

Welcome New Mom

*Congratulations on
your pregnancy!*

We are so happy you have chosen PeaceHealth to help you as you prepare to welcome a new baby into your family.

Our staff is highly trained to help in all aspects of your journey through pregnancy, birth and follow up care. We look forward to getting to know you and welcoming you to our 'family'.

This packet is to help you know about our policies and practices. It also answers some of the most common questions expectant moms ask.

If you don't find the answer you need here, please ask. We are here to help you every step of the way from conception to birth and beyond.

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Office Visits

HOW DO YOU FIGURE OUT MY DUE DATE?

Your expected due date is just an estimate. To get the date, we count 40 weeks since the first day of your last period. This is nine months and two weeks if you actually count it out on a calendar.

WHEN SHOULD I HAVE MY FIRST VISIT?

Your first OB visit is with a nurse (called an OB intake) when you are about 8-10 weeks along. You will see your provider at 12 weeks.

HOW OFTEN WILL I BE SEEN AFTER MY OB INTAKE?



Up to 28 weeks:

We will want to check you every 4 weeks until you are about 28-32 weeks along. Most of these visits are quite fast. At each visit we will check the following:

- Weight
- Vital signs (such as blood pressure, pulse, etc.)
- Uterine size to check baby's growth
- Baby's heart beat

At times we will also do some tests. See the testing handouts for details.

28 to 36 weeks

Plan on coming every other week. We will check the same things at these visits. However, we like to touch base with you more often at this point to make sure everything is going well.

36 weeks to birth

We will want to see you in the office once a week. Along with the checks described above, we will also check your cervix (opening to the uterus) to see if it is starting to open (dilate).

At each visit during your pregnancy we will also answer any questions you may have. It is a good idea to write down your questions before you come in so that you will not forget them once you are in the office.

WILL I HAVE AN ULTRASOUND?

Yes, you will have at least one ultrasound around 20 weeks. We will check baby's anatomy, placenta location, and possibly sex (if baby cooperates and you want to know).

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When and Why to Call Your Provider

WHAT WARNING SIGNS SHOULD I CALL THE OFFICE ABOUT?

Our staff is here during normal clinic hours to answer any routine nonurgent questions. If you have any questions, please call our your clinic office. This is also the number you call for afterhours urgent needs.

After hours, please call any time if you have an urgent concern such as:

- Fever above 101°F and/or chills
- Nausea and vomiting (unable to keep fluids down for 24 hours or more)
- Vaginal bleeding
- After 24 weeks you notice your baby is moving a lot less than normal
- Severe belly pain
- Burning when passing urine
- Swelling or sudden weight gain

WILL MY PROVIDER BE THERE FOR MY DELIVERY?

To help keep both the office visits and births at the hospital running smoothly and safely, PeaceHealth providers work together as a team to offer 24 hour coverage for deliveries.

It may be your provider at delivery or it may be one of your providers' associates.

PeaceHealth always has a OB specialist called a Laborist that is on-call 24 hours a day for the hospital and who helps deliver the babies there.



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Exercise

WHY IS EXERCISE IMPORTANT?

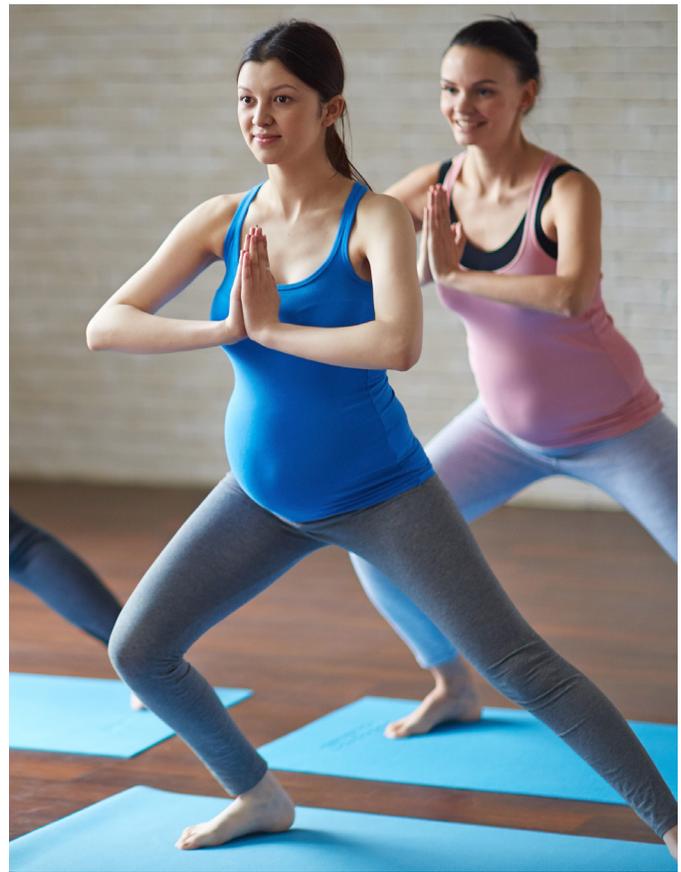
Exercise can help you with the following:

- Mood swings
- Sleep
- Keep you in shape for labor and delivery
- Reduce your risk of C-section
- Prevent babies and their mommies from getting too big

WHAT CAN I DO FOR EXERCISE?

If you already exercise, continue your routine. Otherwise, start! Try to do something every day. The best options include:

- Walking
- Swimming
- Yoga or dance
- Stationary bike
- Weight training



Do not be afraid to sweat a little. Push yourself until you are short of breath, not out of breath. You should be able to talk (at least a few words without gasping). If you cannot talk, decrease the intensity.

WHAT PRECAUTIONS SHOULD I TAKE WHEN EXERCISING?

- Drink plenty of water while you are exercising to avoid dehydration.
- After the fifth month, avoid exercises that require you to lie flat on your back. This may decrease blood flow to your heart and to your baby.
- Also avoid exercises where you could easily lose your balance and fall (e.g. bike riding or trail running). Pregnant women are a little clumsier due to changes in center of gravity and looser ligaments.
- Ask your provider if you are unsure about an exercise you would like to try.

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What to Eat

Things to include in your diet	Why it's important and other notes	How much to take each day
Water	<ul style="list-style-type: none"> No calories Prevents dehydration Helps body work better 	At least 8 - 8 ounce glasses (64 ounces)
Nuts	Contains protein and fiber	Small handfuls for snacks
Veggies	<ul style="list-style-type: none"> Variety offers many nutrients you need to grow a healthy baby Eat lots of different colors to get more nutrients 	At least 4 servings
Whole fruit	<ul style="list-style-type: none"> Variety offers many nutrients you need to grow a healthy baby Eat lots of different colors to get more nutrients 	2 - 4 servings
Cheese and other dairy products	<ul style="list-style-type: none"> Calcium, protein, Vitamin D, phosphorus Helps develop baby's teeth, bones, muscles, heart, nerves and more 	4 servings
Protein foods: Meat, beans, eggs, nuts, dairy, tofu or other soy products	<ul style="list-style-type: none"> Protein is made up of amino acids, which are the building blocks of your and your baby's cells. Eggs are a great source of protein and choline which helps the baby's brain and nerve function. Vegetarians need to be careful to get the protein and other nutrients they may be missing in their diet. Some may need to take extra iron, Vitamin B-12 and vitamin D. 	3 servings
Whole grains and breads	<ul style="list-style-type: none"> Provides vitamins, minerals and fiber Energy for growth Prevent constipation and hemorrhoids 	3 servings <ul style="list-style-type: none"> Read food labels Eat 28 grams of fiber Eat 48 grams of whole grains
High protein or high fiber snacks	<ul style="list-style-type: none"> Eat healthier snacks such as veggies, nuts, etc. Avoid empty calories such as chips, sweets, etc. 	<ul style="list-style-type: none"> As needed to keep from feeling nauseous Eat several small meals or healthy snacks per day rather than 3 big meals
All juices, dairy products, (including soft cheeses), and honey should be pasteurized	Prevent infection from unpasteurized foods and drinks	

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Supplements

I'm taking prenatal vitamins. What other supplements do I need?

Supplement	Why it's important and other notes	How much to take each day
Folate	<ul style="list-style-type: none">■ Helps prevent neural tube defects and cleft lip/palate	<ul style="list-style-type: none">■ 400 micrograms (check your prenatal vitamin to be sure it has at least this much)■ If you have had a previous child with neural tube defects, take 4 milligrams daily as a separate supplement
Iron	<ul style="list-style-type: none">■ Used in the red blood cells to carry oxygen to cells and tissue■ If you become low in your iron count (anemic), your provider may prescribe a supplement	27 mg (check your prenatal vitamin to be sure it has at least this much)
Docosahexaenoic acid (DHA)	<ul style="list-style-type: none">■ This is an omega-3-fatty acid that helps develop your baby's brain and nerve function.■ One study showed that it also reduced the number of colds in the infant's first year of life.■ DHA is found naturally in oceanic fish oils. However, due to higher levels of mercury in those same fish, it is safer to use a supplement.	At least 300 mg

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Foods to Limit

Things to limit	Why it's important and other notes	Amount
Milk	Weight gain	1 cup/day
Fish	Mercury levels found in fish	You can safely eat up to 12 ounces a week of the following: <ul style="list-style-type: none"> ■ light tuna - packed in water, not oil ■ shrimp ■ salmon ■ pollock ■ catfish ■ tilapia
Caffeine	<ul style="list-style-type: none"> ■ DOES NOT appear to lead to miscarriage or preterm birth ■ We are not sure if it increases risk of a low birth weight infant ■ Too much caffeine can lead to dehydration, nausea and light-headedness 	8 ounces/236 ml of regular coffee = 95 mg caffeine. You may have a maximum of 200 mg of caffeine per day.

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Foods to Avoid

Things to avoid	Why it's important and other notes
Sugary sodas, sports drinks, Kool-Aid, juice, sweetened coffees or teas	Empty calories and weight gain
Artificial sweeteners	Increases appetite and affects metabolism which can cause weight gain
Sweets, muffins, sweetened breakfast cereal	Empty calories and weight gain
Large portions of rice or noodles	Weight gain
Food where the first listed ingredient on the label is sugar or high fructose corn syrup	<ul style="list-style-type: none"> ■ Empty calories and weight gain ■ Read labels on food products
Shark, swordfish, king mackerel, and tilefish	<ul style="list-style-type: none"> ■ These have higher levels of mercury ■ Can hurt your baby's developing brain and nervous system
Unpasteurized foods such as juices, dairy products, soft cheeses and honey	<ul style="list-style-type: none"> ■ Can get food poisoning with a germ called Listeriosis ■ May result in a miscarriage, premature delivery or stillbirth, or your baby may become seriously ill and may die
Raw meats, raw fish, raw shellfish, and certain processed meats, like lunchmeat and hot dogs	<ul style="list-style-type: none"> ■ Avoid or eat with extreme caution ■ Can get food poisoning with parasites or Listeriosis ■ May result in the baby getting an infection, miscarriage, premature delivery or stillbirth. ■ Avoid when possible, or steam meats/hot dogs before eating
<p>A partial list of herbs to avoid include:</p> <ul style="list-style-type: none"> ■ Black Cohosh ■ Cascara ■ Buckthorn ■ Ephedra ■ Feverfew ■ Guarana ■ Mandrake ■ Mugwort ■ Senna ■ St. John's Wort ■ Tansy ■ Vitamin A (except what's in your prenatal vitamin) ■ Yarrow <p><i>Check with your provider before taking these or any other herbs.</i></p>	<ul style="list-style-type: none"> ■ These herbs can be harmful to the baby and/or stimulate preterm labor ■ Many aren't studied for their safety in pregnancy

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Travel

CAN I TRAVEL?

Yes! Healthy pregnant women can safely travel. Below are a few tips to stay safe.

WHAT ABOUT IN THE LATER STAGES OF PREGNANCY?

- **Driving:** You should avoid driving long distances away from home (more than two hours) after 35 weeks, unless there is an emergency.
- **Flying:** We normally suggest you stop flying by 35-36 weeks.

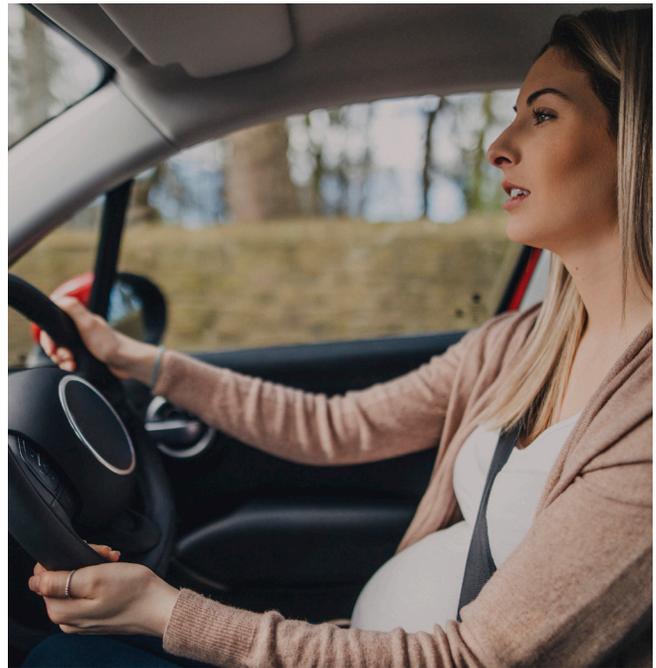
WHAT CAN I DO TO KEEP MYSELF AND MY BABY SAFE WHILE I TRAVEL?

Plane, Bus or Train

- Choose an aisle seat so you can move more easily.
- Wear looser shoes in case your feet swell. Swelling is very normal and should resolve within a day or two after traveling.
- Drink lots of fluids (water is best).
- Avoid large amounts of caffeine.
- Have nutritious snacks on hand.
- Plan to get up, use the bathroom or walk around every 60 minutes.

Driving

- Always wear a seat belt.
- Place the waist belt low on your hips below your belly.
- During winter months, take off your coat so the belt stays below your belly.
- Place the shoulder harness over your shoulder, across your chest, and between your breasts. Never tuck it behind you or under your arm.
- Sit back as far as you can.
- Give as much room as you can between your baby and the steering wheel.
- If needed, add pedal extenders to your car to help you sit further back.



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Sex and Intimacy



IS IT SAFE FOR ME TO HAVE SEX WHILE I AM PREGNANT?

In a healthy pregnancy, sex is safe and will not harm the baby in any way. If you have any bleeding, leakage of fluid from your vagina or any pelvic pain, do not have sex until you are checked by your doctor. If you have a placenta previa, do not have vaginal intercourse.

MY SEX DRIVE HAS CHANGED. IS THIS NORMAL?

Yes, it is normal for your sex drive to change as your pregnancy progresses.

- If you are having breast tenderness, nausea, and anxiety, your desire for sex may decrease.
- Having fuller, firmer breasts and increased blood flow to your pelvis may boost your sexual interest and enjoyment.
- Make sure you talk openly about sex and intimacy with your partner throughout pregnancy. This can help avoid unneeded worry about your sexual needs and desires.

ARE THERE ANY POSITIONS I SHOULD USE OR AVOID?

You will find that certain positions are more comfortable than others. Be creative and try different positions to find what works best for you. Avoid positions that put too much pressure on your belly.

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Things to Avoid

IS THERE ANYTHING I NEED TO AVOID OR BE CAREFUL OF?

Substance use

Smoking, alcohol and recreational drugs (including marijuana) are things to absolutely stop in pregnancy. Using these products can increase your risk of:

- Miscarriage
- Bleeding
- Poor growth in babies
- Premature delivery
- Developmental delays in your baby
- Placental problems
- Other complications

If you commonly use these products, now you have a great reason to stop forever. Please let us know if you need help in stopping these addictive substances.

Over-heating

Getting too hot during pregnancy can affect the growth and development of your baby. It can also make you faint more easily. If you wish to use a hot tub or sauna, it is safest to set the temperature below 100° F.

Infection

Toxoplasmosis (*tok-so-plaz-moe-sis*) is an infection caused by a parasite found in cat feces, garden soil, and raw or undercooked meat. It can cause brain damage in your baby if infection occurs during pregnancy.

Here are some tips on avoiding toxoplasmosis:

- Avoid contact with cat feces.
- Have someone else change the litter box. If you have to do it, wear gloves and a mask.
- Wash dirt from produce before eating.
- Cook all meat thoroughly.
- Wear gloves when you garden



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To-do List for Expectant Moms

Pregnancy is divided up into three sections called **trimesters** (try-*m*-*ess*-*terz*). Below is a list of things to do in each trimester.

FIRST TRIMESTER (1-12 WEEKS):

- **Have your standard lab work done.**
- **If you are at risk for genetic problems** (35 years or older, etc.), **discuss genetic counseling** with your doctor. There are non-invasive options for testing.
- **Call your insurance company** to confirm pregnancy benefits.
- **Try to rest** – it is normal to be tired. Many women really need an afternoon nap.
- **Remember to exercise** – try walking to help with fatigue and improve your overall health.

SECOND TRIMESTER (13-28 WEEKS):

- **Start sleeping on your side** – either right or left. Try using a body pillow.
- **Have your Quad Screen blood test done** between 15-20 weeks if you want this information.
- **Take a glucose tolerance test** to check for diabetes.
- **Get your *RhoGAM* shot** (if you are Rh negative) at 28 weeks.
- **Have a blood test** to recheck for anemia.
- **Start doing kick counts.** At 28 weeks babies should move at least 5 to 6 times in an hour. Call us if yours does not.
- **Get prepared for delivery** – sign up for childbirth, breastfeeding and infant CPR courses at the hospital. Call to enroll in any of these classes.
- **If you are having a boy** and you would like to have him circumcised discuss options with your provider, many times it is the pediatrician that performs the circumcision.



THIRD TRIMESTER (29-40 WEEKS):

- **Choose a provider for your baby.** Call their office to let them know you want them to be your baby's provider.
- **Have your car seat installed** – Check the '**Resources and Providers**' pages at the end of this guide for local car seat resources.
- **Pack your hospital bag** and make other plans for delivery.
- **Pre-register at PeaceHealth.**

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Morning Sickness

WHAT CAUSES MORNING SICKNESS?

While it is often called “morning sickness”, nausea and vomiting of pregnancy can occur at any time of day. No one knows exactly what causes nausea in pregnancy.

Most researchers believe the many physical changes taking place in your body cause the nausea. A higher level of hormones during early pregnancy is one change that may be part of the cause.

HOW LONG WILL I HAVE THE NAUSEA?

Nausea usually starts around the fifth week. In about 4 out of 5 women, it will go away by 12 weeks. In some women it will last all day. Others only have it in response to certain smells or activities.

IS IT DANGEROUS FOR ME OR MY BABY?

Unless you become severely dehydrated or malnourished, nausea and vomiting in pregnancy is not dangerous to you or your baby.

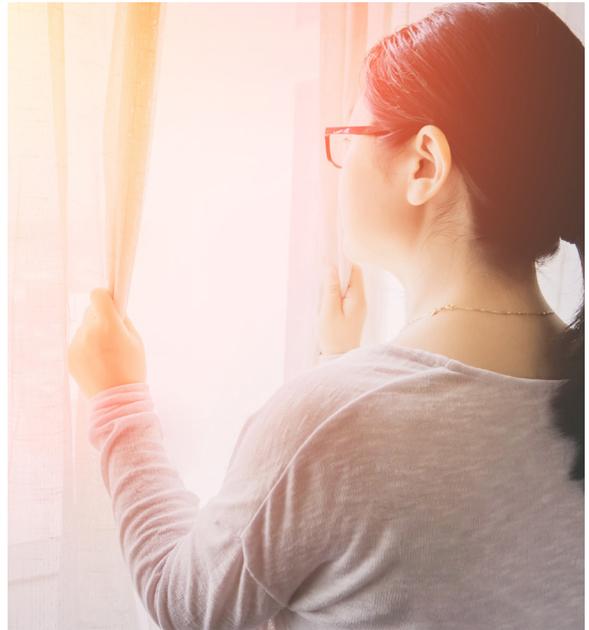
Drinking plenty of fluids is the most important goal. Our bodies can go without food for several days without problems.

However, after a couple of days without taking in enough fluid, our bodies will have problems.

Try taking small sips of room-temperature water or diluted juice throughout the day. Avoid gulping large volumes as it may cause vomiting.

WHAT CAN I DO TO MANAGE MY NAUSEA?

- Have some crackers first thing in the morning before getting out of bed, then rest for 10-15 minutes.
- Take your time getting out of bed and going through your morning routine.
- Eat small meals of protein-rich food frequently throughout the day.
- Keep snacks on hand and nibble often.
- Choose sour or tart foods or those that are bland or starchy



Morning Sickness (Continued)

WHAT SHOULD I AVOID?

- **Large meals:** They stretch the stomach too much and may cause vomiting.
- **Very sugary foods:** They may increase the amount of saliva, which is hard to swallow.
- If you have heartburn, avoid mint, chocolate, caffeine, and spicy foods. They may worsen reflux.
- Do not worry too much about nutrition in the first trimester, unless you are losing weight.

ARE THERE NON-PRESCRIPTION MEDS OR TREATMENTS THAT MAY HELP?

Vitamin B6 (pyridoxine)

- Start with 1 tablet (25 mg) three to four times a day (such as breakfast, lunch, dinner, and bedtime).
- Do not take more than 4 tablets (100 mg) a day.

Unisom

- If after 3 days you are still nauseated, you may add *Unisom* (Doxylamine) 12.5 mg (1/2 tablet) to each dose of Vitamin B6. It is a gentle antihistamine that dries saliva and decreases nausea.
- You may take a whole tablet at bedtime.
- Note: *Unisom* is a sleep aid and may cause extreme drowsiness. Do not drive or operate machinery if taking *Unisom*.

Ginger - a natural anti-nausea herb:

- Ginger ale, tea or candy
- Ginger capsule: 250 mg four times a day

Acupressure bands (*SeaBands*)

- Worn on the wrist
- Works in about half the women who try them
- You can buy them at the pharmacy

WHEN SHOULD I CALL THE DOCTOR ABOUT MY NAUSEA?

- Cannot tolerate even sips
- More than 8 hours between voids (urinating)
- Very dark yellow urine

If all the above remedies fail, talk to your doctor about what else might help. Some women may need intravenous (IV) fluids or IV medications.

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What Tests Will I Have?

At your OB intake visit with the nurse you will have standard tests ordered that all pregnant women have. We order most, if not all, of these tests at this time so the results will be available for the doctor to review with you at your first doctor visit.

The lab will take a small amount of blood from a vein in your arm. They will also ask you to give a urine sample.



WHAT ARE YOU LOOKING FOR WITH THE TESTS?

- Urine test to look for bladder infection
- Complete blood count looks for:
 - Anemia (low red blood cell count) - will be repeated at 26-28 weeks
 - Infection (high white blood cell count)
- Blood type and blood antibodies
- Rubella status
- Sexually transmitted diseases (STD):
- Because of the possible effects on the baby, all pregnant women should be screened for:
 - Syphilis
 - Gonorrhea – may wait for doctor visit before testing
 - Chlamydia – may wait for doctor visit before testing
 - Hepatitis B and Hepatitis C
 - HIV – there are now treatments which can keep a baby from getting HIV from the mother

These tests are for the health and safety of you and your baby. You may choose not to be tested, but you will need to discuss this with your doctor.

Your doctor may order other tests during your pregnancy based on your health history or if you have any symptoms of possible problems.

Please ask your doctor if you have any questions about:

- Any test we are doing
- Any test you want done that is not normally offered

What Tests Will I Have? (Continued)

Test	Why	How	When	Who should Be tested	Risks	Special information
Diabetes Screening	<p>Uncontrolled Gestational Diabetes (diabetes of pregnancy) can lead to:</p> <ul style="list-style-type: none"> ■ Large babies ■ Increased risk of having a C-section ■ Poor blood sugar control in baby after birth ■ Future health problems for baby 	<p>There are a couple of different ways to do this test. They all involve drinking a test liquid before your appointment. Drinking it cold and fast is best.</p> <p>We will check your blood sugar during or after your appointment.</p> <p>You may or may not need to fast before this test. Ask your doctor how and when to take the test liquid.</p>	26-28 weeks	All women	None	This is a 2 hour glucose tolerance test done on all women.
Group B Strep Culture (GBS)	<ul style="list-style-type: none"> ■ GBS is a germ that is present in about 15 out of 100 women. It does not usually cause any symptoms. However, a baby exposed to this germ may develop a severe infection after delivery (about 1 in 100). ■ Moms who are GBS positive are given antibiotics through their I.V. while in labor. This decreases the chances of their baby getting a GBS infection after birth. 	Simple Q-tip swab at the entrance of your vagina and your rectum.	35-37 weeks	All women	None	Be sure to tell us if you are allergic to Penicillin. This is the suggested treatment for positive GBS during labor.

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Blood Type and *RhoGAM*

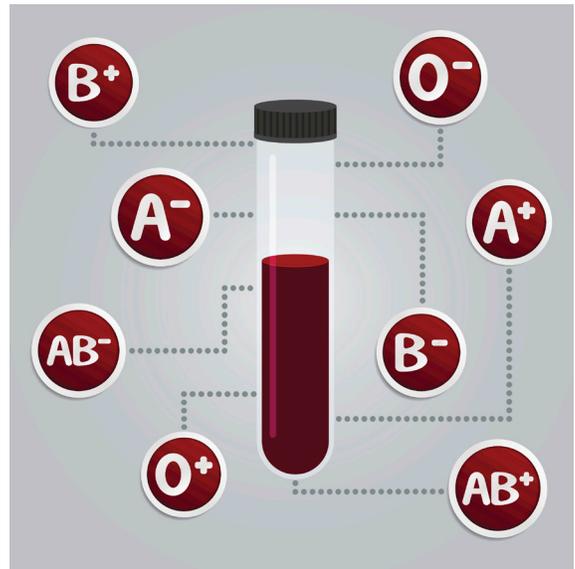
WHAT IS THE BLOOD-TYPE TEST FOR?

As part of your standard lab work, we will find out what your blood type is. You may already know your type, but we will check to be sure.

Blood type is described with one or two letters (O, A, B, or AB) and either positive or negative. For instance, O+ (O positive), or AB- (AB negative).

WHAT DOES THE + OR - SIGN MEAN?

The positive (+) or negative (-) part of your blood type tells if you have one of the Rh factors, the D antigen, also called Rho(D), on your red blood cells. Most people do, but some do not. If you do not, you are said to be Rh negative.



IS IT A PROBLEM IF I AM RH NEGATIVE?

During and sometimes before birth, some of the baby's blood can get into mom's bloodstream. When this happens, an Rh negative mom's body may respond as if it were allergic to the baby's blood. The mom's body starts making antibodies to destroy the baby's blood cells. This allergic reaction is called *Rh sensitization* (*sen-sit-eye-zay-shun*)

IS RH SENSITIZATION DANGEROUS TO MY BABY?

It usually does not cause a problem for the first Rh positive baby, but it may. All Rh positive babies born to a mom who is Rh negative may be at risk for severe anemia, jaundice, brain damage, heart failure and other problems, ranging from mild to fatal.

WHAT DOES *RHO*GAM DO?

RhoGAM is a shot that can prevent Rh sensitization. It is given to Rh negative moms who are not already sensitized at the following times:

- 28 weeks
- After any invasive procedure (such as amniocentesis)
- Shortly after birth unless baby is Rh negative

Side effects are rare, but may include allergic reaction.

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What Tests Might I Have?

Test	Why	How	When	Who should be tested	Risks	Special information
<p>Positive test result means a greater chance of your baby having the condition. Negative test result means there is a lower chance of your baby having the condition.</p>						
Non-Invasive Prenatal Testing (NIPT)	Assess your risk of having a baby with: <ul style="list-style-type: none"> Down Syndrome (Trisomy 21) Edwards Syndrome (Trisomy 18) Patau Syndrome (Trisomy 13) 	Blood test	10 weeks and over	<ul style="list-style-type: none"> High risk pregnancies All women 35 and older at delivery Abnormal blood test Abnormal ultrasound Prior pregnancy with a chromosome condition Family history of a chromosome condition 	None	Does not screen for neural tube defects, such as spina bifida (opening of the spine).
First Trimester screening	Assess your risk of having a baby with: <ul style="list-style-type: none"> Down Syndrome Edwards Syndrome Heart Defects 	Blood test and ultrasound	11-13.6 weeks	All women who want to know ahead of time to plan or prepare	None	Does not screen for neural tube defects
Quad Screen	Assess your risk of having a baby with: <ul style="list-style-type: none"> Down Syndrome Edwards Syndrome Spina bifida or other neural tube defect Abdominal wall defects 	Blood test: Tests for four substances in mom's blood that can show the risk for certain chromosome conditions	15-24 weeks	All women who want to know ahead of time to plan or prepare	None	<ul style="list-style-type: none"> About 8 out of 10 babies with Down syndrome or spina bifida are discovered with this test. About 6 or 7 out of 10 babies with Edwards Syndrome are discovered with this test. This test is not 100% accurate. If the test is positive we may suggest further testing, including amniocentesis.

What Tests Might I Have? (Continued)

Test	Why	How	When	Who should be tested	Risks	Special information
Cystic Fibrosis (CF)	Test one or both parents for carrier status for CF	Blood test	Any time during pregnancy	All women who want to know ahead of time to plan or prepare	None	<ul style="list-style-type: none"> Parents can carry the gene but not have the disease. If both parents have the gene and they each pass it to the baby, the baby will have CF.
Ultrasound (US)	Checks: <ul style="list-style-type: none"> Anatomy and growth of baby Health of placenta May show the sex of the baby, depending on baby's position 	<ul style="list-style-type: none"> Water-based gel on your belly and pelvis area Hand-held probe over the area Gel helps transmit sound waves Sound waves bounce off the baby Creates a picture of the baby 	18-22 weeks Can also be done at other times in the pregnancy for various reasons	All women who want to know ahead of time to plan or prepare	None	<ul style="list-style-type: none"> You will be asked to arrive for the test with a full bladder. It may be uncomfortable. This makes it easier to see the baby. Vaginal ultrasound - sometimes done in early pregnancy: probe is placed in the vagina.
Amniocentesis (Amnio)	Can provide a diagnosis for many chromosomal or genetic conditions, including spina bifida	<ul style="list-style-type: none"> Doctor uses US to find a safe place to insert a thin needle through mom's belly and into baby's water sac Some fluid is removed and tested 	15-22 weeks	<ul style="list-style-type: none"> All women 35 and older at delivery Women who had an abnormal blood screening test Women who had an abnormal ultrasound 	1 in 200 chance of miscarriage	<ul style="list-style-type: none"> The amnio is accurate in 99 out of 100 women in detecting chromosome problems. It can also test for specific genetic diseases that may or may not run in your family. The decision on whether or not to have an amnio is a difficult one. You and your partner should discuss the risks and the benefits, and make the decision that best fits you and your family.

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Common Symptoms and How to Handle Them

Common symptoms	How to handle them	What to avoid
Back Pain	<ul style="list-style-type: none"> Heat or ice (see what works better) <i>Tylenol</i> (Regular or Extra Strength) Massages, physical therapy, acupuncture and chiropractic care are safe during pregnancy 	<ul style="list-style-type: none"> Avoid TENS (electrical stimulator) units
Cold and Flu	<ul style="list-style-type: none"> <i>Tylenol</i> (Regular or Extra Strength) <i>Actifed</i>, <i>Tylenol-Cold</i>, <i>Sudafed</i> 	DO NOT USE ibuprofen (<i>Advil</i>), naproxyn (<i>Aleve</i>) or aspirin
Constipation	<ul style="list-style-type: none"> Increase fiber: Bran cereal or fiber supplement Increase fluid intake Exercise <i>Metamucil</i>, <i>Miralax</i>, <i>Milk of Magnesia</i> <i>Citrucel</i>, <i>Fiber Con</i> (must be taken with 8 ounces of water) Stool softeners: <i>Colace</i> or <i>Pericolace</i> 	
Cough	<ul style="list-style-type: none"> <i>Robitussin</i> (plain or DM) <i>Mucinex</i> Cough drops 	
Diarrhea	<ul style="list-style-type: none"> Increase clear fluids BRAT diet (Bananas, Rice, Applesauce and Toast) 	<ul style="list-style-type: none"> Avoid milk products
Gas	<ul style="list-style-type: none"> <i>Phazyme</i> or <i>Gas X</i> 	
Headache	<ul style="list-style-type: none"> Alternate warm and cold compresses <i>Tylenol</i> (Regular or Extra Strength) Rest, relaxation and massage 	DO NOT USE ibuprophen (<i>Advil</i>), naproxyn (<i>Aleve</i>) or aspirin
Heartburn	<ul style="list-style-type: none"> Eat smaller, more frequent meals <i>Mylanta</i>, <i>Riopan</i>, <i>Tums</i>, <i>Pepcid</i>, <i>Zantac</i> or ginger Let your doctor know if these no longer help, as acid blockers may be needed 	<ul style="list-style-type: none"> Avoid spicy or fried foods Don't lie down for two hours after eating

Common Symptoms and How to Handle Them (Continued)

Common symptoms	How to handle them	What to avoid
Hemorrhoids Hemorrhoids are enlarged rectal varicose veins that are often itchy and painful.	<ul style="list-style-type: none"> ■ Warm baths for 20 minutes twice a day may help ■ Cream, suppositories or <i>Preparation H</i> ■ <i>Tucks</i> pads are very soothing when cold 	<ul style="list-style-type: none"> ■ Try to avoid straining with bowel movements and constipation
Insomnia (Unable to sleep)	<ul style="list-style-type: none"> ■ Warm baths ■ Relax with soft music ■ Massages ■ Try sleeping on your side with a pillow to support your knees and hip joints ■ <i>Benadryl</i> 25 mg on occasion may help if you have difficulty falling asleep ■ You may sleep in any position. If you feel more comfortable sleeping on your back, place a pillow under your side to tilt your uterus. This will give you and your baby better blood flow. 	
Muscle Cramps	<ul style="list-style-type: none"> ■ Increase fluids ■ Wear comfortable shoes ■ Stretching ■ Consider taking calcium / magnesium 	
Nasal Congestion	<ul style="list-style-type: none"> ■ <i>Ocean</i> spray ■ Vaporizer ■ <i>Robitussin</i> (plain or CF) 	
Nausea/ Vomiting	<ul style="list-style-type: none"> ■ Try eating small frequent meals ■ Eat crackers, dry toast, hard candy, plain popcorn or dry cereal ■ Bland diet ■ <i>Sea Bands</i> (over-the-counter) ■ <i>Emetrol</i> (over-the-counter) may settle your stomach ■ Dry toast or crackers before getting out of bed in the morning 	<ul style="list-style-type: none"> ■ Avoid spicy and greasy foods
Sciatic Nerve Pain Pressure on your sciatic (sigh-at-ick) nerve may cause pain or numbness in your lower back and down one leg.	<ul style="list-style-type: none"> ■ Change positions Massage or Physical therapy ■ Stretching ■ Tylenol (Regular or Extra Strength) ■ Heating pad 	
Seasonal Allergies	<ul style="list-style-type: none"> ■ <i>Benadryl</i>, <i>Claritin</i>, <i>Allegra</i>, <i>Zyrtec</i> or <i>Sudafed</i> 	

Common Symptoms and How to Handle Them (Continued)

Common symptoms	How to handle them	What to avoid
Sore Throat	<ul style="list-style-type: none"> ■ Chloraseptic spray or lozenges ■ Tylenol (Regular or Extra Strength) 	
Spotting Common, especially early and late in the pregnancy.	If you have any spotting please call your provider.	
Stretch Marks Occur in about 9 out of 10 women on your abdomen, breast or thighs.	Nothing prevents this, but keeping your skin soft with lotion may help.	
Swelling Leg swelling is very common at the end of pregnancy.	<ul style="list-style-type: none"> ■ Elevate your legs ■ Wear support hose ■ Increase your water intake ■ If you have sudden and severe ankle swelling and rapid weight gain, or if you notice pain, warmth or swelling in one leg, please call your provider right away. 	<ul style="list-style-type: none"> ■ Decrease sodium (salt) in your diet ■ Avoid prolonged standing or sitting in the same position
Urinary Tract Infection (UTI) Signs of a UTI include the need to urinate often, foul-smelling urine, or burning when you urinate.	<ul style="list-style-type: none"> ■ Call your provider if you have any symptoms of UTI. ■ You can help prevent UTI's by drinking at least 64 oz. of water a day 	
Varicose Veins	<ul style="list-style-type: none"> ■ Support hose are very helpful ■ Elevate your legs several times per day 	<ul style="list-style-type: none"> ■ Avoid standing for long periods of time
Yeast infections	<ul style="list-style-type: none"> ■ Over-the-counter creams or inserts are fine (even though insert states not in first trimester) ■ Monistat – use for 3-7 days 	

WHAT IF I HAVE A COLD OR SOME OTHER NON-PREGNANCY RELATED ISSUE?

If you have an HMO or POS plan, you should see your Primary Care Provider (PCP) for all care not directly related to the pregnancy. The exception would be if your PCP refers you to a specialist.

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Family Medical Leave Act (FMLA)

With the FMLA, if you are an eligible employee of a covered employer, you may take 12 weeks of unpaid, job-protected leave for the birth of a child. Group health insurance coverage continues as if you had not taken leave.

HOW WILL YOU HELP?

We are happy to fill out any disability and FMLA paperwork your employer may need. Most employers request that paperwork be returned to them 30 days before the estimated leave date. This is usually the due date (if pregnant), or the date of surgery.

WHEN CAN I SUBMIT THE PAPERWORK?

We will accept paperwork at any time. We will not complete it until closer to the 30-day mark. This allows for changes in your status and your FMLA claim to be correct.

If your employer needs FMLA paperwork sooner than the 30 days, please have them contact our FMLA specialists.



WHAT IF I NEED TO STOP WORKING SOONER THAN EXPECTED?

If your FMLA starts sooner than expected, we will rush your paperwork to your employer. All employers will waive the 30-day requirement if there is an emergency.

WHAT ABOUT WORK RESTRICTION?

At times a provider will place a pregnant woman on work restriction or part-time due to medical issues. This is called intermittent FMLA.

If this happens to you, we can change your initial FMLA paperwork to reflect these changes, and get the paperwork to your employer. We cannot request intermittent FMLA for medical conditions that MAY happen in the future during the course of your pregnancy.

WHAT IF I CALL IN SICK DUE TO MY PREGNANCY?

We can give medical proof to your employer, such as a missed work note, if you miss work for pregnancy-related illnesses, such as morning sickness. In order to do this, you will need to be seen by your provider.

WHO SHOULD I CALL IF I HAVE QUESTIONS?

If you have any questions, feel free to contact your doctor's office and ask to speak with the FMLA staff.

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Your Hospital Visit

WHAT TO BRING TO THE HOSPITAL

Because babies tend to pick their own birthdays, try to pack one month or so before your expected due date. Remember to keep valuables at home.

FOR MOM

- Insurance card and prescription card
- Robe and nightgown
- Pillow
- Music
- Lip balm for during labor and delivery
- Toiletries (shampoo, comb, toothbrush and toothpaste)
- Slippers
- Focal point, if desired
- Change of clothes to wear home (maternity clothes)



FOR BABY

- Set up your car seat and have it ready for your baby. (It is a mandatory Washington state law for your baby to ride home in a car seat from the hospital.)
- Two receiving blankets
- Clothes to wear home (t-shirt, "onesie," hat, booties and sleeper)
- Heavy blanket (if giving birth during cold weather)
- Outfit for newborn pictures

FOR YOUR SUPPORT PERSON

- Change of clothes
- Toiletries
- Pillow and comfy blanket
- Snacks
- Address book or phone list of people to notify
- Camera, batteries and charger for camera and phone
- Money for cafeteria and change for vending machines

Your Hospital Visit (Continued)

VISITOR POLICY

It is our policy to promote family-centered maternity care. We realize that families are not always defined by blood or legal relationships; therefore, it is not our intention to limit your options for support during this time. However, we reserve the right to monitor situations regarding patient condition and safety and the right or privacy for all involved. We also reserve the right to limit visitors if patient safety or privacy may be at risk.

- All family and visitors are screened for cold and flu symptoms or recent exposure to a communicable disease such as "chicken pox," prior to entrance to patient care areas daily. Individuals experiencing symptoms of cold, flu, or exposure will not be permitted into the patient care areas.
- Well and screened siblings along with immediate family members are always welcome any time of the day.
- Family Birth Center may implement more restrictive visitor guidelines as needed for patient safety as guided by medical directors during the high risk flu season or communicable disease outbreaks.
- For safety and confidentiality reasons, visitors are not permitted to wait outside your labor room in the hallway. For your convenience, waiting areas are located throughout the Family Birth Center.

VIDEOTAPING OF HOSPITAL STAFF

As a matter of courtesy, you need to obtain permission from hospital staff before videotaping them. All patients are assured of confidential treatment. In the interest of others' privacy, please limit your taping to your room. We are unable to permit photographs or videotaping at the nurses station or in the hallways. Because the Medical Center cannot assume responsibility for photography equipment, please plan carefully.

HOW WILL I BE MONITORED AND CARED FOR DURING MY LABOR?

Your nurse will continually monitor you and your baby during labor. Depending on your risk level, you will have your contractions and baby's heart rate monitored either constantly or intermittently.

An IV is placed and lab work is drawn for your safety. Vitals signs are monitored frequently.

Your provider (doctor or midwife) involved with your care will be called and updated regularly.

Your Hospital Visit (Continued)

WHAT IF I HAVE A BIRTH PLAN

Choices such as labor positions, environment preferences, and how to manage your pain are often part of what is called a "birth plan."

If you have a birth plan for how you wish your labor and delivery to go, be sure to share it with us. We can place a copy of your written birth plan in the chart to help with communication among the staff about your desires for your labor and birth.

WHAT IF THE UNEXPECTED HAPPENS?

Please be flexible. We will do everything we can to fulfill your wishes for your labor and birth. However, it is important to know that conditions can change quickly during labor and childbirth. At times, due to the safety needs of you and your baby, we might not be able to offer everything you desire for your birth.

We want to make you as comfortable as possible, so please do not hesitate to ask for something that will help you through labor.

WHAT ABOUT MEDICAL PROCEDURES?

Depending on your progress and the condition of you and your baby, medical procedures may be used for you and your baby's safety. These procedures will be explained, and your questions and concerns will be fully addressed.

WHAT ARE MY OPTIONS FOR PAIN RELIEF DURING LABOR?

There are many options when it comes to pain relief during labor. Some women choose non-medical pain relief options for childbirth. These include massage, breathing, music, and relaxing, among others. Some women prefer to use medical options to help with pain.

Which option you choose depends on many things. Each labor and birth is unique. Therefore, your pain relief options will be used based on your desires, as well as the health and safety concerns for both you and your baby.

Medical pain relief options during childbirth include the following:

- IV pain medication
- Local anesthesia
- Nitrous Oxide
- Regional anesthesia (epidurals and spinals)
- General anesthesia

Your Hospital Visit (Continued)

HOW LONG WILL I STAY IN THE HOSPITAL?

Triage Visits

Typical initial visit to the hospital when you may feel you are going into labor or the doctor wants you and your baby monitored for a short period of time. One support person is allowed to stay with you in this area. In triage, we check to see if you are ready to be admitted to the hospital.

Vaginal Delivery

This is usually a 2 day hospital stay to make sure you and your baby are doing well before discharged to home. There is an option to be discharged earlier if both OB and Pediatrician agree that this is safe.

Cesarean Section

This is usually a 3 day hospital stay to make sure you and your baby are doing well before being discharged to home. There is an option to be discharged earlier if both the OB and Pediatrician agree that this is safe.

Special note: For the patient's safety for cesarean section deliveries, only one support person is allowed in the surgical suite with the patient.

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Breastfeeding Tips: Preparing for Your Hospital Stay

This is an exciting time! You will want to take some steps to prepare for feeding your baby.

FIRST

Breastfeeding is a normal healthy process, and babies ARE born to breastfeed. It is a good idea to give yourself and baby the grace to have a learning curve. It will get easier the more you breastfeed together, and we are here to support you. Here are a few helpful tips to make early feeding go more smoothly.



WHAT TO BRING

- During the stay here, baby should be skin to skin with mom or your support person as much as you wish. A diaper and swaddle blanket are all you need.
- Comfy clothing for mom that allows easy access to breastfeeding and holding baby skin to skin.
- A soft nursing bra or camisole
- Nursing pillow if you wish

DAY ONE, WHAT TO EXPECT

- Babies usually are alert and ready to feed just after delivery.
- We will place baby on your chest, skin to skin if everyone is doing fine; and cover baby with a blanket.
- Baby will stay there until after the first breastfeeding or, if formula feeding, after the first hour.
- If you have a cesarean delivery, baby can go skin to skin in the operating room if all is well with you and you wish to.
- Try to feed baby 8 or more times every 24 hours or more often whenever baby shows feeding cues.

Feeding Cues

- Rooting with mouth
- Licking lips
- Turning and opening mouth to anything touching on baby's cheek
- Hands to mouth
- Babies are sleepy in the first day and may not nurse well
- If it has been 3 hours since last feeding, try to breastfeed baby
- If baby is too sleepy, place skin to skin for 30 minutes

Breastfeeding Tips (Continued)

Feeding Cues (continued)

- If baby does not show feeding cues after 30 minutes of skin to skin, hand express your first milk, called colostrum, and refeed with an oral syringe (the hospital will supply you with these and we will teach you how to use them)
- Try to rest whenever baby is sleeping

DAY TWO, WHAT TO EXPECT

Babies are much more awake in the second day and want to breastfeed often. This is NORMAL! It usually happens during the second night of baby's life.

- Try to feed whenever baby shows feeding cues and at least 8 times. Plan to be awake a lot the second night.
- Take naps during the day when you can
- Consider having someone come to stay with you who can stay up with you and support you during this time
- The frequent feedings will help your milk come up to full volume sooner

HOW TO TELL BABY IS GETTING ENOUGH MILK

- You will hear occasional swallows when baby nurses. These will become more frequent as your milk increases in volume
- We look at baby's diapers to tell if baby is getting enough

Day One: _____1 wet diaper _____1 poopy diaper

Day Two: _____2 wet diapers _____1 poopy diaper

Day Three: _____3 wet diapers _____1 poopy diaper

Day Four: _____4 wet diapers _____1 poopy diaper

Day Five: _____6+ wet diapers _____3+ poopy diaper

- We will also weigh baby daily and help monitor weight.

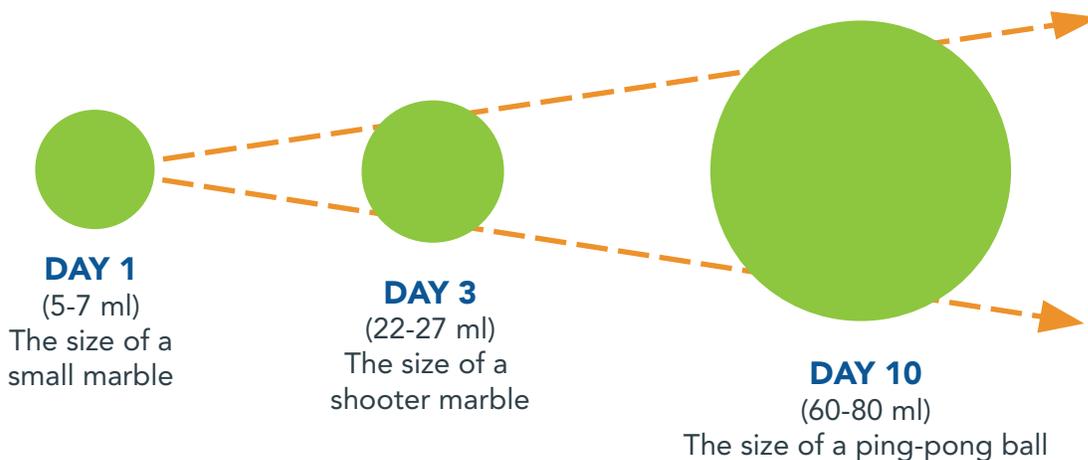
Breastfeeding Tips (Continued)

DON'T BRING

Pacifiers

In the early weeks, when feeding is getting established, if baby shows feeding cues, he is telling mama he needs to eat. Frequent breastfeeding with baby's cues helps get breastfeeding off to the best start. Pacifiers are not recommended until after baby is one month old.

BABY'S TUMMY SIZE



Baby needs to breastfeed frequently to fill and then over-fill the tiny tummy, so it can hold more. Because of this, expect baby to need "meals and snacks."

BREASTFEEDING RESOURCE AND SUPPORT

For more information on breastfeeding, please access this wonderful resource from womenshealth.gov:

<https://www.womenshealth.gov/files/documents/your-guide-to-breastfeeding.pdf>

Because feeding your baby is a personal journey, we will guide and support you along the path for a healthy start.

If you plan to use formula, let your nurse know and she can assist you after the birth of your baby.

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Tracking Your Pregnancy

When it comes to tracking your pregnancy, there are a few ways to do it. With the surge of technology you can now track your pregnancy with your smart phone or tablet by using pregnancy tracking apps. With so many apps to choose from it may be hard to pick one. Here are a few along with what they offer.

OVIA PREGNANCY TRACKER (ANDROID, IOS)

- Pregnancy tracking tools that you can personalize to match your pregnancy development calendar
- Symptom tracker
- Food and medication safety guides.
- Sleep, exercise, mood and blood pressure can all be tracked and logged in categorized notebook to record everything from questions for your doctor, shopping lists, cravings and more

TOTALLY PREGNANT (ANDROID, IOS)

- All-in-one knowledge base app
- 3D videos modeling your baby's development
- Informative videos, articles
- Week-by-week pregnancy timeline



MY PREGNANCY TODAY (ANDROID, IOS)

- Keep track of their baby's growth
- Fetal development images
- Daily calendar with information on the changes that the body undergoes in pregnancy
- Foods and activities to avoid when they're expecting
- Organizers and checklists help keep track of doctors' appointments
- A 'Birth Club' feature allows you to get in touch with other mothers in the same stage of pregnancy, allowing you to share stories, advice and experiences.

I'M EXPECTING (ANDROID, IOS)

- Daily and weekly updates keep mothers informed about changes to their baby and their bodies, complete with videos, detailed guides and tips
- To-do lists, checklists, notifications and reminders help you prepare for the big day
- Weight tracker
- Baby bump photo diary allow you to track your weight and baby bump
- Online community lets you ask questions and get in touch with other users

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Longview Resources and Providers

PEACEHEALTH RESOURCES

PeaceHealth Healthy You blog

peacehealth.org/healthy-you

PeaceHealth St. John Family Birth Center

1615 Delaware Street
Longview, WA 98632

360-414-2000

peacehealth.org/longviewmom

PEACEHEALTH PROVIDERS

Obstetrics & Gynecology

Women's Health Clinic
1660 Delaware Street
Longview, WA 98632

360-414-2800

peacehealth.org/longview/obgyn

Family Medicine/OB

1615 Delaware Street
Longview, WA 98632

360-414-2385

Family Medicine

1615 Delaware St.
Longview, WA 98632

360-414-2385

peacehealth.org/longviewprimarycare

812 Ocean Beach Highway
Longview, WA 98632

360-636-6900

1718 E. Kessler Boulevard
Longview, WA 98632

360-747-5800

ADDITIONAL USEFUL RESOURCES

Car seat resources: Car seat resources can be accessed through Apple Health. Community Health Plan members call **(866) 418-2803**. Molina members call **(800) 869-7165**.

American Academy of Pediatrics

www.aap.org

American College of Obstetrics and Gynecology

www.acog.org/patients

Center for Disease Control

www.cdc.gov

National Institutes of Health

www.nih.gov

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Vancouver Resources and Providers

PEACEHEALTH RESOURCES

PeaceHealth Healthy You blog

peacehealth.org/healthy-you

PeaceHealth Southwest Family Birth Center

400 NE Mother Joseph Place

Vancouver, WA 98664

360-514-2000

peacehealth.org/vancouvermom

Car seat resources: PeaceHealth Southwest has a monthly car seat class and clinic to help you. Call **360-514-2229** for more information.

PEACEHEALTH PROVIDERS

Obstetrics & Gynecology

505 NE 87th Ave, Suite 160

Vancouver, WA 98664

360-514-1060

peacehealth.org/vancouver/obgyn

Family Medicine

87th Avenue

505 NE 87th Ave, Bldg A, #260

Vancouver, WA 98664

360-514-6450

peacehealth.org/vancouverprimarycare

Fisher's Landing

16811 SE McGillivray

Vancouver, WA 98683

360-735-8100

Memorial Campus

100 E. 33rd Street, Suite 100

Vancouver, WA 98663

360-514-7550

ADDITIONAL USEFUL RESOURCES

American Academy of Pediatrics

www.aap.org

American College of Obstetrics and Gynecology

www.acog.org/patients

Center for Disease Control

www.cdc.gov

National Institutes of Health

www.nih.gov

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