



WOMEN'S
HEALTH CENTER

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

Giving Birth at Wayne Memorial



A Guide for Expectant Moms

110 PARK STREET, HONESDALE, PA 18431 • Phone (570) 253-3005 • Fax (570) 253-0181 or (570) 251-8504
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543 EASTON TURNPIKE, HAMLIN, PA 18427 • Phone (570) 689-9965 • Fax (570) 689-0387
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After your phone call 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 eligible for Healthy Beginnings

- ___ Consider Nurse Family Partnership, if eligible
- ___ Call Women Infant Children (WIC) to set up appointment
- ___ Provide information to medical assistance office as discussed with the nurse



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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,

Women's Health Center



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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

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First Trimester 0-13 weeks

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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 (1st trimester)
Levaquin (1st 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 (guaifenesin)
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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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

1st 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 1st 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.*

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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

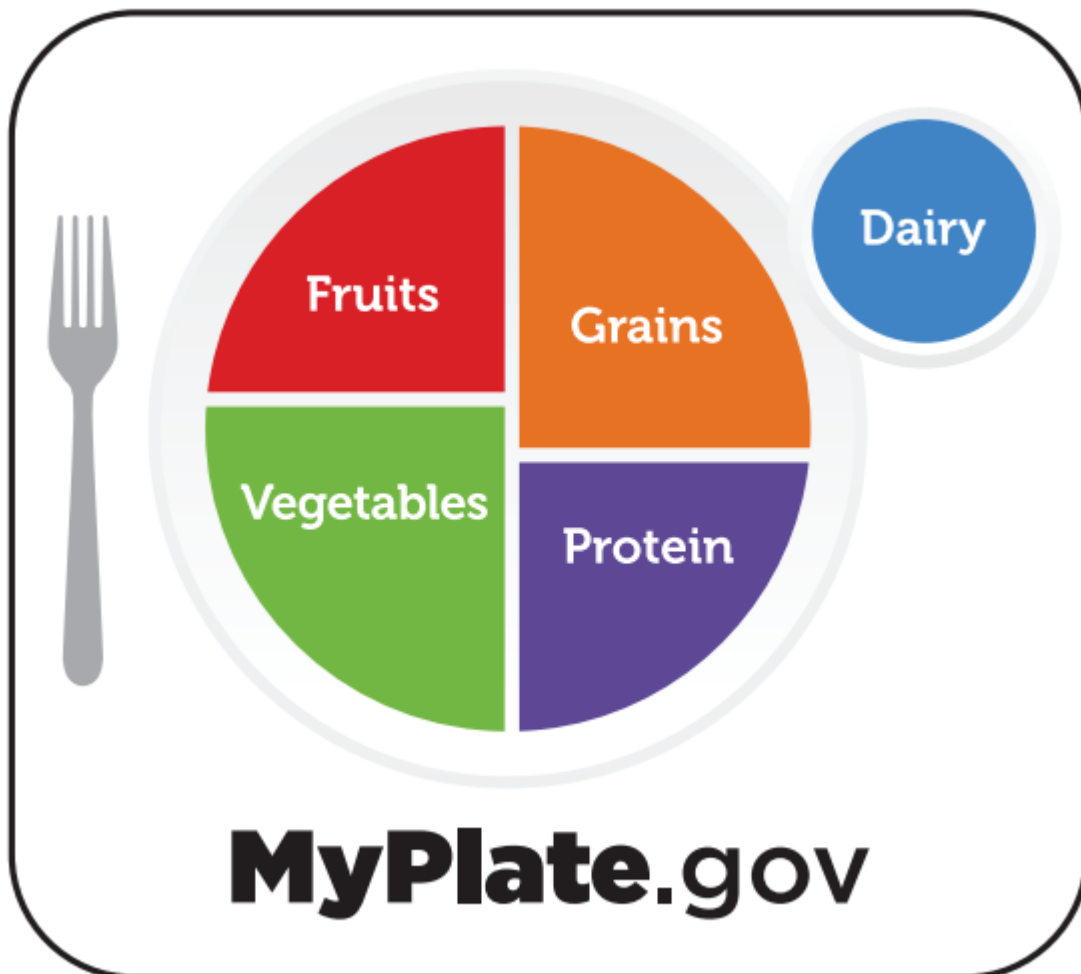
Approved March 2016. Replaces "Nausea and Vomiting during Pregnancy" published in Volume 51, Issue 4, July/August 2006.

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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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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

2ND-3RD 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



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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. Chose 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



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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.



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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
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Facebook Group.***



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You can start protecting your baby from whooping cough before birth



Information for pregnant woman



Whooping cough (sometimes called pertussis) is a serious disease that can cause babies to stop breathing. Unfortunately, babies must be 2 months old before they can start getting their whooping cough vaccine. The good news is you can avoid this gap in protection by getting a whooping cough vaccine called Tdap during your pregnancy. The recommended time to get the shot is your 27th through 36th week of pregnancy, preferably during the earlier part of this time period. By getting vaccinated, you will pass antibodies to your baby so she is born with protection against whooping cough.

When you get Tdap vaccine during your 3rd trimester, your baby will be born with protection against whooping cough.

Why do I need to get Tdap vaccine while I am pregnant?

CDC recommends Tdap vaccine during your third trimester so that your body can create antibodies and pass them to your baby before birth. These antibodies will help protect your newborn right after birth and until your baby gets his own first whooping cough vaccine at 2 months of age. During the first few months of life, your baby is most vulnerable to serious complications from this disease.

Is this vaccine safe for me and my baby?

Yes, Tdap vaccine is very safe for you and your baby. The most common side effects are mild, like redness, swelling or pain where the shot is given in the arm. This should go away within a few days. You cannot get whooping cough from the vaccine. The vaccine does not contain any live bacteria.

Doctors and midwives who specialize in caring for pregnant women agree that Tdap vaccine is safe and important to get during the third trimester of each pregnancy. Getting the vaccine during pregnancy does not put you at increased risk for pregnancy complications like low birth weight or preterm delivery.

If I recently got this vaccine, why do I need to get it again?

The amount of antibodies in your body is highest about 2 weeks after getting the vaccine, but then starts to decrease over time. That is why the vaccine is recommended during every pregnancy—so that each of your babies gets the greatest number of protective antibodies from you and the best protection possible against this disease.

Are babies even getting whooping cough anymore in the United States?

Yes. In fact, babies are at greatest risk for getting whooping cough. We used to think of this as a disease of the past, but it's still common in the United States. Recently, we saw the most cases we had seen in 60 years. Cases, which include people of all ages, are reported in every state. Typically more than 1,000 babies younger than 2 months old are diagnosed with whooping cough each year in the United States.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

www.cdc.gov/whoopingcough



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Mom, only you can provide your newborn baby with the best protection possible against whooping cough.

You may have heard that your baby's father, grandparents, and others who will be in contact with your baby will need to get their whooping cough vaccine as well. This strategy of surrounding babies with protection against whooping cough is called "cocooning." However, cocooning might not be enough to prevent whooping cough illness and death. This is because cocooning does not provide any direct protection (antibodies) to your baby, and it can be difficult to make sure everyone who is around your baby has gotten their whooping cough vaccine. Since cocooning does not completely protect babies from whooping cough, it is even more important that you get the vaccine while you are pregnant.

How dangerous is whooping cough for babies?

Whooping cough is very serious for babies. Many babies with whooping cough don't cough at all. Instead it can cause them to stop breathing. In the United States, about half of babies younger than 1 year old who get whooping cough are hospitalized. About 7 in 10 deaths from whooping cough are among babies younger than 2 months old. These babies are too young to be protected by their own vaccination.

How could my baby be exposed to whooping cough?

Whooping cough spreads from person to person when coughing or sneezing. It also spreads when people spend a lot of time together or share breathing space, like when you hold your newborn on your chest. Some people with whooping cough may just have a mild cough or what seems like a common cold. Since symptoms can vary, children and adults may not know they have whooping cough and can end up spreading it to babies they are in close contact with.

Why is the vaccine recommended during pregnancy instead of in the hospital after my baby is born?

When you get Tdap vaccine during pregnancy, you will pass protective antibodies to your baby before birth, so both you and your baby have protection. Tdap vaccine used to be recommended for women to get in the hospital after giving birth. This helped protect moms from getting whooping cough, but did not directly protect babies.

Is it safe to breastfeed after getting Tdap vaccine?

Yes, in fact you can pass some whooping cough protection to your baby by breastfeeding. When you get Tdap vaccine during pregnancy, you will have protective antibodies in your breast milk that you can share with your baby as soon as your milk comes in. However, your baby will not get protective antibodies immediately if you wait to get Tdap until after you give birth. This is because it takes about 2 weeks after getting vaccinated before your body develops antibodies.

Where can I go for more information?

Pregnancy and Whooping Cough website:
www.cdc.gov/pertussis/pregnant

Immunization for Women website:
www.immunizationforwomen.org/patients/diseases-vaccines/tetanus-diphtheria-pertussis/faqs.php

Vaccines and Pregnancy Quiz:
www.cdc.gov/vaccines/pregnancy/vaccine-quiz.html

American Academy of Family Physicians website:
www.aafp.org/patient-care/immunizations/disease-population.html

Tdap Vaccine Information Statement (VIS):
www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html

Ask your doctor or midwife about getting Tdap vaccine during your 3rd trimester.

To learn more about vaccines recommended during pregnancy, visit
www.cdc.gov/vaccines/pregnancy



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PRETERM LABOR - SYMPTOMS

- Begins as a subtle process
- Be aware of:
 - * Unusual discomfort
 - * 4 - 5 Contractions per hour (every 10 minutes)
 - * Menstrual cramping
 - * Pelvic pain
 - * Abdominal pressure (with or without diarrhea)
 - * Increase or change in vaginal discharge or bleeding
- What to do:
 - * Drink 3 - 4 glasses of water
 - * Lie down on your left side
 - * Feel for and time contractions

**CALL THE DOCTOR IMMEDIATELY IF YOU
HAVE FLUID LEAKING
OR
SYMPTOMS LAST FOR MORE THAN AN HOUR!!!**



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Pregnancy Danger Signs

- Vaginal Bleeding
- Sharp or constant abdominal pain
- Sudden gush or trickle of water/fluid from vagina (Bag of water breaks)
- Fetal movement is less than 10 times in 2 hours (after 26 weeks of pregnancy) or not usual activity for you baby
- Contractions/Abdominal tightening; constant backache; pressure pain before 36 weeks of pregnancy
- Continuous vomiting
- Fever and chills
- Dizziness, fainting, blurred vision, spots before your eyes
- Sudden swelling - legs, hands or face
- Sudden large weight gain
- Severe or many headaches



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Third Trimester 28-40 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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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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In addition to the experience we strive to provide, please think about any specifics that you might want to change or experience during your birth. We have provided some common preferences below. Write down your ideas and talk about them with your provider and labor nurse! If you have additional preferences, please bring them to the hospital with you!

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	

My support people will include: _____.

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

Things I would have liked to go differently during my last birth experience include:

_____.

Religious and spiritual preferences that affect my care include:

_____.

I have dietary restrictions that include:

_____.

Specific fears include:

_____.

I am most looking forward to:

_____.



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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*

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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>

Flesch-Kincaid Grade Level: 5.4

Approved January 2016. This handout and "Using Medication to Cope with Labor Pain," which is also published in this issue, replace "Pain during Childbirth" published in Volume 49, Issue 6, November/December 2004.

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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.

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Fourth Trimester Birth-Recovery

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Questions for my health care provider:

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Health care provider suggestions for me:

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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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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!

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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 it's 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 Your Baby Is Born: What to Expect Postpartum



Share with Women

Journal of Midwifery & Women's Health

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 of 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#>

Flesch-Kincaid Grade Level: 7.1

Approved November 2016. This handout replaces "Motherhood: The Early Days" published in Volume 54, Number 6, November/December 2009.

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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

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 NSEF

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 – Effective 3/1/2019

Conditions Mandated for Follow-up by NSEF

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 Thalassemia



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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

110 PARK STREET, HONESDALE, PA 18431 • Phone (570) 253-3005 • Fax (570) 253-0181 or (570) 251-8504
750 ROUTE 739, LORDS VALLEY, PA 18428 • Phone (570) 775-8838 • Fax (570) 775-9840
543 EASTON TURNPIKE, HAMLIN, PA 18427 • Phone (570) 689-9965 • Fax (570) 689-0387
141 SALEM AVENUE, CARBONDALE, PA 18407 • Phone (570) 280-3407 • Fax (570) 570-280-3408
Wayne Memorial Community Health Centers • www.wmchc.net



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Contact information for additional Newborn Screening

Honesdale Pediatrics
1837 Fair Avenue
Honesdale PA 18431
570-253-5838

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

Sterling Pediatrics
62 Industrial Park Rd.
Sterling PA 18463
570-689-7565

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

Waymart Pediatrics
27B Woodland Drive
Waymart PA 18472
570-488-9550

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

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

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

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

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

Carbondale Family Health Center
141 Salem Avenue
Carbondale PA 18433
570-282-2031

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

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

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

















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Post Partum Birth Control Options

	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?
MOST EFFECTIVE	FEMALE STERILIZATION 	.5 out of 100	Surgical procedure	Once	No menstrual side effects	Pain, bleeding, risk of infection	Permanent
	MALE STERILIZATION 	.15 out of 100					
	LNG IUD 	.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
	COPPER IUD 	.8 out of 100		Up to 10 years	Heavier periods		No hormones May cause cramps
	IMPLANT 	.05 out of 100	Placed in upper arm	Up to 3 years	Spotting, lighter or no periods		No estrogen May reduce cramps
MODERATELY EFFECTIVE	INJECTABLES 	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
	PILL 	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
	PATCH 	9 out of 100	Put on skin	Weekly			
	RING 	9 out of 100	Put in vagina	Monthly			
	DIAPHRAGM 	12 out of 100	Put in vagina with spermicide	Every time you have sex	No menstrual side effects	Allergic reaction, irritation	No hormones
	MALE CONDOM 	13 out of 100	Put over penis	Every time you have sex	No menstrual side effects	Allergic reaction, irritation	No hormones No prescription
LEAST EFFECTIVE	WITHDRAWAL 	20 out of 100	Pull penis out of vagina before ejaculation			No side effects	No hormones Nothing to buy
	FEMALE CONDOM 	21 out of 100	Put inside vagina			Allergic reaction, irritation	No hormones No prescription
	SPONGE 	24 out of 100	Put inside vagina			No side effects	No hormones Increased awareness of fertility signs
	FERTILITY AWARENESS-BASED METHODS 	24 out of 100	Monitor fertility signs and abstain or use condoms on fertile days	Every day			
	SPERMICIDES 	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.fpnrc.org.

This publication was supported by Award No. FPTPA006028-04-00 from the Office of Population Affairs (OPA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OPA or HHS.



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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: _____



J:\FORMS\NURSING\OB\Post-BirthWarningSigns

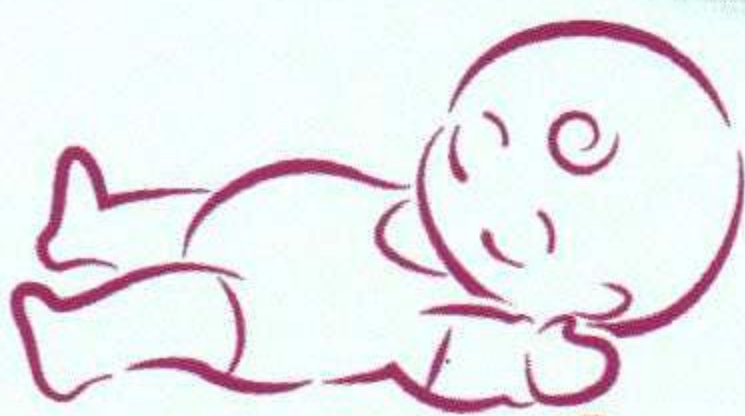
This program is supported by funding from Merck, through Merck for Mothers, the company's 10-year, \$500 million initiative to help create a world where no woman dies giving life. Merck for Mothers is known as MSD for Mothers outside the United States and Canada.

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16004

Keeping babies safe while
sleeping is as easy as ABC.

A lone B ack C rib



PA Safe Sleep

The Safe Sleep Guidelines*

Follow these 8 steps to keep your baby safe and healthy.

- 1.** Put your baby on their back to sleep until their first birthday.
- 2.** A baby should sleep in the same room as an adult, but in their own crib.
Never put your baby to sleep on a couch, chair, water bed or other soft space.
- 3.** Don't put crib bumpers, blankets, pillows or toys in your baby's crib.
- 4.** The only thing in baby's crib should be a firm mattress & a fitted sheet.
- 5.** Never put your baby to sleep in a crib made more than 10 years ago or that has missing or broken parts.
- 6.** Don't make the room your baby sleeps in too hot.
Dress your baby in no more than one more layer than you are wearing.
- 7.** Always put your baby on their back in their crib after feeding.**
- 8.** Keep your baby away from smoke, alcohol & illegal drugs.

* Recommended by the American Academy of Pediatrics (AAP)

** Breastfeeding has been shown to reduce the risk of SIDS.

Creating a Safe Sleepi

Remember to teach these tips to other

Safe Sleep



Corner posts should not go over 1/16" high.

Use a firm tight-fitting mattress.

Bars on the crib should be tight together, without much space between them.

Baby should be alone in the crib, with nothing other than a fitted sheet covering the mattress.

All parts of the bed should be tight, not loose.

g Space for Your Baby

people who take care of your baby!

Dangerous!



No missing
or broken
pieces (screws,
brackets etc).

**Do not use
crib bumpers,
comforters,
quilts or
pillows.**

Don't make
the room your
baby sleeps in
too hot.

Never put
stuffed animals
or toys in your
baby's crib.

No cutout
shapes in the
headboard or
footboard.

It is not safe to sleep in the same bed as a baby

Adults, children or pets who sleep or nap in the same bed as a baby are putting the baby at risk of injury or even death.

Risks of sharing a bed with a baby

- Babies can roll off the bed & get hurt.
- Babies can get trapped between the bed and the wall and stop breathing.
- A sleeping adult or child may roll over on to the baby.
- Sleeping with comforters, blankets, quilts and pillows can be dangerous for babies who can become tangled up or be smothered.
- If you're feeding your baby & think you might fall asleep, feed your baby on your bed instead of a sofa or soft chair. If you do fall asleep, as soon as you wake up move the baby to their own crib.

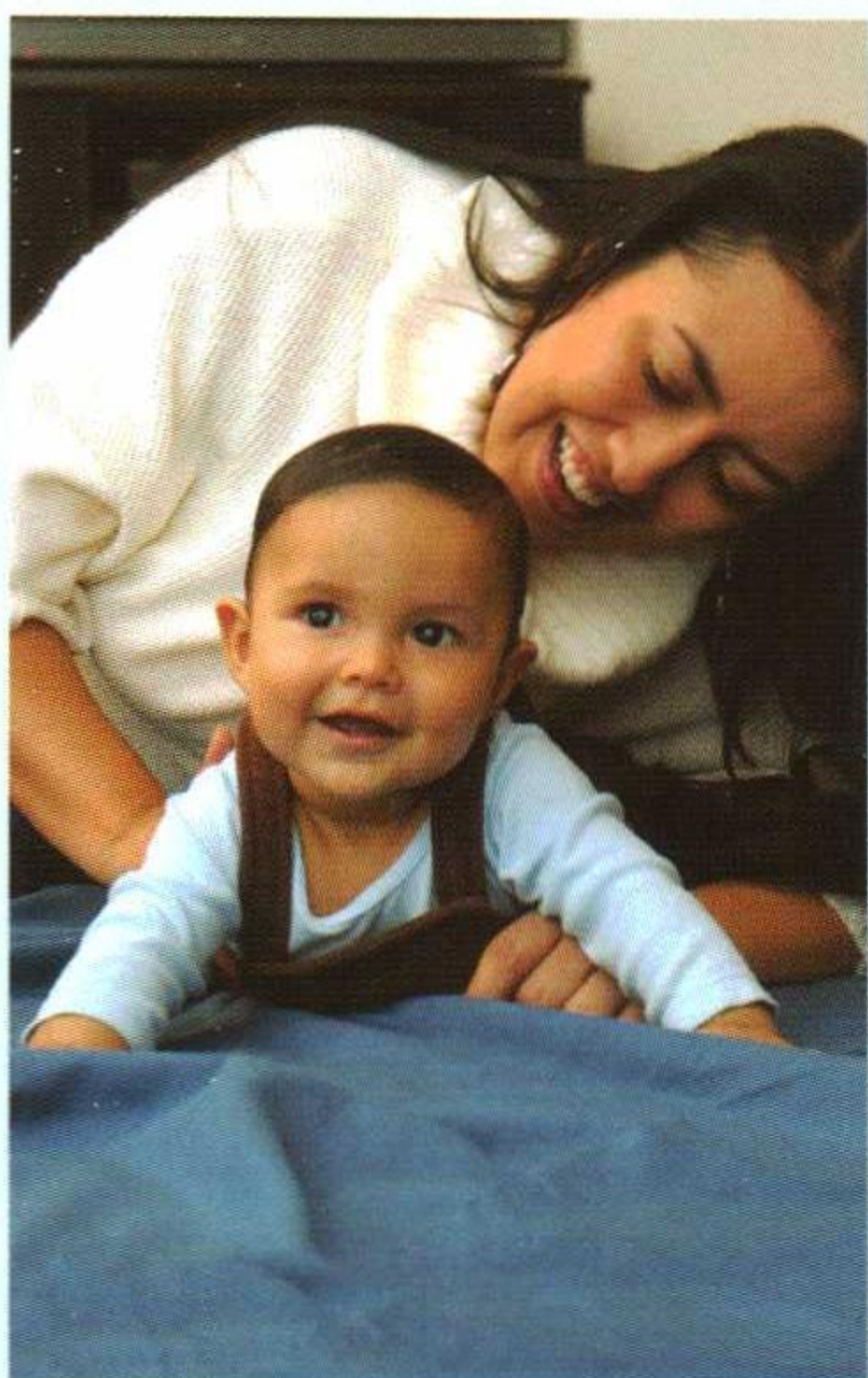


Breastfeeding is good for babies

- The more you breastfeed, the lower your baby's risk for SIDS.
- Breastfed babies have fewer colds and ear infections.
- Doctors tell parents to feed babies only breastmilk for the first 6 months.



Babies need tummy time



- Just because you put your baby to sleep on their back doesn't mean tummy time isn't important!
- Babies need awake tummy time every day with an adult.
- Tummy time helps babies learn to crawl and move around.
- Some babies might not like tummy time at first. Put a toy close by for them to reach out and play with.

Other Ways to Keep Baby Safe

- Babies should be held skin-to-skin with mom as soon after they are born as possible, at least for the first hour.
- Take care of yourself and your baby—eat well & see a doctor regularly.
- Stay up to date on all required shots for your baby.
- Give your baby a pacifier at nap time & bedtime.

What is **SUID?**

Sudden Unexpected Infant Death (**SUID**) is the sudden death of a baby that occurs suddenly and unexpectedly before their first birthday. There are 3 types of **SUIDs**, Sudden Infant Death Syndrome (**SIDS**), **accidental suffocation and strangulation in bed** and **unknown causes**.

It can happen...
because it is happening!

Facts about SIDS

- SIDS is the most common cause of death in babies 1-12 months old.
- Most SIDS deaths happen in the winter.
- Boys are more likely than girls to die from SIDS.
- Black babies are twice as likely to die of SIDS as white babies.

Accidental Suffocation & Strangulation

Babies who are not put to sleep safely could get hurt or even die. A baby could fall off a bed or sofa, get tangled in sheets and blankets, or get stuck between a mattress and a wall. A baby can also die when an adult or child rolls over on the baby while sharing a bed.

Unknown Causes of Death

Cause of death of the baby cannot be determined after a thorough investigation.



This project is funded, in part, under a contract with the Pennsylvania Department of Health in collaboration with Penn Medicine and Maternity Care Coalition.

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Penn Medicine

In collaboration with:



**Maternity Care
Coalition**

Strengthening families, inspiring change

For more information, find us online:

www.PASafeSleep.org

Baby Registry Basics

What parents
really need
to keep their
new baby safe
and happy



You don't need to spend a lot of money to be a great parent!

Focus on safety!

The Basics

Every baby needs:

- ✓ **Safety approved crib or cribette/playpen** for each baby
 - ✓ **Firm crib mattress** (if using a traditional crib)
 - ✓ **Fitted sheets** – at least 2
 - ✓ **Sleep clothing** – wearable blankets, blanket sleepers, pajamas, undershirts/onesies
 - ✓ **Clothes in multiple sizes**
 - ✓ **Diapers in multiple sizes**
 - ✓ **Baby wipes**
 - ✓ **Breast pump, bottles, nipples**
 - ✓ **Tummy time mat/blanket**
 - ✓ **Thermometer**
 - ✓ **High chair**
 - ✓ **Car seat**
 - ✓ **Books**
 - ✓ **Stroller**
-



Nice to Have

It is helpful to have:

- ✓ Diaper bag
 - ✓ Changing table
 - ✓ Bassinet
 - ✓ Nursery furniture
 - ✓ Baby proofing supplies
 - ✓ Bibs, burp cloths
 - ✓ White noise machine
 - ✓ Baby bathtub
 - ✓ Body wash and lotion (avoid baby powder and oil)
 - ✓ Feeding pillow (never use as a sleep positioner)
 - ✓ Childbirth classes
 - ✓ Doula service (check insurance)
 - ✓ Lactation visits (check insurance)
 - ✓ Gift cards – Prenatal/infant massage, cleaning service, restaurant, yoga, etc.
-

Priceless Gifts

Parents especially need:



- ✓ Meals
- ✓ Babysitting
- ✓ Moral support – especially in the middle of the night
- ✓ Respite care – a short break from baby once in a while
- ✓ Help with cleaning and laundry

What NOT to Get

✗ Products marketed as “sleepers” that require a strap

✗ In-bed sleepers
(Bedside sleepers have not been studied)

✗ Positioners

✗ Pillows

✗ Crib bumpers

✗ Mattress toppers

✗ Clothing with hoods or strings

✗ Pacifiers with plush toy, blanket, or string attached

✗ Oxygen monitors do not make baby safer during sleep



Caution!

Most products claim they are safe.

Many are not! Be wary of products that claim to help you and baby sleep. It is normal for babies to awaken during the night. Slings and cloth carriers should be used with extreme caution to avoid suffocation. All products should be used following the manufactures instructions and labels.

The ABCs of Safe Sleep

**Always place baby to sleep
A**lone on their **B**ack in a **C**rib

www.PASafeSleep.org

The Safe Sleep Guidelines*

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- 7.** Always put your baby on their back in their crib after feeding.**
- 8.** Keep your baby away from smoke, alcohol & illegal drugs.

* Recommended by the American Academy of Pediatrics (AAP)

** Breastfeeding has been shown to reduce the risk of SIDS.

Where will you feed your baby when you are feeling sleepy? The safest place is your bed with pillows and blankets removed. You should never sleep with your baby, but if you accidentally fall asleep feeding, your baby is safer in your bed than on a chair. Place your baby back in the crib after feeding.



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Strengthening families, inspiring change



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