

# Pregnancy

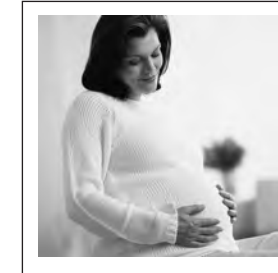
RESOURCE GUIDE



Tours	<i>p. 2</i>
Class Information	<i>p. 7-9</i>
Signs of Labor	<i>p. 44</i>



MATERNITY  
SERVICES



*Congratulations on your pregnancy. Undoubtedly, this is an exciting — and sometimes anxious — time for you, and we want to thank you for choosing TriHealth to lead you through it. As your health care provider for maternity services, we are committed to the health and happiness of you and your child and hope that we can make this an exceptional experience for you.*

*TriHealth Care Coordinators*

## COUNTDOWN TO DELIVERY

### Call your insurance company to:

- Check your maternity benefits.

If there is an **insurance co-pay** for your hospital stay or if you are a **self-pay patient**, please call 513-569-6117 to make payment arrangements. If you need assistance, financial counselors are available by calling **513-569-6117**. The Patient Accounting Customer Service Department hours of operation are Monday through Thursday from 8 a.m. to 8 p.m. and Friday from 8 a.m. to 4 p.m.

- Ask if a maternity home care visit will be covered after discharge.

Fill out the hospital paperwork that you received with this resource guide and mail back to the hospital within one week of receiving it. If you have any questions, call a care coordinator: Good Samaritan – 513-862-4125 • Bethesda North – 513-865-1638.

- ### Call 513-475-4500 to schedule an orientation and tour of the hospital if you are a first-time mother or this is the first time you will be a patient in one of our hospitals.

- ### Read this Pregnancy Resource Guide for important information that will guide you through your pregnancy and birth experience.

- ### Choose your classes and *schedule them early* in order to reserve the dates most convenient for you. Classes fill quickly. See Section 2 in this guide for class descriptions. The scheduling number is 513-475-4500. You also may visit [www.trihealth.com/classes](http://www.trihealth.com/classes) for convenient online scheduling.

- ### Before your baby's birth, find a doctor or clinic to care for the baby after discharge from the hospital. Call the doctor or clinic to make sure that they accept your insurance and that they are taking new patients. **You must have the name of your baby's doctor when you come to the hospital to deliver.**

- ### Start gathering your baby supplies.

- ### Have your car seat installed within one month of your due date. Fitting stations are listed in Section 6 of this Pregnancy Resource Guide.

- ### Pack your suitcase. See Section 5 for information about what to bring to the hospital.

- ### Start thinking about names for your baby.

- ### Arrange for a caregiver for your other children during your hospital stay.

- ### Call your doctor or clinic when you think you are in labor and follow their instructions – you do not need to call the hospital.

## TABLE OF CONTENTS

<b>1. Welcome to Bethesda North and Good Samaritan Hospitals</b>	<b>1</b>
Care Coordinators	1
Hospital Registration Information	1
Maternity Orientation and Tour	2
Multiples Tour at Good Samaritan	2
Visiting Nurses	2
Directions to TriHealth Labor and Delivery Units	2
Visitation Guidelines	2
Your Hospital Stay	3
Cafeterias	3
Gift Shops	3
Support Services	4
Cell Phones	4
TriHealth TeleLink Telephone and TV Service	4
Umbilical Cord Blood Banking	4
<b>2. Maternity Education Classes</b>	<b>7</b>
<b>3. Paternity and Birth Certificates</b>	<b>10</b>
Paternity Facts for Married/Unmarried Mothers	10
Paternity Testing and Child Support	10
The Importance of Establishing Paternity	10
Common Misconceptions about Paternity Affidavits	11
Common Mistakes on Paternity Affidavits	11
Helpful Tips for Applying for Your Child's Birth Certificate and Social Security Number	11
Your Child's Social Security Number	12
Your Child's Birth Certificate	12
<b>4. Self-Care During Your Pregnancy</b>	<b>13</b>
Lifestyle Changes	13
See Your Physician Early and Often	14
Discomforts of Pregnancy	14
Guidelines for Healthy Eating	17
Food Safety	19
Exercise	20
Be Aware of Your Baby's Movement	21
Diagnostic Tests During Pregnancy	21
Safety Concerns During Pregnancy	22
Health Concerns During Pregnancy	23
Postpartum Depression or Baby Blues?	24
Frequently Asked Questions About Postpartum Disorders	25
<b>5. Preparing for the New Arrival</b>	<b>26</b>
Choosing a Medical Caregiver for Your Baby	26
Check Your Insurance	26
Paying for the Birth of Your Baby	26
Circumcision	28
Feeding Your Baby	28
Beginning to Breastfeed	30
TriHealth Breastfeeding Support Services	30
What to Pack for the Hospital	32
Baby Equipment and Supplies	33

## TABLE OF CONTENTS

Planning for Delivery . . . . .	.33
During Your Hospital Stay . . . . .	.33
Planning Ahead for Homecoming Day . . . . .	.33
<b>6. Your Baby's Safety . . . . .</b>	<b>.34</b>
Obtain a Car Seat . . . . .	.34
SIDS (Sudden Infant Death Syndrome) . . . . .	.36
Helping Your Baby Sleep Safely . . . . .	.36
Immunizations for Your Child's Health . . . . .	.38
Hepatitis B Vaccine—What You Need to Know . . . . .	.38
Common Questions About Infant Immunizations . . . . .	.40
Ohio Newborn Screening Program . . . . .	.41
Parent Information About Universal Newborn Hearing Screening in Ohio . . . . .	.42
Jaundice . . . . .	.42
<b>7. Labor and Delivery . . . . .</b>	<b>.44</b>
Labor Lingo . . . . .	.44
Early Labor . . . . .	.44
True Versus False Labor . . . . .	.45
Admission to Labor and Delivery . . . . .	.45
Stages of Labor . . . . .	.46
Induction of Labor . . . . .	.46
Vaginal Birth after Cesarean (VBAC) . . . . .	.47
Pain Management . . . . .	.47
The Birth of Your Baby . . . . .	.48
Non-Separation and Infant Security . . . . .	.49
Initial Recovery after Vaginal Birth . . . . .	.49
Cesarean Birth . . . . .	.49
Complicated Deliveries . . . . .	.50
Neonatal Intensive Care Unit and Special Care Nursery . . . . .	.50
<b>8. Bethesda North and Good Samaritan Hospital Policies . . . . .</b>	<b>.51</b>
Advance Directives . . . . .	.51
You Have a Choice . . . . .	.51
Living Will . . . . .	.51
Durable Power of Attorney for Medical Care . . . . .	.52
More about Advance Directives . . . . .	.52
Patient Rights and Responsibilities . . . . .	.54
TriHealth Joint Notice of Privacy Practices . . . . .	.55
<b>9. Community Resources for You and Your Baby . . . . .</b>	<b>.63</b>
United Way Help Line . . . . .	.63
Helpful Numbers in Greater Cincinnati . . . . .	.63
Ohio Resources . . . . .	.63
Kentucky Resources . . . . .	.65
Indiana Resources . . . . .	.65
Hamilton County WIC Program Locations . . . . .	.66
Providing Healthy Food for Your Children is Very Important — Maybe WIC Can Help . . . . .	.67



# Welcome to Bethesda North and Good Samaritan Hospitals

The countdown to your baby's arrival has begun. Like most expectant mothers, you are probably both excited and a little bit nervous. At Bethesda North and Good Samaritan hospitals, we want to prepare you for the changes ahead and help ensure the best possible health for you and your child. Even if this isn't your first pregnancy, this resource guide will give you a refresher of what lies ahead and what to expect at our hospitals.

TriHealth, the community partnership of Bethesda North Hospital in Montgomery and Good Samaritan Hospital in the Clifton area, is the largest provider of obstetrical services in the state, with the two hospitals welcoming more than 11,000 babies each year. Good Samaritan has state-of-the-art Level III services for pregnant women and newborns, and Bethesda North Hospital offers Level II services. Additionally, the Bethesda Center for Reproductive Health and Fertility is a leader in Greater Cincinnati in treating couples with fertility problems.

Both Bethesda North and Good Samaritan are teaching hospitals where physicians are trained to become primary care physicians and specialists. One of the benefits of teaching hospitals is the extra reserve of physicians – resident doctors – on hand to cover emergencies and assist physicians.

#### **Good Samaritan Hospital, which delivered the most babies in Ohio in the past three years, offers:**

- A newly-remodeled 60 bed, Level III Newborn Intensive Care Unit, which is world-ranked for expertise in caring for preterm and critically ill babies.
- An inpatient Special Care Obstetrics unit, specializing in care of high-risk pregnancies. Tri-State Maternal-Fetal Medicine Associates, Inc. is a group of eight physicians which offer specialized care for high-risk pregnancies. The group manages our prenatal Seton Center which provides comprehensive testing for women who are facing complicated pregnancies.
- Fetal Care Center of Cincinnati, one of only three centers in the U.S. to provide surgical intervention for unborn babies who have complications related to fetal abnormalities. The center also offers high-risk pregnancy management, genetic and prenatal counseling, management of fetal arrhythmias and preventive therapies.

Our recent expansion brought:

- 12 new large Labor and Delivery suites, all with windows and more family space
- New Cesarean section operating rooms
- Electronic monitoring system to allow physicians to read fetal tracings in their homes or their offices
- Computerized nurse locator system
- Pediatric ventilators and emergency equipment in each room
- Two mobile birthing tubs
- Birthing balls in every room
- Mommy quiet time in the afternoons

#### **Bethesda North Hospital, second in Greater Cincinnati for number of deliveries and sixth in the state, offers:**

- A renovated postpartum unit with 43 rooms
- Three operating rooms
- Mommy quiet time in the afternoons
- Breastfeeding support station
- A newly-renovated 12 bed, Level II Special Care Nursery, with rooming-in availability

#### **Care Coordinators**

During your pregnancy, a nurse care coordinator can educate you about your hospital stay, familiarize you with services offered at our hospitals, provide a tour of the maternity area and help meet any of your specialized needs.

#### **Hospital Registration Information**

You will receive an information packet at the office of your obstetrician or midwife. **Please complete and return the paperwork in this packet within one week using the addressed envelope to the hospital.** It contains your hospital pre-registration. This information must be placed into an electronic medical record, which cannot be done without your pre-registration. If you have a name, address, or insurance change, please call changes to the registration department at 513-569-6600. Registration hours are 8 a.m. to 9 p.m., Monday through Friday. Have your insurance card available.

If you have any questions about your delivery and hospital stay, contact:

Bethesda North Hospital 513-865-1638  
Good Samaritan Hospital 513-862-4125

This will ease your admission process to the hospital and provide more time for you to focus on your birth experience.

## Maternity Orientation and Tour

During these group sessions, you will be introduced to the maternity services available at Bethesda North Hospital or Good Samaritan Hospital and discuss what to expect during your stay. The tour includes the areas of Labor and Delivery and Postpartum of each hospital. It does not include a visit to the Newborn Intensive Care Unit at Good Samaritan or the Harold and Margret Thomas Special Care Nursery at Bethesda North. This tour is appropriate for adults; tours for children are given with the Big Brother/Big Sister class.

Maternity orientation and tour group sessions are offered week-day evenings and Saturdays for new parents and parents new to TriHealth. To register for a group session, call 513-475-4500 or register online at [www.trihealth.com/classes](http://www.trihealth.com/classes). If you plan to bring more than one significant other to the tour with you, then you cannot register online. You will instead need to call 513-475-4500 to register.

Private sessions are available for parents with special needs. For example: need for interpreter or difficulty with English; expecting a baby with health issues; or special circumstances such as surrogate/adoption/teen mothers. To schedule a private session with a nurse care coordinator at Good Samaritan Hospital call 513-862-1525 and at Bethesda North Hospital call 513-865-1528.

For all orientation sessions, please bring the completed hospital paperwork received in the packet from your doctor/midwife's office or you may mail it in to us. If you have not received a packet, please ask your doctor/midwife for one at your next appointment.

## Multiples Tour at Good Samaritan

This tour is designed for those expecting twins or more. We will introduce you to the maternity services available at Good Samaritan Hospital and discuss what to expect during your stay. The tour will include the areas of Labor and Delivery and Postpartum. It also will include a visit to the Newborn Intensive Care Unit. Children won't be allowed on this tour. We do offer a Big Brother/Big Sister class designed for children and their parents, which includes a tour of the birthing center. Please refer to the Big Brother/Big Sister class description for more information.

## Visiting Nurses

After discharge, you may receive a home visit from a skilled nurse specializing in postpartum care. The nurse will check your health and the health of your baby, answer your questions and evaluate how you are adjusting to the extra demands of parenthood. The home care nurse will review information on self-care, infant care and feeding methods. *Contact your insurance provider to see if coverage is provided for this service. You will need to verify that your length of stay at the hospital qualifies you for this visit.*

## Directions to TriHealth Labor and Delivery Units

### Bethesda North Hospital

*From 5 a.m. to 8 p.m.*

- Enter the hospital at the Main Entrance, pass the Information Desk, turn right to the Main Elevator. Take the elevator to the Third Floor and go to the Maternity Registration Desk directly across from the elevators.
- For your convenience, valet parking is offered at the Main Entrance Monday-Friday from 6 a.m. to 6 p.m.

*After hours – from 8 p.m. to 5 a.m.*

- Follow signs to the Emergency Department entrance.
- Visitors should report to the Security Desk in the Emergency Department to obtain a visitor identification tag.

***In case of an emergency, drive directly to the Emergency Department.***

### Good Samaritan Hospital

- Enter the campus from Clifton Avenue (The "Clifton Entrance" on outside of building).
- Follow signs for Maternity Admissions Parking.
- Enter Clifton Lobby (From 8 p.m. to 5 a.m., use intercom to gain access to lobby).
- Take elevator or stairs down to Level 5.
- Turn left and follow signs for Maternity Elevator.
- Take the Maternity or "Stork" Elevator (next to Century Elevators) up to Level 9.
- Turn left off of the elevator to Maternity Triage.

***In case of an emergency, drive directly to the Emergency Department.***

## Visitation Guidelines

Visiting hours will follow hospital policy unless otherwise specified.

- Bethesda North Hospital – 11 a.m. to 8 p.m.
- Good Samaritan Hospital – noon to 8 p.m.

Visitation during the labor, delivery and recovery process will be determined in order to ensure quality of care to both mother and infant and will be decided and altered by the patient and/or any member of the health care team at any time. A limited number of visitors will be permitted at one time.

Visitors with fever, diarrhea, respiratory infection or cold sores may not visit due to the risk of infection to mothers and infants.

## Children and siblings

All children must be with an adult. If a child has had the chicken pox vaccine, he/she must wait 42 days from the time the vaccine was given before visiting. During flu season, December through March, children under age 14 may not be allowed to visit in the hospital unless they have written proof from a physician or clinic that they have received a flu vaccine. They must receive the vaccine at least two weeks before delivery. To hear about the most current flu restrictions go to our Web site at [TriHealth.com](http://TriHealth.com) or call the TriHealth Women's Health Line at 513-475-4500.

Before handling the baby, siblings must wash their hands according to hospital policy and be free from illness. It is recommended that siblings who plan to be present during vaginal deliveries be at least 5 years old. Permission from your physician also is recommended.

## Parents and grandparents

Fathers of babies may visit at any time. Exceptions depend upon unit activities. Other visitors follow standard visitation policies listed on page 2.

## Cesarean section

The presence of a family member at a Cesarean birth will be negotiated with the patient, obstetrician, Anesthesia Department and nursing staff. This policy may be altered at any time during the Cesarean section procedure if the need arises.

## Your Hospital Stay

Having a baby is an exciting time and brings with it many new experiences. We want you to have the best stay possible in the short time you are here. Our goal is to meet your expectations, while giving you an idea of what to expect when you are here. The average length of stay is less than two to three days. There is a lot to do in the short time you are here, and you will experience many interruptions in your day. Various staff members will be in and out of your room taking care of you, your baby, your environment, and making sure you have everything you need before your discharge. You may feel like you are not getting any rest because of the multiple interruptions. Our hospitals offer a "Mommy Quiet Time" daily to allow for one and a half hours without interruptions, unless you want to be available for a particular interaction.

Having a baby takes a lot of energy. If you feel you are someone who requires additional down time, you may consider limiting your visitors so you have more time to rest and less time being a host. Visitors can be one of the reasons new parents want to leave the hospital early because they feel they can get more rest at home. Perhaps having family and friends come for a planned visit when you are home will help you feel more in control and more rested. You may want to consider that well intending family and friends feel they may hurt your feelings by not visiting while you are in the hospital, and would really prefer to see you and your new baby at a later time in a different environment. Our hospitals welcome your visitors and want you to get the rest you need.

After discharge from the hospital you may receive a follow up phone call from one of the nurses from the Post Partum Unit. This call is provided to check to see how things are going at home and answer any questions you may have regarding your discharge instructions. If you are not at home we will leave a message allowing you the opportunity to return the call.

Remember too, that when you have your baby, he or she does not have any insurance assigned to him or her. Your baby will generate a hospital invoice. You will need to make sure you have talked to any insurance provider that mom or dad is enrolled to see which policy the baby will be need to be listed as a member. And remember you will need to do this within 30 days of your baby's birth. You will be asked at admission under which insurance you want your baby listed.

## Cafeterias

TriHealth cafeterias offer reasonably priced meals and snacks and are open at varying times. The cafeterias are located on the Fifth Floor of Good Samaritan Hospital and the Ground Floor of Bethesda North Hospital. There are also several vending areas at each site.

## Gift Shops

TriHealth gift shops offer a variety of gifts, including flowers, balloons, stuffed animals, magazines and cards. At Good Samaritan, the Guild Gift Shop is located on the First Floor, and a smaller Clifton Corner Shop is located on the Sixth Floor. Bethesda North Hospital has a gift shop on the First Floor near the main entrance.

## Support Services

Bethesda North and Good Samaritan hospitals offer a variety of support services for mothers-to-be. Chaplains are available to meet spiritual needs. Grief support nurses are available to assist in meeting emotional and spiritual needs if you should experience a loss during any stage of your pregnancy. Social Services representatives provide counseling and referrals to community resources, and patient representatives coordinate communication between patients and the hospital to help resolve problems, concerns and unmet needs.

### Pastoral Care

Bethesda North 513-865-1175  
Good Samaritan 513-862-2281

### Patient Representative\*

Bethesda North 513-865-1115  
Good Samaritan 513-862-2582

### Perinatal Grief Specialist\*\*

Bethesda North and Good Samaritan 513-862-1163

*\*If you are having difficulty reaching a patient representative, dial "0" and ask the operator to help you locate one.*

*\*\*TriHealth wants your birth experience to be a joyful one. However, in the event of a difficult outcome, TriHealth offers the support of a perinatal grief specialist.*

## Cell Phones

Cell phones are permitted in the hospital on units where monitoring is not in place. Cell phones are **not** permitted in Newborn Intensive Care. Reception may be poor in some areas.

## TriHealth TeleLink Telephone and TV Service

Combination Daily Charge – \$7.95 per day  
Maximum Charge – \$75 per hospital stay  
*Price subject to change. Does not include long distance calls.*

### Information about the service

- For your convenience, telephone/TV service is available to you immediately at bedside.
- Charges for telephone/TV service will be billed to your home telephone bill. The charges will appear on your next home telephone bill on a separate page as the line item: HOSP TEL CHG. A direct bill will be sent to you when billing to your home phone bill is not possible.
- Patients are responsible for all long distance calls.
- Channel offerings include cable stations as well as childbirth education channels.

- Outpatients, observation patients, and patients in the Intensive Care Unit, Critical Care Unit and Labor and Delivery are not billed for telephone/TV service.

### How to access the service

- Your phone and TV will be activated when you enter your room. Call extension 24800 to decline telephone/TV service.
- Use your phone as you would normally. Internal calls can be made by dialing the five-digit number. Local calls can be made by dialing "9," then the seven-digit number.
- Use your pillow speaker or call light to turn on the TV and to change channels.

## Umbilical Cord Blood Banking

Umbilical cord blood banking is a choice for expectant parents who wish to bank their child's umbilical cord blood at the time of delivery. Cord blood stem cells can be collected, frozen and stored for possible future use in the treatment of 70 life-threatening diseases. Cord blood is a guaranteed match for the baby and also may provide potential treatment for other family members. Cord blood stem cells also are non-controversial and free of political and ethical debate. Check the following web site: <http://bloodcell.transplant.hrsa.gov/>. For more information regarding cord blood banking, the following important information has been provided by [ParentsGuideCordBlood.org](http://ParentsGuideCordBlood.org).

### What is "cord blood"?

The term "cord blood" is used for blood that is drawn from the umbilical cord and the placenta after a baby is born. Up until recently this afterbirth was discarded as medical waste. Cord blood contains stem cells which may be frozen for later use in medical therapies, such as stem cell transplantation or regenerative medicine.

### What are cord blood stem cells?

The umbilical cord and placenta are rich sources of stem cells. These are different from both the embryonic stem cells in a fertilized egg or any stem cells obtained from a child or adult person. The stem cells in cord blood can grow into blood and immune system cells, as well as other types of cells.

### How is cord blood collected and banked?

Cord blood collection does not cause harm or pain to either the mother or the baby. Blood is drawn from the umbilical cord after the baby is delivered and the cord is clamped and cut. The stem cells in cord blood remain viable for a couple of days at room temperature, providing sufficient time for the blood to be shipped to a laboratory in another city or state. At the laboratory, the cells are processed and cryogenically frozen. Once frozen, stem cells remain viable for decades.

### How are cord blood stem cells used today?

Today a growing percentage of stem cell transplant patients are receiving cord blood to cure over 70 diseases. Seventy percent of patients who need a transplant of blood-forming stem cells do not have a matching donor in their own family, and their physician must search public registries of donors. The National Marrow Donor Program, [www.marrow.org](http://www.marrow.org), is dedicated to matching U.S. patients with donors of either bone marrow or cord blood from anywhere in the world. There is a shortage of bone marrow donors who match minority patients. Cord blood donations are very helpful to patients of minority or mixed heritage, because cord blood cells do not have to be matched as closely to the patient as cells from an adult bone marrow donor.

### How may cord blood stem cells be used in the future?

Medical research is developing new therapies where stem cells help the body to repair itself, called regenerative medicine. So far, these therapies require the patient's own stem cells, not those from a donor. Children who have their own cord blood in storage may have more medical options later in life. Currently clinical trials for Cerebral Palsy and Type 1 Diabetes are being conducted using a child's own cord blood.

### Can my child use his/her own cord blood?

Most of the diseases for which children receive stem cell transplants, including most cancers and all genetic diseases, require that the cells come from another person, not the patient. Transplants among adults are split pretty evenly between transplants with the patient's own cells and transplants from a matching donor. At present, the odds that a person will have any type of transplant of blood-forming stem cells before age 20 are about 1 in 1,700, whereas by age 70 the odds are 1 in 200. In the future, if cord blood is routinely used for regenerative medicine, then the odds of personal use could increase greatly.

### What types of banks store cord blood?

There are two types of cord blood banks:

1. Public banks
2. Family banks

Public banks store donated cord blood for potential use by transplant patients. The blood is listed in a registry by its tissue type, and the donor remains anonymous. Over half the donations received by public banks are too small to qualify for long-term storage and are used for research or discarded. If you give your child's cord blood to a public bank, your donation may save a life, but you have no guarantee that you can retrieve the blood for use by your family later.

Family banks store cord blood with a link to the identity of the donor, so that the family may retrieve it later if it is needed. The parents have custody of the cord blood until the child is an adult. The cord blood might someday be needed by the donor baby, or it could be used by a relative who is a close enough match to receive a transplant from the donor (typically a sibling).

### What are the costs of banking cord blood?

Public banks do not charge parents for donating cord blood. Some public banks receive support from government grants, and they charge on average \$28,000 when a cord blood collection is released for a transplant. The costs of the transplant are charged to the patient's health insurance.

Family banks charge parents between \$1,000 and \$2,000 to process and store cord blood privately. There is also an annual storage fee of about \$125.

### Who is eligible to donate cord blood to a public bank?

In order to donate to a public bank, the mother must:

1. Contact a public bank which either accepts donations at the hospital where she will deliver or accepts mail-in donations (see the list on our web site),
2. Register before the third trimester of pregnancy, and
3. Pass a health history screening.

### Who is eligible to preserve cord blood in a family bank?

Except in cases of rare medical complications, most mothers are eligible for family (also known as private) cord blood banking. No matter where you live or where you will deliver the baby, you can obtain a collection kit to take with you to the hospital, which includes instructions on how to ship the blood to the lab. If you do wish to bank privately, be sure to discuss your decision with your delivery team and check if there are any special requirements at the hospital where you plan to deliver.

### Suppose someone in my family has a disease which can be treated with cord blood?

If there is a chance that your baby's cord blood might be needed to treat a family member, then you may be eligible to receive free cord blood storage in a bank which offers a related donor program. Check our web site for lists of these charitable programs. In order to qualify you will need to have the patient's doctor fill out an application.



## 2. MATERNITY EDUCATION CLASSES

### Exercise and Massage Classes

Classes are offered at the TriHealth Fitness & Health Pavilion. Call 513-985-6736 to register.

#### Fitness for Two

This class is designed primarily for women who exercised before becoming pregnant and is tailored for pregnant and postpartum women. Certified instructors offer low-impact, step and water aerobics. Experts discuss training, nutrition and strategies to handle the common discomforts of pregnancy. A physician's approval is necessary to participate in this program. Call 513-985-0900 ext. 0 to register.

#### Newborn Massage Class

A licensed massage therapist teaches massage techniques to comfort and soothe your baby, help your baby's digestive system and help your baby sleep better. During massage, your baby will receive special attention from you, which encourages the bond between you and your baby. You must bring your newborn to the class so correct technique can be taught. This class is most beneficial during your baby's first month. Call 513-985-6736 to register.

### Infant Care and Mother/Family Care

#### Fast Track to Fatherhood

This class is designed to cover the concerns a dad may have when adjusting to fatherhood. The open forum allows new and expectant dads to bring up any topic from health care concerns of the newborn, to coping with the stress of change, and much more. The light-humored atmosphere blended with great information will leave you feeling better about the wonderful challenge ahead. Sorry moms, this is just for the dads. So, no girls allowed. *Please note:* This class is designed for the first time dads. It does not satisfy requirements of a class for legal purposes.

#### Small Talk

"Talk" to your hearing baby/toddler with American Sign Language. Research has proven conclusively that once hearing babies and toddlers are taught to sign, their brains actually become more developed. Benefits include preverbal communication (as early as six months), earlier speech development, larger vocabularies, enhanced intellectual development, closer family bonding and less frustration (less crying, fewer tantrums). "Teach Your Child to Sign" DVD is included with the class.

#### Infant/Mother Care and Safety Class

This informal three and a half-hour class will provide expectant parents with practical, hands-on information about how to care

for mom and infant, and safety topics. The first two hours will be spent covering what moms should expect after delivery and the care infants will need once at home. Expectant parents will learn hands-on how to bathe, diaper, dress, hold, comfort, and feed an infant. A pediatrician will also be covering medical concerns and answering questions. The last hour will be devoted to safety where expectant parents will learn hands-on about car seat safety and home safety. Parents will go home with a free baby safety gift and a new newborn swaddler/sleep sac to use once your infant has arrived.

#### Today's Grandparents

Grandparents are invited to come and discuss current trends in childbirth, infant care and home safety. Class also includes a tour of our birthing facility.

#### Big Brother/Big Sister Class

This class is designed to help children ages 3 to 8 years old prepare for family changes as they become big brothers or sisters. It includes a tour of the birthing center and plenty of time for questions and answers. During the flu season, which occurs from December to March, children must bring proof to class that they recently have had a flu shot or they will not be able to tour the birthing center. Each child will receive a big brother or big sister t-shirt.

#### Your Baby's Amazing Journey – The First 12 Months

Learn to navigate the challenging waters of infancy by exploring first-year developmental milestones. Topics include head control, reach and grasp of objects, positions to enhance muscle development and ways to encourage receptive and expressive language through the use of baby sign language. Techniques for calming a fussy baby will focus on reading cues to determine signs of stress or signs of readiness to interact, and incorporate various methods of consoling a crying baby.

#### Happiest Baby on the Block!®

New babies are such a blessing, but they also can bring sleepless nights, crying and sometimes quite a bit of stress. In this innovative workshop, you will be taught step-by-step how to help your newborn sleep better and how to soothe even the fussiest baby in minutes. Is it magic? A miracle? No, it's a reflex! Learn how to turn on your newborn's calming reflex – the extraordinary "off-switch" for crying that all babies have when they are born. It is best to attend during the last two months of pregnancy, since the information is meant for the first three months of a baby's life. A parent kit containing the "Happiest Baby on the Block®" video and "Soothing Sounds" CD is included with the class.

## 2. MATERNITY EDUCATION CLASSES

### Baby Safety

#### TotSaver – CPR for Infants and Children

This program teaches cardiopulmonary resuscitation (CPR) techniques from the American Heart Association (AHA). It is designed to teach you how to recognize medical emergencies, seek emergency assistance for your infant and child, and how to perform CPR. A CPR manual is included. This program follows AHA guidelines. If you have more than one person attending this class, each participant must be registered due to manikin availability. Those arriving for class who are not registered may not be able to attend.

# 3

## Paternity and Birth Certificates

### Paternity Facts for Married/Unmarried Mothers

Provided by The Paternity Enhancement Program, based on the Ohio Revised Code Section 3705.09

#### For married mothers

If you are married when your child is born or conceived, or married any time during the 300 days before the baby's birth, Ohio law states that your husband is the legal father of your child, and his name must go on the child's birth certificate.

#### For unmarried mothers

- If you finalized your divorce during the 300 days before your child's birth, your ex-husband is presumed to be the legal father. His name must go on your child's birth certificate, unless you have a divorce decree that specifically states that the husband is not the biological father of the child or the child is not a "product of this marriage." This wording may be in the form of an order or a statement from the court that is plain enough that the birthing facility understands that the husband should not be on the birth certificate (e.g. "NAME OF HOSPITAL is hereby ordered not to place NAME OF EX-HUSBAND on the birth certificate," or "NAME OF EX-HUSBAND is not the father of the above named child").
- If you are not officially divorced, you must provide legal documentation in the form of a judicial statement or separation agreement. Both are court orders that must include the judge's signature, seal and court number. **Please bring all documents to the hospital at the time of delivery.** Documents will be given to our Birth Records department, who must submit these to the Ohio Department of Health for approval. A decision about paternity is not made by the hospital.

If you need assistance with obtaining this documentation you can call Legal Aid of Greater Cincinnati and Southwest Ohio at 513-241-9400 for advice. Ask for the Family Law Department.

#### What are your options?

If your husband's or ex-husband's name is placed on your child's birth certificate and he is not the birth father of your child, there are ways to have his name removed from the birth certificate and the birth father's name added. You should contact a private attorney to pursue the matter through court.

If you refuse to put your husband's or ex-husband's name on your child's birth certificate, the birth certificate is considered incomplete. **This means your child will not receive a birth certificate, because it cannot be processed without the**

**husband's information.** As a result, the state will not apply for a Social Security card for your child, the child may not be eligible for state/federal assistance programs and you may have difficulty enrolling your child in school. To avoid these potential problems, you can put your husband's or ex-husband's name on the birth certificate at the hospital and then take steps to amend the birth certificate with the actual birth father's information.

### Paternity Testing and Child Support

If you are unsure about the identity of the baby's father, you must wait until after the delivery of your baby to do paternity testing. For paternity testing, call:

Central Paternity Testing 1-888-810-6446  
DNA Diagnostics Center 1-800-DNA-CENTER (362-2368)

For questions about child support, call:

Child Support Enforcement Agency (CSEA) 513-946-7387

### The Importance of Establishing Paternity

Establishing paternity (the identity of a child's biological father) provides a wide range of benefits for children and families:

#### Relationship

It is important for a child to know his or her mother and father and to benefit from a relationship with both parents. Once a legal relationship is established with the father, he is more likely to maintain his own relationship with the child.

#### Identity

Only if unmarried parents acknowledge paternity will the child have access to information about medical histories on both sides of his or her family. This is especially important in situations in which the child inherits a medical problem. After completing a Paternity Affidavit, a legal document verifying the biological father's identity, a father may also be able to add the child to his health insurance policy.

#### Custody and visitation

If parents are unmarried at the time of a child's birth, the mother is presumed to have custody. However, once paternity is established, the father can ask the court for visitation rights and/or for a share in custody arrangements.

#### Adoption

A legal father gains the right to have a voice in any plans to have the child adopted by someone else. This provides an important safeguard for the father, the child and prospective adoptive parents.

## 3. PATERNITY AND BIRTH CERTIFICATES

### Financial benefits

Paternity establishment allows the child to qualify for important financial benefits from the father. Possibilities include Social Security, life insurance, veteran's benefits and inheritance rights in the event that something happens to the father.

### Child support

Both parents have responsibility to support their child, emotionally and financially. If the parents choose to separate and paternity has already been established, it will be easier for the parent who has custody to obtain child support to aid in providing for the child.

### Common Misconceptions about Paternity Affidavits

A Paternity Affidavit is a legal document that recognizes the identity of a child's biological father. The affidavit gives the father certain rights and responsibilities toward his child. Some beliefs about this legal document are not true, however:

**BELIEF:** Only unmarried parents who want their baby to have the father's last name need to sign a Paternity Affidavit.

**NOT TRUE!** The baby's name has nothing to do with paternity. In the State of Ohio, a mother can name her baby anything she wants. The Paternity Affidavit is a legal document that allows the father to become the legal father of the baby. The father is then allowed to be on the birth certificate and gains the rights and responsibilities of a legal father. All unmarried parents should be offered the Paternity Affidavit.

**BELIEF:** If a man voluntarily acknowledges a parent and child relationship by signing an Acknowledgment of Paternity Affidavit, he assumes the parental duty of support, which may be enforced through a child support order.

Again, this is **NOT TRUE!** If parents have worked out financial support for the child between themselves and have no need of public assistance, then no one will be "coming after them" for support. The Child Support Enforcement Agency becomes involved when one parent goes to court to obtain child support from the other, or when the mother applies for public assistance.

**BELIEF:** Once the father signs the Paternity Affidavit, he automatically becomes the legal father and cannot change his mind.

**NOT TRUE!** The Paternity Affidavit does not become legally binding until 60 days after the last notarized signature. At the end of 60 days, and within one year, either parent can change his or her mind. The couple must go to the Child Support

Enforcement Agency in the county where the mother resides and request a rescission. This is simply a piece of paper saying that the couple is not sure the father is the real biological father and they are requesting genetic testing.

### Common Mistakes on Paternity Affidavits

You will save time and effort by avoiding these common mistakes on Paternity Affidavits.

- Cross-outs or write-outs in child's name section
- Illegible (unable to be read) handwriting
- Incorrect date of birth for parents (e.g. mistakenly writing in the baby's date of birth)

### Helpful Tips for Applying for Your Child's Birth Certificate and Social Security Number

- If you have not named your baby before leaving the hospital, or have questions regarding your baby's birth certificate, call the Birth Records office:  
Bethesda North Hospital, 513-865-1737  
Good Samaritan Hospital, 513-862-2997
- If you are a single parent, you have 10 days from your child's birth date to meet with the Birth Records clerk to complete necessary information. If you are planning to include the father's name on the birth certificate, he must be present to sign an affidavit and have a picture ID (i.e. driver's license) or a Social Security card and a birth certificate (must have both). Call Birth Records to schedule an appointment; walk-ins also are welcome. Hours are Monday through Friday from 9 a.m. to 4:30 p.m.  
Bethesda North Hospital, 513-865-1737  
Good Samaritan Hospital, 513-862-2997
- If you receive public assistance or if your insurance provider requires, you can obtain a letter of verification stating that our hospital has applied for your child's Social Security number. Letters are not issued automatically. You must request a letter of verification or proof of birth. A valid ID must be presented. Letters of verification will not be faxed. Call the Birth Records office for more information:  
Bethesda North Hospital, 513-865-1737  
Good Samaritan Hospital, 513-862-2997
- Birth certificates are not free and are not automatically received. Once all forms are correct and turned in, it takes six to eight weeks to process. Questions about the birth certificate should be directed to the appropriate hospital.

For births at Bethesda North Hospital:  
Hamilton County Health District, 513-946-7815

For births at Good Samaritan Hospital:  
Cincinnati Board of Health, 513-352-3120

### 3. PATERNITY AND BIRTH CERTIFICATES

#### Your Child's Social Security Number

Social Security numbers are free and required when filing a tax return. You have two options for applying for one.

- Check the box at the bottom of the Birth Certificate Information Worksheet to receive a Social Security number for your newborn. It will take about four to six weeks to receive your baby's Social Security number.
- Apply for the Social Security card yourself at the Social Security Office.
- If you need more information about obtaining a Social Security number for your child, call the Birth Records office at the hospital where you delivered or the Social Security office at 1-800-772-1213.

#### Your Child's Birth Certificate

The hospital cannot provide patients with birth certificates. There are two things you must do to apply for a birth certificate.

- **Complete the Birth Certificate Information Worksheet.**

This form must be turned in to your nurse or the nurses' station before you leave the hospital. A few things to note:

- Do not use your initials. Use your entire name as it appears on your own birth certificate.
- Fill in your baby's name exactly as you want it to be spelled on the birth certificate.

**NOTE:** You will receive the Application for Certified Copy of Birth Certificate in your discharge packet. You must wait ten weeks before applying for a copy of your child's birth certificate.

- **Send the following information to the locations specified below:**

- A self-addressed, stamped envelope
- The baby's name and date of birth
- Name of the hospital where the baby was born
- Mother's maiden name and father's name

#### Bethesda North Hospital patients

- Mail a money order or personal check made out to the Hamilton County Health District, along with the previous information to:

Hamilton County General Health District  
250 William Howard Taft, 2nd Floor  
Cincinnati, OH 45219  
513-946-7815

#### Good Samaritan Hospital patients

- Mail a money order or certified check made out to the Treasurer of the City of Cincinnati along with the previous information to:

Cincinnati Board of Health  
Office of Vital Records  
1525 Elm St.  
Cincinnati, OH 45210  
513-352-3120

**Please call ahead to request the specific dollar amount for the birth certificate.**



## Self Care During Your Pregnancy

The moment you became pregnant, a series of changes were set into motion – changes that affect your body and your lifestyle. Your baby depends solely on you for nourishment and life support. Pursuing a healthy lifestyle and attending regular physician appointments will ensure that you're doing all you can to give your baby a healthy start.

Read the following pages for a highlight of things you'll need to know during your pregnancy. A variety of pregnancy-related educational materials also is available at bookstores and libraries. Remember, your best source for advice is your physician or midwife.

#### Lifestyle Changes

Giving your baby a healthy start during the time the baby is in your womb may mean making lifestyle changes that are not easy. An important area to begin is not smoking cigarettes, drinking alcohol or using street drugs (recreational drugs), all of which can cause your baby serious harm.

#### Smoking and pregnancy: risks for moms and babies

Smoking during pregnancy has many risks for you and your baby.

Effects of tobacco during pregnancy:

- Ectopic and tubal pregnancy
- Poor weight gain
- Chronic fetal hypoxia
- Vaginal bleeding
- Premature rupture of vaginal membranes
- Placenta previa
- Abruptio placentae (two times more likely among smokers)
- Pre-term labor
- Pre-term delivery
- Spontaneous abortion (20 percent greater in smokers than non-smokers)

Effects of tobacco on newborns:

- Premature birth
- Intrauterine growth retardation
- Smaller head circumference
- Sudden Infant Death Syndrome (SIDS)
- Cleft palate/lip, eye and ear malformations
- Hernias



- Congenital heart defects
- Central nervous system abnormalities, including poor habituation to sound, changes in brain neurochemistry, tremors and behavioral regulation problems
- Increased risk for neonatal, perinatal and infant morbidity and mortality

Effects of second-hand smoke on children:

- More respiratory illness
- Diminished lung function
- Chronic otitis media
- Childhood cancer
- Impaired cognitive abilities, including diminished reading, verbal and math skills, lower IQ, poorer social skills and behavior regulation problems
- Changes in brain neurochemistry

Remember, it is never too late to quit smoking. You can find help quitting smoking at the following organizations:

American Cancer Society  
www.cancer.org  
1-800-ACS-2345

The American Lung Association  
www.lungusa.org  
1-800-LUNGUSA (586-4872)

National Cancer Institute's Cancer Information Service  
www.nci.nhi.gov  
1-800-4-CANCER

## 4. SELF-CARE DURING YOUR PREGNANCY

### Alcohol

Alcohol should be avoided, since it can cause your baby serious and permanent damage, such as mental retardation and slow growth. Because it is not known how much you can drink before you will harm your unborn child, it is best not to drink alcohol at all during your pregnancy.

### Street drugs

Using street drugs can be very harmful to a pregnant woman and her unborn child. Street drugs can cause miscarriage (an early delivery in which the baby dies), poor growth, birth defects and infections including HIV. Your baby can become addicted to any drugs you take and have severe reactions. Also, do not use street drugs if you are breastfeeding, because harmful substances can be passed to your baby through your breast milk.

“Caring for All Moms in Pregnancy” (C.A.M.P.) is a program for women who are struggling with drug or alcohol use during pregnancy. The program provides quality health care for pregnant women who are using drugs or alcohol. A team of professionals, including a nurse case manager, physician or nurse midwife, social worker, dietitian and financial counselor, are sensitive to the feelings of fear or guilt experienced by these women. They provide the following services in a caring, nonjudgmental way:

- Case management
- Social work support
- Referrals to available community support services
- Nutrition counseling
- Financial counseling

This process can result in a better outcome for the baby and the family. Care is based on individual plans that may focus on entering into a treatment program and/or counseling. For information about the C.A.M.P. program, call 513-872-5127 or 513-872-5132.

### Other areas of concern

See “Safety Concerns During Pregnancy” later in this section for other areas in which pregnant women need to be cautious, such as the use of medications and hot tubs.

### See Your Physician Early and Often

Every pregnancy has some degree of risk, but thankfully, most pregnancies are problem free. It is important to schedule a physician or midwife appointment early in your pregnancy and keep all appointments throughout your pregnancy. Your physician can chart your progress, assess any risk factors and make adjustments to your care to ensure the best possible health for you and your baby.

Remember that no two pregnancies are alike, and problems can arise at any time. Don't rely totally on the advice of others or

even on your own experience from previous pregnancies. Your physician/midwife is the best source for advice, having specialized medical training and the advantage of knowing your medical history. If you have questions, call your physician or midwife or write down the questions and ask at your next visit.

### Discomforts of Pregnancy

Most of the discomforts you feel during your pregnancy are related to your growing uterus and baby. Following are some of the common discomforts you may experience and comfort measures that may help to alleviate them.

#### Backaches

Backaches are common and usually are caused by the strain put on your back by your growing uterus, and by changes in your posture. If you are experiencing a backache, try changing your position; wear low-heeled shoes; avoid lifting heavy objects; bend at the knees when picking things up; sleep on your side with one leg bent; apply heat, cold or pressure to your back; and try the pelvic rock exercises.

#### Bleeding gums and dental health during pregnancy

Many women notice changes in their gums during pregnancy. Some women notice that their gums look redder and bleed when they brush their teeth, and some women have severe swelling and bleeding. All of these changes are referred to as “pregnancy gingivitis.” While it can start as early as the second month, pregnancy gingivitis tends to peak around the eighth month and then taper off after the baby is born.

To minimize the effects of pregnancy gingivitis, practice good oral hygiene. Brush twice a day for at least two minutes each time and floss daily. Using an antimicrobial mouth rinse may help control your gum condition.

Though more research is needed, certain findings are revealing that untreated gum disease may increase the risk that a woman will have a preterm birth (before 37 weeks gestation) or give birth to a low-birth-weight baby (less than about 5.5 pounds). Therefore, it is important to have your dentist check the health of your gums while you are pregnant. The second trimester is the best time to receive routine dental care.

If possible, major procedures, reconstruction and surgery should be avoided until after the baby is born. Always talk to your dentist about any medications he or she prescribes during your pregnancy.

#### Breast changes

In early pregnancy, you will begin to notice breast changes. Your breasts will begin to grow and change to prepare for breastfeeding. Nipples may stick out more and become darker in color. Breasts will feel firm and tender, so it is suggested that you wear a bra that fits well and provides support.

## 4. SELF-CARE DURING YOUR PREGNANCY

### Breathing problems

Your growing baby and uterus decrease space for your lungs to expand, so you may be short of breath. Remember to sit up straight, and you may need to sleep propped up. Your breathing problems may lessen in late pregnancy after the baby's head moves down in your uterus against your cervix.

### Constipation

Constipation may be a problem you experience before delivery as well as after. The changes in your hormones slow the passage of food through your body. During the last part of your pregnancy, your uterus may press on your rectum. Other possible contributing factors include iron supplements, lack of exercise, and decreased fluid intake. To help constipation, try to gradually increase fiber in your diet (see page 14 for a list of high-fiber foods), drink adequate fluids (eight to 10 cups per day), eat meals at regular times, and try a warm drink in the morning. Discuss with your physician before taking any medications and before starting an exercise program.

### Dizziness, fainting and lightheadedness

Dizziness, fainting and lightheadedness also may occur and can be caused by the pressure of the pregnant uterus on the greater abdominal blood vessels or a decrease in your blood sugar level. Avoid changing positions quickly, do not skip meals, and avoid hot, stuffy rooms. If you do experience lightheadedness, lie down immediately to avoid possible injury if you should faint.

### Fatigue

Fatigue also can be a problem during your pregnancy, especially in the beginning and at the end. Taking a warm bath at bedtime and resting for short breaks during the day may help.

### Frequent urination

The cause of frequent urination is the pressure placed on your bladder by the growing uterus and baby. Frequent urination usually occurs in the first 12 to 14 weeks of the pregnancy and then again in the third trimester (28 to 40 weeks). During the second trimester, you may experience some relief because the uterus is out of the pelvis at this time. Urinate when the urge is felt, increase fluid intake during the day and decrease fluids at night.

### Groin aches and pains

Standing too long, poor posture and pressure from the baby cause groin aches and pains, and spasms of round ligaments. Lightly massage the groin area, giving slight lift as your hands come upward. If a sudden spasm occurs, pull the leg up on the same side as the spasm as if trying on a shoe, or lie down on the affected side with your leg drawn up.

### Hand and arm numbness

The weight of your breasts may cause your shoulders to slump forward. This added pressure compresses the joints and nerve

endings and results in numbness and tingling. Good posture and stretching exercises that focus on the upper body will help circulation and reduce these symptoms. These sensations also may be due to carpal tunnel syndrome. The swelling and fluid retention that is common in pregnancy may increase the pressure on the nerve in the wrist. Avoid repetitive hand movements. Wear a wrist or hand brace while at work or sleeping. Avoid sleeping on your hands. Shift your sleeping position. Prop up your arm with a pillow or two.

### Heartburn

Heartburn is common during pregnancy, especially in the last trimester when your baby is getting larger. One cause is the pressure of your enlarged uterus pushing your stomach upward. Changes in hormone levels also slow digestion and relax the muscle that keeps food and acid in your stomach. To help relieve or prevent heartburn, try to eat five to six small meals per day. Often, limiting fluids with meals can help heartburn. Remember to drink plenty of fluids in between meals to prevent dehydration. Try to avoid those foods that you know cause gas. Limit or avoid fatty or fried foods. Avoid spicy foods and caffeine if these make your heartburn worse. Timing and positioning also are important. Sit up while eating, and wait an hour after meals or snacks before lying down. Do not eat immediately before bedtime or before exercising. Consult with your physician or midwife before taking any medication.

### Headaches

Headaches are caused by increased blood volume, fatigue and increased progesterone levels. Rest, cold compresses and Tylenol may help. Tylenol usually is safe to use during your pregnancy, but always check with your physician or midwife before taking any medication.

### Hemorrhoids

Hemorrhoids are varicose or swollen veins in the rectum. They are often painful, and straining during bowel movements and having hard stools will make them worse. Follow the same relief measures as for constipation. Do Kegel exercises (see page 16) regularly to stimulate circulation to the pelvic area. Ice packs, topical ointments, anesthetic agents and sitz baths may also provide relief.

### Leg cramps

Try to consume adequate liquids, especially water. Consume fruits and vegetables that are high in potassium, such as bananas, tomatoes, oranges, peaches, apricots, broccoli, cantaloupe, prunes, spinach, sweet potatoes, beans, lentils, almonds, peanuts and potatoes. Include three to four servings of milk or milk products per day in your diet. Limit processed foods and soda pop. Gently stretch the calf muscle by flexing your foot pointing your toe toward your knee.

#### 4. SELF-CARE DURING YOUR PREGNANCY

##### Mood swings

Mood swings may range from great joy to despair. You may frequently become tearful but not know why. Sometimes fathers-to-be do not know how to deal with your mood changes, but mood swings are normal during pregnancy. Depression can occur during pregnancy. If you experience a depressed mood or a decreased interest or pleasure in activities for two or more weeks, please call your physician or midwife.

##### Nausea and vomiting

Nausea and vomiting are common during the first trimester and may continue throughout pregnancy. Some attribute the cause to increased hormone levels during pregnancy. When these begin to decrease, usually nausea subsides. The actual cause is not known. Try to keep dry cereal or crackers at your bedside to eat before you get out of bed in the morning. Get up slowly in the morning. Avoid sudden movements. Eating more frequent, dry meals may help. Try to drink liquids in between meals. For some women, eating a protein and carbohydrate snack (e.g. cheese and crackers or half a peanut butter sandwich) before bed may help decrease nausea in the morning. Avoid unpleasant smells. Open a window when cooking or use the exhaust fan. Remember to drink fluids to prevent dehydration. Avoid caffeine and strong smells. When you feel nauseous, try a few lemon drops or lemonade, or smell a freshly cut lemon. Always consult with your physician or midwife before taking any medication.

##### PICA (cravings for non-food items)

This disorder that causes you to have abnormal cravings to eat coal, chalk, paper, dirt or flour may indicate a mineral deficiency. Discuss it with your doctor or nurse midwife at your next appointment.

##### Skin changes

Increased hormone levels often cause normal skin changes. You may develop dark pigmentation around your eyes and over the nose and cheeks. This is called chloasma, or mask of pregnancy. A dark line running from the top to the bottom of your abdomen may develop; this is called linea nigra. All of these marks will disappear or fade after delivery when your hormone levels return to normal. Stretch marks also may occur on your abdomen and breasts as they grow. There is no way to prevent stretch marks; they will slowly fade after pregnancy.

##### Swelling

Some edema (swelling) is normal in pregnancy, occurring most often in the legs and usually in the last few months. Swollen hands and face may mean there is a problem and should be reported to your physician or midwife. Swelling is more common in the summer months, especially in humid weather. The best way to cope with swelling is to avoid standing for long

periods. Put your feet up when you can and stay active. Discuss with your health care provider how to reduce high-sodium foods. Remember to drink plenty of water daily since drinking water helps to rid your body of excess fluid.

##### Uterine cramping

As the uterus grows, muscles may contract and cause a sensation of cramping. Cramping also may be caused by not drinking enough water, especially in warm weather or at work. Expect mild, irregular contractions as your third trimester advances, especially in late evening or nighttime hours. To relieve the cramping, drink more water.

##### Vaginal discharge

As pregnancy hormones stimulate vaginal tissue to grow, you may notice some vaginal discharge. To minimize the discharge and promote good hygiene, wear unperfumed light-day pads and change them frequently. Wear cotton underwear and avoid pantyhose and tight pants. Bathe the outer vaginal area daily, but do not use perfumed soap or feminine hygiene products, sprays or powders. Do not douche. If you experience frequent itching, burning or irritation or think your bag of water has broken, call your health care provider.

##### Varicose veins

Varicose veins are swollen veins that appear most often on your legs but may occur in the groin or vagina. They are caused by the pressure of the growing uterus on your blood vessels. They can be uncomfortable. Put your legs up when you can, and try not to stand for long periods of time. Avoid wearing clothing that binds your legs or waist; you may want to wear support stockings. If you sit for long periods of time at your job, get up and move around periodically.

##### Frequently asked questions about personal and beauty care

*Can I take a tub bath during pregnancy?*

Showers and tub baths are fine during pregnancy.

*Can I color my hair?*

Yes, you may color or perm your hair during pregnancy. Be aware that some women's hair may respond differently to these processes during pregnancy.

*Can I have my nails done?*

Yes, you may get your nails done. Be sure that there is adequate ventilation.

*Can I use a tanning bed or spray-on tan?*

While we do not recommend tanning because of skin cancer risks, the process will not harm your baby.

#### 4. SELF-CARE DURING YOUR PREGNANCY

*Do I have to take special care of my teeth and gums during pregnancy?*

Your gums may become puffy and bleed more easily because of hormonal changes. It is important to brush twice a day and floss your teeth every day.

##### Guidelines for Healthy Eating

Eating well is essential for the health of your growing baby. During your nine months of pregnancy, you are your baby's main source of nourishment. What you eat will impact the health of your developing baby. Your body needs a wide variety of foods daily to keep you well nourished and build a healthy baby. Eating three balanced meals and two to three healthy snacks will help you provide your baby with proper nourishment. Eating frequently throughout the day may also help with nausea and heartburn. Women who eat well significantly lower their risk of miscarriage in the first trimester.

Protein is the main "building block" for your baby's cells. It also produces red blood cells that carry oxygen to the tissues of the mother and the baby. Good sources of protein are eggs, meat, poultry, fish, cheese, milk, nuts, peanut butter, dried peas, soy products, beans, yogurt, and sunflower kernels.

Carbohydrates provide energy for you and your baby during pregnancy. Complex carbohydrates provide more long-lasting energy than simple carbohydrates such as candy, table sugar, etc. Complex carbohydrates also supply more nutrients and fiber. Healthier carbohydrates include fruits, vegetables and whole grains such as whole wheat bread, pasta, cereal and brown rice.

Fats add calories quickly, so limit total fat to 25 to 30 percent of total calories. Cut back on saturated fats in fatty meats and many processed foods; choose lean cuts of meats and remove skin from chicken; and avoid palm and coconut oil when possible. Trans fats are another type of bad fat. These contain hydrogenated fats and may be found in many processed foods. Saturated and trans fats have been proven to raise bad cholesterol (LDL).

The healthier fats include olive or canola oil, nuts, seeds, avocado and fish. When eating out, select healthy choices. Limit fast food and fried choices, and limit portions.

Calcium is an important mineral for your baby's developing bones. Sources include milk, cheese, yogurt, calcium-fortified orange juice, greens, pudding, custard and cream soup made with milk, milkshakes, canned salmon with bones, tofu (soybean curd) processed with calcium, and frozen yogurt. If you feel you may need a calcium supplement, consult with your health care provider. Particular calcium supplements are not recommended during pregnancy.

Iron helps create the red blood cells that deliver oxygen to your baby and also prevents fatigue. Sources of iron include lean red meat, poultry, fish, beans, lentils, dried fruits such as prunes, figs, nuts, eggs, peanut butter, sunflower kernels, prune juice, raisins, apricots, iron-fortified cereals and breads, and leafy green vegetables. Foods rich in vitamin C enhance iron absorption. Vitamin C sources include citrus fruits and juices, tomatoes, berries, melon, broccoli, kiwi fruit and baked potatoes.

Folic Acid, especially early in pregnancy, will help your baby's brain and spinal cord development. Good sources include: lentils, chick peas, oranges, oatmeal, broccoli, spinach, asparagus, enriched grains and beans.

Adults and older adolescents require an additional 300 calories per day to fulfill energy needs during the second and third trimesters of pregnancy. Including nutritious snacks is one way to increase calories and at the same time provide your growing baby with extra protein, calcium, iron, folic acid and other vitamins and minerals.

Ideas for healthy snacks include yogurt, fruit, raw veggies, nuts, whole grain crackers, milk, cheese, hard-cooked eggs, hummus, trail mix, vegetable/tomato juice, sunflower seeds or sunflower kernels, granola bars, fig bars, low-fat popcorn, frozen yogurt, cottage cheese, salsa with low-fat tortilla chips, peanut butter on celery, apple slices, graham crackers, fruit juice Popsicles, and milkshakes made with fruit.

Serving size	Minimum # of servings/day
Bread, Cereal, Rice, Pasta Group 1 slice of bread, 1/2 cup cooked cereal, pasta, rice, 1 cup cold cereal	6-11
Vegetable Group 1/2 cup cooked, 1 cup raw	3-5
Fruit Group 1 piece, 6 oz. juice	2-4
Milk, Yogurt, Cheese Group 1 cup milk, yogurt, 1-1/2 oz. cheese	3 (4 for pregnant teens or breastfeeding women)
Meat, Poultry, Fish, Dry Beans, Eggs, Nuts Group 3 ozs. cooked beef, poultry, fish; 1 oz. meat = 1 egg; 2T peanut butter, 1/2 cup beans/peas, 1/4 cup tofu, 1/3 cup nuts	2-3 (3 for pregnant teens or breastfeeding women)

#### 4. SELF-CARE DURING YOUR PREGNANCY

If you are gaining weight too rapidly, try to limit or avoid empty calorie snacks such as chips, soft drinks, cakes, candy, etc. Limit fruit juice to one cup per day; drink adequate plain water; and use low fat milk. Discuss a walking plan with your health care provider.

##### Weight gain during pregnancy

The best way to gain weight during your pregnancy is slowly and steadily. During the first trimester, a weight gain of one to four pounds is usually recommended. During the second and third trimesters, weight gain should average approximately one-half to one pound per week.

Total weight gain recommendations according to the American College of Obstetricians and Gynecologists:

Weight Status	Weight gain (pounds)
Underweight	28-40
Ideal weight	25-35
Overweight	15-25
Obese	11-20
Carrying twins	35-45

Your health care provider will individualize your weight gain goals.

Do not go on a weight loss diet when you are pregnant. If you do, your baby may not get enough iron, folic acid, protein, and many other essential nutrients to grow. In addition, weight loss causes your body to use its fat stores for energy. This can cause ketones to build up in your blood and this can be very harmful to your developing baby.

Where does the weight gain go? (approximate amounts)

Blood	3 pounds
Breasts	2 pounds
Uterus	2 pounds
Baby	7.5 pounds
Placenta	1.5 pounds
Amniotic Fluid	2 pounds
Fat, Protein, and other nutrient stores	4 pounds

Source: *March of Dimes*

Eating disorders, such as anorexia nervosa and bulimia nervosa are associated with potential negative consequences during pregnancy. These may include higher rates of miscarriage, low birth rate, obstetric complications and postpartum depression. Discuss any past or current eating disorders and weight gain goals with your health care provider.

##### Focus on fiber

During pregnancy, fiber is especially important to help prevent constipation and hemorrhoids. Increase fiber in your diet with these foods: popcorn, fresh fruits, vegetables, brown rice, 100% whole wheat bread, whole wheat pasta, dried fruit (especially prunes), granola bars, beans, lentils, oatmeal and whole wheat crackers. Remember to add fiber *gradually* to your diet and drink plenty of fluids. For information regarding constipation and hemorrhoids see “Discomforts of Pregnancy” section on page 14.

##### Water – the forgotten nutrient

Water is an essential nutrient during pregnancy. Water constitutes almost half of your body’s weight. During pregnancy, extra fluid is needed to digest and absorb nutrients, remove waste products from the body, produce amniotic fluid and regulate body temperature. Water aids in many metabolic processes. It also helps to keep up with a pregnant woman’s increasing blood volume. As your baby grows during pregnancy, your blood volume increases by 50 percent. Drinking adequate water can help with swelling and constipation and help prevent dehydration. Early contractions can occur when you are dehydrated. Try to drink a minimum of eight to 10 cups of clear, clean water a day. If you dislike water, try putting a lemon, lime or orange slice in your cup of water. Water is especially important in preventing overheating and dehydration during warm weather and while exercising.

##### Prenatal vitamin/mineral supplement

Healthy food is the best source of most nutrients, although during pregnancy your daily prenatal vitamin is good nutrition insurance. Your baby will depend on your diet for the extra protein needed during pregnancy. Your prenatal supplement will not contain protein. Always take your prenatal supplement with plenty of water. If stomach upset occurs, try taking it with food or just before bed. All pregnant women and women of child-bearing age should take a supplement containing 400 micrograms of folic acid a day. The March of Dimes states that 70 percent of all neural tube defects can be avoided with adequate folic acid intake. According to the National Academy of Sciences, a pregnant woman in the second and third trimester should take a prenatal supplement containing 30 mgs of iron daily. Do not take your prenatal or iron supplement with coffee or tea because they may decrease iron absorption. Discuss your own individual vitamin/mineral supplements with your health care provider, especially if you are on a strict vegetarian food plan. Multiple doses of some vitamins can be harmful to you and your baby.

##### Herbal supplements

There is a growing amount of evidence that some herbal supplements/teas may be harmful during pregnancy/breastfeeding. Always consult your health care providers before taking any herbal supplement.

#### 4. SELF-CARE DURING YOUR PREGNANCY

##### Caffeine

Caffeine is a stimulant found in coffee, iced and hot tea, cola, many soda beverages, chocolate and many coffee-flavored yogurts. The U.S. FDA has advised pregnant women to “avoid caffeine-containing food and drugs, if possible, or consume them only sparingly.” During pregnancy, caffeine crosses the placenta and reaches the fetus. Caffeine may decrease blood flow to the placenta, which may harm the baby. The March of Dimes recommends that women who are pregnant or trying to become pregnant consume no more than 200 mgs of caffeine per day (equal to 12 oz. of coffee per day).

##### Sugar substitutes

Limit intake of sugar substitutes during pregnancy. For further information regarding specific sugar substitutes, consult your health care provider.

##### Resources

1. Weng, X, et al. “Maternal Caffeine Consumption During Pregnancy and the Risk of Miscarriage.” *American Journal of Obstetrics & Gynecology*, Jan. 21, 2008.
2. Riley, L. & Nelson, S. (2006). *Healthy Eating During Pregnancy*. Des Moines, IA: Meredith Books.
3. Somer, E. (2002). *Nutrition for a Healthy Pregnancy*. New York: Henry Holt & Company.
4. Luke, B., & Eberlein, T. (2004). *When You’re Expecting Twins, Triplets, or Quads: Proven Guidelines for a Healthy Multiple Pregnancy*. (2nd ed.). New York: Harper Collins.
5. American Dietetic Association. (2008). Position Paper: “Nutrition and Lifestyle for a Healthy Pregnancy Outcome.” *Journal of the American Dietetic Association*, March, p. 553-560.
6. www.mypyramid.gov
7. www.marchofdimes.com

For more nutrition information:

www.marchofdimes.com  
 www.mypyramid.gov  
 www.eatright.org  
 www.cspinet.org  
 www.environmentalnutrition.com  
 www.nutritioncouncil.org  
 www.cfsan.fda.gov (Center for Safety and Applied Nutrition)  
 USDA food information line: 1-888-SAFEFOOD  
 Greater Cincinnati Nutrition Council nutrition hot line: 513-721-7900

This nutrition information is not intended as a substitute for your health professional’s opinion or care.

##### Food Safety

*Toxoplasma gondii* is a parasite found in undercooked meat and unwashed fruits and vegetables. Do not eat unwashed fruits and vegetables. Do not eat sushi or undercooked meat, poultry, fish or shellfish. Avoid eating raw eggs. Don’t allow cross-contamination between raw and cooked foods. Wash hands and food surfaces often. Clean inside of the refrigerator regularly. Use all perishable items that are precooked or ready-to-eat as soon as possible. Refrigerate or freeze food promptly.

##### Listeriosis

Listeriosis is an infection caused by the bacterium *Listeria*. Listeriosis occurs 20 times more often in pregnant women than in non-pregnant adults. This may be due to the weakened immune system during pregnancy. Symptoms include fever, chills, nausea, diarrhea, muscle aches, headache, stiff neck, confusion, loss of balance or convulsions. Since this illness can be dangerous to your growing baby, contact your physician if you suspect you have listeriosis. To protect you from listeriosis, the U.S. Food and Drug Administration guidelines during pregnancy are as follows:

- Reheat hot dogs and deli meats until steaming hot.
- Do not drink raw or unpasteurized milk or eat foods that contain unpasteurized milk.
- Do not eat soft cheeses like feta, brie, camembert, blue-veined cheeses, Roquefort or Panela unless the label says pasteurized. Other cheeses are safe to eat.
- Do not eat refrigerated pates or meat spreads. Canned and shelf-stable versions are safe for pregnant women to eat.
- Avoid unpasteurized juices.
- Avoid raw vegetable sprouts, including alfalfa, clover and radish.
- Avoid raw fish, especially oysters, clams, sushi and mussels.
- Do not eat refrigerated smoked seafood unless it is an ingredient in a cooked dish such as a casserole. Canned fish may be eaten safely.

For more information regarding food safety during pregnancy visit these sites:

www.fightbac.org  
 www.fsis.usda.gov  
 www.cfsan.fda.gov  
 www.eggsafety.org

##### Mercury and fish

Fish is an important part of a healthy diet for all Americans, including pregnant and breastfeeding women. Fish contains protein and omega-three fatty acids, which aid in your baby’s growth and development.

#### 4. SELF-CARE DURING YOUR PREGNANCY

The following guidelines from the EPA and FDA are for pregnant and breastfeeding women:

1. Do not eat shark, swordfish, king mackerel or tile fish (golden or white snapper) due to high amounts of mercury (mercury can be harmful to your developing baby).
2. Limit other fish and shellfish to 12 oz. total a week. (Light tuna has less mercury than albacore tuna).
3. Check local advisories about the safety of fish caught in local lakes, rivers and coastal areas.

For more information regarding fish and mercury:  
[www.epa.gov/waterscience/fish](http://www.epa.gov/waterscience/fish)  
[www.cfsan.fda.gov/seafood1.html](http://www.cfsan.fda.gov/seafood1.html)  
[www.cfsan.fda.gov/~frf/sea-mehg.html](http://www.cfsan.fda.gov/~frf/sea-mehg.html)  
[www.epa.gov/ost/fish](http://www.epa.gov/ost/fish)  
1-888-SAFEFOOD (Safe food information line)

#### Nutrition during the breastfeeding period

Continue to eat a wide variety of healthy foods during the breastfeeding period. Most breastfeeding women need approximately 500 extra calories per day. To obtain adequate calories and nutrition, try eating three meals and three small snacks daily. Continue your prenatal vitamin during the breastfeeding period. Consume adequate fluids (approximately 10 to 13 cups of fluid a day). More fluids are needed during warm weather. To help you get enough fluids, try to drink a cup of water every time you sit down to nurse. Limit caffeine, since it is a stimulant. Discuss any supplements, including herbal supplements, with your health care provider. Keep a food diary if you feel your baby is sensitive to something you eat or drink. The first few weeks of breastfeeding are important to establish an adequate milk supply. If you are trying to lose weight after delivery, wait until after your six-week postpartum visit. Remember, slow, gradual weight loss is best so you will have the energy to care for your baby.

#### Exercise

Exercise will help you feel better and help relieve stress. It also can reduce some of the aches and pains of pregnancy by toning muscles, improving posture and flexibility, and accommodating your body changes. Additional benefits of exercise include relieving swelling and constipation, reducing fatigue and encouraging good sleep.

The exercise you choose depends on your fitness level and how much you exercised before pregnancy. If you did not exercise regularly, this is not the time to begin a strenuous program. There are many activities you can participate in safely, such as walking, swimming and light aerobics. You may even discover a new activity that you will enjoy well beyond pregnancy.

Light aerobics will help improve the function of your heart and lungs, and light aerobics with light weights will help tone your muscles. Because there are many exercise programs designed for pregnancy, your physician can help you decide which is best for you and tell you the target heart rate that is safe for your level of fitness. Walking is an excellent light aerobic exercise. Try to exercise three to four times a week. Wear loose, lightweight clothing to keep from getting too hot.

#### Stretch before exercising

Spend time stretching your muscles before you begin exercising. Pay attention to each muscle group using gentle motions. Examples are arm reaches, head and shoulder circles, pelvic tilt and rock, and leg stretches. This will gradually increase the blood flow and warm your muscles. Muscles that are warmed are more efficient and less prone to cramping and injury. Consult the instructor at your Childbirth Education Class, or register for Fitness for Two (see page 4).

#### Drink plenty of fluids

Drink a large glass of water about 30 minutes before beginning vigorous exercise to keep from becoming dehydrated. Take sips as needed while exercising and drink another large glass at the end of your routine. Following these guidelines will allow you to have plenty of water in your system without having a full stomach.

#### Know when to stop exercising

Stop exercising if you notice signs of overwork such as pain, dizziness, shortness of breath, feeling faint, heart palpitations or a heart rate faster than your target limit. Your physician can help you decide the target heart rate that is safe for your level of fitness. If you cannot talk easily during exercise, decrease or stop your activity.

#### Posture and body alignment

During activity, stand tall with your head up, shoulders square and abdominal muscles comfortably tightened. This posture will pull your body into proper alignment, tilting the pelvis forward and offering more support for your spine. You also will look and feel better when you stand straight instead of slouching. Bend at the knees using your thigh muscles to reduce strain. Your thigh muscles are larger than your back muscles and better suited for absorbing impact. Avoid bouncy, jerky or twisting motions during exercise.

*Note:* When you are carrying small children or heavy objects, hold them close to your body to reduce back strain.

#### Allow time to cool down

Remember that the goal of exercise in pregnancy is to reach or maintain a level of fitness that is safe. At the end of vigorous

#### 4. SELF-CARE DURING YOUR PREGNANCY

exercise, cool down with slower exercise to allow your breathing and heart rate to slow gradually and your body temperature to return to normal.

#### Kegel exercise

The Kegel exercise helps tone pelvic muscles during pregnancy to improve bladder control, offer more support for a growing uterus and improve a woman's ability to push during delivery if she is not using anesthesia. After delivery, toning with the Kegel exercise promotes the healing of the pelvic area, especially if an episiotomy (an incision made at the opening of the vagina to provide more room for the exit of the baby and help prevent additional vaginal tearing) was performed. To identify the pelvic floor muscles, imagine how it feels to stop the stream while urinating. This action involves tightening the pelvic floor muscles. The Kegel exercise is performed by tightening the pelvic floor muscles, holding for several seconds (five seconds, increasing to 10 seconds with practice), and then releasing them. Repetitions should be done several times each day starting out slowly and doing a series of five at a time. As your muscle tone improves, gradually increase to 100 repetitions a day. Done all at once, 100 repetitions takes about 20 minutes. It is recommended that this exercise be done every day for life.

#### Be Aware of Your Baby's Movement

By being aware of how much or how little your baby moves inside your uterus, you can have a good idea of your baby's health. You may have heard that babies stop or slow down their movements in the last few weeks of pregnancy or before labor begins. This is not true. In fact, babies who stop moving may be in serious trouble. Babies are supposed to move. They feel a need for a change in position or exercise, just as you do.

Midway through your pregnancy, you may feel your baby making big rolling movements. As your pregnancy progresses and your baby grows larger, it will be harder to make those movements that were possible in the earlier months. Your baby should continue to experience the same number of movements; however, the quality of movements will change. Each baby is different. Some move more in the morning and others move more in the evening. Only you know your baby's movement patterns best. Call your physician or midwife if the frequency or quality of your baby's movement pattern has changed.

You may be instructed to count the actual fetal movements three times every day or have testing done to assess your baby's well-being. Normally, babies tend to move more frequently after a meal or snack. You should begin to perform your assessments of fetal movement approximately 20 minutes after drinking juice or eating a meal or snack. Lie on your left side to assess fetal movements. If you do not feel six to 10 movements within one hour,

repeat the test (your baby may have been asleep). If during the second hour your baby still does not move at least six to 10 times within an hour, call your physician or midwife for further advice and instructions.

#### Diagnostic Tests During Pregnancy

Listed below are common tests performed during pregnancy. Your physician will let you know if any of these tests are appropriate for your care.

#### Blood tests

Blood typing is done to determine the mother's blood type and Rh factor. A blood sample is tested to detect whether the mother has been exposed to rubella (German measles), hepatitis B, syphilis (a sexually transmitted disease), and/or HIV. Blood tests also help to determine whether the mother is anemic (has a low level of iron in her blood).

#### Cervical length

This test determines the length of your cervix – the opening that the baby will pass through when you are in labor – and if it is strong enough to hold the baby. The test is performed each week between 16 and 26 weeks of gestation.

#### Cervical sampling

The cervix (the lower end of the uterus before the vagina) is swabbed to obtain cells to be tested for cancer (Pap test), gonorrhea and chlamydia (sexually transmitted diseases).

#### Maternal serum triple screen

The maternal serum triple screen is a blood test to check the development of the baby's brain or spinal cord and determine your risk for carrying a baby with Down syndrome.

#### Genetic testing

- Amniocentesis requires a small amount of fluid taken from within the sac that surrounds the baby to perform genetic screening and testing.
- Chorionic Villus Sampling (CVS) is a test that can be done in the first trimester to determine genetic defects.

#### Urinalysis

A test performed on urine to determine unusually high amounts of protein (indicating possible infection or kidney disease), sugar (indicating diabetes) or bacteria (indicating a bladder or kidney infection).

#### Glucose screening and glucose tolerance testing (GTT)

These tests are performed to check for gestational diabetes. The mother drinks a solution of highly concentrated sugar. After an hour, her blood is drawn and tested to determine the level of sugar (glucose) in her blood. During a GTT, additional blood samples are drawn and tested over a three-hour period.

**Ultrasound (sonogram)**

This test uses sound waves to produce images of the fetus.

**Group B strep (GBS)**

A culture is used to test for a common genital bacteria that, when present, can be passed to the baby during delivery. If you test positive for GBS, antibiotics will be given during labor.

**Cystic fibrosis (CF) screening**

Cystic fibrosis is an inherited disease of the lungs and digestive system that can cause recurring chest infections and malnourishment. Early detection may improve growth and decrease risk of infections.

This screening is performed during the first or second trimester (ideally before 20 weeks). The purpose of this screening is to determine whether one or both parents are carriers for cystic fibrosis, a genetic disorder that causes lifelong problems with digestion and breathing. If both parents are found to be carriers, there is a one in four chance that their baby will have CF. The method used for CF screening is a blood test or saliva sample. This screening is recommended for all expectant parents. Results are usually received within two weeks.

**Tests of fetal health/well-being**

- Non-stress test (NST) monitors your baby's heart rate in response to the baby's own movements and kicks. When the baby moves, a healthy baby's heartbeat increases slightly and returns to normal almost immediately. An external fetal monitor is used to measure fetal well-being by graphing fetal movements felt by the mother along with corresponding changes in the fetal heart rate. An NST may be performed later in your pregnancy once or twice a week until your delivery. This test usually takes 20 to 30 minutes. An NST may be done for a number of reasons. Some of these include abnormal amniotic fluid volume, inadequate growth of the baby, decreased fetal movement, elevated maternal blood pressure, maternal diabetes, maternal age of 35 or older, multiple gestation, or when the pregnancy goes beyond the due date.
- Amniotic fluid index (AFI) measures the amount of fluid that surrounds your baby. This test is performed by ultrasound and is usually done late in pregnancy. An AFI may be performed once or twice a week until your delivery and often is performed in conjunction with a non-stress test.
- Biophysical profile (BPP) consists of a non-stress test and ultrasound. The ultrasound observes the baby's breathing, muscle tone, body movement and the amount of amniotic fluid. To assess your baby's well-being, the BPP may be repeated once or twice a week until your delivery.
- Fetal echocardiography examines the anatomy of the baby's heart. Ultrasound waves produce images of your baby's heart. If there is a risk that your infant has a congenital heart abnormality, this specialized test is ordered by your physician.

**Safety Concerns During Pregnancy**

Listed below are general suggestions to follow during your pregnancy. Always check with your physician or midwife for specific instructions regarding your health.

**Travel**

Unless otherwise instructed by your physician, travel usually is allowed during pregnancy. Plan ahead and consider the following comfort measures.

- Wear comfortable clothing that doesn't bind.
- Take along light snacks and a water bottle.
- If you are driving a great distance, stop every hour or two along your route (especially if you are near the end of your pregnancy) to stretch and go to the bathroom.
- Sit as far back from the steering wheel as possible.
- Let others do the driving as much as possible during the last few months of pregnancy. Avoid unnecessary trips. When you ride in the car, sit in the back seat, which usually is a much safer place to ride. Use a lap/shoulder belt.\*
- If you are in a crash, even a minor one, get checked at a hospital emergency room. Your unborn baby could be seriously injured even if you do not seem to be hurt.
- If you are going away for a long time, call your physician for recommendations of another physician at that location in case medical care would be necessary. If possible, avoid traveling long distances the last three months of your pregnancy. If you must travel, ask your physician for consent and ask for a copy of your prenatal record.
- If foreign travel is planned, check with your physician to make sure it is safe at the stage of pregnancy you are in, and to receive specific advice.

*\*Whenever you travel by car, always wear your seat belt. Correct positioning of the lap/shoulder belt is essential. Place the lap portion under your abdomen and across your upper thighs. The shoulder strap should fit diagonally between your breasts. Your seat belt should be snug, yet comfortable. Never ride with only your lap belt on and not the shoulder belt because you still could be seriously injured in a car accident.*

**Hot tubs, whirlpools and saunas**

Sitting in hot water or a sauna for a long time may cause your internal body temperature to increase significantly (hyperthermia). Especially during the first few months of pregnancy, this can be dangerous for the fetus. To be on the safe side, avoid overheating and check with your physician before using hot tubs, whirlpools or saunas.

**Litter boxes**

Cats' bowel movements may contain a parasite that can cause a serious blood infection, which can lead to birth defects for your baby. Although the chance of becoming infected is small, it is best to be cautious. Let someone else clean the litter box or use

rubber gloves if you must do it yourself. Also, be careful when gardening in an area where your cat may have had a bowel movement.

**Painting**

If you must be involved in painting, wallpapering, or stripping or refinishing furniture during pregnancy, use caution. Work in a large, well-ventilated area. Avoid long exposure to fumes, especially in the first three months of your pregnancy. Wear gloves and protective clothing and don't eat or drink in the area.

**House cleaning**

Using household cleaning products is not likely to harm your baby. However, it is a good idea to avoid oven cleaners and dry cleaning products during your pregnancy. Never combine cleaning fluids containing chlorine bleach and ammonia, since this combination produces toxic fumes.

Do not climb ladders during your pregnancy, because a fall can cause serious injury to your baby. Ask for help reaching high places. If you must use a step stool or ladder, keep in mind that your center of gravity changes during pregnancy and you can easily lose your balance.

**Medication**

Check with your physician before taking any medication. Even common over-the-counter preparations such as cold treatments, aspirin and pain relievers can harm your baby.

**Warning signs**

Any of the symptoms listed below could indicate a health problem. Please contact your physician or midwife immediately and report any additional symptoms you are experiencing.

Warning signs include:

- Bright red vaginal bleeding – any amount
- Persistent abdominal pain, especially with nausea and vomiting
- Fever above 100 degrees Fahrenheit
- Severe, persistent nausea with or without vomiting
- Fainting or dizziness
- A visual disturbance – blurring, spots or double vision
- A sudden swelling or puffiness of face, hands or feet
- Pain or burning when urinating
- Sudden increase in thirst with little or no urination for a day
- Foul smelling or irritating vaginal discharge
- A decrease or change in fetal movement during a 12- to 24-hour period
- A fall, accident or injury, even when the abdomen is not involved
- Headaches not relieved by Tylenol
- Visual changes (i.e. spots in your field of vision or “floaters” that do not go away)

**Health Concerns During Pregnancy****Preeclampsia** (high blood pressure during pregnancy)

High blood pressure, or hypertension, may occur for the first time during pregnancy. This is referred to as gestational hypertension, previously referred to as pregnancy-induced hypertension (PIH), preeclampsia or toxemia of pregnancy. Many women may have no symptoms, while others may experience a few or all of the signs and symptoms.

Call your physician or midwife if you have any or all of the following symptoms.

- Recurring headaches – sudden or severe
- A visual problem – blurred or double vision or “seeing spots”
- Dizzy feeling that does not go away
- A sudden increased swelling of face, hands, legs or feet that does not go away
- Abdominal pain that becomes severe and does not go away
- A decreased amount of urine or times that you empty your bladder without a decrease in your fluid intake
- A sudden weight gain of more than one pound per day

**High blood sugar during pregnancy**

High blood sugar, or blood glucose, may occur for the first time during pregnancy. High blood sugar during pregnancy is referred to as gestational diabetes mellitus (GDM). Causes of high blood sugar may be too much food, or too little insulin produced in the body by the pancreas, illness or stress. GDM may start slowly and, if not treated properly, may lead to a medical emergency and possible problems for your baby. Call your physician or midwife if you have any or all of the following symptoms.

- Extreme thirst
- A need to empty your bladder often
- Dry skin
- Unsatisfied hunger
- Blurred vision
- Drowsiness
- Slow-healing wounds

To protect the health of you and your baby, you may need to change the foods you eat. By changing the amount and the type of food you eat, without decreasing calories, you may be able to control your diabetes.

**Premature labor**

Preterm or premature labor is labor that occurs three weeks or more before your due date (37 weeks gestation). This means that you have contractions that result in a change in your cervix. Because preterm labor isn't always painful, many women often are unaware that they are in labor. Since the fetus is not fully grown, it is healthier for the baby to stay inside your uterus, and every effort should be made to stop labor.

#### 4. SELF-CARE DURING YOUR PREGNANCY

The following are signs that occur during preterm labor. However, they also can be a very normal part of a healthy pregnancy. What you need to keep in mind as you review these signs is what might represent a change from your normal pattern or experience. Be aware of the following:

- An increase or change in vaginal discharge (watery, mucous or bloody)
- Menstrual-like cramps felt low in the abdomen, near the pubic bone (may be constant or come and go)
- Pelvic or lower abdominal pressure
- Lower, dull backache – lower back pain that may radiate to the sides or the front (may or may not be relieved by change of position)
- Intestinal cramps with or without diarrhea
- Regular contractions or uterine tightening occurring every 15 minutes or closer (may not be painful)
- A general feeling that something is not right

If you have any of these symptoms before the 37th week of your pregnancy, do all of the following.

- Go to the bathroom and empty your bladder
- Check to make sure that you have not missed a dose of any medication you might be taking
- Maintain adequate fluid intake (eight to 10 glasses of water each day)
- Rest on your left side lying down
- Record uterine contractions
- Call your physician or midwife

### Postpartum Depression or Baby Blues?

#### Postpartum disorders

Do you cry a lot? Do you feel irritable? Do you have sleep problems? Or do you just feel like something is not right? You could have the “baby blues” or something more. These are known as postpartum disorders. Women who experience any of these medical conditions should seek medical advice.

#### Baby blues

The baby blues start within the first three days of giving birth and quickly fade away. Most new mothers may feel weepy, drained, anxious, irritable or sad. These feelings can last from 10 to 14 days. If they persist longer, you should pursue medical advice.

#### Postpartum depression

Postpartum depression (PPD) is the number one complication of pregnancy, affecting nearly 700,000 women in the United States each year. PPD is a physical disorder that can occur any time from pregnancy to a year postpartum. Up to 30 percent of new mothers may have feelings of hopelessness, irritability, sadness, loneliness and isolation that last longer than two weeks.

They also may cry a lot, have frightening or repetitive thoughts and have trouble eating or sleeping. If you think you have postpartum depression, you should seek medical advice.

#### Postpartum anxiety

Some mothers may experience postpartum anxiety on its own or together with symptoms of depression. Others may feel worried or panicky, fear losing control or have chest pains or a racing heart. Postpartum anxiety may also make women feel shaky, dizzy or short of breath. If you think you have postpartum anxiety, you should seek medical advice.

#### Postpartum psychosis

This rare condition can be a traumatic experience for the whole family. The mother may have severe mood swings, hallucinations, and irrational or violent thoughts. Postpartum psychosis is a serious condition that requires immediate medical attention.

#### Self-test for postpartum disorders

Circle the answer that most closely describes how you have felt in the past seven days.

- 1. I have been able to laugh and see the funny side of things.*  
As much as I always could – 0 pts.  
Not quite as much now – 1 pt.  
Definitely not quite so much now – 2 pts.  
Not at all – 3 pts.
- 2. I have looked forward with enjoyment to things.*  
As much as I ever did – 0 pts.  
Some less than I used to – 1 pt.  
Definitely less than I used to – 2 pts.  
Hardly at all – 3 pts.
- 3. I have blamed myself unnecessarily when things went wrong.*  
Never – 0 pts.  
Not very often – 1 pt.  
Some of the time – 2 pts.  
Most of the time – 3 pts.
- 4. I have felt worried and anxious for no good reason.*  
Not at all – 0 pts.  
Hardly ever – 1 pt.  
Sometimes – 2 pts.  
Very often – 3 pts.
- 5. I have felt scared or panicky for no good reason.*  
Not at all – 0 pts.  
Not very often – 1 pt.  
Sometimes – 2 pts.  
Quite a lot – 3 pts.

#### 4. SELF-CARE DURING YOUR PREGNANCY

6. *Things have been getting the best of me.*

- I have been coping as well as ever. – 0 pts.  
Most of the time I have coped quite well. – 1 pt.  
Sometimes I haven't been coping as well as usual. – 2 pts.  
Most of the time I haven't been able to cope at all. – 3 pts.

7. *I have been so unhappy that I have had difficulty sleeping.*

- Not at all – 0 pts.  
Not very often – 1 pt.  
Sometimes – 2 pts.  
Most of the time – 3 pts.

8. *I have felt sad or miserable.*

- Not at all – 0 pts.  
Not very often – 1 pt.  
Sometimes – 2 pts.  
Most of the time – 3 pts.

9. *I have been so unhappy that I have been crying.*

- Not at all – 0 pts.  
Not very often – 1 pt.  
Sometimes – 2 pts.  
Quite a lot – 3 pts.

10. *The thought of harming myself has occurred to me.*

- Never – 0 pts.  
Hardly ever – 1 pt.  
Sometimes – 2 pts.  
Quite often – 3 pts.

Total \_\_\_\_\_

Add your circled scores for each question. If your score is 10 or greater, you may have postpartum depression or anxiety. Speak with your health care provider or call the 24-hour support line at 614-315-8989 for help.

#### Sources

Cox, J.L., et al. “Detection of Postnatal Depression: Development of the 10-item Edinburgh Postnatal Depression Scale.” *British Journal of Psychiatry* 1987; 105; 782-786.

Seehusen, Dean A., Maj, MC, USA, et al. “Are Family Physicians Appropriately Screening for Postpartum Depression?” *Journal of American Board of Family Practice* 2005; 18 (2); 104-112.

### Frequently Asked Questions about Postpartum Disorders

**Q. Why am I experiencing postpartum depression now? I was fine for 10 months, but now I feel weepy and unable to cope.**

A. Hormonal shifts can bring about symptoms of postpartum depression. Some women experience symptoms shortly after giving birth; however, events such as weaning your baby, starting your menstrual period again, and starting birth control pills or other medication can contribute to a late onset of postpartum depression or anxiety.

**Q. I feel anxious most of the time. I often am nervous and worried. There are times I am short of breath, dizzy or my heart races. I get hot flashes and often feel like I am losing control. Am I going crazy?**

A. By no means are you “crazy,” nor are you alone. It sounds as if you have postpartum anxiety. There are many ways to treat postpartum anxiety. Contact your physician for more information.

**Q. My wife has been acting strangely. Sometimes she says bizarre things and sees things that are not there and then she snaps out of it and cooks dinner. Is this normal?**

A. What your wife is going through sounds like postpartum psychosis. This rare but treatable condition is a medical emergency. Call your physician immediately.

If you experience any of the symptoms of a postpartum disorder, you are not alone. At Bethesda North and Good Samaritan hospitals, we can help you through this difficult time.

We offer:

- A referral “hope line”
- Connections to support groups
- Referrals to therapists who specialize in postpartum disorders
- Educational materials

Call TriHealth Perinatal Programs at 513-862-3343 for more information.

*The smartest thing you can do for yourself and your family is to get help. You are not alone! You are worth it!*

# 5

## Preparing for the New Arrival

A lot goes through your mind when you are pregnant – plans for the baby’s room, questions about how life will change, what the baby will be like, etc. There are a few things you shouldn’t overlook – things you’ll need to do before arriving at the hospital and options to consider during your stay.

### Choosing a Medical Caregiver for Your Baby

It’s time to start thinking about choosing a health care provider for your baby. That person may be a pediatrician or a family practice physician. Some physicians have pediatric nurse practitioners who work with them. It is helpful to arrange a visit with the physician before your baby is born to ask questions and become familiar with the practice. Be sure to bring the name and address of your baby’s physician to the hospital, since your baby must have an examination before going home. If you need help locating a physician for your baby, call the TriHealth Women’s HealthLine at 513-475-4500 or Children’s Hospital Physician Referral Line at 513-636-4724. You also may visit [trihealth.com](http://trihealth.com) to find a TriHealth physician or [cchmc.org](http://cchmc.org) for a Children’s Hospital physician.

Consider the following when choosing a medical caregiver:

- Arrange to visit the office site where you will be taking your child.
- Credentials – is the physician a member of the American Academy of Pediatrics or the American Board of Family Practitioners?
- Office hours – are there evening and Saturday options?
- Are there additional office sites?
- What hospital does the physician use and recommend?
- Do your personalities match?
- Is there a charge for meeting with the physician for an interview before your baby is born? If so, will the charge be applied to the newborn care charges if you choose that physician?
- Make sure you have a clear understanding of visit charges and payment requirements.
- How soon after birth will the physician see your baby? Is in-hospital care designated to another physician (e.g. the hospital neonatologist or pediatrician)?
- When is the first office visit and what is the schedule for follow-up visits?
- What is the schedule for infant immunizations? Ask any questions you have about immunizations.
- What about emergencies? How should the physician be notified, and what steps should you take?

- How are office phone calls handled? Is there a specific time of day when non-emergency calls are returned?
- Is there a separate office entrance or a separate waiting area for sick children?
- Is there a pediatric nurse practitioner in the practice? If so, will you see the practitioner on a regular schedule or rotation?
- Does the physician recommend a reference book on child care?
- Discuss any questions about circumcision, e.g. pros and cons, and care of the circumcised and uncircumcised penis.
- Feeding options – ask for the physician’s opinion about breastfeeding, bottle feeding, weaning, introduction of solid foods, commercial versus homemade baby food, etc. How do those opinions compare to your own?
- Does the physician prefer that the hepatitis B vaccine be given in the hospital or at the first office visit?

### Check Your Insurance

Many insurance plans must authorize admission as well as some testing procedures (OB ultrasounds, non-stress tests, etc.). Please check your plan to see if you need to meet requirements before coming to the hospital. Also, check the length of stay your insurance covers for vaginal and Cesarean births and whether a home visit is provided. You also will want to know ahead of time if your plan covers well-baby care and vaccines, or if you must meet a co-payment or deductible. Don’t forget to ask about how to add your baby to the plan.

If you are concerned about coverage for your newborn, call your nurse care coordinator (see page 1), who will help you find appropriate resources. If your baby will not have medical insurance, ask your nurse care coordinator about options available through the Department of Human Services.

Most plans require you to contact them within 30 days of the baby’s birth. If the baby’s health insurance will be a different coverage than the mother’s insurance please call 513-862-2345, option 3 and register the baby under the new insurance.

### Paying for the Birth of Your Baby

Congratulations on the upcoming birth of your new baby! While this undoubtedly is an exciting time, it also may be slightly overwhelming, especially when you start to think about paying for the big day. At Bethesda North and Good Samaritan hospitals, we encourage you to plan ahead to determine just how much you will owe for you and your baby’s health care. That way, you can help reduce some of the unnecessary stress after

## 5. PREPARING FOR THE NEW ARRIVAL

delivery and focus on what is important – spending time with your bundle of joy.

Here are some useful guidelines to get you started.

### Learning the lingo

The portion of your bill for which you are responsible often is called a co-payment, deductible or co-insurance.

- A co-payment is a fixed dollar amount listed on your insurance card for a specific type of service such as an emergency room visit, for certain procedures and for physician office visits.
- A deductible usually is a fixed dollar amount that you must spend before the insurance company begins to make payment on your account. If you are required by your insurance plan to pay a deductible or percent of allowable charges, the “sticker price” is reduced by the amount negotiated by your particular insurance company. For example, you have an uncomplicated vaginal delivery and have a \$1,000 deductible remaining.

#### Example

Hospital uncomplicated vaginal delivery price	\$6,900
Insurance allowable or discounted amount	\$3,500
Patient pays deductible	\$1,000
Insurance pays	\$2,500

- Usually, the co-insurance is the amount that you must pay in addition to the insurance company’s payment to the hospital. The hospital price is reduced by the amount negotiated (allowed) by your insurance company. For example, a patient has an uncomplicated vaginal delivery and is expected to pay 20 percent of allowable charges.

#### Example

Hospital uncomplicated vaginal delivery price	\$6,900
Insurance allowable or discounted amount	\$3,500
Patient pays 20%	\$700
Insurance pays	\$2,800

### Familiarize yourself with your insurance

As a patient, your payment is dependent upon your individual insurance plan. Your baby’s account will be billed separately and may be subject to additional co-payments, deductibles or co-insurance. You also will receive a separate bill from the obstetrician, pediatrician, anesthesiologist, and from other specialty professional services you receive.

Ask your insurer whether or not the delivery services, such as vaginal delivery or Cesarean section, are covered services. Also ask if you are required to pay co-payments, deductibles or co-insurance for you and your baby. Insurance benefits usually change each year, so it is a good idea to check in with your insurer early in your pregnancy and close to the time of your delivery.

### How to pay

Bethesda North and Good Samaritan hospitals accept Visa, MasterCard, Discover, American Express, personal checks, e-checks and cash. We offer Internet payment services online at [www.TriHealth.com](http://www.TriHealth.com). Payment plans are available, as some mothers find it easier to make smaller monthly payments prior to delivery instead of a larger lump sum payment after delivery.

If you think you might have difficulty paying your bill, please contact our obstetrical financial counselors located at Bethesda North Hospital 513-865-1647; or Good Samaritan Hospital, 513-862-3529. For insurance-related questions, please call 513-282-7055 or you may e-mail questions to [pfs@trihealth.com](mailto:pfs@trihealth.com). If you would like to make a payment, please call 513-569-6117.

If you do not have insurance for labor, delivery and maternity care, you may want to consider the following care options:

<b>Bethesda North OB/Gyn Center</b>	<b>513-865-1631</b>
<b>Good Samaritan Hospital</b>	
<b>Faculty Medical Center</b>	<b>513-862-2563</b>
<b>TriHealth Nurse Midwives</b>	<b>513-751-5900</b>

For \$2,400 for a vaginal delivery or \$2,900 for a Cesarean section delivery (costs are subject to change), these providers offer:

- All pregnancy-related clinic visits
- Delivery with or without anesthesia
- Delivery and hospital care for mother and baby in accordance with the maternity discharge program (48 hours for a vaginal delivery and 96 hours for a C-section delivery)
- Anesthesiologist’s fee
- Clinic attending physician’s fee
- Nurse midwife’s fee
- Inpatient pediatrician fee
- One home visit after delivery (if discharged early – see above)
- Mother’s six-week postpartum check-up
- Pregnancy-related outpatient diagnostic services performed and processed at TriHealth (except as noted above)
- Circumcision for male newborns when performed during the hospital admission
- Admissions for observation less than 24 hours

### If necessary, request financial assistance

We understand that dealing with medical bills can be difficult. That is why we offer help. If you are unable to pay all or part of your hospital bill, we can help you determine if you are eligible for federal, state and hospital programs, and/or direct you to resources that may help you pay your hospital bill.

TriHealth uses the guidelines listed on page 26 to determine if an individual qualifies for financial assistance. The guidelines are used in a sliding scale format to determine the amount of financial assistance available based on income and family size. A financial counselor can assist you in determining the level of financial assistance for which you may qualify.

## DO YOU QUALIFY FOR FINANCIAL ASSISTANCE?

All Ohio Hospitals are required to provide medically necessary care, without charge, to eligible persons. To be eligible, an individual must:

1. Be a resident of Ohio
2. Not currently be receiving Medicaid benefits
3. Be a person or from a family whose income is at or below the Federal Income Poverty Guidelines

Even if you are not eligible for free care through the State of Ohio program, you may still be eligible for a discount on hospital services through the TriHealth Financial Assistance Program. You may qualify for this program if your income is at or below 400 percent of the Federal Poverty Guidelines, even if you are not a resident of Ohio.

Family size	Federal Income Poverty Guidelines	TriHealth Financial Assistance Income Guidelines
1	\$10,830	\$43,320
2	\$14,570	\$58,280
3	\$18,310	\$73,240
4	\$22,050	\$88,200
5	\$25,790	\$103,160
6	\$29,530	\$118,120

Additionally, for us to determine if you specifically qualify for TriHealth's Financial Assistance Program, you need to:

- Call an obstetrical financial counselor at Bethesda North Hospital, 513-865-1647, or Good Samaritan Hospital, 513-862-3529.
- Complete the application for financial assistance. You may obtain an application from the financial counselor or on [www.TriHealth.com](http://www.TriHealth.com) / Pay a Bill / Financial Assistance.

## Circumcision

Circumcision is the surgical removal of the skin (foreskin) from the glans (head) of the penis. Your obstetrician performs the circumcision on your son. The decision about circumcision is an important one, and as parents, the choice is yours to make.

Making the decision concerning circumcision is a personal one that may also be influenced by cultural or religious factors. If you desire circumcision for your baby boy, you will be asked to sign a consent form after discussing the procedure with your physician prior to the procedure. You may want to discuss pain medication options for your son's circumcision with your obstetrician. There is not a definite scheduled time that the procedure is done; however, it will not be performed before your baby is two hours old. Your baby should have at least one good feeding after circumcision and adequate urine output before discharge from the hospital. He may be discharged two hours after circumcision if there are no complications, unless the physician writes a specific order to discharge him earlier.

If you are undecided about whether or not to have your baby boy circumcised at the time of his birth, it may be best to wait until you are sure. Baby boys can be circumcised up to two months of age.

For more information, visit [www.webmd.com](http://www.webmd.com) or [www.aap.org](http://www.aap.org).

## Feeding Your Baby

One of the most important decisions you will make during pregnancy is deciding how and what to feed your baby. This decision is likely to affect both you and your baby's health for a lifetime.

### Feeding options

1. *Breastfeeding* has taken Mother Nature many thousands of years to develop. It is the best way for a baby to receive the physical and emotional health benefits available only from mom's own milk. The American Academy of Pediatrics (AAP) and the World Health Organization (WHO) recommend breastfeeding as the only means of feeding a baby for the first six months.
2. *Expressed-breast-milk feeding* (EBMF), also called human-milk-feeding, usually means a baby is bottle-fed his or her mother's own milk. Mother obtains her milk through frequently pumping her breasts. EBMF provides a baby with almost all of the disease-protection properties of actual breastfeeding. (Some mothers combine breastfeeding and EBMF.)
3. *Formula feeding* is bottle-feeding with an infant formula. (Some mothers combine breastfeeding or EBMF with formula feeding.) For mothers who prefer to bottle feed their babies, it is important to remember that babies should be fed formula designed especially for babies, not regular milk. Be careful during preparation to make sure bottles and nipples are washed thoroughly and that formula is prepared and stored according to manufacturers' instructions. Some things to keep in mind when your infant feeds from a bottle:
  - Make sure baby is able to suck and swallow easily.
  - Choose a slow-flow bottle to help baby manage the flow so that he or she can coordinate breathing with sucking and swallowing.
  - Hold baby in an upright position rather than a flat position. This will help the baby manage the flow of milk into his or her mouth more easily.

- Watch baby's face for cues that the formula flow is too fast or that baby is feeling discomfort.
- Coughing or choking are signs that the baby might be having trouble. Other signs are worried facial expressions or pushing away from the bottle. Try different bottles if your baby seems to be having trouble.
- Some signs that baby is comfortable with a bottle include a relaxed face and body, no signs of coughing or choking and a calm facial expression.

For additional help with bottle feeding and formula selection for your baby, talk to your pediatrician or family practice physician.

### Breastfeeding and expressed-breast-milk feeding (EBMF)

Breastfeeding is *best for your baby* – and for you – with EBMF in second place. Only a mother's own milk contains hundreds of disease-fighting cells that help protect a baby from all kinds of illnesses. Breastfed babies are much less likely to suffer from infections causing diarrhea, earache, upper respiratory congestion and so on. This means their mothers spend less money on "sick baby" pediatric visits, lose fewer days at work, and don't have to care for sick, cranky babies as often. Breastfed babies are less likely to die of Sudden Infant Death Syndrome (SIDS).

Because your milk is created for your baby, it contains just the right balance of nutrients in their most digestible form. This means your baby can grow and develop as nature intended. Breastfed babies are less likely to develop diabetes or be extremely overweight or obese in childhood. (No one yet knows if these conditions are also less common when babies are EBMF.) Some studies link breastfeeding with higher IQ.

Breastfeeding is *best for mother's health*, too. When a newborn breastfeeds, the mother's uterus tightens and shrinks more quickly, as it was before pregnancy. Making milk uses calories, so it may help with weight loss after pregnancy. Plus, a mother's menstrual cycle (period) usually stops until after six or more months if she exclusively breastfeeds her baby, which gives a mother's body more time to recover from birth and often delays another pregnancy. (Do not rely on this method for birth control; speak to your doctor about this.)

A woman who breastfeeds her children is less likely to develop breast cancer during her lifetime. Several studies have found lower rates of some other cancers in women who breastfed, including ovarian and uterine cancers.

Breastfeeding is *best for the earth* and our environment. Breastfeeding is as "green" as it gets; it's the most environmentally "friendly" and the least expensive way to feed a baby. With exclusive breastfeeding, there is nothing to buy, prepare or clean. No factories are needed to produce a mother's milk or to make

containers to store it; no trucks, trains or planes are needed to deliver it to stores; no landfills needed to get rid of waste. There are no used cans, bottles or artificial nipples to throw away. The only waste is found in a baby's diapers! Of course, EBMF does require the ongoing use of a rented or purchased breast pump and infant feeding bottles and nipples. However, these items cost much less than artificial formula and there is still less waste.

Although there are many good reasons to breastfeed, many mothers say it is the closeness they and their babies share that is the reason they breastfeed. Breastfeeding offers a unique opportunity to develop a special bond between a mother and baby. Knowing a baby is growing and developing because of mom's own milk is an amazing feeling!

### An Expectant Mom Needs to Prepare for Breastfeeding

New mothers are sometimes surprised if they find breastfeeding isn't as "natural" or as easy as they thought it would be. However, many first-time mothers have never held a newborn baby, and most women have not grown up in a family or neighborhood where they could watch a lot of babies breastfeed.

It's easier to begin breastfeeding when you've already seen breastfeeding. Developing a network of breastfeeding supporters to cheer you on after your baby's birth also helps. To learn how breastfeeding works and find some breastfeeding supporters:

- Attend *breastfeeding support group* meetings, such as La Leche League. Watch how mothers position babies of different ages during breastfeeding. Listen to these mothers and learn more about what makes breastfeeding work best. To find the La Leche League group closest to you, see: <http://www.lloho.org/groups/cincinnati.html> or call 513-357-6455.
- *Talk* to friends, relatives and colleagues who successfully breastfed their children. Ask what they know now about breastfeeding that they wished they'd known when their babies were newborns.
- Attend a TriHealth *breastfeeding class*. Class information is available on the TriHealth Web site under *Women's Health* and then *Maternity*. For a class description or to register online, go to *Maternity Classes and Resources* and click on *Breastfeeding classes* at: [http://www.trihealth.com/whe/mat/mat\\_classes.aspx?id=01.00.07](http://www.trihealth.com/whe/mat/mat_classes.aspx?id=01.00.07) or call 513-475-4500.
- Read *books* and watch *films* about breastfeeding. In many breastfeeding classes, films are shown as part of the discussion. Also, good video clips are available on the Internet. Several books and films are listed at the end of this section.

## Beginning to Breastfeed

### Immediately after delivery

Expect your healthy, full-term newborn to breastfeed for the first time within 30 to 90 minutes of birth. Ask your nurse to place your newborn skin-to-skin between your breasts as soon after birth as possible. This close contact helps your baby's body adjust to the "outside" world more easily, and you'll know when your baby begins seeking the breast. Whether your labor is short or long, your baby is born vaginally or by Cesarean section, or you are an "old hand" or lack experience holding a newborn, skin-to-skin cuddling allows you to hold your newborn comfortably and confidently. Plus, it lets your baby find the breast and latch on, usually with little help.

This first hour after birth is a time to meet and get to know the little person you've waited so many months for – no matter how you feed your baby. And it also offers a breastfeeding opportunity that should not be missed, since many newborns sleep and can be difficult to wake for feeding during much of their first 24 hours.

### Breastfeed frequently

You and your baby will need lots of "practice" to learn the new physical skills necessary to become a breastfeeding team. It takes time for a newborn to figure out how to use her mouth to suck, swallow and breathe. Plus, your newborn's tummy is really small. Frequent breastfeeding lets your baby get enough food so that she is less likely to lose too much weight or develop jaundice. (A seven to 10 percent drop from birth weight is considered normal.) Frequent breastfeeding also can mean a greater volume of milk will "come in" sooner.

Just how frequent does "frequent breastfeeding" mean?

- Offer the breast whenever your baby cues to feed, whether it has been a few minutes or a few hours since your baby last breastfed. Feeding cues include rooting, sucking movements, bringing hands to face or mouth and fussing.
- A newborn can't breastfeed too often! Expect your baby to breastfeed *at least* every two to three hours for *at least* eight feedings in 24 hours; however, 10 to 14 feedings is not unusual. Your baby should "actively" breastfeed for 10 to 30 minutes.
- If your baby does not cue to feed within about three hours or needs some help to latch on more easily, undress the baby and place her skin-to-skin between your breasts. The skin contact helps a baby become interested in feeding and latch on to the breast, and it also helps stabilize baby's temperature and other body systems.

### Ask for help

Your nurse can help you position your baby for breastfeeding and offer tips for latching on and breastfeeding. A lactation consultant or breastfeeding support technician will stop in to see you while you are in the hospital.

### Focus on getting to know your baby

Focusing on your baby probably sounds as if it will be easy, but you'll probably be surprised by the number of distractions in the hospital and how many people come and go from your hospital room. Yet you and your baby will need some alone time if you are to become better acquainted and get the rest needed to recuperate after birth.

During your hospital stay, *limit visitors*. Most mothers (and babies) find it is easier to get to know one another and learn to breastfeed without an audience! Ask most relatives and friends to wait until you are home before they come to meet your new family member.

- Limit visitors to persons: 1) who understand you may need to ask them to leave so you can feed your baby, or 2) with whom you will feel comfortable when your baby needs to eat.
- Ask those who come just to meet your new baby to limit their visits to 15 to 30 minutes, so you can rest, recuperate and make sure your baby is breastfed often enough, day *and* night.

## TriHealth Breastfeeding Support Services

TriHealth has several International Board Certified Lactation Consultants (IBCLC) and Breastfeeding Support Technicians (BST) on staff at both Good Samaritan and Bethesda North hospitals to provide information and support for breastfeeding families.

### During pregnancy

TriHealth IBCLCs and BSTs teach the *Breastfeeding and Beyond* class offered at both hospitals. If you have a special situation, are unsure about infant-feeding choices or have questions about breastfeeding or breast-pumping, call the *TriHealth Breastfeeding Support Services Warmline at 513-862-PUMP (7867)* and an IBCLC or BST will return your call and provide information.

### During your hospital stay

An IBCLC or BST tries to see each breastfeeding (and breast-pumping) mother during her stay on the Mother/Baby Unit. If either mother or baby is experiencing difficulty breastfeeding, an IBCLC may see her more than once and develop a breastfeeding plan for home. If you and your breastfed baby have not been seen by the time you are ready for discharge, ask your nurse to let an IBCLC or BST know you would like a visit.

## Home from the hospital

Many mothers, especially those breastfeeding for the first time, need reassurance that their babies are doing well. Some need a plan for a baby who needs more time to learn how to breastfeed better. Breastfeeding questions or concerns may arise weeks or months after birth. Also, a mother who is using a breast pump may need help when developing a routine to provide her milk for baby's feedings.

A breastfeeding mother may call the TriHealth Warmline number with questions, whether it has been two days or two years since her baby's birth. The Warmline number is *513-862-PUMP (7867)*.

If you experience a breastfeeding problem that requires more assistance than a warmline phone call can provide, TriHealth also has International Board Certified Lactation Consultants (IBCLC) who can see a breastfeeding mother and baby for an affordable fee, which may be covered by your insurance. (Although we do not bill insurance companies for these services, we provide a "super bill" for you to send to your insurance provider.)

*Breast pump* rental and sale, and other *breastfeeding-related equipment* and accessories are available for your convenience. Several IBCLCs and BSTs are certified to properly fit *nursing bras*. TriHealth Breastfeeding Support Services' retail "store" offers both competitive pricing and expert assistance on use of breastfeeding and lactation-related items.

## Breastfeeding: Mother's Own Milk is Best...

### For Babies\*:

- Less infection (bacterial, viral, fungal), such as:
  - Ear
  - Respiratory – colds, pneumonia, etc.
  - Intestinal – diarrhea
  - Urinary tract
- Appropriate growth and development
  - Most digestible and better used by baby's body
  - Assures lots of interaction with mother
  - Improved motor development
  - Less later childhood obesity
  - Fewer oral/dental problems
  - Better response to childhood immunizations
- Fewer allergies, especially skin reactions
- Lower risk of:
  - SIDS (Sudden Infant Death Syndrome)
  - Childhood diabetes – types 1 and 2
  - Certain childhood cancers, such as leukemia, lymphoma

\*The more breastfeeding/mom's milk a baby receives, the more protection mom's milk provides.

### For Mothers:

- Causes less bleeding after delivery and better return of uterus to pre-pregnant size
- Ensures time spent with baby that may help develop a feeling of closeness
- Uses about 500 calories a day to help with postpartum weight loss
- Delays return of menstruation and may help with child spacing (Talk to your doctor about birth control after childbirth.)
- Lowers risk of later development of:
  - Breast cancer (and possibly other "female" cancers, including ovarian and uterine)
  - Diabetes – Type 2
  - Osteoporosis
- Minimizes cost

### The Environment:

- Minimal use of natural/synthetic resources to process and transport the product and its containers
- No maintenance equipment
- Biodegradable with little waste – doesn't create or contribute to landfills

## Breastfeeding Books

### General breastfeeding information (and getting started)

TriHealth Breastfeeding Resource Guide (you'll receive a paper copy from the IBCLC who sees you in the hospital). It is also available online: [http://www.trihealth.com/whe/mat/Docs/MRG BF%20web.pdf](http://www.trihealth.com/whe/mat/Docs/MRG%20BF%20web.pdf)

*Bestfeeding: How to Breastfeed Your Baby*, by M. Renfrew, C. Fisher and S. Arms (Celestial Arts, 2004).

*Breastfeeding: A Parent's Guide* (9th ed.), by A. Spangler (Author, 2010).

*Breastfeeding Made Simple: Seven Natural Laws for Nursing Mothers* (2nd ed.), by N. Mohrbacher and K. Kendall-Tackett (New Harbinger Publications, 2010).

*So That's What They're For! The Definitive Breastfeeding Guide* (3rd ed.), by J. Tamaro (Adams Media Corporation, 2005).

*The Nursing Mother's Companion* (6th ed.), by K. Huggins (Harvard Common Press, 2010).

*The Ultimate Breastfeeding Book of Answers: The Most Comprehensive Problem-Solution Guide to Breastfeeding from the Foremost Expert in North America* (rev. ed.), by J. Newman and T. Pitman (Three Rivers Press, 2006).

*The Womanly Art of Breastfeeding* (8th rev. ed.), by La Leche League International (2010).

### Breastfeeding with return to employment

*Hirkani's Daughters: Women Who Scale Modern Mountains to Combine Breastfeeding and Working*, by La Leche League International (2005).

*Nursing Mother, Working Mother: The Essential Guide for Breastfeeding and Staying Close to Your Baby After You Return to Work* (rev. ed.), by G. Pryor and K. Huggins (Harvard Common Press, 2007).

*Working Without Weaning: A Working Mother's Guide to Breastfeeding*, by K. Berggren (Hale Publishing, 2006).

### Special Breastfeeding Situations

#### Breast surgery

*Defining Your Own Success: Breastfeeding after Breast Reduction Surgery*, by D. West (La Leche League International, 2001).

#### Twins/higher-order multiples

*Mothering Multiples: Breastfeeding and Caring for Twins or More* (rev. ed.), by K.K. Gromada (La Leche League International, 2007).

*Yes, You Can Breastfeed Twins! ... Plus More Tips for Simplifying Life With Twins*, by A. Rudat (Author, 2007).

### Films about Breastfeeding

#### Internet

"Your Baby Knows How to Latch On"

[http://www.ameda.com/resources/video-\(English & Spanish\)](http://www.ameda.com/resources/video-(English%20&%20Spanish))

"Biological Nurturing: Laid Back Breastfeeding"

<http://www.biologicalnurturing.com/video/bn3clip.html>

Breastfeeding.com, Inc. (video clip archives)

[http://www.breastfeeding.com/helpme/helpme\\_video.html](http://www.breastfeeding.com/helpme/helpme_video.html)

Dr. J. Newman and E. Kernerman (video clip archives)

[http://www.nbc.ca/index.php?option=com\\_content&view=category&layout=blog&id=6&Itemid=13](http://www.nbc.ca/index.php?option=com_content&view=category&layout=blog&id=6&Itemid=13)

## What to Pack for the Hospital

Get your bag ready at least two weeks before your due date.

The following should help you get started.

### For mom

- Personal care items
  - Toothpaste and toothbrush
  - Shampoo and conditioner
  - Hair dryer
  - Special soaps or lotions, deodorant
- Bra (a nursing bra if you are breastfeeding)
- Nursing pads if you are breastfeeding
- Skid-resistant slippers or flip-flops
- Socks (cotton or wool)
- Comfortable outfit to wear home
- Name and telephone number of pediatrician/family practice physician
- Insurance cards

### For baby

- Car seat installed in your vehicle
- Two receiving blankets
- Two rompers
- "Going home" outfit, including sweater or bunting if it is cold

### For support person

- Change of clothes
- Books and magazines
- Toothbrush and toothpaste
- At least \$20 for food, phone calls, etc.
- A watch with a second hand for timing contractions
- Family phone numbers

### Optional

- Pillow
- Nightgown or pajamas
- Robe
- CDs
- Camera
- Outfit for newborn photo
- Check, money order or major credit card to pay for your photos (if you choose to buy them)
- Hard candy

For safety reasons, please leave jewelry (necklaces, watches, earrings, rings, tongue studs, navel rings, and any other jewelry that may be worn on your body) at home.

## Baby Equipment and Supplies

You'll receive many suggestions about baby care essentials from friends and family and by reading magazines and educational materials. Begin by making a list of your needs based on your budget. If you borrow items from other mothers to save money, make sure they meet current safety regulations (especially car seats, cribs and walkers).

## Planning for Delivery

It is helpful for you to learn about labor and delivery ahead of time to help decrease your anxiety about giving birth. Section 7 reviews the labor and delivery process. You also may receive more detailed information from your childbirth education instructor. If you would like to develop a written birth plan, contact your nurse care coordinator or childbirth education instructor for assistance. You must discuss your plan with your physician or midwife and obtain their approval prior to your admission to the hospital.

*Resources:* [www.webmd.com/baby/features/buying-big-four](http://www.webmd.com/baby/features/buying-big-four) and [www.aap.org/parents](http://www.aap.org/parents)

## During Your Hospital Stay

We are committed to providing you with an enjoyable and fulfilling hospital stay. We make a special effort to establish a partnership with you and your family. If you or members of your family have requests or concerns, please let us know. It is best to have your baby in your room as much as possible so that the two of you can get to know each other better.

The same nurse will care for you and your baby and will be close by to help and support you as you grow more comfortable and confident in caring for your baby.

### Baby pictures

Soon after delivery, pictures will be taken of your baby and a representative from the photography service will contact you with information on purchasing prints. You can see or send your pictures on [www.our365.com](http://www.our365.com) or [www.trihealth.com](http://www.trihealth.com).

### Learning to be a parent

During your stay, our nurses can answer your questions about caring for yourself and your baby. Don't hesitate to ask your nurse about your concerns. Your nurse also can show you how to view educational programs on "The Newborn Channel."

## How long to stay in the hospital

One decision you will make with your physician is how long to stay in the hospital after giving birth. Many factors enter into this decision from both a personal and medical standpoint.

Mothers who leave the hospital before 48 hours after delivery (96 hours for a Cesarean delivery) may have the benefit of a home visit from a registered nurse for both mother and baby. The home visit usually occurs between 48 and 72 hours after discharge and consists of a physical exam and care instructions for mom and baby.

Questions or problems often arise after you get home from the hospital. The home visit gives you an opportunity to ask questions and review teaching with the home-visit nurse. You will want to verify with your insurance company whether you have a home visit benefit.

If you stay in the hospital for 48 hours for a vaginal birth, or 96 hours for a Cesarean birth, you may not be eligible for a home visit. Please note that patients who are 48 to 96 hours from delivery after midnight must be discharged from the hospital by 10 a.m. the following day.

## Planning Ahead for Homecoming Day

The day you bring your new baby home will be exciting and exhausting. You can make that day and the next few days less hectic by planning ahead.

- Prepare and freeze easy meals during your final weeks of pregnancy.
- Stock up on healthy basics like fruits, vegetables, pastas, etc., to make it easier to put a meal together quickly.
- A full night's sleep won't be on the agenda for a while, so sleep when your baby sleeps.
- If friends and family offer to help, ask them to prepare a meal for your family. If you have a lot of offers, freeze some meals.
- Entertaining is tiring. Ask your partner to help you limit visitors and the time that they stay.
- Before visitors – especially children – come to see your baby, make sure they are not ill. Ask all visitors to wash their hands with soap before holding your baby.
- New mothers should care for themselves and their baby only. Let others take over the household duties such as cleaning and laundry.

*Resource:* [webmd.com/baby/TC](http://www.webmd.com/baby/TC)

## Obtain a Car Seat

One item you must have before taking your baby home from the hospital is an infant car seat. By law, children must be in a federally approved, properly installed, crash-tested car seat until they are 4 years old and weigh 40 pounds, for every trip in the car, beginning with the trip home from the hospital.

Your baby should be secured in the car seat every time you travel. It is important to know how to use the car seat correctly. For example, you will want to determine if you will need to use a locking clip when belting the seat in place.

There are many car seat styles and sizes available, so shop around. If you purchase a car seat or borrow one from a friend or relative, make sure it meets all safety standards. **Be sure the car seat is installed according to the manufacturer's directions before you take your baby home from the hospital.** The hospital staff is not allowed to help you place your baby in a car seat or secure it in your car.

Most infant car seats are designed to be used for infants weighing five to 20 pounds. They must always be used so that the infant faces the rear of the vehicle, and NEVER in the front seat of a vehicle equipped with an air bag. For suggestions on appropriate car seats, you may wish to consult the annual "Consumer Reports Buying Guide" at the reference desk of your local library. If your baby does not have a safe car seat, an infant car seat can be purchased through TriHealth's Car Seat Program by calling one of the numbers below. This car seat fits babies up to 22 pounds.

Bethesda North Hospital 513-865-1638  
Good Samaritan Hospital 513-862-4388

### Selecting a car seat

The best seat is one that fits your baby and fits in your vehicle. A seat given to you as a gift may not be the best for your baby. Beware of used car seats. They may have hidden safety problems, compromising safety effectiveness if you're in an accident and putting your baby at risk.

Make sure that the car seat is convenient to install and adjust so you will use it correctly on every ride. Try to install it in every position where you might use it. Exchange it if it doesn't fit.

### Infant-only car seat

A small car seat for rear-facing use fits babies only up to 20 to 22 pounds. It is convenient for carrying a small baby to and from the car. Some models have a base that stays installed in the car.

### Convertible car seat

This can be used rear-facing for infant, then forward-facing after age 1. A seat with a harness (not a shield) fits a newborn baby best. Get a convertible seat that can be used up to 30 to 35 pounds in the rear-facing position (check the label). This will allow your baby to ride in the safest position for the longest time.

### Car bed

The car bed is designed for preemies or other babies with medical conditions requiring them to lie flat. Three are available: Angel Ride Infant Car Bed (Mercury Distributing, 1-800-815-6330); Ultra Dream Ride (Costco, 1-800-544-1108); Snuggly Car Bed (Snuggly, Inc. 1-800-336-7684).

### For low-birth-weight babies

For a preemie or low-birth-weight baby, choose a car seat without a padded shield. Find one with a small harness. (Look for the lower shoulder strap slots, 6 to 8 inches).

**SUGGESTION:** Start with an infant-only seat. When your baby's head gets to an inch from the top, get a convertible seat to use during the next few years. Use it rear-facing up to age 1.

### Preparing for car seat safety

Before your baby is born, go to a car seat safety class if one is given by your hospital, health plan or clinic. Car seats can be difficult to use correctly without help.

- Pick out a car seat that fits in your vehicle and is easy to use.
- Find out if your vehicle has a passenger air bag. Look for a label on the visor.
- Practice installing and adjusting the seat before your baby's birth. If you have trouble doing it right, you will have time to get help before delivery.
- Take the following with you to the hospital
  - Baby clothes with legs
  - Car seat, instructions and locking clip (if needed for installing the seat)
  - Small receiving blankets, a washcloth and two old towels for padding.

## 6. YOUR BABY'S SAFETY

### Fitting Station Locations for Car Seat Checks

Car seat fittings are by appointment only. Be sure to call ahead.

Localizaciones de estaciones para chequear los asientos de seguridad de coche para nin-os solamente por cita  
(Para asistencia en espanol llame al 513-303-1014 e Ingrese su numero de tele'fono.)

Location	Phone	ZIP Code
Children's Hospital Medical Center	513-636-7865	45229
Amberley Village Police and Fire Dept.	513-531-2040	45236
Anderson Township Fire and Rescue	513-956-7229	45215
Blue Ash Fire Dept. (residents and employees of Blue Ash businesses only)	513-745-8533	45236
Central Joint Fire-EMS District	513-797-4520	45102
Cheviot Fire and Police Dept.	513-661-2700	45211
City of Ft. Wright	859-331-1700	41011
City of Cincinnati Fire Department	513-357-7585 (Monday-Friday, 9 a.m. to 4 p.m.)	zip code varies
Colerain Township Dept. of Fire and OEMS	513-245-6505	45251
Crescent Springs/Villa Hills Fire Dept	859-341-3840	41017
Deerfield Township Fire and Rescue	513-683-7975	45040
Delhi Township Fire Dept.	513-922-2011	45233
Fairfield Fire Dept.	513-867-5379	45014
Florence Fire Dept.	859-647-5660	41042
Forest Park Fire	513-595-5243	45240
Ft. Mitchell Fire Dept.	859-331-1267	41017
Ft. Thomas Fire Dept.	859-441-8393	41075
Green Township Fire Dept.	513-574-0474	45248
Hamilton Township Fire	513-683-1622	45039
Harrison Fire Department	513-367-4194	45030
Hebron Fire Protective Services	859-586-9009	41048
Hillsboro Fire and Rescue	937-393-2902	45133
Lakeside/Crestview Hills Police Dept.	859-331-5368	41017
Liberty Township Fire Dept.	513-759-7530	45011
Little Miami Joint Fire and Rescue (residents only from Fairfax, Madison Pl., Newtown)	513-271-3636	45227
Madeira/Indian Hill Joint Fire Dept. (residents only)	513-271-2669	45243
City of Mason Fire Dept.	513-229-8540	45040
Miami Township Fire Dept. (Clermont)	513-248-3709	45140
Miami Township Fire Dept. (Hamilton Co.)	513-941-2484	45002
Milford Fire Dept.	513-831-7777	45140
Monroe Township Fire Dept.	513-734-0847 or 513-734-4151	45106
Montgomery Fire Dept.	513-985-1633	45242
Newport Fire Dept.	859-292-3616, ext. 234	41011
Norwood Health Dept.	513-458-4600	45212
Pierce Township Fire Dept.	513-752-6273 or 937-533-1757	45245
Ross Township Fire Department	513-863-3410	45013
Sharonville Fire Dept.	513-563-0252	45241
Springdale Fire Dept.	513-346-5580	45246
Sycamore Township Fire Dept.	513-792-8565	45236
Union Emergency Services (KY)	859-384-3342	41091
Union Township Fire Dept. (Clermont)	513-528-4446	45245
Walton Fire Protection District	859-485-7439	41094
West Chester Fire Dept.	513-777-1133	45069
Wilmington Fire Dept.	937-382-6208	45177

Source: [www.cincinnatichildrens.org/health/info/safety/vehicle/car-seat-list.htm](http://www.cincinnatichildrens.org/health/info/safety/vehicle/car-seat-list.htm)

## 6. YOUR BABY'S SAFETY

### Installing a car seat securely

Place the car seat in the back seat, facing the rear. The back seat is usually safer than the front, especially in a vehicle with a passenger air bag.

Fasten the seat belt tightly. Different types of belts are tightened in different ways. Check the vehicle owner's manual and labels on seat belts. Make sure the car seat stays in place when you push down on the top or sideways at the base. It is okay for a rear-facing car seat to tip toward the back of the car.

Some new car seats have LATCH straps to anchor them to the vehicle. Use the straps if you have a new vehicle with special LATCH anchors (check car owner's manual and seat instructions).

Make sure your baby reclines far enough so his head doesn't flop forward. If the vehicle seat slopes, put a tightly rolled towel or "noodle" under the base of the car seat. Do not tilt it more than halfway back.

### Child car seat fitting locations

To verify that your car seat is installed properly in your car, you can call Children's Hospital Medical Center or your local fire or police station. See listings on page 35.

Car seat fittings are by appointment ONLY. Please be sure to call ahead and bring your car seat and manufacturer's installation instructions. If you cannot get an appointment within seven to 10 days, try calling another fitting station location.

### To learn more about car safety for babies

- Contact the National Auto Safety Hotline at 1-888-327-4236 or [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov).
- Contact the SafetyBeltSafe U.S.A. Helpline at 1-800-745-SAFE (7233) or [www.carseat.org](http://www.carseat.org).
- Visit these Web sites: [www.aap.org](http://www.aap.org), [www.saferideneews.com](http://www.saferideneews.com)

### SIDS (Sudden Infant Death Syndrome)

SIDS is the sudden and unexplained death of a baby under age 1. Because many SIDS babies are found in their cribs, some people call SIDS "crib death," but cribs do not cause SIDS.

Physicians and nurses do not know what causes SIDS, but they do know:

- SIDS is the leading cause of death in babies from 1 month to 1 year of age.
- Most SIDS deaths happen in babies under 6 months old.
- Babies placed to sleep on their stomachs are much more likely to die of SIDS than babies placed on their backs to sleep.
- Babies are more likely to die of SIDS if they are placed to sleep on top of soft bedding or if they are covered by soft bedding.

- African American babies are two times more likely to die of SIDS than Caucasian babies.
- American Indian babies are almost three times more likely to die of SIDS than Caucasian babies.

### Helping Your Baby Sleep Safely

Here are 10 ways that you and others who care for your baby can reduce the risk of SIDS.



1. Always place your baby on his back to sleep, for naps and at night. The back sleep position is the safest. Special sleeping devices such as wedges and cushions are not recommended.
2. Place your baby on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Do not allow your baby to sleep on water beds, recliners, futons, sofas, pillows, quilts, sheepskins or other soft surfaces. Only use a crib approved by the Consumer Product Safety Commission (CPSC). Cribs made after 1982 and sold in the U.S. by a retailer should, by law, meet the CPSC safety standards for cribs.

If you do not have a crib, your baby can be placed to sleep on another safe, firm sleep surface such as a bassinet, cradle or co-sleeper that does not have any soft or fluffy items on its sleep surface.

3. Keep soft objects, stuffed toys, and loose bedding out of your baby's sleep area. Don't use pillows, blankets, quilts, comforters, sheepskins, and pillow-like crib bumpers in your baby's sleep area, and keep any other items away from your baby's face.

## 6. YOUR BABY'S SAFETY

4. Do not allow smoking around your baby. Don't smoke before or after the birth of your baby and don't let others smoke around your baby.

5. Keep your baby's sleep area close to, but separate from, where you and others sleep. Your baby should not sleep in a bed or on a couch or armchair with adults or other children, but she can sleep in the same room as you. If you bring the baby into bed with you to breastfeed, put her back in a separate sleep area, such as a bassinet, crib, cradle or bedside co-sleeper (infant bed that attaches to an adult bed) when finished.

6. Think about using a clean, dry pacifier when placing the infant down to sleep, but don't force the baby to take it. (If you are breastfeeding your baby, wait until your child is 1 month old or is used to breastfeeding before using a pacifier.)

7. Do not let your baby overheat during sleep. Dress your baby in light sleep clothing, and keep the room at a temperature that is comfortable for an adult.

8. Avoid products that claim to reduce the risk of SIDS, because most have not been tested for safety effectiveness.

9. Do not use home monitors to reduce the risk of SIDS. If you have questions about using monitors for other conditions, talk to your health care provider.

10. For the most part, "flat" spots on the back of a baby's head go away a few months after the baby learns to sit up. To reduce the flat spots, use "tummy time" when your baby is awake. You also may change the direction in which you lay your baby down to sleep, so your baby is not always sleeping on the same side of his or her head. Avoid too much time in car seats, carriers and bouncers. If you think your baby has a more serious problem, talk to your physician or nurse.

### Frequently asked questions about safe sleep

*Q. Is there a risk of choking when my baby sleeps on his back?*

A. No. Babies automatically swallow or cough up fluids. Physicians have found no increase in choking or other problems in babies sleeping on their backs.

*Q. What about side sleeping?*

A. To keep your baby safest when she is sleeping, always use the back sleep position. Babies who sleep on their sides can roll onto their stomachs. A baby sleeping on her stomach is at greater risk for SIDS.\*

*Q. Are there times when my baby can be on his stomach?*

A. Yes. Place your baby on his stomach for "tummy time" when he is awake and someone is watching. When your baby is awake,

tummy time is good because it helps your baby's neck, back and shoulder muscles get stronger.

*Q. Can I sleep with my baby?*

Parents and babies should be close, but adult beds were not made with infant safety in mind. Parents who want to be close to their infant while they are sleeping can move the crib, bassinet or co-sleeper next to their bed.

Though sharing a bed with your baby can be unsafe, if you consider it, please remember:

- No one other than the baby's parents or caregivers should sleep with the infant.
- Parents or caregivers who choose to share a bed with their baby never should smoke or be under the influence of alcohol or drugs while sleeping with the baby.

*Q. Can I bring my baby in bed with me to breastfeed?*

A. Bringing your baby into bed could be risky for your baby. An adult bed usually has a soft mattress and bedding, such as comforters, quilts and pillows. If you choose to bring your baby in bed with you to breastfeed, it is safest to return your baby to her crib when finished feeding.\*\* One way to keep your baby close to you is by having the baby's crib in the room with you.

*Q. Can I cover my baby to keep him warm?*

- A. • Dress your baby in a sleeper or warm pajamas instead of covering him with a blanket.
- If you choose to cover your baby, always make sure the blanket stays at or lower than his waist.
  - Always dress your baby the way that you would want to be dressed for the temperature around you. If it's cold, layer the baby's clothing (for example, add a t-shirt and socks under the sleeper) and use only a light receiving blanket, if necessary.

*Q. Can my baby share a bed with her brother or sister?*

A. Bed sharing with other children, including brothers and sisters, is unsafe for your baby. It increases the risk for SIDS as well as suffocation. There have been reports of infants being suffocated from overlying by an adult, brother, sister or other family member who was sharing a bed with an infant. Also, to prevent accidental suffocation, never let baby sleep with a dog or cat.

\*Some infants may have health conditions that require them to sleep on their stomachs. If you are unsure about the best sleep position for your baby, be sure to talk to your physician or nurse.

\*\*If you do not have a crib, check with your state health department about a crib donation program.

## 6. YOUR BABY'S SAFETY

### References:

"Changing Concepts of Sudden Infant Death Syndrome: Implications for Infant Sleeping Environment and Sleep Position. American Academy of Pediatrics Task Force on Infant Sleep Position and Sudden Infant Death Syndrome," *Pediatrics* Vol. 105, pg. 650-656, 2000.

National Institute of Child Health and Human Development, NIH Pub. No. 05-7040, August 2003. [nichd.nih.gov](http://www.cdc.gov/SIDS/sleepenvironment.htm)

<http://www.cdc.gov/SIDS/sleepenvironment.htm>

### Immunizations for Your Child's Health

Your child's health is at risk unless he is properly immunized. Shots (immunizations) prevent serious illnesses that can cause:

- Pain
- Hearing loss
- Fever
- Blindness
- Rashes
- Crippling
- Coughs
- Brain damage
- Sore throats
- Death

#### All babies need shots

A baby may get one shot right after birth. More shots should be given later, starting at 1 or 2 months of age. Ask about a combination shot that may be given for hepatitis B, diphtheria, tetanus, pertussis and polio in place of individual shots at 2, 4 and 6 months.

If a child did not receive shots as a baby, he should still get them. Your child may need shots to go to day care, camp or school. But don't wait until then. Protect your child by immunizing him now.

#### Shots may hurt a little but are worth it

Ask your child's health care provider what to expect after a shot. Some side effects include crankiness, slight fever (see note), and soreness/swelling where the shot was given. Other problems are very rare. Call your child's health care provider right away if your child:

- Has a high fever (see note)
- Has seizures
- Cries for more than three hours
- Is hard to wake up
- Goes limp/pale
- Has other unusual symptoms

NOTE: Call your health care provider if your child is

- Under 3 months and has a temperature of 100.2 degrees Fahrenheit or higher
- Three to 6 months and has a fever of 101 degrees Fahrenheit or higher
- Older than 6 months and has a fever of 102 degrees Fahrenheit or higher

**Read the Vaccine Information Statement (VIS) for each shot your child receives. Your child's health care provider is required to give you this statement.**

*Based on information provided by The Ohio Department of Health Immunization Program, P. O. Box 118, Columbus OH 43216-0118.*

### Hepatitis B Vaccine – What You Need to Know

#### 1. What is hepatitis B?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus (HBV). HBV can cause both short-term (acute) and long-term (chronic) illness.

Acute hepatitis B is more common among adults. Children who become infected usually *do not have* symptoms such as:

- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints and stomach

Some people develop chronic HBV infection, a serious condition that often leads to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronic infection is more common among infants and children than among adults. People who are infected can spread HBV to others, even if they don't appear sick. In 2005, about 51,000 people became infected with hepatitis B. About 1.25 million people in the U.S. have chronic HBV infection. Each year, about 3,000 to 5,000 people die from cirrhosis or liver cancer caused by HBV.

Hepatitis B virus is spread through contact with the blood or other body fluids of an infected person. A person can become infected by:

- contact with a mother's blood and body fluids at the time of birth

## 6. YOUR BABY'S SAFETY

- contact with blood and body fluids through breaks in the skin, such as bites, cuts or sores
- contact with objects that could have blood or body fluids on them, such as toothbrushes or razors
- having unprotected sex with an infected person
- sharing needles when injecting drugs
- being stuck with a used needle on the job

#### 2. Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B and the serious consequences of HBV infection, including liver cancer and cirrhosis. Routine hepatitis vaccination of U.S. children began in 1991. Since then, the reported incidence of acute hepatitis B among children and adolescents has dropped by more than 95 percent – and by 75 percent in all age groups.

Hepatitis B vaccine is made from a part of the hepatitis B virus. It cannot cause HBV infection. Hepatitis B vaccine is usually given as a series of three or four shots. This vaccine series gives long-term protection from HBV infection, possibly lifelong.

#### 3. Who should get hepatitis B vaccine and when?

		WHO?		
Hepatitis B Vaccination Schedule		Infant whose mother is infected with HBV	Infant whose mother is not infected with HBV	Older child, adolescent or adult
WHEN?	First Dose	Within 12 hours of birth	Birth - 2 months of age	Any time
	Second Dose	1-2 months of age	1-4 months of age (at least one month after first dose)	1-2 months after first dose
	Third Dose	6 months of age	6-18 months of age	4-6 months after first dose

#### Children and Adolescents

All children should get their first dose of hepatitis B vaccine at birth and complete the vaccine series by six through 18 months. Children and adolescents through age 18 who did not get the vaccine when they were younger also should be vaccinated.

#### Adults

All unvaccinated adults at risk for HBV infection should be vaccinated. This includes:

- sex partners of people infected with HBV
- men who have sex with men
- people who inject street drugs
- people with more than one sex partner
- people with chronic liver or kidney disease
- people with jobs that expose them to human blood
- household contacts of people infected with HBV

- kidney dialysis patients
- people who travel to countries where hepatitis B is common
- people with HIV infection
- anyone who wants to be protected from HBV infection

Pregnant women who need protection from HBV infection may be vaccinated.

#### 4. Who should not get hepatitis B vaccine?

- anyone with a life-threatening allergy to baker's yeast or to any other component of the vaccine should not get hepatitis B vaccine. Tell your provider if you have any severe allergies.
- anyone who has had a life-threatening allergic reaction to a previous dose of hepatitis B vaccine should not get another dose.
- anyone who is moderately or severely ill when a dose of vaccine is scheduled should wait until recovering before receiving the vaccine

Your provider can give you more information about these precautions.

#### 5. Hepatitis B vaccine risks

Hepatitis B is a very safe vaccine. Most people do not have any problems with it. The following mild problems have been reported:

- soreness where the shot was given (up to one person in four)
- temperature of 99.9 degrees Fahrenheit or higher (up to one person in 15).

Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses. As with any medicine, a vaccine could cause a serious reaction. The risk of causing serious harm or death is extremely small, however. More than 100 million people have received the hepatitis B vaccine in the United States.

#### 6. What if there is a moderate or severe reaction?

##### What to look for

Any unusual condition, such as a high fever or behavior changes, may indicate a reaction. Other signs of a serious allergic reaction include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

##### What you should do

- Call a doctor or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS Web site at [www.vaers.org](http://www.vaers.org), or by calling 1-800-822-7967. VAERS does not provide medical advice.

## 6. YOUR BABY'S SAFETY

7. The National Vaccine Injury Compensation Program  
In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit the program's Web site at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

8. How can I learn more?

- Ask your immunization provider, who can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO)
  - Visit CDC's Web sites at:
    - [www.cdc.gov/ncidod/diseases/hepatitis](http://www.cdc.gov/ncidod/diseases/hepatitis)
    - [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)
    - [www.cdc.gov/travel](http://www.cdc.gov/travel)

*Vaccine information statement (interim), Hepatitis B Vaccine, 7/18/07*

*USC 42, section 300, a.a. 26*

*Department of Health and Human Services  
Centers for Disease Control and Prevention*

### Common Questions about Infant Immunizations

*Is it OK for my baby to have so many shots at once?*

Yes. Studies show that kids' bodies—even infants—can handle many shots at once. Having several vaccines at once is safe, even for a newborn.

Combination vaccines protect your child against more than one disease with a single shot. This reduces the number of shots and office visits your child needs.

It's not your imagination; there are a greater number of shots now than even a few years ago. That's because as science advances, we are able to protect your child against more diseases than ever before.

*Don't infants have natural immunity?*

Babies get some temporary immunity (protection) from mom during the last few weeks of pregnancy—but only for the diseases to which mom is immune. **These antibodies do not last long, leaving the infant vulnerable to disease.**

*Haven't we gotten rid of most of these diseases in this country?*

Thanks to vaccines, most diseases prevented by vaccines are no longer common in this country. Even the few cases we have in the U.S. could very quickly become tens or hundreds of thousands of cases if we stopped vaccinating.

It's not uncommon to have outbreaks of measles, whooping cough, chickenpox and other diseases when vaccination rates drop. Kids who are not fully vaccinated can become seriously sick and spread illness through a community.

*I heard that some vaccines can cause autism. Is this true?*

No. Scientific studies and reviews have found no relationship between vaccines and autism. Groups of experts, including the Academy of Pediatrics and the Institute of Medicine (IOM), also agree that vaccines are not responsible for the number of children now recognized to have autism.

*Can't I just wait until my child goes to school to catch up on immunizations?*

Many of the diseases vaccines protect against can be very dangerous to infants. Newborns, babies and toddlers all can be exposed to diseases from parents and other adults, brothers and sisters, airplanes, child care facilities, or even the grocery store. International travel is more common than ever—your baby can be exposed to diseases from other countries without you knowing.

Don't wait to protect your baby and risk these diseases when he needs protection now. It is easier to stay up to date than to catch up!

*Why does my child need a chickenpox shot? Isn't it a mild disease?*

Chickenpox can actually be a serious disease for kids if the blisters become infected. Before a vaccine was available, about 50 children died every year from chickenpox, and about one in 500 kids who got chickenpox were hospitalized.

*My child is sick right now. Is it okay for her to still get shots?*

Yes, usually. Talk with the doctor, but children can usually get vaccinated even if they have a mild illness like a cold, earache, mild fever or diarrhea. If the doctor says it is all right, your child can still get vaccinated.

*Where can I get more information?*

- Centers for Disease Control and Prevention (CDC)  
[www.cdc.gov/nip](http://www.cdc.gov/nip)
- American Academy of Pediatrics  
[www.aap.org](http://www.aap.org)
- The Children's Hospital of Philadelphia  
<http://www.chop.edu/consumer/jsp/microsite/microsite.jsp?id=75918>

## 6. YOUR BABY'S SAFETY

- Immunization Action Coalition (IAC)  
[www.immunize.org](http://www.immunize.org)
- Every Child by Two  
[www.ecbt.org](http://www.ecbt.org)

### Ohio Newborn Screening Program

The State of Ohio requires that all babies be screened for disorders that can cause serious problems if not treated soon after birth. Even if your baby looks healthy, he or she might have one of these disorders. The blood screen, performed by the Ohio Department of Health, will let your baby's physician know if more testing and counseling are needed.

*How is my baby screened?*

In the hospital nursery, your baby's heel will be pricked to get a few drops of blood. The prick feels like being stuck by a pin. The drops of blood are put on special paper, dried and mailed to the state lab for screening. If your baby goes home from the hospital before 24 hours, the screen will need to be done again. It is important that the screen is done in the first five days of life.

*How will I get the results of the screen?*

Your hospital and physician will be sent a copy of the screen results. You should ask about these results when you take your baby to his first regular check-up.

*How many disorders is my baby screened for?*

The screening checks for 35 disorders (noted later in this section). If these rare disorders are present when your baby is born, they can be very serious. Some of the diseases can slow down growth, cause mental retardation or even death. They can affect your baby early in life, often in the first days or weeks, making early screening extremely important.

### Disorders screened for in Ohio

#### Amino acid disorders

These conditions change the baby's ability to break down parts of protein called amino acids or other parts of food. Toxic chemical buildup can cause problems with how the brain works and other body functions. Mental retardation and other problems may occur. Special diets or supplements may help treat these problems. Amino acid disorders include: Argininemia, Argininosuccinic Acidemia, Citrullinemia, Homocystinuria, Hypermethioninemia, Maple Syrup Urine Disease, Phenylketonuria (PKU), and Tyrosinemia.

#### Endocrine disorders

Congenital Adrenal Hyperplasia (CAH) is a disorder affecting the adrenal glands (stress glands). The result is an imbalance in the hormones produced by these glands. Severe forms can cause problems with dehydration, low blood pressure or even death.

Some forms cause unusual growth and sexual development. Medication is available to treat the condition.

Congenital hypothyroidism results when the baby's body does not make enough thyroid hormone to keep the baby growing. Medication will help prevent growth problems and mental retardation.

#### Fatty acid disorders

This group includes conditions that interfere with turning fat into energy. These can cause seizures, poor breathing and problems with blood sugar, heart and muscle function. Special diets and a regular schedule of eating and taking medication may help prevent problems. Fatty acid disorders include: Carnitine/Acylcarnitine Translocase Deficiency Type II, Glutaric Acidemia Type II, Long Chain Hydroxyacyl-CoA Dehydrogenase Deficiency, Medium Chain Acyl-CoA Dehydrogenase Deficiency (MCAD), Short Chain Acyl-CoA Dehydrogenase Deficiency, Trifunctional Protein Deficiency and Very Long Chain Acyl-CoA Dehydrogenase Deficiency.

#### Organic acid disorders

Babies with one of these disorders cannot remove certain waste products from their blood. This can lead to vomiting, low blood sugar or more serious problems, such as coma or death. Treatment may include a special diet and medication. Organic acid disorders include: 2-Methylbutyryl-CoA Dehydrogenase Deficiency, 3-Hydroxy-3-Methylglutaryl-CoA Lyase Deficiency, e-Ketothiolase Deficiency, 3-Methylcrotonyl-CoA Carboxylase Deficiency, Glutaric Acidemia Type I, Isobutyryl-CoA Dehydrogenase Deficiency, Isovaleric Acidemia, Methylmalonic Acidemia, Multiple CoA Carboxylase Deficiency and Propionic Acidemia.

#### Others

Biothindase Deficiency occurs when babies cannot properly use the vitamin biotin. Problems with seizures, eczema, hearing loss or mental retardation may be prevented by giving biotin.

Cystic Fibrosis is an inherited disease of the lungs and digestive system that can cause recurring chest infections and malnourishment.

Galactosemia occurs when the baby's body cannot break down part of milk sugar (galactose). A special diet without milk sugar can prevent brain and liver damage.

Sickle Cell Disease and other hemoglobinopathies may also be detected. Sickle Cell Disease is a disorder of the red blood cells. These cells take on a sickle shape and can clog the blood vessels and cause severe pain. These babies are likely to get severe infections that may cause death. Daily doses of penicillin greatly lower the chance of infection and other problems.

*What does a "repeat screen" mean?*

A repeat screen means a new blood sample is needed from your baby to repeat the screen. A repeat screen may be needed if:

- The first sample was not taken the right way or arrived at the state lab late
- The first specimen was taken before your baby was 24 hours old
- The first test shows a possible problem

If you are asked to have your baby re-screened, act quickly. It is important that a repeat screening be done right away.

*What happens if the screening results are abnormal?*

Your baby's physician may order more testing or your baby may be seen by a specialist for further evaluation. In most cases, further testing will show that your baby does not have the disorder and that the screening was a false positive. Physicians will detect if your baby has a health problem and will help you in getting the best treatment.

*If my baby has one of the disorders, can the disorder be cured?*

No. But the serious problems of the disorders can be lessened and often prevented if a special diet or medical treatment is started early.

*If I have more babies, will they have the same disorder?*

A trained professional or genetic counselor who has detailed information about your family's health history can help answer this question. Your physician or clinic will help you find someone who can answer these types of questions.

*How can I help?*

Do not leave the hospital without leaving a phone number and address where you can be reached. If you do not have a phone, leave the phone number of a friend or relative who can find you. Make sure your physician or clinic can find you.

For additional information, contact your baby's physician, your local health department or the Ohio Department of Health.

*Information supplied by the Ohio Department of Health,  
Bureau of Public Health Laboratories. 1-800-ODH-LABS  
(1-888-634-5227).*

*<http://www.odh.state.oh.us/ODHPrograms/NEWBRN/nbrn1.htm>.*

## Parent Information about Universal Newborn Hearing Screening in Ohio

Universal Newborn Hearing Screening is a statewide program that, by law, requires all babies to receive a hearing screening before they go home from the hospital. In Ohio, there are approximately 450 babies born each year with hearing loss. Early identification is critical since hearing loss often affects a baby's speech and language development.

*How is the screening performed?*

Each screening method is a quick, simple and safe way to check your baby's hearing. Your baby can even remain asleep while the screening is done. Through the use of patches and small headphones or soft foam or rubber tips, an audiologist (hearing test specialist) sends soft sounds to your baby and evaluates response.

More information on this screening will be provided once you deliver your baby. The important thing to remember is to make sure your baby has this hearing test before he leaves the hospital. If at any time during your child's growth you are concerned about his speech, hearing or language, please call your physician and request a full hearing test by an audiologist.

For more information about the Universal Newborn Hearing Screening program in Ohio or for information on early childhood programs, such as Help Me Grow, please call 1-800-755-GROW (4769).

## Jaundice

Jaundice is a yellow or suntanned tint to your baby's skin. Many newborn babies get some jaundice. It is caused by an increase of bilirubin, which comes from blood breakdown. You can lessen the amount of bilirubin by breastfeeding soon and often after the birth of your baby and for a long period of time. Your milk has a laxative effect that helps your baby move her bowels more regularly. Bilirubin passes out of her system with bowel movements. However, your pediatrician may suggest supplementing with formula to increase the fluid intake. If you are not breastfeeding, your pediatrician may increase the amount of times you offer your baby formula.

An infant at home with significant jaundice that is not appropriately treated can develop severe and permanent brain damage. If your baby shows signs of significant jaundice (spreading to include the chest and stomach), blood tests must be performed, and occasionally treatment will be required.

Keep in mind:

- Jaundice is rarely present at birth and may not become evident until a baby is several days old. It typically peaks at day three or four.
- Jaundice is first noticed on the baby's face. As it increases in severity, it spreads to the chest, stomach and then the legs.
- Test for jaundice by pressing gently on your baby's stomach with your thumbs and pulling your thumbs apart to stretch the skin slightly. If the resulting imprint is yellow (not flesh), contact your pediatrician. Always check for jaundice in natural light — not by lamp or fluorescent lights.

Call your baby's physician if:

- The yellow or suntanned tint spreads to your baby's eyes, stomach or legs, or if your baby is drowsy and feeding poorly.
- Your baby has fewer wet diapers and bowel movements.



# Labor and Delivery

The long-awaited time has arrived! Your physician or midwife will give you guidelines on when to notify him or her that you are in labor. Be sure to call your physician or midwife before leaving for the hospital. When you arrive at Labor and Delivery, a nurse will ask you questions about your pregnancy and labor and perform a vaginal exam to determine the progress of your labor. The nurse will check your vital signs (temperature, heart rate, blood pressure, etc.), your contractions and your baby's heart rate.

## Labor Lingo

### Active labor

When you are between four and eight centimeters dilated, you are in active labor. Contractions, usually three to five minutes apart, cause the cervix to dilate about one centimeter per hour.

### Braxton-Hicks contractions

These irregular "practice" contractions can occur anytime in pregnancy, but they increase in intensity in the ninth month.

### Dilation

This is the amount that the cervix has opened in preparation for birth. When you are fully dilated to 10 centimeters, it's time to push.

### Early labor

Most physicians will say you are in early labor when you have regular contractions (anywhere from every 20 minutes to every five minutes) lasting for two hours or more. During this phase, your cervix dilates up to three or four centimeters.

### Effacement

The thinning of the cervix that occurs as your body prepares for giving birth. You will be 100 percent effaced when you are ready to start pushing.

### False labor

Also called prodromal labor, false labor is characterized by regular and/or painful contractions that don't lead to cervical dilation or effacement.

### Induce

If you are two weeks past your due date, your physician may decide to stimulate labor, because an overdue baby has a higher risk of certain health problems, such as aspirating meconium, a substance excreted from the baby's digestive tract. Labor can be induced by painlessly rupturing the amniotic sac with a sharp instrument, administering the contraction-triggering hormone,

oxytocin, through an IV in your arm, or placing prostaglandin (a hormone that causes mild contractions) gel on the cervix to soften and dilate it.

### Lightening

This is often referred to as the "baby dropping," because that's how it feels. Your belly may be visibly lower and you may breathe easier, because the baby is no longer pressing on your diaphragm. However, delivery can still be as far as a month away.

### Mucous plug

Labor usually begins within a few hours to a few days after you notice this pink discharge, which blocks the cervix during pregnancy. Call your physician if the discharge is red.

### Ruptured amniotic sac

When the fluid-filled sac that surrounds the baby during pregnancy ruptures, your water has broken. You should contact your physician or midwife if fluid gushes out, because there's an increased risk of infection (you may be induced if you don't go into labor within 24 hours). Because amniotic fluid just trickles out in most women, it is easy to confuse ruptured membranes with the excess discharge that is common during pregnancy. You may be given a test to determine whether the liquid is amniotic fluid.

### Station

This is the measure of how far the baby has dropped. When the downward, or presenting, part of the fetus (usually the head) has descended to certain bony landmarks in the pelvis, the baby is said to be at "zero station" or "fully engaged."

### Transition

Transition is the phase after active labor, in which the cervix dilates the last few centimeters. Contractions (usually two to three minutes apart) are the strongest during this stage, which usually lasts only an hour.

*Reference: Parents Expecting Magazine, Gwynn Press Anidjar, Fall 2000.*

## Early Labor

### Signs of Early Labor

Call your physician/midwife when:

- Your membranes rupture (water breaks) or you suspect your water is leaking.
- Contractions are regular and you think labor is progressing.

## 7. LABOR AND DELIVERY

### Mucous plug/"bloody show"

The "bloody show" may come all at one time or in pieces and may happen several days before labor starts. Vaginal discharge increases or becomes more clear and watery or pink-tinged (also called bloody show).

### Contractions

- Uterine contractions that occur every 10 minutes or less
- Mild cramps (like you feel during your menstrual cycle) low in the abdomen
- Feeling of pelvic pressure as if the baby is pressing down
- Low backache that is constant or occurs off and on

Watch for contractions that are closer, longer and stronger. Call your physician or midwife for guidelines on when you should leave for the hospital. To time contractions, time from the beginning of one contraction to the beginning of the next.

### Water breaking

You will experience a slow leak of fluid that cannot be controlled, or a gush of fluid. Inform your physician or midwife of the amount of fluid loss, the fluid color and when you began leaking fluid.

### Toilet habits

- Abdominal cramping with or without diarrhea
- Increased urinary frequency

### Nausea

- A feeling of nausea with or without vomiting
- General loss of appetite

### Burst of energy

Try not to give in to impulses to overdo activity — save your energy for labor.

## True Versus False Labor

During the last three weeks of pregnancy, symptoms of labor may occur that do not cause any change or dilation of your cervix. Although this can be frustrating, the only way to know if you are truly in labor is to be examined at your physician's office or hospital. Below is a comparison of symptoms of true and false labor.

## Admission to Labor and Delivery

A nurse assigned to your care will familiarize you with your room (TV, telephone, visitor policy, nurse call light and bed operation). Use of the fetal monitor will be explained. Your care will be individualized based upon the physical status of you and your baby and the plan you previously discussed with your physician. Your support person is encouraged to be with you throughout labor, delivery and recovery.

Routine procedures that may be performed include:

- Starting an IV
- Checking your contractions
- Drawing blood
- Periodic checks of the progress of your labor
- Providing ice chips
- Providing pain relief and comfort measures
- Checking your baby's heart rate
- Performing an enema at your physician's request

*Every woman reacts differently, and Labor and Delivery staff will not be able to tell how long your labor will last. It is important to relax, rest as much as possible, change your position every 30 minutes to one hour and work with your contractions. We may encourage you to walk in early labor, if your condition and your baby's condition allow this activity.*

True Labor	False Labor
Contractions are regular, get closer together and last 40 to 60 seconds.	Contractions are irregular, do not get closer together and last 20 to 40 seconds.
Contractions continue despite movement.	Contractions may stop when you walk or rest or may change with change of position.
Pain/discomfort usually felt in the back and moves around to the front. It may be felt in the front first.	Pain/discomfort often felt in abdomen.
Contractions steadily increase in strength.	Contractions usually are weak and do not get much stronger.
Cervix dilates.	Cervix does not dilate.
Bloody show may be present.	Usually no bloody show is present.

## Stages of Labor

On average, the entire labor process lasts from 12 to 14 hours for a first birth and less for subsequent births. During the first – and longest – of the three stages, contractions change the shape of your uterus and cervix. In the second stage, your contractions will slow down and you'll push the baby out. And finally, in the third and shortest stage, the placenta is expelled.

The following is what you can expect at each point along the way:

### Stage one

The first stage of labor begins when the cervix starts to open (dilate) and ends when the cervix is completely dilated to 10 centimeters. This is usually the longest stage and has three phases: early, active and transition. Regular contractions are the most obvious sign that you are in the first stage of labor, but they may be so light that it is possible you won't even realize it early on.

#### Early phase

- Mild contractions will begin to occur at 15- to 20-minute intervals, and then speed up to less than five minutes apart. At first, they will be very brief, then increase from about 30 to 50 seconds in duration.
- You may get a small amount of bloody show, a blood-tinged, mucus-like vaginal discharge.
- Your bag of water may break in a gush or slow trickle.
- Lower back pain may increase.
- By the end of this stage, your cervix will have dilated to four or five centimeters.

#### Active phase

- Contractions are three to five minutes apart, last from 50 to 60 seconds, and feel very strong.
- Vaginal discharge increases.
- Your water may break if it hasn't yet.
- You may feel tired and sleepy between contractions, less aware of distractions and less able to make decisions.
- By the end of this stage, your cervix will have dilated almost all the way, to about eight centimeters.

#### Transition phase

- Contractions are two to three minutes apart and last 60 to 90 seconds. They feel very different and choppy as they change from dilating contractions to pushing contractions.
- The urge to push may start now.
- You may experience nausea, vomiting, leg cramps, chills, sweats or uncontrollable shakes.
- By the end of this phase, your cervix will be fully dilated to 10 centimeters.

### Stage two

This stage includes the birth of your baby and may last as little as 15 minutes or as long as two hours.

- Contractions slow to two to five minutes apart, lasting about 60 seconds each.
- The uterus bears down with each contraction, creating an overwhelming desire to push the baby out.
- The baby moves slowly down through the birth canal until the top of its head begins to “crown” or appear at the mouth of the vagina.
- With a few final pushes, the baby is delivered.

### Stage three

The last and shortest stage begins after the baby is born.

- Contractions become less painful as the uterus expels the placenta (you may be asked to help push it out).
- You may experience some chills or shaking, but your overall sense is one of excitement and relief.
- If you had an episiotomy, your health care provider will repair it.
- Your new baby will have his Apgar test, then be handed to you to hold or breastfeed.

Reference: [webmd.com/baby/TC/labor](http://webmd.com/baby/TC/labor)

## Induction of Labor

More and more births are being scheduled a little early for non-medical reasons. Experts are learning that this can cause problems for both mom and baby. If your pregnancy is healthy and you're planning to schedule your baby's birth, it's best to stay pregnant for at least 39 weeks. Babies born too early may have more health problems at birth and later in life than babies born full term. Being pregnant 39 weeks gives your baby's body all the time it needs to grow. Here's why your baby needs 39 weeks:

- Important organs, like his brain, lungs, and liver, get all the time they need to develop.
- He is less likely to have vision and hearing problems after birth.
- He has time to gain more weight in the womb. Babies born at a healthy weight have an easier time staying warm than babies born too small.
- He can suck and swallow and stay awake long enough to eat after he's born. Babies born early sometimes can't do these things.

Sometimes it becomes necessary to induce labor. Factors that may lead your physician or midwife to recommend induction include your baby's estimated weight, your due date and problems with your health or your baby's health. There are several methods of induction. Your physician or midwife will decide which method is best for you.

Your admission to the hospital for induction will be scheduled by your physician's office. The day before your scheduled admission, you will be called at home by one of our registration clerks to confirm your induction time. This allows us to have your paperwork ready when you arrive at the hospital.

## Vaginal Birth after Cesarean (VBAC)

If you have had a Cesarean delivery in a previous pregnancy and are now preparing for the birth of another child, you may consider talking to your physician/midwife about delivering your baby vaginally. Today, most women who have had Cesarean births are encouraged to give birth through the vagina if no risk factors are present. For most women, the benefits of attempting vaginal birth outweigh the risks. In fact, most of these women have successful vaginal deliveries.

There are several reasons to consider a vaginal birth after a previous Cesarean delivery, including less risk of complications, shorter recovery time for the mother, and more involvement in the birth process. In making this decision, you and your physician or midwife will want to discuss all the details of your individual situation. For information on the VBAC education class, see page 7.

## Pain Management

The degree of pain experienced in labor varies from woman to woman. Some find adequate pain control through breathing and relaxation techniques, and others may choose to use medication.

If you are planning to use pain medication, talk to your physician or midwife before labor begins to learn his or her recommendations and what side effects you and your baby may experience. The medication used depends on your preference, the stage of labor you are in, your health history and condition, and the health history and condition of your baby.

Your decision to use or not use medication may change once you are in labor. Your labor nurse, physician or midwife and labor partner will assist you with supportive measures to help you choose the best pain management technique for labor and birth.

### Unmedicated labor

Coping techniques such as massage, water therapy (showers), breathing and relaxation techniques, and music are available for women who choose unmedicated labor. It is best to attend a childbirth preparation class to obtain the most up-to-date information (see page 7). These classes prepare the woman and her partner for varied labor experiences and offer ideas for comfort and support, including effective methods to relieve labor pain or to use during unmedicated labor or early labor.

### Aromatherapy

Aromatherapy machines are available in the Labor and Delivery rooms as well as in some postpartum rooms. Aromatherapy has been proven an effective way to relax the nervous system and ease aches and pains. Soothing nature sounds are an option on the aromatherapy machines.

### Music

CD players are available in both your Labor and Delivery room and some postpartum rooms. You are welcome to bring any relaxing music that you wish to listen to during your stay.

### Environment

It is recommended that you keep your Labor and Delivery room darkened and the noise level low. Your hospital TV has a relaxation channel (channel 12) you may want to use.

### Massage

Gentle touch and relaxation massage may reduce pain, depending on the quality and circumstances of the touch (e.g. patting, stroking, holding a hand or using a more formal, purposeful massage technique). Classes and professional services are offered through the TriHealth Integrative Health & Medicine Center. Call 513-985-6736 for more information.

### Hydrotherapy

Hydrotherapy enhances relaxation and promotes comfort and pain relief by immersing the labor patient into warm water. Eligibility for hydrotherapy is determined by your physician or midwife. The benefits include enhanced satisfaction through increased sense of empowerment, greater control of the birthing process, and relaxation to promote comfort and pain control with the goal of minimal medical intervention.

### Doulas

A trained birth attendant, known as a Doula, provides non-medical labor support. Doulas can meet with the patient before the baby's birth or accompany women and/or couples during labor to provide emotional and physical support. They may also do a postpartum visit at home to help smooth the transition for the new or expanding family. If you would like a Doula, visit [www.birthnbeyond.org](http://www.birthnbeyond.org) or [doulaoncall.com](http://doulaoncall.com).

### Birthing ball

Sitting on a birthing ball may relieve backache, allow for pelvic rocking and encourage the baby to descend into the pelvis. The mother remains sitting in an upright posture, taking advantage of gravity and encouraging pelvic relaxation.

**Laboring positions**

Mothers can labor when sitting in rocking chairs or on the birthing ball, or by walking, sitting cross-legged or with pillows for a side-lying position.

**Hot and cold therapy**

- *Hot therapy:* the use of a warm shower or blanket is known for soothing, pain-relieving effects.
- *Cold therapy:* application of cold may offer more relief for acute back pain; the numbing effect decreases sensation and awareness of pain.

**Pushing positions**

A relaxed perineum and tilted pelvis allow the baby's head to descend more easily. Pushing positions include assuming a 45-degree sitting position, using foot pedals on the bed, side-lying, on hands and knees, squatting with the use of a birthing or labor support person, or keeping the back rounded in a "C" position.

**Epidural block**

The epidural block commonly is used for both vaginal and Cesarean deliveries because of the comfort it provides and because it is safe and relatively easy to administer. The insertion area is numbed before the block is administered, and pain relief occurs within 10 to 20 minutes. Epidural blocks are used to numb the body from about the waist down. They allow mothers to rest during the most strenuous part of labor (while their cervix is dilating) and enable them to push during later stages of labor.

Epidural blocks have an advantage over general anesthesia, because the mother is awake during and after delivery. However, they may decrease the mother's ability to push. Shivering is a common side effect that can occur during labor and delivery. Infrequently, mothers may experience a mild headache that may last a few days or, on rare occasions, the mother temporarily may have difficulty breathing.

The narcotic epidural is for early labor or for the patient who desires to move about in bed. Some women also are able to maintain the ability to empty their bladder. Degree of pain relief will vary from patient to patient. As labor progresses, additional doses of medication can be given as greater pain relief is needed. Prior to receiving an epidural, an IV will be started and a large volume of fluid will be infused rapidly. The purpose of this procedure is to prevent low blood pressure, which can occur when the epidural is given.

**Analgesics**

Analgesics such as Demerol or Nubain are injected into a vein or muscle to aid in relaxation and take the edge off contraction discomfort. They frequently are injected through an IV or a shot in a muscle area, such as the buttocks. They usually do not interfere with the progression of labor unless they are given in large doses. Some women like the relaxed feeling analgesics give and others dislike the feeling of drowsiness. Side effects may include vomiting, nausea, slower breathing, low blood pressure and respiratory depression in the baby. Remember to ask for assistance when walking to the bathroom.

**Local anesthesia**

Local anesthesia deadens pain in a small area only. Medication may be administered in the vaginal or rectal areas to numb the pain of an episiotomy incision or vaginal tearing, and decrease the sensations of birth.

**General anesthesia**

General anesthesia, which puts the patient to sleep, is used for Cesarean deliveries when other anesthetics (such as an epidural block) are not the best choice for mother or baby. It is inhaled and can be administered quickly and safely. After surgery, you may feel sluggish and disoriented. You may have a sore throat from the tube inserted in your mouth to help you breathe. You also may experience vomiting and nausea, sluggish bowel and bladder movements and a lowering of your blood pressure.

**The Birth of Your Baby**

Once your cervix is completely dilated and you feel the urge to bear down, it will be time for you to start pushing. This will be physically demanding, and your nurse and support person will be very active in assisting you.

Just before birth, a small incision called an episiotomy may be made at the opening of your vagina. An episiotomy is a 1-to-3-inch-long (2 to 4 cm) incision made at the vagina so that the opening of the vagina is wider. Your physician makes this cut before delivery to permit an easier delivery. It also helps avoid damage to your tissues, such as stretching or tearing. You should discuss this possibility with your physician during a prenatal visit.

If your baby needs special attention, a group of neonatal health care providers will be called to assist with baby care.

Your nurse will provide the following baby care after delivery:

- Drying and maintaining warmth by placing the infant on your chest skin-to-skin or under the radiant warmer to maintain temperature
- Assessing vital signs and physical status

- Suctioning mucus from mouth and nose
- Applying identification bands on wrist and ankle and security sensor
- Applying antibiotic ointment to eyes (required by law)
- Weighing
- Administering vitamin K injection (required by law to help baby's blood to clot)
- Checking blood sugar, if indicated
- Administering hepatitis B vaccine (if you have given consent)

After initial baby care is complete, your nurse will hand your baby to you or your support partner. While you and your baby are getting acquainted, your physician will deliver your placenta (afterbirth), examine your vagina and give you stitches, if necessary. These procedures can last a few minutes to more than an hour.

Your baby's pediatrician will be informed of your baby's arrival. Your nurse will explain security measures such as ID bands, the recording of your baby's footprint and security systems. Please note that a bassinet must be used whenever your baby is out of your room.

Medication is available based on your physician's or midwife's orders. He or she may order a self-medication program for you. In a self-medication program, your medication is kept at your bedside in a locked box for you to administer. Your nurse will review this with you. Before your discharge, hospital staff will discuss a variety of issues with you, including a review of some of the paperwork you previously completed and information on taking care of yourself and your new baby at home.

If requested, an obstetrician can circumcise baby boys. Please discuss this procedure with your physician or midwife before the birth of your baby. Your written permission must be obtained before the procedure can be performed.

**Non-Separation and Infant Security**

When you deliver at Bethesda North or Good Samaritan hospitals, staff will support your desire not to be separated from your newborn during your hospital stay. This begins at the time of delivery and continues until discharge. Even your baby's initial bath, assessment and blood work can be done at your bedside.

Prior to being moved to the Mother/Baby Unit, which is the second floor at Bethesda North and the seventh and 13th floors at Good Samaritan, four identification bracelets will be made: two will be placed on the baby, one on your wrist and one on your support person's wrist. For identification and security reasons, it is very important to keep these on until you and your baby are discharged.

In addition, a small sensor will be placed on mom and the baby.

This sensor is not removed until you are ready for discharge. If a baby is taken near an exit door or elevator, the sensor will activate an alarm and lock the doors and elevators. Finally, all perinatal personnel can be identified by their bright yellow identification badge, which they must wear on a visible area of the body.

**Initial Recovery after Vaginal Birth**

You, your baby and your support partner will remain in the Labor and Delivery room for approximately one hour. During this time, you and your baby will be monitored closely.

Post-delivery care will include:

- Frequently checking your uterus and the amount of vaginal bleeding
- Applying ice packs to the perineum (the area between the vagina and the rectum) to relieve pain and swelling, if necessary
- Assessing the episiotomy, if necessary
- Keeping your bladder empty by assisting you to the bathroom or by inserting a small tube (catheter) into your bladder to empty urine (having an empty bladder will allow your uterus to contract normally and prevent excess bleeding)
- Assisting you with putting your baby to breast, if you have chosen to breastfeed.

After a report regarding you and your baby is given to your Mother/Baby Unit nurse, you and your baby will be transferred to that unit.

Keeping your baby with you at all times is supported and encouraged as long as both you and your baby are in good health. This enhances the bonding process that occurs between you and your baby. It also allows you to learn how to care for your baby. Your nurse will assist you with the care of your baby in your room. If you should need more rest, you may send your baby to the Nursery.

**Cesarean Birth**

A Cesarean birth (an operation in which the baby is delivered from an incision in the abdomen and uterus) may be planned or unplanned. Your support partner is encouraged to attend planned Cesarean births.

Once you are transferred to the operating room, you will be assisted onto the delivery table. Nurses, anesthesia staff and your physician will be with you in the operating room. If necessary, a group of neonatal health care providers also will be with you. Your blood pressure and heart rate/rhythm will be monitored, and a nurse periodically will listen to your baby's heart rate.

A catheter will be placed in your bladder to allow urine to drain.

Drapes will be positioned so that you and your partner will not be able to see the incision area. Your baby will be delivered in a short period of time once surgery begins. After your baby is born, it will take approximately 45 to 60 minutes to complete surgery. Your incision will be closed with staples or sutures and a dressing may be placed over the incision. You then will be moved to the Recovery Room.

#### Initial recovery after Cesarean birth

The immediate recovery period after a Cesarean birth is similar to the recovery period of a vaginal birth. It is important for you to rest to conserve your strength. You, your baby and your support partner will remain in the Labor and Delivery Recovery Room for approximately one hour. During this time, you and your baby will be monitored closely. Post-delivery care will include:

- Frequently checking your uterus and the amount of vaginal bleeding
- Assessing the incision site
- Monitoring urine output and emptying your Foley catheter
- Assisting you with putting your baby to breast, if you have chosen to breastfeed

When you are stable (after a minimum of one hour), you will be transferred to the Mother/Baby Unit.

### Complicated Deliveries

#### Special obstetric care

Special Care Obstetrics at Good Samaritan and the Labor and Delivery and Antepartum units at Bethesda North care for pregnant women with obstetrical complications and medical and surgical conditions requiring hospitalization during pregnancy.

Because admission often is unexpected, you may experience feelings of fear and anxiety. The nursing staff will monitor you and your baby until discharge. They also will work with your physician to assist you by explaining care, involving you in care decisions and offering emotional support. Working with your physician, our goal is the successful delivery of a healthy newborn to a healthy mother.

### Neonatal Intensive Care Unit and Special Care Nursery

Highly specialized nursing and medical staff at our TriHealth hospitals have a national reputation for expertise in caring for premature and critically ill babies. Good Samaritan offers a Level III Neonatal Intensive Care Unit (NICU) for babies requiring the highest level of care. Bethesda North offers a Level II Special Care Nursery for babies who are not critically ill but require special attention.

If your baby requires treatment in the NICU or Special Care Nursery, a specialized nurse will explain the care your baby requires, involve you in the care of your baby and provide you with information about the unit. If your baby is in the NICU, transport to a Level II nursery may be an option once her condition stabilizes.



Please review the following policies before your admission to Bethesda North Hospital or Good Samaritan Hospital.

### Advance Directives

Many people today worry about the medical care they would receive if they became too sick to make their wishes known. Some may not want to spend months or years on life support; others may want every step taken to lengthen life. Advance directives allow you to state your wishes about your medical care in writing, while you are healthy, so that your health care providers are clear about your decisions.

### You Have a Choice

Your health care facility must explain your right to state your wishes about medical care through advance directives and must ask you if you have put your wishes in writing.

This section:

- Will explain your rights under Ohio law to accept or refuse medical care and help you choose your own medical care.
- Will explain how you can state your wishes about the care you would want if you could not choose for yourself.
- Does not contain legal advice but will help you understand your rights under the law. For legal advice, you may wish to talk to a lawyer. For information about free legal services, call toll-free 1-800-589-5888, Monday through Friday, 8:30 a.m. to 5 p.m.

#### *What are my rights in choosing my medical care?*

You have the right to choose your own medical care. If you don't want a certain type of care, you have the right to tell your physician you don't want it.

#### *What if I'm too sick to make my wishes known?*

Under Ohio law, you have the right to complete an advance directive form while you are still able to act for yourself. The form states your wishes about medical care in the event you cannot make your wishes known due to illness.

#### *What kinds of forms are there?*

Under Ohio law, there are two forms, or advance directives, that you can use – a Living Will and a Durable Power of Attorney for Medical Care.

#### *Do I have to complete an advance directive before I get medical care?*

No. No one can make you complete an advance directive. It is your choice.

#### *Who can complete an advance directive?*

Anyone 18 years or older who is of sound mind and can make his or her own decisions can complete an advance directive.

#### *Do I need a lawyer?*

No, you do not need a lawyer to complete an advance directive. However, you may decide to talk with a lawyer.

### Living Will

A Living Will allows you to put your wishes about your medical care in writing. You can specify what kind of medical care you would want if you were too sick to make your wishes known. You can state circumstances of when you would or would not want food and water supplied artificially.

#### *How does a Living Will work?*

A Living Will states how much you want to use life-support methods to lengthen your life. It takes effect only when you are:

- In a coma that is not expected to end
- Beyond medical help, with no hope of getting better and cannot make your wishes known
- Expected to die and cannot make your wishes known

The professionals providing your medical care must do what you say in your Living Will. A Living Will gives them the right to follow your wishes. Only you can change or cancel your Living Will, and you may do so at any time.

#### *Do Not Resuscitate order*

State regulations offer a Do Not Resuscitate (DNR) Comfort Care and Comfort Care Arrest Protocol as developed by the Ohio Department of Health. A DNR Order means a directive issued by a physician, or under certain circumstances a certified nurse practitioner or clinical nurse specialist, that identifies a person and specifies that CPR should not be administered to the person so identified. CPR means cardiopulmonary resuscitation, but it does not include clearing a person's airway for a purpose other than as a component of CPR.

The DNR Comfort Care and Comfort Care Arrest Protocol lists the specific circumstances and actions that paramedics, emergency medical technicians, physicians or nurses will take when attending to a DNR Comfort Care or Comfort Care Arrest patient. The protocol also lists what specific actions will not be implemented.

You should talk to your physician about the DNR Comfort Care and Comfort Care Arrest order and protocol options.

## Durable Power of Attorney for Medical Care

A Durable Power of Attorney for Medical Care is different from other powers of attorney. A Durable Power of Attorney for Medical Care allows you to choose someone to carry out your wishes for your medical care. The person acts for you if you cannot act for yourself. This could be for a short or long period of time.

### Who should I choose?

You may choose any adult relative or friend you trust to act for you when you can't act for yourself. Be sure you talk with the person about your wishes. Then write down what you do or do not want on your form. You should also talk to your physician about your wishes. The person you choose must follow your wishes.

### When does my Durable Power of Attorney for Medical Care take effect?

The form takes effect only when you cannot choose your care for yourself, whether for a short or long period of time. The form only allows your relative or friend to stop life support if you are in a coma that is not expected to end or if you are expected to die.

## More about Advance Directives

### What is the difference between a Durable Power of Attorney for Medical Care and a Living Will?

Your Living Will explains in writing the type of medical care you would want if you could not make your wishes known. Your Durable Power of Attorney for Medical Care lets you choose someone to carry out your wishes for medical care when you cannot act for yourself.

### If I have a Durable Power of Attorney for Medical Care, do I need a Living Will also?

You may want both. Each addresses different parts of your medical care:

- A Living Will makes your wishes known directly to your physicians, but only states your wishes about the use of life-support methods.
- A Durable Power of Attorney for Medical Care allows a person you choose to carry out your wishes for all of your medical care when you cannot act for yourself. A Durable Power of Attorney for Medical Care does not overrule a Living Will.

### Can I change my advance directive?

Yes, you may change your advance directive whenever you want. If you already have an advance directive, make sure it follows Ohio's law (effective Oct. 10, 1991). You may want to contact a lawyer for assistance. It is a good idea to review your advance directives occasionally to ensure they still say what you want and that they cover all areas.

### If I do not have an advance directive, who chooses my medical care when I cannot?

Ohio law allows your next-of-kin to choose your medical care if you are expected to die and cannot act for yourself. If you are in a coma that is not expected to end, your next-of-kin could decide to stop or not use life-support after 12 months. Your next-of-kin may also be able to decide to stop or refuse artificially supplied food and water.

### What about stopping or refusing artificially supplied food and water?

Artificially supplied food and water means you receive food and water through tubes placed inside you. Whether anyone can decide to stop or not use these depends on your state of health. Below are a few examples.

- If you are expected to die, cannot make your wishes known and your Living Will simply states you do not want life-support methods used to lengthen your life, then artificially supplied food and water can be stopped or refused.
- If you are expected to die, cannot make your wishes known and you do not have a Living Will, then Ohio law allows your next-of-kin to stop or refuse artificially supplied food and water.\*
- If you are in a coma that is not expected to end and your Living Will states you do not want artificially supplied food and water, then artificially supplied food and water may be stopped or refused.
- If you are in a coma that is not expected to end and you do not have a Living Will, then Ohio law allows your next-of-kin to stop or refuse artificially supplied food and water.\*

\*After waiting 12 months and receiving approval from a probate court.

### By completing an advance directive, am I taking part in euthanasia or assisted suicide?

No. You are simply directing your life-support wishes. Ohio law does not allow euthanasia or assisted suicide.

### Where do I obtain advance directive forms?

Many of the people and places that provide medical care have advance directive forms. A lawyer could also help you.

### Bethesda North and Good Samaritan hospital inpatients

If you desire the Living Will or Durable Power of Attorney for Medical Care documents, please ask your caregiver. If you have questions regarding advance directives, contact any of the departments listed below.

#### Pastoral Care

Bethesda North 513-865-1175

Good Samaritan 513-862-2281

#### Patient Relations

Bethesda North 513-865-1115

Good Samaritan 513-862-2582

#### Coordinated Care

Bethesda North 513-865-1122

Good Samaritan 513-862-2567

### Bethesda North and Good Samaritan outpatients

If you have additional questions about advance directives or wish to request the Living Will or Durable Power of Attorney for Medical Care forms, contact one of the organizations below.

Ohio Hospital Association

614-221-7614

www.ohanet.org

Ohio Hospice & Palliative Care Organization

1-800-776-7614

www.ohpco.org

Ohio Osteopathic Association

1-800-234-4848

www.ooanet.org

Ohio State Bar Association

1-800-282-6556

www.ohiobar.org

Ohio Medical Association

1-800-766-6762

www.osma.org

If you have a complaint regarding advance directive requirements, contact the Ohio Department of Health at 1-800-342-0553 or 246 North High Street, P. O. Box 118, Columbus, OH 43215, or www.odh.ohio.gov, TDD 1-614-752-6490.

### What do I do with my forms after completing them?

You should give copies to your physician and health care facility to place in your medical record. Also, give one to a trusted family member or friend. If you have chosen someone as your Durable Power of Attorney for Medical Care, give that person a copy. Keep a copy with your personal papers. You may want to give one to your lawyer or clergy person as well. Be sure to tell your family and others close to you about what you have done. Do not simply put these forms away and forget about them.

*The information included in this section is endorsed by the following organizations: Association of Ohio Philanthropic Homes and Housing for the Aging, Office of the Attorney General, State of Ohio, Ohio Academy of Nursing Homes, Ohio Council for Home Care, Ohio Department of Aging, Ohio Department of Health, Ohio Department of Human Services, Ohio Health Care Association, Ohio Hospice Organization, Ohio Hospital Association, Ohio State Bar Association, Ohio State Medical Association, Ted Strickland (Governor, State of Ohio), Helen E. Jones-Kelley (Director of Ohio Department of Human Services), Office of Communications, ODHS 8095 (8/1999) Equal Opportunity Employer.*

## Patient Rights and Responsibilities

TriHealth appreciates the opportunity to be your health care provider. By talking to your caregivers and actively participating in the planning of your care, you will help ensure the care you receive respects your desires, dignity and values. These rights and responsibilities apply to the adult patient and also include the infant, child and adolescent patient as well as their parents or guardians.

### As a patient, you have the right

- To receive a written statement of your “Patient Rights and Responsibilities” before receiving care.
- To be treated in a considerate and respectful manner, affirming your personal dignity, in a care setting free of all forms of abuse and harassment.
- To be free from any form of discrimination based on race, color, religion, gender, age, national origin, sexual orientation, disability or method of payment.
- To be informed of TriHealth policies, procedures, rules and regulations that apply to your care.
- To have access to TriHealth policies regarding ethical business practices.
- To have reasonable requests for services honored that are within TriHealth’s capacity and mission.
- To have a safe and clean environment during your stay.
- To obtain information about pain and assessment of your pain, and to have concerned staff committed to your management of pain.
- To personal privacy; any discussion, consultation, examination or treatment regarding your care will be conducted discreetly.
- To have all communications and records related to your care kept confidential, according to TriHealth’s policies and procedures.
- To have special needs met at no charge to you, such as an interpreter to help you communicate.
- To have a family member or representative of your choice and your primary care physician informed promptly of your admission to the hospital.
- To know the name and role of your caregivers, including your physicians who provide service to you.
- To take part with your physicians and other health care providers in planning your health care and treatment and to have your family or representative involved in care and treatment decisions when appropriate.
- To request a second opinion from another physician.
- To receive complete and current information about your diagnosis and prognosis in words you can understand.

- To receive a full explanation of a procedure or treatment in terms you can understand. The explanation should include:
  - a description of the procedure or treatment and its purpose
  - the possible benefits
  - the known serious side effects, risks or drawbacks
  - problems related to recovery
  - the likelihood of success
  - alternative procedures or treatments
  - estimated costs, particularly expenses that will be your responsibility.
- To accept or refuse any procedure, drug or treatment and to be informed of the possible consequences of your decision.
- To consent to or refuse care that involves research, experimental treatments or educational projects.
- To have open communication with family and friends or a clear explanation of why communication is restricted.
- To have your stated personal, cultural and spiritual values and beliefs considered and supported and to have access to pastoral care and spiritual services.
- To make advance directives regarding your medical care, to appoint someone to make decisions for you if you become unable, and to have your Living Will and/or Durable Power of Attorney for Medical Care honored.
- To make requests and decisions about limiting or withdrawing life-sustaining treatment when in agreement with clinical, legal and ethical guidelines, and to know TriHealth’s policies and procedures that address organ and tissue donation.
- To request consultation regarding ethical issues concerning your care with the Ethics Committee and/or other appropriate people.
- To have access to protective services, such as guardianship or child or adult protective services.
- To be free from any form of restraints (physical restraint or drug being used as a restraint) that is not medically necessary or is used as a means of coercion, discipline, convenience or retaliation by staff. Seclusion or restraints may only be used in emergency situations, if needed, to ensure the patient’s physical safety and only after less restrictive intervention has been ineffective.
- To have access to the information in your medical record within the limitations of hospital policy.
- To be transferred to another facility only after receiving complete information about the need for and alternatives to such a transfer. The facility to which you will be transferred must first accept the transfer.
- To be informed by your caregiver about continuing health care and alternatives for meeting those needs after you are discharged from the hospital for treatment.

- To obtain information regarding any relationship that may exist between a TriHealth service and any agency or service to which you may be referred.
- To complain or file a grievance concerning your care without fear of retaliation or penalty, to have your complaint or grievance reviewed and acknowledged, and to receive a resolution in a timely manner.
- To have an itemized bill provided upon your request.

### Your responsibilities as a patient are

- To provide to the best of your knowledge complete information about your symptoms, past illnesses, medications, including information about your pain and its treatment, and other matters relating to your plan of care.
- To ask your physician or nurse what you can expect regarding pain and pain management.
- To cooperate with your physicians and staff in their diagnosis and treatment.
- To ask questions when you do not understand the explanation about your care or services.
- To be responsible for your actions if you refuse treatment or do not follow the physician’s instructions.
- To provide the hospital a copy of your advance directive, Do Not Resuscitate Comfort Care Order, or Do Not Resuscitate Comfort Care Arrest information, if you have one.
- To provide insurance and/or financial information regarding who will be responsible for the bill.
- To respect the rights of other patients and TriHealth personnel and follow the organization’s policies.

A recorded version of these rights and responsibilities may be heard by calling 513-862-4620. A copy of the complete corporate policy, or a copy of this information, is available in Braille and various foreign languages through the TriHealth Patient Relations Department.

We encourage you to share your suggestions, concerns or complaints about patient care and patient safety with your caregiver at the time of service. This will enable us to provide you with excellent service. You are a member of the health care team and we are committed to meeting your specific requests and needs. The Patient Relations Department works with management in responding to your complaints. The Patient Relations Department is available to assist you with your questions, complaints or concerns about patient care and patient safety in the hospital or any of the TriHealth facilities. If you wish to voice a complaint, you may contact the Patient Relations Department at Bethesda North, 513-865-1115, or Good Samaritan, 513-862-2582. If your complaints or concerns are not resolved by the Patient Relations Department or hospital management, you are encouraged to contact the Ohio Department of Health, 246 North High Street, Columbus Ohio 43215, 1-800-342-0553, TDD 1-614-752-6490, or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), 1-800-994-6610, e-mail [complaint@jcaho.org](mailto:complaint@jcaho.org). If you need a physician, please call the TriHealth Physician Referral Service at 513-569-5400.

## TriHealth Joint Notice of Privacy Practices

*(revised effective October 6, 2003)*

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice will tell you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations that we have regarding the use and disclosure of your medical information.

TriHealth entities, which are covered by regulations pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), are required by law to maintain the privacy of your health information, give you notice of our privacy practices with respect to your medical information, and follow the terms of this Notice. This Notice applies to all of the records of your care generated and maintained by TriHealth affiliated entities, including Bethesda North Hospital, Bethesda Medical Center at Arrow Springs, Good Samaritan Hospital of Cincinnati, Ohio, Bethesda Family Practice, Bethesda Group Practice, Montgomery Internal Medicine, Physician Associates of Good Samaritan, TriHealth Physician Services, Optimum Services and University Health Corporation (“TriHealth Facilities”). While you are a patient at a TriHealth facility, you may also receive health care services from other health care providers who are not employees or agents of TriHealth but who will follow the terms of this Notice with respect to the privacy of your health information. Accordingly, this Notice also applies to the records of your care kept at a TriHealth facility and created by any physician or licensed professional seeing and treating you while you are a patient at a TriHealth facility, even if they are not employed by TriHealth. These health care providers include, but are not limited to, physicians from Physicians Anesthesia Service, Anesthesia Group Practice, Obstetrics Anesthesia Associates, Inc., Qualified Emergency Specialists, Inc., Medical X-Ray, Inc., and Northeast Radiology, Inc. These entities and the TriHealth facilities will share your medical information as necessary with each other in order to carry out your treatment, obtain payment for the services provided to you or operate their health care facilities.

### How we may use and disclose medical information about you

The following categories describe different ways that we may use and disclose your medical information. These are examples and, therefore, not every permitted use and disclosure is listed.

## 8. BETHESDA NORTH AND GOOD SAMARITAN POLICIES

**For treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, technicians, medical students and other trainees, or other personnel who are involved in taking care of you at the hospital or health care facility. Different departments of the hospital or health care facility may share medical information about you in order to coordinate the different services you need, such as prescriptions, lab work and X-rays. We may also disclose medical information about you to people outside the hospital or health care facility who may be involved in your medical care after you leave the hospital or health care facility, such as other physicians involved in your care, family members, or other health-care-related entities, such as skilled nursing care facilities with whom you seek treatment.

**For payment.** We may use and disclose medical information about you so that the treatment and services you receive at the hospital or health care facility may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health insurance company information about surgery you received at the hospital so your health insurance company will pay us or reimburse you for the surgery. We may also tell your health insurance company about a treatment that you are going to receive in order to obtain prior approval or to determine whether your health insurance company will cover the treatment. We may also disclose your medical information to other health care providers so that they can bill for health care services that they provided to you, such as ambulance services.

**For health care operations.** We may use and disclose medical information about you in order to operate the hospital or health care facility. These uses and disclosures are necessary to run the hospital or health care facility and make sure that our patients receive quality health care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose medical information to physicians, nurses, technicians, medical and nursing students and other personnel for review and learning purposes. We may also provide medical information to other health care providers who have a relationship with you and need the information for their own health care operations.

**Business associates.** We may disclose medical information about you to our business associates who need that information in order to provide a service to us or on behalf of us. A business associate is a person who is not part of the hospital's or health care facility's workforce — a company or other entity — who uses or has access to protected health information in order to perform a function on behalf of the hospital or

health care facility. For example, business associates of TriHealth may include billing companies, copying companies, document shredding companies, consultants, accountants and attorneys.

**Appointment reminders.** We may use and disclose your medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital or health care facility.

**Treatment alternatives.** We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-related benefits and services.** We may use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you.

**Fundraising activities.** We may disclose medical information about you to a foundation related to the hospital so that the foundation may contact you to raise money for the hospital. We only release contact information, such as your name, address and phone number, and the dates you received treatment or services at the hospital.

**Hospital directory.** We may include certain information about you in the hospital directory while you are a patient in the hospital. This information may include your name, location in the hospital and your general condition (for example, fair, serious, etc.). The directory information may be released to people who ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

**Individuals involved with or concerned about your care.** We may release information about your condition or treatment to a friend or family member relevant to his/her involvement in your care or payment for your care. We may also disclose your location and condition to assist or notify a family member or personal representative who is involved in your care. We may also disclose your information in a disaster relief effort so that your family can be notified about your condition and location.

**Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. Research projects are subject to a special approval process.

## 8. BETHESDA NORTH AND GOOD SAMARITAN POLICIES

This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' needs for privacy of their medical information.

**As required by law.** We will disclose medical information about you when required to do so by federal, state or local law. For example, Ohio law requires hospitals and other health care providers to report cases of cancer to a registry called the Ohio Cancer Incidence Surveillance System.

**To avert a serious threat to health or safety.** We may use and disclose medical information about you, when necessary, to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Organ and tissue donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

**Workers' compensation.** We may release medical information about you for workers' compensation or similar programs, which provide benefits for work-related injuries or illness.

**Public health activities.** We may disclose medical information about you for public health activities, such as prevention or control of disease, injury or disability; reporting of births and deaths; reporting of child abuse or neglect; and reporting of reactions to medications or problems with products and to fulfill requirements of the U.S. Food and Drug Administration.

**Health oversight activities.** We may disclose medical information to a health oversight agency for activities allowed by law, such as audits, investigations, inspections and licensure or disciplinary action.

**Lawsuits and disputes.** We may disclose medical information about you in response to a court order, administrative order or certain subpoenas.

**Law enforcement.** We may release medical information to a law enforcement official about a death we believe may be the result of criminal conduct; about criminal conduct at the hospital or health care facility; and, in emergency circumstances, to report a crime, the location of a crime or victims, or the identity, description, or location of the person who committed the crime.

**Coroners, medical examiners and funeral directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information to funeral directors, as necessary, to carry out their duties.

**Military and veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**National security and intelligence activities.** We may release medical information about you to authorized federal officials for intelligence and other national security activities authorized by law.

**Protective services for the President and others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or the law enforcement official.

### Other uses of your medical information

Other uses and disclosures of your medical information not covered by this Notice, or required by the laws that apply to TriHealth, will be made only with your written permission (your written permission is referred to as an authorization).

If you provide your permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons indicated in your written Authorization. You understand that we are unable to take back any disclosures that we made before we received your written notice revoking your Authorization.

### Your rights regarding medical information about you

**Right to inspect and copy.** You have the right to inspect and obtain a copy of your medical information. This includes your medical and billing records but does not include psychotherapy notes. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

## 8. BETHESDA NORTH AND GOOD SAMARITAN POLICIES

If you are a patient at Bethesda North Hospital or Bethesda Medical Center at Arrow Springs, to inspect or obtain a copy of your medical information, you must submit your request in writing to: Bethesda North Hospital, Medical Records Department, 10500 Montgomery Road, Cincinnati, Ohio 45242, Attention: Supervisor.

If you are a patient at Good Samaritan Hospital, to inspect or obtain a copy of your medical information, you must submit your request in writing to: Good Samaritan Hospital, Medical Records Department, 375 Dixmyth, Cincinnati, Ohio 45220, Attention: Supervisor.

If you are a patient at one of the TriHealth-affiliated physician practices or another TriHealth-affiliated health care facility, to inspect or obtain a copy of your medical information, you must submit your request in writing to the office manager at the address of the physician practice or facility where you received treatment.

We may deny your request in certain circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by TriHealth will review your request and the denial. The person conducting the review will not be the same person who denied the request. We will comply with the outcome of the review.

**Right to amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital or health care facility.

If you are a patient at Bethesda North Hospital or Bethesda Medical Center at Arrow Springs, to request an amendment to your medical information, you must submit your request for an amendment, along with your reason for the request, in writing to: Bethesda North Hospital, Medical Records Department, 10500 Montgomery Road, Cincinnati, Ohio 45242, Attention: Supervisor.

If you are a patient at Good Samaritan Hospital, to request an amendment to your medical information, you must submit your request for an amendment, along with your reason for the request, in writing to: Good Samaritan Hospital, Medical Records Department, 375 Dixmyth, Cincinnati, Ohio 45220, Attention: Supervisor.

If you are a patient at one of the TriHealth-affiliated physician practices or another TriHealth-affiliated health care facility, to request an amendment to your medical information, you must submit your request in writing to the office manager at the address of the physician practice or facility where you received treatment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the medical information kept by or for the hospital or health care facility.
- Is not part of the information which you would be permitted to inspect and copy.
- Is accurate and complete.

**Right to an accounting of disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your medical information. This list will not include disclosures that we made for purposes of treatment, payment and health care operations. We also are not required to include in this list the disclosures we made by acting upon your written authorizations.

If you are a patient at Bethesda North Hospital or Bethesda Medical Center at Arrow Springs, to request an accounting of disclosures, you must submit your request in writing to: Bethesda North Hospital, Medical Records Department, 10500 Montgomery Road, Cincinnati, Ohio 45242, Attention: Supervisor.

If you are a patient at Good Samaritan Hospital, to request an accounting of disclosures, you must submit your request in writing to: Good Samaritan Hospital, Medical Records Department, 375 Dixmyth, Cincinnati, Ohio 45220, Attention: Supervisor.

If you are a patient at one of the TriHealth-affiliated physician practices or another TriHealth-affiliated health care facility, to request an accounting of disclosures, you must submit your request in writing to the office manager at the address of the physician practice or facility where you received treatment.

Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first accounting you request, within a 12-month period, will be free. For additional accounting, we may charge you for the costs of providing the list.

## 8. BETHESDA NORTH AND GOOD SAMARITAN POLICIES

**Right to request restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a restriction or limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend.

We are not required to agree to your request for a restriction or limitation. If we do agree, we will comply with your request, unless the information is needed to provide you emergency treatment.

In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to request confidential communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work.

We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a paper copy of this Notice.** You have a right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. You may also obtain a copy of this Notice at our Web site, [www.trihealth.com](http://www.trihealth.com).

### Changes to this Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the hospital and health care facilities. The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, if you are a patient at the hospital, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current Notice in effect.

### For further information

For further information about the matters covered by this Notice, you may contact the following:

- If you are a patient at Bethesda North Hospital or Bethesda Medical Center at Arrow Springs, contact the Patient Representative at 513-865-1115.
- If you are a patient at Good Samaritan Hospital, contact the Patient Representative at 513-862-2582.

- If you are a patient at one of the TriHealth-affiliated physician practices or another TriHealth-affiliated health care facility, contact TriHealth's Privacy Officer at 513-569-6507.

### Complaints

If you believe your privacy rights have been violated, you may file a complaint with TriHealth or with the Secretary of the U.S. Department of Health and Human Services.\* To file a complaint with TriHealth, you must submit your complaint in writing as follows:

- If you are a patient at Bethesda North Hospital or Bethesda Medical Center at Arrow Springs, please send your written complaint to the attention of the Patient Representative, Bethesda North Hospital, 10500 Montgomery Road, Cincinnati, Ohio 45242.
- If you are a patient at Good Samaritan Hospital, please send your written complaint to the attention of the Patient Representative, Good Samaritan Hospital, 375 Dixmyth Avenue, Cincinnati, Ohio 45220.
- If you are a patient at one of the TriHealth-affiliated physician practices or another TriHealth-affiliated health care facility, please send your written complaint to the attention of TriHealth's Privacy Officer, TriHealth, Inc., Corporate Administration Department, 619 Oak Street, Cincinnati, Ohio 45206.

\*You will not be penalized for filing a complaint.

### Consent form samples

The following hospital consent samples are provided for you to read before signing. The general consent for treatment allows the hospital staff to care for you and then receive payment for services. It informs of your receipt of the patients' rights and responsibilities and a copy of TriHealth's privacy practices (found on p. 51 of this guide), in compliance with Federal HIPAA guidelines; and recognition of any special needs you may have, in compliance with Federal ADA guidelines. Your signature also allows for a postpartum home care nurse visit if you qualify for one.

By signing the consent for maternity care, you authorize your OB/Midwife practice or their designate to assist you in your birth experience. It provides consent if you choose to have a son circumcised during your hospital stay. The consent also authorizes proper disposal/use of any human tissue, such as the placenta. Finally, it provides access to information pertinent to this admission if a readmission occurs within 30 days of discharge.



**ACKNOWLEDGEMENT OF INFORMED CONSENT FOR MATERNITY CARE**

Acknowledging that I have given my informed consent to Dr./CNM \_\_\_\_\_ and other physicians/midwives and persons needed to assist with the birth of my infant(s) I acknowledge the following has been explained, all my questions have been answered and that we have been given no guarantee about the outcome of birth to myself, my infant or any other care determined to be medically necessary.

- the nature of the childbirth methods we intend to use;
- the recommended anesthesia;
- how the birth is expected to be carried out; or
- the reasonably expected risk associated with childbirth and the risk associated with the method of delivery we have selected:
  - Normal vaginal delivery
  - Cesarean Birth
  - Vaginal Birth After Cesarean birth (VBAC)
  - Induction of Labor in combination with the above \_\_\_\_\_

I also understand that unknown circumstances at the time of my child's birth may require another method to be used for the safety of my infant or myself. Should that occur I permit the physician/CNM to use whatever method of childbirth would be best, including use of vacuum extraction or forceps delivery.

In addition, I understand that during the course of my childbirth medical necessity may require other care. Should that be necessary, I consent to the provision of other care for myself and my infant.

**Blood and Blood Products**

I understand that blood transfusion or administration of blood products may be necessary during childbirth and consent, whenever the physician believes it is necessary for my wellbeing or the wellbeing of my infant. The specific risk involved with blood transfusions have been explained, and include these risks, but not limited to, infectious hepatitis and unexpected blood reactions.

**Circumcision**

If a male child is born, the physician has explained the risk, benefits and alternatives of circumcision of my infant. I understand how the procedure is performed, if anesthesia of other pain relief medications will be used, and that circumcision can involve blood loss and infection. My physician has also explained conditions of the penis such as hypospadias (abnormal location of urethra), micropenis, or shaft distortion (chordae) can occur and might not be obvious at first exam. In these instances the circumcision cannot be done or if it has been started, only a partial circumcision may result. I understand that sometimes additional treatments are needed immediately, and if that occurs I give my permission as well.

I do elect Circumcision of my son; Initials \_\_\_\_\_  
 I do not elect Circumcision of my son; Initials \_\_\_\_\_

**Tissue Disposal**

I understand human tissue like placenta resulting from my childbirth and treatment like foreskin from the Circumcision of my infant may be preserved and utilized for scientific or teaching purposes, or will be disposed of in accord with customary standards.

**Readmission**

If I or my child require readmission within thirty (30) days of discharge from the hospital, to another healthcare inpatient facility, I consent to release to the hospital quality assurance program, limited clinical information necessary to evaluate any care and treatment previously provided by the hospital.

I wish to be treated.

**read only - do not sign**

Patient Signature \_\_\_\_\_  
 Witness \_\_\_\_\_  
 Date \_\_\_\_\_ Time \_\_\_\_\_ Relationship \_\_\_\_\_  
circle one



Original-Mothers Chart  
 Yellow-Infants Chart  
 Approved: July 15, 2003 GSH Dept OB  
 1319 (R2/04)

PATIENT IDENTIFICATION LABEL



Community Resources for You and Your Baby

Perinatal social workers are available to provide patients with community resources. The following are some areas in which social workers may be able to assist patients and their families through referrals and linkage to services or information.

- Pregnancy/parenting support or education
- Emergency assistance (food, clothing, shelter)
- Resources to obtain baby supplies
- Transportation to medical appointments
- Adoption planning
- Substance abuse
- Mental health concerns
- Domestic violence
- Child abuse/neglect
- Child development and early intervention programs
- Postpartum depression support

To speak with the perinatal social worker, call Bethesda North, 513-865-1318  
 Good Samaritan Mother/Baby Unit, 513-862-2554; Neonatal Intensive Care Unit, 513-862-2569; Faculty Medical Center, 513-862-3338

The following directory also may be helpful to access services in the Greater Cincinnati area.

**United Way Help Line**

The United Way Help Line is a 24-hour information, referral and crisis line that links people who need information or help with agencies that can assist them. Call 1-800-233-HELP (4357) or 513-721-7900 for help with:

- Emergency assistance – food, shelter and clothing
- Money management
- Legal assistance
- Child care
- Personal, family or relationship problems
- Chemical dependency – alcohol or drugs
- Family violence – spouse abuse and child abuse
- Health concerns
- Support groups
- Educational and vocational opportunities
- Parenting classes
- Loneliness and depression
- Special transportation and any other questions

**Helpful Numbers in Greater Cincinnati**

**Lactation consultants**

TriHealth Warm Line and Outpatient Services 513-862-pump (7867)

**TriHealth information**

TriHealth Women's HealthLine 513-475-4500  
*physician referrals, information on TriHealth maternity education classes and other TriHealth services*  
 TriHealth Postpartum Depression Support Line 513-862-3343

**Child abuse prevention**

24-hour reports of child abuse 513-241-KIDS (5437)  
 Parents Anonymous 24-Hour Hotline 513-961-8004

**Poison prevention**

Poison Information Hotline 513-558-5111

**Day care information**

4 C's — Comprehensive Community Child Care 513-221-0033

**Ohio Resources**

**Butler County**

Butler County Help Line 513-785-3095  
 Butler County Alcohol/Chemical Abuse Council 513-868-2100  
 Butler Co. Job and Family Services 513-887-4000  
 Butler County Protective Shelter/  
 Domestic Violence Crisis Line 513-863-7099  
 Child Abuse Hotline 513-868-0888  
 Child Support 513-887-3362  
 Health Department 513-863-1770  
 Help Me Grow Program 513-785-6850 or  
*Early intervention and child development services for families with children from birth to 3 years* 1-800-341-3025  
 Hope House 513-424-4673  
*Shelter for men, women and children*  
 Immunizations/Well Child Clinic 513-695-1468  
 Legal Assistance (Domestic Relations Court) 513-887-3100  
 Mental Health Board 513-860-9240  
 Women, Infants and Children (WIC)  
 Nutrition Education and Supplemental Food Program  
*Middletown* 513-705-9040  
*Hamilton* 513-896-7022

9. COMMUNITY RESOURCES FOR YOU AND YOUR BABY

**Clermont County**

Battered Women's Helpline and Referral	513-753-7281
Child Focus	513-752-1555
Child Support Enforcement Agency	513-732-7248
Children Protective Services	513-732-7173
Clermont Recovery Center	513-735-8100
<i>Substance abuse recovery</i>	
Clermont Counseling Center	513-947-7000
Clermont County Help Line	513-753-7281
Clermont County Help Me Grow Program	513-732-5030
<i>Early intervention and child development services for families with children from birth to 3 years</i>	
Clermont Transportation Connection	513-732-7433
Department of Job and Family Services	513-732-7111
Family and Children First	513-732-5400
Healthy Start	513-732-7111
Legal Aid	513-241-9400
Women, Infants and Children (WIC)	
Nutrition Education and Supplemental Food Program	513-732-7329

**Hamilton County**

**Chemical dependency**

Substance Abuse	513-281-7880
<i>Alcoholism Council of Cincinnati Area</i>	
C.A.M.P. (Caring for All Moms in Pregnancy)	513-862-5127 or 513-862-5132

**Child protection**

Child Abuse/Neglect/Dependency	513-241-KIDS (5437)
Parent Helpline	513-961-8004
<i>Child abuse prevention</i>	

**Day care**

Child Day Care Services (HCJFS)	513-946-1800
4 C's (Comprehensive Community Child Care)	513-221-0033

**Domestic violence**

YWCA Domestic Violence Hotline	513-872-9259
Women Helping Women	513-381-5610

**Emergency food, clothing, shelter**

Bethany House	513-381-7233
<i>Shelter for women and children</i>	
Free Store/Food Bank	513-241-1064
Salvation Army	513-762-5660
St. Vincent DePaul	513-421-0602

**Information and referral lines**

United Way Helpline	1-800-233-HELP (4357) or 513-721-7900
Hamilton County Job and Family Services Link Line	513-946-LINK (5465)

**Mental health**

Mental Health Services	
(Mental Health Access Point – MHAP)	513-558-8888
Psychiatric Emergency	513-584-8577
Suicide Prevention Hotline	513-281-2273

**Nutrition**

Women, Infants and Children (WIC) Nutrition Education and Supplemental Food Program	513-821-6813
LaLeche League	513-357-MILK (6455)
<i>Support for breastfeeding mothers</i>	

**Pregnancy/parenting support programs**

Babies Milk Fund Children's and Prenatal Clinic	513-861-7313
<i>also offers clinics for pregnant women and their children</i>	
Help Me Grow	513-281-GROW (4769)
<i>Parenting support and child development/early intervention services</i>	
Every Child Succeeds	513-636-2830
<i>Support program for first-time mothers</i>	
Healthy Moms and Babies	513-591-5600
<i>Support services for moms-to-be and existing parents</i>	
Catholic Charities	513-241-7445
<i>Counseling, adoption, parenting programs</i>	
Hamilton County Job and Family Services – Pregnancy Services	513-946-7335
Birthright	513-241-5433
<i>Childbirth classes</i>	

**Public assistance**

Hamilton County Job and Family Services Information (HCJFS)	513-946-1000
Appointments for cash, food, Medicaid assistance at HCJFS	513-946-2480
Child Support Enforcement Agency	513-946-7387
Transportation to medical visits for Medicaid recipients	513-946-1000
Social Security information	1-800-772-1213
Legal Aid of Greater Cincinnati and Southwest Ohio	513-241-9400

9. COMMUNITY RESOURCES FOR YOU AND YOUR BABY

**Warren County**

Abuse Crisis Line	888-860-4084; 513-509-8402 (cell)
Bureau of Child Support	513-695-1580
Drug and Alcohol Center of Warren County (Lebanon)	513-695-1131
4 C's (Comprehensive Community Child Care)	513-695-2276
Health Department	513-695-1228
Help Me Grow Program	513-695-4769
<i>Early intervention services and child development for families with children from birth to 3 years.</i>	
Human Services Department	513-695-1420
Hope House	513-424-4673
Immunization/Well Child Clinic	513-695-1468
Life Span	513-934-1330
Mental Health and Drug/Alcohol	513-695-1354
Warren County Transit Services	513-695-1323
<i>Public transportation</i>	
Women, Infants and Children (WIC) Nutrition Education and Supplemental Food Program	513-695-1217

**Kentucky Resources**

Battered Women's Hotline	859-292-6340
Brighton Center	859-431-5649 or 859-491-8303
<i>Emergency food, clothing and financial assistance; credit and budget counseling</i>	
Catholic Charities	859-581-8974
<i>Community education, individual, marital and family counseling</i>	
NorthKey Community Care	859-331-3292 or 859-578-3252
<i>Mental health education and crisis intervention</i>	
Family Service of Northern Kentucky (United Way)	
Covington	859-291-1121
Florence (United Way)	859-525-2602
<i>Budget, consumer credit, substance and sexual abuse counseling and family life education</i>	
First Steps	859-815-1095
<i>Early intervention services</i>	
Mental Health Association of Northern Kentucky	859-431-1077
Women's Crisis Center	859-491-3335 or 1-800-928-3335
<i>24-hour hotline for phone counseling; shelter for battered and abused women and their children</i>	

**Boone County**

Assisted Housing (Section 8 Program)	859-334-2105
Cabinet for Families and Children (Applications for public assistance)	859-371-6900
CASA:	
Child Advocate	859-586-1222
Child Support	859-586-9100
Women, Infants and Children (WIC) Nutrition Education and Supplemental Food Program	859-525-1770

**Campbell County**

Cabinet for Families and Children	859-292-6700
Child Support	859-431-0552
Section 8 Housing	859-261-5200
Women, Infants and Children (WIC) Nutrition Education and Supplemental Food Program	859-431-1704

**Kenton County**

Cabinet for Families and Children	859-292-6340
Child Support	859-491-4114
Section 8 Housing	859-292-2188
Women, Infants and Children (WIC) Nutrition Education and Supplemental Food Program	859-431-3345

**Indiana Resources**

Southeastern Indiana Economic Opportunities (SIEOC) Serving Dearborn, Franklin, Ohio, Ripley and Switzerland counties	765-647-5967
<i>Provides commodities, energy assistance, Head Start, information and referral, emergency assistance services, Section 8, weatherization, child care assistance and child care resource and referral</i>	
First Steps	866-644-2454
<i>Early intervention services</i>	

**Dearborn County**

Alliance for Mentally Ill	812-537-0946
Division of Family and Children	812-537-5131
<i>Public assistance programs and child protective services</i>	
Community Mental Health Center	812-537-1302
Crisis Pregnancy Center	812-537-4357
Domestic Violence Services	1-800-221-6311
Family Connections	812-689-6363
<i>Home visits for prenatal support, education; substance abuse recovery program</i>	
Healthy Mothers/Healthy Babies	812-532-3081
<i>Education/support for young mothers</i>	

9. COMMUNITY RESOURCES FOR YOU AND YOUR BABY

Rape Crisis Services 812-537-7375  
 Women, Infants and Children (WIC)  
 Nutrition Education and Supplemental Food Program  
*Lawrenceburg* 812-537-4089  
*Dearborn, Ripley, Switzerland and Ohio counties* 800-456-0492 or 812-537-4777

**Franklin County**

Community Mental Health Center 765-647-4173  
 Crisis Pregnancy Hotline 812-934-5116  
 Division of Family and Children 765-647-4081  
*Public assistance programs and child protective services*  
 Mental Health Association in Franklin County 765-778-0186  
 Pregnancy Help Center 765-647-2029  
 Rape/Crisis Services 812-537-1302  
 Salvation Army 765-825-2011  
*Emergency services*  
 Women, Infants and Children (WIC)  
 Nutrition Education and Supplemental Food Program 765-825-5210 or 765-647-3663

**Hamilton County WIC**

**Program Locations**

Call an individual location to schedule an appointment and to check hours.  
 Cann Health Center 513-263-8777  
 5818 Madison Road (45227)  
 Children's Hospital B-1 513-636-5818  
 3333 Burnet Avenue (45229)  
 East End Health Center 513-321-1395  
 4027 Eastern Avenue (45226)  
 Elm Street Health Center 513-352-3816  
 1525 Elm Street (45202)  
 Forest Park 513-742-3555  
 924 Waycross Rd. (45240)  
 Harrison BMF Clinic 513-367-5383  
 10400 New Haven Rd. (45030)  
 Lincoln Heights Health Center 513-769-5290  
 1401 Steffen (45215)  
 Millvale Health Center 513-352-3199  
 2750 Beekman Street (45225)  
 Mt. Healthy (Rex Ralph Center) 513-522-4300  
 1310 Adams (45231) or 513-522-0404  
 Northside Health Center 513-564-2180  
 3917 Spring Grove Avenue (45223)  
 Price Hill Health Center 513-357-2727  
 2136 West 8th Street (45204)  
 Roselawn 513-821-6813  
 7162 Reading Rd., #800 (45237)  
 Walnut Hills/Evanston Office (WIC) 513-281-4116, ext. 6  
 2805 Gilbert Ave. (45206)  
 West End Health Center 513-352-3566  
 1413 Linn Street (45214)  
 Western Hills 513-251-4700  
 4966 Glenway Ave. #301 (45238)  
 Winton Hills Health Center 513-242-1720  
 5275 Winneste Avenue (45232)

For general information regarding the Hamilton County WIC Program, please call 513-821-7012.

For information regarding the locations of WIC programs in other counties, refer to county listings.

USDA prohibits discrimination in the administration of its programs.

9. COMMUNITY RESOURCES FOR YOU AND YOUR BABY

**A MESSAGE FROM WIC**

**Providing Healthy Food for Your Children is Very Important — Maybe WIC Can Help**

If you are pregnant, breastfeeding or have children under age 5, you may be eligible for WIC's specialized nutrition services.

*Income guidelines effective April 1, 2010.*

Family Size	Annual	Monthly	Twice Monthly	Bi-Weekly	Weekly
1	\$ 20,036	\$ 1,670	\$ 835	\$ 771	\$ 386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	758
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317

\*Pregnant women count as two.

For family size larger than nine people, please call for income guidelines.

WIC stands for Women, Infants and Children and is funded by the Department of Agriculture. WIC provides nutrition counseling, breastfeeding support and nutritious foods such as milk, fruit juices, cheese, eggs, cereals, and peanut butter or beans. Infant formula can also be provided if needed as a supplement to breastfeeding or if breastfeeding is not an option.

Many working families can participate in the WIC program. Eligibility is based on medical/nutritional needs, income and family size.

Contact us today. We can let you know if you qualify financially by telephone in just a couple of minutes. Appointments are available at locations throughout Hamilton County (listing on page 66). Evening appointments are available at many locations; please call a WIC site for additional information.

**WIC WORKS!**

For general information, call:  
**513-821-7012**

USDA prohibits discrimination in the administration of its programs.

