

Pregnancy Health Guide



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How to Use this eGuide

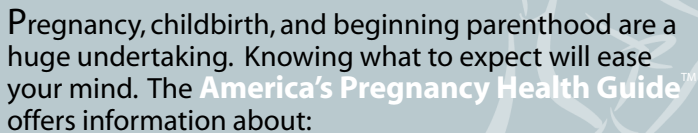
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In addition to reading about your health, you can use this eGuide to:

- **Skip to specific topics.** Click on any section heading to skip to that topic.
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- **Learn more from internet resources.** Click on any web address to open that web page in your internet browser.
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Pregnancy, childbirth, and beginning parenthood are a huge undertaking. Knowing what to expect will ease your mind. The **America's Pregnancy Health Guide™** offers information about:

- **Prenatal Care**
- **Risk Factors**
- **Tests**
- **Record of Checkups**
- **Body Changes**
- **Complications**
- **Labor and Delivery**
- **Newborn Care**
- **Resource List**

This guide will also be a record of your prenatal care. Carry it with you. Information will then be handy during your visits to a health care provider, when traveling, and in case of an emergency. Use the plastic sleeve to protect and store your insurance card, appointment cards, or an ultrasound photo of your baby. This book is also a helpful record for future pregnancies.

Information in the Pregnancy Health Guide is for education only. It does not replace medical advice or attention. We cannot accept responsibility for any problems that may develop.

Plan and Take Care

PRE-PREGNANCY PLANNING

It is ideal to plan ahead to improve your health before you are pregnant. This offers the best chance of having a healthy pregnancy and a healthy baby.

There are lifestyle changes that you can make before becoming pregnant.

- Eat a balanced diet.
- Give up smoking.
- Stop drinking alcohol.
- Begin taking folic acid.
- Take care of your teeth and see a dentist.

Any woman who could become pregnant or is thinking about it should see a doctor, who will screen for risk factors or problems. Vaccinations for Rubella and Hepatitis B and screening for HIV is also needed. It is important to manage asthma, diabetes, obesity, sexually transmitted diseases, and inherited disorders.



PRENATAL (BEFORE BIRTH) CARE

Prenatal care is the health care you receive while you are pregnant. You'll probably visit your doctor 10 or more times before your baby's birth. Women who begin prenatal care early in pregnancy have a much better chance of delivering healthy babies.

If you have no **health care provider**, ask a family member or friend. Your local health clinic, health department, hospital, or pregnancy hotline can also give you a referral. You may choose a certified nurse midwife, family doctor, or an obstetrician. An obstetrician is a doctor trained to take care of pregnant women. Midwives can care for women with normal pregnancies. A doctor is needed if problems are expected or develop.

Home pregnancy tests are easy to use. They can detect pregnancy as early as two weeks after a missed period. If you think you are pregnant, make an appointment with a doctor right away.

Your doctor will oversee and manage your pregnancy to protect your health and your baby's. You will have:

- A complete **physical examination** to check your general health.
- A pelvic exam to check the organs of reproduction.
- A Pap test to check for cancer.

- Your height, weight and blood pressure recorded.
- Blood and urine samples taken for tests related to your pregnancy and general state of health.

Other tests may be done at this time or later for specific medical reasons.

Know the date you began your last period. It will be used to figure your due date. This will be about 40 weeks from the first day of your last menstrual period.

Don't miss **appointments** even if you feel fine. Your doctor will check how you and your baby are doing. He or she will manage existing or likely future problems. Use these visits to build a good relationship with your health care providers. They want to know how things are going in general.

If you are under extreme stress or feeling depressed, talk to your doctor about treating these conditions. Do you have concerns about being a single mom? Are you thinking about adoption? The more your doctor knows, the better he or she is able to help you.

Childbirth classes help prepare couples for pregnancy, labor, and newborns. They also teach about breast-feeding. Ask for referrals to childbirth classes.

RISK FACTORS

Everything that goes into your body goes into your baby—what you eat, drink, breathe, what drugs you take. Everything you do affects your baby—how you live, work, sleep, play. Your baby depends on you to protect it from harm. Make healthy choices. Show your love for your baby by avoiding habits and hazards that add risk to your pregnancy.

If you are pregnant and drink alcohol, smoke, or use illegal drugs, stop right away. Get help if you need to.

- Babies of women who drink alcohol during pregnancy are at risk for birth defects. **Fetal alcohol syndrome** can include both physical and mental birth defects. It is best not to drink alcohol at all while you are pregnant.
- **Pregnant women who smoke** are more likely to have miscarriages, stillbirths, preterm labor and premature babies than women who do not smoke. Babies may be too small. They may have birth defects. They may also have slow physical growth and mental development. Secondhand smoke is also harmful. If you smoke, ask your doctor to help you stop smoking.
- Women who use **addictive (usually illegal) drugs** are more likely to have a miscarriage and other problems. Half of all infants born to addicted mothers

are addicted. Most suffer withdrawal. Some do not live. Those who do live may have birth defects, brain damage, and slowed growth and function of organs. Even if drugs are used once, they may be harmful.

- Almost any drug you take while you're pregnant affects your baby. This includes **prescription drugs** and over-the-counter drugs like aspirin or cough syrup. Some substances cause birth defects and other serious problems. Even too much of some vitamins, like Vitamin A, may cause birth defects. You may need medicine for a health problem. Your doctor knows what is safe and should supervise all of your medicines.
- Some **infections** may cause birth defects. Genital herpes, hepatitis, influenza, mumps, German measles (rubella), and chickenpox (varicella) are a few. There are others. Be tested and treated so your baby is not infected.
- Some **sexually transmitted diseases** (STDs) may cause infant deformities, blindness, deafness or death. If there is a chance you or your partner has an STD, be tested and treated. Protect your baby.
- Avoid **x-ray** exposure of your belly. Tell your dentist and other health care providers you are pregnant.

- Some **chemicals** change the way a baby's brain develops. Avoid exposure to hazardous materials such as cleaning solvents, lead, mercury, insecticides, paint, and stains.
- A **parasite** found in cat feces and in some meat may lead to a miscarriage. Rarely, it can cause blindness and death of an infant.
 - Do not handle litter boxes or anything dirtied by cat feces.
 - Eat only well-cooked meat.
 - Wash your hands after you handle raw meat or unwashed produce.
- If a mother's blood is **Rh**-negative and the father's is Rh-positive, the **mismatch** of this blood factor may destroy the baby's red blood cells. Injections may be given during and after pregnancy to prevent problems.
- **Age** is a risk factor. Women older than 35 are more likely to develop diabetes and high blood pressure. They also may be more likely to have a baby with a genetic problem such as Down syndrome. Girls age 15 and under are more likely to develop serious problems during pregnancy. Overall, mothers and babies do well in most cases if mothers are healthy and have good prenatal care.

TESTS

Tests are done before, during, and after pregnancy. They help find problems and decide what treatment is needed. Tests can also find out the baby's gender, health status, and some development problems. Always ask why a test is done, any risk, and the results.

Most pregnancies are low risk. Routine tests of mother and baby simply make sure all is going well. Some special tests may be done for Down syndrome, spina bifida, Tay-Sachs, sickle cell disorder, and other problems.

Blood Tests

First visit:

- ✓ Blood type and Rh factor.
- ✓ Rubella immunity.
- ✓ Screen for anemia.
- ✓ Check for sexually transmitted diseases.
- ✓ HIV testing for the virus that causes AIDS.
- ✓ HBV test for the virus that causes Hepatitis B.
- ✓ TSH to identify low thyroid function.

15–20 weeks:

- ✓ Triple Screen. This combination of three tests screens for defects such as spina bifida and genetic problems such as Down syndrome.

Write down when you have these tests in the Prenatal Checks record.

24–28 weeks:

- ✓ Diabetes Mellitus Screen (DMS) checks for high blood sugar. If this level is high, a Glucose Tolerance Test (GTT) to check for diabetes will be needed.

Urine Tests

Every visit:

- ✓ Check for sugar in urine, which can be a sign of diabetes.
- ✓ Check for increased levels of protein to find problems with kidneys, high blood pressure, or preeclampsia.
- ✓ Bacteria may reveal a urinary tract infection.

Pelvic Exams

First visit:

- ✓ Pap test done during exam of the cervix (opening of the uterus). Test screens for cervical cancer.

35–37 weeks:

- ✓ Bacterial culture to check for *Group B Streptococcus (GBS)*. This bacteria can cause a newborn to become sick. Mother can be treated with antibiotics during labor.

Amniocentesis*

After 16 weeks:

- ✓ A test of fluid around the developing baby to check for genetic conditions. This may also be done later in pregnancy to determine the lung maturity of the baby if early delivery is a concern.

Chorionic Villus Sampling (CVS)*

10–12 weeks:

- ✓ A sampling of tissue from the baby's portion of the placenta to check for genetic conditions.

Heartbeat

After about week 12:

- ✓ Your health care provider will listen to your baby's heartbeat. You may be allowed to hear the heartbeat too.

Ultrasound

18–20 weeks:

- ✓ A method of getting a picture of the developing baby using sound waves. It can be used to measure growth, estimate age, check for more than one baby, determine the baby's position, and locate the placenta.

Non-stress or Stress Test (NST)(OCT)

Near end of pregnancy:

- ✓ A fetal monitor evaluates the baby's current heart rate patterns.

Write down when you have these tests in the Prenatal Checks record.

*Not all pregnancies

Prenatal Health Checks

Date	Weeks Pregnant	Weight	Blood Pressure	Urine	Fundal Height
Visit 1					
Visit 2					
Visit 3					
Visit 4					
Visit 5					
Visit 6					
Visit 7					
Visit 8					
Visit 9					
Visit 10					
Visit 11					
Visit 12					
Visit 13					
Visit 14					

Your Changing Body

Most women do not have serious problems during pregnancy. Some discomfort is common.

BODY CHANGES

Nutrition: A healthy diet is vital for both you and your baby.

- You will need about 300 extra calories per day, eating a variety of healthy foods that includes low-fat dairy, protein, and lots of fruits and vegetables.
- A slow, steady weight gain of 25 to 35 pounds is best for a healthy baby.
- Pregnant women need 1500 mg of calcium per day. You need iron for the extra blood supply for mother and baby. Most doctors prescribe prenatal vitamins with iron and folic acid.
- Limit caffeine to less than 200 mg a day.

Urination: It is normal to urinate often. Your body has added fluids. As the uterus grows, it puts pressure on the bladder. Report if you have burning or pain when you urinate, discolored urine, or a backache. That may be a sign of infection. Don't cut down on fluids, you need to drink lots of water. Try drinking earlier in the day so your sleep is not disturbed.

Swelling: Fluid makes up about a fourth of weight gain. Avoid highly salted foods. Put your feet up whenever possible. Avoid standing for long periods of time. Report sudden or increased puffiness in your hands, and face, and especially around the eyes. This may signal a serious problem.

Breast care: Breasts increase in size and are more tender. Colostrum (yellowish “early milk”) may leak from the nipples in the last months. Keep them clean with warm water and gentle washing. Your health care provider can help you prepare for breast-feeding.

Mood Swings: It is normal to be more emotional as your body and hormone levels change. You may cry for no reason. You may think about how a baby will change your lifestyle. You may worry about how you will manage. Talk over your feelings with others, especially family. They are most often affected by your moods.

Pamper yourself. Plan and do things with your partner or friends that bring you pleasure. Get plenty of rest. Tell your doctor if you think you are depressed.

Vaginal discharge: A thin mucous discharge is normal. If the discharge is excessive and has an odor, or if you have itching or burning in the area, contact your doctor. You may have an infection. Report any bleeding or sudden fluid discharge immediately.

DISCOMFORTS

Morning Sickness/Nausea: Nausea and vomiting are common during the first part of pregnancy. For some women, this is the first sign of pregnancy; others are never nauseated. If you experience this problem:

- Eat small, frequent, bland meals throughout the day.
- Try eating crackers or dry cereal before getting out of bed.
- Eat foods that taste good to you.
- Tell your doctor if you are vomiting often.
- Take prenatal vitamins with meals.
- Lie down for a short time after eating.

Heartburn: Food stays in the stomach longer. Stomach juices are pushed back into the esophagus (food tube). This causes a burning sensation under the breastbone. It may leave a sour taste in the mouth.

Eat four or five small, nourishing meals a day. Food in your stomach will soak up extra acid. Eat slowly. Avoid whatever triggers discomfort, like spicy and fried foods and carbonated drinks. Don't lie down until two hours after you eat. Try sleeping with your upper body raised or lie on your right side. Your doctor may suggest an antacid.

Constipation: As the uterus grows, it puts pressure on the organs of digestion. Eat foods with lots of fiber. Fruits, vegetables, bran, and whole-grain cereal and bread are great sources. Prunes are often helpful. Drink at least 6 to 8 glasses of fluids a day. Exercise daily. If you still have problems your doctor may suggest a mild laxative or stool softener.

Hemorrhoids: Pressure on veins in and around the rectal opening causes them to swell. They may become painful and itch. Hemorrhoids often develop from straining to have a bowel movement. They are made worse by constipation. Tell your doctor if they bleed.

Varicose veins: Pressure from a growing uterus slows blood return from leg veins. They may become swollen and painful. Don't stand or sit for more than a half-hour. Walk around to aid circulation. Put feet up on a footrest when you are sitting. Avoid anything tight around your waist or legs; that further slows blood flow. Tell your health care provider about your varicose veins.

Sleep: Problems sleeping may mark your final months. This is due to growing discomfort, frequent urination, and a more active baby. Do not eat a large evening meal. Limit evening fluids and avoid caffeine. A warm bath or shower might help. Try different positions. When you sleep on your side, prop pillows under your belly, against your back, and between your knees. Avoid sleeping flat on your back.

TAKE CARE

Travel: Travel is usually safe. However, if you are nauseated or uncomfortable, it may not be pleasant. Many doctors advise against travel during the last weeks of pregnancy. When you travel, change your position, stretch, and walk around every hour.



Always wear a safety belt in a car. Fasten the lap belt low, across the hips and over your upper thighs. Never fasten it over your belly. Adjust the shoulder belt to the side of your belly and between your breasts.

Headaches: Fatigue, tension, hunger, and stress can cause headache. Changes in hormones and blood circulation are also common causes. Practice relaxation techniques. Get enough rest, fresh air, and exercise. Don't skip meals. If headaches are severe or do not go away, call your doctor before you take any pain medicine. Also let your doctor know if you have vision problems, sensitivity to light, vomiting, or fever with your headache.

Exercise: Exercise can help improve posture, strengthen muscles, and promote relaxation. Talk with your health care provider before you start any exercise program.

- Start your exercise program slowly and increase your activity level at a gradual pace.
- Avoid exercising while on your back after the first 20 weeks.
- Don't exercise in hot, humid weather.
- Body shape changes can cause a loss of balance.
- Avoid exercise involving any contact with the belly.
- Drink enough water and avoid overheating.
- Do Kegel exercises to strengthen the muscles in the pelvic floor. Tighten the muscles as if to stop the flow of urine; hold for a few seconds. Relax and repeat 10 or 15 times. Do this several times a day.

Backache: During pregnancy, joints of the pelvis loosen. Your posture and center of balance are changed by the weight of your belly. This adds strain to your back. Wearing comfortable, low-heeled shoes will help good posture. A well-supported low back (ask about a back support belt) also relieves strain. Try lying on your left side with knees bent.

Some Complications of Pregnancy

HIGH RISK CONDITIONS

For some women, pregnancy doesn't go as smoothly as planned. Not all high-risk conditions can be predicted. Careful watching over high-risk pregnancies may greatly increase the chances for a healthy delivery.

Pregnancy induced hypertension (PIH) is a serious condition. It occurs in mid to late pregnancy. PIH is also known as toxemia or preeclampsia. If you have any of these symptoms, call your doctor right away:

- Severe headaches.
- Dizziness.
- Excessive nausea or vomiting.
- Excessive swelling of feet and hands.
- Double or blurred vision.
- Pain in the upper abdomen.

Diabetes is a condition where sugar levels in the blood are too high. Diabetes that first shows up in pregnancy is called gestational diabetes. It usually goes away after delivery but may come back later in life. If you have diabetes you'll need to monitor your blood sugar levels often. A diabetes educator can help with meal and activity planning.

PROBLEMS IN PREGNANCY

- **Miscarriage** is the loss of a fetus from natural causes before the 20th week of pregnancy. Most cannot be prevented. The cause may not be found.
- **Stillbirth** is the loss of a fetus from natural causes after 20 weeks of pregnancy.
- An **ectopic (tubal) pregnancy** is when an egg implants in the wrong place. It is most always in a fallopian tube. This causes internal bleeding and severe pain. It is removed by surgery.
- **Abruptio placentae** is the early separation of the placenta from the uterus. A small section may loosen or it may completely separate. When the placenta is not connected completely, the baby's source of food and oxygen is cut. There may or may not be painful bleeding or a hard painful stomach. **This is an emergency.**
- In **placenta previa**, the placenta is low in the uterus. If it is over the cervix, painless bleeding occurs. Often your doctor will find this condition early in pregnancy so precautions are taken.

- **Preterm labor** is when true labor begins between the 20th and 37th week of pregnancy. Preterm babies have not had enough time to fully grow in the womb. They may be born with breathing or heart trouble, brain damage, vision and hearing problems.

Symptoms that may mean preterm labor:

- ✓ Four or more uterine contractions per hour— with or without pain.
 - ✓ Menstrual-like cramps in the lower abdomen that don't go away.
 - ✓ Abdominal or pelvic pressure, like the baby is pushing down.
 - ✓ Low backache.
 - ✓ A gush or slow leak of fluid from the vagina.
 - ✓ Vaginal bleeding.
- **Postmaturity (prolonged pregnancy)** occurs when the baby is not born by the 42nd week. If the due date is correct, the doctor will induce (start) labor.
 - **Postpartum (after delivery) hemorrhage** sometimes occurs. The uterine muscles may be too weak and tired to contract enough to control bleeding. Drugs can contract the uterus and help blood clot.

CALL YOUR DOCTOR

Call your doctor if you have any of these physical changes:

- ✓ Bleeding from the vagina.
- ✓ Severe abdominal pain.
- ✓ Pain or burning when urinating.
- ✓ Puffiness in your face, hands, or fingers.
- ✓ Severe or sudden headache.
- ✓ Vision problems or blurred vision.
- ✓ Lower abdominal cramping.
- ✓ A gush or slow leak of fluid from the vagina.
- ✓ Vaginal discharge that has a bad odor.
- ✓ Fever or chills.
- ✓ Severe nausea or vomiting.
- ✓ Greatly reduced or no fetal movement after 28 weeks of pregnancy.



Ready for Baby

BE KIND TO YOURSELF

Being pregnant is an important job and it's hard work. You can feel lots of stress during pregnancy. So talk to your partner, family, and good friends. Talk to your doctor and nurse about how you feel. If you have a question—ask!

Baby Equipment Needed Before Baby Comes

- **Car seat** that meets safety guidelines. *Bring this to the hospital to take the baby home!*
 - ✓ Car seat should be in the backseat and face rear of car for infants less than 22 pounds and one year of age.
 - ✓ Follow the installation instructions—make sure the harness and car seat belt are snug.
- **Crib** that meet U.S. Consumer Product Safety Commission standards, including:
 - ✓ Slats that are no more than 2-3/8 inches apart.
 - ✓ Mattress that fits snugly.
 - ✓ Locks and latches that don't release accidentally.
 - ✓ Non-toxic paint/finish.
 - ✓ Plastic-covered teething guards on rail.

LABOR AND DELIVERY

Just as no two pregnancies are alike, the birth of each child is also unique. No one can predict how you or your baby will respond. However, there is a general course of events. Knowing what to expect ahead of time will help you handle events as they occur.

Childbirth is divided into three stages. During stage 1 (labor) the cervix opens. During stage 2 (delivery) the baby passes through the cervix and out through the vagina. During stage 3 the placenta and membranes are expelled.

Labor is a series of contractions of the uterus. They help open the cervix and push the baby down the birth canal.



SIGNS OF LABOR

Let your doctor know right away if you have any of these signs. Explain exactly what is going on. If your membranes rupture (water breaks), your doctor will most likely want you to go to the hospital. You will probably deliver within 24 hours.

- A discharge of the red-tinged mucus that blocked the cervix.
- Water (the sac with the amniotic fluid) breaks. Clear liquid leaks or gushes from the vagina. Be sure to note the time, color, odor, and amount.
- You are bleeding enough to need a sanitary pad.
- You are having true labor contractions at regular intervals of time. They get stronger, last longer, and get closer together. Walking does not stop them. Pain usually begins at the lower back and spreads through the abdomen.

During early labor, your cervix will begin to open (dilate) and thin out (efface). You will likely spend the majority of this phase of labor at home. During this phase of labor:

- Focus on relaxing; don't tense your muscles.
- Rest between contractions.
- Write down how often, how long, and how hard your contractions are.
- Take a warm bath or shower (if your water has not broken).

- Drink lots of water.
- Don't eat a heavy meal.

Your doctor will tell you when to go to the hospital.

AT THE HOSPITAL

You will most likely be in the hospital during active labor, when strong contractions are 5 minutes apart or less. The cervix will dilate and contractions get stronger. A monitor may be put over your belly to measure the baby's heart rate and your contractions. You will be working hard and getting tired. As the uterus contracts, the baby is pushed against the cervix. It slowly opens and thins until the opening is large enough for the baby to pass through into the birth canal.

If you move about, labor may go faster. An upright position makes the best use of gravity and puts less strain on your back. You may walk, stand, sit, or lay in a semi-upright position. An intravenous (IV) line may be put in to give fluids and medications. You will have vaginal exams to see how labor is progressing. If the cervix is not opening as it should, medicine may be given. This will make your uterus contract more forcefully. You may need something for pain. Anesthesia may be given.

Transition is the most demanding and shortest period of labor. Your cervix will dilate fully.

Pain Relief During Labor and Delivery

Some women rely on relaxation and breathing techniques to relieve pain. Others choose to have medicine to relieve pain. The type of medicine and how it is given depend on several factors. These include the stage of labor, how much relief you need, what you prefer, and what is best for you and your baby. This decision should be made when you are actually in labor.

- Analgesics/narcotics provide some pain relief. They also help you relax and rest better between contractions. They usually are not given close to the time of delivery.
- Local anesthetics numb the area but do not keep you from pushing.
- Regional anesthesia numbs the entire lower body.
 - Epidural* anesthesia is used most often. Medication is given through a thin tube placed in the lower back. Epidurals only partly affect muscle control; you should still be able to push.
 - Spinal* anesthesia is mainly used for cesarean births. Medication is injected into the spine right before delivery.
- General anesthesia is mainly used in emergency cesarean deliveries. You are put under anesthesia by injection, inhaled gas, or both.

BABY IS BORN

Delivering your baby can take anywhere from a couple of minutes to three hours. Things to expect during this stage include:

- Contractions are close together and hard. Work with your caregivers and labor coach.
- You may have a strong urge to push but wait until your doctor or nurse tells you to; the cervix may not be ready.
- If the vaginal opening is not wide enough, a small cut (episiotomy) may be made between the vagina and rectum.

Most babies are born headfirst, with face toward the back. A baby in any other position may need special help to be born. They may be feet or buttocks first (breech), head down but face up (posterior), or crosswise (transverse). A doctor may be able to turn a breech baby. A cesarean section is always done if the baby is in the transverse position. It may also be done for other abnormal positions.

As you push, the baby's head comes out first. Mucous and fluid are removed from the mouth and nose. Then a few more pushes and your baby is born. Baby takes a breath of air and might cry. The umbilical cord is clamped and cut. Your baby girl or boy may be placed on your stomach or even put to your breast. You are exhausted and emotional.

Cesarean Birth

A cesarean section may be needed to safeguard the mother, the baby, or both. It can be planned ahead or done when an unexpected problem occurs. Incisions are made in the mother's abdomen and uterus and the baby is lifted out. The mother usually is given regional anesthesia which allows her to be awake but feel no pain. A cesarean section may be done if:

- Labor doesn't fully open the cervix.
- Baby is too large or is in an abnormal position.
- Baby or mother show signs of distress.
- Baby is premature.
- There are multiple babies.
- Mother has PIH, diabetes, or an active vaginal infection.
- There are problems with the placenta.

AFTER BIRTH

Know that babies are not born "picture perfect." They may be hairy, wrinkled, and puffy-eyed. The head may be misshapen and the body covered with a greasy white coating. These features quickly change. By the time a baby arrives, parents already have a strong emotional link. Now your baby also begins to form a bond, one that will grow through life.

The third stage of labor is delivery of the placenta. A few mild contractions will usually empty the uterus. If you had an episiotomy or tear, it will be stitched. You will be checked closely to make sure that all is well. After a well-deserved rest, you will be up and about. Walking helps relieve gas pains and increases circulation for faster healing. You will be sore.

You may have mild cramping as the uterus begins getting back to its normal size. Often this occurs during breast-feeding. Your baby may be in your room or brought to you every 2 to 4 hours to be fed and loved. Nurses will teach you how to care for yourself. They will also show you how to bathe, feed, and care for your baby. This is the time to ask questions.



CORD BLOOD DONATION

Besides nourishing your baby during pregnancy, cord blood can save lives. After a baby is born, the umbilical cord and placenta are no longer needed. They are usually discarded. However, the blood remaining in the umbilical cord and placenta is rich with blood-forming stem cells. (These are not embryonic stem cells.) By collecting and freezing this blood, the healthy blood-forming cells can be stored. A patient who needs them may later use the cells.

For patients with leukemia, lymphoma, sickle cell disease, or certain inherited disorders, a cord blood or bone marrow transplant may be their best treatment option. Cord blood can be especially promising for patients of racially or ethnically diverse backgrounds. Patients needing a transplant quickly could also be helped.

Learn how umbilical cord blood can help others. Public donations, directed donation for an affected family member, or research studies are examples. Talk with your health care provider or visit <http://bloodcell.transplant.hrsa.gov> or www.bethematch.org to learn more. Your decision can help save someone's life.

Delivery Record

Baby's Name _____ Gender _____

Date of Birth _____ Time of Birth _____

Place of Birth _____ Weight _____ Length _____

Delivered By _____

Support Person _____

Baby Doctor _____

APGAR Score _____ 1 min. _____ 5 min.

Time _____ Labor started _____ Infant born

_____ Membranes ruptured _____ Placenta delivered

_____ Cervix completely dilated

Anesthesia Used ☐ Y ☐ N Type _____

Monitor Used ☐ Y ☐ N

Delivery ☐ Spontaneous ☐ Breech

☐ Vacuum ☐ Forceps ☐ Cesarean Section

Complications _____

Mother's Blood Type _____ Allergies _____

Your Newborn

NEWBORN TESTING

The very first test, APGAR, is done when your baby is born and again 5 minutes later. The highest score is 10 but any score over 7 means your baby is doing well. A score of 6 or below means the doctor and staff may need to help your baby.

FIRST CHECK-UP

Right after your baby is born the hospital staff will:

- Clean the baby.
- Clamp the umbilical cord.
- Put antibiotic drops or ointment into each eye.
- Take the baby's footprints.

Before leaving the hospital, your baby will receive an immunization for Hepatitis B, a hearing test, and a blood test to check for rare disorders.

Some babies develop jaundice (yellowing of the skin) in the first 1–3 days. Mild jaundice is common in newborns and should clear up within a few days.

Call your insurance company to add your baby to the coverage.

Register your baby for a social security number.

TAKING CARE OF YOURSELF

Adjusting to life with a new baby may take some time. It's important to remember that you need to take care of yourself as well as your baby. **Plan your first medical checkup within six weeks after your baby is born.**

Even for experienced parents, the first month is a difficult time. New moms and dads have much to learn—and quickly! Share the work. Don't expect that you will do everything right the first time. You may not feel prepared for this new role. You may be worn out by baby's needs and have emotional ups and downs.

Try these tips to cope with your baby's needs:

- Try to sleep when your baby sleeps.
- Take a break if you feel stressed. Ask a partner or friend to watch the baby while you go for a walk, call a friend, or just take some time out.

Mild depression that lasts 2 weeks is common. Talk to a family member, or friend about your feelings.

Call your doctor if:

- Your sadness does not go away.
- You are extremely sad.
- You are unable to take care of yourself or your baby.

You might have postpartum depression, a serious condition.

TAKING CARE OF BABY

Each baby is unique, yet all follow a basic pattern as they grow and develop. Your baby needs to be wholly loved and totally cared for.

- Decide before you give birth if you will breast-feed or bottle feed your baby. Breast-feeding ensures the best health and development of your baby. Breast milk is always warm and ready when baby is hungry. It is easy to digest. It protects baby from some germs. Breast-fed babies have fewer allergies. Breast milk costs less and is more convenient. The American Academy of Pediatrics and the US Surgeon General recommend breastfeeding.

If you use formula, follow your doctor's instructions as to what kind and how much. Follow label directions carefully. Hold your baby during feeding; physical contact is important to newborns.

- Newborns can best see objects 12–18 inches away; they enjoy watching a parent's face. Newborns respond the most to eye contact.
- Newborns can hear and are startled by loud sounds. At 1 month they know their parents' voices and may smile when spoken to in a gentle tone. Sing, coo, and talk to your baby often. Play soft, calming music.

- In most cases, health providers show you how to bathe your baby and take care of the umbilical cord. They also explain care of the penis if baby is circumcised (surgical removal of the male foreskin). A bath every day or two is fine, but clean the mouth and diaper area at least daily. Test bath water to make sure it is not too hot. Never leave a baby alone in the bath for even a second!
- Newborns cry to let you know they are hungry, wet, hot, cold, or in some way uncomfortable. Some cry more than others.
- You will soon understand your baby's "language." Act quickly to soothe and calm your baby and take care of needs. You won't "spoil" your baby. Instead, your baby will feel loved and safe. Babies thrive in peaceful, happy homes.
- Infants usually have a few stools a day. Don't worry if they miss a day or two. Stools of breast-fed babies are odorless and look like yellow applesauce. Stools of formula-fed babies are smelly and more firm. They range in color from yellow to dark brown. Change your baby when soiled and when wet. Use a disposable wipe or washcloth to keep the area clean. This will prevent irritation or rash. Wipe a girl from front to back. This keeps stool bacteria from getting into the urinary opening and causing infection.

- Sleep times vary greatly. Most infants sleep about 14 out of 24 hours. They rarely have regular sleep patterns until later.
 - Place your newborn on its back to sleep, never on the stomach or side.
 - A separate crib in your bedroom is the safest place for your newborn to sleep.
 - Use a firm crib mattress covered by a sheet.
 - Keep soft objects and loose bedding out of the crib.
 - Baby's face and head should stay uncovered during sleep.
- Use clothing that is comfortable and easy to change. Outdoor air is fine in good weather. Cover the baby's head with a cap if it is cool, a sun hat if it is sunny. Feel the body, not just the hands, to check if baby is dressed warm enough.
- Bonding is the loving tie between you and your baby. A child must bond with loving parents for healthy physical, mental, and emotional development. Nothing is more important. Children bond with the people who protect, love, care for, and guide them.



RECOGNIZING ILLNESS IN YOUR BABY

Call your baby's doctor immediately if you sense something is wrong, or for the following signs or symptoms:

- Changes in breathing—fast, uneven, labored, or when breathing seems to stop.
- Fever: a rectal temperature of over 100.5 degrees F.
- Undue crying, especially if there are other symptoms.
- Vomiting forcefully, especially if it contains green bile or blood.
- Blood in urine or bowel movements, or bleeding from cord or circumcision.

CALL 911 IMMEDIATELY if these symptoms are present:

- Persistent blueness, especially around the mouth.
- Loss of consciousness.
- Seizure.
- No breathing.

KEEPING BABY SAFE

The world is full of hazards for helpless, fragile infants. We must know and sense what is not safe. Here are a few of the things you will need to watch out for. They can cause injury, and even death, to infants.

- When in a car, place your baby in a rear-facing infant car seat. Fasten them securely in the back seat of the car.
- Make sure used or hand-me-down equipment (car seats, strollers, toys, cribs) were not recalled for safety reasons. Check recalled products at 800-638-2772 or www.cpsc.gov.
- Never leave small objects or plastic bags within baby's reach. Baby could choke or suffocate.
- Never leave your baby alone on a bed or changing table. Baby may fall and sustain a tragic injury.
- Install smoke and carbon monoxide detectors. Use flame-retardant sleepwear.
- Beware of dogs. Protect children from all animals.
- Do not leave small children alone with a newborn. Baby could be hurt by accident.
- Handle baby gently and carefully.

- Keep your home smoke free. Children exposed to second hand smoke have more problems with allergies and asthma and more ear and upper respiratory tract infections. They also have a higher rate of SIDS.
- Know your coping level. Some babies cry more than others. Do all you can to comfort your baby—rock him, walk with him, take him for a ride in a car or stroller, offer a pacifier.

If you have had all you can take, give yourself a break. Put your baby in a safe place like the crib. Go to another room. It is better to let baby cry than take the chance that you might hurt him when you are angry. If you need to, find a person you can trust to care for your baby for awhile. Call your doctor if you feel you are losing control.

NEVER, EVER SHAKE A BABY. Shaking may cause brain damage, blindness or death.

Sudden Infant Death Syndrome (SIDS)

SIDS is the sudden death of what seemed to be a healthy infant. It occurs from birth to 1 year of age. The cause is not known. Put your baby to sleep on her/his back. Placing baby on its stomach could increase the chances of suffocation or SIDS. Offering a pacifier at nap time and bedtime is also recommended for the first year. Also, avoid overheating.

Help and Information



Alcohol related problems

800-622-2255, www.aa.org

American Academy of Pediatrics Child Health Information

www.aap.org

American Dietetic Association Consumer Nutrition Hot Line

800-877-1600, www.eatright.org

Domestic Violence 24 hr. Hotline

800-799-7233, TTY 800-787-3224, www.ndvh.org

Drug-related problems 800-662-4357, Spanish 877-767-

8432, TTY 802-228-0427, www.csat.samhsa.gov

Immunization Hotline 800-232-4636,

TTY 800-243-7889, www.cdc.gov/vaccines.org

March of Dimes Resource Center

888-663-4637, TTY 914-997-4764, www.modimes.org

National STD & AIDS Hotline 800-227-8922, Spanish

800-344-7432, TTY 800-243-7889, www.ashastd.org

National Women's Health Information Center

800-994-9662, www.womenshealth.gov

National Women's Health Resource Center

877-986-9472, www.healthywomen.org

Planned Parenthood Federation

800-230-7526, www.plannedparenthood.org

To quit smoking

www.helppregnantsmokersquit.org

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