

## Over the Counter Medications Safe for Pregnancy and Breastfeeding

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Although it is generally best to avoid any medication while pregnant, especially during the first twelve weeks, there will be times when the benefits will be greater than the risks. As long as you do not have any chronic illnesses, the over-the-counter medicines on this list are generally safe during pregnancy and breastfeeding for the conditions indicated. It is important to take these medicines exactly as directed on the package. If you find that you have symptoms that require the use of one of these medicines for more than three days, please call us.

**Anemia** is a common condition during and after pregnancy. If we advise you to take an iron supplement, any one of the following may be used. Iron can cause constipation, so if you are taking an iron supplement, be sure to increase your intake of both fluids and foods rich in fiber.

Ferrous Sulfate, Feosol®, Slow-Fe®, or Ferrosequels

**Colds/Sinus Congestion/ Allergies/Hay Fever.** Do not use any cold preparations that contain alcohol. If you have a fever over 101° (taken with a thermometer), please call us.

Actifed®, Allegra®, Benadryl®, Claritin®, Chlortrimeton®, Mucinex®, Zyrtec®

**Constipation** is a common pregnancy condition. Exercise and increasing your intake of fluids and foods high in fiber may be helpful.

Colace®, Dulcolax®, Metamucil®, Miralax®, Citrucel®, Fibercon®, Konsyl®, Senakot®

**Cough.** Do not use any cough medicine that contains alcohol. A cool mist humidifier may be helpful. If you have a fever over 101° (taken with a thermometer), please call us.

Robitussin DM®, any cough drop or throat lozenge.

**Diarrhea.** Increase your fluid intake to prevent dehydration. You can also try the BRAT diet (Bananas, Rice, Applesauce, Toast). If the following medicines are not helpful and your diarrhea lasts more than 24 hours, please call us.

Immodium AD® or Kaopectate®



# ESTRELLA WOMEN'S HEALTH CENTER

AOA family of obgyn physicians

**Welcome to Estrella Women's Health Center.**

Congratulations, and welcome to our family! We here at EWHC are so excited for you, and are honored to have the opportunity to take care of you during your pregnancy.

Our office is made up of physicians Dr. Florian "Tim" Walter, Dr. Raj Rathee, Dr. Jordan Oland, Dr. B.J. Ho, and Dr. Sarah Colwell. Complementing them are nurse practitioners Britt Michie WHNP, Ingrid Gold CNM, Jennifer Woodruff WHNP, Tracy Bruns CNM, Michaela Wagner CNM, Anna Gomez CNM, Karline Snyder CNM, Meaghan Gomez FNP-C, Kristen Watras WHNP, Yisel Carter PA-C, and Margret Over PA-C as well as registered nurse Denise Couturier RN and Tamara Ayers RN. Together we provide comprehensive, 24-hour coverage for all of your pregnancy needs.

The office is open Monday through Thursday 8 am - 5 pm, and Fridays 7 am - 3 pm. The in-office laboratory also offers the same hours for blood draws. Our practice performs deliveries at West Valley Hospital ( 13677 W. McDowell Rd.) and Banner Estrella Medical Center (9201 W. Thomas Rd.).

Estrella Women's Health Center is a proud member of the largest and most distinct OB/GYN practice, the Arizona OBGYN Affiliates. Together, this organization of OB/GYN physicians and practices utilizes the most up-to-date medical knowledge in taking care of the largest number of moms and babies in the entire state.

We invite you to bring all of your questions, big and small, to each visit. Please also take a moment to familiarize yourself with your health insurance plan and requirements, in order to optimize the benefits available and plan your finances. Lastly, take advantage of all the informational materials given to you today, and place the important things in a safe place so that you may reference them later.

Thank you, again, for coming to see us today. We wholeheartedly appreciate your decision to let us care for you and your family.

Warmly,

Your EWHC Family

## **NEW OB GUIDELINES**

### **Prenatal Vitamins every day**

Prenatal vitamins should be taken daily, started even before conception, and may be continued even after delivery. Prenatals should definitely be continued if you are breastfeeding. Many are sold with DHA, which is a desirable additional supplement to have. If you have trouble swallowing the entire tablet, try cutting in half and taking half twice daily. If this still proves difficult - especially due to morning sickness - consider chewable or gummy prenatals.

Vitamin D supplementation is highly encouraged, as most of the population is quite low in Vitamin D. A daily dose of 5,000 IU (taken with food) will bring most people into healthy range.

### **Omega/DHA Supplements are a healthy option**

Prenatal vitamins supplemented with "omega fatty acids" are safe in pregnancy. They tend to be slightly more expensive. It is suggested that they may help in central nervous system and cognitive development, as the typical American diet is low in these nutrients. Look for them next to the prenatal vitamins section at your favorite store or pharmacy.

Alternatively, please consider looking for foods high in these nutrients - nuts, fish, seeds, avocado.

### **Be diet-conscious during your pregnancy**

Water is all the fluid necessary during your pregnancy. Sugary drinks (soda, Kool-Aid, Sunny D) should be avoided entirely. Caffeinated beverages (like coffee) should be limited to 1-2 serving per day, best served black or with cream, but absent sweeteners. Beverages such as energy drinks (Redbull, Monster) are not recommended during pregnancy, and sports drinks (Gatorade, Powerade) are unnecessary. Fruit juice is also high in sugar, but if enjoyed should be limited to one single serving (6-8 oz) per day, and can be watered down. Plain milk 1-2 times per day is fine, but flavored milk (chocolate, vanilla, strawberry, etc.) is sweetened and should also be avoided. As a general rule, it would be best to avoid as much artificial flavoring, coloring, and additives as possible in your food and drink.

The saying "eating for two" is not to be taken to mean you should be eating twice as much. In fact, the pregnant patient only requires an additional 200-300 calories per day (total daily intake in pregnancy should be 2000-2300 calories/day), which is equivalent to an extra healthy snack or two (cottage cheese, cucumber, nuts; small half-sandwich; cheese, crackers, tomatoes). Extra meals and "seconds" just to "feed baby" are unnecessary and should be avoided. As well, fatty and/or sweet snacks (chips, fried goods, cakes, cookies, desserts) can be enjoyed as a rare treat, but should be replaced by whole fruits and vegetables as much as possible.

If hunger between meals becomes problematic, change from the traditional three-meals-a-day into five smaller- or half-sized meals. This way, you will be eating more often, with less time between them (and therefore less hunger). It is very important to ensure that the meals stay small, otherwise you will simply be eating more food more often. Please also be sure to include enough healthy fats and protein, which help you feel fuller for longer.

There are bacteria associated with certain foods that can be harmful to your pregnancy. Things to avoid include soft cheeses made with raw milk (any dairy product made with pasteurized milk is fine), raw or undercooked red meat, poultry, fish, or shellfish. All fruits and vegetables should be rinsed and cleaned prior to cutting and eating. All deli/luncheon meats - for example, hot dogs, ham, turkey, bologna, salami, sausage - should be heated to

steaming hot prior to eating.

Thoroughly cooked seafood is fine and encouraged during your pregnancy, and can be enjoyed twice a week. Professionally prepared sushi may also be enjoyed in this state without worry. Fish high in mercury content - such as shark, mackerel, albacore, and swordfish - should be avoided. Shrimp, canned light tuna, salmon, and catfish are common acceptable alternatives. Ceviche (shrimp or fish) prepared in the classic manner (lime or lemon juice) is not recommended, but thoroughly cooked ceviche is ok.

### **Prior Medical Conditions**

Be sure to tell your health provider about any preexisting medical problems, such as high blood pressure, diabetes, thyroid disease, lung or heart conditions, etc. Also important to know are any complications with any prior pregnancies, if you have had a c-section, or if there is any significant family history. Special circumstances may require consultation with a specialist to help optimize care and decrease risks during your prenatal course.

### **Healthy body, baby, and pregnancy**

Exercise is encouraged during pregnancy, unless you have a specific medical issue where it would be of concern. Brisk, daily exercise is encouraged, at a minimum of 30 minutes per day. Your goal should be a sustained elevated heart rate, regular rhythmic breathing, and even a little sweat. Vigorous exercise (including jogging and running) is fine, if you already participate in vigorous exercise. Walking, swimming, stationary bike, and hiking are recommended forms of exercise. You should avoid contact sports, or activities where you can fall. Be sure to stay well hydrated during any and all forms of activity.

Prenatal yoga or pilates are great options for additional daily exercise, and help with core muscle strengthening (abs, low back, hips, and pelvis). "Hot" or "Bikram" yoga should be avoided, as well as hot tubs, jacuzzis, and saunas. Bathwater should never exceed 100 degrees Fahrenheit.

Exercise is necessary in addition to proper diet to help curb excessive weight gain in pregnancy. These methods also decrease the risk for gestational diabetes. Finally, exercise during pregnancy has been shown to decrease the risk for obesity, diabetes, and other related issues for your baby during its lifetime!

Breastfeeding is an important consideration after delivery. Multiple benefits for health, protection from infection, and maternal-newborn bonding can be found. Recommended by your obstetricians, family practitioners, and pediatricians, breastfeeding will also greatly help in getting you back to your pre-pregnancy weight.

### **Prevention of Infection**

Handwashing is the best way to prevent illness. You and those around you (especially children) should wash hands at every opportunity. Stay away from sick individuals, especially those with cough, fever, and rash, until all symptoms have completely resolved. Also avoid pet droppings, cat litter, and gardening.

Vaccinations are available and encouraged during pregnancy, but only for certain diseases. The vaccines recommended here are all endorsed by the American Congress of Obstetricians and Gynecologists (ACOG), the Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO). Flu vaccine is recommended in any trimester for all pregnant patients during the winter months (October - May). Pertussis



(TDaP) vaccine is recommended after 20 weeks gestational age regardless of season to prevent whooping cough in the newborn. COVID vaccine is also available for administration in any trimester.

### **Cord Blood Banking**

All patients have the opportunity to participate in either private or public cord blood banking, as our doctors are trained in cord blood collection at delivery. There are many companies available for private storage of your baby's cord blood, and just as many reasons to consider before you make a decision on such an investment. Please direct any and all questions to your provider.

### **Travel Precautions**

Most airlines prohibit travel after a certain time frame (often after 32-34 weeks gestational age), so it is very important as you plan to check with your carrier prior to purchasing a ticket. For the sake of emergency, it is helpful to try to remain within 30-60 minutes of a hospital as much as possible. Long-distance car travel outside of this 30-60 minute window is not recommended after 35 weeks. During trips, it is important to keep your legs moving. Calf raises every 15-30 minutes are helpful while seated, and you should be sure to get up and walk every 30-60 minutes.

Zika virus is a new concern in tropical climates, carried by mosquitoes. Please observe any travel restrictions for both you and your partner by looking at [CDC.gov](http://CDC.gov) for the most up to date information.

### **Emergencies**

If any true emergencies occur, immediately dial 911. At night and on weekends, the office is closed. Prescriptions and small, uncomplicated health matters should wait for normal office hours, or can be dealt with at an urgent care clinic.

Prescriptions for pain medication will not be given or called in after hours.

If you need to be evaluated for labor, contractions, or for a significant pregnancy-related complication (such as bleeding, breaking your water, decreased fetal movement, etc.), please head directly to the hospital. There is no need to contact the physician on call, as the hospital will contact us when you arrive.

Fetal movement can be reliably monitored starting at 28 - 32 weeks of gestation. Fetuses generally move at least 5-6 times per hour, and can sleep for up to an hour at a time ("sleep cycle"). If you think movement is less than normal, take a small snack, drink a large glass of ice water, and count fetal movements. If less than 5-6 in one hour, please go directly to OB triage/maternity.

Postpartum depression is a relatively common occurrence, and is not just limited to after the baby has been born. Signs and symptoms include excessive fatigue, insomnia, depressed/sad mood, lack of smiling or laughter. More dangerous signs include hopelessness, visual or auditory hallucinations (seeing or hearing things that are not actually there), and rarely, thoughts of harm to self, baby, or others. If any of these occur, please tell your provider. If you feel like harming yourself, your baby, or others, please immediately go to the closest emergency department, or call 911.

**Recommended Websites:**

[www.estrellawomenshealthcenter.com](http://www.estrellawomenshealthcenter.com)

[www.aqafamily.com](http://www.aqafamily.com)

[www.cdc.gov](http://www.cdc.gov) (see section on "pregnancy")

[www.acog.org](http://www.acog.org) (see section on "for patients" and scroll down to "pregnancy")

**EWHC Important Phone Numbers**

**Main: (623) 846-7558**

**Fax: (623) 846-1674**

**Nurse (Denise Couturier, RN): extension 6607**

**Surgery Coordinator (Monica Farrell): extension 6624**

**Banner Estrella Medical Center: (623) 327-4000**

**OB Triage: (623) 327-5866**

**Abrazo West Campus: (623) 882-1500**

**OB Triage: (623) 882-1900**

**Arizona Women, Infants, and Children (WIC): (800) 2525-WIC (942)**

WIC provides resources, coupons, and nutritional/dietary counseling for families in partnership with AHCCCS. Please call to see if you are eligible, and to locate the nearest clinic.

**National Domestic Violence Hotline: (800) 799-SAFE (7233)**

**National Sexual Assault Hotline: (800) 656-HOPE (4673)**

**National Teen Dating Abuse Hotline: (866) 331-9474**



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### **Genetic carrier screening**

Allows for a closer look at your genes, to see if there is a chance your baby could inherit certain genetic disorders.

### **CYSTIC FIBROSIS SCREENING**

Cystic fibrosis (CF) is a genetic disorder that causes breathing and digestive problems. Intelligence is not affected by CF. Individuals with CF have a current life of approximately 37 years, and the cause of death usually is lung damage. Approximately 15% of individuals with CF have a mild form of the disease and live an average of 56 years. Common symptoms of CF include coughing, wheezing, loose stools, abdominal pain, failure to thrive, and in men, infertility. Treatment involves medication to aid digestion, proper nutrition, and lung therapy.

Cystic fibrosis is an inherited condition that is caused by mutation in the CFTR gene. When a patient and her partner are both carriers of a mutation in the CFTR gene, they have a 1 in 4 chance of having a child with CF. To date, more than 1700 mutations have been identified in the gene for CF. Screening for the 23 most common mutations is available and can greatly reduce a couple's risk of having a child with CF. The risk of being a carrier depends on an individual and people of Ashkenazi Jewish ancestry. A genetics specialist can help couples with a risk of having a child with CF by explaining and providing information about the reproductive options.

Not all insurance companies cover the testing of CF. If you are interested in this testing, please contact your insurance company to check on your individual plan coverage.



ILCA

# 10 More Reasons to Breastfeed!

Breastfeeding has been around as long as humanity. Modern-day research methods allow us to measure the positive impact this simple and loving activity can have on maternal and infant health. Have you read these recent studies?

## Child

**Reduced Risk of Adult Obesity:** A study of seniors in Finland found that people breastfed for 5-7 months had the lowest reported BMI at 60 years of age.

*O'Tierney PF, Barker DJP, Osmond C, et al. Duration of Breastfeeding and Adiposity in Adult Life. Journal of Nutrition 139: 422-425, February, 2009.*

**Lower Blood Pressure:** In a European study, on average, children who were breastfed had lower blood pressure than those who were not. The discrepancy was greater the longer a child was breastfed.

*Lawlor DA, Riddoch CJ, Page AS, et al. Infant Feeding and components of the metabolic syndrome findings from Europe Youth Heart Study. Archives of Disease in Childhood 90:582-588, 2005*

**Reduced Risk of Osteoporosis:** An Australian study demonstrated a link between breastfeeding in early life and bone mass in 8-year-old children born at term, particularly those breastfed for 3 months or longer.

*Jones G, Riley M, and Dwyer T. Breastfeeding in Early Life and Bone Mass in Prepubertal Children. Osteoporosis International, 11: 146-152, February 2000.*

**Improved Lung Function:** Breastfeeding for at least four months enhances lung volume in children. This change in volume helps to mediate the child's airflow.

*Ogburnu JU, Kurmaux W, Arshad SH, et al. Effect of breastfeeding duration on lung function at age 10 years. Thorax 64: 62-66, 2009.*

**Reduced Risk of SIDS:** A German study of 333 infants who died from Sudden Infant Death Syndrome and 998 age-matched controls, found that breastfeeding reduced the risk of SIDS by 50% at all ages throughout infancy.

*Venemami MM, Rajanowski T, Brinkmann B, et al. Does Breastfeeding Reduce the Risk of Sudden Infant Death Syndrome? Pediatrics 123: 406-410, March 2009.*

## Mother

**Lower Blood Pressure:** Both systolic and diastolic blood pressures fall during a breastfeeding session and pre-breastfeeding blood pressure decreases during the first 6 months in a homelike environment.

*Janis EW, Nissen AM, et al. Breastfeeding Medicine 3(2): 103-109, June 1, 2008. As reported by [libertystonline.com](http://libertystonline.com).*

**Less Stress:** Breastfeeding is associated with decreased neuroendocrine response to stressors, improved moods, and enhanced physical and mental health.

*Mezzacappa ES, Karkh ES. Breast-feeding is associated with reduced perceived stress and negative moods. Health Psychology 21: 187-193, 2002.*

**Reduced Risk of Rheumatoid Arthritis:** A Swedish study found that women who breastfed for 13 months and up were half as likely to get Rheumatoid Arthritis as those who never did.

*Pikwer W, Bergstrom U, Nilsson J-A, et al. Breastfeeding has not use of oral contraceptives, is associated with a reduced risk of RA. Annals of Rheumatic Diseases 68: 526-530, 2009.*

**Reduced Risk of Metabolic Syndrome:** A cluster of risk factors that make heart disease and diabetes more likely was rarer among women who reported breastfeeding their babies. The longer they breastfed during the first nine months, the less likely they were to be diagnosed with metabolic syndrome during a 20-yr study.

*Gunderson EP, Lewis EC, Wei GS, et al. Lactation and Changes in Maternal Metabolic Risk Factors. Obstetrics and Gynecology 109: 729-738, March 2009.*

**Reduced Risk of Cardiovascular Disease:** In postmenopausal women, increased duration of lactation has been linked with lower prevalence of hypertension and cardiovascular disease.

*Swartz EB, Ray RM, Seube AM, et al. Duration of Lactation and Risk Factors for Maternal Cardiovascular Disease. Obstetrics & Gynecology 113: 974-78, May 2009.*





- Free Nutrition and Breastfeeding Program
- Experts in nutrition for pregnancy, breastfeeding, infants, toddlers and preschoolers
- Personalized nutrition tips and support for parents and caregivers
- Breastfeeding information, support and resources
- Referrals to other community resources
- Healthy foods

- Infants
- Children up to five years of age
- Pregnant women
- Breastfeeding women, until their infant's first birthday
- Women whose pregnancy ended <6 months ago.

Visit [www.wic.gov](http://www.wic.gov) or call 1 (800) 2525-WIC to find the nearest clinic.

To download the free EzWIC App, go to the App Store or Google Play and search for EzWIC.



**Flagstaff, Williams, Grand Canyon, Page, Fredonia & Colorado City**  
**Please call 928.679.7250 or 1.877.679.7272 (toll free) to**

REGISTER FOR AN APPOINTMENT BY PHONE OR ZOOM

WIC Eligibility is based solely on your gross income, this chart can help determine your eligibility

Number of Family Members	Income every Two Weeks	Income Monthly
*2	\$1,240	\$2,686
3	\$1,563	\$3,386
4	\$1,886	\$4,086
5	\$2,209	\$4,786
6	\$2,532	\$5,486
7	\$2,855	\$6,186
8	\$3,178	\$6,886
Each Additional Member	\$324	\$700

\*A pregnant woman is considered a family of 2

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions under its direct administration, prohibit discrimination on the basis of race, national origin, sex, disability, age, or reprisal or retaliation in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the (AD-727) form online at [www.usda.gov](http://www.usda.gov) and at any USDA office, or write a letter addressed to USDA and provide the letter all of the information requested on the form. For requests for a copy of the complaint form, call (866) 632-6992. Submit your completed form or letter to USDA by:

(1) mail, U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax, (202) 690-7442; or (3) email,

[usda.nondiscrimination@usda.gov](mailto:usda.nondiscrimination@usda.gov)

This institution is an equal opportunity provider.

Information for new families

## *Recommended Websites for Breastfeeding*



### *Kelly Mom*

<http://kellymom.com/>

Comprehensive site on a variety of topics

### *US Dept of Health & Human Services*

*Office on Women's Health*

<http://www.womenshealth.gov/breastfeeding/>

### *La Leche League*

<http://www.lllii.org/>

Comprehensive information in a variety of languages

Information on mother to mother support groups

### *Human Lactation Center*

<http://www.secretsofbabybehavior.com/>

Check out the "Secrets of Baby Behavior" Blog

### *Breastfeeding Twins and more*

<http://www.twinsmagazine.com/how-succeed-nursing-multiples>

<http://www.mothersing.com/community/a/two-pairs-and-a-trio-breastfeeding-twins>

### **Breastfeeding Advocacy Websites**

#### *Best for Babes*

<http://www.bestforbabes.org/>

Learn about the "Booby Traps"

#### *Voices for American's Children*

<http://www.voices.org/issues/childrens-health/call-to-action-on-breastfeeding/?rcld=C1ayv0lTwLQCFSpnOrodgRcAQA>

#### **Breastfeeding in the NICU**

[http://www.marchofdimess.com/baby/inthenicu\\_feeding.html](http://www.marchofdimess.com/baby/inthenicu_feeding.html)

<http://newborns.stanford.edu/Breastfeeding/>

## Information for new families

# Recommended Websites for Child Care



[www.MarchofDimes.com](http://www.MarchofDimes.com) and

<http://www.marchofdimes.com/baby/baby.html>

<http://www.marchofdimes.com/baby/care.html>

<http://www.marchofdimes.com/baby/bringinghome.html>

[http://www.marchofdimes.com/baby/care\\_bath.html](http://www.marchofdimes.com/baby/care_bath.html)

[http://www.marchofdimes.com/baby/care\\_crying.html](http://www.marchofdimes.com/baby/care_crying.html)

<http://www.marchofdimes.com/baby/newdads.html>

<http://www.marchofdimes.com/baby/environment.html>

### **Immunizations**

<http://www.healthychildren.org/English/safety-prevention/immunizations/Pages/default.aspx>

### **Safe Sleep**

<http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx>

### **Newborn Development**

<http://www.healthychildren.org/English/ages-stages/baby/Pages/default.aspx>

### **Car Seat Safety Guide**

<http://www.healthychildren.org/English/safety-prevention/on-the-go/Pages/Car-Safety-Seats-Information-for-Families.aspx?nfstatus=401&nftoken=00000000-0000-0000-0000-000000000000&nfstatusdescription=ERROR%3a+No+local+token>

### **Diaper Rash**

<http://www.healthychildren.org/english/ages-stages/baby/diapers-clothing/pages/Diaper-Rash-Solution.aspx>

### **Jaundice**

<http://www.healthychildren.org/English/news/pages/Jaundice-in-Newborns.aspx>

<http://cdc.gov/>

<http://www.cdc.gov/vaccines/spec-grps/default.htm#childinfants>

[www.babycenter.com](http://www.babycenter.com)

Johnson and Johnson Pediatric Institute

<http://www.baby.com/view.aspx?pid=196&fid=2>

[www.mayoclinic.com](http://www.mayoclinic.com)

Yale New Haven Children's Hospital

<http://www.ynhh.org/health-library/default.aspx?4>

<http://parenting.ivillage.com/newborn/topics/0,,4rn6,00.html>

[http://www.kidshealth.org/parent/pregnancy\\_newborn/index.html](http://www.kidshealth.org/parent/pregnancy_newborn/index.html)

Children's Hospital of Philadelphia

<http://www.chop.edu>

National Highway Traffic Safety Administration, car seat information  
[www.nhtsa.gov](http://www.nhtsa.gov)

Car seat safety information

<http://seatcheck.org>

Consumer Product Safety Commission, check baby product recalls

[www.cpsc.gov](http://www.cpsc.gov)

Information for new families

## Recommended Websites for Pregnancy



*March of Dimes Pregnancy Information (written, audio, and video info):*

<http://www.marchofdimes.com/pnhec/159.asp>

*Preterm Labor:*

<http://www.marchofdimes.com/pregnancy/preterm.html>

*Mayo Clinic Guide to a Healthy Pregnancy, Mayo Clinic (Corporate Author)*

*Lamaze Pregnancy and Childbirth Information:*

<http://www.lamaze.org>

*American College of Nurse Midwives:*

<http://www.mvnmidwife.org/>

*Childbirth Connection:*

<http://childbirthconnection.com>

*BabyCenter* <http://www.babycenter.com>

*CDC for healthy pregnancy tips*

[http://cdc.gov/nceh/ddd/pregnancy\\_gateway/during.html](http://cdc.gov/nceh/ddd/pregnancy_gateway/during.html)

*American College of Obstetricians and Gynecologists—Information on pregnancy topics*

[http://www.acog.org/For\\_Patients](http://www.acog.org/For_Patients)

*Exercise During Pregnancy*

<http://www.acog.org/~/media/For%20Patients/faq119.pdf?dmc=1&ts=20121114T1113508222>

*Nutrition During Pregnancy*

<http://www.acog.org/~/media/For%20Patients/faq001.pdf?dmc=1&ts=20121114T1112272636>

*Backpain*

<http://www.acog.org/~/media/For%20Patients/faq115.pdf?dmc=1&ts=20121114T1114582226>

*Morning Sickness*

<http://www.acog.org/~/media/For%20Patients/faq126.pdf?dmc=1&ts=20121114T1115461347>

*Routine Testing During Pregnancy*

<http://www.acog.org/~/media/For%20Patients/faq133.pdf?dmc=1&ts=20121114T1116332333>

*Prenatal Screening Tests*

<http://www.acog.org/~/media/For%20Patients/faq165.pdf?dmc=1&ts=20121114T1123106396>

*Group B Strep:*

<http://www.acog.org/~/media/For%20Patients/faq105.pdf?dmc=1&ts=20121114T1117389403>

*Gestational Diabetes*

<http://www.acog.org/~/media/For%20Patients/faq177.pdf?dmc=1&ts=20121114T1125227880>

*What to Expect After Your Due Date*

<http://www.acog.org/~/media/For%20Patients/faq069.pdf?dmc=1&ts=20121114T1127259921>

*Signs of Labor:*

<http://www.acog.org/~/media/For%20Patients/faq004.pdf?dmc=1&ts=20121114T1128363798>

*Cesarean Birth*

<http://www.acog.org/~/media/For%20Patients/faq006.pdf?dmc=1&ts=20121114T1129508671>

*Travel During Pregnancy*

<http://www.acog.org/~/media/For%20Patients/faq005.pdf?dmc=1&ts=20121114T1118338193>

*A Father's Guide to Pregnancy*

<http://www.acog.org/~/media/For%20Patients/faq002.pdf?dmc=1&ts=20121114T1119166796>

## Information for new families



# Recommended Reading

### Pregnancy

Pregnancy, Childbirth and the Newborn: The Complete Guide (4<sup>th</sup> Ed) by Penny Simkin, April Bolding, Ann Keppler and Janelle Durham

The Birth Partner, Third Edition: A Complete Guide to Childbirth for Dads, Doulas, and All Other Labor Companions by Penny Simkin

The Official Lamaze Guide: Giving Birth with Confidence, 2nd Edition By Judith Lothian, Charlotte De Vries

Being Dad: Inspiration and Information for Dads-To-Be (DVD 2008) by 40 Dads

March of Dimes Healthy Mom Healthy Baby: The Ultimate Pregnancy Guide

<http://www.marchofdimes.com/catalog/product.aspx?productId=5291&categoryId=&productcode=09-2611-12>

### Child Care

American Academy of Pediatrics <http://aap.org/> and <http://www.healthychildren.org>

These AAP books are highly recommended and may be found online, in stores or directly at:  
<http://www.aap.org/en-us/aap-store/parent-resources/Pages/parent-resources.aspx>

Your Baby's First Year 3<sup>rd</sup> edition

American Academy of Pediatrics; Steven P. Shelov, MD, MS, FAAP, Editor in Chief

New 2nd edition! Heading Home With Your Newborn From Birth to Reality

Laura A. Jana, MD, FAAP and Jennifer Shu, MD, FAAP

Caring for Your Baby and Young Child: Birth to Age 5 5<sup>th</sup> Edition

Raising Twins From Pregnancy to Preschool Shelly Vaziri Flais, MD, FAAP

Dad to Dad: Parenting Like a Pro David L. Hill, MD, FAAP

The Happiest Baby on the Block, Harvey Karp

Healthy Sleep Habits, Happy Child by Marc Weissbluth

Touchpoints – Birth to Three by T. Berry Brazelton and Joshua D. Sparrow

### Breastfeeding

Breastfeeding Made Simple: Seven Natural Laws for Nursing Mothers by Nancy Mohrbacher IBCLC FILCA, Kathleen Kendall-Tackett PhD IBCLC and Jack Newman MD

Mothering Multiples: Breastfeeding & Caring for Twins or More by Karen Kerkhoff Gromada

The Womanly Art of Breastfeeding by Diane Wiessinger, Diana West, Teresa Pitman.

Nursing Mother, Working Mother: The Essential Guide for Breastfeeding and Staying Close to Your Baby After You Return to Work by Gale Pryor



USDA

United States Department of Agriculture



## The Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program)



WIC

Since 1974  
The Foundation of  
Healthy Families

**What is WIC?** WIC was established as a permanent program in 1974 to safeguard the health of low-income women, infants, and children up to age 5 who are at nutritional risk. This mission is carried out by providing nutritious foods to supplement diets, nutrition education (including breastfeeding promotion and support), and referrals to health and other social services. Find out more: <http://www.fns.usda.gov/wic/about-wic-wic-glance>

### Where is WIC available?

The program is available in all 50 States, 34 Indian Tribal Organizations, American Samoa, District of Columbia, Guam, Commonwealth of the Northern Mariana Islands, Puerto Rico, and the Virgin Islands. While funded through grants from the Federal Government, WIC is administered by 90 State agencies, with services provided at a variety of clinic locations including, but not limited to, county health departments, hospitals, schools, and Indian Health Service facilities. To find the WIC offices serving your area go to:

<http://www.fns.usda.gov/wic/contacts>

### What food benefits do WIC participants receive?

The foods provided through the WIC Program are designed to supplement participants' diets with specific nutrients. WIC authorized foods include infant cereal, baby foods, iron-fortified adult cereal, fruits and vegetables, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, yogurt, soy-based beverages, tofu, peanut butter, dried and canned beans/peas, canned fish, whole wheat bread and other whole-grain options. For infants of women who do not fully breastfeed, WIC provides iron-fortified infant formula. Spe-

cial infant formulas and medical foods may also be provided if medically indicated. Learn more about food benefits here: <http://www.fns.usda.gov/wic/wic-food-packages>

### Program benefits include more than food.

WIC benefits are not limited only to food. Participants have access to a number of resources, including health screening, nutrition and breastfeeding counseling, immunization screening and referral, substance abuse referral, and more. Find out more:

<http://www.fns.usda.gov/wic/wic-benefits-and-services>

### Am I eligible?

Pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who meet certain requirements are eligible. These requirements include income eligibility and State residency. Additionally, the applicant must be individually determined to be at "nutrition risk" by a health professional or a trained health official. To find out if you might be income eligible for WIC benefits go to:

<http://wic.fns.usda.gov/wps/pages/start.jsf>



...and more breastfeeding. It also includes longer, safer pregnancies, with fewer premature births and infant deaths. Improved dietary outcomes for infants and children, improved maternal health, and improved performance at school among children, in addition to health benefits for the population, such as significant decreases in health care costs when compared to non-breastfeeding mothers. For more information, visit [www.fns.usda.gov/wic/breastfeeding-promotion-and-support-wic](http://www.fns.usda.gov/wic/breastfeeding-promotion-and-support-wic).

### What is "nutrition risk" and why is it important?

Two major types of nutrition risk are recognized for WIC eligibility: medically-based risks such as anemia, underweight, history of pregnancy complications, or poor pregnancy outcomes; and dietary risks, such as inappropriate nutrition/feeding practices or failure to meet the current Dietary Guidelines for Americans. Women, infants, and children at nutrition risk have much greater risk of experiencing health problems. Learn more about nutrition risk: <http://www.fns.usda.gov/wic/wic-eligibility-requirements>

### I'm eligible, what do I do next?

Those who are interested in applying for benefits should contact their State agency to request information on where to schedule an appointment. Applicants will be advised on what to bring to the appointment in order to verify eligibility. Contact your State agency here: <http://www.fns.usda.gov/wic/contacts/>

### EBT makes it easier to use food benefits.

In most WIC State agencies, participants receive paper checks or vouchers to purchase food, while a few distribute food through centralized warehouses or deliver the foods to participants' homes. However, all WIC State agencies have been mandated to implement WIC electronic benefit transfer (EBT) statewide by October 1, 2020. EBT uses a magnetic stripe or smart card, similar to a credit card, that participants use in the check-out lane to redeem their food benefits. EBT provides a safer, easier, and more efficient grocery experience and provides greater flexibility in the way WIC participants can shop. Find out more and check if your State supports EBT: <http://www.fns.usda.gov/wic/wic-electronic-benefits-transfer-ebt>

### Focus on breastfeeding.

Even though breast milk is the most nutritious and complete source of food for infants, nationally less than 30% of infants are breastfed at 1 year of age. A major goal of the WIC Program is to improve the nutritional status of infants; therefore, WIC mothers are encouraged to breastfeed their infants, unless medically contraindicated. Pregnant women and new WIC mothers are provided breastfeeding educational materials and support through counseling and guidance. Explore the benefits of breastfeeding and find helpful resources here: <http://www.fns.usda.gov/wic/breastfeeding-promotion-and-support-wic>

### WIC Facts

- If you participate in another assistance program you may be automatically income-eligible for WIC.
- Breastfeeding mothers are eligible to participate in WIC longer than non-breastfeeding mothers.
- More than half of the infants in the U.S. participate in WIC.
- WIC participants support the local economy through their purchases.
- WIC works with farmers markets to help increase participant access to provide fresh, locally grown fruits and vegetables. Find out more here: <http://www.fns.usda.gov/fmnp/wic-farmers-market-nutrition-program-fmnp>

### Where can I learn more?

Information on FNS programs is available at [www.fns.usda.gov/fns/](http://www.fns.usda.gov/fns/)



## *Women and Infant Services Education Opportunities*

**Support Groups**    **Lactation  
Circle of Mothers**

*The Lactation and Circle of Mothers support groups are available for all community members. There is no need to register through 230-Care. To attend, just show up!*

**For more information, visit [www.BannerHealth.com](http://www.BannerHealth.com), keyword: Support Groups**

**Classes**

- Breast Feeding** Find out how you and your partner can work together toward successfully feeding your baby. *(English & Spanish)*
- Childbirth Preparation** Topics include preparing for labor and delivery, body changes, stages of labor, breathing techniques, positions for labor and delivery. *(English & Spanish)*
- Infant Care** This class is for mothers and their support person who plan to deliver at Banner Estrella Medical Center and want information on parenting skills, baby care, and safety.
- Just for Dads** Just for Dad's is geared to dads and the baby's male role model(s). This is an opportune time to discuss your feelings of fatherhood with other men. The class explores dad's vital role in pregnancy, birth and infancy.
- Preterm Labor** The Preterm Labor Class is designed to teach you the meaning of "preterm labor." Come and learn to identify preterm labor early warning signs and what you should do if it occurs.
- Siblings Rule** This will be a class for ages 4 to 12, that teaches the siblings what to expect and how to help with their new brother or sister.

For more information and tours call 230-CARE or visit us on the web at [www.bannerhealth.com](http://www.bannerhealth.com).



**Banner Estrella  
Medical Center**

9201 W. Thomas Road Phoenix, AZ 85037 • (623) 327-4000



# Vaccines During Pregnancy

Influenza (the flu) and pertussis (whooping cough) are serious illnesses, but the flu shot and the whooping cough shot (also called Tdap\*) can keep you healthy and help protect your newborn. All women should get these shots during pregnancy.



## THE FLU VACCINE IS

- Safe for pregnant women and their fetuses when given during any trimester of pregnancy
- Effective at preventing serious flu illness in pregnant women

## HOW DOES IT PROTECT MY BABY?

- The flu vaccine creates antibodies that are passed to a fetus, which gives protection against the flu until a baby can get the flu shot at age 6 months.

## THE WHOOPING COUGH (TDAP) VACCINE IS

- Safe for pregnant women and their fetuses
- Recommended between 27 weeks and 36 weeks of each pregnancy

## HOW DOES IT PROTECT MY BABY?

- The Tdap vaccine creates antibodies that are passed to a fetus, which gives protection against whooping cough until a baby can get his or her first whooping cough shot at age 2 months.

## VACCINES—GET THE FACTS

### FACT

Pregnant women who get the flu can become much sicker than nonpregnant women who get the flu. Pregnant women with flu complications have more medical visits and more hospitalizations. The flu shot offers you the best protection.

### FACT

Babies younger than 3 months have the highest risk of severe disease and of dying from whooping cough. A baby cannot be vaccinated until he or she is 2 months old, so the baby's best protection is you getting the Tdap shot during pregnancy.

### FACT

Getting shots during pregnancy will not make you sick or harm your fetus. Current research shows that vaccines do not cause pregnancy problems, birth defects, or autism in children. Vaccines have been used for many years in millions of pregnant women.

**PROTECT YOURSELF AND YOUR BABY. GET YOUR FLU AND WHOOPING COUGH (TDAP) SHOTS DURING EACH PREGNANCY.**

Visit [www.acog.org/femurization](http://www.acog.org/femurization) for more information on vaccines during pregnancy and other adult vaccines.

\*Tdap is also for infants, young children, and adults. It is a vaccine that is given to adolescents and adults.

The usual (only) flu vaccine should not be used by pregnant women.

The vaccine was made possible by separate agreements with the Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG) and the American Medical Association (AMA).

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Your Personal Guide to:  
**PREGNANCY**

THERE'S A LOT TO  
*look  
forward to.*



**Cbr**

**Barbara Dehn** is a Nurse Practitioner with over 25 years of experience caring for women and a CBR paid consultant. She appears regularly on television and has a health blog, [www.NurseBarb.com](http://www.NurseBarb.com).

 **Blue Orchid Press**

DISCLAIMER: This document is intended solely to serve as a guide to your pregnancy and to provide you with basic information about the symptoms, cautions, and nutritional concerns related to your pregnancy. This document does not provide a comprehensive explanation of all aspects of your pregnancy or even those aspects of your pregnancy that are discussed in this document. This document is not intended to be—and you should not use it as—a substitute for medical advice or prenatal care given by a licensed health care provider. Be sure to see a licensed health care provider for prenatal care to help ensure your health and the health and well-being of your new baby.

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Your Personal Guide to:  
**PREGNANCY**



Welcome to the most incredible journey of your life. Inside you will quickly and easily find answers to your questions about:

- Sex
- Nutrition
- Your Body & Your Baby
- Prenatal Testing Options
- Saving Newborn Stem Cells
- What to Avoid
- And Much More

*Barbara Dehn RN  
Nurse practitioner*



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# Congratulations!

You are creating and nurturing a new life. This changes your world in ways that may be hard to imagine. Your adventure will be filled with joy and surprises.

*Enjoy your journey!*

## Exercise

If you have been exercising—that's great, continue. If you haven't been exercising—start slowly, try walking for 10 minutes five times per week. Gradually increase to 40 minutes per day.

### Guidelines

- Exercise is important, unless your health care provider has advised against it.
- If you find yourself out of breath, decrease the intensity.
- You sweat more during pregnancy, so be sure to drink plenty of fluids.
- Work longer, not harder. Forty minutes of walking at a moderate pace is better than 10 minutes of fast walking if you're out of breath.
- After your 5th month, avoid exercising on your back, as this decreases blood flow to you and your baby.
- Avoid any exercise that could cause you to fall. As your baby grows, your center of gravity changes.

### Recommended

- Walking
- Hiking
- Swimming
- Cycling
- Yoga
- Low-impact aerobics

### Not recommended

- Horseback riding
- Downhill skiing
- Rock climbing
- Scuba diving

## Travel

Traveling by car, bus, or airplane is generally safe for healthy pregnant women. Always consult your provider before any extended travel.

### Guidelines

- Wear your seat belt.
- Bring a pillow for long journeys.
- Drink lots of fluids, avoid caffeine.
- Pack nutritious snacks and water.
- Request an aisle seat.
- Bring a pair of loose fitting shoes in case your feet swell.
- Plan to get up, use the bathroom, and walk around every 2 hours.
- Each airline has different rules about how late in pregnancy a woman may fly. You may need a doctor's note in your third trimester.

## Sex

Sex is safe and does not harm the baby. It's normal to have:

**More interest in sex**—More blood flow to the pelvic area and larger, firmer breasts may enhance your interest and enjoyment.

**Less interest in sex**—Tender breasts, nausea, fear, and fatigue may make sex out of the question for a while.

**Mixed feelings and thoughts about sex**—It is normal to think and feel differently about sex now. Open communication is important for your relationship.

### You may feel

- Very sexy and attractive
- Guilty
- That the baby is watching
- Awkward
- Very unattractive
- Uncomfortable

As pregnancy progresses, be creative with position changes. Gentle hugs or caresses can be a sweet substitute for intercourse.

### Do not have sex if you have

- Vaginal or abdominal pain.
- Blood or fluid leaking from your vagina.
- Been advised against it by your provider.

## Nausea

Some women feel a bit queasy in early pregnancy. The rapid increase in hormones causes nausea (morning sickness). It may occur any time, day or night, lasting minutes, hours, or all day. This is draining, yet usually improves by the 2nd trimester.

### What you can do

- Eat dry crackers before getting out of bed, wait 5-10 minutes, then get up slowly.
- Eat small amounts of food frequently throughout the day. Try a bite or two every half-hour.
- Do not eat large meals on an empty stomach.
- Try taking your prenatal vitamin before bed.

### Try these to settle your stomach

- Ginger cookies, ginger ale, or ginger tablets.
- Cut-up fruit, such as watermelon or cantaloupe.
- Flavored popsicles.
- Mix equal parts of water and juice. Try 1 tsp every 5 minutes until you can take larger sips.
- Melba toast, dry bagel, dry toast.
- Sea bands may help.

# STOP • AVOID • LIMIT • LISTEN

## What to stop

### Smoking, alcohol, recreational drugs

All of these increase the risk of miscarriage, bleeding, smaller babies, premature babies, developmental delays, and other serious complications. Once you know that you're pregnant, it is best to stop them completely. Talk to your health care provider if you need help.

## What to avoid

**Fish that may contain mercury or other contaminants**—Shark, swordfish, king mackerel, and tilefish are all high in mercury. Other fish, such as striped bass, bluefish, salmon, and fish from local rivers and lakes may contain high levels of PCB's and other industrial pollutants. Limit all fish, including canned tuna, to less than 12 oz each week. Shellfish, if cooked properly, is not considered harmful.

**Aspirin or non-aspirin pain medications** (*Motrin, Ibuprofen, Aleve, Advil*)—These may cause bleeding or complications for the baby. Tylenol (Acetaminophen) is generally considered safe. Sometimes aspirin will be recommended for certain conditions.

**Cat litter and soil**—These may contain toxoplasmosis, a harmful parasite. Your cat is safe, but the poop may not be. Do not change cat litter while pregnant. When gardening, wear rubber or leather gloves and wash fruits and vegetables well.

**Hot tubs and saunas**—If you are sweating, it's too hot for the baby. Otherwise warm baths are very soothing.

**Herbs**—Many can be harmful to the baby or start labor. This is a partial list: black/blue cohosh, buckthorn, cascara, ephedra, feverfew, mandrake, mugwort, senna, tansy, and yarrow. If you have any questions please consult your provider.

### Foods that may contain bacteria or parasites

For example *e.coli*, listeria, salmonella, and toxoplasmosis may be found in the following list of foods. All of these may cause serious food poisoning or illness in pregnant women and children under 5.

#### Unpasteurized juice

**Raw meat, raw fish, and raw shellfish**—Sashimi, ceviche, raw oysters, and carpaccio.

**Soft cheeses**—Brie, feta, blue, goat, camembert, gorgonzola, and Mexican soft cheeses.

**Some deli meats**—Salami, liverwurst, and hot dogs may be contaminated. Hot dogs should be well cooked.

## What to limit

**Caffeine**—It's best to limit to 2 servings or less each day.

**Artificial sweeteners**—Not enough is known about their effects. Occasional use is considered safe.

**Peanuts**—If you have a family history of peanut or other nut allergies, discuss with your provider whether you should limit your intake.

*Listen to your body. Trust your instincts.*

## When to go to the hospital

### Listen to your body

When you are near the end of your amazing journey, it is normal to have mixed feelings about the birth process, meeting your baby, and how you will recover.

### Ask your provider

Every provider has their own set of guidelines about when it's best for you to go to the hospital. Be sure to discuss when to call and when to go to the hospital with your provider. It helps to keep their instructions handy and have all the important phone numbers posted by your phone.



### When to call your provider

- Your contractions have been coming every 5 minutes
- Your water bag has broken
- You have vaginal bleeding
- The baby's movements have decreased

## Useful websites

- [CordBlood.com](http://CordBlood.com)
- [BabyCenter.com](http://BabyCenter.com)
- [NurseBarb.com](http://NurseBarb.com)
- [iParenting.com](http://iParenting.com)
- [FitPregnancy.com](http://FitPregnancy.com)
- [WebMD.com](http://WebMD.com)
- [ParentingWeekly.com](http://ParentingWeekly.com)
- [cordblood.com](http://cordblood.com)



# LAB TESTS

## Standard tests

**Prenatal blood tests**—Tests for anemia, blood type, antibodies and possibly diabetes screening tests.

**Blood & RH type**—Your blood type is determined by 2 factors:

1. Blood group—O, A, B, or AB.

2. Rhesus (Rh) status is either positive (+) or negative (-).

When a woman is Rh(-) and the baby's dad is Rh(+), RhoGAM injections are given to prevent antibodies from forming that could harm this or future babies.

**Rubella**—Most women were vaccinated as children, so they and their babies are not at risk for developing German measles and having an affected baby.

**Diabetes Screening**—You may be tested in the first trimester and/or the 2nd trimester depending upon your risk factors.

**Infections**—There are tests for hepatitis B, syphilis, HIV, and bladder infections. You may also be tested for chickenpox, toxoplasmosis, chlamydia, gonorrhea, and TB.

**PAP smear**—Tests the cervix for pre-cancerous cells.

**1st trimester ultrasound (U/S)**—A vaginal probe is often used. This provides the best view of the baby. It sounds scary, yet is perfectly safe and painless. U/S is also used to determine if a woman is having a miscarriage. Unfortunately, about 1 in 5 pregnancies will end in miscarriage. This can be devastating. One miscarriage does not increase the risk of more in the future.

**Genetic carrier testing**—Based on ethnic background or family history, you may be offered a test to determine if you are a carrier of common genetic conditions, such as cystic fibrosis, Tay-Sachs or sickle cell. The mother is tested first, if positive the baby's dad is tested. Carriers don't show any signs of disease. Only when both parents are carriers is there a chance of having an affected baby.

## 2nd trimester

**AFP/Quad Screen**—Performed at 15 to 20 weeks, most accurate between 16 to 18 weeks. This helps find babies who may have a serious genetic disorder (Down Syndrome, Trisomy 18) or a spinal cord or neural tube defect (NTD). About 70% of babies with these genetic condition and about 90% with NTDs are found. If the test is positive, further testing with ultrasound and amnio is offered.

**Level 2 ultrasound**—Usually performed after 18 weeks. The baby's growth, the brain, limbs, heart, stomach, and kidneys are evaluated. Often the baby's sex can be determined. This ultrasound helps detect most conditions, but cannot detect every possible problem.

**Diabetes screening tests**—These test for gestational diabetes (diabetes that occurs in about 8% of pregnancies). Hemoglobin A1C (Hgb A1C) and a fasting glucose in the first trimester is often followed by a 1, 2 or 3 hour glucose tolerance test. If these tests are positive, the mother has gestational diabetes, and will need to see a nutritionist and a diabetes educator. This is usually controlled with diet and exercise, yet some women will need insulin.

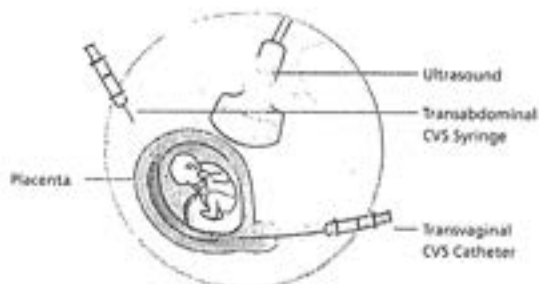
## 3rd trimester

**Group B strep culture**—A swab of the vaginal and rectal canals is obtained between 35 to 37 weeks. This tests for a bacteria that occurs in about 20–35% of women, who usually have no symptoms. In a few rare cases, infection with this bacteria can cause serious harm to the baby. Less than 1% of women who have Group B strep will have an affected baby.

## Optional tests

**NIPT (Non-Invasive Prenatal Testing)**—Using a sample of blood from the mother, the baby's DNA can be analyzed to detect Down Syndrome and other serious genetic conditions. This test has very high detection rates and no risk of miscarriage.

**CVS (chorionic villus sampling)**—A test for genetic conditions done at 10 to 12 weeks. Often offered to women 35 or older. Guided by ultrasound, a small catheter is inserted through the abdomen or vagina. A very small amount of chorionic villi, which develops into the placenta, is removed. The cells are analyzed for genetic conditions and the baby's sex can be determined. CVS is 98 to 99% accurate for the conditions it addresses, but cannot test for everything. The miscarriage rate is approximately 1 in 200.



Either a syringe or catheter is used to obtain the cells, not both.

**NT (nuchal translucency)**—This ultrasound measures the baby's neck (nuchal) fold thickness at 11 to 14 weeks to screen for Down Syndrome. The detection rate is 60 to 80%.

**Combined screening**—A blood test that measures pregnancy proteins at 10 to 14 weeks are combined with the NT (nuchal translucency ultrasound) measurements to assess risk of Down Syndrome and Trisomy 18. The detection rate for these conditions is approximately 85%.

**Combined integrated or sequential screening**—This utilizes results from the Combined screening done at 10 to 14 weeks and the AFP/Quad Marker test done at 15 to 20 weeks to screen for Down Syndrome, Trisomy 18 and spinal cord or neural tube defects. The detection rate for these conditions is approximately 90 to 95%.

**Amniocentesis**—Best performed between 16 to 20 weeks. Often offered for women 35 or older. Guided by a level 2 ultrasound, a pocket of fluid is located to sample. A needle is inserted into the mother's abdomen. Some fluid is withdrawn (the baby makes more). The cells in the fluid are analyzed for genetic conditions, and the baby's sex is determined. The amniotic fluid is also tested for AFP to help detect neural tube defects. There is greater than a 99% accuracy rate. Risk of miscarriage is between 1 in 200 and 1 in 300.



# 1ST TRIMESTER from 1 to 12 weeks

Pregnancy is 40 menstrual weeks. Start counting on the first day of your last menstrual period. For example, when you are one week late for your missed period, you are five weeks pregnant.

## Your body

**Energized, elated**—Perhaps you're overjoyed with the news and it's all you can think about. You may have dreamed about this and now that it's real, you can't help smiling to yourself.

**Ambivalent**—"How did this happen?" "I'm not ready." It is normal to have mixed feelings; that's why you get 9 months to prepare.

**Fear**—It's normal to have concerns about all of the upcoming changes.

**Fatigue**—You may be sleeping and waking at odd hours. Try to rest whenever you can.

**Bloated**—Your tummy pops out, your clothes are tight. This is from water weight gain, not the baby.

**Constipation and indigestion**—Your intestines slow down to absorb more nutrients and water. Increase fluids, fresh fruits, and veggies. For indigestion or gas, try 3 chewable papaya tablets after meals.

**Cramping and pelvic pressure**—It's a scary feeling. Your uterus is expanding slowly and may cause menstrual-like cramps. If you are doubled over in pain, call your health care provider.

**Tender and swollen breasts**—You may wonder where you got these new breasts, seemingly overnight? The nipples can be very tender. A good support bra helps.

**No appetite, food aversions, enhanced sense of smell**—Some foods are appealing, others may make you feel sick.

**Frequent urination**—This is normal; it's your growing uterus pressing on the bladder. If you have burning, call your provider.

## Your baby

**Incredible growth and development**—A single microscopic cell will become a baby.

**6 weeks**—The baby has a beating heart, eyes, limb buds, and is 1/2 inch long.

**8 weeks**—Webbed fingers and toes have formed. All major organ systems are developing.

**12 weeks**—The fingers and toes have separated and the genitals have appeared. The baby is 3 1/2 inches long.



You are in survival mode—Do your best.



## Nutrition

Remember to take your prenatal vitamin daily.

**Eat small, healthy snacks or 1/2-sized meals more frequently**—Your baby is tiny and needs very little now. If possible, try to eat a balanced diet.

**Graze**—On fruit, nutritional bars, crackers, small pieces of cheese, sips of milk, or drinkable yogurt.

**Even when you're not hungry**—Try to feed the baby every few hours.

**Increase your fluid intake**—Drink at least 6 glasses of water per day.

## To do list

- Have your prenatal lab tests.**
- Arrange genetic counseling**—This provides an assessment of your likelihood to have a child with a genetic condition and is an opportunity to discuss the risks, benefits, and limitations of prenatal testing options (NIPT, screening, CVS, amniocentesis).
- If you decide to have CVS**—Schedule between 10 and 12 weeks. Have your blood work first.
- Keep a journal**—Write letters to your baby with your hopes and dreams for your future together.
- Call your insurance company**—See what's covered. Now is not the time for surprises.
- Try to rest as much as possible**—Your body is creating a baby. That requires a lot of energy! Don't be surprised if you are tired when you wake up and crave a nap by 3 P.M.
- Discuss your risk of preterm birth with your health care provider**—About 1 in 10 babies are born early. It's best to know your risk and the signs of preterm labor.
- Try to exercise**—If you have the energy, try walking at a relaxed pace to help with fatigue and your overall sense of well being.
- Have a good sense of humor**—This helps with all the body changes that are completely out of your control.
- Sign up for a prepared childbirth class**—These and other parenting classes can fill up early, so sign up as soon as possible.
- Ask your provider about the Harmony™ Prenatal Test**—This is a non-invasive blood test that helps determine the risk of common genetic conditions such as Down syndrome.
- Learn about the value of saving or donating newborn stem cells by calling 1.888.CORD BLOOD for more information or by visiting [cordblood.com](http://cordblood.com)**



## When to call your provider

- If you are bleeding.
- If you have a severe headache.
- If you have severe abdominal pain.
- If you have vomiting or diarrhea lasting more than 12 hours.
- If you have any concerns.



## 2ND TRIMESTER from 12 to 28 weeks

This is the fun part of the journey. There have been changes in your body that amaze and surprise you. You're feeling better, you look great. Is it the glow? You bet!

### Your body

**Better sleep, increased appetite, more energy, a little tummy showing.**

**Baby's movement**—Becomes noticeable by 23 weeks.

**Some difficulty with breathing is expected now**—Take your time walking and climbing stairs.

**Bleeding gums may occur**—Continue to see your dentist regularly. If it's heavy bleeding check with your provider.

**Varicose veins**—Wear support stockings, avoid crossing your legs, and put your feet up whenever you can.

**Stretch marks**—Lotion will help the itching, try bike shorts to help your skin support the weight of your growing tummy.

**Skin changes**—Acne on your face, back, or chest from hormonal changes. (No one ever tells you this.) You may also notice darker pigmentation on your face; it's OK to use sunscreen.

**Ligament pain**—The small twinges or side aches that you may feel when you walk up stairs or get out of bed. These are normal and occur because the uterus is growing so much.

**Contractions**—It's normal to feel a few mild contractions, 2 to 4 times each day now. These are often called Braxton Hicks contractions and are not dangerous. If you have 3 to 4 contractions in an hour, call your health care provider.

**Anemia**—If diagnosed, you will need extra iron. Try eating more meat, green leafy vegetables, and beans. If you need an iron supplement, they are best absorbed with fruit juice, not with milk. Iron can cause constipation, so increase fluids, fiber, fruit, and veggies.

### Your baby

**12 weeks**—Her muscles and bones start to grow, and she is 3 1/2 inches long.

**16 weeks**—His ears, eyelashes, and fingernails begin to develop. His legs get longer and his fingers open and close.

**20 weeks**—She is covered with fine hair, called lanugo, and practices sucking. Her weight increases and she is now 7 inches long.

**24 weeks**—His eye movements begin. His lungs continue to develop and surfactant is produced, which is essential for breathing air.

**28 weeks**—Her skin becomes a little wrinkled, and she practices breathing movements. Her eyes open and close. A healthy infant who is born now has a good chance of survival. She is 10 inches long.

*Learn about the value of Newborn Stem Cells.*

### Nutrition

Now is a good time to eat a balanced diet. Your baby needs a variety of nutrients to grow and develop. Most women will gain 20 to 35 lb. during pregnancy.

Take your prenatal vitamin daily.

**Protein**—3 servings per day. Chicken, meat, fish, eggs, nuts, soybeans, beans.

**Calcium-rich foods**—3 servings (1200 mg) per day. Milk, yogurt, cheese, green leafy vegetables, almonds, sardines. If you don't tolerate dairy, then try calcium fortified juice or a supplement.

**Vegetables and fruit**—2 to 4 servings per day.

**Bread, cereal, rice, pasta**—6 to 9 servings per day.

**Fats and oils**—4 servings per day. Because a lot of food contains some fat, it's best to watch your intake. 1 serving is just 1 tablespoon of vegetable oil, mayonnaise, butter, or peanut butter.

When you indulge in favorite foods, savor and enjoy them.

### To do list

- Have the AFP/Quad screen**—Performed at 15 to 20 weeks.
- Schedule amniocentesis**—If appropriate, this is performed between 16 to 20 weeks.
- Have a level 2 ultrasound**—Between 18 to 22 weeks.
- Start sleeping on your side**—At 20 weeks, right or left is OK as long as you're off your back. Try a body pillow.
- Take the 1-hour glucose test**—At 24 to 28 weeks.
- Get the RhoGAM injection**—At 28 weeks, if you are Rh(-).
- Start kick counts**—At 28 weeks, babies should move 10 times within 1 hour.
- Who do you want with you during labor?**—Your partner and perhaps a friend, family member, or a doula.
- Ask about Kegel exercises**—This helps prevent leaking urine later on (which, unfortunately, may occur).
- Sign up for a breastfeeding class**—Download *Your Personal Guide to Breastfeeding* at NurseBarb.com
- Ask about saving your baby's stem cells**—Your baby's umbilical cord contains unique and potentially lifesaving newborn stem cells. It is important for you to understand your options to save these cells. Call 1.888.CORD BLOOD or visit [cordblood.com](http://cordblood.com) for more information.

### When to call your provider

- If you are bleeding.
- If you have a severe headache.
- If you have leaking from your vagina.
- If you have severe abdominal pain.
- If you have any feeling of pressure, or pain that comes and goes 3 to 4 times per hour.



## 3RD TRIMESTER from 28 weeks until delivery

Your journey may seem harder now. Your tummy is stretched as far as it can go, and yet every day, it grows bigger and bigger. Just remember, in a few weeks you'll be meeting your baby.

### Your body

For some of these symptoms, rest and regular exercise are the best remedies. For others, delivery brings relief. Some of your symptoms may be explained in the 2nd trimester section.

**More clear vaginal discharge**—Is normal.

**Milk from the breast**—Is normal.

**Frequent urination**—Is normal, unless it burns. It's from the baby pressing on your bladder.

**Tired and irritable**—From interrupted sleep. You may have less patience for family and friends. If you are feeling overwhelmed, are crying, feeling worried, or anxious, you may be depressed. It's best to talk with your health care provider about treatment options and also how to prevent postpartum depression.

**Leaking urine**—No one tells you about this, but it can happen.—Ugh!—Kegel exercises, 50 to 100 per day may help.

**Heartburn**—Try antacids and eating smaller meals more frequently. Sit up for a 1/2 hour after a meal. When you lie down, try your right side. (Your stomach empties to the right.)

**Constipation**—Increase fresh fruits, veggies, and water. Ask your provider about a stool softener.

**Hemorrhoids**—Sadly, we're not kidding about this either. Ask your provider about over-the-counter remedies. Prevent constipation.

**Skin changes**—Darker nipples and a line on your tummy are normal.

**Leg cramps**—May occur at night when you're trying to sleep. Point your toes toward your tummy. Increase your calcium intake.

**Lower back pain and sciatica**—Bend at your knees. Don't twist and bend at the same time. Try abdominal strengthening exercises. Consider seeing a physical therapist or getting a massage.

**Swelling feet and ankles**—Elevate your legs, increase your water and protein intake. If severe, discuss with your provider.

**Tingling or numbness in your hands**—May indicate carpal tunnel syndrome. Try wrist splints to keep your wrists straight and discuss with your provider.

### Your baby

Babies gain 1/4 to 1/2 pound every week!

**At 28 weeks**—The baby is 14 inches long and weighs about 2 lb. Your baby is growing rapidly now.

**His lungs continue to mature and breathing movements begin.**

**Her sleep/wake patterns develop.**

**He starts to hiccup**—From swallowing amniotic fluid, a good sign of normal development.

**By 34 weeks**—Many babies have snuggled into a head-down position, which most of them stay in.

**By delivery**—Most babies are 18 to 22 inches long and weigh between 6 to 9 lb.

### Nutrition

You may find your appetite decreasing. It's important to eat a balanced diet because the baby is growing rapidly now.

Continue taking your prenatal vitamin daily.

Eat 5 to 6 small meals or snacks each day.

**Avoid carbonated drinks**—They make indigestion worse.

**Be sure to eat 3 servings of protein and calcium each day:**

- Good sources of protein—Hard-boiled eggs, beans, peas, sunflower seeds, cashews, almonds, or other nuts.
- Good sources of calcium—Yogurt drinks, cheese, cottage cheese, calcium fortified juice, sardines, green leafy vegetables.

### To do list

- Finalize names, get a car seat, and pack your bag.
- Take a hospital tour and choose a pediatrician.
- Group B strep screening between 35 and 37 weeks.
- If you are saving cord blood stem cells for your family, ask your doctor for a Cord Blood Registry® Collection Kit—Or call 1.888.CORD BLOOD, or visit [cordblood.com](http://cordblood.com) to request a kit.
- Discuss expanded newborn screening—Tests your baby for a range of serious conditions.
- Keep important phone numbers handy—Near your phone, or programmed into your cell phone.
- Be sure to discuss when to go to the hospital with your provider.



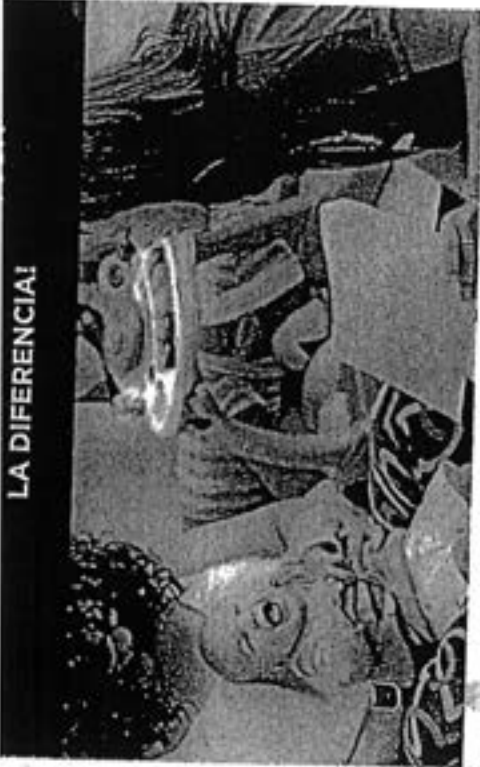
### When to call your provider

- If you have a severe headache.
- If you have bleeding or leaking fluid from your vagina.
- If you have decreased or absent fetal movement.
- If you see white spots or have any other unusual visual changes.
- If you have any feeling of pressure or pain that comes and goes 8 to 4 times per hour.

Start Kick Counts



LA DIFERENCIA!



## PODEMOS AYUDAR

Apoyo familiar, evaluaciones del desarrollo infantil, y actividades de preparación escolar para familias esperando un bebé o con niños del nacimiento a 3 años en el condado de Maricopa.

**LLAME AL (602) 633-0732**  
O VISITE [PARENTPARTNERSPLUS.COM](http://PARENTPARTNERSPLUS.COM)

### SOCIOS DE LOS PROGRAMAS

Early Head Start	Nurse-Family Partnership
Family Support Coordination	Parents as Teachers
Fussy Baby Healthy Families	Smooth Way Home
Health Start	South Phoenix Healthy Start
High Risk Perinatal Program	

Todos los servicios de los programas se ofrecen sin costo a la familia



**Parent Partners Plus**  
Building Strong Families From the Start

THE FIRST YEARS MAKE ALL THE DIFFERENCE!



## WE CAN HELP

Family Support, Developmental Screenings, and School Readiness Activities for families expecting a baby and with a child birth to 3 years old in Maricopa County.

**CALL (602) 633-0732**  
OR VISIT [PARENTPARTNERSPLUS.COM](http://PARENTPARTNERSPLUS.COM)

### OUR PARTNER PROGRAMS

Early Head Start	Nurse-Family Partnership
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High Risk Perinatal Program	

All program services are offered at no cost to families



**Parent Partners Plus**  
Building Strong Families From the Start



## Maricopa County Early Childhood Home Visitation Referral Form

For Pregnant Women and Children Birth to 3 Years Old

Please fax to: (602) 633-0733 or email [pppintake@swhd.org](mailto:pppintake@swhd.org)

Date referral was sent: \_\_\_\_\_ Referring Agency: \_\_\_\_\_

Parent Name/Nombre de Padre: \_\_\_\_\_

Phone/Teléfono: \_\_\_\_\_ Zip Code/Código Postal: \_\_\_\_\_

Preferred Language/Idioma Preferido:  English  Español  Other: \_\_\_\_\_

Email/Correo Electrónico: \_\_\_\_\_

Comments (optional)

### Release of Information Consent

I give my consent to be contacted by Parent Partners Plus and to be informed of services available. If eligible, I consent to be referred to the appropriate service organizations, to be contacted by those organizations, and for Parent Partners Plus to share my success in engaging with a program to the Referring Agency.

To comply with reporting requirements of the funding source, I grant permission to Parent Partners Plus, a program operated by Southwest Human Development, to release background, service, and impact related information to the Arizona Early Childhood Development and Health Board, also known as First Things First.

### Consentimiento de Liberación de Información

Doy mi consentimiento ser contactado por Parent Partners Plus y ser informado de los servicios disponibles. Doy mi consentimiento a que me refieren a las organizaciones de servicios adecuados, ser contactado por estas organizaciones, y que Parent Partners Plus comparte mi éxito en la participación de un programa con la Agencia de Referencia.

Para cumplir con los requisitos de informes de la fuente de financiamiento, doy permiso a Parent Partners Plus, un programa operado por Southwest Human Development, para liberar antecedentes, el servicio y la información de impacto relacionados con el Desarrollo de la Niñez Temprana de Arizona y de la Junta de Salud, también conocida como First Things First.

Parent Name/Nombre: \_\_\_\_\_

Signature/Firma: \_\_\_\_\_

Name of Person Documenting Consent/Nombre de la persona documentando el consentimiento:

\_\_\_\_\_

Signature of Person Documenting Consent/Firma de la persona documentando el consentimiento:

\_\_\_\_\_

Date/Fecha: \_\_\_\_\_ Time/Hora: \_\_\_\_\_