

PRENATAL AND NEWBORN CARE MATERIALS

The Best Start for You and Your Baby





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You're Going to Have a Baby!

Congratulations! You're Going to Have a Baby.



Pregnancy is a time of personal growth and change for expectant parents. During pregnancy, you will have the opportunity to learn, adjust, plan and prepare for parenthood. At Access Community Health Network (ACCESS), you will receive all the prenatal care and other support services that you and your unborn baby need. Our staff is committed to giving you the best possible care and supporting you through every stage of your pregnancy.

Thank you for choosing ACCESS for your health care needs. We look forward to helping you through this memorable time in your life and doing everything we can to make sure you have a healthy pregnancy.

ACCESS Programs and Services for Expectant Moms

- Quality prenatal care from your choice of an OB-Gyn, Nurse Practitioner, or Certified Nurse Midwife
- Perinatology services for high-risk pregnancies
- Care management services to link you to all the resources you need
- Referrals to prenatal classes
- Breastfeeding counseling and support
- Nutrition counseling
- Public benefits enrollment to link you to health insurance coverage for you and your baby as well as other benefits such as WIC

Confidentiality

All women seeking care at ACCESS will be provided with quality, confidential health care services.

Teen Rights

Per Illinois law, any pregnant female aged 12 and older can receive health care services without parental consent.

** Some services are only available in specified locations*

The Best Start for You and Your Baby

It is important that you actively participate in caring for yourself and your baby during your pregnancy. Your baby begins depending on you before he or she is born.

What You Can Do:

- **Learn as much as possible about your pregnancy.** Read, ask questions, attend prenatal classes, talk to other pregnant moms, and most importantly, talk to your provider.
- **Choose a health care provider you trust and who makes you feel comfortable.** You have the right to change your provider if you feel uncomfortable with them. You also have the right to have your questions answered and to be treated respectfully. Before changing providers, check your insurance status to ensure the new providers' services are covered under your plan.
- **Pay attention to your body and the changes that happen during your pregnancy.** Take good care of yourself. If at any time you feel that something is wrong, call your health care provider.
- **Go to all your prenatal appointments during pregnancy.** Prenatal appointments with your health care provider will help them monitor your pregnancy. Your provider will check your health, check the baby's health, give you guidance on how to care for yourself and help you with any issues that arise during your pregnancy. Ask your partner, a friend or a family member to go with you to your appointments to help you understand and remember everything your provider tells you.
- **Talk to your health care provider.** You speak for both you and your baby. Make a list of all the questions you want to ask your provider and take the list to your appointment. No question is foolish. Write down their answers to help you remember important answers.



PRENATAL TIP

Be completely honest with your provider about your past history. Everything you tell your provider is confidential — he or she can't tell anyone else what you say without your permission. Your provider needs to know about any past miscarriages or abortions, past pregnancy problems, past or current drug, alcohol or tobacco use, sexually transmitted diseases (STDs) and any stress or problems at home in order to determine the best care for you and your baby.

Ensuring a Healthy Pregnancy



About Prenatal Care

- Prenatal care is the health care you receive while you are pregnant.
- Talk to your provider about proper nutrition, exercise and rest.
- Do not use drugs or alcohol during pregnancy.
- Do not smoke during pregnancy.
- Review all medications you take with your doctor or midwife.
- Take your prenatal vitamins. For example, folic acid (included in your prenatal vitamins) can help protect your baby against birth defects of the spine and brain.
- Call your provider if you have any questions and concerns, or if you do not feel well.

Call your provider if you have any of these symptoms:

- Vaginal bleeding
- Vaginal discharge or a gush of fluid
- Swelling of the face or hands
- Bad headaches
- Blurry vision or double vision
- Dizziness
- Sharp abdominal pain
- Pain or burning during urination
- Vomiting, constipation or diarrhea
- Decreased movement of the baby

If before pregnancy, you were	You should gain
Underweight BMI less than 18.5	28-40 pounds
Normal BMI 18.5-24.9	25-35 pounds
Overweight BMI 25.0-29.9	15-25 pounds
Obese BMI greater than or equal to 30.0	11- 20 pounds

PRENATAL APPOINTMENTS

You should see your provider regularly during your pregnancy.

During the first 6 months: at least once a month

During the 7th and 8th month: every two weeks

During the 9th month: every week

You might have to see your provider more often if you have certain medical conditions or any problems during your pregnancy.

Warning Signs You Should Know About

Call your health care provider right away if you have any of these symptoms, or if you notice any other changes in your health.

If you cannot reach someone at your health center, go to the nearest emergency room.

Miscarriage is the loss of a pregnancy. Most miscarriages happen during the first 12 weeks of pregnancy.

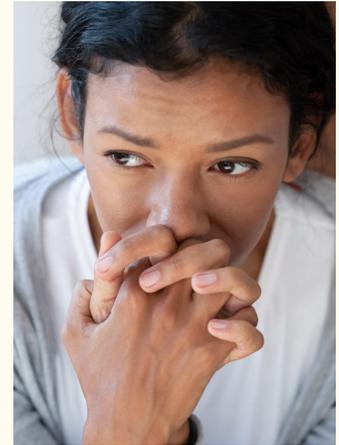
Warning signs:

- Abdominal (stomach) cramps or pain
- Vaginal bleeding
- Passing blood clots

Preterm or premature labor happens when a woman goes into labor 3 or more weeks before her due date. Preterm labor can be dangerous for you and your baby. **If you notice any of these signs, call your health care provider right away.**

Warning signs:

- Contractions that occur 4-6 times or more in 1 hour
- Menstrual-like cramps or abdominal cramps
- Low, dull backache
- Increase in vaginal discharge, or any unusual discharge
- Leakage of water or if your bag of water breaks



Other Warning Signs

Although most women never have serious problems in pregnancy, there are signs of trouble you must watch for:

- Burning or pain when you are passing urine
- Vomiting or inability to keep liquids down
- Dizziness or passing out
- Headaches that don't go away
- Swelling or puffiness of the face, hands, feet or ankles, especially if you have a sudden weight gain
- Chills and/or fever
- Blurred vision
- Itching, burning or bad-smelling vaginal discharge
- Sores around your vagina

PRENATAL TIP

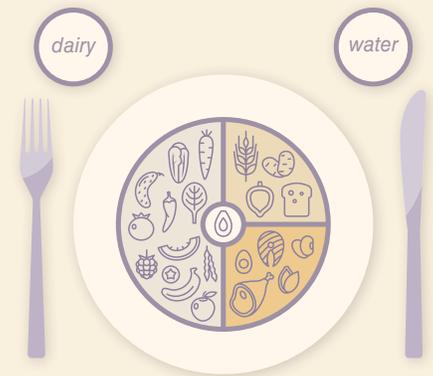
Some women have conditions that require early labor observation. If you have one of the following conditions, you should go to the hospital right away:

- Gestational diabetes
- Sexually transmitted disease (STD)
- High blood pressure
- Having a Caesarean section

Ask your provider if you have a medical condition that requires early observation.

Eating a Healthy Balance of Food

While making sure you eat a balance of healthy foods, you should also pay attention to potential bacteria and parasites in food. Beware of food (particularly those containing poultry, meat, fish or eggs) that were not prepared in sanitary conditions. Stay away from cooked food that has been unrefrigerated for more than a couple hours, as well as undercooked or raw fish, meat and poultry. Wash your hands with soap before cooking and eating.



Meat and Beans

- Choose low-fat or lean meats and poultry.
- Bake, broil or grill your meat dishes.
- Vary your protein routine – choose more fish, beans, peas, nuts and seeds.
- Eat 5 ½ ounces every day.

Dairy Products

- Have 3 portions every day.
- Choose low-fat or fat-free when it comes to milk, yogurt and other milk products.
- If you do not or cannot consume milk, choose lactose-free products or other calcium sources such as fortified foods and beverages.

Fruits

- Eat 2 cups every day.
- Eat a variety of fruits.
- Choose fresh, frozen, canned or dried fruits.
- Go easy on fruit juices.

Vegetables

- Aim to eat 2 ½ cups every day.
- Eat more dark green veggies like broccoli, spinach and other dark leafy greens.
- Eat more orange vegetables like carrots and sweet potatoes.
- Eat more dry beans and peas like pinto beans, kidney beans and lentils.

Grains

- Eat at least 3 oz. of whole-grain cereals, breads, crackers, rice or pasta every day.
- 1 oz. is about 1 slice of bread, about 1 cup of breakfast cereal, or ½ cup of cooked rice, cereal, or pasta. When you are pregnant it is a good idea to eat 6 oz. every day.

Oils, Fats and Sugars

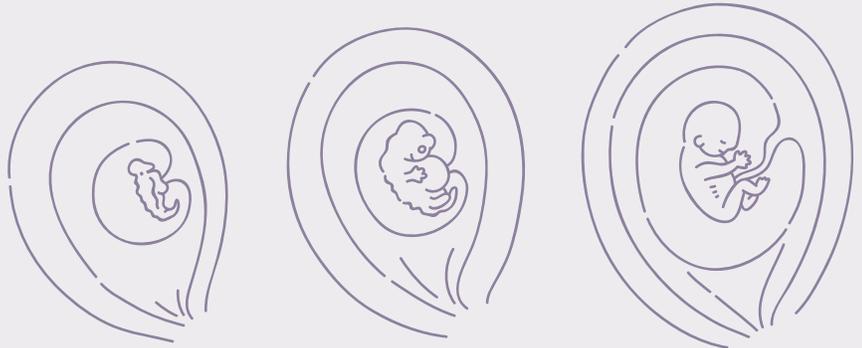
- Limit your intake. Choose foods and beverages that are low in added sugars. Added sugars contribute calories with few nutrients. Make the most of your fat sources from fish, nuts and vegetable oils.
- Be sure to drink plenty of water, milk or other drinks that are low in sugar – at least 8 glasses a day. Good hydration is important to your baby's development.
- As your uterus begins to expand, you might notice that you're constipated (difficulty having a bowel movement).
 - * To prevent constipation, try to eat fresh or dried fruits, raw vegetables and whole grain cereals or breads every day.
 - * Try to limit caffeinated drinks to 1 per day.

This information is not meant to replace advice given by your health care provider. If you have any questions, please contact your provider.

Your First Trimester | 0-13 WEEKS

About Your Baby:

- The heart begins to beat.
- The nervous system (brain, nerves and spinal cord) and major organs form.
- The head, arms and legs take shape.
- The hands, fingers, feet and toes develop.
- By the end of the first trimester, the baby is about 2-3 inches long and weighs a little over 1/6 of a pound.



Month 1

Month 2

Month 3

About You:

You may have morning sickness (nausea or vomiting).

- Morning sickness can happen at any time during the day.
- Eat frequent, small meals (6 to 8 small meals a day, rather than 3 large meals) and sip fluids throughout the day.
- Avoid fatty, fried or spicy foods.
- Try starchy foods like toast, saltines, Cheerios® or other dry cereals. Keep some by your bed and eat a little before you get out of bed in the morning and when you get up in the middle of the night. Also, keep some with you at all times so that you have something in case you feel nauseous.
- Try drinking carbonated drinks like ginger ale or seltzer between meals.
- Ginger (candy or tea) can help.

As your pregnancy continues, you may need to urinate more often.

- Frequent urination is common during pregnancy because the uterus presses your bladder.
- If you notice pain, burning or have pus or blood in your urine, see your health care provider right away. You might have a urinary tract infection that needs treatment.

Your breasts will become fuller.

- The area around your nipples will become darker.
- Wear a well-fitted bra to ease discomfort.

You may feel tired more often.

- During your pregnancy, you might feel tired – even when you've had a lot of sleep at night. Many women find that they are exhausted during the first trimester. Don't worry, this is normal.
- Try to get eight hours of sleep every night and nap during the day.
- If you feel stressed, try to find a way to relax.

Your First Trimester | 0-13 WEEKS

You may notice varicose veins or hemorrhoids.

- Avoiding tight knee highs or garters.
- Sit with your legs and feet up when possible. If you work at a desk, you can prop your feet on a footstool, box or several books. When relaxing at home, keep your feet up on a footstool, some pillows or a chair.

You may feel leg cramps.

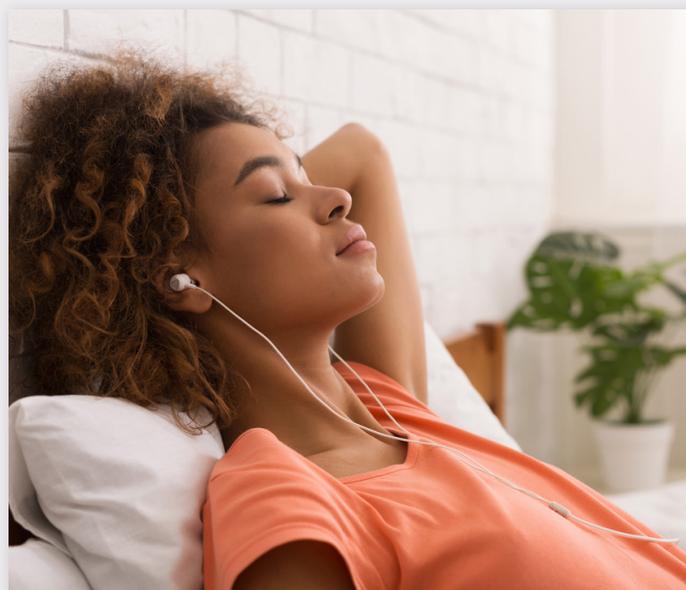
- One way to prevent these cramps is to make sure you get enough calcium through nonfat or low-fat milk and calcium-rich foods. You can also try taking calcium supplements.
- You can relieve leg and foot cramps by gently stretching your muscles. If you have a sudden leg cramp, bend your foot toward your body.

Screening Tests

Several prenatal screening tests are done at this time. These tests do the following:

- Help check the health of both you and your baby.
- Make sure there are no developmental problems with your baby.
- Help identify whether your pregnancy is high-risk and may need more evaluation.

Ask your provider for more information on these tests and how they work. The more you understand about the tests, the better you'll feel about them.



Managing Stress

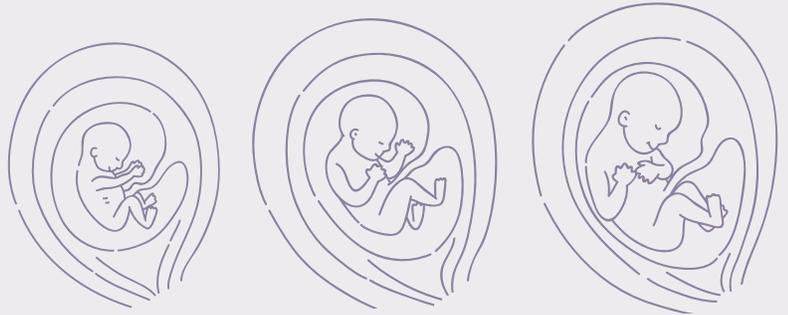
You may have mixed feelings about being pregnant at this time. You may experience moodiness, tiredness, impatience and loneliness.

- Do something nice for yourself
- Call your friends
- Take some deep breaths
- Take a walk
- Go see a movie
- Play your favorite song and sing out loud
- Talk to your provider or trusted friend or family member

Your Second Trimester | 4-26 WEEKS

About Your Baby:

- Your baby can now move and kick.
- Your baby's hair may begin to grow.
- The baby can hear your heartbeat and voice.
- The baby's skin is wrinkled and covered with fine hair.
- By the end of the second trimester, the baby is about 11-14 inches long and weighs about 1-3 pounds.



Month 4

Month 5

Month 6

About You:

You may feel your baby move, which may help you feel more excited about the pregnancy.

You may have a dark line down the center of your abdomen (belly) caused by hormone changes.

You may experience more energy.

You may begin to have some back pain.

- As your uterus and abdomen expand, you might feel pain in your abdomen, groin area or thighs. You may also feel backaches or aching near your pelvic bone caused by the pressure of the baby's head, your increased weight and the loosening joints in these areas.
- Lying down, resting or applying heat can help relieve some of these aches and pains.
- If the pain does not get better after rest, it is best to call your health care provider.

You may notice weight gain.

- For a healthy pregnancy, most women should gain between 20 to 35 pounds.

You might begin to notice that you are short of breath or might not be able to catch your breath.

As your baby grows inside of you, there will be more pressure on all of your organs, including your lungs.

- Try taking deep, long breaths and try to have good posture so your lungs have room to expand.
- You might be able to breathe more freely at night by using an extra pillow or by sleeping on your left side. This will relieve pressure from major blood vessels that supply nutrients to the fetus.

You may be experiencing high blood pressure, or preeclampsia.

Preeclampsia can begin as early as 20 weeks of pregnancy in a woman whose blood pressure had been normal.

High blood pressure, protein in the urine or swelling in the legs, feet and/or hands could be signs of preeclampsia.

- Continue to drink lots of fluids. Water is best.
- Rest when you can, with your feet elevated.
- If you notice sudden, extreme swelling in any of these areas or if you experience rapid significant weight gain, call your health care provider right away. This could be a sign of preeclampsia or toxemia, conditions that could be very dangerous for your pregnancy.

Your Second Trimester | 4-26 WEEKS



How Weight Gain is Made Up in Pregnancy:

- Baby 39%
- Blood 22%
- Amniotic Fluid 11%
- Uterus 11%
- Placenta 9%
- Breasts 8%

Tingling and Itching

- Tingling and numbness of the fingers and a feeling of swelling in the hands are common.
- These symptoms are due to swelling tissues around the wrist.
- These sensations should disappear after you deliver your baby.
- Relieve itching with moisturizers.
- Use gentle soaps and avoid hot showers or baths, which can dry your skin.

Screening Tests

Several prenatal screening tests are done at this time (as well as during the first trimester). These tests do the following:

- Help check the health of both you and your baby.
- Make sure there are no developmental problems with your baby.
- Help identify whether your pregnancy is high-risk and may need more evaluation.
- Determine the sex of the baby.

Ask your provider for more information on these tests and how they work. The more you understand about the tests, the better you'll feel about them.

PRENATAL TIP

Heartburn is a common complaint at 26 weeks. As your baby grows, it starts to push against your stomach and some of the fluid is pushed up into the throat, causing pain.

Some tips to help avoid heartburn include:

- Don't eat large meals less than 2 hours before going to bed.
- Eat smaller, more frequent meals.
- Make sure your head is raised when you go to bed at night. Use additional pillows if needed.

If your symptoms continue, talk to your provider.

Cord Blood Donation

Many women are choosing to donate their baby's umbilical cord blood to a public bank. Umbilical cord blood can be used to treat life-threatening diseases such as leukemia, cancer and sickle cell disease. Currently, there is a shortage of African-American and Hispanic cord blood available. Normally, the cord blood is thrown away. Donating the blood is simple and painless. For more information, talk to your provider.

Your Third Trimester | 27-40 WEEKS

About Your Baby:

- Baby's eyes open and close.
- The eyes can respond to light shining through your belly.
- Baby kicks and stretches.
- Fine body hair disappears.
- The brain develops quickly.
- By the end of the third trimester, the baby will be about 20 inches long and weigh 6 to 9 pounds.



Month 7



Month 8



Month 9

About You:

Colostrum (yellowish fluid) may leak from your breasts.

- Colostrum is the first milk that your breasts produce for your baby. It is a thick, yellowish fluid that contains antibodies that protect new babies from infections.
- Wear a well-fitted maternity or nursing bra to provide extra support that will help ease discomfort.
- If leaking becomes a problem for you, you can purchase disposable or cloth nursing pads to place inside your bra.
- If you are planning to breastfeed, it is a good idea to only wash your nipples with water instead of soap. Soap might cause the skin of your nipples to become dry and irritated and crack.

Your feet, legs and hands may swell.

- As you near the end of your pregnancy, you might notice more swelling than you had before, especially in your ankles, fingers and face.
- Continue to drink lots of fluids. Water is best.
- Rest with your feet elevated.
- If you notice sudden, extreme swelling in any of these areas or if you experience rapid significant weight gain, call your health care provider right away. This could be a sign of preeclampsia or toxemia, conditions that could be very dangerous for your pregnancy.

Your Third Trimester | 27-40 WEEKS

You may experience heartburn.

- As your baby gets bigger, your uterus presses your stomach and can cause heartburn, especially after you eat and before bedtime.
- You might also be constipated, which makes hemorrhoids worse because you may have to strain in order to move your bowels.
- Avoid greasy and fried foods.
- Eat 6 to 8 smaller meals instead of large meals.
- Try drinking lots of fluids and eating plenty of whole grains, raw or cooked leafy green vegetables and fruits.
- You also can take small sips of milk or eat small pieces of chipped ice.
- If your heartburn is severe and doesn't improve with these tips, talk with your health care provider.

PRENATAL TIP

When to call your health provider:

- If you have a small amount of urine that is dark in color
- If you can't keep liquids down
- If you have a racing or pounding heart
- If you vomit blood
- If you are concerned about your baby's movements
- If you feel dizzy
- If you begin having severe abdominal pain
- If you have a headache that doesn't go away



Planning Ahead

This is also a good time to meet with the pediatrician at your health center who will care for your baby after you return home from the hospital. Ask your provider to refer you to an ACCESS pediatrician.

Better for Baby

Breastfeeding benefits both mom and baby. This is a good time to talk to your provider if you have any questions about breastfeeding your baby.

Breastfeeding Benefits for Baby:

- It has nutritional components that are natural tranquilizers for babies
- It is always clean and at the right temperature
- It results in bowel movements with a less-offensive, buttermilk-like odor
- Keeps babies healthy naturally

Breastfed Babies are:

Healthier from the start

- Have lower sudden infant death syndrome (SIDS) rates

Healthier children down the road

Breastfed babies grow into children with:

- Fewer allergies, eczema and asthma
- Fewer childhood cancers
- Lower risk of juvenile diabetes
- Lesser instances of Crohn's Disease and other chronic diseases
- Lower rates of respiratory problems
- Healthier jaw and tooth development
- Fewer cavities
- Less likelihood of becoming obese later in life

Healthier teens and adults

Breastfed babies grow into teens who:

- Are less likely to develop juvenile rheumatoid arthritis
- Are less likely to develop heart disease in adulthood
- Have lesser risk of multiple sclerosis
- Have lower rates of pre- and postmenopausal breast cancers

Breastfeeding Benefits for Mom:



Breastfeeding can also act as a natural method of birth control. But, in order for this to work, you must be nursing frequently and regularly; the baby cannot be getting any supplemental feedings of water or formula; the baby must have little or no pacifier use and must be younger than six months old. Under these conditions, breastfeeding can be more than 98 percent effective against pregnancy. Talk to your doctor before you begin using birth control to make sure that the method you choose is safe for both you and your baby.

Healthier Physically

Moms who breastfeed:

- Can have faster weight loss after birth—breastfeeding burns 500 extra calories a day to build and maintain an adequate supply of milk
- Can return to normal size sooner because breastfeeding stimulates the uterus to contract
- Have less postpartum bleeding
- Have fewer urinary tract infections
- Have lower instances of anemia

Healthier Emotionally

Breastfeeding:

- Produces the naturally soothing hormones oxytocin and prolactin
- Increases calmness, self-esteem and confidence

Fit For Life

Moms who breastfeed have:

- Lower risks of breast cancer
- Lower risks of ovarian cancer
- Lower risks of uterine cancer
- Lesser cases of osteoporosis and risks of hip fractures with age

LABOR:

What to Expect



Labor can occur at any time. Most pregnancies last 38-42 weeks. The due date that your doctor or midwife gives you is around the 40th week of pregnancy. Your health care provider will talk to you about giving birth and how to prepare for it. There are many different options for how to deliver your baby and how to manage labor pains. Your doctor or midwife will help you decide what will be best for you.

Some women may experience labor (pre-labor, also known as false labor) over days or even weeks. Labor signs are different for many women.

Sign

Lightening

Reaction

The baby lowers in the pelvis. Mom feels less pressure on the stomach and lungs.

What to do:

Wait for more signs of labor.

Bloody show/mucous plug

Blood-tinged mucous plug. This may occur from hours up to a week before labor.

Have your bag ready, rest and be ready when labor begins. Go to the hospital if you have heavy bleeding.

Backache

Backache that comes with each contraction.

Rest, have someone give you a massage, reposition yourself, apply cold packs, take a hot shower.

Flu-like symptoms

Diarrhea, nausea or abdominal cramping

Drink fluids.

Water breaks

Dampness, leaking or a gush of water from vagina.

Go to the hospital.

Report the following to your provider:

Color

Odor

Amount

Time

Contractions

You may feel mild to strong pain or pressure. You will notice that your abdomen (uterus) tightens.

Time the contractions.

If you have not completed 37 weeks of pregnancy, go to the hospital immediately if you have signs of preterm labor and/or if you have contractions that are 5 minutes apart.

Follow your provider's instructions.

Timing and Contractions

Contractions

What are contractions?

Contractions prepare your body for giving birth by easing your baby down into the birth canal. The upper part of your uterus tightens while the cervix (the opening of the uterus) and the lower part stretch and relax. Contractions feel like cramping or a tightening sensation that starts in the back and moves around to the front, or vice versa, in a wave-like manner.

Practice and False Labor Contractions

As early as the second trimester, and especially during the third trimester, many women experience “practice” contractions. As the time of delivery gets closer, a woman may go into “false labor” and experience contractions that may make her think it’s time to go to the hospital. If you do go to the hospital and you are sent back home because you were in false labor, try not to feel bad or embarrassed. It happens to many women and it’s better to be safe than sorry.

Generally, with practice and false labor contractions:

- The timing is irregular and unpredictable (for example, the next contraction comes after about 10 minutes, then after 6 minutes, then after 15 minutes, then after 2 minutes)
- There is no pattern to how long the contractions last or how often they come
- They vary in intensity
- They feel like generalized abdominal tightening and are more uncomfortable than painful
- Change in activity or position causes contractions to slow down or stop
- They taper off and then disappear altogether
- There is no bloody show, and membranes do not burst

To ease practice and false labor contractions, you can try:

- Changing positions; lie down if you have been standing or go for a walk if you have been sitting or lying down
- Take a warm bath or shower for 30 minutes or less
- Rest and do something relaxing, such as watching a movie, listening to music or reading
- Drink water, because contractions can be brought on by lack of water
- Drink a warm cup of herbal tea or milk

If none of these activities help ease your contractions, contact your provider.

True Labor Contractions

- They are regular and follow a predictable pattern (such as every 8 minutes)
- They gradually get closer together
- They get stronger in time
- Each contraction is felt starting at the lower back and then coming around to the front, or vice-versa
- Changing activities or positions will not slow or stop contractions
- There may be a bloody show, and membranes may break
- Your contractions may start feeling like menstrual cramps or a low backache that comes and goes every 20 to 30 minutes. Gradually, the aching or cramping gets stronger and lasts longer.

When your contractions are 5 minutes apart, it’s time to go to the hospital.

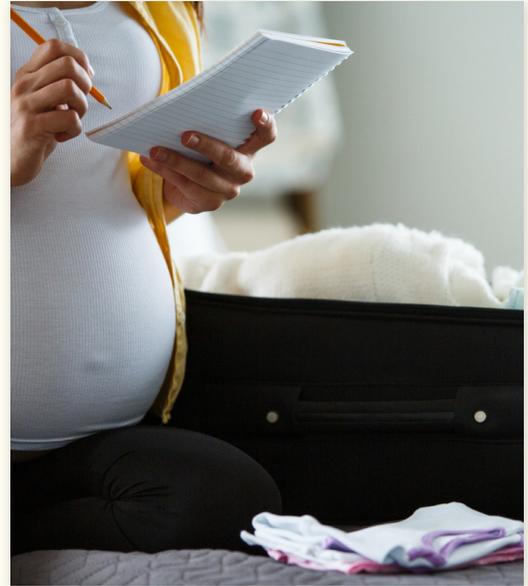
Timing Contractions

The best way to measure how regular your contractions are is to time them. Using a watch or a clock, write down the time the first contraction begins, how many seconds or minutes it lasts, the time the next one begins, and so on.

Preparing for Labor

Checklist for Mom:

- Schedule postpartum appointment
- Insurance card
- Lipstick/lip balm
- Warm socks
- Lotion or oil for a massage (if you like)
- Robe (optional)
- Slippers
- Hair tie to hold your hair back
- One or two or more bras (front-opening nursing bras if you plan to breastfeed your baby)
- Underwear (3 or 4 pairs)
- Personal hygiene items: (toothbrush, toothpaste, comb, brush, deodorant, shampoo, soap, etc.)
- List of phone numbers and people to call after the birth
- Cosmetics
- Going home outfit for mom (loose clothing)



Checklist for Baby:

- Baby hat
- Going home outfit and blanket for the baby
- Car seat (Please have the car seat installed in the car before labor.)

After the Baby Is Born

After you give birth, you will be watched for any problems such as too much bleeding. Your baby will be given a check-up to measure his or her temperature, breathing, heartbeat, level of activity, appearance, etc. Both of you will be cleaned. Afterward, both you and the baby should relax and sleep — even if you are excited and may not feel like sleeping.

If you have any concerns about how to care for your baby at home, talk to your provider before you take the baby home.



Breastfeeding Basics (in the Hospital)

Be sure to tell the hospital staff that you plan to breastfeed your baby. The best time to start is within the first 30 minutes after the baby is born. Have the nursing staff and/or doula help position the baby, be sure to be skin-to-skin, and nurse for a few minutes. It is recommended that you put your baby on your abdomen or chest for skin-to-skin contact immediately after the birth. Skin-to-skin contact helps regulate the baby's temperature, promotes bonding and provides comfort for both baby and mom.

Here are some important steps for successful breastfeeding:

- When positioning the baby, make sure the baby's mouth is open wide, taking as much of the areola (darker area of breast) as possible. There should be no pain with latching on.
- Nurse the baby every 2-3 hours. (In the first day or two, the baby may be sleepy.)
- Your first milk is called colostrum and contains everything your baby needs at this time.
- Do not give the baby any bottles of formula. This may cause the baby to be "nipple confused," making breastfeeding difficult. Try feeding the baby your breast milk in a spoon or cup if supplementing is necessary.
- Use moist heat if your breasts become engorged and full. You should also use a breast pump to express some milk. This will make it easier for the baby to latch.
- Your mature milk will come in after 3-4 days and you will feel your breasts getting much fuller.
- Be sure to ask for help.

Going Home



There are many exciting joys and challenges that come with bringing a new baby home. ACCESS is here to help you with these changes.

Your Family

Expect family roles and relationships to change as everyone adjusts to your new family member. Talk to older children at home before the baby arrives about their new brother or sister. It is also important for you to get support from your family and friends as you adjust to your new role as a mother. ACCESS has licensed clinical social workers (LCSWs), psychologists, psychiatrists and care managers. Additionally, we work with a network of behavioral health organizations that can help you and your family during this major life change.

Special care will be given to you and your baby if the baby is delivered by Caesarean section, born early, born after a difficult delivery, born with a low birth weight or with any other complications.

Your Home

Before you leave the hospital, your home should have some essentials for your baby's arrival. The baby will need a safe, warm and quiet place to sleep. This could include a crib, bassinet or a co-sleeper (a unit that attaches to your bed) for safe sleeping. You will need diapers and blankets to keep the baby warm and protected. If you're bottle-feeding, you should have a supply of formula and bottles at home ready for the baby's arrival.

Your Car

Make sure your car has a car seat in which your baby can ride on the way home. Place the car seat in the back seat, securely attached by the car seat belt. Make sure you follow the car seat's instructions carefully.

IMPORTANT ITEMS TO HAVE AT HOME FOR BABY

- Infant thermometer (without mercury)
- Suction bulb
- Supply of diapers
- Wipes
- Vaseline
- Extra pillows
- Crib or bassinet

Caring For Your Baby After the Birth



Pick a Pediatrician for Your Baby

Your new baby has special health needs that are different from an adult's, and it is important that you pick a pediatrician—a doctor who specializes in children's health—to take care of your child's health. ACCESS has Board-certified pediatricians, many of whom speak Spanish and other languages, who can help your child grow up as healthy as possible. Your child's new doctor will provide regular check-ups, advice on nutrition, guidance on common childhood illnesses and the immunizations your child needs to fight life-threatening diseases. **Before you leave the hospital, you should schedule a well baby visit one week after birth.**

Immunizations for Your Baby

Immunizations are important for fighting many childhood diseases that your baby's body may not be strong enough to fight on its own. It is highly recommended that your child receives the following immunizations before he or she turns two years old:

- **Hep A and B** – protects against liver diseases Hepatitis A and B
- **MMR** – to protect against measles, mumps and rubella (German measles)
- **Polio vaccine (IPV)** – to protect against polio
- **DTP** – diphtheria, tetanus (lockjaw) and pertussis (whooping cough)
- **Hib** – to protect against Haemophilus influenzae type b (which causes spinal meningitis)
- **HBV** – to protect against Hepatitis B
- **Varicella** – to protect against chicken pox
- **PCV** – to protect against Pneumonia and Meningitis, infections of the blood, lung and brain

Please see the Immunizations section for more detailed information.

Caring for Yourself After the Baby is Born

The Recovery Process

After a vaginal delivery, you and your baby will be kept at the hospital for a day or two to recover.

It is important your provider sees you within 2 to 3 weeks of delivery and again at least one more time at 6 weeks postpartum. They will want to see you soon after your birth to make sure you are recovering properly and to discuss topics such as breastfeeding, postpartum depression and anxiety, birth control and chronic disease management.

Before you leave the hospital, schedule these appointments with your provider.

THESE SYMPTOMS ARE COMMON DURING THE FIRST FEW WEEKS AFTER YOUR BABY'S BIRTH:

- Bloody vaginal discharge that changes in color from brown to white over the first two weeks after giving birth
- A tender vaginal area
- Painful contractions that continue after giving birth (as your womb returns to its original size)
- Tender, swollen breasts (as your breasts produce milk)
- Fatigue and soreness

Taking Care of Your Body

You have undergone many physical and emotional changes during your pregnancy and the birth of your baby. You need to take good care of yourself while you recover.

Get plenty of rest. Sleep whenever the baby sleeps. Have your baby's bed near yours for feedings at night.

Eat a healthy and balanced diet. This is especially important for breastfeeding mothers. Drink plenty of water, milk and fruit juice.

Concentrate on taking care of your baby and yourself. During the first few weeks, get your partner, family members and friends to help out around the house. They can also watch the baby while you shower or take a nap and they can help you get used to your new routine. If you need to feed the baby or get tired while you have visitors in the house, feel free to excuse yourself.

Wear a supportive bra. Moist heat will help with swelling if you are breastfeeding and nursing frequently. Cold packs also can help reduce swelling and tenderness if you are not breastfeeding.

Get outside for a few minutes each day. You can begin walking and start some gentle exercises at the advice of your provider.

Return to normal activities as you are able.

Follow all of your health care provider's instructions carefully.

Caring for Your Perineum (Vaginal Area)

If you have stitches, keep the area clean and dry. If you feel any discomfort, you may use products provided by the hospital or your provider. Soaking in a clean tub may provide relief.

Recovering After a Caesarean Section



If you delivered your baby by Caesarean section (C-section), you have had major surgery and will need extra time and care to heal. You will stay in the hospital for 2 to 5 days after your C-section, depending on how you respond to pain medication and your ability to walk around. Your provider will monitor your progress, decide when you can go home and give you special instructions on taking care of yourself at home.

- Generally, you will need lots of rest and recovery time. Be sure to follow all of your doctor's instructions.
- After you get home from the hospital, your activity level should be kept low. Don't lift anything heavier than your baby. Spend most of your time resting.
- Talk with your doctor about the kinds of pain medication that would be appropriate for you, especially if you are breastfeeding.
- As your womb shrinks to its normal size, you will experience heavy bleeding of bright red blood called lochia. This should change over time to pale pink or a dark red color, and then eventually to a yellowish or light color. The bleeding should slow down with time, but lochia can increase with activity and position changes. You can use your lochia as a guide to make sure you are not doing too much.
- Walk carefully to avoid straining your abdomen. You may need help going up and down stairs.
- Make sure you are getting plenty of fluids (water and fruit juices) and eat healthy meals to help give you energy.
- Have feeding supplies and your changing station near you so that you don't have to get up too often to feed or change the baby.
- Make sure you attend your incision wound check-up, so that your doctor can make sure that there is no sign of infection.

THINGS TO AVOID AFTER A C-SECTION:

- Sex, until your doctor says it's safe
- Using tampons or douche
- Taking baths, until your wound is healed and you are no longer bleeding
- Public pools and hot tubs
- Lifting anything heavier than your baby
- Using stairs
- Driving, for a few weeks
- Exercising or other strenuous activity, until your doctor says you can

The Recovery Process

- Get your partner, family members and friends to help out around the house and with taking care of the baby and other children.
- It will take a few weeks for you to get back to your normal routine. Be patient and give yourself time to rest and fully heal.
- Take additional time every day just to sit and bond with your baby.
- Contact your health care provider if you are having a hard time breastfeeding.
- Talk about your feelings with a support person—your partner, family members and friends—and talk through how you feel about the birth.
- ACCESS has licensed clinical social workers (LCSWs), psychologists and a network of behavioral health organizations that can help you and your family during this time.

WARNING SIGNS

Call your provider right away if:

- Bleeding soaks more than one menstrual pad an hour or you see large clots of blood
- You notice redness, swelling or tenderness around your incision wound
- Sudden pain in the wound area that can include a pus discharge
- Fever of over 100.4° F
- Severe headache that begins right after birth and does not feel better
- Foul smell from vaginal discharge
- Sore, red, painful area on your breasts that may be accompanied by flu-like symptoms
- Swollen, red, painful and/or warm area in the calves of your legs
- Burning sensation when urinating, or blood in the urine
- A rash or hives
- Feeling anxious, panicky and/or depressed

Infant Feeding

Breastfeeding Tips

- Breastfeeding babies feed “on demand.” This may mean every hour or every 2-3 hours. Follow your baby’s cues.
- Be sure to burp the baby when you transfer from one breast to the other. You will also need to burp the baby at the end of the feeding.
- Most babies nurse 15-20 minutes on each breast. However, some may take longer.
- If you are wondering if you have enough milk, try counting wet diapers. There should be at least 6-8 wet diapers and 3 diapers with solid waste every day.
- If you feel nipple soreness, try repositioning the baby. Some positions include:
 - Tummy to tummy
 - Lying on your sides
 - Football (baby is held like a football, with legs held back under arm)
- After nursing, leave nipples open to the air. You can also apply some breast milk to the nipple or use lanolin.
- If you are having any difficulties or have questions, ACCESS has lactation counselors available to support you. Call your provider to get a referral.

BOTTLEFEEDING TIPS:

- Find time to give your baby “skin-to-skin” contact. The baby’s other parent can also do this.
- Use sterilized bottles and nipples. This can be done by boiling them in water for 5 minutes.
- Never heat the milk in a microwave. This can cause hot spots in the milk and could burn your baby.
- Follow the instructions carefully for mixing formula and water.
- Burp the baby after every 2-3 ounces and then again at the end of the feeding.
- Hold your baby close to you during feeding. Remember, never prop the bottle.



Baby Blues and Postpartum Depression

What are the “Baby Blues?”

Many women experience the “baby blues” during the first days or weeks after giving birth. This is a natural reaction to the excitement and mounting emotions of pregnancy and birth. The “baby blues” usually have the following symptoms, although each woman can experience these symptoms differently.

- Feelings of disappointment
- Crying for no known reason
- Irritability
- Impatience
- Anxiety
- Restlessness

These feelings usually go away on their own after a few days.

What is Postpartum Depression?

Postpartum depression lasts longer and is much more serious than “baby blues”.

Nobody knows exactly what causes postpartum depression. It is likely that many factors are involved, such as changing family roles, hormonal changes in your body, stress, personal history of depression, mental illness and family problems at home.

If you think you have postpartum depression, talk to your provider right away. ACCESS has licensed clinical social workers (LCSWs), psychologists and psychiatrists who can help you and your family during this time. They can provide counseling, treatment, stress management, relaxation training, support groups and medication, if necessary.

Anxiety

It is common for women to struggle with postpartum depression and/or anxiety disorders. Panic attacks and generalized anxiety are more common during pregnancy and the postpartum period. Your provider can offer treatment if you need help.

POSTPARTUM DEPRESSION

Call your provider right away if you are experiencing:

- Sadness and hopelessness
- Extreme fatigue or exhaustion
- Confusion, poor concentration or memory loss
- A fear of harming your baby or yourself
- Mood swings
- Lowered sex drive
- Feelings of guilt and/or feeling badly about yourself
- Uncontrolled crying for no known reason
- Worrying too much about your baby
- Lack of interest in your baby
- Sudden changes in your appetite
- Sleeping badly
- Feelings of resentment
- Feeling alone

Birth Control

You may not want to get pregnant so soon after giving birth or may want to space out future pregnancies. It is now recommended that women space their pregnancies at least 18-24 months apart to give their bodies time to recover. Birth control can help you prevent pregnancy until you are ready to have another child. Talk to your partner and your provider about your plans.

Reproductive Goal Planning

A reproductive life plan is a set of goals that you make about having or not having children. It includes how many children you want to have and when you want to have them. It also helps you plan the spacing of your pregnancies, or prevent you from getting pregnant before you're ready.

Answer the following questions:

What is your plan to prevent pregnancies before you're ready for another baby?

How old do you want to be when you have your next baby?

How many kids do you want to have?

How far apart do you want your kids to be?

What will you do if you end up getting pregnant when you are not ready?

BIRTH CONTROL TIPS:

There are many methods of birth control, and each method has its pros and cons. Some methods work better than others, and not all methods will protect you from HIV and other sexually transmitted diseases.

Keep in mind that except for complete abstinence (not having sex), birth control is not 100 percent effective. However, you can greatly increase a method's success rate by using it correctly all of the time.

Which birth control method is right for me?

Hormonal Contraceptives work by giving your body certain hormones that prevent the release of an egg from your ovaries into your uterus (womb). They may also make the uterus an "unfriendly" place for sperm. There are many kinds of hormonal birth control methods available.

Non-Hormonal Contraceptives prevent pregnancy by putting a physical barrier between the sperm and the egg, or by helping to kill sperm. These methods do not use hormones, so they do not interfere with your natural monthly cycle.

Speak with your ACCESS provider to find the best birth control method for you.

Immunizations

What are Immunizations?

Children under five years of age have weak immune systems and can easily catch diseases. Serious diseases are very dangerous to children and can even kill them. Immunizations (vaccines or shots) help your child's immune system strengthen itself and build defenses against germs that may be too strong for their bodies to fight on their own.



How many shots does my child need?

Immunizations are recommended by the age of 2 and can be given in 5 visits to your doctor or health center.

- 1 shot against measles, mumps and rubella (MMR)
- 4 shots against Haemophilus Influenzae (HiB)
- 3 shots against polio
- 4 shots against diphtheria, tetanus and pertussis (DTaP)
- 3 shots against hepatitis B (Hep B)
- 1 shot against chicken pox (Varicella)
- Influenza (flu) shots as needed

When should my children get their shots?

Immunizations are given at birth, between 2 and 16 months of age and then at 2, 4 and 6 years of age. Booster doses of some immunizations are needed again between ages 4 and 6, and some children may need extra shots of certain immunizations. Check with your doctor or health care provider for more information.

What if my child is late getting immunizations?

Although it is important for children to get their shots on time, **it is never too late to start getting immunizations.** Talk to your doctor or health care provider to get your child back on schedule.

Are immunizations safe?

Yes, very safe. Many can be given together and many can be given even if the child is sick. But, like any medicine, immunizations can sometimes cause mild reactions — such as a slight fever, a sore arm or a mild rash — that may go away soon. Serious reactions are rare, but can happen. Overall, immunizations are among the safest and most effective medicines. Some children should not receive certain shots or should not have their immunizations delayed. Talk to your health care provider to find out what your child needs.

Do immunizations cost a lot?

At ACCESS, you can get your child's immunizations at a low cost. A sliding fee is available for those without insurance. We accept a wide variety of commercial, Medicaid and Medicare managed care insurance plans. If you are uninsured, our team of benefit specialists can work with you to see if you are eligible for any available insurance coverage and assist you with other benefits.

Immunizations

At birth	HepB	
2 months	HepB (1-2 mos) + DTaP + PCV + Hib + Polio + RV1	
4 months	DTaP + PCV + Hib + Polio + RV	
6 months	HepB (6-18 mos*) + DTaP + PCV + Hib + Polio (6-18 mos*) + RV	(Influenza) 6 mos through 18 years**
12 months	MMR (12-15 mos*) + PCV (12-15 mos*) + Hib (12-15 mos*) + Varicella (12-15 mos*) + HepA (12-23 mos*)	(Influenza) 6 mos through 18 years**
15 months	DTaP (15-18 mos*)	(Influenza) 6 mos through 18 years**

* This is the age range in which this vaccine should be given.

** Children 6 months or older should receive flu vaccination every flu season. If this is the first time for flu vaccine, a child 6 months through 8 years of age should receive two doses, separated by at least 4 weeks. If this child only receives one dose in the first season, he or she should receive two doses the next season, if still younger than 9 years. Ask your child's doctor if a second dose is needed.

Vaccine Descriptions

- HepB:** protects against hepatitis B
- DTaP:** a combined vaccine that protects against diphtheria, tetanus, and pertussis (whooping cough)
- Hib:** protects against Haemophilus influenzae type b
- PCV:** protects against pneumococcal disease
- Polio:** protects against polio, the vaccine is also known as IPV
- RV:** protects against infections caused by rotavirus
- Influenza:** protects against influenza (flu)
- MMR:** protects against measles, mumps, and rubella (German measles)
- Varicella:** protects against varicella, also known as chickenpox
- HepA:** protects against hepatitis A

There may be some variation to your child's immunization schedule based on your child's provider's preferences. If you have any questions, your provider will be happy to discuss your child's immunizations with you.

NOTE: If your child misses a shot, you don't need to start over, just go back to your doctor for the next shot. The doctor will help you keep your child up-to-date on his or her vaccinations.

For more information, call toll free **1-800-CDC-INFO (1-800-232-4636)** or visit <http://www.cdc.gov/vaccines>

The recommended immunization schedules for children birth through 18 years old are approved by the Centers for Disease Control and Prevention (<http://www.cdc.gov/vaccines/recs/acip>), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).



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

Key Contacts and Resources

American Academy of Pediatrics

630.626.6000

www.healthychildren.org

American Association of Blood Banks

301.907.6977

www.aabb.org

Prenatal Care

To find an OB-Gyn or certified nurse midwife near you, call our toll-free number: **1.866.267.2353**.

Breastfeeding Support

If you would like assistance with breastfeeding, please call **312.733.8722**.

Care Management Support

For assistance during pregnancy and your baby's first year of life, call **312.733.8722**.

Emergency Services

If you experience a medical emergency, dial **911**.

National Marrow Donor Program

800.627.7692

www.bethematch.org

Poison Control

If you have been poisoned, call **1.800.222.1222**.

WIC

844.901.0962

Your Provider

Write your doctor or midwife's phone number here so that you always have it.

Your Pediatrician

Write your baby's pediatrician's phone number here so that you always have it.

My Prenatal Record

NAME _____

HEALTH CENTER NAME _____

DOB _____

EDD _____

GP _____

PMH _____

PSH _____

OBH _____

FINAL EDD _____

LMP _____

EDD _____

U/S EDD _____

NOTES: _____

My Prenatal Record

Initial Labs:		
DATE	LAB	RESULT
	Blood Type, Rh	
	Antibody Screen	
	Hgb/Hct	
	HepBsAg	
	RPR	
	Rubella	
	HIV	
	Pap smear	
	GC	
	Chlamydia	
	Hgb electrophoresis	
	Urine Culture	
	Other	

Optional Labs:		
DATE	LAB	RESULT
	BUN study	
	AFP4	
	Cystic Fibrosis	

2nd - 3rd Trimester Labs:		
DATE	LAB	RESULT
	Glucola	
	3 hr GTT	
	CBC	
	RPR	
	RPR	
	Rhogam	
	GBBS	

