



Women's Health Alliance
Total Care, Total Trust... For Life

PREPARING
BIRTH *for*





Welcome To
Women's Health Alliance
Total Care, Total Trust... For Life

Congratulations on your pregnancy. We are pleased you have chosen us during this exciting time as you plan for the arrival of your baby. To assist in your preparation, we have put together information that will guide you throughout your pregnancy experience.

We hope you find this information helpful. You are, as always, encouraged to ask questions.

This OB packet is for informational purposes only. It is not a substitute for medical advice. The information is true to the best of our knowledge.

Preparing For Birth

Diet & Exercise

Education, Resources & Classes

Feeding Your Baby

Third Trimester

When Labor Begins

Postpartum



My Birthing Team

Your team consists of board certified (or eligible) obstetricians and certified nurse midwives. All of us share the philosophy that pregnancy and childbirth are normal, so we like to monitor your progress and recommend additional treatment only when medically indicated. Our goal is to have a healthy baby and a healthy mother.

We all see patients at both our offices on a regular scheduled basis. Each doctor and midwife has a home base and that is where your chart with prenatal and other records is kept.

Barnett Office

214-824-3200 (24 hrs)

Richard Joseph M.D.
Robert Mathews M.D.
James Norwood M.D.
Mary Plank M.D.
Rachel Kurian M.D.
Cecily Floyd, CNM

Mesquite Office

972-613-6336 (24 hrs)

Robert Inzer M.D.
Charles Brodsky M.D.
Lori Romberg M.D.
Shannon McCants, M.D.

Your primary physician or midwife would like to be present at your baby's birth. However, no one can be on call 24 hours a day, seven days a week. The doctors take on-call duties on a rotating basis. If you go into labor after hours or on weekends, or if your primary physician is otherwise not available, the on-call doctor may attend you in labor, and deliver your baby.

The nurse midwives in our practice make an effort to deliver all midwifery patients and will be present at your birth with rare exception.

With a team approach, we hope to provide you the best care and service.

What To Do If You Have Questions

If you have routine questions during daytime office hours, please call

Barnett 214-824-3200
Mesquite 972-613-6336

Feel free to address any questions you may have at your OB office visit also.

For after hour emergencies, please call 214-824-3200 and the doctor or midwife will be paged. If your emergency requires a medication to be called to a pharmacy, please have a pharmacy number ready when the provider returns your call.

When to call your physician/ midwife:

- Prolonged, severe nausea or vomiting
- Vaginal bleeding or spotting
- Persistent pelvic pain
- Decreased movement of baby
- Calf pain or swelling
- Chest pain
- Difficulty breathing before activity
- Dizziness
- Headache - persistent or severe
- Feeling of water leaking from vagina
- If you have six or more contractions or cramps per hour before 37 weeks
- If you think you are in labor

Clinic Visits During Pregnancy

Type of Appointment	When	Information Discussed
First OB visit	Eight to ten weeks after last menstrual period	<ul style="list-style-type: none"> • Personal history • Symptoms of pregnancy • Lifestyle, work, nutrition, exercise patterns • Genetic history • Physical examination • Lab test
OB checks (visits with your physician/midwife)	Every four weeks for the first 28 weeks	<ul style="list-style-type: none"> • Weight • Blood pressure • Urine sample • Baby heartbeat (you can listen too) Uterine measurement
OB Ultrasound	Approximately 20 weeks	Multiple views of baby and its development
OB blood sugar (test for diabetes during pregnancy, iron count, RH screen)	At 26 to 30 weeks	<ul style="list-style-type: none"> • Glucose drink • Blood test • Baby's heartbeat and uterine measurement
OB check (visits with your physician/midwife)	Every two weeks until 36 weeks then weekly until delivery	<ul style="list-style-type: none"> • Weight • Blood pressure • Urine sample • Baby's heartbeat (you can listen too) and Uterine measurement • Pelvic exams start at about 36 weeks if appropriate • Questions you may have
OB visit	35-37 weeks	<ul style="list-style-type: none"> • Group B Strep (GBS) • Vaginal Culture • Discuss labor and delivery plans
<i>DELIVERY</i>		
Postpartum	4-6 weeks after delivery	<ul style="list-style-type: none"> • Physical examination • Labs • Education
Yearly physical	Once per year	<ul style="list-style-type: none"> • History • Physical examination • Pap Smear

Prenatal Testing

Name of Test	When does it Happen?	What does it test for?
Tests at first OB appointment	8-10 weeks	<ul style="list-style-type: none"> • Blood type • Infection screening • Rubella status • Cultures • Pap Smear • Optional First Trimester genetics screen
<p>OPTIONAL TESTING Ultrascreen</p> <p>Nuchal Translucency And Serum markers</p> <p>Detection Rate 82-87 %</p>	<p>1st Trimester Screening</p> <p>11-13 weeks</p> <p>Maternal Serum & Fetal Ultrasound</p>	<p>Trisomy 13, 18, 21, 45x</p> <p>Free Beta hCG & PAPP-A</p>
<p>OPTIONAL TESTING Alpha Fetoprotein</p> <p>- triple screen 69-71% detection rate</p> <p>- quadscreen 81% detection rate</p>	<p>2nd Trimester Screening</p> <p>16-18 weeks</p>	<p>Test for the risk of</p> <ul style="list-style-type: none"> • Open Spina bifida • Down's syndrome • Neural tube defects
<p>OPTIONAL TESTING Independent Sequential Screening</p> <p>98% detection rate</p>	<p>High Risk 1st Trimester</p> <p>Low Risk 1st Trimester</p>	<ul style="list-style-type: none"> • CVS offered • 2nd trimester screening
Ultrasound	Approximately 20 weeks	<ul style="list-style-type: none"> • Baby's development • Baby's age • Gender if desired
Glucose Tolerance Test (screening)	Approximately 28 weeks	Testing for diabetes during pregnancy
Group B Strep	Approximately 35-36 weeks	Test for group B strep (GBS) in vagina. If present, mother will receive antibiotics during labor

About the Rh Factor

The Rh factor is one of many blood group components found on the surface of red blood cells. If you have this component, you are Rh positive and if not, you are Rh negative.

This information is important if you are a pregnant woman who is Rh negative. If you are Rh negative and the baby's father is Rh positive, the baby may be Rh positive.

If some of the baby's Rh positive red blood cells enter your Rh negative bloodstream, an immune reaction could occur. When an immune reaction occurs, it means that your defense system recognizes the Rh positive blood cells as foreign, and it produces antibodies, which destroy the "invading" foreign cells.

The antibodies to Rh positive cells may not be a problem in a first pregnancy, but they stay in your body for many years and may be a problem in future pregnancies. They may cause miscarriage or a disease in the newborn that breaks down the baby's red blood cells (Hemolytic Disease of the Newborn).

The passage of red blood from baby to mother can happen at delivery, during miscarriage, as a result of termination of pregnancy, during an amniocentesis (a genetic test), or due to trauma.

To prevent this problem, you will be given an injection Rh Immune Globulin (Rho Gam). This injection destroys any Rh positive cells which may enter your bloodstream and prevents the immune system from setting up its normal response to foreign cells, thus protecting the baby.

Your blood type was determined when blood was drawn early in pregnancy. If you are Rh negative you will receive a Rho Gam injection after 28 weeks.

At delivery, a sample of the baby's blood will be collected from the placenta and tested. If your baby is Rh positive, you will receive another Rho Gam injection before leaving the hospital. If your baby is Rh negative, no further injections are needed.

You should receive Rho Gam during each pregnancy, with miscarriage, termination of pregnancy, amniocentesis, or with any trauma which your physician feels could cause bleeding in the uterus.

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Weight Gain During Pregnancy

Where does it come from and where does it go?

The recommended weight gain during pregnancy is determined by your pre-pregnancy weight and can vary for individuals. Ask your provider for more specific details. The normal weight gain can range from 20 to 35 pounds.

Baby	7.5 lbs.
Placenta	1.5 lbs.
Amniotic fluid	2.0 lbs.
Breast tissue.....	2.0 lbs.
Uterus	2.5 lbs.
Blood	3.5 lbs.
Other Fluid	3.0 lbs.
Other	4.0 lbs.
Total.....	26 lbs.

Do not diet or strive to maintain your previous weight while you are pregnant. Your baby and your body need the right amount of calories and nutrients. Healthy foods build health babies.

Diet for Normal Weight Gain During Pregnancy

Size for Daily Servings	# of Servings When Pregnant	# of Servings When Nursing	Why?
Dairy (with Vitamin D) 1 cup skim, 1%, 2%, whole milk, Milk products (calcium equivalent to 1 cup milk), 1 cup yogurt, 1 oz. Cheddar cheese, 1 ½ cups cottage cheese	4 cups (1 quart) or occasionally a calcium equivalent to 1 cup milk	4	Milk helps build strong bones and teeth. It helps nerves and muscles react normally, aids clotting of blood, and helps make the body run at peak efficiency. Milk contains many vitamins, proteins, and minerals such as calcium, zinc, magnesium, and phosphorous. Teens need an extra serving of calcium.
Fruits and Vegetables - Vitamin A ½ cup: carrots, spinach, kale, turnip greens, collard, broccoli, sweet potato, yellow squash, cantaloupe, pumpkin, peaches, and apricots	Choose 1	1 ½	
Vitamin C ½ cup: oranges, grapefruit, strawberries, melons, cabbage, potatoes, spinach, broccoli, brussel sprouts, cauliflower, red and green peppers, watercress, lemon, pineapple, and 1 cup tomatoes	Choose 2	2	Vitamin C is needed to form healthy bones, teeth and gums. It helps build strong body cells and blood vessels; also helps to heal wounds and boosts your immune system.
Others 1 cup any fruit or vegetable	Choose 2	3	

Diet for Normal Weight Gain During Pregnancy (cont.)

Size for Daily Servings	# of Servings When Pregnant	# of Servings When Nursing	Why?
<p>Meat 3 oz of meat, fish or poultry (baked, broiled, boiled)</p> <p>Meat Substitute 2 eggs, 1 cup cooked dried peas or beans, 2 slices or 2 oz cheddar cheese, ¾ cup cottage cheese, 4 Tbsp. Peanut butter</p>	Choose 2 to 4	3	Protein is the basic building material for you and your baby. It builds and repairs all tissue and helps make hemoglobin for blood and forms antibodies to fight infections. Protein supplies energy and helps your fetus develop and grow strong.
<p>Bread and Cereals Whole grain and enriched bread (1 slice), ¾ cup unsweetened dry cereal, ½ cup cooked cereal, ½ cup rice, macaroni, cornmeal, grits, 1 cup popcorn, 1 bagel, 5 saltines, 6 graham crackers; 1 pancake, waffle, dumpling or muffin</p>	Choose 4	5	

You should avoid fried and high fat foods during pregnancy.

Drink eight to ten glasses of water daily.

- *If you maintain a vegetarian or vegan diet, please discuss special dietary guidelines with your provider*

Guidelines for Exercise During Pregnancy

1. Regular exercise at least 3 times a week is standard. Competitive sports are discouraged to avoid injury.
2. Vigorous exercise should not be done in hot, humid weather or if you have a fever.
3. Avoid jerky, bouncy motions. Exercise on a wooden floor or tightly carpeted surface to reduce shock and make sure you don't slip.
4. Avoid deep flexion or extension of joints because your tissues are lax. Activities that require jumping, jarring motions or rapid changes in direction should be avoided because joints are not stable.
5. Warm up about 5 minutes before you do vigorous exercise. Slow walking or stationary bikes with low resistance are good warm-ups.
6. Follow vigorous exercise with a period of gradually declining activity that includes gentle stretching. Connective tissue laxity increases the risk of injuring a joint, so don't stretch to the point of maximum resistance.
7. Get up from the floor gradually to avoid reduced blood flow to your brain and lightheadedness.
8. Drink lots of water before and after exercise to prevent dehydration. Stop to drink whenever you are thirsty. Electrolyte replacement beverages may be appropriate after exercise.
9. If you aren't already following an exercise plan, start slowly and advance your activity slowly. Pregnancy is not the time to "go for the burn".
10. If you have any unusual symptoms, stop your exercise program and consult with your care provider.
11. If you are interested in starting prenatal exercise classes please discuss with your provider.

Based on the American College of Obstetrics & Gynecology (ACOG) guidelines for exercise during pregnancy and postpartum.

Alternative Remedies for Pregnancy

REMEMBER! All herbs are “natural” but not all herbs are safe. Please refer to the attached list for herbs/herbal remedies to avoid in pregnancy. For any of these suggested herbs, follow the dose on the bottle; start small and increase the dose if appropriate and no adverse effects are noted.

Nausea, vomiting and heartburn

Ginger-- four capsules/day or sip ginger tea

Slippery elm

Chamomile-- NOTE: limit chamomile to 1 cup/day if you have a history of spotting or miscarriage.

People with ragweed allergy may react adversely to chamomile.

Red raspberry

Peppermint or fennel for heartburn

Dandelion root & leaves-- 20 to 40 drops/4 times/day of tincture for morning sickness

Constipation

Warm lemon water-- juice glass of warm water with the juice of ½ lemon

Flax or psyllium seed-- stool softener/bulkifier

Slippery elm

Licorice-- NOT if you have hypertension

Dandelion

Fatigue

Red raspberry

Nettle

Alfalfa

Yellow dock

Spirulina

Lavender

Water Retention

Dandelion leaves

Burdock

Nettle

Sleeplessness

Lemon balm

Passion flower

Chamomile

Valerian

Varicosities, stretch marks, hemorrhoids

Vitamin C

External use of witch hazel or calendula for varicosities or hemorrhoids

Butcher's broom for veins

Comfrey & St. John's Wart poultice for hemorrhoids

Vitamin E 200-400IU and vitamin C 500-100mg/day to prevent stretch marks.

Also try vitamin E oil or cocoa butter.

We recommend Susun Weed's Wise Woman Herbal for the Childbearing Year or Rosemary Gladstars's Herbal Healing for Women for more information. These books are available at Whole Foods Market and other bookstores.

Herbs Which Should Be Used With Caution During Pregnancy

There are many wonderful healing plants that should be avoided during pregnancy for a variety of reasons. Some can cause mutation of the developing fetus, and other stimulate contraction of the uterus. It is best to consult your care provider before using any herbs other than for nutritional support during pregnancy. Approximately 500 plants can cause problems during pregnancy. Only about 50 of these are commonly used in the U.S. today. These can be broken down into groups of plants by their action:

Alkaloid-containing plants

Coffee
Barberry
Golden Seal
Tobacco
Tea
Ephedra
Mandrake
Sanguinaria

Bitters

Barberry
Celandine
Gentian
Mugwort
Tansy
Cascara Sagrada
Feverfew
Golden Seal
Rue
Wormwood

Laxatives

Aloes
Barberry
Cascara Sagrada
Senna
Castor Bean
Buckthorn
Coffee

Steroid Precursors

Dong Quai
Ginseng
Licorice
Sarsaparilla

Oxytocic

Blue/Black Cohosh
Blue Flag

Diuretics

Buchu
Juniper Berries
Horsetail
Uva-Ursi

Emmenagogues

Angelica species
Black cohosh
Blue cohosh
Ginger (OK in small doses)
Hyssop
Motherwort (Ok in small doses)
Mugwort
Myrrh
Nasturtium
Osha
Parsley
Squaw Vine (OK in small doses)
Pennyroyal
Rue
Sage
Shepard's Purse
Cotton Root Bark
Golden Seal
Mistletoe
Uva-Ursi
Tansy
Wormwood

Others

Male Fern
Poke Root

Herbs used to spice foods are not harmful. (basil, oregano) in amounts used to add flavor.

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EDUCATION, RESOURCES & CLASSES

Suggested Pregnancy & Childbirth Websites

(These sites were selected from Infoseek>Family Health>Pregnancy & Childbirth)

www.acog.com

American College Of Obstetricians and Gynecologists

Baby Center: <http://www.babycenter.com>

Baby Center is your complete resource for pregnancy and babies. This excellent site includes a weekly pregnancy calendar, a Dad's page and much more. It is interesting and user friendly.

Baby Zone: www.babyzone.com

Conception, pregnancy, birth and beyond.

Bradley Method of Natural Childbirth: www.bradleybirth.com

Find out about Bradley Method goals and courses.

Childbirth.org: <http://www.childbirth.org>

The resource site for pregnancy and childbirth information.

www.depressionafterdelivery.com

Depression After Delivery

La Leche League International: Breastfeeding information: www.lalecheleague.org

Breastfeeding-related articles, frequently asked questions, legal issues, and information.

Lamaze International: <http://www.lamaze-childbirth.com>

Promotes normal, natural, healthy and fulfilling childbearing experiences for women and their families through education, advocacy and reform.

www.lungusa.org

American Lung Association's Freedom From Smoking, an online smoking cessation program

Motherstuff: www.motherstuff.com

Meta-index of mother-knowledge on the internet.

National Woman's Health Information Center: www.4women.gov

This website is not just for pregnancy, but has lots of good health information in general, including recipes, breastfeeding information, an ovulation calculator, etc. Available in Spanish.

Natural Family Site: <http://www.bygpub.com/natural>

Natural family planning, childbirth, home schooling and parenting information.

Parent Soup: www.parentsoup.com

For everyone from expecting parents to parents of teens. Chat with other moms and dads, question the experts, and search by keyword for the information you want.

Pregnancy and Birth: <http://pregnancy.miningco.com>

Extensive resources on everything from getting pregnant to breastfeeding.

www.recalls.gov

for latest recall information

www.visembryo.com

This website has a spiral design that allows you to see fetal development in stages.

www.windsorpeak.com/babybargains/default.html

good reference for baby products

Adoption

Adoption 972-960-9981 (800-537-2229) (www.adoption.com)
Premier Adoptions 214-520-0004 (www.premieradoption.org)
Hope Cottage Adoption Center 214-526-8721 (www.hopecottage.com)
Adoption Access 214-750-HUGS (Outside Dallas 1-800-FREE-HUGS or 1-800-373-3684)
(www.freehug.com)
International Adoption Agency 214-887-1292 (www.gladney.org)
Harrah's 281-465-9990 (www.hfsadopt.org)
Lifetree Adoption Agency 972-491-3333 (www.lifetreeadoption.com)
Adoption Services Associates 1-800-648-1807
Christian works for children 972-960-9981 (www.christian-works.org)

CORDBLOOD AGENCIES – Call to get your kits

VIACORD 1-800-959-6207 (www.viacord.com) - Storage
CBR (Cord Blood Registry) 1-888-CORDBLOOD (www.cordblood.com) - Storage
Cryo Banks International (www.cryo-intl.com) accepts donations/storage
Stemcyte Cord Blood Bank 1-866-389-4659 (www.stemcytefamily.com) - Storage

ADDITIONAL PHONE NUMBERS:

- Crisis Line 972-233-2233
- Teen Crisis Line (972-233-Teen) (972-233-8336)
- Suicide & Crisis Center 214-828-1000
- Poison Control 800-222-1222
- Texas Abuse Hotline 1-800-252-5400
- Women, Infants and Children (WIC Program) 214-670-7200
- Texas State of Health Human Services & Commission call 2-1-1
- Medicaid Client Hotline 1-800-252-8263
- Special Needs Hotline – Texas Parent to Parent 1-866-896-6001
- National Youth Crisis Hotline 1-800-HIT HOME (1-800-448-4663)
- National Domestic Violence Hotline 1-800-799-SAFE (7233)
TTY 1-800-787-3224
- Texas- Health & Human Services Headquarters – 512-424-6500 (www.hhsc.state.tx.us)

Books - Preparing For Your Baby

Many, many books are available about pregnancy, childbirth and parenting. Here are some we recommend. Please tell us about any you find particularly helpful.

Preparing for Parenthood!

The Mother Dance: How children can change your life, Harriet Lerner (good for fathers too)

Operating Instructions, Anne LaMott

Understanding and enjoying your pregnancy

Pregnancy and Childbirth: The complete guide for a New Life, Tracy Hotchner

What to Eat when You're Expecting, Eisenberg, Murkoff, & Hathaway

Vegetarian Mother and Baby Book, Rose Elliott

A Child is Born, Lennart Nilsson

While Waiting, Dr. George Verrilli and Dr. Anne Marie Mueser

Your Pregnancy Week by Week, Glade Curtis and Judith Schuler

Your Pregnancy after 35, Glade Curtis

Baby Bargains, Denise and Alan Fields

Preparing for labor and delivery

Birthing from Within, Pam England & Rob Horowitz (www.birthpower.com)

Ina May's Guide to Childbirth, Ina May Gaskin

Gentle Birth Choices, Barbara Harper

Active Birth, Janet Balaskas

Natural Childbirth the Bradley Way, Susan McCutcheon-Rosegg

Mind Over Labor, Carl Jones

Easing Labor Pain, Adrienne Lieberman

Having Your Baby with a Nurse- Midwife, Sandra Jacobs and ACNM

Fit and Pregnant: The Pregnant Woman's Guide to Exercise, Joan M. Butler

Maternal Fitness: Preparing for Healthy Pregnancy, and Easier Labor and a Quick Recover, Julie Tupler

The Birth Partner, Penny Simpkin

Special Cases:

Vaginal Birth After Cesarean, Bruce Flamm

Preparing for the new baby

Breastfeeding:

The Womanly Art Of Breastfeeding, La Leche League International (LLLI)

Breastfeeding Pure and Simple, Gwen Gotsch (available from LLLI)

The Nursing Mother's Companion, Kathleen Huggins

The Nursing Mother's Guide to Weaning, Kathleen Huggins

Breastfeeding Your Baby, Sheila Kitzinger

Bestfeeding: Getting Breastfeeding Right for You, Mary Renfrew, Chloe Fisher, and Suzanne Arms

Nursing Your Baby, Karen Pryor

Nursing Mother, Working Mother: The Essential Guide for Breastfeeding and Staying Close to Your Baby After You Return to Work, Gale Pryor

Books - Preparing For Your Baby (cont.)

Caring for your baby, health, growth and development:

The Baby Book, Sears and Sears

The Self-Calmed Baby, William Sammons, MD

The Happiest Baby on the Block, Dr. Harvey Karp (book and dvd)

The No-cry Sleep Solution, Elizabeth Pantley

Your Baby and Child: From Birth to Age Five, Penelope Leach

Gentle Baby Care, Elizabeth Pantley

Babysense: A Practical and Supportive Guide to Baby Care, Frances Burck

Touchpoints: The Essential Reference, T. Berry Brazelton, MD

You and Your Newborn Baby, Linda Todd

Postpartum

Postpartum Survival Guide, A Dunnewold and D. Sanford

The Year after Childbirth: Enjoying Your Body, and Yourself in Your Baby's First Year, Sheila Kitzinger

Laughter and Tears: The Emotional Life of New Mothers, Elisabeth Bing & Libby Colman

Childrearing

The Discipline Book, William Sears, MD and Martha Sears

The Fussy Baby, William Sears, MD

Siblings Without Rivalry, Adele Faber and Elaine Mazlish

How to Talk so Kids Will Listen and Listen so Kids Will Talk, Faber & Mazlish

Positive Discipline, Jane Nelsen

The Traits of a Healthy Family, Dolores Curran

Raising Black Children, James Comer and Alvin Poussaint

Raising Good Children from Birth through the Teenage Years, Thomas Likona

The Mother's Almanac (Birth-6), Marguerite Kelly

The Mother's Almanac II (6-12), Marguerite Kelly

Everything a Working Mother Needs to Know, Anne Weisenberg and Carol Buckler

Childs Care: A Parent's Guide, Sonja Flating

Raising Your Spirited Child, M. Kurcinka

Books for siblings

Mom and Dad and I are Having a Baby!, Maryann Malecki

Important Contact Information

Women's Health Alliance 214-824-3200 972-613-6336

CHILDBIRTH CLASSES

Lamaze Classes

Brenda Shumway	817-67DOULA	MotherMeDoulas@yahoo.com
Dallas Assoc. for Parent Education	972-699-0420	www.dallasparents.org
Birthing from the Heart: Jean Sala	940-383-1556	www.birthingfromtheheart.com
Baylor University Medical Center	1-800-4-BAYLOR	www.bhcs.com

Bradley Classes

National Teacher Directory		www.bradleybirth.com
Linda Worzer	972-699-3921	www.naturalbeginningsonline.com
Gwen Fancy	214-320-9789	

Hypnobirthing

Nadine Romain	972-546-3200/214-769-5327	www.hypnobirthing.com
Virginia McConnell	972-841-8236	www.alphahypnosis.biz
Jodi Laboret	972-669-3364	

LABOR SUPPORT (DOULAS)

Doulas of North America	1-888-788-DONA	www.DONA.org
Links on www.yourpregnancymatters.com and www.naturalbeginningsonline.com		

BREASTFEEDING SUPPORT

LaLeche League	214-351-9816	www.lalecheleague.org
Texas Lactation Support Network Hotline	1-800-514-6667	

Independent consultants

Judy Eastburn, IBCLC	972-931-5578	
Linda Worzer, IBCLC	972-699-3921	www.naturalbeggingsonline.com
Sharon Mattes, IBCLC	972-495-2805	
Dani Hudspeth, RN, IBCLC	972-772-9206	

YOGA and SWIMMING CLASSES

Priya Yoga	214-370-8900	www.priyayoga.net
YamaMama & Bolster Mara Black	214-327-8863	
Gentle Birth Companions Nadine Romain	972-237-1626	
Mamaste Yoga	972-618-3079	www.MamasteYoga.com
Tom Landry Fitness Ctr/Baylor Hospital	214-820-7870	
Ewing Fitness Ctr/Presbyterian Hospital	214-345-4662	

PREGNANCY AND INFANT MASSAGE

Melody Cook	214-357-2352	www.ccx.net/massage
Monica Hamer	214-642-0242	www.monicahamer.com
Karen Winn	214-824-6154	
Yvonne Moura	214-328-8662	
Vonette Thorner	972-998-2806	infant massage instruction
BUMC Massage by Victoria L. Zak	469-644-8562/214-362-7187	Prenatal/postnatal, Swedish & therapeutic massage Reflexology fees based on time

SUPPORT GROUPS

VBAC Mother's support group		www.birthrites.com
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Postpartum Adjustment Resources

Ann Dunnewold, PhD	214-343-1353	
Lauren Jordan	214-692-6100	
Family Violence		
Family Place	214-941-1991 24-hour hotline	www.familyplace.org
Help Center:	7424 Greenville Ave. #202	214-692-8295
Genesis Women's Shelter	214-942-2998 24-hour hotline	www.genesisshelter.org
Outreach center:	4149 Lemmon Ave. #250	214-559-2050

Employee Leave Policies For Pregnant Patients

1. Your medical leave is individual to you and your employer, but we are happy to accommodate when we can. The standard leave of 6 weeks begins with delivery, but there is significant individual variation.

2. Complications of pregnancy will enable the attending Obstetrician/Nurse-Midwife to make recommendations on an individual basis. Examples include.
 - a. Threatened or premature labor
 - b. Significant antepartum bleeding
 - c. Chronic hypertension
 - d. Multiple pregnancy
 - e. Placental insufficiency
 - f. Pregnancy induced hypertension
 - g. Diabetes
 - h. Maternal heart disease
 - i. Severe vomiting

The obstetrician is unable to measure “tiredness” and backache. Disability for these and other subjective symptoms will be arranged by the employer, employee, and a neutral provider who is not the attending Obstetrician/Nurse Midwife.

3. General:
 - a. All requests for disability certification must precede or coincide with the discontinuation of work.
 - b. It is understood that the employer and employee may agree to a disability period different from what is enumerated in this policy. Such an agreement does not involve the provider and would not require his certification. In fact, to certify disability periods according to other’s judgment would be considered unethical and possibly fraudulent conduct on the part of the provider.

Family and Medical Leave Act (FMLA)

What is the Family and Medical Leave Act?

The Family and Medical Leave Act (FMLA) provides a means for employees to balance their work and family responsibilities by taking unpaid leave for certain reasons. The Act is intended to promote the stability and economic security of families, as well as the nation's interest in preserving the integrity of families.

The FMLA provides an entitlement of up to 12 weeks of job-protected, unpaid leave during any 12-month period for the following reasons:

- Birth and care of the employee's child, or placement for adoption or foster care of a child with the employee;
- Care of an immediate family member (spouse, child, parent) who has a serious health condition; or
- Care of the employee's own serious health condition.

The FMLA applies to any employer in the private sector who has 50 or more employees each working day during at least 20 calendar weeks in the current or preceding calendar year.

The law covers all public agencies (state and local governments) and local education agencies (schools, whether public or private). These employers do not need to meet the "50 employee" test. Title II of FMLA covers most federal employees, who are subject to regulations issued by the Office of Personnel Management.

Which employees are eligible to take FMLA leave?

To be eligible for FMLA leave, an individual must:

- 1) Be employed by a covered employer, and work at a work site within 75 miles of which that employer employs at least 50 people;
- 2) Have worked at least 12 months (which do not have to be consecutive) for the employer; and
- 3) Have worked at least 1,250 hours during the 12 months immediately prior to the date FMLA leave begins.

If your employer fits the definition of "covered employer," contact them for further information about their policies.

Websites:

www.dol.gov/elaws/esa/fmla/faq.asp (U.S. Department of Labor FMLA Advisor)

www.dol.gov/asp/programs/guide/ (U.S. Department of Labor Employment Law Guide)

Frequently Asked Questions

Q: How is the 12-month period calculated under FMLA?

Employers may select one of four options for determining the 12-month period:

- The calendar year;
- Any fixed 12-month “leave year” such as fiscal year, a year required by state law, or a year starting on the employee’s anniversary date;
- The 12-month period measured forward from the date any employee’s first FMLA leave begins; or
- A rolling 12-month period measured backward from the date an employee uses FMLA leave.

Q: Does the law guarantee paid time off?

No. The FMLA only requires unpaid leave. However, the law permits an employee to elect, or the employer to require the employee, to use accrued paid leave, such as vacation or sick leave, for some or all of the FMLA leave period. When paid leave is substituted for unpaid FMLA leave, it may be counted against the 12-week FMLA leave entitlement if the employee is properly notified of the designation when the leave begins.

Q: Can the employer count leave taken due to pregnancy complications against the 12- weeks of FMLA leave for the birth and care of my child?

Yes. An eligible is entitled to a total of 12 weeks of FMLA leave in a 12- month period. If the employee has to use some of that leave for another reason, including a difficult pregnancy, it may be counted as part of the 12-week FMLA leave entitlement.

Q: Can the employer count time on maternity leave or pregnancy disability as FMLA leave?

Yes. Pregnancy disability leave for the birth of a child would be considered qualifying FMLA leave for serious health condition, and may be counted in the 12 weeks of leave so long as the employer properly notifies the employee in writing of the designation.

Q: How do I determine if I have worked 1,250 hours in a 12-month period?

Your individual record of hours worked are used to determine whether you’ve worked 1,250 hours in the 12-months prior to the commencement of FMLA leave. As a rule of thumb, the following may be helpful for estimating whether you’ve met this test for eligibility:

- 24 hours worked in each of the 52 weeks of the year; or
- over 104 hours worked in each of the 12 months of the year; or
- 40 hours worked per week for more than 31 weeks (over seven months) of the year.

Can my employer refuse to grant me FMLA leave?

If you are an “eligible” employee who has met FMLA’s notice and certification requirements (and you have not exhausted your FMLA leave entitlement for the year), you may not be denied FMLA leave.

Preparing For Birth

Diet & Exercise

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FEEDING YOUR BABY

Thinking Ahead: Feeding Your Baby

During your pregnancy, you are thinking about the many ways to keep yourself and your unborn baby healthy. Soon you'll be deciding about how you will feed your baby. Your choices include exclusive breastfeeding, bottle-feeding with pumped breast milk, feeding with both breast milk and formula (combined feeding), and formula feeding. **(Plain cow's milk is not recommended in the first year of life).** We want you to have information so you can make the best choices for you and your baby. Your baby's medical care provider can also help in your decision-making. Sometimes feeding choices change as determined by each mother's and baby's special needs. Most formulas are cow's milk or soy based with other ingredients added. If you choose formula feeding or combined feeding, check with your child's care provider about formula recommendations.

Consider Breastfeeding

More mothers today choose to give their baby's the healthiest start through breastfeeding. Human milk is nutritionally complete and made for human babies' optimal growth and development. Breast milk changes according to baby's needs. Breast milk is the "gold standard" that formulas or "breast milk substitutes" try to copy. Many professional organizations (American Academy of Pediatrics, U.S. Department of Health and Human Services and World Health Organization) recommend breastfeeding for six to twelve months or longer because of the many benefits for baby, mother and family. Breastfeeding for any length can benefit for baby, mother and family, but the longer the breastfeeding, the greater the benefits for mother and baby. The many benefits of breastfeeding include:

For baby, breastfeeding:

- Helps protect the digestive system from harmful bacteria, which lessens the risk of severe diarrhea requiring hospitalization.
- Decrease odor to stools and reduces diaper rash.
- Decrease risk of constipation, ulcerative colitis, and Crohn's disease.
- Improves intelligence and nervous system development (breast milk has DHA for the brain)
- Creates a strong bond between a mother and child.
- Feels comforting and helps decrease pain and illness.
- Provides improved wound healing.
- Decreases the risk or severity of:
 - Sudden Infant Death Syndrome (SIDS)
 - Allergies, Eczema
 - Ear infections (RSV), asthma
 - Childhood obesity, blood pressure problems, cardiovascular disease
 - Childhood diabetes and cancer (lymphoma)
 - Dental and speech problems
 - Preterm and low birth weight babies especially need these benefits
- Is clean, ready to eat, and always available food in any situation.

Thinking Ahead: Feeding Your Baby (cont.)

For mother, breastfeeding:

- Is the ultimate convenience. Breast milk is free, ready to serve and at the right temperature. Mothers can renew their supply with no preparation or clean up. It's a good excuse to sit and relax. You can even feed baby if you're really tired.
- Saves money on medical bills since baby is healthier and because you are not buying formula. William Sears, M.D., estimates cost of formula (2004) as \$1,200 the first year for formula and \$ 2,500 hypoallergenic formulas.
- Causes the release of hormones which can decrease anxiety and stress while increasing confidence (feelings of nurturing, mothering and improved mood, if all is going well).
- Improves weight loss between three and six months postpartum.
- Slows the return of fertility and menstrual cycles (less anemia).
- Decreases the risk of:
 - Breast, Uterine and ovarian cancer
 - Heart disease
 - Osteoporosis
 - Diabetes
 - Rheumatoid arthritis
 - Urinary tract infections

For family and community, breastfeeding:

- Lowers the rate of infant sickness and death.
- Lowers health care costs (fewer clinic visits and hospitalizations, less medications).
- Uses fewer natural resources.
- Provides less waste and less pollution to the environment.
- Contributes to a more productive workforce. Breastfeeding mothers need less time off for sick babies. Companies gain recognition for caring about employees' families.
- Saves the family hundreds of dollars in formula.

Thinking Ahead: Feeding Your Baby (cont.)

When at Home:

1. Get plenty of rest and limit company. Accept household help. The first two weeks are a challenging learning process. It gets easier and more fun over time.
2. Avoid unnecessary commitments that will drain your time and energy.
3. Arrange for follow-up as needed and know where to get help promptly.

When to Get Help:

- Baby doesn't consistently latch or nurses less than ten minutes each feeding.
- Baby's swallows can't be heard.
- There are less than eight feedings or less than three bowel movements in 24 hours. After baby is four or five days old, less than six wet diapers.
- Baby is fussy (appears hungry) after most feedings or is very sleepy (falls asleep early during feeding or must be awakened to eat).
- Baby wants to feed every hour (for more than four or six hours).
- Mother's breasts are painfully overfull (engorged) and baby can't breastfeed.
- Mother develops a tender, swollen area in breast, especially when accompanied by fever and flu-like symptoms (chills and body aches).
- Mother worries that she has low supply.
- Baby has slow weight gain. Baby doesn't regain birth weight by ten to fourteen days or gains less than one ounce per day after mother's milk supply is abundant.
- Any other concerns or questions mother may have.
- When you hear "clicking noises" while feeding.
- You are concerned your baby may be tongue-tied.

When in doubt, call your baby's care provider.

Thinking About Bottle Feeding

1. Preparation. Before using new bottles, nipples and rings, they should be sterilized by submerging them in a pot of boiling water for five minutes. Allow them to dry on a clean towel. For future cleanings, place bottles, nipples and rings in the dishwasher or clean them in hot, soapy water. Most baby supply stores carry handy bottle gear such as bottle drying racks or dishwasher baskets for nipples, rings and bottle caps. Discuss any feeding questions with your baby's care provider.
2. Record feedings. Start a diary of feedings, wet diapers and bowel movements. This can be a great reference when seeing your child's care provider.
3. Bottle preparation. There is no health reason to feed warmed milk but your baby may prefer it. When you're ready to feed your baby, you can warm the bottle in a pot of hot water – not boiling – or by running it under the tap. You can also buy a bottle warmer designed for this purpose. If your baby is accustomed to drinking bottles at room temperature or slightly cold, you do not have to preheat bottles.
4. Never use a microwave to heat a bottle of breast milk or formula. Since a microwave oven heats unevenly, it can create hot pockets, which may lead to burns. It also breaks down nutrients.
5. Avoid “bottle propping” or putting your child to bed with a bottle. This will decrease the risk of ear infections, choking and bottle tooth decay. Also, feeding is a time for bonding with baby and parents.
6. Breast engorgement. In seven to ten days after delivery, your breast will decrease and feel almost like they did before pregnancy. When this occurs, you have NOT lost your milk. Your breasts are adjusting to what the baby takes at each feeding. Most women find they are most uncomfortable when their milk comes in – around three to five days after delivery. Following are some measures you can take to ease the discomfort that is caused by engorgement during this time.
 - Wear a snug-fitting bra as much as possible. Sports bras are especially helpful.
 - Avoid nipple stimulation, checking for milk and pumping, which encourages your breast to produce milk.
 - Don't pump, even to relieve engorgement – it encourages milk production.
 - Apply cold compresses or ice packs to your breast as often as tolerated. Green cabbage leaves are a natural alternative to relieve engorgement.
 - Take a mild pain reliever, such as acetaminophen or ibuprofen, as needed.

Perhaps You Have The Following Concerns Regarding Breastfeeding

- 1) Embarrassment: There are ways to discretely breastfeed your baby so you and others are comfortable. We can give you suggestions.
- 2) Pain: It shouldn't hurt to breastfeed. Initial tenderness resolves shortly and there are ways to be more comfortable. Pain is a sign that you should get help from your health care provider or a lactation expert.
- 3) Diet: There is no need to avoid any specific food or follow a strict diet. You can eat when hungry and drink when thirsty.
- 4) Medication: Many medications are safe while breastfeeding, or there may be safer alternatives to the medication that is available. We can help you get information about specific medications.
- 5) Lifestyle: Breastfeeding is adaptable to different lifestyles. You can adjust your feeding plan for returning to work or school, or to involve others in baby's care. Some women choose to breastfeed when at home and formula feed while they are at school or work.
- 6) Support: Included in the breastfeeding section is a list of available classes, book suggestions, internet sites, supply resources, and lactation consultants and educators. Friends and family who have had good experiences breastfeeding are great resources.
- 7) Success: Most women can breastfeed for as long as they desire. The longer a mother breastfeeds, the greater the benefits for mother and baby. However, breastfeeding is a **LEARNED SKILL** for both mother and her baby. It takes time and support for mother and baby to figure out what they have to do. The first two weeks can be very challenging. It becomes more "natural" and relaxing after that. Some mothers may need to supplement breastfeeding with formula to provide for baby's nutritional needs. Others may have to change their choice of feeding methods. Making these changes does not mean that a woman has failed, but rather that she has succeeded as a mother by adapting to her own needs and to her baby's specific needs.

Medela Breast Pump Rental and Breastfeeding Support Resources

IBCLC-Board Certified Consultant

CBE-Certified Breastfeeding Educator

***Natural Beginnings**

Sharon Mattes, IBCLC
1526 Archery Lane
Garland, TX 75044
972-495-2805

***Lactation Consultant Services**

Judy Eastburn, IBCLC
16816 Old Pond Drive
Dallas, TX 75248
972-931-5578

***Plano Lactation Associates**

Pat Bush, IBCLC
1404 Quill
Plano, TX 75075

***Natural Healthcare For Families**

Dani Hudspeth, IBCLC
585 I-30
Rockwall, TX 75032
972-772-9206

***Babes**

Gretchen Serafin, RN, IBCLC
Carrollton, TX 75007
214-249-0076

You And Me Babe

(Maternity Shop)
Richardson, TX 75080
972-669-2110

Dallas Association of Parent Education

777 S. Central Bldg 1 Suite T
Richardson, TX 75090
972-669-0420

Baylor UMC of Dallas LC's

Susan Paterson, IBCLC
214-820-1960
Kathy Chaney, IBCLC NICU
214-820-8555

Baylor Medical Center at Garland

Simply Moms Gift Shop
Suzy James, IBCLC
Garland, TX 75042
972-487-5154

A Mother's Gift

Plano Presbyterian Hospital
Plano, TX 75093
972-981-3788

Presbyterian Hospital

Prescription Shop
Dallas, TX 75231
214-345-2595

***Lactation Support Services (HEB)**

Sue Dickerson, CBE
1409 Ardmore Dr.
Ft. Worth, TX 760
817-557-1861

Trinity Pharmacy

Carrollton, TX 70557
972-492-4411

Prescription Air Incorporated

Dallas, TX 75243
972-690-6404

Hina Tex

Dallas, TX 75238
214-341-2776

Gretchen Ferafin

Medela Breastpumps and supplies, sales and rental.
Home consults for breastfeeding in the Dallas and
Carrollton areas.
214-458-3341

Martha Schwalm

214-956-8201

* Delivery Services Available

La Leche League - Dallas Area

Phone Numbers

Allen

2nd Tuesday PM

Chrissy972-396-7683

Deena972-727-4213

Dallas North

3rd Monday PM

Elizabeth972-902-8209

Marla214-351-0027

Martha214-956-8201

Mary972-406-9909

Garland NE

2nd Tuesday AM

Sharon.....972-495-2805

McKinney

3rd Thursday AM

Ricki214-726-1621

Richardson

2nd Monday PM

Kim972-479-9606

Mary972-907-9079

Dallas

1st Thursday PM

Katie214-351-9816

Vicky972-235-6092

Denton

2nd Tuesday PM

Diana940-383-5769

Irving

2nd Tuesday AM

Louann972-723-9677

Dallas West

2nd Wednesday PM

Shannon214-827-9392

Tracy.....214-826-8745

Nancy972-270-1754

De Soto

3rd Thursday AM

Katie972-223-5869

Joan.....972-522-1451

Lewisville

1st Tuesday PM

2nd Tuesday AM

Amelia972-874-8780

Cathy817-430-2666

Kristin.....972-317-2859

Plano

3rd Tuesday AM

Cleo972-208-0158

Karen972-618-1014

Shallen972-437-6141

Additional Help

Baby's Care Provider:

Lactation consultants at the hospital:
214-820-1960

Women's Health Alliance
Barnett: 214-824-3200
Mesquite: 972-613-6336

Baylor University Medical Center
L&D: 214-820-2126
Postpartum: 214-820-2204

La Leche League: Dallas County: 972-669-5714
 Tarrant County Referral line: 817-588-1006
 1-800-la-leche or www.lalecheleague.org
 <http://www.llusa.org/web/dallastx.html>

Additional Resources

Internet sites with breastfeeding information:

- www.breastfeeding.com
- www.gotmom.com
- www.aafp.org
- www.askdsears.com
- www.lalecheleague.org
- www.aap.org
- www.4woman.gov

Books for further breastfeeding information:

- "The Nursing Mother's Problem Solver" by Clair Martin
- "The Ultimate Breastfeeding Book of Answers" by Jack Newman, M.D.
- "Nursing Mother's Companion" by Kathleen Huggins
- "Womanly Art of Breastfeeding" and "Breastfeeding Pure and Simple" by La Leche League
- "The Breastfeeding Book" by William and Martha Sears

Getting A Good Start With Breastfeeding

During Your Pregnancy:

1. Learn about breastfeeding from classes, meetings, books or the internet. Talk with family and friends who have a positive experience breastfeeding and who will be helpful while you and your baby are learning. Involve your partner as well as family members.
2. Ask your care provider to check for any potential problems (flat or inverted nipples, breast surgery, medical problems). Breast shields can help with flat nipples.
3. Think about how much you would breastfeed if returning to school, or work. Consider options such as the Family Medical Leave Act, longer maternity leave, part-time work, and job sharing or working from home. This time off will help you get breastfeeding well established. Discuss concerns and plans with teachers or employers (i.e. time, a clean and private place to use breast pump, storage of breast milk, leaving at lunch to breastfeed, etc.). Practice your plan to see if it would work.
4. Talk to your baby's care giver (babysitter or day care) about your plan to feed your baby. Discuss any concerns with your medical provider.

While In The Hospital:

1. Minimize medications during labor and birth, but continue to take care of your needs for comfort.
2. Have baby skin to skin on your chest as soon as possible after birth. Delay nursery routines, if possible, until baby has breastfed. Offer the breast when the baby shows readiness within the first hour of life.
3. Keep your baby with you in your room as much as possible, so you can feed whenever the baby is interested. (At least eight times in 24 hours, if possible). Staff can bring hungry baby in during the night if you are sleeping. Don't limit baby's time at the breast. Avoid pacifiers, nipple shields or supplements unless **MEDICALLY** recommended.
4. Ask staff for help with baby's positioning and latch, learning baby hunger signs, listening for baby swallows, and how to know if baby is satisfied. **BE PATIENT**. Both you and your baby are learning.
5. Limit visitors, so you can get plenty of rest and breastfeeding practice. This is true at home too.
6. While in the hospital, start a diary of baby's feedings, wet diapers and bowel movements. Keep the same diary at home and use it as a reference when following up with baby's care provider or lactation consultant.
7. Know what resources are available and plan early follow-up with baby's care provider, visiting nurse or lactation consultant.
8. Baylor & WHA encourage rooming-in with your baby.

When Returning To Work Or School

Reasons to keep breastfeeding after going back to work or school:

1. Mother and baby enjoy breastfeeding and don't want to lose that special time.
2. Breastfeeding is something special that only mother provides, reminding her that she is important to her baby, even with the best child care arrangements. This is a way to maintain a close bond.
3. Baby keeps getting all the protective properties in the breast milk. Each feeding is like a natural vaccination against illness. (Baby is sick less often, so less missed work or school and fewer medical bills).
4. Breastfeeding is a terrific way to "switch gears" from a hectic work or school schedule to the slower pace of the baby at home. It is a great chance to sit and relax. As breastfeeding hormones go up and stress goes down.
5. The American Academy of Pediatricians (AAP) recommends breastfeeding for one year for maximum benefits.

Possible ways to combine breastfeeding and work or school:

1. Before having the baby, explore options at work or at school for continuing breastfeeding. Delay returning to work as long as possible.
2. After nursing is going well for two or four weeks, offer baby a bottle one or two times per week. These may need to be offered by someone other than the mother.
3. Learn how to use a breast pump or how to hand express before going back to work. The type of pump you choose depends on how much you will use it. You may also rent a pump or hand express milk.
4. Save breast milk while on maternity leave by freezing for later use.
5. Select a care giver for baby who has cared for other breastfeeding babies, if possible. Choose a supportive care giver who will follow your instructions or one that is close enough to allow breastfeeding during lunch hour.
6. Some jobs or school situations make it impossible to pump or breastfeed while at work. In those situations, baby can be given formula when away from his mother and be nursed when they are together. Then both mother and baby are benefiting from nursing.

Preparing For Birth

Diet & Exercise

Education, Resources & Classes

Feeding Your Baby

Third Trimester

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Postpartum



THIRD TRIMESTER

Don't Forget To - “Prepare for Baby”

- Register for childbirth, breastfeeding, CPR or other classes around 20 weeks if possible.
- Choose health provider for your baby.
- Pre-register at the hospital online at baylorhealth.com or fill out and mail preregistration form in the packet you received in early pregnancy.
- Get pre-certified with your insurance company if necessary. Our staff will help you.
- Pick up employee leave or short-term disability papers from your employer. Bring them to your next visit.
- If appropriate arrange childcare for your children during labor.
- Prepare for arrival of baby in home (nursery room, clothing, necessities, etc.)
- Buy a car seat. Check that it is installed properly. Many car dealers have car seat installation days. Recommended time use for a car seat is 5 years.
- Tour the hospital. Call 1-800-4 BAYLOR to schedule a tour at Baylor University Medical Center. Schedule early.

Packing For The Hospital

Don't Forget:

- Health insurance card (keep them in your labor bag)
- Short phone list and calling card - cell phones are allowed in the hospital but don't always get the best reception.
- Cash/change for vending machines
- Credit cards
- Cameras with film and batteries
- Baby car seat

Labor needs:

- Neck or back massage tools, rice sock, tennis ball, hot water bottle, medical ice bags.
- Lip balm
- Massage lotion or oil
- Snacks for labor support person
- Music for labor - CD player and iPod jack available in each labor room
- Gatorade or another similar electrolyte replacement drink

Postpartum Needs:

The Necessities

- Couple of pillows in non-white covers
- Robe
- Pajamas (hospital does supply gowns)
- Light Sweater (hospitals tend to be cold)
- Slippers/comfy shoes
- Nursing bra
- Breast pads or shields
- Underwear (several pairs)
- Socks (several pairs)
- Toothbrush, toothpaste and other toiletries
- Hairbrush
- Contact lenses and/or glasses
- Change of clothing for support person
- Clothes to wear home for you and baby
- Baby blanket for the ride home

The Niceties

- Makeup (Cameras abound and you will want to have at least one nice photo)
- Your Favorite CDs
- Magazines
- Books (at least on nursing)
- Snacks (protein bars or dried fruit packs are the best)

Choosing A Pediatrician

What to do before the baby comes:

- Make a list of pediatricians/family physicians you would like to interview.
- You will have the opportunity to talk about how your pregnancy is going.
- You will have the opportunity to ask questions.

Things you may want to discuss during the visit:

- Excitement and nervousness about being a new parent.
- Preparations you have made at home.
- Your physical and emotional well-being.
- Preparing your other children for the new baby.
- Questions about breastfeeding and bottle-feeding.
- Questions about circumcision.
- Plans for returning to work or school.
- Childcare arrangements.
- Concerns about food or supplies for the new baby.
- Availability of after-hours care.
- Family history.
- Car seats.
- Sleep position for the baby.
- Safety issues: crib safety, pet safety, and household safety.
- Vaccinations.

Things to keep in mind between now and the birth:

- Install a rear facing infant safety seat in the back seat of your car, following the vehicle owner's manual and manufacture's instructions.
- Set the hot water heater thermostat lower than 120°F.
- Make sure your crib is safe (slats no more than 2 3/8 inches apart).
- Avoid the use of soft bedding (quilts, pillows, blankets) or soft toys.
- Keep your home and car smoke-free.
- Attend childbirth, infant CPR and breastfeeding classes.
- Expect changes in family relationships.
- Prepare your other children for the arrival of the new baby.
- Anticipate that you may feel tired sometimes or have the "baby blues" after the baby is born.
- Ask friends and family to help out when you need it.

How to prepare for your babies first visit to the doctor:

- Be prepared to talk about family members' reactions to the new baby.
- Be aware of your own physical and emotional well-being and discuss any concerns you may have with the health professional.
- Bring in questions or concerns about breastfeeding or bottle-feeding.
- Have questions ready about safety (safety seats, cribs, your home).

Family Physician/Pediatrician Meet & Greet

Name: _____

Location: _____

Use these questions to guide you during your interview. Although the doctor may answer all the questions effectively, trust your instinct—if the relationship doesn't feel right, examine why.

Basics:

1. How long have you been in practice? _____ years
2. What are the hours of office visits?
3. Do you have any sub-specialties or special interests?
4. Who are your partners?
5. How often will I see your partners?
6. How can I reach you in an emergency or after clinic hours if there is a problem?
7. What hospitals are you affiliated with?
8. Will you be available for discussions on my child's behavioral development such as tantrums, discipline issues, social development, etc? Yes/No
9. Do you encourage parents to call for routine/non-emergency questions? Yes/No
10. Who routinely returns phone calls in your office?

Baby care:

1. What are your thoughts on:
Bottle-feeding: _____
Breastfeeding: _____
Circumcision: _____
Getting Baby to sleep: _____
Antibiotics: _____
Alternative medicine: _____
Immunizations: _____

Questions to ask yourself:

1. Did you feel comfortable with the doctor? Yes/No
2. Is the office conveniently located? Yes/No
3. Was everything clean? Yes/No
4. Were the nurses and support staff at the office helpful? Yes/No

Pediatricians Who Have Admitting Privileges at Baylor University Medical Center (BUMC)

<p><u>Clinical Pediatric Associates</u> 214-368-3659 Burns, Deborah Fernandez, Ernesto Hanig, Joseph Hieber, Patrick Schorlemer, Roger Shinn, Victoria</p> <p><u>Pediatricians of Dallas</u> 214-691-3535 Halsell, Karen Curtis Somer, Claire Neely, Joe Watkins, James Yaeger, Mathew</p> <p><u>Pharo and Associates</u> 214-361-7185 Hamer, Janie Pharo, Milam</p> <p>Abel, Christopher Peterman, Dana 214-368-6341</p> <p>Moore, William 214-543-3200</p> <p>Gray, Carol 214-826-6110</p> <p>Cramer, Andrea 972-681-7700</p>	<p><u>Pediatric Associates</u> 214-361-4116 Brown, Michael Dennison, Early Diaz Esquivel, Maribel Dreiling, Christopher Dunlap, Charles Foster, John Finkelman, Ross Hayes, Amy Prestidge, Claude Webb, Cynthia</p> <p><u>Preston Pediatrics</u> 214-987-0777 Bray, Andrea Peterman, Joseph Wheeler, Jennifer</p> <p>Nale, Daniel Terry, Stacy 972-341-9696</p> <p>Agrawal, Anurhidah 214-823-2552</p> <p>Carnes, Christina 214-363-4321</p> <p>Onur, Kutsi 214-823-1152</p> <p>Swanson, Lisa 972-613-3883</p>
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If your pediatrician does not have privileges at BUMC, your baby will be attended by one of the staff pediatricians: Lorraine Ghidoni, Anurhidah Agrawal, Mary Bergman.

Circumcision

Circumcision is the surgical removal of the foreskin at the tip of the penis.

Reasons to choose circumcision may be:

- Ethical, cultural or religion beliefs.
- Social concerns.
- Phimosis – opening of foreskin is too small, making it difficult to retract foreskin for cleaning. (Your pediatrician can review this with you.)
- Personal hygiene.
- Decreases risk of penile cancer, urinary tract infections, transmitting HIV and sexually transmitted diseases, and transmission of HPV (Human Papilloma Virus) to women.

Reasons to decide against circumcision may be:

- It is not medically necessary in most cases and is considered elective surgery.
- Some feel it inflicts unnecessary pain.
- It is not a family or cultural tradition.

If you have further questions or concerns, please discuss with your provider. All obstetricians at WHA are trained to perform circumcisions. If you wish to have your son circumcised please tell your midwife who will inform the physician on-call at the time of your child's birth. It is your responsibility to inform your provider if you would like a WHA physician to perform a circumcision. WHA - midwives do not perform circumcisions.

You may also consider the outpatient circumcision clinic at Baylor, where pediatric urologists perform circumcisions after babies have been discharged from the hospital.
214-750-0808

Preparing For Birth

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Postpartum



WHEN LABOR BEGINS

Labor Instructions

As your expected day of delivery approaches there are frequently many questions concerning the symptoms you are experiencing including labor, discomfort of late pregnancy, and your admission to the hospital once labor has started. We hope that the following information will be of assistance to you as your pregnancy nears a successful conclusion.

Symptoms of Late Pregnancy

During the last few weeks of pregnancy you may experience an increasing and annoying upper and lower abdominal pressure as the uterus rapidly increases in size. Because of the pressure of the uterus on the bladder, which lies directly in front of the uterus, you may experience frequency of urination and may have some difficulty holding your urine. You also may notice rectal pressure and more frequent small bowel movements. There is also a tendency for increased swelling of the legs and swelling of the lips of the vagina. All of these symptoms are normal.

The best treatment for these symptoms is to get off your feet, elevate your legs, and get as much rest as possible. It is best if you sleep on your side and not on your back during the last few weeks of pregnancy. If you wake up on your back do not be alarmed, simply turn to your side. Also, do not restrict your food intake. Eat plenty of fresh fruits and vegetables to keep your bowel movements soft and normal. It is important to drink at least six to eight glasses of water per day and to avoid caffeine.

You may experience increasing irritability of the uterus; it will periodically contract and become hard. These contractions normally do not cause pain; however, the contractions may be a sign that the uterus is preparing for labor. There may also be an increase in your vaginal discharge during this time, but this discharge should not cause any irritation, itching or soreness. If it does, please notify your provider. Disposable panty shields help when the discharge is heavy. Tub baths are permissible as long as you are careful not to slip in the tub. Hot tubs are not recommended.

Restlessness and some difficulty sleeping frequently occur during the last few weeks of pregnancy. Fresh air, short walks before bedtime, or a warm shower or bath before bedtime may be helpful. If the problem persists, discuss it with us at your next clinic visit, especially if you are not getting adequate rest.

Engagement

Engagement is a medical term often referred to as “baby dropping.” This means that the infant’s head or buttocks have settled into the pelvis prior to labor. If this is your first pregnancy, engagement will usually occur about two or three weeks prior to the onset of labor. After the woman has had a child, the time of engagement is unpredictable. It may occur several weeks before delivery or it may not occur until labor begins. You can usually tell if engagement has taken place because it is easier to breathe, the baby is lower, and you may experience increased pelvic pressure and more frequent urination as described above.

Labor

Common symptoms of labor include aches in the lower back and increased pelvic pressure and abdominal cramping. The lower abdominal cramping feels similar to menstrual cramps. These symptoms may be preceded or accompanied by the passing of the mucus plug, and it should not alarm you. The mucus plug, or more accurately mucus discharge, may be blood-tinged and sticky and it is frequently seen in individuals who are experiencing their first pregnancy and labor. If you see bright red bleeding, as heavy as a period, call your provider regardless of time of day or night.

Once labor has begun you may drink clear fluids, and eat small meals as tolerated, but do not eat a large meal. Following the aches in your lower back, pelvic pressure, and low abdominal cramps you may expect irregular, short urine contractions. These contractions will become regular and more evenly spaced. Gradually they will get closer together and last for a longer period of time. The best way to time contractions is to write down the clock time when each contraction begins. For example 2:02, 2:07, 2:12, 2:17, thus five minutes apart.

When you should leave for the hospital is dependent upon:

- Is this your first or subsequent baby
- How far you live from the hospital
- The length of previous labors
- Other factors which would influence the length of your labor such as previous c-section, previous VBAC (vaginal birth after cesarean) and need for antibiotics in labor.

If you have specific concerns discuss them with your provider. Normally, when your contractions are five minutes apart or closer and lasting for at least 50 seconds over a one hour time period, you should call your provider and discuss when to go to the hospital.

The hallmark of true labor is consistency. True labor contractions become consistently closer, longer and harder. False labor contractions are inconsistent in length and time between each one. They may not have a definite pattern. If there is any question as to whether you should leave for the hospital, please call your provider. We prefer you call before going to the hospital.

TRUE LABOR	FALSE LABOR
<p>Contractions:</p> <ul style="list-style-type: none">• Are regular• Get longer, stronger and closer together• Changing your activity does not make them go away <p>Changes in your cervix:</p> <ul style="list-style-type: none">• Your cervix will soften, thin out and begin to open up (dilate)	<p>Contractions (Braxton Hicks):</p> <ul style="list-style-type: none">• Are irregular• Do not get closer together• Walking does not necessarily make them stronger• Changing your activity, i.e. resting, tub bath, can make them go away

Back Labor

One of the most difficult labors for women and care providers to deal with is “back labor”. Back labor is caused by the baby’s head in the “occiput posterior (OP)” position, meaning when the back of the baby’s head is pressing against the mother’s sacrum (lower spine). This OP position causes back pain with each contraction, and sometimes discomfort between contractions. It can also lead to slower labors and longer pushing stage.

Many factors influence the position of your baby for labor.

- Reclining in a sofa or chair causes the pelvis and the baby to tip back
- Bucket seats in cars have the same effect.
- Crossing your legs when you sit lessens the room in the front of the pelvis so the baby must lie in the back.
- Tight abdominal muscles also can encourage the baby to pick an OP position.
- If the placenta is located on the front wall of the uterus, an OP position is also favored.

In the “good old days,” women used to do lots of work that required them to lean forward, such as kneeling on the floor to scrub it, and leaning over washboards, etc. Also, good posture was very important and women did not slouch in chairs. It was not ladylike to cross legs and women sat up straight. So many of the problems with babies in the OP position are a result of the modern lifestyle.

There is hope, however. The guidelines that follow are adapted from *Understanding And Teaching Optimal Fetal Position*, a book by Jean Sutton and Pauline Scott, a midwife and a childbirth educator from New Zealand.

Ways to encourage rotation of the baby

1. The last six weeks of your pregnancy, choose upright and forward leaning postures. This allows more space for the big part of the baby’s head to get into the pelvis.
2. Keep your knees lower than your hips. For example, watch TV in a straight-backed chair, or kneel on the floor, or even lean over a beanbag chair or labor ball.
3. If you sit in a soft sofa, sit on a firm pillow or use a low back pillow to help hold your back upright.
4. Rest or sleep on your side with the upper knee touching the mattress. This makes your abdomen go forward. Put a pillow behind your back and between your thighs.
5. If the baby is persistently OP, we may even suggest for you to sleep on your abdomen with lots of pillows, or on a waterbed.
6. Sitting on a rocker or chair that is ergonomic can also be helpful.
7. Swimming with your abdomen forward (like breast stroke or crawl) is recommended.
8. Yoga can be helpful, but deep squats are not suggested.
9. Acupuncture or pressure, or even homeopathic can also be helpful.

Position to avoid

1. Semi-reclining: This gives the baby less space and less opportunity to get into the pelvis in the correct position.
2. Long car trips in bucket seats, for the same reason as mentioned above.
3. Sitting with legs crossed. Not only does this decrease room for the baby, it makes varicose veins much worse. Our grandmothers were right, cross your legs at the ankle or sit “like a lady”.
4. Deep squats.

Pain Management in Labor and Delivery

Many women are concerned about how they will cope with pain during labor and childbirth. The experience of pain is subjective and varies from one person to the next and also from one pregnancy to the next. Discussing pain relief and being aware of your options ahead of time will help you make the right choices when the time comes. The following is a brief review of the most commonly used options for pain management by our patients and providers.

Types of pain relief typically fall under the categories of comfort measures, analgesia and anesthesia. Comfort measures include such things as meditation, rhythmic breathing, sterile water papules, position changes, use of focal point, aromatherapy, showers and baths. These techniques are discussed in greater detail in several texts as well as many childbirth classes. Some women desire to have an un-medicated birth experience. For a non-medicated birth to minimize your use of pain medications consider the following:

- Your personal choice
- Childbirth preparation (classes with your partner)
- Support from one or two people
- Consider a professional doula

Analgesia is a medication given directly into a vein through intravenous (IV) tubing. Commonly used medications for analgesia are stadol, nubain, demerol, & fentanyl. Other medications may be used for pain relief in labor. These medications are narcotics and have been used for many years in the management in labor and are given in small doses.

Side effects can include nausea and sedation in the mother, as well as sedation in baby. Discuss with your provider the appropriate use of these medications.

Anesthesia is the blockage of feeling, including pain. An epidural falls into this category. Your provider may also use an injection, of local anesthetic directly into the tissue around the vagina. These types of medication do not affect consciousness or mental state and have the least effect on the baby.

- Local anesthetics can ease pain of an episiotomy or during the repair of a laceration.
- Epidurals ease the pain of contractions, delivery and episiotomy and repair but do not necessarily remove the sensation of pressure.
- They may be given during labor.

You and your care providers will discuss the proper timing for an epidural. Epidurals are performed by an anesthesiologist and involve placing a small catheter into the lower back avoiding the spinal cord. An anesthetic is injected into this catheter either as a single dose and/or as a continuous infusion, depending upon the amount of time the effect is desired. Epidurals may have side effects that are closely monitored. They may cause the mother's blood pressure to drop, which may temporarily slow the baby's heart rate. However, steps are usually taken to prevent this. After delivery, your back may be sore for a few days at the site of the injection or occasionally you may get a bad headache.

Ruptured Membranes

In approximately ten percent of pregnancies, the amniotic membrane ruptures prior to the onset of labor. This is sometimes referred to as water breaking. When it happens there is usually a gush of clear fluid that may be mistaken for a loss of urine from the bladder. Ruptured membranes may also cause a constant trickle of fluid from the vagina. If you notice a constant loss of watery fluid from the area of the vagina, your membranes are most likely ruptured. If you think or are unsure if your membranes are ruptured, call the on call provider via the answering service at 214-824-3200 within one hour.

Summary

1. Unless you have been given specific instructions during your prenatal visits, we would like you to go to the hospital when your contractions are five to six minutes apart or closer, and when they last for 40 to 60 seconds over the course of an hour. Call first.
2. If your membranes rupture, we would like for you to call us immediately
3. If you have any heavy, bright red bleeding please call immediately.
Tell whomever answers:
 - Your name;
 - That you are pregnant and bleeding;
 - The name of your provider
 - A number to contact you (make sure your phone is on and with you)
4. If you are uncertain as to whether you actually are in labor, or whether you are leaking fluid, please call.

Once you have reached the hospital, you will be seen and evaluated by a delivery room nurse. She will then contact your provider and report your status.

Preparing For Birth

Diet & Exercise

Education, Resources & Classes

Feeding Your Baby

Third Trimester

When Labor Begins

Postpartum



POSTPARTUM

Top Ways To Help The New Mom

1. Limit visitors or guests.
2. Be willing to alter your routine.
3. Consider taking time off work to help.
4. Be an active participant in baby's care (change diapers, bathe, comfort when fussy, etc.)
5. Be willing to help with household chores such as cleaning, washing clothes and cooking meals.
6. Be willing to run errands.
7. Be willing to accept outside help from family and friends.
8. Be willing to participate in caring for baby at night (this may mean giving up sleep.)
9. Be willing to spend extra special time and attention with other children.
10. Be willing to come home and take care of child while mom takes a break.
11. Pay special attention to mom (message, allow to cry, humor, listening, tell her she is beautiful.)
12. Be aware sex life will change. Be patient with partner and find intimacy in other ways and at other times. She may be tired when you go to bed.

Postpartum Instructions

Congratulations! It's normal to feel a bit nervous about going home with a new baby, so some suggestions to help you are listed below. Please call us with any questions or concerns.

And remember, it's just as important to care for yourself, as it is to care for your new arrival!

Please call the office BEFORE you go home for your follow-up appointment.

Our office phones are 214-824-3200 or 972-613-6336.

CALL THE OFFICE FOR:

- Fever greater than 100.4 F.
- Heavy bleeding - soaking a pad in less than 2 hours or passing large blood clots.
- Signs of bladder infection - frequency, pain or burning with urination.
- Excessive pain not relieved by your pain medication.
- Breastfeeding problems.
- Swelling, redness, increased tenderness, discharge or foul odor at your incision site if you had a Cesarean delivery.

BREASTFEEDING

- It takes two weeks or so to get comfortable with breastfeeding.
- Avoid artificial nipples, pacifiers and supplements for about two weeks.
- Newborns usually need to nurse every 2-3 hours the first few weeks. Alternating breasts and changing positions will help avoid sore cracked nipples.
- Babies normally dirty a diaper every time they nurse. The stool is supposed to be bright yellow, loose, and "seedy"; this isn't diarrhea.
- Continue your prenatal vitamins while you are nursing.
- LaLeche league is a great resource. Call Katie (214-351-9816) in Dallas, or check on-line at www.lalechleague.org and follow the links to find a contact in your area.

STITCHES/SORE BOTTOM/EPSIOTOMY

- Soak in warm water for 15 minutes, 2-3 times a day (no bubble bath, lotion or oils).
- Use the squirt bottle you got at the hospital each time you use the bathroom. Pat dry gently or air dry.
- Take pain medication as directed. If you are breastfeeding, don't worry about making the baby sleepy. You need to be comfortable and relaxed so you can care for the baby well.
- Use Tucks, Preparation H or Anusol suppositories for hemorrhoids. Avoiding constipation will help. Increase the amount of fluids and fiber in your diet (bran flakes and oatmeal are good daily sources). Stool softeners are available over-the-counter. Try Docusate sodium, Fibercon or Surfak.

VAGINAL DISCHARGE

- It is normal to bleed like a heavy period for two weeks. Spotting or brownish discharge may continue for up to 6-8 weeks.
- You may notice increased bleeding with activity or after nursing. This is normal and can be your body's way of reminding you to slow down.
- No douching, tampons, or intercourse for 4-6 weeks. Use a contraceptive method such as condoms, spermicide (or both) if you have intercourse before your office visit.

Postpartum Instructions

OTHER TIPS

- Get plenty of rest. Try to nap when the baby naps! Lower your standards for housecleaning or let friends and family help.
- Keep visits short. Don't be afraid to tell people you need to rest. If friends offer to help, give them a job to do like laundry or shopping.
- Walking and fresh air are good, but no heavy lifting, sit-ups or strenuous exercise until after your office visit at 6 weeks.
- Drink at least 8-10 glasses of water each day.
- You can drive a week or two after the baby is born.
- Emotional ups and downs can be normal for the first few days. If you can't care for yourself or the baby, feel very "blue", or can't sleep, call us so we can help.

INCISION CARE FOR CESAREAN DELIVERIES

- Keep your incision dry and clean. Showering is okay, but dry your steri-strips thoroughly by patting dry and blowing dry with a hair dryer on a warm setting.
- Steri-strips may be removed after one week.
- You may drive two weeks after cesarean delivery if you are not taking pain medication.

Postpartum Exercise And Health

FiT Facts

FROM THE AMERICAN COUNCIL ON EXERCISE

After nine months of carrying around that extra weight, you're probably ready to think about your own fitness, including how to shed those last few pounds that didn't disappear when your baby was born. On average, women gain about 30 pounds during pregnancy, 18 to 20 of which are usually lost within a month of having the baby. That's when it gets tough. Those last five to ten pounds can be hard to get rid of, but consistent, safe exercise can help you do just that and maintain your well being, too.

Back in the swing

Getting back to exercise after the birth of your baby should be a gradual process. Your health care provider may start you out with simple exercises for the first week or two, such as Kegel exercises, small contractions of the muscles at the vaginal wall and opening, should be a priority. They will help to repair and strengthen the pelvic floor. Slow walks during this initial period will not only help you to feel you're getting back into fitness routine, but help you relieve tension and get some fresh air. Don't push yourself-work to establish a regular walking time and keep a steady pace. A full-fledged return to the aerobic activities you participated in pre-pregnancy usually comes around the time of your postpartum visit, or after about six weeks.

Back pain and posture concerns are still present in the postpartum period. The abdominal wall is loose now that the uterus is no longer pressing against it, and it can't adequately support the lower back. Try to incorporate low-back exercises and range-of-motion movements to ease the strain and strengthen the lower back. You may also exercise upper-back strain caused by fatigue and breast weight if you are lactating. Shrugging the shoulders and performing flexibility exercises for the chest and back should provide relief.

Toning your middle

You may be anxious to begin abdominal exercises, but do only what you're capable of. Pelvic tilts and abdominal compression exercises are a good place to start. Remember to tighten the pelvic floor when performing these since they may place pressure on it and stretch it further. As your pelvic floor gradually becomes stronger, other curl-up exercises may be added.

Eating right

Your first instinct may be to start eating less to expedite weight loss, but since breast-feeding and increased physical activity require more energy during the postpartum period, it isn't recommended. New mothers who breast-feed their babies shouldn't cut their calorie in take. In fact, they should increase it.

Breast-feeding mothers need to take in an additional 500 calories per day to provide their babies with the proper nutrients. If you skimp on calories, you're less likely to get the nutrients both you and your baby need.

Cesarean care

If you had your baby by Cesarean Section, your body will need more time to heal and regain strength, and chances are you will feel less like plunging into an exercise routine. Start slow and use caution when exercising, especially with your abdominal muscles. It is important to consult with your doctor to develop a safe exercise program.

The bottom line

Talk with your health-care provider before and after delivery to determine the best plan for you to follow once your baby is born, and don't hesitate to consult with them at any time if you have questions. Go slowly with exercise to build a safe foundation for taking care of you and your newborn, and you'll both be on the pathway to good health and well-being.

Postpartum Diet and Nutrition

Be reasonable in your expectations for weight loss (Appx 4.5 pounds per month after the first month)

Try a variety of foods.

Fluids - Drink enough to satisfy thirst.

500 calories extra a day for breastfeeding mothers.

Breastfeeding may or may not help you to lose the weight more rapidly. (Some studies have suggested that lactation may actually impede weight loss).

Please continue your prenatal vitamins, with additional iron as recommended.

Some women benefit from calcium supplementation.

The RDA of calcium for lactating women as well as for pregnant women is 1,200 mg/day.

Some good sources of Calcium.

Dairy Products	Fish	Greens	Other
Plain, 2% fat yogurt, 1 cup - 425 mg	Sardines, 3 oz - 372 mg	Collard, 1/2 cup - 179 mg	Waffle/Pancake with milk/egg, 179 mg
Nonfat dry milk, 1/2 cup - 377 mg	Oysters, 1 cup - 226 mg	Kale, 1 cup - 179 mg	Dark Molasses, 1 tbsp - 137 mg
Skim milk, 1 cup - 302 mg	Salmon in can, 3 oz - 167 mg	Beet, 1 cup - 165 mg	Tofu, 1/2 cup - 130 mg
Part-skim mozzarella cheese, 1 oz - 207 mg			English Muffin, 96 mg

Alcohol and Caffeine

Occasional consumption of small amounts of alcohol, and moderate ingestion of caffeine-containing products are not contraindicated during breastfeeding, according to guidelines of the Institute of Medicine (IOM). However, consuming large amounts of alcohol may interfere with your ability to breastfeed effectively and may adversely affect your infant in other ways as well. Alcohol may also impair a mother's ability to nurture and care for her infant.

Postpartum Survival Plan

1. Nurture yourself physically - Eat nutritious foods, sleep, rest as much as you can, and exercise.
2. Develop a support system - Find and get together with other new parents.
3. Express and accept negative feelings, while also attending to positive feelings. Don't try to push your negative feeling away and pretend they don't exist. Allow yourself to feel them, to work through them. Also work to find and feel the things that do feel good. Use a journal, talk into a tape recorder, or talk in the shower.
4. Take breaks - Alone, and with a partner.
5. Keep expectations realistic - Your job first and foremost is baby care, which is incredibly time-consuming. Don't push to be supermom.
6. Structure your day- When you feel clearest, plan the events of your day. List one task to do, one person to touch base with, one fun event for yourself. This gives you a sense of control over your life again.
7. Nurture your sense of humor - Have fun, work for a good laugh. Take a deep breath and imagine what might be hilarious ten yours from now.
8. Postpone major life changes - Don't try to make any major decisions unless you absolutely have to. Wait until you have achieved some balance.

Your Mood After The Baby Is Born

- “Baby Blues” - It is common for mothers of newborn babies to experience the “Baby Blues” within the first week after birth. This may include mild feelings of sadness or tearfulness and usually disappear within a couple of weeks after the baby is born.
- What should I do? These feelings are very common and a normal part of adjusting to motherhood. It is NOT your fault that you feel this way, and the best thing to do is to accept these emotional swings, get plenty of rest, good food, and fresh air. If you feel that you need to talk to someone, call your nurse-midwife or physician.
- Postpartum Depression - If the symptoms mentioned above do not subside or become increasingly intense, you may be at risk for experiencing Postpartum Depression (PPD). The time frame for this condition is anywhere from the first three months after birth up to a year. Some experts have estimated that this affects up to 18 percent of women. This is a far more serious situation.
- What should I do? Again, know that this condition is NOT your fault. Some women are at higher risk for developing PPD, so be proactive and call before the symptoms worsen. There are some questionnaires we can give you to figure out if you are experiencing PPD. We also have excellent referrals to experts who can help with what you are feeling.
- “Postpartum Psychosis” This condition usually comes on suddenly, and a woman may have hallucinations, delusions, agitation and other psychotic symptoms. There is a low incidence of this disorder, estimated at one to three in 1000 postpartum women. The goal is to seek help before this develops. Your partner should call us if you are unable to do so.

Below is a list of factors that may have an impact on your emotional transition during the postpartum period. IF ANY of these factors are significant for you, be aware that your risk for PPD may be greater.

- Marital Status
- Socioeconomic status
- Self-esteem
- Prenatal Anxiety
- Social Support
- Unplanned/unwanted pregnancy
- Life Stress
- History of Previous Depression
- Child Care Stress
- Marital Satisfaction
- Infant Temperament
- Maternity “blues”

What Are Some Strategies I Can Try To Help Prevent Postpartum Depression?

- Get ENOUGH REST- sleep when the baby sleeps. Get friends, family, or neighbors to come and help if you need some time to rest, or help with your stress level.
- Eat well-balanced meals that provide adequate nutrition.
- Get regular exercise. If it's just a short stroll at first, work up to longer walks. Do what you like to do and you will be more likely to continue exercising.
- Consider joining a mothers or postpartum support group. La Leche is great for mothers who are breastfeeding, and there are some interest sources for postpartum depression (See Resources List for more ideas). There is also local mom's group for Postpartum Depression.

Local and Internet Resources for Postpartum Emotional Adjustment

<http://www.4woman.gov/fag/postpartum.htm>- Excellent site discussing different symptoms and strategies for prevention.

Depression after Delivery

Web site address- <http://www.depressionafterdelivery.com/>

Please call our information request line anytime

1.800.944.4773(4PPD)

<http://www.postpartum.net/>- Includes a self-assessment test and resources for dads.

Dallas County Resources

Dallas Association for Parent Education 777 S. Central Expressway, Ste 1-T Richardson, Texas 75080 Phone: 972-699-0420 www.dallasparents.org	Mental Health Association of Greater Dallas 624 N. Good-Latimer, Ste 200 Dallas, Texas 75204 Phone: 214-871-2420 www.mhadallas.org
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Depression After Delivery, Inc, (DAD): Web-based organization that educates, provides resources and offers support about pregnancy and postpartum disorders.
Web site: www.depressionafterdelivery.com

Postpartum Support Internation: 805-967-7636. A volunteer listens to the reason for the call and then offers information, education and a referral is needed.
Web site: www.postpartum.net

Recommended Reading

Ciaramitaro, B. (1987) *Help for Depressed Mothers*. Mount Dora, Fl: Kidsrights.

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Raskin, V. (1997) *When Words Are Not Enough: The Women's Prescription for Depression and Anxiety*. New York: Bantam Doubleday Dell Publications.

Roan, S. (1997) *Postpartum Depression: Every Woman's Guide to Diagnosis, Treatment, and Prevention*. Holbrook, MA: Adams Publication

Taylor, V. (1996) *Rock-a-Bye-Baby, Feminism, Self-Help and Postpartum Depression*. New York: Routledge.

Postpartum Depression

Postpartum depression is not the same as the baby blues. Postpartum depression is a temporary illness that can be treated with therapy, medication and caring support. About one in ten new mothers feel depressed for more than a couple of weeks. The depression may begin soon after birth or anytime in the first year after birth.

Choosing The Birth Control Method That's Right For You

1. Short-term or Temporary methods

Hormonal

Birth control pills

Birth control pills contain estrogen and progestin to prevent pregnancy. Today's pills are safe and effective for most women. They can help lighten monthly periods and lessen cramps.

There is a type of birth control pill that contains progestin only which is safe and effective for breastfeeding mothers and women who cannot use estrogen.

Birth control patch (transdermal patch)

The transdermal contraceptive patch is a highly effective, weekly hormonal birth control device that is worn on the skin. It uses a combination of the hormones (estrogen and progestin) to prevent pregnancy- much like birth control pills. Not necessarily recommended for nursing moms.

Intrauterine Device (IUD)

The IUD is a sterile device that is placed inside your uterus by your provider. It is a very effective contraceptive which is intended for long-term use. The Mirena IUD contains a slow-released hormone and can stay in place for up to five years. The Paragard copper T can stay in for ten years. Each is very effective at preventing pregnancy. You don't need to do anything once it is in place.

Depo-Provera

This injection is given every three months and contains the hormone progestin which prevents pregnancy. It is safe and highly effective.

Vaginal Ring

The Nuvaring is a vinyl device that is flexible, thin and soft. It delivers birth control hormones similar to those in birth control pills. This is a device a woman inserts into the vagina herself, leaves in place for three weeks, and then removes. A new ring is inserted every fourth week. This may not necessarily be recommended for nursing moms.

Implanon

Single implant with progestin is inserted under the skin by your physician and lasts 3 years.

Choosing The Birth Control Method That's Right For You

Non-hormonal

Non-prescription barrier methods

These products can be purchased at pharmacies and grocery stores without a prescription.

- Condoms are latex sheaths that are worn on the male penis. A new one must be used each time you have sex. Condoms are also used for protection against sexually transmitted diseases.
- Foams, gels and suppositories are products that are inserted into the vagina every time you have sex.

Prescription barrier method

- The diaphragm is a soft, reusable, dome-shaped device used with a spermicidal gel, which a woman inserts into the vagina each time she has intercourse. It is fitted by a health care provider and purchased at the pharmacy.
- Fem-Cap (cervical cap similar to a diaphragm) www.femcap.com

Non-Hormonal/Non-Barrier

Natural Family Planning

This method teaches you to recognize signs of ovulation, so intercourse can be timed to prevent pregnancy. Classes are offered through the metroplex. Ask your provider.

2. Permanent methods (for those who do not want more children)

Essure

This is a unique, FDA approved, permanent female sterilization procedure done in the doctors office or day surgery center. During the procedure, a soft coil micro-insert is placed in the patient's fallopian tubes through the cervix, which causes blockage of the fallopian tubes usually by 12 weeks. It requires minimal anesthesia and NO incision. Most women return to work the next day.

Tubal Ligation (a.k.a "tubes tied")

During this female sterilization procedure, both fallopian tubes are closed by being cut, tied or sealed with an electrical current. This prevents the egg from moving down the tube and keeps the sperm from reaching the egg. This is an outpatient surgical procedure and may require three to five recovery days. If you have just had a baby we recommend waiting six weeks to schedule this procedure.

Vasectomy

During this male sterilization procedure, the vas deferens tube is severed preventing the release of sperm. This is typically an office procedure performed by a urologist and may require a few days for recovery. A vasectomy is the least expensive permanent birth control method.

