

Embrace

Women's Health & Midwifery Care

Initial OB Packet

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Embrace Initial OB Packet

Weight Gain in Pregnancy

How much weight should you gain in pregnancy?

Ideal weight gain during your pregnancy is based off your weight prior to pregnancy. The recommendation will be based off your BMI. Body mass index (BMI) is a way of checking that your weight is healthy for how tall you are.

If you are under-weight with a BMI less than 18.5 the recommended weight gain is 28-40 lb. If you are a healthy weight with a BMI ranging from of 18.5 to 24.9, recommended weight gain is 25-35 lb. If you have a BMI of 25-29.9 recommended weight gain is 15 -25 lb. For those with a BMI of 30 or more before you become pregnant, 11 to 20 pounds is a healthy weight gain during pregnancy.

Are there risks for my baby if my weight is high?

Woman whose weight is higher than considered healthy may have more complications during pregnancy and birth. If you start a pregnancy with a BMI higher than 30, you have an increased risk of diabetes or high blood pressure during pregnancy. Diabetes may make your baby grow larger, which can make it more difficult to have a vaginal birth. Having diabetes during pregnancy may also increase the risk that your baby will develop diabetes as an adult. High blood pressure during pregnancy can increase the risk that your baby will be born too early. Women who have a high BMI are at increased risk of having a longer labor and could lead to a cesarean birth.

What are some things I can do to have a healthy weight gain during pregnancy?

You do not need to significantly increase the amount of food you eat while you are pregnant. You only need an additional 500 calories a day while pregnant. It is important to eat healthy foods and be sure that your diet meets all your nutrition needs.

Other things you can do to have a healthy weight gain are:

- Eat small frequent meals 5 or 6 times each day rather than larger meals less often.
- Keep a daily logbook of the food and drink you are intaking along with the exercise you have done.
- Ask a friend to walk or exercise with you.
- Discuss with Stacy, your CNM, concerns and desire to be held accountable.

Healthy Diet Recommendations

What should I eat each day?

- 6 servings of whole-grain foods like whole-grain bread or pasta, brown rice, or cereal like Total, shredded wheat, or oatmeal. Read the label to be sure you are getting whole grain and not just browncolored bread or pasta. A slice of bread, half a cup of cooked pasta or rice, or 1 cup of ready-to-eat cereal is a serving.
- 2 servings of fruit. Fresh, raw fruit is best. A small apple or half a cup of chopped or cooked fruit is a serving.
- 3 or more servings of vegetables. Fresh, raw vegetables are best. A medium-sized carrot or half a cup of chopped or cooked vegetables is a serving. Use olive oil or canola oil to lightly cook vegetables or put on top as dressing. Do not put butter, margarine, or fatty salad dressing on your vegetables.
- Make one of your fruit or vegetable servings a vitamin C-rich food like oranges, grapefruit, strawberries, sweet peppers, mustard greens, or tomatoes.
- 3 servings of protein- or iron-rich foods like lean meat, fish, eggs, or nuts. A piece of meat or fish the size of a pack of cards is a serving. Eat fatty fish 2 to 3 times a week.
- 3 servings of calcium-rich food like low-fat milk, yogurt, and cheese. A cup (8 oz) of milk or yogurt or a matchbox size of cheese is a serving.
- 6 to 8 large glasses of water. If you do not like the taste of water, add lemon juice or a small amount of your favorite fruit juice to the glass of water. You do not need to drink anything other than water or nonfat milk when you are pregnant.

Prenatal Vitamins

Why are prenatal vitamins important?

To provide your body with the nutrients to support healthy development of your baby. The most important component of the Prenatal vitamin is Folic acid.

What is folic acid?

Folic acid is a B vitamin. Your body uses folic acid to help make red blood cells and many other new cells. Folic acid found naturally in food is also called folate.

Why is folic acid important?

People who do not get enough folic acid in their diet may become anemic which means their blood does not carry oxygen efficiently, and you may feel very tired and weak. Getting enough folic acid is *very important* in pregnancy. Taking a folic acid supplement every day starting a few months before you get pregnant or as soon as you know you are pregnant can help prevent problems in the development of your baby's spine and brain called neural tube defects. Severe neural tube defects can cause death or make it hard for your baby to walk. Folic acid helps the baby's spinal cord grow normally in the first trimester.

Folic acid, cont.,

Neural tube defects occur during the very first month of pregnancy when you might not know you are pregnant yet, so all women who could become pregnant should take 400 mcg of folic acid every day. You can take a multivitamin that adds *400 mcg* folic acid to your diet, or you can take a folic acid supplement that has 400 mcg folic acid without other vitamins in it.

Taking folic acid during pregnancy can prevent almost all neural tube defects from occurring.

What foods have folic acid?

Leafy green vegetables are very good sources of folic acid. Folic acid is also found in cooked dry beans, nuts, and seeds. Many foods you buy have extra folic acid added such as bread, pasta, rice, and several breakfast cereals. You can check food labels at the store to see if foods you buy have folic acid added.

How much extra folic acid do I need during pregnancy?

Pregnant women need 400 to 800 mcg a day. Some of the folic acid you need will be in the foods you eat every day. If you are pregnant, or could become pregnant, you need more folic acid than you can normally get from the foods you eat.

Folic Acid in Your Food

	EXCELLENT sources of folic acid (100 mcg or more/serving)	VERY GOOD sources of folic acid (50-100 mcg/ serving)	GOOD sources of folic acid (20-50 mcg per serving)
Green Vegetables	Asparagus, Beets, Okra, Mustard Greens, Spinach	Broccoli, Brussel Sprouts, Peas, Bell Peppers, Green Beans, Turnip Greens	Swiss Chard, Kale, Green Beans, Carrots, Collard Greens, Iceberg Lettuce
Beans	Black-eyed Peas, Kidney Beans, Pinto Beans, Lentils	Garbanzo Beans, Black Beans, Navy Beans, Lima Beans	
Cereals and Breads	Breakfast cereals that have folic acid added, Flour Tortillas	Oatmeal	Biscuits, English Muffin
Rice or Pasta		Rice, spaghetti, or other pasta	Grits
Fruits	Orange Juice, Strawberries		Oranges, Grapes, Grapefruit, Cantaloupe, Raspberries
Other			Sunflower Seeds, Peanuts, Peanut Butter

Exercise and pregnancy

I currently working out can I continue my routine?

Yes, you may continue to do your regular workout routine and my even gradually increase or change your exercise. If you experience pain, bleeding, or cramping while exercising please stop and notify Stacy, your CNM.

How can exercising while I'm pregnant help me?

Exercise in pregnancy can help you in many ways. It can help you feel better and have less back pain, constipation, and tiredness. Exercise can also help you sleep better and improve your mood. Your body will be better prepared for labor. You may have a shorter labor with less chance of having a cesarean birth. Exercise in pregnancy may also lower your chance of getting gestational diabetes or high blood pressure during pregnancy. Your baby is more likely to be born with a healthy birth weight. Exercise can also lower the chance of having postpartum depression.

How much exercise should I do while I'm pregnant?

You should try to do moderate exercise for at least 30 minutes most days of the week. Moderate exercise means you should start to sweat, and your heart rate increases a bit, but you are still able to talk while you are exercising. If you are not currently exercising, pregnancy is a good time to start. You want to start slow and gradually increase your exercise.

I have never exercised much. Is it safe to start now?

Exercise is safe during pregnancy and may help with healthy weight gain during pregnancy. Start by finding ways to become more active during the day: take the stairs, walk to work, walk during your breaks, or stretch your muscles for 5 to 10 minutes. Build up to include more activity. Walking is great exercise and a great starting point. If you walk, you should walk fast and try to sweat. Swinging your arms or walking up and down hills will help with this. Your goal should be 30 to 60 minutes of exercise most days of the week.

What exercises are safe for me to do while I'm pregnant?

Walking is a good exercise to start with. You will get moving and have less strain on your joints. Swimming, biking, yoga, and low-impact aerobics are also good choices. Light weight training is okay too. Being creative with your exercise will help you stay motivated. Hiking, dancing, and rowing can be fun activities to try. You do not need to pay money for an exercise class or activity. Walking up and down stairs or doing exercises at home are all good, free activities.

Are there other things I should consider when I'm exercising while I'm pregnant?

Be sure to stretch your muscles first and warm up and cool down each time you exercise. Drink water throughout your exercise so you can stay well hydrated. Make sure you do not get too hot, and do not overdo your exercise, especially on a hot day. During pregnancy, your balance changes as the baby grows, so it is important to move carefully and always make sure you are not in danger of falling.

Avoid lying flat on your back. You can put a pillow or towel underneath one hip so that you can still participate in exercises that may require this position. Listen to your body for warning signs. See the following list for specific warning signs that tell you to stop your exercise.

What exercises are not recommended while I'm pregnant?

You should not do exercises that put you at risk for getting hit or kicked in the stomach or falling. Do not do exercises that involve contact with other persons or heavy lifting. Exercises to avoid are:

- Hockey
- Soccer
- Basketball
- Skiing
- Gymnastics

- Horseback riding
- High-intensity racquet sports
- Scuba diving
- Exercise at high altitudes

Are there reasons I should not exercise while I'm pregnant?

You should talk to Stacy, your CNM before you exercise if you:

- Have a serious heart or lung disease.
- Have high blood pressure before or during pregnancy.
- Have premature labor or have had a threatened miscarriage during this pregnancy.
- Have cervical incompetence (weakness) or have a cerclage in place.
- Have placenta previa (your placenta is low or covering the opening to your cervix).
- Have had or are currently having any vaginal bleeding.
- Think your membranes are ruptured (water is broken).

When should I stop my exercise?

Stop exercising if you:

- Have bleeding or are leaking fluid from your vagina.
- Have trouble breathing.
- Feel dizzy or lightheaded.
- Have pain in your chest.
- Have pain or swelling in your calf.
- Have contractions before you are 37 weeks pregnant.
- Are feeling the baby move less than normal.

Nausea and Vomiting in Pregnancy

Do all women have nausea or vomiting during pregnancy?

A majority of women experience some form of nausea and vomiting in pregnancy. One in 4 pregnant women have only mild nausea. Three of every 10 pregnant women have nausea that is bad enough to interfere with their daily activities. Half of all pregnant women have both nausea and vomiting during the first months of pregnancy. Nausea and vomiting during pregnancy tend to be the worst during weeks 8 to 10 and usually improves by 12 to 16 weeks. Nausea and vomiting during pregnancy is often called "morning sickness" but can occur all day long or at any time in the day or night.

What causes nausea and vomiting during pregnancy?

The cause of nausea and vomiting during pregnancy is unknown. Changes in hormone levels are thought to be involved, there may also be a genetic aspect. If your mother had morning sickness when she was pregnant, you may be more likely to have nausea and vomiting during pregnancy. A history of motion sickness or stomach problems before you got pregnant may be another risk factor. Nausea during pregnancy is worse if you are dehydrated (there is not enough fluid in your body) or if your blood sugar level is low from not eating often enough.

Are nausea and vomiting during pregnancy dangerous?

Mild nausea and vomiting may make you feel awful, but it will not harm you or your baby. Lots of vomiting that keeps you from keeping any food down is rare, but severe vomiting can cause health problems. You should call Stacy, your CNM if any of the following happen:

- You are not able to keep any liquids or foods down for 24 hours.
- You are vomiting several times a day or after every meal.
- You have abdominal pain, difficulty peeing, or a fever.
- You do not pee as often as usual, and your urine is dark in color.
- You are weak, dizzy, or faint when you stand up.

How are nausea and vomiting treated?

Nausea or vomiting during pregnancy is treated in 4 steps:

- 1. Making changes in what you eat and how often you eat may improve nausea and help prevent vomiting. This is all it takes for many women.
- 2. If diet changes are not enough, you can try ginger supplements or foods containing ginger like ginger tea or ginger ale. Ginger has been used for treating nausea since ancient times and can improve nausea. Ginger root tea, ginger gum, ginger snaps, ginger syrup added to water, ginger ale, and all other forms of ginger are safe to use in pregnancy. You can also buy ginger capsules at a drug store. The dose of ginger that has been studied for nausea and vomiting in pregnancy is 1 gram per day. Some forms of ginger like tea or cookies do not list the dose. Using acupressure bands, like sea bands. Both have been shown to improve nausea in research studies.

Nausea and vomiting treatment, cont.,

- 3. Over the counter Vitamin B6 along with Unisom can be helpful at treating nausea alone. One tablet of each at bedtime, if no improvement after two days, add a dose of each in the AM.
- 4. If the nausea and/or vomiting are impacting your daily activities, there are prescription medication such as Reglan and Zofran.

Lifestyle and Diet Changes for Nausea and Vomiting:

- Take frequent small sips of fluids throughout the day.
- Drinking something cold rather than hot can make a difference.
- Eat small frequent meals, every 2 to 3 hours. Do not wait until you feel hungry or thirsty before you eat or drink.
- Eat something plain like crackers, toast, or cereal in the morning. Some women find it helps to eat something before getting out of bed. Avoid eating foods that have strong odors.
- Avoid foods that are greasy, fried, spicy, or extremely hot.
- Try eating foods that are high in carbohydrates, such as potatoes, noodles, rice, or toast.
- Do not lie down right after eating.
- Some women say dairy products like yogurt are helpful, but this does not work for every woman.
- Prenatal vitamins may make your nausea worse. If you take your prenatal vitamin at night or with food, it may not make you nauseated. Vitamins that do not have iron in them are less likely to cause your stomach to be upset. Children's vitamins that have folic acid can also be used. If you stop taking a prenatal multivitamin, you should take one tablet of folic acid daily (0.4 mg, which is 400 micrograms per day). Folic acid tablets will not worsen nausea.

Back and Pelvic Pain During Pregnancy

Nearly all women have back pain at some point during pregnancy. Back pain usually starts during the second half of pregnancy, after 20 weeks. This back pain comes and goes, appearing for a few days or maybe a week, and then going away. Back pain that starts for the first time in pregnancy is usually mild. For a few women, it can be very painful. Back pain can also be a sign of labor or a serious complication like a kidney stone or infection.

It is common for women to feel pelvic pain or pain in their groin. This is called round ligament pain and related to the ligaments that support your uterus being stretched as the uterus grows. This pain is sharp, comes on suddenly and goes away just as quickly.

Why do pregnant women have back and pelvic pain?

The hormones that are elevated in Pregnancy relax all your joints. Your growing abdomen (belly) changes the curvature of your spine, the bones in your back. Which can cause back pain as the muscles are stretched. Later in pregnancy these relaxed joints may cause your pelvis to move slightly when you change position. This can cause general pain in your lower back and sometimes shooting pain in your buttocks, groin, or upper legs.

What makes back pain worse?

Rolling over, changing positions, or getting out of bed; lying flat with your legs straight; and getting in or out of a car can cause back pain or pelvic pain to appear. Sitting or standing for a long period of time can make back or pelvic pain worse.

How can I avoid back pain?

Avoid standing or sitting for long periods of time. If you stand or sit for work, change positions often. If you sit for work, put your feet up on a stool or box to tilt your hips forward and flatten the curve in your lower back. Avoid bending to the side or twisting. Keep your back straight and use your leg muscles instead of your back muscles to help lifting. Try not to gain too much weight.

How can I make my back pain better?

Do not put your body in positions that make your pain worse. Put moist heat or cold packs over the area that hurts. Sitting in a warm bath may help. Have your back massaged. Wear an abdominal binder or pelvic support belt to lift your abdomen slightly, which will take some pressure off your lower back. Wear supportive shoes especially if you are standing or on your feet for long periods of time. Sleep on your side. You may want a pillow in your arms, between your knees, and/or behind your back. Do gentle exercise and stretch your lower back along with walking about 20 minutes most days. Exercise helps strengthen the back muscles and keeps the joints in good positions.

If you stand or sit all day for your work, Stacy, your CNM can help you work with your employer so you can keep working but also use positions that help decrease the pain you are having.

My back pain is severe. Are there other therapies that can help?

If you have severe back pain that will not go away, Physical therapy, acupuncture, chiropractic manipulation, or medications may be helpful.

When should I call my health care provider?

You are less than 37 weeks pregnant and have b ack pain that last for about a minute with abdominal tightening or period like cramping that is occurring 6 or more times in one hour that does not improve with rest and hydration. If You are 37 weeks pregnant or greater and have back pain that progressively gets stronger and lasts for a minute with tightening, cramping, or pain in your abdomen every 3 to 5 minutes for at least an hour. You have severe pain in your back that doesn't go away with heat, acetaminophen (Tylenol), exercise, or rest and keeps you from doing daily activities. You have back pain with a fever, nausea, or blood in your urine.

What Foods Might Be Harmful to My Baby During Pregnancy?

The foods of most concern are certain are certain fish, meat, milk, cheese, and raw foods. Because these are important parts of most diets, you will want to learn to choose the right foods. The chart on the other side of this page will help you with this.

What's the Problem with Fish?

Fish that are large, eat other fish, and live a long time have mercury in them. Too much mercury can cause problems with the development of your baby's brain and nerves. Some fish may also have dioxins and polychlorinated biphenyls (PCBs). Too much of these toxins may cause problems with the development of your baby's brain and may cause cancer.

So... Should I Just Stop Eating Fish?

No! Fish is a wonderful food. It has lots of good protein and omega-3 fatty acids (omega-3s). Omega-3s are important to your baby's brain and eye development. You should not eat some types of fish but should eat two meals of low mercury fish every week to give you the benefits of omega-3s. Raw fish should not be eaten as it may contain parasites (germs) that could harm you or your baby. Fish that are considered safe to eat during pregnancy are listed below.

What Meat is Dangerous?

In the United States, most of our meat is safe to eat. However, meat that has not been kept cold or that has not been prepared properly may have bacteria or parasites. *Raw* meat may contain toxoplasmosis. Toxoplasmosis is a parasite that can damage your growing baby's eyes, brain, and hearing.

What Do I Need to Know About Milk and Cheese?

Some cheese may contain bacteria called *Listeria*. These bacteria can cause a disease called listeriosis which may cause miscarriage, stillbirth, or serious health problems for your baby. To avoid listeriosis, you should not eat soft cheeses like Mexican style Queso Blanco, Queso Fresco, Feta, Camembert, blue cheeses, or Brie, if the cheese is made with unpasteurized milk. Read the label and do not eat the cheese if the label says it is made with *raw milk* or *unpasteurized milk*. If it is made with pasteurized milk and kept in the refrigerator at 40°F or less, it is safe to eat.

What Do I Need to Know About Raw Foods?

Uncooked meats and fish may contain toxoplasmosis and listeriosis and other bacteria that can be harmful during pregnancy. Raw fish, raw shellfish like clams and oysters should not be eaten during pregnancy. Sushi is flash frozen when it enters the US and maybe eaten. Raw alfalfa and bean sprouts and unpasteurized fruit and vegetable juices have lots of vitamins but can also contain disease-causing bacteria. Pregnant women should drink only pasteurized juices. Raw and undercooked eggs may have bacteria that can cause food poisoning. Do not eat food with raw eggs like Hollandaise sauce and homemade Caesar salad dressing.

How Do i Prepare Food Safely?

- Wash your hands and cooking surfaces often.
- Keep raw meat away from fruit and vegetables and cooked meat.
- Cook your food until it is steaming hot.
- Cook meats until no pink remains.
- Keep uneaten food cold or frozen.
- Keep your refrigerator at 40°F or less.
- Keep your freezer at 0°F or less.
- Throw away food that is left at room temperature for 2 hours or more.
- Do not eat foods if they are past the expiration date on the label.

Eating Safely During Pregnancy

Fresh Fish		
Do not eat	Shark, Swordfish, King Mackerel, Tilefish, Fresh or Frozen Tuna Steaks, Orange Roughy, Or Uncooked Fish Or Shellfish	
Eat no more than 1 meal a month	Farmed Salmon	
Eat up to 1 meal a week	Albacore Tuna ("white" tuna)	
Eat up to 2 meals a week	Shrimp, Canned Light Tuna, Canned or Wild Salmon, Pollock, And Catfish, Cod, Anchovies, Or Flounder	

Note: Check local advisories about the safety of fish caught by family and friends in your local waters. If you cannot get advice on this, eat no more than 1 meal a week from fish caught in local waters and do not eat any other fish that week.

Note: Cook fish by broiling, baking, steaming, or grilling. Remove skin and fat before cooking. Do not eat the fat that drains from the fish while cooking.

Eating Safely During Pregnancy

Deli Meats and Smoked Fish			
Do not eat	Deli meat spread or pate		
Do not eat unless you reheat to steaming hot	Hot Dogs, Lunch Meat, Deli Meat (such as Turkey, Salami, And Bologna), Or Deli Smoked Seafood		
Eat no more than 2 meals a week	Canned Smoked Fish or Meat Spread		
Meat—Beef, Chicken, and Pork			
Do not eat Any meat that is rotten or raw			
Note: After cutting up raw meat, clean the cutting surface with bleach, soap, and hot water before cutting any raw fruit or vegetables. Milk and Cheese			
Do not eat or drink	Unpasteurized or raw milk, Feta cheese, Brie cheese, Camembert cheese, blue- veined cheeses, and Mexican-style Queso Blanco or Queso Fresco.		
Eat all you want	Hard cheeses, semisoft cheeses like Mozzarella, processed cheese slices, Cream Cheese, Cottage Cheese, or Yogurt made with pasteurized milk.		
Drink all you want	Skim or 1% pasteurized milk.		
Raw Foods			
Do not eat or drink Raw meat, raw fish, raw shellfish, foods with raw eggs, raw vegetable sprouts, or unpasteurized milk or juices.			

Anemia in Pregnancy

What is anemia?

Anemia occurs when you do not have enough red blood cells or enough hemoglobin in your blood. Red blood cells carry oxygen from your lungs to all the cells in your body. Hemoglobin, which is the part of red blood cells that carries oxygen, is made from iron. You get iron from foods you eat or from taking extra iron, which can come in pills or a liquid. Not getting enough iron is the most common cause of anemia during pregnancy.

Why is getting enough iron in pregnancy important?

During pregnancy, your body needs to make more blood. The extra blood helps provide your placenta with everything your baby needs to grow. Your body needs iron to make this extra blood. Your body also needs to have enough iron for your baby's needs. Your baby takes some of the iron that is in your body to make her or his blood. The iron you get from eating foods is absorbed into your body in very small amounts so it can be hard to get enough iron for both you and your baby when you are pregnant. You may need more iron than is normally in the foods you eat.

Why is preventing anemia during pregnancy important?

Women who have mild anemia will have a low amount of hemoglobin on a blood test but do not usually have symptoms. Mild anemia does not cause problems for a pregnant woman or her baby. Severe anemia can cause symptoms such as tiredness, dizziness, or fainting. Women with severe anemia are more likely to have preterm birth (the baby is born before the due date) and heavy bleeding during birth. It can also take them longer to recover after they give birth. In addition, their baby may have anemia after birth.

How do I get enough iron?

The best food sources of iron are meat, chicken, fish, eggs, dried beans, and fortified grains such as bread, cornmeal, flour, pasta, and rice. There is much less iron in green vegetables. For most healthy women, 27 mg of ferrous iron daily is enough. Many prenatal vitamins contain this amount of iron. If you smoke or weigh more than is healthy, you may need more iron than the usual amount. If your blood test shows that you have anemia, an additional iron pill may be prescribed.

What kinds of iron can I take?

The 3 most common types of iron pills are ferrous sulfate (Feosol), iron fumarate (Feostat), and iron gluconate (Fergon). Iron sulfate and iron fumarate have 60 milligrams of elemental iron in each pill and iron gluconate has 35 mg of iron. All 3 of these iron pills work equally well.

Iron can also be taken as a liquid or as a pill that slowly releases the iron after the pill is passed through your stomach. Liquid forms of iron can cause staining to your teeth or cause bowel movements to become black.

Taking Iron, Cont.,

Iron that is made as a slow-release pill causes less nausea, but these pills do not work as well because not as much iron gets absorbed into your body. IV iron transfusions may be needed if your unable to tolerate oral iron supplements.

What are the side effects of taking iron in pregnancy?

Iron pills can cause mild stomach upset, nausea, diarrhea, or constipation. Taking your iron pill or prenatal vitamin with iron at night or with food can help avoid stomach upset. Drinking plenty of water and eating foods with lots of fiber can help prevent constipation.

What can help my body absorb iron?

Eating foods that have a lot of vitamin C can help your body absorb iron better. Foods with lots of vitamin C include orange juice, grapefruit juice, strawberries, pineapple, kale, broccoli, tomatoes, and peppers. You may take an iron pill every day, but your body can also absorb the iron very well if you take the iron every other day. Taking the iron pill every other day also causes less stomach upset.

What can keep my body from absorbing iron?

Foods that have a lot of calcium can keep your body from absorbing iron well. Milk, yogurt, cheese, and other dairy products have lots of calcium, so it is best not to take an iron pill at the same time as you are eating these foods. Coffee and tea can also make it harder for your body to absorb the iron. Iron also does not get absorbed well if you are taking antacids for heartburn, such as Tums. It is best to take iron 2 hours before or after taking any other medicine.

What foods are high in iron?

The foods at the top of this list have more iron, and the foods at the bottom have less iron. All these foods are good to eat to prevent getting anemia.

Milligrams iron per serving	Foo	d
18	Breakfast cereals: fortified with iron, 1 serving	
5-8	Beef or Chicken Liver, Lamb Kidney, fried Oysters, cooked White Beans, canned	
2-3	Oatmeal or Cream Of Wheat, cooked Chocolate, dark Beef Round Sardines, canned in oil Lentils, cooked	Lima Beans, Kidney Beans, Baked Beans, Soybeans, or Chick Peas, Cooked Tofu or Tempeh Spinach, Boiled Tomatoes, Canned

Dental Health in Pregnancy

Why do I need to keep my teeth and gums clean?

Keeping your teeth and gums clean is an important part of staying healthy. If you do not brush and floss your teeth regularly, a sticky film called plaque builds up on your teeth. Plaque has bacteria in it that can cause gum disease and cavities (little holes in your teeth).

What is gum disease?

Gum disease is an infection in the parts of your mouth that hold your teeth in place. Gum disease is also called periodontal disease. The beginning stage of gum disease is called gingivitis. People with gingivitis have swollen and red gums that may bleed easily when they brush their teeth. If gingivitis is not treated and gum disease gets worse, you can lose teeth and bone in your mouth.

Having gum disease can cause problems in other parts of your body. You have a greater chance of having a stroke, heart problems, or a heart attack if you have gum disease. If you have diabetes and gum disease, it may be harder to control your blood sugar.

What are the signs that I might have gum disease?

It is possible to have gum disease and not have any signs. Therefore, it is important to have regular dental checkups. You should see a dentist as soon as possible if you have any of these signs because they could mean you have gum disease:

- Your gums bleed when you brush your teeth.
- Your gums are red, swollen, or painful.
- You have gums that have pulled away from your teeth.
- You have bad breath or a bad taste in your mouth that doesn't go away.
- Your teeth are loose or are moving apart from each other.
- The way your teeth fit together when you bite has changed.

How does pregnancy affect my gums and teeth?

Hormone changes during pregnancy can cause gingivitis. This pregnancy gingivitis usually goes away after your baby is born. Pregnant women may also be more likely to have cavities. It is important for all pregnant women to brush their teeth with a fluoride toothpaste twice a day and floss once a day.

When you vomit (throw up) from morning sickness, stomach acids get on your teeth. After you vomit, rinsing your mouth out and waiting to brush your teeth can help keep the acids from hurting your teeth. You can rinse your mouth with water or with 1 cup of water that has 1 teaspoon of baking soda mixed in it. Wait about 30 minutes after rinsing your mouth to brush your teeth.

How does gum disease affect pregnancy?

Having gum disease can affect your baby and you. Gum disease may increase the chance that your baby will be born small and/or born early. Your chance of having blood pressure problems and gestational diabetes may also be higher if you have gum disease.

Can I have dental care while I am pregnant?

Seeing your dentist is safe during pregnancy. It is also important for the health of you and your baby. Teeth cleaning, dental x-rays, and most dental treatments can all be done when you are pregnant.

- Make sure your dentist knows that you are pregnant. If medications for infection or pain are needed, your dentist can prescribe ones that are safe for you and your baby.
- Tell your dentist about any changes in your mouth, teeth, or gums you have noticed since you became pregnant.
- It is safe to have numbing medicine if you need to have a cavity filled or other dental treatment while you are pregnant.
- X-rays that are just to check on your teeth are often avoided in pregnancy. If you have a problem with your teeth or mouth, it is fine to have an x-ray. Your body should be covered with a lead apron to protect you and your baby.

How do I keep my teeth and gums healthy?

What to do	Why this helps	
Brush your teeth for 2 minutes twice a day.	Regularly cleaning your teeth will prevent plaque buildup and remove bits of food left in your mouth after eating. Brushing your teeth helps prevent gum disease and cavities.	
Use toothpaste with fluoride.	Fluoride helps remove plaque and strengthen your teeth.	
Use a toothbrush with soft bristles.	A toothbrush with soft bristles will clean your teeth well without hurting your teeth or gums.	
Get a new toothbrush every 3 to 4 months.	After a few months of use, a toothbrush won't clean your teeth as well.	
Floss once a day.	Floss cleans between your teeth where your toothbrush can't reach. Flossing helps prevent plaque buildup, gum disease, and cavities.	
Have your teeth cleaned and checked by a dental care provider at least once a year.	This gets rid of the plaque and bacteria that can build up on your teeth and cause disease. Your dental care provider will also look for signs of gum disease, cavities, and other problems with your teeth and gums.	
Chew sugarless gum for 20 minutes after you eat a meal.	Chewing sugarless gum increases the saliva (spit) in your mouth, which helps wash away food, acids, and bacteria. This can help strengthen your teeth and prevent cavities.	
Limit how much sugar you eat and drink. Drinks that have sugar in them include soda, soft drinks, fruit-flavored drinks, sports drinks, energy drinks, sweet tea, and chocolate milk.	Sugar changes to acid and plaque on teeth, which can lead to gum disease and cavities.	
Avoid smoking and limit how much alcohol you drink.	Smoking cigarettes and drinking alcohol increase the chance you will have gum disease and many other major health problems.	

Caring For Common Illnesses During Pregnancy

What To Do Before Taking Medicine	If You Need to Take Medicine		
Colds and Coughs			
 Get plenty of rest. Drink lots of fluids. Wash your hands often. Gargle with warm salt water and drink honey with lemon for a sore throat. Rub Vicks on your chest and throat before you go to bed at night to clear your stuffy nose. 	 Stuffy nose: Take chlorpheniramine (Chlor-Trimeton) or pseudoephedrine (Sudafed). Avoid prior to 13 wks. Last resort. An oxymetazoline (Afrin or Vicks Sinex) or phenylephrine (like Dristan) nasal spray may work well. If you use a medicated nasal spray, stop after 3 days. Using it for a longer time may cause your stuffy nose to get worse. Cough: Take guaifenesin and dextromethorphan (Robitussin DM). Choose a cough syrup with the lowest amount of alcohol. 		
	Headaches		
 Drink plenty of water, at least 6 big glasses a day. Get someone to massage your neck and shoulders for you. 	 Acetaminophen (Tylenol) is safe during pregnancy. Don't take ibuprofen (Motrin), naproxen (Aleve), or aspirin. 		
	Yeast Infections		
Don't use douches. If you are sure you have a yeast infection, use a vaginal yeast treatn like clotrimazole (Gyne-Lotrimin) or miconazole (Monistat).			
Allergies			
First, do the things listed under colds and coughs.	Use an antihistamine like diphenhydramine (Benadryl) or loratadine (Claritin). Some antihistamines have alcohol included so check labels and avoid these.		
Heartburn			
Eat 5–6 small meals per day and do not lie down right after eating.	If you need an antacid, take a chewable tablet that has calcium (Tums) or magnesium (Maalox).		
Avoid foods that are acidic, like tomatoes, and fried foods.	Don't take antacids that have aspirin (Alka-Seltzer, Pepto-Bismol) or soda bicarbonate (baking soda).		
Drink or eat something soothing like milk before you lie down.			
Chew gum after eating.			
	Constipation		
 Drink plenty of fluids, at least 6 big glasses of water a day is best. 	 Stool softeners like docusate sodium (Colace) and psyllium (Metamucil) are safe in pregnancy. Don't take mineral oil or senna (Senokot). 		

What To Do Before Taking Medicine	If You Need to Take Medicine
Eat lots of fruit and vegetables for fiber.	Diarrhea
Drink lots of clear liquids.	 If you have diarrhea for more than one day, call your health care provider. Bismuth subsalicylate (Kaopectate) and loperamide (Imodium) are safe in pregnancy.

SEX and pregnancy

is it safe to have sex while I am pregnant?

Yes, it is safe for most women to have vaginal, oral, manual (using your hands), and anal sex throughout pregnancy. Unless your health care provider has told you not to have sex for a medical reason, you can safely enjoy sex in all 3 trimesters of pregnancy. The baby is protected during sex by your cervix (opening to your uterus), the amniotic sac (bag of waters), and the amniotic fluid inside your uterus (womb).

When should sex be avoided?

You should not have sex if you have:

- Leaking amniotic fluid
- Preterm labor
- · Vaginal bleeding heavier than spotting
- Placenta previa (placenta that covers all or part of your cervical opening)
- You should avoid touching herpes lesions (sores) on your partner's mouth or genitals. If you or your partner have new partners while you are pregnant, you need to protect yourself from sexually transmitted infections by using a condom or dental dam. If you have other health concerns about the safety of sex in your pregnancy, talk with your health care provider.

Will my desire for sex change in pregnancy?

Your body goes through many changes during pregnancy, both physically and emotionally. It is common for your sexual desires to be different now that you are pregnant. Some women have more interest in sex during pregnancy, and others have less interest.

How can I have vaginal sex comfortably while I am pregnant?

There are several ways to make vaginal sex (penis, fingers, or vibrator into the vagina) more comfortable during pregnancy:

- Make sure your vagina is well lubricated: You may need to use a water-based lubricant.
- **Try different positions**: Being on your back with your partner on top of you (missionary position) may not be the most comfortable position for you, especially as your uterus gets bigger. You may find it more comfortable to be on top of your partner, lying on your side, standing, or on your hands and knees. If you are on top of your partner, you can face forward or backward.
- **Talk with your partner**: Let your partner know what feels good and what doesn't. If vaginal sex is painful for you, try changing positions and/or using more lubricant.

What about oral sex, anal sex, and using vibrators during pregnancy?

Oral sex is safe in pregnancy if you and your partner don't have any herpes lesions. Your partner should not blow air into your vagina. Anal sex is also safe during pregnancy. You should be careful not to spread bacteria from the rectum to the vagina. If you're going to have vaginal sex after anal sex, wash the body part or vibrator that was in your anus before putting it into your vagina. If you have hemorrhoids, you may not want to have anal sex, as it may cause pain or bleeding. You can use a vibrator while you are pregnant. Make sure the vibrator is clean to prevent infection.

Will sex cause me to go into labor?

Sex during pregnancy, especially in the third trimester, may cause you to have some cramps or contractions right after sex and during orgasm. Your orgasm releases a hormone called oxytocin, which can cause your uterus to contract. Male semen contains prostaglandins, which are other hormones that also may cause contractions. Contractions from sex will typically go away over 1 to 2 hours. If they continue or become stronger, contact your health care provider. You may have a small amount of vaginal bleeding or spotting after vaginal sex. This is because there are many small blood vessels in your cervix that can leak when they are touched. Mild spotting for 24 to 48 hours is normal. If your bleeding is heavy, like a period, or continues past 48 hours, contact your health care provider.

What if I don't want to have sex while I am pregnant?

It is important to talk to your partner. Tell your partner how you feel about sex during pregnancy. Encourage your partner to talk with you about how both of you feel about sex in pregnancy. If sex is not something that is desired or possible, there are many other ways to be intimate including massage, touching, and stimulating each other nonsexually, cuddling, or simply spending quality time together. These are ways to be close to your partner without having sex.

How soon after my baby is born can I have sex?

Before you start having vaginal sex again, your postpartum bleeding should have stopped, and any tears should be healed. Every woman is different. Some women may feel ready at 4 weeks, while other women may need 10 weeks. Talk openly with your partner and explore other ways to be intimate with each other. When you have sex again, take it slow and use plenty of lubrication. You may want to put a finger into your vagina first before larger objects such as a penis or vibrator. Be sure to talk with your health care provider about birth control if you want to prevent pregnancy.

What to expect 2nd and 3rd Trimesters

Diabetes in Pregnancy

What is Diabetes?

Diabetes is a health problem that results in too much sugar in the bloodstream and not enough in cells where it can be used for energy. The problem occurs when the body is not able to make the hormone insulin (type 1 diabetes) or the insulin that is made doesn't work very well (type 2 diabetes). Gestational diabetes (GDM) is diabetes that occurs during pregnancy.

Why is GDM a Problem for Pregnant Women?

Women with GDM don't make enough insulin during pregnancy. This results in high levels of sugar in the blood, which is transferred to the baby. The baby turns the extra sugar into fat — mostly around his or her belly. This extra birth fat increases your baby's chance of having obesity, high blood pressure, heart disease, and type 2 diabetes later in life. In addition, the baby may have difficulty being born if he or she is too big and can have low blood sugars that require special care right after birth.

Should I Have a Blood Test to Screen for Diabetes During My Pregnancy?

All women are screened by a blood test for GDM at the beginning of the fifth or sixth month (24–28 weeks). If you have increased risk for Diabetes during pregnancy you will be screening at your initial OB visit when routine prenatal labs are done. Those risks include:

- You are overweight before being pregnant.
- You had GDM during a prior pregnancy.
- You have a history of several miscarriages, a stillborn baby, a very large baby, a baby with birth defects, or a baby who got "stuck" during delivery.
- You have a mother, father, sister, or brother with diabetes.
- You had sugar in your urine at the first prenatal visit.
- You have a condition called polycystic ovarian syndrome (PCOS).
- You are taking a medication called Glucophage (metformin).
- You are Hispanic, African American, Native American, South or East Asian, **or** from the Pacific Islands.

What Do i Do if I Have GDM?

If you have GDM, you will be asked to test your blood sugar at home. Most women with GDM can have normal blood sugar levels by eating healthy and increasing exercise. If you have GDM, you should meet with Lily, your MA-C or Stacy, your CNM who can teach you how to check your blood sugar levels and help you learn about how to eat in ways that keep your blood sugar at normal levels. A few women who have GDM need to take medicine or insulin to control blood sugar.

What Happens After Pregnancy if I Have GDM?

Women who get GDM have a high chance of getting type 2 diabetes later in life. Healthy eating and regular exercise are important to help you prevent diabetes in your future. Breastfeeding is very important if you have had GDM. It will help you lose weight and will help your baby maintain a healthy weight too. Believe in yourself and your ability to have a healthy baby. You can!

Whooping Cough and Pregnancy

What is pertussis?

Pertussis is a disease that is also called "whooping cough." Pertussis is caused by bacteria. You or your child can get pertussis by breathing in these bacteria from an infected person who coughs or sneezes near you. We have outbreaks of pertussis every year in Moses Lake. Pertussis can be a bad cough in adults, but it is a dangerous infection in babies and small children.

What are the symptoms of pertussis?

Pertussis normally starts with symptoms of a cold like a stuffy and runny nose. You might also have a mild fever or cough. Your cough will get much worse after 1 or 2 weeks. Many children have hard and fast coughing that causes a whooping sound. They may gag on mucus and throw up after they cough. Not every child who has pertussis will make the whooping sound when they cough.

Why is pertussis dangerous?

Pertussis is very serious for babies because they are not always able to fight this infection. Many babies less than 1 year old will need to be put in the hospital when they get pertussis because they will have problems breathing and pneumonia (an infection in the lungs). Some babies who are less than 3 months old will die from pertussis if they get infected. Most adults do not have severe symptoms of the disease and do not realize their cold is pertussis. Adults can easily pass this infection to a child without knowing it.

What is the treatment for pertussis?

If you or your child has pertussis, you will be given antibiotics. This helps kill the bacteria so you will not be able to pass the disease to another person anymore. But the antibiotics may not stop your symptoms and cough. You may have coughing fits for up to 10 weeks. You can take over-the-counter medicines to help with your symptoms.

Don't normal vaccine shots keep my child from getting pertussis?

If your child gets the normal vaccine shots, the shot for pertussis will be given at 2, 4, 6, and 15 to 18 months, then again before starting school at 4 to 6 years old. Newborn babies do not get full protection from the disease until they are a year old and have had the first 3 shots. Most severe cases of pertussis happen in babies less than a year old.

How can I protect myself and my child from pertussis?

Most babies and children get pertussis from an adult who they are around often, such as a parent or grandparent. Many adults who got the pertussis vaccine as a child have lost protection against pertussis and are able to get the infection again. All teenagers and adults, especially those who are often around babies, should receive a pertussis booster shot called Tdap. This is a form of the tetanus vaccine that also has the pertussis vaccine in the same shot. It does not matter when your last tetanus shot was. You can safely get and should get the Tdap shot especially if you live with or are often around babies or young children. If all the adults and teenagers around your baby get the Tdap booster, the chance that your baby will get pertussis becomes small.

What if I'm pregnant?

The absolute best way to protect your baby is to have the Tdap vaccine each time you are pregnant. The best time for the vaccine is between 27 and 36 weeks of pregnancy. This allows your body to produce antibodies to prevent pertussis. The antibodies are passed to your baby through the placenta and your breast milk. Your baby can get protection from pertussis for the first 6 months of life if you get the vaccine while you are pregnant. The Tdap vaccine is very safe in pregnancy. There is no risk to your baby by getting the Tdap vaccine while you are pregnant. If you do not have the chance to get the Tdap vaccine while you are pregnant, you can get the shot right after you have the baby. This will still prevent you from passing the infection to your baby. If you are breastfeeding and get the shot, your baby can also get protection from pertussis from your breast milk.

What are the side effects of getting the Tdap vaccine?

The most common side effects of the Tdap vaccine are pain and redness where you got the shot. You might also have a headache, feel very tired, or have an upset stomach. You should not get the Tdap vaccine if you are sick with an infection or have previously had a reaction to the vaccine.

GBS Screening

What is group B strep (GBS)?

GBS is a bacteria that normally found in the human body. GBS does not cause problems in healthy people. GBS is found in the intestine (gut), vagina, and rectum (bottom). About 2 in every 10 pregnant women have GBS in their normal bacteria. Some women have GBS in their vagina all the time. In others, GBS is in the vagina for a while then goes away and comes back later. GBS is not a sexually transmitted infection.

When can GBS cause infection?

GBS can cause pneumonia or a blood infection in newborn babies. This happens when the baby passes through the vagina during birth. Full-term babies whose mothers have GBS in their vagina have a 1 in 200 chance of getting sick from GBS during the first few days after birth. Women who have GBS in their vagina can also get an infection in their uterus during labor or after birth.

How do I know if I have GBS?

Some women find out they have GBS in their vagina when they have a urine culture. A urine culture is recommended early in pregnancy to make sure there are no bacteria in your urine. If GBS is found in your urine, you also have GBS in your vagina. If GBS is not seen in your urine, a different test to see if you have GBS in your vagina will be offered later in pregnancy.

What test is done to see if I have GBS in my vagina?

When you are 36 to 37 weeks pregnant, you or your health care provider will collect a sample to test for GBS. This is done by touching the outer part of your vagina and just inside your anus with a sterile cotton swab (Q-tip). If GBS is in that sample, you will be told that you have GBS in your vagina. The results take 48hour.

How can newborn infection from GBS be prevented?

If you have GBS in a urine culture during pregnancy or GBS in a vaginal-rectal culture that was done within 5 weeks of giving birth, it is recommend that you get an antibiotic during labor. Getting at least 4 hours of an antibiotic that works against GBS will remove GBS from your vagina. If you have GBS in your vagina during labor and are given an IV antibiotic, the risk of your baby getting sick is very rare (about 1 in 4,000).

Do I have to wait for labor to take an antibiotic for GBS?

GBS is easily removed in the vagina and urine if you take an antibiotic. It is not easy to get rid of GBS in your intestine because antibiotics do not work well in that part of the body. If you take the antibiotic before you are in labor, GBS that lives in the intestine goes back to the vagina as soon as you stop taking the antibiotic. Taking an antibiotic for GBS before you are in labor can be unhealthy for you and your baby. It is best to take the antibiotic only during labor. This will get rid of the GBS in your vagina quickly at the only time that you need it to be gone.

What if I give birth before I get 4 hours of antibiotic?

The antibiotics that get rid of GBS work by being in your body for a length of time. The antibiotic starts working right away, but 4 hours of antibiotic is the best for getting rid of all the GBS in your vagina. Even a short time of getting an antibiotic in labor lowers the amount of GBS in your vagina and lowers the risk of your baby getting sick.

What if I am allergic to penicillin?

Penicillin is the antibiotic recommended for most women for getting rid of GBS. Many women who have been told they are allergic to penicillin can take it without any problem. An allergy to penicillin often goes away after several years. Also, many people were told they were allergic because they got a rash during a childhood sickness. Most of those rashes were not caused by penicillin. If you had severe breathing

problems, a very itchy raised rash, or had to go to the hospital after taking penicillin, then you have a real penicillin allergy. If you have a real penicillin allergy, a different antibiotic can be used to prevent GBS.

Birth Plan

What is a birth plan?

A birth plan is a written statement of your desires and what is important to you when you are in labor and giving birth. A birth plan describes the experience you hope to have, and the ways you want support or help from those who are caring for you.

How is a birth plan used?

You will write down some things you want to happen or things you do not want to have happen. You share the birth plan with your health care provider during a prenatal care visit and review it together. When the plan it complete, your provider may want to put a copy in your prenatal chart. You should also keep a copy to share with the providers caring for you when you are in labor.

What are the advantages and disadvantages of writing a birth plan?

Advantages:

- Allows you to share your goals and ideas about what will help you the most during labor.
- Allows you to learn about your choices before you are in labor.
- Going over a birth plan during a prenatal visit gives you the chance to discuss the usual procedures for all women in labor at the place where you will give birth before you are in labor. This allows you to be better prepared.

Disadvantages:

• If you think of the birth plan as your choices and plans instead of your hopes and goals, then you may be disappointed if the things you list in your birth plan do not happen. It is not a plan that you know for sure will take place in every way because many different things can happen during labor and birth. If your labor becomes complicated, you may need interventions, such as an IV, that you hope ahead of time not to need.

How do I know what I want in a birth plan?

Going to childbirth education classes, speaking to family or friends who have given birth in the setting where you will give birth, hiring or speaking to a doula (pregnancy and labor support person), reading pregnancy books, and searching pregnancy Web sites can help you learn what options are available to you. You should also speak to your health care provider and friends and family who have values like yours as you learn about your choices. A hospital or birth center tour can also explain the usual procedures that you can expect at your birth site.

Steps for Writing a Birth Plan

- Learn and talk to your health care provider about the usual procedures that may affect your goals. Talk to your partner, family, or friends, but remember to also take time to listen to yourself!
- Write a first copy that you can change before writing a final one. Go over it with your health care provider before writing a final birth plan.
- Make several copies once you have your final birth plan written.
- Bring a copy with you to a prenatal visit to be saved in your chart.
- Pack copies of your birth plan if you're having your baby at a hospital or birth center.
- Share the rest of the copies with the health care providers caring for you during labor.

How does a birth plan help me?

A birth plan will help you learn about your choices, and it helps you share your goals for your labor and birth with those who are caring for you during labor. When you work on a birth plan with your provider, you share thoughts and ideas, which will help develop trust.

What should I include in my birth plan?

Your birth plan can include a description of your ideal labor and birth, as well as things such as those listed below that you want to happen for you or your baby. You can use this table as a birth plan and check the boxes of those items that you want to have happen, or you can use the topics that are listed in this table as some suggestions to write your own plan.

Labor

What is labor?

Labor is the work that your body does to birth your baby. Your uterus contracts (tightens). The contractions (labor pains) push your baby down onto your cervix (the opening of your uterus). This pressure causes your cervix to open. When your cervix is completely open (10 centimeters dilated), you will push your baby through your vagina and out into the world.

What do contractions feel like?

When contractions first start, they usually feel like cramps during your period. Sometimes you feel pain in your back. Most often, contractions feel like muscles pulling painfully in your lower belly. At first, the contractions will probably be 15 to 20 minutes apart. They may be irregular and will not feel too painful. As labor goes on, the contractions get stronger, closer together, more consistent, and more painful.

How do I time the contractions?

When the contractions seem to be coming regularly, you should start to time them. You time your contractions by counting the number of minutes from the start of one contraction to the start of the next contraction.

What should I do during early labor when the contractions start?

If it is night and you can sleep, do so. If it happens during the day, there are some things you can do to take care of yourself at home:

- Walk. If the pains you are having are real labor, walking will make the contractions come closer together
 and they will be stronger, but you will be able to cope with them better if you are standing or moving
 around. If the contractions are early labor ones that come and go (sometimes called false labor), walking
 can make them go away.
- Take a shower or bath. This will help you relax.
- **Eat**. Labor is a big event. Your body needs a lot of energy to be effective. Eat whatever you feel like eating.
- **Drink water**. Not drinking enough water can cause contractions to not be as effective as they should be. You need to be well hydrated (drinking enough water) to help your body work well during labor.
- **Take a nap**. If you feel tired, lay down on your side and get all the rest you can. It helps to be rested when you go into active labor.
- **Do something you enjoy**. Spend time with family. Watch a movie. Distraction will help you relax.
- **Get a massage**. If your labor is in your back, a strong massage on your lower back may feel very good. Getting a foot massage or having a partner rub your feet can also be very relaxing.
- Don't panic. You can do this. Your body was made for this. You are strong!

When should I call my health care provider if I think I am in labor?

- Your contractions have been 5 minutes or less apart for at least an hour.
- Your contractions are becoming so painful you cannot walk or talk during one.
- You think your amniotic sac (bag of waters) breaks. You may have a big gush of amniotic fluid (water) or just fluid that runs down your legs when you walk or move or change position.

Are there other reasons to call my health care provider?

If you are concerned about anything, don't hesitate to call your health care provider. You should definitely call your health care provider or go to the hospital if:

- It is 3 weeks or more before your due date, and you are having contractions.
- You have vaginal bleeding that is more than your period, soaks your underwear, or runs down your legs.
- You have sudden severe pain that does not go away with rest.
- Your baby has not moved for several hours.
- You are leaking greenish fluid.

What do I do if I think I am in labor?

After you give birth, your perineum (the area between your vaginal opening and your anus) can feel sore and tender for a couple of weeks. This is especially true if you had stitches. Even without stitches, your perineum may be swollen and sore. Most women feel much better about 3 weeks after birth. Here are some tips to help you feel better sooner and prevent any problems or complications.

Postpartum

What can I expect in the first few months after my baby is born?

Your body and emotions change a lot in the first weeks and months after you give birth.

Abdomen: Your abdomen (belly) may still look pregnant for a few weeks. In the first few days, you may have cramping as your uterus (womb) goes back to its normal size.

Vagina: You will have vaginal bleeding for about 4 to 5 days after you give birth that is like a heavy period. You might pass a few clots. The bleeding usually goes away after 2 to 3 weeks, but you may have some vaginal bleeding or spotting for up to 8 weeks after giving birth. Your vagina may be tender and dry for a few months.

Perineum: This is the area between your vagina and your anus (where stool comes out). You may have soreness in this area for a few weeks, especially if you have a tear or stitches. You can put an ice pack on this area the first day after birth. After 24 hours, sitting in a warm bath can help with the soreness. If you have hemorrhoids, you can use witch hazel pads from the drugstore to help the hemorrhoid pain.

Breasts: Your milk will come in about 2 to 5 days after you give birth. Your breasts will feel full and tender as they begin to fill with milk. This is called engorgement. Wearing a tight bra can help ease the aching. Your nipples may also be sore as they become used to having your baby suckle them. If your baby is latching properly, the pain will go away after the first few minutes of breastfeeding. Do not pump or express milk to make the engorgement go away. This will just make more milk come in, and your breasts will stay engorged. It can take 6 to 8 weeks for both you and your baby to become really used to breastfeeding.

Bowel and Bladder: You may have some gas pain during the first few weeks. You may be constipated, especially if you are breastfeeding. You can prevent constipation by drinking plenty of water and eating lots of fruits and vegetables. In the first few months postpartum, some women leak urine when coughing, sneezing, or picking up something heavy. You can start doing pelvic muscle exercises (often called Kegel exercises) right away to strengthen the muscles that control and support your bladder.

Cesarean Incision: If you had a cesarean birth, it will take a few extra weeks before you are completely healed from the surgery. Take pain medication as you need it and rest when you can. The outside of your incision (cut) should heal after 2 to 3 weeks. You may have soreness or numbness at the incision for several months.

Sex: Your body needs time to heal after giving birth. While your hormones are adjusting, you may have less desire for sex, vaginal dryness, and/or tenderness in your vagina or perineum. It is important to make time to be with your partner and share physical touching in ways that you both like, whether you are ready to start having sex. In most cases, you can start having vaginal sex when you feel ready, and your bleeding has stopped. If you are breastfeeding, you might need to use lubricant. You can get pregnant before you start having periods again, so it is important to use birth control if you do not want to become pregnant right away. Talk with Stacy, your CNM, about which method is best for you.

Weight: It can take up to 6 months to lose the weight you gained during pregnancy. Because a healthy diet is so important for breastfeeding, do not diet. Gentle exercise, such as taking walks, can help you start to lose weight until you can start doing more heavy exercise.

Emotions and Postpartum Depression: Women have a wide range of emotions after giving birth. You may feel excited, happy, exhausted, and depressed all on the same day as you adjust to a new world, a new baby, and a new job taking care of your baby. Having lots of different feelings is normal.

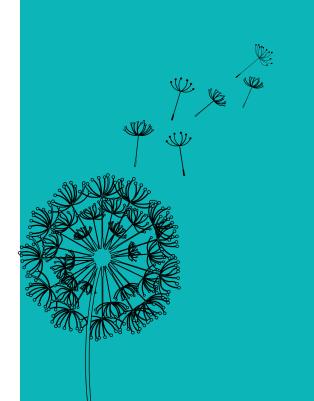
- About 7 in every 10 women will have "postpartum blues." This usually starts about 3 days after the birth of your baby and can last 1 or 2 weeks. You may cry easily and feel sad, irritable or tired. Postpartum blues usually go away once you start to get 4 to 5 hours of sleep each night that is not interrupted.
- About 10 to 15 out of every 100 women will have postpartum depression. Postpartum depression usually starts about 2 months after your baby is born and can last for 6 to 12 months. You may feel very sad, anxious, or overwhelmed or have mood swings and guilt. You are at higher risk for depression if you have a history of depression yourself or in your family, had depression during your pregnancy, have a sick baby, and/or have many stressful things going on in your life.
- About 1 in 1000 women will develop a rare but serious health problem called postpartum psychosis. This can start anytime in the first weeks after giving birth. Women with postpartum psychosis have severe problems thinking normally. You may have strange beliefs, hallucinations (see or hear things that aren't there) or paranoia (feel suspicious). If you have a history of bipolar disorder yourself or in your family or have had psychosis before, you are at higher risk for postpartum psychosis.
- Call your health care provider right away if you feel very nervous, cannot stop crying, or are having thoughts of hurting yourself or your baby.

What can I do to help me recover and adjust to being a mother?

- Ask for help. Let other people do the cooking and cleaning. Focus on yourself and your baby.
- Sleep when your baby sleeps. Your body needs rest to heal.
- Get exercise and fresh air. You can take your baby, go by yourself, or walk with your partner or a friend.
- Take a few minutes every day for yourself, even just to shower and rest for a bit, read, or listen to music.
- Talk to other mothers. You can join a parents' support group or just spend time with other mothers.
- Make time every day to enjoy your baby. Encourage your partner to do this, too!

When do I need to call my health care provider?

- You have a fever of 100.4°F or above.
- You soak a pad in an hour or less or have golf-ball sized blood clots or larger.
- Your cesarean incision or stitches in your vagina become red, swollen, or have pus.
- Your discharge has a foul odor, especially if you also have pain or tenderness in your abdomen.
- You have a severe headache that does not go away with medication or have changes in your vision.
- You have severe pain, redness, or swelling in the back your legs.
- You have severe depression, hallucinations, or thoughts of hurting yourself, your baby, or someone else.



Embrace

Women's Health & Midwifery Care

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