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# Congratulations on the upcoming birth of your baby!

Your pregnancy and delivery will bring great excitement, many questions, and new financial responsibilities. To assist you in your financial arrangements, we are providing you with the following fee information.

Please remember, it's your responsibility to inform your insurance company that you are pregnant and to provide them with the estimated delivery date.

Your obstetrical fee covers routine obstetrical visits throughout your pregnancy—prenatal visits through postpartum care. Please let us know if you have any questions or concerns.

The following services are considered standard in our prenatal package:

## Basic Prenatal Care

- Initial history evaluation and physical exam
- Subsequent physical examinations (recording weight, blood pressure, fetal heart tones, and routine chemical urinalyses)
  - Monthly visits up to 28 weeks
  - Bimonthly visits up to 36 weeks
  - Weekly visits 36 weeks to delivery

## Ultrasounds

We offer you three ultrasounds during your pregnancy.

- **First trimester ultrasound at approximately 10-12 weeks**—to confirm due date and evaluate genetic markers
- **Second trimester ultrasound at approximately 24 weeks**—to evaluate normal growth and anatomy
- **Third trimester ultrasound at approximately 36 weeks**—to evaluate growth or position.

Additional ultrasounds may be ordered if medically indicated.

Please understand that these services may not be covered by your insurance and could be your financial responsibility. Please verify your coverage and make

arrangements through Business Services for payment.

Please be advised that our department follows the American College of Obstetrics and Gynecology's recommendation that prohibits videotaping ultrasounds. However, we are happy to provide you with still pictures of your unborn baby as a memento.

## Delivery

- Admission to the hospital
- Admission history and physical exam
- Delivery (additional charges may be incurred for medical complications during labor or delivery)

## Routine Postpartum Care

- One office visit following your vaginal delivery
- Two office visits following your Cesarean section

## Additional Charges

The following may involve additional fees that will be billed after each service is provided:

- Laboratory tests, ultrasound exams, or non-stress tests (upon provider or patient request)
- All charges incurred while you are in the hospital
- Cesarean section delivery
- Hospitalization for pregnancy complications
- High-risk obstetrical services or monitoring of specific pregnancy complications
- Acute visits during pregnancy not related to pregnancy (e.g. colds, flu, sprains, etc.)
- Additional obstetrics visits related to elevated risk factors (e.g. high blood pressure, diabetes, etc.)

# Dear Expectant Family,

Welcome to the Christie Clinic Department of Obstetrics and Gynecology. Choosing a provider to care for you during your pregnancy and support you during labor and delivery is one of the most important decisions you will make in your pregnancy. Our staff is committed to providing you personalized care to help you achieve a healthy pregnancy and delivery. We consider it an honor and privilege to be part of your life at this special time.

Our clinic is open from 8 a.m. to 5 p.m. Monday through Friday for routine prenatal visits and acute visits as needed. Dr. Young is available to deliver our patients from 8 a.m. to 5 p.m. Monday through Friday. Though our patients find this service comforting, you may experience additional wait times in our office if your provider is called to the hospital for a delivery or emergency. During evening hours and weekends, the on-call provider will be available for all deliveries. If you have questions or concerns at any time during your prenatal care, please call our office at 217.431.8930. If issues arise after office hours, you may choose to call the Labor & Delivery unit at your hospital of choice:

- **Presence United Samaritans Medical Center—217.443.5000**

Or you can reach the on-call doctor by calling 217.431.8930; your call will be forwarded to the answering service, and the on-call doctor will return your call promptly. Our ultimate goal is to be as accessible to you as possible throughout your prenatal care.

At Christie Clinic Department of Obstetrics and Gynecology of Danville you will have a primary mid-level provider for your prenatal care and will also see Dr. Young at your 2nd visit, approximately 28 weeks gestation, approximately 36 weeks gestation and when necessary. Please see the attached biographies of our providers. Dr. Young currently delivers at Presence United Samaritans Medical Center. Currently we are not providing VBAC (vaginal birth after Cesarean section).

To make the most of your prenatal visits, consider writing down your questions and bringing them to each appointment. In addition, please review all the educational material you receive as many questions can be answered by the information in this binder.

Congratulations on your pregnancy, and thank you for selecting Christie Clinic's Department of Obstetrics and Gynecology as your provider. We look forward to working with you to make your pregnancy and delivery as comfortable and memorable as possible.

Sincerely,

Providers and Staff  
Department of Obstetrics and Gynecology



# Obstetricians, Midwives, Nurses, Doulas – One Big Team

During pregnancy and childbirth, many people may join your care team. Obstetricians are physicians who specialize in childbirth and can help provide medical guidance through your pregnancy and birth experience. They are also surgeons who can perform Cesarean Section delivery if needed. Certified Nurse Midwives are nurses who have had extensive education above and beyond normal nursing school that allows them to also help provide medical guidance through pregnancy and birth. They can provide prenatal care, perform vaginal deliveries, and can assist the obstetrician with Cesarean Sections.

During, your care, you will likely encounter several nurses both at the office and at your hospital of choice. Our nurses can speak with you about any concerns that you have, answer many questions, and can perform basic procedures under the supervision of the

obstetrician. During labor, they will be taking your vital signs, monitoring your baby's heart rate, and performing cervical exams as needed. They are a great resource for information regarding pregnancy and childbirth.

Doulas are also available in our community. The word "doula" means "a woman who serves" and describes a professional who provides continuous physical, emotional, and information support to the mother before, during, and after birth. Doulas work alongside your obstetrician or midwife not to recommend or to make medical decisions for you but to help you understand your care and to help you through the experience. This is a service that is paid for outside of your insurance or your medical bills. Christie Clinic does not offer doula services but we are pleased to list the local doulas with whom we have developed successful working relationships:

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There has been persistent increases in pertussis (whooping cough) disease in the United States. As a result of this, the American College of Obstetrics and Gynecology supports the recommendations of the CDC, Center for Disease Control and the Prevention's Advisory Committee that all pregnant women should be immunized with tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) during each

pregnancy regardless of the patient's prior history of receiving Tdap. The Department of Obstetrics and Gynecology follows the recommendation and offers the vaccine to all pregnant women at 28 weeks of pregnancy. It is further recommended that members of your household or any direct caregivers of your newborn contact their physician's office for Tdap immunization.

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## Tree of Life Doula Services and Birth Resources

1. Trish Wilkinson, CD(DONA),MSW,LCSW  
Sarah Williams, PCD(DONA),BA  
Sara Heumann, CD(DONA),MSW  
Sue Osborne, TD(DONA),AS  
Jodi Fan, BA,BS,DVM  
Elizabeth Perrachione, FF  
[www.treeoflifedoulas.com](http://www.treeoflifedoulas.com)  
217.621.6790
2. Jill Rackow, CD (DONA)  
[www.jillrackow.com](http://www.jillrackow.com)  
217.840.8619
3. Leann McPike, M.Ed.  
217.377.5054 (text preferred)

# Department of Obstetrics and Gynecology

*Thank you for choosing Christie Clinic for your obstetrical and gynecological care. The following information will introduce you to the Christie Clinic providers who will care for you.*



## **Terence Young, MD, FACOG**

Dr. Young received his medical degree from the Washington University School of Medicine in St. Louis, Missouri. He completed his internship and residency in Gynecology and Obstetrics at the Emory University School of Medicine in

Atlanta, Georgia.

Dr. Young is board certified by the American College of Obstetrics and Gynecology, and he is a member of the American College of Obstetrics and Gynecology.



## **Sally Craft, APRN, BC**

Ms. Craft received her associate's and bachelor's degrees in nursing at Indiana State University in Terre Haute, Indiana. She then went on to receive her master's and post master's degrees in nursing at Indiana University, in

Indianapolis, Indiana. She is a member of the American Academy of Nurse Practitioners, American College of Obstetrics and Gynecologists, American Nurses Associations and Indiana Nurses Association, and Nurse Practitioners in Women's Health.

Ms. Craft is certified by the American Nurses Credentialing Center.

# Nutrition During Pregnancy

Creating your new diet can be an exciting time for you and your baby. This is your opportunity to develop eating habits that will not only contribute to your health, but also to the growth and development of your baby. Now, more than ever, it is essential that you consume the proper foods and vitamins every day.

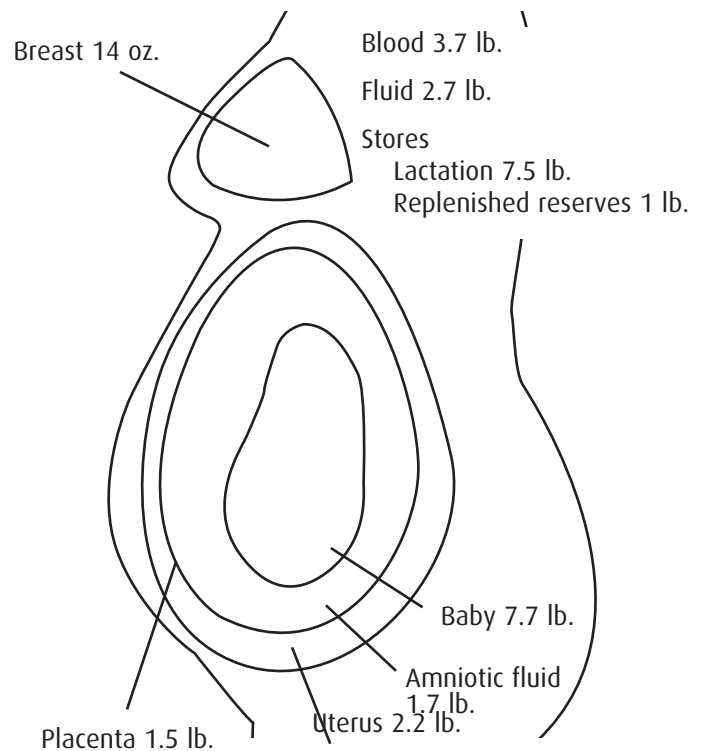
To help make this dietary transition as simple as possible, we've outlined basic guidelines below. By following these dietary steps and the rule of moderation, you will help your baby enjoy a healthy future. If you have any questions, Christie Clinic has a registered dietician available for consultation at the request of your physician.

## The Basic Pregnancy Diet

- **Calcium**—four servings daily  
**Examples:** low-fat milk, cheese, low-fat cottage cheese, low-fat yogurt, calcium-fortified orange juice, soymilk/protein
- **Calories**—To calculate your caloric intake during pregnancy, multiply your weight by 15, then add 300. For instance, if you weighed 120 pounds, the calculation is:  
 $120 \times 15 = 1,800 + 300 = 2,100$  calories/day
- **Fats & high-fat foods**—in moderation, no more than 30% of your caloric intake
- **Fluids**—twelve 8-ounce glasses daily
- **Fruits & veggies**—two and three servings daily  
**Examples (two servings):** apples, bananas, grapes, asparagus, green beans, potatoes  
**Examples (three servings):** cantaloupe, peaches, broccoli, carrots, dark green lettuce
- **Iron**—Most of the nutrients from your daily diet will help meet your iron requirements.

- **Prenatal vitamins**—daily
- **Protein**—three servings daily  
**Examples:** low-fat milk, cottage cheese, yogurt, eggs, chicken, turkey, lean beef
- **Vitamin C**—three or more servings daily  
**Examples:** grapefruit (juice), oranges (juice), collard greens, raw cabbage, tomatoes, broccoli
- **Whole grains & legumes**—six to 11 servings daily  
**Examples:** whole wheat, oats, corn, rye, barley, rice, peas, beans, peanuts

## Weight Changes Caused by Pregnancy



Avoid cold cuts and soft non-pasteurized cheeses and limit fish to one serving per week.

# Anemia in Pregnancy

When your hemoglobin/hematocrit is <11mg/dL/33%, the World Health Organization defines you to be anemic.

## Essential Facts About Anemia

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- Anemia is most often secondary to inadequate iron intake.
- The typical U.S. diet contains about 18mg of iron a day of which only 1mg is absorbed.
- Each pregnancy depletes maternal iron stores by 750mg.

## Implications of Anemia for You and Your Pregnancy

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- Fatigue
- Depression
- Shortness of breath
- Low blood pressure
- Heart palpitations (pounding)
- Increased risk of blood transfusion during delivery

## Foods and Drugs That Don't Mix Well with Iron

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- Foods high in phytic acids (grains, seeds, legumes) decrease iron absorption.
- Dairy products decrease bioavailability of iron. Iron supplements should not be taken within one hour of consuming dairy products.
- Thyroid supplements should be taken four hours apart from iron supplements to maximize the effectiveness of thyroid supplementation.
- Proton pump inhibitors (Prevacid, Prilosec OTC, etc.) reduce the bioavailability of iron.
- Calcium, aluminum, and magnesium decrease iron absorption. Therefore, iron should be taken at least one hour before or two hours after products containing these chemicals.

## Simple Remedies

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- Remember to take your prenatal vitamin daily.
- Vitamin C and folic acid help increase iron stores.



# Safe Food Handling for a Healthy Pregnancy

## Protect you and your baby from LISTERIOSIS

Pregnant women are more prone to get sick from listeria, harmful bacteria found in many foods. Listeria can lead to a disease called listeriosis, which can cause miscarriage, premature delivery, serious sickness, or the death of a newborn baby. If you're pregnant, you need to make sure your foods are safe to eat.

### How can I keep my food safe?

- To avoid listeria growth in your refrigerator and freezer, set the temperature to 40 degrees Fahrenheit or lower and 0 degrees Fahrenheit or lower respectively. Check your refrigerator's temperature using a refrigerator thermometer.
- Clean up all refrigerator spills right away—especially juices from hot dog packages, seafood, raw meat, chicken, or turkey.
- Clean your refrigerator's inside walls and shelves with hot water and liquid soap, then rinse thoroughly.
- Use precooked or ready-to-eat food as soon as you can. Don't store it in the refrigerator too long.
- Wash your hands after you touch hot dogs, raw meat, chicken, turkey, seafood, or meat juice.
- Do not drink unpasteurized milk.



### How will I know if I have listeria?

Unfortunately, the illness takes weeks to develop, so you may not know immediately. Early signs include fever, chills, muscle aches, diarrhea, and an upset stomach. At first, it may feel like the flu. Later on, you may have a stiff neck, headache, convulsions, or loss of balance.

### What should I do if I think I have listeriosis?

If you have any of the above symptoms, call your doctor, nurse, or health clinic. Listeriosis can be treated effectively.

For more information about food safety, visit the U.S. Department of Agriculture Food Safety and Inspection Service web site at [www.fsis.usda.gov](http://www.fsis.usda.gov).

# Pelvic Floor (Kegel) Muscle Exercises

During pregnancy, after childbirth, and as women get older the muscles of the pelvic floor that support the urinary bladder, uterus, and bowel relax. This relaxation can contribute to urinary incontinence. Fortunately, Kegel exercises can help strengthen these muscles, prevent future problems, and improve sexual pleasure.

The pubococcygeus, the muscle that controls the pelvic floor, is activated when urination is interrupted. As you urinate, decrease or stop the flow, and hold it for a short time without tightening your abdominal muscles. After your bladder is empty, contract the muscle for five to 10 seconds, and then relax it for five to 10 seconds.

You should practice this exercise regularly. Try doing Kegels five times every time you urinate. If you are incontinent when laughing, sneezing, or exercising, make sure to contract and hold your pelvic floor muscles. When you have the urge to urinate, do not run to the bathroom; this only increases the pressure. Instead, take deep breaths while contracting the pelvic floor muscles, and walk at a normal pace to the bathroom.

If you regularly urinate in small amounts, you may be able to prevent leakage. Begin by urinating every one to two hours, whether you feel like it or not. Then, increase the interval between voiding by 15 minutes every week until the desired interval is reached.

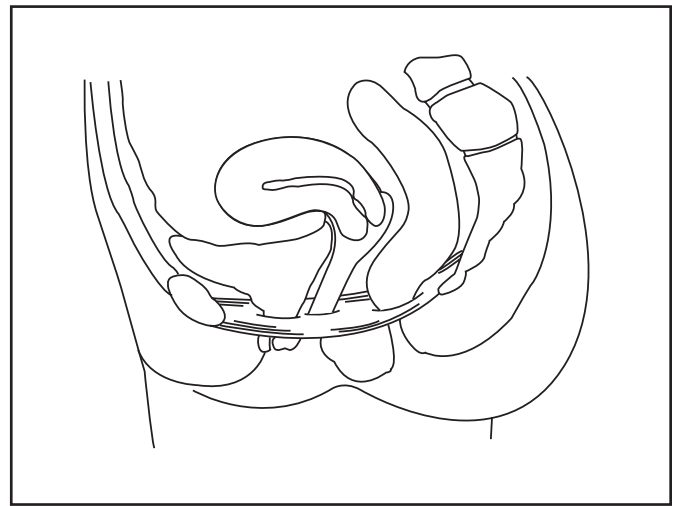
These exercises should become a habit and need to be practiced regularly for the rest of your life.

## General Exercises

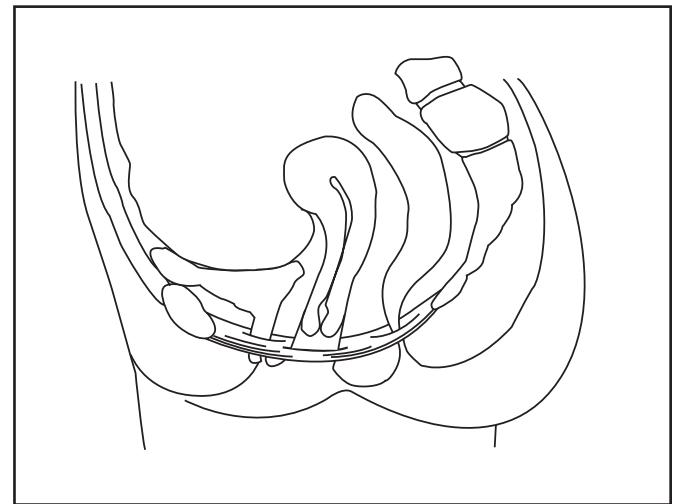
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If you have no contraindications, we recommend you continue to stay active. Walking and swimming are excellent exercises while pregnant. Avoid high-impact or jarring-type activities. Talk to your provider about what activities are best for you.

## Pelvic Floor Muscles



Firm muscle tone—organs supported



Slack muscle tone—organs prolapsed

# Danger Signs to Watch for During Pregnancy

If you experience any of the following, call the office as soon as possible, unless directed otherwise. **DO NOT** wait for your next appointment.

- **Fall or trauma.** Call the office immediately. If after hours, call on-call Doctor.
- **Vaginal bleeding** that is slight (less than menses) and occurs during the first four months is usually treated with bed rest only. Spotting can occur after intercourse or a vaginal exam, but it should not be heavy or last longer than 24 hours. Profuse bleeding (greater than menses) should be reported immediately. If heavy bleeding occurs after office hours, go to the emergency room or to labor and delivery at the hospital.
- **Puffiness of the face, eyes, or palm of your hand** that appears suddenly and persists for more than 24 hours. Swelling that disappears after a night's rest or after elevating your legs is not uncommon.
- **Severe headaches** that develop in the last half of pregnancy, persist for more than 24 hours, and are not relieved by Tylenol®.
- **Dimming or blurring vision** that lasts longer than one day during the last half of pregnancy.
- **Severe abdominal pain** that is constant and persistent, especially if associated with vomiting. This is different than common obstetrical discomforts such as round-ligament spasms, which feel more like pulling or stretching.
- **Vomiting** lasting more than 24 hours.
- **Fever of 100.4 degrees** or more lasting for more than 24 hours.
- **Rupture of membranes.** If your water breaks during the last six weeks of pregnancy, go directly to the hospital. Prior to the last six weeks, call the office for proper advice during the day or labor and delivery after office hours.
- **Dysuria** (burning with urination) usually indicates a urinary tract infection, especially when accompanied by urinary frequency, chills, and/or a fever.
- **Uterine contractions** that occur more frequently than every 10 minutes and don't go away with rest and fluids prior to 36 weeks.
- **Anything that is causing you or your partner concern.**

# Over-the-Counter Medications Approved for Pregnancy

Please post this information in an easily accessible place (e.g. refrigerator door).

## Nausea

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- Dramamine®
- Unisom® (1/2 tab with 25mg vitamin B6 in the morning and at night)

## Allergies

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- Benadryl®
- Claritin®
- Tylenol® Sinus

## Cold

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- Claritin-D®
- DayQuil®
- Mucinex®
- Mucinex® D
- Robitussin®/Robitussin DM
- Sudafed®
- Tylenol® Cold/Tylenol Flu

## Hemorrhoids

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- Anusol®
- Preparation H®
- Tucks® Pads

## Headache or Mild Discomfort

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- Tylenol®

## Heartburn

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- Maalox®
- Mylanta®
- Pepcid® AC
- Prilosec OTC™
- Roloids®
- Tagamet®
- Tums®
- Zantac® 150

## Constipation

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- **Step 1: Fiber diet**—apples with peel washed well, raisins, prunes, NO bananas
  - Exercise (walking)
  - Drink plenty of water
- **Step 2: Daily control**  
Metamucil®, FiberCon®, Konsyl®, MiraLAX®, or Citrucel®
- **Step 3:** Glycerin suppositories, mineral oil, or Fleet® enema

If you have questions on any other medication(s), please contact your provider.



## Welcome to the First Trimester (Weeks 1-12)

*This is a very exciting time for you, and this section will tell you what you can expect in your first trimester of pregnancy.*

*There are many physical and emotional changes occurring at this time. Many couples find the first trimester both an exciting and stressful period, because they're still adjusting to the idea of having a baby.*

*Prenatal vitamins should be started if you're not already taking them. Routine visits occur monthly, and the baby's heartbeat may be heard as early as 12 weeks.*

### Primary discomforts in the first trimester are:

- **Nausea**—A little more than half of all expectant women experience the nausea and vomiting associated with morning sickness. Increased levels of hormones that sustain the pregnancy can cause morning sickness. Morning sickness does not necessarily occur just in the morning.
- **Fatigue**—During the first trimester you will see your body undergoing many changes as it adjusts to your growing baby. This may result in fatigue due to the physical and emotional demands of pregnancy. During your pregnancy, you might feel tired even when you've had a lot of sleep at night. Once your body has adjusted to the increased demands placed upon it, you should have more energy.
- **Urinary frequency**—The uterus is growing and starting to press on the bladder, causing the need to urinate more frequently. Also, there is an increased volume of body fluids in pregnancy, and the kidneys are very efficient at clearing the body of waste products. The pressure on your bladder is often relieved once the uterus rises into the abdominal cavity at around the fourth month.

# First Trimester: Required Pregnancy Laboratory Tests

Throughout your pregnancy, certain blood and urine tests will be needed. The following is a brief description of these tests and why they're required. For more information, contact your provider's office.

## First trimester (1-12 weeks)

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- **CBC (complete blood count):** Checks for signs of anemia or infection.
- **Type and Rh:** Determines your blood type and Rh factor.
- **RPR (rapid plasma reagin):** Screens for syphilis, required by the State of Illinois.
- **HIV (human immunodeficiency virus):** Screens for the AIDS virus. Take consent form to lab before test.
- **Hepatitis B, C:** Screens for liver disease.
- **Rubella titer:** Determines your immunity to "three-day measles."
- **Mumps titer:** Determines your immunity to mumps.
- **Antibody screen:** Determines which antibodies are present in your blood.
- **Thyroid:** Screens for thyroid disorders.
- **Cystic fibrosis:** Screens for lung and pancreas disease, conducted upon request. You will want to check with your insurance provider about coverage for this test. An informational sheet will be given to you at your first appointment
- **Pap smear:** Screens for cervical cancer.
- **GC (neisseria gonorrhoeae), chlamydia:** Screens for sexually transmitted diseases.
- **Vaginal Culture:** Screens for infection
- **Cervicitis Panel:** May substitute for GC, chlamydia and Vaginal Culture

Tests take about one hour to complete. During this time, we may also test for sickle cell.

Testing is available at our office.

## Urine Specimen

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At each appointment, a urine sample is required to check sugar and protein levels. You will be provided a specimen container for your next visit. If you do not receive one, or you forget yours, they are also available at the reception desk. It is important to have this sample at the beginning of your appointment. Give your sample to the nurse before examination.

# First Trimester: FAQs

## 1. Can I videotape my obstetrical ultrasound?

Please be advised that our department follows the American College of Obstetrics and Gynecology's recommendation that **prohibits** videotaping ultrasounds. However, we are happy to provide you with still pictures of your unborn baby as a memento. Due to the size of the room, we ask that only three people accompany you to your ultrasound appointments

## 2. Will my provider always be available to see me at my obstetrical visits?

Due to unexpected deliveries and emergencies, we cannot guarantee that Dr. Young will always be available at your appointment. If your provider is unavailable, you may be asked to see the nurse practitioner.

## 3. How do I relieve constipation?

We recommend a fiber diet, including apples, raisins, and bran. Also make sure to exercise and drink plenty of water.

## 4. How do I relieve nausea?

Eat dry foods (crackers, pretzels, etc.) and small protein snacks (cheese, peanut butter) every one to two hours. If nausea persists, take Dramamine® or Unisom®.

## 5. Is it safe to travel?

If you're not experiencing any pregnancy complications, you may travel up to week 36. Long trips (more than two hours) should be discussed with your doctor. After week 36, we recommend staying home (i.e. traveling no farther than an hour away) in case you deliver prematurely.

## 6. Can I still have sex?

Absolutely. Sexual activity will not harm you or your baby. However, there are times when pelvic rest may be ordered (e.g. spotting).

## 7. Will Dr. Young deliver my baby?

If your labor begins after 5 p.m. on a weekday, or over the weekend, the on-call obstetrician will deliver your baby. If you have concerns about your insurance coverage, please discuss them with the staff.



# First Trimester: Comfort Measures

## 1 to 12 weeks

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<b>PROBLEM</b>	<b>SOLUTION</b>
<b>Fatigue</b>	Take short, 15-minute naps throughout the day.
<b>Nausea</b>	Eat dry foods (crackers, pretzels, etc.) and small protein snacks (cheese, peanut butter) every one to two hours. If nausea persists, take Dramamine® or Unisom® and vitamin B <sub>6</sub> .
<b>Headache</b>	Relax, massage neck or temples, and apply ice to forehead. If headache persists, take Tylenol®.
<b>Gas, constipation</b>	Consume more fluids and fiber, especially bran. Exercise regularly.
<b>Low cramps</b>	Normal, unless persistent or accompanied by bleeding. If this occurs, call the office.
<b>Mood changes</b>	Normal

# First Trimester: Things to Purchase

At Christie Clinic, we understand the excitement that comes with purchasing items for you and your baby. That's why we've compiled a basic list of recommended items to help steer you in the right direction.

## **Pregnancy books**

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- *Planning Your Pregnancy and Birth*
- *Baby Bargains: Secrets to Saving 20% to 50% on Baby Furniture, Equipment, Clothes, Toys, Maternity Wear and Much, Much More!*

## **Pregnancy calendar**

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- Follow each step of your baby's growth and development with a helpful 40-week pregnancy calendar.

## **Pregnancy journal**

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- Keep track of your thoughts, questions, and emotions as you embark on a special nine-month journey with your baby.



# Welcome to the Second Trimester (Weeks 13-27)

## During these weeks you will notice the following changes:

- The nausea, headaches, and fatigue of the first trimester will disappear.
- Your provider will be able to hear the heartbeat at each of your visits.
- You will begin to feel movement between weeks 16-20.
- After 24 weeks, you should feel the baby move every day.
- This trimester is the most fun and the time you feel the healthiest.

# Second Trimester: Pregnancy Laboratory Tests

Throughout your pregnancy, specific blood and urine tests are needed. The following is a brief description of the optional tests you can have during your second trimester. For more information, contact your provider's office.

## Second trimester (13-27 weeks)

**AFP/Quad Marker screen (alpha-fetoprotein test) between week 16 and 20:** Detects increased risk for neural tube defects and Down syndrome.

At approximately 26 weeks, the following tests are ordered:

- **CBC (complete blood count):** Detects possible anemia.
- **RPR:** Screens for syphilis; required by the State of Illinois.
- **Glucose load:** Screens for diabetes.
- **Antibody screen:** Required for Rh negative patients.
- **Uric acid:** To establish a baseline should there be a need for further testing later in pregnancy related to possible preeclampsia

## Urine Specimen

At each appointment, a urine sample is required to check sugar and protein levels. You will be provided a specimen container for your next visit. If you do not receive one, or you forget yours, they are also available at the reception desk. It is important to have this sample at the beginning of your appointment. Please give your sample to the nurse before examination.

# Second Trimester: FAQs

## 1. Are hemorrhoids avoidable?

To prevent hemorrhoids, avoid constipation and straining. To treat them, lie with a pillow under your buttocks, and apply ice or cold witch hazel pads to the painful area. You may also use over-the-counter medications like Preparation H® or Anusol®.

## 2. How should I treat heartburn or indigestion?

Eat slowly and more frequently. Chew gum after eating. Eat dry food (crackers, toast, etc.) before bed. See also Approved OTC medications. Avoid laying down for a few hours after eating. Elevate head.

## 3. Should I be concerned about vaginal discharge?

No. It's normal to experience a thin, milky discharge during your pregnancy. We recommend wearing panty liners and cotton underwear for more breathability. Avoid using tampons, and **do not** douche. Douching increases the risk of infection and may force air into your vagina, which can be hazardous to your baby.

## 4. Is it safe to visit the dentist?

Regular checkups are perfectly fine. However, if you are undergoing a major procedure, please call your provider. X-rays and certain anesthetics may be dangerous to your baby's health. If you do require surgery and need your provider's permission, a letter from your provider is available upon request.

## 5. What should I do about leg muscle cramps?

Muscle cramps are normal during pregnancy. To relieve tension, get plenty of exercise.

## 6. How do I relieve nosebleeds?

Nosebleeds are the result of increased blood volume during pregnancy. To avoid nosebleeds, use Ocean® Nasal Spray, and place humidifiers throughout your house. To relieve a nosebleed, pinch the area right above your nostril for five minutes. Continue this three times, or until the bleeding stops. If the bleeding is still frequent and heavy, call our office.

## 7. Can I prevent stretch marks?

Unfortunately, approximately 90% of pregnant women experience stretch marks. Lotions and creams will help keep your skin moist and soft, but they will not prevent stretch marks. The good news is that your stretch marks will eventually fade into a light, silvery color after pregnancy.

## 8. How do I relieve backaches?

Backaches are the result of stretching ligaments and the weight of your baby. To relieve back tension, tighten your lower abdominal muscles or wear a pelvic support belt. Pelvic tilt exercises may also help.

## 9. I occasionally get dizzy when I stand up or change positions, or I get warm. Is this a problem?

No. Due to changes in blood flow and cardiac activity, these occasional dizzy episodes are normal and can be managed with slower movements, increased fluids, and keeping a fan nearby.

# Second Trimester: Comfort Measures

## 13 to 27 weeks

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<b>PROBLEM</b>	<b>SOLUTION</b>
<b>Leg cramps, groin pain</b>	May be caused by lack of calcium. Increase consumption of dairy products or calcium carbonate tablets. Decrease cola consumption.
<b>Dizziness, fainting</b>	Move slowly, lay down, and turn on your left side.
<b>Cravings</b>	Eat a well-balanced diet and indulge yourself occasionally. Report cravings for non-food items or ice to your doctor.

# Second Trimester: Things to Purchase

It's time to start thinking more seriously about your shopping list. Below, you'll find a basic list of items to consider purchasing during your second trimester. Remember to register at your favorite stores so friends and family will know exactly what to get.

- **Baby book**
- **Baby clothes**
- **Breastfeeding supplies**
- **Maternity clothes**
- **Changing table**
- **Crib**
- **Comfortable shoes**
- **Dressers**
- **Glider/rocker**
- **Maternity support belt**
- **Medical supplies**
- **Nursery accessories**
- **Supportive nursing bra**
- **Car Seat**





# Welcome to the Third Trimester (Weeks 28-40)

**This trimester can be the most difficult. You know the baby is almost here; waiting can be hard.**

- The baby should be moving daily. Your provider will discuss fetal movement with you at your 28 week visit and provide you with a baby movement chart, also known as a 'kick-count sheet'.
- You should be taking Lamaze (childbirth prep classes) and/or breastfeeding classes. Presence United Samaritans Medical Center, 877.737.INFO (4636)
- You will have occasional back pain and low abdomen pain (stretching and pulling). If you have questions about your pains, don't hesitate to ask.
- The last month can be especially uncomfortable, but nature knows when labor should begin. Try to relax and enjoy this special time.

Now is the time to consider which provider you would like to care for your newborn:

## Presence Health Danville Pediatricians/ Family Practitioners

Dr. Haque	217.442.5863
Dr. Maes	217.442.0433
Dr. Jeliaskova (Polyclinic)	217.477.4714
Dr. Reddy (Polyclinic)	217.477.4716
Dr. Peters (Christie Clinic)	217.442.8611
Dr. Stewart (Christie Clinic)	217.442.8611
*Dr. George Gindi	217.431.2025
*Dr. Mary Gindi	217.662.2282
Dr. Howard (Carle)	217.431.7800
Dr. Kanani (Carle)	217.431.7800

\*\*It is your responsibility to contact the provider to see if they can accept your baby as a new patient. Please notify our office of the provider you have chosen no later than 28 weeks gestational age.\*\*

\* cannot do c-sections

Most Family Practice Doctors will see babies.

# Third Trimester: Educational Courses

Christie Clinic and Presence United Samaritans Medical Center offer a wide variety of courses to prepare you and your family for your new baby. The following is a list of available classes:

## **Christie Clinic** (217.366.1255)

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- Breastfeeding
- Childbirth Prep
- Infant CPR

## **Presence United Samaritans Medical Center** (866.776.8362)

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Presence United Samaritans Medical Center will help expecting parents prepare for the big moment. The following education classes will be offered in 2015:

### **Childbirth Education Series:**

This 2-part course covers breathing and pushing techniques, C-sections, pain relief, newborn care, and after-delivery care. Mom and her support person should be enrolled by her 32nd week of pregnancy. The classes are from 6:00 – 8:30 p.m. in Conference Room #4 at Presence United Samaritans. The following dates are available:

January 12 & 19

March 16 & 23

May 4 & 11

July 6 & 13

September 14 & 21

November 9 & 16

### **Breastfeeding Class:**

Taught by a certified lactation consultant, this class covers the basics of breastfeeding. Tips and techniques for bottle feeding are also included. The classes are from 7:00 – 9:00 p.m. in the OB Department at Presence United Samaritans. The following dates are available for both:

January 28, February 25, March 25, April 29, May 27, June 24, July 29, August 26, September 30, October 28, November 18

### **Child Passenger Safety:**

At these car seat checks, parents are educated on how to install car seats correctly, check for any current recalls on car seats, and get questions answered. The classes are on the 2nd Tuesday of each month by appointment between 3:00 – 6:00 p.m. at Danville Fire Station #3. The Vermilion County Red, White, & Blue Child Passenger Safety Team, which is made up of a variety of community agencies, sponsors these classes.

Registration is required for all classes at Presence United Samaritans Medical Center. To register, call 877.737.INFO (4636).

# Third Trimester: Advanced Pregnancy

Entering your third trimester is an exciting milestone in your pregnancy. Now that you're coming to the end of your journey, please be aware of the information below.

Your baby is now approximately 14-15 inches long and weighs two-and-a-half pounds. Over the next 3 months, the baby will gain 4 1/2-7 pounds and 4-6 inches.

Your office appointments will increase to one visit every two weeks, and eventually weekly, unless otherwise determined by your provider.

- **Third trimester ultrasound at approximately 36 weeks**—to evaluate growth or position.

If you have not already done so, sign up for our childbirth education and breastfeeding classes.

## **GO TO THE HOSPITAL:**

- **When your contractions are FIVE minutes apart and continue for 60 minutes.**
- **If your water breaks.**
- **If you experience heavy bleeding (menses).**
- **Or call our office.**

# Third Trimester: Early Labor Warning Signs (Prior to 36 Weeks)

These signs may be normal, but if you experience any of them, contact your provider.

- Regular tightening of the uterus or belly four to six times per hour. It may feel like the baby is “balling up.”
- “Period-like” cramps that come and go or happen constantly. You may also feel pain in your back.
- A low, dull backache that feels differently than previous backaches.
- Pressure or pain in the lower belly, back, or upper legs.
- Heavy drainage from the vagina or birth opening that feels or looks like water, mucus, or blood.
- If you are worried and feel like “something is not right.”

## **IF YOU EXPERIENCE ANY OF THE ABOVE SYMPTOMS:**

- Go to the bathroom and empty your bladder.
- Drink two to three large glasses of water.
- Lay down on your left side for one hour. Take 2 Regular Strength Tylenol®

**If you are still experiencing early labor signs, call your provider.**

# Third Trimester: Required Pregnancy Laboratory Tests

Throughout your pregnancy, certain blood and urine tests will be needed. The following is a brief description of third trimester tests and why they're required. For more information, contact your provider's office.

## **Third trimester (28-40 weeks)**

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At approximately 28 weeks, you will review your labs that were completed at 26 weeks with your provider.

At approximately 36 weeks gestation, the following test is ordered:

- **Vaginal culture for BETA Strep Group B**—This screens for Group B Strep, a bacterial infection that can be found in a woman's vagina or rectum and can be passed along to the baby during vaginal birth or Cesarean section.

## **Urine Specimen**

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At each appointment, a urine sample is required to check sugar and protein levels. You will be provided a specimen container for your next visit. If you do not receive one, or you forget yours, they are also available at the reception desk. It is important to have this sample at the beginning of your appointment. Give your specimen to the nurse when you go into the exam room.

# Third Trimester: Comfort Measures

## 28 to 40 weeks

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PROBLEM	SOLUTION
Indigestion, heartburn	Eat slowly and more frequently. Chew gum after eating. Eat something dry before bed.
Hemorrhoids	Avoid constipation and straining. Lie with a pillow under your buttocks; apply ice or cold witch hazel to the painful area.
Insomnia	Normal. Take a warm bath or drink warm milk before bed. Music, a dull book, and relaxation exercises will also help.
Joint pain	Occurs with swelling, especially in the fingers. Pain in your hips occurs as joints relax before delivery. Exercise and get plenty of rest.
Backache	The result of stretching ligaments and the weight of the baby. Tighten your lower abdominal muscles or wear a pelvic support belt. Pelvic tilt exercises may also help.
Incontinence	Urinate constantly. Do pelvic floor muscle exercises. <b>DO NOT</b> stop drinking fluids.

# Third Trimester: FAQs

## **1. If I go into labor after business hours, will my provider deliver my baby?**

While your preferred provider is typically available for delivery 8 a.m.-5 p.m. Monday through Friday, the on-call provider will usually deliver all patients on weekends from 5 p.m. Friday until 8 a.m. Monday and weekdays after 5 p.m.

## **2. Should I be concerned about high blood pressure?**

If high blood pressure goes undetected, it could lead to potential complications. However, if it's treated early, you should have nothing to worry about. Your provider will monitor your blood pressure on a regular basis to avoid any potential health hazards.

## **3. Is it normal for my breasts to leak?**

Yes. Most women begin to notice a yellowish fluid, called colostrum, during the last stages of pregnancy. If you experience this, use disposable breast pads inside your bra.

## **4. How do I reduce body swelling?**

As your body prepares for labor, it takes on more fluid, causing different parts to swell. To help relieve some of the swelling, drink water, avoid salt, elevate your feet, and rest.



# Third Trimester: Fetal Activity Patterns

Beginning around week 18, you'll feel the first signs of your baby's activity pattern. By monitoring your baby's movements throughout your pregnancy, you'll provide us with important information about your baby's health. Just follow the instructions below, and record your daily information on the provided charts. If you have any questions or concerns, please give us a call.

## **Monitoring Your Baby's Movement (After 28 Weeks)**

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- Determine the time of day that your baby is most active. For many women, this typically occurs after eating.
- Rest on your left side.
- Place your hand on your belly, and count the movements (kicks, flutters, rolls) up to 10. If you do not have 6-10 fetal movements in one hour, continue to count for one more hour.
- If you do not have 6-10 fetal movements after two hours of counting, call our office at 217.431.8930. After office hours and on weekends go to the Labor and Delivery Unit at Presence United Samaritans Medical Center.

# Baby Movement Chart: Third Trimester

<b>Week 28</b>	Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Time							
	No. of movements							

<b>Week 29</b>	Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Time							
	No. of movements							

<b>Week 30</b>	Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Time							
	No. of movements							

<b>Week 31</b>	Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Time							
	No. of movements							

<b>Week 32</b>	Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Time							
	No. of movements							

<b>Week 33</b>	Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Time							
	No. of movements							

<b>Week 34</b>	Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Time							
	No. of movements							

<b>Week 35</b>	Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Time							
	No. of movements							

<b>Week 36</b>	Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Time							
	No. of movements							

<b>Week 37</b>	Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Time							
	No. of movements							

# Baby Movement Chart: Third Trimester

<b>Week 38</b>	Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Time							
	No. of movements							

<b>Week 39</b>	Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Time							
	No. of movements							

<b>Week 40</b>	Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Time							
	No. of movements							

# Third Trimester: Things to Purchase

It's almost time to make room for one more person in your family. Are you ready? Below, you'll find a basic list of items to purchase during your third trimester. Remember, it's not too late to register at your favorite stores so friends and family will know exactly what to get.

- **Breast pump**
- **Extra breast pump membranes**
- **Lanolin® cream**
- **Breast shield**
- **Soft shells**
- **Nipple shields**
- **Disposable nursing bra pads**
- **Anti-bacterial wipes**
- **Nursing bras**
- **Micro-steam bags**
- **Stroller**
- **Baby monitor**
- **Nursing pillow**
- **Changing table**
- **Car seat**
- **Diapers/diaper bag**
- **Parenting books**

# Third Trimester: Labor Induction

Your provider has chosen to induce your labor.

This may be done for various reasons, you may be over due, your baby is not growing appropriately or your baby is big, etc.

This can be a very long process; your family does not need to go to the hospital when you check in.

Your labor and delivery nurse can help you decide when you should call other family members other than your main support person.

An induction can last several hours to days, this depends on your baby. If your cervix is favorable (soft or dilated) induction may be quicker for you. If your cervix is long and closed the induction process will take longer.

Your cervix is \_\_\_\_\_ today.

Once you are 4 cm dilated, you are considered in active labor.

How you are induced depends on how favorable your cervix is.

Be prepared to be at the hospital several hours to days prior to your baby being born.

Everyone is different, every labor is different.

**PLEASE BE PATIENT AND IF YOU HAVE QUESTIONS ASK!**

# Important Facts about Your Baby's Cord Blood

## Information for Illinois Parents

Cord blood (blood that remains in your baby's umbilical cord and your placenta after the cord is cut) is a rich source of powerful stem cells. Today, stem cells are used to treat more than 75 life threatening diseases such as leukemia, sickle cell anemia, and other serious blood and immune disorders.

A common source of stem cells is bone marrow, but unfortunately, it has many limitations. More than 20 percent of patients in need are unable to find a bone marrow donor, and that number increases to more than 60 percent for some minority populations. Saving cord blood is a unique solution, because it can be used in many cases which bone marrow cannot. Collecting your baby's cord blood is painless, poses no risk to you or your baby, only takes a few minutes, and may save a life.

In 2003, Illinois amended the Hospital Licensing Act to offer pregnant women the option of donating their

babies' cord blood to a public cord blood facility to help patients searching for a stem cell donor. You have three options regarding your baby's cord blood:

- Apply to donate to a public blood bank.\*
- Collect the cord blood for your family in a family bank.
- Allow the cord blood to be discarded at the hospital.

Please review this information, and talk to your doctor, midwife, or childbirth educator during weeks 28-30 of your pregnancy to make an informed decision about your baby's cord blood. The following guide provides basic facts about cord blood options as well as resources for more information.

\* Not all public blood banks accept donations.

# Cord Blood FAQs

## Questions

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**Why do families donate or bank cord blood?**

## Cord Blood Donation

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To increase our national supply of cord blood samples. A large bank of cord blood samples will help save people unable to find a suitable stem cell match within their family.

## Family Banking

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It guarantees your baby's sample will be saved for your family members. Stem cells from a relative are the most preferred source for treating many diseases, because survival rates double compared to using unrelated samples from a public bank (63% family vs. 29% public).

**What will happen to my baby's cord blood?**

Donated cord blood can be used for research or for patients searching for a donor. Eligibility to donate is based on both parent's health history. By donating your baby's cord blood, you will relinquish all future rights of the sample.

Your baby's cord blood is processed and stored exclusively for future use by your baby and family. Privately banked samples are immediately available for use by your family.

**Does it cost anything to bank cord blood?**

There is no cost to collect and publicly donate cord blood.

It costs \$1,500-1,800 to collect and process your baby's cord blood. There is also an annual storage fee of \$100. Many banks offer affordable payment plans.

**What steps do I need to take before my baby's cord blood is collected?**

Make arrangements with a donor bank. Prior to donation, both parents must complete a health history form. The mother must give her consent to collect and store cord blood.

Make arrangements with a family bank. Expectant parents receive a collection kit to take with them to the hospital. Families pay a fee once the family bank processes and stores the cord blood.

**Where can I get more information about cord blood banking and donation?**

To learn more about public donation of your baby's cord blood, visit the Cord Blood Foundation at [www.cordblooddonor.org](http://www.cordblooddonor.org).

For family banking information, contact Cord Blood Registry at 888-CORD-BLOOD, or visit [www.cordblood.com](http://www.cordblood.com).





# Postpartum: FAQs

## 1. What can I do to lose weight?

A majority of your current weight is the result of water retention from pregnancy. Initially, you should focus on maintaining a healthy diet. Remember, weight loss will come gradually; it won't happen overnight. After fully recovering from delivery, you may start a light exercise program.

## 2. Why does my vaginal discharge have a bad odor?

If your vaginal discharge develops a bad odor, please call your provider, because it could indicate an infection.

## 3. I'm tired and emotional constantly. Should I be concerned?

Having a baby is a very emotional time. It's not uncommon to be tired, sad, or "let down" after the excitement of pregnancy and delivery. The change in hormones after delivery and with breastfeeding may influence your emotional state. Understand that these feelings are normal and that with sufficient rest and good nutrition, your symptoms should improve. If depression is severe or continuous, please call your provider.

## 4. Why am I experiencing hair loss?

Due to irregular hormone levels, it is completely normal to experience hair loss. It may be months before your body adjusts to a normal hair growth cycle.

## 5. How long will it take to menstruate again?

If you are bottle feeding, you may begin your period within six to eight weeks. Breastfeeding usually delays your first period. Some women may go many months without experiencing a period. You will ovulate before your first period, so it's possible to get pregnant prior to beginning your period. Contraception will be discussed at your postpartum checkup.

## 6. I've noticed that I urinate and sweat more often. Should I be concerned?

No. Your body is losing the excess fluids from pregnancy. Most likely, you'll lose eight to 10 pounds in the first six weeks postpartum.

## 7. Why am I still experiencing cramping?

During your pregnancy, your uterus expands to 11 times its prepregnancy size. After delivery, it returns to its original size. When this occurs, your muscles will contract and cause cramping that is most intense three to four days after birth. The process usually takes six weeks to complete.

## 8. Should I be concerned about bleeding and clots?

The bleeding, or lochia, you experience may increase slightly when you first get home because you are more active than you were in the hospital. It may also be heavier and last longer than a period.

After breastfeeding, you may also have an increase in flow. It may persist on and off or continuously for up to six to eight weeks after delivery. As the weeks pass, it should decrease gradually. If an increase of bright red bleeding occurs or if you experience large clots, call our office immediately. Continue to use your peri-bottle at home until your bleeding has completely stopped.

# Postpartum: Comfort Measures

## After delivery

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PROBLEM	SOLUTION
Engorged breasts	If nursing, frequently apply warm packs. If not nursing, apply ice packs for 10 minutes every hour. Use Tylenol®, and avoid breast stimulation.
Cracked nipples	Apply a small amount of breast milk on each nipple after nursing and allow nipples to dry. Make sure your baby's jaws are on the areola when nursing.
Sore perineum	Sit in a tub of warm water twice a day. Apply ice, and use Epifoam® after urinating.
"Baby blues"	Rest, sleep, rest. Eat small meals frequently, take vitamins. Get a babysitter and go out by yourself or with a friend for a short time. If condition persists, call the office.
Fatigue	Normal. Rest frequently for short periods. Keep life simple and accept all that it has to offer.

# Postpartum

Congratulations! Bringing home your new baby is an experience that you will cherish for the rest of your life. Please use the following guidelines to help you through the next six weeks.

## Activity

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For the first couple of weeks after you return home, you should do nothing but take care of yourself and your new baby. Changing diapers and feeding the baby may require most of your strength and energy. This is a good opportunity to let your friends and family take care of everything else such as cooking, cleaning, laundry, and driving.

## Diet

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Continue to maintain your pregnancy diet, and keep taking your prenatal vitamins, especially if you are breastfeeding. Drink plenty of fluids, and avoid spicy foods. Extra fiber and fluids will prevent constipation. Try not to consume any one food or nutrient more than others.

## Emotional

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Having a baby is a very emotional time. It's not uncommon to be tired, sad, or "let down" after the excitement of pregnancy and delivery. Babies aren't always cute and cuddly. They cry, keep you awake at night, dirty their diapers, and place new demands on your time, all while you are still physically recovering from the pregnancy.

If possible, encourage the father to take an active role in caring for your new baby so that he also feels useful. The change in hormones after delivery and with breastfeeding may also influence your emotional state. Understand that these feelings are NORMAL. With sufficient rest and good nutrition, your symptoms should improve. If depression is severe or continuous, please call your provider.

## Exercise

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Moving around will help you regain your energy and strength. It's ok to begin walking for brief intervals after two weeks. You may begin taking postnatal exercise classes after six weeks, unless otherwise instructed by your provider. Avoid strenuous or aerobic exercises until you have your postpartum checkup. Don't do too much too fast! It took nine months for the muscles to expand; it may take nine months to regain tone. To improve your pelvic floor muscles, continue practicing Kegel exercises. Remember, the more active you are, the heavier you may bleed and the less milk you may produce, so use your discretion.

## Bottle Feeding

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If your breasts become tender and full, decrease your consumption of liquids for several days. It's very important to wear a supportive bra for 24 hours a day for at least one week. Use ice packs on your breasts, and take Tylenol® for any discomfort. The engorgement will usually start to subside within a week of delivery. If you have any questions or concerns, please call our office at 217.431.8930. It's also important to report any pain, redness, or increased temperature of your breasts, which could signal a breast infection.

## Breastfeeding

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Breast-fed babies may eat as often as every two hours until your milk is well established. It's not necessary to wash your nipples before nursing. Remember to nurse your baby for up to 15 minutes on each side at each feeding. Always begin nursing on the side you finished with the previous feeding.

Before you put your bra on, let your nipples air dry. If your nipples become tender, use Massé cream, lanolin cream, or vitamin E oil, which can be purchased at most drugstores. Apply a liberal amount to your nipple area after each feeding. When breastfeeding, it's important to wear a properly fitting bra 24 hours a day. In addition, maintain consumption of eight to 10 glasses of fluids a day to ensure adequate breast milk production. It's not necessary to drink milk to produce milk; juices and water will produce an adequate supply of breast milk.

# Postpartum *(continued)*

## Lochia

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The bleeding, or lochia, you experience at the hospital will continue after you go home. It may increase slightly when you first get home because you are more active than you were in the hospital. It may also be heavier and last longer than a period.

After breastfeeding, you may also have an increase in flow. It may persist on and off or continuously for up to six to eight weeks after delivery. As the weeks pass, it should decrease gradually. If an increase of bright red bleeding occurs, call our office immediately. Continue to use your peri-bottle at home until your bleeding has completely stopped.

## Hygiene

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Daily showers or baths are recommended. For episiotomy and hemorrhoid discomfort, take a sitz bath or a tub bath. Putting just enough warm water in the tub to cover your bottom can do this. DO NOT use perfumed bubble baths. You may take a sitz bath three to four times a day if necessary for episiotomy comfort and healing. Use the peri-bottle from the hospital after urination for the first few weeks. If you've had a Cesarean section, do not take a bubble bath until consulting with your provider.

## Menstruation

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If you are bottle feeding, you may begin your period within six to eight weeks. Breastfeeding usually delays your first period, and some women may go many months without experiencing a period. You will ovulate before your first period, so you can get pregnant prior to beginning your period. Contraception will be discussed at your postpartum checkup.

## Sexual Relations

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It is important not to resume intercourse until after your 6 week post-partum checkup. Most women are able to have intercourse after this post-partum checkup. However, this may vary from woman to woman depending on the circumstances of your delivery. It's not uncommon to experience slight discomfort the first couple times. If you have any questions or concerns, please call our office.

## Postpartum Checkup

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If you've had a vaginal delivery, be sure to make a follow-up appointment in approximately six weeks. This may also vary depending upon the circumstances of your delivery.

If you've had a Cesarean section, you'll come back for a visit at one week postpartum for an incision check (sometimes sooner for staple removal) and then again at four to six weeks postpartum for a routine follow up.

If you have any questions or concerns prior to or after this visit, please call our office. You may want to coordinate these visits with your pediatric visits.

If you experience any of the following danger signs, please call the office:

- You have bleeding that soaks a pad every hour or pass clots the size of your fist.
- You have a fever over 100.4°.
- There are reddened, tender areas on your breasts.
- The vaginal or incisional discharge becomes foul smelling.
- You are unable to function because of depression.

This is a very special event in your life. A new baby brings new joys and concerns to every family. As your health care providers, we have dedicated ourselves to making this transition as easy and natural as possible.

Please feel free to contact us if you have any additional questions or concerns. Our office hours are 8 a.m. to 5 p.m. Monday through Friday. Plus, a provider is on call 24 hours a day, seven days a week and can be contacted after hours through our answering service at 217.431.8930.

## Circumcision

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Dr. Young performs circumcisions in the office at 3-4 weeks of age. If you desire to have this done, please contact our office as soon as possible after delivery to schedule.

You will be provided with instructions for this appointment at the time of scheduling.

# Breastfeeding Basics for New Mothers

Pregnancy, childbirth, and breastfeeding are among the most meaningful moments you will experience in your lifetime. Having a baby and nurturing your child are wonderful expressions of love.

From nature's point of view, breast milk is the best food for new babies. They digest it more easily than other foods, and it's tailor made to their growth and development needs. Breast milk also contains substances that protect babies from disease. Breastfeeding benefits the mother, too. Every time a mother nurses, the muscles of her womb contract, which helps the uterus get back "in shape." Most mothers also say that breastfeeding also gives them a special feeling of closeness with their baby.

If you decide to nurse your baby, ask the hospital nurses for help. Classes in breastfeeding are also available. Breastfeeding is part natural instinct, but it's also a learned skill. If questions arise after you leave the hospital, please call your provider.

## The Benefits of Breastfeeding

The benefits of breastfeeding your baby are both emotional and physical. A special bond develops between the nursing mother and her baby. Today, 60 percent of all newborns are breastfed, and the number continues to grow. Your milk is the perfect food for your baby. During the first few days, your breast will secrete colostrum, a yellowish fluid that contains protective antibodies and a high percentage of protein. Gradually, this will turn into thinner, mature milk after birth.

Human milk is easily digested, so your baby will have fewer stomach upsets and less gas than a bottle-fed baby. While your baby's immune system is developing, he or she will benefit by receiving antibodies in your milk that will provide protection from germs in the environment. Breast-fed babies are also more resistant to allergies and respiratory infections.

Though the mother nurses the baby, the baby's father also plays an important role in nurturing his child and supporting the mother. Dad can take an active part in sharing the baby's care by bringing him to mom at feeding time, cuddling, changing diapers, giving a bath, and playing with the baby.

## Guidelines for Successful Breastfeeding

- Continue to consume nutritious food choices—your nutrients need to remain high. For example, your requirement for calcium intake should stay at 1,500 mg, the same level during pregnancy.
- You will need to consume about 500 more calories per day.
- Nurse every two hours during the day. Expect one to two feedings at night, especially during the first month.
- Alternate breasts at each feeding. Nurse for five minutes on each side, alternating as many times as necessary. Nurse at least a total of 15 minutes on each breast.
- Drink plenty of fluids.
- Rest when you're tired, and try to sleep when the baby sleeps.

## Breastfeeding Classes at Presence United Samaritans Medical Center

Breastfeeding classes are offered once monthly at Presence United Samaritans Medical Center. Please call 877.737.INFO (4636) to register.

## La Leche League International

La Leche League International (LLL) is an organization dedicated to making breastfeeding easier and more rewarding for both mother and child. There are more than 8,000 League leaders nationwide who are available to offer advice and support to nursing mothers through monthly meetings and by telephone.

To find an LLL group in your area, ask your nurse or lactation consultant, check your local telephone book or your local library, or call LLL headquarters at 312.455.7730 between 9 a.m. and 3 p.m. You can also write to LLL at P.O. Box 1209, Franklin Park, IL 60131-8209. *The Womanly Art of Breastfeeding* is a valuable resource published by the organization. It's available at bookstores, at League headquarters, and through local groups.

We wish you a wonderful future with your baby.

# Bottle Feeding Your Infant

If you decide to bottle feed, you will give your baby infant formula until he or she is a year old. Infant formula is the best alternative to breast milk. Patterned after human milk, formula gives babies an excellent balance of nutrients they need for growth and development during the all-important first year of life. An advantage of bottle feeding is that these times can also be shared by the baby's father and other members of the family.

While the term "bottle feeding" usually refers to the use of infant formula, many nursing mothers bottle feed too. Typically, they'll have someone else give the baby a bottle of infant formula or pumped breast milk for feedings they have to miss.

At first, feeding a newborn will take time and patience, and it must be done frequently because of the small size of your infant's stomach. New babies do not operate on a regular schedule. At first, your baby will probably want to be fed every two to four hours, usually taking about 20 to 30 minutes. Babies who finish faster may be getting the formula too fast, which is hard on the digestive system. If this happens, the nipple should be replaced with a smaller hole, which will help facilitate normal consumption.

A new baby may drink as little as 1 ounce or as much as 3 to 4 ounces during a single feeding. In the past, mothers were told to wait four hours between feedings. However, this left many hungry babies unsatisfied until their next feedings. Today, we understand that it's better to feed "on demand."

The amount of formula can vary from feeding to feeding. Large, active babies may need more formula than smaller, less active ones, especially those who sleep a lot. Fussy babies may want food more often than quiet babies. If you're using infant formula, it's hard to know how much to offer the baby. It's best to include one more ounce than you think the baby will drink. Let your baby be your guide; he or she will usually make it clear when interest in a feeding is lost, or when he or she would like more. Babies should not be pushed to take more than they want, but they should not be given less than they need either.

## Types of Bottle-Feeding Systems

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- Bottle with regular nipple
- Disposable system with bags and nipple (Playtex®)
- Disposable system with container and nipple (Munchkin®)

## Types of Formula

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- **Dry**—This is the least expensive. It requires mixing and can be prepared for one or more feedings.
- **Concentrated**—This is more expensive. It's easy to mix, can be used for one day's bottle, and can be kept in the refrigerator for 24 hours.
- **Ready to feed**—This is the most expensive. No mixing is required. It can be used for one or more feedings and can be kept in the refrigerator for 24 hours.

## Stools

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If your baby is bottle fed, the stools are more likely to look yellowish-tan but may also be green, brown, or grayish. Stools may be loose or liquidy, especially in nursing babies. This type of stool is not the same as diarrhea. With diarrhea, stools are more frequent, completely liquid, and leave watery rings in the baby's diaper. If your baby's stools are small and pebble like, regardless of frequency, the baby may be constipated. Don't give your baby an enema, suppository, or laxative until you have talked to your provider.

As long as your baby seems happy and content, is eating normally, and has no signs of illness, don't worry about minor changes in stools. Normal babies may have several bowel movements a day or none for one or two days. It's also normal for your baby to grunt or turn red in the face while having a bowel movement.

## Burping

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While nursing, a baby may swallow air along with the milk. This is especially true if the baby is a "gulper." Holding your baby in an upright position, while supporting the head, will bring up the most air bubbles. Patting and rubbing the baby's back will also help. When bottle feeding, burp the baby after half of the bottle is gone or when the baby stops feeding. Some babies burp a lot and others not at all. If your baby gets fussy soon after feeding, try burping.

If you have any questions, please call our office.

