

MAYBE a BABY

Your Guide to Pregnancy Planning

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CONGRATULATIONS

Going from Maybe a Baby to Definitely a Baby is a big decision. We're glad you chose Avera to help you on this journey. This binder is yours to keep as a guide to the important questions and details to consider as you and your partner discuss parenthood.

Our staff and other health care providers are dedicated to answering your questions and caring for you and your family. Thank you for allowing us to join you during this exciting time in your life.

TABLE OF CONTENTS

- 4..... Getting Ready for Baby: Frequently Asked Questions
- 5..... Preparing for Baby
- 6..... The Joys of Raising a Child
- 7..... Considerations Before Choosing Parenthood
- 8..... Achieving Pregnancy
- 10..... Pre-Planning: Healthy Living Considerations
- 12..... Family Planning: FertilityCare
- 14..... Financial Planning
- 16..... Choosing a Provider and Hospital
- 17..... Choosing Your Care Provider
- 18..... Specialty Care for Baby
- 19..... Pregnancy and Obesity
- 22..... 10 Tips for Great Nutrition During Pregnancy

Getting Ready for Baby

Questions for your provider

PRECONCEPTION

- What should I do before I get pregnant (i.e., vitamins) to ensure a healthy pregnancy for me and my baby?
- What should I do if I am having trouble getting pregnant?
 - Should I schedule a preconception visit with my doctor?
 - What is covered at this visit?
- How long should we try before considering counseling?
- How can my spouse be involved and supportive before and during pregnancy?
- What if I have a chronic condition? Who is available to help me manage it before and during pregnancy?

QUESTIONS TO ASK WHEN CHOOSING A BIRTHING PROVIDER

- What is your philosophy of childbirth?
- What is your philosophy on exercise during pregnancy?
- How does the physician/patient relationship work in your practice?
- If I have a question or problem during my pregnancy, what do I do? How does your office handle these calls?

PREGNANCY AND BIRTH

- What happens during my OB visits? How many will I have?
- Who will be taking care of me when it is time to deliver my baby?
- Will I see providers other than you during my pregnancy?
- What are my options for birth? Can I have a doula? Is a water birth and/or midwife optional at Avera?

Preparing for Baby

Questions for your provider

WHAT CHILDBIRTH CLASSES ARE AVAILABLE TO ME?

- What immunizations do my spouse and I need before baby arrives?
- How can I prepare for breastfeeding my baby after childbirth? What services are offered?

QUESTIONS TO ASK WHEN CHOOSING PEDIATRIC CARE

- How soon do I need to choose a pediatrician for my baby?
- How will you provide care for my baby?
- What if I have questions/issues after regular office hours?
- What if my baby needs specialty care after birth?
How are you and the hospital prepared?

COST

- What is the total cost of having a baby? What is the cost for the clinic care and the hospital care?
- How do I figure out what my insurance will pay/cover?
- Does it cost more to have a cesarean section?

HEALTH AND WELLNESS

- What should and shouldn't I eat while I'm pregnant or before?
- Are there other activities I should steer clear of while pregnant? Do more of?
- How much weight should I gain during pregnancy?

The Joys of Raising a Child

1. Finding the perfect name.
2. Seeing God's miracles coming to life.
3. Making memories as a family.
4. Unconditional family love.
5. Unlimited hugs and kisses.
6. Learning about things for the first time.
7. Holding tiny hands and feet.
8. A partner for blowing bubbles, flying kites, building sandcastles and skipping down the sidewalk in the pouring rain .
9. Someone to laugh with no matter how your day is going .
10. Being able to relive your childhood memories with your child.
11. Finger-painting, carving pumpkins, playing hide-and-seek, catching lightning bugs and believing in Santa Claus.
12. Reading books, watching Saturday morning cartoons, going to movies, and wishing on stars.
13. Treasuring their first masterpieces.
14. Being a hero for your kids.
15. A front row seat to history in witnessing the first step, first word, first date and first time driving.
16. Adding to your family tree.
17. Helping your kids when they need you most.

Considerations Before Choosing Parenthood

Having a child requires accepting many new obligations. Choosing to become a parent represents a lifetime commitment. When deciding whether or not to have a baby, consider these points:

- Are you willing to make a lifetime commitment?
- Do you have the emotional capacity to nourish your child's self-esteem for the rest of his or her life?
- How stable is your relationship with your partner?
- Are you willing to commit yourself to day-to-day child care?
- Are you healthy?
- Do you like the idea of being pregnant?
- Do you enjoy children?
- What is your relationship with your parents and in-laws?
- How does having a child fit with your views on the state of the world? Are you optimistic about the potential for your child's future?
- Have you been able to accomplish some of your lifetime goals? How will a baby affect your plans?
- Are family and friends supportive? Would you have emergency backup for child care?
- Can you afford the cost of a child?
Can you afford child care?
- Do you and your partner share similar ideas about religion, education and discipline?
- Are you and your partner committed to sharing parenthood — both child care and household tasks? Are you ready to share your lives with another person?
- How flexible is your job? Are you ready to make any necessary adjustments to your career plans? Do you have options at work that would make this a good time to get pregnant (e.g., child care, maternity leave)? Will you be able to limit travel?

There is never a perfect time to have a baby, but answering these questions will help you determine your readiness to start a family.

Achieving Pregnancy

For some couples, getting pregnant may happen very easily. For others, it may be a difficult process.

Here is some basic information on getting pregnant if you decide a baby is in your future:

- Discontinue pregnancy prevention methods at least two to three months prior to conception, such as pills, IUD, etc.
- Female fertility
 - Fertility depends on time of ovulation — when an ovary releases an egg.
 - An egg can only survive 12–24 hours.
 - Conception must occur in that 12–24 hour time frame.
- Male fertility
 - Men always produce sperm.
 - Given the right conditions, sperm can live three to five days after release.
- In a perfect world, ovulation occurs on day 14 of a 28-day period.
 - Pregnancy is only possible when sex takes place around ovulation, when both a sperm and an egg can meet.
- Irregular cycles
 - If you have irregular cycles, predicting ovulation becomes more difficult.
 - Ovulation always occurs 14 days before the menstrual period starts. But it is impossible to count backwards to time intercourse!
 - For example, if your cycles are usually every 40 days — ovulation would occur on day 26, 14 days prior to menstruation beginning.
 - Check with your provider if you have questions about determining ovulation.



- Determining ovulation
 - Some women experience acne flares.
 - Some women gain water weight.
 - Most women notice cervical mucous changes.
 - The wet, clear, slippery and stretchy fluid that is usually produced close to ovulation helps the sperm to survive and to transport it through the cervix.
 - There are kits you can purchase to determine ovulation, but they are costly and can only be used one time.
- It may easily take up to one year to achieve pregnancy.
 - You are not considered to have infertility problems until one year of unsuccessful attempts to conceive.
 - If you are over age 35, you may consider infertility treatment after six months of unsuccessful conception.

Pre-Planning: Healthy Living Considerations

BEFORE YOU GET PREGNANT

- Folic Acid
 - Begin taking a prenatal vitamin with 400 mcg. of folic acid well before you become pregnant.
- Caffeine
 - Limit your caffeine consumption before conception to avoid depleting your body of important nutrients, especially calcium and vitamin B.
- Gain/Lose Weight
 - Underweight women tend to have more difficulty conceiving and supporting a pregnancy.
 - Overweight women tend to have more complications such as gestational diabetes, high blood pressure and more back and joint pain.
- Stop Smoking
 - Smoking causes a higher chance of infertility, miscarriage, low birth weight babies and birth defects, as well as increasing the parents' chance of lung cancer, emphysema, asthma and other breathing-related illnesses.
 - Smoking may also damage sperm, increasing chances of infertility, miscarriage or birth defects.
- Drinking Alcohol
 - Abstain from alcohol when you are trying to get pregnant.
 - Alcohol in early pregnancy can cause birth defects as well as miscarriage.
 - Sperm can be hurt by alcohol, medications, street drugs as well as smoking, but can still fertilize an egg!
- Medications
 - Discuss with your care provider any medications you are currently taking.
 - Some medications need to be changed if you are attempting to get pregnant.
 - Some medications are dangerous to quit but may need changing to be safe in pregnancy. Ask your provider.

- Consider Work Environment
 - What precautions should you take at work before trying to get pregnant?
 - Limit exposure to harmful chemicals, radiation and contagious diseases.
- Pre-Pregnancy Counseling With Provider
 - If you are aware of a family history of genetic problems, birth defects or recurrent miscarriages, you should get genetic counseling before trying to get pregnant.

PRE-CONCEPTION VISIT WITH YOUR CARE PROVIDER

- Get a physical checkup before conception to ensure you are healthy.
 - Make sure a Pap smear is obtained.
- Review medical conditions.
 - This includes diabetes, heart conditions, high blood pressure, STDs, thyroid issues, etc.
- Discuss medications you are currently taking.
- Update immunizations.
- Discuss family history.
 - This includes anyone in the family with any conditions listed above that may be a concern for you.
- Get genetic counseling.
- Discontinue pregnancy prevention methods.
- Begin a prescription of vitamins and folic acid.
- Interview your care provider to be sure you are comfortable with his or her philosophy of care.

Family Planning: FertilityCare

The FertilityCare program at Avera is based on the Creighton model of fertilitycare, an international program used successfully worldwide for family planning and/or management of gynecological problems.

Every woman has the right to know how her cycles function in order to understand how her body works.

The FertilityCare program teaches women/couples how to observe and chart "biological markers." These biological markers not only help a couple to know their time of fertility or infertility, but also can be used by physicians or practitioners trained in this method to treat various gynecological abnormalities.

FERTILITYCARE:

- Can increase an infertile couple's chance of conceiving by 20 - 80 percent
- Is 99.5 percent effective in spacing pregnancy
- Can help your physician better treat a variety of gynecological conditions such as:
 - Infertility
 - Menstrual cramps
 - PMS
 - Ovarian cysts
 - Abnormal bleeding
 - Polycystic ovarian syndrome (PCOS)
 - Repetitive miscarriage
 - Postpartum depression
 - Hormonal issues
 - Recurring fluid discharge
 - Pelvic pain
 - Endometriosis (A disorder in which tissue that normally lines the uterus grows outside the uterus.)

- Involves simple charting based on external observations
- Can be used at every stage of a woman's reproductive life, from the onset of menstruation through the transition to menopause
- Is the most acceptable method of family planning or infertility treatment according to the Catholic Church's teaching.
- Encourages communication, respect and understanding between partners. Couples using this method have a less than 2 percent divorce rate, compared with the national rate of more than 50 percent.
- Is inexpensive; considerably less so than contraceptives, infertility treatments or surgical options.
- Can be used throughout a woman's reproductive lifespan with no side effects or complications that may result from using other methods.

Financial Planning

As you prepare physically and emotionally for the prospect of having children, you also need to prepare financially. Having a baby is expensive — but so worth the cost!

Billed for two main services:

HOSPITAL CARE

- Average charges and supplies for mom and baby — approximately \$3,800 – \$4,900
- Vaginal birth — approximately \$6,000 – \$6,800
- Cesarean section — approximately \$13,500 – \$15,800
- Special Care Nursery — \$2,000 per day or more

ANCILLARY CARE

- Includes office and in-hospital lab work, pathology charges
- Ultrasound fees and other prenatal testing like non-stress tests or sampling of the amniotic fluid, etc.
- Surgery charges, anesthesia charges, pediatric care, etc.
- Charges may vary greatly depending on risk factors and patient choices
- Examples: \$100 for quad screen (blood test for genetic abnormalities), \$200 – \$500 or more for an ultrasound, up to \$1,000 for amniocentesis, \$60 for pathologist to read Pap smear

Hopefully, these costs will be covered, if not fully, then at least partly by your insurance company. This is something you should discuss with your insurance agent before getting pregnant (see “Questions for Insurance Company” handout).

PREGNANCY EXPENSES

- Maternity clothes — variable expense
- Prenatal vitamins — \$15/month
- Childbirth classes — \$70 for a series
- Other

SETTING UP A NURSERY

- Crib, mattress and bedding — \$100 – \$1,000+
- Dresser, changing table — \$200 – \$800+
- Car seat — \$100 – \$600+
- Stroller — \$30 – \$300+
- Swing, bouncy seat, baby monitor, diaper bag, toys, etc. — \$200 – \$2,000+
- Other

FEEDING OPTIONS

- Bottles and formula for one year — \$1,500+
- Breast pump and supplies if breastfeeding — \$300+

FIRST YEAR OF LIFE

- Diapers and wipes — \$1,200+/year
- Clothes — variable expense
- Child care — full-time is a minimum of \$5,000/year
- Health care — well-baby and sick-baby care of \$500+/year
- Other

SOME GOOD WEBSITES FOR ESTIMATING THE COSTS OF RAISING A CHILD ARE:

- babycenter.com
- surebaby.com
- parenthood.com
- pregnancy-info.net

OTHER GOOD ADVICE AS YOU CONTEMPLATE PARENTHOOD:

- Establish a budget
- Set up a college savings fund
- Write your will
- Get disability insurance
- Participate in a flexible spending account

Choosing a Provider and Hospital

WHO WILL BE YOUR HEALTH CARE PROVIDER?

- Family practice physician
- Obstetrician
- Baby doctor
- Pediatrician
- Family practice

WHAT IS YOUR CRITERIA IN CHOOSING A PROVIDER?

- Philosophy of childbirth
- Preconception visit
- Fees and what they include
- Your insurance coverage
- If group practice, consider if you need to meet with other providers
- Experience with high risk
- Recommendations from family and friends

IN CHOOSING THE HOSPITAL

- Consider if their philosophy is similar to yours
- Consider the atmosphere you would like
- The location of your labor, delivery and recovery
- Availability of epidurals and cesarean section
- 24-hour OB laborist coverage
- Nursery policies
- Availability of Level 3B NICU
- Who can be present during your labor
- Insurance company

OB UNIT AT AVERA

- Hotel suite-like rooms
- Recliners
- TV
- Wireless Internet access
- Whirlpool tubs in some locations
- Portable wireless monitoring (EFM)

Choosing Your Care Provider

WHAT IS AN OBSTETRICIAN AND GYNECOLOGIST (OB/GYN)?

These are physicians who specialize in both pregnancy and gynecology. Throughout their four years of residency training, they deliver thousands of babies, perform hundreds of cesarean sections and become skilled at managing labors that are normal and perhaps not so normal. Their specialty also focuses on pregnancy complications like preterm labor and high blood pressure.

WHAT IS A FAMILY MEDICINE AND OBSTETRICS DOCTOR?

A Family Medicine/OB physician can provide care for the entire family, including your newborn, so you have one doctor who you know and trust. They are residency trained and board-certified physicians who specialize in the full spectrum of care for people at any age. Because they have additional training in obstetrics, they also can manage your pregnancy, including medications and complications that may occur. Their services include managing labor and delivery for vaginal births. Depending on your location they can manage or assist with cesarean sections.

WHAT IS A CERTIFIED NURSE MIDWIFE (CNM)?

CNMs are registered nurses (RNs) who have also completed graduate education and training specializing in midwifery. CNMs are certified by the state to care for women throughout their lives, including during pregnancy, birth and postpartum. They also provide well-woman care, such as annual exams, family planning and treatment for infections.

WHY CHOOSE AVERA?

Avera has, and partners with, board-certified physicians who work together to provide expertise in pregnancy, labor and delivery (both vaginal deliveries and C-section.) At Avera, you will always have a team of people ready for any complication that may occur. We work closely with pediatricians, OB-GYNs, neonatologists and maternal-fetal medicine specialists to ensure that you and your family experience the very best and safest delivery.

BIRTH PHILOSOPHY

Pregnancy is a special phase in a woman's life and Avera believes that physicians and patients are partners in this process. We foster a collaborative relationship with our patients so that if your pregnancy takes an unexpected turn, we all feel that we are making the best possible health care decision for both you and your baby

Specialty Care for Baby

OUR NEONATAL INTENSIVE CARE UNIT (NICU)

Most babies are born healthy, but there are times when your baby may need special care. The good news is that there is a team of specialists in place and ready to ensure your baby gets the attention he or she needs.

Here are some of the common causes of a visit to the Neonatal Intensive Care Unit:

- Prematurity – less than 36 weeks
- Jaundice (yellowing of the skin)
- Low blood sugar
- Breathing difficulties
- Suspicion of infection
- Low birth weight

Neonatologists (physicians specializing in the care of infants) are available 24 hours a day, seven days a week.

Nurse practitioners are in house 24 hours a day, seven days a week.

Babies who spend time in the NICU are cared for with a family-centered approach.

The Avera team includes neonatologists; neonatal nurse practitioners (NNPs); pediatric subspecialists; neonatal nurses; chaplaincy; lactation service providers; dietitians; respiratory therapists; physical, occupational and speech therapists; and a genetic counselor.

EVIDENCE-BASED PRACTICES

- Kangaroo care is a method that involves skin-to-skin contact between parent and baby, with benefits such as regulated body temperature and heart and breathing rates; greater weight gain; improved quiet, alert times; higher chance of successful breastfeeding; and emotional bonding.
- Our donor milk program allows babies whose mothers are unable to breastfeed to have the benefits of breast milk, including less digestive trouble and improved immunity.
- Babies are cared for with a family-centered, developmental approach. Avera is home to the only March of Dimes family support specialist in the region.

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, increased risks include:

- Gestational hypertension (15 percent)
- Gestational diabetes (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)

- Early delivery, large fetal size (15 percent), intrauterine fetal death
- Birth defects: neural tube defects (abnormality in the spine), omphalocele (defect in the abdominal 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 (visualizing 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 fatty 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 spontaneous vaginal delivery is 40 percent in patients with a BMI higher than 40

C-SECTION COMPLICATIONS

- Increased rate of blood loss
- Longer time in the operation room
- Increased risk of wound infection (30 percent)
- Increased rate of infection after birth in the uterus
- Difficult to place spinal anesthesia (numbing of the area for medical procedures) 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
- The risk of your uterus rupturing is 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 _____

10 Tips for Great Nutrition During Pregnancy

1. **Multivitamin:** Take a daily multivitamin to ensure you and your baby get enough important nutrients. Start taking one even before you get pregnant.
2. **Find a good source of omega-3 fatty acids:** Infants exposed to adequate levels of omega-3s showed better eye and brain development and had less chance of developmental or behavioral problems. Eat fish two times per week and include choices like salmon, tuna, herring, sardines, anchovies, pollock and catfish. Non-aquatic sources include omega eggs, canola oil, flaxseed and walnuts. If you aren't a fish eater, consider taking a fish oil supplement.
3. **Get enough of these nutrients in your diet: folic acid, choline, zinc, iron and calcium.**
 - **Folic acid:** A shortage of folic acid is the most common nutrient deficiency in women of child-bearing age and can cause nervous system defects in babies. The best sources are beans, orange juice, spinach and broccoli. Take a multivitamin with folic acid if you are sexually active, as the majority of pregnancies are unplanned.
 - **Choline:** This nutrient is needed in larger amounts during pregnancy for brain and memory function. Best food sources include egg yolks, flaxseed, soybeans, oats and lentils.
 - **Zinc:** Levels that are too low may increase the risk of problems with the baby's eyes, heart, lungs and other organs. Food sources include beef and wheat germ.
 - **Iron:** You need this to build red blood cells, to carry oxygen to the cells for energy and for growth. Combine animal and plant sources such as beef, lentils, spinach and iron-fortified cereal.
 - **Calcium:** This nutrient is vital for developing strong bones and teeth, healthy nerves, heart and muscles. Best sources include milk, calcium-fortified orange juice, yogurt, corn tortillas and sardines.
4. **Value variety:** Be sure to include a variety of vibrant colors in your fruit and vegetable selection. Each color contains different health benefits, so try to include all the colors of the rainbow. Aim for a total of five to nine fruit and vegetable servings per day.

5. Stay active: Exercise is an important part of staying healthy during pregnancy. Include activities you enjoyed before you were pregnant.
6. Gain weight, but not too much: Keep weight gain gradual with 2-4 pounds in the first trimester and 3-4 pounds per month in the second and third trimesters.
 - Normal pre-pregnancy weight — gain 25-35 lbs.
 - Underweight before pregnancy — gain 28-40 lbs.
 - Overweight before pregnancy — gain 15-25 lbs.
 - Having twins, depending on your pre-pregnancy weight — gain 35-45 lbs.
7. Up your protein intake: Pregnant women need an extra 25 grams of protein per day.
8. Eating for two? During pregnancy a woman's metabolism increases by up to 15 percent. That doesn't make pregnancy an opportunity to indulge as much as you want. No extra calories are needed in the first trimester. In the second and third trimesters, you need to add about 300-400 calories to your diet each day (one to two small snacks per day).
9. Fill up on fiber: Eat at least 25-35 grams of fiber per day. Fiber can help relieve constipation and help keep your weight gain in check. Foods high in fiber include fruits and vegetables, whole grains, beans, nuts and seeds.
10. Breastfeed: Breastfeeding protects babies from infections and illnesses that include diarrhea, ear infections, pneumonia and asthma. Children who are breastfed for six months are less likely to become obese. Breastfeeding also reduces the risk of Sudden Infant Death Syndrome (SIDS). Mothers who breastfeed have a decreased risk of breast and ovarian cancers. The American Academy of Pediatrics recommends exclusive breastfeeding for approximately the first six months and support for breastfeeding for the first year and beyond.



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

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