**The Pregnancy Guide**

**Capital Women’s Care**

**Introduction to the Practice**

Welcome! Congratulations on your pregnancy and thank you for choosing Capital Women’s Care at K Street for your obstetric care. We value you as our patient and are happy to support you during this exciting time!

Prenatal care is a way in which we can monitor your health and your baby’s growth at a routine interval. We look forward to seeing you about once a month, with more frequent visits as your pregnancy progresses. These visits are great opportunities to ask questions, but please reach out to us at any time with questions or concerns.

We know that every pregnancy is unique and has its own challenges. We strive to recognize those differences and provide you with great medical care. Your health and the health of your baby are our priority!

Congratulations again, and thank you for allowing our practice to be part of this life changing experience.

**Our Office**

**Address:** 2141 K Street, Suite 808, Washington, DC 20037

**Phone:** (202) 331-9293

**Downtown office hours:** Monday-Friday 8:30am to 4pm

During non-office hours, the above number will automatically reach the answering service, and you will be prompted to leave a message for the on-call physician. Please speak slowly and clearly when leaving your name and phone number. You should receive a return call within 20 minutes. If for any reason you have trouble getting through to the on-call physician, or if you have an emergency, go to Sibley Memorial Hospital.

**Introduction to the Book**

Capital Women’s Care has designed this manual to help guide soon-to-be parents through each stage of the pregnancy. Everything from genetic testing to nutrition to sex is covered in this book. We take you through pregnancy and its early symptoms; an overview of medications, diet allowances, health and wellness tips; fetal well-being and the types of tests to expect during your pregnancy; what to expect during labor and delivery; and a guide on caring for your newborn.

At Capital Women’s Care, we understand that pregnancy can be both exciting and frightening. There will be questions and concerns that come up during the course of your pregnancy. Although we have attempted to highlight many of the concerns of pregnancy here in this book, you may have other questions or concerns not addressed. If so, feel free to talk to you health care provider at Capital Women’s Care.

Again, welcome to the Capital Women’s Care guide and congratulations on your pregnancy! We look forward to taking this journey alongside you.

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Nutrition

Balanced nutrition is essential to maintaining good health and even more important during your pregnancy. The foods that you consume provide the nutrients that will support your baby’s growth. In addition, certain stages of fetal growth require higher demands of certain nutrients. It is important to be mindful of these alterations and maintain a healthy diet throughout your pregnancy.

The following is a list of general **daily** guidelines for health eating during pregnancy:

* Breads & grains: 6-11 servings
  + 1 slice of bread = 1 serving, 1 bagel = 2 servings
* Fruit: 2-4 servings
* Vegetables: 4 or more servings
* Dairy: 4 servings
* Limit your fat intake
* Increase high fiber foods such as whole-grain breads and rice
* Prenatal vitamins
* Iron supplements (if recommended by your provider)
* Vitamin C sources, such as oranges, grapefruits, papaya, and broccoli
* Foods rich in folic acid, such as legumes, veal, and dark leafy vegetables
* Decrease your intake of salty foods

**Tip**: If you are unsure whether a food item satisfies your health needs, take a look at the nutritional facts label. These will help you separate food items that may be high in certain components, such as sodium or trans-fats (two components that we recommend you limit).

\*If you are pregnant with twins or multiples, you may need to increase your daily calorie intake. Make sure to discuss this with your provider.

Vegetarian Diet

There are no significant changes in diet recommendations between a non-vegetarian and a vegetarian diet. However, if you are vegan you are more likely to have difficulty getting the daily levels of vitamin B12, iron, calcium, and folic acid. Make sure to be mindful of the daily recommendations and find alternative ways to reach these levels, such as daily supplements.

Prenatal Vitamins

Prenatal vitamins are supplements that contain a variety of vitamins and minerals that help meet recommended levels that are not normally met through diet alone. The most important nutrients in prenatal vitamins are folic acid, calcium, and iron.

* ***Folic Acid****:* This is one of the most important supplements during pregnancy. It helps prevent neural tube defects during fetal development. The neural tube becomes the baby’s brain and spinal cord, and is developed during the first month of pregnancy. It is recommended that you receive 0.4 milligrams per day.
* ***Calcium*:** This important nutrient creates strong bones and teeth for both the mother and the fetus. It is also important for the muscular, circulatory, and nervous systems. It is recommended that you receive 1,000 milligrams per day.
* ***Iron***: This nutrient is essential for the development of blood and muscle cells. Iron prevents anemia (decreased number of red blood cells). It is recommended that you intake 27 milligrams per day. Discuss with your provider if you need to supplement your iron intake.

Other nutrients found in prenatal vitamins include Vitamin C, Vitamin D, Vitamin E, Vitamin B12, Thiamine, Riboflavin, Niacin, and Zinc.

Prenatal vitamins are available both over the counter and by prescription. If prenatal vitamins create persistent uncomfortable symptoms, such as nausea or constipation, contact your physician for alternative supplement options.

In addition to prenatal vitamins and a healthy diet, you may also consider taking supplements for Vitamin D.

* ***Vitamin D***: promotes absorption of calcium in the body. It is recommended that you intake about 600 IUs per day.

Foods to Avoid

There are certain foods that you should avoid or limit in order to decrease the risks of contracting infections or complications during your pregnancy. The following is a detailed list of food categories, along with cooking guidelines for your reference.

* ***Seafood – raw or cooked***: Although seafood is a great source of omega-3 fatty acids and iron, some fish contain harmful levels of mercury. Mercury interferes with the development of the baby’s nervous system. Common seafood items that contain high levels of mercury are: swordfish, shark, king mackerel, tile fish, marlin, orange roughy, and bigeye tuna. These seafood items should be absolutely avoided. However, the Food and Drug Administration (FDA) and Environmental Protection Agency (EPA) report that pregnant women can eat up to 12 ounces of seafood per week without significant health risks. It is recommended that you avoid the types of fish underlined above. For more information on seafood, please see the “Resources” section.
  + Cooking: Pay attention to fish advisories! (<http://water.epa.gov>)
    - Cook seafood to an internal temperature of 145˚ F.
    - Smoked seafood should be cooked to 165˚ F.
* ***Undercooked foods***: Undercooked foods pose higher risks of food poisoning and other foodborne illnesses. This is the case for everyone, and is not limited to pregnant women. However, pregnant women may be more susceptible to food borne illnesses.
  + Cooking:
    - Eggs, or foods containing egg products, should be cooked to 160˚ F.
      * No “runny” eggs
    - Beef, veal, and lamb steaks/roasts should be cooked to 145˚ F.
    - Pork and ground meats should be cooked to 160˚ F.
    - Poultry (and stuffing if included) should be cooked to 165˚ F.
* ***Processed meats***: There are a lot of opportunities for meat to be contaminated during production, especially if processed. Examples of processed meats include: bologna, salami, and hot dogs. The most common foodborne illness related to processed meat is listeriosis. Listera, the bacteria that causes listeriosis, can be avoided with cooking to the appropriate temperature.
  + Cooking:
    - Deli style meats and poultry (such as hot dogs, cold cuts, or dry sausage) should be heated to 165˚ F before eating.
* ***Unpasteurized foods***: Unpasteurized foods, such as raw milk, have higher risks of carrying foodborne illnesses. For this reason you should also stay away from some cheese such as brie, feta, camembert, and blue cheese unless you are certain they come from pasteurized milk.
  + Cooking:
    - Always make sure the labels on your cheeses, milk products, and juices specify that the product was pasteurized before you consume it.
* ***Large quantities of Vitamin A***: High amounts of Vitamin A can lead to birth defects. Liver is a common food item high in Vitamin A, and should be consumed in moderation.
* ***Unwashed foods***: Do not consume raw vegetables and fruits without thoroughly washing them first. Make sure to also wash sprouts and other earth plants extensively before consuming them.

**Things to Avoid**

Along with proper nutrition and routine care visits with your provider, it is important for women to forego risky behaviors and avoid certain food and activities to maintain a healthy pregnancy.

**Tobacco/Smoking**

Smoking poses health risks to both mother and fetus. The fetus is exposed to chemicals such as carbon monoxide and nicotine when they cross the placenta. Studies show that complications such as vaginal bleeding, miscarriage, premature delivery, neurologic impairment, stillbirth and sudden infant death syndrome (SIDS) are increased among women who smoke during pregnancy. In addition, the oxygen available to the mother and fetus is reduced. Babies of mothers who smoke are likely to weigh less and be shorter. There may also be adverse effects in infants and children from exposure to environments where adults smoke.

We encourage you to avoid tobacco (and second hand smoke) as much as possible during your pregnancy. We can refer you (and/or your partner) to smoking cessation programs to help you quit.

**Alcohol**

Alcohol quickly passes through the placenta into the fetal bloodstream. Beyond an unknown threshold, infants may be born with physical, mental, and behavioral problems characteristic of fetal alcohol syndrome. These babies are smaller than unexposed babies, and may also have many abnormalities including heart defects and mental retardation.

Since it is unknown how much alcohol puts the fetus at risk for fetal alcohol syndrome, it is safest to eliminate alcohol entirely during pregnancy.

**Drugs**

Drugs of any type (including illicit “street” drugs, prescriptions, or over-the-counter medication) may affect the fetus. Some may cause severe problems, while others may have no adverse effect. Review with your provider any medication you have been taking or plan to take to ensure that it is safe for you and your baby. If you have been taking medication regularly, check with your provider before stopping it, as the underlying condition treated by the medication may worsen upon sudden cessation. If you have been seeing a specialist for a particular condition, we will likely ask you to make a maintenance appointment with that physician during your pregnancy.

Some medications are especially dangerous to your baby. There are some of the most common ones:

* Acutane
* Thalidomide (Thalomid)
* Acitretin (Soriatane)

Refer to the “Resources” section of this booklet for a list of medications you may take to relieve illness or symptoms during your pregnancy.

**Falls & Abuse**

It is important that your body remains a safe space for your baby to grow in. We recommend that you avoid any activity that heightens your risk of falling, or physical abuse. If you are being abused, during your pregnancy or otherwise, you are welcome to call our office at anytime, or the National Domestic Violence Hotline: 1-800-799-SAFE (7233).

**Foods**

As discussed above in the nutrition section, there are various foods that you should avoid during pregnancy due to an increased risk of exposure to mercury, parasites, viruses, and bacteria.

**Caffeine**

There is conflicting and inconsistent evidence that the consumption of caffeine or coffee during pregnancy exerts adverse effects on the fetus. It may decrease the availability of certain nutrients such as calcium, zinc, and iron.

According to the American College of Obstetrics and Gynecology, moderate caffeine consumption of less than 200 mg per day is safe. Remember that caffeine is not only in coffee or tea, but it is also found in products such as chocolate, soda, and certain medications. In general it is best to limit caffeine intake.

**Hot Tubs/Saunas**

Maternal exposure to extremely hot temperatures has been shown to cause birth defects. While comfortably warm tub baths are safe, hot tubs and saunas are not. Avoid using them and engaging in other activities that raise core body temperature (i.e. hot yoga).

**X-rays**

Minimal exposure to x-rays during pregnancy is considered safe. Most x-ray exams are performed on the legs, arms, chest, head, and teeth, minimizing radiation exposure to the reproductive organs. Pregnant women can wear a leaded apron or collar to protect against any scattered radiation.

**Chemicals**

It is common to be exposed to chemicals in the house and at work. However, anything you come into contact with and breathe could enter your bloodstream and reach your baby. It may be helpful to ask for assistance when handling particular substances during the following activities:

* *Painting:* Oil- and lead-based paints are particularly dangerous. Use caution when painting while pregnant and avoid using paint removers/strippers, varnish, shellac, and turpentine. It is also important not to work in or renovate an area where lead paint may be present. While painting, be sure to work in a well-ventilated area and avoid eating or drinking in the room where you are painting.
* *Cleaning:* There is little evidence to suggest that the use of everyday cleaning supplies causes significant harm. It is best to avoid certain cleaning products such as ammonia and bleach, especially in an area that is not well ventilated. Instead, try using alternative cleaning solutions such as vinegar or baking soda, or switch to products that do not contain harsh chemicals.
* *Gardening:* Chemicals frequently used in gardening such as insecticides, weed killers, and fertilizers, should be avoided.
* *Hair color/dye:* Hair color and permanents are considered to be low risk. If you are considering any hair treatments, be sure to have them performed in a well-ventilated area. Have someone else apply the dye to your hair and make sure your scalp is rinsed thoroughly. If possible, try to avoid use during the first trimester.

**Pets**

* *Dogs:* Dogs pose little to no threat to pregnant women. However, there is concern if a dog jumps on the abdomen of a pregnant woman. Although the likelihood of developing complications from this is low, it is best to train your dog not to jump or to avoid jumpy dogs. Also, avoid walking dogs that tend to pull forcefully on their leashes, as this could lead to a fall.
* *Cats:* Cats can carry toxoplasma, a parasite that is transferred to humans through contact with cat feces. Toxoplasma is most often found in outdoor cats, but can be found in indoor cats as well. It is best to have someone else at home change litter boxes, however it you must be the one to clean the litter be sure to wear protective gloves and wash hands thoroughly after.
* *Amphibians/Reptiles:* Reptiles and amphibians, such as iguanas, turtles, snakes, and lizards can transmit salmonella to humans who are exposed to their feces. Wash your hands after handling these pets, avoid having these pets around the kitchen/food preparation area, do not bathe them (or clean the cage) in the kitchen sink, and do not let the reptile roam freely around the house.
* *Birds:* Birds are generally safe, but can carry bacteria like salmonella and campylobacter. A visit to the veterinarian to determine the health status of your bird is helpful. Wash your hands after handling your pet, and avoid being the one that cleans the cage if possible.

**Zika Virus**

Zika virus infection during any trimester of pregnancy has been found to cause adverse birth outcomes such as pregnancy loss, microcephaly, and other brain and eye abnormalities. The virus spreads through infected mosquitoes, from a mother to fetus during pregnancy, and through sexual contact. However it may also be spread through blood transfusion and other laboratory exposure.

Symptoms of the virus include acute onset of fever, rash, joint pain, and conjunctivitis. Currently, there is no vaccine or treatment for Zika virus. It is advised that pregnant women DO NOT TRAVEL to areas where Zika outbreaks are documented. These areas include:

* Specific areas in Florida
* Specific areas in Texas
* Puerto Rico
* Mexico
* Caribbean
* Specific Areas of South America
* Specific areas of Southeast Asia

An updated map of areas currently affected by Zika virus can be found at: https://www.cdc.gov/zika/geo/active-countries.html

If you, or your partner, are planning on traveling, consult with your provider before doing so.

**Cytomegalovirus (CMV)**

CMV is a common virus that, once in a person’s body, can reactivate. CMV is passed through body fluids, and can also be transmitted from mother to child during pregnancy. CMV symptoms include fever, sore throat, fatigue, and swollen glands. If you think you may have CMV, contact your care provider for more information.

**Other Infections**

Infections may be minor and have no affect on the fetus (e.g. a “cold”) or they may cause a serious, life-threatening illness for the mother and/or fetus. Other infections may have little or no effect on the mother, while being potentially dangerous to the fetus (e.g. a vaginal infection with beta strep). The best way to protect yourself and your baby is to avoid anything potentially dangerous. If you experience a harmful infection, call us immediately.

The following infections can be especially hazardous to the fetus:

* Herpes
* HIV/AIDS
* Group B Streptococcus
* Toxoplasma
* Listeria\*
* Varicella (chickenpox)

\*Listeria is a serious infection caused by eating food contaminated with the bacterium *Listeria monocytogenes.* The disease affects primarily pregnant women, newborns, and adults with weakened immune systems. Symptoms of Listeria include high fever, general malaise, and muscle aches. Call your provider if you are experiencing these symptoms. See “Food to Avoid” for more information on potential contaminants.

**Weight Gain**

Weight gain is natural over the course of the pregnancy. However, the extent of weight gained varies from woman to woman. The National Academy of Medicine suggests the following weight gain ranges based on your starting weight categorization:

* Underweight (BMI\* <18.5): 28 to 40 lbs
* Normal weight (BMI 18.5-24.9): 25 to 35 lbs
* Overweight (BMI 25-29.9): 15 to 25 lbs
* Obese (BMI>30): 11 to 20 lbs

\*You can determine your BMI by entering your weight and height in a BMI calculator (BMI calculators can be found online, or you can ask your provider)

**Where does the weight go?**

|  |  |
| --- | --- |
| Baby | 7 to 8 pounds |
| Larger Breasts | 2 pounds |
| Larger Uterus | 2 pounds |
| Placenta | 2 pounds |
| Amniotic Fluid | 2 pounds |
| Increased Blood Volume | 3 to 4 pounds |
| Increased Fluid Volume | 3 to 4 pounds |
| Fat Stores | 6 to 8 pounds |

**Weight-Related Complications**

More is not always better. Maternal overweight is associated with an increased risk of pregnancy complications, including diabetes, high blood pressure, and necessity for Cesarean delivery. Infants of overweight women are more likely to be bigger, have increased risk of not descending into the vaginal canal, and experience birth trauma. This occurs more frequently in women shorter than 5 feet 2 inches.

By following general nutrition guidelines, eating a wide variety of foods, and avoiding junk foods, you stand the best chance of growing a healthy baby.

**Sex During Pregnancy**

It is OK to have sex while you are pregnant. However, it’s common to have some concerns when it comes to engaging in sexual activity during pregnancy. As long as your pregnancy is proceeding normally, and you and your partner feel up to it, you can have sex whenever you like.

Keep in mind that your body is going through changes and issues, such as hormonal fluctuations and fatigue, and this could make having sex less desirable. There is considerable variety in sexual interest and expression during pregnancy; some women find it enhanced, while others find that the discomforts of pregnancy diminish their desire for physical intimacy. Many psychological factors affect women and their partner’s interest in sexual expression during pregnancy, including feelings about changes in the woman’s body and about becoming parents. Feel free to discuss any questions and concerns about sexual issues with your care provider.

The following paragraphs present a spectrum of feelings a woman might experience regarding sexual arousal and intimacy during the various stages of pregnancy.

* *First trimester:* Increased incidences of significant fatigue and nausea. Sexual interest is generally decreased. Also, there may be a fear of causing a miscarriage. Generally, unless there is a history of cramping or bleeding, there is no contraindication to sexual intercourse and no evidence that intercourse or orgasm causes miscarriage.
* *Second trimester:* This is often a time of heightened interest in sexual expression as the discomforts of the first trimester resolve. Also, increased blood supply to the pelvic organs due to the changes of pregnancy often makes sexual activity more pleasurable.
* *Third trimester:* During the third trimester, sexual interest is highly variable. Fatigue may again be a problem, and the size of the abdomen may make intercourse awkward and uncomfortable. There may also be irrational feelings that the baby will somehow know that the parents are having intercourse as well as fears that sexual activity will cause premature labor. There are medical reasons for abstaining from intercourse and orgasm, including a history of premature labor (though there is no evidence that sexual activity causes preterm labor), an abnormally located placenta covering the cervix, or ruptured amniotic membranes. In general, unless these conditions are present, it is entirely safe to continue sexual relations until the onset of labor. Your provider will make you aware of any contraindication of sexual activity.

**Suggestions for Sex While Pregnant**

* *Position:* Adjustments in positions for intercourse will need to be made as the abdomen grows; the side-by-side position is often most comfortable. Try new positions while keeping in mind comfort and pleasure.
* *Lubrication:* Because the vagina tends to be drier during pregnancy, lubricants for intercourse may enhance comfort.
* *Oral sex:* It is OK to have oral sex while pregnant. However, during pregnancy it is **not** **safe** to blow air into the vagina, as this may cause a life-threatening condition called air embolism.
* *Condoms:* Condoms are necessary to protect from the transmission of sexually transmitted infections (STIs) such as Chlamydia, Gonorrhea, and HIV. It is important to continue using condoms if you risk exposure or are not in a mutually monogamous relationship.

**Exercise**

Proper exercise increases elasticity and strength of muscles. It reduces your risk of gestational diabetes, pregnancy-related hypertension, stresses related to pregnancy and labor, and improves your heart and lung efficiency. The American College of Obstetricians and Gynecologists suggests that women without any medical or prenatal complications engage in regular, moderate to intense physical activity throughout their pregnancy.

**Exercise Guidelines**

* Discuss pre-pregnancy fitness levels with your care provider to determine an appropriate exercise regimen for your pregnancy.
* An average of 30 minutes a day of moderate aerobic exercise is recommended. Examples include: walking, swimming, rowing, stationary cycling, or pilates.
* Make sure you warm-up and cool-down before and after your exercise. This is important when exercising during pregnancy because your muscles and joints are more stressed due to metabolic changes occurring in your body.
* Drink lots of water to avoid dehydration and overheating.
* Wear proper footwear and supportive bras.
* Childbirth preparation exercises are also great to incorporate into your exercise regimen. They will help keep you limber and ease common aches and pains associated with pregnancy.

Keep in mind that your growing baby will demand more of your energy so you may become short of breath or tired more easily when exercising during your pregnancy than you were before.

**Things to Avoid While Exercising**

* Do not hold your breath during exercises.
* Avoid activities that involve strenuous back work.
* Refrain from participating in sports with high contact, such as ice hockey, basketball, and soccer, as well as activities that have risks of falling such as gymnastics, horseback riding, skiing, and outdoor cycling.
* Do not engage in underwater activities such as scuba diving. The air decompression poses potential risks to the fetus.
* Avoid activities at high altitudes.

The following are lists of absolute and relative conditions in which you should avoid aerobic exercise during pregnancy.

|  |  |
| --- | --- |
| Absolute:  -Hemodynamically significant heart disease  -Restrictive lung disease  -Incompetent cervix/cerclage  -Multiple gestation at risk for premature labor  -Persistent second or third trimester bleeding  -Placenta previa  -Premature labor during current pregnancy  -Ruptured membranes  -Preeclampsia/pregnancy-induced hypertension | Relative:  -Severe anemia  -Unevaluated maternal cardiac arrhythmia  -Chronic bronchitis  -Poorly controlled type 1 diabetes  -Extreme morbid obesity  -Extreme underweight  -History of extremely sedentary lifestyle  -Intrauterine growth restriction  -Poorly controlled hypertension  -Orthopedic limitations  -Poorly controlled seizure disorder  -Poorly controlled hyperthyroidism  -Heavy smoker |

Additionally, if you experience any of the following symptoms, **STOP** your activity and contact your provider immediately:

* Vaginal bleeding
* Abdominal pain
* Chest pain
* Severe shortness of breath
* Loss of muscle control
* Dizziness and/or nausea
* Severe headaches

Warning Signs

The following signs may indicate that there is a problem that immediate attention. If you experience any of the following, please call use right away:

* Bleeding or spotting
* Sudden or severe swelling, especially of the hands and face
* Headache, especially during the last 14 weeks of pregnancy, and especially when located in the back of the head and not relieved by Tylenol
* Visual disturbances (i.e. blurred vision, spots in front of your eyes, loss of vision, tunnel vision)
* Abdominal pain that is sharp/persistent
* Fever of 100.4 or higher
* Decreased or no fetal movement
* Regular contractions during the third trimester prior to 37 weeks
* Any other abnormal symptoms that concern you

The First Trimester

**What to Expect**

The first trimester of pregnancy involves a lot of transformations that may not be visible right away. Your baby’s brain, spinal cord, and heart will start to form as well as all major organs and external body structures. Rising levels of hormones may lead to nausea, tender or swollen breasts, and fatigue. You may also experience mood swings, food cravings, dizziness, or heartburn. All of this is normal! However, if you feel that you are experiencing worrisome symptoms, please contact your provider. A range of first-trimester symptoms and common methods of relief are described in the table below. Many of these symptoms can be aided by increasing your intake of water! It may be helpful to carry a water bottle with you.

**Symptoms**

|  |  |
| --- | --- |
| SYMPTOM | RELIEF |
| Constipation | * Remember to keep HYDRATED! * Increase fluids and dietary fiber, whole grains, fruits, and warm fluids to stimulate the bowels * Exercise * If necessary, a mild laxative or stool softener may be used if all above methods have failed. Milk of Magnesia, Metamucil and Colace are all over the counter and are safe when used for *short-term* treatment |
| Dizziness & Faintness | * Do not stand or sit for extended periods, get up and walk around every so often * Normalize sodium intake * Increase fluid intake * Don’t wear any constricting panty hose * When rising, slowly progress from lying to sitting, and then sitting to standing * When dizzy, sit or lie down immediately |
| Gas & Bloating | * Avoid gas-forming foods: parsnips, beans, cabbage, corn, fried foods, pastry, sweet desserts, etc. * Increase fluid intake * Increase bulk forming/high fiber foods |
| Insomnia | * Sleep as you are able to day and night * Decrease fluids after 6pm to decrease urination * Discontinue caffeine (coffee, tea, chocolate, sodas) * Warm (not hot!) tub bath before bed * Relaxation exercises |
| Vomiting/Nausea | * Small, frequent meals * Eat crackers before rising * Decrease greasy and/or spicy foods * Increase vitamin B6 intake in foods * May take vitamin B6 50 mg tablets up to 4 times per day * Consume liquids between meals rather than with them |

Tests

***Routine Screening****:* The First Trimester Screen is a combination of a *maternal blood screen* (after 9 weeks) and an *ultrasound* (between 11-13 weeks). This screening test is used to determine your risk for chromosomal disorders such as Down syndrome, Trisomy 13 and Trisomy 18. This test can identify 91% of Down syndrome, 97% of Trisomy 13/Trisomy 18, 40% of heart defects, and may indicate some other birth defects.

* *Maternal Blood Screen:* A blood test that measures the levels of two proteins: human chorionic gonadotropin (HCG) and pregnancy associated plasma protein A (PAPP-A).
* *Ultrasound:* The ultrasound used during the first trimester is called a nuchal translucency (NT) ultrasound. It is performed between 11 and 13 weeks to measure the amount of fluid behind the baby’s neck and to look for the baby’s nasal bone. If the ultrasound detects an abnormality, there may be increased risk for chromosomal disorder or heart defect in the baby.

***Genetic Testing****\*:* Expanded carrier screening (pre-pregnancy, early pregnancy) & Non-invasive Prenatal Screening (10+ weeks).

* *Expanded Carrier Screening—The Counsyl Family Prep Screen:* We offer the Counsyl Family Prep Screen to screen for common inherited genetic diseases using either a blood or saliva sample. Occasionally, parents can be “silent” carriers of a genetic disease that can be passed on to their child. Since carriers are often healthy, most do not know that they are carriers until they have a child born with the disease. Generally, both parents must be carriers in order to have a child affected with the disease. These diseased may cause birth defects, shortened lifespan, and intellectual disability.
* *Non-invasive Prenatal Screening—The Counsyl Informed Pregnancy Screen*: We offer this screening to detect whether a pregnancy is at increased risk of certain chromosomal anomalies.

\*More information on these tests and their results can be found in the “Resources” section

***Genetic Counseling****:* Genetic counseling involves meeting with a specially trained professional to find out more about your genetic makeup and how it will affect you and/or your future baby. The following are some situations in which you may want to consider genetic counseling:

* A family history of a genetic condition
* To learn more about genetic conditions/diseases related to certain ethnic groups
* To discuss abnormal test or ultrasound results during your pregnancy
* To discuss the effects of harmful substances and/or other exposures
* Infertility
* Birth defects in previous pregnancies
* Preparation for a healthy pregnancy

***Chorionic Villus Sampling (CVS):*** This is an invasive diagnostic test that is offered to all pregnant women, however is typically indicated for higher risk pregnancies. CVS is a test where a small piece of the placenta (called chorionic villus) is collected, and is then tested to check for chromosomal or genetic disorders in the baby. It is completed between 10 and 12 weeks of pregnancy.

* Two different methods may be used to collect the sample. One method utilizes a tube guided through the cervix under sonographic guidance. The second method utilizes a needle placed through the abdomen, and under sonographic guidance, it is directed through the uterus and into the placenta. A similar sample is obtained with both methods.

**To-Do Checklist ✓**

Rest and take care of yourself as you manage any first trimester symptoms

Schedule your appointments

* First ultrasounds
* First OB visit for 7-8 weeks gestation
* 10th week visit for genetic testing

Call your provider if you are having trouble with symptoms

The Second Trimester

**What to Expect**

The second semester of pregnancy is often the most enjoyable. Nausea usually subsides and your baby is not yet big enough to put pressure on your organs and make you uncomfortable. You will experience many physical changes during this trimester. Your abdomen will expand and your “bump” will become more noticeable. You will also start to feel your baby’s kicks! A range of second-trimester symptoms and common methods of relief are described in the table below.

**Symptoms**

|  |  |
| --- | --- |
| SYMPTOM | RELIEF |
| Bleeding Gums | * Use a soft toothbrush * Brush, floss, and get regular dental exams * Get the recommended daily amount of Vitamin C (85 mg per day) |
| Carpal Tunnel | * Resting on left side periodically * Sitting with arm elevated on pillows or arm rest * Wrist splints at night * Should resolve within 6 weeks postpartum |
| Headaches | * Rest * Eat well-balanced meals & drink plenty of fluids * Tylenol at recommended doses * CALL your care provider for headaches that are severe and/or persistent * DO NOT USE Advil/ibuprofen/Motrin without discussing with your provider |
| Itchy Skin | * Drink plenty of water * Baking soda baths * Keep your skin hydrated with lotions/creams |
| Leg Cramps | * Adequate calcium consumption (3-4 servings per day) * Calcium and/or potassium (bananas) supplements * The object is to stretch the cramped muscle, thus improving circulation – the stretch should be gentle and constant, not jerky * NEVER MASSAGE the cramped muscle, as this enhances rather than relieves the cramp and may cause tenderness that can last for days |
| Vaginal Discharge | * Discuss with your care provider if there is concern of infection * Wear panty liners and change frequently * Wear cotton underwear and bathe daily * DO NOT DOUCHE |

**Tests**

***Second Trimester Screenings****:* These are completed between weeks 15 and 22 of your pregnancy. This screening includes blood testing and comprehensive ultrasound evaluation. This is known as an “anatomy scan,” and is used to detect the presence of structural abnormalities.

* *AFP/Maternal serum/ “Quad” screen:* Used to determine whether a woman is at an increased risk of having a baby with certain birth defects (neural tube defects such as spina bifida) or chromosomal disorders that were not identified during the first trimester. This is also referred to as a “quad screen,” as the test assessed for four specific substances in the blood. A quad screen is only performed if the first trimester screening is not done.
* *Anatomy Ultrasound:* This ultrasound is used to check the development and size of the baby in addition to looking for structural abnormalities. This is your first sneak peak at your baby, and you may get to find out your baby’s sex!

***Amniocentesis***: This is an invasive diagnostic test that is offered to all pregnant women, however is typically indicated for higher risk pregnancies. It is usually done if any of the screening tests have abnormal results, such as an increased Down’s syndrome risk. An amniocentesis uses sonographic guidance to direct a needle into the fluid sac around the baby and collect a sample. The fluid is tested to measure the baby’s levels of proteins such as AFP (alpha-fetoprotein) and AChE (acetylcholinesterase). The test can detect chromosomal disorders and other genetic issues. It may be performed as soon as 15 weeks gestation.

**To-Do Checklist ✓**

Schedule your visits with your provider

Look into Childbirth Classes – more on this in the “Resources” section

Tour Sibley Hospital/ Pre-register

Cord Blood Storage request – more on this in the “Labor” section

Start planning maternity leave and postpartum work schedule

Research nearby pediatricians

Childcare – research & interview childcare providers/facilities

The Third Trimester

**What to Expect**

The third trimester can be a bit challenging! You can feel your baby’s kicks and jabs, and your baby’s bones are fully formed. As your baby grows, they will have less space to move around and those kicks will be less forceful. By the end of 37 weeks, your baby’s organs are fully formed. With all of these changes in size come some challenges for the mother. You may find it hard to get comfortable, especially as you approach your due date. Below are some symptoms that you may experience during this final stretch of your pregnancy, and some common methods of relief.

**Symptoms**

|  |  |
| --- | --- |
| SYMPTOM | RELIEF |
| Backache | * Good posture * Pelvic rock especially on all fours * Massage * Heating pad * Firm mattress * Tylenol |
| Hemorrhoids | * Take your time to have a bowel movement when the urge strikes – DO NOT STRAIN * If necessary, a mild laxative or stool softener may be used. Milk of Magnesia, Metamucil and Colace are all over the counter and are safe when used for *short-term* treatment |
| Eye Changes | * For dry eyes, try lubricating eye drops * If you wear contact lenses, try cleaning the lenses more often using an enzymatic cleaner if they become uncomfortable * Wait to get prescriptive lenses changed until 6 weeks postpartum when eye pressure has returned to normal * Report sudden changes in vision, especially when associated with headache, to your doctor |
| Headaches | * Rest * Eat well-balanced meals * Drink plenty of fluids * Tylenol at recommended doses * CALL your care provider for headaches *after* 28 weeks that do not resolve if taking Tylenol * DO NOT use Advil/ibuprofen/Motrin without first discussing with your provider |
| Heartburn | * Small, frequent meals * Crackers before rising * Decrease greasy, spicy, & acidic/citrus foods * Drink milk before meals * Antacids as needed |
| Insomnia | * Sleep as you are able to day and night * Decrease fluids after 6pm to decrease urination * No caffeine (coffee, tea, chocolate, sodas) * Warm (not hot!) tub bath before bed * Relaxation exercises |
| Itchy Skin | * Drink plenty of water * Baking soda baths * Notify your provider if you develop severe persistent itching without rash in the 3rd trimester * Keep skin hydrated with lotions/creams |
| Shortness of Breath | * Deep breathing * Do not lie flat on back, lie on side or with back elevated * Eat small, frequent meals to prevent stomach distention |
| Nasal Congestion | * Saline nasal sprays * Humidifier or steam from hot shower or tub to relieve congestion * Sleep propped up with your head elevated |
| Urinating Frequently | * Limit fluid intake after 6pm * Limit caffeine products (coffee, tea, chocolate, sodas) * If you are having pain with urination, notify your provider |
| Urine Leakage | * Kegel muscle exercises daily |
| Varicose Veins | * Queen size or pregnancy support hose put on properly (lying down with legs elevated) * Increased exercise, especially walking * Do not stand or sit for long periods |

**Tests**

***Non-stress testing (NST):*** A non-stress test may be performed during the third trimester to evaluate fetal wellbeing. NST’s may be performed for a number of reasons; for instance, if the mother notes a decrease in fetal movement, to monitor pregnancies that extend beyond 40 weeks, or in cases where there are maternal medical problems that might place the fetus at risk (diabetes, high blood pressure, history of stillbirth, kidney or heart disease). During an NST, an external fetal heart monitor is placed on the abdomen to record the baby’s heart rate.

***Blood pressure & Urine:*** This is a normal screening of the mother’s blood pressure and urine to make sure there are no complications. This will occur at every visit.

***Vaccination:*** We recommend a Tdap (tetanus, diphtheria, pertussis) vaccine at approximately 32 weeks gestation. Additionally, if you are pregnant during flu season, we highly recommend that you receive a flu shot.

***Group B Streptococcus (GBS):***GBS is a bacterium that is recognized as the leading cause of life-threatening newborn infections. Testing for GBS at 35-36 weeks is routinely performed at Capital Women’s Care. Positive results are treated with antibiotics at the time of labor and delivery.

**To-Do Checklist ✓**

Pack your hospital bag

Prepare your Birth Plan – more on this below

Baby-proof your home

Schedule your provider visits & tests

Get your car seat inspected

Prepare baby first-aid and emergency items

Purchase any baby items still needed

Finish the nursery

Weekly provider visits after week 36

**Your Birth Plan**

A birth plan typically consists of specific requests related to the labor, delivery, and the recovery period. It is not necessary to have a formal birth plan in writing; however, it is always best to express specific preferences to your physicians and nursing staff when you are in the hospital.

Preferences range from how you want to position yourself while delivering, to how you desire to cope with pain. When delivering, do you want to squat or use stirrups? Do you want to use pain medication, or try natural pain reduction methods? It’s helpful to consider these questions, and many more, prior to labor.

Birth plans are an opportunity for you to explore your hopes for your birthing process and to communicate those hopes with your partner and provider. However, birth plans must be flexible. Labor and delivery is an unpredictable process in all cases, and it is important that you are aware that the birth plan may not be the most healthy option for you and your baby.

It is always best to discuss specific preferences with your physician prior to the onset of labor. This will facilitate a better understanding of the usual procedures associated with the hospital, and allow for possible modifications of these procedures if appropriate. To help assist you in creating a birth plan, there is a birth plan worksheet in the “Resources” section of this booklet. Take a few minutes to sit down with your partner to highlight specific requests. Feel free to share it with your doctor as a vehicle to discuss any questions or concerns you may have.

Labor

**Preterm Labor**

Infants born prior to 37 weeks (preterm, or premature birth) may experience a variety of complications. It is important to take note of the signs and symptoms of preterm labor, and to call your provider immediately if you are experiencing any.

***Warning signs of preterm labor\*:***

* Uterine contractions
* Watery vaginal discharge
* Pelvic pressure (feeling of baby pushing down)
* Low, dull backache
* Cramps (similar to menstrual cramps)
* Vaginal bleeding

\*Contact your health provider immediately if you experience some or all of these signs.

**Early Labor**

“Early labor” is the first stage of labor. Early labor is usually low intensity and begins with the onset of contractions. Contractions during this phase of labor usually last 30-60 seconds and occur anywhere from five to twenty minute intervals. Your cervix will dilate from 0 centimeters (cm) to a little over 3 cm. You may experience symptoms such as backache, upset stomach, and warmth in the abdomen. Early labor can last for several hours before you enter active labor. This phase of labor is slightly different for each individual.

Keep in mind some of the factors that determine the speed of labor:

* Size of your baby’s head
* Position of the baby – head first or breech (when the buttocks or feet are first)
* Thinning of your cervix
* Ability to push

**Physical Signs of Labor**

* Backache, vaginal pressure, pain in thighs, diarrhea
* Breaking of the water
  + The bag of water (amniotic sac) that surrounds your baby may leak or break
* The cervix starts to thin/soften and dilate. You should not try to examine your own cervix. This is something your provider will do at your office visit or at the hospital.
* Contractions
  + Painful; these contractions of your uterus cause cramping in your abdomen
  + They do not cease when you change positions
  + Frequency of contractions is *regular*

**False Labor**

*Braxton Hicks contractions:* These are painless contractions that may occur during your second or third trimesters of pregnancy. They are the result of your uterus exercising its muscles in preparation for labor.

*Mucous Plug:* During your pregnancy your body forms a thick plug of mucus within the cervix in order to protect the pregnancy from any bacteria and infections. Possibly a few weeks, days, or hours before labor, the plug may discharge. This discharge is called a “mucous plug” and is brownish mucus that you may not notice. It is a sign that labor mayhappen soon.

**When to Call in Labor**

We recommend that you call in once you have established labor and/or your water breaks. If this is your first child, we recommend that you be in touch with your care provider when your contractions occur regularly in 5-minute intervals over a one-to-two hour time period.

If you have any questions or concerns, please do not hesitate to call at anytime. There is always a physician on call. Please use the downtown office number (202-331-9293) when calling about labor. You will be prompted to leave a message for the on-call physician. Please speak slowly and clearly while leaving your name and phone number. You should receive a call back within 20 minutes.

**Cord Blood Storage**

(<https://parentsguidecordblood.org/en>)

Cord blood is the blood that remains within the umbilical cord and the placenta after the birth of your baby. It has recently been found that storing and saving cord blood may serve a medical purpose.

Cord blood is full of stem cells that can grow into blood cells, immune system cells, or many other types of cells in the body. After the cord blood is collected it is stored in either a private or public banking facility. The blood will remain in the storage facility for future use for your child, a sibling, or other family member. Sometimes cord blood can be used for an unrelated recipient who is in need of stem cells. This cord blood will then be used to treat certain life threatening conditions including leukemia, lymphoma, and metabolic disorders.

Whether or not you are considering banking your baby’s cord blood, talk to your doctor about any questions you may have. The web link provided above has further information as well.

Postpartum

**What to Expect**

*Day of Hospital Discharge:* You finally get to take your newborn home! Make sure you are prepared with the necessary transportation equipment such as a car seat, which needs to be inspected and certified. Check your local county website for certification details.

You may also want to discuss the possibility of arranging a home nursing visit with your insurance company. This is when a nurse comes to your home to check on your and your baby, and to make sure you are comfortable with infant care techniques. Some insurance plans cover the cost of this visit. Be sure to talk with your insurance company **before** delivery if you would like to arrange this service.

*General Activity:* The process of labor and delivery puts strain on your body; it generally requires 6-8 weeks to recover. It is extremely important that you make time to rest for at least the first two weeks after your delivery. You can gradually increase your activity each day, but should avoid heavy lifting, strenuous work, and extended socializing. Also, try to limit the use of stairs in the first two weeks to only what is essential. We recommend that you limit visitors the first few weeks to ensure that you receive the rest that you need.

You can alleviate some stress if you have family or friends that can help with shopping, meal preparation, and housework. With regards to exercise, you can begin to increase your activity 6 weeks postpartum and once bleeding has stopped in full. Discuss this further with your physician during your postpartum visit.

*Hygiene*: You may shower and wash your hair as usual once you are back home. We recommend that you do not use tub baths for the first two weeks, or until you stop bleeding. You may find that you sweat profusely at night during the postpartum period. This is normal, unless accompanied by a fever.

*Perineal Care:* It is important to keep the perineal area as clean as possible. After either a bowel movement or urination, the area should be rinsed with warm water and gently dried. This method is recommended for at least a week after your baby is born. Remember that wiping should always be done from front to back, however patting dry is preferred since it will decrease chances of irritation and infection.

*Perineal pain/stitches*: It is very common to feel sore and bruised in the vaginal, perineal, and rectal areas after delivery, especially if it is the birth of your first baby. If you received stitches, these will dissolve gradually and will not need to be removed.

If you experience discomfort we recommend the following methods for relief:

* Sitz baths – sit in a shallow bath of 6-8 inches of very warm water for 15-20 minutes. Repeat 2-3 times per day if helpful. You may add Epsom salts to the water.
* Epifoam – this is an anti-inflammatory/anesthetic agent that may be applied to a sanitary pad after a shower and placed against the perineum.
* You can alternate hot/cold therapy using a warm towel and ice
* Avoid standing for long periods of time
* Tylenol

*Cramping*: Uterine cramps are not as pronounced with first babies, but may be quite uncomfortable with second or third births. Tylenol and ibuprofen may be used to alleviate this discomfort and the intensity of pains should diminish substantially each day after delivery. It is helpful to keep your bladder empty. Many times, the strongest cramps occur with breastfeeding due to the release of hormones stimulated by nursing (causing the uterus to contract).

*Vaginal Discharge:* Regardless of whether you have a vaginal birth or cesarean section you will have bleeding after delivery. This is called “lochia” and generally progresses from fairly bright red bleeding to darker red and finally pink or tan discharge when it ends. Normally this discharge lasts 3-4 weeks, possibly up to 6 weeks. Once the flow has started to decrease in quantity and darken in color, watch for changes back to heavier, brighter red discharge. This often indicates increased physical activity, and is a sign from your body to slow down for a few days. If the bleeding continues to be heavy or have a foul odor, please call us. Use external pads during this discharge period, **no tampons.**

*Menstrual Periods:* If you are breastfeeding, your resumption of periods may be delayed anywhere from two to ten months. If you are formula-feeding, your first period will usually occur four to ten weeks after delivery. This first period may be unusual in duration or flow. It is important to use some form of birth control starting from the first time you have intercourse after your baby is born. Your provider will discuss appropriate birth control options with you at your 6 week postpartum visit.

**Mental Health & Sleep**

Tearfulness and some feelings of depression are quite common after delivery. Recovery from the birth, dramatic changes in hormone levels, and the stresses of having a new baby all contribute to this phenomenon known as “baby blues.” **Adequate rest** is extremely important in minimizing the mood shifts. If you feel that we can be of help, please call us. Also, if your depression is prolonged, seems severe, or means that you are unable to take care of yourself or your baby, you should be in touch with us immediately. Contact your health care provider if you are experiencing any of the following:

* Constant fatigue
* Appetite changes
* Lack of joy in life
* Emotional numbness/sense of feeling trapped
* Withdrawal from friends and/or family
* Lack of concern of wellbeing for your baby
* Excessive concern for your baby
* Loss of sexual interest or sexual responsiveness
* Strong sense of failure or inadequacy
* Severe mood swings
* High expectations
* Overly demanding attitude
* Difficult time making sense of things
* Any thoughts of harming yourself or your baby

**Warning Signs**

During the postpartum period, women can develop blood clots, infections, postpartum depression, or have excessive bleeding. While some of these can occur immediately following the birth and can be monitored and controlled for at the hospital, some can occur in the weeks following. Therefore it is extremely important to be aware of your body. Note any pain or any of the following symptoms and contact your health care provider immediately if you are experiencing:

* Severe chills or fever
* Excessively heavy or prolonged vaginal bleeding
* Foul smelling discharge
* Frequent urination or burning while urinating
* Swelling, redness, or tenderness in one area of a breast

Breastfeeding

Breastfeeding is a challenging, yet rewarding experience for both you and your baby. It requires practice and patience, especially for new moms. Seek help from a lactation consultant or health care provider if you are having complications with breastfeeding.

*Supplies:* Be sure to having nursing bras on hand, they help to support the lactating breasts. Also consider using nursing pads to slip discretely into your bra to help absorb leaking milk. You may also consider purchasing a breast pump. Many insurance companies provide a breast pump for free, so be sure to inquire about this with your insurer and ask your provider for a prescription.

*Position:* To begin, try to relax in a comfortable position and quiet location, avoiding major distractions such as TV. Try using a pillow for back support or underneath your arms for support. Position your baby in one of these positions, whichever position is most comfortable for you and your baby:

* **Cross-cradle hold:** Bring your baby across the front of your body (tummy to tummy) while holding your baby with the arm *opposite* from the breast you are feeding with. Support your baby’s head with your free hand.
* **Cradle hold:** Cradle your baby in one arm with your baby’s head resting in the bend of your elbow on the *same* side as the breast you’re using for feeding. Your forearm supports the baby’s back.
* **Football (clutch) hold:** Hold your baby on one side with the same side’s arm while that hand supports your baby’s head (much the same as a football player tucking a football under his arm). Use a pillow at your side to support your arm. Use your free hand to support your breast from the underside in a C-shaped hold, aligning the breast with your baby’s mouth.
* **Side-lying hold:** Lie on your side and use the hand of your lower arm to support your baby’s head position at the breast. Use your upper arm to reach across your body and grab the breast to attach your nipple to your baby’s lips. After your baby latches on, you may use your lower arm to support your head, or both your upper hand and arm to support your baby.

*Latching:* Sometimes getting your baby to properly latch can be difficult. When supporting your breast with a C-shaped hold, be sure your fingers are not too close to the nipple. Aim your nipple toward your baby’s upper lip or nose, not the middle of the mouth. You may gently brush your nipple across your baby’s top lip to stimulate mouth opening. Additionally, your baby’s head should be slightly tilted back. The baby’s chin should not be touching the chest. The majority of the areola below the nipple should be in your baby’s mouth.

*Breast Care:* You may experience a few differences in your breasts after delivery and while breastfeeding. Some symptoms and relief recommendations are provided:

* *Fullness*: A few days after your baby is born your breasts will become full, firm, and tender. This swelling is called engorgement and may cause congestion within your breasts, making the milk flow slower. Engorgement usually subsides within 24-48 hours. To manage engorgement, express some milk by hand before trying to breastfeed. Taking a warm shower or using a breast pump may also help.
* *Sore nipples*: You may experience nipple discomfort when your baby latches on. Apply an ice pack to reduce swelling and soreness, or take a warm shower.
* *Blocked milk ducts:* Sometimes milk ducts become clogged and cause small lumps. Blocked ducts may lead to an infection, so try to empty that breast by offering that one first during feeding, or expressing milk by hand or by pump.
* *Breast infection:* Infection may occur if you do not empty your breasts at feedings, and/or when germs enter your ducts from cracked nipples. If you experience flu-like symptoms call your care provider. Treatment with antibiotics does not affect your ability to breastfeed, so continue doing so.
* *Cracked nipples:* This can be caused by a variety of things such as improper placement of the baby during nursing, soap residue on the breasts, improper latching, or thrush (yeast infection of the breasts). Check your baby’s latch to make sure most of the areola below the nipple is in your baby’s mouth. Try different nursing positions. Gently clean your nipples with non-antibacterial, non-perfumed soap.

*Additional Tips:*

* Continue following the guidelines for a healthy diet. During breastfeeding it may be best to avoid spicy foods. Also, use caution when consuming alcohol, caffeine, and fish. Alcohol should be flushed from your system before breastfeeding. Make sure you are staying hydrated! Drink at least 6-8 cups of water a day. Small amounts of coffee, tea, and soft drinks are acceptable.
* Prepare by reading handouts ahead of time or visiting a lactation consultant.
* Continue taking prenatal vitamins daily.
* Rest! Rest promotes the production of breastmilk by enhancing the production of milk-producing hormones.

Partner Guide

Congratulations! You have just found out that you and your partner are expecting! While joy and gleeful exclamations come to mind for many, others may be feeling nervous, anxious, or even frightened. All of these emotions are normal for any parent to-be.

While pregnancy opens up a whole new world of feelings, emotions, and bodily changes for a woman, her partner is going through major changes as well. This guide will provide you with the information you need to be supportive of your partner’s pregnancy, and to help facilitate and explain some of the changes you might also be experiencing.

**What to Expect When She’s Expecting**

The first trimester is one of the most challenging periods during pregnancy for both the mother and her partner. At times your partner may appear well, and at the next moment she may have a sudden bout of nausea and vomit at the sight of food. Mood swings and nausea triggers are common for pregnant women during this time. Consider some of these tips for helping your partner along during the first trimester:

* *Minimize nausea triggers:* try to prepare smaller meals, avoid foods that induce nausea, and encourage plenty of fluids (such as water or ginger ale)
* *Help to stave off fatigue:* make sure your partner takes in plenty of protein and iron, rests as much as she can, and also gets plenty of physical activity
* *Ride out the mood swings:* remember to show your support, they will pass

“Couvade” is an interesting phenomenon known as the sympathetic pregnancy symptoms that partners may experience during their partner’s pregnancy. These sympathetic symptoms include: weight gain, nausea, fatigue, and mood changes. Don’t be surprised if you experience these symptoms too!

Research has shown that just before the birth, partners also experience: increased levels of prolactin (the female milk-producing hormone), and increase in cortisol (the stress hormone) to help new parents focus and bond with their newborn, and a decrease in testosterone after birth which may indicate an evolutionary shift in focus from a competitive male to nurturing father.

During the second and third trimester, your partner is often feeling a lot better. She may feel like becoming intimate and having sex. Although some partners hesitate and have some initial concerns, it is okay to have sex while pregnant! Have sex in positions that are comfortable for her. These positions may change as you accommodate her growing belly. Oral sex is also okay as long as you do not blow into her vagina, as this could cause an air embolism and threaten not just her life, but the baby’s life as well. If she does not feel like having sex, you can also be intimate in other ways – kiss, offer to massage her, talk on the phone with each other during the day or video call one another while absent, or reserve quiet moments with each other before your day begins.

**Pregnancy Involvement**

It is essential to show your partner your support. Begin showing your support by attending her prenatal appointments. Even if you cannot make it to all of her appointments, attempt to attend the first one and ultrasound appointments. Involvement with your partner’s health care provider will help to shed light on your past medical history to determine the proper course of prenatal care for the baby.

Communication, both with your partner and your baby, is also important. Be sure to talk with your partner about your emotions and physical sensations. This will help you to become more in tune and knowledgeable with her pregnancy. Also, try talking or singing to your baby! Evidence has shown that babies recognize voices in utero. This is a great way to bond with your unborn baby and with your partner. Around 16-20 weeks your baby will begin to move. This is an exciting time for new parents – share these special moments with your partner by feeling her stomach and your baby’s kicks together.

Enroll in a prenatal class with your partner. This will help prepare you for labor and delivery, and provide you with newborn care advice.

Encourage your partner to eat healthy, exercise, and get plenty of rest. Show your support by also trying to live a healthy lifestyle for yourself! Team up and plan healthy meals together, find time to exercise together (such as taking a walk in the evening), and be sure to get plenty of rest yourself. Consider limiting or eliminating certain substances from your routine such as alcohol and tobacco. Support your partner’s sobriety by limiting your own alcohol intake, or abstaining from alcohol during the course of the pregnancy if you so choose. If you are a smoker, do not smoke around your partner, as the secondhand smoke from cigarettes can be harmful for both your partner and the baby. If you can, try to make a plan to quit smoking before the baby is born.

**In summary:**

* Attend prenatal classes
* Communicate with your partner
* Get to know your baby (talk, sing, feel kicks)
* Encourage and support a healthy lifestyle for your partner
  + Eat healthy
  + Exercise
  + Rest
  + Minimize substance intake (including alcohol and tobacco)

**Labor & Delivery**

As the due date approaches, you and your partner will begin feeling increasingly excited and nervous. Here are some tips to guide you through the process:

*Before Labor:*

* Map your route to the hospital (from home and/or work, create backup routes in case of traffic
* Make a plan for childcare if you already have a child at home
* Install your car seat and get it inspected
* Keep a copy of the birth plan (but be prepared to adapt if necessary)
* Pack your bags
* Manage communications
  + Email, phone, or text for communication when the time comes
  + List of family and friends for birth announcement

*During Labor:*

* Help to distract your partner – some helpful suggestions include talking about your day, watching TV or a movie together
* Take short walks around the hospital with your partner, unless otherwise instructed
* Help to time her contractions
* Offer to help massage her between her contractions
* Initiate relaxation techniques taught during childbirth classes
* Make encouraging remarks during the pushing stage

*After Delivery:*

* Become involved in bathing, changing, and cuddling your newborn
* Offer moral support during breastfeeding
* If using formula, offer to take turns feeding your baby
* Facilitate visitors – if your partner is tired, offer to take the baby and walk around the maternity ward with friends and family while she rests
* Bring your partner something she enjoys eating (such as a cupcake from her favorite bakery or a latte from her go-to coffee shop) once she is able to eat and drink again

**Common Anxieties**

As a new parent, there are going to be major stressors; parenting is not always easy! But knowing what to expect beforehand can help to minimize some of the anxiety and stress that new parents face. It is common for new partners to worry about:

* Limited family time leave
* New responsibilities
* Disrupted sleep
* Financial strain
* Less time with your partner
* Decrease in or loss of sexual activity
* Depression

Take action to help mitigate these stressors and stay involved with your partner:

* Talk with your partner about your dreams for the future and how your newborn is likely to affect your life
* Build a network of social support – seek advice from friends and family
* Be proactive about financial issues. Babies will cost a lot of money, so budget and save as much as you are able
* Consider what type of parent you want to be. Reflect on your relationship with your parents and what you may want to do differently

**Be Involved**

Stay connected with your partner and with your family after the baby is born. Take turns caring for the baby; play with your newborn and continue to be affectionate and communicative with your partner. These are all important ways to become involved with your new family, and your partner will appreciate it too.

If there are concerns, if you are feeling stressed, have feelings of depression, or sense there are issues arising in your relationship as you adjust to the new family dynamic, seek out a counselor or mental health professional.

One thing to remember is to *relax.* Parenthood is challenging and can leave your feeling exhausted. Take turns helping with nighttime feedings to maximize sleeping opportunities for both you and your partner. Once you feel ready, have a family member or close friend care for your baby overnight so that you and your partner can take a night off to spend time with each other. It is important not to overlook your relationship; date nights can help maintain your bond together.

**You Did It!**

You are now a parent! Just remember, parenting is not without its fair share of challenges. It will at times be a stressful, yet often rewarding path. It takes practice and patience to raise a child, and nobody does it perfectly. Take parenting one day at a time. Most importantly, enjoy these moments with your new family.

Resources

**Childbirth Classes**

Childbirth education classes provide detailed information regarding labor and birth, and are intended to prepare you and your partner by increasing your knowledge about the birth process. Your body certainly “knows” how to give birth, so there is no illusion that anyone educates your body to give birth. The classes do present a variety of specific coping mechanisms to decrease discomfort, such as breathing and relaxation techniques, positions for comfort, guided imagery, and massage. Other topics typically discussed include symptoms and physiology of labor, fetal monitoring, and medications available for pain relief, episiotomies, and potential complications. Often, classes also address issues related to the care of the newborn and breastfeeding.

There are a variety of childbirth education programs available throughout the area, however we at Capital Women’s Care recommend Sweat Pea Childbirth Preparation. Other options include The Breastfeeding Center for Greater Washington, and Sibley Memorial Hospital.

**Sweet Pea Prep:**

Lisa Holloway, a Women’s Health Nurse Practitioner who practices at Capital Women’s Care, founded Sweet Pea Childbirth Preparation in 2015 to fill a void in women’s health education in the greater DC area. Lisa, a mother of two herself, feels that childbirth education enhances birth satisfaction, and she works to provide the most accurate and compassionate care possible. Sweet Pea offers several classes, including Pregnancy Planning, Nutrition in Pregnancy, Birthing Basics, Infant Care and Breastfeeding, and they even offer private classes. Sweet Pea is conveniently located in the office of Capital Women’s Care on K street NW. Feel free to visit their website for more information: [www.sweetpeaprep.com](http://www.sweetpeaprep.com)

If you have questions about which class might best meet your needs, feel free to discuss these concerns with your care provider.

**The Counsyl Family Prep Screen**

**You can be a “carrier” for a genetic disease and not know it.** Occasionally, parents can be “silent” carriers of a genetic disease that is passed on to their child. These conditions are usually autosomal recessive. This means that both parents must be carriers in order to have a child affected with the disease. Since carriers are often healthy, most do not know they are carriers until they have a child born with the disease.

For more information about genetic disease inheritance, visit: <https://www.counsyl.com/services/family-prep-screen/>

**Genetic testing is available to determine your risk.** The Counsyl Family Prep Screen (FPS) allows you to test for mutations associated with over 100 genetic diseases. The test is for both men and women that are planning to have children, now or in the future. The FPS is noninvasive, requiring only a blood or saliva sample. Knowing your genetic risk allows you to find out whether you are a “carrier” for genetic disorders. The FPS screens for more diseases than ever before, enabling the identification of more at-risk couples than was previously possible.

**Your results are important for family planning.** You might be wondering what your results will mean. If you are found to have a high reproductive risk, you haveoptions. You may decide to have preimplantation genetic diagnosis (PGD), a process that assures that a child will notinherit the genetic disease, or undergo testing during your pregnancy. Some individuals consider adoption or opt tonot have children. Even if you would not choose any of these options, you can use the information to betterprepare for the possibility of having a child with a genetic disorder. There are many resources in the local community.

**Examples of diseases included in the Family Prep Screen**

|  |  |  |
| --- | --- | --- |
| Disease | Carrier Frequencies | Notes |
| Cystic Fibrosis | 1 in 28 Caucasians and Ashkenazi Jews | Though less common in other groups, cystic fibrosis carrier screening is recommended for all ethnic populations. |
| Spinal Muscular Atrophy (SMA) | 1 in 35 Caucasians; also common in most other ethnic groups | SMA is the most common genetic cause of death in infants under 2 years of age. |
| Sickle Cell Disease | 1 in 12 African-Americans, 1 in 23 Hispanics | Sickle cell disease is also seen in individuals of Indian or Mediterranean descent. |
| Tay-Sachs Disease | 1 in 30 Ashkenazi Jews | French-Canadian, Cajun, and Irish individuals also have an increased risk for Tay-Sachs. |

The FPS screens for mutations in these and over 100 other diseases. The very in frequency among ethnic groups, but our test is “universally” applied to identify individuals in the most common and least common groups. The full disease list can be found at <http://www.counsyl.com/diseases>

**How to get the Family Prep Screen**

**Registering:** Capital Women’s Care makes this test available to its patients who are considering pregnancy. The sample can be easily collected in the office by blood draw, or at home with a saliva kit, and sent to Counsyl’s laboratory for analysis. Ask your provider to create an order for you, and the nurse will collect a sample in the office. Or, follow these steps to take the Family Prep Screen at home:

1. Go to <https://www.counsyl.com/accounts/signup/>
2. After creating an account, select **Get Counsyl** on <https://www.counsyl.com/my/>
3. Select **Family Prep Screen**
4. Enter authorization code from **card provided at visit** and select your referring physician
5. Select **Family Prep Screen 2.0 (Sequencing)**
6. On the next screen, if both partners are performing testing simultaneously, select **Yes**
7. Proceed with the ordering process as instructed

Note: This code is unique to you and will only work once.

The test kit will be delivered directly to your home. A pre-paid FedEx remailer will be included for returning your sample to Counsyl. **Do not eat, drink, smoke, chew gum, or otherwise alter your saliva for at least 30 minutes before supplying the sample. Write your name and date-of-birth on the sample tube.**

**Billing & Payment**: Counsyl is in-network with major payers. As with any test, you are responsible for your co-pay, co-insurance, and deductible according to your policy. Regardless of your insurance plan, we will always bill you according to your in-network benefits. This ensures that you will always pay lowest possible out-of-pocket cost of any laboratory. **Once Counsyl receives your test order, they will reach out to you via email with your estimated out-of-pocket responsibility. Because of their in-network status, most patients pay less than $199. After you receive your email, Counsyl gives you options on how you’d like to proceed.** You may learn more about their billing process at [www.counsyl.com/price](http://www.counsyl.com/price) or by emailing [bill@counsyl.com](mailto:bill@counsyl.com)

**Results & Genetic Counseling:** Your results will be delivered to Capital Women’s Care approximately 2-3 weeks after Counsyl receives your sample. Genetic counseling is available, free of charge, to discuss your results. Capital Women’s Care strongly recommends that anyone with abnormal results contact a genetic counselor. When your results are ready, you will receive an email notification with included instructions on how to view your results and schedule a complimentary consult with a genetic counselor. You can also schedule a consult at anytime by visiting [www.counsyl.com/consults](http://www.counsyl.com/consults)

**Limitations to Genetic Carrier Screening:** All genetic carrier screening tests have limitations. The primary limitation is that some individuals who are truly carriers will not be identified. These carriers may have rare genetic variants that are not screened for by commercial genetic tests, which typically look for the most common variants. Further genetic testing may be helpful, depending on individual circumstances, family history, and FPS results. For this reason, you may be recommended to consult with a genetic counselor, available through Counsyl or locally.

**The Counsyl Informed Pregnancy Screen**

**Screen your pregnancy early and safely.** The Informed Pregnancy Screen (IPS) is a non-invasive prenatal screen (NIPS) that is routinely used to analyze common chromosome abnormalities, including Down syndrome, trisomy 13 and trisomy 18. The same technology can be used to evaluate the risk for abnormalities involving the X and Y chromosomes and predict the sex of the fetus as early as 10 weeks into the pregnancy. Using a routine blood draw from the mother, the screen poses no risk of miscarriage and is highly accurate. The Informed Pregnancy Screen can be used on IVF pregnancies using donor gametes and on twin pregnancies.

**Safe:** This approach is the most accurate way to determine the likelihood of chromosome conditions without causing riskto a pregnancy. This screening has dramatically reduced the need for invasive procedures such as amniocentesis.

**Conditions Screened:** Orders can be customized to include sex chromosome analysis and/or microdeletions\* to meet your individual needs.

|  |  |
| --- | --- |
| Common Aneuploidies | Sex Chromosome Analysis\* |
| Trisomy 21 (Down syndrome) | Monosomy X (Turner syndrome) |
| Trisomy 18 (Edwards syndrome) | Klinefelter syndrome (XXY) |
| Trisomy 13 (Patau syndrome) | Trisomy X syndrome (XXX) |
|  | Male (XY) |
|  | Female (XX) |

\*Microdeletion analysis and sex chromosome aneuploidy analysis can only be performed with a singleton pregnancy. The presence or absence of Y chromosome DNA can be performed on twin pregnancies to determine whether both twins are female or one or both are male.

**How to Get the Informed Pregnancy Screen**

Every Counsyl Informed Pregnancy Screen is collected via a blood sample by the nurse. If this is something you’d like done, let your provider know and they will create an order for you. A form (“Preconception/Prenatal Requisition Form”), provided by your nurse, will be mailed with your sample kit.

**Billing & Payment:** Counsyl is in-network with most payers. As with any test, you are responsible for your co-pay, co-insurance, and deductible according to your policy. **Once Counsyl receives your test order, they will reach out to you via e-mail with your estimated out-of-pocket responsibility. The average out-of-pocket for patients with pregnancies at increased risk of genetic abnormality, is less than $200. After you receive your e-mail, Counsyl gives you options on how you’d like to proceed.** You can learn more about their billing process at [www.counsyl.com/price](http://www.counsyl.com/price) or by e-mailing [billing@counsyl.com](mailto:billing@counsyl.com)

**Results & Genetic Counseling:** Your results will be delivered to Capital Women’s Care approximately 1-2 weeks after Counsyl receives your sample. Genetic counseling is available, free of charge, to discuss your results. Capital Women’s Care strongly recommends that anyone with abnormal results contact a genetic counselor. When your results are ready, you will receive an email notification with included instructions on how to view your results and schedule a complimentary consult with a genetic counselor. You can also schedule a consult at any time by visiting [www.counsyl.com/consults](http://www.counsyl.com/consults)

**Limitations to Non-invasive Prenatal Screening:** All non-invasive prenatal screens have limitations. A normal result reduces, but does not eliminate, the risk for chromosome abnormalities. It is important to know that this test is not diagnostic and that any positive results should be followed up by CVS or amniocentesis for confirmation.

**Birth Plan Worksheet**

**PREPARATION**

* Time to come to hospital/birthing center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Items to bring with you to hospital/birthing center:
  + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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  + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Concerns you have regarding birth:
  + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Things you look forward to during birth:
  + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Your support person during labor & delivery:  
  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HYDRATION**

* Do you wish to:
  + Sip water during labor
  + Have unrestricted access
  + Have no oral intake

**CESAREAN BIRTH\***

* Preferences:
  + Elective c-section
  + C-section if necessary (after all other interventions exhausted)

**PAIN**

* Natural pain relief preferences:
  + Shower
  + Birthing ball
  + Music
  + Dim lights
  + Walking
  + Rocking chair
  + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Pain medication preference:
  + Epidural
  + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POSITION** (Check all that apply)

* For pushing and delivery, do you desire to be:
  + Sit up in bed
  + Lie on your back and use stirrups
  + Lie on your side
  + Squat
  + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EPISIOTOMY\***

* Your preferences:
  + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**After Birth Worksheet**

**AFTER THE BIRTH** (check all that apply)

* Do you desire to:
  + Have your baby handed to you directly (skin to skin contact)
  + Have baby wrapped in a blanket then handed to you
  + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CIRCUMCISION** (Circle one)

* Preference:
  + Yes
  + No

**FEEDING**

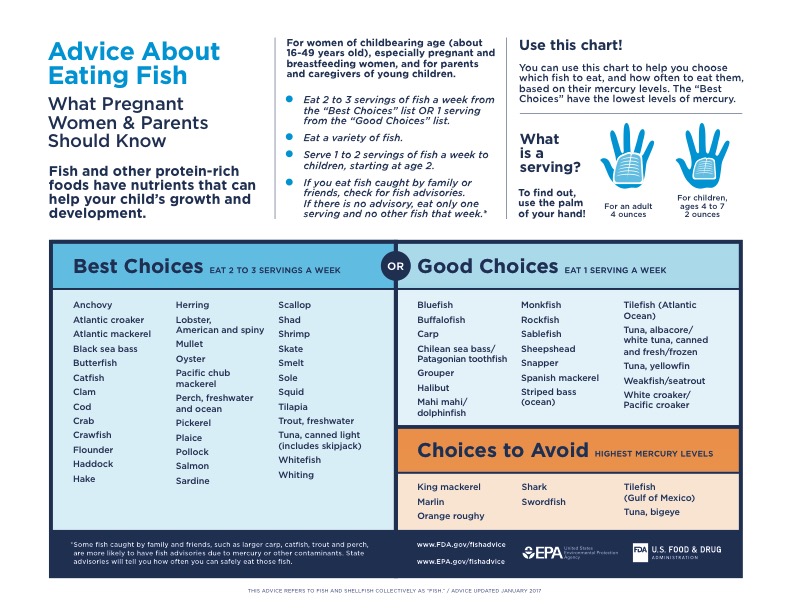
* How do you plan on feeding your baby?
  + Breastfeed exclusively
  + Breastfeed and bottled breast milk (pumping and storing)
  + Breastfeed and formula
  + Formula
* If breastfeeding, how long do you desire to breastfeed your baby?
  + Until I return to work
  + For \_\_\_\_\_ weeks
  + For \_\_\_\_\_ months

**SLEEPING**

* Desired sleeping arrangements for your baby:
  + Nursery
  + Rooming-in

**Pregnancy Safe Medications Chart**

|  |  |
| --- | --- |
| Allergy | * Benadryl * Claritin, Zyrtec * NOT: the “D” form of these medications, kept behind the counter |
| Cold & Flu | * Tylenol * Warm salt-water gargles * Saline nasal drops or spray * Robitussin DM (dextromethorphan/guaifenesin), Halls, Mucinex * **NOT:** pseudoephedrine/phenylephrine or afrin |
| Constipation | * Metamucil * Citrucil * Fibercon * Colace * Milk of Magnesia * Senekot |
| Diarrhea | *Typically only treated if persistent beyond 3 days*   * Kaopectate * Immodium |
| First Aid Ointment | * Bacitracin * Neosporin |
| Headache | * Tylenol (acetaminophen) |
| Heartburn | * Maalox * Mylanta * TUMS * Pepcid * Zantac |
| Hemorrhoids | * Preparation H * Anusol * Tucks * Witch Hazel |
| Nausea & Vomiting | * Vitamin B6 (50mg every 6 hours) * Sea Bands * Ginger products * Discuss prescription options with your provider |
| Rashes | * Hydrocortisone cream/ointment * Caladryl lotion/cream * Benadryl cream * Oatmeal bath (Aveeno) |
| Yeast Infection | * Monistat or Terazol |
| \*PLEASE NOTE: No drug can be considered 100% safe to use during pregnancy\* | |

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**Infant Care Checklist**

**Transportation:**

* Car seat

**Infant-related:**

* Newborn diapers
* Alcohol-free baby wipes
* Diaper cream
* Bath
  + Tub
  + Baby washcloths and/or sponges
  + Non-perfumed soap or baby wash
  + Powder or oil (used sparingly)
* Clothing
  + Onesies
  + Foot coverings
  + Sweaters
  + Nightgowns (to use until the cord falls off)
  + Hats
  + Mittens
  + Laundry detergent
* Waterproof pads (for bedding)
* Receiving blankets (for swaddling)
* Bibs
* Burb cloths
* Formula (if not breastfeeding)
* Bottles
* Pacifiers
* Thermometer
* Nail clippers
* Medicine spoon and/or eye dropper
* Crib/bassinet
* Stroller
* High chair

**For the Mother:**

* Maxi pads
* Nursing pads
* Sports bras (or comfortable bras)
* Breast pump
* Optional: nursing pillow

**Safety:**

* Outlet covers
* Cabinet locks

**Books, Apps, & Websites**

*Books*

* *Ina May’s Guide to Childbirth* by Ina May Gaskin
* (For Dads) *The Expectant Father* by Brott & Ash
* *Mayo Clinic: Guide to a Healthy Pregnancy*
* *The Whole 9 Months* by Jennifer Lang, MD

*Apps*

* The Bump-Daily Pregnancy & Baby Tracker
* Baby Bump Pregnancy Pro
* Glow Nurture
* Ovia Pregnancy Tracker

*Websites*

* www.acog.com
* www.cdc.gov/pregnancy/
* www.mayoclinic.org