

◆ **How far away is the hospital?**

If it is far away or hard to get to, make a plan.
Talk to your health care team.

◆ **How will you get to the hospital?**

Make a plan. Have phone numbers of your driver or taxi handy.

◆ **What arrangements do you need to make for paying the hospital bill?**

Hospital bills can be a cause of worry for many families.

The costs and payment differ with each hospital.

Find out what these are in your area. The hospital business office or county social services can give you information. They can help you arrange for paying the hospital bill.

◆ **What things do you need to take to the hospital with you?**

Toward the end of your pregnancy, have your bag packed and be ready to go.

Things to Take to the Hospital for Mom

- ① 1 or 2 night gowns
- ① Bathrobe, slippers or socks
- ① Brush, comb, toothbrush, toothpaste
- ① Clothing for the trip home
- ① Bra or nursing bra (one size larger than your normal size)

For Baby

- ① Cotton shirt or gown
- ① Blanket
- ① Booties and warm blanket if the weather is cold
- ① An approved infant safety car seat (ask your health care team about this)

Some Questions About Childbirth

What is a sonogram (ultrasound)?

A sonogram or ultrasound is a fuzzy black and white picture of your unborn baby. Your health care provider uses this picture to tell your due date, the baby's size and position, or if you're having twins. Sometimes a sonogram can show problems with your baby or pregnancy. Sonograms are painless.

What are prepared childbirth classes?

Some communities have special childbirth classes for pregnant women and their support person. You learn about pregnancy, labor and delivery. You practice breathing and relaxing techniques. Your support person learns how to help you be more comfortable during labor. Ask your health care team about these classes.

What does breech mean?

Most babies are in a head down position near the end of pregnancy. In a breech position, the baby's bottom is down instead of the head. This position makes delivery harder.

What is a non-stress test? What is a stress test?

A non-stress test is a painless test that measures your baby's heartbeat. A machine will make a graph showing how the baby's heartbeat changes when the baby moves. A stress test measures the baby's heartbeat during a contraction.

What is oxytocin?

Oxytocin is a medicine that starts contractions or helps weak contractions become stronger. It can be used to start or speed up labor if there is a need to do so. It may also be used in a stress test.

What is fetal monitoring?

The fetal monitor machine shows a picture of the length and strength of your contractions on special paper. It also shows a pattern based on your baby's heart rate. These pictures help tell how the baby is doing before he or she is born.

What is an episiotomy?

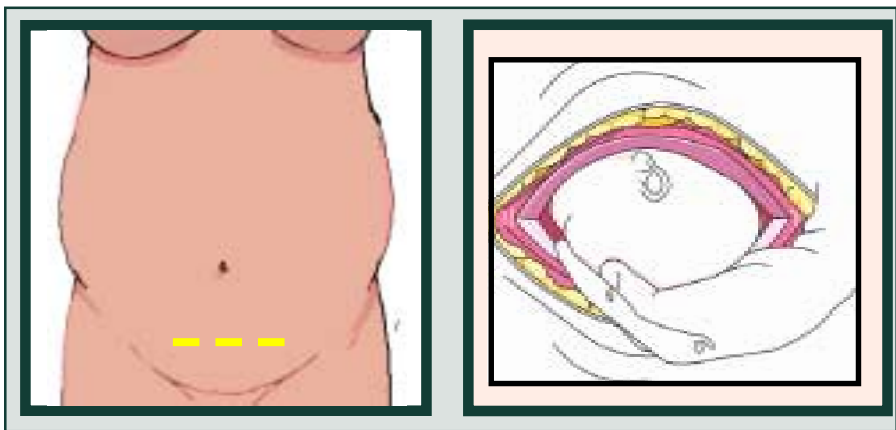
An episiotomy is a small cut made to widen the vagina as the baby is being born. It prevents tearing of the opening. After the baby is born, the cut is closed with stitches. If you have not had any numbing medicine during labor, you will get it before the stitches are put in. These stitches do not have to be removed because they dissolve over time.

What is a Cesarean birth?

In a Cesarean birth (C-section), an operation is done. A cut is made above the pubic hairline, and the baby is removed from the uterus. A C-section may be planned or it may be an emergency. In many cases, your support person will be able to stay with you during the surgery. You may be in the hospital 1 to 2 days longer than with a vaginal delivery.

A C-section may be needed when:

- ◆ The baby's head is too big to pass through the mother's pelvic bones
- ◆ The baby is not in the normal position
- ◆ The labor is too long and the baby is coming too slowly
- ◆ The baby's heart beat shows he or she is having trouble
- ◆ The mother or baby has a special condition that requires a Cesarean delivery



A cut is made in the yellow dotted line area and the baby is removed from the uterus

During Labor and Delivery

The uterus is a very strong muscle that contracts or tightens at different times during labor. The contractions push the baby out of the uterus and through the vagina. Some contractions are not painful; some are. Each contraction is doing the work that needs to be done at that time. In a full-term pregnancy a woman may go into labor and deliver her baby up to three weeks before the due date, or up to two weeks after the due date.

How do I know if I'm having true or false labor?

True Labor

- Contractions usually get stronger, longer and come closer together.
- Walking usually makes contractions stronger.
- Contractions are felt in the back and lower abdomen, not just in the uterus.
- Vaginal discharge with traces of blood may occur (“bloody show”).
- Diarrhea may be present.

False Labor

- Contractions may not get stronger or become regular.
- Walking or other activity may make contractions go away.
- Contractions tend to be felt only in the uterus.
- No bloody show occurs.
- No diarrhea is present.

If you have signs of true labor and you are more than 3 weeks before your due date, call your doctor or clinic immediately (*see Preterm Labor, page 33*).

How do I time contractions?

For several contractions, write down the time when they begin and how long they last. You'll be able to see what they mean. Here's an example.

| Contractions Begin | Contractions Last | |
|-------------------------------|------------------------------|-------------------------------|
| 9:10 | 50 seconds | The contractions are coming |
| 9:20 | 45 seconds | 5 - 10 minutes apart and last |
| 9:25 | 50 seconds | 45 - 50 seconds |

At this time you may have some questions about the labor and delivery process. Why not take some time to write down your questions to ask your health care provider?

Stages of Labor and Delivery

| What Usually Happens | Common Feelings | Things to Do |
|--|---|---|
| Late Pregnancy | | |
| <p>Irregular contractions</p> | <p>Excited</p> <p>Tired of being pregnant</p> | <p>Prepare for baby</p> <p>Pack for hospital</p> <p>Get mild exercise</p> <p>Try to relax</p> |
| Early Labor 5-8 hrs. | | |
| <p>Crampy contractions with “bloody show”</p> <p>Contractions get stronger, longer, and closer together</p> <p>Diarrhea may be present</p> <p>“Water breaks”; amniotic sac breaks or leaks</p> | <p>Excited</p> <p>Nervous</p> | <p>Call health care provider or clinic</p> <p>Go to hospital</p> <p>Have examination</p> |
| Active Labor 2-5 hrs. | | |
| <p>Stronger contractions</p> <p>Breaking of bag of water if not already broken</p> <p>Medications for relief of discomfort if needed</p> | <p>Discouraged</p> <p>Feel like labor will last forever</p> | <p>Wash face and hands</p> <p>Chew ice</p> <p>Chew on wet washcloth</p> <p>Have back rubbed with lotion</p> <p>Relax body</p> <p>Focus and do special breathing exercises</p> |

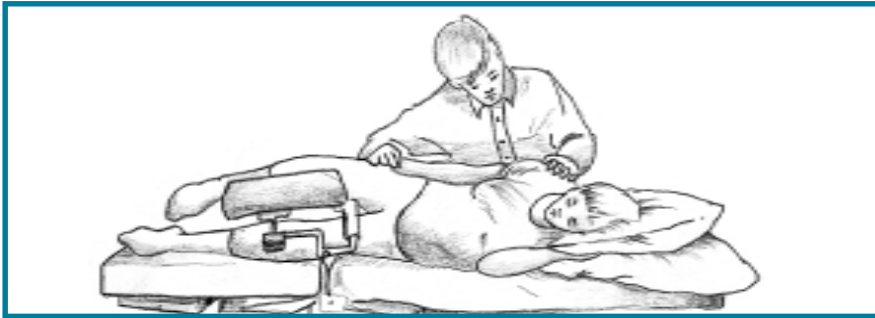
Stages of Labor and Delivery

| What Usually Happens | Common Feelings | Things to Do |
|--|---|--|
| <p>Transition 20 min-2 hrs</p> <p>Pressure on bowel</p> <p>“Urge to push” (let nurse know when you feel this)</p> <p>Nausea or vomiting</p> <p>Body may shake</p> | <p>Forgetful</p> <p>Sleepy between contractions</p> <p>Irritable</p> <p>This is a hard time for moms, but it usually lasts for only 20-45 minutes or so</p> | <p>Take each contraction one at a time</p> <p>Remember: The baby will be here SOON!</p> |
| <p>Birth 30 min-1 hr.</p> <p>Mother pushes or bears down with contractions</p> <p>Episiotomy if needed</p> <p>May need to “blow” when head is being born</p> | <p>Tired or a renewed sense of energy</p> | <p>At the beginning and end of each contraction, take two deep breaths</p> <p>During a contraction take a deep breath and bear down to push</p> <p>Relax body between contractions</p> |
| <p>After Birth</p> <p>Contractions are usually mild</p> <p>Will need to bear down to deliver afterbirth</p> <p>Body may shake</p> <p>May have shot to tighten uterus</p> <p>Uterus may be examined and massaged by health care provider</p> | <p>Tired</p> <p>Excited</p> | <p>Continue with slow breathing during</p> <p>Hold baby as soon as possible, close to body at eye-to-eye level</p> <p>Put baby to the breast within 30 minutes to an hour after birth if you’ll be breastfeeding</p> |

Increasing Comfort During Labor

Position

Instead of holding your body in a tight ball, try to relax. Find a comfortable position, like sitting with your back supported or lying on your side. Lying on your back is not a good position for labor. Change your position often, at least once an hour.



Focus

During a contraction, stare at a picture or object. Focus only on the object, nothing else. Think about this picture or object.

Breathing

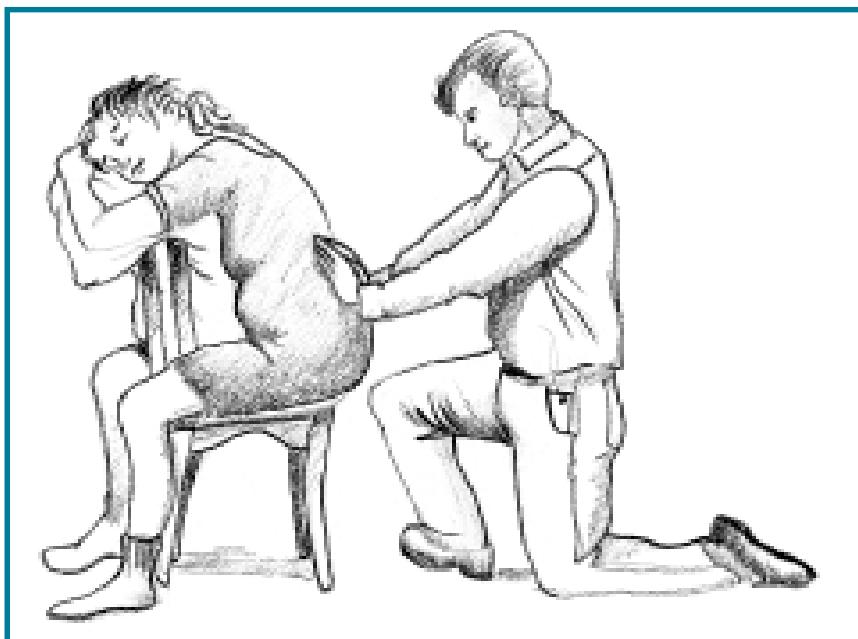
During a contraction, especially the stronger ones, breathe very slowly.

1. Make sure you are in a comfortable position as the contraction begins.
2. Focus on an object as long as the contraction lasts.
3. Take in a slow deep breath at the beginning and end of the contraction.
4. Breathe a little slower than your normal breathing. Breathe in through your nose and out through your mouth. Continue this until the contraction ends. Then take a deep breath at the end of the contraction. When the contraction has a very strong peak, keep your focus. As you breathe out, whisper “he,” and on the next breath out, whisper “who.” Breathe shallowly, taking each breath in and out about one per second.

Talk with your health care providers about other breathing methods during labor. You may also learn some methods at childbirth classes. You can practice these with your support person during the last month of pregnancy.

Comfort Measures

There are some other things that may make you feel better during labor. Back rubs, washing your face and hands, eating ice chips, brushing your teeth and walking may help. So may a warm shower. Do not take a tub bath if the bag of waters has broken or is leaking. Always try to keep your body as relaxed as possible.



What if I Need Medication?

The word “labor” means hard work. Having a baby is work! But all labors are different. Some women have easy labors and feel little discomfort. Others do feel discomfort. Some women choose to have medication during their delivery.

Medications may slow your contractions down, so most people try to use as little as possible. Breathing and relaxing exercises help reduce discomfort during labor, so you need less medicine. You can enjoy your baby’s birth without being too sleepy.

If you want to learn about some of these exercises, ask your clinic where they are taught in your area. If you feel you need medicine for relief of discomfort during labor, ask your doctor or nurse. They will give you the type best for you.

Pain Medication

Medication may be given by shots or intravenously (IV). The doctor will give you the medication so that it will not stop your labor or cause the baby to be sleepy when born.



Numbing Medication (Epidural)

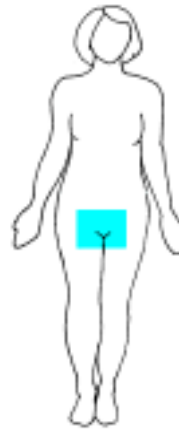
This medicine is injected at places in and around your spine. It numbs the lower abdomen and legs so they feel asleep. You may lose the feeling of your contractions and the urge to push. Normal feeling returns after your baby is born. This type of medicine can be used for Cesarean deliveries, also.



Numbing Block

There are several types of numbing blocks, which numb different areas.

- Pudendal - numbs the vagina or birth canal during delivery of the head. You will still feel contractions and the urge to push.
- Local - numbs the vaginal area before stitches are put in.



General Anesthesia

In some Cesarean deliveries and emergencies the mother needs to be put to sleep. She breathes a special gas through an oxygen mask and has medication given in the vein.



After the Baby Comes

Changes During the Postpartum Period

The postpartum period is the first 6 to 8 weeks after the baby is born. During this time your body starts going back to its normal, non-pregnant state.

Be sure to keep your postpartum check-up appointment! Parenting a new baby puts a lot of demands on you. You'll want to be as healthy as possible. Your postpartum check-up will help make sure you're getting back to normal. This is also the time to start certain birth control methods you may have chosen.

Here are some common changes you can expect in the first 6 to 8 weeks. If you have fever, pain or heavy bleeding, talk to your health care team.

Vaginal discharge

Bright red bleeding generally lasts for 3 or 4 days, though it may last up to 2 weeks. Let your health care provider know about any heavy bleeding that causes you to change your pad every hour. The bright red bleeding slowly changes to dark red, to yellow and then to white. You may have a whitish discharge for 2 to 6 weeks. Wear a sanitary pad rather than a tampon. Do not douche. If you have any discharge that has a bad odor or causes itching or burning, let your health care provider know.

Menstruation (monthly period)

If you are breastfeeding, your period may be delayed for a long time. You may not menstruate until up to 18 months after delivery. If you are not breastfeeding, your period usually returns 4 to 8 weeks after birth.

Even without a period, you can still ovulate, or pass an egg, and get pregnant. Use a birth control method so you can space pregnancies at least one year apart.

Mood changes

Sudden mood changes are common after delivery. You may feel very happy one minute and in tears the next. Feelings of deep love may quickly change to anger. Many of these changes in your feelings are caused by changes in hormones. Some may be a result of the demands and stresses of caring for a new baby in the early weeks. As your hormones return to normal levels and as you get used to being a mother, your moods are likely to change less.

Postpartum blues

Almost half of new mothers feel “blue” or “down in the dumps” during the first two weeks or so after giving birth. Hormone changes may play a role. Sometimes the new mom just cries for no reason at all. If this happens to you, rest more. Get more support from family and friends. Leave the house for a while. Find someone you can trust to take good care of the baby while you have an outing. Talk about your feelings with someone who is important to you. Let your health care team know if the blues continue after a few weeks, or if they get worse. If you ever feel like you might hurt yourself or your baby, call for help right away.

Repair of episiotomy (stitches)

If you have stitches, keep the area very clean. After a bowel movement, be sure to wipe yourself from front to back, and wash the area gently. Sitting in a tub of warm water for 15 to 20 minutes 3 or 4 times a day helps reduce any soreness. Complete healing usually occurs in about 4 weeks. The stitches do not have to be removed.



Bowel movements

You may be constipated for the first few weeks. Use the same tips for constipation that you used while you were pregnant (See page 22). If you still need help, your health care provider may suggest a mild laxative such as milk of magnesia or a stool softener. Listen to your body's cues and respond. Don't rush! You don't have to worry about your stitches. They will not break when you have a bowel movement.

Afterpains

Some women have cramping “after birth pains” in the lower abdomen. This is common after your second baby or more, or when you are breastfeeding. These “pains” are helping your uterus to return to normal. Usually they stop a few days after the birth. If afterpains bother you a lot, your health care provider may suggest a pain relief medicine.

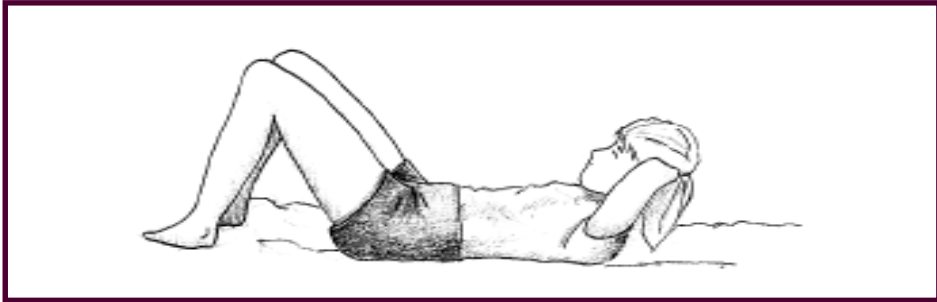
Rest and Activity

It may be very hard for a new mother to get the rest she needs. Just taking care of the baby and keeping the family fed is about all that you should expect to do in the first few weeks. You will probably be up several times at night. Try to take short naps during the day, especially when the baby is sleeping. Instead of staying inside the house all day, make a habit of going outside even on cold days. Be sure to keep the baby warm and dry and out of strong winds. Walking is a wonderful exercise that can make you feel better. Try to increase walking up to 20 to 30 minutes a day. Avoid heavy work that makes you tired. Check with your health care provider about going back to work. Wait at least a week before driving. Wait longer if you feel the least bit light-headed or weak.

Exercise

Your abdomen, which was stretched during pregnancy, is now loose and stretchy. It should return to a normal shape in about 6 to 8 weeks. Stretch marks will fade, but may not go away completely.

If exercises cause you pain, do them only up to that point, and talk to your health care team about it.



To tighten the abdomen:

- › Lie on your back with knees bent. Try to hold your tummy in.
- › Lift your head and let your chin touch your chest.
- › Hold for 10 to 15 seconds, then put your head down and relax your muscles.
- › Start with one a day and add one extra each day until you build up to 10 exercises a day.

Remember to try to hold these muscles tight while you are sitting or walking.

To tighten the pelvic floor muscles:

Do the Kegels exercise (*see page 23*).

Just as you were doing these before birth, tighten the muscles around the vagina, rectum and the opening to the bladder. Do 10 to 15 exercises at least 3 to 4 times daily. Avoid exercises that strain your muscles.

Sexual intercourse

Your body needs some time to get back to normal before you have sex. The amount of time varies. It is important for your vagina to “feel ready” for sex. For most moms, this is usually when bleeding has stopped, when you are no longer “sore”, and when you think sex would feel okay. This is usually around 2 to 3 weeks after birth, but may be longer for some women. The vagina may feel dry at first, especially if you are breastfeeding. A lubricant, extreme gentleness in lovemaking, and a position such as the woman on top can help.

Birth Control Methods

Having babies very close together is hard on your body. It may also be hard on your babies. You and all of your babies will have a better chance for good health when you wait at least one year after having a baby to get pregnant again. There are many methods you can use to space your pregnancies. Talk to your health care team about your choices. One option you might think about is not to have sex. Or, if you are sure you do not want any more children, you might choose a permanent birth control method. Talk to your health care provider if you have questions.

If you think you want more children, you can choose one of the methods listed below. They are listed in the approximate order of how well they work to prevent pregnancy. You can use a birth control method even if you are breastfeeding.

Norplant

Norplant is a kind of birth control called an “implant.” It is put under the skin of your arm. It is made of six thin capsules that each hold a small amount of hormone. This is the same hormone that is in birth control pills. The hormone goes into your body slowly and keeps you from getting pregnant. Norplant lasts for 5 years. At that time it will need to be taken out through a small cut in the skin. Most women say it is not painful.



Depo Provera (Depo)

“Depo” is given as a shot in either the upper arm or buttocks every 12 weeks. Most women say it is not painful. It contains the same hormones as the birth control pills. To continue this method, you need to get another shot at the clinic every 12 weeks, or about every 3 months.



Intrauterine device (IUD)

An IUD works best if it is put in after the uterus shrinks back to normal, usually 6 to 8 weeks after delivery. The IUD is put inside the uterus. Some IUDs may stay in the uterus as long as you do not want to have a baby. Your doctor or nurse practitioner will take it out when you do want to get pregnant again.



Oral contraceptives (birth control pills)

There are many different kinds of birth control pills. They usually prevent the egg from being released from the ovaries. You will have a check-up before you get “the pill.” Your health care provider will check that you have no specific reasons to avoid using the pill and will prescribe the pill best for you. NEVER use anyone else’s pills! Be sure to let your health care provider know if you are breastfeeding. He or she will make sure you get the pill best for breastfeeding mothers. Certain pills may decrease breastmilk supply in some women.



Condoms (rubbers)

The condom covers the man’s penis, so sperm cannot reach the woman’s egg. Latex condoms can also prevent the spread of sexually transmitted diseases and HIV, the virus that causes AIDS. You can buy condoms in the drugstore without a prescription. Condoms prevent pregnancy even better when used with sperm-killing foams or creams.



Diaphragm

The diaphragm is a dome-shaped rubber cup that covers the woman's cervix. It is used with a sperm-killing cream or jelly. Your doctor or nurse practitioner will fit you with the right size of diaphragm. The uterus must be back to its normal size before the fitting. This will usually be 6 to 8 weeks after your baby is born. Once you are fitted, you put the diaphragm in place yourself every time before having sexual intercourse. If you used a diaphragm before this pregnancy, it may not fit you now. Use a different method of birth control until you have it checked. If your old diaphragm is less than two years old, take it with you when you are to be fitted.



Never use anyone else's diaphragm!

Natural family planning

Natural methods are based on knowing when you can get pregnant (fertile days) and when you cannot get pregnant (infertile days). There are several methods, based on changes that happen in your body when an egg is being released.

To use these methods, you need to know about your menstrual cycle, the time of ovulation, and how to decide if days are fertile or infertile. Ask your health care team about natural family planning classes in your area.

| MONTH | | | | | | |
|-------|---|---|---|---|---|---|
| S | M | T | W | T | F | S |
| | | | | | | |
| | | ○ | ○ | ○ | ○ | ○ |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Foams and creams

You put these into the vagina just before sexual intercourse. They contain a substance to kill the sperm. Foam used with a latex condom provides better protection than either one used alone. You can buy foams and creams in the drugstore without a prescription.



Your New Baby

Head

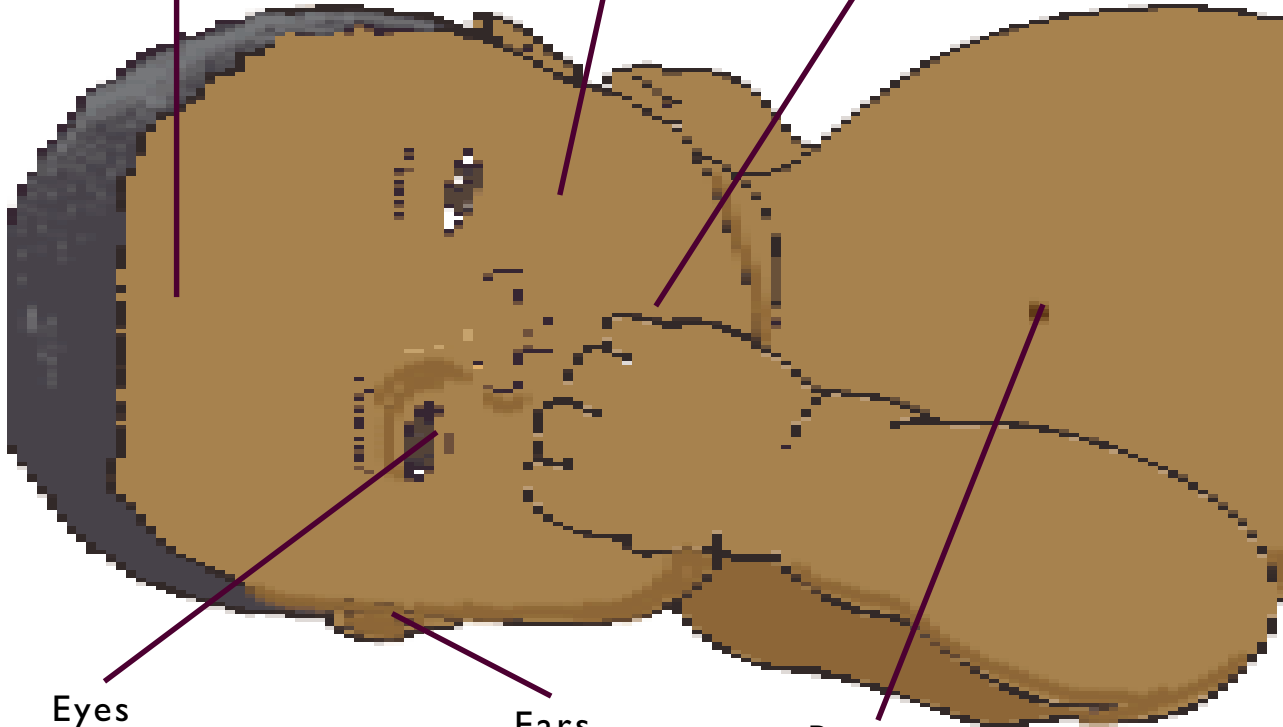
May seem too big for body.
May look lopsided or bruised.
This will go away in several days.
Your baby will have 2 soft spots-
one above the forehead, and the
other close to the crown.

Face

May have pudgy cheeks with
a flat nose. There may be small
red or white bumps (milia).

Mouth

Is pink and soft. Sometimes
the tongue will have a white
coating from milk that rubs off.



Eyes

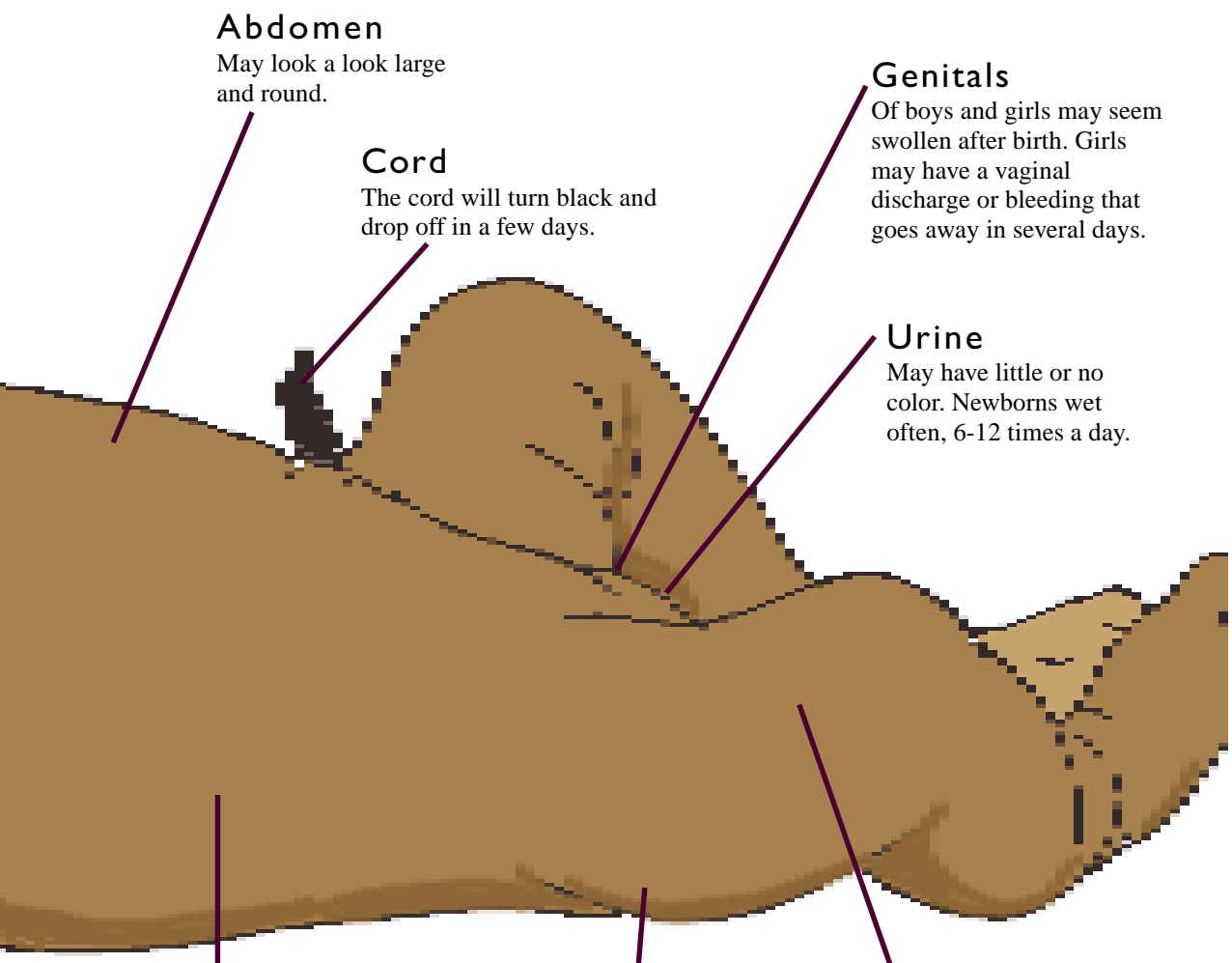
May be swollen and red right after
birth. The color of eyes may
change. Baby may seem crossed
until 3 months. Babies can see at
birth and can see best someone who
is 8 to 10 inches away. This is the
distance between your face and
your baby's eyes when you
breastfeed or hold your baby close
to bottlefeed .

Ears

Are soft and floppy.

Breasts

May be swollen and leak
a milky liquid. This is
from the mother's
hormones and will go
away in a few weeks.



Abdomen

May look a look large and round.

Cord

The cord will turn black and drop off in a few days.

Genitals

Of boys and girls may seem swollen after birth. Girls may have a vaginal discharge or bleeding that goes away in several days.

Urine

May have little or no color. Newborns wet often, 6-12 times a day.

Skin

May be loose, wrinkled, dry and/or peeling from living in water during pregnancy. Baby may turn red all over when crying hard. A fine soft hair may be on the skin.

Bowel Movements

Are black-green and sticky at first. Breastfed babies have gold, soft stools that usually occur several times a day. Bottle fed babies usually have yellow-green pasty or seedy stools.

Legs

May be bowed up and drawn up near body. Feet may be turned in or out.

Baby Care

Your new baby is a unique person. He or she is different from all other babies. Get to know your baby and learn what he or she is trying to tell you. Babies tell you what they want by crying. Their cries may mean that they are hungry, wet, in pain, bored, hot or cold. Or that they need to suck or change their position. Or, maybe they need to be cuddled, rocked or comforted. Your gentle touch and massage are very comforting.

Some new parents fear they will “spoil” the new baby if they act too quickly when he or she cries. Studies show that this is not true. In fact, parents who quickly pick up and calm their crying babies during the first three months of life have babies who cry less when they are older. It may take a little while for you to be comfortable with your new baby. Just trust your own ability to care for your infant, relax and enjoy your baby.

Wash baby’s hair and scalp with mild soap or shampoo. Soak scales or crusts (cradle cap) on the head with a warm, moist cloth then gently comb or brush out. Oil and lotion may make it worse.

Wash face with water. Wash rest of the body with a mild soap and water. Oils may not help dry skin. Never squeeze bumps on face or body. Wait until the cord has fallen off and the circumcision has healed before you give a tub bath.

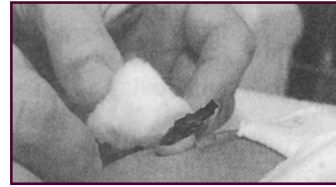
Eyes may have a small amount of mucus. Wash with a clean, wet cotton ball or clean wash cloth.

Outer ears should be washed with a cloth. Never use cotton swabs to clean inside the ears.



Clean around the cord with alcohol each day until the cord has fallen off. Sometimes the baby's navel will stick out until the baby is 1 or 2 years old.

Do not use binders or adhesive tape. They do not help, and they may even cause infection.



If your baby boy has had a circumcision, it should heal within 7 to 10 days. Try to keep it clean. Do not use soap until after it has healed. Use petroleum jelly during diaper changes to keep the penis from getting irritated.

If your baby boy has not had a circumcision, wash and rinse his penis during bath time. Do not force the skin back over the tip of the penis. Forcing the foreskin back may hurt him.

Separate the folds around the girl's vagina and clean with soap and water wiping from front to back; do this after each stool.

Change your baby's diaper as often as needed. Always use a clean diaper. Wipe his or her bottom with mild soap and water or disposable wipes. Rinse soiled diapers. Wash your hands with soap and water after each change. Wash diapers in mild soap or detergent.

Babies swallow air while feeding. Give them a chance to burp in the middle and at the end of each feeding.

- Hold baby upright on your lap or over your shoulder. Be sure to support the head.
- Gently pat or rub his or her back.

Baby may spit up. If he or she keeps most of the feeding, does not seem hungry and is content, there is usually no problem. Call the doctor if your baby vomits with force.



Talk to your doctor about which sleeping position is best for your new baby. Sometimes babies have health problems that make it better for them to sleep on their tummies. Most babies, though, should be placed on their back or side to sleep. This position seems to help reduce the risk of SIDS. SIDS is Sudden Infant Death Syndrome, or crib death. Its cause is unknown. SIDS



does not happen very often, but babies do die from it every year. You can help reduce the risk of SIDS for your baby by putting him or her on the back or side to sleep. Do this whether you are putting the baby down for a nap or to bed for the night.

Baby Needs:

- Regular check-ups
- Shots for childhood diseases at 2, 4, 6 and 12 months
- Approved safety seat in the car
- Safe toys
- Flame-resistant clothing
- A safe sleeping place, on a firm surface without pillows or cushions
- To sleep on his or her back or side without a pillow (unless the doctor says to put the baby on the tummy to sleep)

Do Not:

- Leave your baby alone in the bath or any place from which he or she could fall.
- Put chains or strings around his or her neck.
- Let your baby play with anything that could harm him or her.

DO:

Call your baby's doctor if you see any of these signs of illness:

- Rectal temperature over 101°F
- Poor suck, refuses to eat
- Crying all the time
- Baby seems to feel bad
- Bleeding or pus from cord
- Big changes in usual activities (sleeping, waking)

Breastfeeding Your Baby

Your breastmilk is the best food you can give your baby. It is very easy to digest. Babies usually do not need any other food for 4 to 6 months. Breastfed babies do not get sick as often. They also have fewer allergies and are less likely to die from SIDS.

Breastfeeding is also good for mothers. When you breastfeed right after your baby's birth and keep it up, you help reduce the amount of blood lost after delivery. Breastfeeding also helps reduce your risk of getting breast cancer later in life.



Many mothers have lots of questions about breastfeeding

Will I make enough milk?

The more your baby nurses, the more milk your body will make. The size of your breasts does not tell how much milk you will make.

Do I have to eat a perfect diet?

If you drink enough to not feel thirsty and eat enough to feel full, your milk will have everything your baby needs. You do not have to eat a special diet. It is always best for good health to eat a variety of foods from the groups in the Food Pyramid (see page 9).

Will breastfeeding change my breasts?

Breastfeeding does not make breasts sag. Your breasts will probably be about the same size as they are while you are pregnant.

Will breastfeeding tie me down?

It will be easy to take your breastfed baby with you when you go out. There are no formulas to mix or bottles to wash. If you need to leave your baby with someone, you can nurse before you leave, and nurse again when you return. Or, you can leave a bottle of breastmilk or formula.

Can I breastfeed if I go back to work or school?

Many mothers do work or go to school and still breastfeed. They breastfeed when they are home. When they are away, they leave bottles of breastmilk or formula for the baby. Some mothers pump their breasts while away, saving the milk for the next day's feedings.

Are breastfed babies spoiled?

Babies learn trust if they are picked up when they cry. You will get a really close feeling when you breastfeed. Babies are not spoiled by breastfeeding.

Can I breastfeed if I'm nervous?

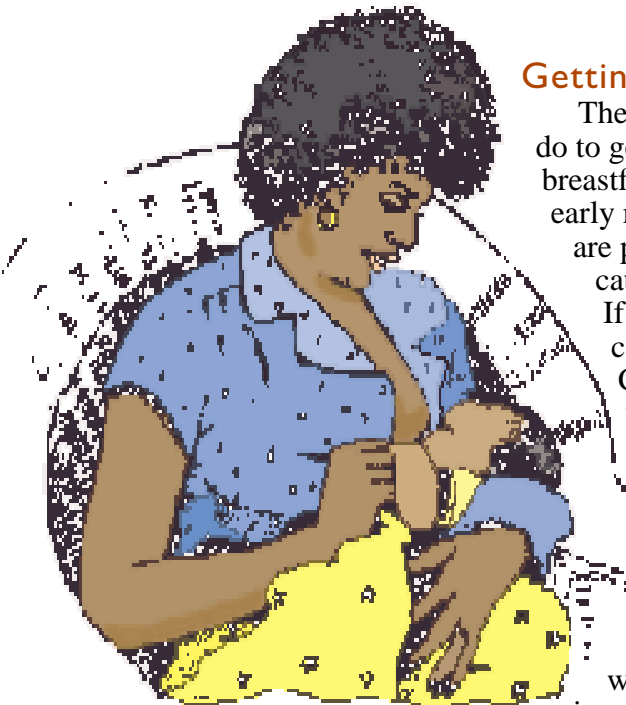
Nursing will help you feel relaxed. Your milk will still be good even if you do get worried, sad or angry.

Does breastfeeding hurt?

Breastfeeding should not hurt. When your baby is nursing and getting milk, you feel a tug. If you do get sore or have pain, something needs to change. You may need to change the position or teach the baby a better way to get on the breast.

Can I breastfeed if I have HIV, the virus that causes AIDS, or am HIV positive?

HIV, the virus that causes AIDS can go to the baby through breastmilk and give him or her AIDS. Current advice in the United States is that mothers who have HIV should not breastfeed.



Getting Ready to Breastfeed

There is nothing special you need to do to get your nipples ready for breastfeeding. Some women may leak early milk, called colostrum, while they are pregnant. It is sticky, and may cause your bra to stick to the nipple. If this happens, wet your bra so you can take it off without pulling. Clean your nipples with plain water. The breasts make a special oil that keeps your nipples soft and clean. Soap would wash away that oil.

Check your nipples. Some nipples stick out when they are touched, and some stay soft or go in. If your nipple goes in when you rub it, you have an inverted nipple. Ask your health care provider about getting breast shells to wear inside your bra. The shells might help inverted nipples stick out.

Ask the nurse or nutritionist about breastfeeding classes or groups. You can learn about breastfeeding and talk to other women who have breastfed their babies. When you go to the hospital, tell the nurses that you are going to breastfeed.

Breastfeeding Basics

The most important thing to learn for breastfeeding is how to help your baby “latch on” to the breast. Here are the basic steps:

There are different ways you can hold your baby when breastfeeding. Ask your nurse or nutritionist about them. Choose the position that is most comfortable for you.

1. Hold your breast in one hand with your fingers underneath and thumb on top. Have your hand back from the areola, the dark skin around the nipple. Your hand should not get in the way as the baby latches on. Baby needs to get the nipple far back in the mouth to nurse so milk can flow easily.



2. Line up the baby's lips with your nipple. Touch the lips with the nipple until the baby's mouth opens wide. Pull the baby quickly onto the breast. Once the baby starts sucking, you will feel a tug on the nipple. It should not hurt after the first few sucks.



3. If it does hurt, start over. Put your finger in the baby's mouth between the gums and take your nipple out. Make sure the baby's mouth is wide open and the tongue is down before the baby latches on again. It is okay to start over



Signs That Breastfeeding Is Going Well

Breastfeeding is going well for you and your baby when:

- You feel a tug, but it does not hurt when the baby sucks.
- Your baby swallows hard after a few strong sucks.
- Your baby is content at the end of the feeding.
- By the time your baby is 4 days old, you see at least 6 wet diapers and 2 to 5 bowel movements every 24 hours.
- Your baby is gaining weight at each check-up.

Some other signs that you may notice:

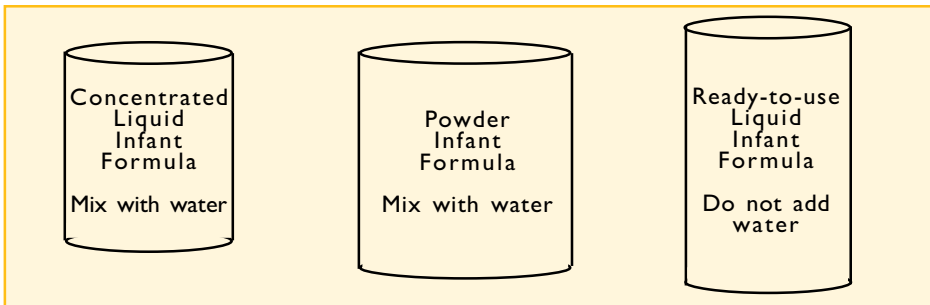
- ◆ Your uterus may tighten during or after feedings the first few days after delivery.
- ◆ You may feel sleepy or relaxed when your baby nurses.
- ◆ You may notice that your breast softens as your baby nurses.
- ◆ Your baby's arms and shoulders will relax during feeding.

Bottlefeeding Your Baby

Choosing Bottles and Nipples

Glass bottles are easier to clean than plastic bottles, but plastic bottles don't break as easily. Some bottles come with plastic liners that you throw away after a feeding. These cost more than other types of bottles. Bottles that look like teddy bears or clowns are cute, but they are hard to clean. Toy-like bottles can confuse your baby. Bottles are for feeding, not for playing.

There are many different types of nipples you can use. You might want to try several to see which your baby likes best. Nipple holes are made the right size for formula to flow through. Making the holes larger may cause your baby to drink too fast and gag or swallow lots of air.



Choosing the Formula

You can expect your baby to grow well on any of the major brands of iron-fortified formula. Most of the time, your baby's doctor or clinic will help you decide which formula to give your baby. Formulas come in three different forms.

- **Concentrated formula** must be mixed with water. It costs less than ready-to-use but more than powdered. The formula can be mixed once each day.
- **Powdered formula** must be mixed with water. It usually costs the least. It can be mixed one bottle at a time or in a batch for the day. Powdered is a good choice if your refrigerator does not work well or if you need to mix formula while away from home.
- **Ready-to-use formula** does not need water. It is poured directly into the bottle. It costs the most. Families who have no indoor running water or have water that is unsafe for drinking often choose ready-to-use formula.

Making the Formula

Adding the right amount of water to concentrated or powdered formula is very important. When you follow the directions on the can, your baby will get exactly what he or she needs. If you add too much water, your baby may not grow well. If you add too little water, other problems may occur. Pour ready-to-use formula from the can right into the bottle, without adding water. Remember to wash your hands before making your baby's formula.

Breastmilk and iron-fortified formula have everything your baby needs to grow. There is no need to add sugar or other foods to the formula. Honey can make babies very sick and should not be added to formula.

It is best to fill bottles with only the amount of formula your baby can drink at one feeding. Formula left in the bottle after a feeding should be thrown away. Throw away any formula that has been at room temperature in a bottle or open can for more than one hour. Also throw away any formula that has been in the refrigerator for more than two days.

How Often and How Much to Feed

You can expect the newborn to breastfeed every 1 to 3 hours. Newborns who are fed formula will probably drink 2 to 3 ounces of formula every 2 to 3 hours, about 16 to 20 ounces in 24 hours. All newborn babies need to be fed at least once during the night.

Adding cereal to the formula will not help a young baby sleep any better. Wait until your baby is 4 to 6 months old before giving foods like cereal, fruits and vegetables.

Starting these foods too early may cause problems and increase the risk of allergies. Giving cow's milk (sweet milk) too early can also cause problems. Most babies are able to digest cow's milk by 12 months of age.

Check with your baby's doctor before giving cow's milk to your baby.

For Breast Discomfort When Bottlefeeding

Some mothers' breasts get very hot, hard and swollen when the milk comes in and they are not nursing their babies. The swelling usually goes down after a day or two. There are some things you can do to increase your comfort.

- Use ice packs on the breast for 15 or 20 minutes.
- Try a warm washcloth on the breast if the ice does not help.
- Put your baby to the breast for a few minutes. (You may even decide you'd rather breastfeed than bottlefeed after all!)
- Call your doctor or clinic if you have chills or fever and your breasts are still swollen and uncomfortable after two days.

Community Resources

Pregnancy is a special time for taking good care of yourself and your unborn baby. It is a time of changes for you and your family. Sometimes you may find that you and your family could use some help. There is help available so you can have the best health possible during your pregnancy. Ask your health care team about any help you may need. You may want to ask about some of these special programs:

- **Social Services and the Economic Assistance Program**
- **Food Stamps**
- **WIC (a food and nutrition program for women, infants and children)**
- **Breastfeeding support**
- **Legal Aid**
- **Mental Health or counseling services**

You may also want to check into some of these resources:

BEGINNINGS - Provides emotional support and unbiased information to parents and professionals working with children aged birth - 18 who are hearing impaired. **1-800-541-HEAR** or 1-800-541-4327. **TTY: 1-800-541-4327** or (919) 571-4843. Hours: Monday through Friday 9:00 am to 5:00 pm, except holidays.

Breastfeeding Help - First Step Hotline. 1-800-FOR-BABY or 1-800-367-2229. **TTY: 1-800-976-1922**. Hours: Monday through Friday 9:00 am to 7:00 pm, except holidays.

CARELINE - Child care, medical care, housing, food, income assistance, clothing, child support services, education, employment, legal services information. 1-800-662-7030. **TTY: 1-800-662-7030**. Hours: Monday through Friday 8:00 am to 5:00 pm, except holidays.

Car seats or car seat rental programs. Call for information about programs in your home town. 1-800-672-4527. (This is the number of UNC Highway Safety Research Center Office.) Hours: Monday through Friday 8:00 am to 5:00 pm, except holidays.

Disability Hotline - For information on getting help and social security benefits for children and adults with disabilities. 1-800-638-6810. **TTY: 1-800-638-6810.** Hours: Monday through Friday 8:00 am to 5:00 pm, except holidays.

Domestic Violence Hotline - If there is violence in your home, call for help. **1-800-799-SAFE** or 1-800-799-7233. **TTY: 1-800-787-3224.** Hours: 24 hours a day, including holidays.

Family Support Network - Service for premature infants, children with developmental disabilities or chronic illnesses. **1-800-TLC-0042** or 1-800-852-0042. **TTY:1-800-852-0042.** Hours: Monday through Friday 8:00 am to 7:00 pm, except holidays.

NC Family Health Resource Line- Information and support for your family. **1-800-367-2229.** **TTY: 1-800-976-1922.** Hours: Monday-Friday 9:00 am to 7:00 pm. Closed on holidays. Services in English and Spanish

Job Training Partnership Program - Help with finding a job, basic education, job training and counseling. **1-800-562-6333.** Hours: Monday through Friday 8:00 am to 5:00 pm, except holidays.

National Alcohol and Drug Abuse Hotline - Help with problems related to alcohol and drug use (drug treatment, self-help, and family violence). 1-800-688-4232. **TTY: 1-800-688-4232.** Hours: 24 hours a day, 7 days a week.

N.C. Poison Control Center - 1-800-848-6946. **TTY: 1-800-848-6946.** Hours: 24 hours a day, including holidays.

These programs and services are there for you in most communities. They can help you be a healthy mom - and help give you the best chance for a healthy baby!

Glossary



The color block in front of the word shows the section of the book where the word is found.



abdomen - the part of the body between the bottom of the rib cage and the top of the pelvis; “belly”



afterpains - contractions of the uterus that happen the first few days after birth of the baby



amniotic fluid - the liquid inside the amniotic sac which surrounds the fetus



amniotic sac - a thin-walled bag that holds the fetus and amniotic fluid



bag of waters - informal term for the amniotic sac



bloody show - light bleeding from the vagina during labor, especially at the end of the first stage of labor



Braxton-Hicks contractions - irregular tightening of the uterus; false labor



breast shells - plastic discs having a hole in the center and a domed cover, worn over the nipple during pregnancy to bring out inverted nipples for breastfeeding



breech position - instead of being in the normal head-down position, the fetus is in a head-up position with feet, knees, or buttocks ready to emerge first



cervix - the opening to the uterus, located inside the vagina


















Cesarean section (C-section) - a surgical procedure in which a cut is made in the abdomen and uterus to deliver the baby






























circumcision - a surgical operation to remove the loose fold of skin covering the tip of the penis



colostrum - the first milk, a clear yellowish fluid secreted by the breast during pregnancy and the first few days postpartum

-  **contraction** - a rhythmic tightening of the muscles in the uterus which squeezes the fetus through the birth canal
-  **delivery** - the birth of a baby
-  **dilation** - the process of being expanded; getting larger or wider
-  **Doppler machine** - a machine that picks up the heartbeat of a fetus as early as 8 to 12 weeks of pregnancy
-  **effacement** - a change in the cervix during labor which shortens and thins the walls of the cervix
-  **epidural anesthesia** - medication given in the spinal area to reduce feeling of pain
-  **episiotomy** - a surgical cut to enlarge the vagina and prevent tearing of tissue during delivery
-  **fetal monitor** - a machine that allows tracking of the fetal heart rate and the contractions of the uterus
-  **fetoscope** - a special stethoscope for hearing the fetal heartbeat through the mother's abdomen
-  **fetus** - the unborn baby from the 8th week after conception until birth
-  **general anesthesia** - medication given in the vein or through breathing to reduce feeling of pain
-  **heartburn** - a painful burning feeling just below the breastbone, usually due to stomach acid in the esophagus
-  **hemorrhoids** - swelling of veins in the lower rectum or anus
-  **hormones** - a complex chemical substance made by the body that controls activity of an organ
-  **inverted nipples** - nipples that pull into the breast instead of stick out when stimulated

-  **Kegels exercise** - exercises done during pregnancy or postpartum to strengthen the muscles used while giving birth
-  **labor** - the time and process of giving birth
-  **latch on** - a term for the proper position and sucking of a baby at the breast
-  **local anesthesia** - medication to reduce the feeling of pain in a limited area of the body
-  **mucous plug** - a collection of thick mucus in the cervix, often streaked with blood, usually discharged in early labor
-  **nausea** - feeling of the urge to vomit
-  **non-stress test** - recording of the heartbeat and movement of the fetus through the mother's abdomen by a special machine
-  **nutrients** - substances obtained from food used by the body for growth, upkeep, or repair; “body-building blocks”
-  **ovary** - female organ that produces the egg
-  **ovulate** - to release an egg from the ovary
-  **oxytocin** - a hormone that causes the uterus to contract
-  **pelvis** - the bony structure that protects the uterus
-  **placenta** - organ inside the uterus which transfers nutrients between the mother and the fetus
-  **postpartum** - after giving birth
-  **preterm labor** - labor that happens earlier in pregnancy than normal, before the 37th week of gestation
-  **premature** - not fully developed; happening before the usual time

-  **pudendal block** - medication given by injection to reduce discomfort of labor
-  **SIDS** - “Sudden Infant Death Syndrome”- unexpected and sudden death of an apparently normal, healthy infant that occurs during sleep, with no evidence of disease
-  **sonogram** - the picture which results from an ultrasound or ultrasonograph test
-  **stress test** - recording of the fetal heartbeat and movement through the mother's abdomen during the stress of a contraction
-  **stretch marks** - streaking of the skin due to rapid expansion; often seen on the abdomen after pregnancy
-  **toxoplasmosis** - infection with a parasite found in cat feces and undercooked meat; can cause brain deformities in the fetus
-  **ultrasound, ultrasonography** - a process which measures and records special sound waves reflected from body structures, such as the uterus
-  **uterus** - the womb, the muscular organ in which the infant develops before birth
-  **vagina** - the birth canal, the opening that connects the uterus to the outside
-  **vaginal discharge** - any flow from the vagina
-  **“water breaks”** - flow of amniotic fluid out of the vagina during labor

Notes