

# A Mother's Guide to Pregnancy and Birth



# Notice of Nondiscrimination

## Accessibility to Interpreter Services

VCU Health System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

VCU Health System:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Language Service at (804) 628-1116 or the Patient Resource Coordinator at (804) 628-0400.

If you believe that VCU Health System has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Patient Resource Coordinator, VCU Health System, Box 980143 Richmond, Virginia, (804) 628-0400, TTY: 1-800-828-1120, Fax: (804) 628-0777, Email: [pr@mcvh-vcu.edu](mailto:pr@mcvh-vcu.edu)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Patient Resource Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

# Notice of Nondiscrimination

## Accessibility to Interpreter Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-804-628-1116 (TTY: 711 or 1-800-828-1140)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-804-628-1116 (TTY: 711 or 1-800-828-1140) 번으로 전화해 주십시오

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-804-628-1116 (TTY: 711 or 1-800-828-1140)

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-804-628-1116 (TTY: 711 or 1-800-828-1140)

مقرب لصلتا. ناجمل اب كل رفاوتت ةىوغلل ادعاسمل تامدخ نإف، ةغلل ركذا ثدحتت تنك اذإ: ةظوحلم 1-804-628-1116 مقرب 711 / 1-800-828-1140 بمكبلاو مصل افتاه

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-804-628-1116 (TTY: 711 or 1-800-828-1140)

1-804-628-1116 (TTY: 711 or 1-800-828-1140) امش ىارب ناگىار تروصب ىنابز تالىهست، دىنك ىم وگتفگ ىسراف نابز هب رگا: هجوت دىرىگب سامت اب. دشاب ىم مهارف

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-804-628-1116 (መስማት ለተሳናቸው: 711 or 1-800-828-1140)

بایستد ىم تنم تامدخ ىك دم ىك نابز وك پآ وت، ىى ةتل وب ورا پآ رگا: برادر بخ ىرك 1-804-628-1116 (TTY: 711 or 1-800-828-1140) ل اك - ىى

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-804-628-1116 (ATS: 711 or 1-800-828-1140)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-804-628-1116 (телетайп: 711 or 1-800-828-1140)

ध्यान दः यद आप हदी बोलते ह तो आपके लिए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-804-628-1116 (TTY: 711 or 1-800-828-1140) पर कॉल कर

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-804-628-1116 (TTY: 711 or 1-800-828-1140)

লক্ষ্য করনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করন 1-804-628-1116 (TTY: 711 or 1-800-828-1140)

Dè dɛ nià kɛ dyédɛ gbo: ɔ jũ ké m̀ [ˈBàsɔ̀-wùdù-po-nyɔ̀] jũ ní, nìí, à wuɖu kà kò dò po-poò béìn m̀ gbo kpáa. Dá 1-804-628-1116 (TTY: 711 or 1-800-828-1140)



**VCUHealth**<sup>TM</sup>

VCU Health System



# Table of Contents

## Welcome

Welcome .....	1
Important Phone Numbers .....	3
How to Use MyChart.....	5
Group Prenatal Care .....	7

## Pregnancy

Back Pain During Pregnancy.....	1
Discomforts of Pregnancy .....	5
Eating Safely During Pregnancy.....	11
Medical Management of Common Symptoms .....	15
Questions Commonly Asked by Pregnant Women .....	17
Environmental Hazards During Pregnancy.....	19
All About Folic Acid .....	21
Gestational Diabetes.....	23
Group B Strep in Pregnancy: FAQ.....	25
Nausea and Vomiting During Pregnancy.....	27
Making Decisions About Prenatal Tests for Birth Defects.....	31
Genetic Carrier Screening .....	33
Genetic Carrier Testing for Cystic Fibrosis.....	35
Taking Good Care of Yourself While You Are Pregnant.....	37
Weight Gain During Pregnancy .....	39
Women of Size and Pregnancy.....	41
Pregnancy After Bariatric Surgery .....	43
Taking Medicine During Pregnancy.....	45
Tdap Immunization During Pregnancy.....	47
Should Pregnant Women Wear Seat Belts? .....	49
Perineal Massage in Pregnancy .....	51
Depression and Use of SSRI Medications During Pregnancy .....	53
ADD/ADHD Medications and Pregnancy.....	55
Smoking and Pregnancy .....	57
Oral Health and Pregnancy.....	58

## Labor and Birth

Birth Plan.....	1
Optimal Fetal Positioning.....	5
Packing for the Hospital .....	7
When Will My Water Break? .....	9
Am I in Labor? .....	11
Preterm Labor .....	13

Pain Management During Childbirth.....	15
Nitrous Oxide Analgesia.....	19
Epidural Analgesia.....	21
Induction of Labor.....	23
Cord Blood Banking—What's It All About? .....	25
Planned Cesarean Delivery.....	27

## Newborn Care

Rooming-In and Skin-to-Skin Contact.....	1
Circumcision.....	3
Newborn Care Plan.....	5

## Breastfeeding

Importance of Exclusive Breastfeeding .....	1
Preterm Infant Breastfeeding Benefits .....	3
Skin-to-Skin Contact and Breastfeeding.....	5
Baby Feeding Cues .....	7
Breastfeeding Positions.....	9
Breastfeeding Latch .....	11
Is Baby Getting Enough?.....	13
Challenges With Milk Supply .....	15
Engorgement.....	17
Plugged Ducts and Mastitis .....	19
Sore Nipples .....	21
Cup or Spoon-Feeding .....	23
My Baby Won't Breastfeed .....	25
Breastfeeding Can Continue When You Return to Work .....	27
Exclusive Breastfeeding for the First 6 Months.....	29

## Postpartum

Motherhood: The Early Days.....	1
Caring for Your Body After Vaginal Birth .....	3
Ultimate Birth Control Guide .....	5
Postpartum Depression .....	9

## Resources

Boot Camp for New Dads.....	1
Parenting Resources.....	3
Postpartum Depression Resources .....	5
Domestic Violence .....	13



# Welcome

**VCU Health invites you to enjoy the care of our experienced team as you plan for your baby's arrival. We are honored that you have chosen to share this wonderful experience with us.**

Our expert team of doctors, certified nurse-midwives, and nurses will work with you to create the birth experience you want, guided by the best medical practices and most current research. Because we are a leading academic medical center, our staff includes respected experts in the field of obstetrics. You and your baby will have access to physicians and nurses who take pride in delivering state-of-the-art care and are passionate about the personalized care they provide.

We strive to be the very best place for you to have your baby. Our new labor and delivery rooms were thoughtfully designed to provide you with many birthing options. When the time comes to deliver your baby, you and your family will enjoy a facility that blends a beautiful and relaxing atmosphere with state-of-the-art technology. You will feel the comforts of home within the safety and expertise of a top medical center—it is the best of both worlds.

We look forward to caring for you and your baby on this very special journey, and we are committed to providing you with an experience that is *beyond your expectations*.

---

**For additional information, visit [www.vcumom.com](http://www.vcumom.com)**





# Important Phone Numbers

**This list contains phone numbers and websites you may need during your prenatal care, as you plan for delivery and after your baby's arrival.**

## PHONE NUMBERS

VCU Health Appointments .....	Toll Free 1-800-762-6161
Adult Outpatient Pavilion, OB-GYN Appointments.....	(804) 828-4409
Stony Point, OB-GYN Appointments.....	(804) 828-4409
GreenGate, OB-GYN Appointments.....	(804) 828-4409
VCU Health Information.....	(804) 828-9000
Group Prenatal Care Administrator.....	(804) 628-1762
Ultrasound—Nelson Clinic.....	(804) 828-9099
Pharmacy—Ambulatory Care Center.....	(804) 828-7730
Physician on Call—Labor & Delivery Unit.....	(804) 828-5021
Midwife on Call—For Midwife Patients in Labor.....	(804) 828-0951
Labor & Delivery Unit.....	(804) 828-5021
Mother-Infant Unit.....	(804) 828-6282
Neonatal Intensive Care Unit (NICU).....	(804) 828-9956
The Gumenick Suites.....	(804) 828-0895
Birth Certificate Registration .....	(804) 828-7965
Lactation Consultants, Breastfeeding Warmline.....	(804) 828-2952
Children's Hospital of Richmond at VCU (CHoR) Appointments.....	(804) 828-2467
Pediatric Emergency Department .....	(804) 828-9111
Health Information Management (Medical Records).....	(804) 828-0980

## WEBSITES

General Information.....	<a href="http://www.vcumom.com">www.vcumom.com</a>
Patient Portal.....	<a href="http://www.vcuhealth.org/mychart">www.vcuhealth.org/mychart</a>
Online Appointment Request .....	<a href="http://www.vcuhealth.org/appointments">www.vcuhealth.org/appointments</a>



# How to Use MyChart

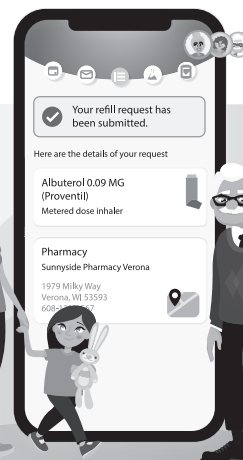
Your secure online health connection.



## All your health information in one place

See your medications, test results, upcoming appointments, and more all in one place. Stay on top of your children's appointments and check in on family members who need extra help, all from your account.

MYCHART 9:10 AM  
You have a new message in MyChart.



## Quickly schedule appointments and find care

Make appointments at your convenience, complete pre-visit tasks from home, and find the nearest urgent care or emergency room when you need it.

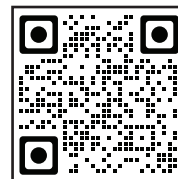


## Connect with our providers no matter where you are

Send a message, get online diagnosis and treatment, talk face-to-face over video, or arrange to follow up with a doctor in person, depending on the level of care you need.



Ask about MyChart and sign up today.  
**[vcuhealth.org/mychart](https://vcuhealth.org/mychart)**



MyChart® is a registered trademark of Epic Systems Corporation.



# Group Prenatal Care

**Group Prenatal Care is an innovative group approach to prenatal care, integrating health assessment, education, and emotional support. The program provides a dynamic atmosphere for learning and sharing and is offered to all expectant mothers.**

Group Prenatal Care brings together 8 to 12 women with similar due dates to learn skills, participate in facilitated discussions, and develop a support network over the course of 7 to 10 two-hour sessions. You will receive the same attentive care that you would receive during an individual prenatal appointment, but with even more time to ask questions and learn about your pregnancy, birth, and becoming a parent.

Sessions are led by an obstetrician or certified nurse-midwife and are held at Nelson Clinic on VCU Medical Center's downtown campus and at VCU Health at Stony Point.

---

**To speak with the Group Prenatal Care administrator, call (804) 628-1762.**



# Back Pain During Pregnancy

**Most women have back pain at some point during pregnancy. The pain can be mild or severe, but it can usually be treated. In some cases, it can even be prevented.**

## Why do pregnant women have back pain?

Pregnancy hormones loosen all of your joints. Your growing abdomen changes your posture. These changes can increase the normal curves that are in your back, which can cause back pain. Later in pregnancy, the joints in your pelvis move more from the growing weight of your baby. This can cause general pain in your lower back and sometimes shooting pain in your buttocks or upper legs.

## What makes back pain worse?

Lying on your back, sitting upright in a chair, rolling over at night, or getting out of a bed or a chair can cause back pain to worsen.

## How can I avoid and reduce back pain?

- **Avoid sitting for long periods of time.** Change positions and move frequently.
- **Avoid bending, arching, and twisting.** These types of motions can often cause discomfort in your back.
- **Be careful when lifting.** When lifting heavy things, keep your back straight and use your leg muscles instead of your back when picking things up.
- **Use hot and cold packs.** Many women get pain relief from using moist heat or cold packs, getting a massage, or sitting in a warm bath.
- **Wear comfortable shoes.** Some women find that wearing supportive, low-heeled shoes or an abdominal support binder helps back pain.
- **Light exercise.** Gentle exercise, along with walking 20 minutes most days, can relieve or lessen back pain. Exercise strengthens the back muscles and decreases muscle tightness and spasms. Exercise also keeps your joints in good position. In most cases, exercise is recommended during your pregnancy.
- **Sleeping on your side.** Sleeping on your side with a body pillow in your arms and between your knees may help reduce pain.

## What is sciatica?

The sciatic (pronounced sigh-atic) nerve is a large nerve that runs down the back, across the buttocks, and down the back of your legs. Sciatica is pain from the sciatic nerve, and is caused by pressure on the nerve.

*The symptoms of sciatica that are different from normal back pain in pregnancy are:*

- Pain down the buttock and back of your leg past your knee
- Tingling
- Numbness
- Trouble moving your leg

The treatment for sciatica is the same as the treatment for back pain, but your caregiver may also suggest reduced activity and physical therapy. Sciatic pain usually goes away in 1 to 2 weeks.

# Back Pain During Pregnancy

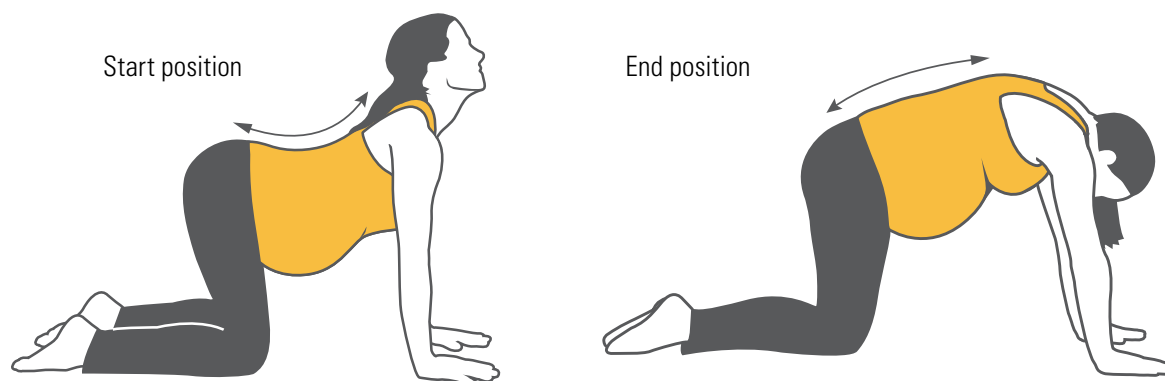
## What strengthening exercises are helpful?

The exercises below will help strengthen the back muscles. The exercises can be held for 3 to 5 seconds and repeated 10 to 30 times. It is very important to make sure you remember to breathe while you are exercising.

## Exercises for back pain during pregnancy

### Pelvic tilt

- *Start position:* Note arch in lower back.
- *End position:* Note absence of arch in lower back.



When you get down on your hands and knees, you will notice an arch in your lower back. Tilt your pelvis backward, so you flatten your back, keeping your buttocks relaxed.

### Back stretch



Kneel on your hands and knees, with your legs spread apart, and put a small pillow under your belly. Sit back and reach your arms forward to feel a stretch along your spine.



# Back Pain During Pregnancy

## What stretches are recommended?

Stretching the back and hamstring muscles after a warm shower or short walk can help reduce back pain. Hold each stretch for 30 seconds and repeat 3 to 5 times, alternating sides, daily.

### Seated "V" hamstring stretch

Sit on the floor with your legs straight in front of you positioned like the letter "V". Sitting TALL, fold forward at your hips to feel more stretch in your hamstrings, the muscles in the back of your thigh.



### Seated in chair hamstring stretch

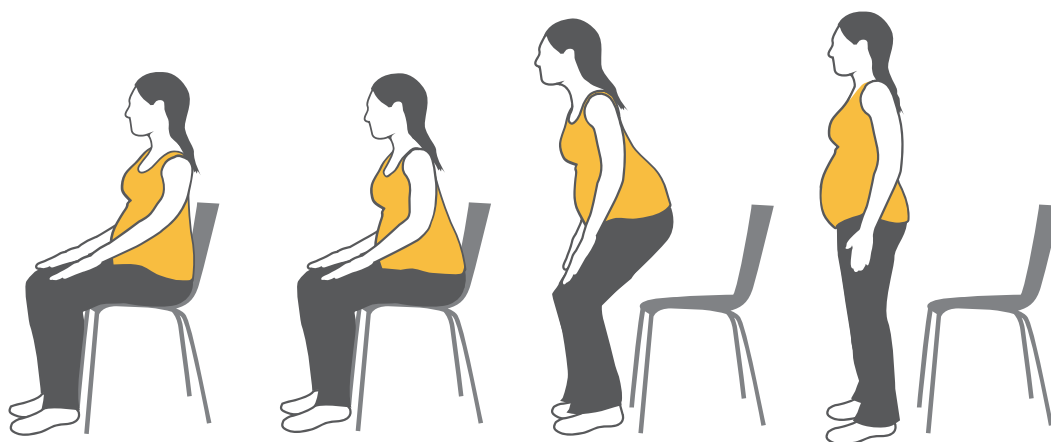
Sitting TALL at the front of a chair, extend 1 leg and slightly fold forward at hips.



## Back Pain During Pregnancy

### Pelvic floor exercise

This exercise addresses pelvic floor awareness, lower extremity strengthening, core strengthening and body mechanics. Practice sitting tall with feet and knees hip width apart, arms on lap; then contract pelvic floor muscles, fold forward at hips and push up to standing. Relax everything. Contract pelvic floor muscles again and lower into chair using your thigh muscles to sit slowly.



**For more information about back pain during pregnancy, visit:**

American Pregnancy Association..... [www.americanpregnancy.org](http://www.americanpregnancy.org)

# Discomforts of Pregnancy

**Pregnancy causes a lot of changes in your life. Your body changes because your hormone levels are increasing and your baby is growing. You may experience a lot of mental and emotional changes as well. Even when you are really excited about being pregnant, you may have fears or worries. All of these things are normal. Learning more about your body and pregnancy will help you have a better understanding of what is happening to you. You will also feel more confident about when you should call your caregiver.**

## Breasts

Your breasts usually increase in size during your pregnancy. This is because your milk glands are enlarging so you can make breast milk for your baby. Your nipples also get larger. Your areola (pronounced a-ree-o-la), the dark area around your nipple, usually gets darker in color. You may leak a yellow liquid called “colostrum.” This is your first breast milk. The leaking of colostrum may be uncomfortable, and it may get on your outer clothes. Your breasts may feel heavy and sore. You may also have soreness that extends all the way to your armpits. This is normal.

*How to help breast soreness:*

- **Make sure your bra fits well.** Some women increase their bra size two or more times when they are pregnant. Women who breastfeed after pregnancy may change bra sizes again.
- **Wear nursing pads.** Nursing pads are absorbent pads/shields that may be worn inside your bra to protect your clothing if your breasts leak.
- **Take warm showers.** Warm showers may ease some of the soreness.

## Breathing

Pressure on your diaphragm (pronounced dye-a-gram) may make it harder to take a deep breath. You might also feel short of breath. Your diaphragm is a muscle that is located under your lungs. As your baby gets bigger, your growing uterus puts pressure on your diaphragm. You may notice this problem when you are active or when you lie down flat to sleep.

*How to help your breathing:*

- **Rest sitting up.** The sitting position puts less pressure on your diaphragm.
- **Use pillows.** Use pillows to get your body in a comfortable position while sleeping.
- **Rest.** Make sure you have time to rest between different activities.
- **Change your position.** If you feel short of breath, change your position.

*Warning: If you have tried resting, sitting up, and changing position and you still feel short of breath, call your caregiver.*

## Constipation

When you are pregnant, your hormones relax the muscles of your intestines (your bowels). This causes your intestines to slow down. You will know you are constipated if it becomes hard to move your bowels (go to the bathroom). Your stool has become harder and drier than normal, which is why it is harder for you to move your bowels.

*How to help constipation:*

- **Drink plenty of fluids.** Be sure you are drinking eight glasses of liquid a day. Water and juice are best.
- **Eat fruit, vegetables and whole grains.** Eat fresh fruit, vegetables, and whole-grain foods, like bran or whole-wheat bread, every day.

# Discomforts of Pregnancy

- **Take walks.** Take a 20- to 30-minute walk every day.
- **Go to the bathroom when you need to.** Don't ignore the urge to go to the bathroom.
- **Sit on the toilet at the same time each day.** Try not to sit there for more than 10 minutes.
- **Don't strain to move your bowels.** Straining your bowels can cause more discomfort.
- **Talk with your caregiver** if you are still constipated. You may need a stool softener.

## Contractions

Cramps or tightening of your uterus before labor are called Braxton-Hicks contractions. These contractions usually don't come regularly and don't last long. They help prepare the uterus or "practice" for true labor. Braxton-Hicks can be uncomfortable and cause mild discomfort in your lower abdomen or lower back. Having some contractions is normal.

*How to help contraction pain:*

- **Take warm showers.** Warm showers may ease some of the soreness.
- **Drink plenty of fluids.** Always make sure you're drinking plenty of fluids. If you feel several contractions in a row, try drinking one or two glasses of water.
- **Change positions.** If you are moving around, lie down. If you are lying down, try getting up and moving around for a few minutes.

*Warning: If contractions continue, or become longer, stronger, or closer together, you may be in labor. If you are not due yet, you may be in premature labor. Call your caregiver to discuss any concerns.*

## Dizziness

When you are pregnant, your body needs a lot of good foods and liquids for you and your baby. If you don't eat properly, your blood sugar may drop, which can make you feel tired and dizzy. The hormones of pregnancy also make your blood vessels relax and get a little bigger. This causes a slight decrease in your blood pressure. Until you get used to the change, you may feel a little dizzy or light-headed at times.

*How to help dizziness:*

- **Sit down.** If you feel dizzy, sit down until the feeling goes away.
- **Breathe.** Take slow, easy breaths.
- **Put your head as close to your knees as possible.** This will help the dizziness go away.
- **Cool down.** Put a cold, damp cloth on your face and neck.
- **Eat and drink fluids properly.**
- **Change your position slowly.** If lying down, sit up, then stand. Take your time between changing positions.

*Warning: If dizziness continues, or if you get dizzy frequently, call your caregiver.*

## Heartburn

The hormones of pregnancy cause your stomach to relax and not empty as quickly. The muscles that keep the top of your stomach closed also become relaxed. These things, plus the pressure of your baby on your stomach, can cause food or stomach acid to splash back into your esophagus (pronounced eh-sof-ah-gus). The esophagus is the tube that connects your mouth to your stomach. When food or acid splashes up, it can cause burning in your throat and esophagus.

# Discomforts of Pregnancy

*How to help heartburn symptoms:*

- **Eat small, frequent meals.** Eat several smaller meals throughout the day.
- **Avoid fried and fatty foods.** These foods are harder to digest.
- **Avoid lying down or bending over after eating.** Wait until 30–60 minutes after you eat.
- **Drink water.** Drink a glass of water if burning starts; it can help wash food and acid back into your stomach.
- If you experience persistent symptoms despite these efforts, antacids or acid-blocking medications may be appropriate.  
*Discuss this with your caregiver.*

## Hemorrhoids

As your baby grows, the weight of your uterus increases. This puts pressure on your intestines and the blood vessels in the lower part of your body. A hemorrhoid is a swollen blood vessel near the anus (the opening in your bottom where bowel movements pass). This can happen outside or inside in the rectum (lower intestine). Another result of this kind of pressure is constipation, which can also cause hemorrhoids. Hemorrhoids can burn or itch. It can be uncomfortable to sit. Having a bowel movement when you have hemorrhoids may also be uncomfortable.

*How to help hemorrhoid pain:*

- **Prevent constipation.** Follow the suggestions we made earlier for constipation.
- **Stay clean.** Make sure you clean well after each bowel movement.
- **Take sitz baths.** Fill a clean bathtub with warm water and sit for 20 minutes, 3 times a day.
- **Stool softeners.** Ask your caregiver if you need to take a stool softener.
- **Other medications.** Your caregiver may give you medication to put on your hemorrhoids.

## Leg cramps

Your growing baby and uterus put pressure on the blood vessels in your pelvis and legs. You also need more calcium when you are pregnant, since your muscles need calcium to work properly. You may get cramps or knots in your leg muscles. This happens most often in your calves. Some people call this cramp a “Charlie horse.” While these symptoms are uncomfortable, they do not harm the pregnancy.

*How to help leg cramps:*

- **Keep your leg straight.** Move your foot so it is pointing/pulling toward your head. Hold that position until the cramp eases. The cramp should start to go away in less than a minute.
- **Prevent cramps by:**
  - » Not crossing your legs at the knees
  - » Wearing comfortable shoes
  - » Eating foods rich in calcium, such as milk, cheese, and yogurt
  - » Stretching your leg muscles
  - » Soaking your legs in a warm bath

# Discomforts of Pregnancy

## Morning sickness

The hormones that help your pregnancy can also make you feel sick to your stomach. When you are pregnant, your body also digests food more slowly, which adds to the problem. The increase in hormones may also make you vomit. This often happens in the morning, which is why it is called “morning sickness.” But don’t be fooled by the name—you can get sick any time of the day.

*How to help morning sickness:*

- **Eat in the morning.** Eat crackers or dry toast as soon as you wake up.
- **Small, frequent meals.** Eat several smaller meals throughout the day. Some women may need to eat very small portions every hour, or more frequently.
- **Have a bedtime snack.** Have a snack before bed that has protein, carbohydrates and fat. An example of a good snack would be a peanut butter sandwich and a glass of milk. This will help keep your blood sugar steady during the night.
- **Change your position slowly.** If lying down, sit up, then stand. Take your time between changing positions.
- **No smoking.** If you smoke, stop. This can make you nauseated.
- **Avoid fried and fatty foods.** These foods are harder to digest.

*Warning: Call your caregiver if you can’t keep liquids or food down for more than 24 hours.*

## Stretch marks

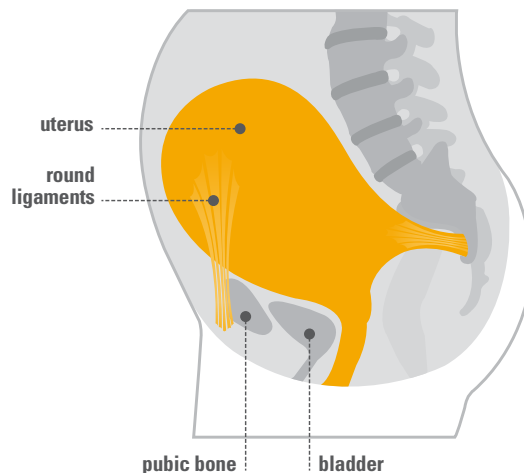
As your baby grows, the skin of your stomach stretches to make more room. Your breasts get larger and you also have some weight gain. Because of changes in your hormones, your skin may not stretch as well as it usually would. You may get red streaks on your stomach, thighs, or breasts. You may also feel some itching where you have stretch marks.

*How to help stretch marks:*

- **Time.** Stretch marks usually fade after delivery, but they may never completely disappear.
- **Lotion.** Lotions won’t prevent stretch marks, but they may help you feel more comfortable.

## Round ligament pain

Round ligaments are bands of tissue that support the uterus. They start at the top of the uterus and there is one on each side. Then they go around and down, passing through the area where your thigh and groin come together. As your baby grows, your uterus grows bigger too. When your uterus gets bigger, the round ligaments grow and stretch. This is probably what causes round ligament pain. Some women have pain that is often described as a “grabbing” or “sharp” pain in the lower abdomen and groin.



# Discomforts of Pregnancy

*How to help round ligament pain:*

- **Change your position slowly.** If lying down, sit up, then stand. Take your time between changing positions.
- **Support your abdomen (belly) when you move.** Holding your abdomen when you move gives it more support and takes pressure off the ligaments.
- **Take warm baths.** Warm showers may ease some of the pain.
- **Take TYLENOL®.** Take TYLENOL® only if your caregiver tells you it is OK.
- **Use a heating pad.** Let your caregiver know if you are using a heating pad. Be sure to set your heating pad to a low temperature, and *never* use a heating pad when you are sleeping!
- **Pregnancy “belts”** exist that can support the lower abdomen and pelvis. Ask your caregiver if these may be helpful to you.

*Warning: Call your caregiver if:*

- » The pain doesn't go away.
- » You have a fever.
- » You have nausea and vomiting with the pain.
- » You start bleeding from your vagina.
- » Your uterus gets firm or you have contractions with the pain.

## Skin color changes

Your skin color may change in pregnancy because of hormones. You may develop a dark line on your belly that starts at your pubic bone and goes to the top of your uterus. This is called “linea nigra” (pronounced len-eh-ah nee-grah). You may also see a darkening of the skin over your cheeks and forehead called a “mask of pregnancy.” The colored area around your nipple (the areola) will also darken. While these changes are not physically uncomfortable, you may notice them.

*How to help skin color changes:*

- **Time.** After you deliver, most of the darkness begins to fade.
- **Sunlight.** Sunlight can make the color darker, so use sunscreen before going outside.

## Tiredness

As your baby grows inside of you, it may become more difficult to sleep. You may also be getting up often at night to go to the bathroom. Growing a baby takes a lot of energy, so it is normal to be tired at times. If you become overly tired, you may get irritable or restless, worry more, and even find it difficult to relax and fall asleep.

*How to help with tiredness:*

- **Make sleep a priority.** Try to get at least 8 hours of sleep each night.
- **Take naps and rest when you are tired.** Growing a baby is a lot of work. You need the extra rest.
- **Exercise.** Regular, moderate exercise, such as a 20- to 30-minute walk, is good for you.
- **Eat properly.** Choose most of your foods from breads and grains, fruits and vegetables, dairy and meats. Fats should be the smallest portions of what you eat.





# Eating Safely During Pregnancy

**During pregnancy, you can eat the same things that you normally ate when you were not pregnant. However, your baby can be hurt by toxins (poisons) or bacteria (germs) from certain foods. For this reason, you need to be aware of these food dangers and learn how to choose and prepare your food safely.**

## **What food might be harmful to my baby during pregnancy?**

The foods that can be harmful to your baby are certain types of fish, meat, milk, cheese, and raw foods. Because these are important parts of most diets, you will want to learn how to choose the right foods.

## **What's the problem with fish?**

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

## **So should I just stop eating fish?**

No! Fish is a wonderful food. It has a lot of good protein and omega-3 fatty acids (omega-3s). Omega-3s are important to your baby's brain and eye development. You should not eat some types of fish, but you should eat 8 to 12 ounces (2-3 servings) of low-mercury fish every week to give you the benefits of omega-3s. Raw fish should not be eaten, as it may contain parasites (germs) that could harm you or your baby.

## **Guidelines for eating fish**

*Do not eat these types of fish:*

- Shark
- Swordfish
- King mackerel
- Tilefish
- Orange roughy
- Any type of uncooked fish or shellfish

*Do not eat:*

- More than 6 ounces per week of white (albacore) tuna

*Choose fish lower in mercury:*

- Salmon
- Shrimp
- Pollock
- Tuna (light, canned)
- Tilapia
- Catfish
- Cod

# Eating Safely During Pregnancy

*Be sure to:*

- Check local advisories about the safety of fish caught by family and friends in your local waters.
- Cook fish by broiling, baking, steaming, or grilling. Remove skin and fat before cooking. Do not eat the fat that drains from the fish while cooking.

## **What meat is dangerous?**

In the United States, most of our meat is safe to eat. However, meat that has not been kept cold or that has not been prepared properly may have bacteria or parasites. Raw meat may lead to toxoplasmosis, which is caused by a parasite that can damage your growing baby's eyes, brain, and hearing. Other meats can cause an infection called listeria.

## **Guidelines for eating deli meats and smoked fish**

*Do not eat these types of meat:*

- Meat spread
- Pâté

*Do not eat unless you reheat to steaming hot:*

- Hot dogs
- Lunch meat
- Deli meat (such as turkey, salami, and bologna)
- Deli smoked seafood

## **Guidelines for eating beef, chicken, and pork**

*Do not eat:*

- Any meat that is rotten or raw

*Be sure to:*

- Cook all meats all the way through. When you eat meat, you should not see any pink inside the flesh.
- After cutting up raw meat, clean the cutting surface with bleach, soap, and hot water before cutting anything that will be eaten raw.

## **What do I need to know about milk and cheese?**

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

## **Guidelines for eating milk and cheese**

*Do not eat or drink:*

- Unpasteurized or raw milk
- Feta cheese

# Eating Safely During Pregnancy

- Brie cheese
- Camembert cheese
- Blue-veined cheeses
- Mexican-style queso blanco or queso fresco

*Types of cheese and milk that are OK to eat:*

- Hard cheeses
- Semisoft cheeses like mozzarella
- Processed cheese slices
- Cream cheese
- Cottage cheese
- Yogurt made with pasteurized milk
- Skim or 1% pasteurized milk

## **What do I need to know about raw foods?**

Uncooked meats and fish may contain toxoplasma, listeria, and other bacteria that can be harmful during pregnancy. Raw fish, like the type of fish used to make sushi, and raw shellfish, like clams and oysters, should not be eaten during pregnancy. Raw alfalfa and bean sprouts and unpasteurized fruit and vegetable juices have a lot of vitamins but can also contain disease-causing bacteria. Pregnant women should drink only pasteurized juices. Raw and undercooked eggs may have bacteria that can cause food poisoning. Do not eat food with raw eggs, like Hollandaise sauce or homemade Caesar salad dressing.

## **Guidelines for raw foods**

*Do not eat or drink:*

- Raw meat
- Raw fish
- Raw shellfish
- Foods with raw eggs
- Raw vegetable sprouts
- Unpasteurized milk or juices

## **How do I prepare food safely?**

- Wash your hands and cooking surfaces often
- Keep raw meat away from fruit and vegetables and cooked meat
- Cook your food until it is steaming hot
- Cook meats until no pink remains
- Keep uneaten food cold or frozen

## Eating Safely During Pregnancy

- Keep your refrigerator at 40° F or less
- Keep your freezer at 0° F or less
- Throw away food that is left at room temperature for 2 hours or more
- Do not eat foods if they are past the expiration date on the label

---

**For more information about eating safely during pregnancy, visit:**

Centers for Disease Control and Prevention.....[www.cdc.gov/foodsafety](http://www.cdc.gov/foodsafety)

Partnership for Food Safety Education .....[www.fightbac.org](http://www.fightbac.org)

U.S. Food and Drug Administration ..... [www.fda.gov](http://www.fda.gov)

# Medical Management of Common Symptoms

Throughout the months you are pregnant, you may still get colds, the flu, allergies, constipation, and other common health problems. In general, medication should be minimized during pregnancy, but may be necessary if your symptoms become a real problem. This is a list of common symptoms in pregnancy and what you can do for them.

We do not recommend taking medications during your pregnancy that are not listed here unless you have asked your caregiver first. If your symptoms persist or worsen despite your efforts, you should discuss things further with your caregiver.

## Allergy

- BENADRYL®
- Claritin®
- Zyrtec®

## Constipation

- Increase fluids.
- Increase fiber in diet (fresh fruits, vegetables, and whole grains).
- Exercise (e.g. walking 3 to 4 days per week)
- Citrucel® or Metamucil®
- Fiberall® or FiberCon®
- Colace®
- Milk of Magnesia
- Senokot®
- Miralax®

## Cough

- Sleep with head elevated.
- Use humidifier.
- Cough drops
- Robitussin®—plain

## Diarrhea

- Imodium®

## Fever/headache/body aches

- Tylenol® (Acetaminophen)

## Hemorrhoids

- Avoid constipation if possible.
- Warm sitz baths
- TUCKS® pads
- Preparation H®
- Anusol-HC®
- Witch hazel
- Citrucel® or Metamucil®
- Colace®

## Indigestion/heartburn

- TUMS®
- Riopan®
- Gaviscon®
- Gas-X®
- MYLANTA®
- Maalox®
- Simethicone/Mylicon®
- Pepcid AC®
- Zantac®

## Nasal congestion or allergy-type symptoms

- Saline nose drops
- Bed rest/increase fluids
- Cool air humidifier
- BENADRYL®
- Chlor-Trimeton®
- Actifed® (avoid during the first trimester)

# Medical Management of Common Symptoms

## Nausea (should decrease after 12 weeks)

- Butterscotch candies or lollipops (sugar free if diabetic)
- Ginger cookies
- Small frequent meals
- Decrease greasy, spicy foods.
- Attempt to drink fluids after meals rather than during.
- Drink fluids at room temperature or warm fluids.
- Sleep with head elevated.
- Vitamin B6 100 mg tablet
- BENADRYL®
- Sea-Bands®

## Rashes

- BENADRYL® cream
- Hydrocortisone cream or ointment
- Oatmeal bath (Aveeno®)

## Sore throat

- Chloraceptic® spray
- Throat lozenges
- Warm salt water gargles

## Yeast infection

- Monistat®

---

**For more information regarding the medication you are taking and how it affects your pregnancy, visit:**

Physicians Drug Reference ..... [www.drugs.com/drug\\_information.html](http://www.drugs.com/drug_information.html)  
Mommy Meds ..... [www.mommymeds.com](http://www.mommymeds.com)  
Organization of Teratology Information Specialists (OTIS) ..... [www.mothertobaby.org](http://www.mothertobaby.org)

## Questions Commonly Asked by Pregnant Women

**If you have a question that is not answered here, please write it down so you don't forget it and bring it to your next checkup. If you need the answer quickly, call your caregiver so someone can answer it for you.**

**Alcohol intake:** Do not drink alcohol (beer, wine, or liquor). Drinking alcohol can harm your baby. Also be sure to look for alcohol in over-the-counter medications. You should not take medicine that contains alcohol.

**Artificial sweeteners:** Artificial sweeteners are OK to have in small amounts. It is always best to talk with your caregiver about the types of artificial sweeteners you are using.

**Caffeine intake:** Caffeine is OK to have in small amounts. It is always best to talk with your caregiver about how much caffeine you should have in a day.

**Cats:** It is OK to be around cats, but don't change their litter box. In the intestine of some cats is a protozoan called *Toxoplasma gondii*, which can cause birth defects in unborn babies. It is passed through contact with cats or cat feces and your hands, so be sure to wash your hands thoroughly. Cats that stay indoors don't typically carry the organism.

**Cleaning:** It is fine to continue using normal household cleaners. Just make sure the area you are cleaning is well ventilated. This means you have access to fresh air by using a fan to bring in new air or by opening a door or a window. If you start to feel dizzy, light-headed or nauseated, leave the area immediately. Never mix cleaning solutions together.

**Dental work:** It is fine to go to your dentist appointments. Just be sure your dentist is aware you are pregnant so that any medications you are given will be safe. A softer toothbrush may be used to decrease any irritation caused by pregnancy hormones.

**Douching:** Do not douche at all during pregnancy.

**Exercise:** Exercising each day is encouraged. A proper pregnancy exercise plan has many benefits, including preparing you for the physical challenges of childbirth by strengthening the muscles that help with childbirth, reducing back pain, helping with constipation problems, improving posture, elevating your mood, and promoting better sleep.

Every pregnancy is different, so the level of exercise you can do depends on your health, the conditions of your pregnancy, and your activity level before pregnancy. If you did not exercise before you became pregnant, walking is a good way to begin.

Use caution while participating in sports during pregnancy, because your center of gravity changes and may affect your balance. Always make sure to drink plenty of fluids to avoid dehydration, which may decrease blood flow to your baby. Performing a proper warm-up and cool-down is very important. Start slow, build up to more demanding exercises, then gradually slow your activity. In general, if you are able to carry on a conversation comfortably while exercising, your heart rate is probably within the recommended limits. Swimming, brisk walking, and prenatal exercise classes are good activities.

**Hair treatments:** Having your hair colored or getting a perm is OK to do. Just be sure the area is well ventilated.

**Hot tubs:** Do not use hot tubs or saunas during pregnancy. The warm water raises your core body temperature too much and causes your blood pressure to drop, which can be dangerous to you and your baby.

**Sex:** It is usually OK to continue having sex throughout pregnancy. As you get further into the pregnancy, you may need to change positions to be comfortable. Your caregiver will let you know if there is any reason why you shouldn't have sex. If you have any spotting or bleeding after sex, call your caregiver.

## Questions Commonly Asked by Pregnant Women

**Other caregiver visits:** If you are seeing a different caregiver for another health issue, please let your caregiver know you are pregnant before she prescribes any medication. Make sure you let all of your caregivers know about any medical conditions you develop.

**Painting:** Make sure you read all warnings listed on the paint can. Be sure your work area is well ventilated. Do not use any paint containing lead. Do not work in areas where lead paint is used or being removed (usually found in old houses or buildings). If you start to feel dizzy, light-headed, or nauseated, leave the area immediately.

**Recreational drug use:** Do not use any recreational or illegal drugs like cocaine or marijuana.

**Smoking:** Do not smoke while you are pregnant. If you can quit, you should. If you can't quit, try to reduce the amount you smoke. Talk to your caregiver about ways to help you quit. Being around secondhand smoke is also bad for the baby. Encourage other people at home who smoke to cut down or quit.

**Travel:** Most women can travel safely until the month before their due date. When traveling by car, you should make frequent stops so you can get out and walk around. Be sure to adjust your seat belt when driving or riding in your car. It should fit comfortably but securely under your belly and low on your hips. Wear the shoulder belt as well. If you are in an accident, you and your unborn baby will be much safer if you are securely strapped in place. Wearing a seat belt is not dangerous for the baby. Drink plenty of fluids while traveling. When you stop, always try to use the bathroom even if you don't have the urge. Traveling in regions of high altitude is not recommended during pregnancy. Most air travel is fine as long as the aircraft is pressurized. Ask your caregiver if you have any restrictions.

**Flu vaccine:** Getting an annual flu vaccination is extremely important for pregnant women, because your immune system changes during pregnancy. This change gives you an increased risk of serious complications if you get the flu. The flu vaccination protects both pregnant women and their babies. Babies cannot be vaccinated against the flu until they are 6 months old, but they receive antibodies from their mothers that help protect them until they can be vaccinated. The vaccine is effective for one season. When given during pregnancy, the flu shot is considered safe for your fetus and protects both you and your newborn. The intranasal flu vaccine (a spray vaccine given through your nose) contains the live flu virus, so it is not used during pregnancy.

**Tdap vaccine:** The Tdap vaccine is recommended for pregnant women between 27 to 36 weeks. It protects your baby against pertussis (the whooping cough).

**Weight gain:** The average weight gain while you are pregnant is 25 to 35 pounds if you start at a normal weight. The normal dietary intake of 3 meals per day plus an extra 300 calories is necessary. However, many women's diets contain more calories than necessary, and many women do not need to increase their calories for pregnancy. Please discuss your diet with your caregiver.

**Work:** A normal pregnancy is not recognized as a medical disability, even though you may have aches and pains. You are encouraged to continue working until you have your baby. There are a few pregnancy complications that may require early leave from work. Your caregiver will let you know if this applies to you. Be aware of possible hazards, such as chemical exposure, lifting heavy loads, and standing during most of your work day.

---

**More information about work conditions and pregnancy can be found at:**

Occupational Safety & Health Administration ..... [www.osha.gov](http://www.osha.gov)



# Environmental Hazards During Pregnancy

**There are many chemicals in the air, in homes, and in businesses that could hurt your or your baby's health during pregnancy. You may have many questions about avoiding these hazards. If your question is not answered here, ask your caregiver.**

## **Items to avoid:**

**Certain craft supplies.** Stained glass material, oil paints, and ceramic glazes can contain lead. Instead, try using watercolors or acrylic paints and glazes.

**Tap water.** In general, tap water is safe, but it is always important to know that the water you are drinking has been tested. Do not use water that has not been tested or that you think is unsafe. If you have any concerns about the quality of your water, call your local health department or check with your caregiver. *Never* use tap water to prepare infant formula.

**Lead.** Homes built before 1978 may have lead paint. If you think there may be lead paint where you live, call a professional to remove it. *Do not touch* paint that is crumbling or peeling. Stay away from any area where lead paint is being removed or sanded.

## *Lead in water:*

- If your pipes are old, you could have lead in your drinking water. If you think your water may have lead in it, contact your state health department to find out how to get your pipes tested.
- Never use tap water to prepare infant formula.
- Use only cold tap water, and let the water run for 30 to 60 seconds before drinking it.
- If you are worried about the pipes in your home, use a “reverse osmosis” water filter such as a Brita® filter. Many home water filters do not remove lead, so you need to read their labels carefully.

## *Other sources of lead:*

- Lead crystal glassware
- Some ceramic dishes
- Wicks of scented candles
- Plastic grips on some hand tools
- Some arts and crafts materials, such as oil paints, ceramic glazes, and stained glass supplies

**Pesticides.** Pesticides are found in gardens, on fruits, and on vegetables. Wash all produce before eating. Peel the skin from fruits and vegetables or buy organic produce if you can.

## *If you have to come in contact with pesticides:*

- Have someone else apply the chemical.
- Avoid being in areas where pesticides have been used for 24 hours.
- Remove food, dishes, towels, and eating utensils from the area where pesticides are used.
- If you have to use pesticides yourself, wear gloves and clothing that you can wash.

# Environmental Hazards During Pregnancy

**Cleaning supplies.** Do not use any products labeled “toxic” or any products with a warning on the label. Try using natural products like baking soda or vinegar and water to clean.

- Make sure to read all warning labels to see if the warning mentions pregnant women.
- Do not mix ammonia and chlorine products. The mixture makes a gas that is harmful for everyone.
- If you use cleaning products, make sure to wear thick rubber gloves and open doors and windows to get rid of the fumes.
- There are many natural products that can be safer to use during pregnancy.

**Smoking, drinking, secondhand smoke.** Smoking and drinking alcohol are very dangerous for you and your baby. If you currently smoke or drink, ask your caregiver about ways to stop. Secondhand smoke is also very dangerous for both you and your baby. You should avoid any places where people smoke, and do not allow other people to smoke in your home.

**Beauty products.** Chemicals used in nail salons are very dangerous. They let off fumes that can be very toxic, and you should avoid them while you are pregnant. If you cannot avoid them, make sure there is an open window or door to let in fresh air. To be safe, you should not use artificial fingernails while you’re pregnant.

Hair products such as dyes, perms, and hair straighteners are safe to use during pregnancy. You will get a very small amount of the chemical into your body from your scalp, but there are no reports that this exposure is harmful to you or your baby.

---

## For more informational about environmental hazards during pregnancy, visit:

March of Dimes ..... [www.marchofdimes.org](http://www.marchofdimes.org)  
Environmental Protection Agency: About Mercury ..... [www.epa.gov/mercury/index.htm](http://www.epa.gov/mercury/index.htm)  
Lead in Your Home: A Parent’s Reference Guide ..... [www.epa.gov/lead](http://www.epa.gov/lead)  
Environment, Health, and Safety Online ..... [www.ehso.com/ehshome/pregnancy.htm](http://www.ehso.com/ehshome/pregnancy.htm)

# All About Folic Acid

## What is folic acid?

Folic acid is a B vitamin. The body uses folic acid to help make red blood cells and other new cells. The folic acid found in food is sometimes called “folate.”

## Why is folic acid important?

People who do not get enough folic acid in their diet can get anemia. When you have anemia, your blood does not carry oxygen well, which makes you feel very tired and weak. Children who do not get enough folic acid may not grow as quickly as other children. Not having enough folic acid can also increase the risk of heart disease, colon cancer, and stroke.

Getting enough folic acid is really important during your pregnancy. Taking folic acid from the very beginning of pregnancy can help prevent some neural tube defects in your baby. Neural tube defects are problems of the spine and brain, such as spina bifida. Severe neural tube defects can cause death or make it hard for your baby to walk.

## How much folic acid do I need?

You should have about **400 micrograms (mcg)** of folic acid in your diet every day if you:

- Are pregnant.
- Could become pregnant. This is because neural tube defects occur in the very first month of pregnancy, when most women don't even know they are pregnant.

You may need more folic acid than you can normally get from your diet. You may need to take a vitamin pill that adds folic acid to your diet. Talk with your caregiver about how much folic acid you should be taking.

## Folic acid in your food

The word “folate” comes from the same root as the word “foliage.” Leafy green vegetables are very good sources of folic acid. Folic acid is also found in cooked dry beans, nuts, and seeds. Enriched grains, such as bread, pasta, and rice, and fortified breakfast cereals are also good sources of folic acid. Check food labels to be sure that these foods have been enriched with folic acid.

## Where to find folic acid

*Excellent sources that provide 100 mcg or more per ½-cup serving:*

- Asparagus
- Turnip greens, mustard greens
- Okra
- Fortified breakfast cereals (see label for serving size)
- Cooked dry beans, such as pinto beans, kidney beans, lentils, and black-eyed peas
- Liver (2 ounces, cooked)

*Good sources that provide 40 mcg to 100 mcg per ½-cup serving:*

- Broccoli
- Spinach
- Green peas

## All About Folic Acid

- Fresh beets, cooked
- Spaghetti, pasta
- Rice
- Tofu

*Other good sources that provide 40 mcg to 100 mcg per serving:*

- Tomato juice (¾ cup)
- Orange (1)
- Avocado (¼ cup)
- Sunflower seeds
- Peanut butter (2 tbsp)
- Enriched bread (1 slice)
- Flour tortilla (one 10-inch round)

---

### **For more information about folic acid, visit:**

March of Dimes ..... [www.marchofdimes.org](http://www.marchofdimes.org)  
American Dietetic Association..... [www.eatright.org](http://www.eatright.org)  
Spina Bifida Association..... [www.spinabifidaassociation.org](http://www.spinabifidaassociation.org)

# Gestational Diabetes

## What is diabetes?

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

## Why is GDM a problem for pregnant women?

In women with GDM, the body cannot properly handle the sugar that increases in the blood after eating. This results in high levels of sugar in the blood, which is transferred to the baby. The baby turns the extra sugar into fat—mostly around his or her belly. This extra fat increases your baby's chance of having obesity, high blood pressure, heart disease, and type 2 diabetes later in life. In addition, a baby who is too big may have difficulty being born, and can have low blood sugars that require special care right after birth.

## Should I have a blood test to screen for diabetes during my pregnancy?

Women who have any risk factor that increases the chance of having GDM should have a screening blood test at the beginning of the fifth or sixth month (24 to 28 weeks) of pregnancy. Most women have some risk factors for GDM. This is why most caregivers offer the test to all pregnant women. A few women have a high risk for getting GDM during pregnancy.

## What do I do if I have GDM?

If you have GDM, you will be asked to test your blood sugar at home. Most women with GDM are able to have normal blood sugar levels by eating healthy and increasing exercise. If you have GDM, you should meet with a diabetes educator or nurse who can teach you how to check your blood sugar levels and help you learn about foods that will keep your blood sugar at normal levels. A few women who have GDM need to take medicine or insulin to control blood sugar.

## What happens after pregnancy if I have GDM?

Women who get GDM have a higher chance of getting type 2 diabetes later in life. Healthy eating and regular exercise are important to help you prevent diabetes in your future. Breastfeeding is very important if you had GDM during your pregnancy. It will help you lose weight and will help your baby maintain a healthy weight. Your caregiver will likely check to see if you have signs of diabetes by doing additional blood work around the time of your postpartum visit.

---

## For more information about gestational diabetes, visit:

Centers for Disease Control and Prevention.....[www.cdc.gov](http://www.cdc.gov)  
American Congress of Obstetricians and Gynecologists .....[www.acog.org](http://www.acog.org)



# Group B Strep in Pregnancy: FAQ

## What is Group B strep?

Group B strep (GBS) is a type of bacteria that can grow inside of you. As long as you are healthy, it does not hurt your body to have GBS. About 2 out of 10 pregnant women will have GBS in their intestine, rectum, and vagina. It often appears in your body when you are close to giving birth. **GBS is *not* a sexually transmitted disease**, and it does not cause discharge, itching, or other symptoms.

## How does GBS cause infection?

At the time of birth, babies are exposed to the GBS bacteria if it is present in the mother's vagina. This can result in the baby possibly getting pneumonia or a blood infection. Full-term babies who are born to mothers who carry GBS in the vagina at the time of birth have a 1 in 200 chance of getting sick from GBS during the first few days after being born. Occasionally, mothers can get a postpartum infection in the uterus.

## How do you know if you have GBS?

When you are 35 to 37 weeks pregnant, you or your caregiver will collect a sample by touching the outer part of your vagina and just inside the anus with a sterile cotton swab. If GBS grows in the culture that is sent to the lab from that cotton swab sample, your caregiver will make a note in your chart, and you will be notified so you can share this information when you go into labor.

## How can infection from GBS be prevented?

It is important to remember that GBS is typically not harmful to you or your baby before you are in labor. If your GBS culture is positive, your caregiver will recommend that you receive antibiotics during labor. These antibiotics will be given to you intravenously (through an IV). Getting antibiotics into your system more than 4 hours before birth almost always prevents your baby from picking up GBS during birth.

## Do you have to wait for labor to take the antibiotics?

GBS is not easy to remove from the intestine, where it lives normally. If you take antibiotics before you are in labor, GBS will return to the vagina from the intestine as soon as you stop taking the medication. Therefore, antibiotics are given during labor when it can best help your baby. Occasionally, GBS can cause a urinary tract infection during pregnancy. If you get a urinary tract infection with GBS, it should be treated at the time it is diagnosed, and then you should receive antibiotics again when you are in labor.

## How will we know if your baby is infected?

Babies who get sick from infection with GBS almost always do so in the first 24 hours after birth. Symptoms include difficult breathing (including grunting or having poor color), problems maintaining temperature (too cold or too hot), or extreme sleepiness that interferes with nursing.

## What is the treatment for a baby with GBS infection?

Most babies will completely recover from GBS with intravenous antibiotic treatment (given through an IV) if the infection is caught early and the baby is full term. Out of the babies who get sick, about 1 in 6 can have serious complications. Some extremely ill babies will die. If you carry GBS in the vagina at the time of birth and you are given antibiotics when you are in labor, the risk of your baby getting sick is 1 in 4,000.

## Group B Strep in Pregnancy: FAQ

### **What if you are allergic to penicillin?**

Penicillin or a penicillin-type medication is the antibiotic recommended for preventing GBS. Women who carry GBS at the time of birth and who are allergic to penicillin can receive different antibiotics during labor. Be sure to tell your caregiver if you are allergic to penicillin, and what symptoms you had when you got that allergic reaction. You will be given a different type of antibiotic depending on how severely you react to penicillin.

---

### **For more information about Group B strep, visit:**

American College of Nurse-Midwives..... [www.midwife.org](http://www.midwife.org)  
Centers for Disease Control and Prevention..... [www.cdc.gov/groupbstrep](http://www.cdc.gov/groupbstrep)



# Nausea and Vomiting During Pregnancy

## **Does every woman experience nausea or vomiting during pregnancy?**

Nausea and vomiting during pregnancy tends to be at its worst 8 to 10 weeks after your last menstrual period. It usually goes away by 12 to 16 weeks after your last period. It is often called “morning sickness,” but it can occur at any time of day, and can last all day long.

*How often nausea and vomiting occurs:*

- Half of all pregnant women experience both nausea and vomiting during the first months of pregnancy.
- About 1 in 4 pregnant women have mild nausea.
- 3 in 10 pregnant women have nausea severe enough to affect their daily lives.
- A few lucky women do not have nausea or vomiting during pregnancy.

## **What causes nausea and vomiting during pregnancy?**

We do not know all the causes of nausea and vomiting during pregnancy, but we do know a few factors that may increase your chances of feeling this way:

- Changes in hormone levels can play a role.
- If your mother had morning sickness when she was pregnant, you may be more likely to have nausea and vomiting when you are pregnant.
- A history of motion sickness or stomach problems before you got pregnant may be another risk factor.

## **Is nausea and vomiting during pregnancy dangerous?**

While mild to moderate nausea and vomiting may make you feel bad, it will not hurt you or your baby. Severe vomiting during pregnancy is called hyperemesis gravidarum. This type of vomiting prevents you from keeping any food down. Hyperemesis gravidarum is rare, but can cause health problems.

*You should call your caregiver if any of the following apply to you:*

- You are not able to keep any liquids or foods down for 24 hours.
- You are vomiting several times a day or after every meal.
- You have abdominal pain, difficulty urinating, or a fever.

## **Are anti-nausea medications dangerous for my baby?**

There are several different types of nausea medicines that work well and are safe for you and your baby. Because different “triggers” in your body can cause nausea and vomiting, you and your caregiver should work together to find the medicine that is right for you.

## **Tips to treat nausea and vomiting:**

*Lifestyle and diet changes*

- Drink plenty of liquids between meals, not with your meals. Nausea is worse if you are dehydrated (if there is not enough fluid in your body).
- Eat plain crackers or dry toast in the morning before getting out of bed and at any time during the day when you feel nauseated.

# Nausea and Vomiting During Pregnancy

- Instead of 3 large meals, eat small meals every 2 to 3 hours. Some women may need small portions even more frequently. Nausea is worse if the levels of sugar in your blood are low from not eating often enough.
- Avoid greasy, fatty, and spicy foods.
- Sucking on a lemon or lime slice may help.
- Try eating foods that are high in carbohydrates, such as potatoes, noodles, or toast.
- Do not lie down right after eating.
- Try drinking carbonated beverages between meals and wait 30 minutes after eating to drink liquids.
- Dairy products may make nausea and vomiting worse, but some women say yogurt is helpful.
- Some women find that prenatal vitamins make their nausea worse. If so, check with your caregiver about stopping the vitamins until the nausea goes away. If you stop taking a prenatal multivitamin, you should take 1 tablet of folic acid daily (0.4 mg, which is 400 mcg per day) during the first trimester. Folic acid tablets will not worsen nausea.

## *Non-medication treatment*

- Ginger has been used for treating nausea since ancient times. Ginger root tea, ginger gum, ginger snaps, ginger syrup added to water, and ginger ale are all safe and can decrease the severity of your nausea.
- Acupressure Bands (like Sea-Bands®) are wristbands with a pressure point placed on the inside of your wrist. They are often used for motion sickness. Some women find them helpful for their nausea, and they are safe to use.
- Acupuncture may be helpful.

## *Medication*

There are over-the-counter and prescription medicines that can be used if your nausea and vomiting are very severe. Talk with your caregiver before taking any additional vitamins or medicines.

---

### **For more information about nausea and vomiting during pregnancy, visit:**

American Congress of Obstetricians and Gynecologists ..... [www.acog.org](http://www.acog.org)  
SEARCH: FAQ126

# Making Decisions About Prenatal Tests for Birth Defects

**As you go through pregnancy, you will have many decisions to make. Some of the first decisions you make will be what—if any—tests you will have done to check for birth defects in your baby. You do not have to do any of these tests. It is your choice to decide whether you will have one or more of these tests.**

## **What are these tests?**

**First-trimester screening.** You will be offered testing for the two most common chromosome abnormalities (Down syndrome and trisomy 18) early in pregnancy. This test involves both an ultrasound of your baby when you are 11 to 14 weeks pregnant and a blood draw on you. This is a screening test, so if an abnormal result is obtained, further testing (which is definitive) will be offered.

**Non-invasive prenatal testing (NIPT).** This test is offered only to women at high risk of having a baby with a chromosome abnormality. You must be at least 10 weeks pregnant to have this test. The most common reason is that you are 35 years old or older. This test is a blood draw on you to look for circulating fragments of DNA from your baby that are in your bloodstream. This test has a high accuracy rate, but is only a screening test. Results need to be confirmed with further testing.

**AFP Tetra/quad screen.** This is a blood test performed between 15 and 21 weeks gestation that looks for 3 specific types of birth defects: Down syndrome, trisomy 18, and spina bifida. This is a screening test, and an abnormal result does *not* mean your baby is abnormal. It does mean further testing is indicated, if desired.

**Amniocentesis.** This is a test of the fluid in your uterus. The fluid is taken out with a needle that is put into the uterus through the skin in your lower abdomen. It is done after 14 weeks of pregnancy. The tests that are done on the fluid can find Down syndrome and a few other genetic problems that are passed from the parents to the baby. This test is definitive, and is typically offered to women who have an abnormal screening test from the types listed above.

**Chorionic villus sampling.** This test is done on a very small piece of your placenta—the afterbirth that filters food and oxygen to your baby. The test is done by putting a tiny tube into your uterus through your vagina or by putting a needle into your uterus through the skin on your lower abdomen just above your pelvic bone. It is usually done when you are between 11 and 14 weeks pregnant. This test is also definitive and can find Down syndrome, in addition to almost all other chromosome abnormalities.

**Ultrasound.** Ultrasound is a special way of looking at your baby inside your uterus using a sonogram. It allows your caregiver to see your baby's bones and organs. It is typically performed mid-pregnancy, with the best visualization of your baby at 18 weeks gestation.

## **How do I decide if these tests are right for me?**

*Some important questions to ask when making decisions about these tests are:*

- What information will the test give us?
- How accurate is this test?
- What risks are there for my baby and for me if I have this test?
- Will I do anything different if the test results are abnormal?

# Making Decisions About Prenatal Tests for Birth Defects

## Your decision-making action plan

Use this area as a place to write down your feelings about testing so you can feel more comfortable making the right decision for you and your baby.

## What are you trying to decide?

This is your chance to tell your caregiver that you want to share in making decisions. Ask him or her to clearly state the decision that needs to be made and what options you have.

*I am trying to decide about:*

---

---

## What do you need to know?

If you have questions about your options or about the test, get the facts. Use your local library, the Internet, and your caregiver. Ask about side effects, pain, recovery time, or long-term results. Make sure the information you gather is based on real facts.

*I need to know:*

---

---

## What do you think?

Some facts are more important than others. You will decide which facts are most important based on your own values. Once you think you have all the facts, sort them out by "pros" and "cons" from most important to least important. Share the list with your caregiver to be sure you have not missed anything.

*Pros:*

---

---

---

*Cons:*

---

---

---

# Making Decisions About Prenatal Tests for Birth Defects

## Make a decision

After you have thought about your options, you might want to talk with your caregiver again to see if your expectations are right. At this point, talking with a friend can be very helpful. Once you have thought about all your “pros” and “cons,” make a decision.

*I have decided to:*

---

---

## Take action

Once you have made your decision, take action. Go forward and feel confident that you have made the best decision for you and your baby. You will have to make more decisions along the way, but you can do it.

---

## For more information about prenatal tests, visit:

March of Dimes .....[www.marchofdimes.org/pnhec/159\\_519.asp](http://www.marchofdimes.org/pnhec/159_519.asp)



# Genetic Carrier Screening

**At the time of your appointment, we will ask you some questions about your family history and ethnic background. There are certain genetic conditions that are more common in specific ethnic groups. The information below briefly reviews some general information about testing for these conditions. If you have questions about this information, please address them with your caregiver during your scheduled appointment.**

## **What are genes?**

Genes are made up of a chemical called DNA and are the codes or instructions that tell the body how to grow and develop. These genes are arranged on strings of information called chromosomes. You have two copies of each chromosome, one that is inherited from your mother and one that is inherited from your father; as a result, all of your genes exist in pairs.

## **What are recessive diseases?**

Many conditions are now known to be caused by changes, or mutations, in genes. Some genetic conditions, known as recessive conditions, are caused when a change or mutation is present on both genes of a pair. This means that both the mother and father must pass on the same changed gene in order for a child to have a recessive condition.

## **What is a carrier?**

A carrier is a person who has a change in only one gene of a pair for a recessive disease (the other gene of the pair is working normally). A carrier usually has no physical symptoms of the disease but can pass the gene for the condition on to his/her children. In many families, a recessive gene change or trait can be passed on through generations without ever being known. A recessive disease can occur only if a person who is a carrier has a baby with another person who is also a carrier. Such a couple would have a 1 in 4 (25 percent) chance, in each pregnancy, of having a baby with that recessive disease.

## **Who should be screened?**

DNA tests are available to help couples determine if they are carriers of the same recessive disease trait and are at risk for having children with that recessive condition. Some diseases occur more often in certain ethnic groups. Information about the carrier frequency of the more common recessive disease traits in certain ethnic groups is provided in the following chart. There are many other recessive conditions, not listed in the chart, for which testing is available but is not typically performed because the conditions are less common.

## Genetic Carrier Screening

ETHNICITY	DISEASE	CARRIER FREQUENCY
Ashkenazi Jewish	Tay-Sachs	1/30
	Canavan	1/40
	Cystic fibrosis	1/29
	Familial dysautonomia	1/30
Mediterranean	Thalassemia	1/20–1/50
	Sickle cell anemia	1/30–1/50
European Caucasian	Cystic fibrosis	1/29
African American	Sickle cell anemia	1/10
	Thalassemia	1/30–1/75
	Cystic fibrosis	1/65
Asian	Thalassemia	1/20–1/50
	Cystic fibrosis	1/90
Hispanic	Cystic fibrosis	1/46
French Canadian	Tay-Sachs	1/15
	Cystic fibrosis	1/29

### Is there prenatal testing?

If both parents are determined to be carriers of mutations for the same disease, prenatal testing is available to determine if the baby has that recessive disease.

### How can I have carrier testing?

If you are interested in learning more about the genetic conditions more common in your specific ethnic group and the availability of carrier testing for these conditions, please ask the genetic counselor during your scheduled counseling session, or speak to your caregiver. You may also wish to check with your insurance company about whether this testing would be covered under your plan.



# Genetic Carrier Testing for Cystic Fibrosis

**Tests using genetic information can determine if your baby may have certain diseases or health care needs, including cystic fibrosis (CF).**

## **What is CF?**

Cystic fibrosis is a genetic disease that causes the body to make thick, sticky mucus that clogs the lungs and leads to chronic infections and progressive loss of lung function. The mucus can also block the pancreas, preventing digestive enzymes from reaching the intestines to help break down and absorb food.

The outlook for people with CF is improving; however, there is currently no cure for this disease. Today, because of improved medical treatments and care, more than 45% of patients with the disease are age 18 or older, and many people with CF can expect to live into their 30s, 40s, and beyond.

## **What is genetic carrier testing for CF?**

People inherit genes from their parents. A person who has only one copy of a CF mutation does not have CF and is considered a “carrier” of the CF gene. Expectant mothers and fathers can be tested to see if they carry a CF mutation.

To have CF, a child must have two CF mutations, one inherited from each parent. Both males and females can have the disease.

## **Should I get genetic carrier testing for CF?**

Your decision to be tested is a personal choice. You may wish to talk with your family, friends, and caregiver to help you decide. The American Congress of Obstetrics and Gynecologists (ACOG) suggests that all couples who are considering having a child—or those who are already pregnant—should be offered carrier testing for CF.

Although Caucasians have a higher risk of carrying a CF mutation, ACOG favors offering testing to any woman who is thinking about getting pregnant. People who have a family member with CF may also be at higher risk of being a carrier and may want to consider testing.

## **If my test result is negative (normal), can I still be a carrier?**

Yes. A negative result reduces but does not eliminate your chance of being a CF carrier. Rare CF mutations will not be detected by routine screening, so there is a small chance that a person with a negative result could be a carrier of a rare CF mutation.

## **What if I test positive for a CF gene change?**

If you are a CF carrier, there is a chance you could have a child with CF; however, your child will be at risk for CF only if the baby’s father is also a CF carrier.

If both of you are carriers, each child you have together has a 25% (or 1 in 4) chance of having CF. If one parent is a carrier and the other parent’s genetic test is negative for a CF gene mutation, there is still a small chance the child could have CF. Your caregiver or genetic counselor can tell you about your individual chances of having a child with CF.

# Genetic Carrier Testing for Cystic Fibrosis

## How does CF “appear” when no one in my family has ever had the disease?

Since having one copy of a CF gene does not cause symptoms, this copy can be passed down to family members without any impact on their health. Unless someone in the family has had CF, many people who are carriers of a CF gene do not know it.

## Can you test a baby for CF before it is born?

Yes. Prenatal testing for CF is possible before birth. To learn more about prenatal genetic testing, contact your caregiver or genetic counselor.

---

## For more information about genetic carrier testing in general, visit:

American Congress of Obstetricians and Gynecologists ..... [www.acog.org](http://www.acog.org)

National Society of Genetic Counselors ..... [www.nsgc.org](http://www.nsgc.org)

# Taking Good Care of Yourself While You Are Pregnant

**If you are pregnant or thinking of becoming pregnant, you need to pay special attention to your health. Keep this information on your refrigerator to help you take care of yourself.**

## What should I eat?

You do not have to eat a lot more food during pregnancy. Depending on your diet, you may not need any additional food. But it is important to eat food that is healthy for you and your baby.

*Every day, make sure you have:*

- 6 to 8 large glasses of water.
- 6 to 9 servings of whole-grain foods like bread or pasta. By reading the label, you will know that you are getting “whole” grain and not just brown-colored bread or pasta (1 slice of bread or ½ cup of cooked pasta is a serving).
- 3 to 4 servings of fruit. Fresh, raw fruit is best (1 small apple or ½ cup of chopped fruit is a serving).
- 4 to 5 servings of vegetables (1 medium carrot or ½ cup of chopped vegetables is a serving).
- 2 to 3 servings of lean meat, fish, eggs, or nuts (a piece of meat the size of a pack of playing cards is 1 serving).
- 1 serving of vitamin C–rich foods like oranges, sweet peppers, or tomatoes (½ cup is a serving).
- 2 to 3 servings of iron-rich foods, like black-eyed peas, sweet potatoes, greens, dried fruit, or meat.
- 1 serving of a food rich in folic acid, like dark green, leafy vegetables (½ cup is a serving).

## Are some foods dangerous?

Most women can eat any food they want while they are pregnant. But there are some foods that can be dangerous to the health of your baby.

- **Fish.** Fish is good food. And it is an important food for growing a smart baby. But some fish have a lot of dangerous chemicals. To avoid these chemicals:
  - » Do not eat swordfish, shark, king mackerel, or tilefish.
  - » Eat only “light” tuna. Do not eat albacore tuna.
- **Milk and cheese.** Dairy products are an important source of calcium, and calcium helps build strong bones and teeth. But some dairy products carry dangerous germs. To keep yourself and your baby safe, eat and drink only dairy products that are pasteurized (such as milk, yogurt, and cheese).
- **Prepared foods.** Any food that is spoiled or not cooked well can make you sick.
  - » Do not eat any meat or fish that has not been cooked all the way through.
  - » Do not eat any cooked food that has not been kept hot or chilled.
  - » Wash knives, cutting boards, and your hands between handling raw meat and any other food—like fruits and vegetables—that you plan to eat raw.
  - » Wash all fruits and vegetables with 1 tablespoon of vinegar in a pan of water to kill germs before you eat them.
- **Alcohol.** We know that alcohol is dangerous for your baby if you drink a lot during your pregnancy. It is safest to avoid all alcohol.
- **Caffeine.** The most recent studies say that 2 cups of caffeinated drink each day are safe during pregnancy. This means 2 small cups of coffee or tea or 1 can of caffeinated soda.

# Taking Good Care of Yourself While You Are Pregnant

## Do I need to take vitamins?

Even if your diet is healthy, a daily multivitamin is a good idea. All prenatal vitamins are pretty much the same, so buy the cheapest kind. If you find that your vitamins upset your stomach, take a children's chewable vitamin. Be sure you get at least 400 mcg of folic acid every day in the vitamin you chose. The number of micrograms of folic acid is on the label of the bottle.

## Is exercise important?

Yes! Daily exercise will help you stay fit, control your weight, and be prepared for labor. Every day, try to get at least 30 minutes of moderate exercise like walking or swimming. Do deep squats several times a day. This exercise will help control lower back pain and help prepare your pelvis for delivery.

## Are some exercises dangerous?

You can continue to do pretty much any exercise you have been doing. It is important to avoid any danger of trauma or injury to your stomach. You should avoid scuba diving and contact sports like rugby. Ask your caregiver if you have any questions about exercising.

## What if I get sick—can I take medicine?

It is important to limit the medicines you take as much as possible. Medications should be avoided during the first 3 months of pregnancy unless they are essential to the health of mother or baby. It is safe to take acetaminophen (TYLENOL®). Avoid ibuprofen (Advil® or Motrin®), and avoid aspirin.

- **Head cold:** Drink lots of fluids, gargle with warm salt water, take warm baths or showers, take TYLENOL® for headache and sore throat, suck on throat lozenges.
- **Headaches:** Drink at least 6 big glasses of water every day, eat something healthy every 2 to 3 hours during the day, and take acetaminophen.
- **Constipation:** Drink a lot of water, eat a lot of fruits and vegetables (including dried fruits like prunes), and use a fiber supplement like Metamucil®.

## Are there danger signs that I need to watch out for?

*Call your caregiver if:*

- You start to bleed.
- You are leaking fluid.
- Your baby is not moving (after 24 weeks into your pregnancy).
- You are having very bad headaches, your vision is blurry, or you see "spots."
- You are having very bad pain.
- You are feeling very frightened or sad, or are very worried about something.

---

## For more information about taking better care of yourself throughout pregnancy, visit:

Office on Women's Health, U.S. Department of Health and Human Services... [www.womenshealth.gov/a-z-topics/index.html](http://www.womenshealth.gov/a-z-topics/index.html)

March of Dimes ..... [www.marchofdimes.org/pregnancy](http://www.marchofdimes.org/pregnancy)

# Weight Gain During Pregnancy

## **How much weight should I gain during my pregnancy?**

The amount of weight you need to gain ranges from 11 to 40 pounds, depending on your weight before pregnancy. Women who were thin before they got pregnant need to gain more weight. Women who are overweight or obese before getting pregnant should gain less. Talk with your caregiver about the right weight for you to gain. Your weight is measured at each prenatal visit.

## **I do not feel hungry. Do I have to eat if I do not feel hungry?**

Many women do not feel hungry early in pregnancy. This is because of hormone changes in the body. Later in pregnancy, it may be hard to eat because your stomach has less room between your baby and your lungs. You will feel better during your pregnancy if you try to eat something every 1 to 2 hours. Eating a big meal may make you feel sick. Eating just a slice of apple, a carrot stick, or a bit of whole wheat bread will help you feel better if your stomach is upset. It is important to remember that what you put in your mouth goes to your baby. If you don't eat, your baby gets nothing to eat.

## **People tell me I'm "eating for 2." Does this mean I have to eat twice as much?**

No! You don't have to eat much more than you normally do. Most women only have to add about 200 calories every day to their diet. Many women are already eating more than they need, and do not need to increase their eating. Your baby depends on you for all of its food, so you do have to eat well. Make healthy changes in your diet. Eat at least 5 servings of fruit and vegetables a day, eat whole-grain foods such as brown rice or whole wheat bread, include some protein whenever you eat, and cut down on fats.

## **What happens if I do not gain enough weight?**

If you do not gain enough weight, your baby may be too small. Babies that are too small can have problems after they are born. They may have trouble breathing or eating right after they are born. Some babies who are too small at birth have trouble learning when they get older and go to school. Talk with your caregiver about how many pounds you should gain to make sure your baby is not too small.

## **What happens if I gain too much weight?**

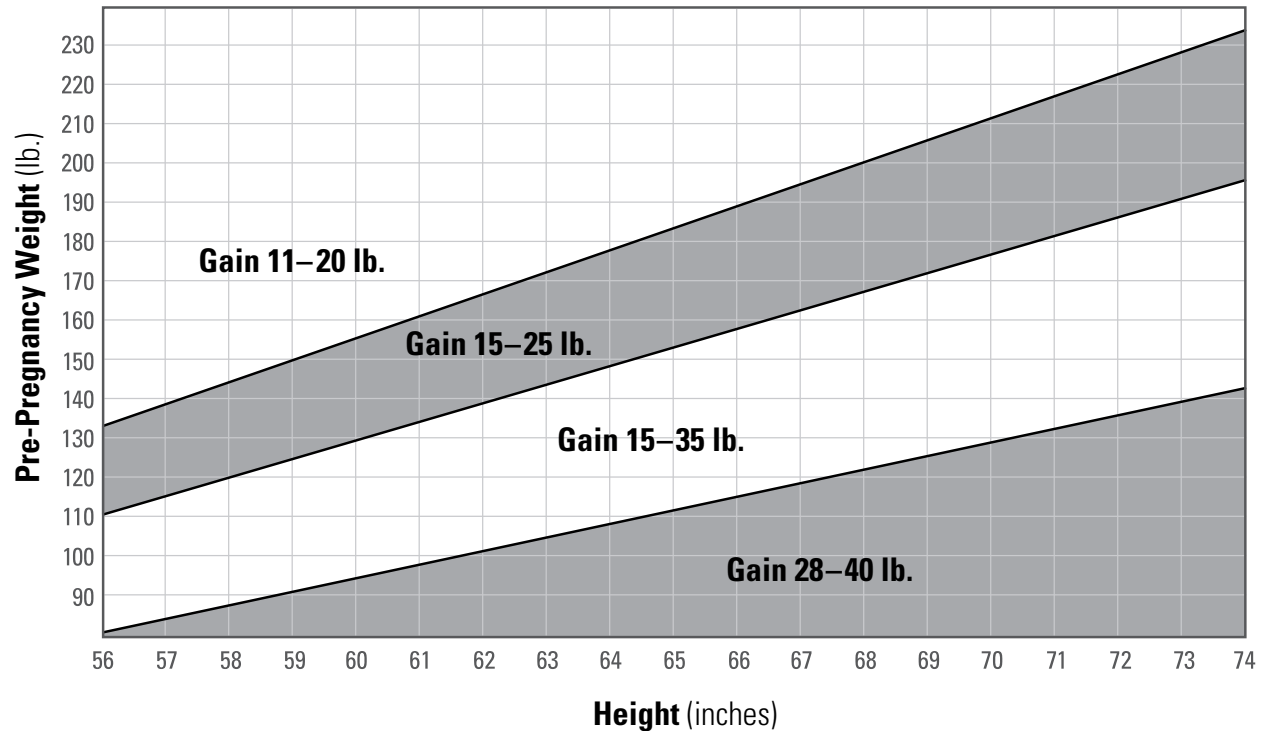
Women who gain a lot of extra weight have a higher chance of getting gestational diabetes and needing a cesarean delivery. Also, if you gain too much weight, you will have more weight to lose after the baby is born.

## **Should I gain the same amount of weight every week?**

Most of your weight gain happens in the last half of pregnancy. You should try not to gain a lot of weight in the first months of pregnancy.

# Weight Gain During Pregnancy

Use this chart to determine how much weight you should gain throughout your pregnancy.



For more information about weight gain during pregnancy, visit:

National Institutes of Health.....[www.niddk.nih.gov](http://www.niddk.nih.gov)

Search: Health tips for pregnant women

# Women of Size and Pregnancy

**Women want to be healthy, especially when they are pregnant. A pregnant woman's health has a big effect on her baby. It can be a special challenge when a woman starts her pregnancy carrying an unhealthy amount of weight.**

## How much weight is too much?

Healthy weight has a wide range and depends on how active you are and your overall body frame. There is a point at which weight begins to have a serious impact on your health. Body mass index (BMI) is a way of checking if your weight is healthy for how tall you are. You can find your BMI by using the chart below. A BMI of more than 30 increases your risk of serious health problems, such as diabetes. A BMI of 40 or more is very hard for anyone to live with. It can be even more difficult if you become pregnant when carrying that much weight.

BODY MASS INDEX																																																							
Normal							Overweight					Obese													Extreme Obesity																														
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54																			
Height (inches)	Body Weight (pounds)																																																						
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258																			
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267																			
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276																			
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285																			
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295																			
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304																			
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314																			
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324																			
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334																			
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344																			
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354																			
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365																			
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376																			
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	287	294	302	310	318	325	332	339	348	353	361	368	375	383	390																			
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397																			
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408																			
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420																			
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431																			
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443																			

Source: Adapted from *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*.

## Are there risks for my baby from my carrying too much weight?

Yes. If you start a pregnancy carrying a lot of extra weight, there is extra risk that you will develop diabetes and blood pressure problems. Diabetes may make your baby grow larger, which makes it more difficult to have a normal birth. It may also make it more likely that your child will develop diabetes later in life. High blood pressure during pregnancy can also increase the risk that your baby will be born too early.

## I'm already carrying a lot of extra weight. Don't I have to gain more weight for pregnancy?

No. If you have a BMI of more than 40, you can go through your entire pregnancy and gain very little—if any—weight. If your BMI is less than 40 but more than 30, try to gain no more than 15 pounds. New studies have shown that women with a BMI above 30 are healthier and have healthier babies if they limit their weight gain during pregnancy. Limiting

# Women of Size and Pregnancy

weight gain during pregnancy is not easy. It will take a lot of attention on your part. It also helps to have a good coach and caregiver. Seeing a nutritionist may be helpful.

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

Not only is it safe, it is also very good for you. Pregnancy is a great time to get motivated! You probably walk a bit every day already. That's considered exercise! It is perfectly safe for you to walk 30 to 60 minutes every day. Wear comfortable shoes and clothes. Open your front door and walk away from your house for 15 minutes as fast as you can. If you can sing while you walk, you are not walking fast enough. Talk to your caregiver about exercise. Swimming is also safe, as are many exercise machines at a gym.

## **Eating healthy in pregnancy**

You can be very healthy throughout your pregnancy without eating any extra food. The most important thing is that the food you eat is healthy and that your diet meets all of your nutrition needs.

*Some tips for making this work:*

- Ask your caregiver if you can be seen more frequently during your pregnancy. At each visit, you will be weighed and will be able to talk with your caregiver about diet, exercise, and any other challenges you are facing. It is also good to get a pat on the back for all the work you are doing!
- Keep a daily log of all the food you eat and the exercise you have done. It is a great way to make sure you are getting the nutrition you need.
- Ask a friend to walk or exercise with you.
- Every day, take a few minutes and focus on your baby. You are growing a healthy baby. You can do this!
- Consider working with a professional nutritionist during your pregnancy.

*Every day, make sure that you eat:*

- **6 servings of whole-grain foods like bread or pasta.** By reading the label, you will know that you are really getting "whole" grain and not just brown-colored bread or pasta (1 slice of bread or ½ cup of cooked pasta is a serving).
- **3 servings of fruit.** Fresh, raw fruit is best (1 small apple or ½ cup of chopped or cooked fruit is a serving).
- **5 or more servings of vegetables.** Fresh, raw vegetables are best (1 medium-sized carrot or ½ cup of chopped or cooked vegetables is a serving). Avoid butter, margarine, and fatty salad dressing. If you would like a topping on your vegetables, use nonfat salad dressing or nonfat yogurt.
- **3 servings of protein or iron-rich foods.** Examples are lean meat, fish, eggs, or nuts (a piece of meat or fish the size of a pack of cards is a serving).
- **1 serving of vitamin C-rich food each day.** Examples are oranges, grapefruit, strawberries, sweet peppers, mustard greens, or tomatoes (1 small orange is a serving).
- **3 servings of calcium-rich food.** Examples are nonfat milk, nonfat yogurt, mustard greens, and chard (1 cup of milk or yogurt is a serving).
- **6 to 8 large glasses of water.** If you do not like the taste of water, add a squirt of lemon juice or a splash of your favorite fruit juice to the glass of water. You do not need to drink anything other than water or nonfat milk when you are pregnant.



# Pregnancy After Bariatric Surgery

**If you become pregnant after bariatric (weight loss or gastric bypass) surgery, you will have special nutritional needs that can affect the health of your pregnancy and your baby.**

**There are 2 categories of bariatric surgery:**

- **Restrictive:** Restrictive surgery limits the amount of food you can eat.
- **Malabsorptive:** Malabsorptive surgery changes the size of the intestine itself, which changes the way you digest food and absorb nutrients.
- There is also surgery that is both restrictive and malabsorptive.

**How does bariatric surgery change my diet?**

The portions of the stomach and intestine that are no longer used after bariatric surgery are where calcium, iron, folic acid, and vitamins B and D are absorbed into the body. You will need to take daily multivitamin supplements of these important nutrients to stay healthy. You also need to learn to chew your food well and eat very slowly because your stomach cannot hold large amounts of food. If you eat too quickly, you may feel nauseated (sick to your stomach) and vomit (throw up). You will also need to drink fluids often so you do not become dehydrated. There is also a condition called “dumping syndrome” that occurs when you eat something too sugary, like candy. Dumping syndrome causes gas pain and diarrhea.

**Can I get pregnant after bariatric surgery?**

Yes. In fact, the weight loss after surgery can make it more likely for a woman to get pregnant than before she had surgery. This is especially true if being overweight was part of why she could not get pregnant.

**How soon after bariatric surgery can I get pregnant?**

Experts recommend you wait at least 18 months after bariatric surgery before getting pregnant. By that time, your weight loss should have stopped. If you have had bariatric surgery and you are planning to have a baby, it is very important to talk to your caregiver before you become pregnant.

*Things to consider before becoming pregnant:*

- Am I meeting my nutritional needs?
- Am I taking a multivitamin regularly?
- Do I have any psychosocial needs or medical conditions to address?

*Things to discuss with your caregiver before becoming pregnant:*

- What kind of bariatric surgery you had.
- How much weight you have lost and how stable your weight is now.
- Any problems you have had since surgery.
- Whether your diet includes enough iron, calcium, and B vitamins, especially folate (folic acid).

# Pregnancy After Bariatric Surgery

## How will bariatric surgery affect my pregnancy?

*Before you become pregnant, and a few times during your pregnancy, the following may occur:*

- Blood work to check your iron, folate, calcium, and vitamin status. You may need other blood work if you have medical problems or take medications regularly.
- Your caregiver will monitor your weight gain and might ask you to keep a food journal.
- You may be offered additional ultrasound scans to make sure that your baby is developing and growing well.
- Because of dumping syndrome, you might need to use a different form of testing for gestational diabetes.
- Symptoms of possible problems during pregnancy that are related to your surgery include feeling sick, throwing up, stomach pain, heartburn, or cramping. If you have these symptoms, be sure to tell your caregiver and remind her that you have had bariatric surgery.

---

## For more information about bariatric surgery and pregnancy, visit:

American Society for Metabolic and Bariatric Surgery..... [www.asmb.org](http://www.asmb.org)

Bariatric Surgery for Severe Obesity ..... [www.niddk.nih.gov](http://www.niddk.nih.gov)

# Taking Medicine During Pregnancy

**Because of concerns about the safety of medicine in pregnancy, many women choose to deal with problems such as colds and headaches without any medicine at all. Some medicines are safe to take when pregnant, and some are not. Here are some frequently asked questions about taking medicines during pregnancy.**

## Which drugs are safe?

The US Food and Drug Administration (FDA) has a safety class system for medicines. Medicines are classified by category; they may be category A, B, C, D, or X. These categories refer to what we know about the effect a medicine has on your baby during pregnancy.

- **Category A:** Drugs that have been previously tested for safety with pregnant women. There is no known risk to your baby. Examples include:
  - » Folic acid
  - » Vitamin B6
  - » Certain nausea medicines (Doxylamine succinate/pyridoxine, Diclegis)
  - » Thyroid medicine as prescribed by your caregiver
- **Category B:** Drugs that have been used a lot during pregnancy and do not appear to cause major birth defects or other problems.
  - » Certain antibiotics (such as penicillin or azithromycin)
  - » Famotidine (Pepcid®)
  - » Insulins (for diabetes)
- **Category C:** The majority of these drugs do not have safety studies in progress. These drugs often come with a warning that they should be used only if the benefits of taking them outweigh the risks. This is something a woman would need to carefully discuss with her caregiver.
  - » Prochlorperazine (Compazine®)
  - » Pseudoephedrine (Sudafed®)
  - » Fluconazole (Diflucan®)
  - » Certain antibiotics, such as ciprofloxacin (Cipro®)
  - » Certain antidepressants
- **Category D:** Drugs that have clear health risks for the fetus.
  - » Alcohol
  - » Lithium (used to treat manic depression)
  - » Phenytoin (Dilantin®)
  - » Most chemotherapy drugs to treat cancer. In some cases, chemotherapy drugs are given during pregnancy.
- **Category X:** Drugs that have been shown to cause birth defects and should not be taken during pregnancy.
  - » Warfarin (Coumadin®) used to prevent blood clots
  - » Vaccines for measles, mumps, and smallpox

## Taking Medicine During Pregnancy

- » Certain drugs to treat skin conditions like cystic acne (Accutane®) and psoriasis (Tegison® or Soriatane®)
- » Thalidomide (a sedative)
- » Diethylstilbestrol or DES

Most medicines are category C because it is difficult to test and study new drugs in pregnant women.

### **Are there some times in pregnancy when it is more dangerous to take medicines than other times?**

Your baby is developing most rapidly in the first 15 weeks of your pregnancy. This is the time you want to avoid being exposed to anything that could harm your baby. To be safe, check with your caregiver before taking any medicine at any time during your pregnancy.

### **I've been taking medicines that my caregiver gave me before I got pregnant. Can I keep taking them?**

If you are taking medicine and thinking about getting pregnant, talk with your caregiver *before* you start trying. If you are taking medicine and just found out you are pregnant, tell your caregiver as soon as possible to discuss any risks. Some medicines are so important to your basic health that you will need to keep taking them. Some medicines can be changed to a lower dose or a different medicine to cut down on any possible risks to your baby.

### **Are medicines I can buy without a prescription (over the counter or OTC) safe to take during pregnancy?**

Some medicines that you can get over the counter are safe to use during pregnancy, and some are not recommended. Check with your caregiver to consider your options.

---

### **For more information regarding the medication you are taking and how it affects your pregnancy, visit:**

Physicians Drug Reference.....[www.drugs.com/drug\\_information.html](http://www.drugs.com/drug_information.html)  
Mommy Meds..... [www.mommymeds.com](http://www.mommymeds.com)

# Tdap Immunization During Pregnancy

**Tdap is recommended during pregnancy even if you have gotten the vaccination in the past. Tdap is usually given to protect you from tetanus, diphtheria, and pertussis. It is given in pregnancy to protect your baby against pertussis (whooping cough) after birth. Tdap is most effective when it is given between the 27th and 36th weeks of pregnancy. If you did not get the Tdap vaccination before or during pregnancy, it should be given to you immediately after you have your baby.**

## **How often do people get pertussis?**

In 2010, 27,550 cases of pertussis (whooping cough) were reported in the United States; 3,350 of those cases were in infants younger than 6 months of age, and 25 of those infants died. Studies have shown that when the source of pertussis was identified, mothers were responsible for 30% to 40% of infant infections.

## **How serious is pertussis for you and your baby?**

Pertussis can cause serious and sometimes life-threatening problems in infants, especially within the first 6 months of life. In infants younger than 1 year of age who get pertussis, more than half must be hospitalized. The younger the infant, the more likely treatment in the hospital will be needed. Of those infants who are hospitalized with pertussis, about 1 in 5 will get pneumonia and 1 in 100 will die.

Older children and adults can also experience problems with pertussis. They are usually less serious in this age group, especially in those who have been vaccinated. Common complications in children and adults are often caused by the cough itself, including leakage of urine (28%), fainting (6%), and rib fractures (4%).

## **Who should get the vaccine and when?**

Dads, grandparents, and other caregivers should be vaccinated with Tdap at least 2 weeks before coming in contact with your baby. Both tetanus and diphtheria toxoids (Td) and tetanus toxoid (TT) vaccines have been used in pregnant women worldwide since the 1960s to prevent tetanus. Td and TT vaccines administered during pregnancy have not been shown to harm either the mother or baby. The vaccine is recommended between 27 and 36 weeks gestation because that optimizes antibody transfer to your baby and protection at birth. The immune response to the vaccine peaks two weeks after administration.

## **Is it safe to breastfeed after the Tdap vaccination?**

The Tdap vaccine should be given to women who plan to breastfeed. Also, by breastfeeding, you pass antibodies you've made on to your baby, which may reduce an infant's chances of getting sick with pertussis. This is very important for infants younger than 6 months of age, who have no other way of receiving enough pertussis antibodies, since they are not fully protected until their third dose of DTaP vaccine at 6 months of age.

## **How do I transfer my pertussis antibodies to my baby after my vaccination?**

Your pertussis antibodies can reach your baby by crossing through the placenta before it is born. This may provide protection against pertussis in early life, before your baby finishes the primary DTaP series of vaccinations. If you are vaccinated with Tdap vaccine during pregnancy, you will also be protected at time of delivery and will be less likely to transmit pertussis to your newborn infant.

# Tdap Immunization During Pregnancy

## **Is there a pertussis vaccine for my baby right after it's born?**

There are currently no pertussis vaccines licensed or recommended for newborns at birth. The best way to prevent pertussis in a young infant is by getting vaccinated during pregnancy.

## **How effective is the DTaP vaccine for my baby if I was vaccinated with Tdap while I was pregnant?**

When you get the Tdap vaccine during pregnancy, your baby will gain pertussis antibodies during the most vulnerable time— before three months of age. However, providing this early immunity may also interfere with the infant's immune response to DTaP vaccine. This response may not be as strong, but it will still be strong enough to be effective. The benefits of vaccinating during pregnancy and protecting a newborn outweigh the potential risk of blunting the infant's response to DTaP vaccine. Since infants are at great risk of severe disease and death from pertussis before 3 months of age, any protection that can be provided is critical. Infants should receive their DTaP vaccines on schedule, starting at 2 months of age.

## **Is postpartum Tdap vaccination an option?**

Vaccination with Tdap during pregnancy is ideal. However, if you do not get vaccinated during pregnancy, you should receive the vaccine immediately after having your baby, before you leave the hospital. Other adults who will be around your newborn, such as a partner, grandparents, older siblings, and babysitters, should also be vaccinated.

## **What if I don't know if I had the Tdap vaccination?**

If Tdap vaccination status cannot be confirmed with written, dated records, it should be administered regardless of when your last vaccination was received.

# Should Pregnant Women Wear Seat Belts?

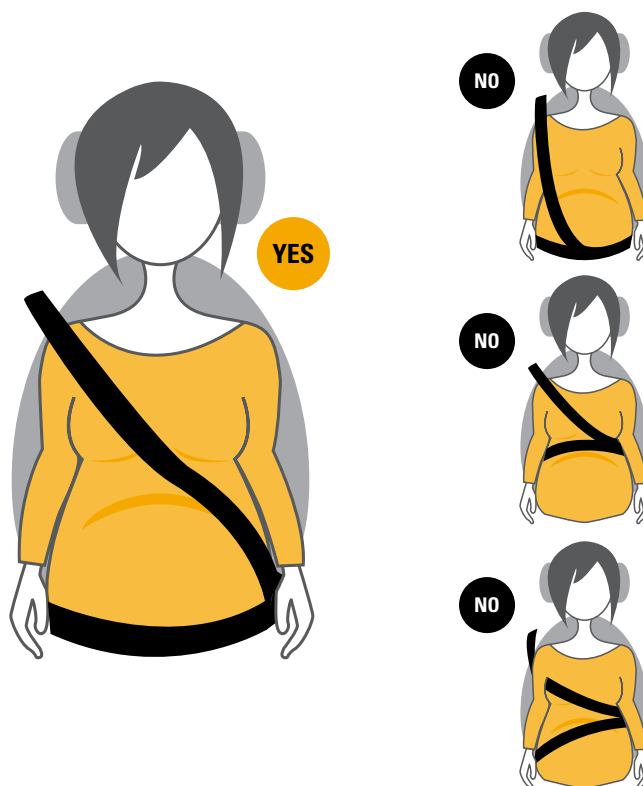
**Yes! Experts agree that everyone, including pregnant women, should wear a seat belt when riding in a car.**

When used properly, seat belts save lives and reduce the chances of severe injury during car crashes. Depending on how severe the car accident is, pregnant women could be at risk for miscarriage, preterm labor, and other serious complications. In fact, the more injuries a mother has during a car accident, the greater the risk to her unborn baby. If the pregnant woman is wearing her seat belt properly at the time of the accident, she and her baby will face fewer injuries.

There are nearly 170,000 car crashes involving pregnant women every year. So it's important for moms in all stages of pregnancy to properly wear seat belts at all times when traveling in a car.

## How should you wear your seat belt?

- Move the front seat as far back as possible. Your breastbone should be at least 10 inches from the steering wheel or the dashboard. As your abdomen grows during pregnancy, move the seat back to provide as much space as possible while still being able to reach the pedals.
- Always wear both the lap and shoulder belt.
- Buckle the lap belt under your belly and over your hips.
- Never place the lap belt across your belly.
- Rest the shoulder belt between your breasts and off to the side of your belly.
- Never place the shoulder belt under your arm.
- If possible, adjust the shoulder belt height to fit you correctly.
- Make sure the seat belt fits snugly.
- Leave the air bag switch on.



**For more information about seat belts and pregnancy, visit:**

March of Dimes ..... [www.marchofdimes.org/pregnancy/seatbelts-during-pregnancy.aspx](http://www.marchofdimes.org/pregnancy/seatbelts-during-pregnancy.aspx)





# Perineal Massage in Pregnancy

## **What is my “perineum”?**

Your perineum is the area between your vaginal opening and your rectum. This area stretches a lot during childbirth, and sometimes it tears. This is also the area that some caregivers will occasionally need to cut to keep your skin from tearing unevenly on its own when you are giving birth. This procedure is called an episiotomy but is rarely performed by VCU’s doctors and midwives. You may need stitches after your baby is born if you have a tear or have an episiotomy.

## **How often do perineal tears occur?**

About 40% to 85% of all women who give birth vaginally will tear. About  $\frac{2}{3}$  of these women will need stitches.

## **Why would I need an episiotomy?**

An episiotomy is usually not necessary, and is very rare in our practice. However, sometimes your caregiver may recommend an episiotomy. For example, an episiotomy can help if your baby needs to be born very quickly.

## **Can my caregiver do anything to help me avoid a tear?**

There are many ways your caregiver can help reduce your chances of tearing. For example, he or she may recommend specific pushing positions, provide gentle pressure on the baby’s head as it comes out, and avoid the use of forceps.

## **Can I do anything before the birth to help me avoid a tear?**

Reducing tearing has been the subject of many research studies. Several studies have found that perineal massage during the last weeks of pregnancy can reduce tearing at birth. You perform this massage by using two fingers to stretch your perineal tissues. You can do this in your home, once or twice daily, for the last 4 to 6 weeks of your pregnancy.

## **Does perineal massage in pregnancy help all women?**

Massage seems to work better for some than others. Women having their first baby, women 30 years or older, and women who have had episiotomies before have fewer tears and less severe tears when perineal massage is done during the last weeks of pregnancy.

## **Can my partner help?**

Yes! Many women find that it is easier to have their partners do this massage.

## **Are there any risks to perineal massage during pregnancy?**

Not that we know of. It is free. It doesn’t hurt. It is easy to do. And most women don’t mind doing it. However, you should check with your caregiver before beginning perineal massage. And, if you believe your bag of waters is leaking, check with your caregiver before putting anything in your vagina.

# Perineal Massage in Pregnancy

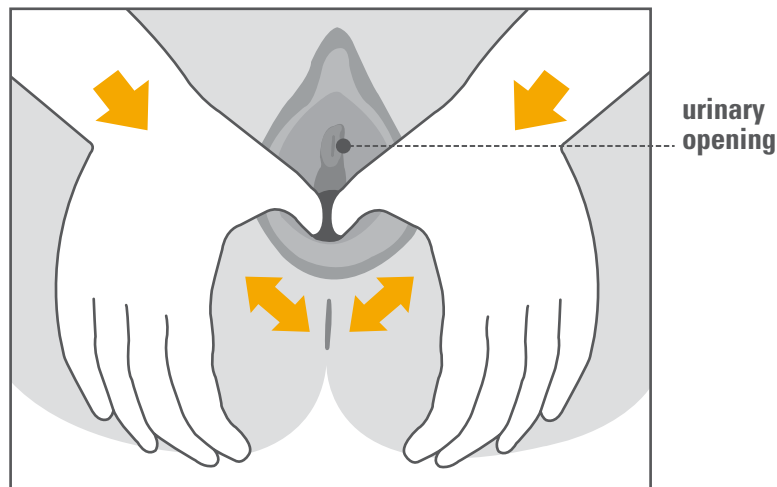
## Instructions for perineal massage

*Reasons you may want to use perineal massage during pregnancy:*

- Some caregivers believe that perineal massage will increase the “stretchiness” of this area. This means you may have a smaller chance of tearing or needing an episiotomy.
- While you massage, you can practice relaxing the muscles in your perineum. This can help you prepare for the stretching, burning feeling you may have when your baby’s head is born.
- Relaxing this area during birth can help prevent tearing.

*If you use perineal massage, begin 6 weeks before your due date and follow these suggestions:*

- Wash your hands well, and keep your fingernails short.
- Relax in a private place with your knees bent. Some women like to lean on pillows for back support.
- Lubricate your thumbs and the perineal tissues. Use a lubricant such as vitamin E oil or almond oil, or any vegetable oil used for cooking—like olive oil. You may also try a water-soluble jelly, such as K-Y® jelly, or your body’s natural vaginal lubricant. **Do not use baby oil, mineral oil, or petroleum jelly.**
- Place your thumbs about 1 to 1½ inches inside your vagina (see figure below). Press down (toward the anus) and to the sides until you feel a slight burning, stretching sensation. Hold that position for 1 or 2 minutes.
- With your thumbs, slowly massage the lower half of the vagina using a “U” shaped movement. Concentrate on relaxing your muscles. This is a good time to practice slow, deep breathing techniques.
- Massage your perineal area slowly for 10 minutes each day. After 1 to 2 weeks, you should notice more stretchiness and less burning in your perineum.



*Instructions for your partner if they are doing the perineal massage for you:*

- Follow the same basic instructions.
- Partners should use their index fingers to do the massage (instead of thumbs).
- The same side-to-side, U-shaped, downward pressure method should be used.
- Good communication is important—be sure to tell your partner if you have too much pain or burning.

# Depression and Use of SSRI Medications During Pregnancy

## Who has depression?

Depression occurs in about 7 of every 100 people in the United States. Depression is more common in women than in men, especially in women who are 15 to 44 years old. Depression can occur for the first time or get worse during pregnancy. Depression can also happen after your baby is born. There is no simple treatment, but for some women, medications can help.

## How do I know if I'm depressed?

*These 2 questions will help you know if you are depressed:*

1. Over the past 2 weeks, have you ever felt down, depressed, or hopeless?
2. Over the past 2 weeks, have you felt little interest or pleasure in doing things?

If you answer yes to both questions, contact your caregiver to discuss the possibility that you have depression. People with depression often say that most days they feel sad, lifeless, trapped, or hopeless, and that the pleasure and joy have gone out of life. If you spend time thinking about how to kill yourself or others, you need to seek care immediately. Severe depression is linked to suicide (killing yourself). If you are in crisis or the situation is an emergency, please call the **National Suicide Prevention Lifeline at 1 (800) 273-8255**.

## What are SSRIs?

Selective serotonin reuptake inhibitors, also called SSRIs, are the most commonly used medications for depression. If counseling or changes in your life situation do not relieve depression, SSRIs may be a good choice for you, even during pregnancy.

*Some common SSRIs are:*

- Citalopram (Celexa®)
- Escitalopram oxalate (LEXAPRO®)
- Fluoxetine (PROZAC®)
- Luvoxamine (Luvox®)
- Paroxetine (Paxil CR®)
- Sertraline (ZOLOFT®)

## How do SSRIs work?

These medications increase a brain chemical called serotonin in the areas of your brain that affect your general mood. Usually it takes a few weeks for you to notice any changes in depression, even when the medication works well. Very rarely, SSRIs can make you feel like committing suicide during the first few weeks of taking the medicine.

## Should I stop taking a medication for depression if I'm planning to get pregnant or if I am pregnant?

Always contact your caregiver before stopping your medication. Pregnancy does not make depression worse, but the changes that happen to you during pregnancy can make it more difficult to cope with depression. Most women want to protect their babies by not taking medicines when pregnant, but some studies have found that women with untreated depression have a higher chance of having a premature baby and postpartum depression. In addition, stopping some depression medications too quickly can cause withdrawal symptoms.

# Depression and Use of SSRI Medications During Pregnancy

## **Do SSRIs cause birth defects?**

The chance that SSRIs will cause birth defects is very low. There is some evidence that Paxil CR® might cause birth defects, so women taking it are usually switched to another medicine. Your caregiver can tell you what is known about SSRIs and birth defects so you can weigh the pros and cons associated with taking the medicine.

## **Can SSRIs harm my baby after birth?**

Some SSRIs, but not all, may cause a mild withdrawal reaction in the baby after it is born. If this happens, the baby can be fussy and have problems eating well the first few days after birth. Remind your caregiver about any medications you took during pregnancy.

## **Are SSRIs safe to take if I'm breastfeeding?**

SSRIs get into your breast milk in very low amounts and are considered safe to take while you are breastfeeding. Talk with your caregiver about the best medication to take while you are breastfeeding. You do not have to stop breastfeeding.

---

## **For more information about using SSRIs and depression, visit:**

National Institute  
of Mental Health..... [www.nimh.nih.gov/health/publications/women-and-depression-discovering-hope/index.shtml](http://www.nimh.nih.gov/health/publications/women-and-depression-discovering-hope/index.shtml)  
WebMD: Pregnancy and Antidepressants..... [www.webmd.com/baby/pregnancy-and-antidepressants](http://www.webmd.com/baby/pregnancy-and-antidepressants)  
American Congress of Obstetricians and Gynecologists ..... [www.acog.org](http://www.acog.org)

## ADD/ADHD Medications and Pregnancy

**Approximately 4% of the adult population suffers from attention deficit disorder/attention deficit hyperactivity disorder (ADD/ADHD). Stimulant medicines including dextroamphetamine (Dexedrine®, ADDERALL®) and methylphenidate (CONCERTA®, Ritalin®, Metadate CD®) are most often used in adults with this problem.**

### **Should I stop taking a medication for ADD/ADHD if I'm planning to get pregnant or if I am pregnant?**

Always contact your caregiver before stopping your medication. For women with mild to moderate ADD/ADHD symptoms, your caregiver may recommend stopping medication during pregnancy. If you have severe symptoms that may interfere with your daily functioning, your caregiver may be able to switch you to another type of medication—such as an antidepressant—to help manage your symptoms.

There have not been enough studies on use of stimulant medications in pregnancy to make a clear statement about their safety, so it is important to discuss medication use with your caregiver to evaluate what is best for you and your baby.



# Smoking and Pregnancy

**Smoking is bad for you. It can cause serious health conditions, including cancer, heart disease, stroke, gum disease and eye diseases that can lead to blindness. Smoking also can make it harder for you to get pregnant.**

**Smoking is bad for your baby, too. During pregnancy, the placenta grows in your uterus and supplies your baby with food and oxygen. When you smoke during pregnancy, you pass harmful chemicals through the placenta and umbilical cord into your baby's bloodstream. This can cause health problems for your baby.**

*Babies born to women who smoke during pregnancy are more likely than babies born to nonsmokers to:*

- Weigh less than they should throughout pregnancy.
- Have birth defects, like cleft lip or palate. Birth defects are health conditions that are present at birth. They change the shape or function of one or more parts of the body. They can cause problems in overall health, in how the body develops or in how the body works. Cleft lip and palate are birth defects in a baby's mouth.
- Be born prematurely. This means your baby is born too early, before 37 weeks of pregnancy.
- Have low birth weight. This means your baby is born weighing less than 5 pounds, 8 ounces. Babies born prematurely and with low birth weight are at risk of having serious health problems, including lifelong disabilities, like intellectual disabilities and learning problems, and, in some cases, death.

If you smoke and are pregnant, it's not too late to quit. Quitting now can make a big difference in your baby's life.

## *Tips to quit smoking*

- Write down your reasons for quitting. Look at the list when you are tempted to smoke.
- Choose a quit day. On this day, throw away all your cigarettes or cigars, lighters and ashtrays.
- Ask your partner or a friend to help you quit. Call that person when you feel like smoking. Stay away from places, activities or people that make you feel like smoking.
- Keep yourself occupied. Go for a walk to help keep your mind off smoking. Use a small stress ball or try some needlework to keep your hands busy. Snack on veggies or chew gum to keep something in your mouth.
- Drink plenty of water.
- Ask your caregiver about quitting aids, such as patches, gum, nasal spray and medicines. Don't start using these without your caregiver's OK, especially if you're pregnant.
- Look for programs in your community or at your workplace to help you stop smoking. These are called smoking cessation programs. Ask your caregiver about programs in your area. Ask your employer to see what services are covered by health insurance.

Don't feel bad if you don't quit right away. Keep trying! You're doing what's best for you and your baby.

---

## **For more information about how to quit smoking, visit:**

Smokefree.gov ..... [www.smokefree.gov](http://www.smokefree.gov)  
National Tobacco Cessation Collaborative ..... [www.tobacco-cessation.org](http://www.tobacco-cessation.org)  
Centers for Disease Control and Prevention ..... [www.cdc.gov/tobacco/index.htm](http://www.cdc.gov/tobacco/index.htm)  
Quit Now Virginia ..... [www.vdh.virginia.gov/tobacco-free-living/quit-now-virginia](http://www.vdh.virginia.gov/tobacco-free-living/quit-now-virginia)

## Oral Health and Pregnancy

Oral health is important to general health and should be maintained during your pregnancy and lifespan. Many pregnant women experience an increased amount of gum swelling and bleeding, known as gingivitis. A strict regimen of daily oral hygiene, including brushing with a soft bristle toothbrush and flossing, will decrease the symptoms of gingivitis.

To avoid tooth decay, you should limit the consumption of refined carbohydrates, such as cookies, crackers and candies, and eat foods that help mechanically clean teeth, like apples and carrots.

Some pregnant women experience vomiting during pregnancy, in which case stomach acid attacks teeth and can cause a great deal of damage to tooth enamel. Women experiencing vomiting should visit a dentist for an oral examination and professional teeth cleaning. The dentist can also recommend alkaline-based mouthwashes that prevent damage to tooth enamel.

It is recommended that your child visit a pediatric dentist at 1 year of age.

---

**To schedule a dental appointment, call:**

VCU Dental.....(804) 828-9190





# Birth Plan

Name(s): \_\_\_\_\_

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

**1. What do you want most from this birth?**

---

---

---

---

**2. What do you fear the most about giving birth?**

---

---

---

---

**3. a. What is your ideal birth scenario? In other words, how would you like your birth to happen?**

---

---

---

---

**b. What will you do to help make your birth go the way you have planned?**

---

---

---

---

## Birth Plan

**4. If things go differently than you planned during birth, how will you deal with the situation?**

---

---

---

---

**5. Who do you want with you during labor/birth? What do you expect from these people?**

---

---

---

---

**6. a. What helps you relax?**

---

---

---

**b. What makes you tense?**

---

---

---

**c. Do you have any fears or phobias?**

---

---

---

## Birth Plan

7. **Do you have any problems, or cultural or religious beliefs, that you think may impact giving birth or your postpartum period** *(the time after you've given birth)?*

---

---

---

---

8. **a. What do you and your partner imagine birth will be like?** *(What have you seen or been told? What do you believe?)*

---

---

---

---

- b. How do you feel about fetal monitoring?**

---

---

---

- c. How do you feel about an IV?**

---

---

---

- d. What are your feelings about giving birth to your baby?**

---

---

---

---

## Birth Plan

**9. a. What have other people in your life shared with you about the birthing process?**

---

---

---

**b. What were your mother's labor(s) and birth(s) like?**

---

---

---

**10. What do you want from your caregiver?**

---

---

---

---

---

# Optimal Fetal Positioning

## What is optimal fetal positioning?

Optimal fetal positioning is a theory that the mother's position and movement can influence the way her baby is positioned in the womb in the final weeks of pregnancy. Many difficult labors result from the baby being in a position that makes it hard for the baby's head to move through the pelvis.

## Why is optimal fetal positioning important?

Changing your baby's positioning and promoting an optimal position for the baby could make birth easier for both you and your child. The ideal position for birth is when the baby is lined up in a way that will fit through your pelvis as easily as possible. To be in this position, the baby needs to be head down, facing your back, with the baby's back on one side of the front of your tummy. In this position, the baby's head is easily "flexed." This means the baby's chin is tucked onto his chest so that the smallest part of his head will touch the cervix first. This position is called "occiput anterior" (OA).

The "occiput posterior" (OP) position is not desirable. This means the baby is still head down, but facing your tummy. Mothers of babies in the posterior position are more likely to have long and painful labors, as the baby usually has to turn all the way around to face the back in order to be born. The baby cannot fully flex his head in this position, so the part coming through the cervix is bigger. This means that some posterior babies do not engage (come down into the pelvis) before labor starts. The fact that they don't engage means labor is harder. Braxton-Hicks contractions may be really painful, with a lot of pressure on the bladder as the baby tries to rotate while entering the pelvis.

## Understanding the position of your baby

- **Anterior position:** The back feels hard and smooth and rounded on one side of your tummy, and you will normally feel kicks under your ribs. Your belly button will normally poke out, and the area around it will feel firm.
- **Posterior Position:** Your tummy may look flatter and feel squishier. You may feel arms and legs toward the front and kicks on the front toward the middle of your tummy. The area around your belly button may dip in to a saucerlike shape.

## Things that may help avoid posterior positions

The baby's back is the heaviest side of its body. This means that the baby's back will naturally move toward the lowest side of the mother's abdomen. So if your tummy is lower than your back (like when you are sitting on a chair leaning forward), then the baby's back will tend to swing toward your tummy. If your back is lower than your tummy (like when you are lying on your back or leaning back in an armchair), then the baby's back may swing toward your back.

Avoid positions that encourage your baby to face your tummy. The main culprits are said to be leaning back in armchairs, sitting in car seats where you are leaning back, or anything where your knees are higher than your pelvis. The best way to do this is to spend a lot of time kneeling upright, or sitting upright, or on hands and knees. When you sit on a chair, make sure your knees are lower than your pelvis, and your trunk should be tilted slightly forward.

### *Ways to avoid the posterior position:*

- Watch TV while kneeling on the floor, over a beanbag or cushions, or sitting on a dining chair. Try sitting the opposite way on a dining chair so you are facing the back of the chair.
- Use yoga positions while resting, reading, or watching TV. For example, tailor pose. *See Figure A on reverse.*
- Sit on a wedge cushion in the car, so that your pelvis is tilted forward. Keep the back of the seat upright.
- Don't cross your legs! This reduces the space at the front of the pelvis, and opens it up at the back.
- Don't put your feet up! This encourages posterior presentation.

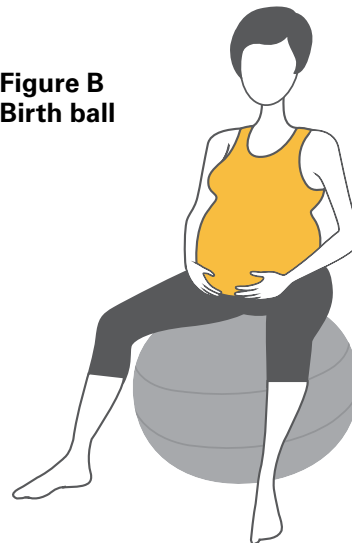
## Optimal Fetal Positioning

- Sleep on your side, not on your back.
- Avoid deep squatting until you know your baby is positioned correctly. Deep squatting opens up the pelvis and encourages the baby to move down.
- Swimming with your belly downward is said to be very good for positioning babies. Do not do the backstroke, but do a lot of breaststroke and front crawl. Breaststroke in particular is thought to help with good positioning, because the leg movements help open your pelvis and settle the baby downward.
- Sitting on a birth ball can encourage good positioning, both before and during labor. *See Figure B.*
- Various exercises done on all fours can help, like wiggling your hips from side to side, or arching your back like a cat, followed by dropping the spine down. *See Figure C.*

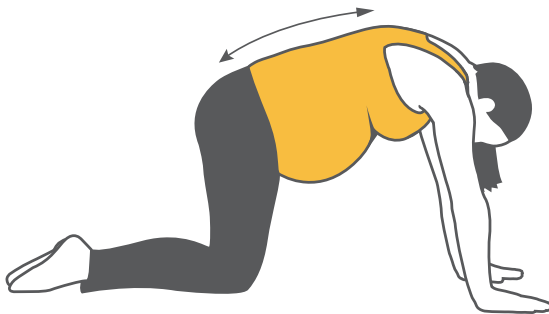
**Figure A**  
**Tailor pose**



**Figure B**  
**Birth ball**



**Figure C**  
**Back and spine stretch**



# Packing for the Hospital

**You may want to pack 2 small bags for the hospital, one for the items you'll need during labor, and another for items that you won't need until after you give birth. It's a good idea to have everything ready to go when you're 8 months pregnant.**

## **Packing checklist:**

### *For labor*

- ☐ **Picture ID** (driver's license or other ID), your **insurance card**, and any **hospital paperwork** you need.
- ☐ Your **birth plan**
- ☐ **Eyeglasses**, if you wear them. Even if you usually wear contact lenses, you may not want to deal with them while you're in the hospital.
- ☐ A **bathrobe**, a **nightgown** or two, **slippers**, and **socks**. VCU provides gowns and socks for you to use during labor and afterward, but some women prefer to wear their own. Choose a loose, comfortable gown that you don't mind getting dirty. It should either be sleeveless or have short, loose sleeves so your blood pressure can be checked easily. Slippers and a robe may come in handy if you want to walk around during labor.
- ☐ **Whatever will help you relax**. Here are some possibilities: your own pillow (use a patterned or colorful pillowcase so it doesn't get mixed up with the hospital pillows), music and something to play it on, electric tea candles for soft lighting, a picture of someone or something you love, anything else you find reassuring. *If you're going to be induced, think about bringing something to read or watch because it may be a while before labor is under way.*

### *For your partner/labor coach*

- ☐ A **camera** with batteries, charger, and memory card to capture the moments before or after birth. If you plan on using your phone to take photos, make sure it's fully charged and pack your charger.
- ☐ **Toiletries**
- ☐ **Comfortable shoes** and a few changes of **comfortable clothes**
- ☐ **Snacks** and **something to read or watch**
- ☐ **Money** (or a credit card) for parking and change for vending machines
- ☐ **Bathing suit**. If you want to take a bath or shower during labor, you may want your partner to get in with you to support you or rub your back.
- ☐ **Change of clothes**

### *After you deliver*

- ☐ A fresh **nightgown**, if you prefer to wear your own
- ☐ Your **cell phone and charger** or, if you'll be using the hospital phone, a **prepaid phone card**. After your baby's born, you or your partner may want to call family and friends to let them know the good news. Bring a list of everyone you'll want to contact so you don't forget someone important when you're exhausted after delivery.
- ☐ **Toiletries**: Pack a few personal items, such as a toothbrush and toothpaste, lip balm, deodorant, a brush and comb, makeup, and a hair band or barrettes. VCU provides soap, body wash, shampoo, lotion, toothpaste, toothbrush, deodorant, and mouthwash, but you are welcome to bring your own.



## Packing for the Hospital

- ☐ Comfortable **nursing bras** or **regular bras**
- ☐ Several pairs of **maternity underpants**. VCU provides disposable underwear, but you may want to wear your own roomy cotton underpants. VCU will provide sanitary pads. Make sure you have a supply of heavy-duty pads waiting at home!
- ☐ **Photos of your other children**. When they come to visit, they'll see that you haven't forgotten them.
- ☐ **Notepad or journal and pen or pencil**. Track your baby's feeding sessions, write down questions you have for the nurse, note what the caregivers and lactation consultants tell you, jot down memories of your baby's first day, and so on. Some people bring a baby book so they can record the birth details right away.
- ☐ **Going-home outfit**. Bring something roomy and easy to get into and a pair of flat, comfortable shoes.

### *For your baby*

- ☐ **Installed car seat**. You can't drive your baby home without one! Have a rear-facing car seat properly installed ahead of time and know how to buckle your baby in correctly.
- ☐ **Going-home outfit**. Your baby will need an outfit to go home in, including socks or booties if the clothing doesn't have feet, and a soft cap if the air is likely to be cool. Make sure your baby's outfit has legs (is not a baby "gown," for example) so the car seat strap can fit between them.
- ☐ **Receiving blanket**. VCU will provide blankets or a sleep sack for swaddling your baby while you're with us, but you may want to bring your own to tuck around your baby in the car seat for the ride home. Make it a heavy one if the weather's cold.

### **What not to bring**

- Jewelry
- Lots of cash or other valuables
- Medications, including vitamins. Talk to your doctor or midwife ahead of time about medications you think you'll need to take during your stay, so the hospital can provide it.
- Diapers. VCU will provide diapers for your baby while you're with us.
- A breast pump. If you end up needing a breast pump for any reason, VCU can provide one for your use while in the hospital.
- A birthing ball, unless you prefer to use your own. VCU provides birthing balls to those who plan to use them.

# When Will My Water Break?

## What is my bag of waters?

The bag of waters—or amniotic sac—is a bag or membrane filled with fluid that surrounds your baby in your uterus during pregnancy. The bag of waters is very important to your baby's health. The fluid protects your baby and gives your baby room to move around. The bag itself protects your baby from infections that may get in from your vagina.

## When does the bag of waters usually break?

Usually the bag of waters breaks just before you go into labor or during the early part of labor. It can happen when you are sleeping. You may wake up and think you have wet the bed. Sometimes women feel or even hear a small “pop” when the bag breaks. Sometimes there is a gush of fluid from the vagina that makes your underwear wet; or maybe just a trickle that makes you feel damp. Sometimes the bag does not break until the baby is being born. In about 1 in every 10 women, the bag of waters breaks several hours before labor starts. Although it is rare, the bag of waters can break days before labor starts.

## Is it a problem if the bag breaks and labor doesn't start right away?

If your bag of waters breaks more than 3 weeks before your due date, your caregiver may try to stop labor if your baby is considered to be too premature. Because the bag of waters protects against infection, you will be checked to make sure there is no infection in your uterus. If your bag of waters breaks within 3 weeks of your due date, your caregiver will recommend either waiting to let your labor start on its own or inducing your labor right away. You can discuss the pros and cons of each of these options with your caregiver. If you have the Group B strep bacteria in your vagina, your caregiver may want to give you antibiotics and get your labor started (induction). The longer the bag of waters is broken before birth, the more chance there is that infection will get to the baby.

## What should I do if my bag breaks?

If you think your bag of waters has broken, your caregiver might check in your vagina with a sterile speculum to find out for sure. Except for that one examination, it is very important that nothing is put in your vagina. Every time you have a vaginal examination after the bag of waters is broken, your risk of getting an infection gets higher. At VCU, your caregivers will do as few examinations as possible, especially if your bag of waters has broken. Please ask if you have questions about why an exam is being done.

## What should I do if I feel wet but can't tell if my bag of waters has broken?

Your caregiver can do a simple test using a sterile speculum to see inside your vagina. A sample of the fluid in the vagina will be collected and placed on special paper that turns very dark blue if it touches amniotic fluid. Dried fluid will also be looked at under a microscope.

## What if my bag of waters breaks and I am not in labor yet?

Labor contractions can start any time from right away to many hours or a few days after your water breaks. If you think your bag of waters has broken, call your caregiver.

*Call your caregiver right away if:*

- Your due date is more than 3 weeks away from today.
- The water is green, yellow, or brown, or has a bad smell.

## When Will My Water Break?

- You have a history of genital herpes, whether or not you have any herpes sores right now.
- You had Group B strep (GBS) in your vagina (“GBS positive”).
- You don’t know if you have GBS.
- Your baby is not in the head-down position, or you’ve been told it is very high in your pelvis.
- You have had a very quick labor in the past, or feel rectal pressure now.
- You are worried or discouraged.
- You are having significant bleeding.
- Your due date is within the next 3 weeks, you are not in labor and the fluid is clear or pink, or has white flecks in it.

*Call your caregiver within a few hours if:*

- Your baby is in the head-down position.

Some caregivers will want to see you to confirm that the bag of waters has broken and listen to the baby’s heartbeat as soon as you notice that the bag of waters has broken. Others will suggest you stay home for several hours to wait for labor to start.

### **What do I do until labor starts?**

*Most women will go into labor within 48 hours. If you are waiting for labor to start and your bag of waters has broken:*

- Put on a clean pad.
- Do not put anything in your vagina.
- Drink plenty of liquids—a cup of water or juice each hour you are awake.
- Get some rest.
- Take a shower or bath.
- If there is any change in your baby’s movements, call your caregiver right away.
- Check your temperature with a thermometer every 4 hours—call right away if your temperature goes above 99.6 degrees.

---

### **If your water has broken and you have questions, call the appropriate number below:**

Physician Patient—VCU Health Physician On Call/Labor & Delivery Unit ..... (804) 828-5021  
Midwife Patient—VCU Health Midwife On Call ..... (804) 828-0951

# Am I in Labor?

## What is labor?

Labor is the work that your body does to birth your baby. Your uterus (the womb) contracts, your cervix (the mouth of the uterus) opens, and you will push your baby out into the world.

## What do contractions (labor pains) feel like?

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

## How do I time the contractions?

Time your contractions by counting the number of minutes from the start of one contraction to the start of the next contraction.

## What should I do when the contractions start?

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

- **Walk.** If the pains you are having are real labor, walking will make the contractions come faster and harder. If the contractions are false labor (contractions that hurt but do not open your cervix), walking will make the contractions slow down.
- **Take a shower or bath.** This will help you relax.
- **Eat.** Labor is a big event. It takes a lot of energy.
- **Drink water.** Not drinking enough water can cause false labor. If this is true labor, drinking water will help you have strength to get through your labor.
- **Take a nap.** Get all the rest you can.
- **Get a massage.** If your labor is in your back, a strong massage on your lower back may feel very good. Getting a foot massage may also feel nice.
- **Don't panic.** You can do this. Your body was made for this. You are strong!

## When should I go to the hospital or call my caregiver?

- If your contractions have been 5 minutes from when one begins until the next begins or less for at least 1 hour.
- If several contractions are so painful you cannot walk or talk during one.
- Your bag of waters breaks. (You may have a big gush of water or just water that runs down your legs when you walk.)

## Are there other reasons to call my caregiver?

If you are very concerned about anything, call.

*Call your caregiver or go to the hospital immediately if any of these occur:*

- You start to bleed like you are having a period. This means you have blood that soaks your underwear or runs down your legs.

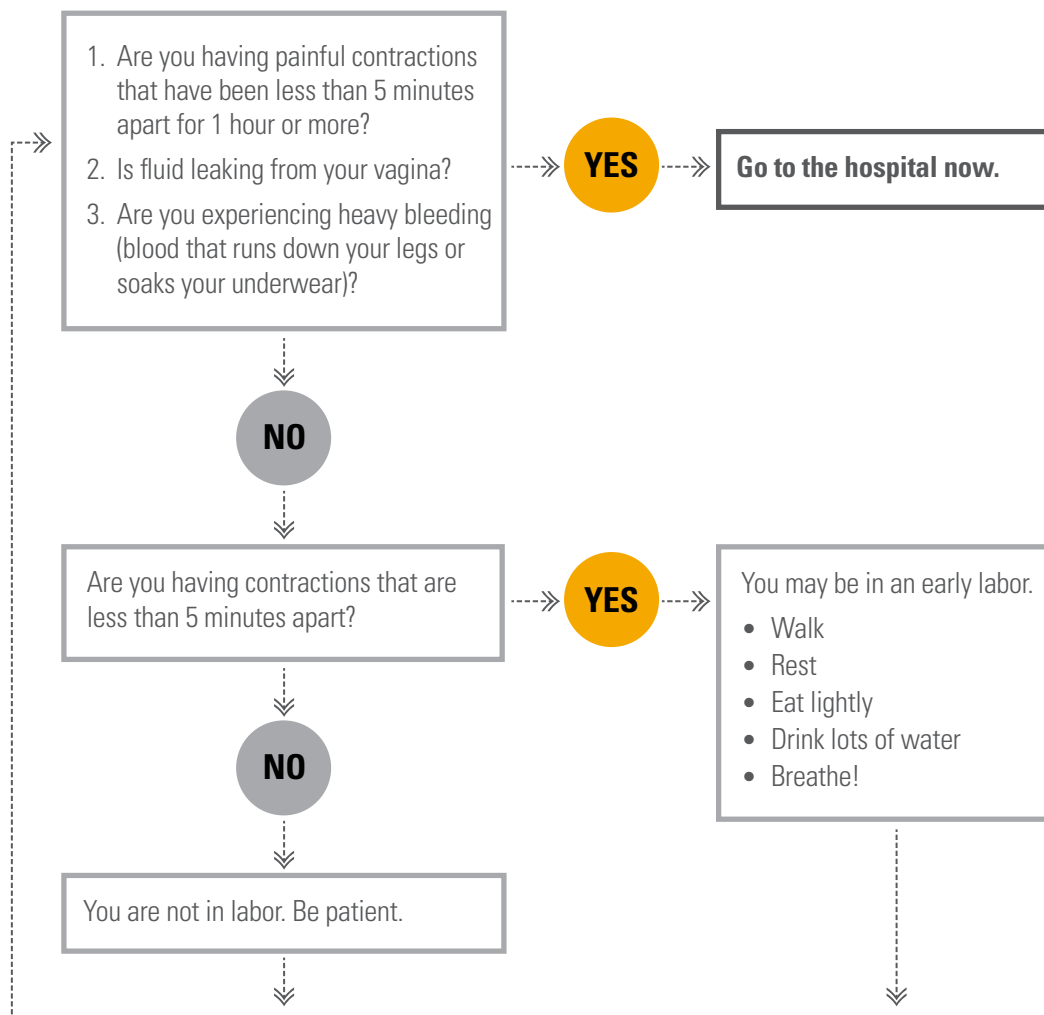
# Am I in Labor?

- You have sudden severe pain.
- Your baby has not moved for several hours.
- You are leaking green fluid.
- Your baby is due more than 3 weeks from today and you are having back pain or stomach cramps.
- You have other troubling symptoms you know do not feel right.

*If you are overdue:*

- Be sure to see your caregiver at least once a week and talk with her about a plan for your care.

*If your baby is due within the next three weeks, follow this decision path:*



# Preterm Labor

**Preterm or premature labor happens when you go into labor before 37 weeks of pregnancy. This is too early for your baby to be born. Babies born too soon can have lifelong or life-threatening health problems.**

## **What you need to know about preterm labor:**

- Preterm labor and delivery can happen to any pregnant woman.
- Women can take steps to reduce the risk of preterm labor.
- Know the signs of preterm labor and what to do about them.

## **Warning signs of preterm labor:**

- Regular contractions (your abdomen tightens like a fist)
- Change in vaginal discharge (leaking fluid or bleeding from your vagina)
- Pelvic pressure (the feeling that your baby is pushing down)
- Low, dull backache
- Cramps that feel like your period
- Abdominal cramps with or without diarrhea
- Pain when you urinate

## **What should I do if I think I'm having preterm labor?**

Call your caregiver or go to the hospital right away if you think you're having preterm labor, or if you have any of the warning signs listed above. Call even if you have only 1 sign.

*Your caregiver may tell you to:*

- Come into the office or go to the hospital for a checkup.
- Stop what you're doing. Rest on your left side for one hour.
- Drink 2 to 3 glasses of water or juice (not coffee or soda).

If your caregiver told you to rest and the symptoms get worse or do not go away after 1 hour, call your caregiver again or go to the hospital. If the symptoms get better, relax for the rest of the day.

## **Can preterm labor be stopped?**

Many women are given medicine to try to delay or stop preterm labor. Women may also be given medications that can improve the baby's health, even if the baby comes early.

## **Preventing preterm labor**

- Eat a healthy diet.
- Take your vitamins as directed by your caregiver.
- Drink enough fluids to keep your pee (urine) clear or pale yellow every day.
- Get rest and sleep.

# Preterm Labor

- Do not have sex if you are at high risk for preterm labor.
- Follow your caregiver’s advice about activity, medicines, and tests.
- Avoid stress.
- Avoid hard labor or exercise that lasts for a long time.
- Do not smoke.

**If you think you are experiencing preterm labor, call the appropriate number below:**

Physician Patient—VCU Health Physician On Call / Labor & Delivery Unit ..... (804) 828-5021  
Midwife Patient—VCU Health Midwife On Call ..... (804) 828-0951

# Pain Management During Childbirth

## How painful is giving birth?

You've probably heard a lot of stories about giving birth. The experience is very different for everyone. Each woman will experience a different amount of pain, and the type of pain you have changes throughout your labor.

## Why is labor painful?

During labor, your uterus pushes the baby down and stretches the opening of your uterus (cervix). Each time the uterus muscles contract, you may feel pain like a strong cramp. As your cervix and vagina stretch and open, you may feel a stretching, burning pain. Most contractions last 30 to 60 seconds, and you will be able to rest in between.

## I would like help with the pain, but I don't want to use medicine. What can I do?

There are different ways you can deal with the pain of labor. The less tense and afraid you are, the less painful your labor will be. These 3 things can help you through labor without using medications:

1. Knowledge about what to expect
2. Belief in yourself
3. Emotional support and coaching during your labor

## Is there medicine I can take for pain if I need it?

There are many types of pain relief available in a hospital. The most common pain medications are IV narcotics, inhaled nitrous oxide, epidural anesthesia, spinal, or a combination of these last two.

## What are the pros and cons of narcotics?

### *Pros:*

- They give fast pain relief, usually starting in 2 to 10 minutes.
- Most can be given directly into your bloodstream through an IV.
- They may help you relax and be more comfortable.
- They don't usually slow your labor.

### *Cons:*

- Narcotics do not last long, usually between 20 and 60 minutes.
- They may cause nausea.
- They may cause you to feel really "out of it" or sleepy.
- They may make the baby sleepy and make it harder for her to breathe right after birth or start breastfeeding.
- Narcotics don't take away all of the pain. They may make each contraction less painful.

## What is an epidural?

An epidural numbs your body from the waist down. It involves putting a needle and then a small flexible tube into a space near the spine in your lower back. The pain medication flows through the tube and you temporarily lose feeling in your



# Pain Management During Childbirth

abdomen and legs. The medication will not make you or your baby feel sleepy or “out of it”; however, you will not be able to walk or get up to go to the bathroom. You may have a harder time pushing your baby out, because you won’t be able to feel the contractions.

## How can I decide what’s right for me before I go into labor?

First, learn all you can about how much help and what possible problems can occur if you use the pain medicines that are offered. Then ask yourself the questions listed below. The answers will help you decide on the best way for you to keep yourself comfortable during your labor.

*Ask yourself these questions about pain medication:*

1. How strong is my desire to give birth without using pain medicines?
2. Will I be happier with my birth after it is over if I go through labor without using medicine or will I be happier afterward if I use pain medicines?
3. If my labor is normal and I am in more pain than I expected, do I want my helpers to talk me through it or do I want them to offer me pain medicine?

Remember that nobody knows ahead of time how painful or difficult labor will be. Knowing your desires is the best place to start. Then when you are in labor, you need to be flexible and trust your support group and caregivers to help you make decisions that are right for you.

## Coping with labor pain.

*What can I do before labor?*

- Stay active during your pregnancy. You will have more strength to get through labor.
- Take childbirth classes. The more you know, the less you fear. Fear makes pain hurt more.
- Arrange for a birth coach or doula. Having a person whose only job is to support you will help you cope during labor and feel more satisfied with the experience.

*What can I do during early labor?*

- In early labor, go for a walk or dance. The more you move, the less you hurt!
- Drink lots of fluids so you don’t get dehydrated, and eat lightly if you are hungry.
- Take a warm shower or bath.

*What can I do during active labor?*

- Find the rhythm that works for you. Women who cope well during labor rest in between contractions and move their bodies during contractions.
- Rest between contractions by being still or by rocking gently.
- Focus on your natural breathing. Awareness of breath relaxes you.
- Change positions often.
- Don’t be afraid to make noise. You might moan, hum, or repeat comforting words over and over as you go through each contraction.
- Believe you can do it. You can!
- Remember why you are doing this. Your baby will be here soon!

# Pain Management During Childbirth

*What can my birth coach do during labor?*

- Help you find your rhythm and then help you during each part of it.
- Give you a back rub or hold your hand quietly.
- Offer you ice chips, water, or juice.
- Help you change positions and support your body.
- Keep the lights low and play soft music.
- Put a cold washcloth on your forehead.
- Put a warm washcloth on your lower back.
- Talk you through each contraction, supporting your movements and your noises.
- Cheer you on!

*What can my caregiver do during labor?*

- Answer your questions.
- Check your progress and give you direction.
- Assure you that things are going normally.
- Provide pain medication if needed.

---

**For more information about pain and pain relief during labor, visit:**

Childbirth Connection ..... [www.childbirthconnection.org](http://www.childbirthconnection.org)  
DOULAS OF NORTH AMERICA (DONA) ..... [www.dona.org](http://www.dona.org)



# Nitrous Oxide Analgesia

**There are many choices for analgesia (drugs that manage pain) during labor. Before you begin labor, you might decide that you want pain medication, or you may not want any medications. Nitrous oxide (“laughing gas”) analgesia is one of your options.**

## **What is nitrous oxide analgesia?**

Nitrous oxide patient-controlled inhaled analgesia is a colorless, odorless gas composed 50% of nitrous oxide and 50% of oxygen.

## **How does nitrous oxide analgesia work?**

You hold your own mask and inhale deeply about 30 seconds before you start to feel a contraction. You keep the mask on your face through the end of the contraction and exhale into the mask. Simple equipment handles the mixing to ensure that a 50/50 blend of nitrous oxide and oxygen is delivered with each breath. The gas has a calming effect that can take the edge off labor pain, rather than completely blocking it out. You can use the gas at any point once you have begun active labor and are having regular contractions, or immediately after childbirth if you do not have an epidural and need a tear repair.

## **What are the advantages of nitrous oxide analgesia?**

- Quick effect—offers relief of pain and anxiety within 30 seconds of inhalation
- Quick recovery—effects of the gas wear off within minutes after exhalation
- Takes the edge off—helps you relax
- Easy to use—self-administered; gives you control to decide how much you need
- Able to get up and move freely during labor with appropriate assistance
- Safe for you and your baby—no extra monitoring needed for you or your baby
- Does not interfere with your labor process or ability to push

## **What are the disadvantages of nitrous oxide analgesia?**

- It does not completely block out pain and cannot be used for cesarean delivery, like an epidural can
- It may make you feel drowsy, light-headed or nauseated
- It may not be used at the same time as other types of pain medications (that are typically given through a vein, muscle, or epidural space) and sedatives
- It can dry your mouth if used for long periods
- Family members or support staff cannot hold your mask for you. Your active participation is important for safety.

## **Are there risks associated with using nitrous oxide during labor?**

**No.** There are no lasting effects, as nitrous oxide is the only pain relief method used for labor that is cleared from the body through the lungs. There are no known negative effects on the baby.

---

## **For more information about nitrous oxide analgesia for labor, visit:**

American Pregnancy Association.....[www.americanpregnancy.org](http://www.americanpregnancy.org)

SEARCH: Nitrous oxide during labor



# Epidural Analgesia

**There are many choices for managing pain during labor. Before you begin labor, you might decide that you want pain medication, or you may not want any medications. Neuraxial analgesia (epidural, spinal or a combination of both) is an option for you.**

## **What is epidural analgesia?**

Epidural analgesia is when pain medications, like a local anesthetic (a drug that causes numbness) and/or opioids (a drug that relieves pain), are given through a small tube (called an epidural catheter) placed in your back.

## **How does an epidural work?**

All of the nerves of the body send their messages to the brain through the spine. Anesthetic medicines block the messages from reaching the brain so you do not “feel” the pain.

## **What happens when you get an epidural?**

The epidural space surrounds the nerves in your spine. A specially trained medical doctor or nurse places a thin tube (called a catheter) into this space. You will have to sit on the side of the bed or curl up on your side on the bed and stay still. The nurse or doctor will clean, drape, and numb up a small area of skin on your back. Once the area is numb, the epidural needle will be placed. You should feel pressure until she finds the epidural space with the needle. At that point a thin tube will be advanced through the needle, and the needle will be removed. The anesthetic will be injected through the thin tube and into the space around the nerves in your spine. Your legs will start to feel heavy and your body will feel slightly numb from your belly button down into your legs. It takes 15–20 minutes for the medicine to fully work. Having the small tube in the epidural space allows you to keep receiving numbing medicine during your labor without the need for another needle injection. You will feel touch and pressure, and you will be able to sense when you are ready to push your baby out. You should not try to get out of bed when your legs are numb. When your bladder gets full, you may not be able to feel it, so a catheter is used to drain the urine.

After you give birth, the anesthetic will be stopped, the numbness will begin to go away, and the tube will be taken out. You will be able to move your legs and walk in a few hours.

## **How well does an epidural work?**

For most women, an epidural provides excellent pain relief. They lose feeling below the waist, but remain awake and alert. Many women are so comfortable they can talk, watch TV, or even sleep. Occasionally, some women will continue to feel pain with contractions. More medications can be given to you to make you more comfortable. Each woman is different, so there is no way to guess who will get a “pain-free” epidural and who will have an epidural that does not work completely. It is normal to be able to feel pressure, and it is normal for you to be aware of your contractions.

## **Are there risks associated with having an epidural during labor?**

Your labor progress depends on many things, like the size of your pelvic bones, the size of your baby, the position of your baby, and the strength of your contractions. Most of this is out of your control. Sometimes an epidural can help and sometimes it makes labor longer. Most women have epidurals without any problems.

# Epidural Analgesia

## Understanding the risks involved with getting an epidural

*Risks involved when you are getting the epidural include:*

- There is a small chance of infection at the site where the needle is inserted. A serious infection could cause meningitis (infection of the membranes of the brain/spinal cord) or, rarely, death.
- The needle could cause a brief tingling sensation in your leg.
- Nerve damage or paralysis (the loss of the ability to move your legs) can occur, but it is rare.
- If the epidural medicine goes directly into your veins, you could feel your heart beating fast, a funny taste in your mouth, numbness around your lips, or dizziness—or, rarely, have a seizure.
- If the epidural medicine gets into your spinal fluid, you may lose the sensation that you are breathing and need help to breathe regularly.

*Risks during labor:*

- Your blood pressure may decrease. Lying on your side can help to bring your blood pressure back up. You may also need additional fluids and/or medications given in your veins to increase your blood pressure. The fluids going into your vein may increase your chance of shivering. Women may shiver in labor even if an epidural is not used.
- Women who have an epidural have a greater chance of getting a fever during labor, and then the baby may need additional blood work and watching to make sure it doesn't have an infection.
- Women who have an epidural are more likely to need medication to make contractions stronger, but the epidural will make the woman more likely to tolerate the stronger contractions.
- It may be hard to feel your contractions when you need to push. Your legs may get weak, making it hard for you to bear down and push your baby out. Pushing may take longer.
- Women who have an epidural have a greater chance of needing a vacuum or forceps to help give birth.
- While these problems may occur in women with epidurals, it is not clear that the epidural causes them.

*Risks afterward:*

- Epidurals can cause a "spinal headache." This happens in only 1 or 2 women out of every 100 who receive an epidural. This is a headache that comes 1 to 2 days after the epidural is removed, and it may last a few days. If you get a spinal headache, you may be given additional medications through your veins to help ease the headache. Sometimes, a special procedure called a "blood patch" may be needed. The blood patch usually helps right away, but sometimes more than one blood patch may be required.
- Your back may be sore for a few days after an epidural. An epidural should not cause ongoing back pain. Many women report back pain after giving birth. We do not know why this is true.

## Understanding the benefits of getting an epidural

- When the epidural works well, you will not feel the intense pain of labor.
- Sometimes, especially with a first baby, early labor may be long. An epidural can give you a chance to rest so that you can gather your strength for labor and birth.
- If you are very anxious, an epidural may help you relax. In some women, the epidural may actually make their labor go more quickly.
- If you need a cesarean delivery, your epidural can be used to provide the anesthesia for the surgery.
- Women who are delivering twins, have a baby in a breech position, or plan a vaginal birth after a cesarean delivery (VBAC) may use an epidural so they are prepared for a cesarean delivery if they have problems during labor or birth.

# Induction of Labor

**When your baby is ready to be born, labor usually starts on its own. Sometimes, however, if you or your baby is ill or the pregnancy has gone too far past your due date, your caregiver may try to get labor started using medicines or other treatments. When this is done, it is called induction of labor (or inducing labor).**

## How is labor induced?

There are many ways to induce labor. Some of the methods help your body get ready for labor, and some make contractions start. What your caregiver decides for you is based on the condition of your body and your preferences.

*The methods most often used to induce labor include:*

- **Stripping membranes:** Your caregiver puts his or her finger into the cervix (the mouth of the uterus) and separates the bag of waters from the side of the uterus. This releases hormones that soften the cervix, making it easier to open. Sometimes it causes contractions and gets your labor started. Stripping membranes does not break the bag of waters and does not always make labor happen right away. It can cause some light bleeding.
- **Prostaglandin pill:** A type of prostaglandin called misoprostol is administered in pill form. This type of treatment is typically done to soften (or ripen) your cervix in preparation for labor. This pill can be placed in your mouth or your vagina.
- **Prostaglandin gel:** Your caregiver may place this in your vagina. It causes chemical changes in your cervix that soften and prepare your cervix for labor. Sometimes this is all it takes to start contractions and get your labor started, and sometimes it just helps make your labor shorter once real labor starts or is induced. VCU caregivers rarely use the prostaglandin gel and prefer the prostaglandin pill, as it is much simpler and less expensive.
- **Foley balloon:** Your caregiver may insert a tube called a Foley into your cervix, and then inflate the small balloon at the end of the tube. The balloon puts pressure on the inside of your cervix and slowly stretches the cervix. It may also start contractions and get your labor started.
- **Breaking your bag of waters** (also called “rupture of membranes”): Your caregiver may use a small hook to break the bag of waters. When this happens, the baby’s head may come down and help open the cervix. Chemicals in the waters (amniotic fluid) soften the cervix, cause contractions, and help start labor. If you are in early labor, breaking the bag of waters can make active labor come sooner.
- **Pitocin®:** Your caregiver may ask the nurse in the hospital to start an IV. An IV is a small tube that goes into a vein in your arm or hand. Fluid and medicine can be given through the IV. Pitocin® (oxytocin) is the same chemical your body makes that causes the uterus to contract, and can be given in your IV. If you are given Pitocin® through your IV, it is given slowly, so it may take several hours before you are in active labor.

## What is the difference between induction and augmentation?

Induction means your caregiver is starting the process of labor for you. If your labor has already begun, but is going slowly, your caregiver may use one or more of the methods listed above to speed up the process. This is called augmentation of labor.

## Are there risks to induction?

Induction may make it more likely that you will need a cesarean delivery. Inducing labor too early may also be risky if your baby is not fully developed. For these reasons, your caregivers will induce your labor only if there is a special reason, and if bigger problems might happen if your labor is not induced.



# Induction of Labor

## Making the right decision about inducing labor.

It is very important to talk with your caregiver about the pros and cons of induction, and find out what risks may be involved for you and your baby. Then you can make a good decision.

*Inducing labor is a good idea if:*

- You are very sick and your caregiver says you need to have your baby.
- Your baby is sick and your caregiver says your baby will be healthier if born now.
- You are 1 or more weeks past your due date.

*Inducing labor is a bad idea if:*

- Both you and your baby are healthy and you are less than 39 weeks along in your pregnancy.
- Your baby is in a breech position (with his head up instead of down) or transverse (crosswise).
- Your placenta is across the opening of your cervix (this is called placenta previa).
- You have had a cesarean delivery with an “up and down” (vertical) incision in your uterus in a previous pregnancy, and possibly if you have had other surgery on your uterus.

*Things to consider when thinking about induction:*

- Do you know for sure when your baby is due? If you did not have a sonogram early in pregnancy and you do not have regular monthly periods, you may guess wrong, and your baby may be born before she is ready.
- On average, about 5 of every 100 women who start labor naturally without induction will have a cesarean delivery. Your risk of cesarean delivery is higher if:
  - » **You are having your first baby.** For women having their first baby, 12 in every 100 will have a cesarean delivery if they start labor without intervention.
  - » **You are having your first baby and your labor is induced.** If labor is induced for women having their first baby, 19 in every 100 will have a cesarean delivery. For women who have had a baby before, 10 in every 100 will have a cesarean delivery if their labor is induced.
  - » **Your cervix is not ready.** When your body is ready for labor, your cervix changes. It moves forward in the vagina and becomes very soft. It starts to thin out and open. Your baby’s head drops lower. When labor is induced before the cervix is ready, 16 in every 100 women will have a cesarean delivery.
  - » **You are obese or over the age of 40.** Some studies show the risk of cesarean delivery is higher in these women.
- Have you gone past your due date? Some studies have shown that you may actually decrease your risk of cesarean delivery if your labor is induced.

---

## For more information about induction of labor, visit:

Childbirth Connection ..... [www.childbirthconnection.org](http://www.childbirthconnection.org)

American Congress of Obstetricians and Gynecologists ..... [www.acog.org](http://www.acog.org)

# Cord Blood Banking—What's It All About?

## What is cord blood?

After your baby is born and the umbilical cord is cut, the placenta—along with the rest of the cord—is usually thrown away. There is still blood in the cord. Blood from the cord has lots of stem cells. Stem cells from the cord can be used to treat some rare but serious illnesses that may occur later in the baby's life. For this reason, some people think it is a good idea to save the cord blood stem cells—or “bank” them.

## What illnesses can be treated with stem cells?

Stem cells can be used to treat leukemia and other diseases that attack the immune system. Research is being done on using stem cells to treat illnesses like Parkinson's disease, diabetes, and Alzheimer's disease, but these uses are still unproven.

## How are the stem cells collected from the cord?

After the cord has been cut, a member of the health care team will insert a needle into the part of the cord that is still attached to the placenta, which has not been delivered yet. Blood from the cord is collected in a tube just like when you have blood taken from your arm. This process does not cause you or your baby any pain, because there are no nerves in the umbilical cord. The blood that is collected has thousands of stem cells in it. The stem cells in the cord blood are packaged, frozen, and sent to be stored in a cord blood bank.

## Is there any reason I wouldn't want to bank my baby's cord blood?

The chance that your baby will develop a disease that might be treated with cord blood stem cells is very low. Another concern is that if your child develops a disease that can be treated with stem cells, the cells collected and stored from birth may have the same disease and therefore they might not be recommended for use.

## If my child needs stem cells, can I donate some of mine—like donating a kidney?

Stem cells can be taken from the umbilical cord, from embryos, and also from adult tissues and organs, such as bone. There has been a lot of research done on adult stem cells, and they are used to treat many diseases. If you or your child needs stem cells to treat a disease, the National Marrow Donor Program will help you find a donor if there is one available.

## What is the difference between public and private cord blood banks?

- Public cord blood banks like the National Marrow Donor Program offer stored stem cells to anyone who needs them. These banks have stored cord blood donated by parents who want their baby's stem cells to be available to anyone who needs them. There is no fee to donate cord blood to a public bank.
- Private cord blood banks store your baby's cord blood for possible future use for your baby or members of your immediate family. Private banks charge between \$1,000 and \$2,000 to collect the blood and about \$100 a year to keep stem cells frozen in the “bank.”

## Things to consider about banking cord blood stem cells

At this time, neither the American Academy of Pediatrics nor the American Congress of Obstetricians and Gynecologists recommends cord blood banking for everyone. There isn't a large enough chance that your baby will have an illness that can be treated with stem cells to justify the cost for every family.

# Cord Blood Banking—What’s It All About?

*Things to consider as you make your decision:*

- **Is it likely your child will need her stem cells in the future?** Some families have illnesses that “run in the family”—inherited illnesses that can be cured only with stem cells. If you already know that your child is at risk for such an illness, you may want to bank the cord blood stem cells.
- **Do you have another child who already needs treatment with stem cells?** If you have a child who needs a stem cell treatment but does not have his own stem cells available, you may want to bank cord blood stem cells from your next child. This child’s stem cells may be a match for the child who needs them.
- **Do you want to be sure your baby’s cells will always be available for her?** Private cord blood banks will store stem cells for future use in your family only. The charges vary from one cord bank to another. The services provided vary, too. You will want to shop around for the best service and best price.
- **Are you willing to donate stem cells to someone else?** You can donate your baby’s cord blood stem cells to one of the public cord blood banks for free if there is one in your area. Another person who matches your baby might use the cells. If your child needs to be treated using stem cells someday, he might be able to get his own cells from the bank, but you run the risk that he might not.
- **Would you like to make your own stem cells available to someone who might need them?**  
If you would like to donate your own stem cells to help save someone’s life, consider signing up as a potential donor with the National Marrow Donor Program. In order to sign up, you will need to get your cells typed. Your type will then be kept in a registry of types. When someone needs a stem cell or bone marrow transplant, his or her type will be checked against the registry. If you are a match, you may be asked to donate. *You could save a life!*

---

## For more information about cord blood banking, visit:

The National Marrow Donor Program..... [www.bethematch.org](http://www.bethematch.org)  
American Academy of Pediatrics ..... [www.aap.org](http://www.aap.org)  
American Congress of Obstetricians and Gynecologists ..... [www.acog.org](http://www.acog.org)  
SEARCH: Committee Opinion 399—Umbilical Cord Blood Banking  
[www.acog.org/Resources-And-Publications/Committee-Opinions/  
Committee-on-Genetics/Umbilical-Cord-Blood-Banking](http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Genetics/Umbilical-Cord-Blood-Banking)

# Planned Cesarean Delivery

**If you and your caregiver have decided that a cesarean birth, or C-section, is the safest way for you to have your baby, please read this information as you prepare. It will help you understand what you can expect before, during, and after your surgery as well as how you should care for yourself after you leave the hospital.**

## **Planning for surgery:**

- Do not bring valuables such as jewelry or electronics to the hospital.
- Remove body-piercing jewelry and tongue studs, false eyelashes, and hairpieces.
- You may wear contact lenses or glasses.
- Pack personal items such as your toothbrush, hairbrush, and clothes to wear home.
- Install your car seat for taking your new baby home.
- One support person will be allowed in the operating room with you.
- Photos before and after birth are allowed; however, video cameras are not allowed in the operating room.

## **The evening before surgery:**

- Shower with the soap your caregiver will give you. This soap has been shown to reduce the chance of developing an infection after your surgery.
- Do not eat solid food within six hours of your scheduled surgery.
- Continue taking your regular medications as directed by your caregiver.

## **Morning of surgery:**

- Arrive two hours before your surgery time. Please come to the registration desk in the Labor and Delivery Unit, located on the 6th floor of the Main Hospital.
- You may drink clear liquids up to two hours before surgery. Clear liquids include water, coffee, tea, and soda. If you eat or drink more than clear liquids, your surgery may be delayed.
- After arrival in Labor and Delivery, you will be asked to change into a patient gown and provide a urine sample.
- Your nurse will review your history, take vital signs, monitor your baby, draw any blood needed for lab work before surgery, and start an IV for fluids.
- The anesthesiologist will visit you before surgery to meet you, review your history, explain the plan, and answer any questions you might have.
- You will sign consent forms for surgery and anesthesia after all of your questions have been answered.

## **Moving to the operating room:**

- You will be moved from your Labor and Delivery room to the operating room.
- Once in the operating room, the anesthesiologists and nurses will help position you for numbing medication injected into the mid- or lower back for pain management during and after surgery (your epidural).
- A catheter will be placed in your bladder to drain urine during the surgery.
- Either hose or slippers that will squeeze your legs or feet to help blood movement in your legs will be placed on your legs or feet.
- After you are ready for surgery, your support person will be brought into the room and be seated by your side.

# Planned Cesarean Delivery

## During surgery:

- The anesthesia will allow you to be awake for the birth of your baby. You may feel pressure and touch but no pain.
- Matching identification bands will be placed on you and your baby. An identification band will also be placed on your support person. For safety and security reasons, these bands need to remain on you, your support person, and baby until discharged from the hospital.
- You will be allowed to hold your baby as soon as you and your baby are able. Your support person can also hold the baby in the operating room.
- Surgery usually lasts about 1 hour.

## After surgery:

- Following surgery, you will return to a Labor and Delivery room where you and your family will have time with your new baby.
- You will be able to breastfeed your baby and practice skin-to-skin care with your baby, usually within the first hour after birth.
- Your vital signs will be taken frequently. You will be taught how to use a pain management pump if needed, and your incision will be watched closely.
- After about 2 hours, you will be moved to your postpartum room.

## Postpartum care:

- Once in your postpartum room, we will continue to take your vital signs and check your dressing.
- You will continue to wear either hose or slippers that will squeeze your legs or feet to help blood movement while you are in bed.
- You may begin drinking clear liquids as soon as you are ready and advance to a regular diet based on how you feel, usually by the day after surgery.
- You may get out of bed with assistance the same day as surgery. Always ask for assistance the first time you get out of bed and until you feel safe walking alone.
- The urine catheter and IV may be removed when you are able to eat and drink and to get up and go to the bathroom.
- Any pain you experience will be treated by either IV medication or medication taken by mouth. Depending on the type of medication used for your surgery, it may continue to work for up to 24 hours after surgery. It is important to tell your caregiver about any pain so that it can be treated.

## Day of discharge:

- You will be given instructions on caring for yourself and your new baby before leaving the hospital.
- Any prescriptions for medications will also be given to you before leaving the hospital.

## At home:

- Make sure you rest as much as possible.
- Try to nap when the baby naps.
- Do not lift anything heavier than your baby.
- Slowly increase your activity.

## Planned Cesarean Delivery

- Eat your normal diet. Drink extra fluids, especially if you are breastfeeding.
- You may shower or bathe as long as your incision edges are not open. Use soap to clean your incision and pat dry.
- Check with your caregiver before resuming sexual activity.
- If staples were used to close your incision, they will be removed about 7 days after your surgery.

### **When to call your caregiver:**

- If you have a temperature over 100.4° F.
- Drainage or fluid from your incision is foul smelling.
- Increased tenderness or soreness at your incision.
- Incision edges are no longer together.
- Redness or swelling at the incision.
- Heavy vaginal bleeding.
- Nausea and vomiting.
- Severe pain that isn't helped by your pain medicine.



# Rooming-In and Skin-to-Skin Contact

## What is rooming-in?

Rooming-in occurs when you and your baby remain together throughout your hospital stay. You will be able to watch for your baby's cues and breastfeed "on demand," leaving the hospital feeling more confident about caring for your baby at home.

## What is skin-to-skin contact?

Skin-to-skin contact, also called "kangaroo care," is when your baby is placed on your chest after birth instead of being wrapped in a blanket and placed in a crib or incubator (warmer).

## How do I have skin-to-skin contact with my baby?

Your naked baby should be placed directly on your skin without a blanket or clothes between your chest and your baby. This allows your body heat to keep your baby warm. It works best if you place the baby on your chest, facing you, between your breasts. You can put a warm, dry blanket on top of both of you. This helps keep that heat around both of you. If your room is cold, you may want to put a hat on your baby so there is less heat lost from your baby's head.

## Why is skin-to-skin contact important?

Skin-to-skin contact is good for both you and your baby. Babies can get too cold right after they are born because they are not able to regulate their temperature. It is comforting for your baby to be close to you. Your baby already knows your scent and touch. Your voice and the rhythm of your breathing are relaxing.

## When should skin-to-skin contact start?

Skin-to-skin contact has the most benefits when you do it right after your baby is born, but it is also good later on. Your partner or a close family member can also have skin-to-skin contact with the baby. This allows them a chance to bond with the baby further.

## What are some benefits of skin-to-skin contact?

- Regulates your baby's temperature better than wrapping your baby in blankets or placing her under a heating lamp.
- Helps your baby's heart and breathing rate stay regular.
- Shortens the time it takes to deliver your placenta.
- Helps your baby smell and find your nipple so breastfeeding starts easily and is more successful. Your body may also make more breast milk.
- Lowers the levels of stress hormones in your blood, which helps you bond with your baby.
- Builds your confidence about parenting and your ability to take care of your baby's needs.
- Your baby may spend more time sleeping, longer time being quiet and awake, and less time crying.
- Babies who have skin-to-skin contact right after birth are less likely to need to be in the neonatal intensive care unit (NICU).
- If your baby is sick, skin-to-skin contact can help your baby heal.



# Rooming-In and Skin-to-Skin Contact

## What are the risks of skin-to-skin contact?

If you and your baby are healthy right after the birth, there are no health risks from skin-to-skin contact.

## When might my baby need to be taken to an incubator?

If your caregiver sees that your baby needs additional help breathing or keeping a normal heartbeat in the first minutes after birth, he may be taken to an incubator. There, tools like oxygen can be used to help your baby adapt to life outside the uterus (womb).

---

## For more information about skin-to-skin contact, visit:

YouTube ..... [www.youtube.com](http://www.youtube.com)

SEARCH: "VCU Health Skin-to-Skin Contact After Birth"

March of Dimes ..... [www.marchofdimes.org](http://www.marchofdimes.org)

# Circumcision

## What is circumcision?

At birth, baby boys have loose skin that covers the head of the penis. This is called the foreskin. Cutting off all or part of the foreskin of the penis is called circumcision.

## Why is circumcision done?

Circumcision is done for religious, cultural, appearance, or health reasons. People who are Jewish believe that circumcision at 8 days old is a commandment from God, and the decision to get their baby boy circumcised is faith-based. Muslim people also believe that circumcising boys is a way to be more faithful to God. In the Muslim faith, circumcision can be done at any point in a boy's life, depending on local traditions. Some parents choose circumcision so that their son will have a penis that looks like his father's. Other people choose circumcision because they believe it is cleaner or will protect the boy or man from infection or cancer.

## Is circumcision cleaner? Does it protect from infection or cancer?

Regular washing with soap and water is enough to keep the penis clean. Circumcision does not make the penis stay cleaner. Uncircumcised boys do need to be taught to clean beneath their foreskin, just like they need to be taught to wash their hands or brush their teeth. Circumcision does seem to protect against some types of infection or cancer. Cancer of the penis is one type of cancer that circumcision may prevent. However, cancer of the penis is very rare. Statistically speaking, 300,000 circumcisions would need to be done in order to prevent 1 case.

## What happens during a circumcision?

Your caregiver will typically perform the circumcision in the hospital before you go home. Religious circumcisions are most often done at home or in a synagogue. As with any hospital procedure, all of your questions will be answered and you will be asked to sign a consent form before the procedure.

To decrease pain from the procedure, caregivers will inject a small amount of anesthesia at the base of the penis, put anesthetic cream on the penis, or give the baby sugar water to encourage sucking.

There are different ways to perform a circumcision. In general, a clamp or circular device is carefully placed around the foreskin of the penis so the foreskin can be carefully cut away with a scalpel. After the circumcision is complete, petroleum jelly and a dressing may be put over the tip of the penis. This protects the skin of the penis while it heals and prevents it from getting stuck to the diaper. A little bit of blood may be seen and is often normal after the procedure.

## How do I decide if I should have my son circumcised?

The American Academy of Pediatrics says that you do not need to circumcise your baby for health reasons. They recommend that you talk to your caregiver to decide if circumcision is the right choice for your family. You may also wish to discuss the question with your family or spiritual adviser. While many people in the United States choose to circumcise their baby boys, it is not a common practice in Europe or Asia.

# Circumcision

## What are the risks and benefits of circumcision?

People have strong feelings about circumcision. We do not have a lot of good information about the risks and benefits.

*About 1 in 500 baby boys will have a problem with circumcision. Possible risks include:*

- Bleeding or infection in the penis
- Infection spreading to other parts of the body
- Narrowing of the opening of the penis, which can cause problems with urination
- Partial amputation of the penis
- Death of some of the other skin on the penis
- Removal of too much foreskin, which can cause pain during sex later in life
- Very rarely, death—this occurs in about 1 in 500,000 boys
- Pain if anesthesia is not used

When older boys or men are circumcised, they have the same risks as babies. They report severe pain.

*Possible benefits of circumcision:*

- Less risk for some rare kinds of cancers, like cancer of the penis
- Fewer bladder or kidney infections
- Less risk for some sexually transmitted infections, like HIV

---

## For more information about circumcision, visit:

The American Academy of Family Physicians.....[www.familydoctor.org](http://www.familydoctor.org)  
Medline Plus ..... [www.nlm.nih.gov/medlineplus/circumcision.html](http://www.nlm.nih.gov/medlineplus/circumcision.html)  
The American Academy of Pediatrics ..... [www.aap.org](http://www.aap.org)

# Newborn Care Plan

**For the health of your newborn, we suggest that you take several steps before your baby is born.**

**Mother's Name:** \_\_\_\_\_ **Due Date:** \_\_\_\_\_

## **Find a pediatrician before your baby is born.**

A pediatrician, a physician who specializes in caring for babies and children, will be one of the most important members of your baby's healthcare team. So it is important to choose one before your baby is born. We can help. We can give you names of pediatricians, so you can schedule meetings and tour their clinics. These meetings are called "prenatal conferences." (Prenatal means "before birth.") They are a great way for you and the physician to get to know each other.

*Find a pediatrician:*

- Schedule a prenatal conference with a Children's Hospital of Richmond at VCU (CHoR) pediatrician: (804) 828-CHOR (2467).
  - View profiles of CHoR pediatricians online.  
[www.chrichmond.org/Services/Looking-for-a-New-Pediatrician.htm](http://www.chrichmond.org/Services/Looking-for-a-New-Pediatrician.htm)
  - My baby's pediatrician's name:
- 

## **Before your baby is born, learn about how to care for your infant in the minutes and hours after birth.**

*When it comes to the care of your newborn, VCU endorses and routinely practices:*

- Skin-to-skin contact between mother and baby immediately after birth
- Delayed cord clamping
- Breastfeeding within the first hour after birth
- Bath for baby 6 to 8 hours after birth
- Vitamin K shot for baby
- Erythromycin eye ointment for baby
- Hepatitis B vaccine for baby

If you have any questions about the practices listed above, please speak with your caregiver prior to the birth of your baby.

## **Before your baby is born, let us know about circumcision for baby boys.**

If you have a boy, do you want us to circumcise him? (circle one)   Y   or   N



# Importance of Exclusive Breastfeeding

**Breastfeeding is a precious gift you can give your baby. Human milk is the best food for human infants. It has just the right amount of all the types of nutrition your baby needs to grow and stay healthy.**

## **Breastfed babies have:**

- Fewer ear and nose problems
- Fewer sore throats
- Fewer colds
- Fewer bladder infections
- Lower risk of very bad infections, such as meningitis
- Better eyesight
- Better health of teeth and mouth
- Higher IQs

## **Babies need only breast milk for the first 6 months.**

- Breast milk has all the nutrients and water your baby needs for the first 6 months.
- Breast milk helps your baby have frequent stools, which lowers the risk of jaundice (a medical condition marked by yellowing of the skin).

## **Babies who are not breastfed have a higher risk for:**

- Sudden infant death syndrome (SIDS)
- Allergies
- Asthma
- Eczema (skin rash)
- Diabetes (high blood sugar)
- Ulcerative colitis, Crohn's disease, celiac disease (problems with the bowels)
- High blood pressure
- High cholesterol
- Heart disease
- Obesity
- Cancer

## **There are many health risks linked to babies who do not get breast milk.**

Full-term infants who are not breastfed are 3 times more likely to have breathing problems than breastfed babies. There is a 32% higher rate of obesity in babies who do not get breast milk.

# Importance of Exclusive Breastfeeding

## **Breastfeeding helps mothers, too!**

- Encourages bonding and gives comfort to both you and your baby
- Raises maternal hormones that help to lower feelings of worry, fear, and depression
- Raises confidence in parenting, coping abilities, and self-esteem
- Lowers your risk of getting an infection after the birth of your baby
- Reduces bleeding after giving birth and helps prevent anemia (low iron levels)
- Encourages child spacing due to slower return of ovulation
- Helps you lose the “baby weight” after giving birth, especially in the belly

## **Breastfeeding also lowers your risk of developing:**

- Ovarian cancer
- Breast cancer
- Type II diabetes (high blood sugar)
- Rheumatoid arthritis
- Osteoporosis (brittle bones)

## **Breastfeeding saves time and money.**

- Breast milk is available at all times.
- There is no need to measure or mix.
- There is no cost for the milk.
- Mothers who breastfeed are less likely to miss work due to baby being sick.
- Breastfeeding could save you over \$1,500 a year!

---

## **For breastfeeding advice and support, call:**

VCU Health Lactation Services—Warmline ..... (804) 828-2952

# Preterm Infant Breastfeeding Benefits

**Can I give breast milk to my baby if he is premature?** Yes!

**Why is breast milk best if my baby is premature?**

- Breast milk is like medicine. Breast milk has nutrients and helps babies fight against sickness and problems with their bowels.
- Babies who are born early but receive breast milk are able to do better with feedings and have better weight gain.
- Breastfed babies have better mental, motor, and behavioral scores.

**Breast milk will also lower her chances of:**

- Allergies
- Asthma
- Eczema (skin rash)
- Diabetes (high blood sugar)
- High blood pressure
- Heart disease
- Obesity
- Retinopathy of prematurity (eye disease)
- Leukemia (blood cancer) as a child

**What do I do if my baby is not ready or is too little to breastfeed?**

- Nurses will help you with breast pumping soon after giving birth. Making breast milk is based on supply and demand. If you do not pump, your body will not make milk.
- Pump at least 8 to 12 times over a 24-hour period to help establish your milk supply, even during the night.
- Any amount of breast milk you can give to your baby will help, especially the milk you make and give in the first few days.
- Our nurses will teach you how to use the breast pump and the right way to store the breast milk for your baby.
- Early close contact with your baby will encourage milk production and bonding. As soon as both you and baby are ready, your baby's nurse will help you with skin-to-skin holding.

---

**For breastfeeding advice and support, call:**

VCU Health Lactation Services—Warmline ..... (804) 828-2952





# Skin-to-Skin Contact and Breastfeeding

## Why should I have early skin-to-skin contact with my baby?

- Holding your baby skin to skin right after birth helps keep your baby warm and comforted.
- It helps your baby keep his body heat and helps steady his heart rate and breathing.
- Skin-to-skin contact in the first few days helps your baby gain weight and helps you start a good milk supply.

## The American Academy of Pediatrics advises these guidelines:

- All healthy newborns should be placed skin to skin with mom right after birth.
- Doctors and nurses can conduct the first exams on your baby while she is on mom's chest.
- Getting the birth weight and sizes, bathing, and giving vitamin K can wait until after mom nurses for the first time.
- It is best to wait about an hour to have friends and family meet the baby. This lets mother and baby focus on breastfeeding.

## Why should I breastfeed my baby in the first few hours after birth and room-in with my baby?

- Babies are alert the first 2 hours of life and then have times of light and deep sleep for the next 2 to 20 hours.
- Babies can make their way from mom's belly to breast in that first hour of life, and often attach with very little help.
- Frequent nursing in the first days of life will help increase the amount of milk you make for baby.
- Colostrum, the first milk, is "liquid gold." It is measured in droplets and gives baby nutrients. It also helps guard against disease and illness.
- The amount of milk you produce will increase to match the growing size of your baby's belly.
- Early nursing helps your uterus go back to the size it was before pregnancy, decreases bleeding, and reduces your chances of developing anemia (low iron levels).

---

## For more information about skin-to-skin contact, visit:

YouTube ..... [www.youtube.com](http://www.youtube.com)

SEARCH: "VCU Health Skin-to-Skin Contact After Birth"

March of Dimes ..... [www.marchofdimes.org](http://www.marchofdimes.org)



# Baby Feeding Cues

## What is “baby-led” feeding?

- Your baby will show cues when he is hungry.
- Keep your baby with you as much as you can in the days after birth so you learn these cues.
- Keep your baby in your hospital room with you. Studies show that rooming-in will help you and your baby rest and sleep better.
- Hunger cues from the baby are mouth movements, sticking the tongue out, bringing hand to mouth, and rooting around.
- Crying is a late sign of hunger. Your baby will need to be calmed down before she is able to latch onto the breast.

## Frequent breastfeeding helps you to make more milk. Allow your baby to nurse as often as he wants.

- Your baby will want to eat often, because breast milk is digested quickly, his tummy is small, and your baby is growing.
- Allow baby to finish on 1 breast before switching to the other breast. This helps her to get hind milk.
- Hind milk is rich in fat, which will help your baby grow and sleep better.
- After she finishes, burp baby and move to the second breast. Sometimes you need to insert your clean finger in the corner of your baby’s mouth to get her to detach from the breast.
- Your baby might not nurse as long on the other side, so at the next feeding, start on that side.
- Baby is finished when he lets go of the breast or falls asleep.

## Why should I avoid pacifiers and bottles?

- Pacifiers hide your baby’s hunger cues.
- If the hunger cues are hidden, your body will not know to make more milk.
- Sucking on a bottle or pacifier is not the same as the breast, so the baby might get confused.
- Your baby uses her jaw, lips, and tongue in a different way for nursing. Using a bottle or pacifier may prevent her from latching onto the breast well.

---

## For breastfeeding advice and support, call:

VCU Health Lactation Services—Warmline ..... (804) 828-2952



## Breastfeeding Positions



### Laid-back breastfeeding

Lean back with your head and chest well supported—not flat, but leaning back so that when you put your baby on your chest, gravity will keep him in position with his body molded to yours. Let your baby's whole body front touch your whole body front. Let your baby's cheek rest somewhere near your bare breast. Assist baby as needed to latch.



### Cross-cradle position

In this position, hold your baby with his tummy to your tummy. Hold your forearm along baby's back; with your hand supporting baby's neck and shoulders. Your other hand can support the breast.



### Football Hold

In this position, your baby's body is under your arm and your hand supports his neck and shoulders. Your other hand can support the breast.

## Breastfeeding Positions



### Side-lying position

This position allows you to rest while your baby feeds. Lie on your side, with your tummy to baby's tummy. Gently support your baby. When her mouth opens wide, press your baby onto your breast with your lower hand between baby's shoulder blades. Assist your baby to latch.



### Cradle position

This position allows you to hold baby in the crook of your arm. Sit in a chair that has supportive armrests or on a bed with lots of pillows. Avoid leaning into baby. Bring baby to your breast. Baby should be lying on her side with her face, stomach, and knees facing you. Tuck her arm under your arm.

---

### For breastfeeding advice and support, call:

VCU Health Lactation Services—Warmline ..... (804) 828-2952

# Breastfeeding Latch

## How do I help my baby to breastfeed?

- Babies are alert for the first few hours after birth, so it is the perfect time for baby to start breastfeeding.
- Place your baby skin to skin on your chest as soon as you can after birth. This helps your baby adjust to life outside your womb.
- The baby will smell colostrum (the first milk) and may crawl her way to your breast and latch on by herself!
- Being close to your breast will also keep your baby warm and help her feel safe. This helps to keep her body heat, heart rate, and breathing even.
- Skin-to-skin touch and breastfeeding cause hormones to release that help you bond with your baby and make more milk.
- Babies can get overstimulated from all the sounds, movement, and sights of their new world. Holding your baby close at the breast will help keep her calm.

## How can I help my baby learn to latch onto my breast?

- Hold your baby with his tummy to your tummy.
- Bring baby up to the level of your breast (a pillow or pillow made for breastfeeding may help).
- Bring your baby to your breast. Don't lean over to your baby. (Bending over can cause back pain.)
- With one hand, support the back of your baby's neck while supporting baby's body with the same arm.
- With the other hand, support the area behind the areola of your breast (the darker part of your breast).
- Baby's chin should be pressed into your breast, with your nipple just opposite his nose.
- To get baby to open her mouth wide, tickle the baby's upper lip with your nipple.
- Once your baby opens his mouth, quickly bring the baby to your breast.
- The baby should latch onto the areola, not just the nipple. This helps your baby get more milk and helps prevent sore nipples.

---

## For breastfeeding advice and support, call:

VCU Health Lactation Services—Warmline ..... (804) 828-2952





# Is Baby Getting Enough?

## Your baby needs only breast milk for the first 6 months.

- Breast milk is the only source of food and water your baby needs for the first 6 months of life.
- Breast milk helps your baby have frequent stools, which lowers his risk of jaundice.

## How will I know my baby is getting enough to eat/drink?

Day 1: 1 wet diaper and blackish stool

Day 2: 2 wet diapers and brownish stool

Day 3: 3 wet diapers and greenish stool

Day 4: 4 wet diapers and yellowish stool

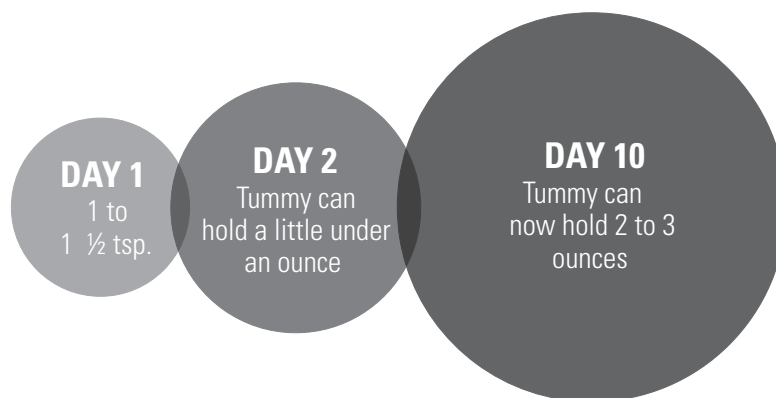
After Day 4: 6 to 8 wet diapers and yellow stool

It is common for a baby to lose up to 10% of birth weight and gain it back by day 10 to 14.

A baby's tummy is very tiny when he is first born. It grows a little bigger each day. The amount of breast milk will go up a little each day to match your baby's tummy size.

Your baby requires only breast milk until 6 months of age. Feeding your baby other foods before 6 months of age can increase his chances of developing allergies.

## Tummy Capacity of Baby in First 2 Weeks



## For breastfeeding advice and support, call:

VCU Health Lactation Services—Warmline ..... (804) 828-2952



## Challenges With Milk Supply

**Nursing your baby can sometimes be a challenge. Breastfeeding is new to you and your baby. Our doctors, nurses, and lactation consultants are trained to help you nurse your baby more easily. We are here to help!**

### **I'm worried that I do not have enough milk for my baby:**

- Your baby is getting enough milk if she is gaining weight steadily and is calm and relaxed after feedings.
- Be sure to visit your baby's pediatrician within 3 to 5 days after birth to have her weight checked.

### **Signs that your baby is getting enough milk:**

- Your baby is passing clear or pale-yellow urine (after day 5, there should be 6 to 8 wet diapers).
- Routine bowel movements. Most breastfed babies have 2 to 3 soft, yellow bowel movements each day.
- Your baby will have short periods of sleep and will be wakeful and alert at times.
- Your breasts are softer after nursing.

### **To ensure that your baby is getting enough at each feeding:**

- Breastfeed often, and let your baby decide when to end feeding.
- Offer both breasts at each feeding session.
- Allow your baby to stay on the first breast as long as she is sucking and swallowing.
- Burp your baby and move to her to the second breast.
- Try not to use a pacifier when trying to increase milk supply.

Growth spurts may cause your baby to want to nurse more often and for a longer period of time. This often occurs around 2 to 3 weeks, 6 weeks, and 3 months of age. Nursing often will help increase milk supply.

---

### **For breastfeeding advice and support, call:**

VCU Health Lactation Services—Warmline ..... (804) 828-2952



# Engorgement

## What is engorgement? How do I avoid it?

It is normal for breasts to be larger and heavier when they start to make more milk. Your breasts may feel very hard or painful. They may also feel warm or tender, they may throb, or your nipples may flatten. Sometimes, women may have a low fever. This is called engorgement. It is not an infection, but a buildup of milk. Engorgement can happen at any time, but it happens most often 3 to 5 days after birth. It is important to prevent engorgement, as it can lead to a plugged duct or breast infection.

- Breastfeed often, and let your baby feed as long as she wants. In the few weeks after birth, feed your baby on cue, at least 8 to 12 times in a 24-hour period. If your baby is not waking to feed at least 8 times, call your caregiver.
- Breastfeeding often stops the breast from getting overly full.
- If baby has a hard time latching when your breasts are full, hand-express or pump a little milk to soften the breast, areola, and nipple.
- Massage your breasts, manually express milk, or use a pump if needed.
- Change breastfeeding positions.
- Apply cold packs in between feedings to help ease pain.

---

## For breastfeeding advice and support, call:

VCU Health Lactation Services—Warmline ..... (804) 828-2952



# Plugged Ducts and Mastitis

## What is a plugged milk duct?

A plugged duct results when your breast milk does not drain the right way. The area around the duct becomes inflamed. The blocked duct will feel like a lump and may be sore to touch. This often happens in 1 breast at a time.

## What do I do for a plugged milk duct?

- Try to breastfeed at least 8 to 12 times in a 24-hour period, starting on the side that is plugged. This will help to loosen the plug and help the milk drain.
- Massage the breast, starting behind the sore area. Massage your breast in a circular motion toward the nipple.
- Change breastfeeding positions.
- Use a warm pack on the sore area.
- Wear a well-fitting, supportive bra that is not too tight. Try a bra that does not have underwire.

## What is mastitis?

Mastitis is a sore, painful breast or a lump that comes with a fever or flulike symptoms. It is sometimes hard to tell the difference between a plugged duct and mastitis, which is an infection. If your symptoms do not go away after 24 to 48 hours, the infection may need to be treated with medicine from your caregiver.

If you think you have mastitis, first follow the instructions above to care for a plugged duct. If your symptoms do not improve in 24 to 48 hours, call your caregiver.

---

## For breastfeeding advice and support, call:

VCU Health Lactation Services—Warmline ..... (804) 828-2952





# Sore Nipples

## How can I treat sore nipples?

- It is important that your baby is able to latch onto the breast the right way. Check to be sure the baby is not sucking just on the nipple, but has the whole dark part around the nipple in her mouth.
- Try to change the way you sit or lie down each time you nurse. This will help change the pressure on parts of the breast.
- After nursing, express a few drops of breast milk on nipples. Human milk has healing properties that soothe.
- Allow nipples to air-dry after feeding.
- Don't wear too-tight bras or clothing. This may put pressure on your nipples.
- Change nursing pads often. Moist pads or bras can cause soreness or discomfort.
- Avoid soap that has astringents. It will make your nipples dry. Simply washing with water will keep your nipples and breasts clean.
- If you are thinking about using creams or a nipple shield, consult with your caregiver first.
- Seek guidance from our lactation consultants by calling the number below.

## What do I do if my nipples are inverted, flat, or very large?

- Nipple size or shape may make it harder to breastfeed, but it is not impossible. Talk to our lactation consultants if you are worried that the size or shape of your nipples will affect breastfeeding.
- Use your fingers to try to pull your nipple out. Special devices are also available to pull out inverted or temporarily flattened nipples.
- Over time, if your nipples are very large, your baby's latch will improve.

---

## For breastfeeding advice and support, call:

VCU Health Lactation Services—Warmline ..... (804) 828-2952



## Cup or Spoon-Feeding

**At times your baby may need extra expressed breast milk. When a breastfed baby uses a nipple made for a bottle, it can cause her to be confused. The way a baby sucks for breastfeeding is not the same as she would suck a bottle-type nipple. After sucking on a rubber nipple, your baby may become frustrated when coming back to the breast. Other choices are cup or spoon-feeding.**

### Cup feeding

- Use a small cup that holds 1 or 2 ounces of liquid. Cups made out of BPA-free plastic that can be bent into a spout shape are best.
- Fill the cup at least half full with expressed breast milk.
- Hold your baby upright on your lap.
- Hold the cup to your baby's lips and tilt it until the milk just reaches his lips.
- Be patient and allow your baby to lap up the milk at his own pace.
- Do not pour the milk into your baby's mouth, as that may cause him to choke.

### Spoon-feeding

- Express breast milk right into the spoon.
- Support your baby upright on your lap.
- Offer small spoonfuls of expressed breast milk.
- Place the tip of the spoon on her lower lip.
- Allow your baby to take the milk and swallow at her own pace.

---

### For breastfeeding advice and support, call:

VCU Health Lactation Services—Warmline ..... (804) 828-2952



# My Baby Won't Breastfeed

## **Why won't my baby breastfeed? He was feeding great, but he now refuses to breastfeed.**

A nursing strike may be your baby's way of telling you something is wrong. It does not mean that your baby is ready to wean. Place your baby skin to skin and offer the breast as often as you can.

### **Major reasons why your baby may not nurse:**

- Mouth pain (teething, thrush, or a cold sore)
- Ear infection
- Your baby has a hard time relaxing due to your positioning
- Upset from being away from you too long or a change in routine
- Distraction as she starts noticing the world around her
- A cold or stuffy nose
- You are not producing enough milk
- Upset because of mom's reaction if baby bit mom
- Stress or overstimulation

It's normal to be upset if baby does not nurse. Do not feel guilty or think that you have done something wrong. Call our lactation consultants at the number below for help.

---

### **For breastfeeding advice and support, call:**

VCU Health Lactation Services—Warmline ..... (804) 828-2952



# Breastfeeding Can Continue When You Return to Work

## How can I keep nursing my baby if I am going back to work?

*The federal Patient Protection and Affordable Care Act of 2010 stipulates:*

- Employers must grant break time for an employee to nurse her child or pump breast milk for 1 year after the child's birth.
- The area to do this cannot be a bathroom and must be private and away from view of coworkers or intrusions.
- A worker should not lose wages or be docked time due to time spent away from work to nurse or pump milk.

## How do I make sure that my baby will have enough to eat when I go back to work?

- Once the amount of milk is established and baby is nursing well (4 to 6 weeks old), you can give your baby a bottle a day. Your baby may take the bottle better if someone other than you feeds him.
- Buy an electric or battery-powered breast pump.
- Use a pump that will pump both breasts at one time. It saves time. This will shorten pumping sessions to 10 to 15 minutes.
- Start using the pump a few weeks before returning to work. Try to pump at times that you would most likely pump at work.
- Breastfeed as soon as you can after work. Nurse your baby at the day care before driving home or right after getting home.
- When pumping, drink and eat a small snack. Perhaps bring a picture of your baby to look at while pumping.
- Store pumped milk in a refrigerator or cooler.

---

## For breastfeeding advice and support, call:

VCU Health Lactation Services—Warmline ..... (804) 828-2952





## Exclusive Breastfeeding for the First 6 Months

### **Babies are not ready to eat solid foods until they are 6 months old because:**

- Until your baby is 6 months old, she will not have enough stomach acid to digest solid foods.
- Breast milk is easier for your baby to digest than other foods.
- Other foods can increase your baby's chances of having health problems with her stomach or intestines.

### **Your baby is ready to eat solid foods if she:**

- Is twice her birth weight
- Is able to hold her head up and control it
- Can sit up with support
- Either turns her head away or won't open her mouth when full
- Can show when she is hungry
- Does not push the spoon out of her mouth with her tongue

### **Why should I feed my baby only breast milk during the first 6 months?**

- Nursing helps your baby to feel safe.
- Nursing gives him comfort and feelings of safety as he learns to talk and walk.
- Breast milk helps to keep your baby healthy by fighting off illnesses. It helps protect him from getting sick when he is around other children and adults.

The American Academy of Pediatrics promotes breastfeeding as the sole source of food until babies are 6 months old. You can keep nursing your baby as long as you and baby want.

*The longer you breastfeed, the better it is for your baby!*

---

### **For breastfeeding advice and support, call:**

VCU Health Lactation Services—Warmline ..... (804) 828-2952



# Motherhood: The Early Days

## What can I expect in the first few months after my baby arrives?

*New mothers and their families face many challenges in the first few months:*

- Your body and your hormones have to get back to normal.
- You and your baby will be learning to breastfeed.
- Babies sleep only a few hours at a time. The whole new family will have a hard time getting enough sleep.
- You and your family need to learn how to parent this new family member.
- If you have a partner, you have to figure out how to stay together as a couple and maybe even start to have sex again.
- You may have to figure out how to keep from getting pregnant again right away.
- You may need to return to work and find day care.

## How long will it take for my body to get back to normal?

Some changes occur quickly, while others will not happen as fast. Just remember to have patience! It took 40 weeks to have your baby. Give yourself 40 weeks to get back to normal.

*What you can expect from your body:*

- Your uterus, cervix, and vagina will all shrink to their normal size in about 2 weeks. Your vagina may be tender and dry for a few months—especially if you are breastfeeding.
- If you had stitches or hemorrhoids, your “bottom” will be sore for 2 weeks or more.
- For some women who have problems urinating, it can take several months for you to be able to hold your urine when you cough or sneeze or suddenly pick up something heavy.
- Your breast milk will “come in” 2 to 3 days after the birth of your baby. It will take 6 to 8 weeks for you and the baby to get the hang of breastfeeding and find a pattern. During these first weeks, you can have engorged breasts at times and often leak milk.
- Your stomach and intestines all have to fall back into place. You may have a lot of gas for a few weeks. You may be constipated—especially if you are breastfeeding.
- Your stretched stomach muscles can recover in a few weeks, but for some women it takes longer to recover (6 months to 1 year).
- If you had a cesarean delivery, you may have pain or numbness around the incision for 6 months or more.
- Losing the weight you gained during pregnancy will probably take 6 months to a year.

## What can I expect when my hormones change?

About 75% of all women will get the “baby blues.” This usually starts about 3 days after the birth of your baby. You may cry easily and feel very tired. A few women become very depressed. If you had a cesarean delivery or your new baby was sick, you are at higher risk for depression.

*Call your caregiver right away if you:*

- Cannot care for yourself or your baby.
- Feel very nervous or worried.
- Cannot stop crying.
- Are having thoughts of hurting yourself or your baby.

# Motherhood: The Early Days

## Preparing for the baby's arrival:

- **Plan ahead.** Talk with your partner and your family about the time ahead. If you can, arrange for someone to help you during the first weeks at home.
- **Look at birth control options.** Talk with your caregiver about birth control options and make a plan before the baby comes.
- **Take parenting classes.** If you are worried about how to parent a newborn, take our parenting classes. You will learn a lot about how babies act, and you will make some friends who are going through the same thing at the same time.
- **Get help caring for your baby.** Arrange for someone to help with baby care.

## After the baby comes:

- **Ask for help.** Let other people do the cooking and cleaning and run the house. Focus on yourself and your baby.
- **Sleep whenever you can.** Try not to be tempted to “get some things done” when the baby sleeps. This is your time to sleep, too.
- **Drink lots of water.** You will need 8-10 glasses of water every day to avoid constipation and make enough breast milk. Every time you sit down to breastfeed, have a big glass of water with you to drink while you are nursing.
- **Eat lots of vegetables and fruit.** You will need lots of vitamins and fiber to help your body get back to normal. This will also help you avoid constipation.
- **Go outside and walk.** Babies can go outside even if it is very cold. Fresh air and sunshine will do you both good.
- **Keep your nipples clean and dry.** Rinse your nipples after each feeding and let them air-dry.
- **Take sitz baths.** Put about 6 inches of warm water in your bathtub and sit in there for 15 minutes 2 or 3 times a day. This will help your “bottom” heal more quickly. It will also give you 15 minutes of private time!
- **Talk to other mothers.** Join a support group for new parents. Our Postpartum Breastfeeding Support Group invites moms to bring their babies, questions, and concerns. To register for this free support group, call (804) 828-4409.

## Things to do with your partner:

- **Keep talking.** Share the experience with each other.
- **Spend time alone.** Even a 30-minute walk can be a date.
- **Start a birth control method.** You can get pregnant before you even have a period. It is very important to use birth control if you do not want to get pregnant again right away. Consult your caregiver to understand your options.
- **When you have sex, use a lubricant.** A lot of lubricant! Take it slow. The first few months after a baby comes can be a lot like floating in a jar of honey—very sweet and golden, but very sticky too. Take time to enjoy the good parts. Remind yourself that this time will pass.

---

## For more information about what to expect in the early days of motherhood, visit:

Office on Women's Health, Department of Health and Human Services ..... [www.womenshealth.gov](http://www.womenshealth.gov)

To register for VCU Health Postpartum Breastfeeding Support Group..... (804) 828-4409

Getting Better Together: Postpartum Support Group for Moms ..... [www.vcuhealth.org](http://www.vcuhealth.org)

SEARCH: Getting Better Together

# Caring for Your Body After Vaginal Birth

**After you give birth through the vagina (instead of having a cesarean delivery), tissue at the opening to the birth canal can feel sore and tender for a couple of weeks. This area is called the perineum, and it is between your vagina and your anus. This discomfort is especially likely if you needed stitches. Even without stitches, your perineum might be swollen and sore. You might also have other discomforts, such as constipation, hemorrhoids, and pain during urination.**

## **Help the perineum heal.**

- **Sitz baths.** Fill your tub with about 6 inches of warm water and sit in the tub for 10 to 15 minutes at least 2 to 3 times each day. The warm water increases the flow of blood to the perineum, which helps the area heal.
- **Kegel exercises.** Do Kegel exercises (starting at the back passage, begin by tightening your pelvic floor like you are stopping gas or a bowel movement) often during the day. Kegel exercises also increase the flow of blood to the perineum.
- **Numbing spray.** You may have been given a small can of numbing spray for your perineum. You can spray it on your perineum to help with the pain. If you did not get the spray, call your caregiver and ask for a prescription for numbing spray (lidocaine).
- **Fresh air.** The perineum will heal faster if it is dry and warm, which is hard to do when you are wearing a pad for vaginal bleeding or discharge. So when you are lying down to rest or breastfeed, take your underwear off to expose the perineum to fresh air.
- **Pelvic floor restoration.** For early postpartum restoration of the abdominal wall with pelvic floor, contract pelvic floor muscles, purse lips like blowing out a candle and lightly blow out for as long as possible pulling belly in firmly as you go; relax all and repeat. Progress to: Contract pelvic floor muscles, pull in belly and slide 1 foot half way down (easier) OR all the way down (harder) then slide back up. Keep pelvic floor and abdominals contracted and do not allow any movement in your spine.

## **Avoid or treat constipation.**

Constipation means you are having trouble with bowel movements, when stools (or poop) are hard, dry, or painful to pass. It is a common problem for some women after childbirth. You can take steps to prevent it or improve it.

### *Steps to avoid constipation:*

- **Water.** Drink at least 8 big glasses of water a day to keep from getting constipated, especially if you are breastfeeding.
- **High-fiber diet.** High-fiber foods and water work together to help you avoid constipation. Some good choices: lots of fruits and vegetables, salads, brown rice, dried fruits like prunes and figs, and yogurt.

### *Treating constipation:*

- **Stool softener.** This is a type of medicine you can buy without a prescription. Look for the generic name docusate (Colace®). Take 1 to 2 doses each day until your stools are soft.
- **The first bowel movement.** The first bowel movement is not going to hurt as much as you think it will. Don't wait or avoid it, because holding the stool in will make it harder to push out. When you feel like you can have a bowel movement, you can take steps to make sure pushing doesn't hurt the perineum or any stitches:
  - » Once in the bathroom, make a big ball out of toilet paper.
  - » While you bear down to have a bowel movement, use the ball of toilet paper to push up against your perineum in front of the anus with the toilet paper. This will support the area and any stitches, so they don't pull. You might urinate on your hand, but this will allow you to have a bowel movement without putting painful pressure on your perineum.

# Caring for Your Body After Vaginal Birth

## **Pay attention to stinging when you urinate.**

If you have stitches or even small tears, you may feel burning and stinging when you urinate (pee). The urine itself is the likely cause.

*To make urinating more comfortable:*

- While you urinate, spray your perineum with warm water, using a spray bottle. This will dilute your urine and make urinating more comfortable.
- An infection might also cause pain. So contact your caregiver if:
  - » You feel pain inside your body.
  - » You need to urinate more often than normal.
  - » You can urinate only in small amounts.

## **Treating hemorrhoids.**

Hemorrhoids are swollen veins in or just outside the anus, which is the opening where stools come out of the body. They can be painful, but they are not usually serious. You can take steps to shrink them and prevent pain, but they will never go away completely.

*To treat hemorrhoids:*

- Avoid constipation.
- Use over-the-counter ointments such as Preparation H® or Anusol®.
- Clean the area using witch hazel (Tucks® pads). Witch hazel helps swollen tissue get back to normal. The pads are great to wipe with after you have a bowel movement. Witch hazel pads can be found in the drugstore. You can also make your own pads by soaking cotton balls in regular witch hazel (very inexpensive and available in all drugstores).

Most women feel much better about 3 weeks after birth. To help you heal and know when you might need more care, we have provided guidelines below.

*Call your caregiver if you:*

- Have a fever over 100°F.
- Have increasing pain, especially in your vagina, perineum, or rectum.
- Have discharge with an odor that gets stronger over time or starts to smell like fish. It's normal for your discharge to smell strong for several weeks. But it should not get stronger or start to smell like fish.
- You can expect your blood to be bright red for 3 to 4 days after giving birth. You may also pass a few blood clots during this time, especially when getting up or after breastfeeding. Over time, the bleeding or discharge will become yellowish and light red. Then you will have light red or pink spotting for several weeks. You might have a burst of bright red bleeding 10 to 14 days after giving birth when the placenta site heals. As long as this bleeding lasts for less than a day and tapers off, that is OK. If you have bright red blood that soaks more than 2 pads an hour and continues for more than 2 hours, or if you pass several blood clots, call your caregiver.
- Feel pain inside your body when you urinate (or pee).
- Need to urinate more often than normal.
- Can urinate only in small amounts.

## Ultimate Birth Control Guide

Type	Popular Brands	How to Use	Effectiveness*	Recommended For	Not Recommended For	Possible Side Effects	Is a Prescription Needed	When You Are Protected	Does It Contain Hormones	Does It Protect Against STDs
Female or Male Sterilization		Surgical procedure	99%	Women who want a permanent form of birth control	Women who may want to have more children	To be discussed with your doctor	No—Performed surgically	Backup should be used until effectiveness is confirmed	No	No
Copper IUD	ParaGard®	Small device inserted in uterus by healthcare professional, monthly self-check for placement required, lasts up to 10 years	99%	Women who desire a long-acting reversible method, women who cannot take estrogen, women who require emergency birth control	Women who want short-term birth control	Cramping after insertion, possibly heavier menses, most women continue normal cycles	Yes	Immediately	No	No
IUD	Mirena®	Small device inserted in uterus by healthcare professional, monthly self-check for placement required, lasts 5 years	99%	Women who desire a long-acting reversible method, women who cannot take estrogen	Women who want short-term birth control	Cramping after insertion, irregular bleeding (period may stop completely)	Yes	Immediately if inserted the first day of period, otherwise backup is needed for 1 week	Progestin	No
Implant	Nexplanon®	Matchstick-size rod implanted under inner-arm skin by healthcare professional, lasts at least 3 years, no additional action required	99%	Women who desire long-acting reversible birth control, women who cannot take estrogen	Women who want short-term birth control	Irregular bleeding (period may stop completely), irritation at the application site, spotting	Yes	Immediately if inserted during first 5 days of period, otherwise backup is needed for 1 week	Progestin	No
Injectable	DEPO-PROVERA®	Injection administered by healthcare professional in arm or buttocks every 3 months	97%	Women who cannot take estrogen	Women who want short-term birth control	Irregular bleeding (period may stop completely), weight gain	Yes	Immediately if injected within first 7 days of period, otherwise backup is needed for 1 week	Progestin	No

\*These numbers reflect “typical use,” which accounts for inconsistent or incorrect use of the birth control method.



## Ultimate Birth Control Guide

Type	Popular Brands	How to Use	Effectiveness*	Recommended For	Not Recommended For	Possible Side Effects	Prescription Needed	When You Are Protected	Does It Contain Hormones	Does It Protect Against STDs
Pill	ORTHO TRI-CYCLEN®, YAZ®, Lo/Ovral®, Loestrin®, Trinessa®, Ocella®	Oral pills, 1 pill must be taken daily at the same time	92%	Temporary birth control	Smokers, women with a history of cardiovascular problems or breast cancer	Bloating, breast tenderness, spotting	Yes	Immediately if started the first day of period, otherwise backup is needed for 1 week	Estrogen, Progestin	No
Ring	NuvaRing®	New plastic ring inserted in vagina monthly, remains in place for 3 weeks, then removed for 1 week (your period)	92%	Women who dislike taking pills daily	Smokers, women with a history of cardiovascular problems or breast cancer	Vaginal irritation, bloating, breast tenderness, spotting	Yes	Immediately if inserted the first day of period, otherwise backup is needed for 1 week	Estrogen, Progestin	No
Patch	ORTHO EVRA®	Bandage-like patch applied to skin every 7 days, then removed; used for 3 weeks then removed for 1 week (your period)	92%	Women who prefer topical medications or dislike daily pills	Smokers, women with a history of cardiovascular problems or breast cancer	Irritation at the application site, bloating, breast tenderness, spotting	Yes	Immediately if applied during first 24 hours after start of period, otherwise backup is needed for 1 week	Estrogen, Progestin	No
Male Condom	Durex®, Trojan™, LifeStyles®	Latex or vinyl sheath applied to male partner every time before sex, one-time use only	85%	Protection against sexually transmitted infections		Allergic reaction to latex (use vinyl instead)	No	Immediately	No	Yes (latex or synthetic only)
Diaphragm	ORTHO® ALL-FLEX®, Miletex®, Wide-Seal	Reusable latex or silicone disk inserted into the vagina with spermicide before sex, lasts up to 2 years	84%	Women who dislike daily pills or cannot take hormones	Women allergic to spermicides, women on their periods	Allergic reaction to diaphragm material or spermicide	Yes—Must be fitted by a healthcare professional	Immediately after insertion. If you have sex a second time after you place the diaphragm, more spermicide is needed. Must stay in place at least 6 hours after sex.	No	No

\*These numbers reflect "typical use," which accounts for inconsistent or incorrect use of the birth control method.

## Ultimate Birth Control Guide

Type	Popular Brands	How to Use	Effectiveness*	Recommended For	Not Recommended For	Possible Side Effects	Is a Prescription Needed	When You Are Protected	Does It Contain Hormones	Does It Protect Against STDs
Cervical Cap	FemCap	Silicone cup inserted in the vagina every time before sex, lasts up to 2 years	78–88%	Women who dislike daily pills or cannot take hormones	Women with heavy vaginal bleeding	Allergic reaction to silicone	Yes—Must be fitted by a healthcare professional	Immediately after insertion, must stay in place at least 6 hours after sex	No	No
Female Condom	FC2 Female Condom®	Polyurethane pouch that is inserted in the vagina every time before sex, one-time use only	78–88%	Protection against sexually transmitted diseases			No	Immediately	No	Yes
Withdrawal		Partner withdraws before ejaculation	78–88%				No		No	No
Spermicide	Conceptrol®, VCF®, Encare®	Applied every time before sex	78–88%			Allergic reaction to spermicide	No		No	No
Sponge	Today® Sponge	Nonhormonal foam disk inserted up to 24 hours before sex, can be left in up to 30 hours total, does not require fitting by a healthcare professional	68%	Women who dislike daily pills or cannot take hormones	Women allergic to spermicides, recent childbirth	Allergic reaction to spermicide, vaginal irritation	No	Immediately and for the next 30 hours, must stay in place for at least 6 hours after sex	No	No
Periodic Abstinence		Abstaining from sex or using condoms on fertile days	25%				No		No	No
Chance		No birth control method used	15%				No		No	No
Emergency Birth Control	Plan B One-Step® Next Choice One Dose®	Oral pill, taken within 72 hours after failed contraception	87%	Women who need a backup to failed contraception	Women who think they may be pregnant, women looking for a routine birth control method	Changes in your period, nausea, lower abdominal pain, fatigue, headache, dizziness, breast tenderness	No	After taking, allotted 72-hour window	Progestin	No

★ These numbers reflect “typical use,” which accounts for inconsistent or incorrect use of the birth control method.



# Postpartum Depression

**Bringing a new baby home is a major event. Although it is often a joyful period, there may be times when your emotions and moods are not what you expected. Many women experience “baby blues.” Following are some tips to help you understand feelings of sadness and recognize when you should call your caregiver about them.**

## **Maternity blues**

It's a fact that 3 out of 4 women will have short periods where they experience mood swings, get teary-eyed, or become irritable during the first week after birth. This period of time can be very hard, especially if you are tired or anxious. If you are not sleeping or are becoming increasingly upset, you should talk with your caregiver.

## **Postpartum depression**

About 1 out of every 7 women will develop serious depression during the first year after giving birth. The depression often begins within the first few months. If you have any of the symptoms listed below, call your caregiver. Don't wait!

*Symptoms of depression after giving birth:*

- Feeling like a failure as a mother
- Feelings of panic
- Loss of appetite
- Fear that you will hurt yourself or your baby
- Feeling guilty
- Feelings of anxiousness and insecurity
- Feeling overwhelmed
- Crying a lot
- Feeling like you are not normal or real anymore
- Difficulty sleeping (you can't sleep, even when the baby is sleeping)
- Feeling angry (feeling like you might explode)
- Feeling lonely
- Inability to make decisions
- Inability to concentrate or focus
- Thinking the baby might be better off without you

## **Postpartum psychosis**

A very small number of women will experience a more severe postpartum reaction in which they lose touch with reality. Women who develop postpartum psychosis may hear or see things that are not there, or exhibit strange and sometimes dangerous behavior. This is a true emergency that requires immediate attention from your caregiver.

# Postpartum Depression

## Who becomes depressed after childbirth?

Postpartum depression affects women from all walks of life. The exact cause is probably a combination of factors, including:

- Hormone changes that occur after giving birth, which can affect how the brain functions
- A past history of depression, or sometimes just “feeling low”
- A family history of depression
- Experiencing stressful life events either in the present or the past. Childbirth is a major life event, and it can trigger reactions to past trauma.

These factors make you more likely to develop postpartum depression. If you think any of these risks apply to you, talk with your caregiver before your labor and birth.

## The N\*U\*R\*S\*E\* approach to treating postpartum depression

### **N** Nourishment

- Women who are depressed after birth often have little appetite and no energy to prepare meals. The body needs good food to heal, so every effort should be made to eat well. Ask family and friends to help with food preparation if you don't have the time or energy to do it yourself.
- A multivitamin every day will provide some of the basic nutrition requirements.
- Fluids are important, both for your health and for breastfeeding. Drinking 8 to 10 glasses of water every day will help you and your baby.
- Stay away from alcohol, because it has a depressant effect and can make postpartum depression worse.

### **U** Understanding

- Women who are depressed after having a baby feel like their world has come to an end, and often feel very guilty and ashamed about feeling this way. This is *not* your fault.
- When friends and family work to understand and accept what you're feeling, it will help you begin to believe in yourself again.
- It is important to get professional help to cope with depression and to begin to recover.
- Support groups are an excellent idea. The best understanding comes from those who have experienced postpartum depression.

### **R** Rest and relaxation

- Sleep is critical for health and healing. Most women with postpartum depression have difficulty sleeping.
- Try different strategies, such as a warm bath before bedtime, massage, relaxation techniques, or meditation.
- If you are breastfeeding, you may need assistance with one night-feeding in order to get some uninterrupted sleep. Call for help if you go without sleep for more than 2 days.

# Postpartum Depression

## **S** Spirituality

It is helpful to draw on what has made you feel uplifted and joyful in the past. Many things, from formal religion to listening to music that helps you find a sense of well-being, will give you strength to cope and begin to recover.

## **E** Exercise

- Physical exercise improves brain function and creates a sense of well-being.
- Set up a program that is realistic, taking small steps to increase your activity. Ask if family and friends can babysit so that you can exercise.

These recommendations are appropriate in most instances, but they are not a substitute for medical diagnosis.

**For specific information concerning your personal medical condition, consult your caregiver.**

---

**For more information about postpartum depression, see *Beyond Baby Blues: A Mother's Guide to Postpartum Depression*, in the Resources section.**



# Boot Camp for New Dads

**Many people used to believe men were clumsy when it came to caring for infants, but that simply isn't the case. Many dads take care of their babies and do it very well.**

"Boot Camp for New Dads" is a hands-on, informative workshop that helps new dads deal with the experience of fatherhood. The workshop leaders are dads themselves and will bring along their 2- to 12-month old babies to help demonstrate what they've learned in their time as fathers.

## Topics covered:

- Caring for babies, especially when they're crying
- Caring for new moms, especially when they're crying, too
- Functioning with little sleep
- Managing family finances
- Understanding how to handle conflicting advice from others
- Getting along with your mother-in-law
- Making a three-point shot into the trash can with a diaper

Men bring their own unique strengths and creativity to caring for their children. When dads get involved alongside the moms, their children benefit greatly.

## Locations:

VCU Medical Center and other area hospitals



**For more details and registration information, visit:**

The Relationship Foundation of Virginia ..... [www.rfva.org](http://www.rfva.org)





# Parenting Resources

**There are many resources available to support your journey through pregnancy and parenthood. This list includes both local and national resources to help families along the way.**

*Disclaimer: This parenting resource list is provided as a courtesy to you. Reference to any entity, product, service, or source of information contained in this list does not constitute an endorsement by VCU Health.*

## Pregnancy

- American Pregnancy Association  
[www.americanpregnancy.org](http://www.americanpregnancy.org)
- March of Dimes  
[www.marchofdimes.org](http://www.marchofdimes.org)
- TheBump.com—Pregnancy, Parenting, and Baby Information  
[www.thebump.com](http://www.thebump.com)
- Mommy Meds  
[www.mommymeds.com](http://www.mommymeds.com)
- Physicians Drug Reference  
[www.drugs.com/drug\\_information.html](http://www.drugs.com/drug_information.html)

## Teen pregnancy support

- Resource Mothers  
[www.vdh.virginia.gov/family-home-visiting/resource-mothers-program](http://www.vdh.virginia.gov/family-home-visiting/resource-mothers-program)

## Teen parenting

- Resource Mothers  
[www.vdh.virginia.gov/family-home-visiting/resource-mothers-program](http://www.vdh.virginia.gov/family-home-visiting/resource-mothers-program)

## Prenatal yoga

- Ashtanga Yoga  
[www.ashtangayogarichmond.com](http://www.ashtangayogarichmond.com)
- Project Yoga Richmond  
[www.projectyogarichmond.org](http://www.projectyogarichmond.org)
- Nurture  
[www.nurturerva.org](http://www.nurturerva.org)
- My Birth  
[www.mybirthrva.com](http://www.mybirthrva.com)

## Find a doula

- Richmond Doulas  
[www.richmonddoulas.org](http://www.richmonddoulas.org)
- Doula Match  
[www.doulamatch.net](http://www.doulamatch.net)
- Dona International  
[www.dona.org](http://www.dona.org)

- To Labor  
[www.tolabor.com](http://www.tolabor.com)
- Birthing From Within, Richmond  
[www.adirabirthservices.com/birthing-from-within-classes](http://www.adirabirthservices.com/birthing-from-within-classes)
- My Birth  
[www.mybirthrva.com](http://www.mybirthrva.com)
- A Brighter Birth  
[www.abrighterbirth.com](http://www.abrighterbirth.com)
- Birth in Color RVA  
[www.facebook.com/BirthinColorRVA](http://www.facebook.com/BirthinColorRVA)

## Childbirth

- Childbirth Connection  
[www.childbirthconnection.org](http://www.childbirthconnection.org)
- Spinning Babies—Easier Childbirth With Fetal Positioning  
[www.spinningbabies.com](http://www.spinningbabies.com)
- Lamaze® International  
[www.lamaze.org/HealthyBirthPractices](http://www.lamaze.org/HealthyBirthPractices)

## Childbirth classes and educators

- VCU Health Family Life Education  
[www.vcuhealth.org/our-services/pregnancy-and-birth/preparing-for-childbirth/parenting-classes-and-tours](http://www.vcuhealth.org/our-services/pregnancy-and-birth/preparing-for-childbirth/parenting-classes-and-tours)  
(804) 828-4409
- A Brighter Birth  
[www.abrighterbirth.com](http://www.abrighterbirth.com)
- Lamaze® International  
[www.lamaze.org](http://www.lamaze.org)
- Birthworks International®  
[www.birthworks.org](http://www.birthworks.org)
- The Bradley Method®  
[www.bradleybirth.com](http://www.bradleybirth.com)
- HypnoBirthing®  
[www.hypnobirthing.com](http://www.hypnobirthing.com)
- The International Childbirth Education Association  
[www.icea.org](http://www.icea.org)
- Nurture  
[www.nurturerva.org](http://www.nurturerva.org)

# Parenting Resources

## Childbirth classes and educators (cont.)

- My Birth  
[www.mybirthrva.com](http://www.mybirthrva.com)

## Prenatal chiropractic care

- Atlee Chiropractic Center  
[www.atleechiropractic.com](http://www.atleechiropractic.com)
- Holland Family Chiropractic  
[www.hollandfamilychiropractic.com](http://www.hollandfamilychiropractic.com)

## Acupuncture

- Oriental Medicine Specialists P.C.  
[www.orientalmedicinespecialists.com](http://www.orientalmedicinespecialists.com)

## Breastfeeding support

- VCU Health Lactation Services Warmline  
(804) 828-2952
- Lactation Clinic at the Children's Hospital of Richmond at VCU  
(804) 828-2467  
<http://www.chrichmond.org/Services/Lactation-Services.htm>
- VCU Health Postpartum Breastfeeding Support Group  
(804) 828-4409
- Best Beginnings  
(804) 323-2229
- La Leche League of Virginia  
[www.lllvavv.org](http://www.lllvavv.org)
- International Lactation Consultant Association®  
[www.ilca.org](http://www.ilca.org)
- KellyMom.com—Evidence-based information on breastfeeding and parenting  
[www.kellymom.com](http://www.kellymom.com)

- Lactmed® drug interaction database for breastfeeding mothers  
[www.toxnet.nlm.nih.gov/newtoxnet/lactmed.htm](http://www.toxnet.nlm.nih.gov/newtoxnet/lactmed.htm)
- WIC (Women, Infants, and Children)  
[www.vdh.virginia.gov/wicbreastfeeding/](http://www.vdh.virginia.gov/wicbreastfeeding/)

## Parenting

- Richmond Mom  
[www.RichmondMom.com](http://www.RichmondMom.com)
- Commonwealth Parenting  
[www.c-mor.org/full-menu/commonwealth-parenting/](http://www.c-mor.org/full-menu/commonwealth-parenting/)
- Children's Health Improving Parents (CHIP)  
(804) 783-2667  
[www.chipofvirginia.org](http://www.chipofvirginia.org)
- Family Lifeline/Healthy Families  
(804) 249-5414  
[www.familylifeline.org](http://www.familylifeline.org)

## Women's health

- Office on Women's Health,  
U.S. Department of Health and Human Services  
[www.womenshealth.gov](http://www.womenshealth.gov)

## Domestic violence

- Greater Richmond Regional Hotline for Domestic, Intimate Partner, and/or Sexual Violence  
(804) 612-6126
- Family Violence & Sexual Assault Virginia Hotline  
(800) 838-8238

# Beyond Baby Blues

## A Mother's Guide to Postpartum Depression

**There are many changes that can occur during your pregnancy and after delivery. Some women experience mild “baby blues,” while others can develop depression, anxiety, low mood, obsessive-compulsive thoughts or psychosis.**

**Although many moms-to-be don't think that they are at risk for these conditions, approximately 15 to 20 percent of all women experience some form of pregnancy-related depression or anxiety. If this happens to you, it is important to know that you are not alone, and that VCU Health is here to help.**

### **Symptoms of postpartum depression (PPD) and anxiety might include:**

- Feelings of extreme sadness, anger or irritability
- Lack of interest in your baby
- Loss of appetite
- Sleeping too much or not at all
- Fatigue or apathy
- Feelings of hopelessness, guilt and shame
- Poor concentration
- Persistent anxiety
- Serious thoughts of death or suicide

If you experience any of these symptoms, it is very important that you talk to your doctor, midwife or any member of your health care team immediately about what you are feeling.

## Resource Guide for Postpartum Depression and Anxiety

There are many resources available to support you on your journey of becoming a parent. This list includes both local and national resources to help mothers and families who may be suffering from postpartum depression and need additional support.

This guide provides phone numbers and links to websites maintained by other entities. References to any entity, product, service or source of information that may be contained in this list should not be considered an endorsement.

## Beyond Baby Blues

### A Mother's Guide to Postpartum Depression



## If You Are In Crisis

If you are thinking of harming yourself or your baby, please get help right away. The resources below will connect you immediately with someone who can help.

### **National Suicide Prevention Lifeline**

1-800-273-8255  
[suicidepreventionlifeline.org](https://suicidepreventionlifeline.org)  
(se habla Español)

### **Crisis Text Line**

Provides free consultations with trained crisis counselors.  
Text: 741741

### **Emergency Police**

911

## **LOCAL COMMUNITY SERVICE BOARDS:**

### **Chesterfield County Mental Health**

24-hour crisis line  
(804) 748-6356

### **Goochland County Mental Health**

24-hour crisis line  
(804) 556-3716

### **Hanover County Mental Health**

24-hour crisis line  
(804) 365-4200

### **Henrico County Mental Health**

24-hour crisis line  
(804) 727-8484 (se habla Español)

### **Powhatan County Mental Health**

24-hour crisis line  
(804) 598-2697

### **Richmond Behavioral Health Authority**

24-hour crisis line  
(804) 819-4100 (se habla Español)

# Beyond Baby Blues

## A Mother's Guide to Postpartum Depression

### Postpartum Depression and Anxiety Resources

#### **Getting Better Together: Postpartum Support Group for Moms**

Provides peer support for moms who may be experiencing depression or anxiety during their transition to motherhood.

[vcuhealth.org](http://vcuhealth.org)  
(search for Getting Better Together)

#### **Mind Body Pregnancy**

Simplifies the scientific information available on topics of mental health in the important life milestone of pregnancy, the postpartum period and related events.  
[mindbodypregnancy.com](http://mindbodypregnancy.com)

#### **Online Postpartum Mood Disorder Support Group**

An online support group for women who are experiencing mood disorders after giving birth or adopting a baby.  
[ppdsupportpage.com](http://ppdsupportpage.com)

#### **Partners to Parents**

Provides practical tips for new parents and parents-to-be, to help you support one another and reduce your chance of experiencing depression and anxiety.  
[partnerstoparents.org](http://partnerstoparents.org)

#### **The Period of PURPLE Crying®**

Helps parents understand, rather than become frustrated, that baby's crying is a temporary, normal part of every infant's development.  
[purplecrying.info](http://purplecrying.info)

#### **Postpartum Support International**

Connects moms, dads and families suffering from the effects of mom's PPD and anxiety with local resources, including counselors, to start on the road to recovery.

1-800-944-4773 (se habla Español)  
[postpartum.net](http://postpartum.net)

#### **"Chat With an Expert"**

PSI hosts free weekly live phone sessions, including Wednesday chats for moms.

[postpartum.net/chat-with-an-expert](http://postpartum.net/chat-with-an-expert)  
Chat Number: 1-800-944-8766  
Participant Code: 73162

#### **Postpartum Support Virginia**

Helps childbearing women in Virginia receive information about PPD and anxiety disorders.

(703) 829-7152  
[postpartumva.org](http://postpartumva.org)

#### **Solace for Mothers**

Provides support for women who have experienced childbirth as traumatic.  
[solaceformothers.org](http://solaceformothers.org)

#### **VCU Medical Center Department of Psychiatry**

Provides mental health services for women suffering from PPD and anxiety.

(804) 828-2000, option 2

#### **VCU Medical Center Peripartum Mental Health Clinic**

Integrates psychiatric care, social work, and obstetrics care for expectant patients and new moms with complex maternal mental health needs.

[vcuhealth.org](http://vcuhealth.org)  
(search for Peripartum Clinic)

## Beyond Baby Blues

### A Mother's Guide to Postpartum Depression

## Resources for Fathers and Male Partners

### **Postpartum Dads**

Offers information and resources to help fathers by providing firsthand guidance through the experience of PPD and anxiety.

[postpartumdads.org](http://postpartumdads.org)

### **Postpartum Support International**

A free call-in forum for dads to get information and support on PPD and anxiety.

[postpartum.net/get-help/resources-for-fathers](http://postpartum.net/get-help/resources-for-fathers)

### **“Chat With an Expert”**

PSI hosts free weekly live phone sessions, including chats for dads, on the first Monday of each month.

[postpartum.net/chat-with-an-expert](http://postpartum.net/chat-with-an-expert)

Chat Number: 1-800-944-8766

Participant Code: 73162

## Help at Home

### **Healthy Families Virginia**

Connects families across the state with supportive home visits designed to work with overburdened families who may be experiencing mental health issues. Services may begin prenatally or right after the birth of a baby, and are offered voluntarily, intensively and for up to five years after the birth of the baby. Accepts Medicaid.

[connectva.org/programs/healthy-families-virginia/](http://connectva.org/programs/healthy-families-virginia/)

### **Pink Newborn Services**

A nationwide placement service of newborn care specialists, overnight newborn care and night nannies, postpartum doulas, certified lactation counselors, sleep specialists, maternity and child sleep consultants, certified eco-maternity and greenproof consultants, parenting educators, and nannies.

(877) 456-7465

[pinknewbornservices.com](http://pinknewbornservices.com)

### **Postpartum Doulas**

A postpartum doula provides evidence-based information about infant feeding, emotional and physical recovery from birth, mother-baby bonding, infant soothing, and basic newborn care. A postpartum doula is there to help a new family in those first days and weeks after bringing baby home.

[doulamatch.net](http://doulamatch.net) or [richmonddoulas.org](http://richmonddoulas.org)

### **Urban Baby Beginnings Program**

Provides home support, education, prenatal and postpartum resources to families in the underserved communities. Accepts Medicaid.

(833) 782-2229 ext. 800

[urbanbabybeginnings.org](http://urbanbabybeginnings.org)

# Beyond Baby Blues

## A Mother's Guide to Postpartum Depression

### Grief and Loss

#### **Full Circle Grief Center**

Provides comprehensive, professional grief support for children, adults, families and communities, integrating a variety of creative ways for them to express their grief, such as art, writing, play therapy, crafting, music and photography. Located in Richmond.

[fullcirclegc.org](http://fullcirclegc.org)

#### **MISS Foundation**

A volunteer-based organization providing counseling, advocacy, research and education services to families experiencing the death of a child. Offers a listing of grief counselors by city and state.

[missfoundation.org](http://missfoundation.org)

#### **StillBirthDay**

Includes resources to support pregnancy loss prior to, during and after birth in any trimester. Provides a listing of still birth doulas by state.

[stillbirthday.com](http://stillbirthday.com)

#### **The Compassionate Friends**

Hosts local chapter meetings to provide grief support, in a group setting, for families that have experienced the death of a child.

[compassionatefriends.org](http://compassionatefriends.org)

#### **VCU Health Hispanic Perinatal Loss Support Group (VCU Health Grupo Hispano de Apoyo de Pérdida Perinatal)**

Call (804) 628-1992 and leave a message for further information.

### Support for Military Families

#### **Give an Hour**

Provides free mental health care to military families.

[giveanhour.org](http://giveanhour.org)

#### **Operation Special Delivery**

Provides birth doula services to military personnel and their families at a discounted rate.

[operationspecialdelivery.com](http://operationspecialdelivery.com)

#### **Vets4Warriors**

Provides 24/7 confidential, stigma-free peer support by veterans to active duty, National Guard and reserve service members, veterans, retirees and their families or caregivers.

(855) 838-8255

[vets4warriors.com](http://vets4warriors.com)



## Beyond Baby Blues

### A Mother's Guide to Postpartum Depression

## Intensive Treatment Centers

These intensive, inpatient treatment centers support women suffering from severe psychiatric issues surrounding pregnancy and birth. The treatment centers provide teams of doctors, nurses, psychologists, social workers and other therapists who work together to create individualized treatment plans.

### **UNC Center for Women's Mood Disorders, Perinatal Psychiatry Inpatient Unit**

Chapel Hill, North Carolina

(984) 974-3834

[med.unc.edu/psych/](http://med.unc.edu/psych/)

[wmd/patient\\_care/perinatal-inpatient/](http://wmd/patient_care/perinatal-inpatient/)

### **Pine Rest Mother-Baby Program**

Grand Rapids, Michigan

1-800-678-5500

[pinerest.org/services/mother-baby-program-postpartum-depression-treatment](http://pinerest.org/services/mother-baby-program-postpartum-depression-treatment)

### **Women and Infants, Care New England**

Providence, Rhode Island

(401) 453-7955 (se habla Español)

[womenandinfants.org/services/behavioral-health/index.cfm](http://womenandinfants.org/services/behavioral-health/index.cfm)



## Beyond Baby Blues

### A Mother's Guide to Postpartum Depression

#### Videos: Real Moms Share Their Struggles with Postpartum Depression and Anxiety

**Let's Talk About Postpartum Depression – Lisa Abramson – Tedx SantaCatalina School**  
[youtube.com/watch?v=6glBDRZUAM0](https://youtube.com/watch?v=6glBDRZUAM0)

**Moms Talk About Their Postpartum Depression and Anxiety**  
[youtube.com/watch?v=V64PqXKs02g](https://youtube.com/watch?v=V64PqXKs02g)

#### Books

**Beyond the Blues: A Guide to Understanding and Treating Prenatal and Postpartum Depression**  
by Shoshana S. Bennett, Ph.D. and  
Pec Indman, EdD, MFT

**Down Came the Rain: My Journey Through Postpartum Depression**  
by Brooke Shields

**Dropping the Baby and Other Scary Thoughts: Breaking the Cycle of Unwanted Thoughts in Motherhood**  
by Karen Kleiman and Amy Wenzel

**Eyes Without Sparkle: A Journey Through Postnatal Illness**  
by Elaine A. Hanzak

**The Ghost in the House: Motherhood, Raising Children, and Struggling with Depression**  
by Tracy Thompson

**Happy Endings, New Beginnings: Navigating Postpartum Disorders**  
by Susan Benjamin Feingold, PsyD

**Mommy Deconstructed: A Postpartum Depression and Anxiety Recovery Guide**  
by Christina L. Vanneste

**The Mother-to-Mother Postpartum Depression Support Book: Real Stories from Women Who Lived Through It and Recovered**  
by Sandra Poulin

**Postpartum Depression and Anxiety: A Self-Help Guide for Mothers**  
by Pacific Post Partum Support Society

**Postnatal Depression – The Essential Guide**  
by Catherine Burrows

**This Isn't What I Expected: Overcoming Postpartum Depression (Second Edition)**  
by Karen Kleiman, MSW, LCSW and  
Valerie Davis Raskin, M.D.

**When Baby Brings the Blues: Solutions for Postpartum Depression**  
by Ariel Dalfen, M.D.



# Domestic Violence

**Domestic violence (also called intimate partner violence) happens a lot. It can happen to anyone—women, children, or men. Women are the most common victims. One of every 3 women will be abused at some point in her life. The abuser may be a man or a woman, but men are usually the abusers.**

## WHAT IS DOMESTIC VIOLENCE?

### You are being abused if someone:

- Kicks, shoves, slaps, punches, shakes, pinches, pulls your hair, or physically harms you in any way
- Forces you to have sex against your will, or makes you have sex in ways that are painful or ways that make you feel bad about yourself
- Keeps you away from friends or relatives, does not allow you to work, or needs to know where you are all the time
- Says things to you that make you feel bad about yourself or calls you names in front of your children or others
- Threatens to hurt your children if you do not do what he wants
- Hurts your dog, cat, or other pets to punish or scare you
- Threatens to take your children if you leave him
- Threatens to kill himself if you leave

### The things listed above happen sometimes, but not every day. Is that still domestic violence?

**YES.** Domestic violence usually follows a cycle or goes through phases like these:

- **Phase 1: Things start to get tense.**  
Your partner may be silent or slam doors or criticize things. You can tell there is going to be a blowup, so you start to be very careful, trying to keep the blowup from happening.
- **Phase 2: The blowup happens.**  
Your partner takes his anger out on you by yelling at you, hurting you, hurting your children, hurting your pets, or breaking things.
- **Phase 3: The “honeymoon.”**  
Your partner seems calm. He may say, “I’m sorry.” Your partner may promise that a blowup will never happen again. Things are calm for a few days, or even a month. Then the tension starts to build again, and you go back to Phase 1.

### I don’t think my partner means to hurt me or make me feel bad. It just happens. Maybe I even cause it.

Almost everyone who is being abused denies it to herself or to others. No one wants to believe that the person they love could ever hurt them. They may have grown up in a home where their parents hurt them too. It can be very hard to know in your heart that *you do not deserve to be hurt*.

### Preparing to get away from domestic violence:

- **Save some money.** Go to a bank and open a savings account in your own name. Whenever you have a little money, put it in the account.
- **Set up an emergency bag.** Put some money, an extra set of keys, copies of important papers, and a set of clothes for you (and your children) in a safe place or with someone you trust.

# Domestic Violence

- **Plan for pets.** Call the local animal shelter to find out how you can get emergency help for your dog or cat when you leave your partner.
- **Practice how to get out of your home.** Decide which doors, windows, elevator, or stairwell would be best to use when you leave.
- **Protect yourself.** If a blowup happens while you are getting ready to leave, protect yourself. Try to avoid rooms that have only one exit, like the bathroom. Try to avoid rooms that have weapons in them.
- **Get legal help.** Whenever you are hurt, notify the police. Ask for a “report of incident” to be written. To confirm that the report has been filed, ask for the report number and a summary. It is against the law to physically hurt people. Contact your local legal aid service or legal aid in a nearby city.
- **Get other help.** Your caregiver may be able to help you get other assistance, if you need it.

## When you decide to leave:

1. **Plan where you are going in advance.** Decide on a safe place to go—a shelter, the police, or the home of a friend.
2. **Know how you will get there.** Plan in advance how you will get to the safe place.
3. **Pack a bag.** Make sure you have:
  - » 1 or 2 days’ worth of clothing for you and your children
  - » Important papers—birth certificates, Social Security card, school records
  - » Extra keys
  - » Money
  - » Prescription medications
4. **Know who to call for help.** Make sure you have all the important phone numbers you will need.
5. **Leave.**

---

## Emergency Contact Numbers:

Police/Emergency .....911

Greater Richmond Regional Hotline for Domestic,  
Intimate Partner, and/or Sexual Violence ..... (804) 612-6126

Family Violence & Sexual Assault Virginia Hotline..... (800) 838-8238



## Contact Us

### VCU Health Adult Outpatient Pavilion

1001 E. Leigh Street  
Richmond, VA 23219  
(804) 828-4409

### VCU Health at Stony Point 9105

9105 Stony Point Drive  
Richmond, VA 23235  
(804) 828-4409

### VCU Health at GreenGate

3400 Haydenpark Lane  
Richmond, VA 23233  
(804) 828-4409