Congratulations!
You’re Having a Baby!

Taking care of yourself is always a good idea. It is most important when you are pregnant. The “Healthy Mom, Healthy Baby” booklet can help you through each step of pregnancy and offer hints on where to go for help after your baby is born.

Use this booklet as a starting point as you work with your health care provider. Put it in a handy place to read now and again. You may also want to take this with you when you visit your health care provider so you can record information using the checklist in the book.

Enjoy your reading. We wish you a healthy pregnancy and a happy life with your new baby!

*The Family Birth Center at Maine Medical Center and MaineHealth*
Acknowledgements and Sources

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Additional copies of this booklet can be obtained by calling the Family Birth Center Parent Education Program at Maine Medical Center, (207) 662-6132, or the MaineHealth Learning Resource Center at 1-866-609-5183

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The health care you get before your baby is born is called prenatal care. These visits are good for you and for your baby. Research shows women who receive health care early in pregnancy have fewer problems and deliver healthier babies.

Every pregnancy is different. Prenatal care is important even if this is not your first baby.

Getting health care during your whole pregnancy can help stop little problems before they become big problems.

Follow these Easy Steps for Good Prenatal Care

- **Call for your first appointment as soon as you think you might be pregnant.**
  Don’t wait. Your health care provider will confirm if you are pregnant.

- **Go to all your visits—even if you feel well.**

- **Talk to your health care provider about your concerns. Get your questions answered.**
  Your health care provider is trained to help you.

- **Take a daily multivitamin with folic acid if you are not already doing so.**

- **Sign up for prenatal classes, including childbirth education and breastfeeding.**
  Call (207) 662-6132.

**Pregnancy Facts**

- Pregnancy lasts about 38-40 weeks from your last menstrual period.

- It is divided into three parts, called trimesters.

  - The first trimester includes weeks 1-14.
  
  - The second trimester includes weeks 15-27.
  
  - The third trimester includes weeks 28-40 (or until delivery).

**Prenatal Visits in a Healthy Pregnancy**

You can expect to see your health care provider *:

- Once a month up to week 28.

- Every two weeks from weeks 28 to 36.

- Once a week after 36 weeks.

*Your health care provider may want to see you more often based on your health needs.*
What to Expect at Each Prenatal Visit

Your health care provider will:

- Ask you how you feel about your health in general.
- Check your weight.
- Test your urine for sugar and protein. This test may show if you could have diabetes, kidney disease, or other problems.
- Measure your abdomen to see how your baby is growing. After 20 weeks, he or she will measure from your pelvic bone to the top of your uterus. This is called the “fundal” height.
- Check your blood pressure to make sure it is in the normal range.
- Listen to your baby’s heartbeat.
- Discuss your concerns and answer your questions.

What to Expect at your First Visit(s)

A Medical History

Your health care provider will ask questions about your medical and family history. Anything you discuss with your health care provider or write down on forms is private and will not be shared with anyone outside your health care team without your permission.

- Make sure to answer all the questions so you and your baby can get the best care.
  If you need help filling out forms, be sure to ask.
- Report any diseases in your family, such as sickle cell anemia, cystic fibrosis, or the occurrence of any birth defects.
- Anything you discuss with your health care provider or write down on forms is private and will not be shared with others without your permission.

A Physical Exam

When you see your health care provider for the first time, he or she will:

- Perform a complete physical, including a pelvic exam and breast exam.
- Perform a pap smear. The results of the test allow your health care provider to find out if the cells of the cervix are normal.
- Perform a culture to test for Sexually Transmitted Infections (STIs) such as gonorrhea and chlamydia.

A Blood Sample

Your blood will be drawn and tested for:

- Anemia (low iron)
- Syphilis - this STD can harm you and your baby
- Protection from German measles
- Certain inherited diseases based on your family and personal history
• Your blood type and Rh factor
• Hepatitis B - Many people do not know they are infected with Hepatitis B. If you are infected, your baby can get the disease from you at birth. The Hepatitis B vaccine will prevent your newborn baby from getting the disease. See page 55 for more information on this vaccine.
• HIV – your health care provider will do an HIV test, unless you sign a document declining this test. An HIV test will let you know if you are infected with HIV, the virus that causes AIDS. Taking medications as soon as possible will lower the risk of passing HIV on to your baby. (This test is recommended for all pregnant women. It is confidential.)

My Prenatal Visit Checklist
Use this checklist as a guide. Your doctor may not follow this schedule exactly, but you can.

1st Visit (6-8 weeks)
Date ____________________________
My Blood Pressure ____________________________
My Weight ____________________________
Baby's Heartbeat ____________________________

Things I Should Know
☐ Do I need to take prenatal vitamins and iron? (pg. 27)
☐ What should I be eating? (pg. 25-28)
☐ What over-the-counter medicines can I take?
☐ What is my due date?
☐ What can I do now to make sure my baby is healthy at birth?
☐ What is WIC? (pg. 64)
☐ Are there any special tests at this time?
☐ Are there early pregnancy classes?
☐ When will I hear my baby’s heartbeat?
☐ What can I expect at my next visit?
# Checklist

## 2nd Visit (8-12 weeks)

<table>
<thead>
<tr>
<th>Date</th>
<th>My Blood Pressure</th>
<th>My Weight</th>
<th>Baby’s Heartbeat</th>
</tr>
</thead>
</table>

**Things I Should Know**

- [ ] What are the results of my lab tests?
- [ ] What kind of physical activities can I do or continue to do? (pg. 29-30)
- [ ] What is the AFP/Quadruple Marker Test? (pg. 20)
- [ ] What are the benefits of breastfeeding for my baby and myself? (pg. 40-41)
- [ ] What childbirth education classes would you recommend?
- [ ] What can I expect at my next visit?

## 3rd Visit (12-16 weeks)

<table>
<thead>
<tr>
<th>Date</th>
<th>My Blood Pressure</th>
<th>My Weight</th>
<th>Baby’s Heartbeat</th>
</tr>
</thead>
</table>

**Things I Should Know**

- [ ] How do I pre-register for my hospital stay? (pg. 9)
- [ ] When will I feel my baby move?
- [ ] How much weight should I gain? (pg. 26)
- [ ] How do I register for childbirth classes? (pg. 9, pg. 60)
- [ ] What can I expect at my next visit?
Prenatal Care Helps Keep You Healthy continued

Checklist

4th Visit (16-20 weeks)
Date __________________________
My Blood Pressure ______________
My Weight ______________________
Baby's Heartbeat ________________
Things I Should Know
☐ How should I wear a seatbelt?
☐ How often should I see my dentist? (pg. 35)
☐ What can I expect at my next visit?

5th Visit (20-24 weeks)
Date __________________________
My Blood Pressure ______________
My Weight ______________________
Baby's Heartbeat ________________
Things I Should Know
☐ What can I do to relieve backaches and muscle cramps? (pg. 15)
☐ What are Braxton-Hicks contractions? (pg. 38)
☐ What are the warning signs and symptoms of pre-term labor? (pg. 37)
☐ What can I expect at my next visit?
## Checklist

### 6th Visit (24-28 weeks)

- **Date**
- **My Blood Pressure**
- **My Weight**
- **Baby’s Heartbeat**

#### Things I Should Know

- Can I still fly in an airplane, or travel in a car?
- How will I know if something is wrong in my pregnancy? (pg. 37)
- How do I choose a health care provider for my baby? (pg. 39)
- Where can I get a car safety seat? (pg. 42)
- When should I call you if things do not feel right?
- What can I expect at my next visit?

### 7th Visit (28-32 weeks)

- **Date**
- **My Blood Pressure**
- **My Weight**
- **Baby’s Heartbeat**

#### Things I Should Know

- Can I still have sex? (pg. 34)
- If I haven’t felt my baby move for a while -- should I be concerned?
- How can I tell if I’m really in labor? (pg. 44)
- What can I expect at my next visit?
Checklist

8th Visit (32-36 weeks)

Date ________________________________
My Blood Pressure ____________________
My Weight ____________________________
Baby’s Heartbeat _______________________

Things I Should Know
☐ What can I expect to happen at the hospital?
☐ Who is the health care provider who will check my baby after birth?
☐ How can I keep from getting pregnant again right away?
☐ What are my options to manage my pain during labor? (pg. 45)
☐ When should I call the hospital or my health care provider?
☐ What can I expect at my next visit?

9th Visit (36-38 weeks)

Date ________________________________
My Blood Pressure ____________________
My Weight ____________________________
Baby’s Heartbeat _______________________

Things I Should Know
☐ Who can I call for breastfeeding questions? (pg. 61)
☐ What are the signs of labor beginning? (pg. 44)
☐ What are any danger signs? (pg. 37)
☐ Are there local groups for new mothers and babies? (pg. 60)
☐ How do I make a decision about circumcision? (pg 58)
☐ When do I call you or go to the hospital?
☐ What can I expect at my next visit?

Things I Should Do
☐ Do I have my things together for the hospital? (pg. 43)
☐ Do I have baby clothes, a car seat, and a place for my baby to sleep? (pg. 42)
☐ Do I have a health care provider for my baby? (pg. 39)
**Checklist**

### 10th Visit (39 weeks)

<table>
<thead>
<tr>
<th>Date</th>
<th>My Blood Pressure</th>
<th>My Weight</th>
<th>Baby’s Heartbeat</th>
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### 11th Visit (40 weeks)

<table>
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<tr>
<th>Date</th>
<th>My Blood Pressure</th>
<th>My Weight</th>
<th>Baby’s Heartbeat</th>
</tr>
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</table>

**Things I Should Know**

- [ ] What can I do to help my body begin labor on its own?
- [ ] Will my labor need to be induced?

### 12th Visit (41 weeks)

<table>
<thead>
<tr>
<th>Date</th>
<th>My Blood Pressure</th>
<th>My Weight</th>
<th>Baby’s Heartbeat</th>
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</table>
Preparing for Your Hospital Stay

Childbirth Education Classes:
Maine Medical Center’s Family Birth Center offers a variety of childbirth and parenting classes to help you prepare for the birth of your baby. Whether you are getting ready for the birth for your first child or are an experienced parent, our Parent Education Program offers a variety of pregnancy and parenting classes to support you during pregnancy and beyond. A complete list of our classes is listed on our website and in our Childbirth Education and Parenting Preparation Class Catalog. You will find information about the times of classes, class content, and payment for them. Class size is limited, so please try to register early by calling (207) 662-6132 or visiting www.mmcfamilybirth.org.

Family Birth Center Tours:
We invite expectant parents to tour our Center before the birth of their babies. Please call 662-6132 for more information or to register. If you are taking the Childbirth Education Workshops or Express Course, you will have a teaching tour of our Center with your class group.

Pre-admission Information:
You can save time upon arrival by pre-registering for your stay at the hospital. Once your information is on file, your admission process will flow more smoothly. If you need to come to MMC for any testing or observation during your pregnancy, the information will be here already.
You will receive a pre-registration form from your health care provider, or you may fill out the form online on MMC’s patient pre-registration portal. To complete the online form, go to www.mmc.org, click on “Online Service” and then click on “Online Patient Pre-registration”. If you have any questions or would like a paper copy of the pre-registration form, you can call the Admitting Office at (207) 662-2117.

Birthplan:
We encourage you to complete a MMC Family Birth Center Birthplan to help us know what you feel is most important about your care. You will get a MMC Birthplan from your health care provider’s office, or you can find and download one from www.mmcfamilybirth.org. After you attend Childbirth Education classes, you will better understand the choices you will have at the Family Birth Center. It is important to remain flexible – your health condition, or your baby’s, may make it medically necessary to change your plan.
Pregnancy can bring out a wide range of emotions. Some women feel in tip-top shape and are excited their entire pregnancy. Other women are very concerned that something may go wrong with their baby. Still others are sad and blue a good bit of the time. If you find yourself feeling very down, talk to a counselor or your health care provider. Talking things out can help you through tough times. It always helps to know someone understands that being pregnant can be both thrilling and frustrating at the same time.

Your pregnancy is broken into three time periods called trimesters. (See “Pregnancy Facts” below). Each trimester lasts about three months.

Pregnancy Facts:

Doctors and midwives start counting pregnancy from the first day of your last menstrual period (LMP) even though you weren’t pregnant yet. The first day of your LMP is typically about two weeks before you ovulated and conceived your baby. Health care professionals count from there because most women don’t know exactly when they ovulated, but most know when their last period started.

1st Trimester – Weeks 2-13

The first three months of pregnancy are very important to your baby’s good health. Make an appointment with your health care provider as soon as you think you are pregnant. Get plenty of rest and go to all of your prenatal visits.

What is happening inside your body?

Your body is going through a lot of changes. You may:

• Feel very tired
• Have an upset stomach or vomit throughout the day
• Have tender and swollen breasts
• Find you have to urinate more often

Or, you may not have any of these changes and only know you are pregnant because it was confirmed through testing. Every pregnancy is different.

Nearly everything you put into your body reaches your baby, so:

• Make sure you eat well (pg. 25-28)
• Don’t smoke; if you do, contact the Maine Tobacco Helpline to learn how to quit: 1-800-207-1230
• Don’t use drugs or alcohol

• Only take medicine given to you by your health care provider

2nd Trimester – Weeks 14-27
You are probably feeling less sick to your stomach these days. You may have some other common discomforts of pregnancy. Turn to the section “Dealing with Common Discomforts” (pg. 15) for tips on coping with these.

What is happening inside your body:

• Your baby is moving inside of you. It may feel like gas pains or like a slight fluttering. This is called “quickening”.

• Your breasts are getting larger and softer.

• Colostrum is forming. This is the yellow liquid that may come out of your nipples before it turns to mature breast milk after your baby is born.

You should be gaining weight more rapidly if you are eating well. Don’t diet. Talk to your health care provider about a good weight gain for you. Also, you may feel more emotional as your hormones change. Many women feel very happy about being pregnant. Others cry over minor events. It is normal to have some negative feelings, such as:

“People only care about the baby now, not how I’m doing.”

“I’m so tired of being pregnant. When will this baby come?”

“I’m not ready for this baby to be born. I’m not sure I want to be a mom.”

Signing up for a childbirth class may help with your concerns. The class will help you learn many tips about delivery and babies and what to expect. You will probably meet some women who feel the same way you do.

3rd Trimester – Weeks 28-40
Congratulations! You are in your final trimester. It may be a bit harder to move around and your sense of balance may be slightly off. You may be having more dreams at night or find yourself daydreaming at other times. Some nights you may fall asleep before you know it. Other nights you may wake up a lot during the night and have trouble getting back to sleep. Know that it is OK to have mixed feelings about the birth of your baby.

Taking a childbirth education class can help you prepare for labor, delivery, and parenthood.

What is happening inside your body:

• Your uterus, or womb, is becoming very large

• Your abdomen may be hard when you touch it

• You can feel the baby move

• You can see your baby’s movements from the outside of your abdomen
How Your Baby Grows

1st Trimester:

Weeks 2-5

- Your baby’s heart beats at day 18 after conception, approximately 32 days after your last menstrual period (LMP)
- Arms and legs begin to form

Weeks 6-9

- All internal organs are formed
- Spine and major joints now move
- Your baby is 1 inch long

Weeks 10-13

- Sex organs begin to develop
- Your baby’s finger and toenails are developing
- Your baby is kicking, though you aren’t likely to feel movement until sometime in the 2nd trimester
- Baby is 2 to 3 inches long from crown to rump, and weighs about one ounce
2nd Trimester:

Weeks 14-18

• Body parts are fully formed
• Your baby has taste buds!
• Your baby is about 3 ½ to 5 inches from crown to rump and weighs about 1 ½ to 7 ounces (by week 18)

Weeks 19-23

• You can feel strong movements
• If you’re having a girl, her uterus is forming
• Fine hair covers baby’s body
• Your baby is 6 to 8 inches long from crown to rump

Weeks 24-27

• Skin looks wrinkled
• Your baby is 8 to 10 inches long and weighs about two pounds
3rd Trimester

Weeks 28-31

- Your baby can suck his or her thumb, cough, and hiccup
- Your baby kicks and stretches
- Your baby can open and close eyes
- Your baby’s bones are fully formed
- Your baby is 10 inches long and weighs about three pounds

Weeks 32-35

- Your baby has periods of sleeping and waking
- Your baby’s brain is growing quickly
- Your baby might be 12 inches long and is gaining a half a pound a week

Weeks 36-40

- Your baby’s lungs are completely developed
- Your baby may settle in head-down position
- At 37 weeks your baby is full-term and weighs 6 to 9 pounds
Dealing With the Common Discomforts of Pregnancy

Pregnancy is an exciting time, full of new experiences. It is also a time when changes in your body may make you uncomfortable. Make sure to talk with your health care provider if you have ANY symptoms that do not go away.

Backaches:
You may have a backache due to being tired, stretching your muscles, or changes in your posture. If your backache is severe, is associated with abdominal tightening, fever, or nausea and vomiting, call your health care provider.

Tips to try:
- Stand tall and use good posture.
- Prop your legs up when you are sitting.
- Stand with one foot in front of the other and rock slightly.
- Sleep on a firm mattress or put a board under your mattress.
- Don’t lift anything over 20 pounds.
- Try the pelvic rock: kneel on all fours, straighten your back, then lift up like an angry cat, relax, and repeat.
- Ask your partner for a massage or back rub.
- Take a warm shower or bath.
- Apply heat to your lower back.

Constipation
You may have a hard time having a bowel movement. This can be caused by your stomach muscles relaxing, or your uterus pressing on your bowel.

Tips to try:
- Drink 6 to 8 large glasses of water each day.
- Eat food with fiber each day, such as fruit with skins on, vegetables, bran cereal, dried fruits, or prune juice.
- Be physically active at least 30 minutes a day. You can break up your activities into three 10-minute sessions if you can’t fit it in all at once.
- Talk with your health care provider before taking a laxative or stool softener.
Dizziness, Fainting, and Feeling Lightheaded

The pressure of your uterus on your blood vessels can lower the amount of blood that goes to your head. Also you may feel faint from skipping meals or not drinking enough fluids. If you faint or your dizziness does not improve, call your health care provider.

**Tips to try:**

- Eat small, healthy meals every 2 to 3 hours.
- Drink at least 8 large glasses of water a day. (This is especially important in hot weather).
- Get up slowly from a lying position. Roll to one side and push up to a sitting position with your arms.
- Change positions often and limit sitting or standing for long periods of time.
- Sit or lie down until you feel better. Drink some orange or fruit juice.
- Follow your health care provider’s advice if you feel faint.

Heartburn

Heartburn is common in early pregnancy due to increased hormones. It is a burning feeling at the top of your stomach. You digest foods slower as your baby grows. It may worsen as you get closer to your due date and your uterus puts more pressure on your stomach.

**Tips to try:**

- Eat 5 or 6 small meals instead of 3 big meals a day.
- Stay away from spicy, fried, and greasy foods, as well as foods and beverages that have caffeine in them (coffee, chocolate, and some soft drinks).
- Prop yourself up with pillows. Don’t lie flat on your back.
- Sit, stand, or walk around after you eat. Don’t lie down right after eating.
- Talk to your health care provider before you take any medicines for heartburn.

Headaches

Headaches can happen at any time in your pregnancy due to stuffy nose, eye strain, increased hormones, or stress. Some women get headaches from high blood pressure, low blood sugar, or being too tired.

**Tips to try:**

- Ask your partner for a neck and head massage.
- Put a warm, damp washcloth over your eyes and forehead.
- Lie in a dark, quiet room to relax or take a nap.
- Eat a light snack and drink some juice.
- Talk to your health care provider if Tylenol does not help. Don’t take aspirin or ibuprofen unless your health care provider recommends them.
Call your health care provider if your headache:

- will not go away,
- is very bad,
- causes blurred vision, seeing double, or seeing stars,
- has a fever with it,
- makes you sick to your stomach.

Hemorrhoids

During late pregnancy or after giving birth, constipation and pressure from your uterus can cause hemorrhoids (swollen blood vessels in your rectum).

Tips to try:

- Drink 6 to 8 large glasses of water a day. Eat more foods with fiber, such as fresh fruits, vegetables, bran cereal, and whole grain breads.
- Don’t strain or push too hard during bowel movements.
- Do Kegel exercises (pg. 36).
- Put ice, witch hazel, or Tucks pads on your anus.
- Talk to your health care provider about using sitz baths or hemorrhoid products, or taking a fiber supplement.
- Call your health care provider if the pain is bad or you are bleeding.

Nausea/Vomiting

You may feel sick to your stomach due to changes in your hormones, more stomach acid, or low blood sugar. Be patient—extreme nausea is generally gone between your third and fourth month.

Tips to try:

- Eat 5 to 6 small meals slowly instead of 3 big meals.
- Suck on hard candies.
- Try “Sea-Bands” or acupressure bands on your wrists.
- Eat crackers or dry toast before you get out of bed in the morning or when you wake up at night.
- Stay away from cigarette smoke.
- Do not eat greasy, fried, or spicy foods.
- Eat food with ginger in it. Eat ginger snaps or foods with fresh ginger, drink ginger ale or caffeine-free ginger tea.
• Drink liquids between meals, not with your meals. Avoid acid-containing juice (orange, grapefruit) and avoid milk (in some cases).

• Talk to your health care provider if you think your prenatal vitamins are making you sick.

• Call your health care provider if you can’t keep fluids down for 12 or more hours.

**Shortness of breath**

When your baby is high in your abdomen, this pushes up on your diaphragm and the base of your lungs. You may feel short of breath.

**Tips to try:**

• Stand tall and use good posture.

• Wear loose clothes.

• Lie on your side or rest against a pillow. Don’t lie flat on your back.

• Use extra pillows at night to keep your head high.

• Put your arms above your head and rest them on the mattress for 10 minutes each morning before you get out of bed.

• Stand up and stretch your arms above your head during the day.

**Swelling of the Legs, Ankles, and Feet**

**Standing too long, or hot weather, can cause swelling.**

• Don’t stand for a long time. Sit or lie down for relief. If you must stand for work, make sure to put one foot in front of the other and rock. Or place one foot on a book and keep it raised.

• Get physical exercise each day. Exercise, walk, or dance.

• Do not eat foods high in salt.

• Never take any water pills.

**Talk to Your Health Care Provider if:**

• the swelling is bad or there has been a sudden increase in swelling,

• you have blurred vision or double vision,

• you have a pounding headache,

• you have any abdominal pain, especially on the right side,

• you have nausea and vomiting.
Varicose Veins

Women who are not physically active or have people in the family who have varicose veins may be at greater risk for having them in pregnancy. Also, your changing hormones and the pressure of your uterus may slow the blood returning from your legs to your heart.

**Tips to try:**

- Stay active. This will help your blood circulation.
- Wear support hose or stockings made of elastic that are not tight at your knee. (Sometimes your health care provider may suggest that you buy prescription stockings.)
- Raise your feet on a book or stool when you are sitting.
- Don’t cross your legs.
- Do the “pelvic tilt” to get your circulation going. Get on the floor on all fours, straighten your back, and then arch like an angry cat. Do this a few times a day.
- Stand with your knees slightly bent.
- Wear loose clothing.

Getting Sick is No Fun

No one likes being sick or having a cold or the flu. Many people have a hard time slowing down when they are sick. Be good to yourself and your baby. Make sure to get extra rest. Drink water and juice. If you have a hard time holding fluids, drink a spoonful every few minutes.

Be sure to call your health care provider if you:

- have a fever,
- have shaking chills,
- have diarrhea with a fever, abdominal cramps, or pain for five or more days,
- have bloody diarrhea,
- can’t hold down fluids.
As your baby grows, your health care provider may do some or all of these tests to make sure you and your baby are healthy.

**First Trimester Screening (Done between 11 and 14 weeks of pregnancy)**

The first trimester screening combines the results of a blood test and a nuchal translucency ultrasound that measures the thickness of the skin at the back of your baby’s neck. It helps to determine your risk of carrying a baby with Trisomy 21 (Down Syndrome) and Trisomy 18. Results are sent to your prenatal care provider who will let you know if your results are “normal” or “abnormal”. Average detection rates of the risk of Trisomy 18 and 21 are around 85%, with a 5% false positive rate (mothers who are told their results are abnormal, but end up being normal). If the results are abnormal, follow up testing will be offered.

**AFP or Quadruple Marker Test (Done between 16 and 18 weeks of pregnancy)**

AFP stands for alpha-fetoprotein. This blood test checks for the possibility of certain types of birth defects such as Down Syndrome and Spina Bifida. It is measured along with three other substances, which is why the test is called the “Quadruple” Marker test. When this test is positive, additional tests are required to confirm a diagnosis.

**The Fetal Anatomic Survey (Done between 18 and 20 weeks of pregnancy)**

This is an Ultrasound that uses sound waves to make a picture of your unborn baby. It is usually done around 18-20 weeks, but it can be done earlier to determine or confirm your due date.

This ultrasound may show:

- The amount of fluid around your baby
- Your baby’s position (head up, down, sideways)
- If you have more than one baby in your uterus
- The sex of your baby
- How much your baby has grown
- Birth defects or possible problems with the baby

**Glucose (Blood Sugar) Screening Tests (Done between 26 and 28 weeks of pregnancy)**

Glucose screening checks for gestational diabetes, a short-term form of diabetes that develops in some women during pregnancy. This test involves drinking a sugary liquid and then having your blood drawn after an hour. If the sugar level in the blood is high, you’ll take another test called the glucose-tolerance test, which means you’ll drink a glucose solution on an empty stomach and have your blood drawn once every hour for three hours.
**Group B Strep (GBS)** (Done between 35 and 40 weeks of pregnancy)

GBS is a potentially dangerous bacteria that you can pass on to your baby during the birth process. Your outer vagina and rectum will be swabbed to test for GBS. If bacteria are present, you will be treated with an antibiotic during labor to prevent you from passing it along to your baby.

**Other Tests**

Your health care provider may suggest other tests such as Chorionic Villus Sampling and Amniocentesis if a family member has a birth defect, or you are over the age of 35, or have an abnormal first trimester screening. For more information on these, ask your health care provider.

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**Sibling Issues**

The birth of a new baby causes a sudden change to a family that can be difficult for older siblings to handle. There is no right or wrong way to tell your child that you are going to have a baby, but the longer you give him or her to adjust, the easier it may be. Some older siblings may feel angry that their new brother or sister will be getting more attention from you. Including your child in preparing for the new baby is very important.

**Ways to help your child prepare before the baby arrives:**

- Visit friends who have young babies.
- Let your child help decorate the nursery.
- Discuss what babies can do (cry, sleep, drink milk from Mother’s breast).
- Discuss what babies cannot do (eat pizza, run, play with toys).
- Let your child help pick out a name.
- Read books about big brothers and sisters.
- Let your child help pack your bag for the hospital.

Your child may feel angry or left out during the pregnancy and after the baby comes home, which may lead to acting out or return to more baby-like behavior. Most important, remember that your child may not have had to share your attention until now.
Ways to help your child adjust after you come home with the new baby:

- Encourage your older child to share his feelings in appropriate ways.
- Take advantage of one-on-one activities, such as reading a book together or looking at his or her own baby pictures.

Taking this special time together will make your older child feel special. Contact MMC’s Family Birth Center Parent Education Program for information about sibling classes. These classes are fun ways to get your child involved in the preparations and give him something to look forward to. They often include activities such as learning to diaper and hold a baby using your child’s favorite stuffed animal, watching a movie about being a big sibling, and tours of the labor and delivery unit designed specifically for a child. Call (207) 662-6132 or visit www.mmcfamilybirth.org.

Expecting Multiples

Staying Healthy During a Multiple Pregnancy

Eating properly, getting enough rest, and making regular trips to the doctor are critical measures for any expectant mother to stay healthy. A woman with a multiple pregnancy of twins or more babies might be scheduled for more frequent appointments with her health care provider than a woman who is pregnant with a single baby.

Your Nutrition

If you’re pregnant with multiples, you should follow general pregnancy nutrition guidelines, including increasing your calcium and folic acid intake. Pregnant women need additional calcium, so extra milk or fortified orange juice, broccoli, sardines, or other calcium-rich foods should be added to your diet.

Your Weight

Mothers carrying multiples are expected to gain more weight during pregnancy than mothers carrying one baby. But exactly how much weight you should gain depends on your pre-pregnancy weight and the number of babies, so make sure to talk to your health care provider. In general, though, you should eat about 300 more calories a day for each of your babies. It might be tough to eat a lot when your abdomen is full of babies, so try to eat smaller, more frequent meals.
Your Comfort

Expecting multiples means that you’re probably experiencing the typical discomforts of pregnancy more intensely. Nurturing yourself can help ease the stress of pregnancy. Even a warm bath can help lift your spirits. (Just make sure you have someone around if you need help getting out of the tub!)

Expectant partners can help, too. Something as simple as having someone brush your hair can make the discomforts of pregnancy fade momentarily. It helps, too, if your partner remembers that your body is going through tremendous hormonal changes. Communication and understanding can be the keys to truly enjoying this special time in your lives.

Preparing for Childbirth

Getting ready for a multiple birth may seem overwhelming, especially with concerns about pre-term labor. Maine Medical Center Childbirth Education offers a class specifically for you, called Expecting Multiples. We recommend that you take this class before your 30th week. Call the OB Parent Education Program at (207) 662-6132 to register for this class. You’ll learn about what to expect during the last part of your pregnancy, what resources are available in the community, and link with other families expecting more than one baby. If this is your first pregnancy, we also recommend that you take either Childbirth Education 101-104 or the Childbirth Education Express Course. These classes will prepare you for what to expect during pregnancy and delivery.

The Risks of Multiple Births

The most immediate risk involved with multiple births is pre-term (or early) labor, resulting in premature births. A typical, single pregnancy lasts about 40 weeks, but a twin pregnancy often lasts between 35 to 37 weeks. Nearly half of all twins are born prematurely (before 37 weeks), and the risk of having a premature delivery increases with higher-order multiples.

Along with the possibility of premature births, other medical conditions that are more likely to occur during a multiple pregnancy include preeclampsia, gestational diabetes, placental problems, and fetal growth problems. If your health care provider has concerns about you or your baby during your pregnancy, he or she might suggest that you be monitored as an inpatient at Maine Medical Center’s Prenatal Care Unit. The care team includes nurses, social workers, maternal fetal medicine specialists, and others skilled to care for pregnant women with unique risks.
Being part of a multiple birth can also be linked to long-term health problems for the babies. Developmental delays and cerebral palsy occur more commonly in twins than in single births, and there’s a higher risk of lasting health problems with higher-order multiple births. Many twins, triplets, or higher order multiples are admitted to Maine Medical Center’s Neonatal Intensive Care Unit. This unit was designed and equipped for newborns and their families who need specialized treatment delivered by hospital staff who have advanced training in newborn care.

Taking Your Babies Home

The first days, weeks, and months are often the most difficult for parents of multiples, as everyone learns to get used to the frequent feedings, lack of sleep, and little personal time involved in parenting multiples. Enlist whatever help you can get — from neighbors, family members, and friends — for household chores and daily tasks. Having extra hands around will make feedings easier and help you rest and recover from delivery. It can also give you the precious time you need to get to know your babies.

If you find that you are having difficulty adjusting to life as a new parent, try to attend one of our support groups. It is a great way to connect with other parents and learn about community resources. For more information, including times and locations, please call the OB Parent Education Program at (207) 662-6132.
Eating Right for You and Your Baby

Eating well can help you have a healthy pregnancy and a healthy newborn.

A healthy eating plan contains a wide variety of foods. Every day, you should try to eat:

6 - 8 ounces of bread, cereal, rice, or pasta

One ounce is:
- 1 slice of bread
- 1 ounce of ready-to-eat cereal (about 1 cup for most cereals)
- ½ cup cooked cereal or pasta
- 3 cups of popcorn
- 5 whole wheat crackers

2-3 cups of vegetables

One cup is:
- 2 cups of raw leafy vegetables, such as spinach or lettuce
- 1 cup of cooked or raw chopped vegetables, (1 medium potato, 12 baby carrots, 2 celery stalks)

2 cups of fruit

One cup is:
- 1 cup of chopped fresh, cooked, or canned fruit (1 large orange or peach, 1 small apple, or 1 large banana)
- ½ cup dried fruit
- 1 cup of 100% fruit juice

3 cups of milk, yogurt, or cheese

One serving is:
- 1 cup of skim or lowfat milk or soy milk
- 1 cup of fat-free or lowfat yogurt
- 1 ½ ounces of natural cheese, like cheddar, mozzarella, or swiss
- 2 ounces of processed cheese (like American cheese). If you are 18 years or younger and pregnant, you need at least 3 servings of milk, yogurt, and cheese. Choose low-fat or fat-free dairy products most often.
- 1 cup of skim or lowfat milk or soy milk
5-6 ounces of protein

One ounce is:
- 1 ounce of lean meat, poultry, or fish
- ¼ cup of cooked beans
- ½ ounce nuts or seeds (almonds, pistachios, walnut halves)
- 1 egg
- 1 tablespoon of peanut butter or almond butter

*Based on the 2012 Dietary Guidelines for Americans, it is now recommended that pregnant and breastfeeding women include 8-12 ounces per week of fish and seafood low in mercury as part of a healthy diet.

At least 8-12 cups of fluid daily

Drinking skim or lowfat milk, seltzer, or other non-caffeinated beverages counts toward your amount of daily fluid.

Limit your sugar from sweetened juice and soda. Do not drink alcoholic beverages when you are pregnant.

How many calories should I eat?

Eating the right number of calories lets you and your baby gain the proper amount of weight. During the first three months of your pregnancy, you do not need to change the number of calories you eat.

- Normal-weight women need an average of 300 extra calories each day during the last 6 months of pregnancy. (See below for examples of 300 calorie foods).
- If you were underweight, overweight, or obese before you became pregnant, or if you are pregnant with more than one baby, you may need a different number of calories. Talk to your health care provider about how much weight you should gain and how many calories you need.

Each of these healthy choices has about 300 calories:
- 1 cup of non-fat fruit flavored yogurt and a medium apple
- 1 piece of whole wheat toast spread with 2 tablespoons peanut butter
- 1 cup of beef or bean chili sprinkled with ½ ounce cheddar cheese
- 1 cup raisin bran cereal with ½ cup of non-fat milk and a small banana
- 3 ounces roasted lean ham or chicken breast and ½ cup sweet potatoes
- 1 flour tortilla (7-inch), ½ cup refried beans, ½ cup cooked broccoli, and ½ cup cooked red pepper

Why is gaining a healthy amount of weight important?

Gaining a healthy amount of weight may help you have a more comfortable pregnancy and delivery. It also may help you have fewer pregnancy complications, such as diabetes, high blood pressure, constipation, and backaches.
If you are a teen, expecting more than one baby, or have other health conditions, please talk to your provider about how much weight you should gain.

**How much weight should I gain during my pregnancy?**

Talk to your health care provider about how much weight you should gain. According to the American College of Obstetricians and Gynecologists, if you are expecting only one baby and before your pregnancy you were:

- Underweight (BMI* < 18.5) – you should gain 28-40 pounds
- Average weight (BMI 18.5-24.9) – you should gain 25-30 pounds
- Overweight (BMI 25.0-29.9) – you should gain 15-25 pounds
- Obese (BMI >30.0) - you should gain 11-20 pounds

*To figure out your BMI (Body Mass Index), you can go to: http://www.cdc.gov/healthyweight/assessing/bmi/)

**Gaining too little weight**

- Makes it hard for your baby to grow properly

**Gaining too much weight**

- May make your pregnancy more uncomfortable
- May make your labor longer and more difficult
- Will make it harder for you to return to a normal weight after you give birth

If you feel you are gaining too much or too little weight during your pregnancy, talk with your health care provider. **Do not try to lose weight if you are pregnant. If you do not eat enough calories or a variety of foods, your baby will not get the nutrients he or she needs to grow.**

**Do I have any special nutrition needs now that I am pregnant?**

Yes. During pregnancy, you and your growing baby need more of several nutrients.

**Be sure to:**

- Eat the recommended daily servings from each of the five food groups.
- Take a supplement that has at least 400 micrograms (0.4 milligrams) of folic acid to help prevent birth defects.
- Include foods high in folate (or folic acid), such as leafy green vegetables, citrus fruits, beans, nuts, enriched breads and breakfast cereals, and whole wheat products.

Pregnant women also need more protein and iron than other women.

**Health care providers recommend** taking a multi-vitamin/mineral “prenatal” supplement before becoming pregnant, during pregnancy, and while breastfeeding. Always talk to your health care provider before taking any other supplements.

If you’re pregnant with multiples, you should follow general pregnancy nutrition guidelines, including increasing your calcium and folic acid intake. Pregnant women need additional calcium, so extra milk or orange juice fortified with calcium, broccoli, sardines, or other calcium-rich foods should be added to your diet.
Can I continue to follow my vegetarian diet during pregnancy?

Yes. You can continue a vegetarian eating plan during pregnancy, but talk to your health care provider first.

If you do not eat any animal foods, it may be difficult to get enough protein, iron, vitamin B12, and vitamin D.

Your health care provider may ask you to meet with a registered dietitian who can help you to plan meals, and may also recommend that you take supplements.

Tips for healthy eating to avoid common discomforts of pregnancy

Eat breakfast every day. If you feel sick to your stomach in the morning, choose dry whole-wheat toast or whole-grain crackers when you first wake up—even before you get out of bed. Eat the rest of your breakfast (fruit, oatmeal, cereal, milk, yogurt, or other foods) later in the morning.

Eat high-fiber foods. Eating whole-grain cereals, vegetables, fruits, beans, whole-wheat breads, and brown rice, along with drinking plenty of water and getting daily physical activity, can help prevent constipation.

Keep healthy foods on hand. A fruit bowl filled with apples, bananas, peaches, oranges, and grapes makes it easy to grab a healthy snack. Fresh, frozen, and canned fruits and vegetables make healthy and quick additions to meals, as do canned beans.

If you have heartburn during your pregnancy, eat small meals more often, eat slowly, avoid spicy and fatty foods (such as hot peppers or fried chicken), drink beverages between meals instead of with meals, and do not lie down right after eating. (See pg. 16.)

What foods should I avoid eating during pregnancy?

There are certain foods and beverages that can harm your baby if you eat or drink them while you are pregnant. Here is a general list of foods and beverages that you should avoid:

Alcohol. Instead of wine, beer, or a mixed drink, enjoy apple cider, tomato juice, 100% fruit juice mixed with sparkling water, or other non-alcoholic beverages.

Fish that may have high levels of mercury (a toxic substance that can build up in fish and harm an unborn baby). Do not eat shark, swordfish, king mackerel, and tilefish during pregnancy. Eat no more than 12 ounces of fish (including tuna) per week (equal to four 3-ounce servings — each about the size of a deck of cards). For a list of fish and their mercury levels, go to the National Resources Defense Council website: http://www.nrdc.org/health/effects/mercury/walletcard.pdf

Unpasteurized milk or soft cheeses such as feta, Brie, and goat cheese raw or undercooked meat, poultry, or shellfish, or ready-to-eat meats including lunch meats, hot dogs, and deli meats. These foods may contain bacteria called Listeria that are harmful to unborn babies. Cooking lunch meats, hot dogs, and deli meats until steaming hot can kill the bacteria and make these meats safe to eat.

Raw fish such as sushi, sashimi, or ceviche and raw or undercooked meat and poultry. These foods can contain harmful bacteria. Cook fish, meat, and poultry thoroughly before eating.

Large amounts of caffeine-containing beverages. If you are a heavy coffee, tea, or soda drinker, talk to your health care provider about limiting the amount of caffeine you have to less than 2 cups of coffee a day. Try a decaffeinated version of your favorite beverage, a mug of warm low-fat or fat-free milk with honey, or sparkling mineral water.

Anything that is not food. Some pregnant women may crave something that is not food, such as corn starch, laundry starch or clay. Talk to your health care provider if you crave something that is not food.
Physical Activity During Pregnancy

Should I Be Physically Active?

Almost all women can and should be physically active during pregnancy. Talk to your health care provider first, particularly if you have high blood pressure, diabetes, anemia, bleeding, or other disorders, are considered to have a high risk pregnancy, or if you are obese or underweight.

Whether or not you were active before you were pregnant, ask your health care provider about a level of exercise that is safe for you.

Aim to do at least 30 minutes of a moderate activity (one that makes you breathe harder but does not overwork or overheat you) on most days of the week.

Regular, Moderate Physical Activity May:

- Help you and your baby to gain the proper amounts of weight
- Reduce the discomforts of pregnancy such as backaches, leg cramps, constipation, bloating, and swelling
- Improve your mood, energy level, and feelings about the way you look
- Strengthen your muscles and improve your blood flow
- Improve your sleep
- Help you manage labor more effectively
- Help you to recover from delivery and return to a healthy weight faster

Safety Precautions While Being Active

- Choose moderate activities that are unlikely to injure you, such as walking, aqua aerobics, swimming, yoga, or using a stationary bike.
- Stop exercising when you start to feel tired and never exercise until you are exhausted or overheated. You should be able to carry on a conversation while exercising.
- Drink plenty of water.
- Wear comfortable clothing that fits well and supports and protects your breasts and abdomen.
- Stop exercising if you feel dizzy, short of breath, pain in your back, swelling, numbness, sick to your stomach, or if your heart is beating too fast or at an uneven rate.
What Should I Avoid?

- Avoid being active outside during hot weather.
- Avoid steam rooms, hot tubs, and saunas.
- Avoid activities (such as certain yoga poses) that call for you to lie flat on your back after 20 weeks of pregnancy.
- Avoid contact sports such as football and boxing, and other activities that might injure you (such as horseback riding).
- Avoid activities that make you jump or change directions quickly or require balance, such as tennis, basketball, skiing, skating, scuba diving, waterskiing, and climbing on ladders. During pregnancy, your joints loosen and you are more likely to hurt yourself when doing these activities.

Tips For Being Physically Active

- Go for a walk around the block or through a shopping mall with your partner or a friend.
- Sign up for a prenatal yoga, aqua aerobics, or fitness class. Make sure you let the instructor know that you are pregnant before beginning if you choose a class that is not specifically for pregnant women.
- Rent or buy an exercise DVD for pregnant women. Look for DVDs at your local library, video store, health care provider’s office, the hospital, maternity clothing store, or at the MaineHealth Learning Resource Center (1-866-609-5183).
- Sign up for a session with a fitness trainer who knows about physical activity during pregnancy at your gym, community center, YMCA, or YWCA.
- Get up and move around at least once an hour if you sit in a chair most of the day. Get up and move around during commercials when watching TV.

Be Good To Yourself

Pregnancy can be wonderful, exciting, emotional, stressful, and tiring all at once. You can experience a lot of feelings which may cause you to overeat, not eat enough, or lose your drive and energy. Here are some ideas for being good to yourself so you can have a less stressful pregnancy and newborn period:

- Try to get enough sleep
- Rent a funny movie and laugh
- Take pleasure in the miracles of pregnancy and birth
- Invite people whose company you enjoy to visit your new family member
- Explore groups that you and your newborn can join, such as “new moms” groups
Tobacco and Other Drugs

Quitting smoking is one of the most important things that you can do for yourself and for the health of your baby.

Smoking and Tobacco Use

Making the Decision to Quit

- Think about your fears. You might feel afraid of quitting and even afraid of failing.
- Remember the benefits of giving up tobacco: your improved health, more control over your life, not smelling like smoke, and having money for other things. Most importantly, you will be a healthy role model for your baby.
- Get the right answers to your questions about quitting tobacco. Wrong information can get in the way of quitting.

How Do I Quit?

Quitting smoking can be hard. The good news is that there are better ways than ever before to help you. The first step is wanting to quit. For assistance, call the Maine Tobacco HelpLine at 1-800-207-1230.

Then:

- Set a quit date
- Think about when, where, and how much tobacco you use
- Be prepared for temporary cravings
- List reasons for quitting. Keep reminding yourself along the way
- Identify what to do instead of smoking, (i.e. chew gum or suck on hard candy)

The Maine Tobacco Helpline is a free and confidential telephone helpline that offers support to people who are interested in quitting using tobacco. You can reach the Helpline at 1-800-207-1230. They will return your call if they are not available when you call. Trying to quit on your own can be very difficult. There is help available for you!
Asking for Help

Talk to people who will give you praise for trying to quit. Ask others to help you deal with urges to smoke (go for a walk, go to smoke-free places). Ask others not to smoke around you and not to smoke in your car or home while you are pregnant and after the baby is born.

Cheer Yourself On

Remember, not smoking may take time and practice. It is important to give yourself positive messages along the way. Write yourself notes that will help you to remember to focus on positive thoughts. Put them in places where you know that you will see them, like on a mirror, in your car, and on your refrigerator. Say: “I’m ready to be tobacco-free. I can do it!”

Smoking during pregnancy can cause problems such as babies that are too small or are born too soon. Babies exposed to secondhand smoke during or after pregnancy have a higher chance of wheezing, colic, eye problems, behavior problems, attention deficit disorder, and other issues. Babies exposed to secondhand smoke are more likely to become smokers when they are older.

Alcohol

Since it is not known how much alcohol is safe, it is best not to drink at all when you are pregnant. Don’t drink beer, wine, or hard liquor. Tell your health care provider if you are using alcohol and ask for help to stop drinking.

Substance Use and Abuse

Illegal drugs can be dangerous. Using drugs when you are pregnant puts you and your unborn baby at risk.

- Don’t use cocaine, crack, downers, heroin, LSD, pot, opiates, speed, methamphetamines, or ANY illegal drugs.
- Don’t use prescription drugs unless they were specifically given to you by your health care provider.
- It is not safe to suddenly stop taking some drugs. Talk with your health care provider so that he or she can help you to do what’s safe for you and your baby.

Did you know?

- Alcohol passes through to your baby and can be harmful.
- Drinking during pregnancy puts your baby at risk for mental retardation and birth defects.

Did you know?

- Using drugs puts your baby at risk for life-long health problems and serious birth defects.
- Your baby can be born with behavior or learning problems that continue through life.
- Crack and other forms of cocaine can make your baby shake, tremble, and be hard to comfort? Crack and cocaine can cause slow brain growth and brain damage before birth.
- Using heroin and all street drugs can make your baby addicted and have to go through withdrawal with medical supervision.
Vitamins

Some medicines you can buy over-the-counter can be harmful to pregnant women. Always talk to your health care provider and follow the labels before taking any medicines.

- Some herbal supplements and teas may put you and your baby at risk.
- Taking too much of some vitamins, like Vitamin A, may cause birth defects.
- Prenatal vitamins, vitamin D, folic acid, and calcium are needed. Ask what your provider recommends.

X-Rays

Tell your health care provider or dentist that you are pregnant before you have any x-rays.

Chemicals and Toxins

Talk to your health care provider right away if you are exposed to chemicals, fumes, toxins, radiation, or other hazards at your worksite or at home.

Contagious Illnesses

Try to stay away from people you know who have the flu, a cold, or chicken pox or any other contagious illness. If you think you might have been exposed to chicken pox, be sure to call your health care provider’s office before you arrive for your visit.

Did you know?

- Getting chicken pox when you are pregnant can be very serious! If you had chicken pox in the past, don’t worry about catching it again.
- You need to get tested for chicken pox if you can’t remember if you had it before. If you have not had it, you may get the chicken pox (varicella) vaccine after delivery.
- Fifth's disease is a common disease in children and can be a problem if you're pregnant.
- The flu shot is safe and recommended for pregnant women.
You may find your desire for sex has ups and downs. Sometimes in your pregnancy you may be very interested in having sex. At other times, having sex may not interest you at all. These feelings are normal.

You may also be concerned about hurting your baby during sex. Intercourse is usually safe throughout pregnancy. Your baby is well protected by amniotic fluid (also known as a “bag of water”) and a mucous plug that seals off the opening to your uterus. As long as your bag of water hasn’t broken, you can’t hurt your baby by having sex. Talk to your health care provider if you have questions about sex. If you feel shy, write your questions down and read them out loud.

Sex can be enjoyable throughout your pregnancy. You may want to try different positions as your abdomen grows. If you don’t feel up to sex, talk with your partner. Let your partner know how you feel. Hugging, kissing, and touching are great ways to express love and caring.

You shouldn’t have sex during pregnancy if:

- you are bleeding from your vagina,
- you have pain in your vagina or abdomen when you have intercourse,
- your “bag of water” has broken and there is fluid coming from your vagina,
- your health care provider told you not to have sex.

Talk to your health care provider about having intercourse if you:

- are at risk of miscarriage or preterm labor with this pregnancy,
- had a baby born early in the past,
- are pregnant with twins, triplets, or more,
- have a family history of premature births.

Protect Yourself and your Baby from HIV and STIs

- HIV infection causes AIDS. You can get HIV and pass it to your unborn baby during intercourse. INSIST that your partner use a condom if you suspect he has used IV drugs, had other sexual partners, or has been exposed to STIs (sexually transmitted infections).

- Condoms protect you and your baby against HIV, gonorrhea, herpes, and syphilis. Talk to your health care provider for hints on how to talk to your partner about using a condom.
Your health care provider will do an HIV test, unless you sign a document declining the test. An HIV test will let you know if you are infected with HIV, the virus that causes AIDS. Taking medications as soon as possible will lower the risk of passing HIV on to your baby. (This confidential test is recommended for all pregnant women.)

**Immunizations During Pregnancy**

**Getting your Flu Shot**

The flu is more likely to cause severe illness if you are pregnant. If you are pregnant during flu season, it is important to protect yourself. Getting the flu shot may also protect your baby from getting the flu during the first six months of life.

**The Pneumococcal Vaccine**

Pneumonia is an infection of the lungs. The pneumococcal vaccine can help prevent that infection. You should receive the vaccine when you are pregnant if you are at high risk for getting pneumonia. Some health conditions like diabetes, heart disease, lung disorders (not asthma) can put you at higher risk. Talk with your doctor or nurse to find out if you should receive this shot.

**Caring for Yourself**

**Personal Hygiene During Pregnancy**

**Dental Care**

- Brush your teeth two times a day and floss daily.
- See your dentist early in your pregnancy. Get your teeth cleaned every six months.
- Take care of any gum or tooth problems. Dental decay and infections are risks to your baby.
- A local anesthetic like lidocaine is safe when you are pregnant. Talk to your health care provider if you need dental work that requires you be put to sleep.
- Talk with your health care provider if your dentist recommends x-rays.
- A balanced diet during pregnancy will help your baby have strong teeth in the future.

**Tub Baths**

- It is OK to take tub baths when you are pregnant. Keep the water warm, not hot.
- At home, you can still take baths up until your amniotic fluid membranes (bag of water) break.
- Be careful getting in and out of the shower or tub. You may find your center of balance is a bit off.
- Stay out of saunas and hot tubs during your pregnancy. High body temperature can harm your developing baby.
Caring for your vagina

- Never douche when you are pregnant.

- Douching can hurt your baby. Never force any water up your vagina. This puts you at a serious health risk.

- Call your health care provider to report any abnormal discharge from your vagina. Strong smelling discharge may mean you have an infection.

Perineal Massage

Some women massage the area between their vagina and anus once a day from their 7th month on. Massaging this area is called perineal massage. This may help lower your chance of having a natural tear or an episiotomy (pg 46). Perineal massage can also help you find your pelvic floor muscles and learn to relax them when you feel pressure during labor. Stop massaging and call your health care provider right away if you feel pain or start bleeding.

Kegel Exercises

Kegel exercises (also called pelvic muscle exercises) strengthen the muscles that support your uterus, bladder, and bowel. Kegels help you prepare your body for childbirth and also help prevent and control urinary incontinence. Learning how to do these exercises correctly may be tricky at first, but once you get the hang of it they can be done anytime.

How do I do a Kegel?

Step 1: Find Your Pelvic Floor Muscles

- Try to stop and start your flow when urinating. Be sure to empty your bladder all the way when you are done.

or

- Place one or two fingers in your vagina and squeeze.

Step 2: Tighten Your Pelvic Floor Muscles, Not Your Stomach or Butt Muscles

- Breathe. Don’t hold your breath.

Step 3: Contract or Draw Up On the Muscles


- After you can hold your muscles for 8 seconds, try adding 3 short, fast “twitches” at the end of each hold.
Possible Problems and Pre-term Labor

Signs of Possible Problems

There are some warning signs that could mean something is wrong. Be sure to call your health care provider right away if you have:

- Bleeding from your vagina
- Repeated vomiting
- Pain or burning when you urinate
- Fever or chills
- Gush or trickle of water from your vagina
- Severe pain in your abdomen
- Rapid weight gain or sudden swelling of your face, hands, feet, or ankles
- Painful headaches that do not go away, blurring of vision, spots before your eyes, or dizziness

If your baby stops moving or slows down: lie down on your left side, drink some juice, and wait for your baby to move. A healthy baby in the last months of pregnancy will move at least 10 times in two hours. If this doesn’t happen, call your health care provider.

Signs of Pre-term Labor

Babies born early run risks of serious health problems. Babies born before 37 weeks may not be ready to breathe on their own. If they survive, they may have to stay in the hospital for weeks. The earlier your baby is born, the more serious problems he or she may have.

Early labor can lead to life-long health problems for your baby. Learn the warning signs of pre-term labor:

- A feeling that the baby has “dropped” lower into the pelvis
- Pressure-like feelings in the abdomen
- Contractions or pains that feel like your uterus is tightening every ten minutes, or more often. (Some women say this feels like the baby is “balling up.”)
• Change in vaginal discharge
• Low dull backache
• Cramps that feel like your period
• Stomach cramps with or without diarrhea

Call your health care provider if these signs occur and have not gone away in one hour.

**Braxton–Hicks**

You may begin to feel tightening or slight cramping called Braxton-Hicks contractions. Braxton-Hicks contractions are getting your body ready for real labor. Regular cramping or contractions that come three or more weeks before your baby is due may be early labor.
Choosing Your Baby’s Health Care Provider

You will need to choose a doctor to care for your baby before you come to the hospital. After your baby is born, your nurse will need to contact the provider you have chosen so that he or she can come to the hospital to examine your baby.

Both family medicine doctors and pediatricians care for newborns. Family medicine doctors can care for both you and your baby. Pediatricians care for children and teens. Because your baby is so special, you will want to make your choice carefully. Among other things, you should consider the doctor’s reputation and qualifications, your health insurance coverage, and how close the office is to your home or work.

To find a doctor who practices at Maine Medical Center, visit our online Physician Directory at www.mmc.org. You can also ask friends who they use. Find out why they like their baby’s health care provider. Ask your health care provider for names of providers who care for babies. Call the doctor yourself. Many health care providers welcome the opportunity to meet with you before your baby is born.

Questions to Ask

- Do you have evening and weekend hours? How long in advance do I need to call for a well baby check-up?
- Is this a group practice? Will I be able to see the same health care provider for my baby’s check-ups?
- Is there a special time during the day when I can call you with questions? How quickly do you return calls from parents?
- What are your thoughts about infant feeding and sleeping arrangements?
- Will you support my choice to breastfeed?
- How do you feel about circumcision (if my baby is a boy)?
- Is it ok to call with questions? What if the office is not open?
- How much does each visit cost? Is there a cost to me or are these visits covered by insurance?

After your baby is born and you have met the health care provider in person, ask yourself:

- Do I like how the health care provider relates to my baby?
- Do I like and trust the health care provider?
- Did the health care provider spend enough time with my baby?
- Did the health care provider answer my questions?

Choose a health care provider who seems concerned and caring about your baby. It is important that you trust the health care provider who cares for the health of your child.
Whether you will breastfeed or bottle feed your baby is one of many first really important parenting decisions you will make.

Breastfeeding

Breast milk is the best option for most babies, especially those who were born early or may have certain illnesses.

Breastfeeding is good for you and your baby

Babies who are breastfed have less risk of:

- SIDS (Sudden Infant Death Syndrome),
- childhood onset cancer,
- childhood onset diabetes,
- developing asthma,
- being very overweight,
- diarrhea,
- breathing illnesses,
- ear infections,
- allergic skin disorders like eczema.

Breastfed babies have better developed nervous systems, and research shows higher IQ in children who were breastfed. You have the added comfort of knowing exactly what is in the food your baby receives, reducing exposure to contaminants.

Babies who are born early and are breastfed:

- Have a lower risk of NEC (Necrotizing Enterocolitis), (a disease that causes infection and death of intestinal tissue.)
- tend to be stronger and go home from the hospital sooner than those on formula,
- get fatty acids in breastmilk which help the brain develop.

The American Academy of Pediatrics (AAP) recommends:

- Exclusive breastfeeding the first six months of life.
- Breastfeeding with addition of solid food for at least the first year.
- Continued breastfeeding as long as desired by the mother and baby.

*Pediatrics 2005; 115:496-506*
Breastfeeding is good for mom

Mothers who breastfeed have:

- Less risk of low blood iron and weakening of the bones
- Less risk of developing breast and ovarian cancer
- Improved weight loss after delivery

Women say they feel good about providing complete nourishment for their babies. Both mother and baby enjoy the benefits of the close bonding that develops with breastfeeding. Fathers and families who support breastfeeding can feel proud that they are giving their baby the very best infant nutrition available.

Breastfeeding can save time and money, and help the environment

- Breastfed babies have fewer illnesses.
- Families can experience savings on healthcare costs.
- Less time and income is lost at work due to sick days for children.
- There are no formula bottles to prepare, or bottles to wash.
- No tin, paper, plastic, or energy is necessary to produce, package, and transport your breastmilk.

We would like to help you and your family enjoy the benefits of breastfeeding.

Ask your provider about the breastfeeding class at MMC or call MMC Childbirth Education at 662-6132.

Lactation services are also available 7 days a week at MMC. Call 662-4555 for more information.

Formula

Formula is more like human milk than it used to be, but is still very different in quality and is lacking in immune factors. If you decide to bottle feed, please discuss this with your health care professional and investigate all the formula alternatives.
Items to Have on Hand at Home

Items for Baby:

- A safety-approved car seat. Read the directions and make sure you know how to use it the right way. You will need to bring this to the hospital to bring your baby home in.
- A safe place for your baby to sleep such as a crib or a bassinet, with a firm mattress
- Baby blankets
- Disposable or clean cloth diapers
- Clean baby clothes
- A digital baby thermometer (not mercury or ear thermometer)

Items for You:

- Sanitary napkins
- Digital oral thermometer (not mercury) that you put in your mouth

If you are breastfeeding you might want:

- Nursing bras
- Nursing pads to put inside your bra for leaking milk
- Breast pump
- Storage bags or containers for pumped breast milk
- Bottles, nipples, and bottle cleaning brush for pumped breast milk

If you are bottle feeding you will need:

- Bottles, nipples, a brush for cleaning supplies

To learn more about installing your carseat correctly, visit a carseat fitting station. To find a local fitting station, visit [www.buckleupmaine.org](http://www.buckleupmaine.org) or [www.maineseatcheck.org](http://www.maineseatcheck.org). If you do not have access to a carseat, call the Bureau of Highway Safety at 207-626-3840 or visit [www.maine.gov/dps/bhs](http://www.maine.gov/dps/bhs).
Packing Your Bags

Pack your bags for the hospital a few weeks before your due date. Use the list to remind you to pack the things you may want to have on hand. The only items you must have are a safety-approved car seat for your baby and an outfit for your baby to wear home.

For Mom:

• Copy of your birthplan
• Copy of this book
• Nightgowns in which you can breastfeed
• Eyeglasses or contact lenses (if necessary)
• List of current medications
  (We'll provide you with any medication you need while you are at the Family Birth Center)
• Bathrobe
• Warm socks or slippers
• Massage tools
• Music (CD/DVD players are available in each room)
• Light snacks (refrigerators are available in each room)
• Camera and video supplies (if desired)
• Telephone numbers and prepaid calling card or cell phone
• Nursing bra
• Loose-fitting clothing to wear home
• Underwear

For Partner:

• Change of clothing & sleepwear
• Toiletries
• Light snacks
• Breath mints or gum

For Baby:

• Baby clothes for going home (washed in mild soap)
• Receiving blankets (washed in mild soap)
• Car seat
Labor is when the muscles of the uterus dilate the cervix to bring your baby down through the birth canal. You may have a lot of questions, such as:

“How will I know if I am in true labor?”
“How long will my labor last?”
“What should I do if I am in pain?”

Be sure to talk about labor with your health care provider. This will help you feel prepared. The next few pages will give you an idea of what to expect. Taking a childbirth education class will also help you feel prepared.

**True Labor Contractions:**
- Happen at regular times – such as one every 5 minutes
- Are difficult to work or talk through
- Cause your cervix to dilate or open more
- Get stronger, longer, and closer together

**False Labor Contractions:**
- Can stop and start or be irregular
- Don’t get stronger with time
- Will go away with walking, changing positions, or taking a warm shower

**Timing Your Contractions**
- Measure from the start of one to the start of the next
- Write down how long each contraction lasts
Managing Labor Pain

Like most women, you may wonder how you will cope with labor pain. You will hear stories from friends and family about how their labors went. Each story will be different, because each labor is different. Some deliveries are quick and the moms didn’t use any medication. Other labors are long and women feel tired or overwhelmed. Taking medicines or an epidural may have worked for them. A variety of pain medications can potentially be used during labor and delivery, including analgesics and epidurals, depending on the situation. Know that you have choices for managing labor pain. Ask questions and get the answers you need.

- Talk to your health care provider and your childbirth educator about choices before you deliver.
- Learn the risks and benefits of all comfort measures before you are in labor.
- Wait to see how you feel at the time. Wait to see how your labor is going.
- Match your decision on getting pain relief with what is happening at the time, rather than with a plan you made months before. And like anything else in life, look at how you have coped in difficult situations in the past. Bring these coping techniques to your delivery.

Comfort measures you may choose use during labor include:

- Hypnosis
- Visualization
- Yoga
- Meditation
- Walking
- Massage or counterpressure
- Changing position or using the birth ball or birthing stool
- Taking a bath or shower
- Distracting yourself by counting or performing an activity that keeps your mind occupied
Medical Help During Labor

In some cases, at the end of the pushing stage of labor, your health care provider may need to provide a little extra help to make sure that you and your baby have a safe delivery.

Here are some things that may assist with the delivery of your baby:

Fetal Monitoring

- A monitor is a small, painless, electronic device that may be placed on your abdomen when you arrive at the hospital.
- The monitor is used to keep a check on your baby’s heartbeat and measure your contractions during labor.
- The monitor will not cause you or your baby any discomfort and will let you and your health care provider know that things are going well.

Episiotomy

- An episiotomy is a small surgical incision in the area of skin between your vagina and anus (this area is called the perineum).
- Your health care provider may need to do an episiotomy to make the vaginal opening larger so that your baby can be delivered more easily.
- The episiotomy will be stitched closed after the baby and placenta have been delivered.

Vacuum

- The vacuum used during a baby’s delivery is a small suction cup that is gently attached to the baby’s head.
- If necessary, your health care provider will carefully apply vacuum suction pressure when you have a contraction and push down. This will help your baby through the birth canal.
Cesarean Birth (C-section)

- A C-section is the delivery of your baby through a surgical incision in your abdomen and uterus.
- A C-section might be planned in advance if a medical reason calls for it.
- A C-section might be unplanned and take place during your labor if certain problems arise and you or your baby are at risk.
- A C-section takes place in an operating room and anesthesia is used.
- Your uterus and abdomen will be stitched after your baby is delivered, and you will probably stay in the hospital for about 3 to 4 days to heal.

Here are some reasons why you may need to have a C-section:

- Your baby is in the wrong position for delivery; He or she may be breech (feet- or bottom-first) or transverse (sideways) in the womb.
- Your baby has a certain birth defect, such as spina bifida, that may make vaginal delivery more risky.
- Your placenta sits too low in the uterus and covers the cervix. This is called placenta previa.
- You have a medical condition that could make a vaginal delivery risky for you or the baby (such as HIV or an active case of genital herpes)
- You are pregnant with more than one baby.
- You have had surgery on your uterus or have had a C-section before.

An emergency C-section may happen if:

- labor stops or isn’t moving along as it should (and medications aren’t helping),
- the placenta separates from the uterine wall too soon (this is called placental abruption),
- your baby’s shoulders are stuck in the birth canal,
- the umbilical cord becomes pinched (which could affect the baby’s oxygen supply) or enters the birth canal before the baby (this is called umbilical cord prolapse),
- your baby is in fetal distress — this means that the heart rate drops, doesn’t change at all, or is too fast or too slow,
- your baby’s head or entire body is too big to fit through the birth canal (which is rare).
How is a C-Section Done?

The thought of having surgery might make you feel anxious. Your health care providers will take time to explain what to expect. Here’s a quick look at what usually happens during a scheduled C-section.

You will start out in one of the Family Birth Center’s triage rooms. Your nurse will do an initial assessment and put an IV in your arm or hand. The nurse will then bring you to our operating room specifically designed for C-sections. You will be prepared for surgery. That means the staff will:

- put monitors in place to watch your heart rate, breathing, and blood pressure,
- place an epidural or spinal anesthesia for pain control,
- insert a catheter (a thin tube) into your bladder through your urethra,
- cover your mouth and nose with an oxygen mask, or place a tube in your nostrils to give you oxygen,
- wash your belly and shave any hair between the belly button and pubic bone,
- put a privacy screen around your belly.

Once you are prepared for surgery, your nurse will bring your labor partner into the room to be right by your side. Your labor partner will need to wear a surgical mask and gown during the entire delivery. Some labor partners may not be allowed to stay during emergency C-sections.

After the delivery, your doctor will hold your baby up for you to see and then bring him over to the warmer for an assessment. If your baby is recovering well, he will return to your triage room with you where you can practice skin-to-skin, breastfeed, and begin bonding. If specialized care is needed, your baby may be brought to the Neonatal Intensive Care Unit where you and your partner can visit as soon as possible.

VBAC – Vaginal Birth after a Cesarean

In the past, if you had one baby by Cesarean birth, chances are your other babies would be delivered by Cesarean birth. This is not the case today. Vaginal Birth After Cesarean (VBAC) is an option for some women. Talk to your health care provider about the option of having your baby vaginally after you have had a Cesarean birth.
The Three Stages of Childbirth

STAGE 1: (PGS. 49-50)

Early, Active, and Transition Phases of Labor

STAGE 2: (PG. 52)

Pushing and Delivery of Your Baby

STAGE 3: (PG. 53)

Delivery of the Placenta or Afterbirth

Stage 1: Labor

Your labor partner can help you time how often your contractions come and how long each contraction lasts.

Early labor signs

- Backache
- Loose stools
- Contractions that are getting stronger
- Nausea

Hints for you while you are at home:

- Walk if it feels good
- Try to sit up straight whenever seated
- Take a tub bath/shower, if allowed
- Focus on an object, or close your eyes and think soothing thoughts
- Turn on music, dim the lights
- Close your eyes between contractions and relax
- Make sure you go to the bathroom and urinate often
- Let your jaw relax
Signs of Active Labor:

- Starts with true labor and ends when your cervix is fully dilated
- Contractions are stronger and closer together
  They may be 3 or 4 minutes apart and last nearly a minute
- Your water may break

Tips for You

- Bring a birth plan (if you have one) and share it with your nurse and health care provider early on.
- Be flexible if things aren’t going according to plan.
- Ask your health care provider about options for pain management.

Tips for Your Labor Partner

- Bring a birth plan (if you have one) and share it with your nurse and health care provider early on.
- Tell Mom how well she is doing.
- Encourage her to change positions.
- Give her ice chips or sips of water.
- Give her a back rub.
- Remind her to urinate.
- Prop pillows behind her to keep her comfortable.
Transition Phase of Labor:

- Starts when you are dilated 8-10 centimeters
- Contractions are longer and stronger. (They may be 2 or 3 minutes apart and last about one minute or more.)

How You Might Feel During Labor:

- shaky in your legs and arms,
- too hot or too cold,
- out of control,
- sick to your stomach,
- pressure in your rectum.

Tips for You

- Concentrate on the power of each contraction instead of the pain.
- Remember: contractions help your baby come out.
- Rest and relax between contractions.
- Change to comfortable positions.
- Sip water and suck on ice chips if allowed.
- Think about your cervix opening and your baby moving down.

Tips for Your Labor Partner

- Keep looking her in the eyes.
- Breathe along with her.
- Speak in a calm tone and tell her how strong she is and how great she is doing.
Stage 2: Pushing and Delivery

You may already feel relieved that you can finally push. You may feel a lot of pressure in your back or rectum. Your contractions may come less often. They may come once every 3 to 5 minutes and last about one minute. Some women doze between contractions to save their energy.

Tips for You

- Find the most comfortable position for pushing.
- Change positions often:
  - Sit up halfway.
  - Use a birthing stool.
  - Lie on your side.
  - Squat.
  - Get on all fours.
- Push when you feel the urge.
- Rest between contractions.
- Concentrate on how each push brings you closer to delivering your baby.
- Try using a mirror to watch your baby’s head crown as you push.

Tips for Your Labor Partner

- Keep looking her in the eyes and speak in a calming tone.
- Help her with the right breathing pattern.
- Tell her how strong she is and how much you love her.
- Offer her ice chips or sips of water.
Stage 3: Delivering the Placenta

Congratulations, your baby is born! There is one final stage of childbirth: the placenta, or afterbirth, will come out of your uterus through the birth canal. You might feel slight contractions that last from 5 minutes until about 30 minutes after your baby arrives. Your nurse may massage your abdomen to help your uterus clamp down and release your placenta.

Once your placenta is delivered, any needed stitching from tearing or from an episiotomy can be done.

Tips for You

- Push when you feel the urge.
- You may be asked to push by your health care provider.
- Nurse or hold your baby skin to skin. This may help to release the placenta.

Tips for Your Labor Partner

- Give the new mom praise for a job well done.
- Offer her juice or water.
- Take pictures of the baby if you brought a camera.
What You Should Expect After Your Baby is Born

Changes In Your Body

Your body will change quickly 6 to 8 weeks after you give birth. It can be helpful to know what changes to expect. During your stay after delivery, your healthcare team will:

- check the amount of bleeding you have,
- take your vital signs, including pulse and blood pressure,
- massage your uterus frequently to make sure it stays contracted to prevent heavy bleeding,
- check your ability to urinate properly.

Once you are home, be sure to call your health care provider right away if you have fever, pain, or heavy bleeding.

Breastmilk

For the first 2 or 3 days, your body makes a special kind of breastmilk called colostrum. It is full of antibodies to protect your baby from disease.

- It is important to start breastfeeding as soon as possible after delivery so your baby can receive this beneficial colostrum. The hormones released from breastfeeding in the first hours can also help contract your uterus back down and prevent hemorrhage (too much loss of blood).

- Your breasts may leak once your milk “comes in”. This transition from colostrum to mature breastmilk usually happens around 3 to 5 days after the baby is born. Your breasts may leak for many days or weeks, or not at all.

- See the section “Feeding Your Baby” (pg. 40) for more information on breastfeeding and bottle feeding.

Constipation

You may be constipated for 2 or 3 weeks after your baby is born. Try to:

- Drink at least 8 large glasses of water each day.

- Eat fresh fruits, raw vegetables, and whole-grain breads.

- Put your baby in a baby carrier (sling or wrap), or stroller and go for a walk each day.

- Call your health care provider if constipation does not go away.
Feeling Blue or Depressed

It is normal for many women to have frequent changes in their moods right after childbirth, feeling happy one minute and sad the next. These “baby blues” generally last a few weeks.

Call your health care provider if you feel extremely overwhelmed, are worried about hurting yourself or the baby, or experience any of these signs for more than a few weeks:

- anxiety, irritability, restlessness,
- difficulty sleeping, or wanting to sleep all the time,
- having trouble concentrating,
- frequent crying and feelings of sadness,
- feeling hopeless or helpless,
- withdrawing from friends and family,
- lack of motivation or energy.

If you find that you are having difficulty adjusting to life as a new parent, try to attend one of our support groups. It is a great way to connect with other parents and learn about community resources. For more information about the breastfeeding groups, the Mothering Circle, and Postpartum Adjustment Group, please call the OB Parent Education Program at (207) 662-6132.

Sexual Desire

Your body needs to get back to normal before you have sex. The amount of time this takes is different for each woman. Talk to your health care provider about ways to avoid getting pregnant again before you are ready, or if you have difficulty with sexual activity. Following are recommended guidelines for resuming sexual activity:

- Wait until you aren’t sore before having intercourse
- Wait until the vaginal bleeding has stopped
- Most obstetricians recommend waiting four to six weeks
- Start slowly. It may take some time before you are comfortable again
- Talk to your partner about other ways to stay connected without having intercourse. Try cuddling or giving each other a back massage.

Soreness

Your bottom may feel swollen and sore. An ice pack may help the swelling and pain. With your provider’s approval, you can also take a “sitz bath,” a special warm bath for your bottom. Ask your provider for medication if you need it.
Stitches
If you have had stitches, keep this area very clean. The stitches will heal in 2 to 4 weeks. To care for your stitches:

• Sit in a tub of warm water or a sitz bath for 15 minutes, 3 times each day.
• Wipe yourself from front to back after a bowel movement.
• Get a “peri bottle” from your nurse. Continue to use it if you are still bleeding. This will help to keep you clean.
• Contact your health care provider if the stitches get more sore over time.

Uterus
• You may feel afterpains or cramps as your uterus shrinks back to normal size. This is more common if you delivered more than one baby or are breastfeeding.
• Relax your muscles and breathe slowly and evenly to ease the cramps.
• Ask your health care provider what medications are helpful if you feel the need.

Vaginal Discharge
You will have a discharge from your vagina (called lochia). The discharge will be bright red and heavy at first. After 2 or 3 days, the discharge will turn pinkish brown and then turn white. The white discharge may last up to 6 weeks. You may have spotting now and then for up to 4 to 6 weeks.

• Use a sanitary napkin to absorb discharge, not a tampon.
• Don’t douche or put anything into your vagina during this time.
• Call your health care provider if your discharge smells bad, itches, or burns, or if the white discharge turns red again.

Immunizations for Mom, Family, and other Caregivers
Before you leave the hospital, be sure to ask your nurse or doctor about receiving a Tdap vaccine. The Tdap vaccine protects you against tetanus, diphtheria, and pertussis (pertussis is sometimes called whooping cough). When you get the Tdap vaccine, you lower the chances that your newborn baby will catch whooping cough.

Adults usually recover from whooping cough, but it can be a dangerous disease for a new baby. A baby with whooping cough has trouble breathing and could possibly die. Older children and other adults who will be around your baby should also get the Tdap vaccine. Dads, grandparents, caregivers and other family members can get this vaccine right before or right after your baby’s arrival by calling their doctor or nurse to make an appointment. Your baby will get fully vaccinated against the disease by 6 months of age.
When your baby is born he or she can:

- See your face clearly when held 8 to 12 inches from your face
- Look into your eyes
- Recognize your voice from other voices

At birth, your baby is aware of many changes. Your baby sees, feels, smells, hears, and tastes things strongly. Here are some things you can do with your baby:

- Gently touch and hold your baby against your skin
- Make eye contact
- Talk softly while you look into your baby’s eyes
- Start breastfeeding

Your Baby’s First Exam

During the first 24 hours after birth, your baby’s health care provider will do a physical exam to:

- weigh and measure your baby,
- listen to your baby’s heart,
- check your baby’s body and reflexes,
- check for jaundice.

Before You Go Home From the Hospital

Immunizations

The American Academy of Pediatrics and the Centers for Disease Control and Prevention recommend that newborn babies get their first dose of the hepatitis B Vaccine before they leave the hospital. The hepatitis B vaccine is very safe. It is important to vaccinate your newborn baby because babies can’t fight hepatitis B infection like adults.

While you are in the hospital, your nurse will give you a hepatitis B Vaccine Information Statement, which explains the risks and benefits of this vaccine. If you have any questions or concerns about this vaccine, it is important to talk with your baby’s doctor or nurse. With your permission, the nurse will give your baby his or her first hepatitis B shot within 12 hours of birth.

Hepatitis B is a contagious liver disease which can pass from one person to another through blood, semen or other bodily fluids. It can lead to severe illness, liver cancer and death. You may not know if your baby is exposed to hepatitis B because many people who are infected do not look or feel sick.
The hepatitis B vaccine is most often given as 3 shots.

- Shot 1 – After birth
- Shot 2 – 1 to 2 months
- Shot 3 – 6 to 18 months

You will get a Maine Immunization Record. All the baby’s immunizations will be recorded on it. Bring this record to every health care visit. It is very important. Your child will need it in the future for childcare, school, and camp.

For more information about the hepatitis B vaccine and other vaccines, visit one of these websites:

- Children’s Hospital of Philadelphia Vaccine Education Center - www.chop.edu/service/vaccine-education-center
- Every Child by Two - www.VaccinateYourBaby.org
- Centers for Disease Control and Prevention - www.cdc.gov/vaccines

Newborn Screenings (also known as Metabolic Screening Test)

- Your baby will get a newborn screening blood test before you leave the hospital to check for several disorders that could cause problems with growth and development.
- Your baby will also receive a hearing screening test.
- You will be called if any problems are found.

Circumcision

- If you and your partner have a baby boy, you will need to decide whether or not to have him circumcised.

- A circumcision is when the health care provider will make a small incision and cuts back the foreskin of your baby’s penis. Circumcisions are usually done in the hospital before going home.

- If you need help making a decision, talk with your health care provider about the benefits and risks of the procedure. You may also use this online decision-making tool: www.mainhealth.org/circumcision
Well Child or Routine Check-ups
Find a health care provider for your baby before he or she is born. Each health care provider or clinic also has a schedule for the first-year visits. Most health care providers feel that babies should go to at least six well child check-ups the first year.

Check-ups let your health care provider:
• find any problems early,
• check on how your baby is growing,
• give shots to protect your baby from many harmful diseases,
• give advice on feeding,
• help you learn to care for your baby,
• test for anemia and lead poisoning,
• give your baby his or her “Raising Readers” book at every visit (see Resources section),
• give you a chance to ask questions.

Call your health care provider right away if your baby has:
• a fever of more than 100.4 F or higher, or a temperature that seems lower than normal for you’re baby,
• trouble breathing,
• fewer than 6 to 7 wet diapers a day,
• convulsions or twitching,
• blood in bowel movements or urine,
• diarrhea (bowel movements that look like water in the diaper),
• forceful or projectile vomiting,
• crying spells (more than usual) or seems weak and has no energy to cry,
• a hard time sucking or refusing to eat,
• redness, swelling, or warmth around the umbilical cord,
• yellow skin and/or eyes that could mean jaundice,
• bleeding from circumcision.

Adjusting to Your New Life with Baby
This is an exciting time in your life, but it may also be a time you are very tired or stressed. If you feel overwhelmed or frightened, talk to your health care provider.

Helpful Hints
• Limit the number of people who visit.
• Sleep when the baby sleeps.
• Ask for help with housework or cooking.
• Plan easy meals.
• Take your baby for a walk in a stroller or baby carrier, like a sling or wrap.
• Set aside some time each day for yourself and your partner.
There are lots of great places to find more information about the topics that were covered in this book. Listed below are local and national resources you may find helpful.

**Local Resources**

MaineHealth Learning Resource Centers  
[www.mainehealth.org/lrc](http://www.mainehealth.org/lrc)

The Learning Resource Centers offer a wide variety of programs and health information for pregnant and parenting men and women. Call toll-free 1-866-609-5183 for a listing of videos, books, and other materials that are available through our lending libraries at the following locations.

**LRC at Maine Medical Center**
East Tower  
22 Bramhall Street  
Portland

**LRC at MMC Falmouth**
5 Bucknam Road, Suite 1A  
Falmouth, Me

**LRC at MMC Family Medicine**
272 Congress Street  
Portland, ME

**LRC at MMC Scarborough Campus**
100 US Route 1, Unit 106  
Scarborough, ME

**LRC at Stephens Memorial Hospital**
181 Main Street  
Norway, ME

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**Childbirth Education & Parenting Preparation Programs**

**Family Birth Center at Maine Medical Center**  
[www.mmcfamilybirth.org](http://www.mmcfamilybirth.org)

22 Bramhall Street, Portland, ME 04101  
(207) 662-6132

Classes offered include: Infant Care, Breastfeeding, Expecting Multiples, Childbirth Education, Sibling Classes, Pediatric Basic Life Support, Prenatal Yoga, Grandparents Class, Pets & Playpens, and more. Postpartum support groups are also offered weekly. Call for more information or visit the Family Birth Center website.

**Stephens Memorial Hospital**  
[www.wmhcc.org](http://www.wmhcc.org)

181 Main Street, Norway, ME  04268  
(207) 743-5933

Classes offered include: Sibling Class, Two-Day Childbirth Education Class, and Five-Week Childbirth Education Course.

**Miles Memorial Hospital**  
[www.mileshealthcare.org](http://www.mileshealthcare.org)

35 Miles Street Damariscotta, ME  04543  
(207) 563-1234

Classes offered include: Waterbirth, Five-Week Childbirth Education Class, Sibling Class.
Southern Maine Medical Center
www.smmc.org
(207) 283-7350

Classes offered include: Infant Massage, Infant Safety and CPR, Postpartum and Baby Care, Car Seat Class, 4 Week Childbirth Preparation, 1 Day Childbirth Preparation, Great Beginnings, Prenatal Exercise, Siblings Class.

St. Mary’s Regional Medical Center
www.stmarysmaine.com
Campus Avenue
PO Box 291, Lewiston, Maine 04243-0291
(207) 777-8280

Classes offered include: Hypnobirthing, Breastfeeding, Boot Camp for Dads, Sibling Class, Parenting & Bonding with Baby, Prepared Childbirth 6 week series, Prepared Childbirth 2 Day Session, Infant Safety and CPR, Infant CPR.

MaineGeneral Medical Center
www.mainegeneral.org
(207) 877-BABY


Local Breastfeeding Resources

Maine Medical Center Lactation Services:
(207) 662-4555

Our IBCLC Lactation Consultants are available seven days a week, 365 days a year, to provide breastfeeding assistance and education for before, during, and after your hospital stay. Call for answers to your questions or to schedule an outpatient lactation consultation.

Maine Medical Center Breastfeeding Support Groups

- Every Tuesday from 1:00 pm - 3:00 pm at the Maine Health Learning Resource Center in Scarborough, 100 Campus Drive, Unit 106

This free support group is a great opportunity to meet other new breastfeeding mothers in your community, share experiences with other new moms, and receive postpartum and newborn care information and support. A Lactation Consultant is on-hand to answer your questions, provide guidance, and to perform infant weight checks.

- 1st and 3rd Mondays from 5:00 pm - 7:00 pm at Saco Bay Physical Therapy, 29 Foden Rd., South Portland

This free support group focuses on providing support and encouragement to mothers who have returned to work or school and the challenges of breastfeeding an older infant. Mothers of younger infants who cannot make it to the daytime support group are also welcome to attend. Come learn tips and tricks on maintaining supply, balancing work/school and breastfeeding, introducing solids and meeting your long-term breastfeeding goals.
Breast pump rental and purchase:
(207) 662-5185

The Boutique at Maine Medical Center sells and rents breast pumps and other nursing supplies. If you would like to rent a hospital-grade pump, you will need form indicating that you have been taught how to correctly use a pump by a lactation consultant. If you did not receive this in the hospital, call lactation services at 207-662-4555 to schedule an appointment.

La Leche League
www.lalecheleague.org
1-800-LALECHE (800-525-3243)

Offers information on breastfeeding, events, and a group locator to help one find a local chapter.

The Portland chapter group meets: 1st and 4th Wednesday of each month, 9:30-11:00am, Woodford Congregational Church Nursery 202 Woodford St., Portland, ME

Statewide Community Resources

211 Maine – United Ways of Maine & Ingraham, Inc.
www.211maine.org
50 Monument Square
PO Box 1868
Portland, ME 04104
Tel: (207) 774-HELP or 211 (statewide)

Offers an online searchable database of community resources containing information on 5,500+ social services throughout the state. Whether you need to find a support group, child care, counseling, emergency shelter, health insurance, or transportation, 211 will provide crucial addresses, phone numbers, and key contacts, as well as detailed information essential to finding the most appropriate services for your needs. Available 24 hours a day, seven days a week.

Buckle Up Maine!
www.buckleupmaine.org

This website provides child passenger safety education, including where you can get your car seat installed for free by a Certified Car Seat Technician.

Child Care Connections
www.childcaremaine.org
1-888-917-1100 or (207) 396-6566

Provides parents with child care referrals and information on evaluating quality child care.

Northern New England Poison Center
1-800-222-1222

The Northern New England Poison Center provides immediate treatment advice for poison emergencies for those who live in Maine, New Hampshire, and Vermont. They also provide information about poisons and poison prevention, 24 hours a day, seven days a week.
Parent Talkline/Mainely Parents  
1-800-249-5506  
Monday - Friday, 9 AM--4 PM  

Offers a talkline for parents, step-parents, and anyone who takes care of children. Whether it’s a teething baby or a runaway teen, trained staff offer an empathetic ear. They may offer suggestions, alternative solutions, make referrals, or tell the caller about local resources. The purpose of the Parent Talkline is to alleviate the pressures of feeling alone and isolated.

Maine Families  
www.mainefamilies.org  

Maine Families provides free visits by a parent partner to all first time parents regardless of age or income. Visits can start prenatally and continue for several weeks, months, or years. Parent Partners are experienced educators, trained in the latest positive parenting techniques. They can help you:

• Assess your child's growth and social, emotional and intellectual development  
• Learn more about age-appropriate skills and activities  
• Establish a loving relationship with your child  
• Make your home a baby-safe environment  
• Cope with common challenges, like teething, sleep and discipline  

If you are interested in a parent partner visit, ask your nurse or call 1-877-429-6884.

Maine Tobacco HelpLine  
1-800-207-1230  
Hours: Monday - Thursday, 10 AM - 8 PM, Friday, 10 AM - 5 PM & Saturday, 10 AM - 2 PM  

Provides free confidential individualized smoking cessation counseling and information to any Maine caller.

Northern New England Poison Center  
1-800-222-1222  

The Northern New England Poison Center provides immediate treatment advice for poison emergencies for those who live in Maine, New Hampshire, and Vermont. They also provide information about poisons and poison prevention, 24 hours a day, seven days a week.

Raising Readers  
www.raisingreaders.net  
1-800-397-3263  

Promotes reading to young children between the ages of birth and five, by giving them books as part of their well child visits. The website offers information about the books provided as well as activities you can do with them.

University of Maine Cooperative Extension  
http://www.umext.maine.edu/  
1-800-287-1471  

Offers free fact sheet newsletters on Child Development from Prenatal to age five, as well as other free information on parenting and nutrition.
WIC (Women Infants and Children)
1-800-437-9300

Provides benefits for pregnant, postpartum, and breastfeeding women and their children up to age five, who fall under certain income guidelines:

- Monthly food checks to allow women to buy foods that are important to their and their young children’s health, including peanut butter, eggs, milk, cheese, dried beans, tuna, and vegetables.
- Breastfeeding encouragement and support, and for those who can’t or choose not to breastfeed, WIC offers infant formula.
- Education on nutrition, food shopping, and meal preparation, and referrals to other health care and social service providers as needed.
- Regular monitoring of children’s growth and development.

Websites & National Hotlines

Family Birth Center at Maine Medical Center
www.mmcfamilybirth.org

This site presents helpful information throughout your pregnancy, including what to expect before, during, and after your stay at the Family Birth Center; a community section linking you to other resources and free services like Patient Pages; our online nursery; support for moms; and more. Learn about breastfeeding, breast pump rentals, childbirth education classes — for everyone from you to the family dog! Don’t forget about backing the hospital bag — what do you need to bring and what does the hospital provide? We’ll help you figure it out. Have you created your birth plan? Let us give you some ideas to consider in your birth experience — from soft music to therapeutic touch. You can also sign up for New Parent eNews, an electronic newsletter that gives tips on how to prepare for your new baby, healthy recipes during pregnancy, and parenting tips for after the little one comes home. Learn more about the talents of the medical staff that will help you during your stay — before, during, and after delivery.

Postpartum Support International
www.postpartum.net
1-888-944-4PPD

Massachusetts General Hospital (MGH) Center for Women’s Mental Health
www.womensmentalhealth.org

National Institute of Mental Health (NIMH) website about Postpartum Depression
www.mededppd.org

Online PPD Support Group
www.ppdsupportpage.com
**KidsHealth** (The Nemours Foundation & Barbara Bush Children’s Hospital at Maine Medical Center) [www.bbch.org](http://www.bbch.org)

Features information across a broad spectrum of topics, including parenting, general health, medical problems, developmental, behavioral, emotional, nutrition & fitness, and first aid & safety. In addition to age-appropriate articles, here are some of the unique features users will discover:

- Pregnancy & Newborns: a section featuring 100+ articles and a week-by-week pregnancy calendar for expecting and new parents
- Medical Research News for Parents: summaries of current research from pediatric journals not available to consumers, “translated” so they’re easy to understand by readers without medical training
- My Body: an interactive tour of the body for kids (including sound effects!)
- In the Spotlight: information on in-the-news and seasonal issues like school violence and flu outbreaks

**American Academy of Pediatrics**
[http://www.aap.org](http://www.aap.org)

Offers children’s health and safety information.

**American Pregnancy Association**
[www.americanpregnancy.org](http://www.americanpregnancy.org)

Maintains a website that provides immediate education for consumers relating to reproductive, pregnancy, and sexual health.

**Childhelp, USA**
1-800-4-A-CHILD

Offers information on how to report child abuse.

**March of Dimes**
[http://www.modimes.com](http://www.modimes.com)

Offers health, prenatal, and parenting information through the online health library. Information on birth defects, folic acid, fact sheets, and relevant statistics are available, as well as local chapter activities.

**Medline Plus**
[www.medlineplus.gov](http://www.medlineplus.gov)

Consumer-oriented health site from the National Library of Medicine which offers a wealth of information on pregnancy and medical issues parents face.

**National Healthy Mothers, Healthy Babies Coalition**
[www.hmhb.org/family.html](http://www.hmhb.org/family.html)

Provides health and safety information including a “You and Your Family” section, which offers information on pregnancy, parenting, and planning.

**The National Women’s Health Information Center & National Breastfeeding Helpline**
[www.4women.gov/pregnancy](http://www.4women.gov/pregnancy)
1-800-994-9662 or 888-220-5446 (TDD) Monday through Friday (9 AM—6 PM, Eastern Standard Time)

Offers free women’s health information on more than 800 topics; also offers a National Breastfeeding Helpline through their call center and website.
Planned Parenthood
www.plannedparenthood.org
Provides sexual health information. Parenting and Pregnancy section offers articles concentrating primarily on contraception, women’s health, infertility, and making positive reproductive decisions.

U.S. Consumer Product Safety Commission
www.cpsc.gov
1-800-638-2772
Provides information on baby product safety and recalls

U.S. Dept. of Transportation Auto Safety
1-800-424-9393
Provides automated recall information on baby safety seats.

Safe Kids Maine
1-800-649-1304
Safe Kids Maine offers free car seat checks throughout Maine, allowing parents to check the installation of their child safety seat.