A Pregnancy Guide

3rd and 4th Trimesters

ValleyCare Physicians Associates

Important Phone Numbers

EMERGENCY 9.1.1
STANFORD HEALTHCARE-VALLEYCARE HOSPITAL 925.847.3000
CLINIC (DRS. PHILLIPS, SALATA, SCHAEFER AND STONE) 925.734.3333
CLINIC (DR. EATON) 925.373.4129

POLICE DEPARTMENT NON-EMERGENCY

Dublin 925.462.1212
Livermore 925.371.4900
Pleasanton 925.931.5100
San Ramon 925.973.2779

FIRE DEPARTMENT NON-EMERGENCY

Dublin (Alameda County Fire Department) 925.833.3473
Pleasanton and Livermore 925.454.2361 / 925.960.4101 TDD
San Ramon 925.838.6600

POISON CONTROL 800.222.1222

Congratulations on your pregnancy! Thank you for choosing one of our physicians to guide you through your pregnancy journey. We look forward to caring for you during this special time and await the arrival of your bundle of joy.

Our top priority is to ensure that you have a healthy pregnancy and deliver a healthy baby.

We make every effort to be there every step of the way. It is very important to us to be available at the time of your clinic appointments and delivery. Please keep in mind that babies are unpredictable and can arrive at any moment. There may be moments during your pregnancy when your physician may be called for a delivery or surgery. We do our best to minimize clinic disruption; however that is not always possible. If you arrive for an appointment and are notified that your physician is delayed or unable to see you due to a delivery, please let our staff accommodate you as best as possible. We realize that this may be inconvenient; however, the same courtesy will be extended to you if you should deliver during clinic hours.

Our practice consists of 5 physicians, located in Pleasanton and Livermore and 1 nurse practitioner. There is a physician on-call 24 hours a day / 7 days a week. If you need to contact a physician after 5:00 p.m., call our office at (925) 734-3333 (Pleasanton) or (925) 373-4129 (Livermore) to reach our afterhours service and be connected to the on-call physician. Stanford HealthCare-ValleyCare Hospital also has an Ob/Gyn Laborist physician in residence 24 hours day / 7 days a week. The Laborist physician works alongside your physician to care for you and your baby in the event you are advised to go to the hospital. In the event your physician is unavailable, the on-call or Laborist physician will be present for your delivery.

We look forward to your baby's birth and feel privileged to experience the miracle of life with you.

(front row, left to right) Katy Cowden FNP, Jennifer Adey MD, Rebecca Stone MD
(back row, left to right) William Phillips MD, Scott Eaton MD *Not pictured* Chrislyn White, MD

ValleyCare Physicians Associates
Obstetrics and Gynecology

5575 W. Las PositasBlvd, Suite 330
Pleasanton, CA 94588
Phone: 925-734-3333
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1133 E. Stanley Blvd, Suite 205
Livermore, CA 94550
Phone: 925-373-4129
Fax: 925-373-4159

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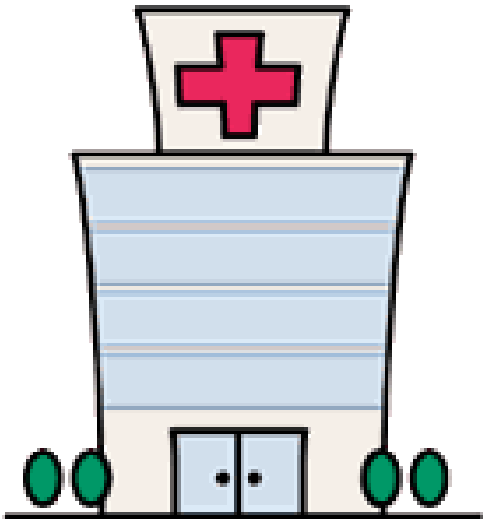

Seek Immediate Medical Attention (nearest hospital)

if you experience any of the following:

- Bright red vaginal bleeding that is heavy like a period
- Any amount of vaginal fluid, not urine or mucous discharge
- Painful contractions that occur:

more than 4 times in an hour **or** less than 15 minutes apart	If you are less than 35 weeks pregnant
OR	
5-1-1 rule (contractions lasting 1 minute, occurring every 5 minutes for 1 hour)	If you are more than 35 weeks pregnant

- Severe nausea and vomiting
- Severe headache
- New vision problems
- Decreased fetal movements (less than 10 kicks in 2 hours)

WHEN TO GO TO THE HOSPITAL…

There is a doctor "on-call" 24 hours a day, 7 days a week for labor and delivery. This allows 24 hours a day devotion to our obstetrical patients in labor.

It's not uncommon for pregnant women to be uncertain about when to go to the hospital. Below are the four most common reasons to go to the hospital for assessment.

"Baby's not moving!" It's alarming if a once active baby becomes less active. Decreased fetal movement can be a sign of fetal distress, but can also be due to benign conditions such as fetal sleep. As baby gets closer to its due date, he/she will become less active as well. If you are ever concerned, the best thing to do is "**Kick Counts**". To do this, **find a quiet environment, lay on your left side, and pay attention to your pregnant belly. Count your baby's movements (jabs, kicks, rolls, and flutters). 10 movements in 2 hours is considered normal and reassuring**. If your baby does not meet this criteria, you should go to the EMERGENCY ROOM. We advocate doing kick counts twice a day in the 3rd trimester. It's a quick and easy way to assure yourself of your baby's well being!

"I think my water broke!" This doesn't always happen like it does in the movies. Sometimes it's a **gush of fluid, sometimes it's a slow constant trickle**. If you think your water is broken, proceed to the EMERGENCY ROOM. When the amniotic sac ruptures, the protective bubble around baby is no longer intact, making baby more prone to infection and to cord prolapse (where the umbilical cord falls through the cervix into the vagina), which is a surgical emergency. Your doctor will want to examine you to confirm that your water is indeed broken and provide you with additional care accordingly.

"I'm bleeding!" Experiencing light spotting during pregnancy after vaginal exams or intercourse is common. In these cases, the spotting can vary from pinkish to bright red to dark brown discharge and is usually no cause for alarm. However, should you ever experience **bleeding "like a period" (soaking a pad)** or **bleeding associated with abdominal pain and/or tightness**, you should proceed to the EMERGENCY ROOM for assessment. This can be a sign of labor or problems with the placenta that can lead to fetal distress. Furthermore, if your blood type is Rhesus factor negative you may also need additional medication to protect your unborn baby.

"I'm not sure if I'm in labor!" True labor is "uterine contractions causing cervical change". Many women are confused about when this occurs versus false labor. False labor contractions, also known as Braxton Hicks, will be irregular in timing, do not get closer together or increase in strength, may stop with change of position or movement, and are usually felt only in the abdomen. Conversely, true labor contractions will start in the back and radiate forward, increase in intensity, come with regular frequency, last 30-70 seconds, and are not affected by position, rest or movement. Proceed to the EMERGENCY ROOM when the **511 RULE is met (511 Rule is PAINFUL contractions lasting 1 minute, occur every 5 minutes, and this pattern occurs for 1 hour**). When this happens, there is a good chance that the cervix is changing! If a patient **is less than 35 weeks gestation and she has 4 painful contractions lasting 1 minute each in 1 hour**, she should proceed to the EMERGENCY ROOM to rule out preterm labor.

If any of the above occurs go to the hospital EMERGENCY ROOM. You will be admitted and taken to Labor and Delivery for assessment. You will be evaluated by a nurse who will then contact the "on-call" doctor for the next steps of your care.

PRENATAL VISITS

Date		Symptoms to Discuss	Questions to Ask My Physician
Weeks Gestation			
Weight			
Blood Pressure			
Fundal Height			
Fetal Heart Rate			

NOTES:

Next Appt:

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NOTES:

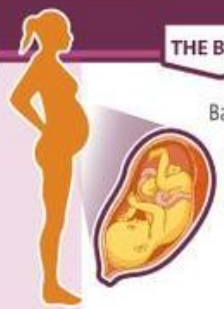
Next Appt:

3RD TRIMESTER

28TH WEEK

THE GRIND

- Sleeping problems
- Shortness of breath
- Aches and pains
- Braxton Hicks contractions
- Leaky breasts



THE BUMP

- Baby's about 14 inches/2 pounds (size of an eggplant)
- Fatter/ with reduced wrinkles
- Lungs are fully-matured

29TH WEEK

THE GRIND

- Headaches
- Back, leg, pelvic pain
- Hemorrhoids
- Constipation
- Varicose veins
- Frequent need to pee
- Sleeping problems

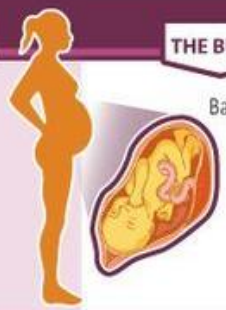
THE BUMP

- Baby's about 16 inches/3 pounds (size of an acorn squash)
- White fat deposits under the skin are growing
- Distinct movements

30TH WEEK

THE GRIND

- Heartburn
- Trouble sleeping/weird dreams
- General discomfort
- Shortness of breath
- Swelling



THE BUMP

- Baby's about 16 inches/3 pounds (size of an acorn squash)
- White fat deposits under the skin are growing
- Distinct movements

31ST WEEK

THE GRIND

- Shortness of breath
- Anxiety
- Frequent urge to pee
- Leaky breasts
- Dry/brittle nails
- Aches/pains
- Heartburn
- Braxton Hicks contractions
- Sleeping problems

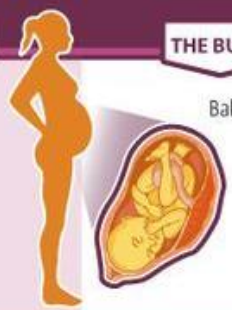
THE BUMP

- Baby's about 16 inches/3 pounds (size of a pineapple)
- Major brain/nerve developments occur
- All fives senses are working

32ND WEEK

THE GRIND

- Braxton Hicks contractions
- Darker nipples
- Enlarged/leaky breasts
- Shortness of breath
- Heartburn
- Vaginal discharge



THE BUMP

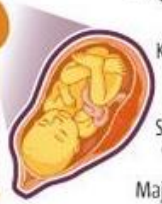
- Baby's about 16 inches/3 pounds (size of a squash)
- More likely in the head-down position by now

33RD WEEK

THE GRIND

- Heightened metabolic rate/feeling literally hot
- Headaches
- Shortness of breath
- Stress
- Dehydration
- Baby brain: forgetfulness/clumsiness

THE BUMP



- Baby's about 18 inches/5 pounds (size of a durian)
- Keeps eyes open while awake
- Bones are becoming harder
- Starts to coordinate breathing with swallowing and sucking
- Major brain developments occur

34TH WEEK

THE GRIND

- Blurry vision
- Fatigue
- Constipation
- Hemorrhoids
- Swollen feet/ankles
- Frequent peeing
- Pressure down the pelvic area

THE BUMP

- Baby's about 18 inches/5 pounds (size of a butternut squash)
- Urinates about a pint/day

35TH WEEK

THE GRIND

- Frequent urination
- Constipation
- Increased contractions
- Aches and pains

THE BUMP

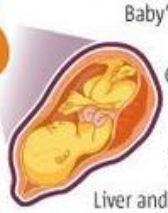
- Baby's about 18 inches/5 pounds (size of a coconut)
- Hearing is fully-developed
- If he's a boy, testes are now noticeable

36TH WEEK

THE GRIND

- Decreased breathing problems
- Pelvic discomfort
- Difficulty sleeping
- Heartburn
- Ankle/foot swelling

THE BUMP



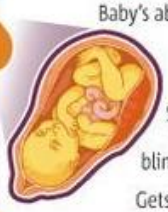
- Baby's about 18 inches/5 pounds (size of a honeydew)
- Getting closer to learning to breath on his/her own
- Skin becomes smoother/gums more rigid
- Liver and kidneys are fully-functional
- Circulation and immune systems are good to go

37TH WEEK

THE GRIND

- "Nesting" symptoms
- Heartburn
- Spotting
- Stretch marks
- Greater urge to pee
- Trouble sleeping

THE BUMP

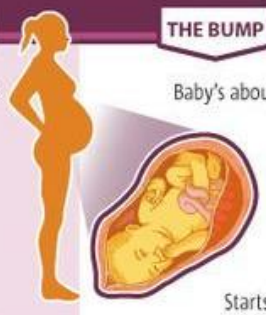


- Baby's about 19.5 inches/7.5 pounds (size of a winter melon)
- Gains about ½ ounce daily
- Skills like inhaling, exhaling, sucking, and gripping, and blinking become more accurate
- Gets first sticky poo (meconium)

38TH WEEK

THE GRIND

- "Lighting crotch"- shooting sensations inside the pelvis/vagina
- Braxton Hicks contractions
- Vaginal discharge
- Difficulty sleeping
- Itchy tummy
- Swollen feet/ankles
- Slightly bloody mucus discharge/diarrhea (signs of impending labor)



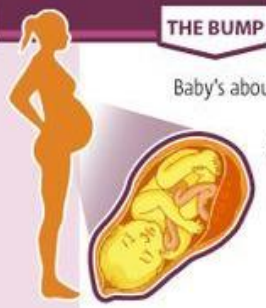
THE BUMP

- Baby's about 19.5 inches/7.5 pounds (size of a pumpkin)
- Head is now about the same circumference as the abdomen
- About an inch of hair has appeared
- Starts shedding vernix caseosa

39TH WEEK

THE GRIND

- False labor
- Heartburn
- Hemorrhoids
- Pelvic pressure
- Shortness of breath
- Leaking of amniotic fluid/water breaking



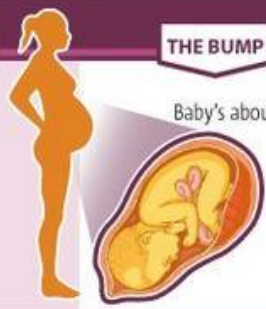
THE BUMP

- Baby's about 19.5 inches/7.5 pounds (size of a watermelon)
- Able to flex limbs by now
- Rapid developments in the brain
- Nails may extend past fingertips

40TH WEEK

THE GRIND

- Anxiety
- Continuation of symptoms from the past week



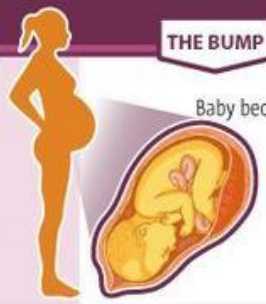
THE BUMP

- Baby's about 19.5 inches/7.5 pounds (size of a jackfruit)
- Dontinues to grow hairs and nails
- Continues to develop his/her lungs

41ST WEEK

THE GRIND

- Plenty of contractions!
- Continuation of symptoms from the previous week



THE BUMP

- Baby becomes bigger due to extra time in the womb
- Grows even longer hair and nails

42ND WEEK

THE GRIND

- Continuation of the symptoms from the previous week, only more intense.

THE BUMP

- Has probably shed the vernix caseosa entirely; skin becomes a little dry

You've made it to the last trimester. Very soon (as time passes very quickly these days) you will have your baby in your arms.

The last trimester is most often the most difficult. Discomfort is at its peak as your baby is growing and overcrowding your belly.

What testing do I need?

At 28-36 weeks, a Tdap injection will be heavily recommended. Please read its importance further along in this booklet.

At 32 weeks (and until delivery) pregnancies with complications (gestational diabetes, multiple gestation, high blood pressure, advanced maternal age, obesity etc.) may be sent for Non-Stress Testing (NST) and Amniotic Fluid Index (AFI). This is fetal monitoring to ensure your baby is doing well and will be performed at the hospital.

Between 35-37 weeks, a Group B strep test will be performed. A cotton swab will swab the outside areas of your vagina and rectal openings. If you have a scheduled C-section, your physician may not perform this test.

What is a Group B strep test?

Group B streptococcus (GBS) is a type of bacterial infection that can be found in a pregnant woman's vagina or rectum. These bacteria are normally found in the vagina and/or rectum of about 25% of all healthy, adult women. A mother can pass GBS to her baby during delivery.

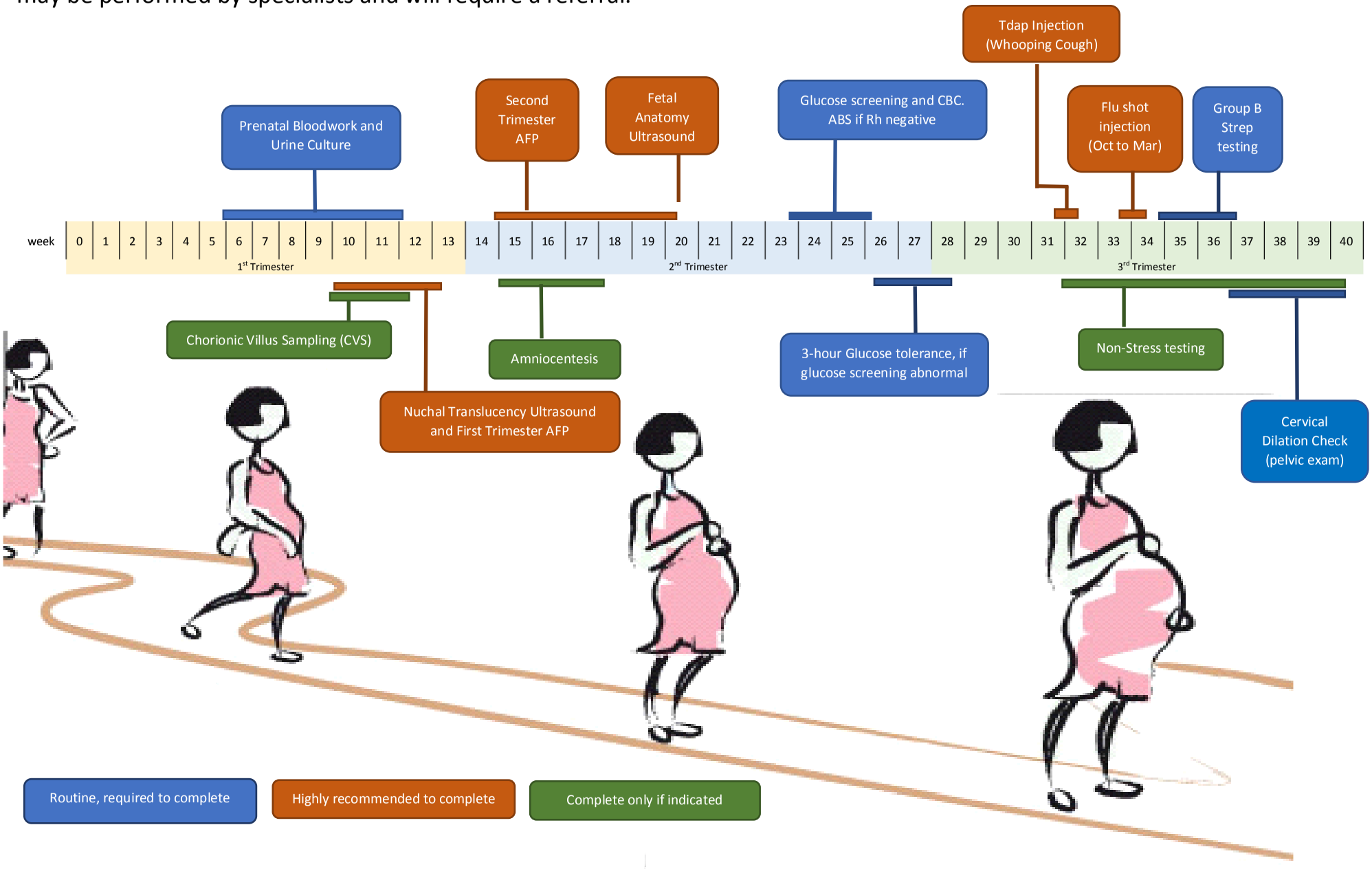
GBS affects about 1 in every 2,000 babies in the United States. Not every baby who is born to a mother who tests positive for GBS will become ill. Although GBS is rare in pregnant women, the outcome can be severe. As such, physicians include testing as a routine part of prenatal care.

Group B strep is not a sexually transmitted disease (STD). The bacteria that causes group B strep normally lives in the intestines, vagina, or rectum, and approximately 25% of all healthy women carry group B strep bacteria. For most women there are no symptoms of carrying the GBS bacteria.

If you test positive for GBS, your physician will recommend giving you antibiotics through an IV during your delivery to prevent your baby from becoming ill. Taking antibiotics greatly decreases the chances of your baby developing early onset group B strep infection.

PRENATAL TESTING TIMELINE

At different times during the pregnancy, routine and highly recommended tests and exams may be ordered and should be completed. The list below provides the tests and recommended time frames when they are to be completed. Some testing may be performed by specialists and will require a referral.



MEDICATIONS ALLOWED DURING PREGNANCY AND BREASTFEEDING

Allergy
- Claritan

Acne
- Salicyclic Acid *(topical)*

Cold
- Actinide
- DayQuil
- Emergen-C
- Sudafed *(regular)*
- Tylenol Cold *(regular)*

Cold Sore
- Abreva

Constipation
- Citrucel
- Fibercon
- Colace
- Metamucil
- Ducolax
- Miralax
- Senekot
- Prune Juice
- Milk of Magnesia
- Psyllium husk

ASPIRIN IS NOT RECOMMENDED DURING PREGNANCY.

Cough
- Robitussin DM *(sugar free)*
- DayQuil
- Mucinex
- Mucinex
- Cool Mist vaporizer

Diarrhea
- Imodium A-D
- Kaopectate

First Aid
- Bacitracin
- Polysporin
- Neosporin

Gas
- Gas-X
- Mylicon

GERD (reflux)
- Tagamet
- Zantac

Hay Fever
sneezing, runny nose, itchy-watery eyes
- Benadryl
- Chlor-Trimetron
- Actifed Cold & Allergy *(after 13 weeks of pregnancy)*

Headache
- Tylenol 650 mg

(1-2 tablets every 4-6 hours)

Heartburn
- Gaviscon
- Prevacid
- Maloxx
- Tagament
- Mylanta
- Tums
- Prilosec
- Pepcid
- Zantac (150mg 1-2 x 1 day)

Hemorrhoids
- Anusol
- Preparation H
- Tucks
- Witch Hazel

Insomnia
- Benadryl
- Unisom

Motion Sickness
- Dramamine

Nasal Congestion
- Saline nasal spray or drops
- Sudafed or Ornex *(after 13 weeks pregnant)*

Nausea
- Emetrex
- Ginger
- Vitamin B6 tablets 100mg

Rash
- Benadryl cream
- Caladryl lotion or cream
- Hydrocortisone cream or ointment
- Oatmeal bath *(Aveeno)*

Sore throat
- Lozenges (Sucrets, Cepastat, Cepacol)
- Chloraseptic Spray
- Salt Water Gargle (1 tsp /8oz water)

Yeast Infection *(vaginal)*
- Gyne-lotrimin
- Terazol
- Monistat

*do not insert applicator more than ½ inch into vagina.

If you have a fever, ear ache and/or a productive cough, please call your primary care physician for treatment.

Prescription medications are safe to take in later stages of pregnancy. Remind your primary care physician, emergency room or urgent care physician how far along you are in pregnancy.

IF YOU THINK YOU MAY HAVE BEEN EXPOSED TO CHEMICALS, AN INFECTIOUS DISEASE OR DRUG, CONTACT TERATOGEN AT 800-532-3749.

Rev 7/2018

What is an NST (Non-Stress test)?

An NST is a simple, painless procedure. We will be monitoring your baby's heartbeat, which is a way of evaluating your unborn baby. We will listen to and record the baby's heartbeat while the baby is resting and while the baby is moving. It usually takes 20 to 40 minutes to complete.

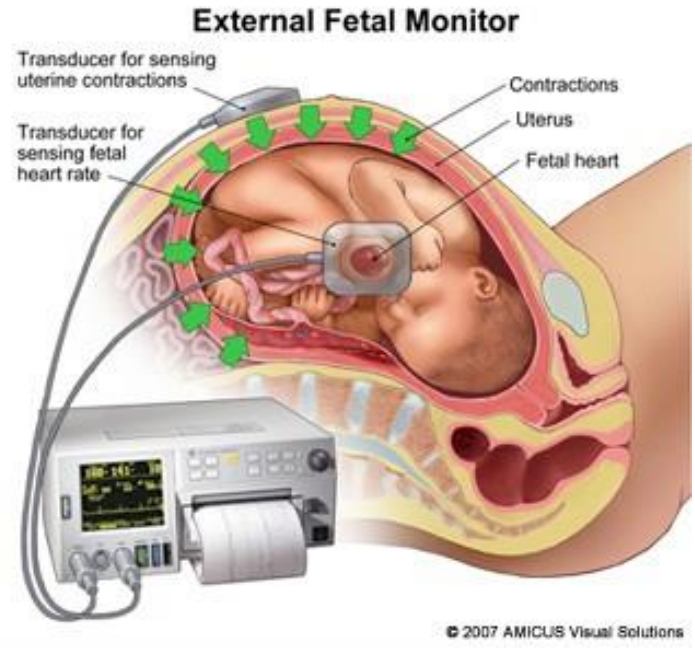
What can I expect during an NST?

A stretchy belt monitor will be placed around your belly (the same kind doctors often use during labor and delivery). No mindless magazine-flipping for you — you've got a job to do: You'll be asked to keep track of each movement you feel baby make. You may hold a clicker contraption (like a buzzer on *Jeopardy*) and each time you feel the baby move, you'll click it, though other fetal monitors may work differently.

What NST results mean?

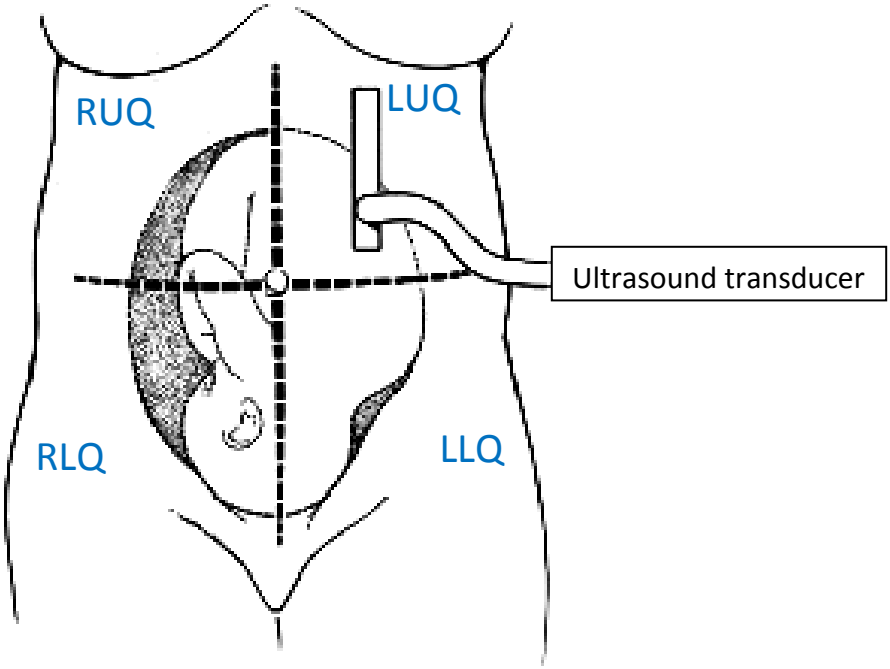
A baby who moves a lot and has a normal heart rate is classified as "reactive" — i.e. healthy and not under any stress.

A "nonreactive" baby is one who does not make a minimum number of movements during the 40-minute period or whose heart doesn't accelerate as much as expected when s/he does move. A nonreactive result does not necessarily mean your baby is in danger. However, it could mean your baby isn't getting enough oxygen. A nurse may make a noise over your belly or offer you a sugary drink to encourage your baby to move, or the test may be done for another 40 minutes. If your physician determines that your baby could be under stress, further testing may be done. If necessary delivery of your baby may be sooner than expected.



What is an AFI (amniotic Fluid Index)?

An AFI is an ultrasound procedure used to assess the amount of amniotic fluid surrounding the fetus. The amniotic fluid index is measured by dividing the uterus into four imaginary quadrants. The linea nigra is used to divide the uterus into right and left halves. The umbilicus serves as the dividing point for the upper and lower halves.



An ultrasound transducer is kept parallel to the patient's longitudinal axis and perpendicular to the floor. The deepest, unobstructed, vertical pocket of fluid is measured in each quadrant in centimeters. The four pocket measurements are then added to calculate the AFI. Normal AFI values range from 5 to 25 cm.

If AFI ranges are less than 5cm or more than 25cm further testing will be arranged.

TRUE LABOR VS. FALSE LABOR

Knowing the differences between true labor and false labor can help you during the end of your pregnancy.

TIMING OF CONTRACTIONS

False Labor

Contractions are irregular; they do not get closer together over time.

True Labor

Contractions come regularly and get closer together. Each contraction lasts about 30-60 seconds.

STRENGTH OF CONTRACTIONS

False Labor

Contractions are often weak and do not get stronger.

True Labor

Contractions get stronger as time goes on.

CHANGE WITH MOVEMENT

False Labor

Contractions may stop of slow down when you walk, lie down or change positions.

True Labor

Contractions continue no matter what you do.

PAIN WITH CONTRACTIONS

False Labor

Discomfort is usually felt in the front, like menstrual cramps.

True Labor

Discomfort or pressure starts in the back and moves to the front.

PROTECT YOURSELF AND YOUR BABY FROM VIOLENCE

- Do you feel afraid of your partner?
- Has your partner every hit you, hurt you or threatened you?
- Has your partner ever forced you to have sex?
- Does your partner keep you from your family or friends?
- Does your partner keep you from being in control of your own money?

If you answer YES to any of these questions, you are not alone.
Talk to your physician. They can help.

Call for HELP

911 if you are in immediate danger

National Domestic Violence Hotline:
800-799-SAFE

National Teen Dating Violence Hotline:
877-923-0700

Casa de Las Madres:
877-503-1850

Asían Women's Shelter:
877-751-0880

Women Inc.,
415-864-4722

National Sexual Assault Hotline
800-656-4673

More information Online

National women's health information center:
www.womenshealth.gov/violence

National Sexual Assault www.rainn.org

LEAP-Look to End Abuse Permanently, promoting healthy relationships:
www.leapsf.org

Violence during pregnancy is common. Each year, 1 in 12 pregnant women in this country is battered by her partner. Violent abuse is more common than any other serious complication of pregnancy. It is as dangerous to the baby as it is to the mother.

Health risks to the woman

Abused pregnant women have a higher-than-average risk for tobacco, alcohol and drug abuse, as well as depression and suicide attempts. All of these things have negative effects on the baby. Abused women also have more problems in pregnancy such as anemia, infections and bleeding in the first 6 months of pregnancy.

Health Risks to the fetus

Battering during pregnancy can lead to injuries that may cause premature delivery, low birth weight and miscarriage. Battered pregnant women are 4 times more likely to have babies with low birth weight than women who are not battered.

Effects on the newborn

Abuse usually increases after the baby is born. The stress in the relationship can cause the infant to have difficulties being comforted, calming down, feeding and sleeping. It can also cause delays in the child's physical and language development.

Exposure to violence can have lasting effects on the child's health. Children who witness intimate partner violence are likely to exhibit anxiety and depression, be aggressive with peers and can have poor memory and concentration resulting in learning problems. As they get older, they are more likely to abuse drugs and alcohol and engage in criminal activity and/or anti-social behavior.

WHAT WOMEN NEED TO KNOW ABOUT PREECLAMPSIA

Any Woman. Any Pregnancy.

PREECLAMPSIA foundation

Facts & FIGURES

Affects 5-8 percent of all pregnancies

A leading cause of maternal and infant mortality with nearly 76,000 maternal and 500,000 infant deaths each year worldwide

Occurs during pregnancy AND postpartum and affects the mother and baby

African American women are 4x as likely to die as a result of preeclampsia

From 1998-2006 African American women had 56% more preeclampsia than Caucasian women

Preeclampsia doubles a woman's risk for developing heart disease or having a stroke over their next 5-15 years

WHAT YOU CAN DO

- ATTEND all of your prenatal appointments
- TALK to your healthcare provider before or early in your pregnancy about your risk for preeclampsia
- MONITOR your blood pressure and weight regularly, and contact your healthcare provider immediately if either becomes unexpectedly high
- KNOW your family history, especially for pregnancy, high blood pressure and heart disease
- Eat RIGHT, exercise REGULARLY, and MAINTAIN a healthy weight

www.preeclampsia.org

VBAC – Yes, It's an Option!

IF YOU'VE HAD A PREVIOUS CESAREAN BIRTH,
YOU'VE PROBABLY HEARD **A LOT OF MYTHS** ABOUT VBAC.

not allowed | too much uncertainty | we don't do that | you probably won't succeed

HERE ARE THE FACTS:

YOU CAN HAVE A VBAC!

Average VBAC success rate is **70-80%**[1].
Average vaginal birth success rate for mom? **67%**[2]!

The KEY INGREDIENT for a VBAC?
A supportive provider, not just one who will "let you try."

VBAC HAS RISKS AND SO DO REPEAT CESAREANS.

When considering your options, any risk sounds scary so keep a balanced view of the facts:

- Uterine rupture (UR) occurs in **.2%** of VBAC[4] moms and rarely results in death of baby
- Repeat cesareans **more than triple** risk of maternal death[5]

VBAC IS UNDERUSED.

90% of women with a past cesarean **ARE CANDIDATES**.

Yet only **10%** get a VBAC. Many women are **discouraged** by unwilling care providers or policies at the birth facility[3].

IN THE LONG RUN VBACS POSE FEWER RISKS THAN REPEAT CESAREANS.

UR decreases significantly after first VBAC

- 2008 study showed the rate of UR decreased **by 50%** after the first successful VBAC and did not increase with additional VBACs[6]

Each **cesarean increases risk** to mom

- Chances of a placenta complication, like placenta accreta, and hysterectomy increase with each cesarean[7]

IF YOU CHOOSE A VBAC:

Step 1: Get the facts on VBAC
The National Institutes of Health, ACOG and other medical organizations agree. VBAC is a **safe option** for most women!

Step 2: Get support
Connect with moms who have been there. Check out some of the questions other Lamaze moms have about VBAC

Step 3: Find the right provider
Ask tough questions to be sure you have a supportive provider
Here are questions to start with:

- Do you think I'm a good candidate? Why or why not?
- Do you have any routine policies or restrictions for VBAC moms?

LEARN MORE ABOUT VBAC BY SIGNING UP FOR A LAMAZE CLASS, IN-PERSON OR ONLINE!

PUSH FOR THE SAFEST, HEALTHIEST BIRTH POSSIBLE. VISIT **WWW.LAMAZE.ORG/PUSHFORYOURBABY** TO LEARN MORE. Lamaze International | Push for your baby

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Protect Babies from Whooping Cough

If you're pregnant get a Tdap shot!

Whooping cough (pertussis) is a respiratory infection that can cause severe coughing or trouble breathing.

About half of infants who get whooping cough are hospitalized!

1 out of 2

Whooping cough cases across the U.S. have been on the rise since the 1980s.

Whooping cough is deadly for babies

I got my whooping cough vaccine and will encourage everyone caring for my baby to get a shot, too!

This vaccine helps protect you from whooping cough and passes some protection to your baby.

Create a circle of protection around your baby

4 out of 5 babies who get whooping cough catch it from someone at home*

*When source was identified

Everyone needs whooping cough vaccine:

- Parents
- Brothers & sisters
- Childcare providers
- Grandparents

Your baby needs whooping cough vaccine at:

- 2 months
- 4 months
- 6 months
- 15 thru 18 months
- 4 thru 6 years

Make sure your baby gets all 5 doses of whooping cough vaccine on time

You can get whooping cough vaccines at a doctor's office, local health department, or pharmacy

Like it? Tell a friend! It's important!

www.cdc.gov/whoopingcough

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

NCIRD ig301.pv4 | 3.11.13

You can start protecting your baby from **whooping cough** before birth

Information for pregnant women

When you get the whooping cough vaccine during your 3rd trimester, your baby will be born with protection against whooping cough.

Whooping cough (sometimes called pertussis) is a serious disease that can cause babies to stop breathing. Unfortunately, babies must be 2 months old before they can start getting their whooping cough vaccine. The good news is you can avoid this gap in protection by getting the whooping cough vaccine (also called the Tdap shot because it protects against tetanus, diphtheria, and pertussis) in your third trimester, preferably between your 27th and 36th week of pregnancy. By getting vaccinated, you will pass antibodies to your baby so she is born with protection against whooping cough.

Why do I need to get a whooping cough vaccine while I am pregnant?

The whooping cough vaccine is recommended during your third trimester so that your body can create antibodies and pass them to your baby before birth. These antibodies will help protect your newborn right after birth and until your baby gets his own first whooping cough vaccine at 2 months of age. During the first few months of life, your baby is most vulnerable to serious complications from this disease.

Is this vaccine safe for me and my baby?

Yes. The whooping cough vaccine is very safe for you and your baby. The most common side effects are mild, like redness, swelling or pain where the shot is given in the arm. This should go away within a few days. You cannot get whooping cough from the vaccine. The vaccine does not contain any live bacteria.

Doctors and midwives who specialize in caring for pregnant women agree that the whooping cough vaccine is safe and important to get during the third trimester of each pregnancy. Getting the vaccine during pregnancy does not put you at increased risk for pregnancy complications like low birth weight or preterm delivery.

If I recently got this vaccine, why do I need to get it again?

The amount of antibodies in your body is highest about 2 weeks after getting the vaccine, but then starts to decrease over time. That is why the vaccine is recommended during every pregnancy – so that each of your babies gets the greatest number of protective antibodies from you and the best protection possible against this disease.

Are babies even getting whooping cough anymore in the United States?

Yes. In fact, babies are at greatest risk for getting whooping cough. We used to think of this as a disease of the past, but it's making a comeback. Recently, we saw the most cases we had seen in 60 years. Since 2010, we see between 10,000 and 50,000 cases of whooping cough each year in the United States. Cases, which include people of all ages, are reported in every state.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

www.cdc.gov/whoopingcough

American Academy of Family Physicians
American Academy of Pediatrics
American College of Nurse-Midwives
The American College of Obstetricians and Gynecologists

February 2015

Mom, only you can provide your newborn baby with the best protection possible against whooping cough.

You may have heard that your baby's father, grandparents, and others who will be in contact with your baby will need to get their whooping cough vaccine as well. This strategy of surrounding babies with protection against whooping cough is called "cocooning." However, cocooning might not be enough to prevent whooping cough illness and death. This is because cocooning does not provide any direct protection (antibodies) to your baby, and it can be difficult to make sure ***everyone*** *who is around your baby has gotten their whooping cough vaccine. Since cocooning does not completely protect babies from whooping cough, it is even more important that you get the vaccine while you are pregnant.*

How dangerous is whooping cough for babies?

Whooping cough is very serious for babies. Many babies with whooping cough don't cough at all. Instead it can cause them to stop breathing. About half of babies younger than 1 year old who get whooping cough are hospitalized. Since 2010, about 10 to 20 babies die from whooping cough each year in the United States. Most whooping cough deaths are among babies who are too young to be protected by their own vaccination.

How could my baby be exposed to whooping cough?

Whooping cough spreads from person to person when coughing or sneezing or when spending a lot of time near one another where you share breathing space, like when you hold your newborn on your chest. Some people with whooping cough may just have a mild cough or what seems like a common cold. Since symptoms can vary, children and adults may not know they have whooping cough and can end up spreading it to babies they are in close contact with.

Why is the vaccine recommended during pregnancy instead of in the hospital after my baby is born?

When you get the whooping cough vaccine during pregnancy, you will pass protective antibodies to your baby before birth, so both you and your baby have protection.

The whooping cough vaccine used to be recommended for women to get in the hospital after giving birth. This helped prevent moms from getting whooping cough and passing it on to their babies. Unfortunately, the babies did not benefit from the protective antibodies and could still get whooping cough from others.

Is it safe to breastfeed after getting the whooping cough vaccine?

Yes, in fact you can pass some whooping cough protection to your baby by breastfeeding. When you get a whooping cough vaccine during your pregnancy, you will have protective antibodies in your breast milk that you can share with your baby as soon as your milk comes in. However, your baby will not get protective antibodies immediately if you wait to get a whooping cough vaccine until after you give birth. This is because it takes about 2 weeks after getting vaccinated before your body develops antibodies.

Where can I go for more information?

Pregnancy and Whooping Cough website:
www.cdc.gov/pertussis/pregnant

Immunization for Women website:
www.immunizationforwomen.org/immunization_facts/vaccine-preventable_diseases/pertussis

Vaccines during Pregnancy website:
www.midwife.org/omot-vaccines-during-pregnancy

American Academy of Family Physicians website:
www.aafp.org/patient-care/immunizations/disease-population.html

Tdap Vaccine Information Statement (VIS):
www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html

Ask your doctor or midwife about getting the **whooping cough vaccine** during your 3rd trimester.

What is safe to eat?

Most foods are safe to eat while pregnant and breastfeeding. There are specific foods that should be avoided throughout the entire pregnancy. Visit www.foodsafety.gov for more information.

Component	Guidelines
Artificial sweeteners	**Minimize intake of food and drinks with saccharin**- *Saccharin is known to cross the placenta and may remain in fetal tissue* Aspartame, sucralose and acesulfame-k are probably safe
Caffeine	**Limit consumption to 150 to 300 mg per day**-. *Moderate amounts are probably safe.*
Calorie intake	**Most pregnant women require an additional 300 to 400 calories per day**
Dairy	**Avoid unpasteurized dairy products and soft cheeses** (feta, brie, camembert, blue-veined cheeses, Mexican queso fresco)- *Risk of toxoplasma and listeria contamination*
Delicatessen foods	**Avoid delicatessen foods, pate and meat spreads**- *Risk of listeria contamination*
Eggs	Avoid raw eggs (Caesar dressing, eggnog, and raw cookie dough)- *Risk of salmonella contamination*
Fruits and vegetables	**Fruits and vegetables should be washed before eating**- *Risk of toxoplasma and listeria contamination*
Herbal teas	**Avoid teas containing chamomile, licorice, peppermint or raspberry leaf**-*some herbal teas have been associates with adverse outcomes, such as uterine contractions, increased uterine blood flow and spontaneous abortion* Teas containing ginger, citrus peel, lemon balm and rose hips are probably safe in moderation
Leftover foods	**Thoroughly reheat before eating**- *risk of listeria contamination*
Meat	**Avoid undercooked meat; hot dogs and cold cuts should be heated until steaming hot**- *Risk of toxoplasma and listeria contamination in undercooked meats* **Liver and liver products should be eaten in moderation**- *Excessive consumption of liver products could cause vitamin A toxicity*
Seafood	**Avoid shark, swordfish, mackerel, tilefish and tuna steaks**- *Exposure to high levels of mercury in certain fish can lead to neurologic abnormalities in pregnant women and infants* **Limit intake of other fish (including canned tuna) to 12oz per week** **Avoid refrigerated smoked seafood**- *Risk of listeria contamination in refrigerated smoked seafood* **Avoid raw fish and shellfish**- *Risk of exposure to parasites and norovirus in raw fish and shellfish* **Eat farmed salmon in moderation**- *increased levels of organic pollutants have been found in farmed salmon*

Dietary Guidelines courtesy of the American Academy of Family Physicians www.aafp.org

FOOD SAFETY for Baby and Me

Learn the food safety steps that will keep expecting moms safe from foodborne illness.

FOODS TO AVOID WHILE PREGNANT

Foods to Avoid	Here's Why	Foods to Eat
Raw seafood	May contain parasites or bacteria	Fish cooked to 145 °F
Unpasteurized juice, cider and milk	May contain *E. coli* or *Listeria*	Pasteurized versions are safer alternatives.
Soft cheese and cheese made from unpasteurized milk	May contain *E. coli* or *Listeria*	Hard cheese & cheese made with pasteurized milk
Undercooked eggs	May contain *Salmonella*	Eggs with firm yolks
Premade deli salads (egg, pasta, chicken, etc.)	May contain *Listeria*	Make these dishes at home
Raw sprouts	May contain *E. coli* or *Salmonella*	Cook thoroughly
Cold hot dogs and luncheon meats	May contain *Listeria*	Reheat to steaming hot or 165 °F
Undercooked meat and poultry	May contain *E. coli*, *Salmonella*, *Campylobacter*, *Toxoplasma gondii*	Meat and poultry at or above the USDA recommended internal temperature

SAFE INTERNAL COOKING TEMPERATURES

145 °F
- Beef, pork, veal and lamb steaks, roasts and chops with a 3 min rest time
- Fish

160 °F
- Egg dishes
- Ground beef, pork, veal and lamb

165 °F
- Whole, ground, or pieces of chicken, turkey and duck

DANGERS OF LISTERIA AND TOXOPLASMA GONDII

Listeria monocytogenes

Pregnant women are **10 times more likely** to get Listeriosis.

Listeriosis can cause:
- Miscarriages
- Premature labor
- Low-birth weight
- Infant death

50% of Toxoplasmosis infections in the U.S. are acquired from food.

Toxoplasma gondii

These foodborne illnesses can infect your baby even if you do not feel sick.

Toxoplasmosis can cause babies to develop:
- Hearing loss
- Blindness
- Intellectual disability
- Brain or eye problems later in life

REMEMBER

- **Clean:** Wash hands and surfaces often.
- **Separate:** Keep raw meat and poultry separate from ready-to-eat foods.
- **Cook:** Cook foods to the proper internal temperature.
- **Chill:** Get leftovers to the fridge within 2 hours of being cooked.

USDA · Ad Council

For more food safety tips, go to —FoodSafety.gov—

ADDITIONAL SOURCE: CDC

Download the Food Safety for Pregnant Women Booklet for more tips on food safety.
https://www.fda.gov/food/foodborneillnesscontaminants/peopleatrisk/ucm312704.htm

Protect Your Baby and Yourself from Listeriosis

Pregnant women are at higher risk of getting sick from *Listeria monocytogenes*, a harmful bacterium found in many foods. *Listeria* can cause a disease called Listeriosis which can result in miscarriage, premature delivery, serious sickness, or the death of a newborn baby. If you are pregnant, you need to know what foods are safe to eat.

Clean

- Clean up spills in your refrigerator right away, especially juices from raw meat and poultry.
- Clean the inside walls and shelves of your refrigerator with hot water and liquid soap.
- Wash your hands for 20 seconds with soap and water after touching hot dogs, raw meat, poultry or seafood.

Separate

- Keep raw meat, fish and poultry away from ready-to-eat foods.

Cook

- Cook food to a safe minimum internal temperature. Check with a food thermometer and heat lunch meats until steaming.

Chill

- ***Listeria* can grow in the refrigerator**. The refrigerator should be set to 40 °F or lower and the freezer to 0 °F or lower. Use a refrigerator thermometer to check the inside temperature.

How do I know if I have listeriosis?

- Symptoms can include fever, fatigue, chills, headache, backache, general aches, upset stomach, abdominal pain, and diarrhea.
- Gastrointestinal symptoms may appear within a few hours to 2 to 3 days, and disease may appear 2 to 6 weeks after ingestion. The duration is variable.
- Pregnant women are at higher risk and may develop problems with pregnancy that include miscarriage, fetal death or severe illness or death in newborns.
- Every year an estimated 1,600 Americans become sick and 260 people die from Listeriosis.

What should I do if I think I have Listeriosis?

- Call your doctor, nurse or health clinic if you have any of these signs. If you have Listeriosis, your doctor can treat you.

What foods are associated with Listeriosis?

- Hot dogs, luncheon meats, bologna, or other deli meats unless they are reheated until steaming hot.
- Refrigerated pâté, meat spreads from a meat counter, or smoked seafood found in the refrigerated section of the store. Foods that do not need refrigeration, like canned meat spreads, are okay to eat. Remember to refrigerate after opening.
- Raw (unpasteurized) milk and foods that have unpasteurized milk in them.
- Salads made in the store such as ham salad, chicken salad, egg salad, tuna salad or seafood salad.
- Soft cheeses such as Feta, queso blanco, queso fresco, Brie, Camembert, blue-veined cheeses, and Panela **unless** it is labeled as "MADE WITH PASTEURIZED MILK."

Food Safety Questions?

Call the **USDA Meat & Poultry Hotline** toll free at
1-888-MPHotline (1-888-674-6854)
The hotline is open year-round and can be reached from 10 a.m. to 4 p.m. (Eastern Time) Monday through Friday. Available in English and Spanish

Send E-mail questions to **MPHotline@usda.gov**

Consumers with food safety questions can also "Ask Karen", the FSIS virtual representative. Available 24/7 at **AskKaren.gov.**

Follow us @USDAFoodSafety

Food Safety Inspection Service
Last modified December 2016

	MILK + MILK PRODUCTS Choose low-fat or fat-free dairy most often	VEGETABLES Vary your veggies	FRUITS Make most choices fruit, not juice	GRAINS Make half your grains whole grain	MEAT & BEANS Go lean with protein	EXTRA FOODS These don't fit in a food group
What is Serving Size?	1 cup of milk 1 ½ ounces hard cheese	Fresh, frozen or canned 1 cup raw or cooked 1 cup juice 2 cups raw leafy greens	Fresh, frozen or canned 1 cup cut-up fruit 1 cup juice ¼ cup dried fruit	1 ounce = 1slice bread 1 cup dry cereal ½ cup cooked pasta or cooked cereal	3 ounces meat, fish or poultry 1 ounce = 1 egg; ½ cup beans; 1 tablespoon peanut butter or ½ ounce nuts	Eat less. These are often higher in calories, added fats, salt or added sugars and low in nutrients
Eat More Often	➢ Low-fat cheese ➢ Fat-free milk ➢ String cheese ➢ Low-fat milk (1%) ➢ Reduced fat milk (2%) ➢ Fat-free yogurt, plain ➢ Mozzarella cheese ➢ Low-fat yogurt, plain ➢ Whole milk ➢ Low-fat chocolate milk ➢ Low-fat cottage cheese ➢ Cheese: American, Cheddar, Jack and Swiss ➢ Pudding ➢ Cottage cheese ➢ Fat-free yogurt, flavored ➢ Custard or Flan ➢ Frozen yogurt ➢ Ice Cream	➢ Lettuce ➢ Spinach ➢ Peppers ➢ Broccoli ➢ Tomatoes, raw ➢ Bok choy ➢ Greens: collard, kale, mustard ➢ Asparagus ➢ Green beans ➢ Carrots ➢ Peas ➢ Squash ➢ Sweet potato ➢ Spaghetti sauce, no meat ➢ Potato ➢ Corn ➢ Avocado ➢ Oven-bakes French fries	➢ Grapefruit ➢ Berries ➢ Papaya ➢ Peach ➢ Cantaloupe ➢ Orange ➢ Apricot ➢ Apple ➢ Pineapple ➢ Grapes ➢ Pear ➢ Raisins and other dried fruit ➢ Mango ➢ Banana ➢ Fruit juice (100%) ➢ Canned fruit in syrup	➢ Hamburger or hot dog bun ➢ English muffin ➢ Whole-grain bread ➢ Hot cereal or oatmeal ➢ Roll ➢ Brown or white rice ➢ Pancake or waffle ➢ Corn tortilla ➢ Pretzels ➢ Pasta or noodles ➢ Whole-grain cereal ➢ Graham crackers ➢ Bagel ➢ Crackers ➢ French toast ➢ Flour tortilla ➢ Cornbread ➢ Granola ➢ Muffin	➢ Beans: pinto, black ➢ Egg ➢ Tofu ➢ Shrimp and shellfish ➢ Peanut butter ➢ Tuna fish ➢ Pork and ham, lean ➢ Chicken and Turkey (white meat, no skin) ➢ Fish ➢ Fish, fried ➢ Nuts and seeds ➢ Beef, lean ➢ Chicken, fried ➢ sausage	➢ Ketchup ➢ Barbeque sauce ➢ Jelly/jam ➢ Salad dressing ➢ Bacon ➢ Mayonnaise ➢ Fruit drink ➢ Chocolate candy ➢ Cookies ➢ Potato chips ➢ Soft drink ➢ Cake ➢ Pie ➢ Doughnut ➢ Fast-food french fries
Eat Less Often						
Daily Goal	**3 cups**	**2 ½ cups**	**2 cups**	**6ounces**	**6 ounces**	**Limit amount**

This is based on a 2,000 calorie diet, your needs may be higher, especially in the 2nd and 3rd trimester.

Vegetarian Nutrition
a dietetic practice group of the
Academy of Nutrition and Dietetics

RDN Resources for Consumers:

Vegetarian Diets in Pregnancy

A well-balanced vegetarian diet during pregnancy can give your baby the best possible start.

Good nutrition is vital for all women during pregnancy. Eat a variety of foods, rich in nutrients and calories, to meet the needs of mother and baby.

Calorie Needs

Calorie need does not increase during the first trimester. In the second trimester, a woman needs an extra 340 calories a day. In the third trimester, she needs an extra 450 calories a day. Overweight women may need fewer calories, while underweight women may need more. Your weight gain during pregnancy helps to determine if you need more or fewer calories.

tip Add calories from nutrient rich foods.

Healthy Weight Gain

Ideal weight gain varies among women. This depends on weight before becoming pregnant.

Pre-pregnancy weight	Recommended weight gain
Underweight	28 to 40 pounds
Normal weight	25 to 35 pounds
Overweight	15 to 25 pounds
Obese	11 to 20 pounds

Be sure to discuss your weigh gain goals during pregnancy with your health care professional.

Stay Active

Be active every day; try for 30 minutes of moderately intense activity daily. Walking, swimming and yoga are great forms of physical activity during pregnancy. Be sure to discuss exercise with your health care professional during your early prenatal visits

Important Nutrients

Protein

Builds new tissue and repairs cells. In the second and third trimesters, the protein recommendation is 25 grams per day higher than it was prior to pregnancy.

- Dried beans
- Soy products
- Lentils
- Nuts & nut butters
- Eggs
- Soymilk
- Whole-grains
- Dairy products

Omega-3 Fatty Acid-DHA

Develops nerve and visual function

- Eggs from chickens fed a DHA rich diet
- Foods fortified with microalgae-derived DHA

tip Vegetarian & Vegan-friendly DHA supplements may be used.

Iron

Promotes tissue growth and increases blood supply. Ask your healthcare provider if you need an iron supplement. Many women require supplemental iron in pregnancy

- Fortified cereals and breads; whole-grains
- Dark leafy greens
- Beans
- Dried fruit
- Prunes and prune juice
- Tofu

tip Include a source of vitamin C (e.g. tomatoes, citrus fruits, bell peppers) with meals to increase iron absorption. Calcium supplements, tea, and coffee may decrease iron absorption. Try to avoid drinking or using these products at the same time that you are eating an iron-rich meal.

Meal Planning Guide for Pregnant Vegetarians

These guidelines are the suggested minimum number of servings for pregnant women. Women who do not meet calorie needs to support adequate weight gain should choose more servings of foods to increase calorie intake.

Food Group	Serving Size	# of Svgs.	Comments
Grains	1 slice bread; ½ cup cooked cereal or pasta; ¾ - 1 cup ready-to-eat cereal	6	Choose whole-grains often including brown rice, oats, whole-grain breads and pasta, millet, quinoa, bulgur, and amaranth
Vegetables	½ cup cooked vegetables; 1 cup raw vegetables; ¾ cup vegetable juice	4	Choose calcium-rich vegetables often: e.g. kale, broccoli, bok choy, Chinese cabbage, okra
Fruits	1 medium fruit; ½ cup canned fruit; ¼ cup dried fruit; ¾ cup fruit juice	2	Choose calcium-rich foods often: calcium-fortified juice, figs
Legumes, nuts, seeds, milks	½ cup cooked beans, tofu, tempeh, textured vegetable protein (TVP); 3 ounces of veggie meats (veggie burger, deli slices, etc.); 2 tbsp. nuts, seeds, nut or seed butter; 1 cup fortified soy or low-fat or fat-free cow's milk; 1 cup yogurt; 1 egg	7	Choose calcium-rich foods often: calcium-fortified plant milks, dairy products, calcium-set tofu, almond butter, tahini, tempeh, almonds, soybeans
Fats	1 tsp. oil, salad dressing, butter, margarine, ghee or 2 tablespoons mashed avocado	2	

tip Choose high calcium foods from each of the food groups (e.g. calcium-fortified breakfast cereals, bok choy, broccoli, collards, Chinese cabbage, kale, mustard greens, okra, calcium-fortified orange juice, dairy products, calcium-fortified soy milk, tempeh, calcium-set tofu, almonds).

Folate

Found in prenatal supplements in the form of folic acid.

- Dark leafy greens
- Orange juice
- Wheat germ
- Whole-grain and fortified breads and cereals
- Dried beans

tip A daily intake of folate rich foods should be combined with 400µg of folic acid from supplements or fortified foods.

Zinc

Tissue growth and function

- Dried beans and lentils
- Nuts and seeds
- Fortified cereals
- Wheat germ
- Milk
- Hard cheeses (e.g. parmesan, asiago)

Iodine

Found in many prenatal supplements. Discuss supplement use with your healthcare provider.

- Iodized salt provides iodine

Calcium

Build strong bones and teeth

- Fortified soymilk and other plant milks
- Dairy products
- Some dark green leafy vegetables (e.g. broccoli, kale, collard greens, bok choy)
- Calcium-set tofu
- Figs
- Fortified orange juice

Vitamin B12

Found in prenatal supplements. Be sure to get vitamin B12 from supplements or fortified foods or dairy products every day.

- Fortified cereals
- Fortified soymilk and other plant milks
- Vitamin B12-fortified nutritional yeast
- Milk and yogurt
- Eggs

Vitamin D

Help body use calcium to form fetal bones

- Vitamin D-fortified cow's milk or fortified soymilk or other plant milks
- Skin exposure to sunlight

Sample Vegan Meal Plan

Breakfast

- 1 cup cold cereal with ¼ cup raisins and 1 cup fortified soymilk
- 1 slice whole-wheat toast with 1 tablespoons almond butter, sprinkled with wheat germ
- ¾ cup calcium-fortified orange juice

Snack

- ½ cup carrot sticks with ¼ cup hummus

Lunch

- Sandwich with ½ cup baked tofu, 2 slices whole-grain bread and lettuce
- 2 cups tossed salad with herbs and lemon juice

Snack

- 2 fresh figs
- 1 tbsp. almonds
- 1 cup fortified soymilk

Dinner

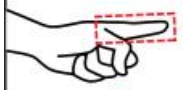
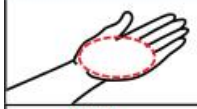
- 1 cup red beans and ½ cup brown rice
- ½ cup cooked kale with nutritional yeast
- 1 cup tomato slices drizzled with olive oil and herbs

Vegetarian Nutrition
a dietetic practice group of the Academy of Nutrition and Dietetics
eat right.

RDN Resources are a project of the Vegetarian Nutrition Dietetic Practice Group.
More topics available at www.VegetarianNutrition.net. Professional resources also available for members at www.VNDPG.org.

Written by: Reed Mangels, PhD, RD

Expires May 2023

SYMBOL	COMPARISON	SERVING SIZE
MILK AND MILD PRODUCTS		
	Pointer finger	1½ ounces
	One fist	1 cup
VEGETABLES		
	One fist	1 cup
	Two fists	2 cups
FRUITS		
	One fist	1 medium
	One fist	1 cup
GRAINS, BREADS & CEREALS		
	One fist	1 cup
	Handful	½ cup
	Flat hand	1 slice
MEAT, BEANS & NUTS		
	Palm	3 ounces
	Thumb	1 tablespoon

A NOTE FROM MATERNAL CHILD (LABOR AND DELIVERY)

Dear Parent's-to-be,

We are pleased you are considering Stanford HealthCare ValleyCare for this life changing event. Here you will have the latest in patient comfort and technology, along with exceptional medical care and a warm, caring environment.

Your life will never be the same-and we look forward to supporting you in this transition.

An ideal experience

Stanford HealthCare ValleyCare's philosophy of family-centered care includes a variety of delivery options that provide for a safe and pleasant birthing experience. We are committed to making every birth an ideal experience, tailored to your personal preferences and needs. We want to get to know you and understand what's important to you. We know there's no better place to deliver your baby-and we trust that you'll feel the same way.

Birthday

We are ready when you are. Once you are admitted to the hospital, you will be escorted to a comfortable, private labor and delivery room. It includes a private bathroom, shower, sleeping area for your partner, a flat-screen television with cable and free wireless internet. 24 hours a day we have an on-site OB/GYN physician, an anesthesiologist and Pediatric Hospitalist for your needs.

Your Labor experience

We want to help make your labor the experience you want it to be. We will work closely with you to support your birth plan choices, such as medicated or un-medicated labor and using a birthing ball, music or other relaxation aids provided by you. With your birth plan as your guide, we always strive for a vaginal delivery and only recommend a C-section if your health or baby's health is at risk.

After Delivery

Our nurses, who are highly experienced in caring for new moms and babies, will partner with you on post-delivery care. We do everything possible to ensure you have time together from the start. Your skin-to-skin time is a special part of the birth experience for you, and important for your baby's well-being. When possible, we provide a "golden hour" where breastfeeding and skin-to-skin contact are encouraged immediately after the arrival of your infant into this world. To encourage bonding, we do recommend you reserve this time for you, your baby and partner only.

Infant Care

While here, you can expect your baby to be cared for in the best way possible. We want you to have the best experience and bonding to begin from the first minute. Baby "rooming in" is highly encouraged. After "golden hour", we will administer routine newborn medications and a thorough exam to ensure your baby's safety. During your stay, we will check your baby's hearing, jaundice level, and do a non-invasive heart screening. In addition, a newborn screening test will be conducted to check for hidden diseases. Your community pediatrician, whom you have selected ahead of time will also visit your infant while in the hospital.

Infant Feeding

Because we all know breast feeding is the gold standard for your baby, we will support you in this endeavor according to AAP and ILACC guidelines. To assist you with infant feedings, we have Certified Lactation Consultants who will make daily rounds to assess breastfeeding, help with any difficulties, and answer questions.

Infant Security and Safety

Stanford HealthCare ValleyCare has developed an extensive program to ensure the security and safety of your newborn during his/her stay. This is an alarmed unit and all persons entering are identified for your child's safety. Also, please be prepared with your infant's car seat installed per manufacturer's recommendations.

Important reminders prior to your arrival

- Consider scheduling a hospital tour and attending any of our class offerings.
- Choose a community pediatrician
- Install your car seat according to manufacturer's recommendations.
- Pack your hospital bag with some of these helpful items
  - Pillow
  - Nursing bra
  - Robe, slippers
  - Going home outfit for you and your baby
  - Blanket for your baby
  - Baby mittens or socks to cover baby's hands
  - Toiletries for you
  - Your partner should also have an outfit and toiletries
  - Cellphone and charger
  - Camera and charger or extra battery

Congratulations!

The Last Month..You Made It!

THINGS ○TO DO BEFORE YOUR DUE!

○ Pack your hospital bag.

○ Review your insurance for breast pump benefits. If you would like a breast pump, inform your provider at your next visit. A prescription may be required. Depending on the health plan, you may need to contact a third-party administrator to initiate the process.

○ Install your car seat. Don't forget to have it checked by CHP or other trained professionals.

○ Pre-register at Stanford HealthCare-ValleyCare. You may choose to do one of the two options below:

1. Complete the Preadmission Information Registration Worksheet and take it to the Admissions office. You will need to have your photo ID and Insurance card present.
2. You may also initiate the pre-registration process online at www.valleycare.com, click on the Pre-register Online link. Once completed, you may need to go to the admissions office and present your photo ID and Insurance card. Be advised that when you pre-register online, you will not receive a confirmation email.

The Admissions office is located at 5555 W. Las Positas Blvd, Pleasanton, CA 94588.

○ Select a pediatrician for your child.

○ Complete the birth certificate worksheet and place it in your hospital bag.

○ Decide if you want a birth plan. If you do, complete the birth plan page provided. Provide a copy to your physician and place a copy in your hospital bag.

○ Create a care plan for your children, pets or other family members for your hospital stay.

○ Plan ahead and meal prep. Having meals ready to heat will let you enjoy the first week or two without having to go to the grocery store or cook. Many communities, churches and families create meal trains for special events like the birth of a child. Visit www.mealtrain.com or www.takethemameal.com for more information.

○ Create you postpartum care kit. All the essentials needed for pain relief for after-delivery at home.

○ Take a break. Enjoy a low-key and relaxing day or two.

Why You May Want or Not Want a Birth Plan

A birth plan may help you feel prepared.

Making decisions and thinking through potential circumstances before hand may help you to feel more organized and less anxious for the big day.

A birth plan may help you to customize your labor experience.

Nursing staff makes it a point to best accommodate you as an individual. But, if your labors are fast and furious and you don't think you will be in any shape to discuss your requests with the nurses, a birth plan creates a place to share these wishes.

A birth plan may increase the level of trust within your labor support team.

Your significant other, nurse, and provider will better understand your priorities and what works best for you. You will be able to understand what your provider feels comfortable doing as well as any hospital policies and limitations.

A birth plan is not a necessity.

If a birth plan just becomes just another item on your to- do list that is causing more stress and anxiety than scratch it off!

A birth plan does not assure you will have a satisfying labor.

As stated before, labor is very unpredictable and each labor comes with its unique challenges. A birth plan does not exactly dictate the future.

A birth plan may distract you from your main goal.

When a woman creates a birth plan she is also creating expectations for herself and those supporting her, which may or may not turn into a "self fulfilling prophecy". If some road bumps come along that necessitate a change from the birth plan, the mother may feel disappointed or that she, or the team has failed. This is not true, as the main goal of the birth plan is for a healthy baby and healthy mom.

THE 10 BIRTH PLAN RULES

1. Make your main goal a healthy you and healthy baby.
2. State what you DO want rather than what you DON'T want.
3. Realize each labor is a unique and a sacred experience.
4. Be open to changes.
5. Create your individualized birth.

plan and share it with your physician

6. Develop your "A" plan first, but anticipate an "B" plan.
7. Educate yourself on your hospital's polices and plan accordingly.
8. Complete the Birth Plan worksheet (next page) and place a copy in your hospital bag.
9. Trust yourself and your team.
10. Try to relax and enjoy the time left before you deliver.

**If you choose to complete a birth plan, please use the birth plan page provided in your folder. Remember to provide your physician a copy and place a copy in your hospital bag.

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

FAQ

FREQUENTLY ASKED QUESTIONS
FAQ172
PREGNANCY

Cord Blood Banking

What is cord blood?

Cord blood is the blood from the baby that is left in the ***umbilical cord*** and ***placenta*** after birth. It contains special ***cells*** called ***hematopoietic stem cells*** that can be used to treat some types of diseases.

What are hematopoietic stem cells?

Most cells can make copies only of themselves. For example, a skin cell only can make another skin cell. Hematopoietic stem cells, however, can mature into different types of blood cells in the body. Hematopoietic stem cells also are found in blood and ***bone marrow*** in adults and children.

How can hematopoietic stem cells be used to treat disease?

Hematopoietic stem cells can be used to treat more than 70 types of diseases, including diseases of the ***immune system***, ***genetic disorders***, ***neurologic disorders***, and some forms of cancer, including leukemia and lymphoma. For some of these diseases, stem cells are the primary treatment. For others, treatment with stem cells may be used when other treatments have not worked or in experimental research programs.

What are the advantages of using cord blood to treat disease?

Using the stem cells in cord blood to treat a disease has the following benefits compared with using those in bone marrow:

- Stem cells from cord blood can be given to more people than those from bone marrow. More matches are possible when a cord blood transplant is used than when a bone marrow transplant is used. In addition, the stem cells in cord blood are less likely to cause ***rejection*** than those in bone marrow.
- It is harder to collect bone marrow than it is to collect cord blood. Collecting bone marrow poses some risks and can be painful for the donor.

- Cord blood can be frozen and stored. It is ready for anyone who needs it. Bone marrow must be used soon after it is collected.
- Stem cells in cord blood can be used to strengthen the immune system during cancer treatments. Bone marrow stem cells do not have this capability.

What are the disadvantages of using cord blood to treat disease?

A disadvantage of cord blood is that it does not contain many stem cells. Units from several donors can be combined to increase the number of stem cells if a transplant is needed for an adult.

What is an autologous transplant?

In an ***autologous transplant***, the cord blood collected at birth is used by that same child. This type of transplant is rare for the following reasons:

- A child's stem cells cannot be used to treat genetic diseases in that child. All of the stem cells have the same ***genes*** that cause the disease.
- A child's own stem cells cannot be used to treat that child's leukemia, a cancer of the blood.

What is an allogenic transplant?

In an ***allogenic transplant***, another person's stem cells are used to treat a child's disease. This kind of transplant is more likely to be done than an autologous transplant. In an allogenic transplant, the donor can be a relative or be unrelated to the child. For an allogenic transplant to work, there has to be a good match between donor and recipient. A donor is a good match when certain things about his or her cells and the recipient's cells are alike. If the match is not good, the recipient's immune system may reject the donated cells. If the cells are rejected, the transplant does not work.

How is cord blood stored?

Cord blood is kept in one of two types of banks: public or private. They differ in important ways that may affect your choice.

What are public cord blood banks?

Public cord blood banks store cord blood for allogenic transplants. They do not charge to store cord blood. The stem cells in the donated cord blood can be used by anyone who matches. Some public banks will store cord blood for ***directed donation*** if you have a family member who has a disease that could potentially be treated with stem cells.

Donors to public banks must be screened for blood or immune system disorders or other problems. With a cord blood donation, the mother's blood is tested for genetic disorders and infections, and the cord blood also is tested after it is collected. Once it arrives at the blood bank, the cord blood is "typed." It is tracked by a computer so that it can be found quickly for any person who matches when needed.

What are private cord blood banks?

Private or family banks store cord blood for autologous use or directed donation for a family member. Private banks charge a yearly fee for storage. Blood stored in a private bank must meet the same standards as blood stored in a public bank. If you have a family member with a disorder that may potentially be treated with stem cells, some private banks will store the cord blood free of charge.

What steps need to be done before cord blood is collected?

Certain steps must be done beforehand:

- The bank must be notified and a collection kit must be obtained in advance (usually 6 weeks or more) of your due date. Some hospitals have collection kits on hand, whereas others do not.
- A family medical history must be provided and the mother's blood must be tested.
- Consent must be given before labor begins.

If you choose a private bank, you will sign a contract and pay a fee before the baby is born.

How is cord blood collected?

Cord blood is collected by your obstetrician or the staff at the hospital where you give birth. Not all hospitals offer this service. Some charge a separate fee that may or may not be covered by insurance.

The process used to collect cord blood is simple and painless. After the baby is born, the umbilical cord is cut and clamped. Blood is drawn from the cord with a needle that has a bag attached. The process takes about 10 minutes.

What problems can occur during cord blood collection?

Sometimes, not enough cord blood can be collected. This problem can occur if the baby is preterm or if it is decided to delay clamping of the umbilical cord. It also can happen for no apparent reason. If an emergency occurs during delivery, priority is given to caring for you and your baby over collecting cord blood.

What else should I think about when deciding whether to donate or store cord blood?

Think about the following points when making your choice:

- Donating cord blood to a public bank adds to the supply and can potentially help others. Donating to a public bank is especially important for ethnic minorities, who are not well represented in cord blood banks. Public cord blood donation increases the chance of all groups finding a match.
- Only certain hospitals collect cord blood for storage in public banks.
- Storing a child's stem cells in a private bank as "insurance" against future disease is not recommended.
- If you already have a child with a medical condition that may be helped by a cord blood transplant, donating a biological sibling's cord blood for directed donation is encouraged.
- If you decide to store cord blood in a private bank, you should find out the total cost, including charges for collecting and processing the cord blood and the annual storage fees.

Glossary

Allogenic Transplant: A transplant in which the donated tissue, organ, or cells come from another person. The donor may be a family member or unrelated to the recipient.

Autologous Transplant: A transplant in which the recipient uses his or her own cells or tissue (such as bone marrow).

Bone Marrow: The spongy tissue in bone cavities that produces new blood cells.

Cells: The smallest units of a structure in the body; the building blocks for all parts of the body.

Directed Donation: A donation of an organ or cells that is directed to a specific individual or group, such as a family member.

Genes: Segments of DNA that contain instructions for the development of a person's physical traits and control of the processes in the body. They are the basic units of heredity and can be passed down from parent to offspring.

Genetic Disorders: Disorders caused by a change in genes or chromosomes.

Hematopoietic Stem Cells: A type of blood cell that can mature into other types of blood cells.

Immune System: The body's natural defense system against foreign substances and invading organisms, such as bacteria that cause disease.

Neurologic Disorders: Diseases that affect the brain, spinal cord, or nerves.

Placenta: Tissue that provides nourishment to and takes waste away from the fetus.

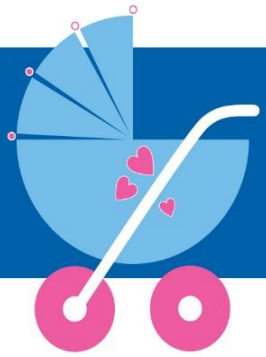
Rejection: An immune response in which the body recognizes transplanted cells or tissues as foreign and attacks them.

Umbilical Cord: A cordlike structure containing blood vessels that connects the fetus to the placenta.

Visit https://parentsguidecordblood.org to learn about cord blood banks and options.

Our Ob/Gyn offices do not stock cord blood collection kits. Please make sure you have a kit in time for your delivery if you would like your baby's cord blood banked.

hospital bag checklist



For labor

- ○ Birth plan
- ○ Bathrobe
- ○ Slippers
- ○ Socks (a few pairs)
- ○ Eyeglasses, if you wear them
- ○ Hair band, if you need one
- ○ Lip moisturizer
- ○ Snacks
- ○ Massage oils or lotions
- ○ Tennis balls or rolling pin (for back labor massage)
- ○ Relaxation materials, such as books, magazines, games, music, extra pillow
- ○ Good luck talisman; pictures of someone or something you love (the inspiration you may need to see you through to the end)

For coach

- ○ Watch with a second hand to time contractions
- ○ Camera with extra batteries, charger and memory card(s)
- ○ Toiletries
- ○ Change of clothes
- ○ Snacks and reading material
- ○ Bathing suit, if a bath or shower during labor is an option

For baby

- ○ Infant car seat
- ○ Outfit for the trip home
- ○ Receiving blanket (a heavy one if weather is cold)
- ○ Baby nail clippers
- ○ Pacifier
- ○ One pair socks or booties
- ○ Cap

Postpartum

- ○ Nursing bra
- ○ Breast pads
- ○ Maternity underwear
- ○ Pajamas
- ○ Toiletries, such as a brush, toothbrush, toothpaste, shampoo, etc.
- ○ Entertainment like books or movies
- ○ Cell phone and phone charger
- ○ Snacks
- ○ Roomy going-home outfit and comfortable shoes

bshr.com/women

California Law requires children under 2 years old to be in a rear-facing car seat while in a moving vehicle.

Hospital policy may require a newborn to be secured in a car seat before leaving the hospital.

Car Seat Checkup

Top 5 Things to Do at Home

☐ **Right Seat.** This is an easy one. Check the label on your car seat to make sure it's appropriate for your child's age, weight and height. Like milk, your car seat has an expiration date. Just double check the label on your car seat to make sure it is still safe.

☐ **Right Place.** Kids are VIPs, just ask them. We know all VIPs ride in a back seat, so keep all children in a back seat until they are 13.

☐ **Right Direction.** Keep your child in a rear-facing car seat until at least age 2. When he or she outgrows the seat, move your child to a forward-facing car seat and make sure to attach the top tether after you tighten and lock the seat belt or lower attachments (LATCH).

☐ **Inch Test.** Once your car seat is installed, give it a good shake at the base. Can you move it more than an inch side-to-side or front-to-back? A properly installed seat will not move more than an inch.

☐ **Pinch Test.** Make sure the harness is tightly buckled and coming from the correct slots (check car seat manual). Now, with the chest clip placed at armpit level, pinch the strap at your child's shoulder. If you are unable to pinch any excess webbing, you're good to go.

Please read the vehicle and car seat instruction manuals to help you with this checklist. If you are having even the slightest trouble, questions or concerns, don't worry. Certified child passenger safety technicians are waiting to help or even double check your work.

Visit safekids.org to find a car seat inspection event in your community.

SAFE KIDS WORLDWIDE™

Car Seat Check-Up

Visit your Local CHP for a Car Seat Inspection PRIOR to bringing your baby home.

TRACY
385 West Grantline Road
Tracy, CA 95376
San Joaquin County
(209) 835-8920
Valley Division

CASTRO VALLEY
21020 Redwood Road
Castro Valley, CA 94546-5920
Alameda County
(510) 581-9028
Golden Gate Division

DUBLIN
4999 Gleason Drive
Dublin, CA 94568-7643
Alameda County
(925) 828-0466
Golden Gate Division

HAYWARD
2434 Whipple Road
Hayward, CA 94544-7808
Alameda County
(510) 489-1500
Golden Gate Division

You can also visit www.childcarelinks.org for hands-on instruction by a Child Care Links Certified Inspector on proper child restraint use and installation. Contact 925-417-8733 or mail@childcarelinks.org to register. They are located at 6601 Owens Drive, Suite 100, Pleasanton.

ValleyCare Physicians Associates Family Practice (10+ years)

5725 W. Las Positas Blvd, Suite 110 Shazia Mughal, MD
Pleasanton, CA 94588
(925) 416-6767

Bay Valley Medical Group Pediatrics (All ages)

Anupama Velpuri, MD Razia Rangwala, MD Melinda Ragins, MD

4725 1st Street
Pleasanton, CA 94566
(925) 462-7060

20126 Stanton Ave, Suite 201
Castro Valley, CA 94546
(510) 581-2559

Livermore – Pleasanton - San Ramon Pediatrics Group Pediatrics (All ages)

Sukhjit Basi, MD
V. Anthony Chiong, MD
Lara Lembach, MD

Johnette Leikam, MD
Staci Sampo, PNP, IBCLC
Lactation Consultant

Misha Roitshteyn, MD *As of 9/1/18
Alison Werne, MD

5575 W. Las Positas Blvd,
Suite 340
Pleasanton, CA 94588
(925) 847-9777

1133 E. Stanley Blvd,
Suite 103
Livermore, CA 94550
(925) 455-5050

11030 Bollinger Canyon Road,
Suite 220A
San Ramon, CA 94582
(925) 263-2600

Additional providers on page 2 ➔

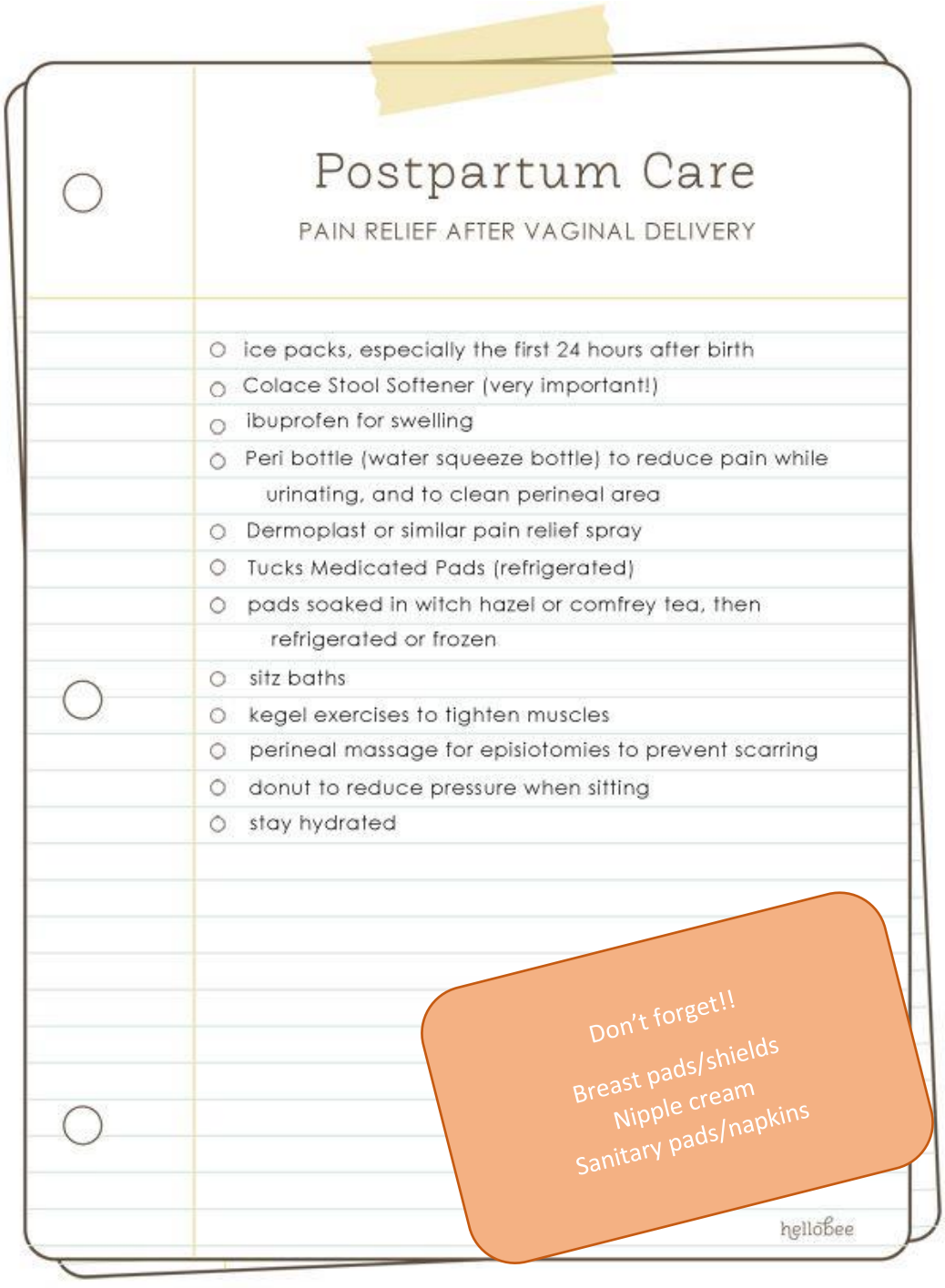
Bayside Medical Group Pediatrics (All ages)

100 Cortona Way, Suite 230 Brentwood, CA 94513 Phone 925 755-8500	Harry Huang, MD Lily Nguyen, MD
1134 Murrieta Ave. Livermore, CA 94550 Phone 925-449-7795	Carol Gill, MD Ting Wai Wang, MD J.D. Maynard, MD Asha Ramchandran, MD Stephanie Moses, MD Brita Moilanen, MD Neena Shah, MD Poonam, Vijayvargiya, MD
5720 Stoneridge Mall Rd. #240 Pleasanton, CA 94588 Phone 925-463-1234	Anna Rebecca Kerr, MD Jody Ullom, MD Ting Wai Wang, MD Asha Ramchandran, MD Cynthia A. Quan, MD Sheryl Militar, MD Debra Weiss-Ishai, MD Albert Yu, MD Poonam Vijayvargiya, MD
5601 Norris Canyon Road, Suite #230 San Ramon, CA 94583 Phone 925-277-7550	Richard D. Ash, MD Cynthia A. Quan, MD Lisa Erburu, MD Marie Newsom Zilius, CPNP Sheryl Militar, MD
4598 South Tracy Blvd. #110 Tracy, CA 95377 Phone 209-839-1432	J.D. Maynard, MD Brita Moilanen, MD Neena Shah, MD
1776 Ygnacio Valley Rd. #100 Walnut Creek, CA 94598 Phone 925-933-4383	Debra Weiss-Ishai, MD Lisa Erburu, MD Albert Yu, MD Harry Huang, MD Marie Newsom Zilius, CPNP Lily Nguyen, MD

Additional Offices in Alameda, Berkeley, Oakland and Pinole

Create your post-partum care kit!

No two pregnancies are the same. Every woman experiences pregnancy differently. Taking care of yourself after delivery is just as important as during your pregnancy. Take some time to prepare a post-partum care kit. Ask other moms for items that helped during their recovery period. But remember it may not work for you as well as it did for them.



If you have a C-section, most of the items will still apply for your recovery.

Remember that the key to a good recovery is to REST. Get help from friends and family for household chores during this time. Your sleeping pattern may change and napping may help.

BIRTH CERTIFICATE WORKSHEET

HAVE THIS INFORMATION AVAILABLE FOR COMPLETING YOUR CHILD'S BIRTH CERTIFICATE

NAME OF CHILD:

FIRST: _____ MIDDLE:_____

LAST: _____

SEX: MALE _____ FEMALE _____ UNK _____ WAS THIS BIRTH: SINGLE _____ TWIN _____ TRIPLET _____ QUAD _____ OTHER _____

IF MULTIPLE, THIS CHILD: 1ST _____ 2ND _____ 3RD _____ 4TH _____ OTHER _____ (CHECK APPROPRIATE ENTRY)

CHILD'S DATE OF BIRTH: _____ TIME OF BIRTH: _____

BIRTH NAME OF PARENT NOT GIVING BIRTH:

FIRST: _____ MIDDLE: _____

LAST: _____ SSN: _____

RELATIONSHIP TO CHILD: ☐ MOTHER ☐ FATHER ☐ PARENT ☐ NOT SPECIFIED

BIRTHPLACE: _____ DATE OF BIRTH: _____
(U.S. STATE OR FOREIGN COUNTRY)

BIRTH NAME OF *PARENT GIVING BIRTH* :

FIRST: _____ MIDDLE: _____

LAST: _____ SSN: _____

RELATIONSHIP TO CHILD: ☐ MOTHER ☐ FATHER ☐ PARENT ☐ NOT SPECIFIED

BIRTHPLACE: _____ DATE OF BIRTH: _____
(U.S. STATE OR FOREIGN COUNTRY)

GENETIC FATHER INFORMATION (MALE GENETIC CONTRIBUTOR FOR THE CREATION OF THE BABY THROUGH SPERM DONATION OR SEXUAL INTERCOURSE):

IF HISPANIC, SPECIFY ORIGIN: _____

RACE: _____ (ENTER UP TO THREE RACES)

CHECK HIGHEST DEGREE/LEVEL OF EDUCATION: ☐ (0-11TH GRADE) ☐12TH GRADE (NO DIPLOMA) ☐ HS DIPLOMA ☐ GED ☐ SOME COLLEGE (NO DEGREE) ☐ ASSOCIATE DEGREE ☐ BACHELORS DEGREE ☐ MASTERS DEGREE ☐ DOCTORATE

DATE LAST WORKED (MONTH AND YEAR): _____USUAL OCCUPATION: _____

KIND OF BUSINESS/INDUSTRY: _____

GENETIC MOTHER INFORMATION (PERSON THAT SUPPLIED EGG RESULTING IN AN EMBRYO):

IF HISPANIC, SPECIFY ORIGIN: _____

RACE: _____ (ENTER UP TO THREE RACES)

CHECK HIGHEST DEGREE/LEVEL OF EDUCATION: ☐ (0-11TH GRADE) ☐12TH GRADE (NO DIPLOMA) ☐ HS DIPLOMA ☐ GED ☐ SOME COLLEGE (NO DEGREE) ☐ ASSOCIATE DEGREE ☐ BACHELORS DEGREE ☐ MASTERS DEGREE ☐ DOCTORATE

DATE LAST WORKED (MONTH AND YEAR): _____USUAL OCCUPATION: _____

KIND OF BUSINESS/INDUSTRY: _____

BIRTH PARENT'S RESIDENCE ADDRESS (REQUIRED): _____

Disability benefits during Maternity Leave

Before you go on Maternity Leave...

Your employer's Human Resources Department is always your first stop for questions about your disability. They will inform you regarding your benefits and type of insurance you will be applying for.

Disability

Your employer has all the disability forms you will need. The only form we are happy to provide is the EDD (state disability) claim form.

Pregnancy Disability begins 4 weeks before your Due Date and lasts 6 weeks (vaginal birth) or 8 weeks (cesarean section birth) after you deliver.

Please remember to fill out your portion of any forms prior to submitting them to your physician's office. This is to ensure processing can be completed and avoid delays.

If you are planning to file an EDD (state disability) claim, please visit www.edd.ca/disability.gov or ask us for a paper claim.

Please make sure to provide us the following information once you have submitted your EDD claim, we require this information in order to process your claim in a timely manner and avoid delays.

- Your receipt number (if submitted online); if done on paper, all pages of claim form
- Last day you worked
- The last name in which the claim was filed under

If stopping work due to complications, please discuss these complications with your provider prior to stopping work. Authorization for early disability when pregnant must come from your physician.

You may submit disability claims 9 days before your expected disability start date but no more than 29 days after.

EDD office takes up to 2 weeks for processing regardless of the claim submission type (paper or online).

We kindly request you submit all employer paperwork 7 business days' week prior to actual maternity leave. Once your paperwork is completed, forms will be sent directly to appropriate parties (EDD, private insurance, employer), unless you provide us other instructions.

Should your disability leave be extended by your physician, please contact EDD as soon as possible to receive your "Supplementary Certificate." Please provide us the paper form or notify us if you have received and submitted online.

Paid Family Leave

If you will apply for Baby bonding, please note that this type of claim **does not** require physician certification. You can request the form be sent to you and submit all paperwork directly to the EDD office.

For more information regarding State Disability and Paid Family Leave, refer to the EDD website at www.edd.gov or by phone them at 800-480-3287.

PREGNANCY DISABILITY AND BONDING LEAVE

(Typical, uncomplicated pregnancy and childbirth)

For more information, visit Legal Aid's fact sheet for working rights when pregnant and as a new parent https://legalaidatwork.org/wp-content/uploads/2016/11/Pregnancy-My-Job-CA-version-with-new-Logo-00486495-4.pdf

PDL

Pregnancy Disability Leave Law

Up to 4 months, unpaid, job-protected leave with continued health benefits

FMLA

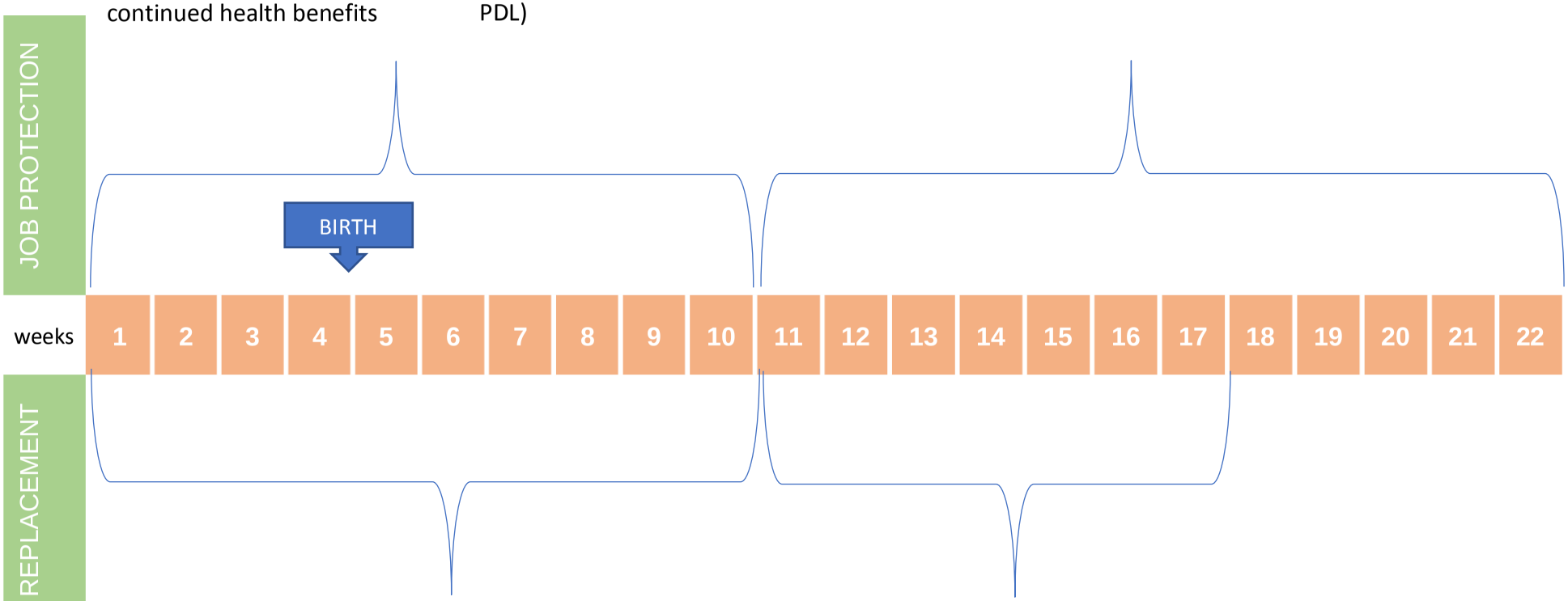
Family Medical Leave Act

Up to 12 weeks of unpaid, job-protected leave. (runs concurrently with PDL)

CFRA

California Family Rights Act

12 weeks unpaid, job-protected leave to bond within 1 year



SDI

State Disability Insurance

4 weeks pre-birth

and

6 weeks (Vaginal birth) or
8 weeks (C-section birth) recovery

PFL

Paid Family Leave

6 weeks to bond

The Fourth Trimester

You delivered your healthy baby and are getting settled at home. It's now time for your body to begin the journey back to its pre-pregnancy state.

This postpartum period is the time from the birth of your baby up to 12 weeks after birth. This length of time is needed for the uterus to return to its normal size.

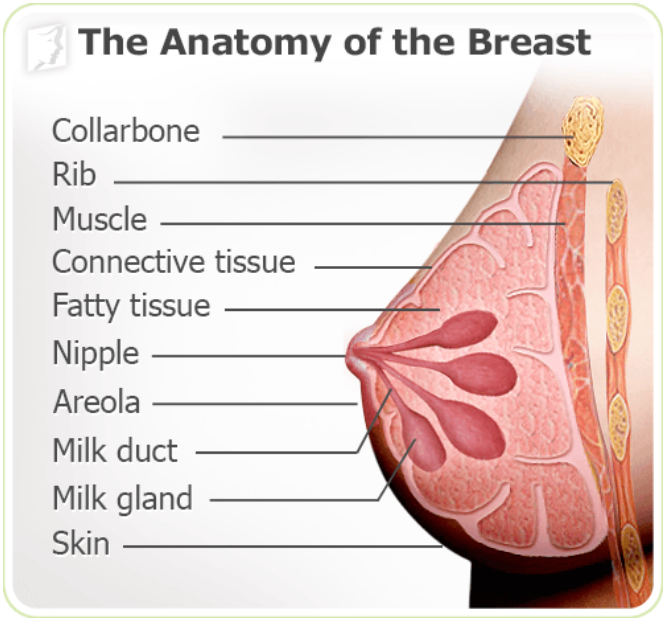
What should you expect?

Bleeding and discharge will happen up to 6 weeks after birth. Some women may experience longer or shorter intervals. Sanitary pads/napkins should be used during this time, using tampons is not recommended.

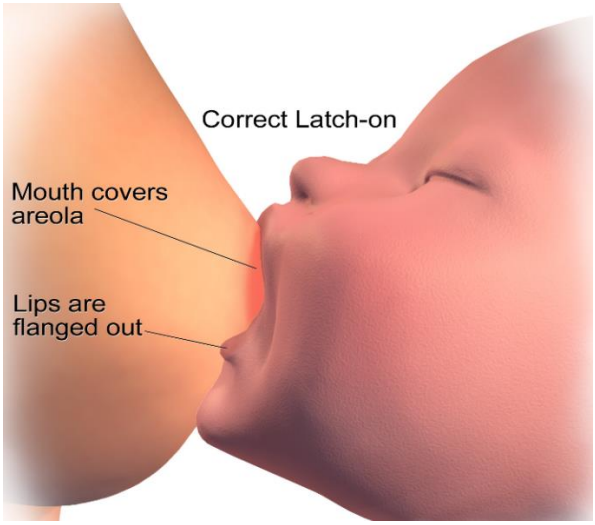
Constipation and hemorrhoids discomfort is very common after delivery. You can use hemorrhoid ointments and spray to help reduce swelling in the rectal area. Eat food rich in fiber and drink lots of water to help with constipation. Do not use any medications to loosen your bowel movements without first asking your physician.

You may notice a change in your urination pattern for the first few days. During the first 72 hours your kidneys work harder than usual in order to get rid of extra fluid that has built up in the body during pregnancy. In addition, your bladder may be swollen and bruised which may lead to temporary problems with sensing bladder fullness and complete bladder emptying. To help prevent bladder infections, practice good hygiene and wipe from front to back after urination and bowel movements. Make regular urination a habit and avoid long waits between emptying your bladder. If you are having difficulty controlling your bladder, or if urination is accompanied by burning, lower abdominal pain, back pain or fever contact your physician.

Breast soreness usually occurs as your milk begins to produce. Nipple soreness or pain is caused by breastfeeding and possibly improper latching on by your baby.



As milk ducts and glands being to produce milk, your entire breast will enlarge, harden and be very sore. As you breastfeed these symptoms will lessen. Making sure your baby latches on correctly is the key to decreasing sore nipples.



I have a headache?

Headaches can develop over the first few weeks after delivery. Most of the time these are tension headaches. Try to get plenty of rest, eat regular meals and avoid drinks that contain caffeine. You may get some relief from lying down with a cool damp cloth on your forehead, using relaxation techniques or taking acetaminophen. If your headache is severe or if you have changes in your eyesight such as difficulty focusing, blurred vision, nausea, vomiting or weakness in any part of your body, go the nearest hospital or urgent care.

When is my next appointment?

You will need to be seen at 6 weeks from delivery for both vaginal and C-section. If you had a C-section, your physician may want to see 1 or 2 weeks after your surgery as well. Your physician will let you know.

When can I start doing normal activities?

If you had a normal delivery without problems, you can get back to doing most of your normal activities within the first week. You should still take it easy and avoid heavy lifting, vacuuming and heavy stair climbing for the first couple weeks.

If you had a C-section you will need to avoid heavy lifting for 6 weeks, this includes handling the car seat.

Walking is recommended after any type of delivery as long as you feel up it and want to. If may be beneficial to walk with a partner or family member for the first few weeks in case, you feel tired and need support.

When will my period start again?

If you are not breastfeeding, you may start having menstrual periods 3 to 10 weeks after delivery. If you are breastfeeding, there is no specific time when your period will start again. Some women may experience a period after 6 months or when they stop breastfeeding completely. Each woman's body is different and will react differently.

When will I return to my pre-pregnancy weight?

During birth you lose 12 to 14 pounds. However, this will still leave some weight to lose, depending on how much weight you gained during pregnancy. Losing this weight takes time. It takes most women 8 to 12 months to return to their pre pregnancy state. Losing the weight slowly is healthy and natural. Eating healthy and beginning an exercise routine will help. If you are breastfeeding, you should make sure you are eating at least 1800 calories a day as breastfeeding uses a lot of calories.

BREASTFEEDING SOLUTIONS

It is always best to speak with a lactation specialist for specific breastfeeding concerns as soon as they occur.

Stanford HealthCare-ValleyCare Lactation Consultants can be reached at 925-416-3598 Monday to Saturday from 1pm to 4pm.

LATCHING PAIN

Symptoms: breast or nipple pain

Cause: baby not latching on correctly

Treatment: have baby's mouth cover more of your areola below the nipple than above. Use football hold or cross-cuddle hold. Breast massage and use warm compress during feeding to increase flow. Feed every 1-2 hours, beginning on least sore breast. Limit to 10 minutes on sore side. If too sore to breastfeed, pump instead. Take Tylenol 650 Mg orally 30 minutes before feed.

CRACKED NIPPLES

Symptoms: cracks, blisters on areolas

Cause: baby not latching on correctly

Treatment: change feeding positions, feed more often, express small amount pre-feed, express small amount post-feed and allow to air dry. Apply Lanolin nipple cream after feeding. Use hydrogel pad to aid healing.

CLOGGED OR PLUGGED MILK DUCTS

Symptoms: sore, lump, breast do not soften post-feed, may have fever

Cause: infrequent feedings, bra too tight, tight baby carriers

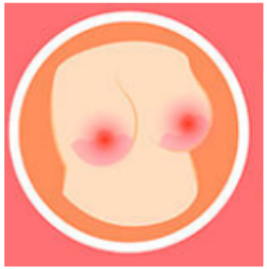
Treatment: feed every 2 hours, increase fluid intake, warm compress to affected breast pre-feed, massage during feed.

ENGORGEMENT

Symptoms: warm, shiny, tender, lump, flat/hard nipples

Cause: to infrequent or too brief nursing

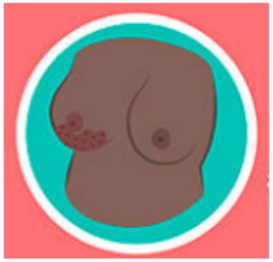
Treatment: wear supportive bra, feed every 1 to 3 hours, use warm compress pre-feed, express 5 mins prior to feed, massage during feed, use cold packs post feed, should not last more than 48 hours. Take Tylenol 650 Mg orally as needed for pain. If fllu-like symptoms, contact your provider.



MASTITIS

Symptoms: swollen, tender, localized to usually one breast, fever and flu-like symptoms

Cause: missed or infrequent feeding, tight bra, wet breast pads, stress, fatigue, unresolved plodded duct
Treatment: same as plugged duct, feed often beginning with affected breast. Empty your breast(s) as often as you can. May need antibiotics



THRUSH

Symptoms: pain, may be severe, around nipple, areola and/or breasts both during and between feeds. Baby has white patches inside cheeks or on tongue or gums. Baby may be fussy during or in between feeds. Baby may slip on and off breast and may make a clicking sound.

Cause: overgrowth of bacteria called candida.

Treatment: keep breasts dry, change breast pads every feed. Sterilize pumps or shields used. Avoid sugary foods. nystatin ointment on nipple post-feed for 14 days only.
.5 or 1% hydrocortisone cream sparingly on breast post feed, wipe away pre-feed.

FLAT OR INVERTED NIPPLES

Symptoms: difficulty latching on

Cause: adhesions beneath the breasts, genetics

Treatment: continue breastfeeding or pumping. Use pump for 5 minutes prior to baby latch on. Do not use bottles or pacifiers. Use nipple shields between feedings. Hoffman's exercise to break adhesions. If not successful, feed with orthodontic syringe or nuk-type nipple

For more information on breastfeeding, please visit http://med.stanford.edu/newborns/professional-education/breastfeeding.html

How to Treat EngOrgement of the Breasts

① Move the milk

→Breastfeed, breastfeed, breastfeed

Soften the areola to help baby latch on

→Hand express to comfort

Just until the breast is comfortable

→Use heat packs to help the milk flow

Apply a hot beanbag to the breast before feeding or expressing

→Go underwater

Hand express and massage the breast in the bath, shower or a basin of hot water – as hot as you can stand!

② Treat pain and swelling

→Ice, ice baby

Apply ice packs – 10 minutes on, 10 minutes off

→Cabbage

Wear cold cabbage leaves in the bra - only for an hour

→Physiotherapy

Speak to a physiotherapist about ultrasound or LED light therapy

→Support the girls

Wear a supportive bra that doesn't cut across the breast

→Medications

Ask your doctor for a safe painkiller

www.loveandbreastmilk.com

POSTPARTUM SEXUAL HEALING

COMMON QUESTIONS

WHEN CAN I HAVE SEX AGAIN?

- Will my doctor tell me at my 6 week check-up if it is okay to have sex? Your healthcare provider will let you know when it is safe to have sex.
- Has bleeding stopped? Loss of bright red blood usually stops by 2 weeks. Call your doctor if it has not.
- Has my bottom (perineum) healed? This typically heals by 6 weeks. If extensive tearing occurred, or if you had an episiotomy then healing may take 6-12 months. You should consult a physical therapist for advice.

WHAT HAPPENED TO MY BODY?

Concerns about body image:

- Weight gain
- Changed appearance of vagina
- Loss of muscle tone
- Being out of shape

What to do:

- Exercise to improve abdominal muscle tone.
- Exercise to improve fitness level including walking with your baby. Try walking with another mom and her baby.
- Talk with other moms about your feelings.
- Consult a physical therapist for treatment to improve strength of the abdomen and pelvic floor muscles.

TREATMENTS FOR LOSS OF SEX DRIVE:

- Physical therapy for painful sex
- Address postpartum fatigue
- Address postpartum blues and depression
- Be patient, enjoy touching and cuddling
- Exercises
  - Improve your fitness level
  - Increase abdominal muscle tone
  - Improve pelvic floor muscle action

WHY CAN HAVING SEX HURT?

POSSIBLE CAUSES OF PAINFUL SEX:

- Loss of vaginal moisture
- Scar pain after episiotomy (incision to prevent tearing)
- Tearing and trauma to the muscles in the vaginal area

TREATMENTS INCLUDE:

- Physical therapy for tissue massage
- Use of a lubricant can be very helpful during intercourse.
- Talk with your healthcare provider about other options.

NOT INTERESTED IN SEX?

Possible causes of the loss of sex drive may include:

- Demands of the newborn
- Lack of sleep
- Breastfeeding
  - Causes less estrogen which often results in vaginal dryness
  - Nipple sensitivity
- Body image issues
- Painful sex

SEXUAL DYSFUNCTION:

- Sexual problems such as lack of interest in sex or decreased enjoyment of sex, which were present before you delivered your baby might affect a woman's return to sexual activity.
- The father might also have some problems when resuming sex.
- Contact your healthcare provider for help.

What are the post-partum "baby" blues?

It is very common for new mothers to feel sad, upset, or anxious after birth. Many have mild feelings of sadness called "postpartum blues or baby blues".

POSTPARTUM FATIGUE, EXHAUSTION, BABY BLUES AND DEPRESSION

AM I JUST TIRED?

Caring for a newborn can be exhausting for a new mother or anyone for that matter. The lack of sleep that new parents experience is a major problem for the family.

CALL YOUR HEALTHCARE PROVIDER IF:

- Fatigue doesn't stop.
- Your fatigue is noticed by others.
- You feel depressed, anxious or angry with your baby.
- Fatigue is accompanied by sadness or headaches.
- You feel tired after activities.

OTHER COMMON SOURCES OF POSTPARTUM FATIGUE INCLUDE:

- Anemia
- Infections
- Baby blues or postpartum depression
- Heart problems
- Thyroid problems

DO I HAVE POSTPARTUM DEPRESSION?

Postpartum depression is serious and requires an appointment with your healthcare provider. It usually starts within the first 90 days after delivery, but can begin up to 12 months postpartum, and/or after you stop breastfeeding.

SOME SYMPTOMS ARE:

- Strong feelings of sadness, anxiety or irritability
- Feeling that you can not take care of yourself or your family
- Difficulty motivating yourself to do everyday tasks
- Unable to sleep or sleeping too much
- Loss of pleasure or interest in things that used to be fun
- Lack of interest in your baby
- Crying
- Lack of interest in food (or overeating)
- Reduced interest in bathing or dressing
- Trouble with concentrating or remembering things
- Overly intense worry about your baby
- Thoughts of harming yourself or your baby

BABY BLUES AND PSYCHOSIS

Most new moms experience the baby blues. You may feel tearful, fatigued, irritable, sad, have mood swings, and/or have trouble concentrating. Your symptoms will be similar to postpartum depression, but will usually start within 3-4 days after delivery and will get better within 10 days. You will feel that your symptoms are mild and short-lived.

On the other hand, your symptoms may be more severe than postpartum depression, and may include hallucinations and delusions. Your symptoms may change rapidly. You might be very restless, confused, angry, disorganized and unable to sleep. If this is how you feel, you might have postpartum psychosis. This is a medical emergency. Call 911 or your healthcare provider right away! If you have a history of bipolar disorder or have had postpartum psychosis in an earlier pregnancy, you are at much higher risk.

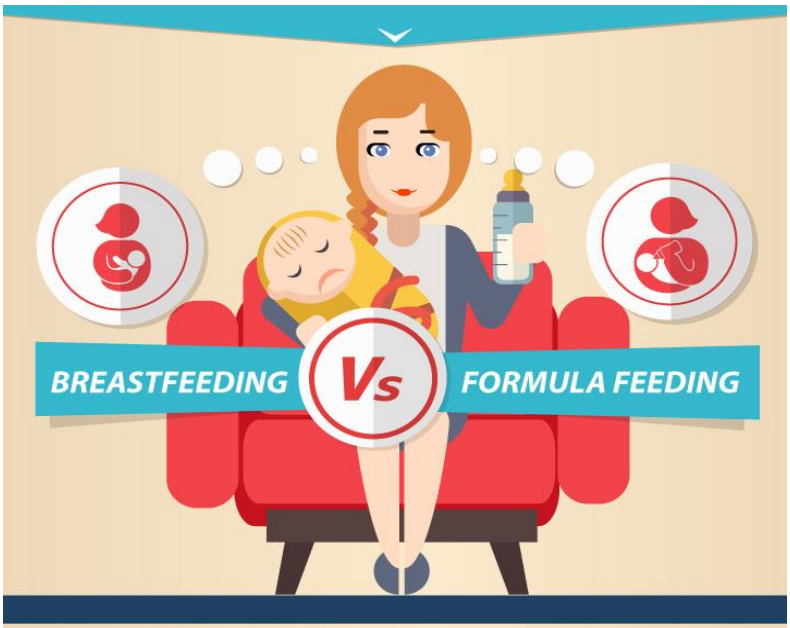
WHAT CAN I DO TO HELP MYSELF?

- Look for support from friends and family for meals, housekeeping and baby sitting. There are postpartum doulas that can help you as well.
- Refer to the websites listed in the box for more information.
- Look for local exercise or yoga classes that include your baby.
- Eat more foods that contain omega-3 fatty acids.
- Understand that you're not alone in your feelings. Reach out to others who have had similar experiences.
- Speak with your healthcare provider about other medical options.

CHECK OUT THESE WEBSITES:

www.napcs.org
www.dona.org
www.cappa.net
www.postpartum.net
www.momsclub.org
www.mothersandmore.org
www.postpartumdads.org
www.seemommyrun.com
www.mothersacrossamerica.com

SPECIAL SECTION



HAVING TO CHOOSE BETWEEN

BREASTFEEDING AND FORMULA FEEDING

IS ONE OF THE TOUGHEST CHALLENGES THAT NEW PARENTS WILL FACE.

	WHY BREASTFEEDING		WHY FORMULA FEEDING
1	Reduces the risk of sudden infant death in babies		Formula feeding is flexible
2	Is more easily digestible than formula milk		You can share the job with your partner or anyone at anytime
3	Is the best source of natural antibodies that protect your baby from infections & illness.		You can have your desired foods without thinking much.
4	Strengthens the immunity of your baby.		You can monitor how much your baby is eating
5	Improves cognitive functioning and boosts your child's intelligence.		Formula milk is developed in an attempt to duplicate mother's milk.
6	Reduces the risk of several health issues and provides long term protection to your baby.		Formula feeding can act as a supplement in case of low milk supply
7	Very cheap but highly nutritious		The baby can bond with the other people in the family apart from mother alone

Breastfeeding Positions

Additional resources can be found online at La Leche League International, visit www.llli.org

Laid-back breastfeeding, or Biological Nurturing

Laid-back breastfeeding, or Biological Nurturing, means getting comfortable with your baby and encouraging your own and your baby's natural breastfeeding instincts. See biologicalnurturing.com for further information.

- Dress yourself and your baby as you choose.
- Find a bed or couch where you can lean back and be well supported— not flat, but comfortably leaning back so that when you put your baby on
  your chest, gravity will keep him in position with his body molded to yours.
- Have your head and shoulders well supported. Let your baby's whole front touch your whole front.
- Since you're leaning back, you don't have a lap, so your baby can rest on you in any position you like. Just make sure her whole front is against you.
- Let your baby's cheek rest somewhere near your bare breast.
- Help her as much as you like; help her do what she's trying to do. You're a team.
- Hold your breast or not, as you like.
- Relax and enjoy each othe

Fig. 1 Cradle Position

Cradle Position

The cradle position is most commonly used after the first few weeks. The cross-cradle position (see below) gives you more control.

To nurse your baby while cradling or holding him across your lap, he should be lying on his side, resting on his shoulder and hip with his mouth level with your nipple. Use pillows lifting your baby and supporting your elbows to bring your baby up to nipple height especially during the first few weeks. Support your breast with either the "U" hold" or "C" hold as described in the "Breast Support Techniques" section below. Your baby's head will be on your forearm and his back will be along your inner arm and palm. When you look down, you should see his side. His mouth should be covering at least a half inch of the dark area around your nipple. Be sure his ear, shoulder and hips should be in a straight line. As a newborn, your baby's head and bottom should be level with each other.

Fig. 3 Cross-Cradle or "Transition" Hold

Cross-cradle Position

During the early weeks, many mothers find a variation of the cradle position, called the cross-cradle position to be useful. For this position, your baby is supported on a pillow across your lap to help raise him to your nipple level. Pillows should also support both elbows so your arms don't hold the weight of the baby; they will tire before the feeding is finished.

If you are preparing to breastfeed on the left breast, your left hand supports that breast in a "U" hold. (See the "Breast Support Techniques" section of this FAQ for a description of this hold.) You support your baby with the fingers of your right hand. Do this by gently placing your hand behind your baby's ears and neck with your thumb and index finger behind each ear. Your baby's neck rests in the web between the thumb, index finger and palm of your hand, forming a "second neck" for baby. The palm of your hand is placed between his shoulder blades. As you prepare to latch on your baby, be sure his mouth is very close to your nipple from the start. When baby opens his mouth wide, you push with the palm of your hand from between the shoulder blades. His mouth will be covering at least a half inch from the base of your nipple.

Fig. 4 Clutch or Side Position

Clutch or Football Position

This is a good position for a mother who has had a Cesarean birth, as it keeps the baby away from the incision. Most newborns are very comfortable in this position. It also helps when a mother has a forceful milk ejection reflex (let down) because the baby can handle the flow more easily.

In the clutch position you support your baby's head in your hand and his back along your arm beside you. You support your breast with a "C" hold. (See "Breast Support Techniques" section of this FAQ for a description of this hold.) He is facing you, with his mouth at nipple height. Your baby's legs and feet are tucked under your arm with his hips flexed and his legs resting along side your back rest so the soles of his feet are pointed toward the ceiling. (This keeps him from being able to push against your chair.) Pillows again help bring the baby to the correct height.

Side-Lying Position

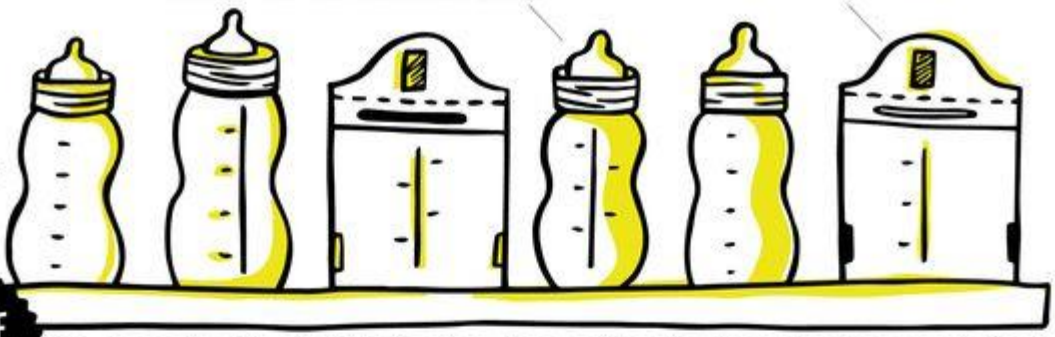
Side-lying Position

Many mothers find lying down to nurse a comfortable position, especially at night. Both mother and baby lie on their sides facing each other. You can use pillows behind your back and behind or between your knees to help get comfortable. A pillow or rolled blanket behind the baby's back will keep him from rolling away from you. The baby can be cradled in your arm with his back along your forearm. Having his hips flexed and his ear, shoulder and hip in one line helps your baby get milk more easily. Some mothers find that practicing with this position during the daytime is very helpful.

TIP PLACE STERILIZED BOTTLES, PUMP KIT PARTS AND FORMULA MIXING TOOLS ON A PIECE OF PAPER TOWEL TO AIR-DRY, INSTEAD OF A DISHTOWEL, WHICH COULD CONTAIN TRACES OF BACTERIA.

TIP BREASTMILK SEPARATES, ESPECIALLY AFTER FREEZING. TO GET IT HOMOGENIZED AGAIN, ROLL THE BAG OR BOTTLE OF ROOM-TEMPERATURE MILK BETWEEN YOUR HANDS FOR 30 SECONDS.

TIP IS YOUR FRIDGE COLD ENOUGH? MILK AND FORMULA SHOULD BE STORED AT 4C OR 40F.



BOTTLE SERVICE

To keep all of the bottle-feeding dos and don'ts straight when you're feeling bleary-eyed, tack this chart to your fridge. **WRITTEN BY KAREN ROBOCK**

	BREASTMILK	FORMULA
FRIDGE STORAGE	Kept consistently cool (in the back of the fridge, not in the door); expressed breastmilk is good for three to six days.	A prepared (but untouched) bottle of formula can be stored in the back of the fridge for 24 hours. Opened containers of ready-to-feed and liquid concentrate formulas are good for 48 hours. Powdered formula should be used within one month of opening the can or tub.
FREEZER STORAGE	Breastmilk should be placed in a special breastmilk storage bag, or a BPA-free plastic or glass container or bottle that has been cleaned with hot, soapy water, then rinsed and dried. Write the date on the container and leave a little space to allow for expansion. Breastmilk can be kept at the back of the freezer for three months (or six months in a chest freezer).	There's no reason to freeze formula. Just mix the powder and water—or use premixed liquid ready-to-feed formula—when you need it.
WARMING A BOTTLE?	Babies don't require warm milk (whether it's formula or breastmilk), but if you wish to heat it up, place the bottle in a bowl, mug or small pot with a few inches of hot tap (not boiling) water for up to 15 minutes. (Never use the microwave, as it can heat milk unevenly and create hot spots.) Test the temperature of the milk on the inside of your wrist. If you're warming a bottle of breastmilk from your freezer stash, thaw milk in the fridge the night before, then put out on the counter for 30 minutes to warm to room temperature.	
HALF-FINISHED BOTTLES	Give him an hour to finish up, then dump whatever's left. Once a baby sucks on the bottle, it's contaminated with saliva and is a breeding ground for bacteria.	Immediately discard whatever formula is left.
REHEATING A BOTTLE	Use breastmilk (heated or at room temperature) within one hour; don't save what's left in a bottle or reheat it.	Formula should be used immediately; never reheat it.
ROOM-TEMP BOTTLES	An untouched bottle of fresh or thawed breastmilk can sit out for four to six hours at room temperature.	Untouched, room-temperature formula should be thrown away at the two-hour mark.
DO I NEED TO STERILIZE?	New bottles and nipples should be sterilized on first use. For future feedings of healthy babies drinking expressed breastmilk, it's sufficient to wash with hot, soapy water and let air-dry, or put them through the dishwasher.	Because formula is more prone to bacterial growth than breastmilk, bottles need to be sterilized every time for the first four months. Wash your hands with hot, soapy water, then clean all parts using a bottlebrush. To sterilize, submerge nipples and bottles in boiling water for two minutes. Microwaveable steam sterilization bags, or an electric sterilizer, are also convenient options. Water used to prepare formula should also be boiled for two minutes. (If your baby is older than six months, speak with your doctor about whether you can use hot tap water instead.)
TAKING IT TO GO	Frozen breastmilk is safe in a cooler bag with ice packs for 24 hours; thawed breastmilk (that hasn't been warmed) can keep in a cooler for up to four hours.	Carry already-mixed formula in a cooler bag with an ice pack and use within two to four hours. If you're going to be away from home for longer, pack unopened ready-to-feed formula or measure out powdered formula into a clean, dry container and bring just-boiled water in a Thermos.

**All guidelines are based on feeding advice for healthy, full-term babies. If your baby was premature or has a medical condition, contact your doctor for more specific advice.*
Sources: *Neonatalogist Sharon Unger, director of the Rogers Hixon Ontario Human Milk Bank at Mount Sinai Hospital in Toronto; Rachel Douthwaite, a lactation consultant and public health nurse in Vancouver.*

Newborn Feeding

Your Baby's Age	1 WEEK							2 WEEKS	3 WEEKS
	1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS	6 DAYS	7 DAYS		
How Often Should You Breastfeed? Per day, on average over 24 hours	At least 8 feeds per day (every 1 to 3 hours). Your baby is sucking strongly, slowly, steadily and swallowing often.								
Your Baby's Tummy Size	Size of a cherry		Size of a walnut		Size of an apricot		Size of an egg		
Wet Diapers: **How Many, How Wet** Per day, on average over 24 hours	At least 1 WET	At least 2 WET	At least 3 WET	At least 4 WET	At least 6 HEAVY WET WITH PALE YELLOW OR CLEAR URINE				
Soiled Diapers: **Number and Colour of Stools** Per day, on average over 24 hours	At least 1 to 2 BLACK OR DARK GREEN		At least 3 BROWN, GREEN, OR YELLOW		At least 3 large, soft and seedy YELLOW				
Your Baby's Weight	Babies lose an average of 7% of their birth weight in the first 3 days after birth. For example, a 3.2 kilogram or 7-pound baby will lose about 230 grams or ½ a pound.		From Day 4 onward your baby should gain 20 to 35g per day (⅔ to 1⅓ oz) and regain his or her birth weight by 10 to14 days.						
Growth Spurts *	Babies often experience a sudden burst in growth—a growth 'spurt'—at certain times within their first few weeks. * During these growth spurts your baby may want to nurse more than usual. *								
Other Signs	Your baby should have a strong cry, move actively and wake easily. Your breasts feel softer and less full after breastfeeding and your baby comes off the breast looking relaxed and content.								

CESAREAN SCAR MANAGEMENT

WHAT IS "SCAR MANAGEMENT"?

Scar management will improve the healing of a scar. It reduces infection, aids skin and tissue motion and stretches the fully healed scar tissue. Scar massage will actually reduce the amount of scar tissue.

WHY PERFORM SCAR MASSAGE?

Scar massage should not be started until the incision is fully healed. This is usually 4 to 6 weeks post surgery. Check with your healthcare provider if you are not sure if your scar is fully healed. Massaging the incision area is important to prevent the scar tissue from attaching to the deeper muscle layers. Scar tissue can be quite deep, depending on the type of surgery. If a scar is thick and deep, it can limit movement and add to your pain.

HOW OFTEN SHOULD YOU PERFORM SCAR MASSAGE?

The massage should be done 2 to 3 times a day for 5-10 minutes at a time to get the most benefit. The more the scar is massaged, the more pliable, soft, and thin it will become. The goal is to have a smooth, flat, and pain-free scar.

WHEN SHOULD YOU START SCAR MANAGEMENT?

Scar management should begin the day after your surgery. You must keep the incision clean and dry to prevent infection. An infection will delay healing and make the scar worse.

HOW LONG DO YOU KEEP TREATING THE SCAR?

Management of the scar should continue until it is mature. This can take from 6 months to 2 years. A mature scar is usually a light pink or white color that is paler than normal skin color. Ask your pharmacist for products, such as lotions and gels, that help with scar healing. Talk to your healthcare provider about these options.

HOW DO YOU PERFORM SCAR MASSAGE?

Warm your hands by rubbing them together. Natural oils or warm compresses can be used, but are not necessary.

- Massage the scar by working it with a rubbing motion along the line of the scar.
- Stroke back and forth across the scar.
- Roll the scar between your thumb and your forefinger.
- Pick up and lift the fully healed scar to prevent it from attaching.

HOW CAN YOU DECREASE THE SENSITIVITY OF A SURGICAL SITE?

Some women experience sensitive skin in the surgical area. After surgery, even clothing may be painful if it touches the incision. The nerves are sometimes overly sensitive. Try "desensitization" on a daily basis to decrease the pain and tenderness.

DESENSITIZATION TECHNIQUES:

Massage or rub the area with a soft material such as a cotton ball. Later try using a rougher material like a towel. Patting and tapping along the sensitive area is also used to desensitize.

- Massage the sensitive area of skin with hand lotion and rub in circles with gradually increasing pressure.
- Gently rub and tap the sensitive areas starting with soft materials and gradually work up to rougher materials. Some materials to try are cotton balls, silk, cotton fabric, terry cloth (towel), paper towels, soft velcro and corduroy.
- Rub for 5-10 minutes, 3 times per day.

GET YOUR BELLY BACK!

THE IMPORTANCE OF ABDOMINAL STRENGTH

Strengthening your abdominal muscles will not only help you lose your "pooch," it will aid in getting stronger.

THE ABDOMINAL MUSCLES:

- Become stretched and/or weak during pregnancy.
- Aid in breathing, coughing, sneezing and bowel movements.
- Help prevent problems such as back pain, incontinence (can't control your urine) and constipation.
- Provide stability to the trunk.
- Stabilize the spine during lifting.
- Maintain good posture.

GENERAL EXERCISE GUIDELINES:

For beginners, remember:

- Quality is more important than quantity.
- You must do the exercises correctly.
- It may be weeks before you see any change and several months before the muscles become short and strong.
- No sit-ups, curl-ups or crunches for at least 4 weeks, or at least 6 weeks if you had a Cesarean birth.

Ask your physical therapist for more advanced exercises when you are ready.

WATCH OUT FOR SEPARATION OF THE BELLY MUSCLES

During pregnancy, the abdominal muscles can become stretched enough to result in separation. This separation is known in medical terms as *diastasis recti*. When the muscles are separated, they cannot work efficiently. This can contribute to low back and pelvic pain and a flabby appearance.

To check yourself for diastasis recti:

- Lie on your back, place your fingers in the center of your belly just above the belly button.
- Slowly lift your head until your shoulder blades are off the bed while feeling how many fingers you can insert between the belly muscles.
- If you have a separation of 2 or more fingers, ask your doctor if you would benefit from a referral to a physical therapist or use of a belly binder for support.

STAGE I EXERCISES

Start 1 week after delivery. This exercise can be done in any position.

TUMMY TUCK EXERCISE:

- Take a deep breath.
- As you exhale, pull your belly muscles inward as if you are trying to zip a pair of tight jeans.
- Hold this contraction for 3-5 seconds. Work up to holding this contraction for 1-2 minutes at a time.
- Don't hold your breath or flatten your back.
- Practice holding this contraction for longer periods. Try holding it while washing dishes, driving the car or standing in the grocery line.

STAGE II EXERCISES

Begin 2 weeks after delivery.

HEEL SLIDES

- Lie on the floor with your knees bent with both feet flat on the floor and pull your belly muscles inward.
- Hold the belly contraction while slowly sliding one leg along the floor until the leg is straight.
- Slowly slide your leg back to the bent position.
- Keep your belly muscles pulled inward while your leg is moving and don't let your back arch or move.
- Relax and repeat with your other leg.

CARING FOR YOUR PELVIC FLOOR MUSCLES

EXERCISE THE PELVIC FLOOR MUSCLES

You should begin exercising the pelvic floor muscles immediately after childbirth. Exercising can help you recover from your delivery now, and can help prevent problems from developing later in your life.

THIS IS A GREAT EXERCISE FOR THE POSTPARTUM PERIOD:

- Squeeze and lift the pelvic floor muscles by squeezing the muscles that you use to hold in gas. Try to hold the contraction for a count of 5. Count out loud to make sure you don't hold your breath. Then relax for at least 10 seconds. Letting the muscles relax is very important.
- Try contracting your pelvic floor muscles as you begin to exhale, this may make it easier.
  - Work up to 10 second holds and 10 contractions at a time. Repeat 5 to 6 sets of 10 holds a day.
  - You can do these lying on your back, sitting or standing.
- You should not feel the buttock or inner thigh muscles working too much when you exercise your pelvic floor.
- Practice doing a quick and strong squeeze before you sneeze, cough, laugh or lift your baby or heavy objects.
- A good way to remember to exercise is to do them every time you wash your hands, feed or change your baby.

FUNCTIONS OF THE PELVIC FLOOR MUSCLES

PELVIC FLOOR MUSCLES:

- Support your organs (including the bladder) as well as your pelvis and spine. They act like a posture muscle working all day and night.
- Assist in the stopping and starting of the flow of urine and the passage of gas and stool.
- Help with your sexual response and orgasm.
- Provide stability to the spine and pelvis during movement.

Pregnancy and childbirth can strain and sometimes injure these muscles. Any problems with pelvic floor muscles should be resolved by 4 to 6 weeks postpartum. If you continue to have problems after 6 weeks, you should let your health professional know.

POSTPARTUM PROBLEMS MAY INCLUDE:

- A sense of heaviness or pressure in the vagina or rectum
- Leakage of urine
- Difficulty holding back gas
- Pain with sex

HOW TO FIND THE PELVIC FLOOR MUSCLES

THERE ARE MANY WAYS YOU CAN FIND THE RIGHT MUSCLES:

Here are the DO's:

- Squeeze and lift the muscles around the vagina and anus together, as if you are trying to hold in gas. Tighten the muscles you would use to hold the gas in. No one should be able to tell you are doing this. Try to keep your buttocks and thighs as relaxed as possible.
- Insert your finger into the vagina and squeeze.
- Test your urinary sphincter by trying to stop the flow of your urine mid-stream. Then let it go again. If you can not completely stop the stream, it means that your pelvic floor muscles are weak.

At your 6 week follow-up with your doctor, nurse or mid-wife, ask them to check your muscles to make sure that you are contracting your pelvic floor muscles correctly.

Here are the DON'Ts:

- Avoid the above exercise when you have a full bladder.
- Once you have control of these muscles, do not continue practicing while urinating. It could lead to urinary tract infections.

POSTPARTUM BACK AND PELVIC PAIN

DON'T IGNORE BACK PAIN

- Back pain during pregnancy and afterward is very common, but it is not normal.
- Women with back pain during pregnancy have a greater risk for back pain postpartum.
- If back pain is not treated, there may be problems in the future.
- Back pain after delivery may be related to pelvic floor problems, such as leakage of urine.

HOW DOES YOUR BACK FEEL?

COMMON COMPLAINTS:

Pelvic Joint Pain:

- Buttock or hip pain
- Pubic or groin pain
- Tailbone pain
- Sharp stabbing pain
- Pain when changing positions: sit to stand, stair climbing, rolling in bed, getting out of your bed or car
- Loose and weak joints which can cause popping or clicking
- Pain that extends to groin or down the back of the leg
- Feels as though leg is "giving way"

Low Back Pain:

- Pain worsens when you stand for a long time which is called postural
- Pain increases with activities which is referred to as mechanical
- Feels fine upon waking
- Dull ache in low back worsens as day goes on

IF YOUR BACK HURTS YOU CAN:

- Apply an ice pack for 15 minutes when you have sharp pain. A loose pack of frozen vegetables works well.
- Apply heat to the painful area for 15 minutes. You can make a rice bag by putting 2 cups of uncooked rice in a cotton sock, knot the open end and heat in the microwave for 60 seconds.
- Have your partner massage sore muscles.
- Exercise your core muscles.

HOW TO CARE FOR YOUR BACK:

- Practice good posture when standing or sitting.
- Avoid sitting cross-legged or standing on one leg with hip jutting out.
- Activate the deep core muscles during activities and movements. These muscles include the pelvic floor, deep abdominals and deep spinal muscles.
- Avoid bending and twisting at the same time.
- Use good body mechanics – bend from the knees and hips, not your back.
- Contract your deep core muscles when lifting and exercising. Squeeze and lift your pelvic floor muscles up and in, pull your low abdominals muscles inward.
- Keep your low back in a neutral posture that is not too flat or arched.
- Apply these tips during all activities, especially when lifting items such as weights, your baby, groceries, etc.

Consult a physical therapist for specific treatment and to learn abdominal muscle exercises. Research shows that postpartum women with pelvic and back pain who did abdominal and pelvic floor muscle training exercises had improvement. These results lasted through the first year postpartum.

POSTPARTUM POSTURE AND BODY MECHANICS

CORRECT POSTURE PRINCIPLES

- Keep your back slightly arched and bend your knees when lifting your baby or other objects.
- Before standing or lifting, pull in and lift up your lower belly muscles, and continue to breath.
- Hold your baby or other objects as close to your body as possible.
- Try using support when carrying your baby (i.e. slings, Baby Bjorn, Snuggli).
- Sit straight and tall and bring your baby to the breast, do not lean into your baby.
- Support your baby during feeding with pillows (i.e. Boppy).
- Try other nursing positions (i.e. football hold, side lying, cradle, or cross cradle).
- Carry only what's needed in your diaper bag. You may want to try a backpack.

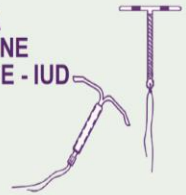
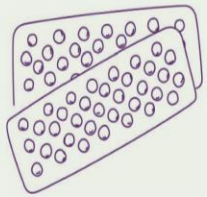
Use good technique by keeping your back straight, knees bent and your baby close.

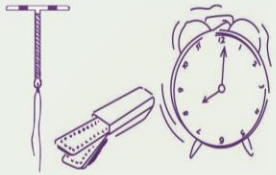
Cross-cradle position

Side-lying position

Avoid pushing your hip out to hold and carry baby. Try to carry baby with your body weight balanced over both legs. Try holding baby in front and center.

Good technique – baby balanced

Method	What is it? How does it work?	Chance of getting pregnant	Health concerns	Advantages	Disadvantages
LONG ACTING REVERSIBLE CONTRACEPTION					
IMPLANT 	• progestogen is released from 1 or 2 rods implanted under the skin of the arm • by thickening mucus in cervix and may stop ovaries from releasing an egg each month	• less than 1%	• no serious risk	• lasts 3 - 5 years - fit and forget • useful for women who can't take combined pill • useful for those who forget pills or injection appointments	• irregular bleeding which often gets better with time and can be controlled with medication
INTRA UTERINE DEVICE - IUD 	• put inside the womb • Copper IUD or progestogen-releasing IUD (Mirena or Jaydess) • stops sperm reaching an egg ✔ **Ok with breastfeeding**	• less than 1%	• very small chance of pelvic infection when IUD put in	• can stay in place for 3 years or more - fit and forget • doesn't interfere with sexual intercourse • Mirena – lighter periods or no period at all, suitable for women with heavy periods	• needs to be inserted by an experienced doctor or nurse • Copper IUDs may cause heavier periods or cramping • Hormone releasing IUDs may cause irregular bleeding in the first few months
HORMONAL CONTRACEPTION					
DEPO PROVERA 	• an injection of progestogen • stops ovaries from releasing an egg each month ✔ **Ok with breastfeeding**	• typically 3% but less than 1% if next injection given on time	• no serious concerns	• one injection lasts 12 weeks • doesn't interfere with sexual intercourse • usually no periods • useful for women who can't take combined pill	• irregular bleeding, no periods or occasional heavy bleeding • periods and fertility take an average of 6 months to return after stopping the injection • may have change in weight
COMBINED PILL 	• pill made of two hormones, oestrogen and progestogen • stops ovaries from releasing an egg each month	• typically 8% but less than 1% if used perfectly	• very small chance of blood clots, heart attacks and strokes. More likely in women over 35 who smoke, are overweight or have a family history of the above conditions • very slight increased risk of cervical cancer	• simple and easy to take • doesn't interfere with sexual intercourse • periods usually regular, shorter, lighter and less painful • less chance of cancer of lining of the womb or ovaries • can be taken up to menopause if a healthy non smoker	• should not be used by women over 35 who smoke • must remember to take it daily • may have irregular bleeding
PROGESTOGEN ONLY PILL 	• pill made of one hormone – progestogen • by thickening mucus in cervix and may stop ovaries from releasing an egg each month ✔ **Ok with breastfeeding**	• typically 8% but less than 1% if used perfectly	• no serious risk	• doesn't interfere with sexual intercourse • can be used at any age • can be used by breast-feeding women • useful for women who can't take combined pill	• may have irregular bleeding
VAGINAL RING 	• NuvaRing contains two hormones, oestrogen and progestogen • Sits inside vagina • Stops ovaries from releasing an egg each month	• typically 8% but less than 1% if used perfectly	• very small chance of blood clots, heart attacks and strokes. More likely in women over 35 who smoke, are overweight or have a family history of the above conditions	• Lasts for 3-4 weeks • Useful for those who forget pills	• Should not be used by women over 35 who smoke

BARRIERS					
MALE CONDOM 	• a thin rubber barrier • fits over erect penis and catches sperm when the man ejaculates • best used with lubricant (water based) ✔ Ok with breastfeeding	• typically 15% but 2% if used perfectly every time • DO NOT USE oil-based lubricant or some anti thrush creams	• none known	• easy to use, easy to carry • used only when needed • helps protect against STIs • available from Family Planning clinics and other health care providers • can buy from pubs, clubs, pharmacies and many shops • cheaper on prescription	• some people are allergic to rubber • must be put on when penis is erect and before sexual intercourse • some people say it reduces sexual feeling • can slip off or break
FEMALE CONDOM 	• a thin polyurethane barrier • goes into the vagina and prevents sperm entering the woman's body ✔ Ok with breastfeeding	• typically 21% but 5% if used perfectly	• none known	• helps protect against STIs • women can use it • easy to use	• relatively expensive • can get them from the internet • need to insert every time
FERTILITY AWARENESS					
	• woman checks body temperature, cervical mucus and periods. These body signs show when you are more likely to get pregnant	• typically 25% but can be 3% if used perfectly	• none	• after learning method, no further costs or visits to health professionals required • helps you understand how your body works	• expert instruction needed to learn method • no sexual intercourse during fertile time • must chart temperature and cervical mucus daily • body signs can be difficult to recognise and may vary
EMERGENCY CONTRACEPTION					
	• Emergency Contraceptive Pills (ECP) or copper IUD used after unprotected sexual intercourse • delays ovulation or stops sperm reaching an egg	• ECP – 2% for women of average weight, 6% if overweight • IUD – less than 1%	• ECP – none known • IUD – risk of pelvic infection if STI present	• reduces chance of pregnancy after unprotected sexual intercourse • ECP – can be used up to 72 hours after unprotected sexual intercourse • can have ECP at home for future use • can be used if other method fails, eg. broken condom or missed pill • can buy from pharmacies	• ECP should be taken within 72 hours of unprotected sexual intercourse • ECP may not be effective for heavier women • IUD needs to be fitted by an experienced doctor or nurse and can be uncomfortable
PERMANENT CONTRACEPTION					
VASECTOMY & TUBAL LIGATION	• permanent contraception • an operation • vasectomy – male tubes cut to stop the sperm getting to the penis • tubal ligation – clips put on female tubes to stop the egg getting to the uterus ✔ Ok with breastfeeding	• less than 1%	• vasectomy – rare possibility of long term scrotal pain • tubal ligation – very slight risk from reaction to anaesthetic or damage to internal organs	• once only • permanent	• not easily reversible • requires an operation • may have short term side effects, eg. pain, bruising

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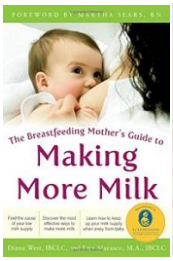
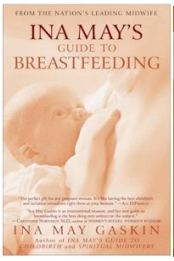
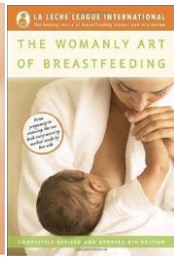
Books

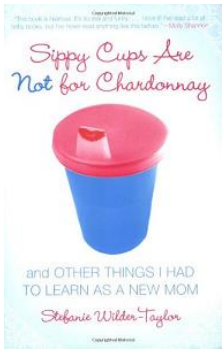
Breastfeeding

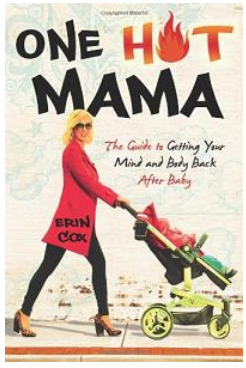


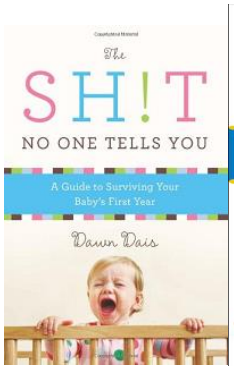




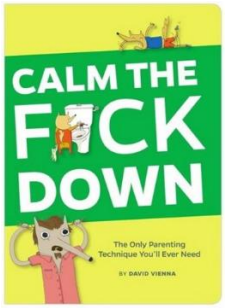
For Moms Who Want To Know What Happens After Baby Arrives







Parenting Advice



Web Resources

- La Leche League International www.LLLi.org
  24-hour hotline: 877-4-LA-LECHE
- National Breastfeeding Helpline 800-994-9662 9a-6p EST
- WIC (Women, Infants and Children) 888-942-9675
- Storknet: Pregnancy & Parenting www.storknet.com
- National Women's Health Information Center www.4women.gov
- Lamaze International www.lamaze.org
- Mindful birthing www.mindfulbirthing.org
- National Healthy Mothers, heathy babies coalition www.text4baby.org
- USDA MyPyramid www.mypyramid.gov
- The American Academy of Nutrition and Dietetics www.eatright.org
- Safe Kids Worldwide www.safekids.org
- International Lactation Consultant Association www.ilca.org
- Breastfeeding and Parenting www.kellymom.com
- American Academy of Pediatrics www.healthychildren.org
- Information related to African American women www.mochamilk.blogspot.com
- The American Academy of Breastfeeding www.bfmed.org
- UC Davis Human Lactation www.secretsofbabybehavior.com
- Breast feeding after nipple and breast surgeries www.bfar.org
- Office of Women's Health www.womenshealth.org
- WebMD Health & Parenting Center www.webmd.com\parenting
- 1-800-CHILDREN A caring, free and confidential informational support line
- www.tchd.org For more information on Marijuana and your health
- www.preventchildabuse.org/parenting/parenting-tip
- www.bacr.org Bay Area Community resources
- Cityservetrivalley.org/resources City Serve of the Tri-Valley
- 800-829-3777 Family Paths, 24 -hour parent support and resource hotline
- www.cdss.ca.gov/inforesource/Gude California Department of Social Services Information and Resource Guide
- Legal Aid fact sheet for working rights when pregnant and as a new parent
  https://legalaidatwork.org/wp-content/uploads/2016/11/Pregnancy-My-Job-CA-version-with-new-Logo-00486495-4.pdf
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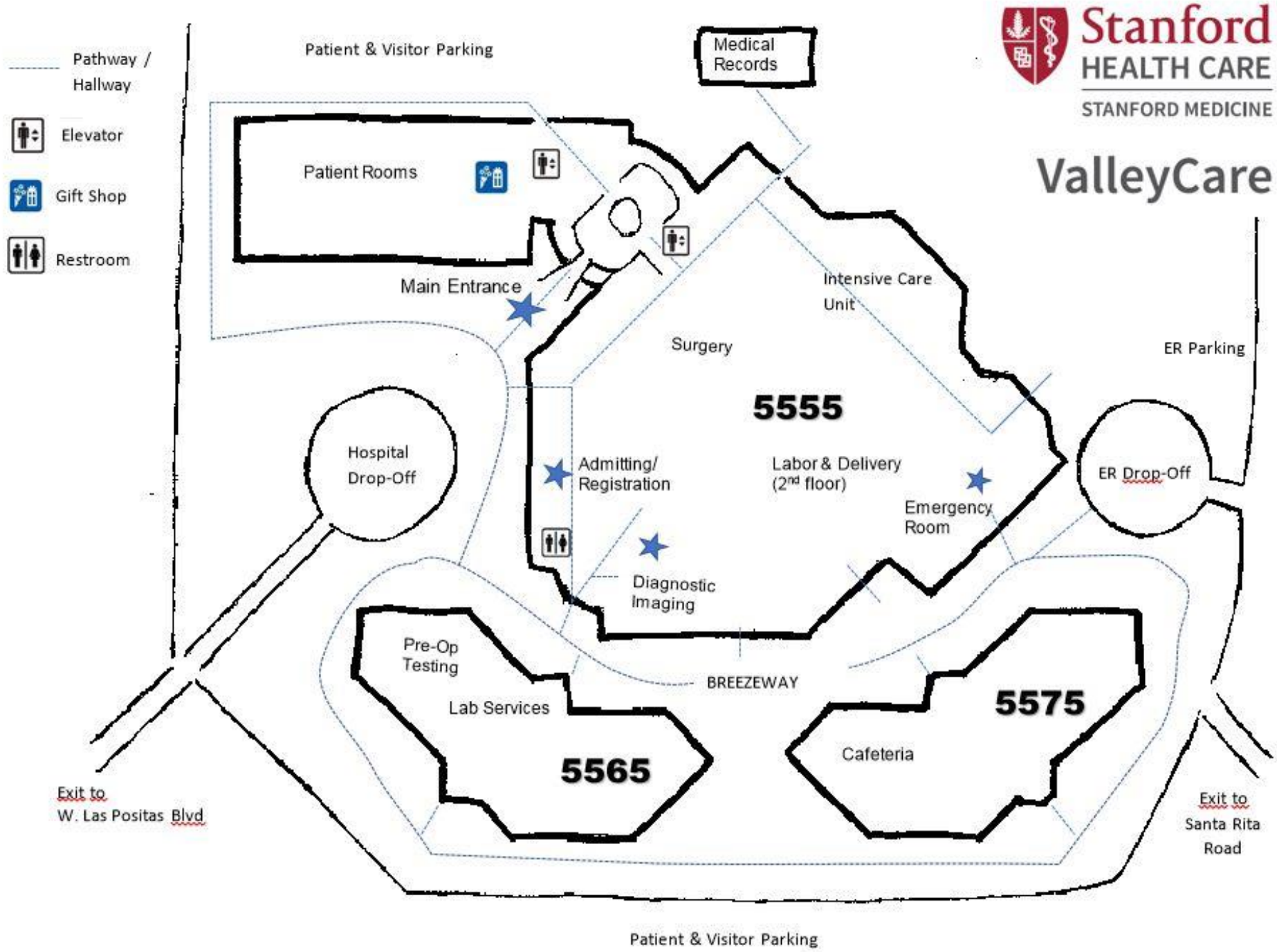

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