



# Pregnancy

Welcome to Waverly Health Center and CONGRATULATIONS on your pregnancy! We are happy to serve you during this exciting time!



Our obstetric practice is made up of a team of health care providers who are here to help you. Please ask questions and tell us how you are feeling from visit to visit.

This packet is a tool for you to use throughout your pregnancy. It is filled with information about what to expect and how to take care of yourself and your baby. It includes a brief overview of our policies, tests offered in pregnancy and a list of treatments for common illnesses that may arise in pregnancy.

Thank you for choosing Waverly Health Center for your delivery. Do not hesitate to call the Women's Clinic at (319) 483-4074 with any questions or concerns you may have. We look forward to working with you for a safe pregnancy and healthy baby!

*If you would like another copy of this handout, visit our website at [WaverlyHealthCenter.org/WomensClinic](http://WaverlyHealthCenter.org/WomensClinic)*

## Delivering Providers

The providers listed below currently deliver babies at Waverly Health Center. Each provider is committed to giving you the highest level of care and is excited to assist you during your delivery.



**Emily Boevers, MD,  
OB-GYN**

Dr. Boevers received her undergraduate degree from University of Northern Iowa and her medical degree from the University of Iowa. She completed residency at University of Kansas Medical Center.



**Brooke Johnson, DO**

Dr. Johnson received her doctorate of osteopathy (DO) from Rocky Vista University College of Osteopathic Medicine in Parker, CO. She completed residency at Broadlawns Medical Center in Des Moines, IA



**Larry Lindell, MD,  
OB-GYN**

Dr. Lindell received his medical degree from University of Iowa Carver College of Medicine. He completed residency at the University of Iowa in Iowa City, IA.



**Daisy Miller, DO**

Dr. Miller received her doctorate of osteopathy (DO) from Des Moines University. She completed residency at Deaconess Family Medicine.



**Karla Solheim, MD,  
OB-GYN**

Dr. Solheim received her medical degree from University of California-San Francisco. She completed residency at the University of Iowa in Iowa City, IA.

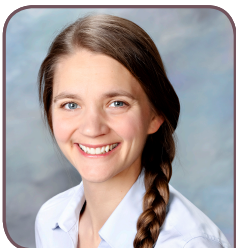
## Nurse Practitioner

The nurse practitioner sees both obstetric and gynecology patients in the office and provides full spectrum care until delivery.



**Lindsey Northness,  
WHNP-BC**

Ms. Northness received her undergraduate degree from Upper Iowa University and her master's degree from University of Cincinnati.



**Elizabeth Dupic, MD**

Dr. Dupic received her medical degree from University of Iowa Carver College of Medicine. She completed residency at Broadlawns Medical Center in Des Moines, IA.

**Anesthesia Team-available 24 hours a day**

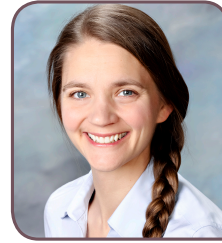
## **Pediatric Hospital Providers Team**

**Christophel Clinic (319) 483-1390**

**Nashua Clinic (641) 435-4133**



**Courtney Bochmann, DO, FAAFP  
(CC, Family Practice)**



**Elizabeth Dupic, MD  
(CC, Family Practice)**

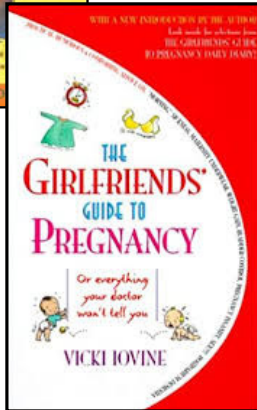
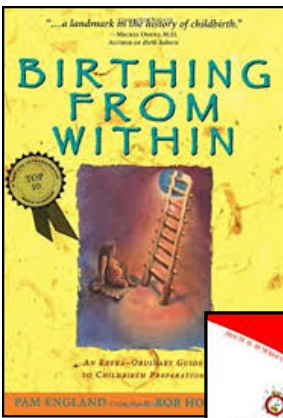


**Stacy Huck, CPNP-PC  
(CC & Nashua Peds NP)**



**Stacy Wagner, DO,  
(Peds CC)**

# General Obstetrical Information

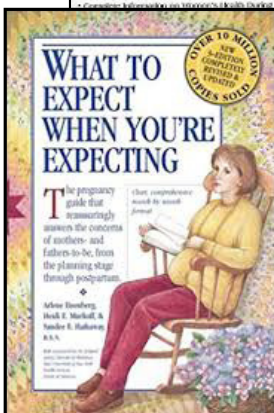
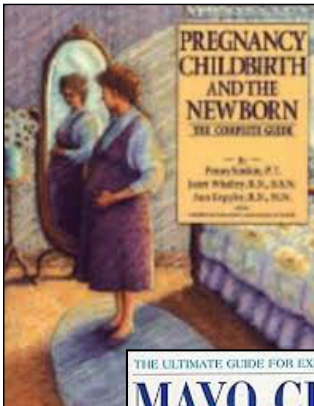


We would like your pregnancy to be as happy and healthy as possible. Our goal is to give you quality care and to help you in the pregnancy and childbirth process. We are also here to advise and assist if there are any problems.

You may have many questions, especially if this is your first pregnancy. Answers to most of your questions can be found in this packet. We also recommend a few books:

- *Birthing From Within* by Pam England
- *Girlfriends Guide to Pregnancy* by Vicki Lovine
- *Pregnancy, Childbirth, and the Newborn* by Penny Simkin
- *The Complete Pregnancy and First Year* by The Mayo Clinic
- *What to Expect When You're Expecting* by Heidi Murkoff, Arlene Eisenberg and Sandee Hatuawag

Again, feel free to ask questions at each visit.





## Prenatal Visits

**At 9 to 10 weeks (from last menstrual period or LMP):** You will see a nurse who will take your health history and tell you what to expect at your visits and during your pregnancy. You will also have lab work done.

**Your first obstetrical visit with a doctor, nurse midwife or nurse practitioner will be at 12 weeks. This visit will include:**

- review of your history
- full physical exam
- an estimate of your due date

Future visits will include: blood pressure, weight, urine test, measurement of uterine size and listening to the heartbeat.



Visit Schedule		
Every 4 Weeks	Every 2 Weeks	Every Week
16	30	37 (May include cervical exam)
20	32	38 (May include cervical exam)
24	34	39 (May include cervical exam)
28	36	40 (May include cervical exam)

You will be seen about every 4 weeks until 28 weeks. Then you'll be seen every 2 weeks until 36 weeks and then weekly after that. If there is a problem, you may be seen more often. Cervical exams may be needed as the end of your pregnancy nears.

## Your Due Date

Your due date will be decided by the doctor after review of your last menstrual period. An ultrasound may be performed early in pregnancy to confirm your due date. This may be done in the office or in outpatient services. Any follow-up ultrasounds may suggest a different due date, but it is unlikely that your due date will change.

The average pregnancy lasts 40 weeks (280 days) from the LMP. The emphasis is on the word "average." Only about 4% of all women will actually deliver on their "due date," but more than 90% will deliver within two weeks. If you should go past your due date, other tests may be performed.

**Please allow 5 to 10 business days for completion of any FMLA (Family and Medical Leave Act) or return to work documents.**



# Food Safety: Special Concerns During Pregnancy

## Safe Tips for a Lifetime

Here are simple steps to keep you and your fetus healthy during pregnancy and beyond:

1. Wash hands thoroughly with warm water and soap before and after you:
  - handle food
  - use the bathroom
  - change diapers
  - handle pets
2. Rinse raw fruits and vegetables thoroughly under running water.
3. Use one cutting board for raw meat, poultry and seafood and another one for fresh fruits and vegetables.
4. Wash cutting boards, dishes, utensils and countertops with hot water and soap after contact with raw meat, poultry, seafood or unwashed fruits or vegetables.

*(Con't)*

Most foods are safe to eat when properly stored, washed and prepared. However, there are some foods that may be harmful and you should avoid during pregnancy.

## What is Foodborne Illness?

Sickness can occur when people consume harmful bacteria, parasites, viruses or chemicals found in some foods or drinking water.

There are many bacteria that can cause foodborne illness, such as E.coli and Salmonella.

## Why are Pregnant Women at Higher Risk for Foodborne Illness?

- Your immune system is weakened during pregnancy. This makes it harder for your body to fight off harmful foodborne microorganisms.
- Your fetus' immune system is not developed enough to fight off harmful foodborne microorganisms.
- For both mother and fetus, foodborne illness can cause serious health problems or even death.

During pregnancy there are three specific foodborne risks you need to be aware of: listeria, methylmercury and toxoplasma. They can cause serious illness or death for you or your fetus.

5. Cook food to safe temperatures. Use a food thermometer to check the temperature.
  - Beef, lamb and veal roasts and steaks (145°F)
  - Pork and wild game (160°F)
  - Ground meat (160°F)
  - Chicken (180°F)
6. Place cooked food on a clean plate. Bacteria from an unwashed plate that held raw meat, poultry or seafood could contaminate the cooked food.
7. Keep foods out of the Danger Zone – the range of temperature at which bacteria can grow (usually between 40°F and 140°F).
  - Use the **2 Hour Rule** – throw away foods left at room temperature for more than two hours.
8. Refrigerate or freeze (right away), foods that can spoil or become contaminated by bacteria if left unrefrigerated.

**For more information:**

**FDA Food information line** – 1-888-SAFE FOOD

**FDA Center for Food Safety and Applied Nutrition** – [www.cfsan.fda.gov](http://www.cfsan.fda.gov)

**Gateway to Government Food Safety** – [www.foodsafety.gov](http://www.foodsafety.gov)

**U.S. Partnership for Food Safety Education** – [www.fightbac.org](http://www.fightbac.org)

<b>Bacteria or Parasite</b>	<b>Where it is Found</b>	<b>How to Prevent Illness</b>
<p><b>Listeria:</b> A harmful bacteria that can grow at refrigerator temperatures where most other foodborne bacteria do not.</p> <p>Symptoms include: fever, watery diarrhea, nausea and vomiting, headache, joint pain, chills and back pain.</p> <p>It causes an illness called <i>listeriosis</i> that may cause miscarriage or pre-term labor.</p>	<p>Refrigerated, ready-to-eat foods</p> <p>Unpasteurized milk and milk products</p>	<p>Do not eat hot dogs and luncheon meats unless they are reheated until steaming hot at 160°F.</p> <p>Do not eat refrigerated smoked seafood unless it is in a cooked dish, such as a casserole. These are found at deli counters labeled as lox, kippered, smoked or jerky.</p> <p>Do not eat soft cheese such as Feta, Brie, Camembert, Roquefort and Mexican-style cheeses that include queso blanco and queso fresco unless they are clearly labeled as made with pasteurized milk.</p> <p>Do not drink raw (unpasteurized) milk or eat foods that contain unpasteurized milk.</p>
<p><b>Toxoplasma:</b> A harmful parasite causing an illness called toxoplasmosis.</p> <p>Symptoms include: fever, headache, stiff neck, swollen glands; high risk of miscarriage.</p> <p>Symptoms in child may appear later: central nervous system, eyes, kidneys and liver can be affected.</p>	<p>Raw and undercooked meat; unwashed fruits and vegetables</p> <p>Dirty cat litter boxes and outdoor places where cat feces can be found</p> <p>Soil</p>	<p>Follow the “Safe Tips for a Lifetime” on this handout.</p> <p>Cook meat thoroughly. Do not sample meat until it is fully cooked.</p> <p>Have someone else clean the litter box. If you have to clean it, wear disposable gloves. Wash your hands with soap and warm water afterwards. Do not get a new cat while pregnant.</p> <p>Wear gloves when gardening or handling sand from a sandbox. Wash your hands with soap and warm water afterwards.</p>

## Nutrition

- Do not eat more than you did before you were pregnant. You are not truly “eating for two.” Eat three balanced meals a day plus two snacks or five small meals a day. Plan a balanced, low-fat, low-sugar diet that is high in protein and includes five servings of fruits and vegetables. Watch out for “hidden sugars” found in many fruit juices. For further information, refer to page 11, “Keeping a Healthy Weight During Pregnancy.”
- Prenatal vitamins are recommended, but not always needed if you eat a lot of vitamin-rich foods such as raw vegetables. Folic acid is a very important vitamin during pregnancy and is in prenatal vitamins. If you do not take vitamins, you should add folic acid to your diet by eating green, leafy vegetables and whole grain products.
- Iron is needed for your body to make red blood cells that carry oxygen for both you and your baby. In late pregnancy you may need to take iron pills.
- If you are taking herbal supplements, please talk with your health care provider.
- You may get calcium by eating three to four low-fat dairy servings daily. You can also take a calcium supplement if needed.
- Limit caffeine to less than 200 mg daily throughout pregnancy.
- You may season your foods with salt and other spices and herbs unless told otherwise.
- Most foods are safe to eat when properly stored, washed and prepared. For further information, refer to page 5, “Food Safety: Special Concerns During Pregnancy.”
- You can safely eat two servings of fish a week. But, you should avoid fish with higher levels of mercury. The table below lists fish that are safe to eat and fish that should be avoided in pregnancy.



<b>Safe to Eat (Low Mercury)</b>	<b>Avoid (High Mercury)</b>
Anchovies	Albacore Tuna
Catfish	Bass (Chilean)
Clam, Oysters & Scallops	Grouper
Crab (blue, king, snow)	King Mackerel
Fresh Salmon	Marlin
Haddock	Orange Roughy
Herring	Shark
Pollock	Swordfish
Tuna (light, canned)	Tilefish
Shrimp	

## Weight Gain

It is normal to gain weight during pregnancy. At term, the baby weighs around 7½ pounds, the placenta 1 pound, amniotic fluid 2 pounds and the uterus 2½ pounds. Your body mass index, or BMI, will be checked at your 8-week nurse visit and again at your 28 week appointment.

Guidelines for a Healthy Weight Gain in Pregnancy		
Pre-Pregnancy BMI	Weight Gain in Kilograms	Weight Gain in Pounds
< 18.5 (Underweight)	12.5 to 18 kg	28 to 40 lbs
18.5 - 24.9 (Normal Weight)	11.5 to 16 kg	25 to 35 lbs
25 - 29.9 (Overweight)	1 to 11.5 kg	15 to 25 lbs
> 30 (Obese)	5 to 9 kg	< 15 lbs

## Exercise

Exercise has great physical and emotional benefits for pregnant women. Exercise will help you feel your best while your body changes. It can also help prepare you for labor and childbirth.

Women at high risk for premature labor, growth restriction (decreased blood supply to the placenta), or other high-risk health issues must talk about exercise with their provider.

Women who were in good shape before pregnancy may continue to workout at their previous levels. It is rare for a fit woman to overheat while exercising. Based on this information, the American College of Obstetrics and Gynecology recommends:

1. Continue mild to moderate exercise. Regular exercise (at least three times per week) is better than irregular exercise.
2. After 20 weeks, do not do exercises that involve lying on your back.
3. When exercising, make sure you drink lots of water and change your exercise based on how you feel.
4. Find a healthy balance between diet and exercise that works for you!





# Keeping a Healthy Weight During Pregnancy

The amount of food needed during pregnancy depends on: age, pre-pregnancy weight and weight-gain recommendations. Pregnancy is not the time to lose weight, nor is it an excuse to eat more than is needed.

Some women have excess body weight when they become pregnant, and some gain more weight than is healthy during pregnancy. Excess body weight during pregnancy can be risky for both mother and child. Some risks include gestational (during pregnancy) diabetes, gestational hypertension (high blood pressure), Cesarean delivery, birth defects and even fetal death. When weight gain is within a healthy range, the risk of problems during pregnancy and delivery is lowest. If a woman has excess body weight during pregnancy, it may raise the chances that her child will be obese later in life.

## Calorie intake

- Starting the 4<sup>th</sup> month of pregnancy, you need extra calories — about 300 more per day. Examples of 300 calories:
  - 2 graham cracker squares and 1 cup of fruit yogurt
  - 1 small muffin with 1 tsp. margarine and 8 ounces fruit juice
- Avoid extra calories by eating fewer foods high in fat and added sugars. Replace regular soda, sweets and fried foods with healthy options, such as low-fat milk and yogurt, whole fruit and whole grains.

## Physical activity

Physical activity can help manage weight gain. The activity guidelines for pregnant women are 30 minutes of moderate exercise on most, if not all, days of the week. Make sure to talk with your health care provider before starting or continuing any exercise routine.

## What to eat

When you eat healthy foods, you are helping your baby develop strong bones, healthy skin and a healthy body. Eating right also keeps you healthy and may help reduce some common pregnancy discomforts.

## Remember:

- Avoid extra calories by cutting down on foods high in fat and added sugars.
- Replace regular soda, sweets and fried foods with healthy options like low-fat milk or yogurt, whole fruit and whole grains.
- Do not drink alcohol.
- Limit caffeine to 200 mg daily throughout pregnancy.
- Your provider may prescribe prenatal vitamins.
- Tell your provider of any herbal products that you are taking.

The chart below is an overview of what you should eat every day.

Food Type	Recommended Servings	Tips
<i>Grains</i>	<i>6 to 11 servings per day</i>	At least half of your servings should be whole-grain
<i>Examples</i>		
1 slice bread or ¼ of large bagel	½ cup cooked rice, pasta or cereal (about the size of a baseball)	1 ounce dry cereal (check nutrition label for cup measurement of 1 ounce)
<i>Vegetables</i>	<i>3 to 5 servings per day</i>	Eat a variety of colors and types
<i>Examples</i>		
1 cup raw leafy vegetables (size of a small fist)	½ cup cut-up raw or cooked vegetables	½ cup vegetable juice
<i>Fruit</i>	<i>2 to 4 servings per day</i>	Eat a variety of colors and types
<i>Examples</i>		
1 medium fruit (about the size of a baseball)	½ cup fresh, frozen, or canned fruit; or ½ cup fruit juice	¼ cup dried fruit
<i>Dairy</i>	<i>4 servings per day</i>	Fat-free or low-fat
<i>Examples</i>		
1 cup fat-free or low-fat milk	1-½ ounce low-fat cheese (about size of 6 stacked dice)	6 ounce yogurt
<i>Lean meat, poultry and seafood</i>	<i>4 to 6 ounces per day</i>	Refer to page 7 of WHC's <i>Pregnancy Packet</i> for details regarding fish/seafood to avoid.
<i>Examples</i>		
3 ounces grilled fish (about the size of a checkbook)	3 ounces cooked meat (about the size of a computer mouse)	
<i>Nuts, seeds and legumes</i>	<i>3 to 4 servings per week</i>	
<i>Examples</i>		
2 TBSP peanut butter	½ cup dry beans or peas 1-½ ounce nuts (about 1/3 cup)	½ ounce or 2 TBSP seeds
<i>Fats and oils</i>	<i>2 to 3 servings per day</i>	
<i>Examples</i>		
1 teaspoon vegetable oil	1 TBSP mayonnaise or salad dressing	1 teaspoon margarine
<i>Sweets and added sugars</i>	<i>Limit to 5 or less servings per week</i>	
<i>Examples</i>		
½ cup ice cream	1 TBSP sugar 1 TBSP jelly or jam	1 cup lemonade

## Travel

Long car trips during the first 36 weeks can be taken if you stop every two to three hours, move around and exercise your legs. If your pregnancy is normal, air travel is allowed until you are close to delivery. You may need a note from your doctor to fly during your last month of pregnancy. After 34 to 36 weeks, it makes sense to stay close to home. We also suggest using support stockings to prevent blood clots.

## Sexual Intercourse

You may continue to have intercourse until the onset of labor, unless your health care provider tells you not to. Do not have intercourse if you have vaginal bleeding, your water breaks, you are on pelvic rest or are being treated for premature labor or otherwise instructed by your provider.

## Hygiene

Tub baths are fine during pregnancy. Be careful because it is easy to slip and fall getting in and out of the tub. Hot tubs are not a good idea because your body temperature rises and that may not be good for your baby. If you do use a hot tub, the water should be no more than 100° F. Limit your time to five to ten minutes. Do not douche or use tampons.



### Dental Hygiene

Get a dental check-up. Some women have more cavities during pregnancy. Special care should be given to your gums. You may notice that your gums bleed very easily. Use a soft toothbrush, brush at least twice a day and use dental floss. Novocain and dental x-rays with stomach shielding are safe. Any dental procedure other than cleanings should be done after your first trimester.

### Breast Changes

During pregnancy your breasts are getting ready to make milk. They get larger and the milk glands swell. Veins may become visible. Your nipples and the area around your nipples, called the areola (ah-REE-o-lah) will darken and widen. Your nipples may start to itch; unscented lotion may help. Change your bra size as needed; support is important. A milky or clear discharge from one or both nipples is common. Feel free to talk about any of these changes with your provider.

## Skin Changes

You may notice normal changes in your skin. For dry and itchy skin, you can use Vitamin E oil or lotions. Wrinkles may be less obvious. Stretch marks may appear on the belly, thighs and breasts (no lotions or creams prevent them). You may also notice a dark line, called the linea nigra (li NEE ya NI-grah) down the center of your stomach. This will likely fade after your baby is born. You may grow new moles, red spots and skin tags. If your moles become blue-black, call your provider.



## Preparing for Childbirth Birthing Center (319) 352-4953

### Prenatal Classes

This class has been designed to help expectant mothers and support persons prepare for the birth of a child, including labor and delivery.

Fee: \$35

## Vaccines

- Pregnant women can and should get the flu shot at any time.
- Pregnant women should get the whooping cough (Tdap) vaccine during each pregnancy. The optimal timing to receive the vaccine is between 27-36 weeks gestation.
- Pregnant women are offered RSV vaccines between 32-36 weeks if baby is due between the months of October to March.

## Miscellaneous

- You may color, perm or straighten your hair. If you work in a salon, make sure it is well ventilated.
- Always wear a seat belt. Place the lap piece of the belt near the hip bones (under your belly) and wear the shoulder harness.
- You may safely lift 25 pounds. If you often need to lift more than 25 pounds, talk with your health care provider.
- You may swim in a chlorinated swimming pool.
- You may use self-tanners or get a spray tan, but do not use a tanning bed or booth.
- You may paint indoors as long as the room is well ventilated.

## Depression and Anxiety

A referral can be made to social services or you may follow up with your own mental health provider. Medications for these symptoms are limited in pregnancy.

## Alcohol and Drugs

Alcohol and drugs pass from your blood through the placenta to the baby. Alcohol, methamphetamine and cocaine may have long-term effects on your growing baby, such as learning disabilities and birth defects. They may also cause problems during pregnancy and at delivery. Even a small amount may be harmful. To be safe, talk with your provider about stopping drug use.

## Cigarettes

Smoking can increase the risk of a miscarriage, stillbirth, low birth-weight, SIDS and health problems during infancy (ear infections and asthma). Quitting during your pregnancy will help give your baby a healthy start and improve your health.

## Maternity Leave

**You may work as long as you are able.** If you have a job that may be harmful to your pregnancy, talk with your provider. Check with your employer about maternity leave benefits, including the Family/Medical Leave Act (FMLA), which grants 12 weeks of unpaid leave.

## Preparing for Childbirth

We encourage you and your partner to sign up for a childbirth class. *(Please see left for more information).*

## How to Prevent the Spread of Influenza and Cold Viruses



1. Get the flu vaccine.
2. Wash your hands with soap and hot water for at least 30 seconds or use a hand sanitizer often, especially after shaking hands or touching unclean surfaces. When sneezing or coughing cover your mouth and nose with a tissue or use the bend of your elbow.
3. To lower your risk of infection, avoid touching your eyes, nose or mouth.
4. Stay home from work or school when you are sick.
5. Avoid sharing food and drink, eating utensils, drinking glasses, pens, pencils, towels or other personal items.
6. Don't reuse plastic beverage bottles.

### Call our office if you experience

- severe headache not helped by Tylenol®.
- vomiting or diarrhea lasting more than 24 hours.
- fever above 100.4°F for more than 24 hours.



# Recommended Treatments for Common Problems during Pregnancy

## Cold, Flu and Allergies

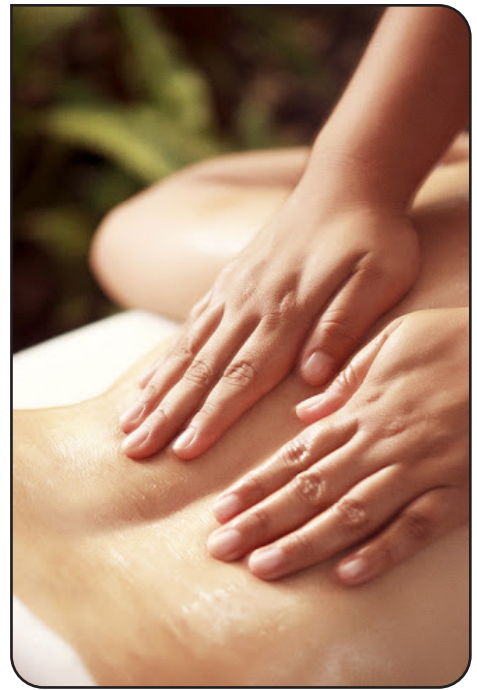
- **Dry Cough**
  - Take 1 tsp. honey alone or add to hot lemonade or tea.
  - Suck on cough drops.
  - Take an over-the-counter drug with dextromethorphan (Robitussin DM®).
- **Cold, Flu and Nasal Congestion**
  - Use a vaporizer/humidifier.
  - Try mentholated rubs.
  - For body aches, try Tylenol® (regular or extra strength).
  - Take Mucinex® for chest congestion.
  - Try Robitussin® (plain or CF) as long as it does not contain pseudoephedrine.
  - Use saline nasal sprays for nasal congestion.
  - Use Breathe Right® nasal strips at bedtime.
- **Sore Throat**
  - Gargle with salt water (1 tsp. table salt dissolved in 1 qt. warm water).
  - Drink herbal tea with honey.
  - Use Chloraseptic® spray or lozenges.
  - Try Tylenol® (regular or extra strength).
- **Seasonal Allergies**
  - Use over-the-counter Allegra®, Benadryl®, Claritin® or Zyrtec® that does not contain pseudoephedrine.



## Digestive

- **Constipation**
  - Increase the fiber in your diet (bran cereal, whole grain bread, fruits and vegetables).
  - Drink more water.
  - Increase daily physical activity.
  - Try fiber supplements such as Metamucil®, Citrucel® or Fiber Con® (must be taken with 8 oz. of water) or Benefiber (no water needed).
  - Use stool softeners such as Colace® or Pericolace®.
- **Diarrhea**
  - Increase clear fluids.
  - Try the BRAT diet (bananas, rice, applesauce and toast).
  - Avoid spicy and greasy foods.
  - Take Imodium® if severe.

- **Heartburn**
  - Avoid spicy or fried foods.
  - Eat smaller, more frequent meals.
  - Do not lie down within two hours after eating.
  - Try antacids: Mylanta<sup>®</sup>, Tums<sup>®</sup>, Pepcid AC<sup>®</sup>, Tagamet<sup>®</sup> or Maalox<sup>®</sup>.
- **Nausea/Vomiting** *(more suggestions can be found on page 20-21)*
  - Try eating small frequent meals; avoid an empty stomach.
    1. Eat dry toast or crackers with peanut butter, Nutella<sup>®</sup> or cheese before getting out of bed in the morning.
    2. Snack on crackers, dry toast, hard candy, plain popcorn or dry cereal.
    3. Avoid spicy or greasy foods and odors that make you feel sick.
- **Stomach Gas**
  - Take Phazyme<sup>®</sup> or Gas X<sup>®</sup>.
- **Dizziness or Light-Headedness**
  - Avoid sudden changes in posture. After lying down, get up slowly, roll to your side, then push to a sitting position.



## Pain

- **Back Pain**
  - Use warm or cold packs (see which one works best for you).
  - Take Tylenol<sup>®</sup> (regular or extra strength).
  - Having massages, physical therapy and chiropractic adjustments are safe during pregnancy.
  - Do not lift more than 25 pounds. When lifting, bend your knees, squat close to the load, and lift with your leg muscles.
  - Wear low-heeled, comfortable shoes.
  - Wear a Prenatal Cradle.
- **Headache**
  - **DO NOT USE Advil<sup>®</sup>, Aleve<sup>®</sup> or aspirin unless directed by your health care provider.**
  - Take Tylenol<sup>®</sup> (regular or extra strength).
  - Rest, relax and massage the area that hurts.
  - Alternate warm and cold compresses on area that aches.
  - Have a massage or a chiropractic adjustment.
  - Don't skip meals.
  - Drink a small amount of caffeine.
  - Use Brainwave Headache Relief phone app.
  - Call the Women's Clinic if your headache is severe.

- **Hemorrhoids**

- Hemorrhoids are enlarged rectal varicose veins that are often itchy and painful (see “constipation”).
- Try to avoid straining with bowel movements.
- Take a 20-minute, warm sitz bath twice a day.
- Use cream or suppositories such as Preparation H®.
- Cold Tucks® pads can be very soothing.

- **Sciatic Nerve Pain**

- Pressure on your sciatic nerve may cause pain or numbness in your lower back and down one leg.  
To lessen your symptoms:
  - Try stretching and changing positions.
  - Use a heating pad.
  - Take Tylenol® (regular or extra strength).
  - Have a massage, physical therapy or a chiropractic adjustment.
  - Use a prenatal cradle.

**NOTE:** Round ligament pain may occur when rolling over, bending or twisting. Symptoms include sharp, shooting pain in the pelvis and groin.

- **Varicose Veins**

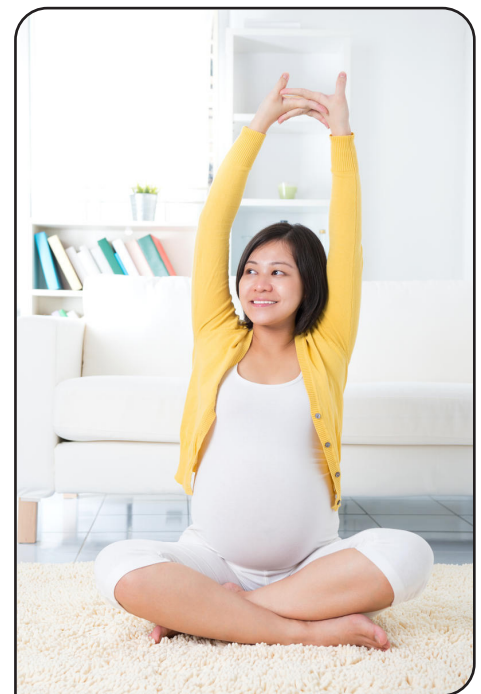
- Support hose are very helpful. We recommend the brand Futuro®, but any brand will work.
- Avoid standing for long periods of time without frequent movement.
- Put your feet up several times a day.

- **Swelling**

- Swelling in your legs is very common at the end of pregnancy.
- Wear support hose, but avoid wearing elastic-top knee-high stockings.
- Put your feet up several times a day.
- Avoid standing or sitting in the same position for long periods of time.
- Decrease sodium (salt) in your diet.
- Drink 40 to 64 ounces of water per day.
- Soak in a warm bath for 20 to 30 minutes at the end of the day.

**NOTE:** Call your health care provider right away if you have:

- Sudden and severe ankle swelling and rapid weight gain.
- Sudden pain, warmth or swelling in one leg.



## Other

- **Insomnia (trouble getting to sleep or staying asleep)**
  - Try keeping to a regular sleep schedule.
  - You may sleep in any position that is comfortable for you.
    - o Try sleeping on your side with a pillow to support your knees and hip joints.
    - o If you feel comfortable sleeping on your back, place a pillow under your side to tilt your uterus.
  - Take a warm bath before going to bed.
  - Relax with soft music.
  - Get a massage.
  - Take Benadryl® (25mg) or Tylenol PM® every now and then to help you fall asleep.
  - Take Unisom® at bedtime.
- **Spotting**
  - Spotting is common, especially early and late in the pregnancy and after intercourse. However, if you have any spotting, call your health care provider during office hours.
- **Stretch Marks**
  - About 90% of pregnant women get stretch marks on the abdomen, breast or thighs. Nothing prevents them, but keeping your skin soft with lotion may help.
- **Urinary Tract Infection (UTI)**
  - UTI's in pregnancy have different symptoms (or no symptoms), usually a cramping and/or feeling of pressure. You can help prevent UTI's by drinking at least 64 ounces of water a day. If you feel you have a UTI, call your health care provider.
- **Yeast Infections**
  - Over-the-counter creams or inserts are fine, but discuss with your provider if these are not effective.



### If any of the following occur, call your health care provider:

- Vaginal bleeding.
- Severe headache.
- Blurred vision or seeing spots.
- Severe pain in the abdomen.
- Vomiting that lasts more than 24 hours.
- Sudden gush of water from the vagina.
- Chills and fever (greater than 100.4°F) lasting more than 24 hours that is not relieved by Tylenol®.

# The First Trimester

## Conception to 12 weeks

---



### Changes You May Notice

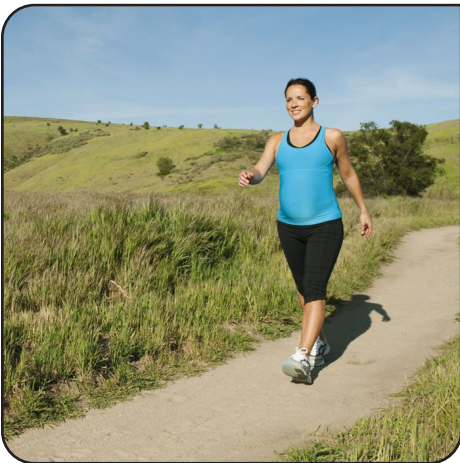
- **Morning Sickness**

Nausea (feeling sick to your stomach) or throwing up may occur in your pregnancy. It most often starts at six weeks and may last a few weeks. “Morning sickness” can in fact last all day; this is a normal condition. It is better to keep active and go on with your usual daily plans. Prolonged vomiting is unusual, and you should call your health care provider if it happens.

Morning sickness is caused by increased amounts of estrogen and progesterone produced by the ovaries in pregnancy.

To **PREVENT** morning sickness, try these suggestions:

- Eat a piece of bread or a few crackers with peanut butter or cheese before you get out of bed in the morning (put them close to your bed the night before), or when you feel nauseated.
- Get out of bed slowly. Avoid sudden movements.
- Have some yogurt, cottage cheese, juice or milk before you go to bed, or before you get up, depending on when you feel nauseated.
- Eat high protein foods – eggs, cheese, nuts, meats – as well as fruits and fruit juices. These foods help prevent low levels of sugar in your blood, which can also cause nausea.
- Drink soups and other liquids between meals instead of with meals.
- Avoid greasy or fried foods. They’re hard to digest.
- Avoid spicy, heavily seasoned foods.
- Eat frequent small meals.



To **REMEDY** morning sickness, try these suggestions:

- Sip carbonated water
- Get fresh air. Take a walk and sleep with the window open. Use a fan or open a window when you cook.
- Try spearmint, raspberry leaf, peppermint or ginger tea.
- Eat ginger, gingersnaps or drink ginger ale.
- Try Aromatherapy (*inhalation only*)
- Use over-the-counter Sea-Bands®
- Begin taking medication
  - **For mild nausea without vomiting:**
    - Vitamin B6 (pyridoxine) 25mg by mouth 3 times a day.

**- For moderate nausea with mild vomiting:**

- Vitamin B6 (pyridoxine) 25mg by mouth 3 times a day.
- Unisom (doxylamine) 12.5mg (1/2 tablet) by mouth at bedtime.

**- If no relief after 4-5 days:**

- Vitamin B6 (pyridoxine) 25mg by mouth 3 times a day OR 50mg at bedtime with 25mg morning and midafternoon, if needed.
- Unisom (doxylamine) 25mg (1 tablet) by mouth at bedtime and 12.5mg (1/2 tablet) in the morning and in the midafternoon.

*If vomiting continues, or it becomes hard to keep food or liquids down, you should contact your health care provider.*



- **Fatigue**

Feeling tired is common in pregnancy. Extra energy is needed to carry your developing fetus and care for your changing body. Get plenty of rest. Most of your energy should return after 12 to 16 weeks.

## 9-Week Nurse Visit

### Explanation of Initial Prenatal Lab Work

At your 9 week visit, blood tests will be performed. These tests are:

- **Antibody Screen** – The antibody screen detects unusual antibodies that may have occurred during a prior pregnancy or from a transfusion. These antibodies are very uncommon.
- **Blood Group and Rh Type** – Blood typing shows possible blood group and/or Rh negative problems later in the pregnancy. When the Rh test is negative, you will receive an injection of Rhogam® at 28 weeks and possibly after delivery.
- **CBC (Complete Blood Count)** – CBC measures the hemoglobin and cell counts that give information on anemia (a decrease in the number of red blood cells) and infections.
- **Hepatitis Screen** – Hepatitis BsAg is a test that detects recent or old Hepatitis B infections.
- **HIV Screen** – The screening detects antibodies to HIV in the blood. If a pregnant woman is infected with HIV, the virus can be passed to and infect her baby.
- **One-Hour Glucose Screening** – For patients with BMI of 30 or greater, previous history of gestational diabetes or impaired glucose metabolism to check for pre-existing diabetes.
- **Rubella Immunity Screening** – The Rubella test screens for an antibody to determine if you are protected from Rubella (German measles).
- **Syphilis Screen** – RPR or VDRL is a test for exposure to Syphilis.
- Other lab tests may be recommended and ordered based on your medical history.

**This is meant to be a brief summary describing these tests.**

Your health care provider will review test results at your next visit.

## What do prenatal screenings cost?

Panorama- (self pay/cash) \$249

Horizon- (self pay/cash) \$249

Combo kit – \$349

*\*Prices are subject to change*

Your insurance may pay for some, all or none of the prenatal screenings. We recommend calling your insurance company and asking them. Be sure to ask how much they will pay instead of asking if the screening is covered. It may be covered, but that may not necessarily mean you won't end up with a bill. Natera will check with your insurance benefits as soon as a blood sample is received.

## 12-Week Visit Changes You May Notice

You may still have “morning sickness,” but hang in there. Your clothes may be getting a little snug, so think about maternity clothes. Buy a good, adjustable support bra that allows for later chest expansion. Plan for the total weight gain when buying maternity clothes and bras; get a larger size. Being tired will continue, but is improved by exercise and your return to a more normal lifestyle.

At your visit, we will obtain your weight, blood pressure, a urine sample and listen to the baby's heartbeat. You will also have a full physical exam including a breast exam and a pelvic exam. A pap smear and cervical cultures will likely be collected as well.

**The screening tests that are offered in your pregnancy at WHC are Panorama (non-invasive prenatal test (NIPT), Horizon (carrier screening).**

- See handouts for more information

# Are you interested in genetic carrier screening?



## Did you know you can screen your genes (or DNA) before or during pregnancy?

Carrier screening is available to anyone who is pregnant or is planning to be and can tell whether you carry a DNA change that could lead to a genetic disease in your child. It is called a “carrier” screen because you might carry a change in your DNA that doesn’t cause you to have a disease, but could cause the disease in your child.

## Why would I choose to have carrier screening?

Every one of us is a carrier for four to six changed genes that, if passed down to our children, could cause a genetic disorder. Carrier screening helps you better understand your risk of passing on certain inherited diseases, which can help inform your reproductive choices.

## What would I do with my carrier information?

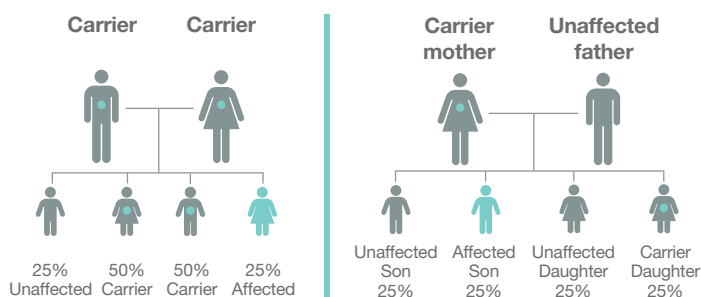
Knowing your carrier status can help you be more prepared and knowledgeable before or during pregnancy. If you and your partner are carriers for the same recessive condition or you are a carrier for an X-linked condition, there are several options available to you. Preconception options include in vitro fertilization (IVF) with preimplantation genetic diagnosis (PGD), egg/sperm donation, or adoption. During pregnancy, prenatal diagnosis via chorionic villus sampling (CVS) or amniocentesis is available. You can also have your baby tested after delivery.

## What if I have no history of genetic diseases in my family— should I still consider carrier screening?

Carrier screening is helpful regardless of family history because carrier mutations might have been masked by a normal copy of a gene in a relative or ancestor. See below for more about inheritance and how many people do not realize they are carriers until they have an affected child.

## What is the chance I could have an affected child if I am a carrier?

If you and your partner are both carriers for the same autosomal recessive genetic disease, you have a 1 in 4 (25%) chance of having an affected child (see left) during each pregnancy. If a woman is a carrier of an X-linked disease, each of her pregnancies has up to a 50% chance of resulting in an affected child (see right).



## How can I learn more about carrier screening and/or discuss my test results?

You can ask your doctor about carrier screening. In addition, you can ask your doctor to refer you to a local genetic counselor or you can schedule a complimentary information session with a board-certified genetic counselor at Natera by visiting [my.natera.com/pre\\_test](http://my.natera.com/pre_test).

## If my results show I am not a carrier, could I still have an affected child?

There is no genetic screening test that is 100% predictive or accurate. Genetic carrier screening tests if you carry the most common disease-causing mutations, taking into consideration ethnicity, carrier frequency, and test sensitivity. There is always a remaining (or “residual”) risk that your child will be affected based on the test method used, ethnicity, clinical history, and family history. Your residual risk to be a carrier will most likely be low, but it will be clearly stated on your results report.

## How is carrier screening performed?

Your doctor orders carrier screening from a certified laboratory, then has a sample of either your blood or saliva sent for testing. Thanks to advances in technology, such as next-generation sequencing, you will typically receive your results within two weeks.

## What if I have a family history of genetic disease?

It is important to tell your healthcare provider about your family history, as your family history may influence the interpretation of your results. Your provider may suggest that you meet with a genetic counselor to review your history and discuss options for further testing, including a specific Horizon carrier screen.

## What is the cost of carrier screening?

Most carrier screens are covered by insurance. Based on Natera’s previously processed claims data, the majority of Horizon patients have an out-of-pocket expense between \$100 and \$200\* after their deductible has been met. Prior to testing, check with your insurance provider to understand your deductible or call Natera to have us assist with reviewing your current insurance coverage. Natera is sensitive to the costs of having a baby and is committed to ensuring that every patient has access to our high quality tests, regardless of insurance plan or financial circumstances. Therefore, we offer financial hardship programs and payment plans for out-of-network patients.

\*Based on previously processed claims from January 2015 to March 2016. Some patients will owe more, many will owe less.

# Tell us more about you



## Please answer the following questions for discussion with your physician or genetic counselor:

### 1. What is your ethnicity (ancestry)? (check all that apply)

- African American
- East Asian (China, Japan, Korea)
- Mediterranean
- South East Asian (Thailand, Philippines, Vietnam)
- South Asian (India, Pakistan)
- Middle Eastern
- Ashkenazi Jewish
- Hispanic/Latin American
- Caucasian
- Sephardic Jewish
- French Canadian
- Other \_\_\_\_\_

### 2. Could you and your partner be related to each other by blood (i.e. cousins)? Yes No

### 3. Do you plan on using an egg or sperm donor? Yes No

### 4. Have you or your partner had carrier screening done previously? Yes No

### 5. Do you have a personal or family history of a genetic disease, intellectual disability, blood disorder, early menopause? Yes No

If yes, please describe condition and who is affected:

\_\_\_\_\_

\_\_\_\_\_

## What are some of the more common genetic diseases of which you might be a carrier?

Disease	Symptoms	Frequency
<b>Cystic Fibrosis</b>	Symptoms range from mild to severe and may include progressive lung disease, nutritional deficiencies related to chronic digestive problems and decreased pancreatic function, and infertility in men. Intelligence is normal and average life expectancy is 37 years.	<ul style="list-style-type: none"> <li>• Approximately 1 in 4000 individuals is affected worldwide.</li> <li>• About 1 in 25 Caucasian individuals is a carrier.</li> <li>• About 1 in 45 individuals in the general population is a carrier.</li> </ul>
<b>Beta-Hemoglobinopathies/ Sickle cell</b>	Blood disorders that cause mild to severe anemia. Some forms are very mild and may not cause symptoms or require treatment. Other forms, such as Sickle Cell Disease and Beta-Thalassemia, may cause more severe symptoms, can be life-threatening, and often require medical treatment throughout life, such as routine blood transfusions.	<ul style="list-style-type: none"> <li>• Approximately 1 in 8 African American individuals is a carrier.</li> <li>• About 1 in 49 individuals in the general population is a carrier.</li> </ul>
<b>Tay-Sachs Disease</b>	Progressive disease affecting the brain and nervous system. Causes rapid decline of mental and physical abilities, leading to blindness, deafness, muscle weakness, and an inability to swallow. Life expectancy is typically less than 5 years of age.	<ul style="list-style-type: none"> <li>• Approximately 1 in 3,600 in the Ashkenazi Jewish and French Canadian populations is affected.</li> <li>• About 1 in 30 individuals of Ashkenazi Jewish or French Canadian descent are carriers for Tay-Sachs disease.</li> <li>• About 1 in 300 individuals in the general population is a carrier.</li> </ul>
<b>Spinal Muscular Atrophy (SMA)</b>	Causes severe muscle weakness and progressive loss of voluntary muscle control. Muscles that control breathing, swallowing, head and neck control, walking, and crawling are the most severely affected. Muscle weakness often begins in the first few months of life and life expectancy is typically less than 2 years.	<ul style="list-style-type: none"> <li>• Approximately 1 in 10,000 individuals is affected worldwide.</li> <li>• About 1 in 50 individuals in the general population is a carrier.</li> </ul>
<b>Fragile X Syndrome</b>	Most common form of inherited intellectual disability in males. Both males and females can be affected with Fragile X, but males are typically more severely affected. Female carriers are at increased risk for premature ovarian failure.	<ul style="list-style-type: none"> <li>• Approximately 1 in 4,000 males and 1 in 8,000 females are affected worldwide.</li> <li>• About 1 in 259 women is a carrier for Fragile X Syndrome.</li> </ul>
<b>Duchenne Muscular Dystrophy (DMD)</b>	Characterized by progressive muscle weakness and atrophy, occurring almost exclusively in males. Symptoms usually appear in early childhood before age 5 and worsen rapidly. Affected children are usually wheelchair-dependent by adolescence. Female carriers can have symptoms including muscle weakness and cardiomyopathy.	<ul style="list-style-type: none"> <li>• Approximately 1 in 3,500 to 1 in 5,000 males are affected worldwide.</li> </ul>

## Ask your doctor today about Horizon Carrier Screen or visit [www.natera.com/horizon](http://www.natera.com/horizon)



201 Industrial Road, Suite 410 | San Carlos, CA 94070 | [www.natera.com](http://www.natera.com) | 1-650-249-9090 | Fax 1-650-730-2272

The test described has been developed and its performance characteristics determined by the CLIA-certified laboratory performing the test. This test has not been cleared or approved by the U.S. Food and Drug Administration (FDA). Although FDA does not currently clear or approve laboratory-developed tests in the U.S., certification of the laboratory is required under CLIA to ensure the quality and validity of the tests. © 2017 Natera, Inc. All Rights Reserved.

## Common questions

### What is Panorama?

Panorama is a non-invasive prenatal test (NIPT) that can tell you important information about your pregnancy, as early as nine weeks' gestation. With Panorama, you can find out if your baby is at risk for chromosomal abnormalities, such as Down syndrome. If you so choose, you may also find out the gender of your baby.

### How does the Panorama prenatal screen work?

During pregnancy, small pieces of DNA from the baby's placenta cross into mom's bloodstream. Panorama uses a blood sample, taken from the mother's arm, to analyze the baby's DNA for certain chromosomal conditions that could affect the baby's health. Panorama poses no risk to your baby, unlike amniocentesis and CVS (chorionic villi sampling), which carry a slight risk of miscarriage.

### What conditions does Panorama screen for?

Currently, the test screens for:

- **Trisomy 21 (also called Down syndrome):** This is caused by an extra copy of chromosome 21. This is the most common genetic cause of intellectual disability. It may also cause certain birth defects of the heart or other organs and may cause hearing or vision problems.
- **Trisomy 18 (also called Edwards syndrome):** This is caused by an extra copy of chromosome 18. Most babies with Edwards syndrome usually pass away before one year of age. Survivors have severe intellectual disability. It also causes serious birth defects of the heart, brain and other organs.
- **Trisomy 13 (also called Patau syndrome):** This is caused by an extra copy of chromosome 13. Babies with Patau syndrome usually pass away before one year of age. Survivors experience severe intellectual disability. It also causes many serious birth defects.
- **Monosomy X (also called Turner syndrome or 45, X):** This is caused by a missing X chromosome and affects only girls. Girls with Monosomy X may have heart defects, hearing problems, minor learning disabilities and are usually shorter than average. As adults, they are often infertile.
- **Triploidy:** This is caused by having an extra set of all 23 chromosomes (for a total of 69 chromosomes) and is associated with severe birth defects.

A triploid pregnancy can cause serious complications for the mother, such as excessive bleeding after delivery and a risk of developing cancer. Babies with triploidy rarely make it to term and those that do usually pass away within a few months after delivery. It is important for the doctor to know about triploidy, even if the mother miscarries, so that she can be monitored for complications.

- **Klinefelter syndrome (also called 47, XXY):** This is caused by an extra copy of the X chromosome in boys. Boys with Klinefelter syndrome may have learning disabilities, tend to be taller than average, and most men with this condition are infertile.
- **Triple X syndrome (also known as 47, XXX):** This is caused by an extra copy of the X chromosome in girls. Some girls with triple X syndrome have learning disabilities, and most are taller than average.
- **XYY syndrome (also called Jacob's syndrome or 47, XYY):** This is caused by an extra copy of the Y chromosome, only affects boys. Boys with this condition tend to be taller than average and may have associated mild learning and behavioral difficulties.
- Panorama also screens for five microdeletion syndromes.

### What kind of results will I get from the Panorama screening test?

The report sent to your healthcare provider will have one of these results:

- **LOW-RISK RESULT:** A low-risk result means the chance that your baby has one of the chromosome conditions Panorama screens for is very low, which can be reassuring. Most women who have the Panorama screening test will discover their baby is at low risk for the conditions tested.
- **HIGH-RISK RESULT:** A high-risk result means there is an increased risk that your baby has a particular condition. Your healthcare provider will talk to you about follow-up testing options, so you can determine if your baby is affected.
- There is also a small chance that **NO RESULT** will be obtained from your initial sample. In this case, we may recommend sending us another blood sample for re-testing.

## When will I get my results?

Most results will be returned within 5 to 7 days.

## What are microdeletions? Which ones does Panorama screen for?

A small, missing (or “deleted”) piece of a chromosome is called a microdeletion. Unlike Down syndrome, which occurs more frequently in mothers who are 35 and older, microdeletions occur in pregnancies at the same rate for mothers of any age.

In many cases, there are no obvious ultrasound abnormalities that would suggest the baby has a microdeletion. While many microdeletions have little impact on a child’s health and life, there are some that can cause intellectual disabilities and birth defects.

Panorama screens for five microdeletions, all of which can be associated with serious health issues:

- **22q11.2 deletion syndrome (also called DiGeorge syndrome):** Babies born with 22q11.2 deletion syndrome often have heart defects, low blood calcium levels, immune system problems, and mild- to-moderate intellectual disability. They may also have kidney problems, feeding problems, and/or seizures.
- **1p36 deletion syndrome:** Babies born with 1p36 deletion syndrome have weak muscle tone, heart and other birth defects, intellectual disabilities, hearing loss and behavior problems. Roughly half of these babies will also have seizures.
- **Angelman syndrome:** Babies born with Angelman syndrome often have delayed milestones (like sitting, crawling, and walking), seizures, and problems with balance and walking. They also have severe intellectual disability, and most do not develop speech.
- **Cri-du-chat syndrome (also called 5p minus):** Babies born with Cri-du-chat syndrome typically have low birth weight, small head size, and decreased muscle tone. Feeding and breathing difficulties are also common. They also have moderate-to-severe intellectual disability.
- **Prader-Willi syndrome:** Babies born with Prader-Willi syndrome have low muscle tone and problems with feeding and gaining weight. They also have intellectual disability. As children and adults, they may develop an over-eating disorder resulting in obesity-related medical problems.

## Who should get the Panorama prenatal screen?

Many pregnant women want to know about the health of their baby. If you would like information about your baby’s health, talk with your healthcare provider. He or she will advise you as to what tests you might want to have to help give you peace of mind.

The Panorama prenatal screen is designed for women of any age and ethnicity who are at least 9 weeks pregnant. It cannot currently be used by women who are carrying more than two babies (for example, triplets), multiples conceived using a donor egg or a surrogate, or those who have received a bone marrow transplant.

## What are the alternatives to the Panorama prenatal screen?

Panorama is not the only screening test available during pregnancy. Older screening tests that measure hormones in a pregnant woman’s blood (often called maternal serum screening tests) can also tell you if there is a high chance your baby has a chromosomal condition, such as Down syndrome. Maternal serum screening tests are less accurate than Panorama when screening for the conditions above. This means that serum screening tests are more likely than Panorama to miss certain chromosomal conditions or indicate an abnormal chromosomal condition when none exists.

Panorama is a screening test; it is not a diagnostic procedure. This means that test results from Panorama only alert you if your baby is at higher risk for a chromosomal condition. Invasive diagnostic testing, such as amniocentesis and CVS (chorionic villi sampling), is necessary to know for certain whether the baby has a chromosomal condition. These tests carry a slight risk of miscarriage.

[Learn more at www.natera.com/panorama-test](http://www.natera.com/panorama-test)

### POWERED BY NATERA



201 Industrial Road, Suite 410 | San Carlos, CA 94070 | [www.natera.com](http://www.natera.com) | 1-650-249-9090 | Fax 1-650-730-2272

This test was developed by Natera, Inc. a laboratory certified under the Clinical Laboratory Improvement Amendments (CLIA). This test has not been cleared or approved by the US Food and Drug Administration (FDA). Although FDA does not currently clear or approve laboratory-developed tests in the US, certification of the laboratory is required under CLIA to ensure the quality and validity of the tests. ©2018 Natera, Inc. All Rights Reserved.

### **How is the Panorama Screen Done?**

The Panorama Screen uses one blood sample from the mother. There are “markers” in a mother’s blood that come from the fetus and placenta. When these markers are higher or lower than average, it may be a sign of a problem with the pregnancy.

The Panorama screen can be done in Waverly. You will need to have a blood test any time after 9 weeks gestation.

### **Does a normal screening test mean my baby is normal?**

A normal result does not guarantee the absence of birth defects, but it does offer great reassurance. The risk of having a child with Down Syndrome increases with the mother’s age. It is recommended that women 35 years or older consider more testing such as amniocentesis.

### **What does an abnormal screening test mean?**

Since this is only a screening test, it will not diagnose the defect. An abnormal result could mean that:

1. Your baby may be at increased risk for one of the above birth defects.
2. Your due date may be incorrect.
3. You have a twin pregnancy.

### **What happens if my test results are abnormal?**

Your health care provider will advise you about additional testing that may be needed and will refer you to the appropriate high risk OB provider.

We believe prenatal visits are a vital part of your care. When there are no problems, it is great to hear “everything is fine.” When there is a problem, your health care provider will address it. Feel free to ask questions and discuss your feelings. Other information may alert us to watch your pregnancy more closely.

### **What Other Tests are Available?**

- **AFP (alpha-fetoprotein)**  
A blood test in the 2nd trimester. This screens for neural tube defects.
- **Nuchal Translucency**  
An ultrasound by a specially-trained OB provider is done in the first trimester to measure the thickness of the baby’s neck. The test can be done in Iowa City or Mayo.

**NOTE:** Not all insurance companies cover these tests. Please check with your insurance company for more information.

### **Specific Instructions for This Month:**

- Did you decide on the genetic or carrier screening?

# The Second Trimester

*13 to 28 weeks*

---

## 16-Week Visit

You are probably feeling better, have more energy and you may begin to “show.” You may notice a dark line (linea nigra) down the center of your abdomen. This will likely fade after your baby is born. If you already have a child, you may start feeling the baby move at about 14 to 16 weeks. Your baby is still very small, weighing about four to six ounces.

### Specific Instructions for This Month:

- Do you have an ultrasound scheduled at your next appointment?



## 20-Week Visit

Now your fetus weighs ½ to 1 pound and is 10 to 12 inches long. You can usually begin to feel movement. This feeling of movement is called “quickenings” or “flutters.”



- **Ultrasound**

You will have an ultrasound around 20 weeks to check the growth and development of the fetus. It also confirms your due date if you did not have a 1st trimester ultrasound. It evaluates your uterus, ovaries, amniotic fluid and placenta. This ultrasound is thorough and often takes 45 minutes. Although it does not provide guarantees, a normal ultrasound is very reassuring.

*Before your 20-week ultrasound: This is a very exciting time, and we know you may want to share this experience with others.*

*The purpose of this ultrasound is to collect measurements and details about your pregnancy and the health of your fetus. The first 30 to 40 minutes are reserved for diagnostic needs. To do this well, your ultrasound technologist must be able to focus on the test without distractions. You may have one adult in the room for this portion of the exam, but **no** children are allowed.*

*The last 15 to 20 minutes of the exam may be used for revealing gender and seeing more of your fetus. When the technologist is ready to start this portion, you may invite others into the exam room if you wish.*

**Please note:**

- *If you bring children, you must have an adult with them at all times.*
- *If you would like to take a photograph, please ask the technologist first. Videotaping is not allowed.*

- **Body Changes**

Due to increased blood volume, you may notice increased sweating, a stuffy nose and vaginal discharge. As the fetus grows, you may begin to have shortness of breath because of upward pressure on your diaphragm. Other symptoms may include pelvic discomfort, low back pain and trouble getting comfortable. You may need to change your exercise routine.



## 24-Week Visit— Longer Visit (15-20 additional minutes)

### Premature Labor and Birth

A baby that is born between 20 and 36 weeks and 6 days is called pre-term. Prematurity can be serious. Some premature labors can be prevented with patient education.

#### Patients at Risk

1. Previous pre-term deliveries.
2. Children of DES exposed mothers (DES was a hormone given in the 1940's – 1960's to prevent miscarriage).
3. Multiple births (twins or triplets).
4. Abnormally shaped uterus, large fibroids, uterine bleeding.
5. Incompetent cervix.
6. Severe kidney or urinary tract infections.

#### Premature Labor

- If you think you are having premature contractions, drink fluids and lie on your side. If the contractions do not stop, please call your health care provider.
- **If you are having six or more regular contractions in an hour, please call your health care provider.** Premature uterine contractions are different from Braxton Hicks, the “normal” contractions that prepare the uterus for labor.
- A gush or trickle of fluid from the vagina may signal premature rupture of membranes. Please call your health care provider. Sometimes as the fetus gets larger, a sudden kick to the bladder can cause a release of urine. This is normal.
- Any bleeding is abnormal.

#### Call your health care provider if you have:

- Unexplained wetness.
- Worsening back pain and pelvic pressure.
- A feeling that something is not right.
- Vaginal bleeding

#### Meet with OB Unit Based Educator:

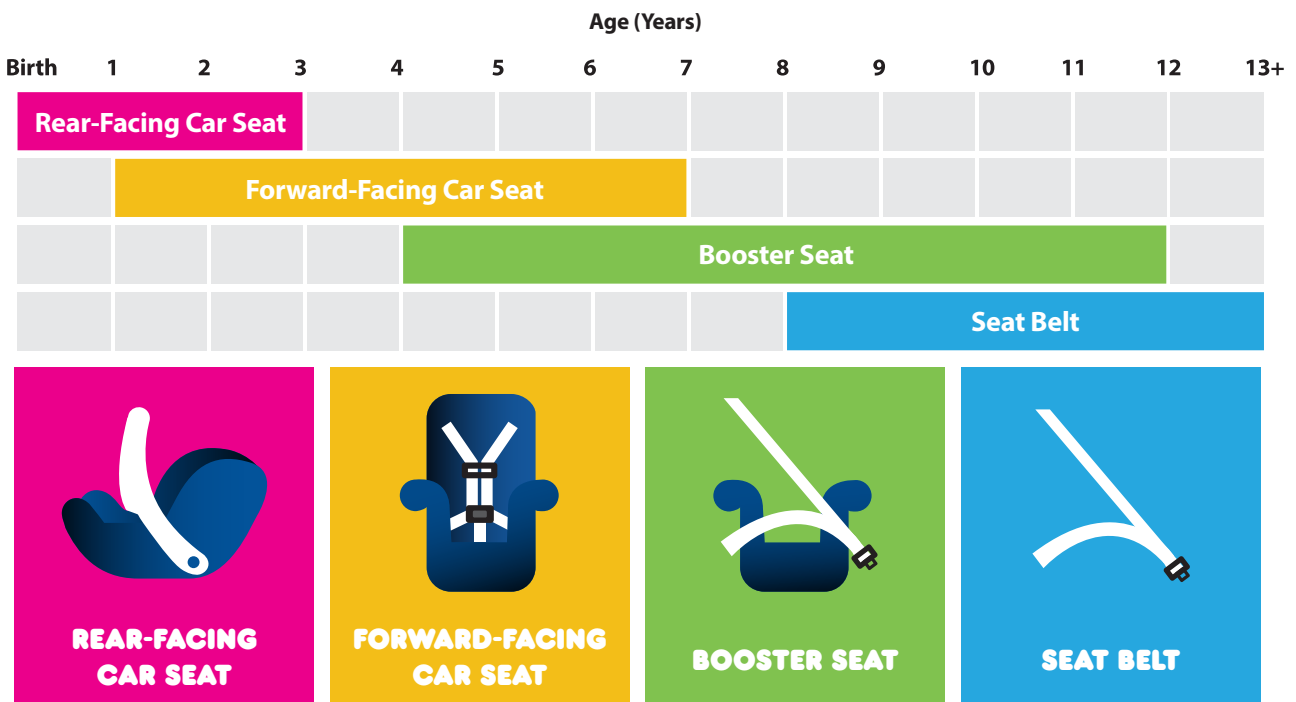
- Choosing a Pediatrician
- Managing Labor & Pain Medications
- Lactation Services
- Register for Prenatal Classes.
- Tour of the Birthing Center.
- Breastfeeding Benefits and Feeding options.
  - Ask your provider for a prescription for a breast pump at your next appointment.
  - Contact your insurance company to find out how to receive your breast pump.
  - Medicaid- contact WIC (Women, Infants, and Children Services) to schedule an appointment after delivery to get a rental pump (319-233-1851- Waterloo office)
- Anxiety and Depression
- Immunizations during pregnancy
- Infant safety-purchase your car seat
- Seat belt safety for mom
- Birth Plan



**\*\*Start making a list of questions to ask your provider at your next appointment!\*\***

# Car Seat Recommendations for Children

There are many car seat choices on the market. Use the information below to help you choose the type of car seat that best meets your child's needs.



- Select a car seat based on your child's age and size, choose a seat that fits in your vehicle, and use it every time.
- Always refer to your specific car seat manufacturer's instructions (check height and weight limits) and read the vehicle owner's manual on how to install the car seat using the seat belt or lower anchors and a tether, if available.
- To maximize safety, keep your child in the car seat for as long as possible, as long as the child fits within the manufacturer's height and weight requirements.
- Keep your child in the back seat at least through age 12.

## Rear-Facing Car Seat



### Birth – 12 Months

Your child under age 1 should always ride in a rear-facing car seat. There are different types of rear-facing car seats:

- Infant-only seats can only be used rear-facing.
- Convertible and All-in-One car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.



### 1 – 3 Years

Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness and tether.

## Forward-Facing Car Seat



### 1 - 3 Years

Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness and tether.



### 4 - 7 Years

Keep your child in a forward-facing car seat with a harness and tether until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.

---

## Booster Seat



### 4 - 7 Years

Keep your child in a forward-facing car seat with a harness and tether until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.

### 8 - 12 Years



Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

---

## Seat Belt



### 8 - 12 Years

Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

---

**NHTSA.gov/TheRightSeat**



U.S. Department of Transportation  
**National Highway Traffic Safety Administration**



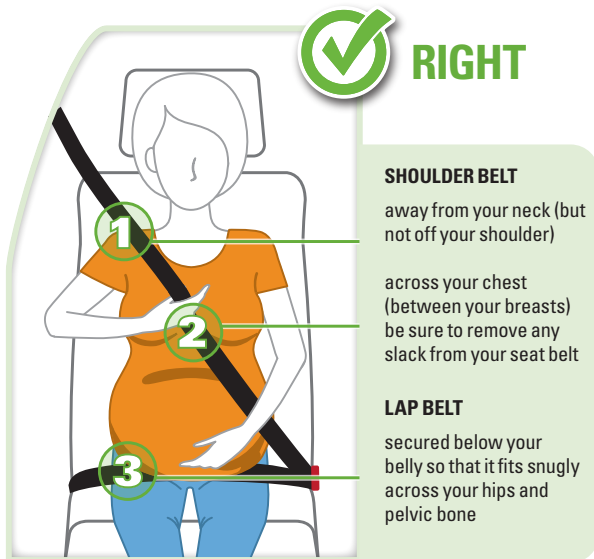
# IF YOU'RE PREGNANT SEAT BELT RECOMMENDATIONS FOR DRIVERS AND PASSENGERS

## I'M PREGNANT. SHOULD I WEAR A SEAT BELT?

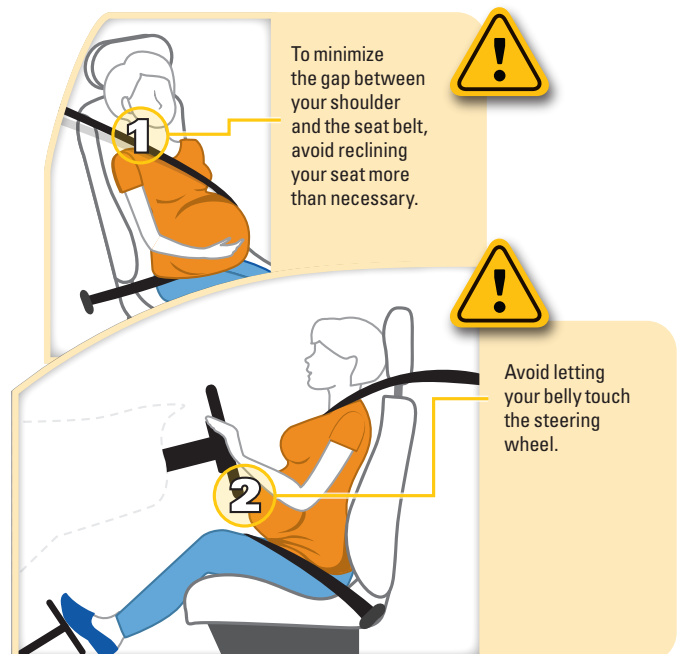
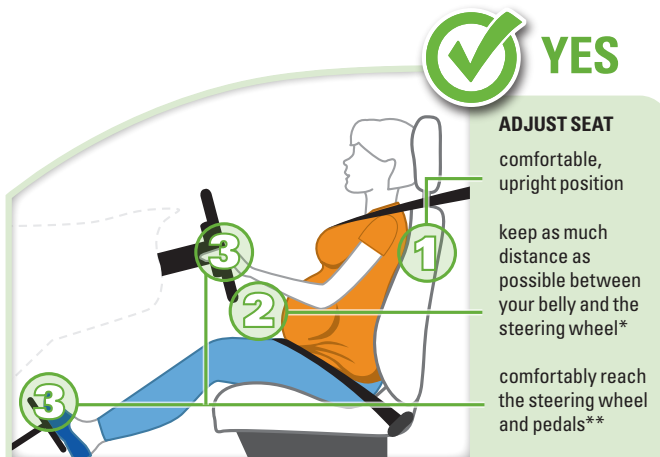
**YES**—doctors recommend it. Buckling up through all stages of your pregnancy is the **single most effective** action you can take to protect yourself and your unborn child in a crash.

**NEVER**  
drive or ride in a car  
without **buckling up** first!

## WHAT'S THE RIGHT WAY TO WEAR MY SEAT BELT?



## SHOULD I ADJUST MY SEAT?



\* If you need additional room, consider adjusting the steering wheel or having someone else drive, if possible.

\*\* If you're a passenger, move your seat back as far as possible.

## WHAT IF MY CAR OR TRUCK HAS AIR BAGS?

You still need to wear your seat belt properly.

**Air bags are designed to work with seat belts, not replace them.**

Without a seat belt, you could crash into the vehicle interior, other passengers, or be ejected from the vehicle.

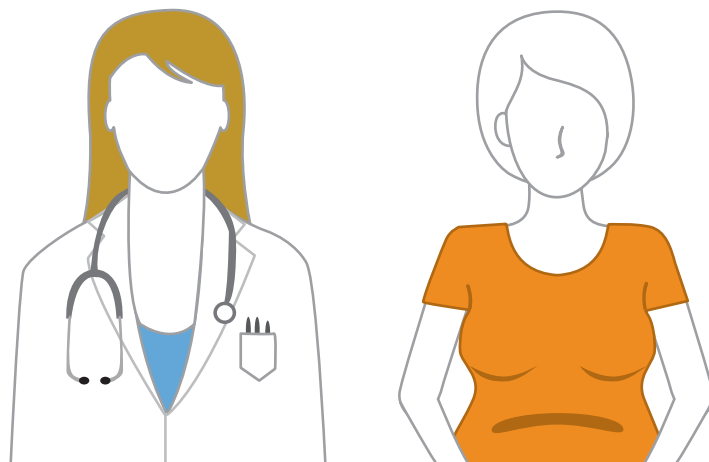


## MY CAR HAS AN ON-OFF AIR BAG DISABLING SWITCH. SHOULD I TURN IT OFF?

**NO.** Doctors recommend that pregnant women wear seat belts and **leave air bags turned on.** Seat belts and air bags work together to provide the **best protection for you and your unborn child.**

## WHAT SHOULD I DO IF I AM INVOLVED IN A CRASH?

**Seek immediate medical attention, even if you think you are not injured,** regardless of whether you were the driver or a passenger.



FOR MORE INFORMATION,  
**VISIT SAFERCAR.GOV**



# The Third Trimester

28 to 40 weeks

---



## 28-Week Visit

Your fetus continues to grow. Height is 11 to 14 inches and the weight is 1½ to 2 pounds. The eyes are open and sensitive to light. The fetus can hear and has hand and foot prints.

### Procedures

- You will receive Rhogam® at 28 weeks if you are Rh negative.
- **One-Hour Glucose Screen** – Drink the entire bottle of glucola within five minutes and note the time you finish. We will draw blood one hour after you finish the drink. Do not eat, drink or chew gum between the time you drink the glucola and have your blood drawn.
- **Hemoglobin and Hematocrit** – We will also check to see if you are anemic; if so, we may recommend the use of iron supplements.

### Specific Instruction for This Month

- Begin your search for a pediatrician or family doctor to care for your baby after delivery. Ask your friends and check your insurance list of doctors and consider what office location is best for you. We also have a list of pediatric providers.
- Fetal movement counts usually begin at 28 weeks (*see next page for explanation*).

## What is Fetal Movement Counting?

Often called **kick counting**, this is a way a mother can monitor the movements of the fetus and usually begins at 28-30 weeks. Fetal movement is a sign of fetal health.

By 20 weeks, most pregnant women feel the fetus' first movement. Movements will vary in number, strength and pattern depending on the development of the fetus. A fetus may be more active about an hour after the mother eats, due to the increase in glucose (sugar) in the mother's blood. Generally, most fetuses are more active in the evening hours. Hiccups in fetuses are quite common in the 3rd trimester.

Although the average number of kicks is about eight to ten per hour, each fetus and mother are different. Each woman should note the usual pattern and number of movements. A change in the normal pattern or number of fetal movements may mean the fetus is under stress.

### How is fetal movement counting done?

You should be aware of your baby's movements each day. Set aside the same time each day to do the counting; after a meal is often a good time. Write down the number of times you feel the baby kick or move in one hour. After several days, you may find the baby usually moves about the same number of times per hour – this becomes your baseline number. Healthy fetuses are active, but they also sleep.

If the number of movements decreases, drink something cold and sweet. Lie down where you will not be distracted and do a fetal movement count. If you do not feel fetal movement eight times in that hour, please contact your health care provider.

## 30-Weeks

### Instruction for This Month

- Register for prenatal classes if you have not done so already.
- Monitor for signs of pre-term labor.
- Continue fetal movement counts.
- Complete Birth Plan if not done so already.





## **32 to 34-Week Visit**

**(32 week visit will be a longer visit to provide additional education by the Lactation Consultant or OB Unit Based Educator after your appointment in the clinic.)**

Your fetus weighs about 3½ to 5 pounds and is about 16 inches long. All organ systems are developed. However, the next two months are important periods of growth and development and help assure a healthy birth.

### **Body Changes**

Heart pounding (palpitations) is often normal. When you feel this pounding, make a conscious effort to relax and let go of all the tension in your body. Take a deep breath, and then breathe normally. If you have pain or this problem continues, be sure to tell your health care provider. Decreasing caffeine in your diet may help.

### **Specific Instruction for This Month**

- Choose a health care provider for your baby.
- Complete Birth Plan if not done so already.
- Pack your bag.

### **Additional Education provided on the following topics:**

- Go the Full 40- [www.health4mom.org](http://www.health4mom.org)
- Labor Instructions- Keep Calm
- What to Expect in Labor and Delivery when admitted.
- Newborn Safety
  - Safe Sleep and Sudden Infant Death Syndrome
  - Infant CPR video available to watch after delivery
  - Shaken Baby Syndrome and the Period of Purple Crying – [www.purplecrying.info](http://www.purplecrying.info)
  - Car Seats- inspected at discharge by a Certified Passenger Safety Technician
- Baby Medications - Vitamin K, Erythromycin and Hepatitis B
- Skin to Skin
- Iowa Newborn Screening- completed on baby after 24 hours of age
  - Hearing Screen
  - Pulse Oximetry Screening and Blood Pressures (Critical Congenital Heart Disease Screening)
  - Dried Blood Spot Screening (Genetic or Congenital Disorders)
  - Jaundice
- Infant Photos

### **Postpartum**

- Postpartum Depression
- Postpartum Care
- Taylor Physical Therapy New Mom Screening
- Post-Birth Warning Signs

**\*\*Start making a list of questions to ask your provider at your next appointment!\*\***



### **35 to 36-Week Visit**

Your fetus is now about 18 inches long and may weigh as much as 5 to 6 pounds. The baby's chances for survival are excellent if born now. You are probably getting anxious for labor and birth to happen.

#### **Body Changes**

Sometimes a feeling of faintness or dizziness can occur late in pregnancy. This may be from low blood pressure, which can occur if you stand for a long time or stand up too quickly. If you must stand for a long time, move around often and drink lots of fluids. Give yourself frequent rest periods, and put your feet up. Dizziness may also be from low blood sugar or from anemia (low iron). Eat healthy foods in small amounts at frequent intervals. You may also feel pain in the groin or lower abdomen from the stretching of your ligaments. You may also have a backache. Good posture, body mechanics and stretching may help.

#### **Group B Streptococcus Test (GBS)**

GBS is one of the many skin bacteria that do not usually cause serious illness to the mother, can be harmful to your baby during labor and delivery. To test for GBS, samples are taken from your vagina and rectum at your obstetric visit. If your culture is positive, you will receive antibiotics during your labor to help GBS from being passed to your baby during birth.

#### **Specific Instructions for This Month**

- Make sure you have a health care provider selected for your baby.

## **37 to 40-Weeks**

By the end of this period, the fetus will be 20 inches in length and will weigh about 7½ pounds. If this is your first baby, the head will often drop into your pelvis and engage in position for birth. If you've had a baby before, this may not occur until you are in labor.

### **Body Changes**

A thick white vaginal discharge is normal at this time. Use sanitary napkins if necessary, not tampons. If this discharge becomes bloody, develops a bad odor or causes burning or itching, contact your health care provider.

### **Can I Help Bring On Labor?**

Many suggestions have been given to pregnant women to start labor (walking, going over speed bumps, eating pepperoni pizza, taking castor oil). **THEY DON'T WORK!** Be patient and get lots of rest.

## **40 to 41-Weeks**

We recommend delivery before 43 weeks because of increased risks to the baby after 43 weeks. After your estimated due date, special tests may be recommended to ensure your baby's health. Inducing labor, if needed, will be discussed by your health care provider.

### **Things you need to plan before you get to the hospital:**

- **Camera/video policy**  
The birth of your child is an important milestone in your family and some families may want to film the birth. Cameras may be used unless directed otherwise by the delivering doctor. Videotaping is not allowed.
- **Managing pain during labor and delivery**  
There are many ways to manage pain, and no one way works for everyone. The right decision is the one that is best for you. Please fill out our "Patient Birth Plan" handout. We keep this on file to be more prepared to care for you when you arrive at our Birthing Center. While it's helpful to make a plan before you go into labor, keep in mind that your plan can change. That's because your labor can be more or less painful than you expect.
- **You will be tired!**  
Consider a plan for visitors while you are in the hospital. Don't be afraid to make your wishes known. Sometimes well-meaning friends and family overwhelm new parents with frequent and untimely visits. It is common to be exhausted after childbirth. After all, your body has been through an enormous change in the past 10 months.
- **Circumcision**  
If you have a boy, it is important to talk with your pediatrician or family doctor about circumcision. It is a personal and sometimes cultural issue. In this community, the pediatrician or family doctor usually performs the circumcision.



# Pack Your Bags!

---



The hospital will become home away from home for a few days, so pack some comforting “extras.” You will be leaving with a new bundle, so bring some things for the baby!

## For Yourself

- Bathrobe/comfortable clothes and slippers
- Brush/comb
- Cosmetics
- Lotion, shampoo & conditioner
- Hard candy or suckers
- Outfit to go home (*an outfit that you wore at the end of pregnancy*)
- Photo ID and insurance card
- Music/reading materials
- Supportive bra
- Pads/postpartum depends (*if you prefer a certain kind*)
- Toothbrush and toothpaste
- Payment for birth certificate - \$35

## For Your Baby

- Infant car seat
- One or two blankets
- One or two outfits (*remember one to go home*)
- Outfit/blanket for baby’s first picture- professional photographer available on unit

# Labor Instructions

---



## What To Do if You Think You Are in Labor or Your Water Breaks

Call the Birthing Center at (319) 352-4953. If you are unable to get through, call our tracfone at (319) 939-6089.

### Contractions

Labor contractions often start 15 to 20 minutes apart and become closer and stronger. With your first baby, contractions are not likely to cause the cervix to dilate until they are four to five minutes apart. Call if you are having regular contractions every five to six minutes for one hour and are not relieved with drinking fluids, taking Tylenol®, taking a bath or resting.

False labor is common. Contractions of false labor may be painful but are usually irregular and last less than 30 seconds. False labor contractions do not become more frequent or regular with time.

### Ruptured Membrane or Leaking Water

Although your “water” usually breaks or the membrane is broken during labor, this may occur prior to the onset of labor. Usually when your water breaks, it is a gush; however, it may be a trickle. You should call, if you think that your water may have broken, regardless of whether or not you are having contractions.

### Bleeding

Slight spotting may occur during the last few weeks of your pregnancy, especially if you had a pelvic exam. Do not be alarmed. However, heavy bleeding or a gush of bright red blood may be important. If you have heavy bleeding or if there is severe pain with bleeding, you should call your health care provider right away.

### Severe Abdominal Pain

This may be a sign of a serious condition. Please call your health care provider right away.

### Decreased Fetal Movement

Call your provider if it starts to take significantly longer than normal for your baby to get to 10 kicks or your baby has less than 10 movements in two hours. Do not wait when there is no fetal movement or if you notice significant changes in the movements.

### If you just feel like something is off, call your provider

#### *Arrival at the Hospital (call the birthing center at (319) 352-4953 to let them know you are on your way so they can be prepared for your arrival)*

When you call in, the birthing center nurse will tell you which entrance to use depending on the time of day, and/or your medical concerns. Register at the admission desk before going to the birthing center.

- If you believe you are in labor, you will be evaluated by an experienced labor and delivery nurse who will call the provider-on-call.
- For concerns not related to labor, you may first be advised to go to the Emergency Department for a medical screening prior to being seen by the labor and delivery nurses. The Birthing Center staff will direct you to where to go when you call.
- If you have a scheduled c-section, please arrive two hours prior to your surgery time to be prepped.

# Finding Your Way



- Park in the Green Lot on the north side of the health center. Green Entrance hours: M-F 6:30 a.m. - 7:30 p.m. and Sat-Sun 7 a.m. - 5 p.m. **Register at Admission desk.**
- Enter the health center through the Green Entrance. If after hours, please use the EMERGENCY (BLUE) Entrance and you will be escorted to the Birthing Center after **registering at the Emergency Department Admission desk.**



★ Birthing Center

Note: Use Blue Parking Lot and Emergency Department Entrance After Hours. Register at Emergency desk.

# Postpartum Instructions for Our Patients

---



CONGRATULATIONS! We hope that you and your baby are doing well. If you have concerns, please talk to us. As you prepare to go home and face many changes, here are some suggestions to make your adjustment easier.

## **First day at home**

Make sure to get plenty of rest today. Tonight may be more stressful because you are responsible for the care of your new baby. With time and practice, things will get easier.

## **Activity during the first two weeks**

Slowly increase your daily activity. Try to take short naps. You may shower, bathe or wash your hair at any time. It is a good idea to limit the number of visitors during the first two weeks as they may harm your baby's health through the spread of bacteria and viruses. You may take short trips. If long car rides are necessary, you should stop and get out of the car at frequent intervals.

## **Bowel Movements**

If you have hemorrhoids, they usually improve in the first days or weeks following delivery. Sitz baths may provide relief. You should relieve constipation by drinking more fluids each day. If needed, take a laxative such as Milk of Magnesia<sup>®</sup>, a stool softener such as Colace<sup>®</sup>, or a bulking agent such as Metamucil<sup>®</sup>.

## **Care of the Perineum Episiotomy** (pare-i-NEE-um eh-pee-zee-OTT-uh-mee)

An incision or cut may have been made during delivery that requires stitches. Your perineal area may be uncomfortable depending on the type of delivery you had.

If it is painful after you return home, you should:

1. Sit in a tub with several inches of plain warm water for 15 minutes two to three times a day (sitz baths).
2. Apply cold Tucks<sup>®</sup> medicated pads.
3. Keep your stools soft as discussed above.

## **Lochia** (LOW-key-ah)

The original bloody vaginal discharge, called "lochia," will slowly decrease and change to pink, then brown and finally to yellow. You may bleed for as long as six weeks. Continue to use your peri-bottle after urinating while having vaginal flow. You might bleed more heavily for short periods of time. Your first menstrual period may occur before your check-up, especially if you are not breastfeeding. You should call your health care provider if you are having bright red vaginal bleeding that causes you to change your pad more than once per hour. Do not use tampons until six weeks after the baby is born.

## **Breast-Feeding Mothers**

During pregnancy, your breasts prepare to produce milk (lactate). After birth, hormonal changes and infant sucking trigger a surge in milk supply. Breastfeeding will provide the best nutrition and protection against infections. Nurse every 1 to 3 hours for 15 to 20 minutes on each breast. During growth spurts, your baby may nurse more often for one to two days until the milk supply catches up with his/her needs.

When you are breastfeeding, it is important to maintain a well-balanced diet. In fact, you need more calories while breastfeeding than you did during your pregnancy! It is a good idea to continue your prenatal vitamins while breastfeeding. Drink at least 64 ounces of fluids a day and 500 extra calories.

Sore nipples and engorgement (overfull breasts) are common in the early stages of breastfeeding. These are the most common causes for new mothers to stop breastfeeding. Frequent nursing with proper positioning and latching can help ease these short-term and uncomfortable symptoms.

## **Non-Breastfeeding Mothers**

Expect a period of engorgement (overfull breasts) that is treatable with tight-fitting bras, sports bras or ice treatments. Avoid stimulation to the breast, such as pumping or hot showers. Tylenol® or ibuprofen® may be taken every four to six hours for relief of symptoms. Ice for 15 minutes every hour as needed. Cabbage leaves placed on your breast may also relieve your symptoms. Symptoms should go away within 24 to 48 hours, although leaking of milk may last for days or weeks.

## **Physical Activity**

Start slowly and be consistent. Light walking for 20 to 30 minutes is a good activity. If you delivered vaginally, you may begin to exercise two to three weeks after the baby is born. It is normal to have some swelling of your feet and legs. If swelling occurs, elevate your legs higher than your heart several times a day. You may begin Kegel exercises two to three weeks after delivery. Kegel exercises tone the pelvic muscles. They strengthen the muscles that surround the opening of the urethra, vagina and rectum. If you delivered by C-section, wait to resume exercise until cleared by your OB provider at your follow-up appointment.

## **Postpartum Blues**

It is common to have postpartum blues after delivery. 50% or more of women experience some symptoms of postpartum blues. Symptoms: periods of tearfulness that come and go and sudden mood swings. It can last for only a few hours or as long as 1-2 weeks. Activities that can be helpful include:

- Getting more sleep.
- Trying to find time for your own needs, including recreation and social outings with friends, family and your partner. A short period away from a baby who needs your constant care and attention can be very helpful.

## **Postpartum Depression**

It is also common - occurring in 10-20% of new moms. Call your health care provider if you have any of these symptoms lasting longer than two weeks:

- More intense feelings of sadness
- Frequent crying spells.
- Thoughts of harming yourself, the baby or others.
- Severe anxiety.
- Being unable to function or care for your newborn or yourself.
- Symptoms can occur any time within the first year
- Feeling sad all the time.

## **“After Pains”**

Expect cramping (“after pains”) to continue for the first several days after birth. You may notice this more while breastfeeding. Tylenol® or ibuprofen® every four to six hours will ease the discomfort.

## **The First Menstrual Period**

This will often occur within the first two months after delivery. You may not have periods while nursing. The first period may be heavy or last longer. If you are concerned about this, please call your health care provider.

## **Sexual Intercourse**

Wait at least six weeks before having sexual intercourse. Due to hormonal changes and the birth process, you may have vaginal dryness and painful intercourse. This can be relieved with the use of a vaginal lubricant, such as Astroglide® or vegetable oil. Do not depend on breastfeeding to prevent pregnancy. Use appropriate birth control.

## **Contraception**

Recommendations will be based on your personal history as well as whether you are breastfeeding.

*Please consider these options before your postpartum visit:*

- Progesterone only Birth Control Pills (mini pill)
- Combined estrogen/progesterone Birth Control Pills (regular pill)
- Birth Control Patch (Ortho Evra®)
- Birth Control Ring (Nuva Ring®)
- Depo Provera®
- Foam and condoms
- Diaphragms
- Nexplanon®
- Intrauterine Device (IUD) Mirena®, ParaGard® or Skyla®

If you are interested in something permanent, you may consider these options:

- For women: Tubal ligation
- For men: Vasectomy

## **Follow-up Appointments**

Your postpartum visit will be six weeks after delivery. It will include a pelvic exam. Contraception will be discussed as well as any concerns.

**Please Call Your Doctor If You Have Any Of The Following:**

- Fever with or without chills (temperature of 100.4°F or higher).
- Any problems with urination (burning, frequency).
- Heavy vaginal bleeding (soaking more than one pad per hour).
- Sudden extreme weakness or loss of consciousness.
- Swelling, redness or tenderness in one area of the breast or leg.

**If You Had a Cesarean Section**

If you had a cesarean section, we will see you two weeks after surgery to check your incision. Please call and make this appointment soon after you are discharged from the hospital.

After leaving the hospital, increase activity and exercise slowly. Your incision may take four to five weeks to heal completely, so don't overdo it. Activities such as walking, climbing the stairs and light housework are okay, but no heavy lifting for about six weeks.

You may drive within 7-14 days after leaving the hospital. Do not drive if you are taking narcotic pain medicine (Percocet® or Vicodin®).

Your incision should be kept clean and dry and should be left either uncovered or loosely covered. Tub baths or showers are allowed after one week depending on the type of dressing you have. Be sure to let the incision air dry completely.

If there are small bandage strips on the incision, gently remove them seven days after you return home.

With time, your incision will become less sensitive. It is common to feel a thick ridge beneath the incision; this should slowly disappear. Some numbness and/or itching around the incision are common and do not indicate a problem. If the incision becomes red, swollen, painful and/or warm, or has foul-smelling drainage, please let us know right away.

As with a vaginal delivery, wait at least six weeks before having intercourse. Remember to use contraceptives.

***Congratulations from the  
WHC Women's Clinic and Birthing Center  
on your New Arrival!***

