



# Preparing for Baby

Your personal guide to pregnancy and postpartum care





# Your Baby's Health

Your Baby's Provider: \_\_\_\_\_

Telephone: \_\_\_\_\_

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Emergency Contact: \_\_\_\_\_

## Chandler Regional Medical Center



1955 W. Frye Rd., Chandler, AZ 85224  
480.728.3000

## Mercy Gilbert Medical Center



3555 S. Val Vista Dr., Gilbert, AZ 85297  
480.728.8000

# Congratulations

You're about to begin a healthy, happy journey through pregnancy, childbirth and parenting! This is the beginning of an unforgettable time in your life, and we will work to make every moment a treasure that you will embrace forever.

## **HOW TO USE THIS BOOK**

The feelings and emotions you experience over the coming months and years will be unique to you. That's part of what makes them so special. But there are certain things you can expect, anticipate, prepare for and enjoy at various stages along the way. To help you make the most of this very important time, we've prepared this resource. This booklet is a tool to help you understand your pregnancy, prepare for your child's birth and keep your baby safe and secure once they arrive home.

As you're reading, you may want to make notes or write down questions you have for your health care provider.

Also included in this resource is important information to read ahead of time and to take with you when you go to the hospital to deliver your baby. It will introduce you to your options in Labor and Delivery, and what to expect.

*Disclaimer: Printing the contents of this booklet are for personal use only and distribution is prohibited. The information in this booklet is not intended as medical advice or to replace information provided by a doctor.*

# Dear Soon-to-be Parent

Congratulations on the upcoming birth of your baby! We know this is a very special time for you, and we would like to support you through the process. This guide prepares you for delivering your baby with Dignity Health. Our hospitals are accredited by the Joint Commission, which sets high standards for hospitals, including patient safety.

Our Family Birth Centers include our Labor and Delivery Unit, Family Centered Care Unit, Special Care Nursery, and Neonatal Intensive Care Unit (only available at some birth centers). In our Family Birth Centers, you will find excellent staff members, dedicated to the health of all moms, babies, and families.

At Dignity Health, we are dedicated to educating and helping expecting parents like you prepare for your new arrival, whether this is your first or eighth! We offer a variety of classes, such as Childbirth Preparation, The Art of Breastfeeding, Baby Your Baby Infant Care Class, Teen Childbirth Preparation and Support Groups to assist moms that experience difficulties with Postpartum Depression or would like extra assistance with breastfeeding. In addition, we also have a variety of safety classes and programs for the community, including Keeping Kids Safe, Car Seat Clinics, and Safe Sitter. All of our classes will play a special role in preparing you for your journey ahead.

If you wish to register for any of our classes, tour our Family Birth Center, or need assistance selecting a doctor or pre-registering your hospital stay, please visit us online at **[dignityhealth.org/mybabyAZ](https://www.dignityhealth.org/mybabyAZ)** and select classes and events or call **480.728.5414**.

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## DIGNITY HEALTH EAST VALLEY LOCATIONS

<b>Family Birth Centers</b>	<b>Freestanding</b>
<b>Chandler Regional Medical Center</b>	<b>Emergency Rooms</b>
1955 W. Frye Rd. Chandler, AZ 85224 480.728.3000	<b>Ahwatukee</b> 4328 E. Chandler Blvd. Phoenix, AZ 85048 480.454.3630
<b>Mercy Gilbert Medical Center</b>	<b>Chandler</b>
3555 S. Val Vista Dr. Gilbert, AZ 85296 480.728.8000	2977 E. Germann Rd. Chandler, AZ 85286 480.732.7540
<b>Urgent Care Centers</b>	<b>Chandler McQueen</b>
<b>Ahwatukee</b>	1064 E. Ray Rd. Chandler, AZ 85225 480.494.5100
4545 E. Chandler Blvd. Phoenix, AZ 85044 480.728.4000	<b>Gilbert</b>
<b>Gilbert</b>	4760 E. Germann Rd. Gilbert, AZ 85297 602.900.4870
1501 N. Gilbert Rd. Gilbert, AZ 85234 480.728.4100	<b>Mesa-Baseline</b>
<b>Maricopa</b>	1910 S. Gilbert Rd. Mesa, AZ 85204 480.410.6150
20750 N. John Wayne Pkwy. Maricopa, AZ 85139 520.233.2468	<b>Mesa</b>
<b>Queen Creek</b>	1833 N. Power Rd. Mesa, AZ 85205 480.398.7340
7205 S. Power Rd., Ste. 101 Queen Creek, AZ 85242 480.728.6000	<b>San Tan Valley</b>
<b>Tempe</b>	1419 W. Hunt Hwy. San Tan Valley, AZ 85143 480.245.4300
5125 S. Rural Rd. Tempe, AZ 85282 480.306.8780	







## Welcome

### “HELLO” FROM OUR FAMILY BIRTH CENTERS

From your very first visit to our hospitals to the birth of your baby, our goal is to make this moment a very special family event. Our private birthing rooms are warm and inviting. Each room is equipped with the latest technology and modern conveniences. Our doctors and nurses will impress you, too. We invite you to tour any of our Birth Centers and explore the many prenatal and childbirth classes we offer to help you prepare for the arrival of your baby.

Our Family Birth Centers have been designed to allow you and members of your family to experience the birth of your baby in comfortable surroundings. The Family Birth Center consists of the following three main areas:

**Labor, Delivery, and Recovery Suites:** Under normal circumstances, you will labor, deliver, and recover in one of these suites. Each suite is private and features a multi-position birthing bed (so that you do not have to move to a different bed for delivery), a private bathroom with a shower, state-of-the-art fetal monitoring equipment (that monitors your baby’s heartbeat and your contractions), and all the equipment necessary to care for you and your baby.

If you need to deliver your baby by Cesarean section (C-section), you will give birth in a surgical suite equipped for this purpose.

**Family Centered Care:** After birth, you and your child will be cared for as one unit by a team of providers. This is referred to as Family Centered Care. All rooms are private and feature a bathroom, shower, television and telephone.

**Nursery:** Under most circumstances, healthy newborns will “room in” with their mothers. The nursery is reserved for mildly ill babies or babies that required additional assistance in their first few days. It is our goal to keep your baby with you as much as possible to encourage the bonding process.

## PREPARING FOR THE BIRTH OF YOUR BABY

Your admission and delivery will be much easier if you complete the following steps before your baby is due.

**Birth Center Tour:** Plan to tour our Birth Centers so that you become familiar with the facilities and know what to expect. We invite you to tour our Family Birth Center about your sixth month of pregnancy. For tour information please visit [dignityhealth.org/mybabyAZ](https://dignityhealth.org/mybabyAZ) or call **480.728.5414** Monday through Friday from 8 a.m. to 5:30 p.m.



**Pre-registration:** Save yourself some time by pre-registering your hospital stay. We offer a convenient way to expedite your check-in process by gathering your insurance and other important information before you come to the hospital. You can pre-register by mail, telephone, at the hospital or online by going to [dignityhealth.org/mybabyAZ](https://dignityhealth.org/mybabyAZ) and select the hospital of your choice under the tour section.

**Make Arrangements to Pay Your Portion of the Hospital Bill:** Many insurance plans do not cover the entire hospital bill. Contact your insurance representative to learn about your coverage. If you do not have insurance or your insurance does not cover your entire bill, you will need to make arrangements with Patient Financial Services to pay the remainder. We will help you arrange for a convenient way to pay your portion through a pre-arranged payment plan or a credit card payment. Call 480.728.4300 for information.

**Choose a Doctor for Your Baby:** A pediatrician or family doctor must see your newborn in the hospital. It is best to choose a doctor several months before your baby is due by consulting with your obstetrician and insurance company in making this decision. Often times, your baby will initially be examined by a hospitalist (staff doctor), then you will follow up with your child's doctor after discharge. If you need to find a doctor, call 1.888.482.6041 or visit us online at [dignityhealth.org/Arizona](https://dignityhealth.org/Arizona).

**Attend Prenatal Classes:** Dignity Health offers a variety of classes from Childbirth Preparation to Keeping Kids Safe. All of our classes will help you to become knowledgeable and comfortable with your new baby. Registration is required and it is best to call and schedule classes in your fifth or sixth month of pregnancy. For more information on classes or to register, please visit [dignityhealth.org/azce](https://dignityhealth.org/azce). For class descriptions, please refer to the "Prenatal Education" section of this guide.

**Install Child Safety Seat:** All infants are required to leave the hospital in a child safety seat. Be sure to purchase and have one installed before the expected birth of your baby.



# Prenatal Care

One of the immediate steps you can take to ensure that you and your baby remain healthy throughout your pregnancy is obtaining regular prenatal care. In addition to maintaining proper health for both of you, placing yourself under a doctor's care as soon as you know you are pregnant provides opportunities for education, gives you a resource to answer your questions and offers support and reassurance.

This section covers the following topics related to prenatal care:

- Prenatal Tests
- Warning Signs
- Pre-Term Labor
- High-Risk Pregnancies
- If You Get Sick

Enlisting the services of a qualified doctor and following his or her advice and instructions is the first step in the right direction.

## PRENATAL TESTS

Prenatal care has come a long way in the last several decades. Your mother probably didn't have the benefits of some of the more sophisticated testing that is available today, such as amniocentesis, chorionic villus sampling or ultrasound. Depending upon your age, your history and your overall health status, your doctor may recommend that you have several prenatal tests during your pregnancy to determine how you and your baby are progressing. The most common prenatal tests include:

**Amniocentesis:** Amniocentesis is a procedure in which a sample of amniotic fluid is extracted from the uterus and then analyzed to determine if there are genetic abnormalities that may indicate the presence of certain birth defects, such as Down syndrome. Amniocentesis is most often performed on women over 35 years old. Other candidates for amniocentesis include women (or parents) with a history of genetically inherited conditions such as sickle cell anemia, Tay-Sach's disease, Huntington's chorea or hemophilia; women who have had babies with genetic abnormalities or neural tube defects, women who have received a positive prenatal test such as Alpha Fetoprotein (AFP), or to help determine fetal lung maturity. Amniocentesis is not routinely performed on all pregnant women and there are risks associated with it. Your doctor will tell you if you are a candidate for amniocentesis and discuss the risks and advantages of this test with you.

**Alpha Fetoprotein (AFP):** AFP testing (also known as Maternal-Serum Alpha Fetoprotein) is a routine screening typically done between the 16th and 18th week of pregnancy. A sample of the mother's blood is drawn and analyzed for the levels of AFP in her system. Different levels of AFP in the mother's bloodstream may be an indicator of a particular birth defect, such as Down syndrome or spina bifida. Some doctors believe that this test has a high percentage of false positives (in other words, nothing is wrong), and therefore don't offer it; others leave it up to the patient. Talk with your doctor about the merits of the AFP test and whether he or she recommends it for you.

**Chorionic Villus Sampling (CVS):** CVS uses samples of cells taken from the chorionic villi, which are small, finger-like projections on the chorion, to screen for genetic defects in the unborn baby. (The chorion is the membrane that will eventually form the fetal side of the placenta.) CVS has an advantage over amniocentesis in that it can be done earlier – eight to 12 weeks – in the pregnancy.

CVS is not performed on all pregnant women because there are risks associated with the test. Your doctor will tell you if you are a candidate for CVS and discuss the risks and advantages of this test with you.

**Glucose Tolerance:** Glucose tolerance testing is a routine test that is used to determine whether you have developed gestational diabetes. Glucose is a simple sugar that is important for your health and your baby's development. Gestational diabetes occurs when your body is unable to convert glucose into energy. A glucose tolerance test is usually given at around 28 weeks, toward the beginning of your last trimester. The lab technician draws blood, then gives you a drink that is high in glucose. After one hour, your blood is redrawn and analyzed. Depending on the results, you may have to take an additional test that lasts about three hours. If gestational diabetes is confirmed, your doctor will set up a plan to manage your condition until your baby is born. (Most women recover completely from gestational diabetes after they deliver.)

**Group B Streptococcus (GBS):** GBS is a dangerous bacteria that can have potentially devastating effects on the lungs, blood and other organs of the baby. A pregnant woman who carries GBS runs the risk of passing the bacteria to her baby during delivery, because the bacteria can colonize in the lower intestine and vagina. For that reason, some doctors screen all women for GBS. The test is performed on a mucous sample obtained during a pelvic exam, usually between the 35th and 37th week of pregnancy. If your test results are positive, talk with your doctor about what you can do to prevent transmission of GBS to your baby during delivery.

**Ultrasound:** Ultrasound screenings are routinely done starting around the 18th week of pregnancy. In a normal pregnancy, ultrasound is used to determine whether the baby is developing normally, the baby's size, the accuracy of the due date, the amount of fluid, gender of the baby and much more. Ultrasound may be done earlier or later in pregnancy if there are questions or concerns about the baby's development. The technology works by bouncing sound waves off internal structures, allowing the technician to see what's happening inside the mother's body on a monitor attached to the ultrasound machine. Ultrasound is a very safe method of learning more about your pregnancy. Your doctor may have an ultrasound system in his or her office, or they may contract with a company that provides ultrasound screenings. Your doctor will advise you when to have your ultrasound(s).



## **WARNING SIGNS**

No one wants to think that something could go wrong with their pregnancy, but knowing the signs of trouble is important; it could make the difference in saving your baby's life or your own.

If you experience any of the following symptoms, call your doctor immediately. Your doctor will provide guidance which may include seeking care in the Emergency Department or Labor and Delivery.

- Heavy vaginal bleeding
- Sudden swelling in your face or fingers
- Severe or continuous headache
- Dim or blurred vision
- Dizziness or fainting
- Persistent vomiting
- Chills or fever (100.4° or higher)
- Pain or burning when you urinate
- Leaking or gush of fluids from your vagina before your due date
- Change in frequency or intensity of fetal movements (either greatly increased activity, decreased activity or no fetal movement). Babies usually move four to six times per hour.
- Sudden, severe and/or constant abdominal pain
- A lot of pressure in your pelvic area, or a feeling to bear down and push

These are just some of the more common warning signs. Every woman and pregnancy is different; always follow the advice of your doctor, as they know you and your health best.

## PRE-TERM LABOR

Pre-term labor is defined as labor that begins prior to end of the 37th week of pregnancy. Pre-term labor is a concern because babies born before 37 weeks gestation may have a low birth weight (less than 5½ pounds) or other complications, which can lead to health problems.

### Risk Factors

Although it is unclear what causes pre-term labor, there are certain risk factors that have been identified:

- Previous pre-term birth
- Multiple fetuses (twins, triplets or more)
- Previous miscarriages or abortions
- Amniotic fluid or fetal membrane infections
- Excessive amniotic fluid
- Problems or abnormalities with the mother's uterus or placenta
- Serious illness for the mother
- High blood pressure in the mother
- Dehydration and urinary tract infections

### WARNING SIGNS OF PRE-TERM LABOR

If you experience any of the following warning signs, you could be experiencing pre-term labor. Call your doctor immediately if you have:

**Uterine contractions** every 10 minutes or more than four contractions in an hour. You may experience no other warning signs, but if you have contractions at regular 10-minute intervals, or even more frequently, seek medical attention immediately.

**Menstrual-like cramps** felt in the lower abdomen; the pain may come and go, or it may be constant.

**Low, dull backaches** felt below the waistline; the pain may come and go, or it may be constant.

**Pelvic pressure** that feels like the baby is pushing down; the pressure comes and goes.

**Abdominal cramping**, with or without diarrhea.

**Increase or change in vaginal discharge**; more than usual, mucus-like, watery or light bloody discharge (called bloody show, this discharge is often described as “pink-tinged streaks” of blood).

*Note: Many women experience the above symptoms at some point in their pregnancy. Your particular symptoms may not indicate pre-term labor, but it is best to notify your doctor so that he or she can help you decide the best steps based on your individual situation.*



## TREATMENT OF PRE-TERM LABOR

If you experience pre-term labor, your doctor will discuss your options with you. Several factors are taken into consideration when determining how to treat pre-term labor, including the risks to both the mother and the baby if labor is stopped or allowed to continue to delivery. Typical treatments for pre-term labor include hydration, bed rest, either in the hospital or at home, and medication. Your doctor will help you determine which option is right for you and your baby.

## HIGH-RISK PREGNANCIES

There are many factors that define a pregnancy as “high-risk.” Among other things, a pregnancy is considered high-risk if the mother is carrying multiple fetuses or has a serious pre-existing medical condition, such as cancer, diabetes, or high blood pressure. Multiple miscarriages is another factor that characterize a high-risk pregnancy.

There also are conditions that sometimes present themselves toward the end of pregnancy that are considered high-risk, such as breech presentation, gestational diabetes and pre-eclampsia, or pregnancy-induced hypertension.

If your doctor determines that yours is a high-risk pregnancy, he or she will have specific instructions for you to follow. It is extremely important for the health of you and your baby, that you follow your doctor’s directions completely and that you report any signs of trouble immediately. If you need a maternal fetal medicine specialist, please call 1.800.420.2880.





## IF YOU GET SICK

Everyone gets sick occasionally, and pregnant women are no exception. Naturally, you should do everything you can to prevent yourself from becoming ill in the first place. For example, wash your hands frequently, avoid contact with people who are sick, and take your prenatal vitamins.

If you do become ill, you've probably heard that "you can't take anything" to relieve your symptoms because you're pregnant. Fortunately, that's not true for all women. If your pregnancy is progressing normally and your overall health is good, your doctor will likely recommend certain types of over-the-counter medications that will not harm your unborn baby if you have a cold, allergies or an upset stomach; however, do not take any medications or alternative medicine supplements during pregnancy without your doctor's knowledge and/or recommendation.

### Colds, Flu & Other Respiratory Illnesses

- Get additional rest at the first sign of a cold to avoid the possibility of a secondary infection, such as bronchitis.
- Elevate your head while you're lying down or sleeping to help you breathe more easily.
- Eat right, even if you don't really feel like it; proper nutrition will help you fight off what's bugging you.
- Drink fluids—a minimum of eight 8-ounce glasses of fluids, including water, juice, and soups—to prevent dehydration and keep your nasal passages moist.
- Use a humidifier, which also keeps your nasal passages moist and makes it easier for you to breathe.
- Gargle with warm salt water to relieve a sore throat.
- If you're running a fever, take cool showers or baths, drink cool beverages and wear lighter clothing. (Don't take aspirin because it can be harmful to your baby, especially in the third trimester. If your fever reaches 100.4° or higher, call your doctor immediately.)

### Stomach (Gastrointestinal) Trouble

- Discuss your symptoms with your doctor. Be sure to report any fever.
- Rest.
- Get plenty of fluids — as much as you can keep down — to prevent dehydration from vomiting and diarrhea. Water, sports drinks, popsicles, juices and clear broths usually work well.
- Change your diet. If you have a stomach virus, it's not a good idea to eat for a few hours after the onset of symptoms, because whatever you put into your stomach will probably just come back up anyway. But when you think you can keep something down, try clear liquids first, then crackers, dry toast, rice, applesauce or bananas.
- Take your prenatal vitamins when you think they'll be less likely to come back up.

If you experience other symptoms of illnesses that are more serious than a simple cold or upset stomach, call your doctor for advice and/or instructions.



## Healthy Pregnancy

Pregnancy can be the most joyful time in a woman's life. As you move through the coming months, you will be amazed time and again at how nature and the human body work together to produce another human life. It truly is a miracle.

Obviously, the goal of every pregnancy is a healthy mother and a healthy baby. Fortunately, the modern times we live in, with our vast medical knowledge, new technology and safe water and food supplies, make achieving this goal easier than ever before. We know more now about what actually occurs during conception and pregnancy than at any other time in our history. For example, several decades ago pregnant women (and their doctors) were unaware of the dangers posed by smoking during pregnancy, or the effects of alcohol on unborn children. We didn't even know the importance folic acid plays in an unborn baby's development until the 1980s.

This section covers important topics to help you ensure a healthy pregnancy for you and your baby:

- Nutrition
- Exercise
- Stress
- Smoking
- Substance Abuse
- Common Discomforts & Solutions

Taking care of yourself has never been so important, for your well-being and your baby's. When you eat right, exercise, abstain from smoking, alcohol and other substances and get plenty of rest, you will not only feel better during your pregnancy, you will also have the satisfaction that comes from knowing that you gave your baby the very best start possible.

## NUTRITION

The one thing about your pregnancy that you can control above everything else is how you take care of yourself. Naturally, what you eat plays a big role. After all, you're eating for two now—and that means anything you put in your body affects your unborn baby.

### What Should I Eat?

The United States Food & Drug Administration (FDA) has established a food pyramid for pregnant women patterned after the standard food pyramid. The Daily Meal Plan for pregnant moms shows slightly more amounts of food during the 2nd and 3rd trimesters because you have changing nutritional needs. This is a general Plan. You may need more or less than the Plan.\* Typically, a pregnant woman's daily diet should include:

Food Group	1st Trimester	2nd and 3rd Trimesters	What counts as 1 cup or 1 ounce?	Remember to...
Eat this amount from each food group daily.*				
Vegetables	2 1/2 cups	3 cups	1 cup raw or cooked vegetables or 100% juice 2 cups raw leafy vegetables	Make half your plate fruits and vegetables. Choose a variety. Eat more dark-green and red and orange vegetables and beans and peas.
Fruits	2 cups	2 cups	1 cup fruit or 100% juice 1/2 cup dried fruit	
Grains	6 ounces	8 ounces	1 slice of bread 1 ounce ready-to-eat cereal 1/2 cup cooked pasta, rice or cereal	Make at least half your grains whole. Choose whole instead of refined grains.
Dairy	3 cups	3 cups	1 cup milk 8 ounces yogurt 1 1/2 ounces natural cheese 2 ounces processed cheese	Replace higher fat milk and milk products with fat-free or low-fat options.
Protein Foods	5 1/2 ounces	6 1/2 ounces	1 ounce lean meat, poultry, or seafood 1/4 cup cooked beans 1/2 ounce nuts or 1 egg 1 tablespoon peanut butter	Vary your protein food choices. Include seafood, beans, peas, and unsalted nuts and seeds.

\*If you are not gaining weight or gaining too slowly, you may need to eat a little more from each food group. If you are gaining weight too fast, you may need to cut back by decreasing the amount of "empty calories" you are eating. Talk to your doctor about any concerns about your diet and the amount of weight gain during pregnancy.

There are certain nutrients that are absolutely essential for optimum maternal-fetal health during pregnancy: calcium, iron, protein and folic acid.

- Calcium helps build healthy teeth and bones, and you should consume 1000 milligrams (mg) of calcium daily.
- Iron helps transport oxygen throughout your bloodstream and your baby's. Too little iron can lead to anemia, which can make you feel sluggish and weak; severe cases can slow your baby's development.
- Protein helps build your baby's tissues and aids in your baby's brain development. You should eat at least 60 grams or three servings of protein every day.
- Folic acid prevents certain types of birth defects. You should actually have started taking folic acid supplements or adding folic acid to your diet before you became pregnant, and it is also important that you consume enough folic acid during your first trimester, when your baby's vital organ systems are being formed. You should get at least 400 micrograms (mcg) of folic acid daily.
- You should take a daily prenatal vitamin while you're pregnant. Your doctor will recommend one for you.

Something else to keep in mind for optimal nutrition while you're pregnant: drink at least eight 8-ounce glasses of water, juice or milk every day. You need this extra fluid to help with your increased blood volume, to stay hydrated and to ease or prevent constipation.

Foods to avoid during pregnancy include caffeine and alcohol. It is unclear how caffeine affects the unborn baby, but we do know that alcohol consumption can slow your baby's development and cause Fetal Alcohol Syndrome, resulting in life-long complications for your child.

## Weight Gain

Eating for two goes hand-in-hand with nearly every woman's biggest worry about pregnancy except the health of her baby: how much weight will I gain? Nearly every expectant mother should gain some weight, depending on how much she weighed before she conceived.

Here's how a typical pregnancy weight gain stacks up:

Baby:	7-8 lbs.
Placenta:	1-2 lbs.
Mother's nutritional reserves:	7-10 lbs.
Increased blood flow:	4 lbs.
Increased body fluids:	4 lbs.
Amniotic fluid:	2 lbs.
Breast enlargement:	2 lbs.
Uterus growth:	2 lbs.

One thing to remember when you're pregnant—you may be eating for two, but you're not eating for two adults. Most women only need to consume an additional 300 calories a day while they're pregnant. Check with your doctor for specific recommendations depending on your weight and overall health.

## EXERCISE

Daily exercise benefits everyone, including pregnant women. Research has shown that pregnant women who exercise moderately are more likely to have an easier delivery, recover more quickly and lose weight more rapidly following delivery. They are also more likely to have a better sense of well-being and feel more comfortable during pregnancy.

Choose non-jarring activities such as walking, swimming, yoga, or stationary cycling as you plan your exercise routine. Some health clubs even offer prenatal exercise classes. Avoid contact sports and high-risk activities such as skiing or horseback riding during pregnancy. Always check with your doctor before beginning any exercise program.



## STRESS AND PREGNANCY

Though pregnancy is a very special time for a woman and her family, it can also be a time of added stress. This can result from physiological changes as well as everyday adjustments at home and work.

For everyone, stress causes definite changes in the body. These include: increased muscle tension, faster breathing, quicker heartbeat, and increased blood pressure. Chronic stress can lead to physical and emotional problems ranging from fatigue to insomnia, ulcers to heart disease. Simple lifestyle changes and relaxation techniques, however, can help keep stress manageable.



### Stress and Pregnancy Complications

There is some evidence that excessive maternal stress during pregnancy can contribute to premature labor and delivery. Studies indicate that extreme psychological stress may play a role in low birth weight.

The March of Dimes recommends that a woman who is concerned about the amount of stress at any time during her pregnancy consult with her healthcare provider.

### Pregnancy's Unique Pressures

Pregnancy adds a new set of stresses to a woman's busy life. A woman undergoes profound emotional changes as she anticipates the birth of her baby and responsibilities of parenthood. In addition, many pregnant women experience anxiety due to the physical discomforts of pregnancy such as nausea, fatigue, swelling, and backache. These worries can be minimized by specific information from a doctor or health educator on how to cope with these changes, as well as reassurance that these symptoms are temporary.

Shifts in hormone levels will also influence a woman's psychological state. Chemical and hormonal changes may be partly responsible for the mood swings experienced during pregnancy. These changes may make a woman's normal coping mechanisms less effective.

Other factors also affect an individual's ability to handle stress and determine whether a stressful event becomes a crisis. These include personality, physical and mental health, living conditions, economic status, maturity, and support from others.



## **Stress Reduction Techniques**

Simple changes in attitude and behavior can help a woman reduce tension. Positive coping mechanisms include a realistic perception of an event, open discussion, and an attempt to solve a problem. The first step toward relieving tension is to identify the changes and pressures in your life.

- What changes are occurring because of pregnancy? What physical and emotional differences are present? Are relationships with your partner, relatives, friends and co-workers changing?
- What pressures do you experience in your environment? Special challenges for the pregnant woman in the workplace may include: unrealistic workload, excessive noise, crowding or interruptions, long periods of standing or sitting, feeling tired without a place to rest, or scheduling medical appointments into a busy day.
- What pressures are you putting on yourself? Are you trying to be superwoman expecting to accomplish everything you did before you became pregnant?

Next, you must deal with the pressures you have discovered.

- Examine your goals to see if they are realistic in your current situation. Set priorities and let unnecessary tasks wait or delegate them.
- Negotiate realistic deadlines with your superiors.
- Survey your workplace to find ways to control irritations such as excess noise.
- Learn to communicate more effectively and ask for what you need. Co-workers often can provide a valuable support system.

## **Support Systems**

Fortunately, most women easily adjust to the psychological changes of pregnancy and find support in the encouragement of their spouses and families.

Expectant fathers also may experience increased pressure due to concern over additional financial responsibilities or the desire to take time off to accompany their spouse to medical appointments. Understanding co-workers can be a big help to these men who often receive less attention over the pregnancy than their spouses.

## **Relaxation Programs**

Stress management techniques such as biofeedback, meditation, and other self-awareness programs can also help alleviate stress. So can a regular exercise program. Swimming and walking are especially beneficial for pregnant women.

The relaxation techniques taught in childbirth education classes can be used in many other stressful situations - by both the expectant mother and father. These classes also help to reduce anxiety by educating the couple on what to expect from labor and parenthood as well as through the mutual support of other parents-to-be.

## Communication is Essential

Most pregnant women can continue to work until two weeks or so before their due date. Some choose to work up to the point they go into labor. Because stress can play an important role in pregnancy, women should talk about their feelings and share their concerns at home as well as at work. Emotional well-being will compliment a healthy pregnancy.

## SMOKING

Tobacco smoke is extremely dangerous to unborn babies. Women who smoke while pregnant are significantly more likely to deliver prematurely or have low birth-weight infants. Plus, because smoking reduces the flow of oxygen and other nutrients to the developing fetus, smokers are at greater risk for miscarriage, ectopic pregnancy, stillbirth, and Sudden Infant Death Syndrome (SIDS) after the baby is born. Nicotine also impairs the absorption of calcium, vitamin C and other vitamins and minerals required by a developing fetus. Cigarette smoking, and exposure to second hand smoke, during pregnancy greatly increases the risk of pre-term labor and premature birth.



Once you're home, a smoke-free environment is one of the best gifts you can give your baby. Secondhand smoke contributes to respiratory problems in children, including asthma, and may contribute to SIDS. Smoking also greatly increases fire hazards in your home and may cause burns to you as well as people and objects around you (including your newborn).

Avoid all tobacco smoke while you're pregnant, even secondhand smoke. If you smoke, quit. If your partner smokes, ask him or her to quit or at least to refrain from smoking around you (and your baby, once she is born). See the resource section for information about smoking cessation programs.

*Note: It is best to quit smoking before pregnancy. While nicotine patches can be worn to quit, patches (or any kind of nicotine) are not recommended during pregnancy. If a woman becomes pregnant while she smokes, she can reduce the baby's risk factors by stopping smoking as soon as possible.*

## **SUBSTANCE ABUSE**

Avoid using alcohol or illegal drugs while you're pregnant. They are dangerous to both you and your baby, potentially causing birth defects, premature labor, low birth weight, Fetal Alcohol Syndrome (FAS), and a host of other problems including maternal or fetal death. There is no good reason to use illegal drugs any time, but pregnancy should be a good motivator to stop. See the resource section for information about rehabilitation programs. Your doctor can also assist you in getting the help you need.

## **COPING WITH THE DISCOMFORTS OF PREGNANCY**

### **Nausea**

- Eat four or five small meals per day rather than three large meals
- Don't let your stomach become empty
- Eat crackers before getting out of bed
- Eat well balanced diet – especially foods high in B vitamins
- Drink plenty of water between meals, but limit during meals
- Avoid strong smelling foods
- Avoid greasy or spicy foods

### **Fatigue**

- Listen to your body – Rest!
- Try to get some type of exercise each day

### **Stuffy Nose**

- Try saline nose drops

### **Backache**

- Maintain proper posture
- Use good body mechanics
- Try pelvic tilt exercises
- Rest often
- Wear low-heeled shoes or flats
- When lying down, place a pillow under your knees so they are higher than your hips
- When sitting, keep your feet up; a low footstool is often helpful
- When standing, support one foot 2 or 3 inches higher than the other

### **Constipation**

- Eat raw vegetables and fruits, prunes, whole grain and bran cereals
- Exercise – walking is especially good exercise during pregnancy
- Drink at least eight 8-ounce glasses of water each day
- Drink a cup of warm water when you wake in the morning
- Never hold back a bowel movement

### **Leg Cramps**

- Your partner can place the heel of mom's foot in their palm then gently use forearm to push the ball of her foot toward her body
- Adjust calcium/phosphorus ratio – talk to your doctor
- Elevate your legs at regular intervals during the day with your toes pointing up and toward your nose
- Help prevent cramping with calf stretches

### **Heartburn**

- Eat small, frequent meals
- Avoid fatty and spicy foods
- Avoid lying down immediately after a meal; use pillows to prop your body to a slight incline
- Avoid ice cold, very hot, or carbonated beverages

### **Shortness of Breath**

- Maintain correct posture
- Use good body mechanics
- Sleep propped up with pillows

### **Swelling in Legs/Feet**

- Increase fluids intake
- Sit instead of standing, lie down instead of sitting, elevate feet several times a day or whenever possible
- Do foot twirls
- Walk or swim regularly
- Eat three servings of protein daily
- If you wake up in the morning with swelling, call your doctor

### **Varicose Veins**

- Elevate legs at right angle to body two to five minutes several times per day
- Wear support hose, but avoid control-top panty hose, pants, girdles, or anything with wide elastic “tummy control”
- Try a warm bath to soothe legs
- Avoid standing with knees locked and sitting with legs crossed

### **Hemorrhoids**

- Avoid constipation and straining
- Do Kegel exercises for circulation
- Apply witch hazel compresses
- Sit on firm chairs
- Lie down for short rests with your hips lifted on a pillow

### **Trouble Sleeping**

- Don't eat immediately before bed
- Drink a glass of warm milk about an hour before bedtime
- Take a warm bath before going to bed
- Practice relaxation techniques

### **Dizziness**

- Change position slowly; stretch, especially when getting up
- Eat regular meals and drink at least eight 8-ounce glasses of water each day
- Stay out of the sun
- Report dizziness to your doctor

## Prenatal Education

Now that you're expecting a baby, you'll learn a lot about what's happening to your body and your baby in the coming months. You will likely receive a lot of advice and information from friends, family members, acquaintances and people you don't even know. Some of it will be accurate, some won't. For better or worse, it's up to you to filter through that advice to obtain information that will be useful to you.

Of course, your doctor or healthcare provider is an excellent source of information, and you should rely on him or her to answer any questions you may have. You can also count on the Prenatal Childbirth Education Programs at Dignity Health to provide you with accurate information and to answer your questions. We believe informed mothers (and fathers) make better decisions about their care and in turn, have healthier, happier pregnancies.

Dignity Health offers a variety of courses, from Childbirth Preparation to Keeping Kids Safe. All of our classes will allow you to become knowledgeable and comfortable with your new baby. **For additional information, including class availability, registration and fees, visit [dignityhealth.org/azce](https://dignityhealth.org/azce) and select classes and events, or call 480.728.5414 Monday through Friday from 8 a.m. to 5:30 p.m.**

**Childbirth Preparation:** If you are a first-time parent or if you have never attended a prenatal class, our Childbirth Preparation course is for you. This three-week course for expectant mothers and their coaches is taught by qualified obstetrical nurses or nationally certified childbirth educators. It covers many aspects of pregnancy and birth including pain management and postpartum recovery. Participants are asked to wear comfortable clothes and bring two pillows to class. We recommend registering for Childbirth Preparation by your fifth month of pregnancy and completing the series at least four weeks before your due date.

**Prenatal Seminar:** This is the same class as the Childbirth Preparation, however it is a two-week course, held on either two consecutive Saturday mornings or two weeknight evenings.

**1-Day Childbirth Preparation:** This is an accelerated and condensed format of the standard Childbirth Preparation, that is completed in one Saturday.

**Comfort Measures for Labor and Birth:** This interactive three-hour class is designed to assist moms and partners in achieving their goal for labor and birth, whether un-medicated or not, through a wide variety of comfort techniques. Class focuses on topics, such as, breathing, relaxation, and positioning to manage the challenges of labor. Completion of a birthing class, or a previous labor/birth, is a prerequisite for this course. The content in this class is built off information that is provided in the Childbirth Preparation classes, or should have been acquired from a previous personal labor/birth.

**Pregnancy Fit Camps:** Join us for a fun, low-impact, 35-minute heart-healthy aerobic workout that is adapted for all three trimesters. This class is designed to boost metabolism and energy, burn calories, tone the entire body, correct posture, and help decrease general discomforts. Participants suffering from any



high risk pregnancy complications must be released by a physician before starting any fitness routine. Class is offered on Mondays. Registration is required.

**The Art of Breastfeeding:** While breastfeeding is a natural act, it is also a learned act that takes time to master. This three-hour course is designed to support and educate expectant parents about breastfeeding and its advantages. During the course, you and your coach will learn about basic anatomy and physiology of the breast; care of the mother; baby's cues; initiating breastfeeding; common breastfeeding challenges; milk production and storage; and problem solving.

**Pumping Basics:** This interactive two-hour class is designed to guide mom and her partner in the use of their breast pump, how and when to pump, returning to work, and the logistics surrounding that process. Completion of a breastfeeding class or a previous personal breastfeeding experience, is a prerequisite. This class may be taken before or after the birth of your baby. Moms may bring their infant and a support person.

**Baby Your Baby Newborn Care Class:** Because babies don't come with instruction manuals, we have developed Baby Your Baby; an interactive newborn care class for first-time parents, or those who want to brush up on caring for an infant. Topics to be discussed include tips and techniques for feeding, burping, bathing, swaddling and caring for your newborn. Other important topics such as baby care basics, SIDS, and when to call the pediatrician are also covered in this class.

**Boot Camp for New Dads:** This three-hour class gives expectant fathers the opportunity to learn the ropes of fatherhood from veteran dads. Boot Camp for New Dads® (aka Daddy Boot Camp®) is a unique father-to-father, community-based workshop that inspires and

equips men of different economic levels, ages and cultures to become confidently engaged with their infants, support their mates and personally navigate their transformation into dads. Registration is required.

**Keeping Kids Safe:** A class designed for new parents, baby sitters, and others interested in learning home safety and child-proofing techniques. Participants learn child and infant CPR and choking assistance. Participants do not receive a CPR certification card.

**Breastfeeding Support Group:** A free support group led by breastfeeding consultants, where breastfeeding moms can find support during their babies first year of life.

**Postpartum Fit Camps:** Join us for a fun, low-impact, 35-minute heart-healthy aerobic workout adapted for all fitness levels. Build everyday strength and assist with pregnancy weight loss. Class is offered on Thursdays. Registration is required.

**Pregnancy and Postpartum Support Group:** A free support group for mothers who are adjusting to the changes occurring in their lives. The support group focuses on moms who are suffering from perinatal mood disorders such as baby blues, anxiety, depression, and obsessive-compulsive disorders. Mothers still pregnant, but experiencing some of these symptoms also are welcome to attend this support group.

**Let's Talk 6-Week Therapeutic Program:** While pregnant we are often taught to think of and care for the expecting baby, but too often we forget to care for ourselves. Join our therapy group designed to assist mothers and mothers-to-be needing mental and emotional support during pregnancy and postpartum. New sessions start throughout the year. Registration is required. All groups are confidential, closed groups, each consisting of 6 sessions and is limited to 10 participants per group.

## PLAN WHAT TO BRING TO THE HOSPITAL

In addition to the items on the list found on page 25, state law requires that infants be placed in a child safety seat for transport; be sure to have the child safety seat installed before the baby arrives. Please review the instruction manual regarding proper installation prior to bringing the baby home. Should you need help with installation, you may call the local fire department and a certified child safety seat inspector can set up a time to help you. Contact your local fire department for similar programs or services. Dignity Health and Chandler Fire Department are participants in the Arizona DES Car Seat program and if you qualify for family assistance, a child safety seat may be provided for your baby. Qualification requires disclosure of specific income documents. Please research this opportunity prior to admission to our Family Birth Center. The hospital staff are not available to check or install child safety seats prior to, or at the time of discharge.

**Planning for Discharge:** Just as you plan for admission to our Family Birth Center, it is important that you plan for your discharge also. The Family Birth Center's customary discharge time is 11 a.m. While not always possible, it is our intent to have you fully prepared for discharge by this time.

**Baby Photos:** Photos are taken before discharge. Please make sure you have the outfit you want your baby to wear should you choose to have photos taken.

## BREATHING EXERCISES

As odd as it may sound, especially to a woman who has never experienced labor before, breathing is an extremely effective form of pain management when it is used correctly. Breathing promotes relaxation and increases the supply of available oxygen for both the laboring woman and the baby. It also provides a rhythmic activity that increases your tolerance for pain. It does this by distracting your thoughts and conditioning your mind to help block out the pain.

Three things to keep in mind about breathing techniques:

1. The more you practice, the more effective breathing will be as pain management during labor
2. Breathing techniques are a great way to help you relax and quiet your mind before labor, so practice often (daily is best)
3. Different techniques work better for different women, so experiment to find the rhythms and positions you like best

## Exercises and Technique

Special labor breathing is needed when the mother can no longer walk or talk through her contractions. But don't wait until labor begins to try labor breathing techniques! Practice sessions allow for both the pregnant woman and her labor coach to learn to work together as a team. During daily practice sessions, the coach plays the role of the "contracting uterus."

One of the coach's duties during practice involves saying, "contraction begins" and "contraction ends" as the cue for each practice contraction. At the beginning and end of each contraction, the laboring woman takes a deep relaxation breath in through her nose and out through her mouth. These "relaxation breaths" allow the mother to focus on the beginning and ending of each contraction.

### Slow Breathing

**Mother:** In practice sessions and later during the real thing, begin with “slow breathing.” Breathe in through your nose and out through your mouth. Breathe slowly, easily and fully. Think of each exhalation (out breath) as a releasing breath.

**Coach:** Watch the mother during contractions. When she begins to show signs of increased tension, difficulty with concentration and doesn’t feel the breathing is helping any more, gently encourage her to switch to the light breathing.

### Light Breathing

**Mother:** “Light breathing” is breathing in and out through the mouth lightly and quickly. Try to keep your inhalations quiet and give your exhalations a soft sound, such as a “hee,” “who,” or “ho.”

If your mouth becomes dry, touch your tongue to the roof of your mouth. Ice chips between contractions are also helpful.

**Coach:** Offer encouragement. Help her concentrate. Offer ice chips if her mouth is dry.

### Transition Breathing

**Mother:** “Transition breathing” takes place when you are breathing quickly, in and out through your mouth. Your inhalation is quiet, but your exhalation typically makes a soft sound in one of the following rhythmic patterns:

HEE-HEE-WHO

HEE-HEE-HEE-WHO

HEE-HEE-HEE-HEE-WHO

Any or all of these patterns can be used in labor. Practice each of them to determine which one(s) work for you.

**Coach:** Breathe with her. Offer encouragement and support. If she’s hooked up to a fetal monitor, let her know when the end of the contraction is coming. Remind her to take relaxation breaths at the beginning and end of each contraction. Give her ice chips to moisten her mouth.

### To Keep from Pushing

**Mother:** At some point, either in labor or at the birth, there will come a time when you will be asked not to push. To keep from pushing, breathe in quietly through your mouth and breathe out with a hard HEE. Quickly breathe in quietly through the mouth and then breathe out a hard WHO:

HEE-WHO

HEE-WHO

HEE-WHO

HEE-WHO

As long as you keep up this type of breathing, pushing can be delayed or be less effective.

**Coach:** Support and encouragement continue to be important at this time. Continue to breathe with her if that’s what she wants you to do.





## Pushing

Generally, there are two kinds of pushing: spontaneous bearing down and directed bearing down.

1. **Spontaneous bearing down:** for many women, the urge to push is strong and they don't have to be told when to do it. For them, the body seems to take over and do the job. The mother pushes spontaneously when her uterus contracts.
2. **Directed bearing down:** not every woman feels the urge to push. For example, if you have epidural anesthesia you may not feel that urge, so your doctor or nurses will have to help you. To breathe in a directed bearing down scenario, take a deep relaxing breath at the beginning of the contraction when instructed by the nurse or doctor. Then bear down as if to push out the last drop of urine from the bladder; hold that push as long as you are comfortable, then exhale completely and start the process again right away. You may do this several times during a contraction. At the end of the contraction, take a couple deep relaxation breaths. Continue with this method of breathing until the baby is delivered, or as directed by the doctor, nurse or midwife.

Other functions the coach can perform for the delivering mother during labor include:

- Roving body checks to seek out tension and help release it
- Talk to her and remind her to relax her body, concentrating on specific areas at a time
- Offer praise, guidance and encouragement
- Always remind her to take the relaxation breaths at the beginning and end of each contraction.



## PREPARING A BIRTH PLAN

Developing a birth plan is an excellent way to express your labor, birth, recovery and postpartum preferences ahead of time. Is a birth plan required to give birth? No. Our own research, including feedback from patients and their families, shows that those who come to the hospital with a birth plan feel more in control and better about their stay.

While we have the experience needed to manage all aspects of your stay – and keep both mother, baby and even father comfortable – we prefer to empower our patients whenever possible.

### **Attitude**

What do you want from your labor and birth? Do you want to be able to use different labor and/or birth positions? Are you breastfeeding your baby? Are you feeling anxious about the labor process? Would you prefer maximum or minimal pain relief? Preparation of your birth plan is a good time to decide what your beliefs about pain management are, and to be honest with yourself about what you know you can handle. Also, be open to changes in your needs for medication as the situation may change.

### **Interventions**

Is the idea of being hooked up to a fetal monitor reassuring to you or is it restraining? Are you interested in epidural anesthesia? What if you or your baby requires more medical assistance than expected? What are your thoughts and your doctor's thoughts on Cesarean birth? What is the hospital's policy on anesthesia?

### **Communicating Your Plan**

Is a birth plan helpful at achieving your own objectives for your baby's birth? Absolutely, because it functions as a communication tool between you, your partner, your doctor and the hospital nursing staff. By thinking through and prioritizing your preferences in a host of areas relating to labor and delivery, writing down your goals and discussing them with your doctor at prenatal visits, you will have opened the lines of communication prior to labor.

When you have completed your birth plan, discuss it with your labor coach so that he or she clearly understands your wishes and can advocate for you if necessary. Discuss it with your doctor before going to the hospital. Give your doctor a copy to keep with your chart and bring extra copies to the hospital with you for the nursing staff, your doctor and your coach.

### **Choices**

Labor is different for every woman. In fact, women who have had more than one baby all report differences in their labor from birth to birth. What is important is that you make the right choices for yourself—not what your mother, sister, friend, acquaintance or co-worker said you should do. Keep your own best interests at heart, and remember to be flexible.

### **Learn About Labor Options**

We can't say it enough – we want you and your family to feel comfortable, confident and in control during this important time of your life. The best way to do that is by educating yourself and finding out about the many services available at Dignity Health before, during and even after you've given birth.





## Just for Dad

There is no relationship like the one between fathers and children. Children share an unbreakable bond with their dad that is unique only to them. Study after study has revealed that the father's role in the well-being and upbringing of every child is just as important as the mother's.

However, fathers obviously don't experience pregnancy and childbirth the same way mothers do. Their fears are different, and may include whether they will be able to provide for their growing family, how their relationship with their spouse or partner will change after the baby is born, or possibly whether they'll faint in the delivery room. They may feel a strong sense of fear or concern about becoming a parent.

Dignity Health believes fathers should play an integral role throughout pregnancy and childbirth and certainly after the baby is born. With that in mind, the following sections provide invaluable information for new or expecting fathers.

### **BOOT CAMP FOR NEW DADS**

This one-day class gives expectant fathers the opportunity to learn the ropes of fatherhood from veteran dads. Boot Camp for New Dads®

(aka Daddy Boot Camp®) is a unique father-to-father, community-based workshop that inspires and equips men of different economic levels, ages and cultures to become confidently engaged with their infants, support their mates and personally navigate their transformation into dads. Registration is required.

### **YOUR ROLE IN LABOR AND DELIVERY**

A father's role in labor and delivery used to involve pacing a crowded waiting room, checking the clock every few seconds and waiting for word that his baby was born and his wife was doing well. Those days are long gone. Fathers now play a pivotal role in their partner's labor and their baby's delivery. Usually, they serve as mom's labor coach; they are present for the delivery and many new dads even cut the umbilical cord after the baby arrives. They can hold their baby right away in the labor, delivery, or recovery room and take pictures or videos of the baby's first milestones such as weighing or bathing the baby, etc. And they should do all these things, because fathers are as important to a new baby's well being as are mothers.

If you have taken childbirth classes, reviewing the information prior to the onset of labor is a good idea. It will help refresh your memory and ensure that you are helpful to the mother-to-be. Hopefully you have been practicing her breathing exercises with her as well.

Help her pack her bag and the baby's bag for the hospital, and pack one for yourself too. Your bag should include:

- Watch or time piece with second hand for timing contractions
- Portable MP3 player, speaker or audio device if you plan to use music to help manage labor
- Camera or camcorder (don't forget charger or backup batteries)
- Tennis ball or personal massage implement that will help you provide massage and counter pressure to mom
- A snack for you (but don't plan to eat it in front of mom - she may not be able to eat after a certain point, and some smells can be annoying during labor)
- Change of clothes for you (having fresh clothing is a real pick-me-up)
- Toothbrush and toothpaste
- Copy of your birth plan and extra insurance cards, if you have them
- List of phone numbers of people to call after the baby is born
- Mobile phone and charger

If labor begins at home, help find ways to distract her. Going for a short walk, massage, even playing a board game or watching a video with her can help pass the time until you're ready to head for the hospital. If labor begins away from home, get her home unless her contractions are five (or less) minutes apart or her water has broken. In that case, get her to the hospital.

Once you're at the hospital, there are some do's and don'ts to keep in mind while she is in labor.

#### **During labor, please do:**

- Consult with her at all times, on all decisions. If she doesn't want to be bothered, she'll tell you.
- Talk to her—tell her she's doing great, that you love her, that she's strong and wonderful and beautiful.

- Tell her what a wonderful job she's doing—even when you're not sure yourself.
- Stay by her side and follow her lead with respect to the level of conversation, her mood and any touching she desires. This changes frequently during labor, so watch her closely.
- Hold her hand. Even if she doesn't want to be touched anywhere else, she may want to hold your hand. You can't believe how comforting this simple gesture is to her.
- Refer to the birth plan as needed, but remain flexible.
- Offer ice chips and water often—all that breathing will dry her mouth and you don't want her to get dehydrated.
- Offer comfort measures, such as position changes, effleurage (light massage), walking, rhythmic motion (slow dancing), if you think she'd like them.
- Remind her to use the bathroom every hour.
- Make sure her questions (and yours) are answered to both of your satisfaction.

#### **During labor, please do not:**

- Leave her for any longer than necessary. She is aware of where you are and what you are doing, even if she seems preoccupied.
- Hold detailed conversations with the medical staff, relatives or doula/midwife that don't include her.
- Eat in front of her. Remember, smells can be disturbing and if she's hungry, watching you eat isn't helpful.
- Smell of body odor, bad breath or heavy cologne.
- Criticize anything or take anything personally—it will just add to her stress level.
- Devote all of your time to matters such as calling family and friends right after the birth. Enjoy these precious first moments. You'll never get this time back—everyone else can wait.



## HOSPITAL PREPARATION CHECKLIST

### For Mom

- Insurance cards/advance directives if you have them
- Your pediatrician's phone number\*
- Copies of your birth plan
- This resource guide
- Robe, slippers
- Supportive or nursing bra
- Socks
- Comb, brush
- Toothpaste, toothbrush
- Cosmetics & toiletries
- Discharge clothes (something that has an elastic or tie waist)
- Focal point object if you plan to use one
- Sour lollipops
- Tennis balls, rolling pin, etc.
- Lip balm
- Cloth or elastic hair tie

### For Coach

- Snacks, refreshments
- Telephone numbers
- Change of clothing
- Toothbrush, toothpaste
- Camera or camcorder
- Cell phone, charger

### For Baby

- Receiving blanket
- Discharge clothes
- Child Safety seat (must be installed prior to birth of your baby)

*\*Note: If you have not yet selected a pediatrician, we can help you find one. Visit [dignityhealth.org/ourdoctors](http://dignityhealth.org/ourdoctors) or call 480.728.5414 Monday through Friday from 8 a.m. to 5:30 p.m.*

# Breastfeeding Basics

Deciding how you will feed your baby is one of the most important decisions you will make as new parents. Mothers, babies, doctors and scientific research agree that mother's milk is the very best food you can feed your baby.

## KNOWING WHAT TO EXPECT

Breastfeeding is a natural process but, for some new mothers and babies, it is a learned skill. The more you learn about what to expect, the easier it will be.

Remember, this is designed to give you basic, not comprehensive, information. That's why we recommend that you take a breastfeeding class, ask questions of the lactation consultants while you are in the hospital, know the resources available to you, and seek professional help if you do encounter problems.

## Myths and Misconceptions

There are many myths about breastfeeding so before we get started, you should know that you CAN breastfeed even if:

- You don't eat a perfect diet
- You are going back to work or school
- You tried breastfeeding before and it didn't work out
- Nobody in your family has ever breastfed
- You have small breasts
- You have large breasts
- You have flat or inverted nipples
- You have to take medication (with a few exceptions)
- You get sick (with a few exceptions)
- You are afraid it will make your breasts less attractive (it's pregnancy and getting older that changes your figure, not breastfeeding)

## PREPARING FOR BREASTFEEDING

### What You Can Do Now

The best thing you can do is learn about breastfeeding so you will know what to expect. You can read books on breastfeeding, take a breastfeeding class, and talk to friends and family members who have had positive breastfeeding experiences. Let your doctor and the baby's doctor know you plan to breastfeed. Have a conversation with your employer and develop a plan for pumping when you return to work.

### Your Support Team

All new mothers, especially first-time mothers, need encouragement and support at home. Talk to those close to you so they know breastfeeding is important to you. Attend the free Breastfeeding Support Group at Dignity Health.

## CHOOSING TO BREASTFEED

Your milk will both nourish and protect your baby. Many people think that formula is almost as good as mother's milk. This is simply not true. Extensive research in medical literature demonstrates that breast milk is superior in many ways.

Did you know...

- Breastfeeding protects against ear infections, bronchitis, pneumonia, diarrhea, sudden infant death syndrome (SIDS), and meningitis.
- Breastfed babies have much lower rates of hospitalization due to severe respiratory and diarrheal diseases.
- Breastfed babies are healthier for life. They will have lower rates of diabetes, colitis, osteoporosis, Crohn's disease and childhood lymphomas.
- Breastfeeding enhances your baby's immune system.



- Breastfeeding is optimal for brain and nervous system development.
- Breastfed babies do better in school and score higher on standardized tests than formula-fed children.

How does breast milk do all these amazing things? There are more than 400 nutrients and other components in breast milk not found in formula. Your milk is customized to nourish and protect your baby.

Breast milk nourishes your baby by providing the right amount of nutrients he needs. The nutrients in your milk change over time to match the nutritional needs of your baby and are better absorbed.

One example is the absorption of iron; in breast milk 50-75 percent of iron is absorbed, while in fortified formula, only four percent of the iron is absorbed.

Breast milk protects your baby by providing germ fighting proteins. The immune boosting proteins in your breast milk change to match the germs in your surroundings. That's how your baby is continually being protected against whatever germs you or he come into contact with.

Breastfeeding is good for mothers and families too. Mothers who breastfeed have lower rates of breast and ovarian cancer, reduced risk of osteoporosis, recover more quickly from childbirth, and lose weight more quickly than mothers who formula feed.

For working families, a breastfed baby means parents won't have to miss work as often to stay home with a sick baby. And breastfeeding saves money. It can cost as much as \$1,500 to feed a baby powdered formula for one year.



Pediatricians endorse breastfeeding. The American Academy of Pediatrics (AAP) recommends breastfeeding exclusively for six months and up to one year with the introduction of age appropriate food. This provides the child optimal nutrition, health, growth and brain development.

### **Attend a Breastfeeding Class**

To ensure success in nursing your newborn, attend a Breastfeeding Class at Dignity Health. In this class, some of the following questions will be addressed:

- How often should I feed my baby?
- How long should I feed my baby?
- How will I know when my baby is hungry?
- How do I know if I am “doing it right”?  
Am I in the correct position and is my baby latched on properly?
- When will my milk come in?
- How can I be sure my baby is getting enough milk?
- Can I give my baby a pacifier or breastmilk out of a bottle? What if I have problems, like sore nipples or engorgement?
- Do I have to change my diet or stop taking medications while I am breastfeeding?
- I am planning to return to work; how do I pump and store my breastmilk?



## BREASTFEEDING HELP

### Lactation Consultants

The Maternal Child Health nursing staff are specially trained to assist with breastfeeding. If additional support is required International Board Certified Lactation Consultants are available during the hospital stay.

Chandler Regional Medical Center  
480.728.3161

Mercy Gilbert Medical Center  
480.728.7422

**Breastfeeding Support Groups are also available at Dignity Health. For times and additional information, visit our website and select classes and events, or call 480.728.5414 Monday through Friday from 8 a.m. to 5:30 p.m.**

**Arizona Department of Health Services**  
Pregnancy and Breastfeeding Hotline –  
800.833.4642.

If you are a WIC client you can call your local WIC clinic or to find a clinic near you, call WIC at 800.252.5942.

### La Leche League – 602.234.1956

La Leche League is a worldwide organization of volunteers specially trained in providing breastfeeding help. La Leche League has been helping mothers and babies since 1956. You can call La Leche League for help with breastfeeding. In addition, La Leche League holds monthly meetings throughout the Valley. We encourage you to attend meetings while you are pregnant and after the baby is born. Call the number above for information about meetings in your area.

### Suggested Reading

- The Womanly Art of Breastfeeding – Diane Wiessinger, La Leche League International, Diana West, Teresa Pitman
- The Nursing Mother’s Companion – Kathleen Huggins, R.N., M.S.
- The Baby Book: Everything You Need to Know About Your Baby from Birth to Age Two – William Sears, M.D. & Martha Sears, R.N.
- The Breastfeeding Book: Everything You Need to Know about Nursing Your Child from Birth through Weaning – William Sears, M.D. & Martha Sears, R.N.
- Great Expectations: The Essential Guide to Breastfeeding - Marianne Neifert, M.D.
- Sleeping With Your Baby - Dr. James McKenna

# Emotional Changes During Pregnancy and After Birth

It is extremely important that you take care of yourself following labor and delivery. If you don't take care of yourself, you won't be able to care for your baby. It is normal to feel exhausted after giving birth, and you need to take time to rest and bond with your baby. You can start that in the hospital, of course, and continue to do the same at home. It's a good idea to have someone available to help care for you and your baby during those first few days at home, whether it's your husband, partner or other family member or friend.

Every woman experiences certain physical changes after pregnancy as her body begins to return to normal. Those changes can be draining at times as well, so be sure to follow your doctor's instructions and give yourself time to heal (it took you nearly ten months to have your baby, so don't expect to get back to normal overnight).

There is no way to predict how you'll feel either physically or emotionally after your baby is born, but knowing what to expect can help you deal with the many changes you are facing. Your nurse is available to answer any questions you have during your stay at Dignity Health.

## **PERINATAL MOOD AND ANXIETY DISORDERS**

On the surface, childbirth appears to be a physical experience. But childbirth is also an emotional experience, one that requires a period of adjustment in the months following delivery. It is absolutely normal for a new mother to feel tired, overwhelmed and doubtful about her skills as a parent. Once you and your

baby settle into a routine and you're not so tired, you'll find that you can cope with all of these new changes.

Still, you may experience some true postpartum emotional symptoms. Some of them are described below. If you find yourself developing serious symptoms, notify your healthcare provider at once.

## **Pregnancy and Postpartum Depression**

Pregnancy and postpartum depression occurs in seven to 10 percent of all women. It usually begins in the first four weeks after delivery, but occasionally the onset is delayed for several months after delivery or can occur even during pregnancy. Symptoms may include anxiety, guilt, tearfulness, inability to fall asleep, early morning awakening, poor appetite, poor concentration, and feeling inadequate to cope with an infant. Some depressed mothers may experience recurrent obsessive thoughts about harming themselves, the baby, or others. If you have any of these symptoms, notify your healthcare provider immediately. Treatment with medication and/or psychotherapy is very effective.

## **Baby Blues**

As many as 70 to 80 percent of women experience the "baby blues," a syndrome that usually begins a few days after childbirth. It typically lasts less than two weeks. The most common symptoms are anxiety, tearfulness, sadness, insomnia, mood swings and fatigue. Experts believe that "baby blues" are a physiological response to rapidly changing hormone levels. No treatment is usually needed.



### **Postpartum Psychosis**

Postpartum psychosis is a relatively rare syndrome, occurring only once or twice in every 1,000 births. Onset begins in the first two to three weeks after delivery. Symptoms may include agitation, confusion, hallucinations, delusions, insomnia, poor appetite and sometimes bizarre, irrational behavior. Urgent medical attention is required to treat this condition; any delay in obtaining help may be dangerous to the mother and the baby.

### **Postpartum Panic Disorder**

Panic attacks, characterized by the acute onset of intense anxiety, fear, rapid breathing, rapid heart rate and a sense of doom, may occur for the first time in the postpartum period. These attacks may last for minutes or hours. Some mothers remain anxious between attacks and dramatically change their activities to avoid attacks.

Panic disorder, which may be triggered by changing hormonal effects on the brain, can be effectively treated with medication and psychotherapy. Early diagnosis and treatment provide the best results.

### **Postpartum Obsessive Compulsive Disorder (OCD)**

A common symptom of OCD is intrusive, repetitive thoughts that cause distress or interfere with the new mother's routine or functioning. Thoughts about the baby being harmed, contamination, or fear of being alone with the baby are common. Early intervention is important for successful treatment.

### **Recurrence and Prevention**

Women who have previously suffered from a postpartum disorder are at a higher risk for recurrence following subsequent deliveries. Consultation with a mental health provider familiar with pregnancy and postpartum issues can help to anticipate and more effectively treat any potential recurrence.

## **12 STEPS TO A HEALTHY POSTPARTUM**

Remember how important it was to remain healthy while you were pregnant? It is just as important that you have a healthy postpartum recovery. If you feel well, you'll not only be able to take better care of your baby, you will also enjoy this very special time with your newborn. There are steps you can take to make your postpartum period easier on you and your family; at Dignity Health, we call them the 12 Steps to a Healthy Postpartum.

1. Learn what you should expect from yourself, physically and emotionally. Know what is normal and what is not.
2. Select your pediatrician before you give birth.
3. Find someone to “mother” you in the first few weeks.
4. If someone offers to help, let them. Never turn down an offer of help.
5. Limit visitors.
6. Rest before you begin to feel tired.
7. Claim this time for your family. You will never get this precious time back. Other people and responsibilities can wait.
8. Don't plan a move.
9. Make friends with other parents—they're a great resource for information, advice and moral support.
10. If you will be returning to work, select your baby's daycare provider before you give birth.
11. Affirm yourself for all you are doing: recovering physically, adapting emotionally, meeting your baby's needs, and bonding with your baby.
12. Babies and parenting often are unpredictable. Go easy on yourself when planning ahead does not bring its usual rewards.

**Dignity Health offers a Pregnancy and Postpartum Support Group and Let's Talk, a therapist facilitated group for moms. Sessions are offered in Spanish and English. For more information, call 480.728.5414, Monday - Friday, 8:00 a.m., to 5:30 p.m.**

# Keeping Baby Safe and Secure

Not all hazards come from places or things in and around your home, such as open stairwells, accessible pools or dangling curtains and cords. Infants, especially, can't recognize and protect themselves from dangerous situations, so they need you to be their watcher and protector. It's important that you familiarize yourself with general safety principles.

- Keep your newborn's fingernails and toenails trimmed with a nail cutter designed especially for infants. This will keep your child from accidentally scratching him or herself, especially while asleep.
- Always support your newborn's head, either with your hand or the device you are using to carry your child.
- Never shake your baby.
- Hold your baby while feeding, and never prop a bottle.
- Don't hold hot drinks, sharp objects or other hazards while your baby is in your arms, on your lap, or close by.
- Keep your baby protected from the sun by dressing him or her in light cotton clothing and hats, and staying out of the sun completely during the peak hours of the day (10 a.m. to 3 p.m.).
- Don't allow pets in your baby's room, or leave pets with a child, unattended.
- Keep cords, appliances and other items that infants can grab away from changing tables, cribs and other areas. Also, ensure hanging mobiles are out of reach and securely fastened. Don't hang anything on the wall next to your baby's crib as it may fall off the wall and into the crib.
- Never dress your baby or toddler in anything—jacket, sweatshirt, anything—that has a drawstring in it. Drawstrings present a strangulation hazard. Most children's clothing manufacturers have stopped making clothing with drawstrings, but secondhand clothing shops or even hand-me-downs from friends and relatives may contain drawstrings. Remove the drawstring or don't use the item at all.
- For your own sake (and that of your baby), be careful with earrings and other jewelry. If necessary, temporarily change your style of jewelry. You can return to the old dangles, bangles and chains after your baby gets past the reaching and grabbing stage of life!
- Don't place any toys, foods or bottles that present a choking hazard to your baby in his or her crib. If you're not sure, leave it out.
- When your child begins eating food, use dishes that cannot break.
- Never give a moving toddler food.
- Teach your toddler (and eventually, your preschooler) to stay away from unknown animals and not to talk to strangers.
- Dignity Health offers an infant and child CPR and safety class, called Keeping Kids Safe. For additional information, call 480.728.5414 Monday through Friday from 8 a.m. to 5:30 p.m.



## SAFETY ON THE ROAD

The greatest single risk your infant faces is not at the hospital, in your home, or around your backyard pool. You'll find it in the short journey between the hospital and your home – in your own motor vehicle. Statistics indicate motor vehicle accidents are the leading cause of unintentional injury-related death among youth under age 14.

Use a child safety seat and ensure it is properly installed! When properly installed and used, child safety seats can reduce the risk of death by 71 percent for infants (children under age one) and by 54 percent for toddlers (ages one to four). So why, if child safety seats are so effective (and legally required in Arizona and other states) are thousands of infants and toddlers still injured and killed in automobile accidents every year? Perhaps it's because eight out of ten parents who use child safety seats, do so incorrectly. Don't allow your child to become a statistic. Follow the advice in this section and check with the child safety seat manufacturer guidelines.



### What to Do:

An appropriate child safety seat is one that's easy for adults to install, fits the vehicle's seats and seat belt system properly, is the right size for the child, and that is used correctly. Additionally:

- Do use a child safety seat each and every time you are in a vehicle, including that all-important first ride home from the hospital.
- Do bring your own child safety seat whenever you plan to use other people's vehicles, taxis or other forms of transportation, including airplanes. To find out more about airline travel, go to [www.faa.gov](http://www.faa.gov).
- Do place child safety seats so that the child (up to two years of age) is facing the rear of the vehicle. According to the American Academy of Pediatrics, this can greatly reduce the risk of cervical spine injuries, if the car your child is riding in crashes.
- Do place shoulder straps in rear-facing child safety seats in the lowest slots available until such time that the infant's shoulders are above the slots. Ensure the infant's shoulder harness is snug, and that the seat's retainer clip is positioned just above the nipple line (not the abdomen or neck).
- Do read carefully any and all child safety seat and car manuals or instruction books before using or installing them.
- Do register your car seat with the manufacturer so that you will be notified of any product recalls. If you don't have a warranty or instructions, contact the manufacturer or call the Auto Safety Hotline at 888.DASH.2.DOT.

### What Not to Do:

A National Highway Traffic Safety Administration study revealed the most common errors people make when using child safety seats.

- misused the seat's locking clip the wrong way or failed to use it at all
- misused the child safety seat's harness-retainer chest clip or failed to use it at all
- misused the harness strap or failed to use it at all
- fastened the car's safety belt incorrectly over the child safety seat
- turned the child safety seat in the wrong direction
- failed to buckle the child safety seat's harness

You can avoid these simple mistakes by being aware of them and carefully reading and following all of the instructions provided by your child safety seat manufacturer. Additionally, follow the important tips listed below:

- **Do not** ever place a child in the front seat of a car, even if he or she is in a child safety seat. The reason: not only could your child go through a windshield, but he or she could be seriously injured or killed by the force of impact with the car's airbag (since 1998, all new cars are equipped with driver and front-passenger air bags—it's required by law).
- **Do not** ever, under any circumstances, leave an infant unattended in a child safety seat.
- **Do not** use child safety seats beyond the expiration date stamped on the child safety seat. Further recommendation is not to use car seats older than five years in Arizona due to the damaging effects of the sun and heat.
- **Do not** use a child safety seat that does not have a label giving the name of the manufacturer and model number. You will need this information to check on recalls.
- **Do not** buy a used infant safety seat unless you know the owner, it has never been in an accident and is less than five years old.
- **Do not** rely on the owner of a used child safety seat to give you instructions; get a copy of the owner's manual and installation instructions directly from the manufacturer if the previous owner no longer has them.
- **Do not** use a child safety seat that has missing parts, cracks in the frame of a seat, or has been involved in a previous collision (even it still looks intact).
- **Do not** use after-market products (i.e., additional seat covers or padding). If the product did not come with the child safety seat it most likely was not safety tested with it. This also applies to toys that clip on to either the child safety seat or the back of the vehicle seat. In the event of a crash, these products may become loose and injure the child.

*Note: Children with special health problems – including some premature infants – may need restraint systems other than a child safety seat. Ask your pediatrician for advice or the National Easter Seal Society at 800.221.6827 and ask about their Special Kids Are Riding Safe (KARS).*

## TYPES OF CAR SEATS

Selecting the right child safety seat is one of the most important decisions you'll make with regard to your child's safety. See our resource section in the back of this guide for tips on this important purchase. The following are the three basic types of child safety seats and recommendations from the American Academy of Pediatrics:



### Infant-Only Seats

- Rear-facing only
- Include a three-point or a five-point harness
- May have a detachable base
- Infant seats include more than one harness slot for growing babies
- Include adjustable carrying handles
- May be used until the child reaches the weight or height limit of the seat

### Convertible Seats

- May use in rear-facing or front-facing position
- More bulky than infant seats, and able to seat larger babies
- Adjustable—has different levels for straps (a seat with a five-point harness will provide the best protection)
- Is positioned reclined and rear-facing for infants up to two years of age, and semi-upright and forward facing for infants and toddlers over two years of age who weighs more than the rear facing limit
- Can be used as long as it remains in good condition and fits your child snugly (top of head one inch below the top of the seat, seat strap slots at or above shoulders)
- Check each child safety seat to find the weight and height limits of the seat for rear and forward facing positions

### Booster Seats

- Forward facing only
- For children who have outgrown their convertible seat
- Must use a high-back booster seat if your vehicle seats do not have a head rest
- Child must be in a booster seat until they are at least four feet nine inches tall
- Use only a belt-positioning booster seat with a combination lap and shoulder belt

Dignity Health offers several child safety seat resources and classes. **For additional information, visit [dignityhealth.org/azce](https://dignityhealth.org/azce) or call 480.728.5414 Monday through Friday from 8 a.m. to 5:30 p.m.**







# Expect kindness.

From positive test to bouncing baby, expanding your family is a personal experience. That's why we're making sure you have the space and privacy you need to feel comfortable. Our birthing suites have a pullout couch for your significant other and plenty of room for your family to visit. Of course, if you have special needs for delivery, our nursing staff is well prepared. Your entire family will be treated with the kindness you've come to expect. To schedule a tour, call **480.728.5414** or visit [dignityhealth.org/mybabyAZ](https://dignityhealth.org/mybabyAZ).

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