

New River



FAMILY WELLNESS[®]

Modern Medicine, Hometown Care

New Beginnings

Your Pregnancy and You

D. Landon Allen, MD, MPH, MBA

Caitlin M. Sullivan, MD

Table of Contents

Your Pregnancy	1
Welcome to New River Family Wellness	3
Welcome and Importance of Care	4
Normal Schedule for Prenatal Visits	4
What to Expect at Your Visits	5
Tips to Reduce Stress	5
Common Discomforts of Pregnancy	6
List of Medications Generally Thought to be Safe During Pregnancy	9
Medications in Pregnancy	11
Round Ligament Pain.....	12
Travel During Pregnancy	12
Immunizations and Pregnancy.....	13
Quad Screen	15
Cystic Fibrosis - A guide to carrier testing.....	15
Weight Gain in Pregnancy	17
Nutrition during Pregnancy.....	17
Daily Meal Planning	18
Cooking and Meal Hints to Enhance Iron Absorption	18
Foods Not Recommended.....	19
Exercise	20
Sex During Pregnancy	21
Smoking During Pregnancy	22
Alcohol During Pregnancy.....	24
Drugs.....	25
Toxoplasmosis.....	26
Painting.....	26
Hair Dye	26
Preterm Labor.....	27
Kick Counts	29

Labor	30
Staying at Home During Early Labor.....	30
Things I Need in the Hospital.....	32
Things You May Need at Home:	33
Important Decisions for Your Baby	34
If Your Baby Needs Special Care	35
Preparing your pet for a new baby.....	36
Resource Information.....	37
Ashe Memorial Hospital Labor and Delivery	39
Community Resources.....	39
Newborn Care.....	45
Breastfeeding.....	46
Diapers.....	49
Crying	49
Cord Care	50
Newborn Behavior/Sleep patterns.....	50
Circumcision Care.....	51
How to Swaddle.....	51
Bathing your baby.....	53
How do I take care of my baby?	54
Warning Signs in a Newborn.....	58
How will my baby act when it is born?.....	59
New Mommy Care.....	61
Things Moms Need to Know	63
Taking Care of Yourself.....	63
New Mommy Care- Depression.....	66

**YOUR
PREGNANCY**

Your Pregnancy



**YOUR
PREGNANCY**



Welcome to New River Family Wellness

NRFW has been serving Ashe County and the surrounding communities since 2019. We strive to provide exceptional primary care at a more affordable price to the people of Ashe County and the High Country, regardless of whether they have health insurance. We do this with an innovative, membership-based model called Direct Primary Care (DPC) that gives our patients efficient, near-immediate access to their doctors, fairly priced medications and labs, and a breadth of in-office treatments and procedures. We seek to eliminate barriers to the doctor-patient relationship, promote community engagement, and deliver compassionate care that sets us apart from any other healthcare experience our patients have ever had



YOUR PREGNANCY

Did you know, it is important to visit the dentist while you are pregnant?

Welcome and Importance of Care

Congratulations on your pregnancy! Now that you are having a baby, it is important to take very good care of yourself and your baby. One of the most important things to do is keep your prenatal care appointments. Prenatal care helps keep you and baby healthy.

Regular prenatal care helps you and your doctor monitor how your pregnancy is going and find out about any health problems early.

During your prenatal care checkups, your provider may check your weight, blood, and urine. You may also get tested for HIV and other sexually transmitted infections. She may also determine the due date of your baby and check its heart rate along with checking the size of your womb. These appointments are great times to ask your doctor any questions that you may have about your pregnancy and new baby.

It is also important to visit the dentist during pregnancy. Untreated dental problems can cause problems during pregnancy. NRFW can help you find a dentist if you don't have one.

Normal Schedule for Prenatal Visits

Until 28 Weeks of Pregnancy – Every Month

From 28 weeks to 36 Weeks – Every 2 weeks

36 Weeks to Delivery – Every week

This schedule may change as needed.



What to Expect at Your Visits

- All Visits:** Vital signs: height, weight, blood pressure, temperature, oxygen saturation.
- First Visit:** Vital signs, urine sample, pap smear if indicated, labs. This will be a longer visit.
- 10-15 weeks:** Vital signs, listen for baby's heart tones, exam.
- 16-20 weeks:** Vital signs, listen for baby's heart tones, exam. Labs: generic screening if desired, set up ultrasound to look at anatomy of the baby.
- 20-27 weeks:** Vital signs, heart tones, exam.
- 28 weeks:** Vital signs, heart tones, sugar test and other labs; Rhogam shot if your blood type is Rh negative.
- 29-34 weeks:** Vital signs, heart tones, choose your pediatric provider, encourage breast feeding. Think about circumcision, if male. Plan for contraception after delivery.
- 35-36 weeks:** Vital signs, heart tones, vaginal exam for testing for group B strep infection and cervical check, if desired.
- 37-41 weeks:** Vital signs, heart tones.

Tips to Reduce Stress

1. **Exercise.** Take a walk during the day.
2. **Talk with your family and friends about your feelings.** It is important for them to know how you feel so they can help you.
3. **Get enough sleep.**
4. **Eat a well-balanced diet.**
5. **Think positive.** Remember the things that are good in your life.
6. **Take a few deep breaths.** This makes you breath slower and helps your muscles relax.
7. **Count to ten.** This makes you stop and relax before you react to a stressful situation.
8. **Take a good stretch.** Stretching makes muscles relax and helps you feel less tense.
9. **Massage the tense muscles.** The muscles in the back of your neck and upper back usually get tense when you are stressed.
10. **Take warm baths to help you relax.** This will help with sleep too!
11. If you are trying to do too much, **learn to say no and slow down.**

YOUR PREGNANCY



YOUR PREGNANCY

*Did you know,
morning sickness
isn't always in the
morning?*



Common Discomforts of Pregnancy

Nausea

Many women have mild nausea (feeling sick at your stomach) and vomiting (throwing up). During the first part of pregnancy, this is often called morning sickness. Morning sickness isn't always in the morning. You may feel nausea during different time of the day. This can also happen when your stomach is empty.

What you can do

To help relieve nausea, try following these helpful tips:

- **Get up slowly in the morning.**
 - Sit on the side of the bed for a few minutes before getting up.
 - Eat a few crackers, toast, popcorn or another light snack before you get out of bed.
- **Eat smaller meals.**
 - Eat five or six small meals each day instead of three larger meals.
 - Eat the foods that smell and taste good to you.
 - Do not let your stomach get completely empty. Eat snacks that are high in protein (such as lean meat or cheese) before going to bed.
 - Avoid strong food smells.
 - Avoid greasy or spicy foods.
 - Take your prenatal vitamin with food and when you don't feel sick.
- **Drink fluids often during the day.**
 - It's important to drink plenty of fluids.
 - Try water, clear fruit juices (such as apple or white grape juice), or ginger ale.
 - Don't drink during meals—drink at other times.
- **Check with your health provider.**
 - Some medicines can harm you and your baby during pregnancy
 - Always check with your doctor before taking any medicine to relieve nausea. This includes any herbal or food remedies (such as ginger supplements).
- **When to talk to your health care provider**
 - Mild nausea and occasional vomiting aren't a threat to your baby's health as long as you're able to keep some food down and drink plenty of fluids

- **Call your health care provider if:**

- Your nausea and vomiting become severe.
- You haven't been able to keep anything (including fluids) down for 24 hours.
- You almost always vomit (throw up) shortly after eating or drinking anything.
- You begin to lose weight.
- Your heart races or pounds.
- Your urine looks concentrated and dark-colored.
- You don't urinate (pee) every 4-6 hours.
- You vomit (throw up) blood.

Tender Breasts

Wear a good supportive bra with wide straps. It may help to wear it to bed. If your bra is too tight, try a bra that is at least one size larger in the cup and one size larger in width.

Leaking Breast

Wear nursing pads or tissues in your bra. Limit fluids before bedtime.

Frequent Urination

Limit fluids when a bathroom is not nearby. (Drink necessary fluids at other times.)

Feeling Tired

Feeling tired is common early and late in pregnancy. Exercising each day may help you have more energy. Lie down at least once a day.

Constipation

Eat raw fruits, vegetables, prunes and whole grain or bran cereals. Exercise helps. Walking is very good. Drink at least two quarts of fluid each day. A cup of hot water three times a day helps.

Hemorrhoids

A hemorrhoid is a painful swollen vein in the anal area that can itch, feel hard, or bleed. Follow the tips for constipation. Rest a few times each day with your hips raised. Sit only on firm surfaces or sit cross-legged on the floor. If your hemorrhoids are not bleeding, take a warm or cool bath for 15 minutes, 2 to 3 times a day. Use witch hazel pads (such as Tucks®).

YOUR PREGNANCY



YOUR PREGNANCY

Did you know, feeling tired is common early and late in pregnancy.

Exercising each day may help you have more energy?



Low Backache

Rest often. Stand up straight. Move around rather than standing in one place too long. Use a foot stool for your feet. Keep your knees higher than your hips. Wear low-heeled shoes.

Heartburn

Stay away from greasy and spicy foods. Eat smaller meals but eat more often. Don't lie down for at least 30 minutes after eating.

Dizziness

Change your position slowly. Get up slowly when you have been lying down. Eat regular meals. Do not stay in the sun too long or get too hot. Report ANY dizziness to your health care provider.

Trouble Sleeping

Do not eat just before going to bed. Drinking milk may help. Try a warm bath before you go to bed. Practice exercises that help you relax. Listen to relaxing music.

Swelling of the Feet and Hands

Lie on your left side for 30 minutes. Do this three or four times a day. Exercise often. Drink more fluids. Eat three servings of protein each day. Do not wear tight clothing. Raise your legs when sitting for a long time. Sleep with your legs propped up on pillows. Call your doctor or nurse if you have swelling when you wake up in the morning, or if you have sudden swelling in your face or hands.

Bleeding Gums

Use a soft toothbrush and brush gently. Drink more orange juice and eat more foods high in Vitamin C. Floss regularly. See your dentist if problems continue.

False Labor

Change your position and your activity. Drink a glass of water. If it is true labor, it will not stop. True labor contractions will become more regular and closer together. If contractions continue, call your health care provider immediately.

List of Medications Generally Thought to be Safe During Pregnancy

While no drug can be considered 100% safe to use during pregnancy, the list that follows contains over-the-counter products generally felt to be safe for use during pregnancy

Headache

- Acetaminophen (Tylenol)

Diarrhea

- Loperamide ([Imodium®] after 1st trimester, for 24 hours only)

Constipation

- Methylcellulose fiber (Citrucel®)
- Docusate (Colace®)
- psyllium (Fiberall®, Metamucil®)
- polycarbophil (FiberCon®)
- polyethylene glycol (MiraLAX®)*

*Occasional use only

Allergy

- Diphenhydramine (Benadryl®)
- Loratadine (Claritin®)
- Cetirizine (Zyrtec®)

Cold and Flu

- Diphenhydramine (Benadryl)*
- Dextromethorphan (Robitussin®)*
- Guaifenesin (Mucinex® [plain]) *
- Vicks Vapor Rub® mentholated cream
- Mentholated or non-mentholated cough drops
- (Sugar-free cough drops for gestational diabetes should not contain blends of herbs or aspartame)
- Pseudoephedrine ([Sudafed®] after 1st trimester)
- Acetaminophen (Tylenol®)*
- Saline nasal drops or spray
- Warm salt/water gargle

*Note: Do not take the "SA" (Sustained Action) form of these drugs or the "Multi-Symptom" form of these drugs. Do not use Nyquil® due to its high alcohol content.

YOUR PREGNANCY



YOUR PREGNANCY

Nausea and Vomiting

- Diphenhydramine (Benadryl)
- Vitamin B6

First Aid Ointment

- Bacitracin
- Neomycin/polymyxin B/bacitracin (Neosporin®)

Heartburn

- Aluminum hydroxide/magnesium carbonate (Gaviscon®)*
- Famotidine (Pepcid AC®)
- Aluminum hydroxide/magnesium hydroxide (Maalox®)
- Calcium carbonate/magnesium carbonate (Mylanta®)
- Calcium carbonate (Titalac®, Tums®)
- Ranitidine (Zantac®)

*Occasional use only

Hemorrhoids

- Phenylephrine/mineral oil/petrolatum (Preparation H®)
- Witch hazel (Tucks® pads or ointment)

Insect repellent

- N,N-diethyl-meta-toluamide (DEET®)

Rashes

- Diphenhydramine cream (Benadryl)
- Hydrocortisone cream or ointment
- Oatmeal bath (Aveeno®)

Sleep

- Diphenhydramine (Unisom SleepGels®, Benadryl)

Yeast Infection

- Miconazole (Monistat®)



Medications in Pregnancy

Safety of medications in pregnancy are rated in the categories as follows:

- A- Proven safety in human and animal studies
- B- Animal studies and some human studies show no risk, most are safety-proven.
- C- Animal and human studies are not done, but benefit may outweigh risk, generally used after first trimester.
- D- Studies usually do not support safety and use in pregnancy
- X- Should not be used in pregnancy: not safe

Please ask your physician at your appointments about any new medications, herbal remedies, or over-the-counter (OTC) Medications.

If you are prescribed medications by your OB physician, they will be safe to use during pregnancy, even if questioned by the pharmacist. There is no need to call after hours to check on this.

Common antibiotics used for bladder infections in pregnancy:

- Nitrofurantoin (Macrobid)
- Cephalexin (Keflex)
- Trimethoprim/Sulfamethoxazole (Bactrim)

Common antibiotics used for upper respiratory infection in pregnancy:

- Azithromycin (Z-pack or Zithromax)
- Trimethoprim/Sulfamethoxazole (Bactrim)
- Amoxicillin
- Augmentin (Augmentin)

YOUR PREGNANCY

Round Ligament Pain

This is a common pain syndrome that really intensifies around the mid-second trimester, or around 20 weeks gestation. Some women will experience more pain in subsequent pregnancies due to lack of rectus muscle support and the ability of the large uterus to move around and shift. This creates a "pulling" sensation of the ligaments that support the uterus. This is not dangerous, but it can be very uncomfortable.

Warning signs that your pain is not round ligament pain are as follows:

- Rhythmic pain that comes and goes in a regular pattern
- Blood in the urine or blood from the vagina
- Inability to tolerate foods or fluid accompanied by lower abdominal pain
- Fever of 101 or above

If the above symptoms are present, then you need to contact your doctor. Otherwise, ligament pain is harmless and can be relieved by rest, hydration, Tylenol, or a heating pad.

Travel During Pregnancy

Car Travel

- Car safety doesn't change for pregnant women
- You should use the shoulder and lap belt
- Keep your seat at least 10 inches from the dashboard
- Airbags should be kept on for pregnant women
- You should stop during car travel every 1-2 hours to walk around to prevent blood clots.

Air Travel

- In the absence of pregnancy or medical complications, women can fly safely up to 36 weeks, but you should check with the airline for their specific rules or requirements, including possible need for documentation of your due date.
- Patients at significant risk for preterm labor or placental problems should avoid air travel.
- You should continually wear your seatbelt while seated since air turbulence cannot be predicted; seatbelts should be worn low on your hip bones.
- Consider support stockings and periodic movement of your lower extremities to help minimize risk of blood clots.
- Metal detectors do not harm you or your baby.
- Always take a copy of your prenatal records if you are traveling far from home.



Immunizations and Pregnancy

Vaccines help keep a pregnant woman and her growing family healthy.

Before Pregnancy

Before becoming pregnant, a woman should be up-to-date on routine adult vaccines. This will help protect her and her child. Live vaccines should be given a month or more before pregnancy. Inactivated vaccines can be given before or during pregnancy, if needed.

During Pregnancy

Flu Vaccine

It is safe, and very important, for a pregnant woman to receive the inactivated flu vaccine. A pregnant woman who gets the flu is at risk for serious complications and hospitalization. To learn more about preventing the flu, visit the CDC website: www.cdc.gov/flu.

Tdap Vaccine

Women should get adult tetanus, diphtheria and acellular pertussis vaccine (Tdap) during each pregnancy. Ideally, the vaccine should be given between 27 and 36 weeks of pregnancy.

Travel

Many vaccine-preventable diseases, rarely seen in the United States, are still common in other parts of the world. A pregnant woman planning international travel should talk to her health professional about vaccines. Information about travel vaccines can be found at CDC's traveler's health website at www.cdc.gov/travel.

Childhood Vaccines

Pregnancy is a good time to learn about childhood vaccines. Parents-to-be can learn more about childhood vaccines from the CDC parents' guide and from the child and adolescent vaccination schedules. This information can be downloaded and printed at www.cdc.gov/vaccines.

YOUR PREGNANCY

Did you know that, a mother's immunity is passed along to her baby during pregnancy? This will protect the baby from some diseases during the first few months of life until the baby can get vaccinated.



YOUR PREGNANCY

After Pregnancy

It is safe for a woman to receive routine vaccines right after birth, even while she is breastfeeding. A woman who has not received the new vaccine for the prevention of tetanus, diphtheria and pertussis (Tdap) should be vaccinated right after delivery. Vaccinating a new mother against pertussis (whooping cough) reduces the risk to her infant too. Also, a woman who is not immune to measles, mumps and rubella and/or varicella (chicken pox) should be vaccinated before leaving the hospital. If inactivated influenza vaccine was not given during pregnancy, a woman should receive it now because it will protect her infant. LAIV may be an option.

Visit CDC's website at www.cdc.gov for more information. Or get an answer to your specific question by e-mailing cdcinfo@cdc.gov or calling 800-CDC-INFO (232-4636) (English or Spanish)

Vaccine	Before pregnancy	During pregnancy	After pregnancy	Type of Vaccine
Hepatitis A	Yes, if indicated	Yes, if indicated	Yes, if indicated	Inactivated
Hepatitis B	Yes, if indicated	Yes, if indicated	Yes, if indicated	Inactivated
Human Papillomavirus (HPV)	Yes, if indicated, through 26 years of age	No, under study	Yes, if indicated, through 26 years of age	Inactivated
Influenza IIV	Yes	Yes	Yes	Inactivated
Influenza LAIV	Yes, if less than 50 years of age and healthy; avoid conception for 4 weeks	No	Yes, if less than 50 years of age and healthy; avoid conception for 4 weeks	Live
MMR	Yes, if indicated, avoid conception for 4 weeks	No	Yes, if indicated, give immediately postpartum if susceptible to rubella	Live
Meningococcal: • polysaccharide • conjugate	If indicated	If indicated	If indicated	Inactivated Inactivated
Pneumococcal Polysaccharide	If indicated	If indicated	If indicated	Inactivated
Tdap	Yes, if indicated	Yes, vaccinate during each pregnancy ideally between 27 and 36 weeks of gestation	Yes, immediately postpartum, if not received previously	Toxoid/ Inactivated
Tetanus/Diphtheria Td	Yes, if indicated	Yes, if indicated, Tdap preferred	Yes, if indicated	Toxoid
Varicella	Yes, if indicated, avoid conception for 4 weeks	No	Yes, if indicated, give immediately postpartum if susceptible	Live



Quad Screen

The quad screen is a blood test that checks for a higher risk of some genetic diseases and birth defects of the brain and spinal cord. The test doesn't tell if the baby has the problem but might help tell if further testing for these problems is needed. The test is done at 16 to 18 weeks in the pregnancy. It is not required for women to have this test. Talk to your doctor to see if you should have one.

Cystic Fibrosis - A guide to carrier testing

What is cystic fibrosis?

Cystic fibrosis (CF) is an inherited, Lifelong condition that causes problems with breathing and often with digestion. CF does not affect how smart someone is or how they look. There is no cure for CF, but there are many therapies and treatments for the symptoms. The disease often gets worse over time and becomes harder to treat, but many people with CF live into their 40s and older.

What causes cystic fibrosis?

When a person inherits an abnormal CF *gene* from both parents, their body makes thick, sticky mucus. This mucus clogs the lungs, leading to life-threatening lung infections. In most people with CF, the mucus also blocks the pancreas, which keeps the body from digesting food properly.

A person who has one normal CF gene and one abnormal CF gene is known as a *carrier* of CF. Carriers are healthy and have no symptoms of CF. If two carriers of CF have a child, there is a 25% (1 out of 4) chance that the child will have CF.

What is the chance of being a CF carrier?

Cystic fibrosis occurs most often in people whose ancestors came from northern European countries, such as Ireland, England or Holland. But anyone can be a carrier of CF, as shown in this chart:

Ethnic Group	Chance of Being a Carrier
Eastern European (Ashkenazi) Jewish	4% (1 out of 24)
Non-Hispanic Caucasian	4% (1 out of 25)
Hispanic American	2% (1 out of 46)
African American	1.5% (1 out of 65)
Asian American	1% (1 out of 94)

YOUR PREGNANCY

Did you know, the only way to get CF is for both parents to pass the disease to the baby?



YOUR PREGNANCY

Did you know, genes are the hereditary instructions that tell your body how to grow and develop? We have 2 sets of genes, one inherited from our mother and the other from our father. Each gene is part of a pair.



Most CF carriers do not have family members with cystic fibrosis. If someone in your family does have CF, your chance of being a carrier is probably higher than other people in your ethnic group. Be sure to tell your health care provider about your family's health history.

How can I find out if I am a CF carrier?

To have your CF genes tested, you will need to give a small blood sample. The lab checks for the most common changes, known as mutations, in the CF gene. Over 1,600 mutations in the CF gene have been discovered, but the standard test looks for the 23 mutations that are most common.

CF carrier testing is most reliable for Caucasians, because that is the group of people who usually have CF. Carrier testing is less reliable in people of other ethnic groups, as shown in this chart:

Ethnic Group	Accuracy of Carrier Test
Eastern European (Ashkenazi) Jewish	94%
Non-Hispanic Caucasian	88%
Hispanic American	72%
African American	65%
Asian American	49%

What does a "negative" test result mean?

A negative test result means you do not have any of the CF gene mutations you were tested for. It does not mean that you're not a carrier, although chances are lower that you are. You could have one of the rare gene mutations that was not searched for.

What does a "positive" test result mean?

A positive test result means that you are a carrier of cystic fibrosis. There are no "false positives" with this test. If your CF test is positive, your partner can then be tested to see if you are both CF carriers.

What if my partner's test is negative?

If your partner's test is negative, it means his chance of being a carrier of CF is lower, but not zero. There is still a very small risk that your child will have CF. No other testing can be done during your pregnancy to diagnose CF in the babe, but your baby will be screened for CF at birth as a part of newborn screening.

What if my partner's test is positive?

If your partner's test is positive, there is a 25% (1 out of 4) chance your baby will have CF and a 75% (3 out of 4) chance your baby will not have CF.

Newborn screening does not pick up all cases of CF. If you and your partner are both carriers of CF, you should not rely on newborn screenings results to diagnose CF.

Amniocentesis and chorionic villus sampling (CVS) are 2 procedures that can be done while you are pregnant to test your baby for CF. Or, a small blood sample can be taken after birth for genetic testing to diagnose CF.

Weight Gain in Pregnancy

Pregnancy Weight Category	Body Mass Index	Recommended Range of Total Weight (lb)	Recommended Rates of Weight Gain in the 2 nd and 3 rd Trimesters (lb)
Underweight	Less than 18.5	28-40	1 (1-1.3)
Normal Weight	18.5-24.9	25-35	1 (0.8-1)
Overweight	25-29.9	15-25	0.6 (0.5-0.7)
Obese	30 and greater	11-20	0.5 (0.4-0.6)

Nutrition during Pregnancy

- Eating a healthy balanced diet will help you and your baby get the nutrition you need.
- By eating a variety of healthy foods, you should be able to get all the nutrients that you need for pregnancy from food and prenatal vitamins.
- Taking your vitamins with a small meal or snack will help you better tolerate and absorb them.
- Extra calories should be from nutritious foods, such as lean meats, low-fat or fat-free dairy products, fruits, vegetables, and whole grain breads and cereals.
- Drink approximately 12 (8-fluid-ounces) cups of water or other beverages (caffeine-free) throughout the day.

YOUR PREGNANCY



YOUR PREGNANCY

Daily Meal Planning

- Have at least 3 cups of low-fat or fat-free dairy foods for adequate calcium, and vitamin D intake.
- Eat at least 3 cups of vegetables (including at least 1 cup of dark green or orange vegetables that are high in vitamin C).
- Have at least 2 cups of fruit. Limit juice to 100% fruit juice and only 1 cup a day.
- Eat at least 5 to 7 ounces of grains such as whole grain bread, cereal, or pasta. At least half your grains should come from whole grains. Chose cereals and bread products that are fortified with iron. These, along with your prenatal vitamin, will meet your iron needs during pregnancy.
- Eat at least 5 to 6 ounces of protein such as lean meat, fish, or poultry. If you do not eat meat, try similar amounts of other foods with protein, such as cooked dried beans or lentils, tofu or soy, eggs, nuts or peanut butter.

Cooking and Meal Hints to Enhance Iron Absorption

- When cooking or sautéing meat or vegetables, use a cast iron skillet if possible, since the iron from the pan will mix into the food.
- Serve things like tomato-based sauces with meats (for example, meat sauce made with tomato sauce and spaghetti) since the vitamin C from the tomato products will help you better absorb the iron in the meat.
- For breakfast, if you are eating fortified cooked or ready-to-eat cereal, drink a glass of orange juice or a vitamin C-enriched 100% fruit juice.
- Instead of chips or crackers, snack on dry, ready-to-eat cereal, since it is higher in iron than chips and crackers



Foods Not Recommended

Beverages

- Alcohol
- Excessive caffeine
- Some types of herbal tea. Avoid drinking herbal teas. If you must, then speak with your doctor before drinking.

Meat, Fish, and Poultry

- Raw or uncooked meats, fish poultry, or eggs.
- Avoid fish with high mercury levels, such as shark, swordfish, king mackerel, and tile fish.
- Eat no more than 12 ounces per week of fish and shellfish that have lower concentrations of mercury, including shrimp, canned light tuna, salmon, Pollock, and catfish.
- Albacore (white) tuna has more mercury than canned light tuna. Limit it to 6 ounces per week.
- If no advice is available about locally caught fish, do not eat more than 6 ounces.
- Hot dogs, luncheon meats, bologna, or other deli meats, unless they are heated until steaming hot.

Diary

- Raw or unpasteurized milk; cheese and dairy products made with raw or unpasteurized milk.
- Soft serve yogurt.
- Soft cheese, such as brie.
- Blue cheese, such as gorgonzola.

Fruits and Vegetables

- Raw sprouts
- Unpasteurized apple cider or juices

Other

- Tobacco
- Illicit Drugs
- Herbal remedies or supplements. If you do use any teas, herbs or home remedies, discuss with your doctor to be sure that they are safe for you and your baby.
- Vitamin or mineral supplements other than those recommended or prescribed by your doctor, nurse practitioner or midwife.

YOUR PREGNANCY



YOUR PREGNANCY

*Did you know,
exercise does not
increase the risk for
miscarriage in a
normal low risk
pregnancy?*



Exercise

Exercise is important for a healthy pregnancy. Exercise can help you look and feel better. Talk with your doctor or nurse about what exercises are safe for you. Pregnancy is not a time for new activities. Swimming, walking and relaxation exercise like Yoga are usually okay in pregnancy.

However, if you have been following a regular exercise program prior to your pregnancy, you should be able to maintain that program to some degree throughout your pregnancy.

What you can do

If you are just starting an exercise program as a way of improving your health during your pregnancy, you should start very slowly and be careful not to over exert yourself. Consider a prenatal yoga class that is specifically designed for pregnant women.

Listen to your body. Your body will naturally give you signals that it is time to reduce the level of exercise you are performing.

Never exercise to the point of exhaustion or breathlessness. This is a sign that your baby and your body cannot get the oxygen supply they need.

Wear comfortable exercise footwear that gives ankle and arch support.

Take frequent breaks, and drink plenty of fluids during exercise.

Avoid exercise in extremely hot weather.

Avoid rocky terrain or unstable ground when running or cycling. Your joints are laxer in pregnancy, and ankle sprains and other injuries may occur.

Contact sports should be avoided during pregnancy.

Weight training should emphasize improving tone, especially in the upper body and abdominal area. Avoid lifting weights above your head and using weights that strain the lower back muscles.

During the second and third trimesters, avoid exercise that involves lying flat on your back as this decreases blood flow to the uterus (womb and your baby).

Include relaxation and stretching before and after your exercise program.

Eat a healthy diet that includes plenty of fruits, vegetables and complex carbohydrates.

Sex During Pregnancy

Pregnant women and their partners often have questions about sex. Talking with each other is the key to a good sexual relationship; it is important to share your feelings. Ask your health care provider about your questions. If you have a history of preterm (early) labor, be sure to talk to your doctor to see if it is safe to have sex.

Here are answers to some common questions, but since each pregnancy is unique, there is no one right answer for all.

Will sex harm my unborn baby?

Your baby is protected by a membrane (bag of water) and fluid. Your stomach wall and the bones of your pelvis also protect it. It is almost impossible to harm your baby by having intercourse.

Can I have intercourse anytime?

Sex during pregnancy is safe except in a few cases. It is best to follow your health care provider's advice.

Warnings about sex during pregnancy

If any of these happen, stop any intercourse and get medical advice:

- Pain in the vagina or stomach
- Bleeding, itching or discharge from the vagina
- "Bag of water" breaks and fluid comes out of the vagina
- You are worried or think a miscarriage might happen

Remember, intercourse is not the only means of sharing sexual pleasure and closeness.

Some sex practices are risky to your health.

1. Protect your baby and yourself from AIDS. Always have safe sex (using a condom) unless you are absolutely sure that neither you nor your partner is infected.
2. Some sexually transmitted diseases (STDs) can be passed to your baby. If you have, or think you have an STD, call your health care provider right away.
3. Taking drugs or alcohol to increase sexual feelings can cause serious damage to the unborn baby.
4. Make sure that bacteria from the rectum does not enter the vagina. This can cause infection. Bacteria from the rectum can pass to the vagina by anal intercourse or by improper wiping after using the toilet

YOUR PREGNANCY

Did you know, sex during pregnancy is safe for both you and your baby?



YOUR PREGNANCY

Did you know, each time you smoke a cigarette, harmful chemicals reach your baby?



Smoking During Pregnancy

Smoking is bad for you and your baby. Each time you smoke a cigarette, harmful chemicals such as tar, nicotine, and carbon monoxide reach your baby. These chemicals harm your baby by cutting off oxygen and food needed for growth.

If you quit smoking during pregnancy, you have less chance of:

- Vaginal bleeding
- Miscarriage or stillbirth (baby born dead)
- Problems with the way the placenta attaches to the uterus

If you quit smoking during pregnancy, your new baby:

- Has a better chance of being born at a healthy weight
- Has a better chance of being born on time instead of being born premature.
- Babies born too soon have breathing and other health problems.
- Has a better chance of coming home with you instead of staying longer in the hospital
- Has less chance of dying from SIDS (Sudden Infant Death Syndrome)
- Has less chance of having learning and health problems later in life
- The sooner you quit, the healthier you and your baby will be. If you can't quit, cutting back the number of cigarettes you smoke is helpful.

How can I get help to quit smoking?

Quitting smoking isn't easy but it is one of the best things you can do for your health. Talk to your doctor about There are some free resources, such as the Quitline. available to help you quit. Being around a smoker is also harmful to your health. Avoid secondhand smoke. To get help for you or a friend, call North Carolina's confidential Tobacco Quitline for support:1-800-QUIT-NOW (1-800-784-8669).

Quit Smoking Tips

- Call North Carolina's Tobacco Quit Line:1-800-QUIT-NOW (1-800-784-8669)
- Write down all your good reasons to stop smoking.
- Choose a "quit day." Throw away all your cigarettes, ash trays, and matches on your "quit day."

- Ask your friends and family to help you quit or cut down.
- Ask your doctor or nurse for help to stop smoking. Ask about stop smoking classes and stop smoking books.
- If you are a heavy smoker and have not been able to quit or cut down, ask your doctor or nurse for additional help. Ask about a nicotine patch or chewing gum. or a prescription for Zyban®.

If you feel like smoking:

- Go for a walk or take a bubble bath
- Drink water or juice.
- Chew sugarless gum or eat carrot sticks, celery, or apples.
- Keep your hands busy with activities
- Take deep breaths and count to five.
- Think about how strong and healthy your baby is growing.
- Spend the money you would have spent on cigarettes on something special for you.

YOUR PREGNANCY



YOUR PREGNANCY

Did you know, it is not safe to drink alcohol anytime in your pregnancy?



Alcohol During Pregnancy

Your baby is constantly growing and developing throughout these nine months. During the first four weeks of pregnancy, your baby's heart, central nervous system, eyes, arms, and legs are developing. Your baby's brain begins developing around the third week and continues to develop through the rest of your pregnancy. During the third trimester, your baby is rapidly growing in size. If you consume an excessive amount of alcohol during these crucial times of development, you may cause problems for your baby.

Results of excessive amounts of drinking (drinking on a regular basis or binge drinking) can lead to Fetal Alcohol Syndrome or Fetal Alcohol Effects. These are lifetime, irreversible effects that can cause physical, mental and neurobehavioral birth defects.

Good reasons not to drink while you are pregnant:

- Alcohol can cause mental retardation and heart defects.
- Alcohol can cause a baby to be born too early. A premature baby may not weigh enough to have a healthy start, can have breathing problems, infections, and may suffer problems for a lifetime.
- Alcohol can cause Fetal Alcohol Spectrum Disorder. Babies born with this problem may be mentally retarded, have heart problems, have faces that don't look normal, and have health, learning, and behavior problems all their lives.

Drinking any amount of alcohol while pregnant is unsafe and can cause birth defects and mental retardation.

What if I drank alcohol before I knew I was pregnant?

If you were not aware that you were pregnant and drank alcohol, the best thing you can do now is STOP drinking. The sooner you quit, the better. If you stop drinking now, the chances of damage are decreased.

Is there any safe amount of alcohol to drink?

There is no known amount of alcohol that is safe to consume during pregnancy, but the more you drink, the more you raise your baby's chances of having problems. The type of drinking that puts the baby most at risk for FASD's is binge drinking (drinking more than 5 drinks at one time), or drinking seven or more drinks in one week, according to the Surgeon General. Although, drinking less than this has been known to also lead to FASD. This is why we don't know what amount can be considered safe.

Drugs

Some medicines are safe and needed during pregnancy. Your doctor or dentist will choose the safest medicines for you. Ask your doctor or nurse about any herbs or medicines you wish to take while you are pregnant or breastfeeding your baby.

Some medicines or prescriptions are not safe to take while pregnant. Always check with your doctor or nurse before taking any medications.

Street drugs are harmful to both you and your baby any time. Never use any street drugs during your pregnancy.

Need help with an addiction?

If you are pregnant and have an addiction to alcohol, you can get help from the following organizations:

- National Clearinghouse for Alcohol & Drug Information (800-729-6686)
- National Alcohol & Drug Hope Line 1-800-NCA-CALL (622-2255)

If you would like to know more about Fetal Alcohol Syndrome you can call the National Organization on Fetal Alcohol Syndrome at 1-800-66-NOFAS (666-6327)

YOUR PREGNANCY

Did you know, you should always check with your doctor or nurse before taking any medications?



YOUR PREGNANCY

Toxoplasmosis

Toxoplasmosis is an infection. It's caused by a parasite. The parasite is so tiny you can't see it.

Toxoplasmosis can cause big health problems for your baby during pregnancy. It can be passed to your baby and cause problems with vision, the liver, and brain.

How do you get infected with toxoplasmosis?

You can come in contact with the parasite that causes the infection through:

- Eating raw or undercooked meat
- Eating unwashed fruits and vegetables
- Touching cat poop
- Touching kitchen utensils and cutting boards used to prepare raw or undercooked meat and fruits and vegetables
- Touching dirt or sand

If you have an indoor cat, get someone else to change the litter box. If no one else can help, wear gloves and wash your hands after cleaning the box.

Never eat meat that has not been cooked well.

Wear gloves when working outside in the dirt.

Painting

Painting is okay as long as it is with latex or non-VOC's (volatile organic compounds) paint and is done in a well-ventilated space.

Hair Dye

Okay after the first trimester.



Preterm Labor

Preterm or premature Labor happens when you go into Labor before 37 completed weeks of pregnancy. This is too early for your baby to be born. Babies born too soon can have lifelong or life-threatening health problems.

Can preterm labor be stopped?

Many women are given drugs to try to delay or stop preterm labor. In some cases, birth can be delayed long enough to transport Mom to a hospital with a neonatal intensive care unit (NICU). Women may also be given medications that can improve the baby's health, even if the baby comes early.

What are some warning signs of preterm labor?

- Contractions (your belly tightens like a fist) every 10 minutes or more often
- Change in vaginal discharge (leaking fluid or bleeding from your vagina)
- Pelvic pressure—the feeling that your baby is pushing down
- Low, dull backache
- Cramps that feel like your period
- Belly cramps with or without diarrhea

What should you do if you think you're having preterm labor?

Call your health care provider or go to the hospital right away if you think you're having preterm Labor, or if you have any of the warning signs. Call even if you have only one sign.

Your health care provider may tell you to:

- Come into the office or go to the hospital for a checkup.
- Stop what you're doing. Rest on your Left side for one hour.
- Drink 2-3 glasses of water or juice (not coffee or soda).

If the symptoms get worse or do not go away after one hour, call your provider again or go to the hospital. If the symptoms get better, relax for the rest of the day.

YOUR PREGNANCY

Did you know, babies born too soon can have lifelong or life-threatening health problems?



YOUR PREGNANCY

Preventing a preterm birth

Your care provider cannot always tell if you might deliver preterm. All pregnant women need to do things that might prevent a premature baby.

Here are some tips:

1. Rest each day. Lie on your sides, not your back.
2. Avoid standing for long periods. If your job requires standing, take 15-minute breaks in the morning and the afternoon. Lie down, if possible, or at least prop up your feet during your breaks.
3. Avoid heavy lifting. Don't carry groceries, laundry baskets or toddlers over 25 pounds. Heavy lifting may lead to preterm labor.
4. Avoid heavy housework. Scrubbing floors, washing walls and other heavy chores need to be done by someone else.
5. If you have contractions when you exercise. STOP exercising until you talk with your care provider.
6. Avoid sitting for long periods. If you sit at your job, get up from your desk every hour and walk around.
7. Use a condom with intercourse if you are told by your care provider that you are at risk for preterm labor.
8. If you have more than one sex partner during pregnancy, use a condom.
9. Brush your teeth 2 times each day and floss each day.
10. Call your care provider if you have pain or burning when you urinate, feel like you have to urinate all the time or you have itching, burning or a strong odor to your vaginal discharge.
11. A lot of stress during pregnancy can cause preterm labor. Stress is different for each woman. If you feel that your life is too much for you to handle, talk with your care provider. They may be able to help you find ways to deal with the stress.



Kick Counts

An easy way to check the well-being of your baby is to check to see how much your baby is moving. Setting aside time every day when you know your baby is active to count kicks, swishes, rolls, and jabs may help you find out about potential problems.

Most babies move about 10 times in 2 hours.

Starting in the 27th week of pregnancy (about the 7th month) keep track of how many times your baby moves once a day. Babies are most active after eating a meal or something sweet, drinking something cold, or after physical activity.

To do this: lie on your left side and focus on feeling your baby move. roll. kick, or flutter. Try drinking juice or eating before lying down. Use a chart to help count how long it takes for your baby to move 10 times to share with your provider if they ask you to keep track of them. You can stop counting after you reach 10 movements.

If your baby does not move 10 times in two hours or if your baby has a sudden decrease in movement, call your doctor.



YOUR PREGNANCY

Labor

Precautions and When to Call

- Call when you are having painful regular contractions every 5-7 minutes for at least one hour without stopping.
- Call if you bag of water breaks. Sometimes this is a big gush of fluid and sometimes it is a continuous trickle of fluid.
- Call if you have vagina bleeding that is continuous and heavy as a menstrual period. It is normal to pass some blood with mucus before you go into labor. This is "bloody show" or a "mucous plug". You don't need to call for this.
- Call if your baby does not move at all during any 4-hour period while you are awake (check fetal kick counts).
- Call if your bay moves much less one day than it did the day before. Before you call try eating and drinking something sweet (juice) to try to stimulate baby movements.

Staying at Home During Early Labor

Unless your care provider has told you to come to the hospital. **STAY AT HOME** until your labor is strong.

What should I be doing at home?

1. If you wake up having mild contractions, try to go back to sleep.
2. If you start labor during the day. distract yourself. Do easy chores, go to the mall watch TV. or read.
3. Drink lots of clear liquids (drinks you can see through) water, juices, ginger-ale, Sprite. Kool-Aid or lemonade.
4. Eat small light meals - scrambled eggs, toast, soups, bagels, baked potatoes, pastas, rice, or dairy foods.
5. Rest when you feel tired.
6. Take long slow walks, followed by resting.
7. Get your bags ready.
8. Time your contractions every couple of hours or when you think they have changed. Watch for your contractions to get:
 - Regular (They come at the same time, each time. Not 10 minutes then 20 minutes then 25 minutes apart.)
 - Closer together (Over time the contractions will go from being 15 to 20 minutes apart to 5 to 7 minutes apart.)
 - Last longer (The contraction lasts 45-60 seconds, not 20-30.)
 - Stronger (You can't walk or talk while having a contraction.
 - You may start holding your breath and need to start using a breathing pattern to help you with the pain.)



When do I call my care provider?

Call your care provider:

- If this is your first baby and your contractions are:
 - 5 minutes apart
 - 60 seconds Long
 - You cannot walk during the contraction and have to use a breathing pattern
 - Contractions have been in this pattern for 1-2 hours
- If your membranes rupture (water breaks), tell your care provider:
 - What time your water broke
 - What color your fluid is
 - If you are having any contractions
- If this is not your first pregnancy and you are having regular contractions.
- If your care provider has asked you to call when you think you are starting labor.
- If you are afraid that something is not "right."
- If you have bright red bleeding like your period has started.

When you call, be ready to tell your care provider:

- How far apart your contractions are
- How strong they are
- How long they are lasting
- If your vaginal discharge has some blood
- If your membranes have ruptured and the time they ruptured

YOUR PREGNANCY



YOUR PREGNANCY

Things I Need in the Hospital

We suggest that you pack two bags for the hospital one for labor and one for after the birth.

Remember, when you come to the hospital for labor. leave your "after the birth" bag in the car until you are moved to your room.

Labor/Birth Supplies.

Choose any you might need for Labor. Bring this bag to Labor and Delivery.

- Spray bottle for misting your face
- 1-2 pillows (bright colored pillowcase)
- Lip balm (Chapstick)
- Snack for support person
- Money for vending machines
- iPods, MP3 players, and CD players
- Massage tools and massage oils (because of fire codes, candles or incense cannot be used)
- Rice bag for moist, warm heat
- Warm socks for mom's feet
- Camera, video camera
- Focal point (like a small stuffed animal or photograph)
- Birth Care Plan
- Robe, slippers for walking during labor
- Toothbrush and toothpaste for mom and support person
- Baby book for foot prints
- Hair ties/clips
- Hand-held fan
- Sweater/sweatshirt for support person. Room will be cool for mom's comfort.

Remember: Please leave valuable jewelry at home. Do not bring large sums of money.



After the Birth Supplies:

- Nightgown/PJs
- Underwear
- Personal Care Items (shampoo, toothpaste, etc.)
- An outfit for the baby and blanket
- Loose fitting clothing to wear home
- Health Insurance/Medicaid Card
- Money for vending machine
- Favorite snacks
- Car seat

Please leave these "after birth "supplies in your car until you are taken to our Mother/Baby Unit after the birth.

Bringing Electrical Appliances into the Hospital:

- Inform the admission's clerk or nurse if you want to bring any electrical appliance(s) into the hospital or if a visitor brings in a device for you. To ensure your safety, all such devices should be made available for inspection by hospital personnel.
- Small battery-powered devices, such as iPods, MP3 players, and CD players are generally permitted, as long as they do not disturb other patients or hospital personnel. Again, earphones are recommended.

Things You May Need at Home:

- Crib or safe place for baby to sleep
- Sheets for crib/cradle
- 2-3 receiving blankets
- Mild soap for bathing
- Rubbing Alcohol
- Petroleum Jelly (Vaseline)
- Cotton Balls/Swabs
- 2-week supply of diapers
- Bag for diapers/supplies when away from home
- 4-6 undershirts
- 1-2 heavier blankets
- 4-6 gowns/sleepers
- 4-6 outfits (weather appropriate)

You will receive the following items from the hospital:

- Digital thermometer
- Bulb syringe

YOUR PREGNANCY



YOUR PREGNANCY

Important Decisions for Your Baby

During your pregnancy you have made some parenting choices that were important to your baby, like:

- Stopping smoking
- Eating healthy foods
- Exercising
- Not drinking alcohol

As you get closer to the birth there are more choices to be made.

- Should the baby be circumcised?
- What kind of care provider will I use for my baby's care?
- Should I use cloth or disposable diapers?
- Should we put our baby in day care?
- How do I find the right kind of day care for my baby?
- How do I get my other children ready for the new baby?

Talking with your care provider or your baby's care provider is a great way to get help with these choices. Reading or talking with family and friends is another way.

Circumcision

- It is important to talk with your baby's doctor about circumcision. You need to know the reasons for doing a circumcision or not doing a circumcision. After talking with the baby's doctor, you can make the best choice for your son.
- You need to decide before the birth. The nurses will have you sign a consent for the circumcision in the hospital.
- Medicaid and some insurance companies may not pay for circumcision.
- Talk with your baby's care provider about paying for the circumcision.
- If your baby is circumcised before you leave the hospital, your nurses can teach you how to take care of the circumcision.



If Your Baby Needs Special Care

Babies born with health problems often need to receive care from special teams like those that work in Neonatal Intensive Care Units (NICUs).

Babies born at Ashe Memorial Hospital that need special care are usually sent to the Children's Hospital in Winston-Salem. The beds in their NICU are for:

- Babies born prematurely
- Babies born with health problems
- Babies born in other hospitals in western North Carolina that need special care

A specially trained staff is on hand to care for babies and their families 24 hours a day. When a baby stays in the NICU, it is stressful on the parents and their family. To help ease their stress:

- They have 24-hour visitation for parents, siblings, and grandparents.
- The area where each baby stays is set up to help parents feel comfortable in taking care of their baby.
- The nurses encourage parents to start taking care of their baby as soon as possible.
- Staff ask parents to help plan their baby's care.
- As your baby improves and prepares to go home, they offer private rooms for parents and baby to stay together.
- The NICU staff will help you prepare to go home. Individual teaching and CPR instructions are just a couple of things they will offer to help you feel more at ease.
- You can continue getting support & education once you are home, from the:

Family Support Network of Western N.C.

Call 213-0033 or 1-888-810-2800 ext. 2 for more information.

YOUR PREGNANCY



YOUR PREGNANCY

Preparing your pet for a new baby

Five Great Ways to Prepare for Life with Baby

1. Identify and decrease attention-seeking behaviors such as pawing, barking, and jumping or any demanding behavior. Learn Leadership skills and start these with your dog(s).
2. Become familiar with subtle signs and body language of dog communication.
3. Begin a baby-friendly or flexible routine of feeding and activities with your dog and incorporate obedience skills.
4. Role play with a doll and baby equipment to help gradually expose your dog to these new and exciting items. Reward calm and desired behavior.
5. Identify and begin to use designated "dog zones" in your home, especially in the baby's room. Begin looking to the future, and discuss growth/development and child safety related to your pets.



Resource Information



**RESOURCE
INFORMATION**



Ashe Memorial Hospital Labor and Delivery

336-846-0734

Nurses on labor and delivery can assist you in accessing a multitude of resources including:

- Pre registering for your delivery prior to your due date
- Locating local pregnancy classes
- Arranging hospital tours
- Signing up for infant CPR classes
- Finding breastfeeding classes
- Newborn care classes

Community Resources

A Safe Home for Everyone

Office: 336-982-8851
Crisis Line: 336-246-5430

Ashe County Department of Social Services

Administration or inquiries: 336-846-5644
Child Support: 336-982-7820
Children's Services: 336-846-5644
Medicaid: 336-846-5719
Medicaid Transportation: 336-846-5688
Adult Services: 336-846-5644
Food & Nutrition Services: 336-846-5719
Work First, & Daycare Assistance: 336-846-5644

Triple P – Positive Parenting Program

Office: 336-982-4588

Community Organizations

United Way's 2-1-1 Of WNC 211 or 211wnc.org
24-hour services for finding emergency assistance with housing needs, substance abuse, etc.

NC Pregnancy Exposure Risk Line 1-800-532-6302 or ncpregnancy.org
Education and counseling for exposure risks in pregnancy related to substance and alcohol abuse.

NC Coalition Against Domestic Violence: 800-799-SAFE (7233)

RESOURCE INFORMATION



RESOURCE INFORMATION

Websites

American Academy of Family Physicians	aafp.org
American Academy of Pediatrics	aap.org
American College of Nurse Midwives	midwife.org
American Congress of Obstetricians and Gynecologists	acog.org
Birth Techniques	lamazeinternational.org
Breastfeeding and Parenting	kellymom.com
Childbirth Connection	childbirthconnection.org
Mothering of Preschoolers (MOPS)	mops.org
New Dad Support	newdads.com
Pet Preparation for New Baby	familypaws.com
Living with Kids & Dogs	livingwithkidsanddogs.com
Postpartum Depression	ppdsupportpage.com

Adoption Services

Catholic Charities	828-255-0146
ccdoc.org	
Bethany Christian Services	828-651-8600
bethany.org	
National Safe Haven Program	888-510-BABY (2229)
nationalsafehavenalliance.org	

Do not abandon your newborn baby

Take your newborn to any hospital, emergency department or fire station during hours of operation. No questions asked. Your secret and your newborn will be safe.



Women, Infants and Children (WIC) Program

This free government program is set up to help get healthy food to low income families including:

- Pregnant women
- Women after delivery
- Breastfeeding women
- Infants
- Children up to age 5

Complete an application at the: Ashe County Health Center

Bring one of the following forms of Identification:

- Valid driver's license
- Social Security card
- Current work/school ID
- Birth certificate
- Immunization record
- Health record

Bring one of the following items to prove residency:

- Recent water, electric, cable, gas or telephone bill
- Recent rental or mortgage agreement

Bring information to verify income for all household members:

- Medicaid card or Work First eligibility
- Food Stamp certification letter
- If above does not apply, please bring recent paycheck stubs or self-employed tax return

Medicaid for Pregnant Women (MPW)

This state program pays for the healthcare of low-income pregnant women.

- You must qualify based on the income of those in your home.
- Please call the Ashe County Department of Social Services Medicaid office at 336-846-5719 for an appointment, and the office will let you know what information you need for the application.
- For Medicaid approval you will need a letter from your doctor or midwife stating your expected delivery date.
- Pregnant women with health insurance may also be able to get MPW. If you are not able to get MPW, the Department of Social Services (DSS) may know of other programs to help you.

RESOURCE INFORMATION



RESOURCE INFORMATION

Maternity Care Coordinator

This state program helps pregnant women find early prenatal care and care after the baby's birth. Help is provided with:

- Making medical appointments
- Education and support
- Getting transportation
- Childbirth/parenting classes
- Childcare and housing
- Referral to other programs

These services are available for women with Medicaid; however, they are also open to other qualifying pregnant women. Call the Ashe County Health Department and ask to speak with a Maternity Care Coordinator.

Home Visiting Nursing Services

Registered Nurses visit your home during pregnancy and/or after birth. Services include checking for health problems, education and support.

These services are available for women with Medicaid; however, they are also open to other qualifying pregnant women.

Your healthcare provider must request these services. Medicaid will cover the cost of these services.

Some private insurance plans will cover the cost of these services for high risk pregnancies.

Child Service Coordination (CSC)

This program helps families with children (birth to 5 years) get support and services for raising healthy children. Services include:

- Developmental screening
- Information for your child's health needs
- Parenting education
- Family support
- Support in working with other Programs

This is a free program. For information, contact Ashe County Health Center.



Family Support Network of WNC

This free outreach program is designed to enhance the lives of children with special needs by:

- Providing support and education for family members
- Parent-to-parent support and encouragement
- Providing resources for families
- Designing and coordinating the delivery of services

Receive a quarterly newsletter and community education programs through Project SPEAK.

Contact at 828-213-0033 or 1-888-810-2800, Ext. 2.

North Carolina Birth Certificate Information

According to North Carolina Law, the Office of Vital Records of North Carolina and the Office of North Carolina's Secretary of State, an affidavit must be complete to name the father of the child on a birth certificate when the father and mother are NOT married. The father of the child must present valid identification at the time of signature. Valid identification consists of:

“... at least on current document by a federal, state or federal, or state recognized tribal government agency bearing the photographic image of the individual's face and wither the signature or a physical description of the individual. Satisfactory documentary evidence from a government jurisdiction is not limited to that issued by United States federal or state authorities: it could consist of an official government identification card issued in another country, provided that the card is currently valid and includes the individual's photographic image and his or her signature or physical description. (G.S.1O-B(22)(a)”

According to the office of North Carolina's Secretary of State, the hospital can accept passports and official I D's. We cannot accept out-of-the-country matriculates, driver's licenses, electoral cards or non-government issued IDs.

RESOURCE INFORMATION



**RESOURCE
INFORMATION**



Newborn Care



**NEWBORN
CARE**



Breastfeeding

The breastfeeding is special for so many reasons, including:

- The bonding with your baby
- The perfect nutrition only you can provide
- The cost savings
- The health benefits for both mother and baby

Breastfeeding protects babies

1. **Early breast milk is liquid gold**- Known as liquid gold, colostrum (koh-LOSStrum) is the thick yellow first breast milk that you make during pregnancy and just after birth. This milk is very rich in nutrients and antibodies to protect your baby. Although your baby only gets a small amount of colostrum at each feeding, it matches the amount his or her tiny stomach can hold.
2. **Your breast milk changes as your baby grows** - Colostrum changes into what is called mature milk. By the third to fifth day after birth, this mature breast milk has just the right amount of fat, sugar, water, and protein to help your baby continue to grow. It is a thinner type of milk than colostrum, but it provides all of the nutrients and antibodies your baby needs.
3. **Breast milk is easier to digest** - For most babies, especially premature babies, breast milk is easier to digest than formula. The proteins in formula are made from cow's milk and it takes time for babies' stomachs to adjust to digesting them.
4. **Breast milk fights disease** - The cells, hormones, and antibodies in breast milk protect babies from getting sick. This protection is unique; formula cannot match the chemical makeup of human breast milk. In fact, among formula-fed babies, ear infections and diarrhea are more common. Breastfeeding has also been shown to lower the risk of SIDS (sudden infant death syndrome).

Mothers benefit from breastfeeding

1. **Life can be easier when you breastfeed**- Breastfeeding may take a little more effort than formula feeding at first. But it can make life easier once you and your baby settle into a good routine. Plus, when you breastfeed, there are no bottles and nipples to sterilize. You do not have to buy, measure, and mix formula. And there are no bottles to warm in the middle of the night! You can satisfy your baby's hunger right away when breastfeeding.

NEWBORN CARE



NEWBORN CARE

*Did you know,
breastfeeding may
take a little more
effort than formula
feeding at first, but it
can make life easier
once you and your
baby settle into a good
routine?*



- 2. Breastfeeding can save money** - Formula and feeding supplies can cost well over \$1,500 each year, depending on how much your baby eats. Breastfed babies are also sick less often, which can lower health care costs.
- 3. Breastfeeding can feel great** - Physical contact is important to newborns. It can help them feel more secure, warm, and comforted. Mothers can benefit from this closeness, as well. Breastfeeding requires a mother to take some quiet relaxed time to bond.

Remember:

- Breast milk is the best food for most babies.
- Try to breastfeed your baby for the first 12 months of life.
- Babies are ready to start solid food at about 5 or 6 months.

Breastfeeding concerns

If you have concerns like the ones below as you start breastfeeding, contact your physician to discuss management techniques.

- Sore nipples
- Engorgement
- Milk supply
- Mastitis

Diapers

After about 5 days old, your baby should have at least 5 to 6 wet diapers a day. Call your baby's doctor if she doesn't have 5 to 6 wet diapers a day. The baby should poop a few times a day also.

The very first stool your baby passes doesn't smell bad. That's because the black, tarry-looking stuff, is called meconium. Your newborn will most likely have his first bowel movement (poop) some time in the first 24 hours of life. Your newborn will continue to pass meconium over the first day or so, but if he is feeding well, you'll notice that over a few days the stool goes from black to dark green to yellow in color.

Breastfed babies usually pass poop that looks like Dijon mustard, watery with little whitish seedy looking bits. Formula-fed babies may have less watery stool, usually pasty in consistency and yellow or tan in color. Many parents get concerned if they see the stool is green rather than yellow. In truth, all earth tones are fine, from yellow to green to brown.

There are 2 colors stool should not be. One is white. Like clay, which can be a sign of serious liver disease. The other is red. While blood in a baby's stool may simply have been swallowed at delivery or may result from mom's nipples bleeding, it's always wise to have a doctor check the baby.

Crying

Babies cry for several reasons. It gives them a way to call for help when they are hungry or uncomfortable. It helps her shut out sights, sounds, and other sensations that are too intense to suit her. And it helps her release tension.

You may notice that your baby has fussy periods throughout the day, even though she's not hungry, uncomfortable, or tired. Nothing you do at these times will console her, but right after these spells, she may seem more alert than before, and after that she may sleep more deeply than usual. This kind of fussy crying seems to help babies get rid of extra energy so they can return to being happier.

It is easy to become frustrated or sometimes angry with a crying baby. If you feel like you are becoming upset with the baby, have someone else care for the baby for a while or place the baby in a safe place like a crib and take a short break.

Never shake a baby. It can cause death, blindness, and brain damage.

NEWBORN CARE

Did you know, babies cry for several reasons? It gives them a way to call for help when they are hungry or uncomfortable.



NEWBORN CARE

Did you know, babies don't have regular sleep cycles until about 6 months of age?



Cord Care

You'll need to keep the stump of the umbilical cord clean and dry as it shrivels and eventually falls off. Be careful to keep the cord dry when you give your baby a sponge bath. To take care of the cord:

- Keep the cord dry. Sponge bathe your baby rather than submersing him in a tub of water.
- Keep the diaper folded below the cord to keep urine from soaking it. You may notice a few drops of blood on the diaper around the time the stump falls off; this is normal. But if the cord does actively bleed, call your baby's doctor immediately.

Although an infection is quite uncommon, contact your doctor if any of these signs is present:

- Foul-smelling yellowish discharge from the cord
- Red skin around the base of the cord
- Crying when you touch the cord or the skin next to it

The umbilical cord stump should dry up and fall off by the time your baby is three weeks old. If it remains beyond that time, there may be other issues at play. Contact your doctor if the cord has not dried up and fallen off by the time the baby is one month old.

Newborn Behavior/Sleep patterns

Babies do not have regular sleep cycles until about 6 months of age. While newborns sleep about 16 to 17 hours per day, they may only sleep 1 or 2 hours at a time. As babies get older, they need less sleep. However, different babies have different sleep needs. It is normal for a 6-month-old to wake up during the night but go back to sleep after a few minutes.

Circumcision Care

Circumcision is a surgical procedure in which the skin covering the end of the penis is removed. Scientific studies show a number of medical benefits of circumcision. Parents may also want their sons circumcised for religious, social, or cultural reasons. Because circumcision is not essential to a child's health, parents should choose what is best for their child by looking at the benefits and risks and talking their pediatrician.

How to care of the circumcision:

After the circumcision, the tip of the penis may seem raw or yellowish. If there is a bandage, it should be changed with each diapering to reduce the risk of infection. Use petroleum jelly or vitamin E ointment to keep the bandage from sticking and the penis from sticking to the diaper. The penis should be fully healed in about 1 week to 10 days after circumcision.

Problems after a circumcision are very rare. However, call your physician right away if

- Your baby does not pee normally within 6 to 8 hours after the circumcision.
- Bleeding doesn't stop.
- The redness around the tip of the penis gets worse after 3 to 5 days.
- Yellow discharge lasts longer than a week. (It is normal to have a little yellow)

How to Swaddle

Why swaddle?

Your baby is used to being curled up, snug, and warm. Before birth, your baby's arm and leg movements were slow because of being in amniotic fluid and limited because of space! So swaddling is comforting and makes your baby feel more secure as she gets used to changes. There are many ways to swaddle your baby. Here are two basic ways.

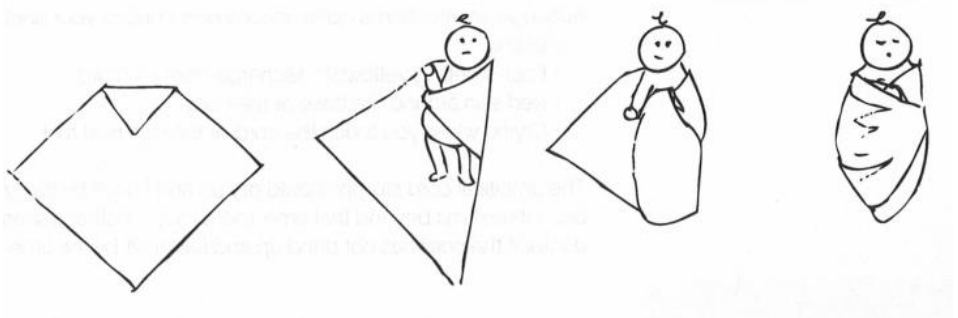
NEWBORN CARE



NEWBORN CARE

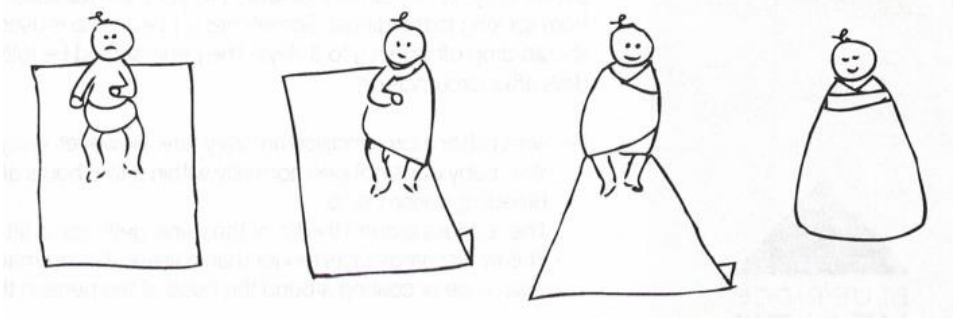
Traditional

Place the blanket like a diamond, and fold down the top corner. Place baby on top of the blanket and wrap one side snugly over baby's arm and around baby's side. Then bring up the bottom point adjusting it by folding it if needed. Baby's arms can be tucked as you wrap or left out if preferred to let baby suck on hands, thumb, or fingers. Finally wrap the other side around baby.



Baby Burrito

Spread the blanket and place the baby shoulders just above the top line of the blanket. This will prevent the blanket from tickling baby's face. Hold one wiggly arm across baby's chest, and pull the blanket snugly across as far as you can (the blanket may or may not wrap around their side to their back). Then, while continuing to hold baby's arm in place, hold their other arm across their chest and pull the blanket across. While holding both arms in place, fold an edge under the bottom of the blanket and flip up the bottom of the blanket, tucking it snugly around the baby, one side at a time. Do not pull the blanket tight on baby's legs. It is important for baby to be able to stretch his legs for hip joint development. You can tuck the final loose end under the folded-under edge.



Bathing your baby

There's no need to give your newborn a bath every day. In fact, bathing your baby more than several times a week can dry out his or her skin. If you're quick with clean diapers and burp cloths, you're already cleaning the parts that really need attention — the face, neck and diaper area.

A baby bath doesn't necessarily need to be done in a tub of water. It is recommended that you give your baby sponge baths until the umbilical cord stump falls off — which might take up to three weeks. If you'd like to give your baby a sponge bath, you'll need:

- A warm place with a flat surface. A bathroom or kitchen counter, changing table or firm bed will work. Even a blanket or towel on the floor is OK if it's warm enough.
- A soft blanket, towel or changing pad. Spread it out for your baby to lie on.
- A free hand. Always keep one hand on your baby. On a changing table, use the safety strap as well.
- A sink or shallow plastic basin to hold the water. Run warm water into the basin or sink. Check the water temperature with your hand to make sure it's not too hot.

Essential supplies

Gather a washcloth, a towel (preferably with a built-in hood) cotton balls, mild baby shampoo, mild moisturizing soap, baby wipes, a clean diaper and a change of clothes.

When you're ready to begin the sponge bath, undress your baby and wrap him or her in a towel. Lay your baby on his or her back on the blanket, towel or pad you've prepared. Wet the washcloth, wring out excess water and wipe your baby's face. There's no need to use soap. Use a damp cotton ball or clean cotton cloth to wipe each eyelid, from the inside to the outside corner. When you're ready to clean your baby's body, plain water is usually OK. If your baby is smelly or dirty, use a mild moisturizing soap. Pay special attention to creases under the arms, behind the ears, around the neck and in the diaper area. Also wash between your baby's fingers and toes. To keep your baby warm, expose only the parts you're washing.

Remember safety is the most important thing. Gather the same supplies you'd use for a bath and a cup of rinsing water ahead of time so that you can keep one hand on the baby at all times. Never leave your baby alone in the water.

NEWBORN CARE



NEWBORN CARE

How do I take care of my baby?

Below are the basic instructions of how to take care of your new baby. Your baby's doctor may also give you special instructions before you go home from the hospital.

Baby care

- Use a bulb syringe to remove mucous from baby's nose and mouth. Squeeze the bulb before placing in nose or mouth. Release the squeeze in nose or mouth to remove mucous.
- Rinse bulb syringe after each use. Use soapy water then clean water. Squeeze soapy water in and out of bulb Then repeat with clean water.
- Check the digital temperature under baby's arm: remove shirt, place the thermometer under the baby's arm. and press the button. Hold the thermometer in place until it beeps. Mercury glass thermometers are not to be used.
- Normal temperature: 36.5 - 37.2 C or 97.6 - 99 F. A fever is greater than 38 C or 100.4 F.
- Do not use Q-tips to clean ears.

Diapering

- Change diapers when wet or soiled.
- Use a mild soap and water with bowel movements to clean baby's bottom.
- Avoid baby wipes at first. They can be irritating to the skin.
- Girls may have mucous or blood-tinged discharge from the vagina during the first week, this is normal.
- Always wipe bottom from front to back
- Cord care
 - Keep diapers folded below the cord to allow the cord to dry out.
 - Signs of infection include redness of skin around the cord and bad odor or drainage.

Positioning

- Lie baby on his back for sleeping. Now that he is sleeping on his back, you need to put him on his tummy each day. Spending time on his tummy helps him develop control of his head and back. This will help him later with crawling and walking Be sure you can see your baby white he is on his tummy.



Immunizations

- Immunizations are very important to your baby's health. Keep immunizations up to date.

Breastfeeding

- Your baby should breastfeed with feeding cues for at least 8 times in 24 hours or every 2-3 hours.
- Your baby is getting enough breast milk if: By the time your baby is 5 days old:
 1. Your breasts feel heavier and firmer before breastfeeding, and, after breastfeeding, at least one of your breasts is soft.
 2. The baby softens at least one of your breasts every 2-3 hours or at least 8 times in every 24-hour period.
 3. You observe a rhythmic sucking and hear swallows for at least 10-20 minutes at each feeding.
 4. After breastfeeding, the baby does not root (open his mouth when his lips are touched).
 5. The baby is soaking at least 6 diapers in every 24-hour period.
 6. The baby has 3 or more mustard colored, loose, seedy stools (not just smears) in every 24-hour period.
- If you have sore nipples, try using some lanolin which you can get over the counter in most pharmacies. For other questions or concerns, call your physician,

Lotions, soaps, oils

Baby skin is very sensitive to lotions, soaps and oils.

- Use soaps and lotions recommended by your baby's doctor.
- Do not use baby powder. It can make your baby cough or sneeze.

Safety at home

- Never leave baby alone on a bed or changing table.
- Never leave baby alone in a bath tub.
- Always check water temperature before bathing.
- Never hold the infant under a faucet of running water.
- Never shake your baby. It could hurt your baby very badly.
- Learn CPR. The labor and delivery department at the hospital can help you find a class.
- Always use rear-facing infant car seats in the back seat of your car. This is a law in NC and all states

NEWBORN CARE



NEWBORN CARE

Colic

Colic is:

- Crying that does not stop after 2-3 hours.
- Crying day or night. The crying usually worsens at night.
- Crying for more than 6 hours a day.

Babies with colic will:

- Scream when they cry.
- Stiffen their legs out or draw their legs close to their tummies.
- Pass a lot of gas. You may be able to feel the gas moving in his tummy.
- Have a fat, tight tummy. One in 5 babies might get colic between 2 and 4 weeks of age, but it usually stops by 3 to 4 months. Doctors are not sure what causes colic. Always talk to your baby's care provider if you think your baby might have colic.

Some things to try for a colicky baby:

- All of the things in the "crying" section of this guide.
- Stroke your baby's tummy starting under the breastbone, back and forth, from one side to the other all the way down the tummy. Use firm but gentle touch.
- Lay your baby tummy down across your legs and gently rub the back. Putting gentle, firm, warm pressure against the tummy may help.
- Talk with your doctor if you think there might be a problem with your formula or breast milk. Some babies need formula that does not have cow's milk in it. Some breastfeeding mothers might need to stop eating certain foods.
- When you feel tense and angry, put your baby in a safe place and leave the room. Call a friend or family member to come and help. Try to get away for an hour or two. **DO NOT SHAKE YOUR BABY.** Shaking a baby can cause blindness, brain damage, or death.



Spitting up

Lots of babies spit up during the feeding or after they are done. Most of the spitting comes from:

- Crying hard before the feeding.
- Eating too fast.
- Swallowing air while feeding. Milk can come up with an air bubble when he burps through his mouth or out his nose. Help your baby by feeding her before she is crying. A newborn's stomach is the size of a large marble at birth and only the size of a golf ball by 3-4 weeks of age.
- Handle your baby gently after feeding.

Call your care provider if:

- Your baby seems to be in pain with spitting up (crying loudly).
- Large amounts of milk shoot out of your baby's mouth for 2 or more feedings and your baby seems sick.

NEWBORN CARE



NEWBORN CARE

Warning Signs in a Newborn

Call your baby's physician if any of these signs happen in the first month:

- Axillary (under the arm) temperature above 99.5 F or below 97.7 F
- Rectal (in the rectum) temperature above 100.4 F or below 97.4 F
- Refuses to eat for 8 to 10 hours.
- Repeated vomiting that is forceful.
- Yellow color of your baby's face, chest, or the white part of the eyes (this may be newborn jaundice).
- Changes in the way he acts:
 - Sleeps past feeding time. You have trouble waking her up and she is limp in your arms. Newborn babies should have their arms and legs curled to their body when they are awake.
 - Very fussy, crying without stopping, his cry is a very sharp squeaking sound.
- Problems with the umbilical cord:
 - Bright red bleeding larger than a quarter on her diaper or clothes.
 - 2. Red skin around the cord.
 - Yellow-green discharge that smells bad.
- Problems with the circumcision
 - Bright red bleeding larger than a quarter.
 - Swelling of the end of the penis.
 - Yellow-green discharge that smells bad.
- Less than 6 wet diapers in a 24-hour period after 4-5 days of life.
- Problems with bowel movements:
 - Hard, dry small round balls of stool, dark brown or black in color. It is hard for the baby to pass the stool.
 - Bad smelling stool that may have mucous or blood in it. Most of the stool will be like water.
- Problems with breathing:
 - Blue color around lips.
 - Deep pulling (sinking skin) between ribs. His breathing sounds like he is struggling.
 - Her nose flares (opens wide) when she breathes.



How will my baby act when it is born?

This is a good question! The more you know about your baby, the better you can love and care for him. You will also help his brain to grow better by stimulating his senses. Here are some things to know:

Vision

At birth your baby can see 8 to 15 inches from her face. For 2 weeks her eyes are sensitive to bright light. By three months she will be able to see 3 feet away. Your baby sees the world in "black and white." She does not see much color until about 4 months. Sometimes one or both eyes will cross until the muscles get stronger. The things your baby likes to look at the most:

- Your face, especially your eyes.
- Round shapes.
- Black and white things: a paper plate with black and white stripes, checker-boards or circles.
- Himself in a mirror.

What can I do?

- When your baby is quiet and looking around, take a bright colored toy (a panda bear is great) and let her look at it. Hold it in front until she sees it. Then move it a little to the right and a little to the left. Watch her eyes follow the toy.

Hearing

Your baby hears from the moment he is born. He knows the voices of his mother, father, or people who have been around mom during the pregnancy. He likes the voices that are high pitched like a woman's voice. He also knows the heart beat sound of your womb. When he hears these familiar sounds, he might stop crying or turn to listen to the sound. Some babies are upset by loud noise. They may cry or startle (throw their arms and legs out and shake) when they hear loud noises.

What can I do?

- Talk to your baby all the time.
- Read books to your baby every day.
- Let your baby listen to calm music when she is awake or falling asleep.

NEWBORN CARE



NEWBORN CARE

Smell and Taste

Your baby's sense of smell and taste are strong. Your baby will turn his head toward the smell of your breast milk but not toward another mother's milk. Your baby will make a funny face and turn away from the smell of vinegar or alcohol. This sense of smell helps your baby at feeding times and warns him away from things that could harm him. He will like the taste of sweet things the most.

What can I do?

- Lay your baby on your chest next to your skin. She will learn who you are by the way you smell.
- Have her close by when you cook. Let her enjoy the smells.

Touch

One of the best ways to show your love to your baby is with touch. He is very aware of things against his skin. The touch of another person's skin against him is very calming. Soft things like cotton or sheepskin can comfort him. Scratchy things like plastic or wool will make him pull away. Your baby's sense of touch is very strong.

What can I do?

- Cuddle, rock, and carry your baby close to you.
- Have soft things next to her skin.
- Massage your baby's body with oils or lotions from head to toe.



New Mommy Care



**NEW MOMMY
CARE**



Things Moms Need to Know

Warning signs after you have had your baby (call your doctor):

- Temperature 101 F or more by mouth
- Burning or pain when you urinate
- You can't pass your urine
- Swollen, red, Painful area on the leg (especially the calf)
- Passing a blood clot larger than a lemon and soaking a pad in the next 30 minutes to 1 hour
- Heavy bleeding that soaks a pad in 1 hour or less
- Itching, burning, or pain in vaginal area or strong odor to the discharge
- Severe headache that gets worse when you sit up; the headache will hurt less when you lie flat
- Yellow-green drainage from your cesarean incision
- Severe pain when you push on your belly
- Feelings of sadness or wanting to hurt yourself or your baby
- Racing heartbeat, difficulty catching your breath, uncontrollable crying
- Unable to sleep even when you are exhausted
- Not wanting to get out of bed or care for yourself or your baby
- Red areas or red streaks on your breasts
- Rashes on your breasts or sore nipples

Always call your doctor or midwife if you have any of these signs or if you are not sure you are having a problem.

Taking Care of Yourself

Below are the basic instructions of how to take care of yourself after the birth. Your care provider may also give you special instructions before you go home.

Activity

- Avoid becoming too tired.
- Rest as much as possible.
- Following a cesarean birth, do not lift anything heavier than your baby for the first week, or drive a car for two weeks.
- Gradually begin your usual activity as you feel up to it.

NEW MOMMY CARE

Did you know, babies cry for several reasons? It gives them a way to call for help when they are hungry or uncomfortable.



NEW MOMMY CARE

Bathing

- You may take a shower or tub bath.
- If you have an incision, pat it dry with a towel
- Remove Steri-strips covering the incision only as they come loose.
- Do not douche.
- Do not use tampons.
- Do Kegel exercises to help your bottom heal and to help with hemorrhoids.

Sexual Activity

- Wait until your bleeding has stopped before having intercourse.
- You may need to use a lubricant (like Astroglide) for intercourse.
- Discuss with your doctor or midwife the type of birth control that is right for you.

You can become pregnant even if you do not have a period.

Bleeding

- Use Peri bottle (you will get one in the hospital) and warm water to clean your bottom each time you use the bathroom. Pat your bottom dry while it is healing.
- The bleeding will gradually decrease over a few weeks, becoming dark red/brown then yellow.
- Your first period will start 4-8 weeks after birth if you are not breastfeeding and later if breastfeeding.
- Your first period may be heavier than normal.

Pain

- Sitz baths or warm baths may relieve pain from your episiotomy.
- Acetaminophen (Tylenol) regular or extra strength. 1-2 tablets by mouth every 4-6 hours for pain.
- Ibuprofen (Advil, Motrin) 1-2 tablets by mouth, every 6-8 hours for pain.

Exercise

- Walking is good exercise. Begin as soon as you feel up to it.
- Follow your doctors or midwife's instructions about exercising after childbirth.



Care when breastfeeding

- Drink extra water and juices to replace fluid used to make milk while nursing.
- Breastfeed your baby often.
- Wear a supportive bra.
- If nipples become sore, expose them to air.
- Call the WNC Breastfeeding Center for questions at 213-1103 or your local WIC office

Care when not breastfeeding

- Wear a tight bra.
- Use ice packs if your breasts become swollen, hard, and tender.
- Pain medication already prescribed may help.
- Do not pump milk from your breasts.

Diet

- Eat a healthy diet as you did while pregnant.
- Drink 8 glasses of water a day.
- Remember, you gained weight over a period of time so plan to lose the extra weight slowly.
- Avoid foods high in calories, with little nutritional value (like junk food).
- Continue to take a daily multi-vitamin.

Birth control

- Follow your doctor's or midwife's instructions
- If you take Depo-Provera (the shot), your next shot is due in 3 months.
- You can ask your care provider about other birth control choices at your 6 weeks check-up.
- Breastfeeding is not a form of birth control.
- You can get pregnant even if you don't have a period.
- Once you are home, call to schedule a check-up with your care provider. You may be given special instructions about this check-up before you go home from the hospital.

NEW MOMMY CARE

Did you know...

Vaginal childbirth is a risk factor for problems such as urinary urgency and incontinence. Common symptoms are:

- Having trouble making it to the toilet in time
- Passing urine when you cough, sneeze, laugh or exercise
- Making frequent trips to the bathroom

If you experience any of these issues after your 6-week postpartum check-up, talk with your care provider. He or she may want to refer you to Pelvic Floor Physical Therapy. Visit [missionhospitals.org/pelvic floor](http://missionhospitals.org/pelvicfloor) for more information and to take an online self-assessment.

New Mommy Care - Depression

After the baby is born, many new mothers have the "postpartum blues" or the "baby blues." The word "blues" is not really correct since women with this condition are happy most of the time. But compared to how she usually feels, the new mother:

- Is more irritable
- Cries more easily
- Feels sad
- Feels confused

The postpartum blues is usually the worst at three to five days after delivery. They usually end by the tenth day after the baby's birth. The feeling of the "blues" usually lessens and goes away over time.

Postpartum Depression is different than the baby blues and is much more serious.

Q: What is depression?

A: Depression is more than just feeling "blue" or "down in the dumps" for a few days. It's a serious illness that involves the brain. With depression, sad, anxious, or "empty" feelings don't go away and interfere with day-to-day life and routines. These feelings can be mild to severe. The good news is that most people with depression get better with treatment.



Q: How do I know if I have depression?

A: When you are pregnant or after you have a baby, you may be depressed and not know it. Some normal changes during and after pregnancy can cause symptoms similar to those of depression. But if you have any of the following symptoms of depression for more than 2 weeks, call your doctor:

- Feeling restless or moody
- Feeling sad, hopeless, and over-whelmed
- Crying a lot
- Having no energy or motivation
- Eating too little or too much
- Sleeping too little or too much
- Having trouble focusing or making decisions
- Having memory problems
- Feeling worthless and guilty
- Losing interest or pleasure in activities you used to enjoy
- Withdrawing from friends and family
- Having headaches, aches and pains, or stomach problems that don't go away

Your doctor can figure out if your symptoms are caused by depression or something else.

NEW MOMMY CARE



**NEW MOMMY
CARE**



A purple-tinted photograph of a mountain range with a forested foreground. The mountains are layered, creating a sense of depth. The sky is a soft, hazy purple. The foreground shows the dark silhouettes of evergreen trees.

New River Family Wellness, PLLC

**420 East Second Street
West Jefferson, NC 28694
(O) 336-489-4400, (F) 336-489-4500**