



# EXPECTANT PARENTS

## GUIDEBOOK

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# NMC HEALTH

## FAMILY BIRTHING CENTER

### Congratulations!

Thank you for choosing NMC Health.

The birth of your baby is the beginning of a whole new world! Whether this is your first baby or your fifth, each child is a unique little person with individual needs, characteristics and personality traits. We hope this guidebook will be helpful and answer any questions you may have.

We deliver family-centered maternity care throughout all stages of the birthing process. As a patient at NMC Health's Family Birthing Center, you will receive

compassionate care delivered by experienced medical personnel.

In this guidebook, you will find materials to help you to prepare for your birth experience, which will allow the staff at the Family Birthing Center to properly prepare for your arrival. We look forward to meeting you and caring for you during this important time in your life!

Sincerely,  
NMC Health Family Birthing Center Staff



### About the Family Birthing Center

Having a baby can be one of the most joyful and exciting moments in your life. You can trust the Family Birthing Center at NMC Health to deliver excellent care during labor, birth and recovery.

You'll love our one-on-one nursing care throughout your labor process, as well as the same familiar faces during your recovery.

The Family Birthing Center features:

- 4 delivery suites
- 6 postpartum rooms
- A c-section suite
- A special care nursery

Specially-trained lactation consultants and car seat technicians are on-site everyday to make sure you're ready to take your baby home.

At NMC Health, our labor and delivery team works with you and your family to ensure you're safe and comfortable as you welcome your new addition.

### About NMC Health

NMC Health is an award-winning medical care system focused on improving health throughout Newton, KS, Harvey and surrounding counties.

Featuring a 103-bed hospital located at the intersection of I-135 and Highway 50, and 10 primary care and specialty clinics, NMC Health's services and specialties include emergency medicine, surgical services, rehabilitation, occupational medicine, home health and more.

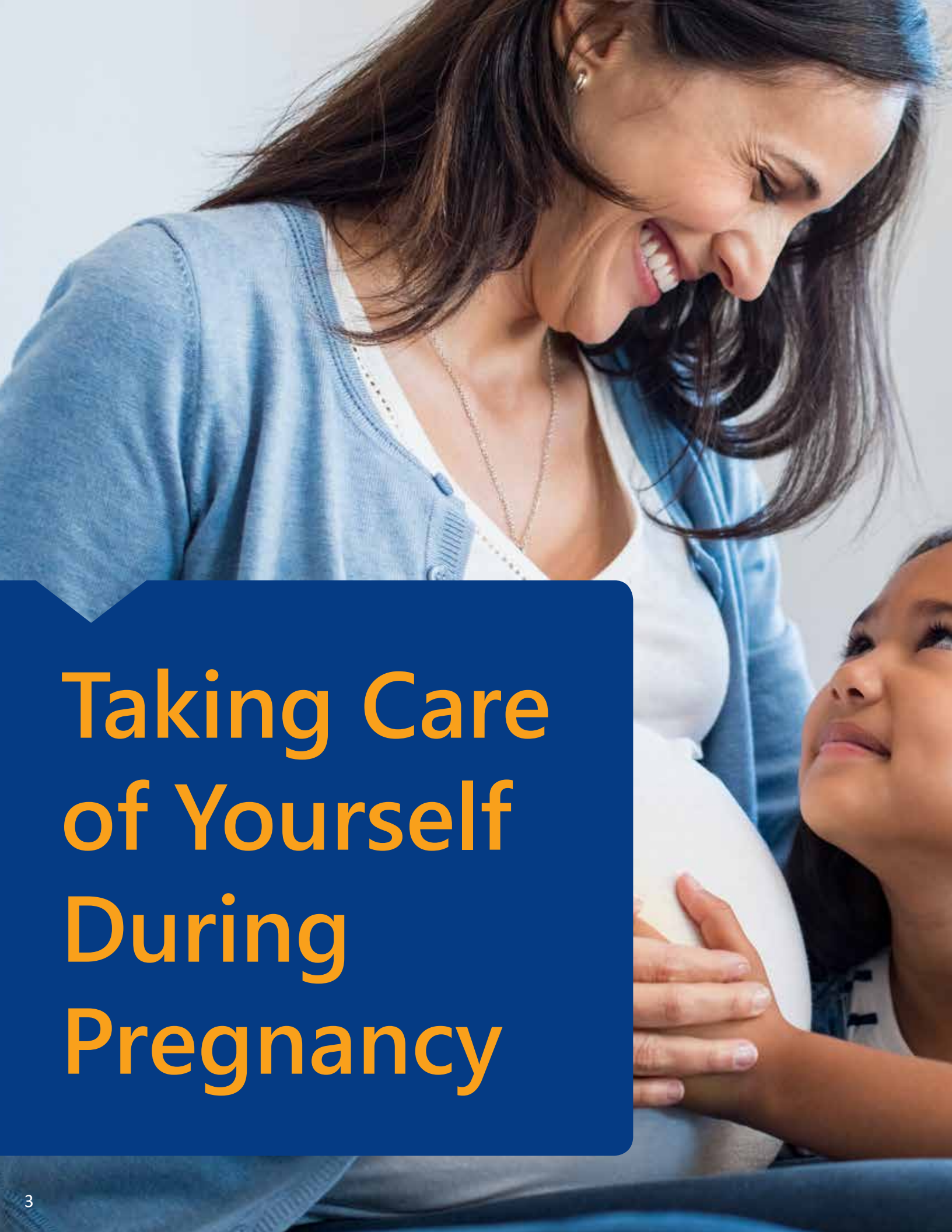
For more information, visit [myNMCHHealth.org](http://myNMCHHealth.org)



NMC Health Medical Center is a Blue Distinction® Center+ for Maternity Care, an expansion of the national Blue Distinction Specialty Care program. NMC Health is recognized by Blue Cross and Blue Shield of Kansas for delivering quality specialty care safely and effectively, based on objective measures developed with input from the medical community. To receive this designation, NMC Health must also meet requirements for cost efficiency.



Through the High 5 for Mom & Baby program, an initiative of the Kansas Breastfeeding Workgroup, NMC Health has demonstrated the highest commitment to infant and maternal health by supporting breastfeeding success.



# Taking Care of Yourself During Pregnancy

## Resources

### Websites

- Pregnancy and Childbirth: [lamaze.org/childbirthconnection.org](http://lamaze.org/childbirthconnection.org)
- Breastfeeding: [lalecheleague.org](http://lalecheleague.org)
- Postpartum Depression: [depressionafterdelivery.com](http://depressionafterdelivery.com)
- Nutrition: [mypyramid.gov](http://mypyramid.gov)
- Infant Hearing Screens: [babyhearing.org](http://babyhearing.org)
- Car Seat Safety: [safekids.org](http://safekids.org)
- Infant Adoption: [www.IAATP.com](http://www.IAATP.com)
- Cord Blood Banking : [www.aap.org](http://www.aap.org)
- Parenting: [www.cisharveyco.org](http://www.cisharveyco.org)
- Safe Sleep: [www.kidsks.org](http://www.kidsks.org)

### Books

- The Official Lamaze Guide – Giving Birth With Confidence by Lothian & DeVries
- The Complete Book of Pregnancy and Childbirth by Kitzinger
- Nurturing Baby and Me During Pregnancy by Matthews & Fekety
- The Birth Partner by Simkin
- The Ultimate Breastfeeding Book of Answers by Newman & Pitman
- So That's What They're For by Tamaro
- The Breastfeeding Answer Book by Mohrbacher-Stock & LLL
- The Nursing Mother's Problem Solver by Martin, Sears & Funnemark

### Community Resources

**Harvey County Health Department  
WIC  
Healthy Start Home Visits**  
215 S. Pine  
Newton, KS 67114  
316-283-1637 or 1-800-414-4244

**Harvey County Safe House**  
316-283-0350; Hotline: 1-800-487-0510

**Health Ministries Clinic**  
720 Medical Center Drive  
Newton, KS 67114  
316-283-6103 or 877-283-6103

**Heartland Pregnancy Crisis Center**  
1027 Washington Rd, Suite D  
Newton, KS 67114  
316-283-7333; Hotline: 1-800-536-7338

**Infant Transition Team**  
316-284-6510  
Parents as Teachers: 316-284-6510  
Communities in Schools: 316-284-6520

**Healthy Families Kansas - Harvey**  
316-333-1988

**Poison Control Center**  
1-800-222-1222

## What to Expect When You're Expecting

Pregnancy should be a pleasant time for you, but your body will undergo some changes. If you know about them before they happen, you may not worry so much when they do.

### Common Changes to Expect

- Your breasts will get larger and firmer. The areola or dark areas around your nipples will get darker and may develop small bumps.
- You may have to urinate more often. This may lessen during the middle months but then increase again toward the end of the pregnancy.
- You may feel sick to your stomach the first few months. Sometimes this is worse in the morning, that is why it is known as "morning sickness." However, you may experience morning sickness any time of the day. If you have excessive morning sickness or nausea throughout the day, be sure and tell your doctor. He/she may have additional suggestions for lessening the sickness.
- You may also experience heartburn.
- Your moods may change. You may be happy one minute and crying the next. These mood swings are related to the hormonal changes that are going on in your body during pregnancy.
- You may get tired more easily.
- You may develop acne and an increase in body hair. These are also results of the body's changing hormones.

Avoid alcohol, unpasteurized dairy foods and juices, and raw or under cooked meat and poultry. Limit caffeine, artificial sweeteners and organ meats.



### Relieving Nausea

- Eat small, light meals at frequent intervals.
- Get up slowly. Eat a few unsalted crackers before you get out of bed.
- Drink water with lemon slices.
- Eat a popsicle in your favorite flavor.
- Drink flat sodas.
- Talk with your health care provider if you take vitamins that upset your stomach.
- Eat stomach-friendly foods such as cottage cheese, crackers or bread throughout the day.

## Nutrition During Pregnancy

Nutrients from the foods you eat become the building blocks that form the organ system, brain, bones and muscles that make up your baby.

### Pregnancy Weight Gain

Too much or too little weight gain during pregnancy can lead to potential risks for you and your baby. Total recommended weight gain depends on your pre-pregnancy weight.

| Pre-Pregnancy Weight        | Recommended Weight Gain |
|-----------------------------|-------------------------|
| Normal Weight (BMI 20-24.9) | 25 to 35 lbs            |
| Under Weight (BMI < 20)     | 28 to 40 lbs            |
| Overweight (BMI > 25)       | 15 to 25 lbs            |

Weight gain during pregnancy should be gradual. You should gain most of the weight during the last trimester. Only a two to four pound gain is recommended during the first trimester, and about three to four pounds each month in the second and third trimesters.

### Energy Needs During Pregnancy

You should not actually “eat for two,” or double your calories. However, in order to gain weight, you do need to eat extra calories. Energy needs for pregnant adult women often range from 2,500 to 2,700 calories/day. Factors such as pre-pregnancy weight, height, age and activity level could effect this number.

No extra calories are needed during the first trimester since the baby is still very small, and weight gain should be minimal. You should eat an extra 340 calories a day during the second trimester and an extra 450 calories a day during the third trimester to provide much needed energy for your rapidly growing baby.

## What is a healthy diet?

A healthy diet provides nutrients in the correct portions from a wide variety of foods. Try to eat foods high in nutrients compared to the amount of calories they contain.

| Food Group                 | Foods Included in Group   | Counts as One Serving                      | Key Nutrients  |
|----------------------------|---|--|--|
| Bread and Grains           | Whole grain breads  | 1-oz                                       | Iron   |
|                            | Cereals, rice, pasta and other grains   | 1/2 cup                                    | Folic Acid<br>B-Vitamins<br>Fiber<br>Carbohydrates           |
| Vegetables                 | Dark green leafy vegetables   | 1 cup                                      | Vitamin C  |
|                            | Other raw or cooked veggies   | 1/2 cup                                    | Vitamin A<br>Fiber<br>Carbohydrates                          |
| Fruit                      | Fresh fruits  | 1 whole, small                             | Vitamin C  |
|                            | Berries, melons   | 1 cup                                      | Vitamin A  |
|                            | Canned fruit  | 1/2 cup                                    | Fiber  |
|                            | Dried fruit   | 1/4 cup                                    | Carbohydrates  |
| Milk                       | Milk and yogurt (non-fat/low fat)   | 1 cup                                      | Calcium  |
|                            | Soy milk or yogurt  | 1 cup                                      | Riboflavin   |
|                            | Cheese  | 1.5 oz                                     | Carbohydrates<br>Protein                                     |
| Meat and Meat Alternatives | Lean beef, pork, poultry or seafood   | 2 to 3 oz                                  | Iron   |
|                            | Beans or legumes  | 1/2 cup cooked                             | Protein  |
|                            | Eggs  | 1 whole                                    | Vitamin B6   |
|                            | Nuts and seeds  | 1/3 cup                                    | Vitamin B12  |
|                            | Nut butter  | 2 tablespoons                              | Fat  |
| Other Foods                | Butter, margarine, oils, jams, desserts, dressing, cookies, soft drinks, candy, chips, snack food | Serving sizes vary, eat only in moderation | This group is a significant source of sugar, fat, and sodium |

Note: Omega-3 fats, which are vital for brain growth and development, are in fish and seafood, as well as some eggs, nuts (walnuts), seeds (flax) and oils (canola, soy). Shark, swordfish, king mackerel or tile fish (golden or white snapper) should be avoided because they may contain high levels of mercury. Also, limit white or albacore tuna to six ounces per week.

### Tips for Healthy Snacking

Snacks are a great way to satisfy hunger pangs or cravings between meals, help manage nausea, and may add important nutrients to your diet. Make fruits and vegetables more convenient by having small bags of them already washed and chopped up in your fridge. Keep individual containers of low-fat milk or yogurt, 100% fruit juice, whole-grain crackers, pretzels and low fat granola bars on hand.

### Healthy Snack Suggestions

- A granola bar or other healthy snack bar with milk.
- Yogurt with chopped fruit and nuts.
- Wheat crackers, apple wedges with cheese slices.
- Baby carrots with hummus or low fat ranch dip.
- Rice cakes or graham crackers with peanut butter and banana.
- Trail mix made of nuts, seeds and dried fruit.

## Special Considerations

### Heartburn

- Eat small frequent meals.
- Avoid laying down after meals.
- Avoid large meals before bedtime.

### Constipation

- Drink 8 to 12 glasses (eight ounces each) of caffeine-free fluid.
- Increase the amount of fiber in your diet gradually with whole grain breads and cereals, bran, fruits and vegetables.
- Exercise regularly if approved by your doctor.

### Alcohol

- Alcohol has been linked to fetal alcohol syndrome and should be avoided during the entire pregnancy.

### Artificial Sweeteners

- The effects of artificial sweeteners are still not clear. Ask your doctor before using artificial sweeteners or foods with these products.

### Caffeine

- High caffeine intake has been associated with delayed conception, spontaneous miscarriage and low birth weight.
- Pregnant women should not exceed 200 mg/day of caffeine.
- Check with your doctor before consuming caffeine.

### Calcium

Calcium is needed for healthy bones and teeth. Requirements for calcium is 1000 mg daily. Good sources of calcium include milk, yogurt, cheese, tofu, pudding and broccoli.

- Tips to increase calcium in your diet:
  - Drink milk with meals.
  - Use milk or yogurt in cooking instead of cream or sour cream.
  - Use cheese in sandwiches, salads or as a snack.
  - Try desserts such as pudding, custard, frozen yogurt or ice cream.

### Folic Acid

Pregnant women should consume 600 micrograms of folic acid daily. Folic acid may help prevent neural tube defects and ideally started before conception. Folic acid may also help prevent anemia and other problems which may occur during pregnancy.

- Good food sources of folic acid include lima beans, dried beans, asparagus, fresh dark leafy vegetables, whole wheat bread, lean beef, kidney beans, potatoes and broccoli.

### Herbal Supplements

- Some herbal supplements have been associated with negative side effects during pregnancy. There is little scientific evidence that supports taking herbal supplements during pregnancy.

### Iron

Iron is needed to carry oxygen throughout your body. If you are not eating enough iron-rich foods in your diet, you may feel tired.

- Tips to increase iron in your diet:
  - Iron from meat, fish and poultry is absorbed better than iron from plants.
  - Foods high in vitamin C, such as citrus fruits or juices, melons, dark green leafy vegetables and potatoes may help your body absorb iron better.
  - Eat enriched or fortified grain products.
  - Limit coffee and tea at meal times as it can decrease iron absorption.
  - Good sources of iron include beef, veal, bran flakes, Cream of Wheat, baked potato with skin, dried beans, soybeans, spinach, poultry, dried prunes, raisins and whole wheat bread.

### Vitamins and Minerals

- Your doctor may order prenatal vitamins for you; however, this should not take the place of healthy eating.

#### References:

1. Kline DA. Macronutrient requirements during pregnancy. Today's Dietitian Jan 2004:20-24.
2. Whitney EN, Rolfes SR: Life cycle nutrition: Pregnancy and lactation. Understanding Nutrition, 9th ed. Belmont, California: Wadsworth/Thomson Learning, 2002, pp 499-530.
3. Position of the American Dietetic Association: Nutrition and lifestyle for a healthy pregnancy outcome. J Am Diet Assoc 2002;102(10):1479-1490.



## Exercise During Pregnancy

If you are healthy and your pregnancy is normal, it is safe to continue or start regular physical activity. Physical activity does not increase your risk of miscarriage, low birth weight, or early delivery.

However, it is important to discuss exercise with your obstetrician or other member of your health care team during your early prenatal visits. If your health care professional gives you the OK to exercise, you can discuss what activities you can do safely.\*

Warm up: 5 minutes  
Cardio: 20 minutes  
Strength and Conditioning: 20 minutes  
Cool down: 5 minutes  
Flexibility: 10 minutes



### Do:

- Exercise daily.
- Eliminate exercise that compromises the safety of you and baby.
- Listen to your body; if something doesn't feel right modify or eliminate that exercise.
- Modify any exercise if shortness of breath occurs.
- Remember to keep knees soft while standing.
- Make sure you breathe through all exercise.
- Make sure you have eaten prior to exercise.
- Drink plenty of fluids before, during and after exercise to prevent dehydration.
- Wear light and breathable clothing to prevent overheating.
- Remember, you are not exercising for weight loss.**

### Don't:

- Increase the intensity of your workout more than your pre-pregnancy workout.
- Use rapid, jerky, jarring or twisting movements.
- Make quick directional changes.
- Lie on back after first trimester.
- Do any exercise that puts pressure on the belly.
- Engage in competitive or unfamiliar activities.
- Put weight(s) on the back.
- Exercise while laying on your back; use a chair to modify.

\*Reference: [www.acog.org/womens-health/faqs/exercise-during-pregnancy](http://www.acog.org/womens-health/faqs/exercise-during-pregnancy)

**Walking** is gentle on the body, improves mobility, reduces arthritis and is cardiovascular exercise to aid in weight control and relaxation.

**Low-impact aerobics** are safe throughout pregnancy and a good cardiovascular workout.

**Dance** keeps the body limbered and balanced.

**Kegel** exercises help support the baby as it grows, makes the birthing process easier and aids in core strength during and after pregnancy. If you have never done Kegel exercises, start out by practicing stopping the flow of urine. The muscle used is the PC muscle. These are done by simply tightening and releasing this muscle regularly in five second intervals, or fluttering it rapidly.

**Swimming** is a safe exercise that keeps the body toned without added weight and stress on the joints. It is an excellent cardiovascular workout that provides non-weight bearing resistance.

**Bicycling** is a low-impact activity that has benefits of physical exertion without the stress on the joints. It is also a cardiovascular exercise to aid in weight control.

**Yoga** is safe to perform, relaxing and relieves stress and pressure on the body. It does not involve excessive stretching and it helps to relieve pain.

**Resistance training** keeps muscles toned and strong.

**Pilates** is excellent for developing core strength to help cope with the physical changes.

Postpartum guidelines for activity are determined by the level of activity done while pregnant and the intensity of labor. If you were highly active before and during pregnancy, you are likely to resume to the same level without delay.

References: [Mayoclinic.com](http://Mayoclinic.com), [acsm.org](http://acsm.org), [suite101.com](http://suite101.com), [American Pregnancy Association](http://AmericanPregnancyAssociation.com), [womenshealthcaretopics.com](http://womenshealthcaretopics.com) and [oxfordjournals.org](http://oxfordjournals.org).

## Exercise Guidelines

### Aerobic

- Warm up and cool down before and after.
- 30 minutes is recommended on most days of the week.

### Strength Training

- 3x/week.
- More repetitions, lower weight.
- Longer breaks between sets.
- Maintain breathing during repetitions.
- Don't put weight on your back.

### First Trimester

- Moderate intensity (6 or 7 out of 10).
- No high-impact.
- 3x/week.
- 30 to 45 minutes.

### Second and Third Trimester

- As tolerable.
- Don't lay on back, use a chair.
- Swim.
- Body weight exercises.

Watch for overheating, cardiovascular exercise above comfortable intensity, supine position exercises, extremes of air pressure (i.e. scuba diving, high altitude sports), any jumps, leaps or twists or potential impacts.

In later stages, avoid stretches which call for lying flat on the back or stretch the abdomen considerably.

### Warning Signs to STOP Exercise:

- vaginal bleeding
- cramping
- excessive nausea
- lightheadedness
- extreme headaches
- blurred vision
- fatigue
- shortness of breath
- chest pain





## Dealing with Discomforts

Pregnant women often ask for explanations and a remedy for various aches and pains. The following is a guide to the common discomforts of pregnancy, their causes and some relief measures.

As a general rule, you will have fewer aches and pains if you have good muscle tone, because there is less strain on ligaments and joints. Keep up some regular form of exercise, and practice good body mechanics when standing, sitting, walking, etc. Adequate rest and a well-balanced diet also minimizes discomforts. It is always a good idea to talk with your physician about discomforts, especially if they are persistent or more than mildly annoying.

### Ache in Back, Hips or Thighs

Cause:

- Pressure of baby on small nerves inside of the vertebrae and pelvis; may feel like a pain in a particular area, such as sciatic nerve irritation.

Relief:

- Try the pelvic rock on hands and knees; this may encourage baby to change position.
- Pull knees to chest while on back, hold for 5 to ten seconds; repeat several times.
- Try applying heat or cold to the area.
- Try a massage.

### Backache

Cause:

- Poor posture.
- Softening effect of hormones on hip and pelvic joints.
- Change in center of balance as abdomen enlarges.
- Enlarging, heavy breasts (upper backache).

Relief:

- Be conscious of having good posture and body mechanics.
- Wear supportive shoes, no high heels.
- Wear maternity support hose if helpful.
- Try pelvic rocking, especially on hands and knees; tailor stretch; stretch knees to chest.



- When standing, place one foot on something so it's higher; or stand with one foot in front of the other and rock back and forth slightly.
- Use a firm, supportive mattress; sleep on your side with a pillow between legs.
- Get regular exercise, such as walking, swimming or water exercise.

**CAUTION:** Not all backaches have the same cause. A backache that is high and to one side may indicate kidney infection. Aches in the middle of buttock with muscle cramping and or pain down the leg may be a sacroiliac problem.

### Constipation

Cause:

- Effect of pregnancy on the intestinal tract—bowels may be more sluggish, plus pressure from enlarging uterus.
- Not enough physical activity.
- Decreased tone of stretched abdominal muscles.
- Taking iron supplements.
- Not drinking enough liquids.
- Poor diet with insufficient quantities of fiber (fresh fruit, vegetables and grain products).

Relief:

- Drink three glasses of cool water at five minute intervals on rising in the morning, then a glass of fruit juice with breakfast; drink at least eight glasses of liquid a day.

- Increase fiber (fruit, vegetables, whole grains).
- When sitting on toilet, assume semi-squatting position by putting feet up on a stool. Relax pelvic floor.
- **Don't take stool softeners, mineral oil or laxatives without a doctor's advice.**

### Dizziness

Cause:

- Lowered blood pressure due to hormone changes.
- Pressure of enlarged uterus on large abdominal blood vessels when lying on back.
- Anemia.
- Low blood sugar.

Relief:

- Avoid sudden changes in posture, especially after sleeping or relaxation; after lying down, get up slowly, rolling onto side and pushing up with arms.
- Avoid standing or lying flat on your back for more than a few minutes; lie on left side.
- Eat properly; do not skip meals or eat large meals; try five to six small meals/day.
- Avoid hot, stuffy rooms.
- Wear elastic support stockings.
- Follow doctor's advice for treatments of anemia.

## Fatigue

Cause:

- A natural response to pregnancy and its increased demands on the body.

Relief:

- Rest as needed.
- Eat a well balanced diet to prevent anemia.

## Flatulence (passing gas)

Cause:

- Decreased activity of intestinal tract.
- Swallowing air.
- Food intolerance.

Relief:

- Encourage regular bowel habits (see constipation).
- Eat high fiber foods; drink plenty of liquids.
- Eat several small meals instead of two to three large ones.
- Avoid gas-forming foods such as beans, cabbage, corn, fried foods, high-sugar foods, diet soft drinks or any food known to cause problems.
- Chew food slowly.
- Exercise daily.

## Foot Pain

Cause:

- Excessive weight gain (40 to 60 lbs).
- Extreme swayback posture may cause weakening of arch.
- Inadequately fitting shoes.
- Swelling due to fluid retention.

Relief:

- Wear well-fitted shoes with arch support, if needed; avoid high heels.
- Wear maternity support stockings.
- Rest with feet up several times a day.
- Improve posture.
- Medical treatment for fluid retention.

## Groin Ache or Pain

Cause:

- Spasm of ligaments supporting the uterus.
- Pressure of uterus on pelvic nerves.

- Standing for long periods.
- Poor posture.

Relief:

- Avoid sitting up too quickly; roll to side and push up with hands.
- Rest on side.
- Sit or lie down with feet up.

## Heartburn

Cause:

- Hormones relax upper valve of stomach and slow digestive system.
- Enlarged uterus pushes stomach upward.
- Food intolerance.
- Stress and fatigue intensify problems.

Relief:

- Use good posture.
- Eat several small meals a day.
- Avoid greasy or spicy foods, coffee, etc.
- Chew gum.
- Drink a tablespoon of cream half an hour before meals; or sip milk or hot tea before meals (this won't help if heartburn is already present).
- If worse at night, sleep propped up on pillows.
- **Don't take baking soda, Alka-Seltzer, etc. or other antacids without checking with doctor.**

## Hemorrhoids (varicose veins of lower bowel and rectum)

Cause:

- Hormones causing relaxation of intestinal tract.
- Pressure of enlarging uterus on lower part of large bowel.
- Overweight.
- Lack of exercise, excessive sitting.
- Constipation, straining to move bowels.
- Failure to empty bowels promptly when urge is felt.

Relief:

- Same as for constipation.
- Apply ice compresses or witch hazel pads.
- To avoid straining during bowel movement, exhale slowly while bearing down; don't hold breath and strain.
- Doctor may suggest special creams, etc.

## Leg Cramps

Cause:

- Pressure of enlarged uterus on blood vessels, lessening the blood flow to legs.
- Overextending the foot (pointing your toes).
- Sudden stretching.
- Fatigue or chilling.
- Insufficient calcium in diet.
- Too much phosphorus absorbed from milk products (over 1 quart/day).

Relief:

- Stretch out the cramped muscle and improve circulation; stretch should be gentle and constant, not jerky.
- If your doctor feels inadequate calcium or excessive phosphorus may be the cause, dietary changes will be suggested.
- Foot cramp: stand on affected foot, or pull toes toward knee, or stand on cold surface.
- Calf cramp: straighten knee, pull foot toward head, hold, then relax and repeat if necessary.
- Thigh cramp: stretch leg backward.
- Buttock cramp: stretch leg forward.

Never massage a cramped muscle. It will make the cramp worse and may cause tenderness that can last for days. Because a blood clot could be present, the leg should be examined before massage is used for any reason.

## Shortness of Breath/Cramp Under Ribs

Cause:

- When baby is high in abdomen, your diaphragm is compressed against the base of the lungs. Shortness of breath may indicate anemia.

Relief:

- Lift rib cage by raising arms sideways and up above head, then stretch.
- Eat small rather than large meals.
- Sleep propped up with pillows, or spend the first 10 minutes in bed lying on back with arms extended above head and resting on the bed if shortness of breath is a problem upon wakening.
- Stop smoking.

## Varicose Veins

Cause:

- Hereditary tendency.
- Hormones cause relaxation of walls of veins.
- Pressure of enlarged uterus on abdominal veins, slowing blood return from legs.
- Standing with knees locked, causing a muscular constriction which slows blood return from legs.
- Overweight.

Relief (legs):

- Avoid any clothing that causes pressure on any part of the body.
- Change positions frequently, avoid long standing, sitting or car riding.
- Do Kegel exercises regularly.
- Take long walks; the massaging action of muscles close to veins is good for stimulating circulation.
- Crawl on hands and knees several times a day; do pelvic rock.
- Elevate legs and hips several times a day; be sure that knees are flexed and supported by pillows.
- Wear maternity support hose; put these on while lying down, ideally before getting out of bed in the morning.
- When standing, make sure knees are slightly flexed, not locked.

Relief (vulva):

- Wear firmly applied perineal pad for support; special pads are available from surgical supply houses.
- Lie with hips elevated several times a day, either on your back or side; or put entire body in slant position by lying on a slant board (prop up an ironing board).

## Fetal Testing

This section gives you an overview of the different types of tests you can expect to experience during your pregnancy.

### Sonography/Ultrasound

Sonography is frequently used to verify due dates and to determine whether or not you are carrying twins. It can also be used to detect a problem or monitor a condition in the fetus or womb. Sonography uses sound waves to produce an ultrasound video “picture” of the fetus moving inside your uterus. You can see the baby on a special screen while your health care provider is performing the test. If you are six or more months pregnant and the baby is positioned correctly, the baby’s sex may be determined. The test can track baby’s growth, locate placenta, determine the volume of amniotic fluid and detect some types of birth defects.

The procedure requires little time. A full bladder is usually the only discomfort experienced.

### Alpha-fetoprotein (AFP)

This screening test will be offered to you between 16 and 18 weeks of pregnancy. The test is used to identify babies with spinal defects such as spina bifida. Spina bifida can lead to physical problems such as difficulty walking or more severe handicaps including mental disabilities or death. AFP is done through a simple blood test. The results will be back in about a week. An abnormal result will need to have more extensive testing completed before a problem can be confirmed.

### Glucose Tolerance Test

This safe and simple test is performed between 24 and 28 weeks of pregnancy. It screens for gestational diabetes. This is a condition developed by some women only during pregnancy. The test involves drinking a sugar solution. At timed intervals, your blood is drawn. This lab test determines how well your body uses sugar. Diabetes exists when there is too much sugar in your blood due to the body’s failure to break down the sugar at it should.



### Rh Factor

A blood sample is collected to test your blood type. A mother whose blood is Rh negative should receive an injection of Rh immune globulin at 28 weeks gestation. She will receive another injection after delivery if her baby’s blood is Rh positive.

### Non-Stress Test (NST)

This is used to evaluate fetal well-being. A fetal heart monitor looks at fetal heart rate patterns, especially during fetal movements. Increases in fetal heart rate are reassurance of fetal well-being, and the test is then called reactive. A non-reactive test can be caused by medication or a sleeping fetus.

### Biophysical Profile (BPP)

This is a more in-depth test to evaluate fetal well-being. It uses an ultrasound exam to look at fetal movements, fetal breathing motions, fetal tone and amount of amniotic fluid. A NST may also be performed along with the BPP. Each part of the test is assigned a score of two (present) or zero (absent). A total score of eight or ten is normal.

### Amniocentesis

This test involves withdrawing and testing a small amount of the amniotic fluid surrounding the fetus. It can give information on:

- fetal lung maturity
- blood incompatibilities
- genetic defects
- brain, spinal cord or neural tube defects

This test is performed together with an ultrasound to prevent injury to the baby, the cord or the placenta. It is considered a safe and reliable test.

### Group B Strep (GBS)

At around 36 weeks, you will be tested for GBS. GBS is a type of bacteria that is fairly common in pregnant women. It is one of the many bacteria that do not usually cause serious illness. In women, it is most often found in the vagina and rectum. It is not a sexually transmitted disease. The bacteria can be passed from a woman to her baby during pregnancy, during delivery or after birth. The baby could then develop GBS infection. Both early and late infections can be serious. If you test positive, you will be treated with antibiotics during labor and delivery to help prevent infection in the baby.

## Frequent Questions

### When should I call the doctor?

You should contact your doctor if you experience any of the following symptoms:

- Vaginal bleeding
- Leakage of fluid
- Chills and/or fever
- Vomiting that doesn't go away
- Burning or difficulty with urination
- Abdominal pains that do not go away (this is especially important before your due date)

### Should I wear seat belts while I am pregnant?

Definitely! The best seat belt is the lap and shoulder combination. If there is no shoulder belt, then a lap belt, worn correctly, is better than nothing at all. The lap belt should be worn low around the hips and snug. The shoulder belt should be above the highest point of the abdomen, but low enough that it doesn't cross over your neck.

If you are in an accident that is anything more than a fender-bender, your doctor should check you. If you should have any vaginal bleeding or contractions following an accident, call your doctor immediately.

### Can I exercise while I am pregnant?

See page 12. Your doctor will want to make sure that you set up a safe exercise program. Therefore, it is important that you let him/her know exactly what type of exercise program you have been involved in so that it can be adjusted to be safe for you and your baby while you are pregnant.

There may be times when you should not exercise at all. For instance, if you have not been participating in an exercise program, while you are pregnant is not the time to start one. If you are having problems with early labor, high blood pressure or bleeding, your doctor will probably not want you to exercise. Talk with him/her about this

issue. If you do exercise, be sure to drink plenty of water. Warm up slowly, at least five minutes before starting. Avoid exercises with jerky, bouncing movements. Exercise regularly, not just once in a while. Do not lift heavy weights or do anything where you hold your breath and strain.

If you should experience any of the following with exercise, stop immediately and call your doctor:

- Regular contractions
- Vaginal bleeding or leaking of fluid
- Fainting
- Shortness of breath
- Pain
- Fast heart beat that does not go away

### How much weight should I gain during my pregnancy?

This depends on how much you weighed before you got pregnant. Your doctor will guide you on the right amount of weight to gain. Review the chart on page 7 to see the recommended amount of weight you should gain.

Remember that being pregnant is not being fat. It is natural for women to gain weight while pregnant. If you gain too little weight, you may have a baby that is smaller than normal. This could lead to delivery happening earlier than it should. If you gain too much weight, the extra pounds will not only strain your back, but it can stay with you after the baby is born. Being overweight can lead to serious medical problems for you such as high blood pressure and diabetes.

### Do I need to take vitamins while I am pregnant?

Your body needs a balanced diet throughout pregnancy. Eat regularly and try not to skip meals. If you eat a balanced diet, you may want to add iron and multi-vitamins with folic acid. Please check with your doctor before taking any types of vitamin supplements.

### When should I stop working?

Generally, you can keep working right up until the end of your pregnancy. It may depend on the type of work that you do, so it is best to check with your doctor.

### What about sex while I'm pregnant?

You can continue with sexual relations as long as there is no pain or bleeding. In some cases, your doctor may tell you to avoid sex. You may find that you have to try different positions during pregnancy for the sake of comfort. Feel free to ask questions.

### What else should I avoid while pregnant?

**X-rays** - If necessary, dental and other limited diagnostic X-rays may be performed during your pregnancy. When seeing a dentist, be sure and tell the staff that you are pregnant before any X-rays are done.

**Medications** - Avoid using medications of any kind while you are pregnant. Do not take any medications without talking to your doctor, even over-the-counter drugs. All medications you take will be circulated to your unborn baby.

Certain medications you take while pregnant can have permanent effects on your baby or may be associated with transient medical disorders during their newborn period.

**Smoking** - It is a proven fact that women who smoke during pregnancy give birth to babies whose birth weights are lower than average. Smoking isn't good for your health, and it's not good for your baby's health. Second-hand smoke is also harmful to your other children. If you smoke, this is the perfect time to quit.

**Alcohol** - Because whatever goes into your body affects your baby, you should avoid alcohol while pregnant. Drinking alcohol during pregnancy can cause birth defects, behavioral

(continued)

problems and intellectual disabilities in your baby. The effects of even small amounts of alcohol on the unborn baby are still unclear. Therefore, the safest course to take while you're pregnant is not to drink alcohol at all.

**Caffeine** - You should avoid consuming large amounts of caffeine. It is a powerful stimulant to your central nervous system and its effects on your unborn child have never been conclusively tested.

**Hard Drugs** - Substance abuse during your pregnancy victimizes your unborn child. Amphetamines, crack, barbiturates, narcotics and cocaine have all been linked with low-birth-weight babies, fetal distress and premature birth. These newborns often begin life by fighting withdrawal symptoms. Some drugs reach your developing baby easier than drugs taken by mouth.

These include drugs taken by needle, smoking or through your nose (heroin, meth, marijuana, etc.). These illicit drugs have proven adverse effects during pregnancy. Infants born to drug-addicted mothers can actually be born addicts themselves and may suffer withdrawal symptoms immediately following birth.





# Preparing for Childbirth

## Questions To Ask About Delivery

Talking openly with your doctor and nurses is the best way to get information about your individual situation. Here are some questions you may want to discuss.

### Vaginal Birth

- What kind of food or drink is okay to have in early labor? What should I avoid?
- When should I go to the hospital?
- What should I do if I think my water has broken?
- Should I call the doctor before I go to the hospital?
- What does the doctor recommend about visitors during labor?
- Discuss what pain medications your doctor uses. Ask about side effects for mother and infant, including the effect of these medications on labor.
- Will the doctor work with me to find the most comfortable and effective positions for pushing. Will the doctor allow me to wait to push until I feel the urge?
- How often does the doctor do episiotomies for normal birth? Is he/she willing to work with me to avoid one?
- Will my partner be allowed to cut the baby's cord if we want?
- Will the doctor place my baby on my abdomen, or allow my partner to hold the baby immediately after birth (barring complications)?
- Is early dismissal an option for me?
- How could our older children participate? Attend the birth? Visit shortly after birth? Hold our baby?

### Cesarean Birth (C-Section)

- Why is a C-section being considered for my baby?
- If I have a C-section, will it affect future births?
- How will the birth date be determined? Can I choose to have a trial labor?
- What tests/procedures can I expect before the C-section? Are there risks?
- Can my partner be with me during the birth? While my anesthetic is being given?
- What kind of anesthetic will I have? What should I expect?
- How long will I be in the hospital?
- If my doctor doesn't perform C-sections, who will do it? Will my doctor assist?

## Childbirth Education

To help you prepare for your newborn, NMC Health offers FREE learning in partnership with Baby Talk Prenatal Classes.

### Class topics

- Pregnancy
- Labor
- Comfort Techniques
- Medical Procedures
- Cesarean Birth
- Newborn Care
- Postpartum
- Car Seat Safety

Whether you are experiencing a pregnancy for the first time or the fourth time, each experience is different and can create new challenges and concerns!

Interact in person or virtually with other pregnant women and find out more about common pregnancy experiences including what to expect during labor and delivery, how to be successful with breastfeeding, and how to calm your baby.

### What to Expect

- 6 two-hour sessions
- Share your experiences and learn
- Earn a car seat or portable crib

Register at [www.BabyTalkICT.com](http://www.BabyTalkICT.com).



## Preparing Your Birth Plan

This plan includes some of the choices you could include in your birth experience in the hospital.

All options assume that labor is progressing normally and that you and your baby are healthy. It is important to be flexible; any labor may require unexpected changes in plans.

After thinking carefully about the options, mark your preferences, and discuss them with your doctor. Take a copy with you to the hospital, and ask your doctor to place a copy in your clinic chart.

Name: \_\_\_\_\_ Doctor: \_\_\_\_\_ Due date: \_\_\_\_\_

### As long as labor is going smoothly, I prefer to:

- Wear my own clothes during labor.
- Use my own recorded music during labor.
- Dim the lights.
- Sit in a warm shower.
- Use an ice pack or heated grain bag.
- Use fragrant oils for aromatherapy (no candles, please).
- Walk.
- Use the birthing ball.
- Use position changes (would like to try a variety of positions for labor).
- Use relaxation techniques.
- To have our older children present for the birth. Adult responsible \_\_\_\_\_
- Other \_\_\_\_\_

### Medical Interventions

As long as my baby and I are doing well, I prefer to:

- Be kept informed of my progress and baby's condition throughout labor.
- Let water break on its own unless medical conditions warrant rupturing it.

### Epidural/Narcotics

- Only if I ask.
- Would like to wait as long as possible.
- As soon as possible.

### Birth

As long as birth is progressing normally, I prefer:

- Freedom to assume positions most helpful to me that facilitates safe delivery of baby.
- To push as I feel the urge once completely dilated.
- To use a small mirror to observe the birth.
- To avoid an episiotomy if possible.

### Mother/Baby Care

As long as my baby and I are healthy, I prefer:

- To have my partner cut the baby's cord.
- To have baby immediately placed on mother's abdomen (skin-to-skin).
- To have parents hold the baby while routine care is given.
- To have as much privacy with our baby as possible.
- To nurse my baby as soon as possible after birth.
- To have baby go to the nursery at night.
- To have baby get only breast milk, no supplementation.
- To not give baby a pacifier.

### Visitors

- Limit visitors to two at a time
  - Yes
  - No
- No visitors except \_\_\_\_\_

### C-Section

If possible, I prefer:

- The companion of my choice to be with me for birth (not an option if an emergency C-section is done).
- To hold/touch my baby after birth in the C-section room.
- To nurse my baby as soon as possible after birth.

\*Visitors may be restricted depending on NMC Health's current visitor policy. This can be found at [myNMCHHealth.org](http://myNMCHHealth.org).

My signature indicates that a discussion has occurred regarding this plan of care. This plan may be modified by my health care provider as maternal/fetal condition warrants.

Patient signature: \_\_\_\_\_

Support person signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Baby's Doctor

Try to visit with your baby's doctor well before delivering, if different from your own, to discuss concerns and get acquainted with his/her views.

- Discuss the issue of circumcision, including the pros and cons.
  - What are the risks?
  - Would our baby have any anesthetic?
  - Would the doctor support me if we choose not to circumcise?
- Does the doctor support breastfeeding? Bottle feeding?
- What baby care books does the doctor recommend I read?
- Who covers for the baby's doctor when he/she isn't available?
- In what situations does the doctor want us to call? What information will we need to give?

## Circumcision

### What is circumcision?

A circumcision is the removal of the foreskin of the penis. This is done using a special clamp or a plastic device, which puts pressure on the foreskin, causing it to fall off in several days. The doctor performing the circumcision will use whichever method is appropriate.

If you have a baby boy, we will ask you whether or not you want him to be circumcised. If you have not thought about it or are still undecided, please discuss this issue with your doctor. He/she can give you the latest information available about it on the pros and cons and risks and benefits of this procedure.

If you do choose to have it done, you need to know the following:

- The nursing staff will ask you to sign a written consent before the circumcision is done.
- The procedure will be done in the nursery by your baby's doctor approximately 12 to 24 hours after birth or when your baby is medically stable.

- The nurses will show you how to care for the circumcision before you go home.

Depending on your health care provider, instructions may vary:

- Health care providers will have you use Vaseline or gauze, and instruct you not to put anything on the penis.
- If the area has stool on it, use warm water to remove it, and let it dry.
- Change gauze and Vaseline with every diaper change.
- Keep the area cleansed with warm water, rubbing very gently. Dry well.
- The healing process takes around five to seven days. You will see a difference in the baby's comfort level in about two days.

## Car Seat Safety

NMC Health is a car seat fitting station with Certified Car Seat Safety technicians on staff. To schedule an appointment, please call (316) 804-6176 one week in advance.

### Basics of Car Safety for Newborns

- Never hold a baby in your arms while riding in a car.
- Use a rear-facing car seat as long as possible, up to 24 months or more.
- Baby always rides in the back seat.
- Make sure the seat belt or latch attachments hold the car seat tightly. It should move less than one inch forward or side to side.
- Buckle and tighten the harness snugly over your baby's body. Do not wrap baby in a blanket. Put a blanket over the harness after you buckle and tighten it.
- Always follow car seat instructions.

For more information on car seat safety please visit [www.saferidernews.com](http://www.saferidernews.com).

## Safe Sleep

Ways to reduce the risk of sudden infant death syndrome (SIDS) and other sleep-related causes of infant death:

- Always place your baby on his/her back to sleep, for naps and at night.
- Use a firm sleep surface, covered by a fitted sheet.
- Your baby should not sleep in an adult bed or on a couch or chair alone, with you or with anyone else.
- Keep soft objects, toys and loose bedding out of your baby's sleep area.
- To reduce the risk of SIDS, women should get regular health care during pregnancy, not smoke, drink alcohol or use illegal drugs during pregnancy or after the baby is born.
- Breastfeed your baby to reduce the risk of SIDS. Give your baby a dry pacifier that is not attached to a string for naps and at night.
- Do not let your baby get too hot during sleep. Follow your health care provider's guidance on your baby's vaccines and regular health checkups.
- Avoid products that claim to reduce the risk of SIDS and other sleep-related causes of infant death.
- Do not use home heart or breathing monitors to reduce the risk of SIDS.
- Give your baby plenty of tummy time when he/she is awake and when someone is watching. Place your baby on his/her stomach when awake and when someone is watching. Tummy time helps your baby's head, neck and shoulder muscles get stronger and helps to prevent flat spots on the head.

For more information about SIDS please visit <https://safetosleep.nichd.nih.gov/>.

## Lactation Consultations

### Before Childbirth

You may visit with the lactation consultants before the baby is born. During this time please feel free to ask any questions you may have about breastfeeding. Call the Family Birthing Center lactation office at (316) 804-6177 to schedule.

### After Childbirth

We offer breastfeeding visits anytime after you leave the hospital. At this visit, the baby is weighed to make sure breastfeeding is going well. You can also ask questions about breastfeeding, baby care or taking care of yourself. An average visit lasts one hour. To set up an appointment, call the Family Birthing Center lactation office.

#### Lactation Consultation

Babies from birth to 12 months of age

#### Our Lactation Experts

Taylor S., RN, IBCLC

Morgan K., RN, BSN, IBCLC

Tera S., RN, BSN, IBCLC

### Weight Checks

We offer weight checks for your baby at no charge. Please keep in mind that only well babies should be brought in to be weighed. To set up an appointment, call the Family Birthing Center lactation office.

Appointments are available 4-5 days a week from 8 a.m. to 4 p.m., excluding holidays.

**Call us at 316-804-6177 to schedule an appointment.**



## What to Know About Feeding Your Baby

Among the many decisions new parents must make is how to feed your baby. Although many mothers today are choosing to breastfeed, the only right way to feed your baby is the way that makes both parents comfortable.

### Breastfeeding

If you choose to breastfeed, there are many benefits and decreased risks for both mother and baby. Remember, breastfeeding is a learned skill. It takes practice, knowledge and motivation! Be patient as you are learning and ask for help!

#### Benefits for mom:

- Quicker recovery from childbirth.
- Less bleeding.
- Decreased risk of developing ovarian and breast cancer.
- Reduced risk of postpartum depression.

#### Potential Challenges:

- Temporary personal comfort.
- Possible restricted diet for mom.
- Maternal medical conditions or medication restrictions.

#### Benefits for baby:

- Decreased risk of developing diabetes.
- Breastfeeding promotes brain growth and nervous system development.
- Reduced risk of the baby developing infections of the ears, skin, urinary and digestive systems, as well as colds and pneumonia, asthma, allergies, diabetes, obesity and sudden infant death syndrome.

### Bottle Feeding

For moms who are unable to breastfeed or choose to feed formula, infant formula can be a healthy alternative. Formula provides babies with the nutrients they need to grow and thrive.

#### Benefits:

- Anyone can feed the baby.
- Time between feedings is potentially longer.
- No diet restrictions for mom specifically for breastfeeding.

#### Challenges:

- Lack of antibodies that are present in breastmilk, increasing risk of infections.
- Can't match the complexity of breastmilk, which changes as the baby's needs change.
- Planning and organization needs are increased.
- Expense.
- Baby may produce more gas and become constipated.
- Risk of contamination of formula powder or water used to mix the formula.

Resource: [www.kidshealth.org/en/parents/breast-bottle-feeding.html](http://www.kidshealth.org/en/parents/breast-bottle-feeding.html)

## About Breastfeeding

### Colostrum

During your pregnancy, your body is making colostrum to prepare for your baby's first feeding. Colostrum is a concentrated food that comes in small amounts. One half teaspoon to a teaspoon will fill your baby's tummy. Colostrum helps your baby pass the first bowel movement (a dark stool called meconium) and prepares the intestines for healthy digestion by providing the baby with probiotics (friendly microbes) and living cells that stimulate the immune system.

### Hand Express Colostrum

Hand expression of colostrum and breast milk for your baby before feeding at least six times daily may help you produce more breastmilk. How to hand express:

- Begin by gently massaging the breast for one to two minutes.
- Sandwich the breast with your fingers well below the dark area around the nipple called the areola.
- Then place your thumb on top of the breast and press the breast against the chest.
- Gently squeeze and release the breast and rub expressed colostrum or breast milk on the nipple.

To assist your baby with latching on to the breast, it may help to sandwich the breast and place the nipple under the baby's nose just above the upper lip. Wait for your baby to open the mouth wide and extend the tongue. The nipple should fit up in the roof of your baby's mouth. Normal nipple tenderness may last 30 seconds or less with the latch during the early days of feeding.

Once the baby is latched on and feeding, you should feel tugging but not pain. You may use purified lanolin on the nipples. Do not use if allergic to wool, extra virgin olive oil may be used instead. There is no need to remove it before feeding.

If there is pain with feeding after the latch, place your index finger in the corner of your baby's

mouth before taking your baby off the breast. Ask for assistance with positioning from your nurse or lactation consultant to make sure the baby is getting a deep latch for effective comfortable feeding.

### Hunger Cues

Holding your baby skin-to-skin provides a unique bonding experience and helps stimulate your baby's digestion. It is best to try feedings at the breast skin-to-skin when your baby first starts showing hunger cues. Your baby may start to smack the lips, make sucking sounds or chew on his/her fingers or hands. Crying is a late sign of hunger so it is best to start before the baby cries.

### Frequent Feedings are Normal

Newborns should wake up, show hunger cues and feed 8 to 12 times daily. The best way to see if your baby is getting enough to eat is to keep track of wet and poopy diapers. The first day your baby should have one wet and one poopy diaper. Keep in mind that the size of the stomach is the size of a small marble. The first stools (meconium) will look dark and be thick and sticky.

The color of the stools will change after your milk comes in around 72 hours from birth on day three to four. Your breasts may feel warmer and more full when your milk starts to come in. When your baby feeds at the breast, the breast should feel softer after feeding. The baby will be taking one ounce or 30 milliliters and the stomach will be around the size of a ping-pong ball. By day three to four the baby should have three to four wet and three to four stools, and the color should turn to green. By day five the baby should have five to six wet and at least four stools and the color should turn yellow.

### Watch the Baby for Swallows During Feedings

Always bring the baby to the breast, rather than the breast to the baby. The baby should not have to turn the head in order to feed at the

breast, and the ear, shoulder and hip should be in a straight line. The lips should flange out during the feeding and you should feel tugging and pulling as the baby feeds but not pain. Listen for swallows every four to six sucks (first 24 hours) and every one to two sucks once your milk comes in. When you no longer see slow, deep jaw motions and the baby is nibbling at the breast, support the breast and gently squeeze and release the breast to increase the flow so the baby starts drinking again at the breast. When the baby no longer responds to an increase in breast milk flow at the breast and the latch becomes uncomfortable, you may take the baby from the breast after placing your index finger in the corner of the mouth to release the suction.

Most newborns will feed at one breast each feeding during the early days of feeding. When your baby starts showing hunger cues after finishing the first breast, offer the second side until your baby is content after feeding.

### Breast Engorgement

Warm, full breasts indicate that your milk is coming in. Engorgement happens when the breasts become too full, the skin looks shiny and the breasts hurt. The nipples may flatten and the baby may not be able to latch on and feed effectively.

If the breasts feel hard/firm, use cool gel packs placed around the breast three to four times daily for 15 to 20 minutes to decrease the swelling before pumping or feeding. Try to empty the breasts as completely as possible by pumping for 15 to 20 minutes after feeding at the breast. It may be necessary to pump or use hand expression before feeding to soften the breast. This makes it easier for the baby to latch.

### Breast Infection or Mastitis

If you develop a fever, have flu-like symptoms or have red tender areas on the breast, call your OBGYN for medication to treat the infection.

You may continue to breastfeed your baby during the time of treatment.

### **Sore Nipples**

Support the breast during the entire feeding if your baby tends to slide back toward the end of the nipple. Most of the time sore nipples happen when the baby is not latching deeply enough to feed at the breast. If you have bleeding, cracks or blisters, call your doctor, and they may recommend a prescription ointment for use after feedings.

To promote healing, apply warm moist washcloths to the nipple for ten minutes before feedings, and apply the expressed milk or ointment after the feeding. If you become too sore to continue to put your baby to the breast, it may help to let the nipples rest and heal by using a breast pump to collect breast milk. Reduce the suction on the pump to the lowest level before you begin, and increase it gradually. Pumping should not be painful.

Make an appointment with a lactation consultant, or ask a nurse for assistance with helping the baby get a comfortable latch at the breast or for help with the use of the breast pump.

### **Foods and Fluids**

You may find you get thirsty more often now that you are breastfeeding a baby. Drink to satisfy your thirst and eat a balanced diet. Unless you have a history of food allergies, there is no reason to avoid the foods you enjoy.

If you find that your baby is sleeping less or is fussy, you might consider reducing your intake of caffeine to what you were doing during pregnancy until your baby gets older.

### **Alcohol, Tobacco, and Drugs**

Check with your doctor before taking any medications that could affect your breast milk supply or pass to your baby. Alcohol, nicotine

from smoking and certain drugs may pass into your breast milk to your baby, so it is best to check with your doctor about any risks to you or your baby.

### **Breastfeeding Challenges**

If you have concerns about how much your baby is getting during feedings once your milk comes in, make an appointment for a lactation consultation.

A lactation consultant may recommend test weights with feedings. The number of grams your baby gains after feeding at the breast will be the number of milliliters your baby is taking. Your lactation consultant may recommend ways to increase your baby's intake during breastfeeding and suggest ways for you to build your supply.

The best way to stimulate an adequate long-term supply is to begin feedings with hand expression and to offer feedings frequently (every two to three hours), holding skin-to-skin during the first five days after birth.

Some mothers have physical or family challenges that make it impossible for them to continue to provide breast milk for their babies. Frequent skin-to-skin contact with both the mother and the father for at least one hour daily during the first three months of life can provide immune system benefits, stimulate brain development and increase bonding.



## Guidelines for Pumping and Storing Breast Milk

Breastfeeding your baby works on the supply and demand system. The more milk your baby removes from your breast with feeding will determine the amount of milk your body will produce. If you are planning to stay at home with your baby most of the time, you may find that you will only need to pump occasionally; therefore, hand expression of breast milk or use of a manual pump may be all that you will need.

If you are planning to return to work, you will need to have a place to pump during your working hours to maintain your supply. A quality electric breast pump that pumps both breasts at the same time is the best option for building a supply of frozen breast milk to feed your baby while you are away at work. It is a good idea to check with your health insurance provider to see if you have coverage for a breast pump.

Some quality pumps may be researched on the following websites:

- Enjoye Pump: [hygeiababy.com](http://hygeiababy.com)
- Spectra S1 or S2: [spectrababyusa.com](http://spectrababyusa.com)
- Purely Yours: [ameda.com](http://ameda.com)
- Pump in Style or Symphony: [medelabreastfeedingus.com](http://medelabreastfeedingus.com)

Wash your hands before handling the breast pump parts. There is no need to wash the breasts before pumping or hand-expressing breast milk. Breast milk collected in a clean environment has higher protein levels and maintains better anti-infective properties during storage.

Pumping sessions generally last 15 to 20 minutes. It is essential to completely empty both breasts at least twice daily with pumping in order to maintain your supply if you are separated from your baby during work hours. Holding skin-to-skin at least once daily for one hour will also help increase the hormones that signal your body to increase breast milk production. To store your breast milk, use hard sided bottles

that are food grade and free of BPA. Use breast milk bags that are specifically made for breast milk storage. Squeeze the air from the bags and freeze them lying flat. If it will be more than three days before the milk is used, consider using a cardboard box and bubble wrap between the layers of the bags or bottles to protect them from the vibration of the freezer and light sources.

### Milk Storage

#### Freshly Expressed Breast Milk

- Room temperature can be stored at 61 to 79 degrees Fahrenheit for three to four hours (six hours is acceptable).
- Refrigerated can be stored at 35 to 39 degrees Fahrenheit for three days (five days is acceptable).

#### Frozen Expressed Breast Milk

- Frozen can be stored at zero degrees Fahrenheit for six months.
- Deep chest freezer can be stored at zero degrees Fahrenheit for six months (12 months is acceptable).

#### Thawed Breast Milk

- Store breast milk in one to four ounce portions so that they are easier to thaw out and use.
- Place a frozen bag or bottle in warm water for five minutes to help the fat loosen from the sides of the bag or bottle. For quicker thawing, hold the bag or bottle under warm running water.
- Never use a microwave to warm up breast milk for a feeding.
- Do not shake the breast milk. Gently swirl the milk to mix as needed.
- Breast milk may be combined from different breast pump sessions when they are the same temperature and collected on the same day.
- Put only the amount that you think the baby will take in the bottle. Discard any breast milk not taken from the bottle within one hour.
- Always cover the bottle of collected breast milk with a lid to protect the anti-infective properties.



## Guidelines for Bottle Feeding

### Tips for Bottle Feeding

- Start by cradling your baby close to your body.
- Make eye contact with your baby during feeding.
- Position your baby in a semi-upright position.
- Touch the nipple of the bottle to the center of your baby's upper lip.
- Wait for your baby to drop the jaw and extend the tongue.
- Gently insert the nipple and place it in the roof of your baby's mouth.
- Watch to see if your baby's lips flange around the nipple to create a seal in order to avoid leakage as well as to keep your baby from swallowing air.
- Tip the bottle so milk is always covering the end of the nipple with feeding, and adjust the tilt so the flow is not too fast or too slow.
- Burp your baby in the middle and at the end of feeding or whenever he/she starts to fall asleep.
- Never feed your baby lying flat or with a propped bottle.

### Safe Infant Formula Preparation

- Check the expiration or use by date on the formula container before use.
- Check the container for any bulges, leaks, dents or rust spots. Do not use if the container has been damaged.
- Before opening the container, wash the top with soap and warm water and dry the top.
- Clean the surface on which you will prepare the formula.
- Wash your hands for at least 20 seconds before preparing formula.
- Clean bottles, nipples, caps and rings.
  - Sterilize them before the first use by boiling them in water that completely covers the items for five minutes.
  - After the first use, wash items in soap and warm water and allow them to air dry on paper towels or on a drying rack.
  - Use a bottle brush to clean of all the openings. Hold the nipples upside down



filled with clean water, and squeeze them to press the water through the opening.

### Dried Powdered Formula

- Read all the directions.
- Measure the amounts carefully using the scoop that comes in the can.
- Fill the scoop with the powder and use the flat side of a knife to level it.
- Pour the powder into the bottle, attach the cap and ring and shake well with water until the powder is dissolved.
- Use tap or bottled water. Boil the water in a clean pan for two minutes. Let the water cool for no more than 30 minutes. Infant powdered formula is not sterile and preparing it this way reduces the risk of infant illness.
- Well water should be checked for lead, nitrates and bacteria before using and should always be boiled before use.

### Liquid Concentrated Formula

- Shake the container before opening.

- Measure and mix according to the directions.

### To warm the formula:

- Warm the bottle under warm running water, or set in an insulated mug like the one you were provided at the hospital, with warm water for a few minutes.
- Shake the bottle after warming it.
- Turn the bottle upside-down, and put a few drops on your wrist.
- Feed your baby the formula, right away, and discard any extra that is not used within one hour. Do not re-refrigerate.
- **Never warm a bottle of formula in the microwave.**

### Storage:

- Store unopened cans in a cool, dry place.
- Never leave in a hot car or in a garage.
- If you make several bottles at once, refrigerate until they are used.
- Throw away any mixed or concentrated formula left in the can that is not used within 48 hours.

## Pre-Admission Appointments

Before you deliver, we invite you to visit the Family Birthing Center to:

- Complete pre-admission paperwork for hospital admission.
  - Many insurance plans have requirements that must be met early in the pregnancy or prior to the birth of the baby. Make sure the requirements of your insurance are met before you're in the hospital to ensure your insurance pays the maximum amount. If your insurance changes after pre-admission, contact Admissions at (316) 804-6050.
- Sign paperwork for Family Birthing Center admission.
- Ask questions about hospital procedures.
- Begin the birth certificate paperwork.
- Provide information not included in childbirth education classes.
- Tour the Family Birthing Center.
- Learn about caring for yourself and your baby.

We encourage you to visit us around 34 weeks into your pregnancy. To schedule your appointment, call the Family Birthing Center at (316) 804-6176.



## Birth Certificates

Be prepared to give the following at the hospital when your baby is born:

- A full name for your baby.
- Your complete home and/or mailing address.
- Signature of the paternity consent form, if necessary.
- Vital information on both parents. (E.g., full legal name, date of birth, state of birth, race, occupation, Social Security number, mother's maiden name, etc.)
- Consent to issue a Social Security number for your baby during the birth certificate filing process.
- Consent to enroll your child in the Kansas Immunization Program.

Remember, it's extremely important for you to proofread your baby's birth certificate before you sign it. If there are any errors on the certificate, have the hospital staff correct them before you sign.

## Infant Security

Before the birth of your baby, read through these security procedures and become familiar with the measures in place to protect your newborn.

The nursing staff will talk to you about specific procedures to ensure the safety of your baby. Although infant abductions are rare, it is in the best interest of the parents to know how to prevent such a devastating occurrence. It is our primary goal to make your birth experience a truly happy and memorable one. You will be asked to sign a form indicating that you have read and understand our procedures.

Infant security is a high priority at the NMC Health Family Birthing Center. You play a major role in helping protect your newborn. If you have any questions about our security, please call the Family Birthing Center at (316) 804-6176.

### The guidelines listed below help prevent abduction of infants in the hospital and also once you take your baby home:

- Babies must stay in the Family Birthing Center until they are dismissed.
- Babies are transported through the hall in their crib only. If you or your partner want to take the baby for a walk, please push him/her in the crib while at NMC Health.
- If you want to take a nap or shower, or you feel drowsy from medications, please ask a nurse to take the baby to the secured nursery area where he/she will be observed by staff.
- Do not give your infant to anyone without properly verified identification as issued by NMC Health.
- Speak to your nurse or doctor if you have any questions or concerns. You may accompany your infant for procedures outside of your room.
- Parents will be given hospital wristbands that match their baby's. Wear these bracelets until you leave the hospital.
- Consider the risks that you are taking by announcing the baby's birth in the newspaper or on the internet. In general, safety experts warn against these kinds of announcements.
- Use of outdoor decorations to announce your baby's arrival, like balloons, wooden storks, is not recommended. They call attention to the presence of a newborn in your home.
- There have been cases where abductors have gone to the home after a patient is dismissed from the hospital, posing as a hospital employee. There will be no NMC Health staff visiting you at home after dismissal. Someone from the Healthy Start program may visit you but will arrange this visit with you before they come. If you have questions, you may call the Harvey County Health Dept at (316) 283-1637.





## What to Know About Labor

### Contractions

Contractions occur when your uterus begins to tighten over and over in an effort to push the baby out. This tightness can be felt in the back, which then spreads around and all over the abdomen. They usually last from 45 to 60 seconds and, at the beginning, will occur approximately every 10 to 20 minutes. Gradually, the contractions will come closer together.

Sometimes there may be a small amount of bloody mucous discharge from the vagina. This is normal. This is called the "mucous plug." You may experience a sudden gush of water from the vagina, or it may be a slow trickle. This is the bag of amniotic fluid breaking that has surrounded the baby throughout the pregnancy. You should call your doctor if your water breaks.

If you think that you are in labor, start timing the contractions to see how far apart they are and how long they last. When they get strong and are about five to seven minutes apart, either call your doctor or call the hospital. (If you have had children before, you should probably come when the contractions are about ten minutes apart. Labor may progress faster when you have had previous children.) Your doctor may have given you specific instructions when to come to the hospital.

If you need to come to the hospital and cannot call your doctor first, for example, after clinic hours or weekends, please call the Family Birthing Center at (316) 804-6176 to let the nurses know that you are on your way.

If you have been scheduled for a C-section and you go into labor before the day that the operation is scheduled, contact your doctor as soon as possible for direction on what to do.



### Warning Signs to Watch For

There are warning signs of labor that mean you need to call your doctor or go to the hospital as soon as possible:

- Contractions that continue
- Decreased fetal movement
- Vaginal bleeding and rupture of membranes (bag of water breaks)

Note the following:

- Amount of fluid
- Color of fluid
- Odor of fluid
- Time water broke

When it is time to go to the hospital, either after you have called ahead, or your doctor has sent you, please stop at the admission desk. If you are in too much pain or the contractions are coming too fast, proceed directly to the Family Birthing Center. If the front entrance is closed, go through the Emergency entrance. Do not go to the

Emergency Department to be cared for. This will only delay your admission to the Family Birthing Center.

Once you are in the Family Birthing Center, the nurse will put a fetal monitor on to see the status of your contractions and to observe the baby's response to labor. This may be taken off periodically if everything looks okay. While you are in labor, you will be encouraged to walk or sit in a chair as much as possible. For most women, this helps labor progress more quickly. However, there may be certain conditions in which your doctor will restrict your activity.

As your labor progresses, the nurses will work with you to make you as comfortable as possible. If you have taken childbirth education classes, you will be familiar with ways of being more comfortable. The nursing staff is trained to help support and coach laboring mothers.



## Labor Signs

You should contact your doctor if you experience any of the following symptoms

### Pre-Labor Signs (usually occur during the last month of pregnancy)

- Colostrum may leak or be expressed from the nipples.
- Lightening (dropping) of baby low into pelvis.
- Increased pelvic congestion (aching, heaviness).
- More frequent urination without burning or pain.
- Spurt of energy (“nesting” instinct).
- Low backache.
- Increase in Braxton-Hicks contractions (more than 10 minutes apart with no dilatation).

### Report these symptoms to your doctor:

- Severe or continuous nausea, vomiting or diarrhea.
- Severe or continuous headache.
- Swelling or puffiness of hands or face, especially in the morning.
- Blurred vision or seeing spots.
- Sharp or continuous abdominal pain.
- Chills and/or fever.
- Painful or burning urination.
- Passing less urine than normal.
- Decrease in baby’s movement.



### Signs of Pre-Term Labor

- Menstrual-like cramping, with or without diarrhea (constant or intermittent).
- Low, dull backache (constant or intermittent).
- Uterine contractions (ten minutes apart or closer may be painless).
- Fluid leaking from the vagina.
- Increase or change in vaginal discharge (mucous, watery or bloody).

### If Signs of Pre-Term Labor Occur

- Stop what you are doing.
- Empty your bladder.
- Drink 4 glasses of water (32oz).
- Lie down on your left side for one hour.
- Feel contractions by sitting or lying on your side, gently move hands from belly button, down the center, across to the sides, and back up to the belly button. The uterus is contracting if it feels firm to the touch, like touching your forehead.

### Call Your Doctor or Hospital If

- You have any signs of pre-term labor.
- Vaginal bleeding occurs.
- Water breaks.
- Decrease in baby’s movement.
- Contractions continue.

| Pre-Labor Contractions  | True Labor Contractions  |
|---|--|
| <ul style="list-style-type: none"> <li>• Portions of the uterus tighten, rarely with back pressure</li> <li>• Lasts 15 to 45 seconds</li> <li>• Do not increase in intensity</li> <li>• May not become closer together</li> <li>• Usually irregular in occurrence</li> <li>• Changing activity or position may make them stop</li> <li>• Walking does not make them stronger</li> <li>• Cervix does not dilate</li> </ul> | <ul style="list-style-type: none"> <li>• Generally tighten entire uterus and may be felt as back pressure or in low abdomen</li> <li>• Duration becomes progressively longer (up to 60 seconds)</li> <li>• Become progressively stronger in intensity</li> <li>• Become closer together</li> <li>• Most often become regular in occurrence</li> <li>• Changing activity or position does not make them stop</li> <li>• Walking may make them stronger</li> <li>• Cervix dilates</li> </ul> |



# What to Expect at the Hospital

## What to Expect

The first few hours in the unit will seem hectic. You will have little to no alone time as our staff prepares you for delivery with what seems like an endless stream of questions, wellness checks and labor monitoring equipment. Know that the health of you and your baby are our top priority and we take your care very seriously.

We hope the following information helps you and your support person during your stay. Please contact your nurse if you have any questions or concerns.

## Your Care Team

**Physician (MD/DO):** Your labor and delivery care is always supervised by the doctor you choose at the beginning of your pregnancy.

**Physician Assistant/Nurse Practitioner (PA/APRN):** The physician assistant or nurse practitioner will work closely with your physician to oversee your care before, during and after labor.

**Nurse Anesthetist:** When you choose to have a medicated labor, the nurse anesthetist focuses on working within your birth plan to make you comfortable.

**Nurses:** Much of your care will be given by a nurse who specializes in labor and delivery. They will provide you with personalized care and attention.

### Additional Care Staff:

- Lactation Consultants
- Respiratory Therapists
- Case Managers
- Laboratory Technicians
- Chaplain

## Labor Monitoring Equipment

**Fetal Monitor:** Your nurse may put a fetal monitor on your stomach. A fetal monitor is used to check the status of your contractions and to observe the baby's response to labor. This may be taken off periodically if everything looks okay.

**Intravenous (IV) Catheter:** A small catheter (thin plastic tube) will be inserted for fluids and medications. This will help prevent dehydration.

**Blood Pressure Cuff:** A blood pressure cuff will be placed on your upper arm and will automatically check your blood pressure periodically. It should not hurt.

**Pulse Oximeter:** A small device called a pulse oximeter will be placed on one of your fingers to measure your oxygen levels and pulse rate. It is an easy, painless measure of how well oxygen is being sent to parts of your body furthest from your heart, such as the arms and legs.

**Epidural Catheter:** If you chose to have an epidural, a nurse anesthetist will insert a small catheter (thin plastic tube) into your lower back. The tip of the catheter rests in the area just outside the spinal cord. Medicines to control labor pain are given through the catheter. What to expect:

- You will sit bent over or lie on your side.
- The nurse anesthetist will carefully clean your lower back and then numb your skin. You may feel slight stinging (like a mosquito bite or bee sting) for a few seconds.
- After the skin is numb, the nurse anesthetist will place a needle into your back. You will feel pressure.
- He or she will thread the epidural catheter through the needle. You may feel an electric-type pain in your back which can travel down your leg. This is normal.
- After the catheter is in place, the nurse anesthetist will remove the needle and tape the catheter to your lower back.

## Pain Management

Your nurse is trained to help you with various pain management methods, such as massage, breathing techniques, positioning and walking. Medications are also available, depending on your wishes and your physician's recommendations.

### Medication Free Pain Management Tips

- **Movement:** Getting out of bed and moving can allow you to better cope with pain.
- **Breathing and vocalizations:** Slowly breathing in through your nose and out through your mouth while making loud, low sounds can help you relax.
- **Massage:** Massaging your lower back and pressure points can help you relax during contractions. Your support person can help with this.
- **Hot or cold compresses:** A hot compress can help relax your muscles while a cold compress can help dull the pain.

As your labor progresses, the nurses will work with you to make you as comfortable as possible. If you have taken childbirth education classes, you will be familiar with different ways of being more comfortable. The nursing staff is trained to help support and coach laboring mothers.

## Skin-to-Skin

As soon as baby is born, he or she is placed on mother's bare abdomen/chest. Warmed blankets are placed over mother and baby.

Every mother and baby benefits from skin-to-skin contact:

- Babies are warmer and calmer.
- They can hear their mother's heartbeat.
- Heart and breathing rates are normalized.
- Breast milk supply is improved.
- Partners can hold and bond with babies through skin-to-skin.

Skin-to-skin is the best way to help your baby transition to life on the outside. Holding your baby close to your heart paces his/her heart rate and breathing, and it calms your baby as the bonding process begins. It is the best way to keep your newborn warm as your he/she learns to identify you by smell and sight. Smell is the first sense that stimulates the baby to begin the first feeding experience at the breast. Colostrum (your first milk) smells like amniotic fluid and this scent helps your baby feel right at home.

During the first two hours of skin-to-skin your baby will make the



journey to your breast for feeding. Holding your baby skin-to-skin for at least an hour at a time elevates your hormones for making breast milk. It also reduces your risk for post-partum depression and helps you recover more quickly.

Skin-to-skin stimulates your baby's brain development and improves your baby's quality of sleep so he/she may cry less during this time of transition. It also helps your baby build healthy probiotics that aid digestion.

### Research Resources:

Bramson, L., Lee, J., Moore, E., Montgomery, S., Neish, C., Bahjri, K., Melcher, C. (2010) Effect of early skin-to-skin mother-infant contact during the first three hours following birth on exclusive breastfeeding during the maternity hospital stay. *Journal of Human Lactation*, 130-137. Erlandsson, K., Dsilna, A., Fagerberg, I., Christensson, K. (2007) Skin-to-skin care with the father after Cesarean birth and its effect on newborn crying and prefeeding behavior. *Birth* 34(2):105-114. Moore, ER., Anderson, GC., Bergman, N. (2012) Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database of Systematic Reviews*. (1):1-76.

## Frequently Asked Questions

### I really don't want it to hurt during labor. What are my options for pain medications and will they hurt my baby?

Talk to your doctor about pain management during labor.

### Will I be able to eat or drink during labor?

No; you will be limited to ice chips during labor. IV fluids may also be given.

### What is an episiotomy?

An episiotomy is a surgical cut, made just before the baby is born, to make the vaginal opening larger. The doctor makes the decision as to whether an episiotomy is done at the time of delivery. You should talk to him/her about your preferences ahead of time. But at the actual delivery, your doctor may determine that, for the safety of you or the baby, an episiotomy should be performed. It is then repaired with stitches. The nurses will then teach you how to take care of it so that you will be as comfortable as possible.

### How do I take care of myself after my baby is born?

Your nurses will teach you many things while you are in the hospital. They also have DVDs for you to watch about taking care of yourself and the baby after you go home. Refer to the section "Caring For Yourself After Birth" in this book.

You can always call the Family Birthing Center after you go home with any questions that may come up. They are available 24 hours a day, seven days a week.



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NMC Health  
600 Medical Center Drive  
Newton, KS 67114

myNMCHHealth.org |     @myNMCHHealth