or so. Sometimes it helps just to “let it all out” with a good cry. There are many changes taking place with your body and your life. As you become more comfortable in your role as a parent, these feelings will decrease and go away.

Some women continue to have symptoms of “baby blues” well after the first week. Other women have more intense feelings. These symptoms may become postpartum depression.

Please call your provider if:

- Your feelings of sadness, anger, and/or depression never seem to go away.
- Your feelings are affecting the way you interact with your baby and family.
- You feel out of control and are unable to cope with daily events.
- You can’t sleep even when you’re tired. Or, sleep most of the time, even when your baby is awake.
- You feel totally alone.
- You don’t feel like eating.
- As weeks go by, you have no warm, “loving” feelings toward your baby.
- You are afraid of harming yourself and/or your baby.

These “ifs” do not mean that you are a “bad mother” or that you are losing your mind. Instead, they indicate that you need help coping with the demands of being a new parent. Please call your provider to discuss this. There is help available.

A good online resource for postpartum depression support is www.postpartum.net

Hot Flashes and Sweating
Hot flashes and sweating may occur as your hormones and body fluid levels return to a prepregnant state. This sweating frequently happens while you are sleeping, so keep an extra nightie by your bed.

Hair Loss
You may notice that you are suddenly losing a lot of hair. This can happen up to a year after delivery and usually lasts only a month or so. If it continues to be a problem, you should call your provider.
Concerns about Post-partum Sexual Adjustment

A typical response when sex is mentioned is “Sex?! Is there really sex after babies?!”

Becoming parents definitely affects your sexual relationship. Both of you may have feelings and concerns that can seriously impact your sex life. Both of you may be too physically and emotionally tired from taking care of the baby to be intimate. This emotional depletion coupled with fatigue hardly creates a positive climate for good sex. It is important to talk honestly with your partner about your feelings and concerns. For some couples, it may take some time to bring intimacy back into the relationship.

When can you resume intercourse? The answer to this question is different for everyone as it depends on when you are comfortable and ready. We also suggest that you wait until the bleeding has stopped before you engage in intercourse. An average time to resume relations is usually 4-6 weeks after delivery or after you’ve had your post-partum exam. Do not forget birth control. This does not mean that you can’t enjoy other forms of intimacy before this time.

After going through labor and delivery, many couples worry that sex will never feel the same. Most women who have had an episiotomy or a cesarean birth worry that intercourse will be painful and that it might damage the incision. This fear of pain will often cause or increase discomfort when you try to have intercourse. If your stitches have healed, intercourse should not be painful. You may, however, have some tenderness at the episiotomy site for several weeks or months.

A common cause of discomfort is vaginal dryness. You can expect to have vaginal dryness until your hormones get readjusted. This may continue for as long as you are breastfeeding. Use a water-soluble lubricant such as KY jelly, Astroglide, Replens or a contraceptive cream to help with this. Do not use petroleum jelly or body creams/lotions.

It is helpful to have good communication with your partner. Both of you should talk about your feelings, concerns, and needs BEFORE you begin lovemaking. Rather than avoiding any sexual contact for fear that it will lead to painful intercourse, concentrate on touching and caressing each other. Being able to trust that your partner will respect your feelings and will proceed slowly and gently according to your comfort is essential. Trust that your partner will respect your feelings and not make you do more than you are ready for.

If trying to have intercourse causes you pain or doubts, try the following tips during foreplay:

- Either you or your partner can gently insert one or two fingers (lubricated) into your vagina to gently stretch the tissues while you concentrate on relaxing your vaginal muscles.
- Make your partner aware of tender, sensitive spots. Try to find positions that will avoid pressure on these areas or on your incision.
- When YOU are ready, practice relaxing your vaginal muscles while your partner enters with just the tip of his penis. Slowly, (it may take several sessions), increase the degree of penetration according to your comfort.
- With practice and experimentation, most couples are able to resume full intercourse within a few weeks. Persistent pain and/or continued fear should be discussed with your doctor.
Once you have again figured out HOW, the next thing to figure out is the WHEN. With all the other changes going on in your life, it is easy to let sex become a chore. Try to prevent this by making time to talk, to relax together and, above all, to have fun together. You will probably find that spontaneous sex is a thing of the past. If you wait until bedtime the need for sleep will probably take priority over the desire for sex!

You may have a lack of interest in sex which may be related to:

- Fear of pain
- Hormonal changes
- Lack of sleep

Talking with your partner is very important. Keep in mind that there are many ways to express love. It is important to give yourself time to adjust to the changes that come with birth.

**Resuming Menstruation**

Most women who are not breastfeeding resume menstruation within 4-12 weeks after delivery. Breastfeeding moms may follow the same timetable or may not get a period for the entire time they are nursing. Giving a breastfed baby solids, formula, or any supplement on a regular basis will usually result in a decreased demand for milk. If you are breastfeeding less, your hormone levels will change and may bring on your period.

If you begin to increase the number of times you nurse your baby, you may stop getting your period again. Your first two or three periods will probably be unpredictable. The bleeding may start and stop and start again. The flow may be heavier than you are used to with clots or it may be a very light flow. It may last longer than usual or for only a day or two. You may go a couple of weeks or a couple of months before your next period.

Don't think that because you are not getting your period that you can’t get pregnant. This is a myth. In fact, ovulation can occur as soon as the first month after delivery, even if you are not menstruating. Breastfeeding is not a reliable means of birth control. If you are not ready for another pregnancy, do not have intercourse unless you are using a reliable method of birth control.

**Post-partum Exam**

If you had a vaginal or cesarean delivery you will need to see your provider six weeks after your baby’s delivery. Some providers may also recommend a follow-up visit just two weeks post-partum. The 6-week exam will include:

- Blood pressure check
- Weight check
- Breast and pelvic exam
- Pap smear, if indicated.
- Discussion of birth control options

Take advantage of this opportunity time to talk about your birth experience and your post-partum transitions. This is a good time to share your feelings and ask questions (jot them down and bring them with you). We encourage your partner to come with you and, of course, bring the baby. Although this visit is the final part of your care in relation to your pregnancy care, we at DHMC will continue to be available to provide information and care.
resources

section 8
in section 8
Resources

The following is a summary of resources that can provide you with additional pregnancy and parenting information. Please note that the views expressed by these organizations are not necessarily the views of Dartmouth-Hitchcock Medical Center.

- **American Academy of Pediatrics**
  www.aap.org

- **American College of Nurse-Midwives**
  www.acnm.org

- **American College of Obstetricians and Gynecologists**
  www.acog.org

- **Center for Disease Control**
  www.cdc.gov

- **Child Birth Connection**
  www.childbirthconnection.org

- **Dartmouth-Hitchcock Medical Center**
  www.dhmc.org

- **Dartmouth-Hitchcock Medical Center Women’s Health Resource Center**
  www.dhmc.org/goto/whrc (603) 650-2600

- **Food Pyramid**
  www.mypyramid.gov

- **Good Beginnings**
  www.goodbeginnings.net

- **March of Dimes**
  www.marchofdimes.com

- **Medline**
  www.medlineplus.gov

- **NH Department of Health and Human Services**
  www.dhhs.state.nh.us

- **NH Quit Line:** 1-800-978-8678
- **VT Quit Line:** 1-877-937-7848
  www.dhmc.org/goto/quit_smoking
  www.trytostop.org

- **Pregnancy Exposure Information Line** www.thepeil.com
<table>
<thead>
<tr>
<th>Important Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baby’s Healthcare Provider</strong></td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td><strong>Your Healthcare Providers</strong></td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td><strong>Lactation Consultant</strong></td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td><strong>Mother</strong></td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td><strong>Father/Partner</strong></td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td><strong>Grandparent</strong></td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td><strong>Friend</strong></td>
</tr>
<tr>
<td>Address</td>
</tr>
</tbody>
</table>
Recommended Reading

**NOTE:** some titles do not have author references. The following books represent a sample of the many excellent books available.

### Breastfeeding Resources

- **LaLeche.** The Womanly Art of Breastfeeding. NYC, NY: Plume, 2010
- **Meek, Joan Younger.** The American Academy of Pediatrics New Mother’s Guide To Breastfeeding. USA: AAP, 2011
- **Tippins, Sherill.** Laugh and Learn About Breastfeeding. DVD

### Sibling Resources for Parents

Sibling Resources for Children

Bercun, Brenda. Gross, Sue. I'm Going to be a Big Brother. Larkspur, CA: Nurturing Your Children Press, 2000

Pregnancy and Birth


**Parenting Resources**


**Sleep**

Glossary of Terms

Acroscyanosis: A bluish appearance of the hands and feet seen in the newborn for the first few hours after delivery.

Afterbirth: The placenta and other tissues associated with fetal development that are expelled after the birth of an infant.

Afterbirth pains: Pain from the uterus contracting after delivery that feels like “mini” labor pains.

Alpha fetoprotein: A substance produced by the fetus. High levels in a mother’s blood can indicate a neural tube defect or multiple pregnancy.

Amniocentesis: A prenatal test in which a small amount of amniotic fluid is removed for analysis.

Amniotic fluid: The fluid that surrounds a developing fetus.

Amniotic sac: The bag in which the fetus and amniotic fluid are contained during pregnancy.

Amniotomy: The artificial rupturing of the amniotic sac surrounding the baby.

Analgesia: Pain-relieving medications.

Anesthesia: Medically-induced loss of sensation. General anesthesia involves the entire body; local anesthesia involves only a particular area.

Antibiotic: A drug used to combat infection.

Antibody: A protein produced by the immune system to destroy foreign substances.

Apgar scoring system: A method of evaluating a baby’s health immediately after birth.

Areola: The pink or brown area of skin around the nipple of the breast.

Back labor: A condition that normally occurs in approximately 25 percent of all labors. The position of the baby’s head is such that the back of the head is directed to the mother’s back. Back discomfort can be felt by the laboring mother.

Bearing down (pushing): Reflex effort by the mother that helps the uterine contractions move the baby down the birth canal just prior to delivery.

Bilirubin: Pigment in the blood, urine, and bile that results from the normal breakdown of hemoglobin in the red blood cells.

Braxton-Hicks contractions: Sporadic uterine contractions with that come and go throughout pregnancy. The contractions are often painless and occur more frequently as the pregnancy progresses.

Breast engorgement: Filling of the breasts after delivery with milk that can cause both pain and swelling of the breasts.

Breech presentation: Fetal position in which the feet or buttocks of the baby are closest to the mother’s cervix when labor begins.
<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervix</td>
<td>The lower portion of the uterus which extends into the vagina.</td>
</tr>
<tr>
<td>Cesarean section (or C-section)</td>
<td>Delivery of an infant through an incision in the abdominal and uterine walls.</td>
</tr>
<tr>
<td>Chloasma</td>
<td>Discoloration of the skin, often on the face.</td>
</tr>
<tr>
<td>Chorionic villi sampling</td>
<td>A prenatal test that scans for genetic abnormalities.</td>
</tr>
<tr>
<td>Chromosomes</td>
<td>The cellular structures that contain the genes.</td>
</tr>
<tr>
<td>Circumcision</td>
<td>Surgical removal of the foreskin from the penis.</td>
</tr>
<tr>
<td>Colostrum</td>
<td>The special milk a mother’s breasts make shortly before and for a few days after childbirth.</td>
</tr>
<tr>
<td>Congenital</td>
<td>Present at birth.</td>
</tr>
<tr>
<td>Contraction</td>
<td>The rhythmical tightening and relaxation of the uterine muscles that cause changes to occur to the cervix.</td>
</tr>
<tr>
<td>Crowning</td>
<td>The point in labor when the head of the baby can be seen at the vaginal opening.</td>
</tr>
<tr>
<td>Dilation</td>
<td>The gradual opening of the mouth of uterus (cervix) to permit passage of the baby into the vagina. It is measured from 0–10 centimeters.</td>
</tr>
<tr>
<td>Doppler</td>
<td>A machine that uses ultrasound to detect the fetal heartbeat.</td>
</tr>
<tr>
<td>Down syndrome</td>
<td>A congenital birth defect that results in mental handicap and some birth defects.</td>
</tr>
<tr>
<td>Eclampsia</td>
<td>Generalized seizure in a woman with preeclampsia.</td>
</tr>
<tr>
<td>Edema</td>
<td>Swelling, retention of fluid in body tissues.</td>
</tr>
<tr>
<td>Effacement</td>
<td>The gradual thinning, shortening, and drawing up of the cervix. This is measured from 0–100 percent.</td>
</tr>
<tr>
<td>Embryo</td>
<td>The name given to the fertilized ovum until eight weeks after conception.</td>
</tr>
<tr>
<td>Engagement</td>
<td>The entrance of the baby’s presenting part into the upper opening of the mother’s pelvic bone.</td>
</tr>
<tr>
<td>Epidural</td>
<td>A type of regional anesthesia used to relieve pain during delivery.</td>
</tr>
<tr>
<td>Episiotomy</td>
<td>An incision made in the tissue around the vagina in order to ease the final stage of delivery.</td>
</tr>
<tr>
<td>Fallopian tubes</td>
<td>Tubes that extend from the ovaries to the uterus.</td>
</tr>
<tr>
<td>Fetus</td>
<td>The name given to the baby in the womb from eight weeks until birth.</td>
</tr>
<tr>
<td>Fontanel</td>
<td>The soft spots on a baby’s skull, present at birth.</td>
</tr>
<tr>
<td>Forceps</td>
<td>Instruments used while the mother is pushing to assist the baby under the pubic bone or through the lower part of the birth canal.</td>
</tr>
</tbody>
</table>
**Fundus:** The upper part of the uterus.

**Gestational age:** The duration of the pregnancy, measured from the first day of the last menstrual period to birth.

**Gravida:** The total number of times a woman has been pregnant during her lifetime.

**Hemorrhage:** Heavy bleeding.

**Hemorrhoid:** A dilated blood vessel inside the anus and beneath its thin lining or outside the anus and beneath the surface of the skin.

**Hormone:** A substance released by glands to stimulate certain activity in the body.

**Hyperventilation:** The condition that results from rapid and deep breathing and is marked by dizziness and tingling and numbness of the lips and hands.

**Induction:** Artificial starting of labor.

**Intrauterine:** Inside the uterus.

**Involution:** The process of the uterus returning to its normal size after delivery.

**Jaundice:** Yellow color of the skin that develops when a chemical, called bilirubin, builds up in the body.

**Kegel exercises:** An exercise contracting the pelvic floor muscles that improves pelvic floor muscle tone and helps prevent urinary incontinence.

**Labia:** The skin folds at the opening of the vagina.

**Lactation:** Production of milk by the breasts.

**Lanugo:** Fine hairs present on the body of a fetus.

**Let-down response (milk ejection reflex):** The release of milk from the milk glands stimulated by the baby breastfeeding.

**Lightening:** The time when the baby descends into the pelvic cavity in preparation for birth. Also known as engagement.

**Linea nigra:** A dark line that appears on the abdomen during pregnancy.

**Lochia:** The discharge of blood, mucus, and other fluids from the vagina after childbirth.

**Mastitis:** Infection of the breast causing soreness, fever, and flu-like symptoms.

**Meconium:** The bowel contents of a baby at birth.

**Milia:** White spots on the baby’s nose and cheeks that disappear over time.

**Molding:** The shaping of the fetal head during labor to adjust to the size and shape of the birth canal.

**Mucous plug:** A thick mucous substance that develops in the cervix early in pregnancy due to hormone shifts. It protects the pregnant uterus from bacteria present in the vagina.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multigravida</td>
<td>A woman pregnant with her second or subsequent child.</td>
</tr>
<tr>
<td>Multipara</td>
<td>A woman who has given birth to more than one child.</td>
</tr>
<tr>
<td>Neonatal</td>
<td>Pertaining to a newborn infant.</td>
</tr>
<tr>
<td>Neural tube defects</td>
<td>Abnormalities in the tissue covering the spinal cord.</td>
</tr>
<tr>
<td>Non Stress Test</td>
<td>Recording of the fetal heart rate pattern to test for the well being of a baby who is at risk for complications.</td>
</tr>
<tr>
<td>Obstetrician</td>
<td>A doctor who specializes in care of women during pregnancy and childbirth.</td>
</tr>
<tr>
<td>Oxytocin</td>
<td>A hormone secreted during labor to stimulate contractions and milk production. It is sometimes administered in synthetic form to begin or speed labor.</td>
</tr>
<tr>
<td>Pediatrician</td>
<td>A doctor who specializes in the care of children.</td>
</tr>
<tr>
<td>Pelvic floor</td>
<td>The sling of muscles that holds the pelvic organs in place.</td>
</tr>
<tr>
<td>Pelvis</td>
<td>The basin-shaped ring of bones at the bottom of the body that connects the spinal column to the legs. It is composed of two hip bones that join in the front and back.</td>
</tr>
<tr>
<td>Perineum</td>
<td>The region between the anus and genitals.</td>
</tr>
<tr>
<td>Phases of labor</td>
<td>Latent (early) – 0 to 3 centimeters dilation,</td>
</tr>
<tr>
<td></td>
<td>Active – 4 to 7 centimeters dilation,</td>
</tr>
<tr>
<td></td>
<td>Transition – 8 to 10 centimeters dilation.</td>
</tr>
<tr>
<td>Phototherapy</td>
<td>Treatment of jaundice in the newborn through light therapy.</td>
</tr>
<tr>
<td>Pitocin</td>
<td>The synthetic form of oxytocin.</td>
</tr>
<tr>
<td>Placenta</td>
<td>The structure through which the fetus receives nourishment and oxygen during gestation.</td>
</tr>
<tr>
<td>Placenta previa</td>
<td>A condition in which the placenta partially or completely covers the cervix, hindering vaginal delivery.</td>
</tr>
<tr>
<td>Post-partum</td>
<td>After birth.</td>
</tr>
<tr>
<td>Post-partum Depression</td>
<td>A condition that can occur in 10-20 percent of women who recently delivered babies. It most likely results from changing physiology, particular hormones, and other changes such as self-image, lifestyle, stress, and fatigue. It is a treatable condition.</td>
</tr>
<tr>
<td>Pre-eclampsia</td>
<td>A disorder of pregnancy characterized by high blood pressure, edema, and kidney malfunction.</td>
</tr>
<tr>
<td>Presentation</td>
<td>The position of the fetus in relation to the cervix before labor begins.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Primigravida:</td>
<td>A woman who is pregnant for the first time.</td>
</tr>
<tr>
<td>Prostaglandin:</td>
<td>A chemical substance that causes uterine contractions.</td>
</tr>
<tr>
<td>Quickening:</td>
<td>The first fetal movements felt by the mother.</td>
</tr>
<tr>
<td>Restitution:</td>
<td>The return of the rotated head of the baby after its delivery to its natural alignment with the shoulders.</td>
</tr>
<tr>
<td>Rh factor:</td>
<td>The type of protein found on red blood cells. People who have the Rh factor are Rh positive. People who do not have the Rh factor are Rh negative.</td>
</tr>
<tr>
<td>Rhogam:</td>
<td>An injection given to pregnant Rh-negative mothers at 28 weeks and sometimes after delivery to minimize problems associated with mother and baby having different Rh factors.</td>
</tr>
<tr>
<td>Rooting:</td>
<td>When an infant opens his mouth and turns toward an object. It can be brought on by gently stroking his cheek or corner of his mouth.</td>
</tr>
<tr>
<td>Round ligament pain:</td>
<td>Pain in one or both groin regions from stretching or spasm of the round ligaments.</td>
</tr>
<tr>
<td>Show:</td>
<td>The blood-stained mucus from the vagina, indicating that labor is about to begin.</td>
</tr>
<tr>
<td>Sonography:</td>
<td>The use of ultrasound to form an image of the fetus.</td>
</tr>
<tr>
<td>Station:</td>
<td>Indicates the location of the baby’s head in the pelvis in relation to the bony ischial spines of the pelvis. It is measured in negative or plus numbers as the baby’s head descends deeper into the pelvis.</td>
</tr>
<tr>
<td>Striae:</td>
<td>Streaks or “stretch marks” seen on the abdomen of a pregnant woman.</td>
</tr>
<tr>
<td>Toxoplasmosis:</td>
<td>A disease caused by a parasite. It is carried by cat feces.</td>
</tr>
<tr>
<td>Transverse presentation:</td>
<td>Position in which the fetus is lying at right angles to the cervix when labor begins.</td>
</tr>
<tr>
<td>Trimester:</td>
<td>One-third of a pregnancy.</td>
</tr>
<tr>
<td>Umbilical cord:</td>
<td>The structure through which the fetus draws blood from the placenta.</td>
</tr>
<tr>
<td>Umbilicus:</td>
<td>Belly-button or navel.</td>
</tr>
<tr>
<td>Uterus:</td>
<td>The muscular organ that carries the baby, placenta, membranes, amniotic fluid, and umbilical cord. It contracts during labor to move the baby through the birth canal for birth.</td>
</tr>
<tr>
<td>Vagina:</td>
<td>The lower part of the birth canal that is normally 5–6 inches long.</td>
</tr>
<tr>
<td>VBAC:</td>
<td>Vaginal Birth After Cesarean.</td>
</tr>
<tr>
<td>Vernix:</td>
<td>A white, waxy substance that covers the fetus in the uterus.</td>
</tr>
</tbody>
</table>
### My Pregnancy Progress

<table>
<thead>
<tr>
<th>Date</th>
<th>BP</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>BP</td>
<td>BP</td>
<td></td>
</tr>
<tr>
<td>Weight</td>
<td>Weight</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP</td>
<td>BP</td>
</tr>
<tr>
<td>Weight</td>
<td>Weight</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP</td>
<td>BP</td>
</tr>
<tr>
<td>Weight</td>
<td>Weight</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP</td>
<td>BP</td>
</tr>
<tr>
<td>Weight</td>
<td>Weight</td>
</tr>
</tbody>
</table>
## Baby’s Check up Diary

<table>
<thead>
<tr>
<th>Date:</th>
<th>Today we</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Questions and notes
Questions and notes