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.
  • Check your maternity benefits.
  • Ask if a maternity home care visit will be covered after discharge.
  • Request an insurance-issued breast pump if you are planning to breastfeed.

Financial counselors are available to discuss assistance and payment options.
  • Bethesda North Hospital: 513 865 5148
  • Good Samaritan Hospital: 513 862 4745
  • McCullough-Hyde Memorial Hospital: 513 534 5600

☐ Schedule your maternity orientation tour of the hospital.
  • To schedule a tour at Bethesda North Hospital or Good Samaritan Hospital, go to TriHealth.com/classes or call 513 475 4500.
  • To schedule a tour at McCullough-Hyde Memorial Hospital, call 513 524 5690.

☐ Choose your maternity education classes.
  • Classes at Bethesda North and Good Samaritan hospitals can be scheduled online at TriHealth.com/classes or by calling 513 475 4500. (See Section 2 for a class list.)
  • Baby Bound Classes at McCullough-Hyde Memorial Hospital can be scheduled by emailing obscheduling@MHMH.TriHealth.com or by calling 513 524 5689.

☐ Chose a pediatrician or family practice physician for your baby.
  You must bring the name, address and phone number of your baby’s doctor to the hospital because you must schedule an appointment before going home. Please be sure that your chosen physician is accepting new patients. For a complete list of TriHealth pediatricians, visit TriHealth.com/pediatrics.

☐ Start gathering your baby supplies including a car seat and a safe place for your baby to sleep.

☐ Pack your suitcase for the hospital. (See suggested list in Section 5.)

☐ Install your car seat.

☐ Think about names.

☐ Arrange for someone to care for your other children during your stay.

☐ Arrange for a ride home from the hospital after discharge.

☐ If you have concerns with housing, WIC, domestic violence or other necessities, contact:
  • Bethesda North Hospital: 513 865 1635
  • Good Samaritan Hospital: 513 862 3321
  • McCullough-Hyde Memorial Hospital: 513 524 5461

☐ When you think you are in labor, call your doctor or clinic. You do not need to call the hospital.
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1. Welcome to Bethesda North, Good Samaritan and McCullough-Hyde Memorial 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 TriHealth’s Bethesda North, Good Samaritan and McCullough-Hyde Memorial 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 is the largest provider of obstetrical services in the region, and the three hospitals welcome more than 10,000 babies each year.

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

**Bethesda North Hospital**
- A renovated postpartum unit with 43 rooms.
- Three operating rooms.
- Breastfeeding Care Center—An International Board Certified Lactation Consultant® can assist mom and baby with a variety of simple and complex breastfeeding problems.
- A newly renovated, 12-bed Level II Special Care Nursery with rooming-in availability.
- The GetWellNetwork is an interactive health and wellness service that offers patient education regarding baby care, health and safety, and medication management.

**Good Samaritan Hospital**
- Newly renovated Mother–Baby Unit with all private rooms. Renovations will be completed on the Maternity Triage and Family Welcome area in early 2018.
- Twelve fully updated labor and delivery suites with plenty of family space.
- A newly remodeled, 60-bed Level III Newborn Intensive Care Unit, which is world-ranked for expertise in caring for preterm and critically ill babies.
- An inpatient Advanced Obstetrical Care unit, specializing in care of high-risk pregnancies. Tri-State Maternal–Fetal Medicine Associates is a group of 11 physicians who offer specialized care for high-risk pregnancies. The group manages our prenatal Seton Center, which provides comprehensive testing for women who are facing complicated pregnancies.
- Cincinnati Fetal Center—One of only three centers in the U.S. to provide surgical intervention for unborn babies who have complications related to fetal abnormalities. The Center also offers high-risk pregnancy management, genetic and prenatal counseling, management of fetal arrhythmias, and preventive therapies.
- Breastfeeding Care Center—An International Board Certified Lactations Consultant can assist mom and baby with a variety of simple and complex breastfeeding problems.
- The GetWellNetwork is an interactive health and wellness service that offers patient education regarding baby care, health and safety, and medication management.

**McCullough-Hyde Memorial Hospital**
- Breastfeeding Care Center—An International Board Certified Lactations Consultant and Certified Lactation Counselor can assist mom and baby with a variety of simple and complex breastfeeding problems.
- The GetWellNetwork is an interactive health and wellness service that offers patient education regarding baby care, health and safety, and medication management.
- Baby Bound Program—An obstetrical nurse educator will meet with you to provide support and education. Please call Baby Bound at 513 524 5689.

### Hospital registration information

You will receive an information packet from your obstetrician or midwife. Please complete and return the paperwork in this packet within one week using the addressed envelope to the hospital. This information must be placed into an electronic medical record, which cannot be done without your preregistration. If you have a name, address or insurance change, please call the registration department at 513 569 6600. Registration hours are Monday through Friday, 7:30 a.m. to 8 p.m., and Saturday, 9 a.m. to 1 p.m. Have your insurance card available.

### Postpartum home care visit

After discharge, you may receive a home visit from a skilled nurse specializing in postpartum care. 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**

5 a.m. to 8 p.m.

Enter the hospital at the main entrance, pass the Information Desk and turn right to the main elevator. Take the elevator to
the third floor, and the Maternity Registration Desk is on the right when you exit the elevators.

For your convenience, valet parking is offered at the main entrance Monday through Friday from 6 a.m. to 6 p.m.

After hours—8 p.m. to 5 a.m.

If you arrive between 8 p.m. and 5 a.m., you will need to ring the bell for security at the main entrance. Hospital security will open the door and provide you with directions to the third floor.

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

Good Samaritan Hospital

Maternity admissions will be moving to the Dixmyth Avenue entrance when the current renovation project is completed in March 2018. Valet parking will be available, and patients will travel to the new Maternity Welcome Area by way of the north elevators.

Until the renovation is finished, follow the directions below:

- Enter the campus off of Clifton Avenue ("Clifton Entrance" is on the outside of the building).
- Follow signs for Maternity Admissions Parking.
- Enter the Clifton lobby (from 8 p.m. to 5 a.m., use intercom to gain access to the lobby).
- Take elevator or stairs down to level 5.
- Turn left and follow signs for the maternity elevator.
- Take the maternity or "stork" elevator (next to the century elevators) up to level 9.
- Turn left off the elevator to Maternity Triage.

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

McCullough-Hyde Memorial Hospital

6 a.m. to 9 p.m.

Enter the hospital at the main entrance and proceed to the Registration Desk.

After hours—9 p.m. to 6 a.m.

Enter the hospital through the emergency entrance.

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.
- McCullough–Hyde Memorial Hospital—noon to 8 p.m.

For the protection of mothers and newborns, visitors must be free from illness.

Children and siblings

All children must be with an adult. If a child has had the chicken pox vaccine, he or she must wait 42 days from the time the vaccine was given before visiting.

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 is also recommended.

Flu season visitation

During flu season (typically December to March), additional visitation restrictions will be enforced:

- No visitation by anyone who is ill with respiratory symptoms, including sneezing, runny nose, fever, etc.
- No visitation by anyone under age 14.
- Exceptions: Siblings who have been adequately immunized against the flu may visit the maternity units. Parents must provide documentation of immunization that occurred at least two weeks prior to the visit.
- There may be additional restrictions for visitation in the Special Care Nursery or NICU. Please check with your nurse.

For more information about flu season visitation restrictions, visit TriHealth.com.

Parents and grandparents

Fathers and grandparents of babies may visit at any time. 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 team. This policy may be altered at any time during the cesarean section procedure if the need arises.

Cafeterias

TriHealth cafeterias offer reasonably priced meals and snacks and are open at varying times. The cafeterias are located on the ground floor of Bethesda North Hospital, the fifth floor of Good Samaritan Hospital and the ground floor of McCullough–Hyde Memorial 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. Bethesda North Hospital has a gift shop on the first floor near the main entrance. At Good Samaritan Hospital, the Guild Gift Shop is located on the first floor, and the smaller Clifton Corner Shop is located on the sixth floor. McCullough–Hyde Memorial Hospital has a gift shop located on the first floor near the main entrance.
Support services
Bethesda North, Good Samaritan and McCullough-Hyde Memorial 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 should you 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.

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 may also provide potential treatment for other family members. Cord blood stem cells are noncontroversial and free of political and ethical debate. Check the following website: bloodcell.transplant.hrsa.gov. For more information regarding cord blood banking, visit ParentsGuideCordBlood.org.

If you are interested in this option, please tell your physician or midwife and delivery room team.

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

For Bethesda North and Good Samaritan hospitals, register online at TriHealth.com/classes or by calling the Women’s HealthLine at 513 475 4500.

For classes and tours at McCullough-Hyde Memorial Hospital, contact the Baby Bound program at 513 524 5689.

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 Harold and Margret Thomas Special Care Nursery at Bethesda North Hospital or the Newborn Intensive Care Unit at Good Samaritan Hospital. This tour is appropriate for adults; tours for children are given with the Big Brother/Big Sister Class.

Tours for parents expecting multiples are also offered at Bethesda North and Good Samaritan hospitals. During these multiples tours, information will be discussed about the Harold and Margret Thomas Special Care Nursery at Bethesda North or the Newborn Intensive Care Unit at Good Samaritan.

Sessions are offered weekday evenings and Saturdays or Sundays for parents new to TriHealth. To register for a group session, call 513 475 4500 or visit TriHealth.com/classes. If you plan to bring more than one other person on the tour with you, you will need to call 513 475 4500 to register as you cannot do so online.

Private sessions are available for parents with special needs, such as those who need an interpreter or have difficulty with English, those who are expecting a baby with health issues, or those with special circumstances such as surrogacy or adoption. To schedule a private session with a nurse care coordinator at Bethesda North Hospital or Good Samaritan Hospital, call 513 865 1525.

Childbirth preparation classes
(Prices subject to change)
Birth With Ease—Hypnobirthing for Labor and Birth
Combining positive imagery, hypnosis, affirmations and relaxed breathing, you’ll learn how to eliminate the fear, tension and pain of labor, replacing them with confidence, calm and comfort. Using hypnosis for childbirth is an increasingly popular and effective evidence-based approach to having a baby due to its high rate of quick, comfortable, complication-free births. This class has been rated the “#1 childbirth class in the city” by CityBeat magazine. Call 513 683 6990 or visit hypnobirthingcincinnati.com with questions.

Fee: $200 per two-person birthing team. A $10 discount will be applied to this fee if you are enrolled in the Conscious Pregnancy prenatal parenting class first.

Classes in this eight-week series (there is also an optional ninth week postpartum class) are 2 1/2 hours long on Wednesdays, 6:45 to 9:15 p.m. For families absolutely unable to attend the full series, this class is also offered bimonthly in a one-day intensive format.

NOTE: If you have been labeled “high-risk,” ask your doctor if this class is appropriate for you.

Cesarean Delivery Class
This class is free with registration for a CEA (Childbirth Education Association) childbirth class.

This 90-minute class prepares you for either a scheduled or unplanned cesarean birth as it explores the reasons for a cesarean birth and what to expect before, during and after birth.

Fee: $25 or free with registration for a CEA (Childbirth Education Association) Childbirth Class

Location: Good Samaritan Hospital
Time: Third Wednesday of the month, 7–8:30 p.m.
Conscious Pregnancy—A Prenatal Parenting Class

Your most powerful time of influence on your child’s life is in utero!

Discover the new, cutting-edge psychological and holistic guide for nurturing your baby before birth. In this two-session class, learn about:

- Fetal parenting
- Intrauterine emotional development
- Stimulating your preborn’s brain growth
- Effectively communicating with your unborn child
- Building a “peaceful womb”
- Preparing physically and emotionally for birth

More than 70 years of research indicates babies are much more conscious and aware from the beginning of life than has been thought traditionally. A mother shares her emotions with her unborn child through messenger molecules that are carried across the placenta, impacting her baby’s brain development and allowing her to communicate with her baby in the most intimate way. You are literally the world in which your baby will be formed. This is an enormous responsibility but also a once-in-a-lifetime opportunity!

This is a great addition to any childbirth class (the earlier, the better)!

Fee: $40 per couple for the two-week series. Couples who register for this class receive $10 off the Birth With Ease hypnobirthing class.

Five-Week Childbirth Series

Co-sponsored by CEA (Childbirth Education Association)

This five-week series will help prepare you for your birth experience and empower you with the knowledge you need to make informed decisions. In our interactive classes, you will learn:

- Prenatal and infant nutrition
- How to know when you are in labor
- What will happen in the hospital
- Comfort techniques to cope with labor and ways your coach can help
- What your options are concerning medication and other interventions
- What you can expect after delivery for you and your baby

For your comfort, bring two bed-size pillows and a blanket to class. Lunch is not included.

Fee: $95. Breastfeeding and Cesarean Delivery classes are offered free with registration.

Location: Bethesda North Hospital and Good Samaritan Hospital

Time: Saturdays, 9 a.m.–4 p.m.

Postpartum-ology—Demystifying the Postpartum Period

In the months leading up to the arrival of your baby, it’s easy to become immersed in educating yourself about the actual birth. However, many parents are caught off guard by the realities of the postpartum weeks and may find themselves feeling confused, exhausted and overwhelmed. This class, led by a postpartum doula and mother of four, discusses:

- What to expect the first week
- Taking care of you
- Decoding “baby speak”

Individual Childbirth Preparation

Co-sponsored by CEA (Childbirth Education Association)

Mothers who have a medical condition that prevents them from attending a regularly scheduled class can schedule one-on-one childbirth classes through the Childbirth Education Association. Please call 513 661 5655 weekdays between 10 a.m. and 3 p.m. for details.

Fee: $100 per hour

Multiples Childbirth—Twins or More

This class is designed to meet the special needs of parents who are having twins or more. Topics covered include bedrest, testing, medications, delivery, breastfeeding and providing breast milk, Newborn Intensive Care Unit/Special Care Nursery, and coping with preemies.

Fee: $25 per two-person birthing team

One-Day Childbirth Class

Co-sponsored by CEA (Childbirth Education Association)

Do you want information about labor and delivery but are short on time? This class provides the information in a condensed format. In our interactive classes, you will learn:

- Prenatal and infant nutrition
- How to know when you are in labor
- What will happen in the hospital
- Comfort techniques to cope with labor and ways your coach can help
- What your options are concerning medication and other interventions
- What you can expect after delivery for you and your baby

For your comfort, bring two bed-size pillows and a blanket to class. Lunch is not included.

Fee: $95. Breastfeeding and Cesarean Delivery classes are offered free with registration.

Location: Bethesda North Hospital and Good Samaritan Hospital

Postpartum-ology—Demystifying the Postpartum Period

In the months leading up to the arrival of your baby, it’s easy to become immersed in educating yourself about the actual birth. However, many parents are caught off guard by the realities of the postpartum weeks and may find themselves feeling confused, exhausted and overwhelmed. This class, led by a postpartum doula and mother of four, discusses:

- What to expect the first week
- Taking care of you
- Decoding “baby speak”
• Typical first-month challenges
• Calming and soothing your newborn
• Partner needs and expectations
• When to seek lactation assistance

Fee: $25 per single or couple

**TriHealth All-Day Childbirth Class**

The content of this one-day class is designed to prepare you for your labor and delivery. This course uses education material that is interactive and covers essential information on anatomy, labor, medical procedures, comfort techniques, newborns, postpartum and much more. The class discusses ways partners can help throughout the process. There are interactive activities in the class material, such as videos, animations and much more. You’ll also get a sense of what labor is really like as you watch birth stories. You will also receive a maternity tour as part of this class. Lunch is not included.

Fee: $70 per two-person birthing team

**Understanding Birth Online eChildbirth Class**

Can’t come to a childbirth class? We’ll bring it to you! Consider the Understanding Birth Online eChildbirth Class, your go-to guide for answers you can trust on childbirth. This interactive online course covers essential information on labor, medical procedures, comfort techniques, newborns, postpartum and much more. The course also highlights ways partners can help throughout the process. You’ll also get a sense of what labor is really like as you watch several birth stories. There are many interactive activities you will have access to, such as videos, animations, quizzes, relaxation exercises and much more. You can access the eClass from any computer or mobile device with an internet connection. Allow four to six hours to complete. See our maternity class webpage at TriHealth.com/classes for more information. Thank you to the Good Samaritan Guild for their generous funding support for this program.

Fee: $60 per single- or two-person birthing team. If registering after 4 p.m. or on weekends, your invitation to the eClass will arrive the next business day.

**Unmedicated Birth Class**

Co-sponsored by CEA (Childbirth Education Association)

This six-week series is specifically designed to help couples achieve their goal of an unmedicated birth through knowledge and practice of relaxation and breathing techniques, beneficial positions for labor and birth, plus other coping skills for drug-free pain management. In our interactive class, you will learn:

• Prenatal and infant nutrition
• How to know when you are in labor
• What will happen in the hospital

• Comfort techniques to cope with labor and ways your coach can help
• What your options are concerning medication and other interventions
• What you can expect after delivery for you and your baby

For your comfort, bring two bed-size pillows and a blanket to class.

Fee: $100. Breastfeeding and Cesarean Delivery classes are offered free with registration.

Location: Good Samaritan Hospital

Time: Tuesdays or Wednesdays, 7–9 p.m.

**Vaginal Birth After Cesarean (VBAC) Class**

This class explains the benefits of VBAC and encourages women who are fitting candidates to consider this option. This two-hour session includes a film, teaching and a question-and-answer period.

Fee: $25 per two-person birthing team

We also offer an online childbirth education class. See our maternity class webpage at TriHealth.com/classes for more information.

**Breastfeeding classes**

**Breastfeeding Class**

Co-sponsored by CEA (Childbirth Education Association) and is free with registration for a CEA childbirth class.

*All instructors are an International Board Certified Lactation Consultant® or Certified Lactation Counselor.*

Although breastfeeding is a natural experience for mom and baby, it is a learned skill. Your birth partner is encouraged to attend this class with you. Together, you will learn:

• How to recognize if the baby has a good latch
• How to know if the baby is getting enough milk
• Where to find help for breastfeeding concerns
• Tips for returning to work or school

The smartest thing you can do for yourself and your family is to get help. You are not alone! You are worth it! A support helpline is also available for additional information on resources at 614 315 8989.

Fee: $25 or free with registration for a CEA (Childbirth Education Association) Childbirth Class

Location: Bethesda North Hospital and Good Samaritan Hospital

Time: Tuesdays and Wednesdays, 7–9 p.m., and Saturdays, 9:30–11:30 a.m.
Care and safety classes

Infant/Mother Care and Safety Class
This informal 3 1/2-hour class will provide expectant parents with practical, hands-on information about how to care for mom and infant and safety topics. The first two hours will be spent covering what moms should expect after delivery and the care infants will need once at home. Expectant parents will learn hands-on how to bathe, diaper, dress, hold, comfort and feed an infant. A pediatrician will also be covering medical concerns and answering questions. The last hour will be devoted to safety, where expectant parents will learn hands-on about car seat safety and home safety. Parents will go home with a new newborn swaddler/sleep sack to use once their infant has arrived.

Fee: $36 per single- or two-person birthing team

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. Follows AHA guidelines.

Fee: $25 per person

If you have more than one person attending this class, each participant must register to ensure mannequin availability. Those arriving for class who are not registered may not be able to attend.

Educational workshops

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

Fee: $50 per single- or two-person birthing team (includes a parent kit containing the HBOB video and "Soothing Sounds" CD)

Small Talk—Singing and Signing With Your Baby
In this interactive parenting workshop, learn how to "talk" to your hearing baby with American Sign Language and how musical play lays the groundwork for speech, rhythm being the basis to language. Singing, rhythmical music games and finger play engage both hemispheres of the brain, enhancing the development of your child's cognitive, motor and memory skills. And research has proven conclusively that once hearing babies are taught to sign, their brains actually become more developed. Benefits include preverbal communication, earlier speech development, enhanced intellectual development, earlier toilet training and less frustration (less crying, fewer tantrums).

Fee: $50 per single- or two-person birthing team (includes “Teach Your Child to Sign” DVD)

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.

Fee: $35 per single- or two-person birthing team

NOTE: This class is designed for first-time dads. It does not satisfy requirements of a class for legal purposes.

Today's Grandparents
Come discuss current trends in childbirth, infant care and home safety. Class also includes a tour of our birthing facility.

Fee: $25 per two grandparents

Classes for families

Big Brother/Big Sister Class
This class is designed to help children ages 4 years and older 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 and they must be free from illness and fever or they will not be able to tour the birthing center.

Fee: $18 per child (includes a T-shirt)

Fast Track to Fatherhood
This class is designed to cover the concerns dads might have when adjusting to fatherhood. The open forum allows new 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—no girls allowed.

Fee: $20 per person
Exercise classes/Spa services

The following programs are offered at the TriHealth Fitness & Health Pavilion and Pavilion Spa at I-71 and Pfeiffer Road in Montgomery, just a few miles from Bethesda North Hospital. Register at the Pavilion front desk or call for additional information or to schedule an appointment. TriHealthPavilion.com

Main Line: 513 985 0900
Spa Scheduling: 513 246 2633

Acupuncture for Postpartum

Acupuncture can influence health by promoting well-being, preventing illness and treating various health conditions. Although acupuncture is known for its pain-management benefits, it has much broader applications in the medical treatment of disorders including postpartum depression. Call for pricing.

Aquababies

After taking some time for you and your new bundle, come to the TriHealth Fitness & Health Pavilion and get baby accustomed to the water with our Aquababies class for ages 3 months to 3 years. Held in our 90-degree warm water pool, it teaches baby how to love the water at an early age. An adult must be in the water with the child. All instructors are certified by the American Red Cross.

Fee: $75 for Pavilion members, $100 for nonmembers

Pavilion Kids’ Life Center and Fitness Memberships

The TriHealth Fitness & Health Pavilion houses a drop-in child care center with an experienced team for members and guests. A membership or daily guest pass entitles kids ages 6 weeks to 13 years to a maximum of two hours of child care and an array of complimentary programming while adults work out on the premises. Stop by any time for a tour and more information.

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 realignment of your spine and pelvis

Fee: Massage sessions cost $70 for 60 minutes and $92 for 75 minutes. Payment by credit card is required at the time of scheduling for in-hospital services. You may cancel your appointment at no charge with 12 hours’ notice.

Prenatal “Mother-to-Be” Massage

Prenatal massage techniques can reduce the stress of the birthing process. Check with your doctor during the first trimester. This service is offered at the Pavilion Spa and for inpatients of Bethesda North and Good Samaritan hospitals.

Fee: At Pavilion Spa
- 60 minutes—$70
- 80 minutes—$92

In-hospital
- 60 minutes—$97
- 80 minutes—$112

3. Social Security numbers, birth certificates and paternity facts

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.
- If you need more information about obtaining a Social Security number for your child, call the Social Security office at 800 772 1213.

Your child’s birth certificate

Bethesda North and Good Samaritan hospitals

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

- Return completed Birth Parent’s Worksheet to your nurse before leaving the hospital.
- Order the birth certificate online at hcpn.org (click on birth records). If you have questions, you can call the Hamilton County Public Health department at 513 946 7800. After ordering the birth certificate, it may take as long as eight weeks to receive the certificate.

McCullough-Hyde Memorial Hospital

To receive a certified copy of your child’s birth certificate, mail a money order made out to Butler County Health Department, including a self-addressed stamped envelope along with the completed application, to:

Butler County Health Department
301 South Third Street
Hamilton, OH 45011
513 887 5230
butlercountyohio.org/health/
Paternity facts for married and divorced mothers

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

For married mothers

If you are 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 divorced mothers or those in the process of a divorce

If you finalized your divorce or are not officially divorced during the 300 days before your child’s birth, your husband/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 he is not the biological father of the child or the child is not a “product of this marriage.” This wording must be in the form of an order or a legal statement from the court that clearly states the husband should not be on the birth certificate. This legal statement or court order must include the judge’s signature, seal and court number. You must bring all legal documents to the hospital at the time of delivery to be given to our birth records department, who must submit these to the Ohio Department of Health for approval. A decision about paternity is not made by the hospital.

Requirements for completion of a paternity affidavit

- Paternity affidavits must be accurate and legible to be submitted. If illegible, it will be rejected by the state.
- Do not use correction tape or cross out anything on the affidavit. If you make a mistake when completing the document, a new document must be completed.
- The date of birth of the parents and the baby must be accurate and entered in the appropriate boxes.
- The father of the baby must be present to sign the affidavit and have a picture ID (e.g., driver’s license) or a Social Security card and a birth certificate (must have two forms of identification).

Paternity testing and child support

If you are unsure about the identity of the baby’s biological father, you must wait until after the delivery of your baby to do paternity testing. The Ohio Department of Health recognizes reports (results) only from the Child Support Enforcement Agency (CSEA). For questions about paternity testing or child support, call them at 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.

Information about paternity affidavits

A paternity affidavit is a legal document that recognizes the identity of a child’s biological father. The affidavit gives the biological father certain rights and responsibilities toward his child.

In the State of Ohio, a mother can give her baby any last name she wants. The paternity affidavit is a legal document that establishes paternity.

If the parents are not married and the father of the baby wants his name identified on the birth certificate, a paternity affidavit must be completed.

The paternity affidavit does not become legally binding until 60 days after the last notarized signature. Within one year, either parent can change his or her mind. The couple must go to the Child Support Enforcement Agency in the county where the mother resides and request a rescission.

You can choose to give your child a different last name than your husband/ex-husband’s, but if you are married any time during the 300 days before the child’s birth, you are required to put your husband/ex-husband’s name on your child’s birth certificate if you do not have a legal court order. If you do not put your husband/ex-husband’s name on the birth certificate, it will be considered incomplete. This means your child will not receive a birth certificate or Social Security card because they cannot be processed without the husband’s information. Your 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/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.
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, veterans’ benefits and inheritance rights in the event that something happens to the father.

Child support
Both parents have a 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.

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 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 is also available at bookstores and libraries. Remember: Your best source for advice is your physician or midwife.

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

Smoking and pregnancy: Risks for moms and babies
Smoking during pregnancy has many risks for you and your baby.

Effects of tobacco during pregnancy:
• Ectopic (tubal) pregnancy
• Poor weight gain

• Chronic fetal hypoxia
• Vaginal bleeding
• Premature rupture of vaginal membranes
• Placenta previa
• Placental abruption (two times more likely among smokers)
• Preterm labor
• Preterm delivery
• Spontaneous abortion (20 percent greater in smokers than nonsmokers)

Effects of tobacco on newborns:
• Premature birth
• Intrauterine growth retardation
• Smaller head circumference
• Sudden infant death syndrome (SIDS)
• Cleft palate/lip and eye and ear malformations
• Hernias
• Congenital heart defects
• Central nervous system abnormalities, including poor habituation to sound, changes in brain neurochemistry, tremors and behavioral regulation problems
• Increased risk for neonatal, perinatal and infant morbidity and mortality

Effects of secondhand 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
cancer.org
800 ACS 2345 (227 2345)
The American Lung Association
lungusa.org
800 LUNGUSA (586 4872)
National Cancer Institute’s Cancer Information Service
nci.nih.gov
800 4 CANCER (422 6237)
Alcohol
Alcohol should be avoided because 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.

HOPE (Helping Opiate-Addicted Pregnant Women Evolve)
Special issues may come up during pregnancies of women who struggle with opiate drug use. These women come from all walks of life and are often afraid they will be treated differently or made to feel guilty, so they may avoid health care during pregnancy. This can lead to problems for them and their babies.

Getting treatment with pregnancy care can improve birth outcomes for pregnant women who admit to drug use and are willing to make a change. They can begin to start a process that will result in a better outcome for their babies and their families.

HOPE services include:
• Case management
• Social work support
• Referrals to available community support services
• Nutrition counseling
• Financial counseling
• Referrals to methadone treatment/Subutex providers
• Referrals to inpatient and outpatient treatment
• Referral to prenatal care
• Ongoing patient follow-up at the Good Samaritan Hospital Faculty Medical Center (FMC) prenatal clinic

If you need our services, please reach out to one of our team members at 513 862 5132. We are here to support you and we want to help.

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

Remember that no two pregnancies are alike, and problems can arise at any time. Don’t rely totally on the advice of others or even on your own experience from previous pregnancies. Your physician or midwife is the best source for advice, having specialized medical training and the advantage of knowing your medical history. If you have questions, call your physician or midwife or write down the questions and ask at your next visit.

Vaccinations for mom
The American Congress of Obstetricians and Gynecologists (ACOG) and the CDC (Centers for Disease Control and Prevention) recommend that women who are or will be pregnant receive the TDAP (Tetanus, Diphtheria and Pertussis) and flu vaccines.

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
Many women notice changes in their gums during pregnancy. Some women notice that their gums look redder and bleed when they brush their teeth, and some women have severe swelling and bleeding. All of these changes are referred to as “pregnancy gingivitis.” Although 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 once a day. Using an antimicrobial mouth rinse may help control your gum condition.

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 17 for a list of high-fiber foods), drink adequate fluids (eight to 10 cups per day), eat meals at regular times and have 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 should you faint.

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

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

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

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

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.

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 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 are also 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.

Hemorrhoids
Hemorrhoids are varicose or swollen veins in the rectum. They are often painful, and straining during bowel movements and having hard stools makes them worse. Follow the same relief measures as for constipation. Do the Kegel exercise (see page 19) 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 foods 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. 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 between meals. For some women, eating a protein and carbohydrate for a snack (e.g., cheese and crackers or half a peanut butter sandwich) before bed may help decrease nausea in the morning. Avoid unpleasant smells. Open a window when cooking or use the exhaust fan. Remember to drink fluids to prevent dehydration. Avoid caffeine and strong smells. When you feel nauseated, try a few lemon drops or lemonade, or smell a freshly cut lemon.

Always consult 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 midwife at your next appointment.

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

Swelling (edema)
Some edema 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 of time. 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 because 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 may also 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 and urinate every few hours to prevent a full bladder.

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 nonperfumed, 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 water has broken, call your health care provider.

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

Frequently asked questions about personal and beauty care

Can I take a tub bath during pregnancy?
Showers and tub baths are fine during pregnancy.

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

Can I have my nails done?
Yes, you may get your nails done. Be sure that there is adequate ventilation.

Can I use a tanning bed or spray-on tan?
Although we do not recommend tanning because of skin cancer risks, the process will not harm your baby.

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

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

Carbohydrates provide energy for you and your baby during pregnancy. Complex carbohydrates provide more long-lasting energy than simple carbohydrates such as candy, table sugar, etc. They 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, peanut butter, 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 your health care provider. Some 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, raisins and apricots; nuts; eggs; peanut butter; sunflower kernels; prune juice; 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, chickpeas, 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 provide your growing baby with extra protein, calcium, iron, folic acid, and other vitamins and minerals.

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

<table>
<thead>
<tr>
<th>Serving size</th>
<th>Minimum number of servings/day</th>
</tr>
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<tbody>
<tr>
<td>Bread, cereal, rice, pasta group</td>
<td>6–11</td>
</tr>
<tr>
<td>1 slice of bread; 1/2 cup cooked cereal, pasta, rice; 1 cup cold cereal</td>
<td></td>
</tr>
<tr>
<td>Vegetable group</td>
<td>3–5</td>
</tr>
<tr>
<td>1/2 cup cooked, 1 cup raw</td>
<td></td>
</tr>
<tr>
<td>Fruit group</td>
<td>2–4</td>
</tr>
<tr>
<td>1 piece, 6 ozs. juice</td>
<td></td>
</tr>
<tr>
<td>Milk, yogurt, cheese group</td>
<td>3</td>
</tr>
<tr>
<td>1 cup milk, yogurt, 1 1/2 ozs. cheese</td>
<td>(4 for pregnant teens or breastfeeding women)</td>
</tr>
<tr>
<td>Meat, poultry, fish, dry beans, eggs, nuts group</td>
<td>2–3</td>
</tr>
<tr>
<td>3 ozs. cooked beef, poultry, fish; 1 oz. meat = 1 egg; 2 tbsp. peanut butter; 1/2 cup beans/peas; 1/4 cup tofu; 1/3 cup nuts</td>
<td>(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 an adequate amount of plain water; and use low-fat milk. Discuss a walking plan with your health care provider.

Weight gain during pregnancy

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

Total weight gain recommendations according to the American College of Obstetricians and Gynecologists:
**Weight status** | **Weight gain (pounds)**
--- | ---
Underweight | 28–40
Ideal weight | 25–35
Overweight | 15–25
Obese | 11–20
Carrying twins | 35–45

Your health care provider will individualize your weight-gain goals.

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

Where does the weight gain go? (approximate amounts)

- Blood: 3 pounds
- Breasts: 2 pounds
- Uterus: 2 pounds
- Baby: 7.5 pounds
- Placenta: 1.5 pounds
- Amniotic fluid: 2 pounds
- Fat, protein and other nutrient stores: 4 pounds

*Source: March of Dimes*

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

**Focus on fiber**

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

**Water—The forgotten nutrient**

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

**Prenatal vitamin/mineral supplement**

Healthy food is the best source of most nutrients, though during pregnancy your daily prenatal vitamin is good nutrition insurance. Your baby will depend on your diet for the extra protein needed during pregnancy as 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. 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 milligrams 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 provider 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. March of Dimes recommends that women who are pregnant or trying to become pregnant consume no more than 200 milligrams of caffeine per day (equal to 12 ounces 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.
Food safety

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

Listeriosis

Listeriosis is an infection caused by the bacterium Listeria. Listeriosis occurs 20 times more often in pregnant women than in nonpregnant 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. Because this illness can be dangerous to your growing baby, contact your physician if you suspect you have listeriosis. To protect you from listeriosis, the U.S. Food and Drug Administration guidelines during pregnancy are as follows:

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

For more information regarding food safety during pregnancy:

fightbac.org
fsis.usda.gov
eggsafety.org

Mercury and fish

Fish is an important part of a healthy diet for all Americans, including pregnant and breastfeeding women. Fish contains protein and omega-3 fatty acids, which aid in your baby’s growth and development.

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

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

For more information regarding fish and mercury:

epa.gov/waterscience/fish
epa.gov/ost/fish
Safe-food information hotline: 888 SAFEFOOD (723 3366)

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 because it is a stimulant. Discuss
any supplements, including herbal supplements, with your health care provider. Keep a food diary if you feel your baby is sensitive to something you eat or drink. The first few weeks of breastfeeding are important to establish an adequate milk supply. If you are trying to lose weight after delivery, wait until after your six-week postpartum visit. Remember, slow, gradual weight loss is best so you will have the energy to care for your baby.

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

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

Light aerobics, such as walking, 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. 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 and use 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 with the instructor at your Childbirth Education Class for more information.

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 (start with five seconds and increase to 10 seconds with practice) and then releasing them. Repetitions should be done several times each day. Start out slowly and do 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 movements
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 for 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 patterns changes.

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 the 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 whether it is strong enough to hold the baby. The test is performed each week between 16 and 26 weeks of gestation.

**Cervical sampling**

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

**Maternal serum triple screen**

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

**Genetic testing**

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

**Urinalysis**

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

**Glucose challenge test (GCT) and glucose tolerance test (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**

- Nonstress test (NST) monitors your baby’s heart rate in response to the baby’s own movements and kicks. When the baby moves, a healthy heartbeat would increase slightly and return 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 nonstress test.

- Biophysical profile (BPP) consists of a nonstress test and ultrasound. The ultrasound observes the baby’s breathing, muscle tone and body movement and the amount of amniotic fluid. To assess your baby’s well-being, a BPP may be repeated once or twice a week until your delivery.

- Fetal echocardiography examines the anatomy of the baby’s heart. Ultrasound waves produce images of your baby’s heart. If there is a risk that your infant has a congenital heart abnormality, this specialized test is ordered by your physician.

### Safety concerns during pregnancy

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

#### Travel

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

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

- If foreign travel is planned, check with your physician to make sure it is safe at the stage of pregnancy you are in and to receive specific advice.

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

#### Hot tubs, whirlpools and saunas

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

#### Litter boxes

Cats’ bowel movements may contain a parasite that can cause a serious blood infection that 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 because 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 prescription and nonprescription 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.

- 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, whereas 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, 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. Because 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, mucous or bloody)
- Menstrual–like cramps felt low in the abdomen, near the pubic bone (may be constant or come-and-go)
- Pelvic or lower abdominal pressure
- Dull lower 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?
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 anxiety
Some mothers may experience postpartum anxiety on its own or together with symptoms of depression. Others may feel worried or panicky, fear losing control or have chest pains or a racing heart. Postpartum anxiety may also make women feel shaky, dizzy or short of breath. If you think you have postpartum anxiety, you should seek medical advice.

Postpartum depression
Postpartum depression (PPD) is the number one complication of pregnancy, affecting nearly 700,000 women in the United States each year. PPD is a physical disorder that can occur any time from pregnancy to one 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 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
   Not quite as much now—1
   Definitely not quite so much now—2
   Not at all—3

2. I have looked forward with enjoyment to things.
   As much as I ever did—0
   Some less than I used to—1
   Definitely less than I used to—2
   Hardly at all—3

3. I have blamed myself unnecessarily when things went wrong.
   Never—0
   Not very often—1
   Some of the time—2
   Most of the time—3

4. I have felt worried and anxious for no good reason.
   Not at all—0
   Hardly ever—1
   Sometimes—2
   Very often—3

5. I have felt scared or panicky for no good reason.
   Not at all—0
   Not very often—1
   Sometimes—2
   Quite a lot—3

6. Things have been getting the best of me.
   I have been coping as well as ever.—0
   Most of the time I have coped quite well.—1
   Sometimes I haven’t been coping as well as usual.—2
   Most of the time I haven’t been able to cope at all.—3

7. I have been so unhappy that I have had difficulty sleeping.
   Not at all—0
   Not very often—1
   Sometimes—2
   Most of the time—3

8. I have felt sad or miserable.
   Not at all—0
   Not very often—1
   Sometimes—2
   Most of the time—3

9. I have been so unhappy that I have been crying.
   Not at all—0
   Not very often—1
   Sometimes—2
   Quite a lot—3

10. The thought of harming myself has occurred to me.
    Never—0
    Hardly ever—1
    Sometimes—2
    Quite often—3

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.
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 or 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 though 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, Good Samaritan and McCullough-Hyde Memorial hospitals, we can help you through this difficult time.

We offer:
• Connections to support groups
• Referrals to therapists who specialize in postpartum disorders
• Educational materials

Call TriHealth Perinatal Programs at 513 862 3321 or McCullough-Hyde Memorial Hospital’s OB Department at 513 524 5477 for more information.

A support helpline is also available for additional information on resources at 614 315 8989.

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, address and phone number of your baby’s physician to the hospital. Your baby cannot be discharged without this information. If you need help locating a physician for your baby, call the TriHealth Women’s HealthLine at 513 475 4500 or visit TriHealth.com and search using the Find a Doctor link.

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 nonemergency 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?
• 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, introducing 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, nonstress 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 make a copayment or meet a 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, 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. For deliveries at McCullough-Hyde Memorial Hospital, call 513 524 5600.

Paying for the birth of your baby

Although 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 TriHealth, we encourage you to plan ahead to determine just how much you will owe for your 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 guidelines to get you started.

Learning the lingo

The portion of your bill for which you are responsible may be called a copayment, deductible or coinsurance.

• A copayment is a fixed dollar amount listed on your insurance card for a specific type of service such as an emergency room visit, certain procedures and 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.
• Usually, the coinsurance is the amount that the patient must pay in addition to the insurance company payment to the hospital. The hospital price is reduced by the amount negotiated (allowed) by the insurance company. 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 copayments, deductibles or coinsurance. You also will receive separate bills from the obstetrician, pediatrician and anesthesiologist and for other specialty professional services you receive.

Ask your insurer whether the delivery services, such as vaginal delivery or cesarean section, are covered services. Also ask if you are required to pay copayments, deductibles or coinsurance for you and your baby. Insurance benefits usually change each year, so it is a good idea to check in with your insurer early in your pregnancy and close to the time of your delivery.

How to pay

TriHealth hospitals accept Visa®, MasterCard®, Discover®, American Express®, personal checks, e-checks and cash. We offer payment services online at 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 and would like to find more information about assistance options, contact our obstetrical financial counselors located at Bethesda North Hospital at 513 865 5148, Good Samaritan Hospital at 513 862 4745 or McCullough-Hyde Memorial Hospital at 513 524 5600.

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 Faculty Medical Center 513 862 2563
- TriHealth Nurse Midwives 513 751 5900

TriHealth uses U.S. Federal Poverty Guidelines 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. A financial counselor can assist you in determining the level of financial assistance for which you may qualify.
**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.

For more information, visit webmd.com or aap.org.

**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 because 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 his or her mouth to suck, swallow and breathe. Plus, your newborn’s tummy is small. Frequent breastfeeding lets your baby get enough food so that he or she is less likely to lose too much weight or develop jaundice. (A 7 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 is “frequent breastfeeding”?**

- 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 him or 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 the baby’s temperature and other body systems.

**Ask for help**

Your nurse can help you position your baby 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.

**TriHealth breastfeeding support services**

**Breastfeeding Care Center**

Breastfeeding is an investment in your baby’s future and a wonderful gift that lasts a lifetime. Your breast milk provides optimal nutrition and health for as long as you breastfeed—and beyond. At the TriHealth Breastfeeding Care Center, our team of experienced International Board Certified Lactation Consultants (IBCLCs) offers a variety of resources and services to help you achieve your breastfeeding goals.

If you are experiencing any breastfeeding problems, our IBCLCs are here to help. Call our Breastfeeding Help Line at 513 862 7867, option 3. For breastfeeding assistance through McCullough-Hyde Memorial Hospital, call the Breastfeeding Warmline at 513 524 5688 or 513 524 5477.

**TriHealth Breastfeeding Help Line hours**

Monday–Friday, 8:30 a.m.–4:30 p.m.
Saturday, 8 a.m–noon

Outpatient appointments can also be scheduled by calling 513 862 7867, option 3.

For more information about beginning breastfeeding, visit TriHealth.com/womens.
Breastfeeding: Mother’s own milk is best

For baby*

- Fewer infections (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
  - Ensures 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—Type 1 and Type 2
  - Certain childhood cancers, such as leukemia and lymphoma
*The more breastfeeding/mom’s milk a baby receives, the more protection mom’s milk provides.

For mom

- Causes less bleeding after delivery and better return of uterus to prepregnant size
- Ensures time spent with baby, which may help develop a feeling of closeness
- Uses about 500 calories a day, which can 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

For 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 and deodorant
- Bra (a nursing bra if you will be breastfeeding)
- Nursing pads if you will be breastfeeding
- Skid-resistant slippers or flip flops
- Socks (cotton or wool)
- Comfortable outfit to wear home
- Name, address and telephone number of pediatrician/family practice physician
- Insurance card(s)

For baby

- Car seat installed in your vehicle
- Two receiving blankets
- Two rompers
- “Going home” outfit, including sweater or bunting if it will be 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 Wi-Fi
- Outfit for newborn photo
- Check, money order or major credit card to pay for your photos (if you choose to buy them)

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
webmd.com/baby/features/buying-big-four
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.

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 a 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. You will want to verify with your insurance company whether you have a home visit benefit.

6. Your baby’s safety
Choosing a car seat for your new baby
By law, children must be in federally approved, properly installed, crash-tested car seats for every trip in the car, beginning with the trip home from the hospital. Following are some important pieces of information to keep in mind when selecting a car seat for your new baby.

• Babies are safest in rear-facing car seats. Being rear-facing protects babies from head and neck injuries. It is best to stay rear-facing for at least 24 months—or even longer if the child fits the car seat size limits.

• Babies should always ride in the back seat. It is much safer than the front seat. The center back seat is safest.

• If you must put your baby in the front seat, be sure the air bag is turned off.

• Be sure the seat belt or LATCH holds the car seat tightly.

• ALWAYS follow the car seat instructions and the car manual to install and use the car seat correctly.

IMPORTANT: Be sure the car seat is installed according to the manufacturer’s directions before you take your baby home from the hospital. The hospital team is not allowed to help you place your baby in a car seat or secure the car seat in your car. It is strongly recommended that you get your car seat checked at a car seat fitting station before your baby’s birth. Many local fire stations offer this service. You will need to call to schedule an appointment.

To get a list of fitting stations in your area, visit cincinnatichildrens.org/ccic.

What is the best car seat?
The “best car seat” is one that fits your child and your car. For a baby, it must face the rear of the car. Make sure it is convenient to install and adjust so that you will use it correctly every time. Read all instructions and try the car seat out.

Can I use a secondhand car seat?
If possible, use a new car seat. Often, they are easier and safer to use and can be used longer. If you do use a secondhand car seat, check it for problems. Make sure it has all its parts and instructions. Check with the car seat manufacturer to see if there have been any recalls.
Never use a car seat that has been in a crash. Also, follow a car seat’s “do not use after” date. If you can’t find this on the label, do not use the car seat if it was made more than six years ago.
What kinds of car seats fit a new baby?
Use a car seat that fits the baby’s length, weight and health. Types include:

1. Rear-facing-only car seats: These are small, have a handle and fit most babies well. If a baby becomes too tall for this type before reaching the weight limit, he or she can keep riding rear-facing by moving to a convertible car seat.

2. Convertible car seats: These are larger, but many fit new babies well. Convertibles face the rear for babies and toddlers. Later, they can be changed to face forward.

3. Car beds: Use a car bed only if a doctor says your baby must ride lying flat for a medical reason.

What features should I look for?
Consider your car’s features and the needs of other riders. It is helpful to have many shoulder strap positions so you can make it fit when your baby is small and also as he or she grows. For a snug harness fit, a pull-strap at the front of the car seat is usually easier than straps in the back.

How else can I plan for my baby?
- Practice installing the car seat and adjusting the straps.
- If your car seat has a base, it can be left installed in the car, ready to use, while at the hospital.

Warning: Car seats are not cribs!
Being in a car seat for long periods of time is not healthy for babies. Outside the car, keep car seat use to a minimum, and always buckle the harness.

Resources
SafetyBeltSafe U.S.A.: 800 745 7233 or carseat.org
National Vehicle Safety Hotline recalls: 888 327 4236, 800 424 9153 (TTY) or safercar.gov
Find a car seat checkup location: 866 732 8243 or seatcheck.org (select Installation Help, then click on Inspection)
Others
chop.edu/carseat
healthychildren.org
saferidenews.com

SIDS (sudden infant death syndrome)
SIDS is the sudden and unexplained death of a baby younger than age 1. Because many SIDS babies are found in their cribs, some people call SIDS “crib death,” but cribs do not cause SIDS. Physicists 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 younger than 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.
- Native-American babies are almost three times more likely to die of SIDS than Caucasian babies.

Follow the ABCs of safe sleep
Every week in Ohio, three babies die in unsafe sleep environments. There are many misconceptions about safe sleep for babies. Get the facts from the experts at the American Academy of Pediatrics, and follow these guidelines to keep your baby safe while sleeping.

Alone
Share the room, not the bed! Never nap on a couch or chair while holding your baby. Always make sure your baby is placed in a crib, bassinet or play yard with a firm mattress. The safest place for your baby to sleep is in the room where you sleep but not in your bed. Place the baby’s crib, bassinet or play yard near your bed (within arm’s reach). This makes it easier to breastfeed and bond with your baby. Don’t place your baby to sleep on adult beds, chairs, sofas, waterbeds, air mattresses, pillows or cushions—even for naps!

There is no proven safe way to share the bed with your child because:
- You can accidentally roll too close to or onto your baby while he or she sleeps.
- Babies can get trapped between the mattress and the wall, headboard, footboard or other furniture.
- Your baby could fall from the bed and get hurt or fall into a pile of clothing or other soft items on the floor and suffocate.

Back
Science has proven that back is best for your baby! It’s actually less likely for babies to choke while on their backs because healthy babies naturally swallow or cough up fluids—it’s a reflex all people have to make sure their airway is kept clear. Babies might actually clear fluids better when on their backs because of the location of the windpipe (trachea) when in the back sleep position. Even though your baby may sleep more soundly on the stomach, it’s safer for the baby to wake through the night.

When babies sleep deeper, they don’t arouse or wake up as often. When a baby is in a deep sleep and gets into a situation where he or she needs to take a deep breath or wake up, the airway may be blocked by a blanket or loose bedding or covered in some other way, so he or she has a higher risk of suffocation.
For the most part, flat spots on a baby’s head go away a few months after the baby learns to sit up. There are other ways to reduce the chance that flat spots develop on your baby’s head, such as providing “tummy time” when your baby is awake and someone is watching. “Tummy time” also helps a baby’s head, neck and shoulder muscles get stronger.

Crib
Many parents believe babies won’t be warm or comfortable without bumper pads, blankets, pillows and stuffed animals, but these items can be deadly.

Babies can suffocate on or be strangled by any extra item in the crib. Your baby will be safe and warm even without bumper pads and extra items in the crib. There have been no cases of babies who have seriously hurt themselves by getting stuck between crib railings. Babies aren’t capable of exerting enough force to break an arm or leg between the crib slats. Consider the option of a baby waking up because a hand or foot is caught. He or she will cry and wake you, but he or she will be alive and breathing.

Place your baby on a firm mattress covered by a fitted sheet that meets current safety standards. Bumper pads and sleep-positioning wedges should not be placed in the crib with the baby. Sleep clothing, such as fitted, appropriate-sized sleepers, sleep sacks and wearable blankets are safer for your baby than blankets! If you plan to swaddle your baby when you get home from the hospital, visit safesleep.ohio.gov to learn how to swaddle safely.

For additional information about safe sleep, please visit the following:
- Eunice Kennedy Shriver National Institute of Child Health and Human Development at nichd.nih.gov
- Ohio Department of Health at safesleep.ohio.gov
- American Academy of Pediatrics at healthychildren.org

References
Ohio Department of Health. safesleep.ohio.gov

Vaccinations
TDAP (whooping cough)
Making sure everyone who is around your baby is up-to-date with their whooping cough vaccine is important. When your baby’s family members and caregivers get vaccinated, they are not only protecting their own health but also helping form a “cocoon” of disease protection around the baby during the first few months of life.

Reference

Hepatitis B vaccine—What you need to know

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.

Who should get the hepatitis B vaccine and when?

<table>
<thead>
<tr>
<th>WHO</th>
<th>Hepatitis B vaccination schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant whose mother is infected with HBV</td>
<td>Infant whose mother is not 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>

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 800 CDC INFO (232 4636)
  – Visit the CDC’s website at:
    - cdc.gov/ncidod/diseases/hepatitis
    - cdc.gov/vaccines
    - cdc.gov/travel

Source
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
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 or her first regular checkup.

How many disorders is my baby screened for?

The screening checks for 36 disorders. 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.

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 because 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 responses.

More information on this screening will be provided once you deliver your baby. The important thing is to make sure your baby has this hearing test before he or she leaves the hospital. If at any time during your child’s growth you are concerned about his or her 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 800 755 GROW (4769).

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 4 and 8 centimeters dilated, you are in active labor. Contractions, usually three to five minutes apart, cause the cervix to dilate about 1 centimeter per hour.

Braxton Hicks contractions

These irregular “practice” contractions can occur any time in pregnancy, but they increase in intensity in the ninth month.

Dilation

This is the size that the cervix has opened in preparation for birth. When your cervix is open to 10 centimeters, you are fully dilated. You may begin to push or your provider may allow the baby to descend on its own for an hour before beginning 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 3 or 4 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 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 rupturing the amniotic sac with a sharp instrument, administering the contraction-triggering hormone oxytocin through an IV in the arm or placing prostaglandin (a hormone that causes mild contractions) gel on the cervix to soften and dilate it.

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

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

Ruptured amniotic sac
When the fluid-filled sac that surrounds the baby during pregnancy ruptures, your water has broken. You should contact your physician or midwife if you notice fluid loss 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 moved down the birth canal. 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 if you notice any of the signs of early labor:
• Your membranes rupture (your water breaks) or you suspect your water is leaking
• Contractions are regular and you think labor is progressing

Mucous plug/bloody show
The mucous plug 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

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

Water breaking
You will experience a slow leak of fluid that cannot be controlled or a gush of fluid. Inform your physician or midwife of how much fluid you have lost, what color the fluid is and when you began leaking fluid.

Toilet habits
• Abdominal cramping with or without diarrhea
• Increased urinary frequency

Nausea
• A feeling of nausea with or without vomiting
• General loss of appetite

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

True versus false labor
During the last three weeks of pregnancy, symptoms of labor may occur that do not cause any change or dilation of your cervix. Although this can be frustrating, the only way to know if you are truly in labor is to be examined at your physician’s office or hospital. For a comparison of symptoms of true and false labor, see page 34.

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

Routine procedures that may be performed include:
• Starting an IV
• Checking your contractions
• Drawing blood
• Periodic checks of the progress of your labor
• Providing ice chips
• Providing pain relief and comfort measures
• Checking your baby’s heart rate
• As with other hospitals in the community, a maternal–fetal drug screen will be performed to identify babies who might go through withdrawal symptoms after birth

Every woman reacts differently, and our Labor and Delivery team 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 through your contractions. We may encourage you to walk in early labor if your and your baby’s conditions allow for it.

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

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

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

Early phase
• Mild contractions will begin to occur at 15- to 20-minute intervals and then speed up to be fewer than five minutes apart. At first, they will be very brief, then they will 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 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 4 or 5 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.

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

Stage two
This stage includes the birth of your baby and may last as little as 15 minutes or as long as two hours.
• Contractions slow to two to five minutes apart, lasting about 60 seconds each.
• The uterus bears down with each contraction, creating an overwhelming desire to push the baby out.
• The baby moves slowly down the birth canal until the top of the 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 will be one of excitement and relief.
• If you had an episiotomy, your health care provider will repair it.
• Your new baby will have the Apgar test, then be handed to you to hold or breastfeed.

Induction of labor
More and more births are being scheduled a little early for nonmedical 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 for 39 weeks gives your baby’s body all the time it needs to grow. Here’s why your baby needs 39 weeks:
• Important organs, such as the brain, lungs and liver, get all the time they need to develop.
• The baby is less likely to have vision and hearing problems after birth.
• The baby 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.
• The baby can suck and swallow and stay awake long enough to eat after being 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 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 or 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 fewer risks of complications, shorter recovery time for the mother and more involvement in the birth process. In making this decision, you and your physician or midwife will want to discuss all the details of your individual situation. For information on the VBAC education class, see page 8.

Coping with labor
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 team will ask how you are coping with your contractions based on the 1–10 scale, 1 being coping well and 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.

### Coping Scale

<table>
<thead>
<tr>
<th>0</th>
<th>1-2</th>
<th>3-4</th>
<th>5-6</th>
<th>7-8</th>
<th>9-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No need to cope</td>
<td>Easy to cope</td>
<td>Coping well</td>
<td>Difficult to cope</td>
<td>Very difficult to cope</td>
<td>Not coping well</td>
</tr>
</tbody>
</table>

### True Labor

- Contractions are regular, get closer together and last 40 to 60 seconds.
- Contractions continue despite movement.
- Pain/discomfort is usually felt in the back and moves around to the front. It may be felt in the front first.
- Contractions steadily increase in strength.
- Cervix dilates.
- Bloody show may be present.

### False Labor

- Contractions are irregular, do not get closer together and last 20 to 40 seconds.
- Contractions may stop when you walk or rest or may change with change of position.
- Pain/discomfort is often felt in the abdomen.
- Contractions usually are weak and do not get much stronger.
- Cervix does not dilate.
- Usually no bloody show is present.

### Unmedicated labor

Coping techniques such as massage, water therapy (showers), breathing and relaxation techniques, and music are available for women who choose unmedicated labor. It is best to attend a childbirth preparation class to obtain the most up-to-date information (see page 8). These classes prepare the woman and her partner for varied labor experiences and offer ideas for comfort and support, including effective methods to relieve labor pain or to use during unmedicated labor or early labor.

### Music

You are welcome to bring any relaxing music that you wish to listen to during your stay. You can also bring in your iPod® or laptop (music or movies). The GetWellNetwork provides music, internet connection, TV, movies and education.
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 nonmedical 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.

Birthing ball/peanut 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. Peanut balls are peanut-shaped vinyl exercise balls that help relax and open the pelvis of maternity patients who have received epidural anesthesia.

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, lying on one’s side, 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, the mother may experience a mild headache that may last a few days or, on rare occasions, the mother temporarily may have difficulty breathing. The narcotic epidural is for early labor or for the patient who desires to move about in bed. Some women also are able to maintain the ability to empty their bladder. Degree of pain relief will vary from patient to patient. As labor progresses, additional doses of medication can be given as greater pain relief is needed. Prior to receiving an epidural, an IV will be started and a large volume of fluid will be infused rapidly. The purpose of this procedure is to prevent low blood pressure, which can occur when the epidural is given.

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

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

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

The birth of your baby

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

Just before birth, a small incision called an episiotomy may be made at the opening of your vagina. An episiotomy is a 1- to 3-inch-long (2- to 4-centimeter) 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 and security sensor on wrist and ankle
- 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

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, security systems and the recording of your baby’s footprint. Please note that a bassinet must be used whenever your baby is out of your room.

Medication is available based on your physician’s or midwife’s orders. He or she may order a self-medication program for you, where 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, your hospital team 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 TriHealth, the team 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, 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 the 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 badges, 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 two hours. During this time, you and your baby will be monitored closely.

Post-delivery care includes:
- 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 allows your uterus to contract normally and prevents 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, the anesthesia team and your physician will be with you in the operating room. If necessary, a group of neonatal health care providers will also 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 the surgery. Your incision will be closed with staples or sutures, and a dressing may be placed over the incision. You will then 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 two hours. 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

Advanced Obstetrical Care

The Labor and Delivery and Antepartum units at Bethesda North Hospital and Advanced Obstetrical Care Unit at Good Samaritan Hospital care for pregnant women with obstetrical complications and medical–surgical conditions requiring hospitalization during pregnancy.

Because admission often is unexpected, you may experience feelings of fear and anxiety. The nursing team will monitor you and your baby until discharge. They will also 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.

Special Care Nursery and Neonatal Intensive Care Unit

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

If your baby requires treatment in the Special Care Nursery or NICU, 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 his or her condition stabilizes.

8. 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 Hospital at 513 865 1318, Good Samaritan Hospital Mother–Baby Unit at 513 862 2554, Neonatal Intensive Care Unit at 513 862 2569 or Faculty Medical Center at 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:

- Chemical dependency—alcohol or drugs
- Child care
- Educational and vocational opportunities
- Emergency assistance—food, shelter and clothing
- Family violence—spouse abuse and child abuse
- Health concerns
- Legal assistance
- Loneliness and depression
- Money management
- Parenting classes
- Personal, family or relationship problems
- Special transportation and any other questions
- Support groups

**Helpful numbers in Greater Cincinnati**

**Lactation consultants**
TriHealth Breastfeeding
   Help Line 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)

**Poison prevention**
Poison Information Hotline 513 558 5111

**Day care information**
4C for Children—Comprehensive Community Child Care 800 256 1296

**Ohio resources**

**Butler County**
Butler County Help Line Dial 211 or 513 721 7900

Butler County Alcohol/Chemical Abuse Council 513 868 2100

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

Butler County Protective Shelter/Domestic Violence Crisis Line 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 800 341 3025
   Early intervention and child development services for families with children from infancy to 3 years

Hope House 513 424 4673 or
   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
   Hamilton 513 896 7022
   Middletown 513 705 9040

**Clermont County**
Child Focus 513 752 1555

Children Protective Services 513 732 7173

Child Support Enforcement Agency 513 732 7248

Clermont Recovery Center Substance abuse recovery

Clermont Counseling Center LifePoint Solutions 513 947 7000

Clermont County Rape Crisis Hotline 513 753 7281

Clermont Transportation Connection 513 732 7433

Department of Job and Family Services 513 732 7111

Family and Children First 513 732 5400

Legal Aid 513 241 9400

Women, Infants and Children (WIC) Nutrition education and supplemental food program 513 732 7329
Hamilton County

Chemical dependency
Substance Abuse 513 281 7422
Alcoholism Council of the Cincinnati Area
HOPE (Helping Opiate-Addicted Pregnant Women Evolve) 513 862 7358 or 513 862 5132

Child abuse prevention
Parents Anonymous 24-Hour Helpline 513 961 8004

Day care
Child Day Care Services 513 946 1800
(Home Day Care Services—HCJFS)
4C for Children—Comprehensive Community Child Care 800 256 1296

Domestic violence
Women Helping Women 513 381 5610
YWCA Domestic Violence Hotline 800 618 6523

Emergency food, clothing, shelter
Bethany House 513 381 7233
Shelter for women and children
Free Store/Food Bank 513 241 1064
Salvation Army 513 762 5600
St. Vincent de Paul 513 562 8841

Information and referral lines
United Way Help Line Dial 211 or 513 721 7900

Day care
Hamilton County Job and Family Services Link Line 513 946 1000

Mental health
Mental Health Services (Mental Health Access Point—MHAP) 513 558 8888
Psychiatric Emergency 513 584 8577
Suicide Prevention 24-Hour Hotline 513 281 2273

Nutrition
La Leche League 513 357 MILK (6455)
Support for breastfeeding mothers
Women, Infants and Children (WIC) 513 821 7012
Nutrition education and supplemental food program

Pregnancy/parenting support programs
Help Me Grow Program 513 281 GROW (4769)
Early intervention and child development services for families with children from infancy to 3 years
Every Child Succeeds 513 636 2830
Support program for first-time mothers
Healthy Moms and Babes 513 591 5600
Support services for moms-to-be and existing parents

Catholic Charities 513 241 7745
Counseling, adoption and parenting programs
Hamilton County Job and Family Services—Pregnancy Services 513 946 7335

Public assistance
Appointments for cash, food and Medicaid assistance at HCJFS 513 946 2466
Child Support Enforcement Agency 513 946 2300
Hamilton County Job and Family Services (HCJFS) 513 946 1000
Legal Aid of Greater Cincinnati and Southwest Ohio 513 241 9400
Social Security information 800 772 1213
Transportation to medical visits for Medicaid recipients 513 946 1000

Preble County

Help Me Grow Program 937 456 5160
Early intervention and child development services for families with children from infancy to 3 years
Oxford Women’s Care Center 513 523 1814
Women, Infants and Children (WIC) 937 456 5457
Nutrition education and supplemental food program

Warren County

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

Family Service of Northern Kentucky (United Way)
*Budget, consumer credit, substance and sexual abuse counseling and family life education*

Covington 859 291 1121
Florence 859 525 2602

First Steps 877 417 8377
*Early intervention services*

Mental Health Association of Northern Kentucky 859 431 1077

Mercy Maternity Home 859 371 1888

NorthKey Community Care 859 331 3292 or 859 578 3252
*Mental health education and crisis intervention*

Women’s Crisis Center 859 491 3335 or 800 928 3335
*24-hour hotline for phone counseling; shelter for battered and abused women and their children*

Boone County

Assisted Housing (Section 8 Program) 859 334 2105

Cabinet for Health and Family Services 859 371 8832

CASA: Child Advocate 859 586 1222

Child Support 859 568 9100

Women, Infants and Children (WIC) 859 525 1770
*Nutrition education and supplemental food program*

Campbell County

Cabinet for Families and Children 859 292 6700

Child Support 859 431 0552

Section 8 Housing 859 261 5200

Women, Infants and Children (WIC) 859 431 1704
*Nutrition education and supplemental food program*

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) 859 431 3345
*Nutrition education and supplemental food program*

Indiana resources

Southeastern Indiana Economic Opportunity Corporation (SIEOC) 765 647 5967
*Serving Dearborn, Franklin, Ohio, Ripley and Switzerland counties*

Provides commodities, energy assistance, Head Start, information and referrals, emergency assistance services, Section 8, weatherization, child-care assistance, and child-care resources and referrals

First Steps 800 545 7763
*Early intervention services*

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 800 221 6311

Family Connections 888 689 6363
*Home visits for prenatal support, education and substance abuse recovery program*

Rape Crisis Team 800 832 5378

Women, Infants and Children (WIC) 812 537 4089
*Nutrition education and supplemental food program*

Lawrenceburg 812 537 4089

Dearborn, Ripley, Switzerland and Ohio counties 800 456 0492 or 812 537 4777

Fayette/Rush Counties

Hope Center 765 825 1244

Women, Infant and Children (WIC) 765 825 5210
*Nutrition education and supplemental food program*

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 1302

Salvation Army 765 825 2011
*Emergency services*
Women, Infants and Children (WIC) 765 647 3663
Nutrition education and supplemental food program

Union County
Pregnancy Care Center 812 537 4357
Women, Infants and Children (WIC) 765 458 5706
Nutrition education and supplemental food program

Hamilton County, Ohio, WIC locations
Call an individual location to schedule an appointment and to check hours.

Braxton Cann Health Center 513 263 8777
5818 Madison Road (45227)

Cincinnati Children’s Hospital Medical Center B-1 513 636 5818
3333 Burnet Avenue (45229)

Elm Street Health Center 513 352 3816
1525 Elm Street (45202)

Millvale at Hopple Street Health Center 513 352 3199
2750 Beekman Street (45225)

Northside Health Center 513 564 2180
3917 Spring Grove Avenue (45223)

Price Hill Health Center 513 357 2727
2136 West 8th Street (45204)

Roselawn 513 821 6813
7162 Reading Road #800 (45237)

Seven Hills 513 522 4300
10950 Hamilton Avenue (45231)

Western Hills 513 251 4700
4966 Glenway Avenue #301 (45238)

Winton Hills Health Center 513 242 1720
5275 Winneste Avenue (45232)

For general information regarding the Hamilton County WIC Program, please call 513 821 7012.

For information regarding the locations of WIC programs in other counties, refer to county listings.

USDA prohibits discrimination in the administration of its programs.