



MILL CREEK OB|GYN

Specialists in Women's Healthcare

15808 Mill Creek Blvd • Suite 200 • Mill Creek, WA 98012 • (425) 673-3420 • Fax (425) 673-3423

General Pregnancy Information

Congratulations on your pregnancy!

We would like to welcome you to Mill Creek OB/GYN and look forward to caring for you during your pregnancy. Our patients deliver at Providence Hospital. Dr. Steinberg is part of a group of physicians who share call at the birth center, which means that if Dr. Steinberg is not available when you go into labor, another qualified physician will attend your birth. Generally, your first visit will take place between 8-10 weeks after the start of your last menstrual period and first exam will be between 10-12 weeks. If you have a chronic illness such as diabetes or high blood pressure, please call us so that we may determine if you need an earlier appointment. Your appointments will be monthly until 28 weeks (approximately your 6th month), then every two weeks until 36 weeks. During your last month, we will see you in the office every week until you deliver. Due to high demand of appointments with Dr. Steinberg, you will alternate your prenatal visits between Dr. Steinberg and one of our nurse practitioners, Amy or Rebecca.

COMMON SYMPTOMS

Often women experience some or all of the following symptoms: fatigue, breast tenderness, urinating frequently, nausea and sometimes vomiting. If you vomit frequently, call us so we can assess the problem and offer some common remedies. If you are not better with these remedies, we may prescribe a safe medication.

REASONS TO CALL

If you have mild cramping or light bleeding, try to rest. Avoid heavy lifting, exercise and sexual activity. It is also helpful to increase your water intake. If these symptoms continue or get worse please call our office. If you feel you have an urgent or emergency condition after hours (severe cramping, bleeding or abdominal pain) call the office number 425-673-3420 and the answering service will connect you to a physician.

MEDICATIONS

Use only those medications that are approved or prescribed by a provider who knows you are pregnant. You may use Tylenol (acetaminophen) and the antacid Tums according to the package instructions. Do not use aspirin or other anti-inflammatory medications (ibuprofen, Advil, Motrin, Aleve) unless specifically advised. The following cold and flu remedies are safe in pregnancy: Robitussin, ChlorTrimeton and Tylenol Sinus. Natural medications and herbal supplements have not been adequately tested in pregnancy, so we recommend avoiding them.

SMOKING

Smoking is known to be unhealthy for you and your baby. We prefer that you quit smoking. If you are unable to quit smoking completely, we recommend that you try to decrease the number of cigarettes smoked and avoid the second hand smoke of others. If you need assistance with quitting, please let us know.

ALCOHOL AND DRUGS

Alcohol and drugs should NOT be used in pregnancy. If you have a drug or alcohol abuse problem, let us know so we can assist you in getting appropriate treatment. It is usually not a problem if you had a moderate amount of alcohol before you knew you were pregnant.

CAFFEINE

High consumption of caffeinated beverages (more than 2 cups per day) is associated with an increased miscarriage rate. Caffeine is relatively safe in pregnancy so long as you keep it in moderation.

CATS/GARDENING/RAW MEAT

Toxoplasmosis is a parasite transmitted by cat feces and can be a source of fetal harm. It's best to avoid contact with cat litter and soil in a garden where cats may leave feces. If you like to garden or have no option but to change your cat's litter, wear gloves and wash your hands well with soap and water afterward to protect yourself and your baby. Similarly, eating raw or undercooked meat and seafood can lead to a potentially harmful infection. We recommend that you cook your meat thoroughly; wash your hands well before and after handling meat and avoid eating raw seafood and sushi.

CHEMICALS

Try to avoid closed spaces when working with cleaning agents, paints and hair or nail products. Having your hair colored or permed is fine, but be warned that your hair's response to coloring agents or perms may be different in pregnancy. In general, we recommend that you avoid the use of solvents, oil based paints, and mineral spirits (e.g. turpentine).

DENTAL WORK AND X-RAYS

Dental work can be performed while pregnant and local anesthetics can be used. Dentists may recommend antibiotics for certain procedures. Penicillins, erythromycin and cephalosporins are all safe. Dental x-rays are safe as long as the abdomen and pelvis are draped with a lead apron.

HOT TUBS AND SAUNAS

Raising your body's core temperature can cause harm to the fetus, so we recommend that you avoid hot tubs and saunas during your pregnancy. Taking baths at a moderate temperature is fine throughout pregnancy.

EXERCISE

Exercise that you commonly did before you were pregnant is typically safe throughout your pregnancy. However, this is not a good time to start a rigorous exercise program. When exercising, drink extra water before, during and after your workout and stop if you become short of breath.

TRAVEL

If there are no complications in your pregnancy, traveling is fine up through the 28th week (end of the 6th month). In the last trimester, travel may be fine, but needs to be addressed on a case-by-case basis with your provider.

PRENATAL VITAMINS

One prenatal vitamin with folic acid is recommended each day. These are available both over the counter and by prescription. If you purchase prenatal vitamins over the counter, be sure they contain at least 0.8 mg (800mcg) of folic acid.

We hope these guidelines are helpful during your pregnancy. If you have further questions, we can discuss them at your first visit. If you feel that an issue cannot wait, please give our office call.

Thank you for choosing Mill Creek OB/GYN to provide your medical care.

ROUTINE PRENATAL PATIENT EDUCATION TOPICS

INDEX

The following topics are included in the Routine handouts. Please note that we have intentionally left out alphabetic codes to allow for future additions and to allow you to insert your own handouts.

A	Outline Prenatal Care in Your Practice
	Relationships with Fathers
	A New Baby and Other Children
B	What to Expect Now That You're Pregnant
C/D	Warning Signs in Early Pregnancy/ How Far Along is My Baby?
E/1	Seat Belts in Pregnancy
E2	Exercise in Pregnancy
F	Weight and Diet
H/I	General Health Care/ How Far Along is My Baby?
J	Maternal Serum Screening
K	Breast or Bottle Feeding
L/M	Involving Your Family in the Pregnancy/ How Far Along is My Baby?
O/P	Preparing for the Hospital/Prepared childbirth
R/S	Signs of Labor/Labor and Delivery
T	Fetal Monitoring
U	Anesthesia
V/W	Episiotomy/Complications of Labor and Delivery
X	Cesarean Birth
Y	Warning Signs of Late Pregnancy
AA	The First Days with Your Baby
BB	Circumcision
CC	Neonatal Problems
DD	Taking the Baby Home
EE/FF	Your Baby's Doctor/How Far Along is My Baby?
HH	Postpartum Care
LL	Preparing to Breast Feed
MM	Well Child Care
PP	Fetal Development - Term
II-1	A Guide to Birth Control Methods
II-2/II-3	Birth Control Pills
II-4/II-5	Norplant/Depo-Provera
II-6/II-7	Sterilization
II-8/II-9	Barrier Contraception-Condom-Diaphragm-Cervical Cap
0/II-11	Contraceptive Sponge-Vaginal Spermicide/Rhythm Method-Withdrawal

RELATIONSHIPS WITH FATHERS OR PARTNERS

Recently, there has been an increased interest on the part of the fathers/partners in the birth experience. There has also been a change in our society's attitude and now fathers/partners are encouraged in their efforts to experience the pregnancy and childbirth.

The pregnant woman experiences the physical changes taking place and is constantly reminded of impending parenthood. Often the partner feels like an outsider and has difficulty relating to his changing role.

The partner needs to understand what is happening to the mother of their child, what effect this pregnancy will have on this relationship with her, and what the new baby will mean to both of them.

Sexual concerns often surface. The partner may fear that sexual intercourse will somehow harm the developing child. Conflicting feelings regarding the pregnancy, physical difficulties, and a constant concern over how all this will affect the relationship contributes too much frustration. With others, there is a "fear of abandonment," that the child's birth will change their relationship with the mother and that perhaps she will no longer love them.

It is very important that both parents openly discuss their feelings. They must come face to face with what is happening and how it is affecting them so they may make changes accordingly.

Partners who are well informed and attend childbirth classes to help with the birth of their child, often express their pride in their being there to "give birth." They often have tremendous feelings of importance. These partners seem to be able to more readily accept the role of parents and quickly become actively involved in all aspects of their child's care.

When the partner views pregnancy as a "growing" experience, they have the opportunity to gain a deep understanding of themselves and the mother of their child. This can help make this period in their lives quite satisfying which may help smoothly pave the road into parenthood.

A NEW BABY AND OTHER CHILDREN

The arrival of a new baby is often the first real “crisis” in the life of a young child. There is no “right” time to tell the other children about another child coming. It all depends upon their ages, how long they may need to adjust to the news, and how comfortable you are discussing it with them at that time. It is important to tell them before you go to the hospital and before the baby is born.

Each child will react in their own way depending upon how he/she views the “new addition” to the family. Children may feel threatened and react with behavior unlearned. They return to soiling their clothes, acting helpless, speaking baby talk, or acting hostile.

It is best to help them view the situation positively. Encourage them to talk about some of the changes that may occur in the household with the arrival of the new baby. Encourage conversation from your children about their feelings. Allowing your children to help prepare for the new baby is often helpful. Perhaps taking them along on a shopping trip for baby items will help with their understanding and good feelings about the situation. Allow them to help around the house in new and different ways. They will usually appreciate the independence and enjoy their new feeling of importance.

After the baby comes, be sure to set aside time especially for your older children, so they won't feel neglected. Young children need constant reassurance that they are loved.

Our hospital now allows young children to visit the new baby soon after birth. Many parents feel that involving the other children early with a new baby promotes family closeness and helps to avoid other possible problems with insecurity, jealousy and rivalry.

You may want to think about “what is right” for your family and what is available in your community for providing you with the type of birth experience you desire. Please feel free to discuss with your doctor any questions or concerns you may have regarding the adjustments of your other children to your new baby.

WHAT TO EXPECT WHEN YOU'RE PREGNANT

Pregnancy should be a pleasant time for you, but some body changes may appear. If you know about them, they are less likely to worry you.

WHAT ARE THE NORMAL BODY CHANGES THAT I MAY FEEL WHILE PREGNANT?

Your breasts will get larger and firmer. The areola or dark areas around your nipples will get darker and may develop bumps in them. Veins in the breast may become more noticeable. At the 4th or 5th month, your nipples may start giving off a clear or cloudy liquid.

You may feel sick to your stomach during the first half of your pregnancy. Sometimes this is worse in the morning. Also you may feel heartburn (a burning sensation in your chest). These discomforts can be helped by eating smaller meals and eating more often. For example, rather than eating three regular meals a day, try six small meals each day. Also try to snack on plain crackers (without butter) especially early in the morning before getting out of bed. Try getting more rest and drinking very hot or very cold liquids. For heartburn, try not to lie down for at least one hour after eating.

Your moods may change. It is not unusual for a pregnant woman to feel happy one minute and sad soon after without an apparent reason.

You may get tired more easily.

You may notice pulling pains in your lower belly and hip areas. These are usually caused by the growth of your uterus.

Your belly will get larger as your baby grows inside.

You may notice skin changes such as stretch marks or striae (pinkish lines on your breasts or belly) later in the pregnancy and some brown blotches on your face. Creams, lotions, or oils do not prevent these changes. However, after pregnancy the marks tend to fade and are less noticeable.

You may get constipated and have to strain to have bowel movement. Hemorrhoids (large blood vessels near the opening of your rectum) may develop. Constipation is best prevented or relieved by including more fiber in your diet. Foods such as fresh fruits, fresh vegetables and bran cereal are often helpful. Do not take laxatives unless this is first discussed with your physician.

You may experience changes in your legs such as cramps and possibly develop enlarged blood vessels (varicose veins).

You may get acne and body hair increase. These are usually normal results of changes in the

body's hormones during pregnancy.

What should I do if any of these changes happen?

If they are bothering or worrying you, don't hesitate to let us know at your next visit. If you need it taken care of sooner, call the office.

WARNING SIGNS IN EARLY PREGNANCY SMOKING, ALCOHOL, DRUGS, CAFFEINE AND OTHER HAZARDS

FOR WHAT PROBLEMS SHOULD I CALL THE OFFICE RIGHT AWAY, EVEN AT NIGHT OR WEEKENDS?

Bleeding from the vagina.

Bad pains that do not quickly go away.

Chills and fever.

Vomiting that doesn't get better and if you are unable to hold down fluids.

Burning or any trouble passing urine.

WHAT ARE THE DANGERS OF CIGARETTES, ALCOHOL, CAFFIENE AND DRUGS?

These things can damage your unborn baby. If you already smoke cigarettes or drink any alcohol, you will be given more information. It is best not to smoke or drink alcoholic beverages while you are pregnant.

Some new information suggests caffeine in coffee, tea many cola's and other soft drinks may be a cause of miscarriage (loss of babies early in pregnancy) or harm the growth of the baby. It is best to try to avoid or limit caffeine-containing drinks while you are pregnant. Discuss the amount with your doctor.

It is wise to check with your doctor about the safety of any medication before taking it. But, if you are taking a medication necessary to your health, do not stop the medication without discussing it with your doctor. As for drug store medicines you can buy without a prescription, please discuss these with us before taking them.

IS IT TRUE THAT CATS MAY CARRY A DISEASE THAT COULD AFFECT MY BABY WHILE I AM PREGNANT?

Cats may carry a disease that is called Toxoplasmosis. This problem is rare but important, as it is rather easy to prevent. Even though it is rare, it has been known to cause very serious problems in newborn babies including mental retardation, growth failure, blindness and deafness.

To prevent it, avoid changing or cleaning the cats litter box as the disease is usually spread to humans by cat droppings. Ask someone else to do this for you.

Raw or poorly cooked meat (especially beef) is another cause of this disease. Cook all meat until it is well done and avoid eating raw beef in any form, including raw hamburger meat

while you are pregnant. It is also important to wash your hands after handling raw meat.

Other ways of preventing this problem are to wash fruits and vegetables before eating them and wearing gloves while gardening.

Let your doctor know if you have eaten raw meat or handled cat droppings (litter box). Your doctor will decide whether or not this is important.

HOW FAR ALONG IS MY BABY?

By the end of the third month your baby has formed all of its vital organs such as the heart, lungs, and kidneys. Also formed are the arms, legs, and the head. The baby weighs about one ounce and is three inches long.

In addition the placenta has formed. This is attached to the inside wall of the uterus (womb) on one side and to the umbilical cord on the other. The umbilical cord then goes on to attach to what will be the baby's belly button. Food or nutrition from your blood stream travels through the placenta into the blood stream in the umbilical cord and feeds your baby.

By the 4th month, your baby weighs about four ounces and is close to seven inches long. The head is the longest part of the body which now has completely formed eyes, ears, nose and mouth. The heartbeat can often be heard with a Doppler instrument that makes the beats sound louder. The visit on which we first hear heartbeats helps use be more sure of how far your baby has developed. Sometimes we may ask you to come in for several extra visits just to listen for heartbeats. If we don't hear them on the first few visits don't worry. It sometimes takes a while longer to hear the heartbeat in some pregnancies.

Sometime over the next month you should begin to feel the baby moving. At first this may feel like a faint, gentle fluttering in your belly. This movement is called "quickenings". Please write the date down when it happens and tell us at your next visit. This date helps us be sure of how far along your pregnancy has come.

By the fifth month of your pregnancy you baby is 12 inches long and weigh about one pound. Hair may be starting to grow on the head. Even though many internal parts of the baby are well developed, such as the heart and kidneys, the baby cannot survive outside the womb at this time.

If you haven't felt the baby move yet or the doctor has not heard the baby's heart beat yet, then these should happen soon. Your doctor may decide to do a simple test now or in a few weeks. This test, a sonogram, helps see the baby's age based on your last period. This is not an unusual occurrence, so don't become frightened if the test is ordered.

By the eighth month your baby probably weigh between two to four pounds and is somewhere between 15 and 17 inches long. Most important, is that your baby is now able to survive outside of you, if you were to deliver. He or she would be very premature but could be helped to develop normally.

SEATBELTS IN PREGNANCY

SHOULD I WEAR SEATBELTS DURING MY PREGNANCY?

Yes! Your doctor strongly recommends that you use them for your baby's safety, as well as your own.

WHY ARE SEATBELTS SO STRONGLY RECOMMENDED DURING PREGNANCY? I HAVE HEARD THAT THEY CAN BE DANGEROUS?

Studies of pregnant women in car accidents have shown that you and your baby are much less likely to have injuries if you are wearing a seatbelt.

WHAT KIND OF SEATBELTS ARE RECOMMENDED?

The best is the combinations of a lap plus a shoulder belt. If no shoulder belt is available, a lap belt worn correctly is better than no belt at all.

WHAT IS THE CORRECT WAY TO WEAR A SEATBELT IF I AM PREGNANT?

The lap belt should be worn low around the hipbones and be kept as tight as is comfortable. The shoulder belt should be kept above the high point of the abdomen (belly), but low enough to avoid having it cross over your neck. Be sure to use the seat headrest to support your neck. It is important to keep good posture while traveling.

IF I AM IN AN ACCIDENT, WHAT SHOULD I DO?

In anything more than a simple fender bender, you should get checked by your doctor as soon as possible. This is true even if you are not hurting, as your baby could still be affected. Your doctor may decide to do some simple tests to be sure your baby is doing well. If any vaginal bleeding or contractions occur, call your doctor immediately.

ARE YOU SAYING I SHOULD BUCKLE UP WHENEVER I GET INTO CAR?

Yes! Most accidents happen close to home so please don't save your best safety measures for long trips. Buckle yourself and baby up every time you travel, even on the way home from the hospital. By not using your seatbelt, you are taking the risk of hurting yourself or your baby. By buckling up, you are doing the very best you can to avoid injury.

EXERCISE IN PREGNANCY

WHY IS MY DOCTOR CONCERNED ABOUT THE KIND OF EXERCISE I DO DURING MY PREGNANCY?

Exercise makes you feel good and look good. Your physician wants to be sure you set up a safe exercise program. It is important that you know of any risks that could affect both you and your growing baby. If you provide your doctor with accurate information about the kind of exercise, frequency, and intensity you are used to or would like, a satisfactory exercise program can be set up to carry you through your pregnancy.

WHAT ACTUALLY HAPPENS TO MY BODY DURING PREGNANCY THAT CHANGES THE WAY EXERCISE AFFECTS BOTH THE BABY AND ME?

Your ligaments become easier to stretch. That is why you may feel a little wobbly just walking. It is easier to sprain something, like an ankle, or to pull a muscle. As your baby grows, your weight distribution is different; your center of gravity changes which may make it easier for you to lose your balance. Your ability to catch your breath (get enough oxygen,) is decreased during exercise. Because of these changes in your breathing and circulation systems you may occasionally experience dizziness or weakness. Now, when you exercise, you will notice you don't have the aerobic capacity you did before. With some adjustments you can continue to enjoy exercising and return slowly, to your desired program after your baby is born and your body is ready.

ARE THERE TIMES WHEN I SHOULD NOT EXERCISE AT ALL?

Yes! Your doctor may tell you to avoid exercise if you:

1. Have problems with early labor.
2. Are excessively overweight or underweight. However, you may be encouraged to do light exercise, such as regular walking
3. Have blood pressure, heart, lung, or thyroid problems.
4. Have experienced vaginal bleeding during the pregnancy.
5. Have a placenta that is covering the bottom part of your womb (placenta previa).
6. Are having problems with your baby's growth.
7. Have a baby that is in a position different than head downward during the last few months of your pregnancy. An example of this is breech.
8. Are severely anemic.
9. Have leaking from your bag of water.
10. Have experienced #1, 3, 5, or 7 on the above list during a different pregnancy.

HOW ABOUT SOME GUIDELINES FOR SAFE EXERCISING THAT I CAN USE DURING MY PREGNANCY?

1. Drink enough before exercising, even in the winter. Also drink fluids while

- exercising.
2. Warm up slowly, at least 5 minutes before starting.
 3. Stretch, but not to your limit so as not to injure your ligaments. Remember, they are looser now.
 4. Avoid exercises with jerky or bouncing motions.
 5. Use a stable floor. Avoid loose rugs that may slide.
 6. Exercise regularly (every other day), not just once in a while.
 7. No competitive exercises.
 8. Do not exercise during hot humid weather or if you have a fever.
 9. Your body temperature should not go above 38 degrees C. (101 degrees F). Avoid the use of hot tubs and saunas.
 10. After the 4th month, do not exercise lying down on your back
 11. No weight lifting or anything where you hold your breath and strain. Avoid doing sit-ups or abdominal crunches since these can cause some weakening of the area between the abdominal (stomach) muscles.
 12. During pregnancy caloric intake is to be over and above your usual need. Adjust it to your level of activity.
 13. Avoid strenuous exercise at altitude.

HOW ABOUT THINGS OTHER PREGNANT WOMEN HAVE FOUND HELPFUL?

Choose exercise shoes that feel secure and help your balance. Support hose can help your legs feel better during and after exercise. Watch how you put your feet down, especially if you are planning to walk and there is ice outside. If you need to increase your bra size you might go right into a nursing bra if you plan to nurse, or you may need an athletic bra for more support during your workouts. Put your feet up with pride, this allows any swelling of your ankles to go down. Your body is working hard helping your baby grow, 24 hours a day!

I'VE ALWAYS WANTED TO TAKE UP A NEW SPORT, LIKE TENNIS. I DON'T EVEN LOOK PREGANT YET. IS THIS A GOOD IDEA?

It is NOT a good idea to take up a new sport while pregnant. But you can begin something that is on the "good for pregnancy" list that will give you a head start in beginning tennis after your baby is born. Some good sports are, Yoga (without breath holding), swimming, pregnancy classes, stationary bicycling (gently), easy stretching (but not to your limit), and don't forget about daily walking in fresh air!

TRUTHFULLY, I AM WORRIED ABOUT GAINING WEIGHT DURING THIS PREGNANCY. I LIKE TO EXERCISE. CAN OVERDOING IT CAUSE ANY PROBLEMS?

There are several things to remember. Being pregnant is not being fat. Exercise does release a chemical into the body called "endorphins" which gives you that feeling of wellbeing. Even with adjustments, your body will have that feeling of "well being". Lastly, gaining 25 to 40 lbs. is healthy. Your baby's size and health depends on this increased nutrition (But we

don't mean candy, cola, and chips). You must normally increase calories during exercise for you pregnancy and increase calories and fluids over and above that for exercise. If you do not have enough calories, your body can go into a chemical state called ketosis, which can cause developmental problems for your baby. If you don't get enough calories regularly during pregnancy your baby may not grow as well.

IF I STOPPED EXERCISING REGULARLY A FEW MONTHS AGO, AND WANT TO START BACK UP, WHAT SHOULD I DO?

Begin very slowly with low intensity. Remember, even if you are in great shape, you will not be able to do what you did before you got pregnant. Pregnancy is special time and requires not lower goals, but special one to help you and your growing child feel happy and stay well.

WHAT ARE THE REWARDS OF A SENSIBLE PROGRAM?

Your baby will be growing safely. You will feel and look good. After the birth of the baby it will make it easier to return to the exercise program of your choice.

WHEN SHOULD I STOP EXERCISING IMMEDIATELY AND CALL MY DOCTOR?

If any of the following happen to you, stop what you are doing and call your doctor immediately:

1. Regular contractions
2. Vaginal bleeding or leaking of fluid.
3. Blacking out or fainting
4. Shortening of breath
5. Pain
6. Unusually fast heart beating that doesn't seem to pass
7. Anything else that concerns you.

IS IT SAFE FOR ME TO USE A SAUNA, SPA, OR HOT TUB?

The high heat to the body from these activities may have a harmful effect on your baby. There is a very small possibility that the brain and spine areas of your baby may not form the right way.

Avoid these activities during pregnancy. If you have already been in a hot area such as a sauna or hot tub, let your doctor and staff know right away. You will be offered a blood test for alpha-fetoprotein (Maternal Serum Screening) around the fourth month of pregnancy that can help find out if your baby might have the type of problem mentioned above. More information on this test will be given to you.

CYSTIC FIBROSIS

WHAT IS CYSTIC FIBROSIS?

Cystic Fibrosis is a serious disease that affects many parts of the body. It causes the glands that help us digest food, make sweat, and moisten the linings of airways in our lungs to not work right. It can cause a man to be sterile. It can also show up as problems with digestion, breathing, or sweating. It most commonly causes repeated lung infections and bronchitis.

WHAT CAUSES CYSTIC FIBROSIS?

It is a condition that is inherited from both parents. Each parent must be a carrier of a gene that does not work correctly. This one gene may be passed to the child. If it is, the child may be born with the problem. Carriers of the gene usually show no signs of the disease. If only one parent is a carrier of the gene, the child will not be born with the problem. If both parents carry the gene, they have a 1 in 4 chance of having a baby with the disease. In other words, 3 out of 4 times they will have a baby that does not have the disease. For each and every pregnancy there is still a 2 out of 4 chance that the baby will not have received any of the genes that cause this and not be a carrier or be affected by the disease.

HOW COMMON IS CYSTIC FIBROSIS?

It is most common in whites in the U.S., with 1 person in every 2,500 being affected by this disease. 1 out of 25 people are carriers of this gene and do not have problems with the disease. It is much less common in African and Asian Americans.

HOW CAN SOMEONE FIND OUT IF THEY HAVE A PROBLEM WITH CYSTIC FIBROSIS?

Almost all people with the disease will develop problems while they are children and will know they have it. Carriers usually don't know that they carry the gene for this. Blood or saliva tests can be done that find out if a person is carrying the gene. Most of the time this test will detect a carrier, but not all of the time. A positive test means that you are a carrier. Like all tests in medicine, a negative test does not always mean that you are not a carrier. However, the chance of being a carrier with a normal test is small.

WHO SHOULD CONSIDER HAVING THE SCREENING TEST?

1. If you or the father of the baby are White (Caucasian)
2. Anyone with a relative that has cystic fibrosis
3. If you are married to someone who is a carrier, or if the baby's father is a carrier
4. Anyone with medical problems that a physician feels may be cystic fibrosis
5. Men with a certain kind of sterility
6. Asian or African American women have a lower risk of having a child with CF and therefore may wish to have genetic counseling before deciding to have the test done.

The decision to have testing is personal one for you and the baby's father. This disease is a serious problem for the children that are affected by it. The cost of the test may or may not be paid for by your insurance. Another factor in your decision to have this test is how you and the father feel about terminating a pregnancy (abortion) or caring for a baby with CF if you are both found to be carriers. Please feel free to discuss the need for testing with your physician.

IF A PREGNANT WOMAN IS A CARRIER, WHAT SHOULD SHE DO?

If you are pregnant and both you and the baby's father are carriers, testing can be done on the baby while it is still inside of the womb to find out if the baby has cystic fibrosis. This test is done by Amniocentesis or CVS. If you baby is found to have this problem, your doctor will give you further information about what the options are available to you.

WHERE CAN I LEARN MORE ABOUT THIS TEST AND CYSTIC FIBROSIS?

Cystic Fibrosis
Foundation 6931
Arlington Rd.
Bethesda, MD 20814
1-800-344-4823
www.cff.org
mail: info@cff.org

National Society of Genetic Counselors Executive
Office
233 Canterbury Dr
Wallingford, PA 19086-6617
1-610-872-7608 (press 7)
www.nsgc.org Click on ResourceLink

WEIGHT AND DIET

HOW MUCH WEIGHT SHOULD I GAIN DURING MY PREGNANCY?

The best amount to gain depends on how much you weighed right before you became pregnant. The doctor or staff will let you know if this weight is thought to be overweight, or normal weight.

If you are overweight the best amount to gain is 5-15 pounds.

If you are normal weight the best amount to gain is between 25-35 pounds.

If you are underweight the best amount to gain is between 28-40 pounds.

IMPORTANT: DO NOT TRY TO LOSE WEIGHT WHILE YOU ARE PREGNANT

WHAT PROBLEMS CAN BE CAUSED BY NOT GAINING ENOUGH WEIGHT?

There is a slightly higher chance of your baby being smaller than normal. This might lead to being delivered early. Small babies, if born premature or at the due date, can still have serious problems after birth. To help lower the chances of having a small baby, try to gain the amount of weight recommended by the doctor or nurse.

WHAT PROBLEMS CAN BE CAUSED BY GAINING TOO MUCH WEIGHT?

The extra pounds will put more strain on your back and legs. Also being overweight can lead to serious medical problems for you such as high blood pressure and diabetes. The extra weight may stay with you after you deliver the baby. Breast feeding may help you lose the extra pounds, but this is not true for everyone. *Even if you are overweight, do not try to lose weight while you are pregnant.*

WHAT IS A GOOD DIET TO FOLLOW DURING MY PREGNANCY?

Your body needs a good balance of foods to keep you healthy and build a healthy baby. Try to eat regularly and not skip meals.

Important parts of your daily diet should include:

Protein at each meal from meat, chicken, fish, eggs, beans, milk, or cheese.

Calcium, Vitamins A and D from a few glasses of milk each day (low fat is best.)

B Vitamins from whole wheat cereals, breads or noodles.

Vitamin C from the fruits, and the juices from oranges or grapefruits.

Other healthy foods to add to your diet are fresh fruits and vegetables. Butter, margarine or vegetable oils should only be used in small amounts as these are empty calories. Try to avoid “junk food” (candy, sodas, and desserts. These are very high in calories and filling but have few nutrients or vitamins.

ARE THERE ANY FOODS THAT I SHOULD TRY NOT TO EAT?

Some fish may have high levels of mercury that can cause problems with brain growth in your baby. These problems include speech delays and problems with motor coordination. Pregnant and nursing mothers should try not to eat; shark, swordfish, king mackerel, and tile fish. If you have already been eating these while you're pregnant, don't worry. It generally takes eating regular amounts over a long period of time to cause problems. Just stop eating these for the rest of the pregnancy and while you are nursing.

Certain foods may have a germ called listeria that can cause a mild infection in adults. If you get this infection while you are pregnant, it can lead to serious infection in the baby before or after it is born. Try not to eat these foods while you're pregnant:

1. Mexican soft style cheese (Queso Blanco and Queso Fresco)
2. Other soft cheeses: blue, Brie, Camembert, feta
3. Undercooked chicken, beef pork and deli foods (ready to eat meals and cold cuts)
4. Any unpasteurized milk products

WHAT ABOUT TAKING VITAMINS AND IRON PILLS?

If you eat a proper diet, the only extra things you may need are iron and multi-vitamins with folic acids. Later in your pregnancy we may suggest you take an iron pills up to 3 times a day. Taking more vitamins and supplements that you buy over the counter may hurt your developing baby. Please talk to use before taking other vitamins or medications.

If you eat adequate amounts of food with iron in it, you may need to take iron pills. These foods include; fish meat (mainly organ meats like liver), bread or cereals with added iron, green leafy vegetables (like spinach), eggs, peanut butter, dried fruit (like raisins and prunes).

There are certain foods that improve the digestion of iron in other foods. Some of these foods are; fruits rich in vitamin C (like oranges, grapefruits, and tomatoes), broccoli, and cauliflower.

Caffeine in drinks can decrease the absorption of iron. Try to stay away from caffeine (coffee, tea, and soft drinks with caffeine in them like colas and Mountain Dew) when eating iron rich foods.

Too much of some types of vitamin A can cause damage to your baby's brain and nervous system. Natural vitamin A called beta carotene, appears safer. Below is a list of types of foods containing vitamin A that are safe and the kind you need to watch for carefully, you should follow these recommendations during this pregnancy and later when you are trying to get pregnant again.

SAFE BETA-CAROTENE

orange yellow vegetables	orange yellow fruits	green vegetables
carrots	cantaloupe	greens from collards, mustard
sweet potatoes	apricots	parsley
squash	peaches	lettuce

TYPES OF VITAMIN A THAT CAN BE DANGEROUS IN LARGE AMOUNTS

Liver can have large amounts of vitamin A. If you like it, limit it to once or twice a week.

Vitamin tablets and foods with added vitamins, such as cereals.

Packaged labels may list this preformed vitamin A as compounds such as retinyl palmitate and retinyl acetate.

Including the vitamin A that your doctor tells you to take in prenatal vitamins, you should not have over 8,000 IU of this type of vitamin A per day.

GENERAL HEALTH CARE

IF I HAVE A JOB, WHEN SHOULD I STOP WORKING?

Generally, you can work right up until the end of your pregnancy if you feel up to it. The only types of jobs that might be a problem are those where you work around certain chemicals or x-rays. If you have any questions ask us.

WHAT ABOUT EXERCISE?

Avoid sports where you might get hit in the belly. Otherwise you can continue the same activities as before pregnancy. Try not to push yourself to the point of becoming over tired. You may find that you have less strength and energy than before you became pregnant, but exercise is still good for you.

WHAT ABOUT HIGH ALTITUDE STAYS? ABOUT 8-9,000 FT

In non high risk pregnancies, short stays (several days) at high altitude are generally not felt to be a significant problem.

In high risk pregnancies high altitude exposes the mother and developing fetus to less oxygen and should be avoided whenever possible.

Your physician will be happy to discuss your special problem with you.

CAN I CONTINUE REGULAR SEXUAL RELATIONS?

Yes, as long as it is not causing you to have pain or bleeding. For certain problems, you may be told you avoid sex. Some women find that sex is more comfortable during pregnancy if they are on top or lying side to side. Feel free to ask us any questions about sexual relations during any prenatal visits.

CAN I TRAVEL DURING PREGNANCY?

Yes. There is generally no problem with riding in a plane or taking auto trips. In case you will be away for more than a week from home near your due date, it is a good idea to get the name of a doctor in the area where you will be. We can help you with this.

WHAT ABOUT DENTAL CARE?

Keep getting your regular dental checkups. Take good care of your teeth. Let your dentist know that you are pregnant before any x-rays are taken or any medicines are given to you.

HOW SHOULD I TAKE CARE OF COLDS OR SMALL ACHES AND PAINS?

You can take acetaminophen (Tylenol) for mild aches and pains. This is probably safer than aspirin. Don't take any other medications without checking with us first.

WHAT ABOUT CLOTHING?

Wear comfortable clothes that are not tight on your belly.

Flat heeled or broad heeled shoes are recommended.

Use a bra that gives support to your breasts.

SEQUENTIAL SCREENING, QUAD TEST, OR CELL FREE DNA MATERNAL SERUM SCREENING

WHY SHOULD I CONSIDER HAVING SEQUENTIAL SCREENING OR A QUAD SCREEN?

This test is used to detect babies with Down syndrome or Trisomy 18.

Down syndrome is a form of mental retardation that used to be called a Mongoloid child. Down syndrome is where the baby has an extra chromosome. The Quad screen is use to screen for both of these and some other problems.

The chance of having a child with Down syndrome is about 1 in 8,000 for all women, but it is very much higher for women who are over 35 years of age. In general, as you get older, the chance of having a child with Down syndrome increases.

The Sequential Screen is preformed at Maternal Fetal Medicine between 11-14 weeks. The Quad Screen is preformed in our office between 16-21 weeks.

WHY IS THE TEST DONE SO EARLY IN PREGNANCY?

The test is more accurate early in pregnancy. Early testing also lets us give your counseling about the choices open to you if a problem is found. These may include planning which hospital and medical staff will be needed for the pregnancy and delivery, or giving you appropriate counseling and offer termination (abortion) of the pregnancy if you decide not to continue.

AFP TEST

This test is used to detect babies with a spine defect. Spine problems occur when the baby that is growing inside the womb doesn't form a complete covering around the major parts of the nervous system (brain and spinal cord). This spine defect is called Spina Bifida. It may lead to various physical problems and even death.

The AFP is done routinely now in our office between 16-21 weeks. If detected, spine defects such as Spina Bifida are able to be fixed now while you are still pregnant.

The decision to have the test done is left up to you. In this country, the overall chance of having a child born with spine defect is about one to two out of every 1,000 babies born. However, if you, or the baby's father, or any relatives have had a child with Spina Bifida, the chance goes up to 20 to 50 out of 1,000 babies. Even though there is an increased risk of having a spine defect because of family history, most of the children with spine defects are born to couples with a family history of this. If you ever had a child with anencephaly (where the brain and scalp do not develop normally), this is considered a type of spinal defect and should be reported to your physician.

DOES AN ABNORMAL TEST ALWAYS MEAN THAT SOMETHING IS WRONG?

No, there are other conditions that can cause an abnormal test. There are some normal conditions which cause an abnormal test including twins, not being as far along in the pregnancy as your thought, or sometimes when nothing is actually wrong with the baby. There are other things that can cause an abnormal test (high or low). These include some birth defects that have a high value, or Down syndrome which can have a low value. In any case, an abnormal test will require further testing to see if your baby has a spine defect, Down syndrome or another problem. If you need to have these extra done, it may cause you to worry a lot, and add some extra expense. This is the main reason why the decision to have this test done is left up to the patient. After you have read this material, you should discuss any question with your doctor or medical staff.

WHAT WILL BE DONE IF THE TEST IS ABNORMAL?

Your doctor will explain the possible meanings of the abnormal test and order some further tests, which may include ultrasonography and/or amniocentesis, to help discover the cause of the abnormal test. The decision of having these other test done will be left up to you. After you decide to have further testing done, your physician may do the testing or refer you to a specialist.

DOES THE TEST ALWAYS DETECT BABIES WITH THESE ABNORMALITIES?

No test is absolutely foolproof. Rarely, this test can be normal even though you may be carrying a baby with a spine defect or Down syndrome. Just by itself, it will detect 80% of all spine defects and about 60-70% of babies with Down syndrome. However, a normal result on this test does not guarantee a normal baby or a baby free of these or other birth defects.

WHEN WILL THE RESULTS OF THE TEST BE READY?

Usually the results of the test are back in one week.

BREAST OR BOTTLE FEEDING?

Even though your delivery is months away, this is a good time to think about how you are going to feed your baby during the early months.

Will you use breast milk or formula?

WHAT ARE THE ADVANTAGES OF BREAST FEEDING?

Breast feeding or nursing is an excellent way to feed your baby. It can give you much pleasure to have your child in close contact with you during feedings, and of course this contact gives much pleasure to your little one.

Breast milk is the most easily digestible food that a baby can consume. In other words, it is very agreeable and is unlikely to cause spitting-up or any stomach problems.

No special preparation is needed, such as measuring and sterilizing. It is also cheaper than formula.

If asthma or allergies run in the family, it seems that breast feeding can cut down the chances of these happening to the baby. Nursing babies have a lower risk of crib death (Sudden Infant Death Syndrome).

Breast milk contains antibodies that protect your baby against infections. They are made in your body and passed to your child in the breast milk.

Breast feeding helps your body get back to its normal size and shape. The baby's sucking stimulates the muscles of your uterus (which were stretched out during pregnancy) to return to normal.

Breast feeding can help prevent overfeeding. Breast fed infants usually get just what they need during each feeding. There is sometimes a problem of bottle fed babies getting too much calories and gaining too much weight. Overweight babies often grow up to have weight problems.

WHAT ARE THE PROBLEMS WITH BREAST FEEDING?

Almost any mother can breast feed her baby. Women with certain diseases or those taking certain medicines may be told they should not nurse. Your doctor will discuss this with you.

One of the greatest problems of breast feeding is a mother's fear that she can't do it. This is common, but with a little help and instruction fears can go away. If you think you want to breast feed, someone at our office will help you and give you information on how to prepare for it and how to handle problems that can come up during nursing.

Some mothers think their breast size is too small. The part of the breast that makes milk has little to do with the breast size. Women with any size breasts or nipples should be able to nurse.

Some mothers fear that breast feeding limits their freedom. Many women have gone back to full time jobs after having a baby and continued to nurse when at home. There are ways to save breast milk so it can be put into a bottle for use when the mother is not home.

If you have certain infections (such as HIV/AIDS and untreated TB) it can be passed to the baby through breast milk. Bottle feeding will probably be a better choice.

If you smoke, use street drugs or drink alcohol regularly, you need to talk to your physician about stopping these habits if you plan to breast feed since they can be dangerous to your baby.

WHAT ABOUT BOTTLE FEEDING?

Some women may choose not to nurse their baby and instead desire to give them formula. Formula is safe and healthy.

It is easy to buy. Most supermarkets and drugstore sell it.

Formulas are easy to prepare. In fact some are already premixed so no preparation is needed.

If you choose to bottle feed, it is important to remember a few things:

1. Keep bottles and nipples clean so germs don't get into the baby's milk.
2. Try to hold that baby close while giving the formula. This can help you and the baby build a closer relationship. Propping a bottle on a blanket, leaving the baby alone to feed is not a good idea and can be dangerous. Babies like close contact.
3. Always use formula for the entire first year of your baby's life. Using regular or low fat homogenized milk before your baby is a year old is not recommended and can lead to anemia or low blood count in the baby.
4. Later during your pregnancy, more information will be given to you regarding the feeding of your baby.

INVOLVING YOUR FAMILY IN THE PREGNANCY?

HOW MIGHT THE BABY'S FATHER BE AFFECTED BY ME BEING PREGNANT?

Often when a woman becomes pregnant, she begins experiencing different moods and concentrates on these feelings and on how her body is changing. These changes can make the partner feel neglected. He most likely wants to be an important part of your life. He is probably having many concerns about the new baby. All these things can put some strain on your relationship. It is often helpful to talk about the feelings both of you are having about the new baby. Several other helpful things you can do are:

Bring your partner with you for some of your prenatal visits. Let them feel the baby as it kicks and moves.

Have your partner take childbirth classes with you.

If you have more questions, ask someone from our staff.

Sometimes the partner does not seem interested in the upcoming baby or even worse, may seem angry. If this is a problem for you, please let us know so we can help you better deal with it.

HOW MIGHT OTHER CHILDREN REACT TO MY PREGNANCY?

Children expect for infants, usually notice that their parents are going through something new. It is important to tell them that a new baby will be coming and explain how they can help take care of the new child. Let little ones practice diaper changing on a doll and let the older ones know how they'll be able to help take care of their new brother or sister. Let them feel the baby moving and kicking.

They may get jealous because they think your new baby will be more important than they are. It doesn't hurt to remind them how much you love them and that they are just as important as the new baby.

PREPARING FOR THE HOSPITAL

It is a good idea to make a practice trip to the hospital at some time before actually going into labor. This way you can make sure you know the correct roads and how long the drive takes. Many hospitals will give you a tour of their labor and delivery area and tell you where in the hospital you should go, when you arrive for your child's birth. Even if you don't get a tour, check with them about all their general policies for labor, delivery, and postpartum care.

If you have other children, you might want to make arrangements ahead of time for someone to watch them when you go to the hospital for delivery.

WHAT WILL I NEED TO BRING TO THE HOSPITAL?

Sometime during the month before your due date, you might want to pack a bag of things to take with you to the hospital.

Some of the things you may want to bring are:

- Bathrobe, slippers
- 2 or 3 nightgowns
- Toothbrush, toothpaste
- Hair brush
- Loose fitting outfit to wear home
- Cosmetics, toiletries
- Nursing bras (if you plan to breast feed, otherwise 2 good support bras)

It is very important that you have an approved infant car seat in your vehicle to transport your baby. Also, if you belong to an HMO, they may provide a car seat. For more information on car seats, call the Auto Safety Hotline at 1-800-424-9393 (service of the National Highway Safety Administration).

For the baby, it's a good idea to bring a baby blanket, a sleeper or clothes for them to come home in, diapers. If you are expecting cold weather, make sure those items are heavy enough to keep the baby warm on the way home.

PREPARED CHILDBIRTH

WHAT IS PREPARED CHILD BIRTH?

A satisfying childbirth experience requires a lot of work from both your mind and your body. The best way to make each birth experience the best possible is to be prepared. You can become prepared by learning what to expect during labor and delivery, including the medications and anesthesia used. Also, it is important to know about caring for the new baby. By knowing what to expect and how to respond, the prepared woman can overcome fear and frustration. The woman and her partner can then take an active part in the birth process. Fear is thought to be a factor in causing significant pain during childbirth. Reducing fear makes labor and delivery easier and the whole experience more enjoyable.

ARE THERE ANY SPECIAL CLASSES?

We feel the best way to prepare for childbirth is to take a series of classes. Unfortunately, there are many classes with different names that make for some confusion. Besides the term “prepared childbirth” you may come across the terms “natural childbirth”, “child birth without fear”, “childbirth without pain”, “conditioning for childbirth”, “the Lamaze method”, “childbirth and family life”, and many more. All of these classes are directed toward education and overcoming fear of childbirth.

SIGNS OF LABOR

WHEN SHOULD I EXPECT TO GO INTO LABOR?

Labor normally starts when your baby is full grown or what we call it “term”. This can be as early as three weeks before your due date, as late as two weeks after your due date. If labor begins earlier than three weeks ahead of your due date, your baby can be born too early or “premature”. If it doesn’t happen until later than two weeks after your due date, your baby can be born overdue or post maturely.

HOW WILL I KNOW THAT I AM IN LABOR?

Labor occurs when your uterus begins to tighten over and over again in an effort to push the baby out. This tightness or contractions are usually felt at the back and spread over the whole belly area. They last from about 45 or 60 seconds and occur about every 10 to 20 minutes. After an hour or two, these contractions usually become stronger and closer together.

Sometimes a small amount of thick blood streaked mucous may come from the cervix, through the vagina during labor. This mucous plug is normal. Some women experience a sudden gush of slow leaking clear fluid (amniotic fluid) from their vagina. This is the liquid that has surrounded and cushioned the baby so far. Usually the fluid is forced out toward the end of labor, but sometimes it occurs earlier. You should call your doctor if this happens to you.

WHAT IS FALSE LABOR?

These are pains that are often felt in the low belly, which don’t follow a regular time pattern. They usually go away in a few hours.

WHAT SHOULD I DO IF I AM IN LABOR?

First, use a clock to check how far apart the contractions are and how long they last. When they are strong and occurring about 10 minutes apart, call us and we will let you know the best time to go to the hospital.

WHAT IF I AM SUPPOSED TO HAVE A CESAREAN SECTION?

Let us know as soon as your labor begins, you will need to get to the hospital very soon, and we will want to be ready for surgery when you arrive.

WHAT ARE THE WARNING SIGNS OF LABOR THAT TELL ME I NEED TO CALL THE DOCTOR OR GO TO THE HOSPITAL AS SOON AS POSSIBLE?

- Decreased fetal movement
- Vaginal bleeding
- Ruptured membranes (bag of water)

LABOR AND DELIVERY

WHAT HAPPENS WHEN I GET TO THE HOSPITAL?

If you have already visited and toured the hospital, you will know where to go and may have already preregistered. If you do not know the hospital's procedures, go directly to triage in labor and delivery on the 4th floor at the Pavilion of the Pacific campus, 900 Pacific Ave Everett, WA 98201.

You will be admitted to the hospital and then taken to the room where you will first be checked. If you are in labor you will be moved to a birthing room, where you will stay until you deliver your baby.

After you get to your room you will be asked to put on a hospital gown. Your temperature and blood pressure will probably be taken and the nurse will listen to your baby's heartbeat. An internal exam may be done at this time to check the progress of your labor. This will be done several times while you are in labor. If needed, an IV may be started in order to give you fluids and medicine through a needle in the veins in your arm. A monitoring device will be set up that checks the baby's heartbeat and your contractions.

You can rest while your contractions get stronger and your cervix begins to open up, or dilate. If your bag of water that surrounds the baby has not broken and the fluid has not leaked out, your doctor may painlessly break the bag and allow the fluid to leak out so your labor can move faster.

When your cervix has fully dilated and the baby's head is beginning to push at the vaginal opening, you will help push the baby out. When the baby is out, the baby is placed on your abdomen or chest until the cord stops pulsating. The cord is then cut. The baby will be placed skin to skin with you. Finally the placenta comes out. Often a little pushing by you will help get it out. If an episiotomy was made, or a tear has occurred, it will be sewn at this time.

HOW LONG SHOULD LABOR LAST?

It can take as long as 20 hours. Most of the time is spent waiting for the gradual opening and enlargement of the cervix. Your first baby usually takes the longest, and the total time often gets shorter with each pregnancy.

FETAL MONITORING

This is a technique used to watch the pattern of your uterine contractions and the pattern of the baby's heartbeat. It is usually done during labor. Fetal monitoring allows us to detect certain problems. If such problems develop, the baby can usually be delivered before any damages occur.

WILL I BE MONITORED?

Every patient is monitored on arrival to the hospital. Thereafter, your doctor will decide if it is needed.

If you are monitored, don't get scared. It doesn't mean anything is going wrong. It usually is just a precaution to make sure you have a healthy baby.

WHAT IS A NON STRESS TEST AND AN OXYTOCIN CHALLENGE TEST?

Some time before you go into labor, you may be asked to have a fetal monitoring done just to see if the baby is doing well. This special monitoring, called a non stress test, is done while you are resting. An Oxytocin challenge test is done with the administration of a medication called Oxytocin which is given to you through an IV needle into a blood vessel in your arm. This medicine causes your uterus to contract. If these tests are normal, it usually means your unborn baby will do well for at least a week. Once you have a test done, it is usually repeated weekly until the baby is born.

WHAT IF THE MONITORING IS NOT NORMAL?

Your doctor will probably want to get your baby delivered quickly. This sometimes means having a cesarean section.

HOW IS THE MONITORING DONE?

It is done in the hospital. It can be done with external or internal monitors. The external ones are on two belts fastened around your waist. The internal monitors are the ones placed gently into the vagina and into the uterus next to the baby and onto the skin of the baby's scalp. Generally, monitoring is very safe.

ANESTHESIA

Almost every pregnant woman wonders and worries about the discomfort and pain she is likely to have during labor and delivery. Since doctors now have several ways of reducing or eliminating most of the discomforts, you will want to find out ahead of time what is available.

Not all women will need relief from the pain of labor. Many times this is helped by support from the baby's father or another family member. This may be all the "anesthesia" needed. Other women may need a combination of support and medications. Fear is one cause of pain, and it has been found that women, who have attended childbirth classes and are given enough information about the whole process, need less medication.

Each woman is different. Each person's labor and delivery is different. It is difficult to decide in advance what pain relief will be needed. Therefore, it is best to know about the different choices and then wait and see how the labor progresses and decide with your doctor what medications, if any, will be needed.

There are several types of drugs that many be used during birth of your child. They are: painkillers (narcotics), general anesthesia, and regional anesthesia. Pain killers or analgesics reduce the feeling of pain. General anesthesia allows the mother to sleep during delivery. Regional anesthetics make certain areas of the body numb while the woman remains fully awake.

HOW DO PAIN MEDICINES (NARCOTICS) WORK?

There is not one specific pain medication used during labor. These drugs reduce pain and help cut down on fear and anxiety. These medications are used by injections into an IV that goes directly into your blood stream or as an injection into your muscle. You and your doctor may decide what is necessary and best for you and the baby.

WHAT ARE SOME SIDE EFFECTS OF NARCOTICS?

Side effects are rare and usually only happen if higher doses are used. This may include nausea, and vomiting. You may get very sleepy and stop taking deep breaths, cutting down on the amount of oxygen you're taking in. The doctors and nurses watching you can easily help if you are having some of these side effects.

WHAT ANESTHESIAS ARE AVAILABLE?

General anesthesia, regional anesthesia or local anesthesia is available. They work by causing you not to feel any sensation in all or part of your body. You and your doctor will discuss which of these anesthetics are appropriate.

WHAT IS GENERAL ANESTHESIA?

General anesthesia is one where the woman sleeps during delivery. Sleep is caused by a special medication given to her through a needle that has been placed in one of her arm veins. Soon afterwards, certain gases are given to get to breathe, which circulate throughout her body, to keep her asleep. She then wakes up when delivery is over.

This type of anesthesia is usually only given if there is an emergency. Because it takes only a short time to give and is effective almost immediately, it may be your doctor's choice should a problem occur. In that case, you should be prepared to accept that decision.

WHAT ARE REGIONAL ANESTHETICS?

Regional anesthetics cause a specific area of the body become numb. The types often used are: spinal, epidural, caudal, saddle block, and pudendal anesthesia.

WHAT IS SPINAL ANESTHESIA?

The anesthetic provides numbness of the body from the waist to the toes while the woman remains awake. This type is most frequently used for cesarean sections.

HOW IS IT GIVEN?

A numbing medication, sometime similar to Novocain, is injected into the lower portion of the back which gradually causes the mother's lower part of her body to feel tingling, heavy, and numb. She is then unable to move her legs. She feels no pain during delivery, but in an hour or so the feeling gradually returns.

Other types of special spinal anesthetic are: epidural, caudal and saddle block anesthesia.

WHAT IS AN EPIDURAL ANESTHETIC?

An epidural anesthetic is given in the same area of the back as the spinal, but the medication is injected into the space just short of the spinal canal, called the epidural space. For pain relief during labor, a small plastic tube is then inserted into the space, and taped to the mother's back. This allows more numbing medication to be added as needed without any other needle sticks. This tube is usually not uncomfortable for the woman. As one wears off, another can be given. It usually takes effect in 5 to 10 minutes and continues until after delivery. She will feel numbness and tingling in the lower portion of her body, but she still is able to move.

The advantage of the methods is that it can be used not only for delivery but during labor as well. Therefore, very little discomfort is experienced during both labor and delivery.

For injection of a spinal, epidural, or caudal, the woman will be asked to lie on her left side in a curled up position or possibly sitting and curled over.

WHAT IS CAUDAL ANESTHESIA?

Caudal anesthesia is an epidural anesthesia in which medication is into the lower part of the spinal canal near the tailbone. This causes the lower part of the belly and legs to become numb. The woman may still feel some pressure but not pain. She will still be able to help push the baby out during delivery.

This anesthesia can also be started during labor and continued throughout delivery.

WHAT IS SADDLE BLOCK ANESTHESIA?

A saddle block or low spinal is given just before the baby is about to be delivered. The medication is injected in the lower spine. This type of anesthesia causes numbness only in the area of the body that ordinarily would come in contact with a saddle while horseback. The medication produces a numbing sensation usually long enough only for delivery and to repair an episiotomy.

WHAT IS LOCAL ANESTHETIC?

Local anesthetic is made possible by injecting the medication directly into the skin that needs to be made numb (much like what a dentist does.)

For delivery, the medication is injected into the perineum (the space between the vagina and anus) just before the baby is born. This allows the area to be pain free when the episiotomy is preformed and later repaired.

Local anesthesia does not help with contraction pains.

WILL THE BABY BE AFFECTED BY THE ANESTHETICS?

If the woman gets a general anesthetic, the baby may be made sleepy also. Because of this, the mother is usually not given any of the anesthetic until just before the baby is born. That way, the baby is less likely to be effected.

A small amount of the medications used in the regional anesthetics may get to the baby but usually here is little effect. Overall, their use is considered safe.

ARE THERE ANY RISKS TO THE MOTHER?

All the anesthetics are considered quite safe for the woman, but there is always a small risk. When a general anesthetic is given, the woman may vomit and breathe some of stomach contents into her lungs. This is usually prevented by not allowing the mother to eat or drink anything after labor begins. If she needs liquids and IV will be used to fluids may be given

When a spinal or epidural anesthetic is given, there is a chance that low blood pressure may occur. This is best treated by extra fluids and special medications.

There is also a chance that a headache may occur after a spinal or epidural anesthetic. This headache is worse when you sit or stand up, better when lying down. It is treated with plenty of fluids and pain medicine until it disappears. Sometimes your anesthesiologist will treat this with a simple spinal injection.

Women given epidurals run a higher chance of having low-level fever during labor. This can lead to your baby needing to have tests and antibiotics to cover the possibility of infection. Generally, the babies of mothers with this fever do not have an infection, but the babies sometimes need special tests and medicines to check for the possibility that they might have an infection.

Remember, no anesthesia is perfect. Each one has its advantages and disadvantages, as well as risks and possible side effects, but with well-trained doctors, the chances of a safe and pleasant delivery are likely. You may want to discuss your feelings regarding pain relief and anesthesia with your doctor before the time of delivery. That way, the two of you may plan together the best way for you to have the type of childbirth experience you desire.

WILL I BE ABLE TO CHOOSE ANY ONE OF ANESTHETICS DESCRIBED WHEN I GO INTO LABOR?

Not every type of anesthetic method is available at every hospital. The variety depends on the medical staff available and their experience and training. You should discuss these things with your doctor to find out what is available at your hospital. Your doctor and staff can help you make the best decisions in selecting an anesthetic.

EPISIOTOMY

WHAT IS AN EPISIOTOMY?

An episiotomy is a surgical cut, which is made just before the baby is born to make the vaginal opening larger.

WHY IS AN EPISIOTOMY DONE?

For many years, an episiotomy was done to prevent ragged tears to the skin and muscle around the vagina that can happen when the baby comes out. These tears can be easily fixed and may even lead to less pain, bleeding and healing problems than when the episiotomy cut is made.

IS AN EPISIOTOMY ALWAYS DONE?

Episiotomy is rarely performed at Providence, with a rate only about 2%. The decision as whether or not an episiotomy is necessary is will be made by your doctor at the time of delivery. Your doctor's decision is often based on the size of your baby, it's position, and how your labor is moving along.

DOES IT HURT?

An episiotomy is usually done under some type of anesthesia. With some anesthesia, the woman may still feel pressure from the baby. But she usually does not feel pain when the episiotomy cut is made. Several stitches that won't need to be removed are use the repair the cut.

This incision may be tender and uncomfortable for the first few days after delivery, but it usually heals quickly and without any problems.

WHAT CAN BE DONE TO LESSEN THE DISCOMFORT FROM THE EPISIOTOMY?

To decrease any discomfort, placing ice packs to the area or sitting in a tub of warm water several times a day may be helpful. Spays that numbs the skins are available. Bowel movements may be painful due to the incision. It is helpful to keep the bowel movements soft. This can be done by drinking lots of fluids and eating bulky foods such as raw fruits, raw vegetables and bran cereal.

ARE THERE ANY RISKS?

Occasionally an episiotomy may become infected, and antibiotic, pain medication, and sometimes even removal of a few of the stitches may be necessary. However episiotomy infections are unusual.

FOR WHAT REASONS SHOULD I CALL MY DOCTOR?

Be sure and call them if you are experiencing fever, having extreme pain, or notice foul smelling yellow/whitish drainage from the area around the stitches. Be sure and call their office if there is anything else you are concerned about.

COMPLICATIONS OF LABOR AND DELIVERY

WHAT ARE SOME OF THE PROBLEMS THAT CAN HAPPEN DURING LABOR AND DELIVERY?

Most pregnancies will go well without any problems. However, it is good to be aware of some of the common problems that do occur.

One thing that sometimes happens is that the labor does not move along at a steady pace. It may even just stop. To help your contractions, your doctor may give you medicine called, Oxytocin. Oxytocin is the same chemical that your own body makes to cause labor. This medicine is adjusted to strengthen your contractions so your labor will move along.

Another problem is that the baby's head may stop from moving down, before it reaches the opening to the vagina. Often the baby can be helped with forceps. These are metal instruments that carefully fit over the baby's head.

The easiest way for babies to come out is head first. Sometimes the baby may be turned around with the rump (breech), legs, or arms coming out first. Your doctor will carefully decide in these situations whether to perform a cesarean section or try to deliver the baby through the vagina. Your safety and the baby's safety will be the most important factors in making such decisions.

CESAREAN BIRTH

WHAT IS A CESAREAN BIRTH?

This is the operation where the baby is delivered through an opening made in the lower abdomen (belly).

WHY IS IT DONE?

The most common reasons for having this surgery is that labor slows down too much when the cervix doesn't open enough, or when the baby doesn't move down far enough through the birth canal.

The second most common reason for the surgery is that the mother has had a previous cesarean section done for the last pregnancy. It is becoming more common for pregnant women who have had cesarean births before to have a successful vaginal delivery without surgery. The decision to try this will have to be made by you and your doctor.

Other less common reasons for cesarean births include problems with the baby's position or problems with the baby's heartbeat while you are in labor. The cesarean allows the baby to be delivered quickly to help prevent damage to you or the baby.

HOW IS IT DONE?

Usually you will have an IV started to allow fluids and medicines to be given to you through a needle into the veins of your arm. Anesthesia will be used to prevent pain. You might be put to sleep (general anesthesia) or you may get medicine in the lower part of your spine (spinal or epidural anesthesia), which numbs your body from slightly about the waist and downward. The doctor will discuss these options with you.

Your abdomen will be cleaned off and an incision (cut) is made in the lower part of your abdomen and then through your uterus. The baby and placenta are removed. The incisions are then sewn closed.

When the baby is out, the cords is cut and the baby is cleaned up. The baby will be placed next to you for you to see and hold or may be put into a warmer.

You will then be taken to a recovery room to rest and be watched for several hours. At the same time the baby may be taken to the nursery to be watched or may go with you to the recovery room.

ARE THERE ANY COMPLICATIONS TO A CESAREAN BIRTH?

Cesarean birth may have the usual risks that can happen with any major abdominal (belly) operation. These risks include: loss of blood, infection, and injury to the organs inside your

abdomen.

After the surgery, there is a risk of getting pneumonia and blood clots in the veins. All the complications mentioned do not happen very often.

Other complications can come from the anesthesia use to control pain or put you to sleep. These problems can usually be corrected if they are quickly noticed and treated.

HOW IS THE PAIN CONTROLLED DURING THE CESAREAN SURGERY?

Anesthesia medicines are given to control the pain or put you to sleep. They are given as general or regional anesthesia.

WARNING SIGNS OF LATE PREGNANCY

WHAT ARE THE PROBLEMS FOR WHICH I SHOULD CALL THE DOCTOR RIGHT AWAY?

- Any bleeding from the vagina
- Chills and/or fever
- Sudden gush of water from the vagina or slow leak of fluid that is not urine
- Any unusual pains: in the head, chest, and belly or in any part of your body.

FOR WHAT PROBLEMS SHOULD I CALL AS SOON AS POSSIBLE? (BY THE NEXT MORNING)

- The baby seems to be moving around less
- A lot of swelling or puffiness in your legs, hands, or face that doesn't go away after lying down.

THE FIRST DAYS WITH YOUR BABY

WHAT IS BONDING?

This is what happens between you and your baby during your earliest contact together. This is a very important time for you both. Babies who have a good bonding experience seem to do well. Even though you may feel tired from your labor and delivery, try to give your baby much love during these early hours.

WHAT IS ROOMING-IN?

This means the hospital will allow you to keep your baby in your room with you. It allows you to spend more time and have more contact with your baby.

WHAT ARE SOME IMPORTANT THINGS TO KNOW IN CARING FOR YOUR BABY?

During the first few days most of the time your baby will be feeding, sleeping, and needing diaper changes. The hospital staff will help you learn anything you need to know about taking care of your new baby. Ask someone whenever you have questions.

Remember that there are many different opinions about childcare. You may get different answers to the same question from nurses, family and friends. When in doubt, call your doctor.

CIRCUMCISION

WHAT IS CIRCUMCISION?

Circumcision is a minor surgical procedure, usually performed within the first week of life, in which the foreskin is removed from the top of the penis.

This procedure has been performed for various reasons for quite some time. If you have a boy, you will be asked before you deliver to make a decision on whether you want him circumcised.

In order to make a decision, you may want to consider reasons for and against circumcision.

WHAT ARE THE REASONS FOR DOING CIRCUMCISION?

You should know that there is no absolute medical reason for removing the foreskin on a newborn baby.

Males are born with a normally tight foreskin which cannot be pulled back. However, if the foreskin opening is too small to allow urine to flow easily, your doctor may feel it necessary to have the foreskin removed.

There are several other reasons for which circumcision is thought to be necessary. These include:

1. It is thought that it is easier to clean the penis when the foreskin is removed. With better hygiene, fewer infections occur.
2. Cancer of the penis may be less likely to develop in adults who are circumcised.
3. Rates of sexually transmitted diseases are lower in circumcised men.
4. If the baby's brother or father has been circumcised, you may want your new son to look the same as they do.

WHAT ARE SOME OF THE REASONS FOR REMAINING UNCIRCUMCISED?

Many experts feel that good cleaning beneath the foreskin is very possible without circumcision. In that case, proper hygiene would prevent build up of secretions from which infections, ulcers, and ultimately cancer could occur. Since cancer of the penis is so rare, many physicians feel it is not worthwhile to do a circumcision for this reason alone.

ARE THERE ANY RISKS TO THE OPERATION?

There are some rare complications with circumcisions. These include bleeding, infection, and very rarely a deformity. Your doctor will answer any question you may have.

WHEN IS CIRCUMCISION PERFORMED?

Most often it is performed in the first few days after birth, if the baby is healthy.

WILL THE BABY FEEL PAIN?

Usually a local anesthetic is given for this short operation. The baby generally will become quite irritable and cry, but is quickly comforted afterwards by being held and offered something to drink.

AFTER THE OPERATION, FOR WHAT REASONS SHOULD I NOTIFY MY DOCTOR?

Some swelling is natural; as long as your baby continues to wet diapers there is no reason for alarm over this. Should there be any abnormal bleeding, signs of infections, or if there is anything about which you are concerned, do not hesitate to call your baby's doctor.

NEONATAL PROBLEMS

Most babies will have no problems and only need to stay in the hospital along with you for as little as one day. For cesarean sections, the stay is usually around 2 days. Sometimes a baby will have a complication. Some of the more common ones are discussed below.

WHAT IS JAUNDICE?

This is when the baby's skin and whites of the eyes develop a yellowish color. It can be caused by several things. Usually it is normal occurrence caused by a chemical from the breakdown of the extra blood the baby is born with. It starts at about the second to third day and usually is gone by the end of the first week, without treatment. Jaundice is measured by a blood test for bilirubin. The blood is usually taken from the baby's heel. If the bilirubin gets high, the baby may need to be treated for jaundice by being put under special lights. Usually these cases of jaundice are easily treated. Normally there isn't any harm to the baby from jaundice.

WHAT KIND OF FEEDING PROBLEMS MIGHT THE BABY HAVE?

During the first day the baby's appetite might be small. This is normal. By the second or third day the baby should be drinking well. A small amount of spitting up is not unusual and is not a cause for worry unless most of the food is coming back up. It is not unusual for your baby to lose a small amount of weight in the first few days. This also is normal and is usually regained in the following few days.

Burping and passing gas are also normal for the baby.

WHAT ABOUT CRYING?

Crying is the normal way the baby communicates with you. Usually the problem is hunger, a wet diaper, or wanting to change positions. Your baby may just want to be picked up, held, talked to, or patted. Your baby may be tired and need help falling asleep.

Then there always seems to be some crying for no reason at all. It seems as if the baby "just wants to cry" usually this is perfectly all right.

Many mothers, fathers, grandparents and doctors feel it is all right to pick up baby whenever he/she cries. On the other hand, many other persons feel quite differently, and they suggest that the baby be allowed to fuss for a period of time. It seems that no one had the "right" answer.

We suggest that you direct do whatever needs to be done to make the baby comfortable. You and your partner will then want to decide how much "extra" crying is reasonable and just how much you want to let the baby cry before picking him/her up again.

If the crying seems to be excessive and you are concerned, do not hesitate to let us know. It is usually not a serious problem, but we may need to check the baby.

TAKING THE BABY HOME

Before both you and the baby leave the hospital it is a good idea to make sure things are ready at home.

WHAT SHOULD I HAVE READY FOR THE BABY AT HOME?

- Diapers - about 3 dozen cloth or disposable
- Diaper wipes
- Diaper pins for cloth diapers – 2 sets
- Rubber bands – about 3 or 4 if you use cloth diapers
- A few nightgowns
- Blankets
- Crib sheets
- Mattress pad – waterproof
- For bathing the baby: soft towels, washcloths, baby soap, baby lotion, Vaseline or diaper ointment, thermometer, and baby shampoo
- If you are using formula, you will need bottles, nipples, and a supply of formula. You may find the type with disposable liners easy to use. If not, it is important to have thorough cleansing; using a bottle brush and soapy water, followed by a hot water rinse or cycling in a dishwasher. Before you leave the hospital you will be told which formulas are recommended. Don't use regular homogenized milk.

WILL I NEED HELP AT HOME?

You may to have some extra help for the first week or more when you're home. Your partner may be able to be home with you, or you may have a relative stay with you. This would give you more of a chance to rest and relax with your baby. Some parents like it better for relatives to come at a later date, leaving this special time just for you, your partner, and the baby.

However, if you have other young children at home, you may really appreciate having someone else around who can take care of them and give them the extra attention they need while your attention is on the new baby.

HOW MIGHT THE NEW BABY AFFECT MY FAMILY?

Your partner and other children may feel neglected and a little jealous of your attention for the new baby. It helps to get them involved in taking care of the babe. Ask them to talk to the baby and bring things like bottles, diapers and tissues. Your partner and older children can also carry the baby around.

WHAT IS THE BEST POSITION FOR THE BABY TO BE IN WHEN SLEEPING?

It is best for infants to sleep on their back. There may be a small danger of certain babies during the sleep when they are put to bed on their stomachs. Do **not** put soft bedding (like pillows, blankets, quilts, and comforters) under the baby. If there are problems with your baby lying on

her or her side or back, you will need to talk with your doctor.

WHEN CAN I START NEW FOODS FOR THE BABY?

Baby's do very well on only breast milk or formula for the first six months of life. Regular milk and food can keep the baby from getting enough iron. This causes the baby to get a low blood count or become anemic. Our parents and grandparents started giving their babies solid food early. Several years ago physicians thought this was necessary, but we now know that this is not only unnecessary but unwise. Some of your older relatives may find this upsetting. Do not begin feeding cereals other solid foods until your baby is six months old, unless your baby's doctor medical staff tells you to do so.

HOW SHOULD I TAKE CARE OF THE PIECE OF CORD STILL LEFT ON THE BABY'S BELLY BUTTON?

Wash it gently about 3 times a day with a q-tip dipped in alcohol. It should get dryer each day and then fall off in about a week. Keep it uncovered and fold the diaper down and away from it to make sure urine does not make it wet. A simple method for keeping the cord dry is to use the plastic baby bottle with the nipple. Place it over the cord and tuck the lower edge of the cap under the top of the diaper. After the cord falls off, you can stop doing this. If it gets red or had pus coming out, call the pediatrician as soon as possible.

WHAT OTHER THINGS SHOULD I CALL THE PEDIATRICIAN RIGHT AWAY FOR?

Call if your baby has a fever over 99.6 rectally, even if your baby looks well. If you need instructions on taking temperatures, or how to read the thermometer, please let us know before the baby is born.

If your baby is not feeling well, please let the pediatrician know.

They also would like to know if your baby seems unusually tired and doesn't seem to have much energy for sucking.

Let them know if your baby seems very irritable and can't be calmed down, or if there is anything at all that concerns you very much.

YOUR BABY'S DOCTOR?

It is important to decide who will be your baby's doctor before your baby is born. If an Obstetrician or Midwife is delivering your baby, someone else will have to check the baby in the hospital and take care of the baby later.

WHO WILL BE MY BABY'S DOCTOR?

If you already have a family doctor, it is likely he or she that can take care of your baby. If a Pediatrician (who only cares for children) is your choice or already cares for your other children, let us know their name so we can notify them when your baby is born. If you get your care at a clinic, they will need to make plans for the baby's care after it is born.

If you have chosen a doctor that you have never met, you may wish to make an appointment to meet him or her. You can then ask any questions about the doctor's advice on breast or bottle feeding and other things about the care of the baby.

If you have any questions about who will care for the baby, please ask us.

POSTPARTUM CARE

WHAT ARE THE EARLY CHANGES I MIGHT FEEL AFTER THE BABY IS BORN?

Your uterus will begin to shrink during the next six weeks following delivery until it is about the same size as before your pregnancy.

Some fluid may leak out of your vagina during the first three to seven weeks after you deliver. This fluid is red at the beginning and slowly changes to brown then yellow-white, before it stops. Sometimes cramps may be felt during this time.

If you are not planning to nurse, you may be given some medicine to dry up your breast. Even so, your breasts might fill up and feel sore. Ice packs and a good supportive bra might help.

If you are nursing, more information will be given to you.

Sometimes constipation is a problem for the first few days. If so, your doctor can prescribe or recommend some safe medicine for this. Make sure you let your doctor know if you have this problem.

WHAT ABOUT MOOD CHANGES AFTER I DELIVER?

It is not unusual for you and also your partner to feel very emotional or even blue or depressed for the first few weeks after the baby is born. Many things might be getting to you. Your new baby is keeping you busy, waking you up at night. You may feel tired and may hurt in different places. You may feel uncomfortable taking care of the new baby. Your hormones are returning to normal levels as all these other changes are happening. Don't worry. These "postpartum blues" should pass. Soon you can expect to feel much better. If you find things unbearable or the "blues" last longer than 2 weeks, this may be a sign of postpartum depression. Please let us know if this happens.

WHAT ACTIVITIES CAN I START TO DO?

This depends on how you feel. Your energy may be low over the first few weeks after the baby's birth, but you can begin to exercise or work a little at a time. If you build up your activities slowly you should have your full energy within a couple of months. Sexual relations can be resumed in a few weeks if it feels comfortable.

Some women find that they are having problems with sexual relations even after a few weeks. These problems can include things like, pain, just being too tired, or just not being interested. If you are noticing problems like these continuing past two months after you delivered, talk to your doctor or another health professional. Many women find it hard to talk about these things, but it is important to make sure there isn't a medical problem causing the difficulty. If there is not a medical cause, often talking about it can begin to solve the problem.

WHEN WILL MY PERIODS START AGAIN?

If you are nursing, your periods may not occur as long as you keep nursing. Don't worry if your periods do start, you can continue nursing as usual. If you don't nurse, periods usually start in one to two months. The first period may be a heavy one.

WHEN SHOULD I RETURN FOR A CHECK UP?

Sometime between three to six weeks after the baby's birth, you'll need to come in for a general checkup which includes a breast and pelvic exam. This may be a good time to choose a method of birth control.

If you had a cesarean section, you will need to come in for a visit by the first week after you leave the hospital to have your stitches and surgery scar checked. However, if you notice redness, pain or pus around the surgery scar, you need to let us know right away.

PREPARING TO BREAST FEED

HOW CAN I PREPARE MY BREASTS FOR NURSING?

Keep the skin around your nipples healthy. Avoid excess rubbing or stimulation since this might damage the skin. Your body will prepare your breasts for breast feeding. Rubbing or stimulating your nipples can cause your uterus to contract, leading to a possibility of pre term labor if you are early in your pregnancy. It is best to avoid using lotions or alcohol on your breasts. You can do normal cleaning on the breasts when bathing or showering. If you have inverted nipples (nipples that are turned inward) ask about what you may need to do when breast feeding. Try to attend breast feeding classes and read some pamphlets or books on breast feeding. Ask your doctor or nurse for more information.

SHOULD MY DIET BE ANY DIFFERENT?

You will need to take about 500 extra calories each day to help you produce good breast milk. Otherwise your diet should be like the diet recommended during pregnancy. To be sure you are not getting too many calories, watch your weight. You should not gain weight at this time.

WHAT ABOUT MEDICINES, DRUGS, AND ALCOHOL?

These can get into your breast milk. Don't use anything, even nonprescription medicine from the drug store unless you first check with your doctor. It is best to avoid alcohol and smoking while you are pregnant and even later when breast feeding.

HOW DO I NURSE THE BABY?

The first time to breast feed should be as soon as possible after the delivery since the baby is more awake and willing to nurse at this time. Nursing about every one and a half to three hours helps bring in milk, give the baby the fluid it needs, and helps the baby's digestive system start cleaning itself out.

Nursing can usually begin when the baby is first brought to you. The baby's body should be turned toward you with the baby's tummy turned and the baby's knees against your stomach, this position prevents the baby's mouth from slipping and helps keep your nipples from getting sore. Touching the baby's lower lip will usually make their mouth open wide, and then bringing the baby to your breast. As much of the areola (the dark circle around your nipple) as possible should be in the baby's mouth. After about 10 to 15 minutes, gently put your little finger in the corner of the baby's mouth and push the mouth open. This breaks the suction and lets you easily remove the baby from the nipple. Switch to the other breast and let the baby nurse for another 10 to 15 minutes. By the time you get home, the feeding time should approach 10 minutes on each breast. Babies don't follow set schedules and may not nurse the same amount of time at each feeding. Most babies need and want about 10 to 12 feedings every 24 hours. It is okay to nurse about every one and a half hours. The feedings don't have to be timed exactly.

The first few feedings are usually a “get acquainted” time. Your baby may not be very hungry at first, and your milk will not have started flowing fully. Try to nurse anyway, but don’t get discouraged if the baby does not seem to get much. The baby will be getting colostrum (the very early milk the breast makes), which is very healthy.

HOW CAN I TELL IF THE BABY IS GETTING ENOUGH MILK?

- Watch that the baby is swallowing while nursing.
- The baby feeds at least six times in 24 hours during the first month of life.
- The baby should be content for one or more hours after feeding. Not crying when starting to feed or during the time right after the baby has finished feeding.
- The baby has five to eight wet diapers a day. The baby may have less the first few days after birth.
- The baby is having bowel movements at least every day or two.

WATCH FOR ANY OF THE FOLLOWING:

- Trouble latching onto the breast or staying on the breast
- Too sleepy to nurse
- Dark green or mucous stools
- Sunken soft spot on top of the head.

Call your medical provider quickly if you notice any of these problems.

WHAT CAN I DO IF I HAVE PROBLEMS NURSING?

If you have any problems at all, don’t get discouraged and think it would be easier to switch to a bottle. First, talk to your doctor or nursing staff and let them help you. You can also call the hospital nursery (any time day or night). There are support groups and breast feeding center in many states. Ask the doctor or hospital nursery for a referral. One suggestion would be, La Leche League.

WHAT IF I HAVE TO STOP NURSING FOR SOME REASON?

If breast feeding is delayed after birth, stopped for awhile, or if you and baby are separated, you will want to use a breast pump or hand expression to keep up your milk supply and empty your breasts. Ideally, if the baby is not nursing 6 hours after birth, you should begin to stimulate your milk supply by stimulating your breasts. Ask the hospital staff for assistance with this.

To use the breast pump, follow these steps:

1. Read the instructions carefully.
2. Wash your hands and cleanse your breast with clean water and pat dry.
3. Get comfortable and relax. Think about the baby.
4. Massage your breast from the chest wall to the nipple with the balm of the hand. Use your fingertips to massage in circles from the full area toward the nipple.

5. Begin pumping (it should NOT hurt).
6. Alternate breasts as the flow decreases, or every 5 to 10 minutes if pumping to stimulate supply.
7. Save the milk in a sterilized baby bottle or throw away the bottle liner, cover it and place it in the refrigerator. It can stay for a few days and be given to your baby by a bottle. It can also be frozen for longer periods.

To hand express, follow these steps:

1. Wash your hands and cleanse your breast with clean water and pat dry.
2. Get comfortable and relax. Think about the baby.
3. Massage your breasts from the chest wall to the nipple with the balm of the hand.
4. Use your fingertips to massage circles from the full area toward to nipple.
5. Rush back towards the chest wall.
6. Roll your fingers forward compressing the milk ducts.
7. Work your fingers around the breast and empty all ducts.
8. Switch from the right and to the left breast to increase the amount expressed.
9. Save the milk in a sterilized baby bottle or throw away the bottle liner, cover it and place it in the refrigerator. It can stay for a few days and be given to your baby by a bottle. It can also be frozen for longer periods.

Avoid sliding your fingers over the skin or pulling on the nipple itself. Fingers should remain away from the nipple so milk doesn't run over the fingers. Milk that runs over your fingers might get germs in it and should be thrown away.

Whatever method you choose, pump or hand, it will take time and practice to master this. Consider your first few attempts as practice and don't expect any milk on your first few tries. If you do get milk the first few times, consider it a bonus!

WELL CHILD CARE

When your new baby arrives, you will want to do everything you can to make sure your baby stays healthy. By seeing your child at regularly scheduled appointments, the doctor is able to:

- Check your child’s growth and development.
- Examine your child to find diseases or anything that is not normal
- Give shots (immunizations) to prevent certain diseases.
- Give you information to help you keep the baby healthy.

This time also gives you the chance to talk about any problems or questions you might have. Exams, labs tests, and shots are usually done according to the schedule below. Some doctors or clinics may have a slightly different schedule.

Age of Examination	Immunization	Tests
Birth to 2 months	Hep B Vaccine #1	PKU (optional)
2 months	DTaP, Inactivated Polio, Hib, PCV, Hep B Vaccine # 2	
4 months	DTaP, Inactivated Polio, Hib, PCV	
6 months	DTaP, Inactivated Polio, Hib, PCV, Hep B Vaccine # 3	
9 months		Hct, TB test
12-15 months	Measles, Mumps, Rubella (MMR), Hib, DTaP, Inactivated Polio, Varicella	Urinalysis
15-18 months	DTaP, Inactivated Polio, MMR	
2 years	Hep A Vaccine (in some states and high risk cases)	Blood pressure evaluation
3 years		
4-6 years	DTaP, Inactivated Polio, Measles, Mumps Rubella (MMR)	
11-12 years (see note below)	Td, Measles, Mumps, Rubella (MMR) Booster (if not given previously), Varicella, HepB	

Physical exams are recommended every one to two years after the child is six years of age.

DTaP is the new and recommended Diphtheria, Tetanus, and Whooping Cough vaccine. DPT is the old form of the same shot. Diphtheria and Tetanus boosters are needed every 10 years.

Inactivated Polio Vaccine is the new type of Polio Vaccine that is recommended for use. Oral Polio vaccine is only used in special cases.

PCV is the Pneumococcal vaccine recommended for all children between 2 to 23 months age. In special cases some children between 24 months and 60 months old may also need this vaccine.

Hep B is the Hepatitis B vaccine that may be given soon after birth. Only 3 shots of vaccine are needed. The last of 3 shots can be given anytime between 6 and 18 months of age. If a child has not has all three doses in the past, it is recommended that that this be done at the 11-12 year visit.

The new Hib vaccine is being recommended to prevent on type of meningitis in children. There are a few different Hib vaccines on the market that may be given at different times than we have

listed above.

Varicella vaccine is the new chickenpox vaccine. This vaccine can be given to any child after a year of age. In the older children and adults, a test to be sure you have not had a mild case in the past may be recommended. Your doctor will advise you about the right time for giving this vaccine to your child. Sometime during an outbreak of a disease you doctor may recommend that the vaccine be given earlier.

Hep a (Hepatitis A) vaccine is recommended in some states and for children that are at risk. Check with your doctor.

There is a new vaccine available that combines the DTaP and Hib in single shot. This may not be as effective if used in infants under six months of age.

Your doctor may recommend other tests and vaccines.

FETAL DEVELOPMENT TERM

At the end of nine months (at term) the average sized baby weighs about seven or seven and a half pounds. Your baby's length is approximately 20 inches. The skin is coated with a creamy coating and hair and fingernails are developed. By this time your baby should do well living outside the uterus, whenever that specific day comes.

A GUIDE TO BIRTH CONTROL METHODS

The following information will explain the many different options you have to choose from a modern birth control. Each method is described by its effectiveness, advantages and disadvantages. Choosing the birth control methods that is right for you is a very important decision. Things for you to consider in choosing a birth control method are:

- How well does it work?
- How is it used?
- Your age and health?
- How often do you have sex?
- How does your partner feel about birth control?
- Will you use the method faithfully?

Discuss your thoughts and concerns with your doctor or health care provider. He or she can help you in making the best choice.

HOW DOES PREGNANCY OCCUR?

You will better understand how different birth control methods work in preventing pregnancy, if you first know how pregnancy occurs.

Every month a woman's body prepares itself for pregnancy. This process starts in the ovaries, two small glands located in the lower belly. Each month, an egg is released from one ovary, and then passes through the fallopian tube. During sex, sperm is deposited into the vagina and moves through the cervix, uterus and up into the fallopian tubes. The egg and sperm meet in the fallopian tube and this is called fertilizations. The fertilized egg continues to move in the uterus where it plants itself and grows. If the egg is not fertilized the uterus sheds the lining it prepared for the baby and this is called "a period" or menstruation.

BIRTH CONTROL PILLS (“THE PILL”)

WHAT IS “THE PILL” AND HOW DOES IT WORK?

The birth control pill is made of two hormones, estrogen and progestin, which are naturally found in your body. These hormones stop the ovaries from releasing mature eggs. They also thicken the mucus in the cervix which blocks the sperms from fertilizing an egg if one has been released. Birth control pills must be taken every day at the same time for them to work or your chances of becoming pregnant will go way up. The pill is one of the best methods of preventing pregnancy. Less than one woman in 100 will become pregnant while taking the pill for a year.

WHO CAN TAKE “THE PILL”?

The “Pill” is a good birth control choice for women who want a 99% effective birth control method, who are health, non smokers, and are under 40 years of age. This method is each to use. It allows you to have sex at anytime without having to remember to use any cream or device.

Keep in mind that it takes about a month of taking the pill before you are fully protected. This means you need to be using another birth control method, such as condoms, to protect yourself from pregnancy, during the first moment on the pill.

WHO SHOULD NOT TAKE “THE PILL”?

You should not take the pill if:

- You are over the age of 40 years old
- You or members of your family have:
 - Migraine headaches
 - Epilepsy
 - Liver disease
 - High blood pressure
 - History of stroke
 - History of blood clots
 - Certain cancers
 - Unusual bleeding

If you are pregnant or there is any chance that you are pregnant, you should not take birth control pills.

WHAT ARE THE RISKS OF TAKING “THE PILL”?

There are risks to taking the pill. Any medication has risks. There are also risks in pregnancy. With oral contraceptives there is an increased chance of having a blood clot, stroke, heart attack, gallbladder disease, livers cancer, and high blood pressure. If you smoke the risk is greater. If you are over 35 the risk is greater

WHAT ARE THE SIDE EFFECTS?

The most common side effects are nausea and sometimes vomiting. This usually disappears in the first few days. Other side effects are breast tenderness, larger breast size, slight blood spotting between periods, missing periods, weight gain, and headaches. Most of these side effects disappear in two to three months on the pill. If you start gaining weight, it can be controlled with diet.

Let your doctor or health care provider know if you are troubled by any of these problems. Sometimes it is possible to relieve the problem by using another kind of birth control pill.

ARE THERE SERIOUS PROBLEMS THAT CAN DEVELOP WHEN ON “THE PILL”?

Although serious problems from taking birth control pills are very rare you need to know what they are. These problems include: blood clots in the lungs, legs, brain and heart, liver tumors, liver cancer and high blood pressure. Let your doctor know right away if you have any of the following problems:

- Shortness of breath
- Chest pain
- Leg pain or swelling
- New or worse headaches
- Passing out
- Belly pains
- Anything that worries you

DEPO-PROVERA – AN INJECTABLE, LONG LASTING BIRTH CONTROL

WHAT IS DEPO-PROVERA?

This is a form of contraceptive that is given as a single injection (shot) and protects you from becoming pregnant for three months. It is a hormone that is close to but not exactly the same as the natural hormone that is made by your body in the second half of your menstrual cycle.

HOW DOES IT WORK TO PREVENT PREGNANCY?

It works by preventing your egg cells from ripening so no egg is released by the ovary during your monthly cycle. With no egg to be fertilized, pregnancy cannot occur. It also causes changes in the lining of the uterus that make it less likely for pregnancy to occur.

WHAT ARE THE ADVANTAGES OF DEPO-PROVERA?

The best reason for using this is that it lasts for three months after only one injection. That means you don't need to remember to take pills. It is an excellent form of birth control, and prevents pregnancy more than 99% of the time. Most women can become pregnant, if they want to, 12 to 18 months after their last injections. It can be used in women who are breastfeeding.

IS IT SAFE?

It has been used around the world for almost 30 years. Many women have safely used it for more than 10 years. It can be used by breastfeeding mothers without any known harm to the baby. If you are breastfeeding, most doctors recommend waiting six weeks before getting your first injection. It does not change your ability to make breast milk.

WHAT ARE THE RISKS OF USING THIS?

There is some increase in the loss of calcium from your bones. There may be a very slight increase in the chance of getting breast cancer in younger women who use this. This risk is about the same for women using birth control.

If you have any questions about risk, you should discuss this with your doctor or health care provider.

WHAT ARE THE OTHER MORE COMMON SIDE EFFECTS?

- Irregular periods
- Heavier or lighter periods
- No periods
- Weight gain
- Headaches
- Nervousness

- Stomach pain or cramps
- Dizziness
- Weakness or feeling tired
- Lower sex drive

There are very much the same side effects as those in women taking birth control pills.

WHO SHOULD NOT TAKE DEPO-PROVERA?

You should not take Depo-Provera if you:

- Think you might be pregnant
- Have had blood clots (phlebitis) in your legs
- Have had abnormal vaginal bleeding without a doctor checking it
- Had a stroke
- Had cancer of the breast or other female organs
- Have had liver problems

STERILIZATION

HOW DOES STERILIZATION WORK FOR WOMEN?

Sterilization involves surgery for either male or female.

The female's surgery is called tubal ligation. Her fallopian tubes are either closed by heat, tied, or clamped off. The procedure takes about 30 minutes and is done under general anesthesia (put to sleep) in the hospital. As soon as her fallopian tubes are tied, sperm cannot reach her eggs. A mature egg is still released each month, but has no place to go so the body reabsorbs it. The woman still has monthly periods and her natural hormones will not be changed by the surgery.

HOW DOES STERILIZATION WORK FOR MEN?

This surgery for the male is done in the doctor's office. Under a local anesthetic (numbing injection in the area of the surgery), the vas deferens are closed with heat, tied or cut. The vas deferens are the tubes that sperm travels through on its way out of the man's body. Once the tubes are tied sperm can no longer exit (be ejaculated). Since the sperm cannot be released; they die off and are reabsorbed by the body. There will still be sperm present in the tubes beyond the tied area. It will take 15-20 ejaculations to completely clear the tubes of sperm.

HOW WILL THIS AFFECT MANLINESS?

Tying the male's vas deferens does not change the flow of male hormones and does not change sex drive, ejaculations, or sexual feelings.

WHAT ARE THE MAJOR RISKS OF STERILIZATION IN WOMEN AND MEN?

Sterilization is nearly 100% effective in preventing pregnancy. ONLY women and men who have had all the children they want or who definitely do not want children should consider choosing sterilization. It is not for anyone who has doubts. If you change your mind after surgery, it is hard to open the tubes. It involves costly surgery which is expensive and cannot always open the tubes. When we say this is almost 100% effective that means only two to five women out of 1,000 who have the operation will still get pregnant. It is very effective but not perfect.

THE IUD (INTRAUTERINE DEVICE)

WHAT IS AN IUD AND HOW DOES IT WORK?

The IUD is a small flexible-shaped device that is inserted into your uterus by your doctor. There are two types of IUD's. One releases small amounts of copper and the other releases small amounts of the hormones progestin. The IUD can be left in the uterus for 5 to 10 years, depending on the type that is used.

WHO CAN USE THE IUD?

The IUD is a good birth control choice for you if you have children and if you have sex with only one partner, and he only has sex with you. The IUD is convenient and is 97-99% effective in preventing pregnancy.

WHO SHOULD NOT USE THE IUD?

The IUD is not a good birth control option for you if you have sex with multiple partners, because such women with IUDs have a higher chance of getting Pelvic Inflammatory Disease (infections of the tubes, ovaries, and uterus). This infection may make it harder to become pregnant later on. You should not use the IUD if:

- You have had infections of the uterus, cervix, fallopian tubes or ovaries
- Had tubal pregnancy
- Never been pregnancy
- Had tumors or
- Had abnormalities of the cervix or uterus
- Have heart disease (Rheumatic fever, murmurs)
- Abnormal vaginal bleeding or painful periods and heavy menstrual flow
- Had an abnormal pap or anemia

BARRIER CONTRACEPTION

Condoms (rubbers), diaphragm, contraceptive sponges, contraceptive creams, foams, jellies, and suppositories are barrier contraceptives. All of these block the sperms passage through the cervix and prevents the sperms from joining with the egg.

THE CONDOM

WHAT IS A CONDOM AND HOW DO YOU USE IT?

The condom is a thin rubber sheath that is placed over the penis. When the penis is erect, the condom is placed over the tip of the penis. The tip of the condom is squeezed to leave room for the fluid that is ejaculated. Then the condom is rolled down to the base of the penis. After sex it is important for you or your partner to hold the condom at the base of the penis when removing it from the vagina to prevent it spilling side the vagina. Throw the condom away after you've used it; they are not reusable.

DO CONDOMS PROVIDE ANY OTHER PROTECTION BESIDES PREVENTING PREGNANCY?

Yes, condoms offer protection from sexually transmitted diseases such as AIDS, gonorrhea, syphilis, herpes, trichomoniasis and Chlamydia. Condoms containing Nonoxynol-9 give additional protection against AIDS and other viruses.

HOW EFFECTIVE ARE CONDOMS?

If used the right way, condoms are 97% effective. If condoms are used with an application of spermicidal jelly in the vagina, they are almost 100% effective.

WHO SHOULD USE CONDOMS?

If you or your partner has more than one sexual partner, condoms are a good birth control choice. Condoms are your best options if you wish to protect yourself against sexually transmitted diseases. They are also a good back up birth control method, in case your normal method is missed or forgotten.

THE DIAPHRAGM

WHAT IS A DIAPHRAGM?

The diaphragm is a flexible latex rubber cup. This method must be fitted to your exact size by your doctor or health care provider.

HOW DOES THE DIAPHRAGM WORK?

The device covers your cervix, blocking the sperm from reaching an egg.

WHO SHOULD USE A DIAPHRAGM?

These barrier methods are best used by women who cannot take the pill or IUD. It is very important that these devices be used correctly and faithfully each time you have sex or they are not good at preventing pregnancy. If you do not have sex very often this method may be a good choice for you. Only women who have normal PAP tests should be fitted for the diaphragm. The diaphragm with spermicidal jelly or cream is 80-98% effective if used correctly.

HOW IS THE DIAPHRAGM USED?

This device has to be inserted by you before intercourse. Your doctor or staff will show you how to do this. A small amount of spermicidal jelly or cream is put in the cup. The cup rim is flexible and is squeezed together to allow insertion into the vagina and is placed so that it covers the cervix.

You can insert the diaphragm up to one hour before sex. After sex the diaphragm needs to stay in place for six hours. If you have repeated sex, you will need to insert an applicator of spermicidal jelly or cream into the vagina, leaving the diaphragm in place. Do not wear the diaphragm for more than 24 hours.

WHAT ARE THE RISKS OF USING THE DIAPHRAGM?

The diaphragm's reported side effects include: bladder infections, constipation, and very rarely toxic shock syndrome (a serious infection).

THE CONTRACEPTIVE SPONGE

WHAT IS THE CONTRACEPTIVE SPONGE?

It is a sponge like device made from polyurethane (plastic) and contains a spermicide (to kill sperm).

HOW DOES THE SPONGE WORK?

The sponge is inserted in the vagina to cover the cervix just before intercourse. Before the sponge is inserted, most need to be moistened with water to release the spermicide. After sex, the sponge needs to be left in place for six hours. After the sponge is taken out, it cannot be used again.

WHO CAN USE THE SPONGE?

Any woman can use the sponge. You can buy it at a drug or grocery store. It is 80-87% effective if used correctly.

WHAT RISKS DOES THE SPONGE PRESENT?

The spermicide in the sponge may cause irritation. The sponge may be difficult to remove and if it comes out in pieces, you will need to call your doctor or health care provider the next day. In rare cases toxic shock syndrome (a serious infection) has occurred in women.

VAGINAL SPERMICIDE

WHAT ARE VAGINAL SPERMICIDES AND HOW DO THEY WORK?

Vaginal spermicide can come in the form of contraceptive jellies, creams and suppositories. They contain a chemical in which kills the sperm and before they reach the uterus.

HOW DO YOU USE A SPERMICIDE?

The spermicidal cream or jelly needs to be placed inside your vagina with an applicator to get the right amount. It is inserted deep into the vagina just before intercourse. If sex is repeated you must put in another application of spermicide right before.

Spermicidal suppositories need to be unwrapped and pushed inside the cervix. You must wait 10-15 minutes for the suppository to melt before it will work to prevent pregnancy.

WHO SHOULD USE THE VAGINAL SPERMICIDE?

Anyone can use and purchase spermicide at the drug or grocery store. They are 70-80% effective in preventing pregnancy.

WHAT ARE THE RISKS IN USING VAGINAL SPERMICIDE?

They may cause irritation or allergic reactions in some individuals.

RHYTHM METHOD OR NATURAL FAMILY PLANNING

WHAT IS THE RHYTHM METHOD?

The rhythm method is done by using three different ways, all of which are used to predict when ovulation (the release of the egg) will happen. During ovulations a mature egg is released and intercourse needs to be avoided at this time to prevent pregnancy.

HOW DO YOU USE RHYTHM METHOD?

1. The calendar method is used to keep track of when you ovulated, which is usually two weeks before your periods begins.
2. The basal body temperature method is usually done along with the calendar method. Your temperature is taken the same time each morning before you get out of bed. If the temperature goes up by $\frac{1}{2}$ to 1 degree you may be ovulating. You will need a special basal thermometer to take your temperature. You cannot have sex during the three days your temperature is up.
3. With the vaginal mucus method, you watch for changes in vaginal mucus. Ovulation is probably occurring if the vaginal mucus is thin and clear. You then don't have sex for the next three days.

With all methods, intercourse needs to be avoided five days before ovulation and three days after ovulation.

HOW EFFECTIVE IS THE RHYTHM METHOD?

All three methods are usually used together and then are only 53-98% effective against preventing pregnancy. You have a higher chance of getting pregnant with this method compared to most others.

WHO SHOULD USE THE RHYTHM METHOD?

Women who can't use any other form of birth control due to religious beliefs.

WHAT ARE THE RISKS OF USING THE RHYTHM METHOD?

Even if you feel you know your body well, your body is still very unpredictable. It is hard to tell when you will ovulate each month because it is not always at the same time. This is a risky birth control method if you do not want to take the chance of becoming pregnant.

WITHDRAWAL

It is when the penis is removed from the vagina before the man ejaculates or comes

HOW EFFECTIVE IS IT?

It is not very effective in preventing pregnancy. Most men have a small discharge of sperm before they ejaculate so pulling out does not always prevent sperm from entering the vagina. The sperm that has entered the vagina in this way can fertilize an egg and cause pregnancy.