

Healthy Pregnancy, Healthy Childbirth, Healthy Parenting

The Good Samaritan Health Center Prenatal Program



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Executive Summary

The Good Samaritan Health Center (GSHC) has been offering a high quality, comprehensive prenatal care program since shortly after opening its doors in 1999. Although the women who receive prenatal care at Good Samaritan are obstetrically low-risk, factors such as lack of insurance, low socioeconomic status, young age, and health illiteracy cause Good Samaritan's prenatal population to be at risk for inadequate prenatal care and poor birth outcomes. Cost prohibits the majority of women from receiving additional childbirth and pregnancy information outside of that received during their prenatal visits. In response to these challenges, GSHC redesigned the prenatal program in 2013. Healthy Pregnancy, Healthy Childbirth, Healthy Parenting is a blended group and individual visit model designed to provide affordable, comprehensive prenatal care to women of low socioeconomic status.

Healthy Pregnancy, Healthy Childbirth, Healthy Parenting incorporates group prenatal visits within the individual prenatal structure. Group prenatal care has emerged as an alternative prenatal care delivery model in which individual provider-patient prenatal visits are replaced by group visits. Centering Pregnancy (CP) has become the most widely used and evaluated group prenatal care model. In CP, individual prenatal care is replaced by ten, 90-minute group visits in which women receive care in a peer group setting with women of similar gestation (Rising, 1998).

Initial results on the use of group prenatal care have been largely positive. Studies have reported that group prenatal care results in:

- Increased maternal prenatal knowledge (Icovicks et al., 2007; Baldwin, 2006; Rising, 1998)
- Increased prenatal visit participation (Kennedy et al., 2012; Trudnak, 2011; Klima et al., 2009; Icovicks et al., 2007)
- Increased breastfeeding rates (Ruiz-Mirazo et al., 2012; Klima et al., 2009; Icovicks et al., 2007; Grady & Bloom, 2004).

- lower rates of preterm delivery (Ruiz-Mirazo et al., 2012; Tandon, 2012; Picklesimer et al., 2011; Icovicks, 2007).
- High patient satisfaction (Baldwin, 2006; Robertson et al., 2008; Wedin et al., 2010; Icovicks et al., 2007; Kennedy et al. 2011; Klima et al., 2009).

Despite its success, CP has several limitations. First women must be able to attend all prenatal checks in the group setting, committing to 90-minute blocks each time. There is also very limited time for individual provider-patient contact resulting in the exclusion of obstetrically high risk women and women with privacy concerns. In addition, CP places demands on the clinic offering the program. A nurse practitioner or nurse midwife and assisting nurse must be available for all group visits and the clinic must have a space that accommodates group discussions and physical assessment in a semi-private area. Implementation costs are also prohibitive to many clinics.

In response to the positive outcome data on group prenatal care and potential implementation challenges of Centering Pregnancy, an integrated individual and group visit program was created for GSHC patients. Healthy Pregnancy, Healthy Childbirth, Healthy Parenting is a blended prenatal care program which incorporates group and individual care. The program offers three group prenatal care visits interspersed with traditional individual visits. The first trimester group visit focuses on pregnancy including prenatal care, fetal development, nutrition, weight gain, exercise, rest and stress management and health behaviors. The second trimester visit focuses on childbirth including stages of labor, labor procedures, and positive coping strategies. The third trimester visit addresses health parenting including postpartum recovery, breastfeeding, bottle-feeding, health care for the baby, and newborn care. The goal of the program is to improve the knowledge, self-efficacy, and health behaviors of low-income pregnant women in order to improve their prenatal care experience and pregnancy outcomes. The initial pilot program results, as published in 2014, found the program to have a positive impact on maternal knowledge and self-efficacy as well as high patient satisfaction ratings (Lathrop & Pritham, 2015)

The following documents provides an overview of the program, sample Memorandums of Understanding, documents used for patient communication, and the HPHCHP curriculum. This information is provided for use of other clinics seeking to improve the prenatal care received by women in their community.

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Program Overview

Good Samaritan Health Center's prenatal program (Healthy Pregnancy, Healthy Childbirth, Healthy Parenting) is designed to allow women of low socioeconomic status to obtain high quality prenatal care. GSHC provides care to women who are uninsured as well as women with Medicaid. The program follows the standard American College of Obstetrics and Gynecology (ACOG) guidelines as well as incorporating group visits to maximize educational opportunities. The following packet is designed as a toolkit for clinics interested in replicating Healthy Pregnancy, Healthy Childbirth, Healthy Parenting in their practices.

The success of Healthy Pregnancy, Healthy Childbirth, Healthy Parenting is based on several key factors: collaborative relationships, affordable comprehensive cost, group visits, and patient support. The prenatal program is administered by full-time nurse practitioners at GSHC in partnership with a collaborating OB practice. Patients are seen at GSHC until 36 weeks gestation at which time they are transferred to the collaborating practice. The collaborating practice is also available for consult at any time during the pregnancy. Ultrasounds are done through a partnership with a perinatologist. Examples of these MoUs are available in this document.

Some patients entering the prenatal program are able to qualify for Medicaid. Those who are unable to qualify for Medicaid pay a set fee of \$550 which includes all office visits, a 20 week anatomy ultrasound, all needed labs, and the transfer visit to the collaborating OB. Patients pay \$275 at the first office visit and the other half by the second office visit. This insures that patients can receive all follow up needed without the concern of any additional costs.

Health Pregnancy, Healthy Childbirth, Healthy Parenting includes three group visits throughout the course of the pregnancy. During group visits, women attend a group component and participate in facilitated discussion and instruction. This is lead by the nurse practitioner (NP) and patients are encouraged to be active participants in the session. Immediately after the session, women meet with the NP for an individual consult and physical exam. The group visits are offered weekly on a rotating basis as indicated in the schedule below:

Week 1: First Trimester Spanish
Week 2: First Trimester English
Week 3: Second Trimester Spanish
Week 4: Second Trimester English
Week 5: Frist Trimester Spanish
Week 6: First Trimester English
Week 7: Third Trimester Spanish

Week 8: Third Trimester English

The first trimester class focuses on pregnancy including an overview of the program, fetal growth and development, nutrition, and common pregnancy-related discomforts. The second trimester class focuses on childbirth including an overview of labor, pain management, and common procedures. The third trimester class covers infant care with an emphasis on feeding as well as postpartum recovery.

Finally, the GSHC creates a supportive environment in which women receive care through out the pregnancy and postpartum period. All ultrasound appointments and transfer of care appointments are made by the GSHC staff. Patients also receive Baby Basics, a prenatal guide book produced by March of Dimes, at the start of their pregnancy. Women also receive a gift of baby supplies at the end of their prenatal care. Postpartum care through 6 weeks postpartum is also included in the program.

GSHC is pleased to share this overview as well as the details of the prenatal program as well as the complete Healthy Pregnancy, Healthy Childbirth, Healthy Parenting curriculum. It is our desire that this program and curriculum be used and modified by other clinics to serve women in their communities.

This packet includes:

- Sample MOU with collaborating OB/GYN
- Sample MOU with Perinatology
- Letter to Expectant Moms
- Payment Schedule
- Program Curriculum

We hope the information is helpful to your practice as you initiate or revamp your prenatal care program

Memorandum of Understanding

Between

Good Samaritan Health Center
1015 Donald Lee Hollowell Pkwy NW
Atlanta, GA 30316
404-523-6571

And

Collaborating OB

We, Good Samaritan Health Center and Collaborating OB, have come together to collaborate and make an agreement for MoU. The partners entering the MoU have agreed to the following articles:

Article I) The purpose of this MoU is to continue the collaboration between Good Samaritan Health Center (GSHC) and Collaborating OB (OB) to provide prenatal care and delivery services to low income women in metro Atlanta and the surrounding communities. This MoU outlines new procedures in billing and reimbursement in order to promote quality care for prenatal patients and provide appropriate reimbursement for OB.

Article II) The GSHC and OB currently collaborate to provide prenatal care and delivery services for low income women. The responsibilities of GSHC providers and staff are as follows: The nurse practitioners of GSCH will provide prenatal care to uncomplicated, low risk pregnant women during the first 35 weeks of pregnancy according to the protocol signed by all parties. GSHC will order necessary lab work and ultrasounds and schedule patients for visits at OB as appropriate. GSHC providers will also contact OB with any concerns which are outside of the nurse practitioner's scope of practice. GSHC will forward all patient records to OB at the time of transfer of care.

Article III) The responsibilities of OB are as follows: The obstetricians of OB will provide medical oversight for the GSHC providers and accept patients at the time of transfer. Patients will be transferred to OB at 36 weeks unless obstetric concerns arise earlier in the pregnancy and more advanced care is required. Patients will also be seen at OB for an initial visit upon enrolling in the GSHC prenatal program, ideally during the first trimester. A first trimester ultrasound will be completed at the discretion of the OB obstetrician. The obstetricians of OB will oversee the delivery process.

Article IV) Compensation for OB includes the following:

- A. The GSHC will schedule all prenatal patients for an initial visit to OB as soon as the patient initiates care, ideally within the first trimester. When the patient arrives at this visit, OB will invoice GSCH for \$150 which covers the following
 - a. Initial new patient visit at OB (\$50)
 - b. Medical oversight by OB obstetricians (\$50)
 - c. Transfer of care visit (\$50)
 - i. This is routinely at 36 weeks but may occur sooner in the event of pregnancy complications.
- B. OB will bill GSHC patients directly for any additional office visits at \$50 per visit.
- C. GSHC providers and staff will verify correct contact information for patients immediately before transfer of care. They will also instruct patients to bring an ID and updated contact information to the hospital at the time of delivery to facilitate application for Emergency Medicaid.

Article V) The procedures outline in this MoU will be trialed for a 3 month time period. After this time both parties will reevaluate and the MoU will be adjusted if needed.

Article VI) Effective DATE

Memorandum of Understanding

Between

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1015 Donald Lee Hollowell Pkwy NW
Atlanta, GA 30316
404-523-6571

And

Perinatology

We, Good Samaritan Health Center and Perinatology, have come together to collaborate and make an agreement for MoU. The partners entering the MoU have agreed to the following articles:

Article I) The purpose of this MoU is to continue the collaboration between Good Samaritan Health Center (GSHC) and Perinatology to provide prenatal care service, including ultrasonography, to low income women in metro Atlanta and the surrounding communities. This MoU outlines new procedures in billing and reimbursement in order to promote quality care for prenatal patients and access to ultrasonography.

Article II) The GSHC currently refers prenatal care patients to Perinatology for ultrasonography under the medical oversight of the obstetricians of OB. Prenatal care patients receive a 20 week anatomy ultrasound at Perinatology and additional ultrasounds as needed throughout the pregnancy.

Article III) All GSHC prenatal patients will be scheduled for an anatomy ultrasound with consultation between 18-22 weeks gestation. Perinatology will invoice GSHC for \$90, the cost of the ultrasound and consultation, at the time of this visit.

Article IV) Perinatology will bill the patient directly for any ultrasounds or other services received apart from the anatomy ultrasounds.

Article VI) Effective DATE

Prenatal Care Program Welcome Letter

Dear Expectant Mother,

Congratulations and welcome to the Good Samaritan Health Center Prenatal Care program! Our goal is to help you keep yourself and your baby healthy during and after your pregnancy. Prenatal care is important! Having care during your pregnancy can decrease your risk for complications, such as having your baby too early. Prenatal care is also a great time to learn about pregnancy and your baby. This is the time to talk about what to eat, how to prepare for labor, and how to take care of your newborn. We are looking forward to helping you in any way we can. This letter will give you information about the Good Samaritan Health Center Prenatal Care program.

What is Prenatal Care?

Prenatal care is all the visits, blood tests, ultrasounds, and information you receive before you have your baby. During your prenatal care we check three things:

1. How are you doing? At each visit we will see how you are feeling and help you with any problems you might have during the pregnancy. We will also check your blood pressure and blood sugar and make sure you are growing and gaining enough weight.
2. How is the baby? Once your baby is big enough, we will check the baby's heart rate at every visit. We will also send you for an ultrasound to see how the baby is growing and check all of your baby's organs.
3. Are you ready? Every time you come to the clinic, we will talk about what is coming next. We'll talk about what to eat and how the baby is growing, how to know when you are in labor and what to do, how to take care of a newborn, and when to have a visit after the baby. We are always happy to answer any questions you have.

How often do I come to the clinic?

Most women will have 8 to 11 prenatal care visits. At the beginning of your pregnancy, you will probably have a visit to the clinic every 3-4 weeks. By the end of the pregnancy, you will have a visit every week. Most of these visits will be visits with just you and the nurse practitioner at Good Samaritan. Three visits will be with a small group of other pregnant women. These visits will be longer and we will talk about pregnancy, labor, and caring for a newborn.

How much does the program cost?

Good Samaritan Health Center believes that good prenatal care is important so we offer our program for a discounted price. If you have Medicaid, your insurance will cover the cost of everything. The cost of the visits, blood work, and ultrasound is

over \$900 but you will pay \$550 for everything. Everyone must pay \$275 at their first appointment and \$275 one month later.

What is included: The \$550 you pay covers the following:

- All of your regular visits with the nurse practitioners at Good Samaritan
- All of your blood work including blood type, HIV, hepatitis, sexually transmitted infections, blood levels (anemia) and diabetes.
- Screening for Down Syndrome, Trisomy 18, and Spina Bifida (optional)
- Three classes (group visits) at Good Samaritan on healthy pregnancy, healthy childbirth, and healthy parenting
- A visit to Atlanta Medical Center at the beginning of your pregnancy with an early ultrasound if needed
- An ultrasound around 20 weeks of pregnancy at See Baby
- Your first visit at Atlanta Medical Center at the end of your pregnancy
- Any extra visits you need at Good Samaritan related to your pregnancy
- Your first visit to Good Samaritan after your baby is born

What is NOT included: You will pay separately for the following”

- Extra ultrasounds including 3D ultrasounds for fun and extra ultrasounds needed due to complications
- Extra visits to OB if you have complications or need additional visits at the end of the pregnancy. The cost of each visit is \$50.
- Labor and Delivery at Atlanta Medical Center

Where do I have the baby?

Your baby will be born at Atlanta Medical Center. When you are 36-37 weeks pregnant you will have an appointment with Dr. Overstreet who is at Atlanta Medical Center. This way, you will meet him before the delivery. At Atlanta Medical Center one of the doctors or midwives on Dr. Overstreet’s team will deliver the baby. You also have the opportunity to take a tour of Atlanta Medical Center while you are pregnant. Atlanta Medical Center is the only hospital with which Good Samaritan prenatal care patients deliver.

How much does it cost to have the baby?

If you can qualify for Medicaid (must be a citizen or legal resident for more than 5 years), you can apply as soon as you know you are pregnant. We will give you a paper stating that you are pregnant and you can take that to your local Medicaid

office to apply. If you cannot qualify for Medicaid, you can apply for Emergency Medicaid which covers only the cost of the delivery. You will start that paperwork while you are in the office with us and finish it at the hospital.

What happens after I have the baby?

If there are no problems, you will come to Good Samaritan 2 weeks after having the baby for a check-up. Please bring your baby to that appointment. You will come again 6 weeks after having the baby. You can always come sooner if you have any concerns.

Again, we are so glad that you have decided to have prenatal care at Good Samaritan. We are looking forward to helping you stay healthy and deliver a beautiful new baby!

Good Samaritan Prenatal Care Program
Payment Schedule

The cost of the Good Samaritan Prenatal Care Program is \$550. The first half (\$275) is due at the time of your first visit. The second half (\$275) is due one month later at your next visit. Good Samaritan partners with Progressive Women’s Healthcare to provide prenatal care services. Delivery will take place at Atlanta Medical Center.

The \$550 paid to Good Samaritan covers:

- All prenatal care appointments at Good Samaritan Health Center, including walk-in or extra prenatal visits due to problems or concerns
- Prenatal Classes (group visits) at Good Samaritan Health Center
- All lab work completed at Good Samaritan Health Center
- First trimester or initial visit at Progressive Women’s Healthcare
- 20 week ultrasound at SeeBaby
- First visit upon transfer of care (usually at 36 weeks) to Progressive Women’s Healthcare

Additional costs that are not included in the program fee:

- Additional visits to Progressive Women’s Healthcare. All women must begin visits at Progressive Women’s Healthcare at 36 weeks. The majority of women will have at least two additional visits after their first visit at 36 weeks before they deliver. You will pay \$50 for each of those visits. Some women will need to go to Progressive Women’s Healthcare before 36 weeks if there are any concerns about the pregnancy. You will pay \$50 for each visit.
- Additional ultrasounds. Occasionally women will require an additional ultrasound. Depending on the type of ultrasound required you may pay \$90-\$180
- The cost of delivery is separate from the prenatal care program. You will discuss the cost and payment options with a financial counselor at Atlanta Medical Center. Many women are able to qualify for Emergency Medicaid which covers the cost of the delivery. Please bring a form of identification with you to the hospital in order to complete the application.

I have read and understand the information above on the cost of the Good Samaritan Prenatal Care Program:

(Signature)

(Date)

Healthy Pregnancy, Healthy Childbirth, Healthy Parenting

The Good Samaritan Prenatal Care Group Visit Curriculum

Breanna Lathrop, DNP, MPH, FNP-BC

Group Visit 1: Healthy Pregnancy

Overview of Topics Covered

- Program overview
- Fetal development
- Nutrition
- Exercise
- Pregnancy safety (drug use, alcohol use, smoking, health practices, travel)
- Personal care (rest, stress management, pelvic health)
- Common pregnancy symptoms and treatment

Supplies Needed

- Whiteboard or easel and paper
- Writing utensil
- Baby Basics (copy for each participant)
- Journal and pens for everyone to take notes

Introduction

- Welcome to program
- Introduction of NP facilitator, MA assisting, and any students or other personnel present
- Participation introduction: Name, weeks gestation, previous pregnancies, topic most interested in learning more about

Program Overview

- Program specific overview
 - Review general prenatal program
 - Review any needed rules or announcements
 - Discuss delivery location
 - Discuss any relevant fees
- Prenatal visits

- Purpose to take care of you and your baby!
- Why is it important?
 - Prevention of baby being early and baby being born too small
 - Helps keep you healthy and find any problems early so we can fix them quickly
- What happens at prenatal visits?
 - Measuring uterus to make sure it is growing
 - Listening to the baby's heart
 - Blood tests for sexually transmitted infections, blood type, diabetes, and anemia (low blood).
 - Time for you to ask questions and talk about any concerns
- What about ultrasounds?
 - Ultrasound at See Baby around 20 weeks
 - They will check the baby's organs and tell you whether the baby is a boy or a girl if you would like to know
- Group visits
 - One each trimester
 - One on pregnancy, one on labor and delivery, and one of infant care and feeding
- Any questions

Fetal Development

Before we talk about staying healthy during your pregnancy, let's talk a little bit about what your baby is doing inside of you.

- 1st month
 - Baby is the size of a poppy seed by 4 weeks
 - The fertilized egg has made a home in your uterus
 - The baby's heart and blood vessels are already working!
- 2nd month

- Baby is the size of a kidney bean by 8 weeks
- The baby has a big head and a little body
- Your baby has fingers, toes and ears!
- 3rd month
 - Baby is the size of a lime by 12 weeks
 - All of the major organs are inside your baby!
- 4th month
 - Baby is the size of an avocado by 16 weeks
 - Now your baby starts to grow and move!
 - You may feel movement as early as 16 weeks but first time mom's may not feel anything until next month
- 5th month
 - Baby is as long as a banana by 20 weeks
 - Now you can find out the baby's gender!
- 6th month
 - Baby is as long as an ear of corn by 24 weeks
 - Your baby's skin is getting thicker and he is growing some hair!
- 7th month
 - Baby is the size of a head of cauliflower by 28 weeks
 - Now your baby is really growing and gaining weight
- 8th month
 - Baby weighs as much as a pineapple by 32 weeks
 - In this month your baby starts fattening up and her eyes open!
- 9th month
 - Baby weighs as much as a honeydew melon by 36 weeks

- Almost ready but keep that baby inside. During this last month the baby gains weight and his lungs get ready for breathing
- At 40 weeks baby is ready to be born!
 - Baby is the size of a small pumpkin by 40 weeks

Nutrition

- Opening questions
 - What types of food are good to eat when you are pregnant? What have you heard or read about before? (Make list where everyone can read)
 - What foods should you not eat when you are pregnant? What have you heard? (make list where everyone can read)
- Foods to eat when you are pregnant
 - Water
 - The amount of blood in your body will double during the pregnancy so you need extra water to make blood. You also need water to make the amniotic fluid which keeps your baby safe inside your uterus and make milk for the baby.
 - Ways to get enough water
 - Carry a water bottle with you at all times
 - Cut back on soda, juice, and coffee so you are thirsty for water
 - If you have trouble with vomiting or nausea
 - Take small frequent sips of water rather than gulping a glass
 - Drink before and after meals but not during
 - Drink room temperature water (no ice)
 - Protein
 - Your body has to make lots of new cells to make your baby. Protein helps build cells for your baby.
 - Ways to get protein

- Dairy: Milk, cheese, eggs, yogurt
- Meat: chicken, red meat (beef), fish
- Nuts: almonds, peanut butter, mixed nuts
- Beans: lentils, black beans
- Also soy and grains like quinoa
- Fruits and Vegetables
 - Fruits and vegetables provide important vitamins and nutrients to keep you and your baby healthy
 - Ways to get fruits and vegetables
 - Add a vegetable to each meal
 - Use them as a snack between meals
 - Add a side of vegetables or a salad to your meal to help keep you filled up during the day
 - Important! Always wash and scrub fruits and vegetables under hot water before eating to make sure there is no bacteria on them that could hurt your baby
 - Remember, corn and potatoes are actually carbohydrates
- Carbohydrates
 - Carbohydrates are also important in making cells for the new baby. They are also important in giving you energy
 - Some carbs are better than others. White (or empty) carbs can increase your risk for diabetes during pregnancy and make you feel tired
 - Examples of good carbohydrates: whole grain or whole wheat bread, brown rice, quinoa, whole wheat pasta, wheat crackers, whole grain cereals, oatmeal
- Foods to avoid

- Sweets- having sweets sometimes is OK but eating too many can make you tired and increase the chances of having diabetes during pregnancy
 - High fat foods- some fat is ok but frequently eating fatty and fried foods can cause stomach upset and fill you up so you don't have room for the nutrients you and your baby need
 - Raw meat and seafood- This can contain bacteria which can hurt the baby
 - Soft cheeses and processed meats like lunch meat and hot dogs- They can contain a harmful bacteria. You can eat them if you cook them first
 - Fish high in mercury- Marlin, shark, swordfish, tuna
 - Non-food items- This sounds crazy but some women have cravings for things like dirt, ice, and paint chips when they are pregnant. Don't eat them! They can hurt you and your baby. Talk to your medical provider about why you might be having those
- Weight gain during pregnancy
 - Most women should gain 25-35 lbs during pregnancy
 - If you are underweight now you might need to gain more
 - If you are overweight now you might need to gain less but never less than 15lbs
 - FAQ's
 - If my baby will weigh less than 10lbs, why so much weight?
 - Weight gain is not only the weight of the baby but also the weight from the growing uterus, the placenta, your breasts getting ready to make milk, extra blood in your body, and some extra fat to help protect and feed the baby
 - What if I don't gain enough weight?

- Not gaining weight can increase your risk of having your baby too early or having a baby that is too small or has health problems. If you are not gaining weight talk to your provider about things you can do
- What if I am on a diet?
 - Pregnancy is not a good time to diet but it is OK to choose healthy foods and even exercise
 - If you need to lose weight focus on gaining no more than 35 lbs and then worry about losing the weight after the baby is born
- What if I gain too much weight?
 - Some women gain more than others and that is OK as long as you are eating healthy
 - If you are eating too much and eating a lot of junk food it may make you feel more sick and tired and could cause diabetes.
- How much more do you need to eat?
 - Your body needs about 300 extra calories a day to make a baby (a little more at the end of pregnancy)
 - Examples of 300 calories: 2 glasses of skim milk, a bowl of oatmeal
 - Remember you don't need to count calories. Focus on eating foods that are good for you and your baby.

Exercise

- Discussion Question
 - What types of exercises do you think are best during pregnancy?
- Why exercise when you are pregnant?
 - Exercise can help you reduce your stress
 - Exercise can help you sleep better at night

- Exercise can keep you in shape for labor and (someday) running after a little one
- Exercise can help prevent diabetes during pregnancy
- Exercise rules:
 - Start with the things you already enjoy doing: If you run, keep running, if you dance, keep dancing
 - Pregnancy is not a good time to start intense exercise if you have not already been exercising
 - Always rest when you get tired, do not push yourself
 - Listen to your body. When you feel good exercise. When you feel exhausted go to bed an hour early instead
 - Drink plenty of water
 - Avoid getting overheated
- Good types of exercises
 - Walking
 - Yoga
 - Exercise bike or elliptical
 - Swimming
- Things to avoid
 - Any sport where your front could get hit or bumped
 - No lifting weights above your head, stomach or pelvis
 - No lying flat on your back

Staying Healthy for your Baby

- Discussion Questions
 - What are some other things you can do to stay healthy for your baby?
 - What are some things you've heard can hurt the baby?

- Are there things you've heard that you are not sure whether or not they are true?
- Staying healthy
 - Rest- It is important to get enough sleep. Remember you are growing a baby so your body is working extra hard. Getting enough rest also helps you keep from getting infections
 - Take naps when you feel tired
 - Ask friends and family to help you get your work done
 - When you have a short break (even 10 minutes) sit with your feet up and close your eyes
 - Go to bed early
 - Focus on getting only those things that have to get done completed... the rest can wait!
 - Lowering your stress- This is hard to do but too much stress can hurt you and your baby and even make the baby come too early
 - If you are feeling depressed or very stressed, talk to you provider
 - Good Samaritan has counseling if you would like to have someone to talk to. We understand, becoming a parent is stressful!
 - Make sure you have time to yourself every day even if it is just for a little while: read, talk a walk, call a friend, have a snack
 - What about cleaning and bathing?
 - It's OK to take a bath and can help you relax. Just make sure the water is warm rather than very hot
 - No douching, clean in your vagina with water only
 - Check your face and body washes. Sometimes they can contain anti-acne products that aren't safe during pregnancy
 - What about sex?

- It's OK to have sex as long as you are comfortable
 - You may need to try new positions as you get larger
 - Always urinate after sex to prevent urinary tract infections
- Smoking
 - Smoking can cause many problems
 - During pregnancy: low birth weight, preterm birth, problems with the placenta, miscarriage, more likely to have a birth defect like cleft palate
 - After pregnancy: Increases your baby's risk of SIDS and developing asthma
 - Quitting is hard so if you need help talk to your provider if you need help
- Alcohol
 - Drinking alcohol during pregnancy can cause many problems
 - Some women drink some alcohol during their pregnancy and don't have any problems however there is no safe amount of alcohol during pregnancy so it is best to avoid it completely.
- Medications
 - Check with your provider before taking any medications, even ones you can buy without a prescription
 - Also check with your provider before taking new supplements or
- Caffeine
 - If you don't drink caffeine don't start now even though you feel tired
 - If you drink caffeine try to start slowly cutting back
 - Too much caffeine can increase your risk of early labor and cause you to not get enough water
- Other helpful tips
 - Get a flu shot!

- Avoid traveling long distances but if you need to, stop every 1-2 hours to walk and stretch and drink lots of water.
 - It is best not to travel in an airplane after 28 weeks
- Keep your teeth in good shape: brush and floss twice a day, use mouth wash, and visit your dentist
 - The bacteria found in your mouth can cause early labor so it is important to keep your mouth clean

Common Pregnancy Symptoms

- Nausea and vomiting
 - Discussion question: Has anyone had trouble with this? What has helped you?
 - Strategies with diet
 - Bland diet- rice, bananas, avoid high fat and spicy foods
 - Small frequent meals
 - Separate liquids from meals
 - Carry crackers to eat when you feel nauseous
 - Avoid foods with temperature extremes: very hot or very cold
 - Eat a cracker when you wake up before you get out of bed
 - Don't let yourself get too hungry, even if you don't feel like eating, try to eat something small
 - Natural treatments
 - Ginger- Drink Ginger ale or eat ginger chews
 - Seabands- small wrist bands that apply pressure to specific points on your wrist to decrease nausea
 - Suck on hard candies- "Preggie Pops"
 - Get extra sleep
 - If you are still having so much nausea that you can't eat or you are vomiting multiple times a day, talk to your health care provider

- Constipation
 - Discussion question: Has anyone had trouble with this? What has helped you?
 - Constipation is very common during pregnant because pregnancy hormones slow down your digestive process and your growing uterus puts pressure on your intestines making it harder for them to work
 - What to do
 - Drink lots of water!
 - Eat fiber- whole grains, fruits, veggies, high fiber cereal
 - Exercise/walk daily
 - If your constipation is very severe, you can use Colace
- Reflux
 - Discussion question: Has anyone had trouble with this? What has helped you?
 - Reflux is the sensation that food and stomach acid is moving out of your stomach and up into your chest and throat
 - Reflux during pregnancy is caused by the hormone, progesterone, and pressure from your uterus on your stomach
 - Treatment
 - Try chewing papaya: It's all natural and can be purchased in small chewable pills and natural food stores
 - Avoid spicy foods and high fat foods
 - Wait 1-2 hours after eating to lie down
 - Sleep on an extra pillow
 - If you're still having a lot of pain talk to your provider about safe medications
- Back Pain

- Discussion question: Has anyone had trouble with this? What has helped you?
- Back pain occurs because of the extra weight your body has to carry as the baby grows
- Treatment
 - Stretch every day
 - Change positions frequently- try not to sit or stand in one position for a long time
 - Ask your partner or a friend to give you a gentle massage
 - Make sure you have good shoes- no high heels!
 - Take a warm (not hot) bath
 - Change up your sleeping position- try lying on your side with a pillow between your legs
 - If you have a particularly rough day, it's safe to take Tylenol
- Important: A student onset of severe back pain or cramping in your back can be a sign of labor. Contact your health care provider if you are unsure
- Trouble sleeping
 - Discussion question: Has anyone had trouble with this? What has helped you?
 - Between your growing belly, indigestion, reflux and changes in body temperature it's no wonder you're having trouble sleeping!
 - Change your sleep position
 - Early in pregnancy you can sleep any way you like, including on your stomach
 - As your belly gets bigger you will probably find it best to sleep on your side. Avoid sleeping on your back because the weight of your belly can cause problems with blood flow
 - Try putting pillows along your back

- Try pillows between your legs
 - Temperature
 - Wear comfortable light weight clothing to bed
 - Layer with blankets that you can take off or put on throughout the night.
 - Other ideas
 - Have a relaxing bedtime routine
 - Try to have your last big meal at least 2 hours before bed
 - Read out loud to your baby or sing a lullaby every night
 - Avoid caffeine
 - Try not to exercise or take a nap too close to bedtime
- Stuffy nose
 - Discussion question: Has anyone had trouble with this? What has helped you?
 - All that increased blood in your nose can make it feel like you have a stuffy nose all the time
 - This goes away when the pregnancy is over and doesn't mean you are sick
 - Treatment
 - Use saline nose drops
 - Run a cold water humidifier at night
 - Avoid over the counter nasal sprays
- Headaches
 - Discussion question: Has anyone had trouble with this? What has helped you?
 - Headaches are common during pregnancy and can be caused by many different things

- If you are getting headaches try the following:
 - Make sure you are getting enough sleep. Take a nap each day if you are unable to get enough sleep at night
 - Eat frequently. Always carry snacks
 - Drink plenty of water! 8-10 glasses a day
- If you have a sudden severe headache or a headache with vision changes contact your health care provider immediately

Group Visit 2: Healthy Childbirth

Topics Covered

- Stages of labor
- Signs of labor
- Common medications used during delivery
- Procedures sometimes needed during delivery
- What to do when you're in labor

Supplies Needed

- Whiteboard or easel
- Writing utensil
- Extra journals and pens for note-taking
- Diagram of female anatomy

Introduction

- Everyone share name, weeks gestation, and their favorite thing about being pregnant
- Begin with review
 - Does anyone have any questions about the material from our last class?
 - Have you made any changes based on what you learned last time?
 - Anything you would like to review?
- Today we are going to talk about labor
 - When you think about labor, what worries you the most?
 - What would you like to learn about today?

Getting ready for labor

- No one knows exactly when labor will start. Pregnancy generally lasts 40 weeks. Some babies are ready as early as 37 weeks, some don't come until 42 weeks. Even though you may feel ready to be done being pregnant, the goal is to keep your baby inside for 40 weeks

- Signs that labor is coming (you may or may not have these)
 - False labor (Braxton-Hicks contractions): You feel your abdomen get tight and then relax. You may have a few and then none for several hours. They may come and go for weeks, sometimes even months before real labor
 - Loss of mucus plug: The mucus plug is a clump of mucus inside your uterus that helps protect the baby. It keeps the good stuff in (like amniotic fluid) and the bad stuff out (like bacteria and infections). When it comes out you will see mucus that is clear or pink in color. This can come out several weeks before labor or right before labor begins.
 - Sudden burst of energy: Some women all of a sudden feel like cleaning the whole house! You may be excited to suddenly have so much energy but try to relax and save it for the delivery.
 - You may feel the baby drop lower into your pelvis
 - Prelabor: lower-back pain, cramping, thicker vaginal discharge, diarrhea
- Things to do at the end of your pregnancy:
 - Discussion question: What are some things you can do to get ready for having your baby?
 - Pack a bag for the hospital
 - Comfortable clothes and PJs for you. Bring your maternity clothes because your uterus will still be stretched out after the baby so your old clothes won't fit yet
 - Healthy snacks
 - Clothes for your baby
 - A hat and warm blanket for the baby for when you bring him/her home
 - Tooth brush and toothpaste
 - Shampoo and hairbrush
 - Camera

- Something to read
- Things to help with labor (we'll review those next)
- Install the car seat in the car
 - Make sure the care seat is in the car and you know how to use it
 - If you drive to any fire station they will check it for free to make sure everything is installed correctly
- Get your house ready
 - Don't worry... your nursery doesn't have to be perfect. Newborns need only a few things
 - Wash the baby's clothes so they are ready
 - Make sure you know where they baby will sleep and have the area clean and ready
 - Have the number of your pediatrician ready and they number of your provider so you can contact them easily when you have questions

Stages of labor

- What happens during labor?
 - Your cervix, the opening of your uterus, will efface. This means that it gets thinner and thinner. Your provider may say you are 50% effaced or 90% effaced etc. By 90-100% the cervix is thinned out all the way and ready
 - Your cervix will dilate. This means that the cervix opens up so the baby's head can come through. The cervix starts and 0cm and dilates to 10cm
 - The baby's head will engage. This means the baby's head will drop low into the pelvis all ready to come out
- Phase 1: Early labor
 - During this time the cervix thins and dilates up to 4cm
 - This is the longest part, lasting anywhere from 2-12 hours

- What you feel
 - Contractions may be hard or very mild. They last 20-45 seconds and may be regular or not regular at all
 - You might have backache, cramps, stomach upset and diarrhea
 - You might have a bloody mucus come from you vagina (this is called bloody show)
- What to do
 - Stay calm and relaxed
 - Find a distraction: watch a movie, take a walk, make your favorite food and enjoy
 - Make sure everything is ready to take to the hospital
 - If you live far away, head toward the hospital. If possible, find a friend who lives closer to the hospital and stay with her for a few hours
 - Time your contractions. This way you will know when they are getting closer together so you can get to the hospital
- Phase 2: Active labor
 - Cervix dilates to 7cm
 - What you feel
 - Contractions are stronger and getting closer together
 - The contractions last 40-60 seconds and are only a few minutes apart
 - They are strong enough that you can't ignore them and would have trouble talking during them
 - If you haven't already, you will start to have pain. It may be in your back and legs as well
 - Your water may break- a sudden gush of clear, warm fluid
 - What you should do?

- Get to the hospital if you are not already there
 - Ask about pain medications if you would like them
 - Remember you don't have to stay in bed! Sometimes it's best to walk around, sit on a birthing ball, get on your hands and knees, even get in the shower and have hot water on your back
 - The most important thing is to relax between each contraction
- Transitional labor
 - The cervix dilates from 7 to 10cm (here comes your baby!)
 - This part of labor can be as short as 15 min and as long as
 - The contractions are very hard
 - They last 60-90 seconds and come every 2 minutes. You might not even feel like you get a break between them!
 - What you will feel
 - Anxious and restless. You may even feel like you're losing control.
 - Strong pressure in your lower back
 - Pressure in your rectum and the feeling that you need to push
 - Nausea and vomiting
 - Cramping or shaking of your legs
 - Hot and cold flashes
 - Bloody show
 - What to do
 - Stay calm. You are almost there! Remind yourself that you are strong and that your body was made for this. And at the end, you will have your baby!
 - Use your breathing and coping techniques (we'll talk about those next)

- Listen to your doctor or midwife. Push when they tell you to push
- Remember you can try different positions, just ask. Some women prefer standing, others get on their hands and knees. Some even squat over the toilet. Do what feels best for you.
- Tell people what you need. If you want a hand to squeeze grab one. If you don't want to be touched tell them.
- Focus all your energy to the muscles in your abdomen when you push. Try to keep face and neck relaxed

What to do when labor starts

- A general rule of thumb is to get to the hospital once your contractions are 5 minutes apart
- A few special situations:
 - For some women, your water may break before contractions start. Contact your OB or go to the labor and delivery department. They will determine if your water is broken and give you instructions.
 - If you have bright red bleeding at any time call 911 to get to the hospital immediately
- Where to go
 - When you are in labor and ready to head to the hospital, have your partner drive you to Atlanta Medical Center
 - Your partner can drop you at the ER entrance
 - Once you go in you will see an information desk. Tell them you are in labor and they will direct you upstairs to labor and delivery.
 - Once you enter labor and delivery, a nurse will check and get some information from you.
 - The nurse will contact the doctor or midwife on call to check you as well.

What about pain

- Discussion Question: What are some things you have done or hear about doing to help with pain during labor?
- Labor is painful but you can do it. Some women do not use any medication. Others have medication to help with the pain. Either option is fine. You need to choose what is best for you and your baby.
- Before you get medicine or if you choose to go without, try some natural strategies:
 - Use deep breathing
 - For early, less severe contractions, take deep relaxing breaths
 - When the contractions get more intense, use more rhythmic breathing such as “he, he, ha”
 - Use vocalization
 - This is particularly helpful when the contractions get very strong and it is hard to keep breathing
 - Make a low pitched groan or yell with each contraction. Keep your voice low and controlled. This is not screaming
 - Change positions
 - Laying on your back with your legs up is rarely the most comfortable position in which to give birth.
 - Walk as long as you comfortably can
 - Try laying on your side or getting on your hands and knees
 - Try squatting or even sitting over the toilet
 - Positive talk
 - Think encouraging thoughts. Tell yourself that you can do it and that you’re so strong
 - Ask your partner to help you stay focused and calm
 - Between contractions visualize something you love or a place that makes you feel calm

- Think about your baby and how soon you will be holding him/her
 - Some easy to make tools
 - Fill a sock with rice and seal then end. Microwave for 2 minutes. Makes a great heat pack that your partner can hold on your back during contractions
 - Take a sock and fill it with three tennis balls. Your partner can roll these on your lower back during difficult contractions
 - You can also use a rolling pin along your lower back
- Medications
 - Epidural
 - Most common type of pain medication
 - The doctor will insert a needle inside a small plastic tube into your back. The needle is removed and the tube stays in delivering medication
 - The pain is blocked but you are still awake, can still push and move.
 - Demerol
 - This is a shot given for pain
 - It can make you sleepy and nauseous

Common procedures/interventions

- Induction- Sometimes women's bodies need help having strong enough contractions or cervical dilation. If this is the case, you may be given Pitocin to help increase labor
- Fetal monitoring- This is done to check on how the baby is doing by monitoring the baby's heart rate
 - External monitoring- 2 sensors are strapped around your belly to measure contractions and the baby's heart rate

- Internal monitoring- The doctor or midwife will insert a small monitor into you and put it on the baby's scalp. It does not cause any pain or permanent marks
- Catheter- If you are having trouble emptying your bladder, they may insert a small tube into your bladder to drain it.
- Forceps or vacuum- If the baby's head is getting stuck they may use forceps or a vacuum to help the baby's head come out
- Episiotomy- This is when the doctor or midwife makes a small cut to widen the opening of the vagina
- Cesarean section (C-section)- Sometimes the baby cannot be delivered safely through the vagina. In this case, the doctor will make a cut and take the baby out through your abdomen
 - If you are told you need a C-section, it's OK to ask why and if there are any alternatives
 - In most cases, you are awake during the C-section but completely numb in the area where you will be cut. You will not feel pain and you will be able to see your baby right away
 - Remember, the most important thing is that the baby comes out carefully

After the delivery

- Once the baby comes out, lots of things will happen very quickly. Remember to take a deep breath and take a moment to think about this incredible thing you have accomplished. Enjoy those first moments with your baby!
- What happens to you?
 - The midwife or doctor will deliver the placenta
 - This is generally not painful
 - Follow the instructions of the midwife/doctor and push when told to push
 - The doctor/midwife may massage your belly to help the bleeding stop
 - They may also need to give you some Pitocin through an IV to help make the bleeding stop

- The doctor/midwife will check you to see if there are any tears in and around your vagina. If needed, they may give you some stitches
- What happens to your baby?
 - The team may use some suctioning to help the baby breathe right away
 - The team will check the baby's breathing, color, cry, and movement to see how the baby is doing
 - If everything is OK, you will get to hold your baby right away
 - Later the baby will be given a bath and a full check up
- What should you do?
 - Enjoy your baby!
 - As soon as it's safe, hold and cuddle your baby. Talk to him. Hold her against your chest, skin to skin. Tell him you love him.
 - If you are breastfeeding, start right away. The sooner the better!
 - Urinate as soon as possible
 - Have something to drink and eat when you're ready
 - Tell your nurse if you are in pain and ask about medicines safe for breastfeeding
 - Ask lots of questions
- Labor is challenging but your body is ready for this and at the end, you will have your baby!

Group Visit 3: Healthy Parenting

Topics Covered

- Healing after pregnancy
- Taking care of yourself
- Breastfeeding
- Bottle feeding
- Caring for your baby

Supplies Needed

- Whiteboard or easel
- Writing utensil
- Extra journals and pens for note-taking
- Doll (to demonstrate breastfeeding positioning)

Healing after pregnancy

- Healing after pregnancy is different for everyone. A few things to remember:
 - It takes time for your body to return to how it was before pregnancy so don't stress when everything doesn't look the same
 - Give yourself time to rest and ask for help when you need it
 - The most important thing your baby needs is your love. Make time for your baby and don't worry if other things get left undone.
- What to expect after giving birth
 - Discussion question: What concerns do you have about healing after labor?
 - Bleeding
 - You will have bleeding for several weeks after the delivery. At first it will be heavy, like a period and get lighter and lighter
 - It may take 4-6 weeks for the bleeding to be completely gone
 - To help the bleeding stop be sure to get enough rest. Nap with the baby and have friends and family help you with housework

- Contact your provider if your bleeding had slowed or stopped and suddenly becomes heavy again
- Cramping
 - You may feel strong cramping in your uterus, this is your uterus shrinking back to its normal size
- Hemorrhoids
 - Hemorrhoids occur from pushing during labor and can cause bleeding and itching in your rectum.
 - Avoid constipation (see next part)
 - Take a sitz bath
 - Soak a pad in witch hazel and wear
 - Always wipe front to back
 - If you're still having pain, talk to your provider
- Constipation
 - Constipation is very common right after pregnancy
 - Drink lots of water
 - Try to walk frequently even if it's for a short while
 - Increase your fiber (fruits and grains)
- Healing after a tear or episiotomy
 - Talk to your provider about specific instructions
 - Clean the area with warm water after using the bathroom
 - Take a warm both or sitz bath
 - Return slowly to your activities- rest
- Baby blues
 - It's completely normal to feel a bit emotional after the baby. You're going to feel tired and overwhelmed at times and all of your hormones are changing.

- Rest and ask for help when you need it
- Talk you people who can support you about how you feel
- Sometimes it's more than just baby blues. Postpartum depression is serious and treatment can help. Contact your provider if:
 - Symptoms last more than 2 weeks
 - You are feeling out of control
 - You are so sad you can't get out of bed or take care of your baby
 - You feel like you might hurt yourself or the baby
- When can I have sex again?
 - You should see your provider 6 weeks after having the baby. She or he will make sure everything is healing. Wait until she or he gives you the OK to have sex
 - Sex may be a little dry at first, especially if you breastfeeding. It may be helpful to use lubricant
 - Talk to your provider about birth control. Even if you are planning another baby it is important to give your body some recovery time
- Do I have any more visits with my provider now that I'm not pregnant anymore?
 - We recommend you have a visit 2 weeks after the baby is born to check on how you are feeling and healing
 - This is also a good time to ask any questions you have about you or your baby
 - You will also need a visit 6 weeks after giving birth
 - At this visit you will have a pelvic exam and pap smear if you need it
 - You can also start birth control

- You may need more frequent or earlier visits if you had complications during the delivery
- Remember that part of being a good mom is taking care of yourself
 - Get to all of your follow up appointments
 - Ask for help when you need it
 - Sleep as much as you can and nap when the baby naps
 - Trust yourself. You will get lots of advice about taking care of the baby. Listen and then follow what is best for you and your baby
 - Some days will be frustrating and you'll feel like you're not doing anything right. Everyone feels this way at times. Remind yourself that you are doing a great job and that your baby will love you even when you make mistakes.

Breastfeeding

- One of the first decisions you will need to make about your baby is whether to breastfeed, bottle feed, or do some of both
- Benefits of breastfeeding
 - For the baby
 - Breast milk is perfectly designed for babies. Each mom's milk is slightly different and a fresh batch is made every feeding to match what the baby needs. There are over 200 nutrients in breast milk!
 - Breast milk is easier to digest so there are less problems with gas and colic
 - Breastfed babies are healthier- less infections, diarrhea, colds (and doctor's bills for you)
 - Breastfeeding also prevents babies from getting diseases like diabetes and leukemia as they get older
 - Breastfeeding helps the neurologic system develop and can increase IQ
 - Decreases the risk of SIDS

- Special bonding with mom
- For you
 - Helps your bleeding to stop earlier
 - Helps you lose the baby weight faster
 - Reduces your risk of breast and ovarian cancer
 - Reduces you risk of osteoporosis
 - Always ready- no washing bottles or having to remember to pack bottles when you leave the house
 - Saves money- parents who breastfeed save an average of \$1000 on infant feeding costs the first year!
 - Special bonding time with your baby
- Discussion questions:
 - Have you thought about breastfeeding?
 - What questions do you have about breastfeeding?
- Common Questions
 - Will breast milk be enough for my baby?
 - Babies do not need anything more than your milk for the first 6 months of life!
 - You can feed you baby as soon as she or he is born!
 - What if I can't make enough milk?
 - For the first few days your baby will get colostrum, a thin watery substance that is very good for the baby
 - As the baby keeps eating your milk with "come in"
 - To make enough milk it is important to feed your baby often and avoid using formula, especially the first 4-6 weeks
 - If you do need to use some formula, don't worry! Any breast milk is good for you baby.

- Will it hurt?
 - Breastfeeding can hurt if the baby is not latched on correctly. As you and your baby practice, that will go away
- Can I get pregnant while breastfeeding?
 - YES! Talk to your provider about birth control
- Can I take birth control when I am breastfeeding?
 - There are several safe methods of birth control that you can use when breastfeeding
 - Some include progesterone pills, the Depo injection, the IUD, and condoms
 - Talk to your provider about what is best for you
- How to breastfeed
 - Breastfeed as soon as you can. Your baby is born knowing how to suck so start practicing the moment he or she is born!
 - As for help at the hospital. There are specialists who can help you learn how to breastfeed
 - If you have trouble after you leave the hospital, call your provider. Your local La Leche League is also a great way to get help from experienced moms
 - Breastfeeding is natural and wonderful but it can take some time to learn. It may be difficult for the first few weeks but hang in there and ask for help when you need it.
 - The basics
 - Get in a comfortable position with pillows to help you support the baby
 - Hold the baby so that his front is facing your front from his head to his hips.
 - Support your breast with one hand
 - Move the baby toward you with the other hand

- Tickle the baby's nose with your nipple
- Wait until he opens his mouth wide, like a big yawn
- Quickly but gently place your nipple into the babies open mouth
- Your nipple should slide toward the roof of the baby's mouth and his tongue will be between his lower lip and your breast
 - His lips will be curled out like a fish
- Remember, more than just the nipple goes into the baby's mouth. When the baby is positioned correctly, you will not see much of the areola (dark area around the nipple)
- Feed frequently- Newborns should be eating every 2-3hours!
- Breastfeeding should be comfortable, if you continue to have pain, take the baby off and reposition. If the pain continues ask for help.
 - To take the baby off the breast gently slip your finger between you baby's gums and into his mouth
 - Never pull your nipple out- that will hurt!
- Common problems
 - Engorgement
 - This means that the breast feel very full and may hurt
 - This is most common when your milk first comes in
 - Treatment
 - Put cold packs on your breasts to reduce the swelling
 - Feed frequently- every 1-3 hours during the day and 2-3 hours at night
 - Have a good bra with plenty of support
 - Avoid using formula
 - Leaking breasts

- This is especially common at first and improves and you and your baby develop a schedule
- Use nursing pads inside your bra to absorb the milk and change them frequently to keep your nipples dry
- Feed frequently so you don't too full
- Sore nipples
 - Sore nipple can be caused by infection, engorgement, or poor positioning
 - Treatment
 - Make sure the baby is positioned correctly on your breast
 - Begin feedings with the side that is the least sore, when you feel the milk start coming out, switch to the other side
 - After feeding, put a small amount of breast milk on the nipple
 - Wash your breasts and nipples once a day with a gentle antibacterial soap
 - If you are still having soreness, ask your provider about creams to use
- I'm going back to work/I'm going to be away from my baby
 - You can use a breast pump to express milk while you are away from your baby
 - Breast milk can be stored in a bottle at room temperature form 5 hours
 - Breast milk can be stored in the refrigerator for 5 days
 - Breast milk can be stored in the freezer for 5 months
- Plugged duct

- Sometimes the tubes that carry milk in your breast get plugged causing an area that is red and tender. You can often feel a lump.
 - Prevention
 - Correct positioning
 - Use different breastfeeding positions
 - Avoid missing feedings
 - Avoid underwire bras or clothes/bras that are too tight
 - Treatment
 - Put warm water on the area before each feeding
 - Breastfeed more often
 - Start the feeding on the side with the plug
 - Massage the plugged are while the baby is eating
 - Point the babies chin toward the plug while he is eating
 - If the plug is not gone in 3 days of you develop worsening pain or fever, call your provider
- Nutrition while breastfeeding
 - Your baby needs more calories per day now than when you were pregnant!
 - Continue to take your prenatal vitamins
 - Drink lots of water
 - Avoid alcohol and too much caffeine
 - Eat a variety of foods- fruits, veggies, protein, grain
 - Continue to eat healthy like you did when your baby was still inside

Bottle Feeding

- While breast milk is the best for babies, some women can't breastfeed and they can still have healthy babies

- Women who can't breastfeed:
 - Taking medications that could hurt the baby
 - HIV/AIDS
 - Some diseases such as TB
- Other women cannot make enough milk or choose not to breastfeed due to their work schedule.
- Tips of bottle feeding
 - Talk to your pediatrician about what formula is best for your baby
 - Make bottle feeding a special time
 - Hold you baby close and look at him/her while you feed
 - If your baby spits up a lot, you may need to stop every 1oz to burp
 - Make sure to use a slow flow nipple for babies 0-3mo to prevent spit up and digestive problems
 - Never heat the bottle in a microwave. That can cause serious burns to the baby
 - Always check the temperature of the milk by putting a drop on your wrist. If it's too hot for you it's too hot for the baby.

Caring for you Baby

- Caring for a newborn is lots of work and lots of fun!
- Discussion Questions:
 - What are you most looking forward to doing with you baby?
 - What things are you worried about?
- Health care for you baby
 - Finding a doctor for you baby is important. You should have a doctor selected before you have the baby so you know where to go
 - Some things to consider when selecting a pediatrician
 - Are they close enough to where you live to get there quickly if you child is sick?

- Do they have hours that work for you so you don't need to miss work?
- If you speak another language, is there a provider who speaks that language or an interpreter available
- Do they accept your insurance or have affordable prices?
- May discuss clinic's pediatric program if applicable
- Paying for health care
 - Georgia has many programs to help get children insurance. Even if you do not have insurance, your child can often get insurance through Medicaid or Peachcare
 - You can ask at the hospital and fill out the paperwork while you are there
 - You can also get the paperwork at the health department
- Scheduling your appointment
 - Your baby should have a checkup within the first 2-3 days after arriving home from the hospital
 - Call and make your appointment right away, even from the hospital
 - If you have been told your baby needs to be seen the first day home, tell the office staff so they can get you in right away
 - Your baby's insurance may not be active yet. Don't wait. Come right away. Never delay an appointment
 - If you have applied for Medicaid you will not have to pay, Medicaid will pay for the visit once it becomes active
 - If you do not have insurance for the baby we can work with you to make affordable payments. We see children who do not have insurance every day so we will work with you.
- Babies need lots of checkups and vaccines during the first year of life. Checkups help find problems early and prevent problems from

happening. Checkups are also a time to ask questions so ask about everything you need to know!

- Caring for the umbilical cord
 - When babies are born the cord that connected you and the baby is cut and a small piece of it is left attached to the baby. It will dry out and shrivel up.
 - Clean around the cord twice a day with a damp cloth. Never soak the cord or cover it in water
 - When you diaper the baby, always roll the diaper down so it does not cover the cord
 - The cord should fall off in about a week. Talk to your doctor if the cord is still attached after 2 weeks

- Bathing your baby
 - Giving a newborn a bath can be intimidating!
 - Before the cord falls off, babies need sponge baths. They should not be covered in water
 - Babies don't need a bath every day. You can always wipe their mouth and chest with a warm washcloth to get off dried milk. Most babies need a bath every 2-3 days
 - How to give a sponge bath
 - Lay out a mat or thick towel in a warm room.
 - Fill two bowls of warm (not hot) water
 - Have a thin towel to cover the baby, move one side of the baby out from under the towel at a time to clean
 - Use only soap made for babies with no perfume or colors
 - Put a little soap in one of the water bowls. Dip in a soft wash cloth and gently clean one part of the baby
 - Start with the head and work down, leaving the genitals for last

- Use a separate washcloth and dip it in the other bowl of water (no soap) to rinse of the soap.
 - Dry the baby and put on a clean diaper
 - Don't use powders as the baby could breath it in
- Putting the baby to bed
 - Different families have different traditions and only you can decide the best place for your baby to sleep. There are some rule to follow to keep your baby safe and prevent SIDS
 - Babies should sleep on firm surface
 - Whether the baby is in a crib or your bed, the mattress should be firm
 - No pillows, blankets, or bumpers
 - The baby's pajamas will keep him warm.
 - No extra bedding or toys as those could suffocate the baby
 - Babies should sleep on their backs
 - Your baby should sleep near you
 - Maybe the baby sleeps with you or in your room. Maybe the baby is right across the hall. Just make sure you are close enough to hear your baby and get to him are her quickly in the dark
 - Babies should not share a bed with other siblings or pets
 - Babies should not sleep in a room where someone has been smoking or share a bed with an adult who smokes
 - If you use a crib check the following
 - The slats are no more than 2 3/8 inches apart. You shouldn't be able to fit a soda can between them
 - The rail is at least 26 inches above the mattress
 - The mattress is firm and fits snugly

- The sheets fit tightly and there are no other covers
 - There is no peeling paint and the paint is lead-free
- Driving the baby
 - All babies must ride in a car seat any time they are in a car. It's a law. The hospital won't let you take the baby home if you don't have a car seat
 - The car seat should face backwards. The baby should face the back window
 - All children should sit in the backseat of the car
 - Make sure everyone in the car is wearing a seatbelt. If there was a crash someone could fall on the baby
 - Put the car seat in before your baby is born and practice adjusting the straps
 - Take your car and car seat to the local police station or fire station. They will check it for you to make sure it is in correctly.
- There's lots to remember but you will do great!
 - Take care of yourself
 - Ask for help when you need it
 - Take time to love your baby and bond with your baby. Everything else can wait