



THE NEXT NINE MONTHS

A GUIDE TO HELP YOU PREPARE
FOR YOUR SPECIAL DELIVERY

GEISINGER

REDEFINING BOUNDARIESSM

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Shaken Baby Syndrome

Shaking, or tossing a baby can cause mental retardation or brain damage. If you find yourself in a situation where you feel the urge to shake or toss the baby: call a friend, count to 10 and then count to 10 again. Put the baby in a safe place and leave the room for a few minutes. Try sitting down, exercise, play your favorite music or take a shower or bath. Relax and think of something pleasant, or call for help at 800.4.A CHILD.

When to call your pregnancy care provider:

- Heavy bleeding (saturating more than one pad an hour)
- A fever greater than 101°F (38.3°C) on two occasions four hours apart and/or chills
- Unusual pain in the pelvic or vaginal areas
- Postpartum depression

If you have any questions, call your pregnancy care provider.

Newborn discharge

A pediatrician will examine your baby and answer any questions you may have before you are discharged. Before you leave for home, we must sign your baby out of the nursery. A staff nurse will remove one of your baby's bracelets and will retain it along with your signature, for our records.

Birth control

It is possible to become pregnant again in the weeks following delivery. Please discuss birth control options with your care provider in the weeks prior to delivery and again prior to discharge from the hospital. Breast feeding is not an effective method of birth control.

Return appointments

You should schedule a return appointment with your care provider in four to six weeks following delivery. For your continued recovery, it is important to keep this appointment even if you are feeling well. If you are a breast feeding mom, you will also have an appointment with the lactation consultant within the first two weeks. Do not cancel this appointment even if you feel breast feeding is going well. This support is important to your ongoing success.

Choosing a pediatrician

Choosing a pediatrician is an important decision in the health of your baby. By your eighth month of pregnancy, you should choose a doctor to care for your baby. Be prepared to give our staff the name of that doctor before your baby is discharged. Your baby should have his or her first appointment at two weeks of age.

GEISINGER MISSION STATEMENT

The mission of Geisinger Health System (GHS) is to enhance the quality of life through an integrated health service organization, based on a balanced program of patient care, education, research and community service. This mission statement has been abbreviated into four words: "Heal. Teach. Discover. Serve."

GEISINGER WOMEN'S HEALTH MISSION STATEMENT

Geisinger Women's Health is committed to excellence in providing safe quality patient care in a family-centered setting. The goal of our highly skilled professional health care team is to exceed each family's expectations of care and communication, while respecting individual differences and needs.

CONTACT INFORMATION:

For appointments call CareLink at 800.275.6401.

REFERENCES

Varilli, G. and Mueser, A. (1998) *While Waiting*. St. Martin's Griffin, New York.

Amis, D. and J. Green. (2007) *Prepared Childbirth the Family Way*. The Family Way Publications, Texas.

CONGRATULATIONS!

We are delighted that you've chosen Geisinger and we look forward to caring for you and your baby.

This booklet will help you prepare for your special delivery. It will help answer your questions about:

- preparing your body for pregnancy
- your choices for labor and delivery
- preparing for labor and delivery
- caring for your baby after delivery and when you return home

You will find it helpful to review the material in this booklet from time to time throughout your pregnancy. You will also want to bring it with you when it's time for your delivery.

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I.A HEALTHY BEGINNING

Calculating your due date

Example:

1. date of last period: 4/22/00
2. minus three months: 1/22/00
3. plus one year and seven days: 1/29/01
4. my due date is: 1/29/01

A pregnancy lasts 40 weeks starting with the first day of your last menstrual period. This is only an estimated due date. In most pregnancies, labor starts between 38 and 42 weeks. However, after 37 weeks your pregnancy is considered "term". Try this formula to estimate your due date.

first day of your last period: _____
minus three months: _____
plus one year and seven days: _____
my due date is: _____

Eating right

Good nutrition during pregnancy is important for the health of you and your baby. During pregnancy, eating the right kinds of food from all five food groups will increase your chances of having a healthy baby.

Are you getting enough calcium?

Milk is the major source of calcium for you and your baby. Calcium helps build strong bones and teeth. Milk is also an important source of protein, vitamins and other minerals. Pregnant women should consume 1200 mg of calcium per day.

Milk is essential, so if you don't like the taste – flavor it. Try chocolate syrup or mix fruits with it. Add powdered milk to soups, meat loaf and other foods.

If you cannot tolerate milk early in pregnancy, eat more of the milk substitutes listed below, and try later to increase milk in your diet. Your baby needs the most calcium during the last three months of pregnancy.

For a source of calcium, you can substitute the following foods for one 8-ounce glass of milk; be sure to eat four servings per day:

- | | |
|--------------------------------------|-----------------------------|
| 1 cup calcium-fortified soy milk | 2 1 inch cubes of cheese |
| 1 cup pudding | 1½ cups cottage cheese |
| 1½ cups ice cream | 1½ cups yogurt |
| 2 slices (1 ounce) cheese | 1½ cups soup made with milk |
| 1 cup calcium-fortified orange juice | |

Other foods rich in calcium include: broccoli, bok choy, collard greens, kale, mustard greens, spinach, chickpeas, sesame seeds, almonds and dried beans.

**You can also substitute soybean curd (tofu) for milk, but it is low in Vitamin B12.*

**Remember, you can count part of the milk in cream soups, custards and cocoa.*

**Check labels to see if calcium has been added to foods. Calcium-fortified breads and juices are a great way to get a little extra calcium.*

Are you eating enough fruits and vegetables?

Fruits and vegetables supply many vitamins, minerals and fiber. You should eat fruits and vegetables rich in vitamin C daily. Vitamin C helps form healthy bones, teeth, gums, cells and blood. Leafy green vegetables supply folic acid. Folic acid is needed to develop your baby's skeleton, eyes, skin, hair, teeth, gums and glands. Yellow and leafy green vegetables provide vitamin A. Vitamin A is necessary for good vision and helps keep your skin and hair healthy. Fruits and vegetables should be fresh when possible, frozen when not. Canned fruit does not have the same nutrition content.

All of these fruits and vegetables supply important nutrients needed by you and your baby.

Sources of Vitamin C	Sources of Folic Acid	Sources of Vitamin A
Oranges	Spinach	Carrots
Grapefruit	Kale	Green beans
Tomatoes	Dark leafy vegetables	Peas
Cantaloupes	Broccoli	Yellow squash
Strawberries	Brussels sprouts	Apricots
Green peppers	Asparagus	Peaches
Broccoli	Collard and other greens	Yams

Are you getting enough protein?

Meat and meat substitutes are the major sources of protein in your diet. Protein is the basic building block for you and your baby. It helps build strong muscles and blood and fight infection. Meats also provide important vitamins and minerals, such as B vitamins and iron.

Animal sources of protein include meat, poultry, liver, fish, eggs and milk. Vegetable sources include beans, peas, nuts, soybean curd (tofu) and peanut butter. Many fish should be avoided in pregnancy due to methyl-mercury, dioxin, PCBs, bacteria, viruses and other toxins. Select from the following list for acceptable choices: bass (not large mouth or sea bass), catfish (farm raised only), clams, crab, fish sticks, flounder, haddock, lobster, orange roughy, cooked oysters (not Gulf Coast), scallops, shrimp, sole, salmon, red snapper, Pacific halibut. Fish oil is important to fetal brain development – but you should eat no more than 12 ounces of cooked fish per week.

And remember: Pregnant women should not eat sushi unless it is made with cooked eel, steamed crab or vegetables.

One ounce of protein is equal to any of the following:

- | | |
|--|-----------------------------|
| 1 ounce lean meat, poultry or fish (without bone or fat) | 2 tablespoons peanut butter |
| 1 egg | ½ cup cooked beans |
| ¼ cup cottage cheese | 1 ounce of nuts |
| ¼ cup tuna | ½ cup tofu |

Are you eating enough carbohydrates?

Breads and grains are important sources of B vitamins, carbohydrates, fiber and iron. These nutrients are used for energy and to maintain a healthy nervous system. Always choose enriched or whole grain breads and flours.

Examples of one serving:

- 1 slice bread
- ½ cup hot cereal or ¾ cup cold cereal
- ½ cup spaghetti or noodles
- ½ cup rice
- 6 crackers
- 1 small tortilla
- 1 small muffin or biscuit
- 1 pancake or waffle

Examples of other carbohydrates:

- 1 cup milk or yogurt
- 1 cup fresh fruit or ½ cup canned fruit
- ½ cup fruit juice
- ¼ cup dried fruit

Essential nutrients for your growing baby

Nutrient	Sources	Function
Folic Acid	Cooked spinach, leafy vegetables, legumes, broccoli, peas, orange juice, fortified breads and cereals	Helps prevent neural tube defects, such as spina bifida
Protein	Lean meats, fish, low-fat cheese, eggs (well-cooked only), tofu, dried peas and beans, nuts and seeds	Provides the building blocks of human cells; helps fight infections
Calcium	Low-fat milk, yogurt, cheese, salmon with bones, sardines with bones, collard greens, kale, tofu	Ensures strong teeth and bones
Vitamin C	Grapefruit, oranges, strawberries, tomatoes, broccoli, red or green peppers	Promotes proper growth, tissue repair and wound healing; contributes to development of teeth and bones
Iron	Dried fruits, beef, sardines, spinach, fortified cereals	Promotes proper development of baby's blood supply

Vitamins

Your doctor may prescribe a prenatal multiple vitamin and supplements for folic acid and iron, alone or in combination. It's important to take them. If they upset your stomach, try taking them with meals. Do not substitute over-the-counter multiple vitamins without checking with your doctor first.

Herbs

Check with your doctor before taking herbal supplements or herbal teas.

Weight

During pregnancy, many hormones change and affect your body. There is an increase in the amount of blood and waste products. These changes help your baby grow and prepare you for birth and breast feeding.

If you are at a normal weight range according to height and weight charts before pregnancy, your recommended weight gain is about 25-35 pounds. You should gain weight gradually throughout the nine months. Use the following guidelines to see if you are on track with your weight gain:

- First 3 months about 3 pounds total
- Middle and last 3 months about 1 pound per week

TOTAL About 30 pounds

This weight is distributed in your body and is needed for your baby to grow. For example, toward the end of your pregnancy...

- Baby weighs about 7+ pounds
- Placenta weighs about 1+ pounds
- Uterus weighs about 2 pounds
- Blood volume and increased fluid . . 8+ pounds
- Other body changes 5+ pounds

TOTAL 25 pounds

If you are underweight before pregnancy, you'll need to gain more weight (about 28-40 pounds total). If you are overweight before pregnancy, you'll need to gain less weight (about 15-25 pounds total). Always check with your pregnancy care provider about the amount of weight you should gain.

Dieting

If at any point during your pregnancy you find you've gained more weight than you planned, DON'T STOP EATING. Your baby requires a steady supply of food to get the nutrients he or she needs. Instead, talk with your pregnancy care provider about any questions or concerns you may have.

Within two weeks after your baby is born, you will lose about 12-18 pounds. With proper eating and moderate exercise, you will lose the rest of your extra weight within three to six months after delivery. Breast feeding can also help with losing weight because you use your fat stores for extra energy needed for nursing.

Developing a healthy lifestyle

Exercise

Just 30 minutes of physical activity most days of the week will help you look and feel your best. And keep in mind that you don't need to be physically active continually for 30 minutes. Walking, swimming, gardening, yard work, housework, dancing – many activities you already enjoy – can become part of your exercise routine. If you are regularly doing low impact aerobics, you may continue; however, monitor your heart rate and keep it below 140 beats per minute. And, avoid any jumping or jarring movements.

Medications

When used as directed, the following medications are considered safe in pregnancy. As with any medication, if you experience a rash, hives, difficulty breathing, sudden dizziness or confusion, or other symptoms you consider severe or unusual, please seek immediate medical attention. Unless otherwise indicated, follow dosage recommendation for an adult as written on the label by the manufacturer. The following medications are approved by our doctors for limited use during your pregnancy (see pages 17-22 for a complete list of physical changes you might encounter, as well as approved comfort measures):

- Minor aches and pains – Tylenol[®], Regular or Extra Strength (acetaminophen); do not exceed 1000 mg in four hours; do not use Advil[®] or Motrin[®] (ibuprofen) or aspirin unless specifically recommended by your healthcare provider.
- Cold symptoms – Sudafed[®], Dimetapp[®], Chlortimeton[®], Tylenol Cold and Sinus[®], Breathe Right Strips[®], Ocean Nasal Spray[®]
- Nausea and vomiting – Vitamin B6, Bonine
- Diarrhea – Kaopectate[®], Imodium[®] (Do NOT take Pepto Bismol[®] as it contains aspirin)
- Heartburn and indigestion – Tums[®], Maalox[®], Mylanta[®], Pepcid[®], Zantac[®], Konsyl[®]

If symptoms persist more than a few days, call your pregnancy care provider. Do not substitute Motrin[®] or Advil[®] (ibuprofen) for Tylenol[®] (acetaminophen) unless approved by your physician.

Caffeine

Limit the caffeine you consume to no more than 200 mg per day. This includes coffee, tea and colas. Choose decaffeinated or caffeine-free beverages whenever possible. Caffeine may increase blood pressure.

Tobacco and alcohol

Smoking decreases oxygen to your baby, which can affect brain development. Decrease your intake or better yet, quit and don't start after the baby is born. Ask your health care provider for a referral to a local cessation program or call 1.800.LUNGUSA. Alcohol enters your bloodstream and also enters your baby's bloodstream. Alcohol can affect the development of your baby at any stage of pregnancy.

Note: Anything that goes into your mouth, nose or veins goes into your baby, too.

Dental

Be sure you are getting enough calcium. While your baby is growing, calcium is required to develop bones. If there is not enough calcium in your diet, your body will "borrow" calcium from your teeth, which may cause you to develop cavities.

Continue to receive regular dental care; however, be sure to tell your dentist that you are pregnant and if you need dental x-rays be sure to cover your abdomen with the x-ray shield. If you don't see a dentist regularly, make an appointment for a checkup because good dental health is important during pregnancy. Gums may swell and bleed during pregnancy.

Lifting

It is generally recommended that you do not lift more than 40 pounds without assistance. Ask your pregnancy care provider if you have specific questions. Do not lift more than 10 pounds over your head.

Working

You may continue to work through your pregnancy as long as it is approved by your pregnancy care provider. If you have concerns about hazardous materials, X-ray exposures or continuation of work, please discuss them with your pregnancy care provider.

Home

Avoid paint fumes, strong cleaning products including oven cleaner, toilet bowl cleansers or calcium deposit removers. Read warning labels on products. Be careful on stairways and when using step stools as your center of gravity will change with pregnancy and you may fall. Be careful carrying objects such as laundry, garbage and groceries up and down steps. Always have one hand on a handrail. Make your home smoke-free for your health and the health of your baby. Exposure to smoke by infants increases the likelihood of ear infections, asthma and other illnesses.

Travel for you and your baby

Travel during pregnancy is fine, but we strongly encourage wearing seat belts. Stand up, walk and stretch at least every two hours, and more frequently if possible. Sitting for long periods of time puts you at risk for complications of blood clots in the legs. If you are traveling long distances or in your third trimester, consult your health care provider before your trip. Before your baby is born, have your car seat installed. If you cannot install it yourself, check with your local car dealers or police stations to ask if they have a certified installer who will usually install the seat free of charge.

Cat care

Ask family members or a friend to take over clean up duties associated with a cat or kitten during your pregnancy. Don't clean a cat pan or touch kitty litter while you are pregnant, and always wear gloves while working in the garden. Toxoplasmosis, a disease spread by infected cat feces, soil and sand, can lead to miscarriage or birth defects.

Food safety in pregnancy

Store foods in a refrigerator set to 40 degrees Fahrenheit or less. Wash your hands before and after handling and rinsing fruits and vegetables, and do not eat raw or undercooked meat or fish. Also avoid food containing raw eggs like cookie dough, caesar salad dressing, meringue and mayonnaise (look at the label). Instead, make them yourself using pasteurized eggs. Raw sprouts should also be avoided as they cannot be washed thoroughly enough for safety in pregnancy. If a food item falls on the floor, throw it away as it may contain bacteria that can make you or your baby sick. Only drink juices that are pasteurized or shelf-stable. If you have flu-like symptoms during pregnancy, call your health care provider to be sure it is the flu and not related to something you ate.

Warning signs

Some signs and symptoms you experience during pregnancy may signal a problem. If you experience any of the warning signs listed below, call your pregnancy care provider. See phone numbers in the front of this book.

- fever higher than 101° F or 38.3° C
- blurred vision
- swelling or puffiness in your upper body (hands and face)
- vaginal bleeding or gush of fluid from the vagina
- abdominal cramping, whether painful or not, or more than four contractions in an hour before week 36
- decrease or absence of baby movement
- severe backache
- severe headaches
- spots before your eyes
- sudden weight gain in just a few days
- severe/persistent vomiting or diarrhea
- decrease or change in fetal movement after 24 weeks

Prenatal care

Pregnancy care providers: making the right choice for you

Here are the types of pregnancy care providers you may see:

- Perinatologist – an obstetrician-gynecologist who specializes in high risk pregnancies
- Certified Nurse Midwife – a nurse with additional training in the care of pregnant patients and the delivery of babies
- Nurse Practitioner specializing in women's health – a master's level prepared nurse with additional training in prenatal care and women's health
- Obstetrician – a physician specializing in the care of pregnant patients and the delivery of their babies
- Resident Physicians – we are a teaching hospital; all residents are supervised by a staff physician who is in the clinic or inpatient unit
- Perinatal Nurse Practitioner – specializes in high risk obstetrics and works with the perinatologist both in the medical center and at our medical groups to provide care

Is your pregnancy considered high risk?

Your pregnancy may be high risk if you fall into one of the following categories:

- History of genetic (inherited) disease on either your side or the father's side of the family or one or more children born with a genetic disease
- If you are 35 years of age or older or have test results that suggest risk for genetic disease
- History of chronic medical problems such as diabetes, high blood pressure or severe asthma
- Evidence of multiple births (twins, triplets, quadruplets)
- Ultrasound results suggesting a possible problem with the placenta, the baby or the amount of amniotic fluid

- Significant medical problems such as kidney, bowel or liver disease, heart disease, organ transplant recipient, diagnosis and treatment for cancer
- History of prior pregnancy complications such as birth defects, stillbirth or premature delivery

If your pregnancy has been labeled high risk, we may refer you to a perinatologist, a specialist in maternal fetal medicine (MFM), for an evaluation.

Genetic counseling

Even if your pregnancy is progressing normally, your pregnancy care provider may recommend genetic counseling for any of these reasons:

- Your age
- Family history of inherited disorders
- Previous delivery of a baby with a birth defect

Our genetic counselor will review your health history, the health history of the baby's father, and the health history of your family and the baby's father's family. Based on that information, the counselor may suggest additional testing.

When something goes wrong

Losing a baby during pregnancy is a traumatic experience for you as well as other family members. A miscarriage can happen for many reasons, most of which are outside your control. When you experience a miscarriage, you lose a part of your past, present and future – in other words, a part of yourself.

To help our patients cope with their feelings of pain and loss in the weeks and months after the baby dies, we sponsor a support group called Empty Arms. Empty Arms is not a therapy group, but a circle of friends who share a similar experience. For more information on Empty Arms, talk with your pregnancy care provider.

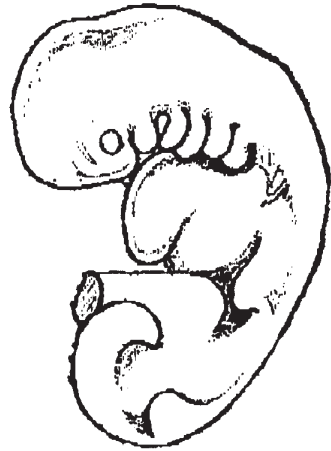
A guide to prenatal visits

The chart on the next few pages explains some of the signs and symptoms you may encounter during pregnancy. Because every pregnancy is unique, use this information only as a guide.

And remember:

- Follow the directions of your care provider. You may need to visit your pregnancy care provider more often than outlined in this chart.
- Write down any questions that come to mind between visits so you can review them with our staff during your visit.
- Allow 15-30 minutes for follow-up visits.
- Between prenatal visits, direct questions to your pregnancy care provider. Please have your medical record number available, so we may respond appropriately to your concerns over the phone.
- Dads and coaches are always welcome.

First Visit (week 5-8)

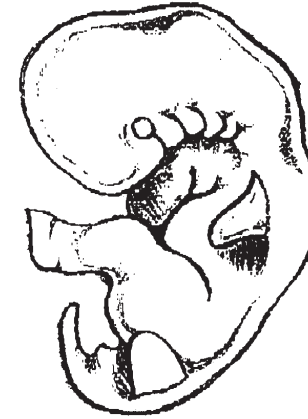
**What to expect:**

- A thorough health history. Your pregnancy care provider will talk with you about your health and the health of your immediate family. The information will cover the period before you became pregnant to the present.
- Blood pressure. We watch for symptoms of pre-eclampsia or toxemia, including high blood pressure, fluid retention, swelling and protein in your urine.
- Blood samples. We draw blood for the following tests: blood type and Rh factor, hemoglobin and hematocrit, German measles (rubella immunity), Hepatitis B, and syphilis (a test required by law). Depending on your history, we may also test for toxoplasmosis and the cytomegalovirus. We test for HIV with your consent.
- Urine specimen. We ask for a urine sample during every visit. Testing your urine helps detect infections as well as problems related to your kidney function and blood pressure.
- Pap smear. This test detects abnormal cells of the cervix, or other problems of your cervix (the opening to your uterus or womb), as well as vaginal infections.
- Internal physical examination. This examination of your cervix, uterus and pelvic bones lets your pregnancy care provider feel how much room your baby will have to pass through the birth canal. It also alerts your care provider to any abnormalities.

Points to consider:

- Unsure about when you became pregnant? Your pregnancy care provider may schedule an ultrasound to determine the age of the fetus.
- Be ready to provide insurance information or discuss what type of billing arrangements you'd like to make.
- Be prepared to discuss genetic testing and chorionic villus sampling (CVS) if you are 35 years or older or have a history of a baby with birth defects.

Second Visit (usually around weeks 10-14)

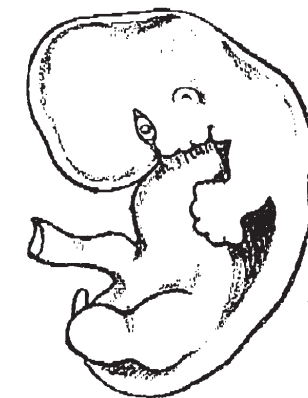
**What to expect:**

- Urine specimen to check for protein and sugar.
- Weight and blood pressure check.
- Listen to your baby's heartbeat.
- Measurement of the growth of your uterus.

Points to consider:

- Discuss the progress of your pregnancy and any problems or concerns you may have.
- We may draw blood to screen for thyroid disease.
- If you intend to breast feed, alert your pregnancy care provider so the staff can set up an appointment with our lactation consultant. Do this at your sixth visit.
- Sign up for childbirth education classes. If you don't have a schedule of classes, ask your pregnancy care provider for one or consult our website at www.geisinger.org. Sign up by your 24th week to take classes by week 30 - 34.
- If you have concerns about the possibility of a genetic defect, ask your pregnancy care provider about a triple marker screen. This screening test shows the probability of a genetic defect.
- Have concerns about sexual intercourse? Discuss them with your pregnancy care provider.

Third Visit (usually around weeks 14-18)

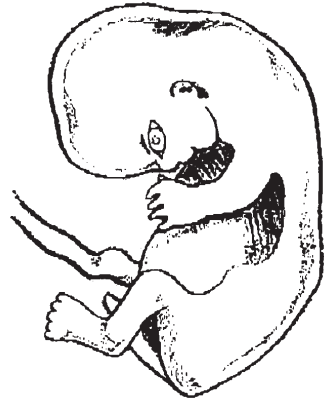
**What to expect:**

- Urine specimen to check for protein and sugar.
- Weight and blood pressure check.
- Listen to your baby's heartbeat.
- Measurement of the growth of your uterus.

Points to consider:

- Discuss the progress of your pregnancy and any problems or concerns you may have.
- Maternal Serum Screenings for birth defects: Screenings help identify the risk of some types of birth defects, such as neural tube defects (spina bifida) or Down Syndrome. A blood sample is usually drawn between weeks 16 and 18 of your pregnancy. If the results are abnormal, further testing will be recommended. An abnormal result means that the pregnancy should be studied more closely. It does NOT mean that your baby has been diagnosed with a birth defect. And not every normal result means your baby does not have a birth defect. Some problems cannot be predicted by testing.

Fourth Visit (usually around weeks 20-24)



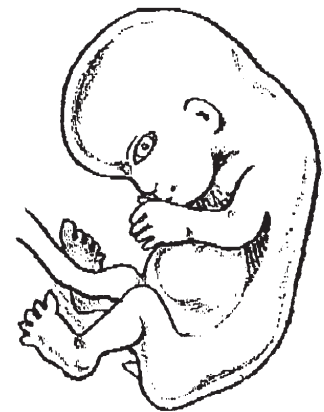
What to expect:

- Urine specimen to check for protein and sugar.
- Weight and blood pressure check.
- Listen to your baby's heartbeat.
- Measurement of the growth of your uterus.

Points to consider:

- Discuss the progress of your pregnancy and any problems or concerns you may have.
- Expect to feel the baby kicking.
- Start thinking about choosing a pediatrician or family practice physician for new baby care.
- If we suspect you are expecting more than one baby, we may schedule a second ultrasound.
- If you experience contractions that increase in intensity after 24 weeks and before 37 weeks, you may be having premature labor. Contact your pregnancy care provider.
- You may be asked to keep a daily record of fetal movements.

Fifth Visit (usually around weeks 26-30)



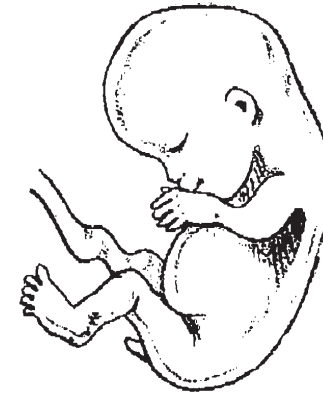
What to expect:

- Urine specimen to check for protein and sugar.
- Weight and blood pressure check.
- Listen to your baby's heartbeat.
- Measurement of the growth of your uterus.
- If you are Rh -, you'll receive a Rhogam injection.
- Blood specimen to check for low blood iron (anemia).

Points to consider:

- Discuss the progress of your pregnancy and any problems or concerns you may have.
- A blood test will be drawn between 26-28 weeks to be sure you have not developed pregnancy-related (gestational) diabetes.

Sixth Visit (usually around weeks 30-32)



What to expect:

- Urine specimen to check for protein and sugar.
- Weight and blood pressure check.
- Listen to your baby's heartbeat.
- Measurement of the growth of your uterus.

Points to consider:

- Discuss the progress of your pregnancy and any problems or concerns you may have.
- If you haven't signed up for Childbirth Education classes, do so now.

Seventh Visit (usually around weeks 32-34)



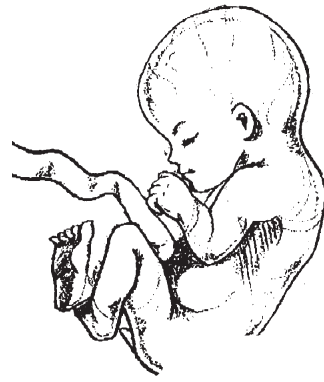
What to expect:

- Urine specimen to check for protein and sugar.
- Weight and blood pressure check.
- Listen to your baby's heartbeat.
- Measurement of the growth of your uterus.

Points to consider:

- Discuss the progress of your pregnancy and any problems or concerns you may have.
- If you haven't chosen a care provider for your baby, do so now. Call CareLink at 800.275.6401 or check our website at www.geisinger.org.

Eighth Visit (usually around weeks 34-36)



What to expect:

- Urine specimen to check for protein and sugar.
- Weight and blood pressure check.
- Listen to your baby's heartbeat.
- Measurement of the growth of your uterus.
- A vaginal culture may be obtained for Group Beta Strep at this time.

Points to consider:

- Discuss the progress of your pregnancy and any problems or concerns you may have.
- With your partner, decide on a planned method of birth control. It is possible to get pregnant a few weeks after you deliver.
- Have baby car seat installed.

Ninth Visit (36th week and beyond, then once a week until you deliver)



- Urine specimen to check for protein and sugar.
- Weight and blood pressure check.
- Listen to your baby's heartbeat.
- Measurement of the growth of your uterus.

Points to consider:

- Discuss the progress of your pregnancy and any problems or concerns you may have.
- Pack a small suitcase with everything you'll need at the hospital for you and your baby.

Tests during pregnancy

Amniocentesis: Early in pregnancy, amniocentesis is used to detect Down Syndrome, neural defects or other genetic and chromosomal diseases. It can also confirm your baby's sex. Late in pregnancy, this test is done to find out if your unborn baby's lungs are mature enough to function outside the womb.

During amniocentesis, ultrasonography is used to guide a long thin needle through the abdomen into the uterus. A small sample of amniotic fluid is sent to the lab for analysis.

Chorionic villus sampling (CVS): This diagnostic test may be performed between weeks ten and twelve to alert your care provider to the possibility of genetic diseases such as Down Syndrome or cystic fibrosis, Duchenne muscular dystrophy and hemophilia. During the test, a hollow needle is passed through the cervix or abdomen into the place where the placenta grows to obtain a tissue sample. This test can be performed earlier in pregnancy than amniocentesis.

Gestational glucose: This test rules out pregnancy-related diabetes. When you report to the laboratory, you will be asked to drink a glass of sugar water. One hour later you will return to the lab and a lab tech will draw a blood specimen to check your glucose level. If your pregnancy care provider feels you are at risk for diabetes, you may be asked to repeat this test during your pregnancy.

Non-stress test: You may have this test later in your pregnancy to check your baby's status, or you may have it done on several different occasions. A fetal heart rate monitor will record your baby's heartbeat over a period of time and we will ask you to tell us when you feel your baby move. An increase in your baby's heartbeat during and after movement is normal.

Perinatal infections: A blood test may be done to screen for a group of infections that may occur during pregnancy and affect the developing fetus or the newborn. These infections are collectively called TORCH Syndrome: Toxoplasmosis-Rubella-Cytomegalovirus-Herpes. Another infection called Parvovirus may also be added to the screening process.

Pregnancy and HIV (AIDS) testing: Recommended for all pregnant women by The American College of Obstetrics and Gynecologists and the American Academy of Pediatrics to reduce HIV transmission from mother to baby.

Ultrasound: A painless test that uses sound waves to measure your baby's growth, examine your baby's anatomy and placenta, determine if you are having twins, check for some physical problems associated with the baby's development, or guide needle placement during amniocentesis.

Amniotic Fluid Index (AFI): The ultrasound machine can be used to perform an amniotic fluid index test. This measures the amount of amniotic fluid surrounding the baby. Abnormally high or low volume may indicate a problem.

Biophysical profile: A combination of an ultrasound (looking at fluid amounts, fetal movement, muscle tone and breathing) and a non-stress test.

II. COPING WITH PHYSICAL AND EMOTIONAL CHANGES

Childbirth classes

Geisinger has a full offering of classes ranging from childbirth, parenting and breast feeding, as well as a class for siblings.

Moms and coaches learn: what to expect in the remainder of their pregnancy, good body mechanics to avoid injury and increase mom's comfort, exercises to strengthen the muscles to prepare for childbirth, availability of natural and medicinal pain control measures as well as what to expect after you deliver. A special class is offered to teenage moms. Refresher classes are available for moms that have given birth before and are looking for a quick review. The sibling class prepares children for their new role as a big brother or sister.

Certified lactation consultants review the "how to" as well as breast pumps and breast health in our breast feeding class.

The infant/child CPR class reviews home safety and gives new parents confidence on what to do in case of emergencies. Check our website at www.geisinger.org or ask your pregnancy care provider for information.

Domestic violence during pregnancy

Domestic violence comes in many forms – physical, emotional, sexual, social isolation, financial control, threats and intimidation. Your nurse and health care provider are prepared to talk to you about domestic violence and the effects on you, your baby and your future. You can also call the Domestic Violence Advocate (GMC 570.271.5473 or outside GMC area 800.544.8293) to talk about your choices including crisis intervention, safety and goal planning, counseling and more. If this is happening to you, you are not alone. You are not to blame. If you are afraid, please tell someone.

Sexual intercourse

During pregnancy your desire for sex may increase or decrease. This is normal. Both partners need to adjust to these changes and talk about them. Expectant fathers may have emotional changes, too. Some feel uncomfortable having sexual intercourse with a pregnant partner.

Remember that as long as you do not have a history of miscarriage or pre-term labor, you can continue sexual intercourse during pregnancy.

Do not have intercourse if you have:

- pain in the vagina or stomach
- vaginal bleeding, itching or discharge
- fluid leaking out of the vagina

Choose a position that does not put your partner's entire weight on you. The side-by-side position, where your partner is behind you, may be more comfortable. Later in pregnancy you may want to try a position where the penis does not penetrate the vagina as deeply, such as the woman on top.

Facts for fathers and partners

Time for change

Pregnancy is a time of change for you and your partner. Encourage your partner to schedule her first prenatal appointment as soon as she thinks she may be pregnant. Good prenatal care is the first step to a healthy mother and baby. Going along to her visit with her pregnancy care provider will help you understand the changes she is going through and the reasons for these changes.

Diet and exercise

Encourage her to eat balanced meals. This may mean some changes in your diet as well. Since exercise is an important way to help her manage her weight, try walking with her 3-4 times a week for at least 20 minutes each time.

Role changes

Help with housework, shopping, cleaning and cooking. She should not carry things up and down stairs without one hand on a handrail. Make sure your partner takes time to rest each day.

Your relationship

Mood swings are normal for both of you during this time. You may feel happy, sad, worried or confused but not understand why. Take time to listen and talk things over. Your sex life may also change. Although it is usually safe to continue having sex through the end of the eighth month, talk with your doctor if you have concerns. You may have to find other ways to be close during the ninth month and during the six weeks after the baby is born.

Breast feeding

During pregnancy your body prepares for breast feeding whether or not you plan to nurse your baby.

Only breast milk provides complete nutrition – the right amount of sugar, proteins, vitamins and fat an infant needs – and contains antibodies that boost your infant's immune system¹. Premature infants tend to do better on breast milk. Infants who are breast-fed tend to be less constipated and have fewer allergies. Artificial baby milk, no matter what brand or how much "extra" they add, cannot equal your breast milk. Geisinger offers certified lactation consultants that can help answer any breast feeding questions or concerns.

Physical and emotional changes during pregnancy: what to expect

During your pregnancy you'll experience many physical and emotional changes; some you may expect, and some you may not. The following chart gives some suggestions for coping with these changes. Be sure to discuss any changes with your pregnancy care provider.

Condition	When	Why	Comfort Measures
Backache	Mid- to late pregnancy	As your weight, shape and balance change, you may sit or stand differently resulting in muscle strain. In late pregnancy, severe low backache may be caused when baby's head presses on your lower back.	<ul style="list-style-type: none"> • Try to maintain good posture; sit on an exercise ball to watch TV. • Use good body mechanics while bending and lifting to avoid strain. • Massage or gentle daily exercise may help. Try head rolling and shoulder rotating. Pelvic rocking in the "angry cat" position can help lower back. Or, get down on all fours and pretend you are scrubbing the floor. • Wear comfortable shoes with low heels.
Bladder changes	Throughout pregnancy, but especially during early and late pregnancy	Early in your pregnancy your uterus and developing baby press against your bladder, causing a frequent need to urinate. This occurs again near the end of the pregnancy when the baby has dropped in preparation for birth.	<ul style="list-style-type: none"> • Frequent urination is normal. Each time you urinate, try to empty your bladder as completely as possible. • Drink plenty of fluids, especially water. Reducing fluids will not solve the problem of needing to use the toilet frequently. • If your urine burns or stings, you may have a urinary tract infection. Consult your care provider right away because such an infection can get worse if untreated. Continue to drink plenty of fluid. Drinking cranberry juice may help. • Wear cotton underpants, or at least underpants with a cotton crotch. Avoid wearing pants or pantyhose that fit tightly against the crotch. • Kegel exercises will help prevent urinary leakage during pregnancy and after delivery. Contract muscles as if stopping the flow of urine. That is a Kegel. Do one, hold for five seconds and relax. Do 3 sets of 15 Kegels per day.
Increased breast size	Throughout pregnancy	Your breasts get larger because your milk glands enlarge and there is an increase in fatty tissue. They often become tender and sensitive.	<ul style="list-style-type: none"> • Wear a bra that gives firm support, but does not bind or leave marks. • Choose cotton bras instead of bras made with synthetic fiber.
Breast leakage	Anytime from the fifth month on	Your breasts produce colostrum, a yellowish or clear liquid, intended to be your baby's first food.	<ul style="list-style-type: none"> • Place a folded gauze pad or paper towel into each bra cup to absorb leaking fluid. You can also buy nursing pads, designed for this purpose, in a pharmacy. Replace the pads when wet. • If leaking colostrum dries and becomes crusty on your nipples, wash it off with warm water. Soap may dry or irritate your nipples.

Condition	When	Why	Comfort Measures
Constipation	Mid- to late pregnancy	Your growing uterus takes up part of the working space of your digestive system. Hormones, too, may slow intestinal movement. In some cases, iron and vitamin supplements may add to constipation.	<ul style="list-style-type: none"> • Drink at least two quarts (8 – 10 glasses) of fluids daily. • Try two Fig Newtons® and one cup of non-caffeinated hot tea before bed. • Eat raw vegetables, fruits and whole grain cereals and bread daily. • At about the same time each day, allow time for a bowel movement. • Exercise daily, especially walking. • Drink eight ounces of prune juice. • Increase whole grains, bran, raw vegetables and fresh and dried fruit in your diet. • Metamucil®, Fibercon® and Citrucel® are safe to take. • Avoid mineral oil, which can remove vitamins A, D and E from your body. If you feel that you need a laxative, consult your pregnancy care provider. • Ask your care provider if you should try a stool softener, such as Colace®
Contractions	As early as the fourth month, but most women don't notice them until the seventh or eighth month.	From about the fourth month, uterine muscles tighten irregularly, resulting in Braxton-Hicks contractions. These contractions do not get stronger as time progresses. Carbonated beverages may increase digestion.	<ul style="list-style-type: none"> • Continue your regular activities. • If you are uncomfortable, make a conscious effort to relax from head to toe. • If contractions are severe and continue for more than an hour, or if they seem to be getting stronger, consult your care provider.
Cough	Throughout pregnancy	Due to cold or allergies.	<ul style="list-style-type: none"> • Plain Robitussin®, Vicks VapoRub® and Delsym® are all approved medications for use in pregnancy.
Diarrhea	Mid- to late pregnancy	Pregnancy hormones and the uterus pressing on the bowel may cause intermittent diarrhea.	<ul style="list-style-type: none"> • You may take Lomotil® or plain Kaopectate® for diarrhea. • Do not take Pepto Bismol as it contains aspirin.
Faintness	Early and late pregnancy	If you stand for long periods of time, low blood pressure may cause faintness.	<ul style="list-style-type: none"> • After the fourth month of pregnancy, don't lie flat on your back; sleep on your side or propped up on pillows. • Avoid standing. If you must stand, move around frequently. • Eat healthy foods in small amounts at frequent intervals throughout the day. • If faintness is a recurring problem for you, mention it to your care provider.
Fatigue	Throughout pregnancy	Fatigue (tiredness) is a natural effect of pregnancy worsened by changing sleep patterns and insomnia. Carrying and caring for your developing baby requires extra energy. Tiredness may also result from anemia, which is common during pregnancy.	<ul style="list-style-type: none"> • Listen to your body and rest when necessary. • Follow good nutrition and hydration practices. • Take prenatal vitamins. • Balance your rest with daily exercise. Brisk walking is excellent. • Your care provider may check for anemia. If anemia is a problem for you, changes in your diet and/or supplementary iron may be suggested. • Vary your position and your activities. For example, if your work requires you to be on your feet, schedule short rests where you can sit down with your feet up. If, on the other hand, you must spend a lot of time sitting, try to get up and walk around every hour or so. • Share chores with family members or friends.

Condition	When	Why	Comfort Measures
Gums (bleeding and swelling)	Mid- to late pregnancy	The increase in your blood volume and supply of certain hormones may cause gum tenderness, swelling and bleeding of gums. A lack of vitamin C in your diet may also cause this condition.	<ul style="list-style-type: none"> • Brush your teeth and floss daily. • Use an antiseptic mouthwash such as Listerine. (Swish it around and spit it out, don't swallow it.) • Schedule a professional cleaning of your teeth and gums early in pregnancy and again before you deliver your baby. • Get plenty of vitamin C.
Headache	Throughout pregnancy	Nasal congestion, dehydration, lack of sleep, fatigue, eyestrain, caffeine withdrawal, anxiety and tension are all possible causes of headaches. In late pregnancy, a sharp, blinding headache that affects your vision should be reported to your care provider.	<ul style="list-style-type: none"> • For sinus headaches, try using a vaporizer or place a hot, moist towel over your eyes and forehead. • Make time for rest and relaxation. • For eyestrain, check with your eye care professional. • If your headaches persist or are severe, notify your care provider. • If you feel thirsty, drink 10 ounces of water or non-caffeinated beverage. • If you have difficulty sleeping through the night, try taking a 15 minute rest later in the day. • If the headache is not relieved, call your care provider. • Do not take aspirin-containing products or ibuprofen (Advil® or Motrin®) during pregnancy unless approved by your healthcare provider.
Heart pounding (palpitations)	Mid- to late pregnancy	Occasional heart pounding is a normal response your body makes to meet your baby's needs and the demands of your extra circulation volume.	<ul style="list-style-type: none"> • Reduce caffeine gradually; abrupt elimination of caffeine may cause headaches and irritability. • Don't panic. • Breathe easily and comfortably. Take slow, deep breaths. Stay calm. • If heart pounding is a frequent or continuous problem for you, tell your care provider. • Discuss relaxation techniques with your care provider.
Heartburn and indigestion	Mid- to late pregnancy	During pregnancy, your digestive system may work more slowly. Your growing uterus crowds your stomach and may cause stomach acids to be pushed upward.	<ul style="list-style-type: none"> • Eat several small, nourishing meals each day instead of three big ones. Relax and eat slowly. Don't allow the stomach to empty completely. • Drink more liquids between meals, rather than with meals. • Avoid spicy, rich or fried foods or foods that tend to cause intestinal gas. • Don't lie down within one hour after eating. When you do lie down, lying on your right side may help your stomach to empty. • Practice good posture. • Avoid extremes of very cold or very hot foods or beverages. • Wear comfortable clothes that are loose at the waist. • If you feel you must take an antacid, Tums®, Maalox®, Mylanta®, Pepcid® and Zantac® are safe. • Carbonated beverages may increase digestion.
Hemorrhoids	Mid- to late pregnancy	Increased circulation causes veins in your rectum and vagina to dilate. Your growing uterus also adds pressure to your rectum and vagina.	<ul style="list-style-type: none"> • Try not to become constipated. • An ice pack (ice cubes tied into a clean towel) may help ease the pain. • Soak a clean cloth or gauze square with cold witch hazel and hold it on your hemorrhoids for twenty minutes while you rest, lying down on your left side with your hips on a pillow. Use another pillow to support your arm and hand holding the compress. • Ask your care provider if medication such as Preparation H® is appropriate for you. • Try Kegel exercises to help increase circulation.

Condition	When	Why	Comfort Measures
Round ligament pain	Mid- to late pregnancy	Pain is a sharp or jabbing pain which can be on one or both sides of the groin on movement, especially rolling over in bed or bending over; pain occurs when the ligament is stretched or stressed.	<ul style="list-style-type: none"> • After your practitioner has reassured you that it is round ligament pain, sit down, put your feet up and relax. • Heat or cold compresses, whichever feels best. • Try Tylenol® if tolerated. • Good body mechanics, pelvic tilts may help.
Leg cramps	First three months	Calcium, which affects muscle contractions, is less easily absorbed during pregnancy. Pressure from your growing uterus slows circulation in the legs, and this may lead to cramps. Leg cramps often occur when you are in bed.	<ul style="list-style-type: none"> • Eat foods rich in calcium and phosphorus such as milk, cheese, potatoes and bananas. • Take a calcium supplement, if you are not able to eat calcium-rich foods. If you're also taking an iron supplement, be sure to take it at a different time than the calcium supplement. • To ease a cramp in your calf, push away from your body with your heel. At the same time, pull your toes toward your shoulder, hold for a count of ten and switch legs. • Try a warm tub bath. • Avoid lying on your back. Instead, lie on your left side. • Don't rub leg cramps, rather walk or stretch.
Morning sickness/nausea	First three months	Your body may be reacting to the hormones of pregnancy. Too little Vitamin B6 or too little glycogen, the natural sugar stored in your liver, can cause nausea. Emotions are another possible cause of nausea during pregnancy.	<ul style="list-style-type: none"> • Nibble on some crackers, toast, or dry cereal about 20 – 30 minutes before you get out of bed. • Eat 4 – 5 small but frequent meals during the day instead of three large ones. Don't allow the stomach to empty completely. • Avoid fried, spicy or rich foods or any food that seems to give you indigestion. • Try 25 mg of vitamin B6 with each meal. • Sip a tea made from gingerroot, peppermint or chamomile. Ginger snap cookies, ginger capsules and crystallized ginger can help reduce nausea. • Avoid strong smells such as cooking odors or heavy perfume if they bother you. • Try an anti-nausea bracelet with a round, button-like attachment that fits snugly around your wrist and applies pressure at the appropriate place. Motion sickness bands such as SeaBands™ can help. • Speak with your care provider— sometimes medication is necessary. Bonine® and Dramamine® are safe and available over the counter.
Nasal Congestion	Throughout pregnancy	May be due to colds, allergies or increase in blood volume.	<ul style="list-style-type: none"> • Sleeping on two pillows at night might help. • Try warm compresses, saline nasal spray or BreatheRight® nasal strips. Medications considered safe include Sudafed®, Benadryl®, Tylenol Cold and Sinus®, Dimetapp® and Chlortimetron®.
Nosebleeds	Throughout pregnancy	The nose's inner lining becomes more sensitive due to the increased circulation of blood in your body.	<ul style="list-style-type: none"> • Get enough vitamin C in your diet. • To stop a nosebleed, pinch your nostrils together for several minutes. When the bleeding stops, lie down and apply cold compresses to your nose. • If suffering from nasal congestion, blow your nose gently. • A higher level of humidity will help decrease the risk of nosebleeds. If the air in your home is very dry, try a humidifier. • Try a thin coating of Vaseline® in each nostril, especially at bedtime.

Condition	When	Why	Comfort Measures
Pelvic pain or discomfort	Mid- to late pregnancy	Your pelvic joints relax to prepare for birth, which may cause pain in the pelvic area and down the thigh. Or pressure from your growing uterus may cause sharp, shooting pains on either side of your abdomen.	<ul style="list-style-type: none"> • Take a warm tub bath. • Avoid constipation. • Change your position. • If the pain is severe or persistent, notify your pregnancy care provider.
Excessive salivation	Mid- to late pregnancy	During pregnancy, the salivary glands increase production. For a few women, this increase may turn out to be excessive. The reason for this is unclear.	<ul style="list-style-type: none"> • Chew gum. • Eat several small meals instead of three large ones. • Drink a tart beverage such as lemonade (as close to unsweetened as you can stand).
Shortness of breath	Mid- to late pregnancy	Your growing uterus takes up part of your breathing space and places pressure on your diaphragm (breathing muscle).	<ul style="list-style-type: none"> • Hold your arms up over your head and stretch. • Find positions that give you more room to breathe. Sitting up in a straight chair may work. Try sleeping propped up with pillows in a position that makes breathing easier. Or, try lying on your left side instead. (But don't lie flat on your back). • Practice very slow, deep breathing while you are relaxed. • Walk slowly; don't exert yourself. • If it occurs while you are resting or is related to asthma, call your care provider immediately.
Skin (blotches and discoloring)	Mid- to late pregnancy	A high level of pregnancy hormones can trigger extra deposits of pigment, which may appear as darkened blotches on the cheeks, nose and forehead as well as on the nipples and in a line from the naval to the pubic bone. These skin changes may be linked with a low supply of folic acid as well as the increase in pregnancy hormones.	<ul style="list-style-type: none"> • Sun exposure makes this condition more intense. Avoid sunburn. • Eat plenty of green, leafy vegetables and fruits containing folic acid. • If dark blotches on your face make you self-conscious about your appearance, try the type of cream makeup designed to minimize birthmarks.
Sleep difficulty	Last trimester	Mom has a hard time getting comfortable.	<ul style="list-style-type: none"> • Try light exercise at least three hours before bedtime along with a warm shower just before bed. • Sleep with support under your breasts, abdomen, between your knees and ankles. • Use two pillows to support your head if you need to be elevated more.
Sore throat	Throughout pregnancy	Due to cold or allergies.	<ul style="list-style-type: none"> • Try Cepacol® lozenges or Chloraseptic® spray.
Stretch marks	Mid- to late pregnancy	Stretch marks are scar tissue that forms when the skin's normal elasticity does not allow for the stretching needed during pregnancy.	<ul style="list-style-type: none"> • Be sure your diet contains adequate sources of vitamins C and E, and protein. Understand that stretch marks are caused from within, and external treatments can't remove or prevent them. • Applying lotion or cream to keep your skin soft and supple won't prevent stretch marks but may help to minimize them.

Condition	When	Why	Comfort Measures
Swelling (feet, legs and arms)	Mid- to late pregnancy	Your growing uterus puts pressure on the blood vessels that carry fluid from the feet and ankles. Tight clothing can increase fluid retention and swelling by slowing down circulation. Expect some swelling of the feet, ankles and legs.	<ul style="list-style-type: none"> • If you can't sit with your feet up, try walking around. Avoid standing still. • When you sit, elevate your feet and legs and don't cross your legs. Also try flexing and twirling feet. • Positioning a wedge-shaped pillow under the mattress at the foot of your bed will elevate your feet. Lying on your left side may help, too. • Wear loose, comfortable clothing. • Apply support hose after legs have been elevated or first thing in the morning. • Eat foods rich in protein. • Use salt in moderation. • Drink plenty of fluids (water). • Water aerobics is a good form of exercise to increase circulation. • Expect some swelling of the feet, ankles and legs. If you follow the above tips and get no relief, let your care provider know immediately.
Vaginal itching or discharge	Throughout pregnancy	Increased blood supply and hormones cause your vagina to increase its normal secretions. The normally acidic atmosphere of the vagina changes, too, creating a more fertile setting for the common vaginal infection (yeast infection). If you are concerned you have a yeast infection, call your caregiver before self-treatment. You may have a bacterial infection, rather than a yeast infection.	<ul style="list-style-type: none"> • Wear skirts rather than tight-fitting slacks or jeans. Air circulation helps. • Wear cotton briefs, or at least those with a cotton crotch. • Take frequent baths (warm, not too hot). Applying a panty shield to your underwear also helps. • Do not douche during pregnancy. • If your discharge burns, itches, smells bad or causes your genitals to become swollen or inflamed, call your care provider. You probably have a yeast infection, but it's important to find out for sure. GyneLotrimin® and Monistat® are safe (after second trimester). • Be alert to signs of early labor. Call your care provider if you notice an increase or change in the vaginal discharge, especially if the discharge is clear and watery or tinged with blood.
Varicose veins	Mid-to late pregnancy	Veins in your legs can become overloaded as a result of the slowed circulation caused by the greater volume of blood and the pressure of your growing uterus.	<ul style="list-style-type: none"> • Avoid standing for long periods. If you must stand, try to move about. • Avoid remaining in any position (such as crossed legs) that might restrict the circulation in your legs. • Rest for 2-5 minutes several times a day with your feet up and your legs raised at a mild angle to your body. • Stretch your legs and feet to improve your circulation. • Wear elastic stockings. Put them on before you get out of bed in the morning, while your legs are still relatively free of the extra blood that overloads them when you stand. Try a cool bath to soothe discomfort.

III. LABOR AND BIRTH

Geisinger's family birthing suites

Geisinger offers state-of-the-art birthing suites that allow labor, delivery, recovery and postpartum to occur in the same quiet, private room. Rooms provide a spacious and cheerful atmosphere with a large chair that converts to a sleeper so that your coach or loved one can be with you throughout your stay. Our family-centered birthing suites are staffed by an experienced team of maternity nurses who focus on helping the laboring mother have the best possible birth experience.

Both the Janet Weis Children's and Women's Hospital at Geisinger Medical Center and the Women's Health Unit at Geisinger Wyoming Valley have a designated operating suite for Cesarean deliveries, as well as observation beds for mothers who may need monitoring for premature labor, fetal distress or other pregnancy complications.

When you are in labor

Delivery is an exciting time. You may have questions or concerns about the birthing process, especially if this is your first child. This section will help prepare you for your delivery. Your pregnancy care provider will discuss pain medicine with you. Together you can decide what will be best for you and your baby. These options control pain differently and may be appropriate during different stages of labor and delivery. We offer several options to minimize discomfort during labor and delivery: deep breathing, analgesics, epidural and spinal anesthesia.

Deep breathing – Using controlled techniques, focal points and progressive relaxation helps many women.

Analgesic medicine through your I.V. – I.V. medicine does not take all the pain away, but helps take the edge off. You may feel sleepy and unable to think clearly. Effects usually last an hour to an hour and a half. If you are too close to delivering your baby (8 cm – 10 cm), I.V. pain medicine could affect your baby's breathing and movement. For this reason, a vaginal exam will need to be done before giving the medicine.

Epidural – This is done by a doctor of anesthesia. The medicine is injected through a hollow tube in your lower back which numbs you from your abdomen to your toes. It eases the contraction discomfort. Close to delivery time, you may feel rectal pressure.

Spinal – This is administered by a doctor of anesthesia to numb your lower abdomen in preparation for Cesarean birth.

Our prenatal classes cover the details of your comfort control options. Please discuss your preferences with your pregnancy care provider.

Contractions

At about the seventh or eighth month, you may begin irregular cramps or contractions called Braxton-Hicks contractions. These prepare the uterus for the work of labor. When you experience these, they may be confused with true labor pains. The following list should help:

Braxton–Hicks

- usually one-sided
- usually irregular
- lasting 30 seconds or less
- can be a result of dehydration, full bladder or being in the same position for a long time

Things to do:

- Drink, empty your bladder, change activity. This usually will make the contractions more tolerable or go away.

True Labor:

- usually starts in the back and moves around to the front
- entire uterus becomes hard and rises up
- may or may not be painful
- becomes predictable

Note: You may not be sure if your water has broken. Frequently, water "breaks" in an unmistakable gush of fluid that is watery and obvious. However, sometimes it occurs as a steady trickle, which keeps you wet, even after urinating and changing underwear. This trickle is just as important as the gush and requires that you come in for an examination.

Call your provider when your contractions are less than 10 minutes apart, if you think your water broke or if you have any other concern.

Admission to our family birthing suites

Geisinger's facilities are closed units with security measures in place. Waiting areas are provided for visitors and family members, but we are not permitted to give any information regarding your labor or delivery. Prepare the coach to provide all family information.

Your care

We may start an intravenous line (I.V.) while you are in labor to be sure your body gets enough fluid for the work of labor and delivery. During labor, we will place a fetal monitor on your abdomen to record your contractions and the baby's heart beat.

Preparing for labor & delivery

Questions & Answers

Q: What causes labor to begin?

A: When your baby reaches maturity, your uterus will contract and change its shape to help push your baby out. This is called labor. Exactly what causes labor to begin at any given moment is unknown.

Q: How will I know I'm going into labor?

A: You may notice an increase in mucus discharge one month to one day before labor begins. This is the loss of the mucus plug, which indicates changes are occurring. Women experience contractions differently. Some say they are like strong menstrual cramps, others say they get a bad backache, and others will say it is like a muscle cramp in their abdomen. When you have more than four contractions in an hour, time them from the beginning of the first contraction to the beginning of the next contraction for the next hour. When the contractions are less than ten minutes apart and lasting at least 45 seconds each, call your provider to let him or her know. Your provider will encourage you to come to the hospital when contractions are about five minutes apart. If your water breaks, or if you have other concerns, please call the doctor immediately and prepare to come to the hospital.

Q: How long will my labor last?

A: Every labor is different for every woman. There is no one answer or predictor, except that first time moms usually have a longer early labor than experienced moms.

Q: Can I shower immediately after delivery?

A: If you have an epidural, we will need to wait until it is completely reversed to be sure you are safe to be up walking. If you have had no medications, or minimal medications, your recovery and safety will be evaluated and you will be allowed to shower as soon as it is deemed safe.

If you wish, you may walk, rock in a rocking chair or take a shower.

Your pregnancy care provider will discuss pain medicine with you. You can decide what will be best for you and your baby.

A medicine called Pitocin may be added to your intravenous fluid to enhance the effectiveness of your contractions.

Episiotomy

Episiotomy is a small cut in the skin in the area from your vagina to your rectum to enlarge the vaginal entrance. This avoids tearing as the baby passes through the birth canal. This is performed on an "as needed" basis. It is difficult to tell if you'll need one until the baby's head is crowning.

Discuss any concerns you have about this procedure with your care provider.

Instructions for episiotomy care:

After delivery, if you have an episiotomy (stitches), the following steps will ease discomfort and aid healing.

1. For the first 24 hours after delivery, place ice packs next to your episiotomy to help reduce swelling.
2. After the first 24-hour period, sitz baths, either portable or in the tub, are suggested. A shower with a shower arm sprayed over the episiotomy may be comforting.
3. Peri care should be done each time you go to the bathroom or have a bowel movement. We'll instruct you on the use of our bidet system.
4. Use Dermoplast® to ease discomfort. Shake container. Spray directly over the episiotomy. Place a Tucks® on a clean sanitary pad next to your episiotomy.

Labor induction

Labor induction is sometimes necessary for your health or the health of the baby. Induction is decided on an individual basis and your care provider will discuss this if it becomes necessary.

Cesarean birth

Cesarean birth, the delivery of a baby through a surgical incision in your abdominal wall and uterus, may be indicated in the following conditions:

- **Abnormal presentation:** The baby is positioned feet first, buttocks first (breech) or sideways (transverse), making a vaginal delivery potentially dangerous for mother and/or baby.
- **Fetal distress:** The baby is not tolerating labor. This is usually detected by an abnormal heart rate in the baby.
- **Placenta previa:** The afterbirth (placenta) is located over the cervix, blocking the baby's exit.
- **Abruptio placenta:** The afterbirth (placenta) separates from the uterus early, causing severe bleeding, making immediate delivery necessary.

- **Cephalopelvic disproportion (CPD):** The baby's head is too large or is in the wrong position to pass through the pelvic opening.
- **Cord presentation:** The umbilical cord enters the vagina (prolapses) ahead of the baby.

Preparing you for your planned Cesarean

Here is the checklist we will use to get you ready for your Cesarean:

- shave your abdomen
- take blood samples
- insert an intravenous line and a urinary catheter
- ensure you have had no food and beverages after midnight on the night before your surgery
- supply you with a hospital gown
- ask you to remove undergarments, makeup, finger/toenail polish and jewelry

Recovery after Cesarean delivery

After your Cesarean birth, you will be returned to your room for the recovery period. At that time we will restrict visitors for approximately two hours. You will have a catheter in your bladder until the following day. Your I.V. fluids will be continued for 24 hours after delivery. You will be instructed to breathe deeply, cough, and move your legs, which will help speed your recovery. When you go home after a Cesarean you will need additional help for several days as you recover. Discuss your plan of care with your physician and nurse prior to leaving the hospital. The following may also help speed recovery:

- **Deep breathing** – take a slow breath through your nose to expand your lungs. Hold your breath for three to four seconds then exhale (breathe out) slowly through your mouth. This exercise clears your lungs. Incentive spirometry is a device to help you breathe deeply. Its use will be explained in detail if ordered for you.
- **Change your position** at least once every two hours by turning from side to side or from front to back. Ask your nurse to help you if you need assistance.
- **Exercise can be done in bed** and helps improve your circulation (blood flow):
 - Support your incision with a pillow or place your hands under your ribs and lift up. Take a deep breath and hold it for a few seconds and then cough 2 – 3 times using your belly muscles. Try to cough at least once an hour.
 - Lie on your back and bend your knee so that your foot is flat on the bed; slide your foot toward your body as far as it will go. Repeat 3 – 5 times for each leg with a short rest period in between. Do hourly while awake.
 - Lie on your back and point your toes toward the foot of the bed. Count to five, relax and then point your toes toward the head of the bed. Count to five. Repeat the exercise five times. Do hourly while awake.

Instructions for incision care:

- The incision will have a large bandage on it for 24 hours.
- Bathing the wound with soap and water is acceptable after the bandage is removed. You may take either a tub bath or a shower.
- Notify your pregnancy care provider if there is drainage or redness around the incision. You will have either staples or stitches in your incision. Staples may be removed before you go home. If you have stitches they will dissolve on their own.
- Wear loose-fitting clothes. You may keep a light dressing on your incision if it rubs on your clothes. No binder or girdle is necessary although you may wear one if you will feel more comfortable.

Neonatal Intensive Care Unit

The Neonatal Intensive Care Unit (NICU) at Janet Weis Children's Hospital is connected to the labor and delivery area. The NICU staff cares for babies born prematurely, multiple births or babies with other special needs. The NICU is fully equipped with the latest technology to assist these tiny infants with 24-hour neonatology coverage.

Newborns from outlying hospitals will be transported to the NICU via the Life Flight helicopter or via the Janet Weis Children's Hospital Ambulance.

Vaginal delivery after Cesarean birth

It is often possible to have a vaginal delivery after a previous Cesarean birth. Your pregnancy care provider, after considering the reason for your initial cesarean and the type of incision that was made in the uterus, can tell you whether you are a candidate for a vaginal delivery.

IV. AFTER THE BIRTH OF YOUR BABY

Mother-baby nursing

At Geisinger, we use the "mother-baby nursing" approach when we care for you and your baby. This simply means that the same nurse cares for you and your baby. This lets you enjoy and care for your baby when you feel up to it. When you need to rest or are not feeling well, our nurses are there to assist you.

We will help you as you learn to feed, change and bathe your baby and will answer any questions you may have.

To protect your baby's safety, we have designed a safe and secure environment in our family birthing suites. Your nurse will talk to you about the security measures that will be in place during your hospital stay.

Breast care and breast feeding

We believe breast feeding is the best and most natural way to nourish your infant. Breast feeding:

- is less expensive and time-consuming
- provides perfect nutrition
- contains antibodies which help protect your baby from infections

- promotes good oral development and eating habits
- provides peace of mind (no need to worry about milk spoiling, finding a place to heat it, running out or forgetting to take it with you)

Physical health benefits for a nursing mother include: gradual weight loss; protection against premenopausal breast and ovarian cancers; improved blood sugars in women with gestational diabetes.

If you want to find out more about breast feeding, talk with your pregnancy care provider, your baby's doctor or ask your clinic nurse for a time to talk with a Geisinger lactation specialist.

If breast feeding:

- Use breast milk to lubricate nipples. There are creams available that will be recommended during your hospital stay. Ask your nurse or lactation consultant.
- Wear a supportive bra.
- Call the lactation consultant or your pregnancy care provider if you are having problems with your breasts or breast feeding.

If you are not breast feeding:

- Wear a supportive bra 24 hours a day for 1 – 2 weeks.
- Avoid stimulating your breasts and nipples as much as possible during the first few weeks after delivery.
- When taking a shower have the warm water hit your back, not breasts.
- When your breasts feel full, apply ice packs (usually 3 – 4 times a day helps ease the discomfort)
- Take Tylenol® when you are uncomfortable.

Visiting

Visitation is based on the safety and comfort of the patient, and the overall safety of the unit. As a result, visitation times may change during the patient's stay. We will do our best to accommodate after-hours visitors, if you are rested and able to receive them.

To prevent the spread of infection, children under the age of 12 are not allowed to visit the Unit unless they are the baby's brother or sister.

Visitors should wash their hands before holding your baby. Additionally, if a friend or family member has recently been ill or is not feeling well, they should plan to visit the baby at home.

Meals

Our food service staff will serve your regular meals. We will also serve you a meal during the "off hours" after you deliver.

Pain medicine

Our care providers usually order pain medicine on an as-needed basis so relief will be available when you need it. It's important to note that we do not automatically give you pain medicine—we provide it only when you feel the need for it. Let us know when you need pain medication and we will bring it to you promptly.

Baby pictures

We have available both traditional and Internet pictures. There is no cost for Internet pictures. With your permission, we will include your baby's photo on our INursery web page. You can access this site through the Geisinger website at www.geisinger.org. Be sure to share our web address with your family and friends so they can see photos of your new baby. INursery pictures are not posted until you are discharged and only include first and middle names. First Foto also provides photography services. These are close-up pictures of your baby, with a variety of packages and prices to choose from. The pictures you select are delivered to your home in about 10 days.

Car seats

By the seventh month of your pregnancy, you should acquire an infant car seat. Have it installed in your car by your eighth month.

Car seat safety is paramount to the health of your baby.

Additionally, car seats should not be used from child to child or after a car accident. Changes in the weather and car accidents, no matter how minor, can cause hairline cracks that will cause the car seat to fail, even if it looks fine.

Baby Safety

In the hospital, never sleep with your baby in your bed. Baby must be in the bassinet when not being held. All visitors that hold your baby should be seated in a chair with a back. Anyone who holds the baby should wash their hands first.

V. GOING HOME

What you can do

- During the first week at home you should be able to care for yourself and your baby. In addition, you'll be able to do light household activities.
- Limit your activities to the way you feel. Do not try to clean the house or move furniture. Be sensible.
- If you actively engage in sports and have done so up until the time of your delivery, you may gradually resume these activities as soon as you feel able (which may take up to one month or longer). Use good judgment.
- Continue to take your prenatal vitamins for at least six weeks following the birth of your baby.
- Eat a well-balanced diet unless you are on a previously prescribed diet. Breast feeding mothers require approximately 2,500 calories per day and at least 64-80 ounces of fluid per day (8 – 10 glasses).

Your diet should contain foods from each of the four major food groups. Crash diets or fad diets are to be avoided. Eating lean meats, fresh fruits and vegetables, low-fat dairy products, high fiber foods and maintaining a regular exercise program will help you get back to your pre-pregnancy weight without putting your health at risk. When you are discharged from the hospital it is important for you to follow the instructions listed below:

- Constipation is sometimes a problem following delivery. Take mild laxatives as needed. If breast feeding, Milk of Magnesia® is acceptable to use. You may use a suppository or Fleets® enema, if you did not have an episiotomy.
- Take a daily shower or tub bath. Be sure to thoroughly and gently dry the perineum (area between the anus and the vagina).
- Be aware that a bloody vaginal discharge will usually continue until your baby is four weeks old. Scant bleeding may persist for as long as six weeks. Vaginal discharge changes from the bright red bleeding after delivery, to pink, then brownish and finally yellowish-pink before becoming white and disappearing. Your bleeding may increase with activity. Expect your first period in 4 – 8 weeks. If you are breast feeding, your period may be delayed even longer.
- Intimate relations can begin about six weeks after delivery if you and your partner are comfortable. The cervix remains open for several weeks after delivery and infection can be introduced into the uterus, therefore, waiting will ensure safety. A water-based lubricant can help you feel more comfortable. Do not use tampons or douche during this recovery period.
- If you have Rh negative blood and your baby is Rh positive, expect to receive Rhogam® by injection prior to discharge. The nurse will give you a card to keep with you that has the date and place that you received Rhogam® following delivery.
- During your prenatal care you had a rubella screen done to check for the presence of rubella and antibodies in your blood. If your test was negative, expect to receive a rubella vaccine prior to discharge. This vaccine may cause a temperature elevation, soreness at the injection site and flu-like symptoms. If these symptoms persist, notify your pregnancy care provider.
Note: Pregnancy is not advised for three months following a rubella vaccine. There is a higher chance of having a baby with birth defects if conceived within three months of getting the vaccine.
- You will be evaluated for the need of a visiting nurse to come to your home following discharge. If this is needed, the visiting nurse will contact you during your hospital stay to make arrangements and get directions to your home.
- You will receive an appointment for a check-up about six weeks after delivery. It is important you keep this appointment. Also, make arrangements for yearly check-ups thereafter.

Understanding postpartum blues

Some women experience an overwhelming feeling of unhappiness following the birth of a baby. This feeling is often referred to as postpartum blues or postpartum depression. If you experience this feeling, turn to family and friends for support. Try making some time for you, for example: take a nap, get out of the house, watch a movie or get a manicure. If you feel the situation isn't getting better after two weeks, call your pregnancy provider. If you are unable to care for yourself or have feelings of hurting yourself or the baby, seek immediate attention while you are in the hospital or at a local emergency room if you've already been discharged.