

*Journey
to
Motherhood*

 St. Claire
HealthCare



Dear New Momma-to-be,

We at St. Claire HealthCare - Primary Care are so excited that you selected us for your prenatal care. We are honored to join with you and support you through a healthy pregnancy and a beautiful birth. We pride ourselves on family-centered maternity care that helps expectant families and new families become nurturing caregivers. We want you and your family to be able to make well informed decisions about pregnancy, labor, delivery, postpartum and your whole family's health beyond that.

Please use this booklet as a resource for your questions and concerns. Feel free to write down any further questions and concerns in it so that we address them at your next appointment.

Again, thank you for choosing us for your prenatal care!

Sincerely,





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TRADITIONAL PRENATAL CARE

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For years, providers have found that regular prenatal care provides consistent contact with mother and baby.

These regular visits allow for routine screenings and tests to keep them healthy and provide time to discuss questions and concerns.

TRADITIONAL PRENATAL CARE SCHEDULE

- Visits every 4 weeks until 28 weeks
- Visits every 2 weeks between 28 and 36 weeks
- Visits every week between 36 and 40 weeks
- Visits every few days past your due date

ABOUT PRENATAL CARE VISITS

- You may be seen more often if you have certain risk factors or develop pregnancy complications.
- Each visit is to make sure you and your baby are healthy, developing normally and to discuss your concerns.
- Bring a support person with you to share this experience and help you ask questions.



We encourage you to keep a journal during every stage of pregnancy because the experience will fly by!

FIRST TRIMESTER	SECOND TRIMESTER	THIRD TRIMESTER
Week 1	Week 14	Week 28 "7th Month"
Week 2	Week 15	Week 29
Week 3	Week 16 "4th Month"	Week 30
Week 4 "1st Month"	Week 17	Week 31
Week 5	Week 18	Week 32 "8th Month"
Week 6	Week 19	Week 33
Week 7	Week 20 "5th Month"	Week 34
Week 8 "2nd Month"	Week 21	Week 35
Week 9	Week 22	Week 36 "9th Month"
Week 10	Week 23	Week 37
Week 11	Week 24 "6th Month"	Week 38
Week 12 "3rd Month"	Week 25	Week 39
Week 13	Week 26	Week 40 "Due Date"
	Week 27	



FIRST TRIMESTER

Weeks 1-26



STAYING HEALTHY DURING PREGNANCY

.....

A healthy lifestyle is very important while your baby is growing and developing.

- Keep your prenatal visits
- Write down questions to bring to your appointments to ensure you get your questions answered
- Eat a balanced diet and drink plenty of fluids
- Take a prenatal vitamin with folic acid
- Gain recommended weight slowly
- Stay active and get regular exercise
- Avoid toxic substances, cat litter, under-cooked meat, and people who are sick
- Avoid eating large fish, which may contain too many toxins for pregnant women
- Wash hands often to prevent infection
- Stop smoking, drinking alcohol, and using drugs
- Avoid exposure to second-hand smoke
- Wear your seat belt, don't text and drive
- Learn about childbirth and breastfeeding
- Start getting ready for birth and parenting
- Surround yourself with people who love you and are willing to help
- Get plenty of rest and sleep
- Take care of yourself and minimize stress
- Know physical and emotional warning signs
- Ask questions until you understand

WHAT TO EXPECT AT YOUR FIRST PRENATAL VISIT

The first visit can feel overwhelming, here is what you can expect so you won't be taken by surprise!

- Blood work, urine collection – both are looking for infections or problems that could complicate pregnancy
- The provider will ask you questions regarding your diet, exercise routine, job, safety at home, pets at home, birth plan, and plan for breastfeeding.
- Counseling on the dos and don'ts of pregnancy
- Initiation or continuation of prenatal vitamins
- Depending on how far along you are, we may attempt to listen to the baby's heartbeat – it may be very difficult to find in the early stages of pregnancy. This is NORMAL! Do not panic if we cannot find the heartbeat at the initial appointment
- Education about obtaining NIPT genetic screen
- Schedule first ultrasound – if sure of the date of your last period, we usually schedule your ultrasound for 12 weeks to assess development and look for nuchal translucency which helps us assess possible genetic concerns. If you are unsure of the date of your last menstrual period, an ultrasound is scheduled to determine how far along you are and get an accurate due date.
- Discuss obtaining a Pap smear if needed at greater than 12 weeks

PRENATAL TEST RESULTS

FIRST TRIMESTER

1st Trimester Hemoglobin: _____

Pap: _____ HIV: _____ RPR: _____

Hepatitis B: _____ Rubella: _____

GC/CH: _____ Urine Test: _____

SECOND TRIMESTER

Genetic Screening: _____

Ultrasound: _____

THIRD TRIMESTER

Maternal Diabetes Screening: _____

Glucose Tolerance Test: _____

3rd Trimester Hemoglobin: _____

Rh Factor: _____

Group B Strep: _____

NST: _____

Other: _____

PRENATAL EDUCATION TOPICS



You may choose to discuss these common topics with your provider during your prenatal care visits:

- Alcohol Exposure
- Baby Warning Signs
- Breastfeeding
- Circumcision
- Drug Use
- Exercise
- Family Planning
- Fetal Development
- Fetal Movement
- Genetic Screening
- Gestational Diabetes
- Grandparents
- Infant Care Infections
- Immunizations
- Labor Preferences
- Medications
- Nutrition
- Parenting
- Partners
- Perinatal Mood Disorders
- Pets
- Postpartum Care
- Pre-Eclampsia
- Pregnancy Discomforts
- Prenatal Care Visits
- Prenatal Testing
- Prenatal Vitamins
- Preparing for Birth
- Preparing Siblings
- Preterm Labor Safety
- Smoking Cessation
- Social Support
- Ultrasounds
- Warnings Signs
- Weight Gain
- Well-Woman Care
- What To Do If...
- Worries and Concerns

PRENATAL RECORD

Estimated Date of Birth: _____

TOPICS WE TALKED ABOUT	WHAT HAPPENS NEXT/NOTES



NON-INVASIVE PRENATAL TESTING

NIPT is a blood test that screens for a wide array of genetic abnormalities by looking directly at a baby's DNA in the mom's blood.

Usually, this is only paid for by insurance companies if your pregnancy is high risk or if you have a family history of genetic concern. If you do not want/insurance will not pay for NIPT, a quad screen will be offered at 16-20 weeks.

PROS

- Can relieve worry about certain genetic abnormalities
- Early determination of the sex of the baby

CONS

- If abnormal, may induce anxiety and worry throughout the remainder of the pregnancy
- Does not screen for all genetic abnormalities, so even if the test comes back normal, the baby could still have some genetic abnormality that was not obtained by the test



Your OB provider will discuss these options with you more in-depth at the time of your visit.



WEIGHT GAIN DURING PREGNANCY

During pregnancy, your body experiences a lot of changes.

Our goal is to make sure you maintain a weight that is healthy for you and your baby. Slow, steady, recommended weight gain helps your baby grow to a healthy size and makes postpartum weight loss easier.

PRE-PREGNANCY WEIGHT	BMI	WEIGHT GAIN
Underweight	Less than 18.5	28 – 40 pounds
Normal Weight	18.5 – 24.9	25 – 35 pounds
Overweight	25.0 – 29.9	15 – 25 pounds
Obese	30 or more	11 – 20 pounds

NUTRITION

Now you are eating for two!

YOU ARE WHAT YOU EAT - Maternal nutrition during pregnancy has been linked to the baby's health status later in life. So, during this time, both you and your baby are what you eat.

Visit www.choosemyplate.org to learn more about nutrition during pregnancy and make a personalized food pyramid. Plus, don't forget to get 8-10 glasses of water every day.

SUPPLEMENTS - Prenatal vitamins cannot replace a healthy diet, but they can help ensure that you and your baby are getting essential vitamins and minerals. Folic Acid is important for reducing the risk of birth defects.

Vegetarian diets are compatible with pregnancy. Review recommended daily servings to ensure you receive enough protein and calcium. Some women may need extra B vitamins and iron.

FOOD SAFETY - Food-borne infection can be prevented by good handwashing, washing fresh fruits and vegetables, cooking and storing meat, eggs, and dairy products at the right temperatures, and avoiding cold cuts, soft cheeses, and unpasteurized milk or juice.

SERVING SIZES	
Fist = 1 cup	Rice, pasta, fruit, vegetable
Palm = 3 ounces	Meat, fish, poultry
Handful = 1 ounce	Nuts, raisins
Thumb = 1 ounce	Peanut butter, cheese
Thumb tip = 1 teaspoon	Oil, butter, dressing/dip, sugar

FOOD GROUP & DAILY SERVINGS	RECOMMENDATIONS
<p>GRAINS 9-10 Servings or 6 – 8 ounces</p>	<p>Half of all grains consumed should be whole grains. Choose products low in fat and sugar. Whole grains help provide protein. Vitamin E, B vitamins, iron, and zinc all help with forming and repairing body cells.</p>
<p>VEGETABLES 4-5 servings or 2 ½ - 3 cups</p>	<p>Vary the types of vegetables you eat, try for at least one dark green and one orange vegetable each day. Vegetables provide a variety of vitamins and minerals. Choose raw or steamed vegetables.</p>
<p>FRUITS 3-4 servings or 1 ½ - 2 cups</p>	<p>When fresh produce is not available, frozen fruits are the best alternatives. Go easy on juices, added fats, sugars, and salt.</p>
<p>MILK 3-4 servings or 3 cups</p>	<p>Eat low-fat or fat-free dairy products. Servings are yogurt (3/4 cup), cheese (about the size of your thumb). These products help provide calcium and Vitamin D for bone formation and B vitamins for cell growth.</p>
<p>MEAT/BEANS 3 servings or 5 – 6 ½ ounces</p>	<p>Protein is essential for growth and repair of body cells. Two servings of seafood a week can help provide special oils for fetal brain development. Eat lean cuts of meat and avoid frying.</p>
<p>FATS/OILS Use Sparingly or 6 – 8 teaspoons</p>	<p>Most fats should be from fish, nuts, and vegetable oils. Limit solid fats like butter and margarine. Limit saturated fats, trans fats, sodium, and added sugar.</p>



WHAT ABOUT ...



DENTAL CARE - Preventive dental care is important during pregnancy. Oral infections have been linked to pre-term birth. If you have a cavity or infection please see your dentist. Local (numbing) pain medications, antibiotics, and limited use of analgesics are considered safe during pregnancy, especially after the first trimester.

OSTEOPATHIC MANIPULATIVE TREATMENT (OMT) - OMT is a service that we provide to our OB patients. Many providers in our clinic are Doctors of Osteopathic Medicine which means they have special training to treat musculoskeletal complaints common during pregnancy. This is a great resource to help treat some of the aches and pains that present throughout pregnancy. Ask your OB provider to get set up with this service. It is completely safe and offers great relief!

CHIROPRACTIC CARE - Visiting a chiropractor is safe during pregnancy and can help maintain the alignment of the spine. During pregnancy, the hormones and weight gain can contribute to changes in alignment that increase discomfort.

MASSAGE - Studies have shown massage to be helpful with stress, pregnancy discomforts, and labor pain. There is some concern over the possibility that triggering sensitive pressure points can lead to complications. Look for a therapist who has training in pregnancy massage.

HAIR TREATMENTS - Perms and hair dye contain many chemicals that have unproven safety, but with limited exposure and good ventilation are probably okay. Keep in mind that the hormones of pregnancy may cause unanticipated results.

TANNING - Exposure to UV rays is proven to have a damaging and potentially cancer-causing effect on your skin. Fetal harm has not been proven, but caution should be taken to prevent injury and overheating.

PREGNANCY CAUTIONS



For the safety of you and your baby, please let your care provider know about exposures to these pregnancy cautions. We are here to help you have a healthy pregnancy.

CAFFEINE - Caffeine is a stimulant and a diuretic. It increases your blood pressure and heart rate and makes you urinate more frequently. Expectant mothers should limit caffeine to one serving a day, for example, one can of pop, cup of coffee, or glass of tea is safe.

TOBACCO - Cigarette smoke contains over 2,000 chemicals and how exposure may impact a baby's development is not fully known. Smoking is associated with low birth weight, placental abruption, preterm labor, as well as, withdrawal symptoms and life-long health issues for your baby. We encourage you to quit and we are here to help! Second-hand smoke can be just as harmful, so now is the time to clear the air.

ALCOHOL - No amount of alcohol is considered safe! Fetal alcohol syndrome effects are life-long and may include baby's growth, heart, liver, behavior, appearance, and intelligence.

PRESCRIPTION DRUGS - Just because a medication is recommended by a doctor doesn't make it safe for a developing baby, especially if the medication was not ordered specifically for you during pregnancy. Let your provider know all the medications you are taking so we can work together to keep you and your baby safe.

STREET DRUGS - Illegal drugs are harmful to everyone, especially for a growing baby. Studies have shown that using these drugs can cause miscarriage, low birth weight, preterm labor, placental abruption, and even fetal or maternal death.



MEDICATION LIST FOR PREGNANCY

Discuss all prescription, herbal, and over-the-counter medications with your provider before continuing, once you find out you are pregnant.

- It is best to avoid medicine for the first trimester
- Talk with your provider before trying natural or herbal remedies
- You may use either brand name or generic medications
- Take all medications as directed on the package
- Try only one medication at a time
- Let your healthcare providers know if you use over-the-counter medicines for more than 7 days or do not notice improvement.

PREVENTION IS THE BEST MEDICINE

- Eat a well-balanced diet
- Get plenty of rest
- Wash your hands frequently
- Exercise regularly
- Make sure foods are stored and cooked properly
- Stay away from people who are ill



If you have questions or concerns about medications during pregnancy, contact your healthcare provider.



REMEDIES AND MEDICATIONS

This list of remedies and medications is generally considered safe during pregnancy.

Write down all the prescription and over-the-counter medications, vitamins, and herbal/dietary supplements you normally use or are thinking of using, and discuss each of them with your provider.

Although many medications come with risks during pregnancy, you and your provider can create a medication plan that works best for you and your baby.

**Medications with an asterisk should be taken sparingly and only when other remedies have failed.*

CONCERN	TRY FIRST/REMEDIES	MEDICATIONS
Allergies	<ul style="list-style-type: none"> Identify triggering substance and limit exposure 	<ul style="list-style-type: none"> NasalCrom[®] Nasal Spray (cromolyn) Chlor-Trimeton[®] (chlorpheniramine) Claritin[®] (loratadine) Benadryl[®] (diphenhydramine)*
Back Pain	<ul style="list-style-type: none"> Heat Stretching OMT 	<ul style="list-style-type: none"> Tylenol (acetaminophen)* No more than 3,000mg in 24 hours
Congestion (stuffy nose or head)	<ul style="list-style-type: none"> Use humidifier or saline nasal spray Use Vicks VapoRub[®] under nose or on chest 	<ul style="list-style-type: none"> Afrin[®] Nasal Spray* (oxymetazoline) only use for severe congestion, not recommended for longer than 3 days.

CONCERN	TRY FIRST/REMEDIES	MEDICATIONS
Constipation	<ul style="list-style-type: none"> • Increase fiber and fluids • Walk daily 	<ul style="list-style-type: none"> • Metamucil® (psyllium) • Colace® (docusate sodium) • Citrucel® (methylcellulose) • Milk of Magnesia
Cough (chest congestion)	<ul style="list-style-type: none"> • Increase fluids • Use humidifier • Cough drops 	<ul style="list-style-type: none"> • Robitussin®, Mucinex® (guaifenesin) • Vicks® Formula 44 (dextromethorphan HBr)
Cuts & Scrapes	<ul style="list-style-type: none"> • Clean affected area with soap and warm water • Keep affected area dry 	<ul style="list-style-type: none"> • Topical Bacitracin • Topical Neosporin® (Neomycin/polymyxin B/bacitracin)
Diarrhea	<ul style="list-style-type: none"> • Increase fluids • Avoid coffee, fried, spicy, and high-sugar foods 	<ul style="list-style-type: none"> • Imodium® (loperamide) only for 24 hours, only after 12 weeks of pregnancy.
Gas *See Constipation	<ul style="list-style-type: none"> • Rocking in a rocking chair • Laying on side with one knee up • Drink 10 (8oz) glasses of water daily 	<ul style="list-style-type: none"> • Maalox® or Gas X® (simethicone)
Heartburn and/or Reflux *See Nausea/Vomiting	<ul style="list-style-type: none"> • Avoid coffee, fried, spicy, and high-sugar foods • Caution consuming dairy products • Chew gum, suck on peppermint or lemon candy • Note triggers and eat less of those foods • Sit upright 2 hours after meal 	<ul style="list-style-type: none"> • Tums®, Roloids® (calcium carbonate) - Limit 10 in a 24-hour period • Tagamet® (cimetidine) • Pepcid® (famotidine) • Maalox®(aluminum hydroxide/ magnesium hydroxide/simethicone) <p>*Do not take prenatal vitamins or iron supplement with antacids.</p>
Hemorrhoids	<ul style="list-style-type: none"> • Warm bath • Tucks pads • Witch Hazel • Soft BM's and good bowel patterns 	<ul style="list-style-type: none"> • Anusol® or Preparation H® (hydrocortisone) * - Lowest dose for the shortest time possible is recommended.

CONCERN	TRY FIRST/REMEDIES	MEDICATIONS
Nausea/ Vomiting	<ul style="list-style-type: none"> • Eat small, frequent meals • Drink separate from meals • Avoid coffee, fried, spicy, and high-sugar foods • Brush teeth after meals/ vomiting 	<ul style="list-style-type: none"> • Ginger (ginger-ale, fresh ginger, ginger root) 250mg with meals • Vitamin B6 25-50mg, 3 times daily • Sea-Bands® • Unisom (doxylamine) 25mg 2 times daily, as needed
Rashes	<ul style="list-style-type: none"> • Cold compresses 	<ul style="list-style-type: none"> • Topical Benadryl® (diphenhydramine)* • Caladryl lotion or cream (pramoxine) • Aveeno® (colloidal oatmeal baths)
Runny Nose/ Watery Eyes	<ul style="list-style-type: none"> • Wash hands • Limit allergen exposure 	<ul style="list-style-type: none"> • Chlor-Trimeton® (chlorpheniramine) • Claritin® (loratadine) • Benadryl® (diphenhydramine)*
Sore Throat	<ul style="list-style-type: none"> • Sip warm drinks • Suck on ice chips • Gargle warm salt water • Use lozenges 	<ul style="list-style-type: none"> • Tylenol® (acetaminophen)* - No more than 3,000mg in 24 hours
Stretch Marks/ Itching	<ul style="list-style-type: none"> • Good nutrition • Stay well hydrated • Apply hydrating moisturizer, 3 times daily • Slow, steady weight gain 	<ul style="list-style-type: none"> • Aveeno® (colloidal oatmeal baths) • Benadryl® (diphenhydramine)* • Mustela's Stretch Marks Prevention Cream® <p>* Anti-itch creams contain steroids. Some rashes and/or severe itching can be a cause for concern, talk to your care provider.</p>
Yeast Infection	<ul style="list-style-type: none"> • Prevention - wear loose, breathable, cotton underwear 	<ul style="list-style-type: none"> • Monistat® (miconazole) • Terazol® (terconazole) <p>*Do not insert applicator too far.</p>

FIRST TRIMESTER WARNING SIGNS

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During pregnancy, your body is going through a lot of changes! Some discomforts are normal, but some can be a message for you to seek medical attention.

Please contact your provider's office if you have any of these signs:

- Nausea and vomiting that leads to dehydration; unable to keep fluids down, decreased urination
- Chills or fever of 100 degrees or higher
- Flu/Covid exposure or symptoms
- Any vaginal spotting/bleeding
- Vaginal discharge with discomfort or odor
- Fainting, frequent dizziness, heart palpitations
- Chest pain, difficulty breathing
- Pain that does not go away with rest
- Lower back pain, pelvic pressure
- Painful, burning, or decreased urination
- Persistent intense itching
- Visual disturbances
- Severe headaches
- Sudden, all over swelling
- Severe leg cramp, red, sore spot on leg
- Abdominal trauma



Listen to your body and discuss any concerns you may have with your healthcare provider.



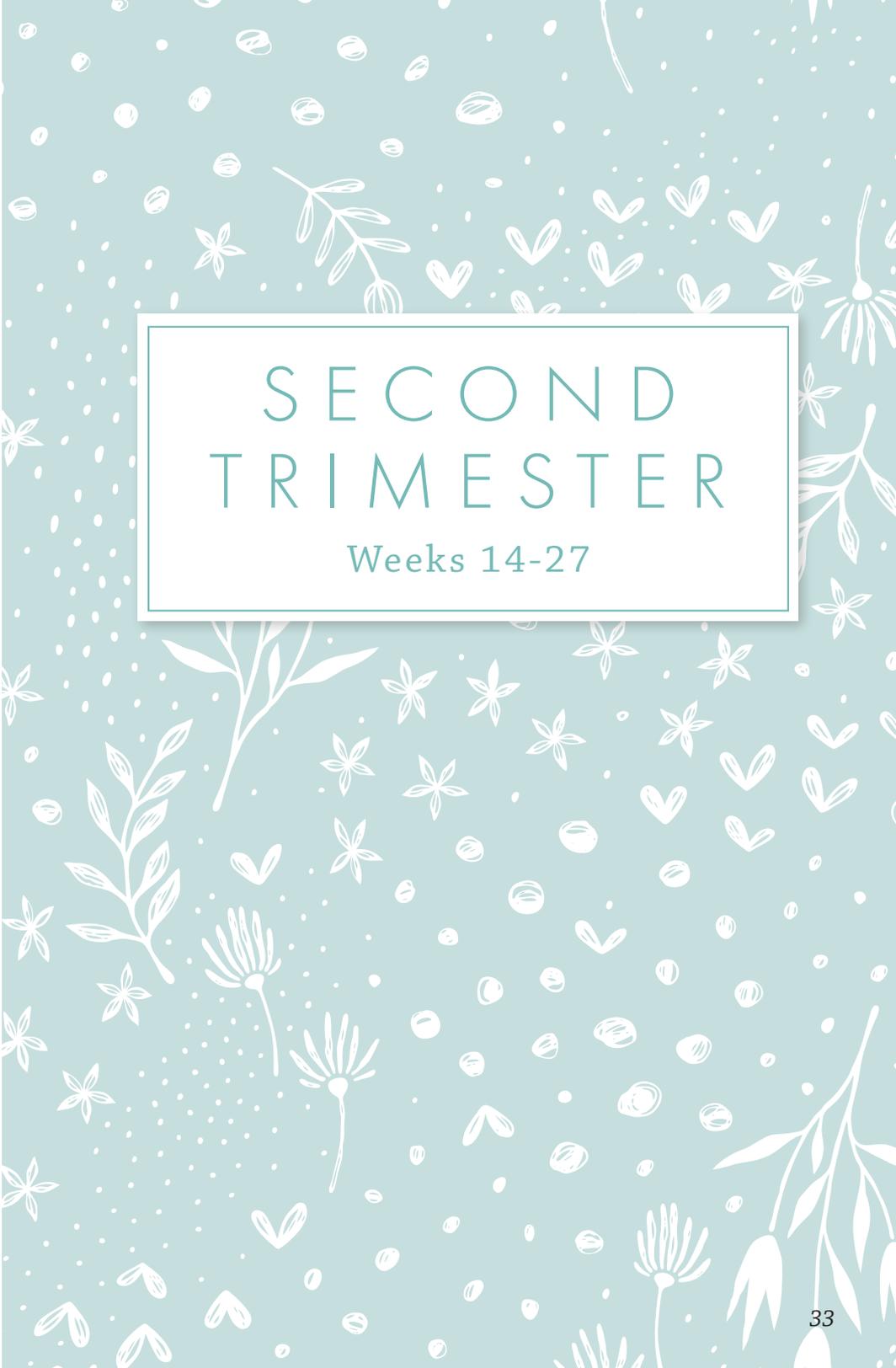
CALMING COMMON DISCOMFORTS

CONCERN	TIPS FOR COMFORT
Headaches	<ul style="list-style-type: none"> • Watch for triggers and try to avoid • Get plenty of rest and exercise regularly • Watch your blood sugar • Try massage, relaxation techniques or other stress relief • Take magnesium 400mg twice daily <p><i>*Headaches late in pregnancy can be related to blood pressure. Call your provider if you also notice sudden swelling, vision changes and chest/upper abdomen pain.</i></p>
Light-Headedness/ Dizziness	<ul style="list-style-type: none"> • Get plenty of fluids, rise slowly from sitting/resting for long periods of time and know your limits, try not to 'over-do' it <p><i>*May be related to blood pressure, blood sugar or hormones. Easier to manage once trigger is identified.</i></p>
Nose Bleeds/ Bleeding Gums	<ul style="list-style-type: none"> • Stay hydrated • Use a humidifier if the house is dry in the winter-time • It is okay to have dental work during pregnancy if you have soreness or cavities.
Swelling	<ul style="list-style-type: none"> • Drink more water and avoid caffeine • Drink sugar free fluids and cut down on salt • Rest on your side with legs elevated • Try support hose, especially for achy varicose veins
Breast Growth/ Tenderness	<ul style="list-style-type: none"> • Wear a comfortable bra that fits • Avoid excess stimulation
Tired / Fatigued	<ul style="list-style-type: none"> • Eat well for energy and exercise to maintain strength • Try to get enough rest <p><i>*Your body is working hard growing a baby! Give yourself permission to slow down a little.</i></p>
Fetal Movement	<ul style="list-style-type: none"> • Easy pressure to guide baby from your ribs and position changes may help you breathe a little easier <p><i>*Flutters grow into rolls and kicks. Just as you may find yourself tossing and turning to get comfortable, so is baby.</i></p>
Leg Cramps	<ul style="list-style-type: none"> • Gentle stretches before bed and pulling toes back toward knee during a charley horse can help • Recommended intake of Calcium (milk products) and Potassium (bananas) may not prevent cramping, but will relieve discomfort

CONCERN	TIPS FOR COMFORT
Irritability/ Moody/ Emotional	<ul style="list-style-type: none"> • Surround yourself with people that love you and are able to help • Talk about things that are worrying you • Eat well, exercise regularly and get enough sleep • Sunlight, Omega-3 fatty acids and counseling may be helpful to try before or with medication if necessary
Difficulty Sleeping	<ul style="list-style-type: none"> • Staying active during the day helps you fall asleep easier at bedtime • Write concerns down to deal with another day so they won't keep you up at night • Use pillows to help with discomfort
Sciatica	<ul style="list-style-type: none"> • Good posture, frequent position changes and stretching may ease discomfort
Leaking Urine	<ul style="list-style-type: none"> • Go to the bathroom as soon as you feel the urge to go • Try Kegel exercises • Avoid caffeine <p><i>*Tell your provider if you have pain or infection symptoms.</i></p>
Backache	<ul style="list-style-type: none"> • Maintain good posture • Wear supportive shoes • Frequent position changes • Gentle stretches, pelvic tilts • Exercise regularly to maintain strength and good body mechanics • OMT
Braxton Hicks Contractions	<ul style="list-style-type: none"> • Empty your bladder • Get something to drink • Change in activity often helps Braxton Hicks (practice) contractions fade away
Pressure/ Stretching or Ligament Discomfort	<ul style="list-style-type: none"> • Typically sharp and sudden, will ease with rest. • Move slowly with position changes and support belly with 'abdominal lift' • Abdominal support garment may be helpful
Vaginal Discharge	<ul style="list-style-type: none"> • Vaginal discharge does increase during pregnancy to help prevent infections. You may have to wear a panty liner. <p><i>Tell your provider if you have pain or infection symptoms.</i></p>

NOTES



The background is a light teal color with a repeating pattern of white line-art illustrations. These include various types of flowers, such as daisies and tulips, as well as sprigs of leaves and small heart-shaped motifs. The pattern is dense and covers the entire page.

SECOND TRIMESTER

Weeks 14-27



Congratulations!

You have made it
to your second trimester.

This is when many women begin to feel more like themselves again after the morning sickness and fatigue of early pregnancy start to fade.

Enjoy these next few weeks knowing you are closer than ever to meeting baby!

UPCOMING APPOINTMENTS & MILESTONES TO ANTICIPATE

Although every pregnancy is different, most women usually feel the baby move for the first time at some point during the second trimester.

ANATOMY SCAN (AROUND 20 WEEKS) - One of the most looked forward to milestones of pregnancy is the anatomy ultrasound where your baby is carefully evaluated to ensure all the body's systems are developing appropriately. And, if you so choose, this is when you learn the gender as well!

GESTATIONAL DIABETES SCREENING (24-28 WEEKS) - You may have heard this called the "Glucola" test. Essentially, you drink a sugary drink and have your blood drawn an hour later to screen for pregnancy-related diabetes. This test may happen earlier if you have had GDM with prior pregnancies.

RHOGAM (28 WEEKS) - Depending on your blood type, positive or negative, you may receive this shot toward the end of your second trimester in order to protect your baby in the event he or she has a different blood type.

TDAP VACCINATION (28-32 WEEKS) - Your provider will recommend this vaccination for you and possibly for your partner and other loved ones planning to help take care of baby. This includes protection against Pertussis or "Whooping Cough" as baby isn't old enough to be vaccinated until two months of age.



SECOND TRIMESTER SYMPTOMS

IMPROVING MORNING SICKNESS FATIGUE (HOPEFULLY) -

Most pregnant mommas report less nausea and an increase in energy levels early in the second trimester. A few still experience these symptoms later in pregnancy or even all the way through, however.

GROWING BELLY AND BREASTS - As baby grows, so do you! A supportive, wide strapped sports bra may become your best friend.

SKIN CHANGES - Due to increasing hormones, you may notice darker patches of skin across your face (melasma) or a vertical line down the center of your abdomen (linea nigra). Also, as baby grows you may notice stretch marks. Thankfully, most of these skin changes resolve or at least fade after delivery. Using sunscreen can help too!

NASAL CONGESTION - To nourish baby, your body can increase its blood volume by up to 50%! This can lead to swollen mucous membranes and nasal congestion or sometimes nosebleeds. Keeping moisturized is the best way to relieve these symptoms – saline drops or petroleum jelly work well!

DIZZINESS - Again, due to those oh-so-important pregnancy hormones, changes in circulation can leave you feeling lightheaded. The best way to combat this is to be aware this may happen and move accordingly – rise to stand slowly and avoid standing for long periods. Drinking lots of water can alleviate dizziness too.

INCREASING DISCHARGE - Some vaginal discharge is normal in women and the amount may increase throughout pregnancy. It is usually clear to white and can be sticky in appearance. Reasons to talk to your doctor about this include a strong smell, change in color of the discharge, burning or pain near your vagina or spotting.

BRAXTON HICKS CONTRACTIONS - These false labor pains can feel pretty real at times. Thankfully, it is just your body's way of preparing for the big day. You may feel a tightness or cramping across your lower abdomen. True contractions continue in a regular pattern and steadily increase in severity. If this happens, contact your provider as this could be preterm labor. Otherwise, Braxton Hicks can be helped by emptying your bladder, drinking cold water, or changing your current activity.



You may find the second trimester brings renewed energy and relief from discomforts such as nausea.

GETTING TO KNOW YOUR BABY

In the late second and into your third trimester, you will notice baby moving every day.

Kick counts are a way to know that baby is doing okay, it provides you a chance to know your baby a little more each day.

HOW TO COUNT KICKS

- When baby tends to be the most active, pay attention to baby's movement
- Count each time you feel the baby kick, squirm, or roll

IF YOU DO NOT NOTICE 10 MOVEMENTS IN AN HOUR, TRY THE FOLLOWING:

- Empty your bladder
- Eat a snack and drink a cold beverage
- Lay on your side with your hand on your abdomen
- Feel for movement
- At the end of a second hour, if you have not noticed 10 movements, please call your provider's office.



When you're counting kicks, it is a very good sign if the baby is moving at least ten times per hour.

PERINATAL MOOD DISORDERS



It is common to feel like you are on a hormone-powered emotional roller coaster during pregnancy. Your partner, family, and friends may notice it more than you do.

- Communication is the key to good relationships
- Don't be afraid to ask for help when you need it
- Spend some time talking about these out of control feelings
- Sometimes sharing an apology makes the rough times a little easier to endure
- Educate yourself on topics that worry you by asking your provider or doing your own research

SIGNS YOU MAY NEED HELP DURING PREGNANCY OR POSTPARTUM

- Hopeless, despair, exhaustion
- Low self-esteem
- Lack of energy
- Loss of interest in everything
- Unable to sleep
- Overeating or forgetting to eat
- Constant crying
- Outbursts of anger
- Recurring thoughts about hurting self or others



HOW TO REACH MY PROVIDER:

.....

- St. Claire Family Medicine - Frenchburg606.768.2191
- St. Claire Family Medicine - Morehead, Downtown.....606.784.3771
- St. Claire Family Medicine - Morehead, North.....606.784.2774
- St. Claire Family Medicine - Olive Hill.....606.286.4152
- St. Claire Family Medicine - Owingsville.....606.674.6386
- St. Claire Family Medicine - Sandy Hook.....606.738.5155
- St. Claire Regional Medical Center606.783.6500 or 1.800.264.0616

Ask to speak with the Primary Care physician on call

PREGNANCY RESOURCES

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AMERICAN COLLEGE OF NURSE MIDWIVES

www.midwife.org

AMERICAN PREGNANCY ASSOCIATION WEEK-BY-WEEK

www.americanpregnancy.org/weekbyweek

LAMAZE INTERNATIONAL

www.lamaze.org

MARCH OF DIMES

www.marchofdimes.com

NATIONAL HEALTHY MOTHERS, HEALTHY BABIES COALITION TEXT4BABY

Text BABY to 511411

KENTUCKY QUITLINE

1-800-QUIT NOW (784.8669) | www.smokefree.gov

OTIS - ORGANIZATION OF TERATOLOGY INFORMATION SPECIALISTS

www.mothersbaby.org

HOPE PREGNANCY CARE CENTER

167 East Main Street, Morehead KY | 606.784.2488

CHILDBIRTH & BREASTFEEDING CLASSES

pregnancytoparenting@st-claire.org



Ask your provider about St. Claire HealthCare's free childbirth, newborn care, and breastfeeding classes.

PARENTING RESOURCES

The following resources are available through
your local health department.

- HANDS[®]
- Women, Infants, and Children (WIC)
- Healthy Start
- First Steps

Carter County	606.286.6000
Bath County	606.674.2731
Elliott County	606.738.5205
Menifee County	606.768.2151
Morgan County	606.743.3744
Rowan County	606.784.8954

BREASTFEEDING SUPPORT

www.womenshealth.gov/Breastfeeding

www.gotmom.org

www.kellymom.com

LACTMED

www.toxnet.nlm.nih.gov/newtoxnet/lactmed.htm

LA LECHE LEAGUE

www.LLli.org

ROWAN BIRTH AND BEYOND

www.facebook.com/RowanBirthnBeyond



BIRTHING CLASSES

Childbirth class is a great opportunity to learn about what to expect during labor, discover what preferences you have for birth, and help your partner learn how to support you through the process.

Childbirth class is also a place to meet other women and couples going through exactly what you are facing. Some people have made life-long supportive friendships or have become involved with peer support networks like mom's groups and baby play gatherings.

St. Claire HealthCare offers free childbirth classes. To learn more, email **pregnancytoparenting@st-claire.org**. Classes are taught in the Center for Health, Education and Research (CHER Building), located at 316 W. Second Street, in Morehead.

BIRTH PREFERENCES

Our goal is to partner with you in your delivery. We encourage you to ask questions and let us know what your preferences are so we can help you have the best experience possible.

You can find many online tools to help you write out your preferences for birth.



At St. Claire, our priority during labor and delivery is the health and safety of you and your baby.



BREASTFEEDING

Choosing how to feed your baby is one of the many important decisions you will make about your newborn. Consider which option will work best for you and your family.

Experts recommend that all babies breastfeed for the first six months and continue breastfeeding with the addition of other food and fluids for the first year and beyond.

BREAST MILK FACTS:

- Contains the ideal balance of easily digestible nutrients
- Provides infant with immunities to help fight allergens and illnesses specific to the environment
- Changes over time to meet baby's needs
- Contains substances for optimal brain and eye development and function

BETTER FOR BABIES:

- Stronger immune system
- Fewer colds, allergies, and ear infections
- Less diarrhea, constipation, and upset stomach
- Lower infant mortality, fewer hospitalizations
- Supports ideal brain, eye, and mouth development
- Decreases obesity
- Higher IQ
- Decreases life risks such as cavities, diabetes, cancer, and heart disease

BETTER FOR MOM:

- Quicker postpartum recovery
- Faster weight loss
- Less anemia
- Lower risk of breast, ovarian, and uterine cancers
- Less risk of osteoporosis and heart disease
- Delays the return of the menstrual cycle

BETTER FOR FAMILIES:

- Free
- Fewer doctor visits because breastfed babies are healthier
- Parents miss less work
- Always clean and at the right temperature
- Requires no special storage, preparation or equipment



Any amount of breast milk is beneficial for baby and helps build a stronger immune system.



PREPARING TO BREASTFEED

.....

**An educated, prepared breastfeeding mother
is a successful breastfeeding mother.**

LEARN HOW TO GET STARTED

Join other expectant families to learn the benefits of breastfeeding, how to get started and how to work through some early challenges.

Go to a class, read books, get involved with La Leche League, talk with women who have successfully breastfed. WIC can also be a very helpful resource for breastfeeding.

To learn more about free breastfeeding classes offered by St. Claire HealthCare, email **pregnancytoparenting@st-claire.org**. Classes are taught in the Center for Health, Education and Research (CHER Building), located at 316 W. Second Street, in Morehead.

- **TAKE ADVANTAGE OF THE “GOLDEN HOUR”**
Breastfeeding in the first hour after birth lays a strong foundation for a great breastfeeding experience.
- **BREASTFEEDING IS ‘ON THE JOB TRAINING’**
Latch is very important for breastfeeding. Ask your nurses to help if you experience any pain.
- **KNOW WHAT IS NORMAL**
Breastmilk is easily digestible, so breastfed babies will eat frequently. Breastmilk works on supply and demand, baby eats and your body produces. To produce more milk, feed your baby more often.
- **ASK FOR HELP**
If you have a question or are worried, seek the counsel of someone you trust.
- **GATHER YOUR SUPPORT TEAM**
You aren’t supposed to be able to do it all; allow excited family and friends to help. Take time to recover from pregnancy and birth while learning how to care for your baby.
- **BE PATIENT AND PERSISTENT**
Many women find that the first week of breastfeeding can be a challenge. However, practice makes perfect and before you know it, breastfeeding will be second nature.



Following these tips will help prepare you for a wonderful breastfeeding experience.

NOTES





THIRD TRIMESTER

Weeks 28-40



Congratulations!

You are now so close
to meeting your baby!

Your third trimester is between weeks 28 and 40. This is a physically and emotionally challenging time for pregnant women.

Lots of changes continue to happen to your body, new symptoms, and preparation for your baby's arrival.

UPCOMING APPOINTMENTS & MILESTONES TO ANTICIPATE

During the third trimester, you will start to see your healthcare provider more often.

Around 28 weeks you will start visits every other week until week 36 at which time you will transition to weekly visits until your baby arrives.

At each visit, you should continue to expect your provider to measure your fundal height, listen for Fetal Heart Tones, check your blood pressure and check your weight. Your provider may or may not choose to check a urine sample at each visit.

THIRD TRIMESTER PRENATAL TESTING

- **GROUP B STREP SCREENING** - Group B strep is a bacteria that is normally found in the vagina/rectum of women. It can be overgrown during pregnancy. At around 36 weeks you will do a group b strep test where a swab will be taken of the vagina and rectum. If positive you will be instructed to come to the hospital as soon as labor begins as you will need antibiotics during labor.
- **IRON DEFICIENCY ANEMIA** - Your healthcare provider may check your iron level if you are symptomatic (i.e. fatigue)
- **GESTATIONAL DIABETES** - If you are a gestational diabetic you will be asked for a log of blood sugars each visit.



THIRD TRIMESTER SYMPTOMS

During the third trimester your baby is getting bigger which puts more stress on your body. Common symptoms you may encounter include:

MILD SWELLING - Your feet, legs, and ankles may begin to swell a little more. This can be totally normal but always tell your healthcare provider at your appointment. To help alleviate swelling, elevate your feet several times a day and make sure to drink plenty of fluids.



The third trimester is an exciting time, but you will experience some new discomforts too.

FATIGUE - Pregnancy puts a lot of stress and demands on your body so fatigue is very common, especially in the third trimester. Listen to your body and rest as needed, stay hydrated, and eat well.

HEARTBURN - As your baby grows it takes up more space in your belly which can put pressure on your stomach. This can lead to heartburn.

HEMORRHOIDS - Unfortunately hemorrhoids are very common in pregnancy especially near the end of pregnancy. Constipation in pregnancy puts pressure on the pelvis and leads to hemorrhoids. Make sure to add fiber to your diet to help with constipation and stay hydrated.

STRETCH MARKS - You may start to notice stretch marks on the thighs, stomach, breast, and buttocks.

LOWER BACK PAIN - As the baby drops into the pelvis many women experience low back pain. To help alleviate you may do gentle stretching, Osteopathic Manipulative Treatment (OMT), walking, and using good posture.

TROUBLE SLEEPING - Many pregnant women experience issues sleeping in the third trimester as the baby is growing and finding a comfortable position is more difficult. Sleeping with a pillow between your knees or ankles may help.

BRAXTON-HICKS CONTRACTIONS - These are contractions you experience in the third trimester to get your body ready for labor. They last between 30 seconds and two minutes but should not be consistent and will go away.

LEAKY BREASTS - You may notice leaking from your breasts or stains on your shirts. If the leakage is a creamy, yellowish substance, relax-this is colostrum. Colostrum is the first stage of breast milk.

VAGINAL DISCHARGE - You may experience an increase in white-colored vaginal discharge and it may contain mucus. This is normal and your body preparing for birth.

THIRD TRIMESTER CHECKLIST



As you prepare for the birth of your baby there are several things you may want to consider:

- Research and decide on pain relief during labor
- Attend childbirth class
- Pick a care provider for your baby
- Decide on circumcision
- Finalize paperwork for your maternity leave
- Install the car seat
- Get your nursery ready
- Pack your hospital bag
- Stock up on baby supplies
- Make a plan on how to deal with visitors
- Check that your smoke detectors in your home are working
- Wash your baby's new clothes and linens
- Get a breast pump (check with insurance to see if covered)
- Spend time with your partner and family



REASONS TO CALL YOUR DOCTOR

.....

If you experience any of the symptoms below during the third trimester, contact your provider.

- Bleeding at any time
- Extreme swelling
- High fever
- Painful contractions that are increasing in intensity and frequency.
- Severe cramping or abdominal pain
- Sudden decrease in your baby's movement
- Vomiting
- Painful or burning urination

IT'S TIME!!! OR IS IT?

Often the end of pregnancy can be uncomfortable and it may be difficult to tell if what you are experiencing is practice or progressing labor.

PRE-LABOR SIGNS

Your body may send the following signals to tell you to rest up and be ready for labor.

- Increased Braxton-Hicks contractions
- The baby 'drops'
- Loss of mucous plug
- Nesting/rush of energy
- Baby's activity level may change
- Nausea and/or diarrhea

PROGRESSING LABOR

Contractions that make progress or change the cervix are usually regular, become stronger, longer, and closer together. Changing your activity does not make these contractions go away, and may make them more uncomfortable. Typically the discomfort starts in your low back, wraps around to the front, and may feel like menstrual cramps, pressure, and/or backache.



As you're approaching the end of your pregnancy, it's important to rest up and be ready for labor.

LABOR & DELIVERY



Preparing for labor can be a very scary process. Knowing what to expect and planning for pain control can help alleviate some of this fear.

Once your contractions are regular and every few minutes or you have a huge gush of fluid you should go to the hospital. At the hospital, a nurse will hook you up to the monitors to watch baby's heart rate as well as monitor for contractions. They will confirm if your water has broken and will likely check your cervix then call your provider.

Once it is determined you are in labor, you will be admitted to the hospital, have an IV started, and have blood drawn. If you are contracting on your own the provider will monitor your progress and check your cervix as needed throughout labor. If your water breaks and you are not contracting your provider will start Pitocin. This IV medicine causes the uterus to contract and put you into labor.

In some situations, you may need to be induced for labor. There are multiple medications used for induction and your provider will go through them with you before scheduling your induction.

DELAYED CORD CLAMPING

Delayed cord clamping is increasing the time between birth of baby and cutting of the cord. Some studies show this helps increase neonatal blood volume, decrease the risk of iron deficiency anemia, and help the baby cope better with the transition from life in the womb to life in the outside world. Delayed cord clamping is almost always done after birth unless there is an indication not to. Once the cord has been cut and clamped, you will deliver the placenta and begin Kangaroo care with your baby.

PAIN CONTROL

There are multiple ways to manage pain. There is no right way to choose how to manage your pain during labor, and you can change your mind.

Some women choose a natural route using comforting techniques with no medications while others choose epidurals or IV pain medications.

NATURAL TECHNIQUES:

- Position changes
- Pregnancy balls
- OMT
- Warm compresses on low back
- Soaking in tub

IV PAIN MEDS

Stadol, an opioid analgesic, is the most commonly used IV pain medication to help manage pain. Side effects may include shallow breathing, slow heart rate, confusion, nausea, vomiting, diarrhea

EPIDURAL

An epidural is a procedure that injects a local anesthetic into the space around the spinal nerves in your lower back. It usually blocks pain from contractions.

- **Advantages:**
 - Usually very effective
 - Generally very safe
 - Can still push when you need to
- **Disadvantages**
 - Not everyone can get one
 - Will likely need catheter inserted into your bladder
 - Lose feeling in legs
 - Might slow down the second stage of labor



KANGAROO CARE

Kangaroo Care is a bonding technique for new parents that provides benefits for both parents and baby.

WHAT TO EXPECT

After delivery, your baby is placed on your bare chest wearing only a diaper and hat. Then both you and baby will be covered with a warm blanket. The baby snuggles on your chest covered with a blanket, just like a kangaroo's pouch.



Studies show that holding a baby skin-to-skin following delivery is the best care for your baby.

BEFORE THE BIRTH OF YOUR BABY:

- Tell your providers that you would like to Kangaroo right after your baby is born.
- Tell your family and friends present for the birth that your baby will stay on your chest and not be passed around from person to person. Otherwise, your baby will get cold.

FOLLOWING THE BIRTH OF YOUR BABY:

- Your baby is dried and put on your bare chest.
- You and your baby will be covered with a blanket and your baby's head is covered with a hat.
- You and your baby will rest for an hour or two in Kangaroo.
- You may give your baby the first milk (colostrum) during this first Kangaroo holding. This is best for your baby.
- Sometimes there are medical reasons that keep you from holding your baby in Kangaroo right after birth. Your caregiver will help you start as soon as possible.

DURING YOUR HOSPITAL STAY:

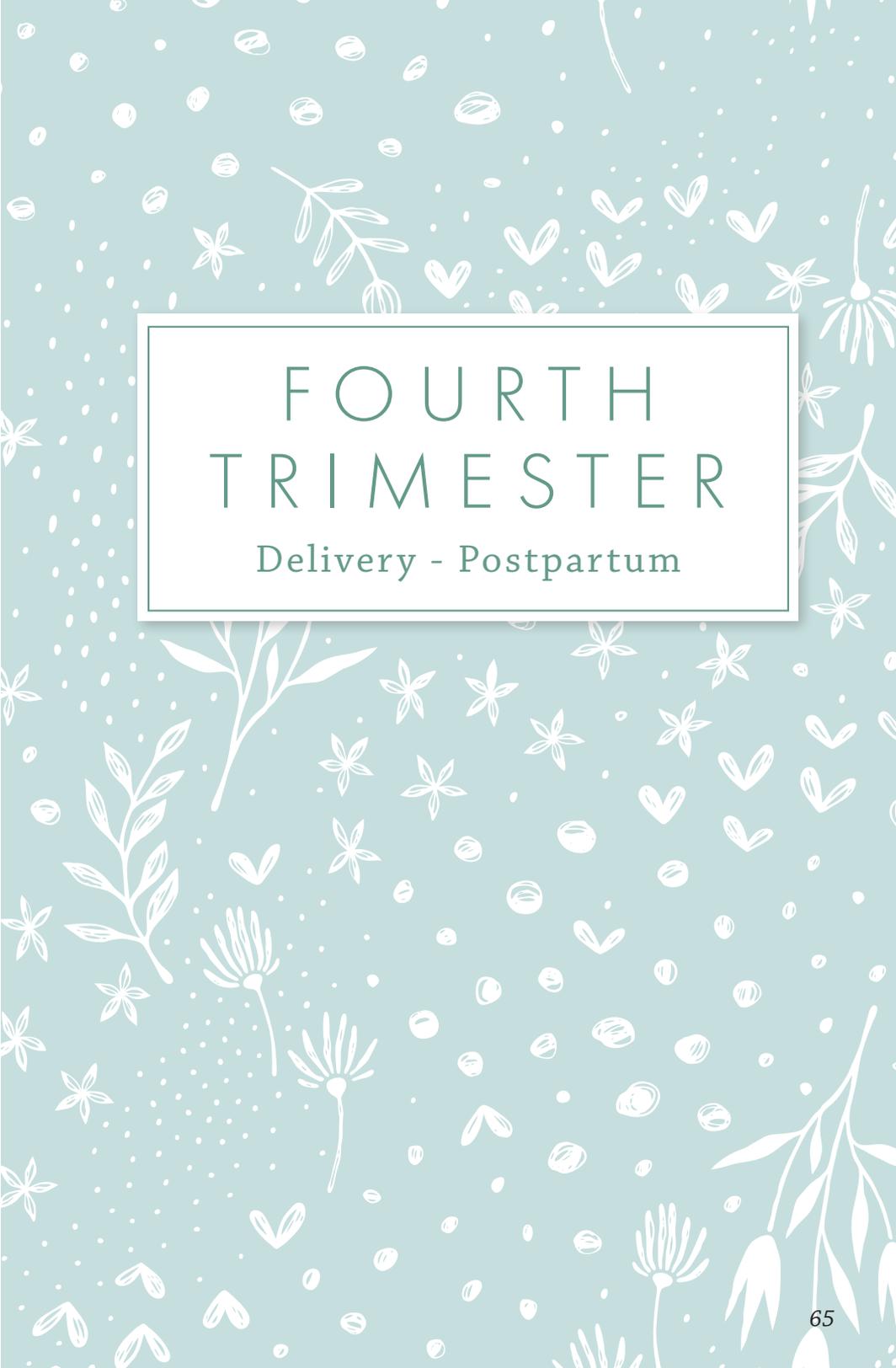
- Immediately following the first bath you can warm your baby in Kangaroo.
- During the postpartum unit "Quiet Time" you and your baby can Kangaroo.
- You and your baby may Kangaroo any time during your hospital stay.
- Dad can Kangaroo, too, especially while you shower or sleep.

AT HOME:

- Hold your baby in Kangaroo when you are awake and are able to hold your baby safely.
- If your baby is fussy or having trouble falling asleep, hold your baby in Kangaroo.
- If you are having difficulty with breastfeeding your baby, try holding your baby in Kangaroo.

NOTES



The background is a light teal color with a repeating pattern of white line-art illustrations. These include various types of flowers, such as daisies and multi-petaled blossoms, as well as sprigs of leaves and stems. There are also small, scattered white dots and heart-like shapes throughout the design.

FOURTH TRIMESTER

Delivery - Postpartum



Congratulations!

Wow – you have now made it through pregnancy, delivery, and have the most beautiful bundle of joy to show for it.

Although leaving the hospital may feel like the end of one chapter, it is only the beginning of another...

Taking baby home!



WHAT TO EXPECT THE FIRST DAYS AT HOME

WET AND DIRTY DIAPERS

The number of diapers is a great indicator of how baby is digesting and staying hydrated. A minimum goal for wet diapers is 4-6 in 24 hours, but well-hydrated babies make far more! A baby's first stool is dark and thick, but this changes over the next few days, especially if breastfed, to a lighter, green-yellow color and becomes thinner.

BATHING

At first, using a warm, damp washcloth is enough to get baby clean by sponge bath. After their umbilical cord has fallen off you can start trying baths in the sink or a baby tub.

SLEEPING

The ABCs of safe sleep from the AAP are A) alone, B) on their back, and C) in their crib. Avoid putting baby down anywhere else for naps or bedtime and keep blankets and soft toys away from baby's crib.

CAR SEATS

All newborns should be taken home in an age-approved car seat that is rear-facing with straps at their shoulders and securely fastened in your vehicle.

FEEDING

No matter if you are breastfeeding or bottle feeding, this is not only an important part of helping baby to grow but also a great bonding time for the both of you!

Don't be too worried if baby is eating enough. On their first day of life, their stomach is only the size of a grape! Babies initially consume about an ounce per feeding, graduating to 2 to 3 ounces by 2 weeks of age and 4 to 6 ounces by 3 months. The amount they take in will slowly increase over the next few days, but early on their feeds may seem relatively quick.

Each baby is different and so is their feeding schedule, but overall, newborns may feed every couple of hours or more. The goal should be at least 8 feeds in 24 hours. You'll soon begin to notice cues that tell you baby is hungry including hands near their mouth, a sucking movement of their mouth and tongue, or rooting to one side.

Breastfeeding mommas can first attempt feeding soon after delivery and frequently over the next 24 hours. Our Labor and Delivery nurses are excellent resources for coaching you through those first few times.

Always remember to try and burp baby once the feeding is complete. Newborns may not burp after each meal but still, attempt by gently patting or stroking their back.

DAILY FEEDING RECORD

Circle the numbers to mark the times of feedings. Not only are the number of feedings important but so is the quality of the feeding. This will help you and your lactation consultant understand how well your baby feeds. See the chart to understand the quality of the feeding. All feedings are important and this is just a guide to help you remember.

Output is also important, this is just a guide and chart to help you track the diapers. **The highlighted W or S refers to the goal for the day.** Your baby may have more wet or soiled diapers per day and that is normal. **If your baby is having less wet or soiled diapers or the color is not changing accordingly contact your lactation consultant or healthcare provider.**

DAY 1 (Birthday 0 to 24 Hours)	
Goals:	<input type="checkbox"/> At least 8 or more in 24 hrs <input type="checkbox"/> 1 wet diaper <input type="checkbox"/> 1 black tarry soiled diaper
Time	midnight 12 1 2 3 4 5 6 7 8 9 10 11 12 noon 1 2 3 4 5 6 7 8 9 10 11 12
Quality	Wet Diaper: W W W W W W W W W Black Tarry Soiled Diaper: S S S S S S
DAY 2 (24 to 48 Hours)	
Goals:	<input type="checkbox"/> At least 8 or more in 24 hrs <input type="checkbox"/> 2 wet diapers <input type="checkbox"/> 2 brown tarry soiled diapers
Time	midnight 12 1 2 3 4 5 6 7 8 9 10 11 12 noon 1 2 3 4 5 6 7 8 9 10 11 12
Quality	Wet Diaper: W W W W W W W W W Brown Tarry Soiled Diaper: S S S S S S
DAY 3 (48 to 72 Hours)	
Goals:	<input type="checkbox"/> At least 8 or more in 24 hrs <input type="checkbox"/> 3 wet diapers <input type="checkbox"/> 3 green soiled diapers
Time	midnight 12 1 2 3 4 5 6 7 8 9 10 11 12 noon 1 2 3 4 5 6 7 8 9 10 11 12
Quality	Wet Diaper: W W W W W W W W W Green Soiled Diaper: S S S S S S
DAY 4 (72 to 96 Hours)	
Goals:	<input type="checkbox"/> At least 8 or more in 24 hrs <input type="checkbox"/> 4 wet diapers <input type="checkbox"/> 4 yellow soiled diapers
Time	midnight 12 1 2 3 4 5 6 7 8 9 10 11 12 noon 1 2 3 4 5 6 7 8 9 10 11 12
Quality	Wet Diaper: W W W W W W W W W Yellow Soiled Diaper: S S S S S S
DAY 5 (96 to 120 Hours)	
Goals:	<input type="checkbox"/> At least 8 or more in 24 hrs <input type="checkbox"/> 5 wet diapers <input type="checkbox"/> 4 yellow soiled diapers
Time	midnight 12 1 2 3 4 5 6 7 8 9 10 11 12 noon 1 2 3 4 5 6 7 8 9 10 11 12
Quality	Wet Diaper: W W W W W W W W W Yellow Soiled Diaper: S S S S S S

FEEDING LEGEND:

- Good** - Latches easily, steady sucking, some swallowing heard
- Fair** - Took several attempts to latch, short sucking with long pauses, minimal swallowing
- Poor** - Difficulty remaining latched, baby feel asleep, no swallowing heard

BOTTLE FEEDING LOG

Date: _____	FEEDING SESSION										TOTAL
	1	2	3	4	5	6	7	8	9	10	
Amount (ml)											
Time											

Date: _____	FEEDING SESSION										TOTAL
	1	2	3	4	5	6	7	8	9	10	
Amount (ml)											
Time											

Date: _____	FEEDING SESSION										TOTAL
	1	2	3	4	5	6	7	8	9	10	
Amount (ml)											
Time											

Date: _____	FEEDING SESSION										TOTAL
	1	2	3	4	5	6	7	8	9	10	
Amount (ml)											
Time											

Date: _____	FEEDING SESSION										TOTAL
	1	2	3	4	5	6	7	8	9	10	
Amount (ml)											
Time											

Date: _____	FEEDING SESSION										TOTAL
	1	2	3	4	5	6	7	8	9	10	
Amount (ml)											
Time											



CARING FOR BABY

UMBILICAL CORD - The remnant of your baby's umbilical cord will begin to change in appearance over the next several days, becoming drier and darker in color. It usually shrinks and detaches itself, so no worries. Things to tell your pediatrician about include redness, warmth of the surrounding skin, or foul-smelling drainage.

MUCOUS - Baby may have extra mucous that can cause them to gag. This can be gently removed with a bulb syringe or by turning baby on their side and patting them on the back.

NAIL CARE - Babies can have longer than expected fingernails and toenails and can inadvertently scratch themselves in their first few days. You can trim/file their nails down a couple of times per week to prevent this, but make sure to use safe baby clippers, not adult nail clippers!

DIAPER RASH - Although not usually a serious problem, if left untreated diaper rashes can become very irritated and painful for baby. Avoid this by changing diapers frequently, making sure to thoroughly clean baby during changes, and using zinc-based diaper cream on any beginnings of a rash. You can also try diaper-free periods too!



FOLLOW-UP APPOINTMENTS

Even if taking this new little person home with you seems somewhat overwhelming, don't worry!

You will be scheduled to see your pediatrician very soon – mostly likely when baby is 3-5 days old. At this appointment, you can discuss how baby is feeding, sleeping, and will get a weight check!

Momma, you should also have a follow-up appointment with your provider in the next few weeks as well. Here, you can discuss how you are healing and handling your new responsibilities. The focus at home may be on baby but be sure to not forget about yourself during these early days!

REASONS TO CALL BABY'S PROVIDER

- Baby has difficulty breathing or turns blue
- Temperature below 97.5F or above 100.4F
- Eating poorly or not at all
- No wet diapers in 12 hours or no stool for 48 hours
- If baby is hard to wake up
- Signs of dehydration such as cracked lips, dry skin
- Increased irritability or fussiness

REASONS TO CALL YOUR PROVIDER

- Bleeding: if you soak more than 1 pad/hour, have constant, steady flow, pass large clots, or have bright red bleeding in the days following delivery.
- Feeling faint, dizzy, or have trouble breathing
- Fever of 100.4F or greater
- Severe pain in the lower abdomen
- Severe headache, vision changes, swelling of hands or face
- Persistent baby blues or not feeling like yourself



If you have any concerns about your health or the health of your baby, contact your provider.



ADVICE FOR THE NEW MOTHER



CRAMPS

These usually subside through the first week after delivery. They may be stronger during breastfeeding, but they mean your uterus is shrinking back to its normal size.

BOWEL AND BLADDER

Urinating frequently the first few days after birth is normal as your body attempts to get rid of the excess pregnancy fluid. Use your spray bottle given to you when you leave the hospital to prevent burning, especially if you've had stitches. The first bowel movement after delivery may come 2-3 days later. Just relax, lean forward with feet on a stool, and use a clean pad to give support to your perineum. Drinking plenty of water and using stool softeners can help.

DISCHARGE

Over the course of the first week postpartum, your vaginal discharge should go from heavy to medium bleeding shortly after delivery to a very light flow of pink-tinged or yellow discharge. Let your provider know if this starts to develop a foul odor or pain with urination increases from what it has been.

SEXUAL ACTIVITY

Most importantly is open communication about this topic with your partner. Every woman and her birth story is different, but generally, providers recommend refraining from vaginal intercourse until about 6 weeks post-partum to allow for healing and rest. Additionally, a woman can begin to ovulate soon after delivery even if you haven't had a period or are breastfeeding – so know you can get pregnant during this time.

BABY BLUES VS. POSTPARTUM DEPRESSION

Between quickly changing hormones, less sleep, and a new baby, the weeks after birth can lead to many emotional changes.

The important thing is to know which feelings are completely normal and which can be a sign of something more serious.

BABY BLUES - FEW DAYS TO A FEW WEEKS AFTER BIRTH

- Weepiness
- Impatience or irritability
- Anxiety or restlessness
- Sadness
- Insomnia
- Poor concentration

PPD - 3 MONTHS UP TO 1 YEAR AFTER BIRTH

- Similar symptoms to baby blues but are more intense, last most of the majority of days, and affect your ability to care for baby or even change how you feel toward your baby.
- If this is the case, be sure to talk with your provider about these symptoms early on.
- Postpartum Support International (PSI) offers a phone crisis line (800-944-4773) and text support (503-894-9453), as well as referrals to local providers.





St. Claire Regional Medical Center

222 Medical Circle Drive | Morehead, KY 40351

Labor and Delivery is located on the 4th floor

606.783.6500



*Proclaiming God's Goodness through a Healing
Ministry to the People of Eastern Kentucky*

