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 call 513 862 4125 and Bethesda North call 513 865 1631.

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 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.
1. 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 training physicians which offer specialized care for high-risk pregnancies.

Fetal Medicine Associates, Inc. is a group of eight physicians which offer specialized care for high-risk pregnancies. The center also offers high-resolution sonography, 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-remodeled 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 special 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 weekday 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. 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 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.

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 “Mommmy 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

“**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.

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, 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.

What choices do I have for the storage of my child’s cord blood? You always have the choice to do nothing and let the cord blood be discarded after birth. The choice to save the blood for the family is usually open to any family that can afford the cost. The choice to donate to a public bank is only available to mothers who meet the eligibility criteria. Whatever choices you have and whatever decision you make, remember there is no single correct answer for all families. Only you know which choice feels right for you and your family.

If you are interested in this option, please tell your physician or midwife and delivery room staff.
2. Maternity Education Classes

TriHealth offers a wide variety of maternity education courses for expectant families, from childbirth education to big brother/big sister and breastfeeding classes at multiple locations.

For registration, class availability and fees, contact our Women’s HealthLine at 513-475-4500 or visit www.trihealth.com.

Childbirth Education Classes

Childbirth Refresher Course
This is a two-hour class to help prepare you for either a scheduled or unplanned Cesarean birth. It is suitable for all expectant parents. For scheduling, call the Childbirth Education Association at 513-661-5655. Free to Childbirth Education and One-Day Condensed Childbirth Class participants.

Childbirth Education Classes
Preparation for your birth experience will include discussion of exercises, nutrition, hospital procedures, relaxation, breathing techniques and ways to promote labor progress. Natural and medicated labor support measures will be presented. Classes meet once a week for five weeks. Please bring two pillows and a blanket to class with you. Co-sponsored by the Childbirth Education Association.

Unmedicated Birth Class
This six-week series is specifically designed to help couples achieve an unmedicated birth through extensive practice of relaxation, breathing techniques, position changes and the use of drug-free pain management. Please bring two pillows and a blanket to class with you. Co-sponsored by the Childbirth Education Association.

Vaginal Birth after Cesarean (VBAC) Class
This class explains the benefits of VBAC and encourages women who are candidates to consider this option. This two-hour session will include a film, teaching and question-and-answer period. This class can be taken in conjunction with the Childbirth Refresher Course.

Breastfeeding and Beyond
This three-hour class will provide you with basic breastfeeding information that will guide you through the hospital period and the early weeks at home. The third hour will be devoted to women seeking information about continuing to breastfeed and returning to work. The instructors are experienced International Board Certified Lactation Consultants employed by TriHealth hospitals. If you take the TriHealth All-Day Childbirth Class and the Breastfeeding and Beyond class, then the cost for the Breastfeeding and Beyond class will be reduced. However, you will need to call 513-675-4500 to get the discount.

Breastfeeding Class
This class covers all aspects of beginning breastfeeding. The cost of the breastfeeding class is included in the fee of the five-week Childbirth Education Class and the Unmedicated Birth Class. However, you need to register for the class separately. If you are not taking one of these childbirth classes, you may register for the breastfeeding class alone.

Exercise 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.

Massage Classes
Massage is a safe, natural method of easing the discomforts of pregnancy—before, during and after delivery. Research shows that pregnant women who receive massage therapy have a fewer obstetric and postnatal complications. Our massage therapists are licensed by the Ohio Medical Board with certification in prenatal and postpartum massage. Classes are offered at the TriHealth Fitness & Health Pavilion. The benefits of massage include:

- Promoting movement of blood and lymph, which helps your heart, and reduces swelling and fluid retention.
- Reducing pain and pressure to the nervous system, relieving strain on your back muscles.
- Before delivery, re-energizing you and clearing your thoughts to focus on the experience ahead.

Prenatal Massage Class
At TriHealth, massage therapists from the TriHealth Fitness & Health Pavilion provide prenatal massage to women who are hospitalized prior to delivery, including prenatal moms experiencing high-risk pregnancies, or women admitted for induction of labor.

Massage therapists will come to your hospital room by appointment. If you are having a prenatal massage, therapists will massage you by using a lower table and a pregnancy pillow that will help relieve pressure around your abdomen.

Prior to massage, it is important that you speak with your health care provider to ensure that massage is appropriate for you and your pregnancy.
Newborn Massage Class
During our Newborn Massage Class a licensed therapist teaches massage techniques. Massaging your newborn helps build a foundation for a lifetime of positive communication with your child. Other benefits to your baby include:

• Better digestion, which may help your baby gain weight and grow faster
• Stimulation of the nervous system, which may promote muscle tone, coordination and brain function
• Special attention from you, which helps you grow closer to each other
• A calming effect, leading to deeper, more restful sleep
• Stimulation of the immune system

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.

Postpartum Massage
Postpartum massage has a variety of benefits, including:

• Reducing musculoskeletal pain
• Decreasing postpartum depression
• Stimulating the uterus to return to its pre-pregnancy size and position
• Contributing to rehabilitation of abdominal skin, muscles and organs
• Stimulating chemicals in your body that improve breastfeeding
• Promoting structural alignment of your spine and pelvis

Massage sessions cost $70 for 60 minutes and $85 for 80 minutes. Pay by check or credit card at the time of your appointment. You may cancel your appointment at no charge with 12-hour notice. To schedule an appointment, call the TriHealth Fitness & Health Pavilion at 513-985-6772.

Classes for Families

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.

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.

Baby Safety

Infant/Mother Care and Safety Classes
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 various methods of consoling a crying baby. Please bring a doll and a receiving blanket to the class.

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 off 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.

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.

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 weekday 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. 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.

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 space limitations. Those arriving for class who are not registered may not be able to attend.

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. Please bring a doll and a receiving blanket to the class.

Baby’s First Steps
This class is designed to cover the concerns parents may have when transitioning to walking with their children. The class includes a tour of the birthing and postpartum areas of the hospital to build a foundation for a lifetime of positive communication with your child. Class also includes a tour of our birthing facility.

A Final Question
This informal 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, dress, hold, comfort, and feed an infant. A pediatrician will also be covering various methods of consoling a crying baby. Please bring a doll and a receiving blanket to the class.

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.

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.

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.

Baby Safety

Infant/Mother Care and Safety Classes
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 various methods of consoling a crying baby. Please bring a doll and a receiving blanket to the class.

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 off 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.

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.
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 separation agreement

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. Ohio Department of Health will only recognize reports (results) from this agency.

For paternity testing, call: Child Support Enforcement Agency (CSEA) 513-946-7387
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.

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 establishes paternity of the baby. The father’s name is then allowed to be on the birth certificate. All unmarried parents should be offered the Paternity Affidavit.

BELIEF: 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 recission. 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
• 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: 513-862-7776.

• If you are a single parent, you have your length of stay at the hospital to complete the paternity affidavit. 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 to ensure availability. Walk-ins also are welcome. Hours are Monday through Thursday, from 9 a.m. to 4:30 p.m., Friday till 4:00.

• 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 issued automatically at the time of discharge and are obtained from your nurse. You must request a letter of verification or proof of birth. A valid ID must be presented. Call the Birth Records office for more information: 513-862-7776.

• 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.

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. Should you not receive a social security card in the mail please give us a call at 513-862-7776 so we can investigate the situation to see what the problem is.

Your Child’s Birth Certificate

The hospital cannot provide patients with birth certificates. To apply for a birth certificate, you must 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 information on how to obtain a birth certificate in your hospital discharge packet.

Birth certificates may be obtained at any county or city health department that has a department of vital statistics. They can also be purchased on line. The price of a birth certificate may vary from place to place and is usually a few dollars more on line. The advantage to purchasing a birth certificate in person is that any spelling error can be promptly corrected by completing an affidavit at the office. If there is a typo in your child’s information this will also need to be corrected on your social security card which is issued before the birth certificate. To correct the social security card you will need to go to your local Social Security Administration Office with the corrected birth certificate; a second form of identification for the child (immunization records, letter of verification received from the hospital, or insurance card are some examples). You will also need a picture identification for yourself to validate that you are the parent listed on the birth certificate.

Ohio Vital Records Local Offices

Adams County Clerk
110 W. Main Street
West Union, Ohio 45693-1347
513-544-2921

Butler County Recorder’s Office
130 High Street
Hamilton, Ohio 45011
513-887-3198

Clinton County Clerk
46 S. South Street
Wilmington, Ohio 45177-2103
937-382-2103

Brown County Court Clerk
P.O. Box 379
Georgetown, Ohio 45121
937-378-6549

Clermont County Clerk
76 South Riverside
Batavia, Ohio 45103-2602
513-732-7300

Highland County Health Department
P.O. Box 825
Hillsboro, Ohio 45133-0825
937-393-1941

Hamilton County:
Hamilton County Public Health
250 William Howard Talt, 2nd floor
Cincinnati, Ohio 45219
513-946-7800

Middletown City Health District
One Donham Plaza
Middletown, Ohio 45042-1901
513-425-7766

Warren County Clerk
320 East Silver Street
Lebanon, Ohio 45036-1816
513-932-4040

Butler County Recorder’s Office
130 High Street
Hamilton, Ohio 45011
513-887-3198

Hamilton County:
Hamilton County Public Health
250 William Howard Talt, 2nd floor
Cincinnati, Ohio 45219
513-946-7800

Middletown City Health District
One Donham Plaza
Middletown, Ohio 45042-1901
513-425-7766

Warren County Clerk
320 East Silver Street
Lebanon, Ohio 45036-1816
513-932-4040

Cincinnati Board of Health
1525 Elm Street
Cincinnati, Ohio 45210
513-352-3120

Norwood Health Department
2059 Sherman Avenue
Norwood, Ohio 45212
513-458-4606

You can also find more information about other counties and ways to obtain a birth certificate by going to the state website: http://www.odh.gov/vitalstatistics.
4. 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 changes that are not easy. An important area to begin is

Smoking and pregnancy: risks for moms and babies

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

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 habitual 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.cancer.gov
  
  1-800-4-CANCER

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, non-judgmental way:
- Case management
- Social work support
- Referrals to available community support services
- Nutrition counseling
- Financial counseling

This program 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.

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 bled 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.

**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 24 for a list of high-fiber intake. To help constipation, try to gradually increase fiber in your diet (see page 24 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.

**Gastroesophageal reflux (GERD)**

Standing too long, poor posture and pressure from the baby cause gastroesophageal reflex, 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 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 27) 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.

**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 smell. 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 avoid this. Men may have stretch marks, but not to the same extent as women.

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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?**

Shower tubs 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.

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 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 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/orange 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**

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Minimum # of servings/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bread, Cereal, Rice</td>
<td>6-11</td>
</tr>
<tr>
<td>Pasta Group</td>
<td>1 slice of bread</td>
</tr>
<tr>
<td>Vegetable Group</td>
<td>1/2 cup cooked</td>
</tr>
<tr>
<td>Milk, Yogurt, Cheese</td>
<td>1 cup milk, yoghurt</td>
</tr>
<tr>
<td>Meat, Poultry, Fish</td>
<td>1 oz. meat = 1 egg</td>
</tr>
<tr>
<td>Fruit Group</td>
<td>1 piece, 6 oz. juice</td>
</tr>
<tr>
<td>Vegetable Group</td>
<td>1/2 cup cooked</td>
</tr>
<tr>
<td>Fructs</td>
<td>2-4</td>
</tr>
<tr>
<td>Milk, Yogurt, Cheese</td>
<td>3 (4 for pregnant teens or breastfeeding women)</td>
</tr>
<tr>
<td>Meat, Poultry, Fish</td>
<td>2 (3 for pregnant teens or breastfeeding women)</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Weight Status</th>
<th>Weight gain (pounds)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>28-40</td>
</tr>
<tr>
<td>Ideal weight</td>
<td>25-35</td>
</tr>
<tr>
<td>Overweight</td>
<td>15-25</td>
</tr>
<tr>
<td>Obese</td>
<td>11-20</td>
</tr>
<tr>
<td>Carrying twins</td>
<td>35-45</td>
</tr>
</tbody>
</table>

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, folate, 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

**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. 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 19.

**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 clean, clear 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 childbearing 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.

**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**


**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 your family 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.
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 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 10).

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 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 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, and if it is strong enough to hold the baby. Travel

• 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 abdominal area 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.

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, mucus 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 condition that leaves you feeling severely depressed. Most women who have PPD are able to recover with the help of medical treatment. If you experience any of the following symptoms, please seek medical advice.
• Feelings of helplessness, hopelessness or guilt
• Difficulty sleeping
• Loss of appetite or overeating
• Fatigue
• Difficulty concentrating
• Feelings of worthlessness or inadequacy
• Difficulty in decision-making

If you have any of these symptoms, please contact your physician or midwife immediately.
order 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 panic, 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.
   - Not very often – 2 pts.
   - Never – 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.
   - Not as much as I used to – 2 pts.
   - As much as I ever did – 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.

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 614-315-8969 for help.

**Sources**


**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 to find a TriHealth physician or 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 inside front cover), 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 your hospital and your baby’s health care. That way, you can help reduce some of the unnecessary stress after 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 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. 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. 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:

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

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)
- 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)
- Admission 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 below 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.

<table>
<thead>
<tr>
<th>Family size</th>
<th>Federal Income Poverty Guidelines</th>
<th>TriHealth Financial Assistance Income Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$10,890</td>
<td>$43,560</td>
</tr>
<tr>
<td>2</td>
<td>$24,710</td>
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<td>5</td>
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<td>$104,680</td>
</tr>
<tr>
<td>6</td>
<td>$79,990</td>
<td>$119,960</td>
</tr>
</tbody>
</table>

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 / 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 or 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.

**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.
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 breastfeeding, 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 breastfeeding 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 when 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 landfill 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.lllohio.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/matl_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 milk for baby’s feedings. Breastfeeding with return to employment (Rivers Press, 2006).

Breastfeeding Books

General breastfeeding information (and getting started)
Tri-Health 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/wheremat/docs/IBIGB/Disc%20web.pdf


Breastfeeding with return to employment


Special Breastfeeding Situations

Breast surgery

Twins/higher-order multiples

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)


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
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
• Computer – TriHealth offers free wifi
• Outfit for newborn photo
  – Check, money order or major credit card to pay for your photos (if you choose to buy them)
  – Hard candy
• Newborn pictures
  – 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 and 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 or 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
6. Your Baby’s Safety

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.

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); Snug Seat Car Bed (Snug Seat, 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.

Fitting Station Locations for Car Seat Checks

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

Localizaciones de estaciones para checar los asientos de seguridad de coche para nin~os solamente por cita

(Para asistencia en espanol llame al 513-303-1014 y ingrese su numero de tele’fono.)

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone</th>
<th>ZIP Code</th>
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<tbody>
<tr>
<td>Children’s Hospital Medical Center</td>
<td>513-636-7865</td>
<td>45229</td>
</tr>
<tr>
<td>Amberley Village Police and Fire Dept.</td>
<td>513-381-2040</td>
<td>45246</td>
</tr>
<tr>
<td>Anderson Township Fire and Rescue</td>
<td>513-956-7229</td>
<td>45215</td>
</tr>
<tr>
<td>Blue Ash Fire Dept., residents and employees of Blue Ash businesses only</td>
<td>513-745-8533</td>
<td>45236</td>
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<tr>
<td>Central Joint Fire EMS District</td>
<td>513-797-4520</td>
<td>45104</td>
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<tr>
<td>Cheviot Fire and Police Dept.</td>
<td>513-661-2700</td>
<td>45211</td>
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<tr>
<td>City of Mt. Wright</td>
<td>859-331-1700</td>
<td>41011</td>
</tr>
<tr>
<td>City of Cincinnati Fire Department (Monday-Friday, 9 a.m. to 4 p.m.)</td>
<td>513-357-7585</td>
<td>zip codes vary</td>
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<td>Colerain Township Dept. of Fire and OEMS</td>
<td>513-245-6505</td>
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<td>859-341-3840</td>
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<td>Deerfield Township Fire and Rescue</td>
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<td>Delhi Township Fire Dept.</td>
<td>513-922-2011</td>
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<td>Elmwood Place Fire Dept.</td>
<td>513-242-0790</td>
<td>45216</td>
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<tr>
<td>City of Fairfield Fire Department</td>
<td>513-867-5379</td>
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<tr>
<td>Fairfield Twp Fire Department</td>
<td>859-4402 ext 51</td>
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<tr>
<td>Florence Fire Dept.</td>
<td>859-647-5660</td>
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<td>Forest Park Dept.</td>
<td>513-595-5243</td>
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<td>Harrison Fire Department</td>
<td>513-367-4194</td>
<td>45030</td>
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<td>Hebron Fire Protective Services</td>
<td>859-586-9009</td>
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<tr>
<td>Lakeside/Crestview Hills Police Dept.</td>
<td>513-391-5368</td>
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<td>Liberty Township Fire Dept.</td>
<td>513-799-7530</td>
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<tr>
<td>Little Miami Joint Fire and Rescue  (residents only from Fairfield, Madison Pl., Newtown)</td>
<td>513-271-3636</td>
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<td>Madeira/Indian Hill Joint Fire Dept. (residents only)</td>
<td>513-271-2669</td>
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<td>513-271-4089</td>
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<tr>
<td>Miami Township Fire Dept. [Clermont]</td>
<td>513-269-7309</td>
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<td>Milford Fire Dept.</td>
<td>513-431-7777</td>
<td>45140</td>
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<tr>
<td>Monroe Township Fire Dept.</td>
<td>513-734-0487 or 513-754-4351</td>
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<tr>
<td>Montgomery Fire Dept.</td>
<td>513-985-1633</td>
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<tr>
<td>Newport Fire Dept.</td>
<td>859-292-3616</td>
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<tr>
<td>Norwood Heights Fire Dept.</td>
<td>513-458-6600</td>
<td>45214</td>
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<tr>
<td>Pierce Township Fire Dept.</td>
<td>513-752-6273 or 317-533-1757</td>
<td>45245</td>
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<tr>
<td>Ross Township Fire Department</td>
<td>513-863-3410</td>
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<tr>
<td>Sharonville Fire Dept.</td>
<td>513-563-0252</td>
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<td>Springfield Fire Dept.</td>
<td>513-546-5580</td>
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<tr>
<td>Symmes Township Fire Dept.</td>
<td>513-792-8566</td>
<td>45236</td>
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<tr>
<td>Taylor Mill Fire Dept.</td>
<td>859-581-6565</td>
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<tr>
<td>Union Emergency Services (KY)</td>
<td>859-384-3342 Option 2</td>
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<td>513-528-4446</td>
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<tr>
<td>Walton Fire Protection District</td>
<td>859-485-7439</td>
<td>41094</td>
</tr>
<tr>
<td>West Chester Fire Dept.</td>
<td>513-777-1133</td>
<td>45069</td>
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Source: www.cincinnatichildrens.org/health/info/safety/vehicle/car-seat-list.htm
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 your 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 45.

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.
• Contact the Safety Belt Safe U.S.A. Helpline at 1-800-745-SAFE (7233) or www.carseat.org.
• Visit these Web sites: www.aap.org, www.safaridanews.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.

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.

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 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.
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:
- Having unprotected sex with an infected person
- Contacting objects that could have blood or body fluids
- Contacting blood and body fluids through breaks in the skin, such as bites, cuts or sores
- Contacting a mother’s blood and body fluids at the time of birth
- Contacting blood and body fluids through breaks in the skin, such as bites, cuts or sores
- Contacting objects that could have blood or body fluids on them, such as toothbrushes or razors
- Having unprotected sex with an infected person

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 50,000 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
- 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

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?

<table>
<thead>
<tr>
<th>WHEN</th>
<th>WHO</th>
</tr>
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<tbody>
<tr>
<td>Hepatitis B Vaccine Schedule</td>
<td>Infant whose mother is infected with HBV</td>
</tr>
<tr>
<td>First Dose</td>
<td>Within 12 hours of birth</td>
</tr>
<tr>
<td>Second Dose</td>
<td>1-2 months of age</td>
</tr>
<tr>
<td>Third Dose</td>
<td>6 months of age</td>
</tr>
</tbody>
</table>

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, or by calling 1-800-822-7967. VAERS does not provide medical advice.

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.

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 (T-800–CDC-INFO)
  – Visit CDC’s Web sites at: www.cdc.gov/vaccines

www.cdc.gov/vaccines
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 week or two 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 measels, 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
• American Academy of Pediatrics www.aap.org
• The Children’s Hospital of Philadelphia http://www.chop.edu/consumer/jsp/microsite/microsite.jsp?id=75918
• Immunization Action Coalition (IAC) www.immunize.org
• Every Child by Two www.ecbt.org

www.cdc.gov/travel
www.cdc.gov/vaccines
www.cdc.gov/ncidod/diseases/hepatitis
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: Argininaemia, 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

Biothiamine 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/NEWBORN.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 skin 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.

7. 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.

Mucus 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.
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.

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)
- Feeling of pelvic pressure as if the baby is pressing down
- Low backache that is constant or occurs off and on
- Mild cramps (like you feel during your menstrual cycle)
- 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 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 progression.

- General loss of appetite
- A feeling of nausea with or without vomiting
- Increased urinary frequency
- Lower back pain may increase.

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.

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.

**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.

True Labor

<table>
<thead>
<tr>
<th>Contractions are regular, get closer together and last 40 to 60 seconds.</th>
<th>False Labor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractions continue despite movement.</td>
<td>Contractions may stop when you walk or rest or may change with change of position.</td>
</tr>
<tr>
<td>Pain/discomfort usually felt in the back and moves around to the front. It may be felt in the front first.</td>
<td>Pain/discomfort often felt in abdomen.</td>
</tr>
<tr>
<td>Contractions steadily increase in strength.</td>
<td>Contractions usually are weak and do not get much stronger.</td>
</tr>
<tr>
<td>Bloody show may be present.</td>
<td>Bloody show may be present.</td>
</tr>
</tbody>
</table>

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

• 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

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 the details of your individual situation.

For information on the VBAC education class, see page 11.

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. We are currently implementing a new type of assessment regarding your ability to cope during your labor. The nursing staff will ask how you are coping with your contractions based on the 1-10 scale, 1 being coping well, 10 being not coping at all. 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.

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 you may want to use. You may also want to bring in your own focal point. Examples are pictures or other items to look at or focus on during labor.

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). Hand held massagers or massage oils are welcome. 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.birthbeyond.org or 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 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 basketnet 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.

8. Bethesda North and Good Samaritan Policies

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 cardio-pulmonary 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 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 to act for you. 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 may 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
1-800-776-7624
www.ohpco.org

Ohio Osteopathic Association
1-800-234-4848
www.oao.net.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 1-614-726-6490.

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, OHDS 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 have access to your medical record 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 care, 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 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 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.
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  - 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.
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- 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.
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- 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.
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- To request a second opinion from another physician.
- To receive complete and current information about your diagnosis and prognosis in words you can understand.
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  - 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.
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 1-614-724-4428, or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), 1-800-394-6650, e-mail 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

TriHealth Joint Notice of Privacy Practices

This Notice describes how medical information generated and maintained by TriHealth affiliated entities, including Bethesda North Hospital, Bethesda Medical Center, 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.

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. 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 at 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.

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 45220, Attention: Supervisor.

If you are a patient at Good Samaritan Hospital, 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 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.

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.
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 your 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.

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 matters in a certain way or at a certain location. 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 513-862-2592.
- 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.

9. 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. Dial 211 or call 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

800-256-1296

Ohio Resources

Butler County
513-721-7900
Butler County Help Line
Dial 211

Butler County Alchol/Chemical Abuse Council
513-868-2100

Butler Co. Job and Family Services
513-887-4000/800-582-4267

Butler County Protective Shelter/ Domestic Violence Crisis Line
513-863-7099/800-618-6523

Child Abuse Hotline
513-887-4055

Child Support
513-887-3362

Ohio Resources

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513-863-7099/800-618-6523

Child Abuse Hotline
513-887-4055

Child Support
513-887-3362
Health Department 513-863-1770
Help Me Grow Program 513-785-6850 or 1-800-341-3025
Early intervention and child development services for families with children from birth to 3 years
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
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
Substance abuse recovery
Clermont Counseling Center 513-947-7000
LifePoint Solutions
Clermont County Rape Crisis hotline 513-753-7281
Clermont County Help Me Grow Program
Early intervention and child development services for families with children from birth to 3 years
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

Child protection
Child Abuse/Neglect/Dependency 513-241-KIDS (5437)
Parents Anonymous 24-hr. Helpline 513-961-8004
Child abuse prevention
Day care
Child Day Care Services (HCJFS) 513-946-1800
4 C’s (Comprehensive Community Child Care) 800-256-1296
Domestic violence
YWCA Domestic Violence Hotline 800-618-6523
Women Helping Women 513-381-5600
Emergency food, clothing, shelter
Bethany House 513-381-7233
Shelter for women and children’s Free Store/Food Bank 513-241-1064
Salvation Army St. Vincent DePaul 513-762-8841
Information and referral lines United Way Helpline Dial 211 or 513-752-7190
Hamilton County Job and Family Services Link Line 513-946-1000
Mental health
Mental Health Services 513-558-8888
(Mental Health Access Point – MHAP) Psychiatric Emergency 513-584-8577
Suicide Prevention 24 hr. Hotline 513-281-2273
Nutrition
Women, Infants and Children (WIC) Nutrition Education and Supplemental Food Program 513-821-7012
LaLeche League 513-357-MILK (6455)
Support for breastfeeding mothers
Pregnancy/paternity support programs
Baby Milk Fund Children’s and Prenatal Clinic 513-861-7313
also offers clinic for pregnant women and their children
Help Me Grow 513-281-GROW (4769)
Parenting support and child development/early intervention services
Every Child Succeeds 513-636-2830
Support program for first-time mothers

Healthy Moms and Babes
Support services for moms-to-be and existing parents
Catholic Charities 513-241-7745
Counseling, adoption, parenting programs
Hamilton County Job and Family Services – Pregnancy Services 513-946-7335
Birthright 513-241-5433
Childbirth classes
Public assistance
Hamilton County Job and Family Services Information (HCJFS) 513-946-1000
Appointments for cash, food, Medicaid, assistance at HCJFS 513-946-2466
Child Support Enforcement Agency 513-946-2300
Transportation to medical visits for Medicaid recipients 513-946-1000
Social Security information 1-800-772-1213
Legal Aid of Greater Cincinnati and Southwestern Ohio 513-241-9400

Warren County
Abuse Crisis Line 888-860-4084
Bureau of Child Support 513-695-1580
4 C’s (Comprehensive Community Child Care) 800-256-1296
Health Department 513-695-1228
Help Me Grow Program 513-695-4769
Early intervention services and child development for families with children from birth to 3 years
Job & Family Services 513-695-1420
Hope House 513-424-4673
Immunization/Well Child Clinic: Lebanon-513-695-1228. Franklin-937-746-1769
Mental Health & Recovery Centers 513-695-1354
Warren County Transit Services 513-695-1323
Public transportation
Women, Infants and Children (WIC) Nutrition Education and Supplemental Food Program 513-695-1217

Kentucky Resources
Brighton Center 859-491-8303
Emergency food, clothing and financial assistance; credit and budget counseling
Catholic Charities 859-581-8974
Community education, individual, marital and family counseling
Northkey Community Care 859-331-3292 or 859-579-3252
Mental health education and crisis intervention
Family Service of Northern Kentucky (United Way) Covington 859-291-1121
Florence (United Way) 859-525-2602
Budget, consumer credit, substance and sexual abuse counseling and family life education
First Steps 877-417-8377
Early intervention services
Mental Health Association of Northern Kentucky 859-431-1077
Women’s Crisis Center 859-491-3335 or 1-800-928-3335
24-hour hotline for phone counseling: shelter for battered and abused women and their children
Mercy Maternity Home 859-371-1888

Boone County
Assisted Housing (Section 8 Program) 859-334-2105
Cabinet for Health & Family Services Child Support: 859-371-8832
CASA: Child Advocate Women, Infants and Children (WIC) Nutrition Education and Supplemental Food Program 859-525-1770

Campbell County
Cabinet for Families and Children 859-292-7600
Child Support 859-431-0552
Section 8 Housing 859-261-5200
Women, Infants and Children (WIC) Nutrition Education and Supplemental Food Program 859-341-1704

Kenton County
Cabinet for Families and Children 859-292-6600
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
Provides commodities, energy assistance, Head Start, information and referral, emergency assistance services, Section 8, weatherization, child care assistance and child care resource and referral services.
First Steps 800-545-7763

SIEOC
765-647-5967
Serving Dearborn, Franklin, Ohio, Ripley, and Switzerland counties
Provides commodities, energy assistance, Head Start, information and referral, emergency assistance services, Section 8, weatherization, child care assistance and child care resource and referral services.
First Steps 800-545-7763

Provides commodities, energy assistance, Head Start, information and referral, emergency assistance services, Section 8, weatherization, child care assistance and child care resource and referral services.
First Steps 800-545-7763

Dearborn County
Alliance for Mentally Ill 812-537-0946
Division of Family and Children 812-537-5131
Public assistance programs and child protective services
Community Mental Health Center 812-537-1302
Crisis Pregnancy Center 812-537-4357
Domestic Violence Services 1-800-221-6311
Family Connections 888-689-6363

First Steps 800-545-7763

Dearborn, Franklin, Ohio, Ripley, and Switzerland counties
Provides commodities, energy assistance, Head Start, information and referral, emergency assistance services, Section 8, weatherization, child care assistance and child care resource and referral services.
First Steps 800-545-7763

First Steps 800-545-7763

Public assistance programs and child protective services
Community Mental Health Center 812-537-1302
Crisis Pregnancy Center 812-537-4357
Domestic Violence Services 1-800-221-6311
Family Connections 888-689-6363


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 8-1 513-636-5818
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)
Millvale at Hopple Street Health Center 2750 Beeelman Street (45225)
Mt. Healthy: 7 Hills Shopping Center 10950 Hamilton Avenue (45231)
Northside Health Center 3917 Spring Grove Avenue (45223)
Price Hill Health Center 513-357-2727
2136 West 8th Street (45204)
Roselawm 513-821-6813
7162 Reading Rd., #800 (45237)
Wooln Hills/Evanston Health Center 2805 Gilbert Ave. (45206)
Western Hills 513-251-4700
4966 Glenway Ave. #301 (45238)
Winton Hills Health Center 513-242-1720
5275 Winnette Avenue (45232)

First Steps 800-545-7763

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 July 1, 2012.

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<th>Twice Monthly</th>
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*Pregnant women count as two.

A Message from WIC
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

For general information regarding the Hamilton County WIC Program, please call 513-821-7012. For general information regarding the locations of WIC programs in other counties, refer to county listings.

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USDA prohibits discrimination in the administration of its programs.

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 812-689-6295
Public assistance programs and child protective services
Pregnancy Help Center 765-647-2029
Rape/Crisis Services 877-849-1248
or 812-537-1202
Salvation Army 765-825-2011
Emergency services
Women, Infants and Children (WIC)
Nutrition Education and Supplemental Food Program 765-647-3663

For general information regarding the Hamilton County WIC Program, please call 513-821-7012. For general information regarding the locations of WIC programs in other counties, refer to county listings.

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