



Pregnancy

Survival Guide

Congratulations on Your Pregnancy

With that exciting news, we are here to help guide you safely through your pregnancy and birth. It will be a team effort, including you, your partner, doctor, Perinatologists' and office staff. Together, we will care for your pregnancy to help ensure the best possible outcome for both you and your baby.

Here at Gentle Gynecology & Memorial Hospital West Family Birthplace, we respect your high expectations for clinically advanced care provided in a personal, comfortable environment. The Family Birthplace offers the most comprehensive range of state-of-the-art obstetrical services in Broward County under one roof. Dr. Augustino, Dr. Achille and Memorial's Hospital staff are committed to providing compassionate, individualized care – birth by birth, family by family.

You will get a lot of advice in the coming weeks, but remember, each pregnancy is different. When you hear what seems to be a good idea, jot it down and discuss it with us at your next visit. Between your regular visits, we will also be available to answer any questions you may have.

You can expect the very best professional and medical advice and high-quality care throughout the coming months as we care for you and your baby.

We look forward to helping you during the exciting days ahead and again, welcome to Gentle Gynecology & Obstetrics.

Sincerely,

Dr. Augustino , Dr. Achille & Staff



First trimester (weeks 1-12)

The first trimester is also defined as the first 12 weeks of your pregnancy. It is an exciting time full of changes and wonder.

Your baby

During the first trimester, all of your baby's major organs and systems are formed, but they have not completely matured. The fingers and toes have soft nails and the mouth has 20 buds that will become baby teeth. You will be able to hear your baby's heartbeat for the first time at about 10 to 12 weeks. By the end of the first trimester, your baby will weigh a little more than 1 ounce, and measure 2 1/2 inches in length.

Your body

The first months of pregnancy are a time of wonder and adjustment. Your body is changing and hormone levels can cause emotional changes as well. Some of the common physical changes you may experience are discussed below.

Nausea and vomiting

Although this usually goes away by 12 to 16 weeks, the following suggestions will help decrease discomfort.

- Eat six smaller meals a day to help keep your blood-sugar levels normal (low blood-sugar can cause nausea).
- Keep snacks on hand at all times.
- Wear motion-sickness bands around your wrist. They work on the principles of acupuncture and may be worn at any time.
- Eat crackers during the night or early morning to help with night time and early morning nausea. Hint: keep a stash at your bedside.

Fatigue

It is important to get plenty of rest. After all, your body is working hard to grow a baby. Keep the following suggestions in mind.

- Exercising regularly, under a physician's guidance, can help increase energy levels.
- It is very important to take time to rest.
- Let your healthcare provider know if you are feeling excessive fatigue.

Frequent urination

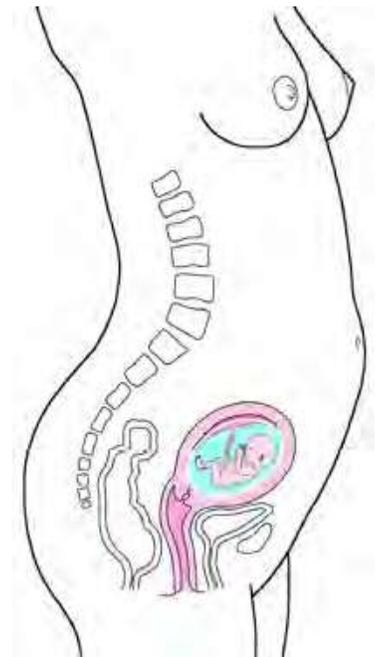
Hormonal changes, fluid retention and the baby pressing on your bladder are usually the causes of increased need to urinate. The following reminders can be helpful.

- Drink plenty of water.
- Empty your bladder often.

Breast changes

During pregnancy, your breasts will become tender and larger. In addition, your nipples and areola might darken. These changes show that your body is getting ready to make milk for your baby.

- A good supportive bra can often help with discomfort.



Second trimester (weeks 13 to 24)

Your baby

Your baby is growing rapidly. He moves, kicks and swallows. Toward the end of this trimester, your baby becomes even more active, turning from side to side and head over heels. The umbilical cord continues to grow and carry nourishment from you, but it can also pass along hazards such as nicotine, alcohol and other drugs. By the end of the sixth month your baby is 11 to 14 inches long and weighs 1/2 to 1 pound.



Your body

During the second trimester, you may have an increased appetite as morning sickness usually goes away. Many women begin to feel more energetic and less tired. Your belly begins to swell and you will probably feel your baby move for the first time! Some of the common changes and discomforts in the second trimester are discussed below.

Skin changes

The **skin** on your belly will begin to stretch and may itch. Using a good moisturizer will offer relief from itching but it will not help to avoid stretch marks. You may notice a dark line down the middle of your abdomen. This is called the **linea nigra**, and will fade after the baby is born. Your nipples and the area around them (**areola**) may become darker as well. These are caused by changes in your hormone levels.

Back pain

You may experience **back pain** in the second trimester. The following may help prevent or take away back pain:

- Regular exercise
- Wearing low-heeled, comfortable shoes
- Avoiding standing for long periods of time
- Using warm and cold packs to the area
- Wearing a pregnancy sling or girdle
- Resting in hands and knees position several times per day

Ligament pain

As your baby grows and your body changes you may notice some new discomforts. The most common is called **round ligament pain**. This can cause your side or groin to be uncomfortable. This pain may occur when you move suddenly or quickly. To avoid round ligament pain, try moving slowly to allow the ligaments to stretch gradually.

Intimacy and pregnancy

Many couples ask if it is safe to have **sex** while you are pregnant.¹ Intimacy can be very important during pregnancy. Sex is safe as long as:

- You want to have sex
- It doesn't cause you pain or discomfort
- You have no vaginal bleeding
- Your bag of water has not broken
- You are not at risk for premature labor

If you have concerns or questions be sure to ask your health care provider.

Warning signs

Call your health care provider right away if you experience any of the following symptoms:

- Vaginal bleeding or change in vaginal discharge
- Leaking of fluid from the vagina
- Pain in the abdomen
- Menstrual cramping or pelvic pressure or *Backache*



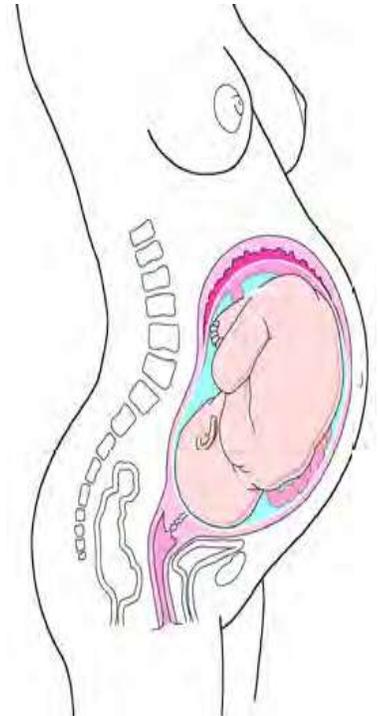
The third trimester (weeks 25 to 40)

Your baby

At the beginning of the third trimester, your baby can open and close its eyes and suck its thumb. Your baby exercises by kicking and stretching, and you may notice the shape of an elbow or heel against your belly. Your baby is able to see and hear. At 37 to 40 weeks, your baby is getting ready to be born; your baby's lungs are usually mature and able to function on their own. At the end of the ninth month, your baby weighs 6 to 9 pounds and is 19 to 21 inches long.

Your body

At times, you may notice your abdomen tightening, which may or may not be uncomfortable. These contractions are called **Braxton-Hicks**. These exercises help your uterus prepare for labor. Your cervix will also start to open (dilate) and get thinner (efface) in preparation for birth. You may have some leaking of **colostrum** (the first milk) from your breasts, as they get ready to make milk for your baby. **Stretch marks** may appear on your abdomen and breasts as your body changes. After 37 weeks, you may be able to breathe easier as the baby drops into the pelvis. You may also notice that you will need to urinate more often as the baby's head is resting on your bladder. It is important to rest often, you may feel tired and uncomfortable because of the weight and size of the baby. Your body will begin to prepare for birth during the last few weeks of pregnancy. You may experience some of the following changes and discomforts in the third trimester:



Back pain is most common in the third trimester. As the weight of the baby increases, your lower back is under more strain. Try the following to help relieve back pain:

- Pay attention daily to good posture, and exercise
- Perform daily pelvic rock exercises on hands and knees
- Hot or cold packs
- Warm (not hot) baths
- Massage
- Rest
- Use pillows between your knees and under your belly while lying on your side

Heartburn occurs most often in the second and third trimesters. As your baby grows, the occurrence of heartburn increases. The following ideas may help:

- Do not lie down for at least one hour after eating.
- Raise your head with extra pillows while in bed.
- Rather than three large meals, eat several small meals per day.
- Medications like Maalox and Tums may help (check with your provider before taking any medications).

Swelling

If you notice **swelling in your ankles and feet**:

- Lie down with your feet propped up.
- Avoid wearing tight socks and shoes.

If the swelling lasts longer than 24 hours or you notice sudden swelling in your face and hands, call your health care provider right away.

Exercise during pregnancy

Regular **exercise** can be healthy for you during your pregnancy. Examples of safe activities include:

- Prenatal fitness classes
- Prenatal water aerobics
- Prenatal yoga
- Walking three times a week for 20 minutes

Benefits of exercise are:

- Increased energy
- Helps prevent and decrease discomforts associated with pregnancy such as hemorrhoids, constipation and leg cramps

Exercise won't guarantee an easy labor, but it can give you the energy you will need for labor and delivery.

A few tips on how to exercise safely during pregnancy:

- Exercise at least three times a week, and always include a warm-up and cool-down period.
- Drink fluids before, during and after exercise.
- Avoid exercise that may be too strenuous. Use the "talk test"; as long as you are able to talk comfortably through the exercise, it is probably not too vigorous.
- Avoid exercises that include bouncing or jerking. Also avoid high-impact exercise.
- Stop exercising if you feel faint or overtired.
- Stop the exercise if you feel pain.

If you have questions about your exercise program or sporting activities, ask your health care provider.

Exercises for pregnancy

Listed below are exercises that are good for you during your pregnancy and the postpartum period.

Kegel exercise

The purpose of **Kegel exercises** is to strengthen the muscles around your vagina. To identify these muscles, imagine stopping the flow of urine. Now try tightening these muscles and then slowly release. Feel your whole pelvic floor tighten and release. Do this exercise three times a day, morning, mid-day and evening. Start with five times each and work up to 20 to 30 repetitions.

Butterfly stretch

The purpose of this exercise is to **stretch** your inner thighs and lower back, and to improve circulation. Sit on the floor and bring the heels and soles of your feet together. Keeping your back straight, let your knees open to the ground. Hold for a count of three. Work up to 10 repetitions each day.

Abdominal strengtheners

The purpose of this exercise is to strengthen and stretch your abdominal muscles. Lay on your back, with your feet flat on floor and knees bent. Lift one knee up to chest and straighten, then bend again and return your foot to floor. Do the same thing with your other leg. Repeat 10 times a day. It is important to modify this exercise in the second and third trimesters by placing a pillow under one hip so that your back is not flat on the floor.



TRAVEL

Traveling by car, bus, cruise or airplane is safe for healthy pregnant women UNTIL YOUR 28TH WEEK. Our Doctors may approve travel beyond this point, but you will need to discuss your plans with us first.

Guidelines

- *Wear your seat belt.*
- *Bring a pillow for long journeys.*
- *Drink lots of fluids, avoid caffeine.*
- *Pack nutritious snacks and water.*
- *Bring a pair of loose fitting shoes in case your feet swell.*
- *It's very important to get up and walk around every 2 hours, and use the bathroom!*



**** Each Cruise & Airline has different rules about how late in pregnancy a woman may travel. You may need a doctor's note in your third trimester.***

Allowed Over the Counter Medications in Pregnancy

<u>NO ADVIL ♦ NYQUIL ♦ ASPIRIN ♦ MOTRIN ♦ ALEVE OR P.M. (NIGHT TIME)</u> VERSIONS OF ANY MEDICATION ARE ALLOWED IN PREGNANCY !		
Problem	Over the Counter	Call our office for:
Morning sickness	Vitamin B6: take 50 mg 2 to3 times a day. Increase fluids, chew ice chips. Ginger Ale, Chamomile or Peppermint tea, dry crackers, Emetrol, or Sea bands.	Persistent vomiting; weight loss or inability to tolerate fluids or bland foods for 24 hours
General aches, pains & Mild headaches	Try comfort measures. Tylenol, Extra Strength Tylenol, Drink water!	Severe and/or persistent headaches
Cold/Flu, Sore throat, Nasal congestion, Sinusitis/Allergies	<i>Plenty of clear fluids & chicken soup!</i> , Tylenol Cold & Flu or any store version is fine (CVS etc..) Sudafed (plain), Ocean Mist nasal spray, Claritin, Alavert, Vicks VapoRub, Robitussin DM, Throat lozenges, Benadryl, Chloraseptic, Cough Drops	Persistent cough, severe or persistent sore throat
Mild to moderate diarrhea	Imodium, Kaopectate II, Maalox anti-diarrheal,	Diarrhea that persists for two days, & is accompanied by a fever or is severe
Constipation	Drink plenty of water & eat fresh fruit, Citrucel, Milk Of Magnesia, Bran, Metamucil, Colace, or Prune Juice	Severe straining
Heartburn/ Gas	Eat small bland meals. Avoid spicy, greasy foods. Maalox, Mylanta, Tums, Phazyme, Mylicon, Pepcid AC, Zantac, Gas-X, Tums, Hot Tea	No relief after 1 week
Hemorrhoids	Chilled witch hazel packs, sitz baths, Preparation H, Tucks medicated wipes, or Pericolace	Bleeding or severe pain & swelling
Skin irritation, Acne or Lice	Aveeno products, Benadryl cream A&D ointment, 1%Hydrocortisone, Caladryl, Lanolin, Neosporin, Aloe gel, Benzoyl Peroxide, Proactiv (acne), Nix-Rid (for head lice)	If you have a rash that is spreading over your body.
Yeast/Bacterial Infection or Vaginal irritation	3 day or 7 day Monistat, store version is fine (CVS etc..), Vagisil *TREATMENT ALLOWED AFTER 1ST TRIMESTER*	If symptoms do not improve <u>1 week after treatment</u>

PLEASE CHECK WITH US PRIOR TO FILLING OR
TAKING MEDICATIONS PRESCRIBED BY
PHYSICIANS OUTSIDE OF OUR PRACTICE !

Discomforts of Pregnancy & Solutions

NAUSEA

Some women suffer with "morning sickness" and some women are never nauseated. "Morning sickness" isn't necessarily confined to the morning hours. Try eating smaller meals of simple foods, avoiding spicy and highly acidic foods, and lie down immediately after eating for just a few minutes. If your nausea is more severe than this, try eating a dry saltine cracker just before getting up in the morning. Sometimes a little bland food in the stomach will help you digest a breakfast later. Few women suffer with nausea after the fourth month, but if it is unusually severe, call us. You need to eat well to grow a healthy baby.

Medication is usually reserved for those who have significant vomiting or dehydration.

Take your prenatal vitamins or iron during the day when nausea is not a problem.

MORNING SICKNESS SURVIVAL TIPS:

- 1. Ginger ale and crackers are a traditional remedy. Ginger ales with a stronger "bite" seem to work better. Drinking lemonade (or smelling a lemon) may help settle your stomach if ginger ale does not work.*
- 2. If crackers do not work or get boring, try potato chips. They are a good source of potassium. Melba toast, dry bagel, dry toast.*
- 3. Quench your thirst and settle your stomach with anything you are craving. You need the fluids and nutrients.*
- 4. Try to drink 10 cups of fluid a day to avoid dehydration. A cup of ice chips or a cup of watermelon cubes counts for about a half cup of fluid.*
- 5. Make a running list of odors which trigger nausea and post it on your refrigerator to alert others. You may want to get help with tasks like grocery shopping or changing diapers, if you have young children.*
- 6. During winter months if you are chilly, put on an extra sweater instead of turning up the heat. An overly warm house will make you lose fluids through perspiration.*
- 7. Eat small amounts of food frequently throughout the day. Try a bite or two every half-hour.*
- 8. Do not eat large meals on an empty stomach.*
- 9. Mix equal parts of water and juice. Try 1 tsp every 5 minutes until you can take larger sips.*
- 10. Vitamin B6, 50 mg, 2-3 times each day.*
- 11. Seabands may help.*

EXCESSIVE SALIVATION

This condition is frequently confused with vomiting in pregnancy. It is caused by excessive secretion of the salivary glands in the mouth and is quite annoying and difficult to treat. It tends to diminish in the latter half of pregnancy. Mints, chewing gum, frequent small meals and cracker snacks can be helpful.

HEARTBURN

Heartburn is another common complaint of pregnant women. It isn't your heart that is burning, it's your stomach! This is common indigestion, but it can still be an aggravation. It is alright to use antacid preparations but do not use baking soda or sodium bicarbonate preparations for your heartburn.

Before you buy an over-the-counter remedy, refer to our recommend Over the Counter Medication list (see page). In severe cases of heartburn, you might want to elevate the head of your bed to encourage your stomach fluids to stay put! (Add 4" of books beneath the head posts to elevate the head of the bed temporarily.)

CONSTIPATION

As we mentioned earlier, you need to drink lots of fluids while you are pregnant. This is one way to avoid constipation, a common complaint of pregnant women. Exercise every day and eat plenty of fruits and raw vegetables. Try all the natural remedies first, including the addition of bran and bran products to your diet ...if these don't work, use a very mild laxative or stool softener . Don't be shy about discussing this problem, it is a by-product of your pregnancy.

UNCOMFORTABLE BREATHING

This may be a problem once the baby is large enough to interfere with your breathing muscles. Slow down your movements and practice deep breaths from the chest. If you still have trouble breathing, or if you have any questions about shortness of breath or chest pain, contact your obstetric care provider. You may also want to speak with your obstetric care provider about under garments that provide abdominal support.

BACKACHE

You may experience backaches due to the added weight gain from your pregnancy. But that isn't the only reason your back may hurt. As your womb grows, your pelvic bone joints relax, which can also cause pain in your lower back. Comfortable shoes may help a little, good posture may help too, but exercise will probably relieve your backache more than anything else. Strong muscles can take more stress without hurting. Develop a routine of back exercises every day from the beginning of your pregnancy. There are many good books available about exercising and pregnancy. Toward the end of the pregnancy, some women feel that the baby is pushing on a nerve in their back...or that the baby has positioned itself so that pain is radiating in their back. Get on your hands and knees and let the baby's weight fall toward the floor. This will relieve the pressure on your back as the baby shifts, and may give you a lot of backache relief.

INSOMNIA

Early in your pregnancy, you may be very sleepy and sleep all the time ...then at the end of your pregnancy, you'll wish those days were back again. Usually, trouble with sleeping comes from the difficulty of finding a comfortable sleeping position. If you've always slept on your stomach, after a while you're going to find it difficult! Exercising a few hours before you go to bed may help you rest easier...or a warm bath may do the same thing. It is important not to take alcohol or sleeping pills to try to solve this problem...let's work together to find a safer way. Shortness-of-breath or heartburn may aggravate this situation, so prop yourself up at night. Also, an active fetus can help keep you awake, so don't drink caffeinated beverages in the evening after dinner.

CRAVINGS

It's important to keep eating your balanced diet, no matter what your cravings are. If you feel like eating a pot of spinach at 2 o'clock in the morning, go ahead. But, if you feel like eating hot chili or a half dozen of your favorite candy bars...that's another issue! A desire to eat strange foods or non-food items might mean a nutritional deficiency that needs correcting.

PICA

This is the medical term for the unusual cravings for non-food items such as clay or laundry detergent that you might have while you are pregnant. No one knows quite why this happens, but some women experience it, and it can be harmful. Please contact our office if you experience this.

DIZZY SPELLS

Some pregnant women do faint. This is caused by the circulation changes happening in your body, and usually goes away by the second half of pregnancy. Lying on your back toward the end of pregnancy may also cause dizziness; so, lying on your left side is recommended. Don't change positions suddenly. When you are lying down, ease yourself up to a standing position in stages. You don't want to pass out on the floor - you could injure yourself.

CARPAL TUNNEL

Pregnancy Carpal Tunnel, swelling can occur in the joints and cause pain that feels like arthritis. This is especially seen with women who develop leg swelling during the day and notice stiff sore-finger joints the following morning after resting over night. A similar situation occurs in Carpal Tunnel Syndrome where a nerve that supplies sensation to the hands becomes entrapped in a tunnel of tissue because of swelling. The involved nerve produces numbness in one or both hands more frequently at night. Both conditions may be improved by bed rest and salt restriction during pregnancy and the natural fluid loss that occurs after delivery. A hand splint may also be helpful.

SWELLING

Again, pressure from the growing uterus and your changing hormones can cause swelling, especially in your legs. Some of this is blockage of drainage pathways and some is caused by water retention. Support pantyhose and resting with your legs elevated will help a little. Be sure to avoid excessive salt intake, which will only make you retain more water. Notify your obstetric care provider if swelling increases or occurs in your face or around your eyes.

STRETCH MARKS

*Stretch marks show up usually on breasts, the buttocks and lower abdomen, but they might also occur in other places. Moisturizing creams probably won't do much to help because stretch marks are caused by the breakdown of elastic tissue right below the skin's surface. Excessive weight gain will make matters worse, so **keeping your weight gain under control will do more to avoid stretch marks than any single thing you can do.** The good news is that stretch marks usually change to a pale white after pregnancy, and become less noticeable.*

NOSE BLEEDS

Some women have frequent nose bleeds during pregnancy caused by extra blood supply in the nasal lining. Just treat with finger pressure on the side of the nose bleeding. Call if the bleeding is heavy and you are unable to stop with pressure. Nasal congestion is also a common complaint. Avoid nose drops unless discussed with us.

HEADACHES

*Headaches are one of the most common complaints **along with nausea** in the first few months of pregnancy. Most headache remedies are not helpful. These headaches are caused by blood circulation changes and will usually stop after the first half of the pregnancy. If you notice the headaches are associated with sensitivity to light, excessive nausea or vomiting, fever, or blurred vision, call our office.*

Shortness of breath

As the baby grows, you may notice that you are **short of breath** with even a little exercise. Once the baby moves down in your pelvis, around the ninth month, you may be able to breathe easier.

Constipation

Some moms notice that they have more trouble with **constipation** in the third trimester. The following suggestions may help:

- Drink at least 6 to 8 glasses of non-caffeinated fluids per day.
- Increase natural laxatives (fruit, vegetables, whole-grains and bran).
- Exercise at least 3 times per week.

If you continue to have difficulty, speak with your provider.

Changes in sleep pattern

Many women experience changes in their **sleep pattern** during pregnancy. The size of your baby can sometimes make it difficult to find a comfortable position. Frequent trips to the bathroom can also interrupt your sleep. Stress and worry can often change the way you sleep. Here are some things to try that might help you sleep better:

- Take a warm bath before bed.
- Have someone give you a massage or foot rub.
- Do not exercise right before bed.
- Avoid foods with caffeine such as coffee, tea and cola.
- Take a short rest during the day so you do not get overtired.

Premature labor

If you have any of the following, and your baby is not due for 3 weeks or more, you may be having **premature labor**:

- Menstrual-like cramping or contractions
- Pressure in your pelvis or abdomen
- Backache that won't go away
- Pressure or pinching in your abdomen
- Watery or bloody discharge from your vagina

Your provider may instruct you to try the following:

- Lie down on your side.
- Drink at least two glasses of water or juice.
- If you haven't eaten in two hours, eat something.
- Count contractions from the start of one to the start of the next for one hour.

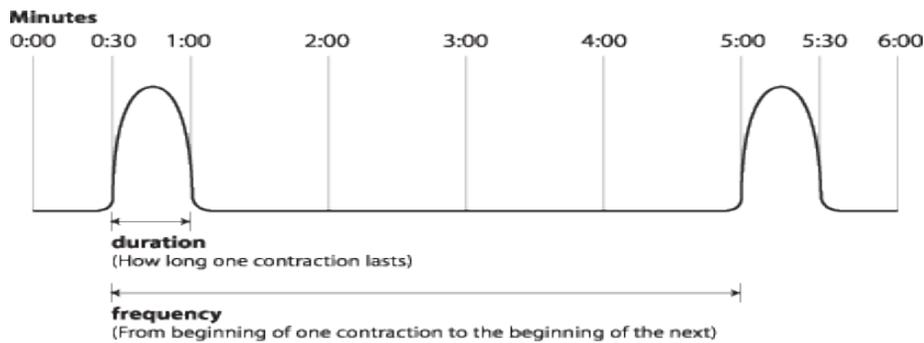
If you count more than five contractions in one hour or have any of the above signs, call us at 954-436-7667.

Timing contractions

Learning how to time **contractions** is an easy way to help you decide whether you are in labor. You will need a watch or clock, preferably with a second hand.

The important points to remember when timing contractions are listed below.

- Contractions are timed from the beginning of one contraction to the beginning of the next contraction.
- Write down the time when each contraction begins.
- The amount of time between the contractions is equal to the frequency of the contractions.
- Contractions generally last between 30 and 90 seconds.



The **duration** or length of these contractions is **30 seconds**.
The **frequency** of these contractions is **4 minutes and 30 seconds**.

Warning signs

Call your health care provider if you have any of the following warning signs:

- General feeling that something isn't right.
- Vaginal bleeding or change in vaginal discharge.
- Fluid leaking from the vagina.
- Your baby isn't due for four weeks or more, and you are feeling cramping, backache or regular contractions that do not go away (please see information on premature labor above.)
- Abdominal pain.
- Pain in upper right part of your abdomen.
- Blurred vision, spots and/or flashing lights in front of eyes.
- Sudden swelling of your hands or face.
- Sudden weight gain of more than one pound per day for five days.
- Severe headache.
- Baby is not moving as much as normal
- A fall or hit to your abdomen
- A car accident (call us to inform us & go to the Hospital)
- Pain or burning when emptying your bladder
- Sore or blister in your vagina or on your bottom
- Fever higher than 100.4° F

Your labor and delivery

The Family Birth Place (FBP) is a special place. They provide a wide range of health care services, delivered in a family centered care environment. FBP offers the latest in technology and research, with a professional staff committed to medical excellence. They promote a healthy birth experience for the whole family, and support the unique needs of all family members.

Signs of labor

Sometimes women and families don't know when to call, or have trouble deciding if what they are feeling is really **labor**. The following considerations may help you. Call your provider or labor and delivery if:

- You are having regular contractions that are 5 minutes apart for 1 hour.
- It's not your first baby, and contractions are 5 to 10 minutes apart for 1 hour.
- You are uncomfortable and unable to talk or walk through contractions.
- You feel contractions in your lower back that move to the front, with a hardening belly.
- Your water breaks or you are leaking fluids (note the time it happened, how much, and if there is any color or odor to the fluid).
- You have pinkish or bloody vaginal discharge.
- Resting or lying down doesn't slow the contractions, and walking tends to make them stronger.

If you are having the signs of labor, please go to **Labor and Delivery at Memorial Hospital West**. When you come to the hospital, you will be taken to a room, and a nurse will ask you some questions about your health history, pregnancy and prenatal care. If you are in labor, you will be admitted to Labor and Delivery at the FBP.

When to go to the hospital

- Contractions have been regular, steady, and increasing.
- Contractions are 5 minutes apart for 1 to 2 hours.
- Contractions are uncomfortable or you are unable to talk through them.

Other indications to come in

- Your doctor or midwife instructs you to come in.
- Your baby is moving less than usual.
- You have vaginal bleeding.
- Your instinct tells you to go to the hospital.

Sometimes women experience **pre-labor contractions**, also called Braxton-Hicks contractions. There are things you can do to make the symptoms less uncomfortable.

Comfort measures include:

- Drinking a lot of fluid and resting on your side.
- Eating a light meal.
- Using a heating pad on your back or taking a warm shower.
- Going for a walk.
- Having someone rub your back and/or feet.

Birth plans

A **birth plan** is used to help you clarify and communicate your wishes for your birth experience. It is important that you set realistic goals for yourself and for your providers, and that you understand that all births are unique and may not go according to plan. Call Memorial Hospital West at 954-436-5000 & register for birthing classes.

What to take to the hospital

Things to make you more comfortable:

- Radio or CD player for music or relaxation
- Hard candies and lip moisturizer
- Tennis ball for back massage
- Comfortable bra/sports bra or nursing bra
- Loose-fitting clothes to wear home
- Your birth plan and a focal point for labor
- Personal care items, such as deodorant, shampoo/conditioner, etc.

Items for your partner:

- Phone card for toll/long-distance calls
- Camera and film
- Address/phone book to call family
- Snacks and friends
- A change of clothes & personal hygiene items

Items for your baby:

- Infant car seat
- Name & Phone number of your Baby's Pediatrician
- Baby clothes and blanket to wear home

Miscellaneous item:

- Insurance card
- Photo ID
- Social security number

I have a baby — now what?

Your nurse will snuggle **your baby** next to you as soon as possible after delivery. This is a “getting to know you” time to spend with your baby. Your nurse will help you with breastfeeding. Most babies are quiet and alert and have a strong instinct to suck. It is best to take advantage of this time, as most babies will then become very sleepy for the next 24 hours, and are often less interested in nursing. The first time your baby goes to breastfeed, he or she may simply nuzzle and lick, or your baby may fully grasp your breast and suck vigorously. Both of these are “successful” first feedings.

Cesarean birth

There are several reasons for a **cesarean birth** (C-section). We make every effort to support you in having a vaginal delivery. However, there are times when a cesarean delivery is medically necessary. This surgery is done on the Labor and Delivery unit, your support person and your nurse will be with you in the operating room.

Cesarean births usually occur for the following reasons:

- Your baby is in distress (showing signs it needs to be delivered right away).
- Your baby’s umbilical cord is in the wrong place.
- Your placenta is separating from your uterus (abruptio placenta).
- Your baby’s head is too big to fit through the birth canal.
- You have multiple babies (e.g., twins, triplets, etc.).
- Your baby is breech (baby is bottom or feet down in the pelvis).
- Your birth canal is blocked by your placenta (placenta previa).
- You have active genital herpes.
- Your labor doesn’t progress.

After the surgery you will be taken to the recovery room on the labor and delivery unit, where you will be able to spend time with your baby and begin breastfeeding. You will stay here for 1 to 2 hours until you are ready to be moved to your room on the Mother Baby Unit. Your hospital stay will be about 3-4 days and it may take you about 6 weeks to recover from your surgery. It is a great idea to plan for some extra help at home should you have a cesarean birth.

Circumcision

Circumcision is a matter of personal choice. Parental decision is to be made after considering the facts. This procedure involves removal of the foreskin of the penis. It is done in the hospital when your baby is 1 to 3 days old by Dr. Augustino or Dr. Achille. Circumcision is usually done for one of the following reasons: hygiene, religious convictions, social norms, tradition or cultural preferences.

This service is NOT covered by Florida Medicaid, it is an elective procedure & the parent is responsible for payment. If you chose to have your baby circumcised you must pre-pay for this service before your delivery.

The American Academy of Pediatrics does not recommend routine circumcision of all newborn boys. If you decide to have your son circumcised, it is important that you review any questions you may have with your provider before signing the surgical consent form. Your Hospital Nurse will demonstrate care of the uncircumcised or newly circumcised penis.

Going Home

Taking care of mom

While the birth of your baby may be one of the most joyous occasions in your life, it can also be overwhelming. Not only do you need to meet the demands of parenting a newborn, you also need to recover from the birth. It may seem like a major accomplishment to get a daily shower the first weeks of your baby's life!

It is very important for you and your support person to approach parenthood and the postpartum period together as a team. It may be helpful to identify a list of people that you can turn to for support. Some examples of support people are: family members, friends, neighbors, your childbirth educator, and community organizations such as WIC and La Leche League.

Your body after birth

Over the next several weeks you will experience many changes as your body heals. You may experience some of the following:

Vaginal bleeding

After the birth of your baby, your uterus is returning to its pre-pregnancy state. You will experience **bleeding** for several weeks. Expect a gradual change in your bleeding (lochia) over the next 3 weeks. During the first 1 to 3 days after having your baby, your bleeding may be like a heavy period. It will change to a pink-brown color over the next 5 to 7 days. You will continue to have vaginal discharge over the next few weeks. If your bleeding increases (e.g., soaking one pad in an hour) or you pass large clots (larger than an egg), it may be due to increased activity. While in the hospital, please notify your nurse or if at home, notify your health care provider. This will most likely get better with rest.

Care of the perineum

Small tears of the birth canal are common during delivery. This may cause pain and swelling so it is important to keep this area clean. Good **perineal care** is key to avoiding infection and should be done each time you use the bathroom. In the hospital you will be provided with a squirt bottle. Fill it with warm water, and spray it onto the area outside of your vagina each time you use the bathroom.

Continue using this until the bleeding or vaginal discharge has disappeared. A sitz bath—a portable warm-water bath that fits on a toilet seat—may also be used to decrease pain and help with healing. At home, soaking in 4-5 inches of warm water in a clean bathtub is recommended. Ice packs can be used during the first day. We recommended that you avoid bubble baths, other soaking preparations, and feminine hygiene sprays as they might cause irritation. Avoid douching, tampons and sexual intercourse until after you see your provider.

Walking, a good diet (including fiber), and drinking a lot of water will help prevent **constipation**. A stool softener is provided after delivery. If you have not had a bowel movement in three days, call your health care provider.

Hemorrhoids can occur in late pregnancy and during childbirth. Treatments include sitz baths, numbing sprays, and witch hazel wipes. It is important to continue using the stool softener to prevent constipation, which can make hemorrhoids worse.

After pains

During the 6 weeks following delivery, your uterus will gradually shrink back to near the size it was before pregnancy. While your uterus is shrinking, you may experience **cramping**. Most mothers have minor discomfort (e.g., abdominal cramping and muscle discomfort), and pain medication will be provided for you while in the hospital and if necessary, when you go home.

Swelling

It is normal to be puffy and **swollen** for a week or two after delivery while your body gets rid of extra fluid. Some women notice increased perspiration, especially at night (e.g., night sweats) after their baby is born. You may also experience increased urination while your body gets rids of extra fluid.

Skin changes

You may experience some **skin changes** after pregnancy. Your belly will be soft and stretchy. Your belly should return to its former state with time and exercise, and stretch marks will fade, but not disappear. The linea nigra or dark line on your stomach may get darker initially, but will also fade over the next few months.

Warning signs

Please notify your health care provider if any of these symptoms occur:

- Calf (lower leg) pain, tenderness, or warmth
- Back pain, urinary frequency, or urgency, burning or inability to urinate
- Sudden onset of pain or pain not relieved with pain medications
- Foul smelling vaginal drainage
- Redness, increased pain, swelling, or foul smelling drainage from your incision
- Temperature of 100.5° F or greater
- Continued heavy bleeding (soaking one pad or more in one hour)
- Passing blood clots larger than an egg, followed by heavy bleeding
- If breastfeeding:
 - Cracked or bleeding nipples
 - Tenderness and red, warm, swollen area on the breast, especially with fever or flu-like symptoms
- Feelings of depression, anxiety, or inability to cope
- Thoughts of harming yourself or your baby

Getting your body back

Weight loss

It is very important to think about **healthy eating** after you have had a baby. Not only will it provide you with the right amount of vitamins and minerals, but your baby will also benefit from your choices. A balanced diet is very important. **Dieting** is not recommended for six weeks following delivery. While breastfeeding, dieting is not recommended at all. Drink plenty of fluids each day and continue taking your prenatal vitamins.

Exercise

To help get back in shape, you can start with a simple **exercise** program soon after giving birth. Check with your provider before starting any rigorous exercise program.

Having a period again

If you are not breastfeeding you may start menstruating as early as four to eight weeks after delivery. If you are breastfeeding, it may be several months; however, you may still ovulate before you restart your period. This means that pregnancy is possible. Speak with your provider about birth control options if pregnancy is not desired.

Sexuality

During the first three months following delivery, many women experience a **decrease in sexual drive**. Fatigue, soreness and adjusting to having a new baby in the house can be contributing factors. Most providers recommend that you wait until after your follow-up visit to resume intercourse. Your provider will check to make sure your healing is complete and discuss birth control options at this time.

Many women experience **vaginal dryness** after having a baby. It may be necessary to use a water-soluble lubricant for up to six months postpartum. Dryness can last longer if you are breastfeeding due to hormonal changes. Also, many women report that their breasts feel “less sexual” following birth. Both of these changes eventually return to normal.

It is important for you and your partner to approach these postpartum adjustments together as a team. Honest communication about your feelings and needs may allow you to grow closer as a couple. If you are not ready to resume sexual intercourse, touching and enjoying each other’s bodies can help both of you relax and express love.

Emotional changes

Welcoming a new baby into your home is an exciting time that is filled with many changes. These changes can sometimes leave parents feeling overwhelmed. These feelings are normal and to be expected.

Baby blues is a mild, short period of feeling sad that approximately 50 to 80 percent of all women experience within the first few days after having a baby. Due to the sudden drop in hormones, a woman may feel weepy, exhausted, anxious, and tense. However, if this continues beyond the first few weeks after childbirth, it is not baby blues, and you should report this to your provider.

At least 10 to 15 percent of new mothers develop a moderate to severe depression or **postpartum depression (PPD)**. It can occur anytime during the first year after having a baby. PPD can happen to anyone and can be experienced by women with no prior history of depression.

Some symptoms of PPD are:

- Crying for no apparent reason
- Numbness
- Helplessness
- Insomnia or excessive sleeping
- Anger or rage
- Frightening feelings, anxiety/panic
- A compulsive need to talk
- Lack of interest in sex
- Lack of appetite
- Over concern for your baby
- Lack of feelings for your baby
- Exaggerated highs or lows
- Feelings of inadequacy, inability to concentrate or cope
- Dramatic changes in your feelings ranging from sadness to thoughts of suicide

You may be prone to postpartum depression (PPD) if you have any of the following:

- *Previous PPD*
- *Lack of sleep*
- *Family or personal history of bipolar disorder or PPD*
- *History of PMS or other hormonal syndromes*
- *Personal history of depression or anxiety*
- *Depression or anxiety in pregnancy*
- *Complications in pregnancy, birth or breastfeeding*
- *Thyroid disease*
- *Diabetes*
- *Excessive nausea and vomiting*
- *Recent loss or move*
- *Unhappy family life*
- *Isolation/superwoman syndrome*
- *Perfectionism/high expectations*
- *History of abuse*
- *Unresolved miscarriage, abortion, or adoption*

Postpartum depression does not mean you are a bad mother; negative feelings about motherhood are a result of PPD, not a cause.

Postpartum psychosis is the most severe form of postpartum distress and is rare but needs immediate treatment. The onset of postpartum psychosis (PPP) is usually within the first three weeks after childbirth. The symptoms may include religious or violent hallucinations (visions) and thoughts or attempts to harm the baby. A new mother experiencing these symptoms may be in grave danger and requires immediate professional intervention.

***If you are experiencing any of these symptoms call our office
and we can refer you for help.***

Taking your baby home



*The usual length of stay after a vaginal birth is one to two days and three to four days after a cesarean birth. Please make plans for transportation home. You will also need an infant **car seat** to bring your baby home. Car seats are important to keep your baby safe. All*

states require that infants and children use a car seat. We recommend that you make sure your car seat fits safely in your car prior to taking your baby home.



Now you're home & we want to thank you for making us a part of this journey!

Congratulations on your new baby!