

HAVING BABY

YOUR COMPLETE GUIDE TO PREGNANCY



Avera is a health ministry rooted in the Gospel.

Our mission is to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values.

Avera is sponsored by the Benedictine Sisters of Yankton, S.D., and Presentation Sisters of Aberdeen, S.D. Thanks to the Sisters' leadership and heritage of faith, Avera is a health ministry guided by the gospel values of compassion, hospitality and stewardship.

We believe all persons have a right to medically necessary health care regardless of ability to pay. If you think you may have problems paying part of your bill, contact your local business office or billing staff. We can discuss payment options that may be available to you, including extended payments, government programs and charity care/patient assistance considerations.



CONGRATULATIONS!

We are happy you chose Avera for your care as you welcome your little miracle into the world. Our staff, physicians and other health care providers work together to give you the best choices and the best possible care.

Because we understand your time is valuable, we are committed to making sure a physician is available 24 hours a day, seven days a week, so that your needs are met within a timely manner.

This booklet is yours to keep, to help you have the healthiest pregnancy possible! Thank you for allowing us to join you during this exciting time in your life.

Words and phrases that appear in **bold font** are defined in the Glossary at the back of this booklet.



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TESTS AND SCREENINGS IN EARLY PREGNANCY

Common First Trimester Tests

At your first prenatal visit, your provider may recommend the following tests based on your unique pregnancy to better understand your health:

- A **urine sample** to look for infection. Additional urine tests may be done throughout your pregnancy to watch for signs of diabetes or high blood pressure diseases.
- A **Pap smear** to screen for **cervical cancer** or **human papillomavirus** (HPV).
- A **cervical culture** to test for infection. Some infections may not have symptoms but could affect the pregnancy or your baby.
- **Blood samples.** These tests will tell us:
 - Your blood type and whether or not you carry the **Rh factor**.
 - Your red blood cell count to check for **anemia**.
 - The presence of antibodies/immunity to **rubella**.
 - The presence of **hepatitis B**.
 - If you have **syphilis**. Syphilis could cause birth defects in your baby, even if you are not having symptoms.
 - If you have HIV, otherwise known as **human immunodeficiency virus**. The test is recommended for all pregnant women, regardless of risk. If you test positive for HIV, your provider will give you more information and will prescribe medications to help protect your baby. Results of this test, like all tests, will be a private part of your medical record.

Tests Your Physician May Recommend

The following tests may be recommended to guide care for you and your baby during pregnancy and after delivery:

- A blood test can help determine if you or your partner are carriers for **cystic fibrosis**.
- Your thyroid gland can be examined to see how well it works. This test is routine in some provider's offices. Untreated **thyroid disease** can cause problems in pregnancy.
- **Varicella antibody test** checks for immunity to chicken pox if past infection is unknown.
- **Toxoplasma antibody test** checks for toxoplasmosis, an infection like the flu. Toxoplasmosis may be mild, even unnoticed in an adult but can cause serious illness to an unborn baby resulting in brain, eye and liver damage if contracted by the mother during pregnancy. Cat feces and raw meat are sources of this parasite.

Reduce your risk by:
 - Asking someone else to clean your cat's litter box
 - Wearing gloves when doing yard or garden work
 - Avoiding raw or undercooked meat
- A blood test to check for **hepatitis C**. If you have a history of using intravenous drugs, you should be tested.



- **Non-invasive prenatal testing, or NIPT** at 10 to 22 weeks is a screening test that looks at the baby's DNA, which is present in your blood, and can help identify abnormalities and problems with the sex chromosomes. This test is recommended for older mothers.

First and second trimester screening tests are available. If a screening detects increased risk for a birth defect, other testing may be offered, including an **ultrasound**, **amniocentesis** or **chorionic villus sampling**.

- **First trimester screening | 10–14 weeks (may not be offered at all locations)**
This screening test combines results of an ultrasound measurement of the fold at the back of the baby's neck and your blood work. The combined results can detect the risk for **Down syndrome (trisomy 21)** and **trisomy 18**, with an 82 to 87 percent detection rate.

- **Second trimester screening | 15–20 weeks**

The second trimester screening test, also known as the quad screen, uses a maternal blood sample to look at four different hormones made by the baby or placenta. The hormones are **AFP (alpha fetoprotein)**, **Estriol**, **hCG (human chorionic gonadotropin)** and **inhibin A**. The test shows risk for **neural tube defects**, Down syndrome, trisomy 18 and **abdominal wall defects**. It has about an 81 percent detection rate.

Both tests have about a 5 percent false positive rate.

MEDICATIONS IN PREGNANCY

If you are on a prescription drug when you become pregnant, **DO NOT** stop taking it until you have talked to your physician. Some drugs, for conditions like high blood pressure, seizures or diabetes, are important to continue during your pregnancy.

While no drug can be assumed to be harmless during pregnancy, many prescribed and **over-the-counter** drugs are often used by pregnant women with no evidence of problems.

See [COMMON PROBLEMS IN PREGNANCY](#) to learn more.

Avoid Herbal Supplements

Herbal supplements should be avoided in pregnancy as many have side effects or interactions with other drugs. Herbal supplements are not well-regulated and may not have been tested for safety.



VACCINATIONS IN PREGNANCY

Talk to your provider about vaccinations you may need during your pregnancy.

Vaccinations Your Provider May Recommend

- **Tdap (Tetanus/Diphtheria/Pertussis)** is recommended between weeks 27 and 36 of each pregnancy. This vaccination helps protect your baby from whooping cough.
- Getting your **flu shot**, or influenza vaccine, can help you avoid this illness, which can be serious in pregnancy.
- Your provider may recommend the **hepatitis B** vaccine, if you have certain risk factors.

These vaccinations have been proven to be safe for you and your baby during pregnancy when given at the right time. Other vaccinations should be avoided during pregnancy. Talk to your provider to learn more.



KEEPING YOUR BABY SAFE

Food and Drink

- Limit your coffee or other drinks with caffeine to two to three servings or less daily.
- Limit how much fish you eat to avoid **mercury**, which can build up in fish and be harmful to your baby.
- Do not consume **alcohol** while pregnant. The only way to avoid the harmful effects of alcohol on your baby is to abstain from drinking.
- Wash your hands thoroughly after handling **raw meat**.
- Listeria is an infection caused by eating food contaminated with bacteria. Pregnant women and their unborn children are at higher risk for listeria infection.

Follow these recommendations to prevent listeria infection:

- Do not eat hot dogs, luncheon meats or deli meats unless they are heated to steaming hot.
- Do not eat soft cheeses such as feta, Brie, Camembert, blue-veined or Mexican style queso blanco fresco unless it is pasteurized. **Pasteurized cheeses** are safe to eat.
- Do not eat refrigerated pâté or meat spreads. Canned or shelf-stable varieties are safe.
- Do not eat refrigerated smoked seafood unless it is an ingredient in a cooked dish.

If you have any questions, talk to your physician.

Do not eat	Shark, Swordfish, King mackerel, Tilefish
Eat 6 ounces or less per week	Albacore white tuna, Locally caught fish
Eat up to 12 ounces per week	Shrimp, Canned light tuna, Salmon, Pollock, Catfish

Smoking

Cigarette smoke during pregnancy can cause serious health problems to your baby, such as:

- Premature labor
- Low birth weight
- Fatal illness among infants

The best way to protect your unborn child is to quit smoking and stay away from secondhand smoke.

QUITLINES

Every state has a quitline. Quitline is a free service that connects you to a “quit coach” who will help you create a plan to stop smoking.

Quitlines have specially trained coaches for women who are pregnant or nursing.

Call **800-QUIT-NOW (800-784-8669)** to connect directly to your state’s quitline.

Other Chemicals

- Use caution when using **cleaners**. Wear gloves and work in an area with plenty of fresh air. Read the label to learn more.
- If your work involves exposure to **chemicals**, material safety data sheets should be available for your physician to review following requirements established by the Occupational Safety and Health Administration.
- Stay away from **insecticides** and **herbicides**.
- If you are going to **paint**, avoid paint thinners, oil-based paints and varnishes. Work in an area with plenty of fresh air and stay off of ladders.
- Do not use **illegal drugs**. Women who stop drug use during their pregnancy give their baby a better chance to be born healthy. Your health care provider can give you the support and resources to quit.



X-Rays

In general, you need to avoid **X-rays** during pregnancy. Tell all health care providers you are pregnant before getting X-rays.

CMV and Pregnancy

Cytomegalovirus, or CMV, is a common virus that infects people of all ages. Between 50 to 80 percent of adults are infected with CMV by age 40. Asymptomatic CMV, which is CMV that shows no symptoms, is common in infants and young children.

CMV may spread when urine, saliva, blood, tears, semen or breastmilk from an infected person comes into contact with someone else's mucous membranes, such as mouth, nose or eyes.

CMV can be prevented like any other infection, by hand washing and avoiding contact with bodily fluids.

Pregnant health care workers may still care for patients with CMV infection and follow good prevention control by:

- Following standard body substance isolation precautions
- Using a barrier when contact with body substances is anticipated
- Following proper hand hygiene after being in contact with body substances
- Avoiding unnecessary close contact, such as kissing, with newborns and other child care-aged patients

NAUSEA / VOMITING DURING PREGNANCY

Try This

- Eat small, frequent meals every one to two hours. Eating five to six small meals instead of three large meals can help control nausea.
- Eat crackers or dry cereal as soon as or before you get out of bed in the morning. Repeat 20 to 30 minutes before nausea begins if symptoms are worse at a different time of day.
- Eat high carbohydrate foods and proteins. Complex carbohydrates like brown rice, oatmeal, beans, peas, quinoa and lentils are even better. Carbohydrates have fewer odors and will sustain you longer.
 - Mashed potatoes can be made and kept in the refrigerator to be eaten cold or reheated.
 - Sliced cheese or peanut butter with whole-grain bread or crackers is another good example.
- Mix and match flavors and food combinations. For example, drink sweet lemonade while eating salty pretzels. Do the same with the temperature and texture of the foods you eat.
- Sip on sweet juice, soda, ginger ale, lemonade or raspberry tea.
- Drink two liters of clear liquids a day to avoid dehydration. Dehydration makes nausea worse.
- Eat foods with high water content.
- Ginger root may help. Try ginger tea or ginger snaps (250 milligrams three times a day).
- Acupressure is available in wrist bands or “sea bands” over the counter. These can help.
- Vitamin B6 (25 milligrams three times a day) and Unisom® 25 mg may be taken together at bedtime to help nausea. Discuss this with your physician.

Avoid This

- Hot, spicy and high-fat foods.
- Odors. Switching to pine or lemon scents may help.
- Fatigue and stress, which may worsen symptoms.



CALL YOUR PROVIDER IF:

- You are no longer urinating.
- You are unable to keep liquids down or vomiting persists.
- You are dizzy or faint when standing up.
- You have a racing or pounding heart.
- You vomit blood.

Do not let these symptoms continue for more than 24 hours without seeing a physician.

EXERCISE DURING PREGNANCY



Benefits of Exercising During Pregnancy

- Increases energy
- Minimizes symptoms of pregnancy (leg cramps, constipation, swelling)
- Tones muscles needed for delivery
- Improves your posture
- Lowers stress and helps you relax

Things to Know When Choosing How to Exercise While Pregnant

- Joints can change during pregnancy, making it / easier to get injured. Low-impact exercises are a good choice.
- Your balance is off when you are pregnant, increasing your chances of falling. Avoid exercise where falling is a risk.
- Your heart is already working harder and may not handle exercise as well as before pregnancy. Keep your amount of exercise at a level where you can still talk normally. Stop if you become tired or overheated. Slow down to keep your heart rate below 140.
- Lying flat on your back can make you dizzy.
- Avoid exercises on your back after you are four to five months pregnant.

Musts When Working Out

- Begin with a warm up
- Drink plenty of fluid
- Have proper equipment, including comfortable, supportive shoes and a supportive bra or sports bra
- Get up slowly from lying or sitting positions
- End your workout with a five- to 10-minute cool down

Good Options for Exercise While Pregnant

- Walking
- Swimming
- Biking (stationary bike is safer later in pregnancy)
- Low impact aerobics
- Yoga/Pilates
- Strength training (slow movements/short sets)
- Jogging (if you were a runner before pregnancy)

Exercises to Avoid

- Racquetball and other contact sports (tennis, hockey, basketball, volleyball)
- Water skiing, surfing, diving, scuba diving
- Downhill skiing
- In-line skating, gymnastics, horseback riding

STOP EXERCISING IF YOU:

- Feel dizzy or faint
- Have shortness of breath
- Have an uneven or very fast heart rate
- Have chest pain
- Have trouble walking
- Have a severe headache
- Have contractions that do not stop with rest
- Have vaginal bleeding or leaking fluid
- Have decreased fetal movement

WORKING DURING PREGNANCY

Most of the time, a healthy woman with an uncomplicated pregnancy can continue to work throughout her pregnancy. It is important to give a complete picture of your work situation to your nurse and provider.

There could be dangers in your workplace. Some things to consider:

- Do you work around chemicals, gas, dust, **fumes** or **radiation**?
- Do you have to lift heavy loads, work at heights or use high-speed machines?
- Do you stand for most of your day?

Occasionally, you may need to make changes to your work situation. No matter how long you work during pregnancy, there are ways to cut down on physical on-the-job stress:

- Wear **support socks** or **hose** (especially if you are on your feet a lot).
- If you stand a lot, keep one foot on a low stool and bend your knee to take some of the pressure off your lower back.
- Take regular breaks.
- Stand up and walk if you have been sitting for a long time.
- Sit down with your feet up if you have been standing for a long time.

- Cut down activities that may cause your heart rate to go above 140 beats per minute.
- Rest on your side while lying down during lunch, if possible.
- When seated, keep your legs elevated on a stool, if possible.
- Stay out of smoke-filled areas.
- Avoid extremes in temperature.
- Avoid harmful **fumes** and **chemicals**.
- Lifting weights of 20 pounds or less is usually not a problem, but if you must lift more than this amount at your work, talk about this with your provider.
- Learn the proper way to lift heavy loads:
 1. Do not lift quickly.
 2. Steady your body with a wide stance.
 3. Bend at your knees, not your waist.
 4. Lift with your arms and legs and not your back.
- Use the bathroom at least every two hours.
- Make sure you eat breakfast, lunch, dinner and healthy snacks every day.
- Listen to your body. Slow down if you feel tired.

DIABETES IN PREGNANCY

Gestational diabetes is a special kind of diabetes that happens only during pregnancy. While gestational diabetes may be more common in some situations, it can occur without risk factors or symptoms. All expecting mothers will be tested for this condition.

To find out if you have gestational diabetes, you will need to take a glucose tolerance test. This is a blood test that shows whether your body is processing glucose (sugar) properly. It is important to know if you have gestational diabetes because high blood sugars during pregnancy are not healthy for you or your baby.

Your physician will recommend a one- or two-hour glucose tolerance test, based on your risk factors.

This test is done at 26 to 28 weeks of pregnancy. It will be done earlier and/or repeated if your risk is high.

One-Hour Test Instructions

Please follow these instructions if you get a bottle of sweetened liquid called “**Glucola**” to take home:

1. On the day of your next scheduled appointment, drink the entire bottle of **Glucola** quickly (about five minutes). Do this about **an hour and 10 minutes before** your scheduled appointment time. You do not have to fast before this test.
2. Arrive at the **lab** or provider’s office about 15 minutes before your appointment time.
3. **Tell the receptionist what time you drank the Glucola.** This is because your blood must be drawn one hour from when you drank your Glucola. If it has been longer, you may be required to drink the Glucola again.
4. Do not eat or drink anything but water after drinking the Glucola and having your blood drawn.
5. After drinking the Glucola and having your blood drawn, eat something and drink plenty of fluids.

If you have any questions, contact your provider’s office.

Two-Hour Test Instructions

To prepare for the two-hour glucose tolerance test:

- For at least three days before the test, eat like you normally do. Include all of the foods you typically eat, especially those that contain carbohydrates like bread, grain, cereals, fruit and milk.
- Don’t try to cut any foods from your usual diet before the test. If you try to cut back on carbohydrates, you may feel sick during the test.
- You must fast for at least eight hours before the test. Fasting means that you should not have anything to eat or drink except water.
- If you regularly take medications (prescription or over the counter), ask your physician whether you should take them the morning of the test.
- Do not exercise the morning of the test.

During the two-hour glucose tolerance test:

- A blood sample will be taken from your arm.
- You will be asked to drink 75 grams of Glucola within five minutes.
- A second blood sample will be taken at one hour and two hours after you have had the Glucola.

GROUP B STREP AND PREGNANCY

What is group B strep?

Group B streptococcus (GBS) is a type of bacteria found in up to 40 percent of pregnant women. The bacteria live in the digestive, urinary and reproductive tracts (rectum, bladder and vagina).

It usually does not cause illness. Women who carry this type of bacteria but have no infection are “**colonized.**” It is not a **sexually transmitted infection.**

What effect does it have in pregnancy?

If a woman is pregnant and carries the GBS bacteria, she can pass the GBS to her baby during birth.

What effect does it have on the baby?

Babies exposed to GBS during birth may develop a GBS infection. This happens to only one or two of every 100 mothers who have GBS. GBS can cause problems with a baby’s blood, lungs, or brain and spinal cord. It can lead to death in about 5 percent of babies who are infected.

Is there a test for GBS?

Samples from the pregnant mother’s vagina and/or rectum, taken around 35 to 37 weeks, can tell whether the bacteria are present at the time of birth.

What is the treatment for GBS?

Mothers who have had, or know they have GBS, receive antibiotics during labor. This lowers the risk of GBS infection in the baby. Your provider may also treat you with antibiotics if you:

- Have **preterm labor** (before 37 weeks)
- Break your water before 37 weeks
- Labor longer than 18 hours after your water breaks
- Have a prior baby with a GBS infection
- Have a fever during labor

Babies who have or who may have a GBS infection are treated with antibiotics in the hospital.



HELP YOUR BABY BY LEARNING ABOUT PRETERM LABOR

Preterm Babies

Babies born more than three weeks early (37 weeks) may have trouble breathing, eating and keeping warm, and may have more problems with **jaundice**.

Babies born two or more months early will often need breathing machines, incubators, oxygen, special feeding tubes and can have bleeding in their brains. The earlier a baby is born, the greater the risk of problems.

About one in 10 babies born in the United States is born preterm.

How you can help:

- See your provider as soon as you think you are pregnant and keep regular visits.
- Eat healthy food.
- Do not use alcohol or drugs.
- Stop smoking.
- Learn about preterm labor.

Preterm Labor

Preterm labor can happen from the fifth month on. It happens when the uterus contracts and causes the **cervix** to open and thin out.

Warning signs of preterm labor:

- **Menstrual** or period-like cramps
- **Pelvic** or low stomach pressure
- Low, dull backache
- Increase or change in **vaginal discharge** (especially watery, **mucous** or bloody)
- Regular or frequent contractions (“tightening of the uterus” or feeling like baby is “balling up and pushing down”)
- Leaking fluid
- Abdominal cramping with or without **diarrhea**

*Preterm labor does NOT always hurt!

Feeling for contractions:

- Lie down with a pillow behind your back so you’re on your side, or recline. Do not lie flat on your back.
- Place your hands on both sides of your belly at or just below your belly button.
- If your **uterus** feels firm to the touch all over, you are having a contraction. You should not be able to indent it with your fingers.
- Time your contractions from the beginning of one to the beginning of the next one.
*It is normal to have a few contractions when changing positions or climbing stairs.

What You Can Do

If you are having five or more contractions an hour and/or any warning signs:

- Use the bathroom
- Lie down on your left side (do not lie flat on your back)
- Feel for **contractions**; time them from the beginning of one to the beginning of the next
- Drink several glasses of water

CALL YOUR PROVIDER OR GO TO THE HOSPITAL IF:

- The contractions or warning signs do not get better or go away in 30 to 60 minutes after lying down
- You are leaking fluid from the vagina
- You are bleeding
- You feel there is something wrong

DAILY FETAL MOVEMENT COUNTING

Your baby's movement inside your **womb** is a sign that he or she is healthy. Keeping track of your baby's movement during pregnancy is a way of getting to know your baby, and can help you know how your baby is doing.

Each baby has her or his own time when he or she is resting and times when he or she is awake, wiggling and kicking. The most important thing is to monitor YOUR baby's movements every day so you will know what is normal for YOUR baby.

Remember that your baby will not run out of room to move. Your baby will run out of room for flips but he or she should keep moving until you deliver. If you notice a significant change in the movement of your baby, you should call your provider.

Keep track of your baby's activity and well-being by doing daily fetal movement counts around your third **trimester**. You also can do this at any time you are worried about changes in your baby's movement.

- Count the kicks every day, preferably at the same time. Pick your time based on when your baby is usually active, such as after a snack or meal.
- Make sure your baby is awake. You may have to wait until your baby wakes up for him or her to become more active. Walking, hugging your tummy or having a cold drink are good wake-up calls.
- Sit with your feet up or lie on your side. Do not lie flat on your back.
- Count your baby's kicks over one hour. If your baby is not kicking as much as usual or less than 10 kicks in one hour, eat or drink something. If it does not get better, call your physician.
- Write down when you first feel the baby kick. Then count every movement or kick until the baby has moved 10 times. When you feel the 10th kick, write that time down again. Record your times in a calendar or notebook.

When to call your provider:

- Sudden weight gain (more than a pound a day)
- Swelling of the hands, feet/ankles and face
- Severe headache that does not go away with **Tylenol**[®]
- Blurred vision or spots in front of the eyes
- Pain in the upper right section of the stomach
- Nausea and vomiting in the third trimester
- If you feel something is wrong

NOTIFY YOUR PROVIDER IF:

- Your baby has not moved 10 times in two hours
- You have not felt your baby move all day (about 12 hours)
- You notice a significant change in your baby's activity

AM I IN LABOR?

Most women can tell when they are in labor, but sometimes it can be hard to tell. For most mothers, you will give birth between 38 and 41 weeks of pregnancy.

Changes that may signal labor

You may or may not notice the signs below, which can happen a few weeks to a few hours before labor begins.

- The baby drops lower. This is called “**lightening**.”
- You may see more vaginal discharge. This is called “show” and may be clear, white, pink or slightly bloody. If you think your water might have broken, call or go to the hospital to be checked.
- The **mucous plug** will leave your body when the **cervix** begins to open, or dilate. When this happens, you do not need to call the hospital.

In labor, contractions begin and have a regular pattern

- As labor begins, the **cervix** opens and the **uterus** contracts in a regular pattern. When the uterus contracts, your belly will feel hard. Between the contractions, the uterus relaxes, and your belly will feel soft again.
- Contractions may start in the lower back and move to the front of your belly or may feel like the baby is “balling up and pushing down.”
- Contractions will become longer, get closer together and feel stronger.
- Contractions will continue even if you move around or lie down.

When your water breaks, also called “**rupture of membranes**,” the fluid-filled sac around your baby breaks or leaks. This can happen all at once or a little at a time. Your water can break before or during labor. Call or go to the hospital if this happens or you think it has happened, even if you are not having contractions.

False labor can happen in the weeks before real labor begins

False labor, or “**Braxton Hicks**,” contractions:

- Do not follow a regular pattern or get longer, closer together or feel stronger over time
- May stop when you walk or rest
- Usually can only be felt in the front

If your water breaks, it is not false labor.

Timing contractions

Contractions are timed from the beginning of one contraction to the beginning of the next contraction.

When timing contractions:

1. Write down the time the contraction begins
2. Write down how many seconds it lasts

If you have a question or concern, please call your provider or the hospital.

CALL OR GO TO THE HOSPITAL IF:

- You have contractions five minutes apart for at least one hour
- Your water breaks or leaks (even if you are not having contractions)
- You are bleeding from the vagina (other than bloody mucous or spotting)
- You have constant, severe pain with no relief between contractions
- Your baby is not moving or moving less often

PREECLAMPSIA: A BLOOD PRESSURE DISORDER IN PREGNANCY

What is it?

Preeclampsia, also called **toxemia** or pregnancy-induced **hypertension**, is a blood pressure disorder of pregnancy.

The illness can:

- Show signs and symptoms after 20 weeks of pregnancy
- Range from mild to severe
- Progress slowly or suddenly
- Be dangerous, even life-threatening, if left untreated (but this is rare)

If detected and treated properly, the outcomes for both mother and baby are good.

Who is at risk?

No one knows for sure what causes preeclampsia or why some women get it. The illness may occur in otherwise healthy women, but is more likely to affect women:

- In their first pregnancies
- Younger than 20 years or older than 40 years
- Who experienced preeclampsia in a previous pregnancy
- With other medical conditions such as high blood pressure, diabetes or kidney disease
- Pregnant with twins (or more)

What are the signs and symptoms?

Sometimes, this illness can occur for weeks without any signs or symptoms. As the illness progresses, signs include:

- Sudden weight gain (more than a pound a day)
- Swelling in the hands, feet and face
- Severe or constant headache
- Blurred vision or spots in front of the eyes
- Pain in the upper right of the belly

If you notice these symptoms, contact your provider. Your provider will follow your blood pressure and weight, check your urine for protein, and give you a blood test.

How is it harmful?

Preeclampsia can reduce blood flow:

- To the pregnant woman's organs which can lead to liver and kidney damage (this damage is temporary in almost all cases)
- To the baby which can restrict the baby's growth

If the preeclampsia is severe, seizures and stroke can occur.

What is the treatment?

The only cure for preeclampsia is delivery. The doctor will determine the best treatment based on:

- How severe the illness is
- How far along the pregnancy is

Mild cases may be treated with bed rest, at home or in the hospital, or labor may be induced. Some women may need medications during labor to help prevent seizures.

What about after the birth?

Preeclampsia goes away soon after the baby is born. If high blood pressure persists after the pregnancy, women may need to stay on or start medications and work with their provider to keep it under control.

PAIN RELIEF IN DELIVERY



Many mothers are concerned about the pain of childbirth. There are many things you can do to help ease this pain.

Some ideas include:

- Standing, leaning, slow dancing
- Walking
- Kneeling, leaning forward
- Sitting on a **birth ball**
- Lying on your side
- Hand or foot massage
- Taking a bath or shower
- Warm or cold packs
- Counting or chanting during contractions
- For back pain, counter pressure, or pressure into your back

Every labor is different, and your nurse can help you with ideas to manage pain.

Your provider may also prescribe medication:

- **Systemic painkillers** are a shot that may be given into your muscle or by an IV. Systemic painkillers dull your pain by working through your whole body.
- **Epidural anesthesia** is a shot of painkiller into the space outside your spinal cord. Epidural anesthesia is designed to provide pain relief but allow you to still be able to push when the time comes.
- **Local anesthesia** may be used to help numb a small area, for example, if you need stitches.
- **General anesthesia** is used only very rarely in an emergency and causes you to fall asleep.

There are benefits and risks to pain medication. Talk to your provider to learn more.

BREASTFEEDING

When you choose to breastfeed your baby, your baby will be healthier, you will bond with your baby, you will give your baby the very best nutrition and you'll even save money.

Breastfeeding may not always be easy, but you can count on the support you'll receive at Avera including classes to help you get ready to breastfeed and help during and after your hospital stay and for as long as you breastfeed.

Breastfeeding tips:

- Breastfeed as soon as you can after your baby is born.
- Breastfeed when your baby is hungry, usually eight to 12 times every 24 hours, and as long as baby wishes.
- Watch for hunger cues: opening and closing eyes, licking or smacking lips, turning head to the side, opening mouth, making fists. Remember, crying is a late sign of hunger.

- Hold your baby skin-to-skin as much as possible.
- Choose a position that is comfortable to you. Try the football hold and cross-cradle hold.
- Make sure your baby has an effective latch, or mouth position:
 - Does your baby open his or her mouth wide?
 - Can you hear your baby swallow?

To learn more about breastfeeding help in your area, contact your hospital and visit Avera.org/breastfeeding.



WHAT TO KNOW ABOUT CIRCUMCISION

What is circumcision?

Circumcision is an operation to remove the **foreskin**, a fold of skin covering the head of the penis.

How circumcision is performed

Circumcision usually takes very little time and is done between 12 and 48 hours after a baby is born. The physician gives the baby **local anesthesia** (a pain killer for the site of the circumcision) and uses a clamping instrument to remove the foreskin. There normally is no bleeding.

Risks

There are some small risks involved in circumcision, including:

- Local infection
- Bleeding
- Scarring

Reasons to circumcise

Circumcision:

- Makes it easier to clean the head of the penis
- May prevent problems where the foreskin is too tight or becomes infected
- Lowers the risk of urinary tract infections
- Leads to a slightly lower rate of **sexually transmitted diseases**
- May be done for religious or personal reasons

If you choose to have your son circumcised, talk to the baby's physician about what to expect and how to care for your son after the circumcision.

Reasons not to circumcise

Certain conditions may prevent circumcision or parents may choose not to have their son circumcised for a variety of reasons, including:

- The baby is ill, premature or has a medical condition, such as a bleeding problem or certain birth defects
- To avoid the risks involved with circumcision
- The belief that the foreskin is necessary to protect the tip of the penis
- The belief that, without the foreskin, the tip of the penis may become irritated and cause the opening to become too small
- The belief that circumcision makes the tip of the penis less sensitive

If you choose not to have your son circumcised, be sure to keep your son's penis clean by carefully washing and drying. Talk to your baby's physician to learn more.

COMMON PROBLEMS IN PREGNANCY

SYMPTOMS	SUGGESTIONS	MEDICATIONS
Backache	<ul style="list-style-type: none"> • Warm (not hot) bath • Ice or warm pack • Use correct posture and avoid heavy lifting • Wear comfortable shoes with low heels • Sleep on a firm mattress • Use lumbar support belt • Massage • Back exercises • Physical therapy, if needed 	<ul style="list-style-type: none"> • Tylenol
Bleeding	<ul style="list-style-type: none"> • Bright red bleeding like a period should be reported right away • Spotting after intercourse • Go to the hospital for heavy bleeding • Call your provider's office if unsure 	<ul style="list-style-type: none"> • None
Breast changes	<ul style="list-style-type: none"> • Wear a good, supportive bra • Wear breast pads if leaking colostrum 	<ul style="list-style-type: none"> • Tylenol
Cold, cough, sore throat	<ul style="list-style-type: none"> • Rest • Increase fluid intake 	<ul style="list-style-type: none"> • Tylenol • Sudafed • Benedryl • Robitussin DM • Chloraseptic lozenges or spray
Constipation	<ul style="list-style-type: none"> • Increase fluids, especially water • Eat more fruits and vegetables • Increase fiber (good fiber cereal, prune juice) • Physical activity, such as walking or swimming 	<ul style="list-style-type: none"> • Metamucil, Citrucel • Milk of Magnesia (1 oz. at bedtime) • Stool softener (Colace or docusate sodium) • Avoid taking laxatives
Diarrhea	<ul style="list-style-type: none"> • Increase fluids (try ½ strength Gatorade) • Avoid dairy products, citrus fruits and juices • Try toast, bananas, rice and applesauce • If you experience bloody diarrhea, fever or no improvement after 24 hours, call your provider's office 	<ul style="list-style-type: none"> • Imodium • Kaopectate (do NOT take Pepto-Bismol or Alka-Seltzer)
Dizziness/light-headedness	<ul style="list-style-type: none"> • Avoid sudden changes in posture • After lying down, get up slowly by rolling to your side, then pushing up to a sitting position • Drink plenty of fluids • Eat regular meals and snacks • Call your provider's office or hospital if severe, persistent or if associated with chest pain, shortness of breath, or heart rate changes 	<ul style="list-style-type: none"> • None
Fever	<ul style="list-style-type: none"> • Drink plenty of fluids • Call your provider's office if temp is more than 100.4° F 	<ul style="list-style-type: none"> • Tylenol
Groin pain or "round ligament pain"	<ul style="list-style-type: none"> • Move carefully and avoid sudden movements or position changes • Turn over carefully in bed or when getting up (roll over, then push to sitting with arms) 	<ul style="list-style-type: none"> • Tylenol
Headaches	<ul style="list-style-type: none"> • Rest • Drink plenty of fluids, especially water • Apply cold compress to forehead or neck • Try neck massage • If headache is severe, does not improve with Tylenol or involves vision changes, call your provider's office 	<ul style="list-style-type: none"> • Tylenol

COMMON PROBLEMS IN PREGNANCY

SYMPTOMS	SUGGESTIONS	MEDICATIONS
Hemorrhoids	<ul style="list-style-type: none"> • Warm, not hot, bath • Avoid constipation 	<ul style="list-style-type: none"> • Anusol-HC • Tucks • Preparation H
Heartburn/indigestion	<ul style="list-style-type: none"> • Do not skip meals • Eat small, frequent meals • Eat slowly • Wear loose-fitting clothing • Drink fluids mostly between meals • Avoid spicy food, caffeine and peppermint • Avoid eating right before bed • Prop head up on pillows to sleep 	<ul style="list-style-type: none"> • Tums • Maalox or Mylanta • Zantac
Leg cramps or “charlie horse”	<ul style="list-style-type: none"> • Get regular exercise • Stretch calf muscles (don’t point toes) • Wear low-heeled, comfortable shoes • Increase milk and calcium intake 	<ul style="list-style-type: none"> • None
Nausea	<ul style="list-style-type: none"> • Eat small, frequent meals • Do not skip meals • Eat dry crackers and cereal in the morning • If nausea becomes severe, call your provider’s office 	<ul style="list-style-type: none"> • Ginger (ale, tea or lozenges) • lemon drops • vitamin B6 (25 mg 3 times a day) • ½ tab Unisom or 25 mg Benadryl at bedtime
Shortness of breath	<ul style="list-style-type: none"> • Avoid lying flat on your back • Slow down (lungs have less reserve in pregnancy) • Call provider’s office or hospital if shortness of breath is sudden, severe or persistent or if associated with chest pain or irregular heart rate. 	<ul style="list-style-type: none"> • None
Swelling or edema	<ul style="list-style-type: none"> • Wear support hose (not knee-highs) • Elevate feet and legs • Do not sit with crossed legs • Avoid salty foods and beverages • Remove rings if hands are swelling • Call provider’s office or hospital if swelling is sudden, severe or associated with headache or vision changes. 	<ul style="list-style-type: none"> • None • Do NOT take or ask for “water pills”
Tiredness/unable to sleep	<ul style="list-style-type: none"> • Rest when you are tired • Take a warm bath or shower before bed • Make your bed more comfortable with pillows • Avoid caffeine • Avoid exercise before bedtime 	<ul style="list-style-type: none"> • Benadryl, Tylenol PM
Vaginal discharge	<ul style="list-style-type: none"> • More discharge is normal in pregnancy (white, lotion-like consistency) • Avoid tight clothing • Call provider’s office if you experience itching, irritation, or foul odor 	<ul style="list-style-type: none"> • If diagnosed with a yeast infection, Monistat
Varicose veins	<ul style="list-style-type: none"> • Elevate feet and legs • Do not cross legs • Wear support hose (not knee- or thigh-high) 	<ul style="list-style-type: none"> • Tylenol

PREGNANCY AND OBESITY

Women who have a body mass index of 30 or higher are considered obese and have increased health risks during pregnancy for themselves and baby.

What is Your Body Mass Index?

Calculated using weight and height

Normal: 18-24.9

Overweight: 25-29.9

Class 1 obesity: 30-34.9

Class 2 obesity: 35-39.9

Class 3 obesity: 40 or higher

Your current BMI is _____

We recommend you gain a maximum of 15 pounds.

Maternal complications during pregnancy

If your BMI is 30 or higher risks include:

- High blood pressure (15 percent)
- Diabetes during pregnancy (10 percent)
- Preeclampsia – high blood pressure and increased protein in urine (15 percent)
- Cesarean section (60 percent)
- All of the above risks increase with BMI higher than 40

Risks for baby (Increase as BMI increases)

- Preterm delivery, large fetal size (15 percent), intrauterine fetal death
- Birth defects: neural tube defects (problem in the spine), omphalocele (defect in the stomach wall), heart defects, hydrocephalus (trapped fluid in the brain), cleft lip and palate
- Unable to obtain first trimester ultrasound screening (nuchal translucency) for abnormal chromosomes in 10 percent of patients with BMI higher than 40
- Inadequate ultrasound assessment (seeing fetal heart, brain and spine structures) in 50 percent of fetuses in patients with BMI higher than 40; difficulty continues during reevaluation 20 percent of time
- Difficulty diagnosing birth defects with ultrasound due to increased fat tissue, making it difficult to see the fetus
- Difficult delivery due to large fetal size and maternal obesity
- Increased risk for lifelong complications, including obesity, diabetes, high blood pressure, heart disease



Delivery considerations

- Difficulty to estimate fetal weight — can increase risk of fetal and maternal complications
- Difficult to monitor fetal well-being during labor — can increase risk of fetal death
- Increased maternal risks makes emergency cesarean sections difficult
- Success rate of vaginal delivery is 40 percent in patients with a BMI higher than 40

C-section complications

- Increased rate of excessive blood loss
- Longer time in the operation room
- Increased risk of wound infection (30 percent)
- Increased rate of postpartum infection in the uterus
- Difficult to place spinal anesthesia and increased risk with general anesthesia

Vaginal birth after C-section (VBAC)

- Success rate of 10 percent if BMI higher than 45
- Increased BMI associated with decreased success rate
- Induction of labor associated with decreased success rate
- Risk of burst uterus 2 percent (five times higher than non-obese patients)

Complications after delivery

- Increased risk of bleeding (postpartum hemorrhage)
- Increased risk of blood clots in veins or lungs (thromboembolism)
- Increased risk of depression

We encourage you to begin an exercise program as follows:

We recommend the following actions during your first trimester:

- Nutrition consultation _____
- Baseline 24-hour urine protein collection _____
- Baseline labs _____
- Diabetes screen _____
- Sleep study (with symptoms of sleep apnea) _____
- EKG, cardio echo (with chronic hypertension or diabetes) _____
- Anesthesia consultation _____

HEALTHY WEIGHT GAIN DURING PREGNANCY

Every pregnancy is different. If you have questions or concerns, or are expecting multiples, talk to your provider.

WEIGHT BEFORE PREGNANCY	HEALTHY WEIGHT GAIN AMOUNT
Under weight	28-40 pounds
Normal weight	25-35 pounds
Overweight	26-29 pounds
Obese	Less than 15 pounds



CAR SEAT USE

Buckle everyone - Children age 12 and under in back!

	AGE/WEIGHT	SEAT TYPE/SEAT POSITION	USAGE TIPS
Infants	Keep rear-facing from birth to 2 years old/at least 20 pounds.	<ul style="list-style-type: none"> • Infant-only seat/rear-facing or convertible seat rear-facing. • Seats should be secured to the vehicle by the seat belt or by the LATCH system. • Use rear-facing convertible longer as they are available for children up to 30-35 pounds. 	<ul style="list-style-type: none"> • Never use in a front seat where an air bag is present. • Tightly install the car seat in the back seat, facing the rear. The seat should not move more than an inch at the seat belt. • Recline (lean back) according to the seat's instructions; look for recline indicator on seat. • Straps should be at or just below shoulder level (lower set of slots for most convertible child safety seats). • Straps should be snug and you shouldn't be able to pinch any extra strap at the shoulder. • The harness clip should be at armpit level. • Do not add blankets behind the child or under the straps. • Carry the handle in the correct position, according to the seat's instructions.
Infants/Toddlers	Less than 2 years old/5-40 pounds.	<ul style="list-style-type: none"> • Convertible seat/rear-facing (select one with higher weight limits, 30-35 pounds, rear-facing). • Seats should be secured to the vehicle by the seat belt or by the LATCH system. 	<ul style="list-style-type: none"> • Never use in a front seat where an air bag is present. • Recline (lean back) according to the seat's instructions; look for recline indicator on seat. • Straps should be at or just below shoulder level. • Straps should be snug and you shouldn't be able to pinch any extra strap at the shoulder. • The harness clip should be at armpit level. • Keep your child rear-facing until they reach the upper weight limits of the seat or until the baby's head is 1 inch from the top of the seat.
Preschoolers/ Toddlers	2 to 4 years old/at least 20 pounds to approximately 40 pounds.	<ul style="list-style-type: none"> • Convertible seat/ forward-facing or forward-facing only seat or high-back booster with harness straps. • Seats should be secured to the vehicle by the seat belt or by the LATCH system. 	<ul style="list-style-type: none"> • Tightly install the car seat in the back seat, facing FORWARD. The seat should not move more than 1 inch at the seat belt. • Straps should be at or just below shoulder level (usually top set of slots for convertible child safety seats). • Straps should be snug and you shouldn't be able to pinch any extra strap at the shoulder. • The harness clip should be at armpit level.

CAR SEAT USE

	AGE/WEIGHT	SEAT TYPE/SEAT POSITION	USAGE TIPS
Young Children	4 to at least 8 to 10 years old, unless child is 4'9" (57") tall.	<ul style="list-style-type: none"> • Belt-positioning booster (no back or high back). • NEVER use with lap-only belts; belt positioning boosters are always used with lap AND shoulder belts. 	<ul style="list-style-type: none"> • Use booster with adult lap and shoulder belt in rear seat. • Shoulder belt should rest snugly across the chest, rest on the shoulder and should NEVER be placed under the arm or behind the back. • Lap belt should rest low, across the lap/upper thigh area – NOT across the stomach.
Older Children		Seat belt.	<p>5 Step Test</p> <ol style="list-style-type: none"> 1. Does the child sit all the way back against the auto seat? 2. Do the child's knees bend comfortably at the edge of the auto seat? 3. Does the belt cross the shoulder between the neck and arm? 4. Is the lap belt as low as possible, touching the thighs? 5. Can the child stay seated like this the whole trip? <p>If you answered "no" to any of these questions, your child needs a booster seat.</p>

General Reminders:

- Always check your car seat's instruction manual for specific installation, usage and weight guidelines.
- To install your seat, use your vehicle's seat belt or LATCH system.
- Be sure to install tightly — the car seat should move no more than 1 inch from side to side and front to back along the seat belt path.

For additional information, contact or visit:

- American Academy of Pediatrics website, aap.org
- National Highway Traffic Safety Administration, nhtsa.gov
- To find a child passenger safety technician in your area, search at safekids.org/certification under Find a Technician/Instructor



GLOSSARY

Abdominal wall defects – A condition when the internal organs are coming out of an opening in the abdomen.

Aerobics – A type of exercise that includes movement, often set to music.

Alpha fetoprotein (AFP) – A hormone in the human body.

Amniocentesis – A test in which some of the amniotic fluid is removed.

Anemia – A decrease in the red blood cells in the blood.

Antibiotics – Drugs used to treat bacterial infections.

Birth ball – A large exercise ball, often used to help mothers sit comfortably during labor.

Braxton Hicks contractions – Sometimes false labor or prodromal labor, these are contractions of the uterus that do not lead to birth.

Carbohydrates – A type of food which includes sugars, fibers and starches such as bread, beans, milk, potatoes and pasta. Whole grains are a healthier choice.

Cervix – The lower part of the uterus. In labor, the cervix becomes softer and shorter, and starts to dilate, or open.

Cervical cancer – Cancer of the cervix.

Cervical culture – When a sample of cells from the cervix is sent to a lab to see if bacteria, virus or fungus grows.

Chorionic villus sampling – A test that can identify if your baby has a genetic disorder.

Circumcision – An operation to remove the foreskin, a fold of skin covering the penis.

Colonized – When a bacterial infection develops on a person.

Colostrum – The milk your breasts begin to produce just before your baby is born, and in the first days of his or her life.

Constipation – Constipation is a condition in which your bowel movements are infrequent or difficult to pass.

Contractions – When your uterus tightens in preparation for birth.

Cystic fibrosis – An illness that affects a person's ability to secrete mucous normally, causing problems with the lungs, digestive and reproductive systems.

Diabetes – A disease in which people develop high blood sugar levels. Diabetes that occurs in pregnant women without a history of diabetes is called gestational diabetes.

Diarrhea – A condition of having frequent or liquid bowel movements.

Down syndrome (trisomy 21) – A genetic disorder indicated by extra genetic material from chromosome 21.

Edema – The accumulation of fluid that causes swelling.

Epidural anesthesia – A shot of painkiller into the space outside your spinal cord.

Estriol – A hormone in the human body.

Fetal – Of or relating to your baby.

Foreskin – A fold of skin covering the penis.

Fumes – A dangerous gas, smoke or vapor.

General anesthesia – A painkiller that causes you to fall asleep, which is used only in an emergency.

Gestational diabetes – Diabetes that occurs in pregnant women without a history of diabetes.

Glucola – A sugary liquid used in testing for gestational diabetes.

Group B strep (GBS) – A bacteria found in up to 40 percent of women.

Herbal supplements – Products developed for medicinal use, which contain only plant material.

Hepatitis B – A disease that affects the liver.

Human chorionic gonadotropin (hCG) – A hormone in the human body.

Human immunodeficiency virus (HIV) – The virus that causes AIDS, transmitted through unprotected sex or sharing needles with someone who has HIV.

Human papillomavirus (HPV) – An infection that can cause cervical cancer.

Hypertension – High blood pressure.

In-line skating – A sport, also called rollerblading.

Inhibin A – A hormone in the human body.

GLOSSARY

Jaundice – A condition in which high blood bilirubin levels cause yellowish skin.

Lab – Laboratory, where health care providers perform blood, urine and other tests.

Lightening – When your baby drops lower in your body in preparation for birth.

Listeria – An infection caused by eating food contaminated with bacteria.

Local anesthesia – A pain killer that is limited to one specific area of the body.

Menstrual – Of or having to do with menstrual periods.

Mucous – A thick, slippery secretion.

Mucous plug – The mucus that surrounds the cervix during pregnancy.

Neural tube defects – Serious defects of the brain and spine.

Over-the-counter – Medications that can be purchased in stores without a prescription.

Pap smear – A screening test in which cells from the cervix are collected and examined.

Pasteurized – When heat is used to kill bacteria in food.

Pilates – An exercise that involves stretching.

Pelvic – Of, or having to do with, the pelvis, the part of your body between the abdomen and thighs.

Preeclampsia – A disorder of pregnancy that causes high blood pressure and protein in the urine.

Preterm baby – A baby born before 37 weeks of pregnancy.

Preterm labor – When the body starts preparing for birth too early.

Radiation – A kind of energy that is produced by radioactive substances and nuclear reactions.

Rh factor – A type of protein on blood cells.

Rubella – An infection caused by the rubella virus, sometimes called German measles or three-day measles.

Rupture of membranes – Also referred to as water breaking, this is the rupture of the amniotic sac prior to the birth of the baby.

Sexually transmitted infection – An infection that is spread through sexual intercourse.

Support Socks/Support Hose/Compression Stockings – These are designed to help increase circulation and prevent blood clots in your legs.

Syphilis – A sexually transmitted disease that can cause birth defects in the baby.

Systemic painkillers – Painkillers that work to dull pain in your whole body.

Trisomy 18 – A genetic disorder indicated by extra genetic material from chromosome 18.

Thyroid disease – A condition in which the thyroid gland does not work properly.

Toxemia – See preeclampsia.

Trimester – Pregnancy is divided into three trimesters, each about three months long.

Tylenol – A brand name for the over-the-counter drug acetaminophen.

Ultrasound – An exam that uses sound waves to create a picture of the baby.

Uterus – Also called the womb, the organ inside which your baby grows during your pregnancy.

Varicella antibody test – A test that checks your immunity to chicken pox.

Yoga – An exercise involving balance and stretching.

Vaginal discharge – Fluid that is secreted from the vagina.

Water breaking – The rupture of the amniotic sac prior to the birth of the baby.

Womb – Also called the uterus, the organ inside which your baby grows during your pregnancy.





Avera.org/birthing