

# PREGNANCY GUIDE

*What to expect on your maternity journey*



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If you are not able to find the answers you are seeking in this booklet, please ask your provider during your next visit, schedule a video-based telemedicine appointment, or call our Patient Support Center team to discuss at (618) 997-5266.

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## Labor & Delivery Phone Numbers

### Illinois

HSHS St. Elizabeth's Hospital.....	(618) 234-2120 x31254
BJC Memorial East Hospital.....	(618) 607-3300
SSM Health Good Samaritan Hospital - Mt. Vernon.....	(618) 899-4160

### Missouri

Progress West Hospital.....	(636) 344-2200
SSM Health St. Mary's Hospital - St. Louis.....	(314) 768-8675
SSM Health St. Joseph Hospital - Lake Saint Louis.....	(636) 625-5200 x5335

# The Heartland Experience

## Team-based Approach

Our obstetric care team includes Certified Nurse Midwives (CNMs), Women's Health Nurse Practitioners (WHNPs), and Nurse Practitioners (NPs) who work closely with our OB/GYN doctors to provide seamless expert care at every stage of pregnancy.

Benefits of this approach include:

- Greater appointment availability, so you can be seen sooner. Same-day and next-day appointments are available
- Personalized attention with a clinician who gets to know you
- Collaborative care -- our clinicians work together to ensure the best outcomes for you and your baby
- You receive the same specialized services, no matter who you see

## Ultrasound at Every Visit

Expecting mothers will be able to see and bond with their growing baby at every visit with bedside ultrasounds.

## Free 4D Ultrasound

At 32 weeks, expecting mothers may enjoy a live 4D ultrasound experience in one of our ultrasound theaters (available at select offices). Friends and family are welcome to join when guests are allowed.

## Genetics & Gender Testing

Non-invasive prenatal screening can provide early insight into your baby's development, giving you information about the chance of a chromosome condition like Down syndrome. This blood test can also determine the sex of your baby.

## Postpartum Support

Our dedication to your well-being extends beyond childbirth. As you are recovering, we are committed to providing you with support for breastfeeding, contraception counseling, postpartum depression screening or any other concerns you may have about you or your baby.

## Access to All Office Locations

Enjoy access to all Heartland Women's Healthcare office locations for your convenience. If you need to visit a different location at any time, your medical records do not need to be transferred. To see a list of all offices, visit [usaobgyn.com/locations](https://usaobgyn.com/locations).

## Patient Support Center

Our Patient Support Center team is standing by to answer your questions. For your convenience, you can reach our team 7 days a week with extended hours. (618) 997-5266

## Prenatal Visits

The below guide is a basic outline of what you can expect but this schedule may be altered based on your specific needs. *Bedside ultrasounds will be offered at every visit.*

### Typical Schedule for Prenatal Visits

First Prenatal Visit [Up to 10 Weeks]	<ul style="list-style-type: none"> <li>✓ Ultrasound to confirm pregnancy and determine the baby's estimated due date.</li> <li>✓ Review your medical, surgical, genetic, and family medical history.</li> <li>✓ Physical exam.</li> <li>✓ Lab work to analyze blood work, screen for STIs/STDs and immunity to various viruses (such as Chickenpox and Rubella).</li> <li>✓ Discuss optional testing available.</li> <li>✓ Optional gender testing. Not covered by insurance.</li> </ul>
12 Week Visit	<ul style="list-style-type: none"> <li>✓ Check baby's heart rate, check mother's weight and blood pressure, and perform urine exam.</li> <li>✓ Review your initial prenatal labs.</li> <li>✓ Perform first-trimester genetic screen, if necessary.</li> </ul>
16 Week Visit	<ul style="list-style-type: none"> <li>✓ Measure uterine size, check baby's heart rate, check mother's weight and blood pressure, and perform urine exam.</li> <li>✓ Routine lab work.</li> <li>✓ Optional screening for birth defects.</li> </ul>
20 Week Visit	<ul style="list-style-type: none"> <li>✓ Measure uterine size, check baby's heart rate, check mother's weight and blood pressure, and perform urine exam.</li> <li>✓ Detailed anatomy and gender scan.</li> </ul>
24 Week Visit	<ul style="list-style-type: none"> <li>✓ Measure uterine size, check baby's heart rate, check mother's weight and blood pressure, and perform urine exam.</li> </ul>
28 Week Visit	<ul style="list-style-type: none"> <li>✓ Measure uterine size, check baby's heart rate, check mother's weight and blood pressure, and perform urine exam.</li> <li>✓ Routine lab work and screen for gestational diabetes and infections.</li> <li>✓ If blood work determines you are Rh-negative, you will receive a prescription for a Rhogam injection.</li> </ul> <p><i>If you prefer, we suggest scheduling the Tdap vaccine at this time.</i></p>
30 Week Visit	<ul style="list-style-type: none"> <li>✓ Measure uterine size, check baby's heart rate, check mother's weight and blood pressure, and perform urine exam.</li> <li>✓ Review your 28-week lab results.</li> </ul>
32 Week Visit	<ul style="list-style-type: none"> <li>✓ Measure uterine size, check baby's heart rate, check mother's weight and blood pressure, and perform urine exam.</li> <li>✓ 4D ultrasound at select offices. Friends and family are welcome to join when guests are allowed.</li> </ul>
34 Week Visit	<ul style="list-style-type: none"> <li>✓ Measure uterine size, check baby's heart rate, check mother's weight and blood pressure, and perform urine exam.</li> </ul>
36 Week Visit	<ul style="list-style-type: none"> <li>✓ Measure uterine size, check baby's heart rate, check mother's weight and blood pressure, and perform urine exam.</li> <li>✓ Perform Group Beta Strep test (pelvic exam).</li> </ul> <p><i>We suggest asking your provider about planning for delivery at the hospital.</i></p>
37 Week Visit and Weekly Until Delivery	<ul style="list-style-type: none"> <li>✓ Measure uterine size, check baby's heart rate, check mother's weight and blood pressure, and perform urine exam.</li> <li>✓ Possible cervix check to assess for dilation (pelvic exam).</li> <li>✓ Discuss possible induction of labor if you have not delivered by your due date.</li> </ul>



## My Dates

Due Date: \_\_\_\_\_

## Appointments

## Questions/Notes

[illegible]

# Genetic Screening

Aneuploidy is the term used to describe having an abnormal number of chromosomes. When it comes to evaluating your risk of having a child with aneuploidy, your options include:

- No screening,
- Non-invasive screening which involves bloodwork and ultrasound, or
- If necessary, diagnostic testing performed by a maternal-fetal medicine specialist. This involves a procedure where a small needle is inserted into your uterus to retrieve tissue for diagnostic testing.

As part of your genetic counseling, we will discuss all of your options within your first few appointments so you feel equipped to make the best choice for yourself. We support our patients in any options that they choose.

## First Trimester

All pregnant women are offered some form of screening for Down Syndrome, Trisomy 13, and Trisomy 18. This can be accomplished by drawing your blood. In terms of non-invasive testing, all patients will have a late first trimester ultrasound between 10-14 weeks. The first trimester ultrasound cannot detect all abnormalities but can screen for major structural anomalies.

You may have heard of cell-free fetal DNA, or NIPT testing (which has many brand names). With all the different genetic screening options, it can be confusing to understand which one is appropriate for you.

Test	Information	Cost
Cell-free fetal DNA (cfDNA), also called non-invasive prenatal testing (NIPT)	<ul style="list-style-type: none"><li>• Maternal blood draw after 10 weeks (depending on the test)</li><li>• 99% detection rate for Down Syndrome</li></ul>	<ul style="list-style-type: none"><li>• Cost will be dependent on insurance*</li><li>• Our testing partner offers cost reduction options based on your insurance plan including out-of-pocket pricing if there is no insurance coverage.</li></ul>



Second Trimester

Regardless of the results of your first trimester testing, there are two tests we offer to all patients in the second trimester:

- 1. AFP (alpha-fetoprotein): A maternal blood test drawn between 15-20 weeks which will help screen for neural tube defects such as anencephaly and spina bifida
- 2. 18-22 week ultrasound to visualize fetal anatomy

Diagnostic Testing

While screening tests can tell you if you are at risk, we use diagnostic tests to confirm the abnormality. There are two commonly used diagnostic tests: Chorionic villi sampling (CVS) and Amniocentesis. If after discussion with your provider we determine these tests may apply to you, we will refer you to a high-risk specialist who performs this testing.

Carrier Screening for Specific Genetic Conditions

We offer expanded screening to test if you or your partner(s) are carriers for a genetic disorder that you may pass to your baby. For example, we can test for cystic fibrosis, spinal muscle atrophy, fragile X, or sickle cell disease.

Many patients are unsure of their ethnicity or family history. *\*The testing is the same cost whether selected diseases or a whole panel are tested for. Therefore, we recommend screening for the whole panel of diseases listed below.*

Heritage or History	Recommended Carrier Screening
All patients, regardless of race or ethnicity	<ul style="list-style-type: none"><li>• Cystic fibrosis and spinal muscle atrophy</li></ul>
African, Mediterranean, Middle Eastern, Southeast Asian, West Indian	<ul style="list-style-type: none"><li>• Sickle cell disease, thalassemia, and other hemoglobinopathies</li></ul>
Ashkenazi Jewish	<ul style="list-style-type: none"><li>• Tay-Sachs disease, Canavan disease, and Gaucher disease</li></ul>
Cajun, French Canadian	<ul style="list-style-type: none"><li>• Tay-Sachs disease</li></ul>
Women with a family history of intellectual disability or premature ovarian failure	<ul style="list-style-type: none"><li>• Fragile X</li></ul>

*\*Our testing partner offers cost reduction options based on your insurance plan including out-of-pocket pricing if there is no insurance coverage.*

# Nutrition and Exercise in Pregnancy

## Vitamin Supplements

We recommend that you take a daily prenatal vitamin, containing at least 27mg iron, at least 400mcg folic acid, and 200mg DHA/fish oil. You can buy an over-the-counter brand, or we can prescribe you a prenatal vitamin. If you have Vitamin D deficiency, your provider may recommend a Vitamin D supplement. If you are too nauseated to take a regular prenatal vitamin in early pregnancy, you can take two chewable children's vitamins, such as Flintstone's with iron. You and your provider can discuss if you need additional supplementation of more than 400mcg of folic acid daily.

## Iron Supplements

A well-balanced diet may provide all the iron you need for the growing demands of pregnancy. Iron-rich foods include liver, red meats, eggs, dried beans, leafy green vegetables, whole-grain enriched bread and cereal, and dried fruits. However, many women require iron supplementation as well. In that case, we recommend 30mg of ferrous iron supplements daily taken with Vitamin C for better absorption.

## Water

Pregnant women need to drink 80-100 ounces of fluids daily and depending on your size and physical activity. Avoid soda and juices. More water is often the solution to many problems and complaints in pregnancy. You have more blood volume in your body when you are pregnant. You need to drink enough water to keep up with this increased volume. If you do not, you will get dehydrated quickly and may experience cramping, dizziness, constipation, headaches, low amniotic fluid, and many more symptoms. Drinking 100oz of water can be a challenge. We suggest a large bottle with you all the time as sipping constantly through the day is often much more tolerable than trying to consume a lot at one time.

## Exercise and Activity

Unless you have been advised by your doctor, it is safe to exercise during pregnancy. This includes any exercise you were doing prior to pregnancy unless there is risk of falling or trauma to the abdomen. There is no specific "upper heart rate limit" to avoid during pregnancy. Please do not try to advance your fitness goals beyond your baseline prior to pregnancy.



# Weight Gain During Pregnancy

A healthy and balanced diet is an essential component of your prenatal care. Ideal weight gain is based on your pre-pregnancy weight. You do not need to eat extra calories to support your pregnancy. It is recommended that you eat approximately 2,500 calories per day. A total weight gain of 20-25 pounds is generally recommended. However, your provider may individualize your goals based on your specific needs which are usually based on your body mass index (BMI).

## Institute of Medicine Weight Gain Recommendations for Pregnancy

Pre-Pregnancy Weight Category	Body Mass Index (BMI)*	Recommended Range of Total Weight (lbs)	Recommended Rates of Weight Gain ** in the 2nd and 3rd Trimesters (mean range in lbs/wk)
Underweight	Less than 18.5	28 - 40	1 (1 - 1.3)
Normal Weight	18.5 - 24.9	25 - 35	1 (0.8 - 1)
Overweight	25 - 29.9	15 - 25	0.6 (0.5 - 0.7)
Obese (Includes All Classes)	30 or greater	11 - 20	0.5 (0.4 - 0.6)

\* Body mass index is calculated as weight in kilograms divided by height in meters squared or as weight in pounds multiplied by 703 divided by height in inches.

\*\* Calculations assume a 11-4.4 lb weight gain in the first trimester.

Modified from Institute of Medicine (US). Weight gain during pregnancy: reexamining the guidelines. Washington, DC. National Academies Press; 2009. ©2009 National Academy of Sciences.

# Foods/Drinks to Eat and Avoid During Pregnancy

<b>Consume Daily:</b> <ul style="list-style-type: none"> <li>Fruits/vegetables: 3-4 servings/day</li> <li>Whole grain foods: 2-4 servings/day</li> <li>Calcium rich foods: 2-4 servings/day</li> <li>Protein rich foods: 2-4 servings/day</li> <li>Water: 10-12 glasses/day</li> </ul>	<b>What About Fish?</b> <ul style="list-style-type: none"> <li>Seafood is an excellent source of protein and omega-3 fatty acids. However, certain seafood is high in mercury which can interfere with fetal brain development.</li> <li>Fish that are safe (2-3 servings/week): Salmon, light albacore tuna, tilapia, flounder, cod, crab, shrimp</li> <li>Fish to avoid: Mackerel, swordfish, shark, tilefish, tuna (other than light albacore)</li> </ul>
<b>Enjoy Sparingly:</b> <ul style="list-style-type: none"> <li>Caffeine: You can drink up to 200mg of caffeine per day. This is equivalent to one large cup of coffee.</li> <li>Sugary foods and drinks</li> <li>Processed foods. Examples include: breakfast cereals, packages snacks, chips, cookies, packaged breads, boxed pasta products, ice-cream, baking mixes.</li> </ul>	<b>Avoid:</b> <ul style="list-style-type: none"> <li>Alcohol</li> <li>Nicotine</li> <li>Illicit drugs</li> <li>Unpasteurized milk and soft cheeses</li> <li>Deli meats (unless heated prior to eating)</li> <li>Smoked fish</li> <li>Raw/undercooked meat and fish</li> </ul>

## Medication Safety

In general, women should avoid most medications in pregnancy, *especially during the first trimester unless absolutely necessary*. However, some medications have a long history of safe use. If you are on a medication, please discuss it with your doctor. A few medications are dangerous in pregnancy, so be sure all your health care providers, including your dentist, know you are pregnant. The following medications can be used safely. If you have questions about the safety of additional medications, please discuss it with your provider or call us before taking it.

### Safe Medications During Pregnancy

For Sleep	<ul style="list-style-type: none"> <li>Benadryl (diphenhydramine), Tylenol PM, Unisom (doxylamine)</li> </ul>
For Fever, Pain, Headache, or Muscle Soreness	<p><b>Note:</b> DO NOT take aspirin or ibuprofen unless directed by your provider.</p> <ul style="list-style-type: none"> <li>Tylenol (acetaminophen) - regular or extra strength</li> </ul>
For Morning Sickness	<ul style="list-style-type: none"> <li>Vitamin B6 (50mg one-three times a day) - works best when also taken with Unisom (1/2 tablet once or twice a day. Can be sedating.), Emetrol, Benadryl (diphenhydramine) (25-50mg), motion sickness medication such as Dramamine</li> </ul>
For Nausea, Upset Stomach, or Gas	<ul style="list-style-type: none"> <li>Emetrol, Mylanta (aluminum hydroxide), Gas X (simethicone)</li> </ul>
For Heartburn, Acid Reflux, and Indigestion	<p><b>Note:</b> Non-medication options include eating frequent, smaller meals, avoid laying down for 1 hour after eating, and avoiding spicy or acidic foods.</p> <ul style="list-style-type: none"> <li>Tums (calcium carbonate) (no more than 1,000mg/day), Pepcid AC (famotidine), Mylanta, Maalox</li> </ul>
For Constipation	<p><b>Note:</b> Non-medication options include increasing water and vegetable intake.</p> <ul style="list-style-type: none"> <li>Fiber source such as Metamucil or Citrucel, stool softener such as Colace (docusate), glycerin suppository, Milk of Magnesia, Senokot, Miralax</li> </ul>
For Hemorrhoids	<p><b>Note:</b> Non-medication options include increasing your water intake.</p> <ul style="list-style-type: none"> <li>Fiber supplements, Tucks pads, witch hazel compress, Anusol, Preparation H</li> </ul>
For Cold or Other Upper Respiratory Illnesses	<p><b>Note:</b> Avoid pseudoephedrine in the first trimester of pregnancy. If necessary after first trimester, limit to 2-3 days.</p> <ul style="list-style-type: none"> <li>Nasal saline spray, nasal steroid spray (oxymetazoline hydrochloride), Benadryl (diphenhydramine), Afrin, Zyrtec (cetirizine), Sudafed (pseudoephedrine), Tylenol Cold and Sinus (acetaminophen and pseudoephedrine)</li> </ul>
For Cough	<ul style="list-style-type: none"> <li>Cough drops, Robitussin DM (dextromethorphan and pseudoephedrine), Dimetapp (brompheniramine and pseudoephedrine)</li> </ul>
For Sore Throat	<p><b>Note:</b> Non-medication options include gargling with salt water.</p> <ul style="list-style-type: none"> <li>Chloraseptic throat spray, Tylenol (acetaminophen), Luden's throat drops</li> </ul>
For Diarrhea	<ul style="list-style-type: none"> <li>Imodium AD (loperamide)</li> </ul>
For Yeast Infection	<ul style="list-style-type: none"> <li>Monistat or other vaginal yeast creams</li> </ul>
For Allergies	<ul style="list-style-type: none"> <li>Benadryl (diphenhydramine), Claritin (loratadine), Zyrtec (cetirizine)</li> </ul>

The above over-the-counter remedies are to be used for temporary ailments. If your condition persists, please call us.





Set aside your fears and worries, mama. You are giving your child love, and that flows from the heart, not a bottle or breast.

For more pregnancy-related information, visit our HealthHub by Advantia  
[AdvantiaHealth.com/blog](https://AdvantiaHealth.com/blog)

  @Advantia\_Health

## Common Discomforts & Problems in Pregnancy

### Hemorrhoids or Varicose Veins in the Vulvar Region (Near Vagina)

Symptoms of this condition include bleeding and pain after bowel movements, or tenderness and irritation at the rectum area. Straining during a BM can also lead to hemorrhoids. To prevent them, eat a high fiber diet and drink lots of fluids. If you have hemorrhoids, take a stool softener daily, as needed or use Tucks pads for external relief. To make your own Tucks pads at home, soak a disposable small cloth with witch hazel. These can soothe and help shrink hemorrhoids or vulvar varicosities. Some women find that wearing a maternity belt, which lifts the pregnant uterus, can help reduce pelvic varicose veins.

### Varicose Veins in the Legs

Elevate your legs during resting can help reduce the pressure in your leg veins. Other common remedies include wearing a maternity belt or knee high compression stocking while moving around during your day.

### Vaginal Discharge

Discharge during pregnancy is usually white, cloudy, or clear and thin. If the discharge has a foul or fishy odor, causes vaginal discomfort, or seems to be water instead of mucus, please call us.

### Vaginal Spotting

Vaginal spotting occurs in half of all pregnancies, especially in the first 12 weeks. Most of the time, spotting will resolve on its own. It often occurs after intercourse or after straining to use the bathroom when constipated and is not a sign of miscarriage. There is nothing you can do to prevent or provoke the spotting. If the spotting is light, avoid intercourse for a few days. If the spotting becomes heavy, like a period (with or without cramping), avoid intercourse and please call us.

### Can't Feel Baby Moving

Most women usually begin to feel movement, such as a flutter, kick, swish, or roll, between 16 and 24 weeks. There is no set number of normal movements you should be feeling - every baby is different. From 18-24 weeks on you should feel the baby move more and more. After 32 weeks, the movements will stay roughly the same until you give birth. You may be less likely to be aware of your baby's movements when you are active or busy. You should not try to make your baby move. Keep tabs on your baby's movement in utero, just in case - especially during third trimester. If you do notice a decrease in your baby's usual fetal movements, please call us immediately.





## Round Ligament Pain

Most women experience round ligament pain in the second trimester as the uterus outgrows the pelvis, pushing up into the abdomen. Symptoms include a sharp, sudden pain on one or both sides of the lower belly, hips, or groin area. Typically, the pain lasts only a few seconds at a time. Overworked ligaments from an active day with lots of movement may leave you feeling achy for hours. Relief methods include shifting your position throughout the day and wearing a maternity belt. Avoid sudden movements, high intensity exercises, and flexing your hips before sneezing or coughing. If resting does not alleviate pain or your symptoms become more severe, please call us.

## Cramping

Mild and periodic cramping and uterine contractions are normal in pregnancy. If you notice cramping pain in your lower abdomen or back that lasts for about a minute then relaxes, especially with pelvic pressure and a hard uterus, it is most likely a contraction. If you have 6+ contractions in one hour (every 10 minutes or less), drink two big glasses of water and lie down or take a warm bath. If the contractions do not stop, please call us.

## Swollen Feet and Ankles

Swelling is caused by fluid retention and usually gets worse late in the day. Prevention methods include drinking enough water, reducing salt intake, elevating your feet periodically during the day, and wearing comfortable shoes or compression stockings.

## Morning Sickness or Nausea

Luckily for most women, it resolves by about 13 weeks or so. If you can keep some food and fluids down, it should not cause any long-term problems for you or the baby. See the Safe Medications list for over-the-counter options. Prevention methods may include ginger tea or ale, ginger or lemon candy, the scent of fresh-cut lemon, cotton balls soaked in lemon extract, or wearing Sea Bands. An empty stomach generally makes you feel worse, so try to eat small amounts every hour. Eating a high protein bedtime snack and bland foods may help. Be sure to stay well hydrated. Try drinking about 1 ounce of Gatorade, water, or diluted fruit juice every 15 minutes. If you lose significant amounts of weight, cannot keep food down for more than 24 hours, are unable to urinate, or your urine becomes scant and dark-colored, please call us.

## Additional signs to call us

- You have a fever.
- You have symptoms of preeclampsia, such as:
  - Sudden swelling of face, hands, or feet.
  - New vision problems (ex: dimness or blurring).
  - A severe headache.
- You have symptoms of a urinary tract infection (UTI), such as:
  - Pain or burning when you urinate.
  - A frequent need to urinate.
  - Back or side (flank) pain.
  - Blood in your urine.
- You have skin changes, such as:
  - Rash.
  - Itching of hands or feet.
  - Yellow color to your skin.





## Labor & Delivery

### When to Go to Labor & Delivery

- If you feel you have a medical emergency pertaining to your pregnancy.
- If you are over 36 weeks and are having strong contractions every 5 minutes for more than 2 hours.
- If you are less than 36 weeks and are having strong contractions more than 4 times in an hour.
- If you think you have broken your water. You may notice a large “gush” of fluid or continued leaking of fluid.

*Please DO NOT use our Patient Portal to send urgent questions or concerns.*

### What to Expect at Delivery Time

- Once you arrive at the hospital you will be guided to Labor & Delivery triage where a nurse or midwife will likely examine you first.
- The on-call provider from our practice will come to examine you every few hours during labor, as needed.
- Though our goal is to avoid cesarean delivery, emergencies can occur during labor that we cannot anticipate.
  - The most common reasons for unplanned cesarean sections are:
    - Your baby is in distress
    - Your cervix has stopped dilating despite all possible interventions
    - You have been pushing for several hours and the baby is not descending
    - You have a medical condition which makes it unsafe for a vaginal delivery
    - Your baby is not head down (in vertex position)

### Pain Medication Options

As labor progresses – and contractions become stronger and more frequent – some women choose medication. Your provider will discuss with you the types of pain medications available at your delivery hospital. Some include:

- Regional anesthesia, such as: epidural (most commonly used) and spinal block (used in cesarean sections)
- Analgesics, such as: opioids (given through an IV or shot)
- Inhalation analgesia that can be used during labor, such as nitrous oxide

## Postpartum Care

### Postpartum Appointments and Follow-Up

If you do not already have your postpartum appointments scheduled, please call to schedule once you have delivered.

- For both vaginal delivery and cesarean section, schedule visits for 2 week and 6 weeks postpartum.

There are certain circumstances that require additional visits. Please refer to your discharge paperwork to ensure that your doctor does not want additional visits. Visits may be eligible for video-based telemedicine.

Topics that will be covered at your postpartum visit include:

- Postpartum recovery
- Postpartum depression screening
- Postpartum hypertension
- Contraception

### Caring for Yourself After Delivery

- Your mental health is a critical part of achieving healthy babies and healthy families.
  - Heartland Women's Healthcare offers effective help and support if you have or are likely to have mental health struggles during pregnancy or the first year after birth. Visits are available with select providers by video-based telemedicine so you can have care from the comfort and privacy of your own home.
  - If you have a history of depression, please be sure to discuss that with us. If you are feeling depressed, lacking in motivation, withdrawing from work, family, and friends, please call us immediately, or have a family member contact us.
- Your stamina and energy will return week by week, so begin slowly and build as you are able.
- REST! We cannot stress enough how important rest is. Your sleep cycles will be altered by your newborn, and sleep deprivation will set in quickly. You do need to rest whenever your newborn is resting.
- Nutrition continues to be important as your body heals from the long process of pregnancy, labor, delivery and postpartum. As during pregnancy, drink lots of liquids and eat healthy!
- Bleeding will continue over 2-6 weeks. It will change from red to dark red to brown to pink. You may see clumps or clots of blood. Do not use tampons. Too much activity may result in an increase in bleeding. Please call us if you are soaking a maxi pad in an hour or less, or if clots are as large as an orange.
- Resuming intimacy varies for everyone and every couple. Your body needs to heal first. It is possible to become pregnant before you see your first period after delivery. We recommend you delay sexual intercourse or use condoms until we discuss contraception at your postpartum visit.
- If you had an episiotomy or tear and needed stitches, use Sitz Bath 2-6 times daily to speed healing. You may use warm or cold water, whatever is most soothing to you.

*While we encourage patients to breastfeed, our team fully supports patients who choose to or require bottle feeding.*

## Breastfeeding

Here are some helpful hints for breastfeeding:

- Be patient. This is a learning curve for you and your baby.
- You need to be well hydrated to produce enough milk for your baby.
- You need to be well rested – so rest whenever the baby does.
- Mother's Milk tea, lactation cookies, pineapple juice, and breast pumps may assist with milk production.
- Latching on produces significant force & suction which results in sore nipples for not longer than 1-2 weeks.
- Ask your provider about lactation consulting.
- Your pediatrician will advise you on the appropriate weight gain and feeding amount.

Breastfeeding benefits for mom:

- Breastfeeding may make it easier to lose the weight you gained during pregnancy.
- Women who breastfeed longer have lower rates of type 2 diabetes and high blood pressure.
- Women who breastfeed have lower rates of breast cancer and ovarian cancer.
- Breastfeeding triggers the release of oxytocin that causes the uterus to contract and may decrease the amount of bleeding you have after giving birth.

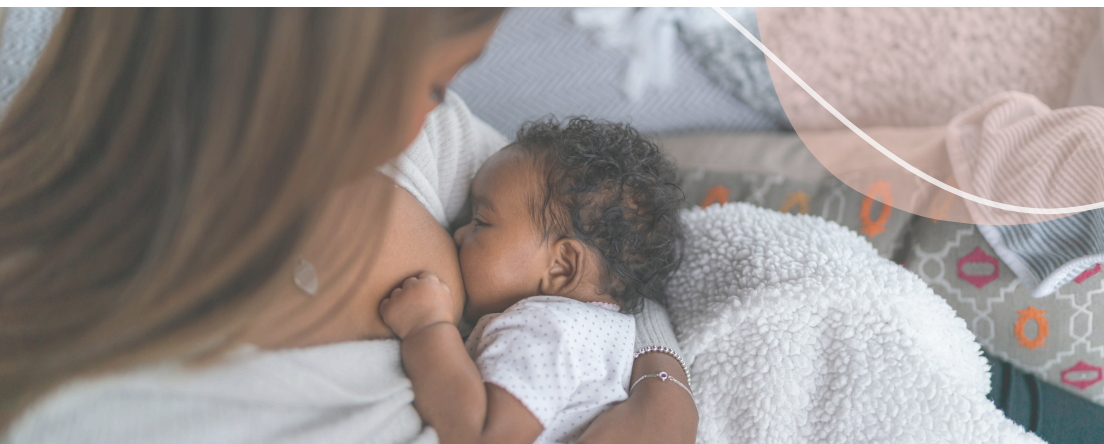
*Please call us with signs of fever and/or red, itchy, burning, or painful breasts.*

## Breast Milk Benefits for Baby

- Breast milk has the right amount of fat, sugar, water, protein, and minerals needed for a baby's growth and development.
- Breast milk is easier to digest than formula, and breastfed babies have less gas, fewer feeding problems, and less constipation.
- Breast milk contains antibodies that protect infants from certain illnesses, such as ear infections, diarrhea, respiratory illnesses, and allergies.
- Breastfed infants have a lower risk of sudden infant death syndrome (SIDS).
- If your baby is born preterm, breast milk can help reduce the risk of many of the short-term and long-term health problem.

## Bottle Feeding

If you choose to or require bottle feeding, we recommend using breast milk or an iron fortified formula. Please talk to your pediatrician about formula options. Cool compresses or cool clean cabbage leaves may help to reduce the pain from engorgement and swelling of the breasts.





Pediatrician: \_\_\_\_\_

[illegible]

## Birth Preparation Checklist

- ☐ My blood type is:\_\_\_\_\_
- ☐ I have selected my delivery hospital
- ☐ I know how to get to the hospital and Labor & Delivery department
- ☐ My Group Beta Strep (GBS) status is:\_\_\_\_\_
- ☐ I have chosen a pediatrician
- ☐ My infant car seat is installed in the car
- ☐ I am familiar with infant CPR techniques
- ☐ My bags are packed
- ☐ I have a plan for my pets and other children during labor/birth

### Supplies to Bring to the Hospital

- ☐ 2 extra pillows with dark pillowcases
- ☐ T-shirts, tank tops, or nightgowns for labor (you may use the hospital gown)
- ☐ Drinks (with sugar/cafeine for labor) and snacks (especially for your partner)
- ☐ Bathrobe, slippers, socks, nursing bra
- ☐ *Optional:* Cord blood collection kit
- ☐ *Optional:* Birth ball
- ☐ List of phone numbers to call family and friends
- ☐ Toiletries: toothbrush, toothpaste, shampoo, hairbrush, lip balm, ponytail holders
- ☐ Clothes to wear after the birth
- ☐ Clothes for the baby and self to go home in
- ☐ Infant car seat (state law, required before discharge)

### Suggested Supplies to Have at Home

- ☐ Sanitary pads (24 long maxi pads, with wings recommended)
- ☐ Plastic cover on mattress (shower curtain, rubber sheet, or mattress pad)
- ☐ Nursing bras (one cup size larger than pregnant size) and breast pads (for leaking)
- ☐ Nightgown that opens in front for breast feeding
- ☐ Baby diapers (newborn/size 1), clothes, and baby wipes
- ☐ Thermometer (digital recommended)
- ☐ 6-10 baby blankets, soft towels, and wash cloths
- ☐ Tucks pads
- ☐ Sitz bath
- ☐ Breast pump
- ☐ Head of cabbage, if bottle feeding

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

# Helpful Resources

## Websites You May Find Useful

- HealthHub by Advantia ([advantiahealth.com/blog](http://advantiahealth.com/blog))
- American College of Obstetrics and Gynecology ([acog.org](http://acog.org))
- Mayo Clinic ([mayoclinic.org](http://mayoclinic.org))
- Center for Disease Control ([cdc.gov](http://cdc.gov))
- Postpartum Support International ([postpartum.net](http://postpartum.net))
- What to Expect When You're Expecting ([whattoexpect.com](http://whattoexpect.com))
- La Leche League International ([llli.org](http://llli.org))

## Heartland Women's Healthcare

- [usaobgyn.com](http://usaobgyn.com)
- Pregnancy FAQs ([advantiahealth.com/usaobgyn.com/faq](http://advantiahealth.com/usaobgyn.com/faq))
- Patient Support Center
  - Open 7 days a week with extended hours
  - (618) 997-5266

