



WOMEN'S  
HEALTH CENTER

WAYNE MEMORIAL COMMUNITY HEALTH CENTERS  
*A Clinical Affiliate of Wayne Memorial Health System, Inc.*

## **Congratulations on Your Pregnancy!**

We would like to welcome you to Women's Health Center, a division of Wayne Memorial Community Health Centers. Our practice consists of OB/GYN doctors, certified nurse midwives, and nurse practitioners. Our team of providers work together, ensuring you and your unborn baby receive the highest level of healthcare.

It is recommended by our practice to adhere to the following guidelines. We ask that you review the information below and initial each line if you agree.

\_\_\_\_ I will come to all my appointments on time and understand that I might not be seen if I am late. If I miss several appointments, this may result in my dismissal from the practice.

\_\_\_\_ I will obtain all prenatal lab work ordered by my healthcare provider.

\_\_\_\_ I understand that Women's Health Center, a division of Wayne Memorial Community Health Centers, may conduct a drug and alcohol screen as part of my prenatal care. These screenings may be conducted at random, at office visits or on the labor and delivery unit. The results of all tests are used to provide medical care for you and your baby.

\_\_\_\_ I will obtain an anatomy ultrasound after 20 weeks.

\_\_\_\_ I will accept care from the healthcare provider on call, regardless of gender, without exception to any particular provider. I understand that a midwife birth is not always possible.

\_\_\_\_ I will accept a blood transfusion in the case of a medical emergency.

\_\_\_\_ I understand, and give consent, to have my records shared with any healthcare provider or facility that needs them to provide healthcare for me or my baby.

I understand and agree to the initialed terms above.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date





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

Patient: \_\_\_\_\_

DOB: \_\_\_\_\_ EDC: \_\_\_\_\_

This client is a member of our practice for her prenatal care. She is encouraged to seek and/or continue dental treatment during pregnancy for improved pregnancy outcomes.

The standard protocol for dental treatment of a pregnant patient includes:

- Necessary radiographs using a double lead shield over the abdomen and thyroid
- Restorative and prophylaxis care (including scaling and root planning if necessary), and or extractions
- Local anesthetic, 2% lidocaine
- If an antibiotic is needed, Category B drugs such as amoxicillin, erythromycin, Cephalosporins
- If non-narcotic pain management is needed, acetaminophen may be used
- If narcotic pain management is needed, acetaminophen with codeine #3 during first and second trimesters
- Oral rinse chlorhexidine gluconate 0.12%
- Prescribed preventive agents such as PreviDent, Fluoridex, and Clinpro dentifrices

I agree with the above named protocols and for the above-named patient to have dental treatment.

Sincerely,

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Women's Health Center





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## Prenatal Risk Assessment

The following questions will be used to determine if you are at risk for overuse of alcohol and/or substances. Please answer honestly so that we can help you and your newborn experience the healthiest pregnancy and birth possible.

1. Did any of your parents have problems with alcohol or drug use?

\_\_\_ No \_\_\_ Yes

2. Do any of your friends have problems with alcohol or drug use?

\_\_\_ No \_\_\_ Yes

3. Does your partner have a problem with alcohol or drug use?

\_\_\_ No \_\_\_ Yes

4. Before you were pregnant did you have problems with alcohol or drug use?

\_\_\_ No \_\_\_ Yes

5. In the past month, did you drink beer, wine or liquor, or use other drugs?

\_\_\_ No \_\_\_ Yes

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Birthdate (DD/MM/YY)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

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# Edinburgh Postnatal Depression Scale (EPDS)

Name: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_ Baby's Date of Birth: \_\_\_\_\_

As you are pregnant or have recently had a baby, we would like to know how you feel. Please check the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

Here is an example, already completed:

*I have felt happy:*

- ☐ 0. Yes, all the time
- ☒ 1. Yes, most of the time
- ☐ 2. No, not very often
- ☐ 3. No, not at all

*This would mean "I have felt happy most of the time during the past week."*

Please complete the other questions in the same way.

## During the Last Month:

- |   |   |
|---|---|
| 1. Have you lost interest in things or activities that you used to enjoy?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Have you felt depressed, "down" or hopeless?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

## In the past 7 days:

- |   |  |
|---|--|
| 1. I have been able to laugh and see the funny side of things<br><input type="checkbox"/> 0. As much as I always could<br><input type="checkbox"/> 1. Not quite so much now<br><input type="checkbox"/> 2. Definitely not so much now<br><input type="checkbox"/> 3. Not at all | *6. Things have been getting on top of me<br><input type="checkbox"/> 3. Yes, most of the time I haven't been able to cope at all<br><input type="checkbox"/> 2. Yes, sometimes I haven't been coping as well as usual<br><input type="checkbox"/> 1. No, most of the time I have coped quite well<br><input type="checkbox"/> 0. No, I have been coping as well as ever |
| 2. I have looked forward with enjoyment to things<br><input type="checkbox"/> 0. As much as I ever did<br><input type="checkbox"/> 1. Rather less than I used to<br><input type="checkbox"/> 2. Definitely less than I used to<br><input type="checkbox"/> 3. Hardly at all     | *7. I have been so unhappy that I have had difficulty sleeping<br><input type="checkbox"/> 3. Yes, most of the time<br><input type="checkbox"/> 2. Yes, some of the time<br><input type="checkbox"/> 1. Not very often<br><input type="checkbox"/> 0. No, not at all   |
| *3. I have blamed myself unnecessarily when things went wrong<br><input type="checkbox"/> 3. Yes, most of the time<br><input type="checkbox"/> 2. Yes, some of the time<br><input type="checkbox"/> 1. Not very often<br><input type="checkbox"/> 0. No, never                  | *8. I have felt sad or miserable<br><input type="checkbox"/> 3. Yes, most of the time<br><input type="checkbox"/> 2. Yes, some of the time<br><input type="checkbox"/> 1. Not very often<br><input type="checkbox"/> 0. No, not at all   |
| 4. I have been anxious or worried for no good reason<br><input type="checkbox"/> 0. No, not at all<br><input type="checkbox"/> 1. Hardly ever<br><input type="checkbox"/> 2. Yes, sometimes<br><input type="checkbox"/> 3. Yes, very often                                      | *9. I have been so unhappy that I have been crying<br><input type="checkbox"/> 3. Yes, most of the time<br><input type="checkbox"/> 2. Yes, quite often<br><input type="checkbox"/> 1. Only occasionally<br><input type="checkbox"/> 0. No, never  |
| *5. I have felt scared or panicky for no good reason<br><input type="checkbox"/> 3. Yes, quite a lot<br><input type="checkbox"/> 2. Yes, sometimes<br><input type="checkbox"/> 1. No, not much<br><input type="checkbox"/> 0. No, not at all                                    | *10. The thought of harming myself has occurred to me<br><input type="checkbox"/> 3. Yes, quite often<br><input type="checkbox"/> 2. Sometimes<br><input type="checkbox"/> 1. Hardly ever<br><input type="checkbox"/> 0. Never   |

Administered/Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_







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**After your first appointment with the nurse**

- \_\_\_ Obtain prenatal lab work
- \_\_\_ Attend ultrasound appointment
- \_\_\_ Consider genetic screenings, call about coverage for tests
- \_\_\_ Request records from previous OB/GYN if you had one
- \_\_\_ Start taking prenatal vitamin if you haven't already
- \_\_\_ Call other community resources as discussed\_\_\_\_\_

**If you are enrolled in Healthy Beginnings**

- \_\_\_ Consider Nurse Family Partnership, if eligible
- \_\_\_ Call Women Infant Children (WIC) to set up appointment
- \_\_\_ Provide information to medical assistance office as requested

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## My Personal Prenatal Schedule

We would like you to come for prenatal care at one of our offices:

- Every 4 weeks from first appointment until 28 weeks pregnancy
- Every 2 weeks from 28 weeks-36 weeks of pregnancy
- Every week from 36 weeks until delivery

This grid below can help you:

- Get used to frequency of prenatal visits
- Record upcoming appointments
- Schedule as far in advance as your schedule allows

Date	Time	Provider	Week of Pregnancy	Type
				Intake with RN
				IOB
				Dating Ultrasound
				1 <sup>st</sup> trimester
				2 <sup>nd</sup> trimester
				Anatomy Ultrasound





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# First Trimester

## 0-13 weeks

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## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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## Health care provider suggestions for me:

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### **Calculation of Estimated Date of Birth**

At Women's Health Center, we calculate your estimated date of birth (EDB) based on the first day of your last menstrual period (LMP), if you are certain of that date and you have a regular cycle. You will have a dating ultrasound as part of your prenatal care. If you are unsure of your LMP, your estimated date of birth will be calculated at that ultrasound. If your EDB based on your known LMP and the EDB on your dating ultrasound differ, your provider will determine your EDB depending on the timing of that ultrasound.

**After your EDB is calculated using the above criteria, your EDB will not change, even if an ultrasound performed later in your pregnancy shows a different estimated due date.**

The first day of my last menstrual period was \_\_\_\_\_

I am certain of my LMP Yes \_\_\_\_\_ No \_\_\_\_\_

I have regular cycles Yes \_\_\_\_\_ No \_\_\_\_\_

My regular cycle length is \_\_\_\_\_

My estimated date of birth based on my LMP is \_\_\_\_\_

My first ultrasound gave me an estimated due date of \_\_\_\_\_

My final due date will be \_\_\_\_\_





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### **Common Medications Considered Safe in Pregnancy**

\*Some of these are prescription medications, only take if prescribed for you\*

\*\*No medication is considered completely safe in pregnancy. Only use medications if absolutely necessary\*\*

#### ACNE:

Benzoyl Peroxide  
Clindamycin  
Topical Erythromycin  
Salicylic Acid

#### *AVOID:*

Accutane  
Retin-A  
Tetracycline  
Minocycline

#### ANTIBIOTICS:

Ceclor  
Cephalosporins  
E-mycins  
Keflex  
Macrobid/Macroclantin  
Penicillin  
Zithromax

#### *AVOID:*

Tetracycline  
Minocycline  
Cipro (1<sup>st</sup> trimester)  
Levaquin (1<sup>st</sup> trimester)  
Sulfas (pre-delivery)

#### FEVER:

Tylenol (regular or extra strength)  
Tylenol Sinus  
Tylenol PM

#### CONSTIPATION

Colace :  
Dulcolax Suppository  
Fibercon  
Metamucil  
Miralax  
Senakot

#### COUGH:

cough drops  
Phenergan with Codeine  
Robitussin (Plain and DM)

#### CRABS/LICE:

RID  
*AVOID:* Kwell

#### GAS:

Gas-X  
Mylicon  
Phazyme



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#### **COLDS/HAYFEVER:**

Benadryl  
Claritin  
\*\*Claritin-D  
Chlor-Trimeton  
Dimetapp  
Drixoral-Non-Drowsy  
Mucinex (guaifenasin)  
Sudafed/Sudafed 12 hour  
\*\*Sudafed PE Pseudoephedrine  
Tylenol Cold & Sinus  
Vicks Vapor Rub  
Zyrtec

*\*\*Avoid if blood pressure problems*

#### **NAUSEA:**

Vitamin B6 - 25 mg 3 times per day  
Dramamine  
Emetrol  
Ginger Root – 250mg 4 times per day  
High complex carbs at bedtime  
Sea bands – acupressure  
Unisom ½ tablet 3 times per day

#### **HERPES:**

Acyclovir  
Famvir  
Valtrex

#### **HEMORRHOIDS:**

Anusol/Anusol H.C.  
Hydrocortisone OTC  
Preparation H  
Tucks  
Vaseline lotion applied to tissue with wiping

#### **RASH:**

Benadryl  
1% hydrocortisone cream

#### **NASAL SPRAY:**

saline nasal spray

#### **LEG CRAMPS:**

benadryl

#### **TOOTH PAIN:**

oragel

#### **PAIN:**

Tylenol

#### **THROAT:**

Cepacol  
Cepastat  
Salt water gargle with warm water

#### **YEAST:**

Femstat  
Gyne-Lotrimin  
Monistat

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### **Common Medications Considered Safe in Pregnancy**

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#### HEADACHES:

Aspirin free Excedrin  
Cold Compress  
Tylenol (regular or extra strength)

#### DIARRHEA:

Kao-Pectate  
Imodium  
Sip clear liquids

HEARTBURN: avoid lying down for at least 1 hour after meals

Aciphex  
Maalox  
Milk of Magnesia  
Mylanta  
Pepcid  
Pepcid Complete  
Prevacid  
Prilosec  
Rolaids  
Tums (limit 4/day)  
Zantac

#### VACCINES:

Flu Shot  
Hepatitis A  
Hepatitis B  
Pneumovax  
Polio Booster  
Tetanus  
Tuberculosis test or ppd

#### SLEEP AIDS:

Ambien  
Benadryl  
Chamomile Tea  
Unisom  
Tylenol PM  
Warm milk – add vanilla or sugar for taste

#### AVOID:

\*Gardasil  
Live Poliovirus  
MMR (measles, mumps, rubella)  
Varicella (chickenpox)  
*\*no known complications if received  
before known pregnancy; resume  
series after delivery*

#### SUGAR SUBSTITUTES:

Limit use of NutraSweet/aspartame

#### MISCELLANEOUS:

All sunscreens  
Hair coloring/highlights  
Insect repellants (including DEET)  
Mystic tans

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## **Helpful hints for the common discomforts of pregnancy**

### ***1<sup>st</sup> Trimester***

#### **Nausea/vomiting**

- Eat small frequent meals (6 small meals per day) Try very small amounts every 1-2 hours and always a bedtime snack
- Dry crackers, cereal (or any food) before getting out of bed in the morning
- Avoid foods with strong odors
- Limit fatty foods (gravy, salad dressing, butter, margarine, fried foods)
- Vitamin B6 50 mg and Unisom 25mg together at bedtime
- Increase liquid intake

#### **Headaches**

- Drink adequate liquids 8-10 glasses per day
- Increase rest periods throughout the day
- Cool cloth to head or neck
- Methods to decrease stress/tension
- Plain Tylenol if needed
- Magnesium 400 mg at bedtime (also helps with constipation)

#### **Fatigue**

- This usually disappears by the end of the 1<sup>st</sup> trimester (13 weeks)
- Frequent rest periods
- Mild exercise

#### **Constipation**

- Drink adequate liquids 8-10 glasses per day
- Diet high in roughage with fruits, whole grains, and vegetables
- Don't ignore the urge to have a bowel movement

#### **Heartburn**

- Small frequent meals rather than large meals
- Avoid fats with meals
- Remain upright for 2 hours after eating
- Avoid drinking liquids with meals (instead drink liquids ½ hour before or ½ hour after meals).
- Avoid very cold foods with meals
- Drink milk.
- May use Tums, Maalox

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## About Your Prenatal Appointment

**Frequency of visits:** Your healthcare team needs to examine you and your baby every 4 weeks until you are 28 weeks pregnant. At 28 weeks, you will need to schedule an appointment every 2 weeks until you reach 36 weeks of pregnancy. After 36 weeks, your healthcare team will want to see you and your baby every week until birth.

**FIRST STOP....THE SCALE.** Gradual weight gain during pregnancy is best. If you gain too little or too much weight, it may lead to pregnancy complications. Ask your healthcare team how much is recommended for you to gain during pregnancy. Ask about seeing a nutritionist if you need help choosing the right foods.



**Blood Pressure:** tells us about the state of your circulation. If it is too high or too low, it can cause problems during pregnancy.

**Urine Dipstick:** this is read instantly. We are checking for sugar or glucose. Pregnancy may cause changes in glucose metabolism and may cause pregnancy (gestational) diabetes. We are also checking for protein and urinary tract infections with the urine dipstick.

**Fetal Heart Tones:** this is when you hear the baby's heartbeat with a specialized machine called a Doppler. We are checking to see if the heartbeats are regular in rhythm, and of average fetal range, which is much faster than an adult. A fetoscope is available upon request.

**Fundal Height:** the fundus is the top of the uterus. We are checking to see if the size of your uterus matches your due date. We want to see if your baby is growing appropriately. If there are any concerns, an ultrasound may be ordered.

**Your Attitude/Emotional Status:** How are you dealing with this pregnancy? Do you have support? Are you prepared for labor? We are evaluating at each visit your emotional changes and wellbeing regarding the pregnancy and becoming a parent.

*\*We believe that the prenatal visit is essential to help ensure a healthy pregnancy. When there are no problems, it is reassuring to hear. When there is a problem, your doctor, midwife, or nurse will address it. Feel free at any time to ask questions and discuss your feelings.*





# Nausea and Vomiting During Pregnancy

## Do all women have nausea or vomiting during pregnancy?

About one in 4 pregnant women have only mild nausea. Three of every 10 pregnant women have nausea that is bad enough to interfere with their daily lives. Half of all pregnant women have both nausea and vomiting during the first months of pregnancy. Nausea and vomiting during pregnancy tends to be the worst at 8 to 10 weeks after your last menstrual period. It usually goes away by 12 to 16 weeks after your last period. Nausea and vomiting during pregnancy is often called “morning sickness” but can occur all day long or at any time in the day or night.

## What causes nausea and vomiting during pregnancy?

The cause of nausea and vomiting during pregnancy is not known for sure. Changes in hormone levels may be involved. If your mother had morning sickness when she was pregnant, you may be more likely to have nausea and vomiting during pregnancy. A history of motion sickness or stomach problems before you got pregnant may be another risk factor. Nausea during pregnancy is worse if you are dehydrated (there is not enough fluid in your body) or if the level of sugar in your blood is low from not eating often enough.

## Are nausea and vomiting during pregnancy dangerous?

Mild nausea and vomiting may make you feel awful, but it will not hurt you or your baby. You can talk to your health care provider about ways to make you feel better if nausea and or vomiting is making it hard for you to do your normal activities. Lots of vomiting that keeps you from keeping any food down is rare, but severe vomiting can cause health problems. You should call your health care provider if any of the following happen:

- You are not able to keep any liquids or foods down for 24 hours
- You are vomiting several times a day or after every meal
- You have abdominal pain, difficulty urinating, or a fever
- You do not urinate as often as usual and your urine is dark in color
- You are weak, dizzy, or faint when you stand up
- You do not gain weight or you lose weight in a week

## How are nausea and vomiting treated?

Nausea or vomiting during pregnancy is treated in 3 steps:

1. Simple diet changes in what you eat and how often you eat may lessen nausea and help you avoid vomiting. This is all it takes for many women.
2. If diet changes are not enough, you can try eating ginger or using acupressure bands. Both have been shown to decrease nausea in research studies.
3. If the nausea and/or vomiting are making it hard to do your usual activities, your health care provider can prescribe medication.

Your health care provider can talk with you about how often you have nausea and are vomiting then help you decide which of the following ways to treat nausea and vomiting will be best for you.

### Step One: Lifestyle and Diet Changes

- Drink small amounts of fluids often all day long. Drinking a small amount at one time will also help the nausea lessen. Cold drinks may make you feel better than hot drinks will.
- Eat small meals every 2 to 3 hours. Do not wait to be hungry or thirsty before you eat or drink.
- Eat something plain like crackers, toast, or cereal in the morning. Some women find it helps to eat something before getting out of bed. Avoid eating foods that have strong odors.
- Avoid foods that are greasy, fried, spicy, or very hot.
- Try eating foods that are high in carbohydrates, such as potatoes, noodles, rice, or toast.



- Do not lie down right after eating.
- Some women say dairy products like yogurt are helpful, but this does not work for every woman.
- Prenatal vitamins may make your nausea worse. If you take your prenatal vitamin at night or with food, it may not make you nauseated. Your provider can also help you find a vitamin that does not make your nausea worse. Vitamins that do not have iron in them are less likely to cause your stomach to be upset. Children's vitamins that have folic acid can also be used. If you stop taking a prenatal multivitamin, you should take one tablet of folic acid daily (0.4 mg, which is 400 micrograms per day). Folic acid tablets will not worsen nausea.

#### Step Two: Treatments that Do Not Use Medications

##### *Ginger*

Ginger has been used for treating nausea since ancient times and can lessen nausea. Ginger root tea, ginger gum, ginger snaps, ginger syrup added to water, ginger ale, and all other forms of ginger are safe to use in pregnancy. You can also buy ginger capsules at a drug store. The dose of ginger that has been studied for nausea and vomiting in pregnancy is 1 gram per day. Some forms of ginger like tea or cookies do not list the dose. Ask your health care provider or pharmacist how often you should take ginger products that do not have the dose of ginger listed.

##### *Acupressure Bands*

Seabands are wristbands with a pressure point placed on the inside of your wrist. They are often used for motion sickness. Some women find them helpful for nausea during pregnancy, and they are safe.

#### Step Three: Medication

There are several different types of nausea medicines that work well and are safe for you and your baby. Because nausea and vomiting is caused by different “triggers” in your body, you and your health care provider can work together to find the medicine that is right for you. There are both over-the-counter and prescription medicines that can be used if your nausea and vomiting are severe.

##### *Over-The-Counter Medication*

Over-the-counter medications for motion sickness should not be taken during pregnancy unless recommended by your health care provider. Many women have found that vitamin B6 is helpful for making mild nausea better. Vitamin B6 does not help stop vomiting. Your health care provider can help you choose the dose and how often to take vitamin B6 if you want to try it.

##### *Prescription Medication*

If your nausea and vomiting continues after trying lifestyle and diet changes and over-the-counter medications or you are vomiting frequently, you may need a prescription medication. There are several different prescription medicines that have been studied and found to be safe for you and your baby. Your health care provider can talk with you about these medicines.

#### **For More Information**

##### **Motherisk**

Nausea and Vomiting Helpline (800) 436-8477

<http://www.motherisk.org/women/morningSickness.jsp>

##### **MedlinePlus: Morning Sickness**

<https://www.nlm.nih.gov/medlineplus/ency/article/003119.htm>

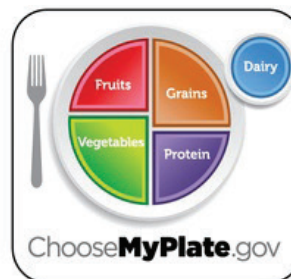
Flesch-Kincaid Grade Level: 7.9

Approved March 2016. Replaces “Nausea and Vomiting during Pregnancy” published in Volume 51, Issue 4, July/August 2006.

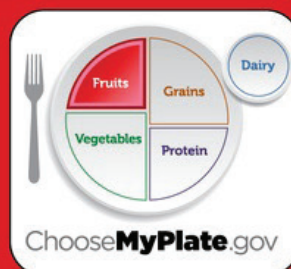
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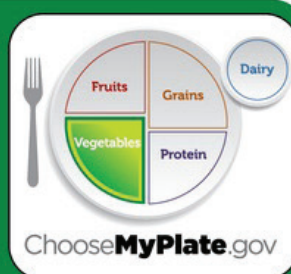
# What's **MyPlate** All About?



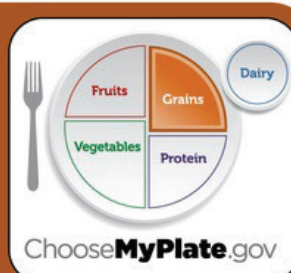
Fruits



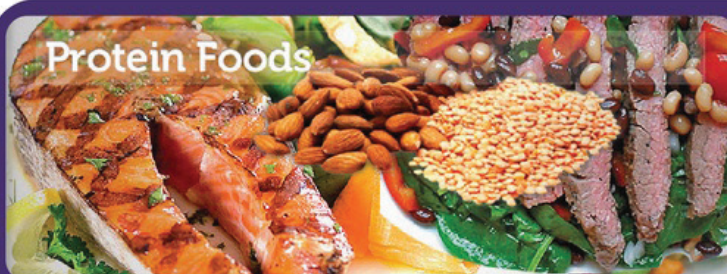
Vegetables



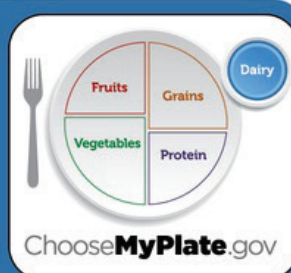
Grains



Protein Foods



Dairy







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## INFECTIOUS DISEASES AND PREGNANT CAREGIVERS

Some infectious diseases are a danger to pregnant women because they can harm the baby.

**HANDWASHING** is the most important step you can take to prevent infections from starting. Because infections can be transmitted in childcare settings by children who themselves don't appear ill, pregnant caregivers must consistently use proper hand washing techniques. Be sure to use mild soap and water and scrub for at least twenty seconds.

Please call our office if you have been exposed to

- Rubella
- Cytomegalovirus
- Parvovirus
- Toxoplasmosis
- Listeria
- Influenza
- Shingles
- Chickenpox
- Stomach virus and are unable to eat/drink for 24 hours







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# Second Trimester

## 14-27 weeks

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## Health care provider suggestions for me:

[illegible]



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### **Instructions for 1 hour glucose tolerance test**

\*do not have testing done if you have been vomiting or ill for a few days prior to test\*

- Eat as your normally do leading up to your test, there is no need to “fast”
- Report to laboratory with order form for test
- Drink fluid that is provided by staff
- Stay in waiting room of laboratory for 1 hour
- Blood will be drawn 1 hour after drinking liquid

### **Instructions for 3 hour glucose tolerance test**

\*if your 1 hour test was abnormal, you may need to complete the 3 hour glucose tolerance test\*

- Fast for 10-12 hours for the 3-hour test
- Best done first thing in the morning after waking
- Report to laboratory with order form for test
- A “fasting” blood glucose level will be drawn
- Drink fluid that is provided by staff
- Blood will be drawn by laboratory staff at 1, 2, and 3 hours after drinking liquid
- You need to stay in the laboratory waiting room until completion of test
- Take a snack to eat after test is finished, by the end you haven't eaten for 13-15 hours!





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## **Helpful hints for the common discomforts of pregnancy**

### **2<sup>ND</sup>-3<sup>RD</sup> TRIMESTERS**

#### **HEMORRHOIDS**

- Avoid constipation & straining during bowel movement
- Eat high fiber diet
- Drink 8-10 glasses fluid per day
- Elevate feet onto a stool while having a bowel movement
- May use Tucks pads, Preparation H or Anusol suppositories (plain)

#### **VARICOSE VEINS**

- Avoid sitting and standing for long periods or crossing legs
- Frequent rest periods
- Support pantyhose or stockings
- Lie on left side to increase blood flow to legs, which also increases blood flow to uterus and to baby

#### **SWELLING IN LEGS & FEET**

- Elevate legs to level of heart by lying on left side when possible
  - Do pumps and circles with feet
  - Rest on left side
  - Increase amount of water intake
  - Decrease amount of salty foods in diet
- 
- \*If weight gain of 3-5 pounds overnight, swelling in face and around eyes, notify your provider immediately

## **BACK ACHE**

- Wear low heeled shoes
- Maintain good posture (do not slump)
- Bend from knees, never from waist when lifting
- Use rolled towel or lumbar support behind back when sitting
- Elevate 1 foot on stool when standing (i.e. washing dishes, etc.)
- Use pillows or rolls for support while sleeping
- Proper exercise – walking
- Pelvic tilts and other back exercises
- Arrange items at home at eye level to avoid excessive stretching and bending
- Maternity belt may be helpful

## **INSOMNIA**

- Short rest periods during the day
- Warm (never hot) relaxing bath at bed time
- Warm milk before bed
- Lie on side with pillow between legs and one supporting back
- Breathing and relaxation techniques learned at childbirth classes
- If unable to sleep, get up and do something (reading, hobbies, etc.)

## **BRAXTON HICKS CONTRACTIONS**

- Increase rest periods during day (especially lying on left side)
- Increase water intake
- Call if contraction pattern gets regular (every 10 minutes x 1 hour or other labor symptoms)

## **GAS PAIN/ BLOATING**

- Exercise
- Avoid fatty and gas forming foods (cabbage, broccoli, fried foods, onions, etc.)





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## **What are kick counts?**

If you feel like your baby is not moving as much as normal or are concerned that your baby is not moving, you can do something called a kick count. Choose a time when your baby is normally very active, such as after a meal.

- Sit comfortably or lie on your left side, preferably in a quiet room
- Place your hands on your abdomen
- Focus on feeling your baby's movements
- Count each movement until your baby has moved 10 times

## **When should I call Women's Health Center?**

*Call us right away (570-253-3005) if you notice any of the following*

- Your baby does not move 10 times in 2 hours while doing kick counts
- Your baby moves much less often than normal
- You have not felt your baby move all day



# CHILDBIRTH EDUCATION

## 2021



WAYNE MEMORIAL HOSPITAL  
NEW BEGINNINGS  
and  
WOMEN'S HEALTH CENTER

*Classes are given by a  
Certified Childbirth Instructor*

### TOPICS

DISCOMFORTS OF PREGNANCY • LABOR PROCESS AND STAGES  
VAGINAL VS. CAESAREAN BIRTHS  
PAIN MANAGEMENT STRATEGIES AND MEDICATIONS  
ROLE OF THE SUPPORT PERSON • POSTPARTUM CARE  
NORMAL NEWBORN APPEARANCE

***IN-PERSON SESSIONS ARE NOT BEING HELD  
DURING THE COVID-19 PANDEMIC.***

***Expectant Moms can access a virtual class by  
joining the WMCHC Birth Lounge  
Facebook Group.***

For more information, call the Women's Health Center at  
**800-869-6636 or 570-253-3005.**



# BREASTFEEDING YOUR BABY

Open to all Expectant Mothers

Learn all you need to know about giving your baby the best start in life with mother's milk--getting started with latching, weaning, and everything in between from an International Board Certified Lactation Consultant.



**IN-PERSON SESSIONS ARE NOT BEING HELD  
DURING THE COVID-19 PANDEMIC.**

***Expectant Moms can access a virtual class by  
joining the WMCHC Latch Lounge  
Facebook Group.***

For more information, call the Women's Health Center at  
**800-869-6636 or 570-253-3005.**



## Preventing Pertussis (Whooping Cough)



### What is pertussis?

Pertussis is a disease that is also called “whooping cough.” Pertussis is caused by bacteria. You or your child can get pertussis by breathing in these bacteria from an infected person who coughs or sneezes near you. Lately, there have been a lot more people in the United States getting pertussis. Pertussis can be a bad cough in adults, but it is a very dangerous infection in babies and small children.

### What are the symptoms of pertussis?

Pertussis normally starts with symptoms of a cold like a stuffy and runny nose. You might also have a mild fever or cough. Your cough will get much worse after 1 or 2 weeks. Many children have hard and fast coughing that causes a whooping sound. They may gag on mucus and throw up after they cough. Not every child who has pertussis will make the whooping sound when they cough.

### Why is pertussis dangerous?

Pertussis is very serious for babies because they are not always able to fight this infection. Many babies less than 1 year old will need to be put in the hospital when they get pertussis because they will have problems breathing and pneumonia (an infection in the lungs). Some babies who are less than 3 months old will die from pertussis if they get infected. Most adults do not have severe symptoms of the disease and do not realize their cold is pertussis. Adults can easily pass this infection to a child without knowing it.

### What is the treatment for pertussis?

If you or your child has pertussis, you will be given antibiotics. This helps kill the bacteria so you will not be able to pass the disease to another person any more. But the antibiotics may not stop your symptoms and cough. You may have coughing fits for up to 10 weeks. You can take over-the-counter medicines to help with your symptoms.

### Don't normal vaccine shots keep my child from getting pertussis?

If your child gets the normal vaccine shots, the shot for pertussis will be given at 2, 4, 6, and 15 to 18 months, then again before starting school at 4 to 6 years old. Newborn babies do not get full protection from the disease until they are 1 year old and have had the first 3 shots. Most severe cases of pertussis happen in babies less than 1 year old.

### How can I protect myself and my child from pertussis?

Most babies and children get pertussis from an adult who they are around often, such as a parent or grandparent. Many adults who got the pertussis vaccine as a child have lost protection against pertussis and are able to get the infection again. All teenagers and adults, especially those who are often around babies, should receive a pertussis booster shot called Tdap. This is a form of the tetanus vaccine that also has the pertussis vaccine in the same shot. It does not matter when your last tetanus shot was. You can safely get and should get the Tdap shot especially if you live with or are often around babies or young children. If all the adults and teenagers around your baby get the Tdap booster, the chance that your baby will get pertussis becomes very small.

**What if I'm pregnant?**

The very best way to protect your baby is to have the Tdap vaccine each time you are pregnant. The best time for the vaccine is between 27 and 36 weeks of pregnancy. This allows your body to produce antibodies to prevent pertussis. The antibodies are passed to your baby through the placenta and your breast milk. Your baby can get protection from pertussis for the first 6 months of life if you get the vaccine while you are pregnant. The Tdap vaccine is very safe in pregnancy. There is no risk to your baby by getting the Tdap vaccine while you are pregnant. If you do not have the chance to get the Tdap vaccine while you are pregnant, you can get the shot right after you have the baby. This will still prevent you from passing the infection to your baby. If you are breastfeeding and get the shot, your baby can also get protection from pertussis from your breast milk.

**What are the side effects of getting the Tdap vaccine?**

The most common side effects of the Tdap vaccine are pain and redness where you get the shot. You might also have a headache, feel very tired, or have an upset stomach. You should not get the Tdap vaccine if you are sick with an infection or have previously had a reaction to the vaccine.

**For More Information****Centers for Disease Control and Prevention (CDC)**

Pertussis—What you need to know  
<http://www.cdc.gov/features/pertussis/>

**Centers for Disease Control and Prevention (CDC)**

Preventing Pertussis  
<http://www.cdc.gov/pertussis/about/prevention.html>

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# Third Trimester

## 28-40 weeks

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## **Birth at Wayne Memorial Hospital**

At Wayne Memorial Hospital, we believe pregnancy, labor, and birth is a normal, natural part of a woman's reproductive years. We want your birth to be an experience you reflect upon with positive memories. We encourage each woman to take ownership of her own birth experience. Our job is to support you so you can achieve your dream birth. We are prepared to help you labor how you choose, with or without pain medications.

### **Throughout labor, we encourage you to**

- ❖ Stay in whatever clothing feels comfortable to you, including a hospital gown, if you would like.
- ❖ Stay moving during labor! Ask your nurse or midwife for position ideas if you need assistance!
- ❖ Have supportive and helpful people with you, if you choose
- ❖ Use your support people to manage your birth experience
- ❖ Listen to music, dance, or enjoy the sound of your own breathing!
- ❖ Communicate your needs with your healthcare team

### **Throughout labor, we will:**

- ❖ Monitor you and your baby, as little or as much, as medically indicated at the time
- ❖ Encourage you to move! –
  - *Interventions such as position changes and staying active can help to shorten the labor process*
  - *If you have an epidural and need to stay in bed, there are still many position changes we can assist you with*
  - *If your baby needs to be continuously monitored, there are still many position changes, tips, and tricks we can assist you with*
- ❖ Encourage your support people to assist you as your labor progresses
- ❖ Suggest measures to assist with the progression of labor, if needed
- ❖ Encourage you that your body is doing exactly what it was designed to do



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**During birth we will:**

- ❖ Allow you to push in whichever position feels most comfortable to you, provided you and your baby are tolerating the position
- ❖ Suggest helpful positions for pushing based upon how your baby is positioned inside of you
- ❖ Encourage your support people to take an active role with helping you birth your baby
- ❖ Provide support to your perineum, which can help to lessen the amount of natural tearing that can occur
- ❖ Only perform more interventions, such as vacuum assisted delivery, forceps delivery, and episiotomy, if there are signs you or your baby are not tolerating the birth experience. We will talk to you about such interventions and why they may be recommended prior to performing any of these interventions.

**After your baby is born:**

- ❖ We will place your well baby on your skin (called skin-to-skin) for at least an hour
- ❖ Allow the umbilical cord to stop pulsating prior to clamping and cutting
- ❖ Allow your support person to cut the umbilical cord, if you choose
- ❖ Assist you with feeding techniques, no matter if you choose to breast or bottle feed
- ❖ Give your baby an injection of Vitamin K to help his or her blood clot and prevent serious bleeding
- ❖ Place an antibiotic gel in your baby's eyes to prevent a potential serious eye infection
- ❖ Continue to monitor and care for you and your baby as you adjust to life as a new family



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**If a Cesarean birth becomes necessary**, we will explain to you the reasons why we feel that is the best plan of care for you and your baby at that moment. The primary cesarean rates for Wayne Memorial Hospital are lower than the average for the United States.

**What you can expect:**

- ❖ Most women get to stay awake during their C-section and experience their babies birth
  - *In some instances, you will be put to sleep (general anesthesia) but this will be explained to you*
- ❖ At the most, one support person is allowed to enter the operating room at sit by your head, holding your hand and talking to you through the experience. Sometimes, the situation does not allow for a support person to be with you (*general anesthesia*). This will be explained to you and your support people
- ❖ Your well baby will be brought over to you after an initial assessment
- ❖ Your nurse will accompany your baby to the nursery until you and your baby can be together
- ❖ If you want your support person to stay with your baby and nurse in the nursery, let your nurse know! The support person can even do skin-to-skin on your well baby in the nursery if you choose!
- ❖ After the birth of your baby, you will spend time recovering from anesthesia in the recovery room until you are well enough to return to the labor and delivery unit



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Ask me if I want pain medication	yes	no
I have attended a childbirth class:	yes	no
My plans for feeding my baby:	breast	formula
		exclusive pumping
I have taken a class on breastfeeding:	yes	no
I have experience breastfeeding other children:	yes	no
If yes, I had a good breastfeeding experience:	yes	no

If my baby is a boy, I want him to be circumcised    yes                    no

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## TRUE LABOR VS. PRACTICE LABOR

### True Labor

Contractions become stronger  
last longer, and come closer  
together as labor progresses

Cervical dilation progresses,  
as assessed by health care provider

Uterus hardens over entire  
surface

Change in mother's activity  
level does not effect the  
progress

Walking tends to make the  
contractions stronger

### Practice Labor

Contractions stay the same  
or diminish in intensity

There is no cervical dilation

Only a portion of the uterus  
hardens

Relaxing and decreasing  
activity level slows down  
the progress

Walking tends to space  
contractions out





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## **I am having contractions, when should I go to the hospital?**

**5**  
**MINUTES APART**

**1**  
**MINUTE EACH**

**1**  
**FOR 1 HOUR**

### **You may need to go sooner than “5-1-1” if you:**

- Vomit with contractions
- Feel rectal pressure
- Are unable to walk or talk through contractions
- Think your water has broken
- Have vaginal bleeding
- Tested positive for Group B Strep
- Live far from the hospital
- Progress quickly

### **What should I do if I am still not sure what to do?**

Call us at **(570) 253-3005**! Even if the office is closed, we have an answering service that can get you in touch with the provider who is on call!

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## Packing list for the hospital

You may want to pack two small bags for the hospital, one for the items you'll need during labor and another for items that you won't need until after you give birth. We recommend packing your bags when you're eight months pregnant.

### For labor

- A picture ID
- Insurance card
- Any paperwork you need, including your birth plan

### Toiletries

- Toothpaste/toothbrush
- Lip balm
- Deodorant
- Brush
- Ponytail/headband
- Shampoo/conditioner
- Shower gel/soap
- Your own menstrual pads if you prefer
- "Bladder leak underwear" products (the hospital provides disposable underwear and pads, but some women prefer their own)
- Eyeglasses/contact lenses/contact solution

**Clothes:** *the hospital provides gowns and disposable underwear, however we want you to feel like you are at home, so feel free to bring your own! Some ideas might include*

- Slippers/flip-flops
- Gown/birth outfit
- Robe
- Pajamas
- Sweatpants
- Nursing bra and nursing pads *if breastfeeding*
- Sports bra (with support) *if bottle feeding*
- A comfortable outfit and shoes to wear home
- Bathing suit, *if you prefer, for shower/labor tub*

### Relaxation Ideas:

- Your own pillow - *a colorful pillowcase won't get mixed up with hospital laundry*
- Music
- Light reading material
- A picture of your baby or someone/something that brings you comfort
- Battery operated candles
- Anything you find reassuring

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## Postpartum Packing List

### For Mom

- Snacks! *The hospital can label items with your name and refrigerate items for you if needed. Some people have also brought a cooler with them and kept it in their room.*
- Photos of your other children
- Gifts for older siblings, *if you would like*
- Nipple cream, *if breastfeeding*
- Breast pads
- Nursing pillow

### For your partner/labor coach

- Toiletries
- Comfortable shoes and a few changes of comfortable clothes
- Snacks
- Change for vending machines
- Bathing suit (if you want support while in shower/birth tub)
- Something to take pictures/videos on
- Charger for phone/camera
- Pillow/blanket

### For your baby

- An infant car seat - *have the seat properly installed ahead of time*
- A going-home outfit, including weather-appropriate layers
- A receiving blanket
- A baby book *if you want your baby's footprints*
- Nail file/clippers
- Diapers and wipes, *if you prefer your own*
- Soap and lotion – *if you prefer your own*

### What not to bring

- Jewelry, lots of cash or other valuables – *the hospital is not responsible for lost/stolen items*
- Medications, including vitamins – *unless specifically directed to do so by your healthcare team*
- A breast pump - *the hospital can provide one if needed*



# Coping with Labor Pain

## How bad does labor hurt?

You've probably heard a lot of stories about giving birth. Labor and birth are different for each woman. The kind and amount of pain you have changes throughout your labor. Even if you have had a baby before, the pain from labor can be different with each baby.

## Why does labor hurt?

During labor, your uterus (womb) pushes your baby down and stretches your cervix (the opening of your uterus). Each time the uterus muscles contract, you may feel pain that is like a strong cramp in your abdomen or lower back like you get during your period, but it is usually more painful than the cramps you get with your period. As your cervix and vagina stretch and open, you may feel a stretching, burning pain. Most contractions last 30 to 60 seconds, and you will be able to rest in between each one.

## What can help me be successful in coping with labor pain?

This handout has lots of tips for coping with the pain of labor. Being less tense and afraid will help your labor be less painful. Three things can help you cope with labor pain successfully:

- Knowledge about what to expect
- Belief in yourself
- Emotional support and coaching during your labor

## How can I decide before labor starts what pain management methods are right for me?

When you are deciding where to give birth and what pain management methods to use, think first about what your goals are for your labor and how strong your desire is to give birth without using pain medication. Remember that nobody knows ahead of time how painful or difficult their labor will be. Knowing your goal and how much you want to work toward your goal is the best place to start. This way, when you are in labor, you can be flexible and trust your support persons and caregivers to help you make decisions that are right for you at that time. You are most likely to successfully give birth without pain medication if this is your number one goal.

## What can I do to prepare for labor?

- Stay physically active during your pregnancy. You will have more strength to get through labor, and women who are in good physical shape often have shorter labors.
- Take childbirth classes. The more you know, the less you fear. Fear makes pain hurt more.
- Arrange for a support person or doula. Having a person whose only job is to support you during labor will help you cope better during labor and feel more satisfied with the experience.

## What can I do to cope with early labor?

- Go for a walk, do some exercise, or dance. The more you move and are distracted, the less you hurt!
- Do something you enjoy. Having a distraction will help you keep your mind off the pain.
- Drink lots of fluids so you don't get dehydrated and eat lightly if you are hungry.
- Take a warm shower or bath. Water often makes your contractions easier to handle and can help your contractions work better.

## What can I do to cope during active labor?

Find your rhythm. Women who cope well during labor go back and forth between resting between the contractions and regular movements that help cope with pain during the contractions. Each person has their own rhythm that works. Here are some ideas to try:

### Between Contractions

- Rest by being still or by rocking gently.
- Focus on your natural breathing. Awareness of breath relaxes you.



- Relax your muscles.
- Move or rock your hips.
- Change positions often.
- Listen to music that soothes you. This may help you relax and keep your mind off the pain.
- Believe you can do it. You can!
- Remember why you are doing this. Your baby will be here soon!

### **During Contractions**

- Use massage or counterpressure. Many women find having their back massaged the same way during each contraction helps them keep a rhythm. Sometimes constant pressure on your low back during each contraction is soothing.
- Get in a tub or shower. Water therapy can help ease your pain and make the contractions work better.
- Make noise. You might moan, hum, or repeat comforting words over and over as you go through each contraction.

### **What can my support person do during labor to help me cope with labor pain?**

- Help you find your rhythm and then help you keep making the same noise and movements during a contraction and doing the same relaxation techniques between contractions.
- Give you a back rub or hold your hand quietly.
- Offer you ice chips, water, or juice between contractions.
- Help you change positions and support your body.
- Keep the lights low and play soft music.
- Put a cold washcloth on your forehead or neck.
- Put a heating pad or warm washcloth on your lower back.
- Talk you through each contraction, supporting your movements and your noises.
- Cheer you on!

### **What can my health care provider do during labor to help me cope with labor pain?**

- Answer your questions.
- Check your progress and give you direction.
- Assure you that things are going normally.
- Provide pain medication if needed. Remember you are not a failure if you decide that you need pain medication to help you through labor. Labor is hard work!

#### **For More Information**

##### **Childbirth Connection**

This brochure provides a variety of comfort measures to manage labor pain.

<http://www.childbirthconnection.org/pdfs/comfort-in-labor-simkin.pdf>

##### **Child Development Institute**

Specific ways to help ease your pain during labor.

<http://childdevelopmentinfo.com/child-development/preparing-for-birth/easing-labor-pain/>

##### **Doulas of North America (DONA)**

Information about what a doula is, what the benefits of a doula are, and how to find a doula in your area.

<http://www.dona.org>

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## **Giving Birth by Caesarean Section**

Babies can enter this world in one of two ways: Pregnant women can have either a vaginal birth or Caesarean section birth. The ultimate goal of both is to safely give birth to a healthy baby.

### **In some cases, birth by Caesarean is planned**

- Previous birth by C-section
- Having multiple babies
- Medical condition in mother
- Medical condition in baby
- Placenta problems
- Baby who is not in a head-down position

### **Sometimes the decision to give birth by C-section is unplanned**

- Baby not tolerating labor
- Inability of labor to progress

### **C-section births can carry additional risks when compared to vaginal birth**

- Major surgery
- Longer recovery time
- Complications in healing such as infection and pain

**A healthy mom and baby is our number one goal.**



# Promoting Skin-to-Skin Contact



## What is skin-to-skin contact?

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



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

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

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

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

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

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

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

- Skin-to-skin contact keeps your baby's temperature normal better than being wrapped in blankets or placed under a heating lamp.
- Skin-to-skin contact helps your baby's heart and breathing rate stay regular.
- Skin-to-skin contact shortens the time it takes to deliver your placenta.
- Skin-to-skin contact helps your baby smell and find your nipple so breastfeeding starts easily and is more successful. Your body may also make more breast milk.
- Skin-to-skin contact lowers the levels of stress hormones in your blood, which helps you bond with your baby.

- Skin-to-skin contact can help build your confidence about parenting and your ability to take care of your baby's needs.
- Your baby may spend more time sleeping, longer being quiet and awake, and less time crying.
- Babies who have skin-to-skin contact right after birth are less likely to need to be in the neonatal intensive care unit (NICU).
- If your baby is sick, skin-to-skin contact can help your baby heal.

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

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

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

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

**When can I expect my baby to be taken to an incubator?**

In some hospitals, the nurses who are at your birth take your baby to the incubator within the first hour. There they will do a physical exam, give a vitamin K shot, and administer eye drops. The physical exam that is needed in the first hour after the birth can be done while you and your baby share skin-to-skin contact. The eye drops and vitamin K shot can be put off for a couple hours after birth. If you want skin-to-skin contact, you will want to ask your provider what the hospital's usual practice is before you go into labor. This way you can notify the staff ahead of time that you do not want to be separated from your baby in the first hour after birth if you are both healthy.

**How do I let my nurse and provider know I want skin-to-skin contact?**

Discussing your birth plan with your nurse and provider before labor or when you get to the hospital or birth center is an important step in communication. This helps the staff provide the type of care that is important to you.

**For More Information****March of Dimes**

<http://www.marchofdimes.com/downloads/CloseToMe.pdf>

**Kangaroo Mother Care**

<http://www.kangaroomothercare.com>

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# Fourth Trimester birth-recovery

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543 EASTON TURNPIKE, HAMLIN, PA 18427 • Phone (570) 689-9965 • Fax (570) 689-0387  
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## Health care provider suggestions for me:

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## About Your Postpartum Visit

Some people think they only need to receive care when pregnant. This is not the case. A postpartum appointment is important for your physical and mental health. At your postpartum appointment, your provider will perform both an examination and have a discussion about life as a new mom.

Examination will include:

- Uterine involution – how your uterus is returning to its pre-pregnancy size
- Blood pressure check
- Amount of bleeding
- Perineum healing if you had a vaginal birth
- Wound check if you had a cesarean birth
- Any other concerns unique to your situation

Discussion will include:

- Emotional well being
- Adjustment of family dynamics
- Breastfeeding
- Future plans for childbearing, including birth control discussion



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### After the Birth of Your Baby

Call your insurance company to add your baby to your insurance plan

Make appointments for both you and baby

- Postpartum appointment timing:
  - 4 weeks after birth if you had a vaginal birth
  - 1 week and 4 weeks after birth if you had a Cesarean birth
  - Sooner, if instructed by provider
- Pediatrician appointment timing:
  - As instructed by hospital Pediatrician

Nutrition

- Keep taking your prenatal vitamin
- Continue a healthy diet that is rich in fruits, vegetables, protein, and low fat dairy
- Exclusively breastfeeding? Calorie needs increase to 500 extra per day
- Stay well hydrated to prevent constipation

Helpful Reminders

- Sleep when your baby sleeps
- Keep housework a low priority and limit visitors to those who are helpful
- Breastmilk is the biological norm, but breastfeeding can be difficult – reach out!
- Call Women's Health Center and ask to speak to the Lactation Consultant if needed

### FREQUENTLY USED PHONE NUMBERS:

Women's Health Center 570-253-3005  
Lactation Consultant 570-253-3005 ext. 320  
Pediatrician Office \_\_\_\_\_

**Your postpartum appointment is important to both your physical and mental health. We look forward to seeing you and your beautiful baby at your postpartum appointment!**



# After Your Baby Is Born: What to Expect Postpartum

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

Your body and emotions change a lot in the first weeks and months after you give birth.

**Abdomen:** Your abdomen (belly) may still look pregnant for a few weeks. In the first few days, you may have cramping as your uterus (womb) goes back to its normal size.

**Vagina:** You will have vaginal bleeding for about 4 to 5 days after you give birth that is like a heavy period. You might pass a few clots. The bleeding usually goes away after 2 to 3 weeks, but you may have some vaginal bleeding or spotting for up to 8 weeks after giving birth. Your vagina may be tender and dry for a few months.

**Perineum:** This is the area between your vagina and your anus (where stool comes out). You may have soreness in this area for a few weeks, especially if you have a tear or stitches. You can put an ice pack on this area the first day after birth. After 24 hours, sitting in a warm bath can help with the soreness. If you have hemorrhoids, you can use witch hazel pads from the drugstore to help the hemorrhoid pain.

**Breasts:** Your milk will come in about 2 to 5 days after you give birth. Your breasts will feel full and tender as they begin to fill with milk. This is called engorgement. Wearing a tight bra can help ease the aching. Your nipples may also be sore as they become used to having your baby suckle them. If your baby is latching properly, the pain will go away after the first few minutes of breastfeeding. Do not pump or express milk to make the engorgement go away. This will just make more milk come in, and your breasts will stay engorged. It can take 6 to 8 weeks for both you and your baby to become really used to breastfeeding.

**Bowel and Bladder:** You may have some gas pain during the first few weeks. You may be constipated, especially if you are breastfeeding. You can prevent constipation by drinking plenty of water and eating lots of fruits and vegetables. In the first few months postpartum, some women leak urine when coughing, sneezing, or picking up something heavy. You can start doing pelvic muscle exercises (often called Kegel exercises) right away to strengthen the muscles that control and support your bladder.

**Cesarean Incision:** If you had a cesarean birth, it will take a few extra weeks before you are completely healed from the surgery. Take pain medication as you need it and rest when you can. The outside of your incision (cut) should heal after 2 to 3 weeks. You may have soreness or numbness at the incision for several months.

**Sex:** Your body needs time to heal after giving birth. While your hormones are adjusting, you may have less desire for sex, vaginal dryness, and/or tenderness in your vagina or perineum. It is important to make time to be with your partner and share physical touching in ways that you both like, whether or not you are ready to start having sex. In most cases, you can start having vaginal sex when you feel ready and your bleeding has stopped. If you are breastfeeding, you might need to use lubricant. You can get pregnant before you start having periods again so it is important to use birth control if you do not want to become pregnant right away. Talk with your health care provider about which method is best for you.

**Weight:** It can take up to 6 months to lose the weight you gained during pregnancy. Because a healthy diet is so important for breastfeeding, do not diet. Gentle exercise, such as taking walks, can help you start to lose weight until you can start doing more heavy exercise.

**Emotions and Postpartum Depression:** Women have a wide range of emotions after giving birth. You may feel excited, happy, exhausted, and depressed all on the same day as you adjust to a new world, a new baby, and a new job taking care of your baby. Having lots of different feelings is normal.

- About 7 in every 10 women will have “postpartum blues.” This usually starts about 3 days after the birth of your baby and can last 1 or 2 weeks. You may cry easily and feel sad, irritable or tired. Postpartum blues usually go away once you start to get 4 to 5 hours of sleep each night that is not interrupted.



- About 10 to 15 out of every 100 women will have postpartum depression. Postpartum depression usually starts about 2 months after your baby is born and can last for 6 to 12 months. You may feel very sad, anxious, or overwhelmed or have mood swings and guilt. You are at higher risk for depression if you have a history of depression yourself or in your family, had depression during your pregnancy, have a sick baby, and/or have many stressful things going on in your life.
- About 1 in 1000 women will develop a rare but serious health problem called postpartum psychosis. This can start anytime in the first weeks after giving birth. Women with postpartum psychosis have severe problems thinking normally. You may have strange beliefs, hallucinations (see or hear things that aren't there) or paranoia (feel suspicious). If you have a history of bipolar disorder yourself or in your family or have had psychosis before, you are at higher risk for postpartum psychosis.

Call your health care provider right away if you feel very nervous, cannot stop crying, or are having thoughts of hurting yourself or your baby.

### **What can I do to help me recover and adjust to being a mother?**

- Ask for help. Let other people do the cooking and cleaning. Focus on yourself and your baby.
- Sleep when your baby sleeps. Your body needs rest to heal.
- Get exercise and fresh air. You can take your baby, go by yourself, or walk with your partner or a friend.
- Take a few minutes every day for yourself, even just to shower and rest for a bit, read, or listen to music.
- Talk to other mothers. You can join a parents' support group or just spend time with other mothers.
- Make time every day to enjoy your baby. Encourage your partner to do this, too!

### **When do I need to call my health care provider?**

- You have a fever of 100.4°F or above.
- You soak a pad in an hour or less or have golf-ball sized blood clots or larger.
- Your cesarean incision or stitches in your vagina become red, swollen, or have pus.
- Your discharge has a foul odor, especially if you also have pain or tenderness in your abdomen.
- You have a severe headache that does not go away with medication or have changes in your vision.
- You have severe pain, redness, or swelling in the back your legs.
- You have severe depression, hallucinations, or thoughts of hurting yourself, your baby, or someone else.

#### **For More Information**

##### **American College of Nurse-Midwives**

<http://www.ourmomentoftruth.com/Post-Birth-and-Recovery>

##### **KidsHealth**

<http://kidshealth.org/en/parents/recovering-delivery.html#>

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# Caring for Your Perineum after You Give Birth



After you give birth, your perineum (the area between your vaginal opening and your anus) can feel sore and tender for a couple of weeks. This is especially true if you had stitches. Even without stitches, your perineum may be swollen and sore. Most women feel much better about 3 weeks after birth. Here are some tips to help you feel better sooner and prevent any problems or complications.

## How can I help my perineum heal?

- **Sitz Baths** — Fill your tub with about 6 inches of warm water and sit in the tub for 10 to 15 minutes at least 2 to 3 times each day. The warm water increases the flow of blood to the perineum, which helps the area heal.
- **Rosemary Tea** — Make a tea with dried rosemary leaves by pouring very hot water over about 3 tablespoons of the leaves. You can buy these leaves in bulk at many grocery stores. Add the strained tea to the water when you take your sitz bath. Rosemary may help women heal faster, and it smells very nice.
- **Kegels** — Do Kegel exercises (tightening the muscles of your perineum as if you were trying to stop urinating) often during the day. Kegel exercises also increase the flow of blood to the perineum.
- **Numbing Spray** — You may have been given a small can of numbing spray for your perineum. You can spray it on your perineum to help with the pain. If you did not get the spray, call your provider and ask for a prescription for numbing spray (lidocaine).
- **Arnica** — Arnica is a homeopathic treatment. It may help with swelling and bruising. You can buy Arnica pills at most health food stores. Place 2 to 3 of the tiny pills under your tongue 3 to 4 times a day and let them dissolve. They are safe to use when breastfeeding.
- **Fresh Air** — When you are lying down to rest or breastfeed, take your underwear off so the perineum is exposed to fresh air. The area will heal faster if it is dry and warm, which is hard to do when wearing a pad to collect any vaginal bleeding or discharge.

## I am constipated. What should I do?

- **Water** — You need to drink at least 6 big glasses of water a day to keep from getting constipated. This is especially true if you are breastfeeding.
- **High-fiber diet** — Eating lots of fruits and vegetables, salads, brown rice, dried fruits (like prunes and figs), and yogurt will help you avoid constipation.
- **Stool softener** — You may be given a stool softener medication by your provider. You can buy more in any pharmacy without a prescription. Look for docusate (Colace), and take 1 to 2 each day until your stools are soft.
- **The first bowel movement** — The first bowel movement is not going to hurt as much as you think it will. Don't wait or avoid it, because holding the stool in will make it harder and more difficult to push out. When you feel like you can have a bowel movement, go into the bathroom and make a big ball of toilet paper. While you bear down to have a bowel movement, push up against your perineum in front of the anus with the toilet paper. This will support the area that hurts and any stitches so they don't pull. You might urinate on your hand, but you will have a bowel movement without putting painful pressure on your perineum!

**It really stings when I urinate. Is that normal?**

If you have stitches or even small tears, you can have burning and stinging when you urinate. Get a plastic bottle with a spray top and fill it with warm water before you urinate. Spray the warm water on your perineum *while* you urinate. This will dilute your urine and make urinating more comfortable. If you feel pain inside your body or need to urinate more often or can only urinate small amounts, be sure to call your provider. You might have an infection.

**I think I have hemorrhoids. What can I do?**

- Avoid constipation.
- Use over-the-counter ointments such as Preparation H or Anusol.
- Use witch hazel (Tucks) pads. Witch hazel pads can be found in the drugstore. They are great to wipe with after you have a bowel movement. You can make your own pads by soaking cotton balls in regular witch hazel (very cheap and available in all drugstores). Witch hazel helps swollen tissue get back to normal.
- Your hemorrhoids will shrink and stop being painful, but they will not ever go away completely.

**When should I call my health care provider?**

- Fever — If you get a fever of more than 100°F, call your provider.
- Increasing pain — You should be feeling a little better every day. If you have a big increase in the pain in your vagina or perineum or rectum, call your provider.
- Bleeding — You can expect your bleeding to be bright red for 3 to 4 days after giving birth. You may pass a few clots in the first 3 to 4 days, especially when getting up or after breastfeeding. Then the bleeding will become more yellowish and light red and may be very strong smelling for about 10 days. Then it will become light red or pink spotting for several weeks. You may have a burst of bright red bleeding 10 to 14 days after giving birth when the placenta site heals. As long as it lasts for less than a day and tapers off, that is okay. If you have bright red blood that soaks more than 2 pads an hour and continues for more than 2 hours or if you pass several clots, call your provider.
- Odor — Your discharge will smell pretty strong for several weeks. This is normal. If the smell gets stronger rather than less strong or starts to smell like fish, call your provider.

**Remember, this is going to get better!**

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# Postpartum Depression and Anxiety

The first weeks of caring for a new baby are a lot of work. During this time, your feelings and moods may not be what you expected. This handout will help you understand when feelings are normal, and when you should call your health care provider.

## What are the baby blues?

As many as 3 in every 4 women will have short periods of feeling sad, crying, or feeling cranky or restless during the first few weeks after giving birth. This may be normal. Babies are fed every few hours, and you will not get a full night of sleep in those first weeks. Also, your body and hormones go through many changes after you give birth. Women who have the baby blues often say they feel like crying but don't know why. Baby blues usually happen in the first or second week postpartum (after you give birth) and last less than a week. If your sadness lasts 2 weeks or more, call your health care provider.

## What is postpartum depression?

About one in every 5 women will develop postpartum depression during the first few months after giving birth. Women who have postpartum depression may have some of these symptoms:

- Feeling guilty
- Not able to enjoy your baby and feeling like you are not bonding with your baby
- Not able to sleep, even when the baby is sleeping
- Sleeping too much and feeling too tired to get out of bed
- Feeling overwhelmed and not able to do what you need to during the day
- Not able to concentrate
- Don't feel like eating
- Feeling like you are not normal or not yourself anymore
- Not able to make decisions
- Feeling like a failure as a mother or that you cannot take care of your baby
- Feeling lonely or all alone
- Thinking your baby might be better off without you

If you have any of these symptoms, tell someone you trust and call your health care provider right away!

## What is postpartum anxiety?

About one in every 10 women will develop postpartum anxiety during the first few months after giving birth. Women who have postpartum anxiety may have some of these symptoms:

- Constant worry
- Racing thoughts
- Unable to sit still
- Sleeping too much or too little
- Don't feel like eating
- Feeling that something bad is going to happen
- Physical symptoms like dizziness, hot flashes, and nausea

If you have any of these symptoms, tell someone you trust and call your health care provider right away!

## Which symptoms of postpartum depression and anxiety are dangerous?

Sometimes a woman with postpartum depression and/or anxiety will have thoughts of harming herself or her baby. If you have thoughts of wanting to hurt yourself or your baby, tell someone you trust and



call your health care provider immediately. You can also call 911 or one of the emergency hotlines listed below.

### **Who is likely to have postpartum depression or anxiety?**

Postpartum depression or anxiety can happen to any woman. Postpartum depression and anxiety sometimes happen together. Women with a personal or family history of anxiety or depression and women who have had stressful life events are more likely to have postpartum depression and/or anxiety. If you have any of these risks, talk with your health care provider before you give birth.

**Planning ahead can help prevent problems after birth.** If you have a history of depression or anxiety or someone in your family had one of these problems, it is important to plan ahead for how you can get help when you need it. If you can, see a counselor or mental health care provider before you give birth. If a mental health care provider is not available, you can work with your prenatal care provider to make a plan. You may not end up needing the extra help, but it is good to have someone available in case you need them.

### **How can a health care provider help treat postpartum depression or anxiety?**

If you have postpartum depression or anxiety, it is important to get help. Treatments for these problems include therapy (counseling) and medication. Your health care provider can help you decide what treatment is best for you.

### **How can I help myself treat postpartum depression or anxiety?**

Women who are depressed or anxious after having a baby may feel guilty and ashamed. You are not alone, and this is not your fault. It is important for your family and friends to understand that postpartum depression and/or anxiety can happen to anyone. Here are some things you can do to help yourself:

- Support groups or group activities help some women. Other women who have had postpartum depression and/or anxiety understand what you are going through.
- Sleep is very important for health and healing. Most women with postpartum depression and/or anxiety can have a hard time sleeping. Try different things to help you sleep, such as a warm bath before bedtime, massage, relaxation techniques, or meditation.
- If you are breastfeeding, you may need help with night feeding in order to get some uninterrupted sleep.
- Exercise produces hormones that help you feel better. Even a small amount of activity helps. Family and friends can help with short walks or take care of your baby while you exercise.
- Don't drink alcohol because it can make postpartum depression worse.
- Try to do something that made you happy before you had postpartum depression and/or anxiety, such as listening to music, doing something with a friend, or practicing your faith or religion.

#### **For More Information**

##### **Postpartum Support International**

[www.postpartum.net](http://www.postpartum.net)

Support Helpline: 800-944-4773

##### **Emergency Hotlines (available all the time, 24/7)**

National Crisis Text Line: Text HOME to 741741 about any type of crisis

National Suicide Prevention Hotline: 800-273-8255

Flesch-Kincaid Grade Level: 8.1

Approved December 2018. This handout replaces "Postpartum Depression" published in Volume 58, Number 6, November/December 2013.

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## Newborn Screening Mandated Screening Panel and Mandated Follow-up Panel

### Conditions Mandated for Screening and Follow-up by NSEP

PKU	Phenylketonuria
MSUD	Maple Syrup Urine Disease
Hb SS-Disease	Sickle Cell Anemia
CH	Congenital Hypothyroidism
CAH	Congenital Adrenal Hyperplasia
GALT	Transferase Deficient Galactosemia (Classical)
GAA	Glycogen Storage Disease Type II (Pompe Disease)
MPS I	Mucopolysaccharidosis type I (Hurler Syndrome)
X-ALD	X-linked adrenoleukodystrophy
SMA	Spinal Muscular Atrophy – <b>Effective 3/1/2019</b>

### Conditions Mandated for Follow-up by NSEP

#### Acylcarnitine Disorders

##### Organic Acid Disorders

IVA	Isovaleric Acidemia
GA I	Glutaric Acidemia Type I
HMG	3-Hydroxy 3-Methyl Glutaric Aciduria
MCD	Multiple Carboxylase Deficiency
MUT	Methylmalonic Acidemia (Mutase Deficiency)
3MCC	3-Methylcrotonyl-CoA Carboxylase Deficiency
Cbl A,B	Methylmalonic Acidemia (Cbl A,B)
PROP	Propionic Acidemia
BKT	Beta-Ketothiolase Deficiency

##### Fatty Oxidation Disorders

MCAD	Medium-Chain Acyl-CoA Dehydrogenase Deficiency
VLCAD	Very Long-Chain Acyl-CoA Dehydrogenase Deficiency
LCHAD	Long-Chain L-3-Hydroxy Acyl-CoA Dehydrogenase Deficiency
TFP	Trifunctional Protein Deficiency
CUD	Carnitine Uptake Defect

#### Amino Acid Disorders

HCY	Homocystinuria
CIT	Citrullinemia
ASA	Argininosuccinic Aciduria
TYR I	Tyrosinemia Type I

#### Hemoglobinopathies

Hb SC-Disease	Sickle-C Disease
Hb S	S-Beta Thalessemia

Lysosomal Storage Disorders

GLA	Fabry Deficiency
ASM	Niemann-Pick A/B
GBA	Gaucher Deficiency
GALC	Globoid cell leukodystrophy (Krabbe Disease)

Others

BIO	Biotinidase Deficiency
CF	Cystic Fibrosis
SCID	Severe Combined Immunodeficiency

Point of Care Testing

CCHD	Critical Congenital Heart Defects
HEAR	Newborn Hearing Screening

## **Contact information for additional Newborn Screening**

Pediatric Practices  
Dr. Paul Diamond  
1837 Fair Avenue  
Honesdale PA 18431  
570-253-5838

Pediatric Practices  
Dr. Robert Morton  
62 Industrial Park Rd.  
Sterling PA 18463  
570-689-7565

Pediatric Practices  
Dr. Robert Morton & Dr Hellstern  
27B Woodland Drive  
Waymart PA 18472  
570-488-9550

Dingmans Medical Multi-Specialty Care  
Dr. Lisa Pathak  
1592 Rt. 739  
Dingmans Ferry PA 18328  
570-828-8000  
Fax: 570-828-6928

Skyland Pediatrics  
111 East Catherine St., Suite 140  
Milford, PA 18337  
570-296-2737  
Fax: 570-296-5126

Carbondale Family Health Center  
Dr Pinsky, Ken Bannon, Sharon Savakinas  
141 Salem Avenue  
Carbondale PA 18433  
  
570-282-2031

NEPA Community Health Center  
25066 State Route 11  
Halstead PA 18722  
570-879-5249  
Fax: 570-879-2418

Dr. Warren Dewitt  
401 Broad Ave  
Susquehanna, PA 18847  
570-853-3995

Barnes-Kasson Family Health Clinic  
2872 Turnpike St  
Susquehanna, PA 18847  
570-853-3114

Geisinger Tunkhannock  
Dr. Brenda Goodrich DO  
10 Trieble Dr Ste 3  
Tunkhannock, PA 18657  
800-275-6401

Forest City Family Health Center  
Dr. David Tomazic  
11 Main Street  
Vandling, PA 18421  
570-785-3194

Dr. Linda Thomas-Hemak  
Wright Center/ Mid-Valley Ctr.  
5 Washington Ave  
Jermyn, PA 18433  
570-383-9934  
Fax: 570-383-6258

Pediatrics of Northeastern Pennsylvania  
920 Viewmont Drive  
Dickson City, PA 18519  
570-346-1464

















Silvercrest  
Dr Allen J. Orehek  
231 Belmont Turnpike  
Waymart, PA 18472  
570-488-7777



# Birth Control Method Options

Clients considering their birth control method options should understand the range and characteristics of available methods. Providers can use this chart to help explain the options. Clients should also be counseled about the benefits of delaying sexual activity and reducing risk of STDs by limiting the number of partners and consistently using condoms.

MOST EFFECTIVE  
MODERATELY EFFECTIVE  
LEAST EFFECTIVE

METHOD	What is the risk for pregnancy?*	How do you use this method?	How often is this used?	What are menstrual side effects?	Are there possible side effects?	Other things to consider?
<b>FEMALE STERILIZATION</b> 	.5 out of 100	Surgical procedure	Once	No menstrual side effects	Pain, bleeding, risk of infection	Permanent
<b>MALE STERILIZATION</b> 	.15 out of 100					
<b>LNG IUD</b> 	.2 out of 100	Placed inside uterus	Up to 6 years	Spotting, lighter or no periods	Some pain with placement	No estrogen May reduce cramps
<b>COPPER IUD</b> 	.8 out of 100		Up to 10 years	Heavier periods		No hormones May cause cramps
<b>IMPLANT</b> 	.05 out of 100	Placed in upper arm	Up to 3 years	Spotting, lighter or no periods		No estrogen May reduce cramps
<b>INJECTABLES</b> 	4 out of 100	Shot in arm, hip, or under the skin	Every 3 months	Spotting, lighter or no periods	May cause weight gain	No estrogen May reduce cramps
<b>PILL</b> 	8 out of 100	Take by mouth	Every day at the same time	Can cause spotting for the first few months Periods may become lighter	Nausea, breast tenderness Risk for VTE (venous thromboembolism)	May improve acne May reduce menstrual cramps Lowers ovarian and uterine cancer risk
<b>PATCH</b> 	9 out of 100	Put on skin	Weekly			
<b>RING</b> 	9 out of 100	Put in vagina	Monthly			
<b>DIAPHRAGM</b> 	12 out of 100	Put in vagina with spermicide	Every time you have sex	No menstrual side effects	Allergic reaction, irritation	No hormones
<b>MALE CONDOM</b> 	13 out of 100	Put over penis	Every time you have sex	No menstrual side effects	Allergic reaction, irritation	No hormones No prescription
<b>WITHDRAWAL</b> 	20 out of 100	Pull penis out of vagina before ejaculation			No side effects	No hormones Nothing to buy
<b>FEMALE CONDOM</b> 	21 out of 100	Put inside vagina			Allergic reaction, irritation	No hormones No prescription
<b>SPONGE</b> 	24 out of 100	Put inside vagina			Allergic reaction, irritation	No hormones No prescription
<b>FERTILITY AWARENESS-BASED METHODS</b> 	24 out of 100	Monitor fertility signs and abstain or use condoms on fertile days	Every day	No menstrual side effects	No side effects	No hormones Increased awareness of fertility signs
<b>SPERMICIDES</b> 	28 out of 100	Put inside vagina	Every time you have sex		Allergic reaction, irritation	No hormones No prescription

\*The number of women out of every 100 who have an unintended pregnancy within the first year of typical use of each method. Other methods of birth control: (1) Lactational Amenorrhea Method (LAM) is a highly effective, temporary method of contraception; and (2) Emergency Contraception: emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy. Reference for effectiveness rates: Trussell J. Contraceptive failure in the United States. *Contraception* 2011; 83: 397–404. Sundaram A. Contraceptive failure in the United States. *Perspect Sex Reprod Health* 2017; 49:7–16. Other references available on [www.fpntc.org](http://www.fpntc.org).

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WAYNE MEMORIAL  
HOSPITAL

An Affiliate of Wayne Memorial Health System, Inc.

# SAVE YOUR LIFE: Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. **But any woman can have complications after giving birth.** Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

**POST-  
BIRTH  
WARNING  
SIGNS**

**Call 911**  
if you have:

- ☐ **P**ain in chest
- ☐ **O**bstructed breathing or shortness of breath
- ☐ **S**eizures
- ☐ **T**houghts of hurting yourself or someone else

**Call your  
healthcare  
provider**  
if you have:

(If you can't reach your  
healthcare provider,  
call 911 or go to an  
emergency room)

- ☐ **B**leeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- ☐ **I**ncision that is not healing
- ☐ **R**ed or swollen leg, that is painful or warm to touch
- ☐ **T**emperature of 100.4°F or higher
- ☐ **H**eadache that does not get better, even after taking medicine, or bad headache with vision changes

**Trust  
your instincts.**  
ALWAYS get medical  
care if you are not  
feeling well or  
have questions or  
concerns.

**Tell 911  
or your  
healthcare  
provider:**

"I gave birth on \_\_\_\_\_ and  
(Date)  
I am having \_\_\_\_\_."  
(Specific warning signs)

**These post-birth warning signs can become life-threatening if you don't receive medical care right away because:**

- **Pain in chest, obstructed breathing or shortness of breath** (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- **Seizures** may mean you have a condition called eclampsia
- **Thoughts or feelings of wanting to hurt yourself or someone else** may mean you have postpartum depression
- **Bleeding (heavy)**, soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- **Incision that is not healing, increased redness or any pus** from episiotomy or C-section site may mean you have an infection
- **Redness, swelling, warmth, or pain** in the calf area of your leg may mean you have a blood clot
- **Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge** may mean you have an infection
- **Headache (very painful), vision changes, or pain in the upper right area of your belly** may mean you have high blood pressure or post birth preeclampsia

**GET  
HELP**

My Healthcare Provider/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Hospital Closest To Me: \_\_\_\_\_



This program is supported by funding from Merck, through Merck for Mothers, the company's 10-year, \$500 million initiative to help create a world where no woman dies giving life. Merck for Mothers is known as MSD for Mothers outside the United States and Canada.

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