your guide to Prenatal care
LIST OF QUESTIONS
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Language assistance services are available free-of-charge to anyone who needs an interpreter.  
Tenemos servicios de ayuda en Español, para cualquiera que necesita un intérprete.
**Welcome to Our OB/GYN Centers**

The OB/GYN Centers of Women & Children's Hospital of Buffalo are dedicated to providing the best prenatal care during your pregnancy.

This booklet was designed to answer commonly asked questions that you may have about your prenatal care, including nutritional guidelines, normal discomforts of pregnancy, warning signs, labor and delivery instructions and more.

### OB/GYN Office Locations

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
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<tbody>
<tr>
<td>Elmwood OB/GYN</td>
<td>Women &amp; Children's Hospital of Buffalo&lt;br&gt;239 Bryant Street&lt;br&gt;Buffalo, NY 14222</td>
<td>716-878-7737</td>
</tr>
<tr>
<td>Kensington OB/GYN</td>
<td>Grider Family Health Center&lt;br&gt;462 Grider St.&lt;br&gt;Buffalo, NY 14215</td>
<td>716-898-5544</td>
</tr>
<tr>
<td>Lancaster OB/GYN</td>
<td>TOPS Plaza&lt;br&gt;6363 Transit Rd.&lt;br&gt;Lancaster, NY 14043</td>
<td>716-391-1300</td>
</tr>
<tr>
<td>Lockport OB/GYN</td>
<td>Rite Aid Plaza&lt;br&gt;475 South Transit Rd.&lt;br&gt;Lockport, NY 14094</td>
<td>(716) 280-3150</td>
</tr>
<tr>
<td>McKinley OB/GYN</td>
<td>Five Guys Plaza&lt;br&gt;3860 McKinley Pkwy.&lt;br&gt;Hamburg NY 14219</td>
<td>(716) 768-6622</td>
</tr>
<tr>
<td>North Tonawanda OB/GYN</td>
<td>DeGraff Memorial Hospital&lt;br&gt;445 Tremont Street&lt;br&gt;North Tonawanda, NY 14120</td>
<td>(716) 690-2334</td>
</tr>
</tbody>
</table>

### Making an Appointment

Patients are seen by appointment, but can walk in for pregnancy testing. Please call your preferred location for an appointment. If you cannot keep your appointment, please telephone us to re-schedule as soon as possible.

We make every attempt to see patients in a timely manner. Please arrive 15 minutes prior to your scheduled appointment and bring your insurance information and photo ID with you to each visit. Be sure to notify us of changes in your address or telephone number so we can contact you if necessary.

### Emergencies

If you have a medical emergency and the offices are closed, please call 859-BABY and the operator at the medical answering service will assist your call. You may want to call your insurance provider if you are unsure where to seek services.

### To Speak with a Nurse

To speak with a nurse regarding concerns with your pregnancy, before your next appointment, call the office. You may need to leave your name and a telephone number where the nurse may reach you, calls are returned as quickly as possible. Return calls are not made on weekends or holidays.

### Insurance

If you do not have insurance coverage during your pregnancy, a facilitated enroller will assist you with applying for NYS programs. It is important that you complete the paperwork as soon as possible so you are covered for your prenatal care and delivery of the baby. You will also be able to apply for the baby's insurance.
Nutrition and WIC services
A nutritionist is available during your pregnancy and as needed. The staff will assist in completing a WIC application which will be provided for you to take directly to any WIC office.

Breastfeeding Advice for Expectant Mothers
All six of the Women & Children's Hospital OB/GYN Centers and the Regional Perinatal Center of WNY are designated as Breastfeeding Friendly Practices by the New York State Department of Health. Much has been written about the health benefits a child receives from breastfeeding. Lower incidents of gastro-intestinal problems, ear infections, some childhood cancers, as well as higher IQ are just a few that are attributed to breast milk. Studies have also indicated that breastfeeding can reduce the mother's risk of premenopausal breast cancer, ovarian cancer and osteoporosis.

As you prepare for your new baby, please talk to your provider about the decision to breastfeed. Not only is it healthier for both mom and baby, but it also saves time and money.

Breastfeeding is a natural process, however most women need assistance and guidance in order to be successful. Breastfeeding classes are available by calling (716) 878-7046. Ask your provider at each of your prenatal visits as to how we can support you in this very important decision.

Prenatal Case Management Support
Most insurance companies provide services in addition to regular prenatal doctor/nurse practitioner visits in the office. We will enroll patients accordingly. Please call member services at your insurance company for more information.

Childbirth Education classes
The birth of your baby is one of the most exciting and joyful times in your life. At Women & Children's Hospital, our Childbirth Classes are designed with you and your family in mind. Our experienced staff will work with you to help ensure the safest and most satisfying birth experience possible. We'll explain the facts and options available in maternity care and answer all of your questions.

Our classes include instruction in labor and delivery, breathing techniques, exercises, Caesarean births, recovery, and infant feeding and care. Sibling classes, as well as classes in infant safety and CPR, vaginal birth after Caesarean and infant development and stimulation, also are offered.

Approximately two to three months before your baby is born, you should attend childbirth classes to learn about the following and more:

- Baby basics & beyond
- Birthing basics
- Breastfeeding
- Caesarean delivery
- Childbirth Refresher Class
- Comfort measures and positioning in labor
- CPR/Choking
- Hospital Tours
- Hypnobirthing
- Infant Massage
- Labor & Delivery
- Mommy and Me
- New Grandparents Class
- Prenatal/Postnatal Yoga
- Prepared Childbirth
- Prepared Childbirth for Teenage Parents
- Ready, Set, Parent!
- Siblings at Birth

An on-going schedule of childbirth, maternity and pediatric education classes by certified instructors and other experts from Women & Children's Hospital for new and expecting parents is available online at buffalobaby.org. Call (716) 878-7342 for more information.

High-risk pregnancies
Designated by New York State as the Regional Perinatal Center for Western New York, Women & Children's Hospital of
Buffalo offers a comprehensive maternal and newborn service assessing women who may be having a high-risk pregnancy which will require specialized care. Appointments at the Regional Perinatal Center are by referral by your OB/GYN provider. Our Maternal-Fetal Medicine Specialists can be reached at (716) 878-1227 and are located on the 5th floor of the hospital.

**Smoking Cessation**
If you are currently a smoker, we will be encouraging you to quit and stay smoke free both for your health and the health of your baby. Speak with your provider about programs to assist with quitting, such as the Baby & Me Tobacco Free Program (716-635-4959) or the NYS Smokers’ Quitline (1-866-NY-QUITS).

**Post-Partum Depression**
Pregnancy should be one of the happiest times of a woman’s life and a time of peace and safety. However, many women struggle with and suffer from confusion, fear, sadness, stress and even depression. Postpartum Depression (PPD) refers to a wide range of emotional changes a woman may experience after the birth of a baby. Postpartum depression, anxiety, postpartum obsessive compulsive disorder and panic disorder and postpartum psychosis are all recognized as postpartum mood disorders.

Fortunately, depression is an illness that can be treated and managed. For help, please contact Mom’s -T.E.A.R.S. (Treatment, Education, Advocacy, Resources, Support) at (716) 568-3628 or The Postpartum Resource Center of New York, Inc. Toll Free Helpline at 1-855-631-0001 or (631)-422-2255.

**Domestic Violence & Abuse**
Abused women come from all backgrounds. Domestic abuse and violence against women has immediate and lasting effects. As advocates for your care, we will screen for opportunities to assist women and refer for care on this very sensitive matter. You can also call your local police agency or the Family Justice Center at (716) 558-SAFE.

**DENTAL CARE**

It's important for you to take good care of your teeth and gums while pregnant. Pregnancy causes hormonal changes that increase the risk of developing gum disease which, in turn, can affect the health of your developing baby. If you have not seen a dentist or need a list of participating dentists in your area, please ask the staff for a referral guide book to assist you in this important choice.

**PREGNATAL CARE**
Prenatal care is important for you and your baby!

It is crucial to keep your appointments. You will be seen:

- Every four weeks until 28 weeks
- Every two weeks until 36 weeks
- Every week from 36 weeks until you deliver

Your provider may want to see you more often, especially if you have certain medical conditions, such as diabetes.
What to expect
Your first visit will be the longest and may include:

- Detailed health history
- Weight
- Urine sample
- Blood pressure
- Blood samples
- Pelvic exam
- Nutritional counseling
- Social work services
- Medicaid application if you are uninsured
- WIC application

Later visits are shorter. At each visit, your weight, urine and blood pressure will be taken. Your caregiver will listen to the baby's heartbeat. Ask any questions you may have during your visits. You may want to write them down so you remember everything you need to know.

Sonograms
Your first sonogram to confirm your due date will be soon after your initial prenatal visit.

First trimester screening for Down Syndrome is done at 11-13 weeks. This sonogram is called nuchal fold translucency. This screening is optional and consists of a sonogram and fingerstick blood sample.

A complete sonogram of the baby's anatomy is done between 18-22 weeks. Please note, sonograms are not done to determine the sex of the baby.

Additional sonograms are conducted if medically necessary based on your pregnancy.

Vaccines
During your pregnancy your healthcare team will recommend and can order vaccines that are safe to administer and that can additionally protect you and your baby from illnesses such as the flu and Pertussis.

Genetic Testing and Counseling
Genetic testing is offered based on your family and medical history. Counseling services are available.

Amniocentesis
Amniocentesis involves inserting a needle into the womb and removing a small amount of fluid. During the procedure, an ultrasound is used to help the doctor identify a safe place to insert the needle. Early in pregnancy, it is often used to detect Down Syndrome. Later in pregnancy, it may be used to see if the baby's lungs are mature. These tests are performed by the specialists in the high-risk Regional Perinatal Center when necessary.

LABORATORY TESTS

Urine Testing
Urine testing is done at each visit to screen for protein, ketones or sugar in the urine. The presence and/or levels of these
substances may indicate complications in your pregnancy. Urine testing is also done to check for possible infection, or substances such as drugs, that may be harmful to the baby.

**Blood Testing**
- Complete blood counts to check for anemia
- Hemoglobin Electrophoresis to diagnosis sickle cell trait and other abnormal inherited red blood cell abnormalities
- Syphilis
- Hepatitis B&C
- HIV Testing
- Rubella Titer to check for immunity to German measles
- Blood type and rh status
- Lead screening
- Glucose testing for diabetes
- Alpha Feto Protein QUAD screening to check for genetic disorders
- Cystic Fibrosis screening to check carrier status

**Sexually Transmitted Diseases (STD) or Infections (STI)**
Your provider will test you at the beginning of your pregnancy and in the last month. You should understand more about STDs/STIs and some of the STD/STI tests you will be having during your pregnancy.

Most women who only have one sexual partner do not think about being at-risk for STD/STI. You might not have any symptoms, but you still need to be tested for STD/STI during pregnancy. If the mother has a disease, the baby can get it and become very ill. If you think you have an STD/STI, be sure to tell your provider.

**HIV testing and counseling**
- HIV is a sexually transmitted infection (STI).
- Everyone should be tested for HIV at the beginning of a pregnancy and again at 36 weeks.
- Knowing if you have HIV can help you and your baby. If you have HIV, there is a one-in-four chance that your baby will get the virus. If you take special medications while you are pregnant, however, it will reduce the chance of your baby being infected with HIV.
- HIV test results are confidential. Your doctor cannot share your HIV information with anyone except those who provide health care for you and your baby, unless you say they can share that information.
- If you test positive, your doctor will send this information to the New York State Department of Health. This is kept completely confidential. New York State also has a partner notification program. Ask your provider for more information.

**Glucose screening**
- All pregnant women need to be tested for gestational diabetes. This test is done between 24 and 28 weeks of pregnancy. Some women with risk factors may be tested sooner.
- When it is time for your test, you will be given a cold, sweet drink. You may eat or drink before this test. However, you should NOT have anything to eat or drink during the test. You may NOT chew gum.
- If your blood sugar is less than 130, you do not have gestational diabetes.
• If your blood sugar is 130 or higher, you will need to take a three-hour glucose tolerance test to determine if you have an abnormal glucose screen, you will be asked to have a three-hour test. You will be given an appointment for this test, with directions. Be sure to allow three to four hours for the test.

Hepatitis B and C
• Hepatitis is a serious liver disease caused by a virus. It is passed from person to person through sexual intercourse, contact with infected blood or other body fluids. You can have hepatitis B and not feel sick.
• In New York State, all pregnant women are tested for hepatitis B and C.
• If you are a carrier or have the virus, you could pass the virus to your baby during birth. All babies exposed to hepatitis B must be immunized at birth.
• The hepatitis B vaccine is available to women who are not immune to the disease. It is okay to receive the vaccine during your pregnancy. There is no immunization for hepatitis C.

Chlamydia, Gonorrhea and PID
Chlamydia (“klah-mid-ee-ah”) and gonorrhea (“gone-or-ee-ah”) infections are the most common STDs in the United States today. Chlamydia and gonorrhea infections can cause pelvic inflammatory disease, a severe infection that spreads from the vagina and cervix to the uterus, fallopian tubes and ovaries. If this happens, you could become infertile. Chlamydia and gonorrhea can be treated and cured with medicine.

Both diseases may cause pre-term labor and infect the fetus as it passes through the vagina during birth, causing eye and lung infections. To help prevent this, the eyes of all newborns are treated at birth. This is done for every baby whether or not the mother has a history of gonorrhea. If you test positive, both you and your partner will need treatment. You should not have sex during treatment.

Herpes Simplex Virus
Genital herpes (“her-pees”) is an infection caused by the herpes simplex virus. It produces sores and blisters on or around the sex organs and is transmitted during sex through direct contact with active sores. Some people have only one outbreak during their lives while others may have many.

If a pregnant woman has herpes simplex, the baby can become infected during birth. As a result, the baby may suffer severe problems. If you have ever had genital herpes or had sexual contact with someone who has, tell your healthcare provider. If there are signs of active infection when you are in labor, your provider may plan for Caesarean birth to reduce the chance that the baby will come into contact with the virus in the vagina. To prevent having an outbreak late in pregnancy you may be offered medication to take daily until delivery.

Human Papillomavirus
HPV or human papillomavirus (“pap-ill-oma”) causes genital warts. Warts in the genital area are easily passed from person to person during sex. If you think you have genital warts, let your doctor know. HPV can also cause changes in the cervix that may result in an abnormal PAP test. A vaccine to reduce some signs of HPV infection is available and can be given after your pregnancy. HPV does not get transmitted to your baby.

Syphilis
Syphilis (“sif-ah-liss”) is a treatable but dangerous STD and can spread throughout the body, causing lifelong illness if left untreated. The disease can be passed from a pregnant woman’s bloodstream to her fetus, possibly causing a miscarriage or stillbirth. If the infant lives, he or she may be born with syphilis.

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Pregnancy Checklist

• DO keep regular center appointments.
• DO keep appointments with specialists when ordered.
• DO let the center know if you need to change or cancel an appointment.
• DO eat a healthy diet. Chew your food thoroughly before swallowing. Your digestive tract is less active when you are pregnant.
• Do continue to exercise or start an easy exercise program approved by your doctor or nurse practitioner. Check first with your doctor/nurse practitioner if you are a high-risk pregnancy. You should not do any heavy lifting that could strain your abdominal muscles during pregnancy.
• DO plan to visit your dentist once during your pregnancy. Tell your dentist that you are pregnant so precautions can be taken if X-rays are necessary. It is important that you treat dental problems as needed during your pregnancy. Research shows that poor dental health can increase the risk of preterm labor and delivery.
• DO take your vitamins daily. Early folic acid use has been shown to decrease the risk of certain birth defects.
• DO try to get eight hours of sleep every night.
• DO drink plenty of fluids (water) during pregnancy, especially in hot weather.
• DO continue to use your car’s safety belt. Place the belt low around your pelvis, not across your abdomen.
• DO consult with your doctor before taking any medications. Many drugs cross over the placenta and may be harmful to the baby.

Things to avoid during pregnancy

• DO NOT drink alcohol. This includes beer, wine and hard liquor. Alcohol is a drug that has been known to cause birth defects, including fetal alcohol syndrome (FAS). The sooner a pregnant woman stops drinking, the better the chances are that her baby will be born healthy. FAS is completely preventable.
• DO NOT use any street drugs during pregnancy. Even marijuana can be harmful to the baby. Your doctor or nurse practitioner can refer you to a treatment center to help you.
• DO NOT have X-rays unless they are ordered by a doctor or nurse practitioner. Always make sure the X-ray technician knows you are pregnant and covers your abdomen with a special lead apron to protect your baby from harmful radiation.
• DO NOT use Accutane. Accutane is a prescription drug used for severe cystic acne. It is known to cause serious birth defects if used by a pregnant woman. You should not use Accutane if you are pregnant or planning pregnancy.
• DO NOT SMOKE during pregnancy. If you feel that is impossible, cut down on the number of cigarettes you smoke each day. Discuss this with your doctor or nurse practitioner. We can help you find programs and information that can help you quit smoking.
• DO NOT clean your cat’s litter box. Cat feces carry toxoplasmosis, which can cause fetal problems. Have someone else in the family change the litter box.
• DO NOT eat raw or undercooked meat, which can also carry toxoplasmosis.
• DO NOT use medications bought in a store or non-prescription medications unless your doctor says it is OK. This includes aspirin, laxatives, nose drops, cold remedies, antacids, sleeping pills and liniment.
• DO NOT begin a diet to lose weight.
• DO NOT sit in a hot tub or jacuzzi.
• DO NOT panic if you begin spotting blood. A small amount of spotting is common in early pregnancy. You may also have spotting after a vaginal exam. Call the clinic to speak with a nurse if you are concerned. Heavy bleeding should always be reported. If the office is closed, call (716) 859-BABY and a medical answering service will be happy to assist you.

WARNING SIGNS IN PREGNANCY

If any of the following symptoms occur during your pregnancy, call your healthcare provider right away:

• A rash or unusual sores on your body
• Back pain
• Bleeding from your vagina
• Blurred vision or spots before your eyes or headache
• Chills or fever
• Rapid weight gain
• Pain or burning when you urinate
• Severe nausea or vomiting
• Severe pain, cramps, or abdominal pressure that does not go away
• Slowing or stopping of the baby’s movements
• Sudden swelling of your hands, face, feet or ankles
• Vaginal discharge that is bloody, greenish, yellow, bad smelling, burning or itchy
• Leaking water from vagina

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WHAT IS PRETERM LABOR?

Preterm (premature) labor is labor that occurs three or more weeks before your baby is due. Preterm labor occurs when the uterus (womb) contracts (tightens) and causes the cervix (mouth of the womb) to open earlier than it should.

This condition can result in the birth of a premature baby. Preterm labor can happen to any pregnant woman. It may be possible to prevent a preterm birth by knowing the warning signs of preterm labor and by obtaining medical care early if any of the warning signs should occur.

A preterm delivery is a baby that is born three or more weeks before the expected date of birth.

Warning Signs of Preterm Labor
Preterm labor is usually not painful. Call your healthcare provider if you have any of the following warning signs:

• Diarrhea
• Low, dull backache
• Menstrual-like cramps that occur in your lower abdomen (these can be constant or come and go)
• Regular uterine contractions (tightening of the abdomen)
• Pressure, as if the baby is pressing down (The pressure can come and go. You might feel it in your abdomen, thighs or rectum)
• Vaginal discharge that suddenly increases in amount or becomes mucousy, watery or slightly blood.

If you have any warning signs or symptoms of preterm labor, call your provider immediately with the following information:

• Your name
• Your due date
• How often you are having contractions
• Any medications you are taking

GUIDELINES FOR AVOIDING PRETERM LABOR

Some women are at risk for preterm labor. This means that they have certain factors or reasons, such as carrying twins, that could increase their chances of having preterm labor. If you have had symptoms of preterm labor or are at increased risk of preterm labor, it is suggested that you follow these instructions:

• **Medications:** If you have been given special medications to prevent preterm labor, it is extremely important that you follow your doctor or midwife’s exact instructions.

• **Rest:** Increase your rest time. Rest on your left side at least twice a day, morning and afternoon. Your doctor or provider will give you specific rest instructions—it is important to follow them.

• **Stop the following activities:** Sports such as jogging, running, tennis and long walks; frequent trips up and down stairs; heavy lifting, including children and groceries; and housecleaning, including moving furniture, scrubbing floors and hanging curtains.

• **Work or school:** You might need to decrease or stop working and/or school activities so that you can rest more. Your doctor or midwife will give you specific instructions on how to adjust your schedule.

• **Smoking:** Quitting smoking may decrease the chance of preterm birth.

• **Sexual activity:** Sexual intercourse might need to be limited or stopped. Check with your doctor or midwife about what is appropriate for you.

• **Breast preparations:** Preparations for breastfeeding (nipple rolling and breast massage) must be delayed until the end of the 37th week of pregnancy.

• **Hydration:** Adequate hydration - drink 8-10 glasses of water per day.

The following are other important items to consider:

• **Appointments:** Women at risk for preterm labor may need to visit the doctor or their provider once a week after 28 weeks of pregnancy. It is very important to keep every appointment.

• **Childbirth classes:** Avoid physical exercise in childbirth classes. Some women at risk for preterm labor might choose to attend childbirth classes earlier in pregnancy than usual.
• **Feelings and emotions**: Women at high risk for preterm labor often feel anxious about the baby or get bored with bed rest. You might feel angry or sad. It is important to talk about your feelings with someone.

**REMEMBER:** These restrictions are temporary and very important to the well-being of your unborn child.

### COMMON DISCOMFORTS OF PREGNANCY

**Tiredness/sleep disturbances**
- Get enough sleep at night.
- Rest whenever you can during the day. Take a nap for 15-20 minutes, when possible.
- Make sure you are eating well. Poor eating habits can make you tired. Drinking 8-10 glasses of water per day.
- Tiredness usually ends after the first three months.
- Difficulty sleeping can happen any time during your pregnancy.
- DO NOT sleep on your back.
- Use pillows between your legs while lying on your side.
- You may use pillows to support your back.
- A warm bath or cup of hot cocoa before bed may help you relax.

**Nausea (morning sickness)**
Nausea is the most common complaint during the first three months of pregnancy. It is caused by hormonal changes. Early morning is usually the worst time because of low blood sugar and stomach acids that build up while you are sleeping.

- Do not let your stomach get empty. Eat five or six smaller meals instead of three large ones.
- Try a light snack before going to bed (milk or cheese with fruit or juice).
- Keep crackers or dry toast at your bedside. Before you raise your head in the morning, nibble some and then lie back for 15-20 minutes before you get up.
- At breakfast, avoid too many foods containing fats. Eat fruit or drink juice (which is acidic) only at the end of the meal.
- Avoid greasy, spicy foods.
- Try drinking small sips of liquid before or an hour after meals, not with meals.
- If you do get nauseous, lie down with your head propped up on pillows and open a window for fresh air.
- Hard candy or tart drinks may be helpful.
- Be sure to let the clinic or doctor know if your nausea or vomiting doesn’t go away or seems to get worse.
- Try drinking lemonade or ginger ale or sucking on lemons may help calm your stomach.

**Acid indigestion (heartburn)**
Heartburn is a burning felt in your chest, but it has nothing to do with the heart. It is often caused by the fact that food does not move out of your stomach as fast as it did before you became pregnant. That makes stomach acids “back up” into your esophagus (the passageway to your stomach), which can create a sour taste in your mouth.
• Avoid greasy and spicy foods.
• Avoid large meals, especially right before going to bed.
• Sleep with your head elevated or “propped up.”
• Sip milk.
• If the burning becomes too bad, you may want to ask your doctor to prescribe an antacid. Do NOT take Alka Seltzer or baking soda.

**Constipation**

- Eat fresh fruits and vegetables, whole-grain breads, high-fiber cereals and beans.
- Drink plenty of liquids.
- Try to increase your activity (i.e. walking).
- Do not use laxatives.

**Increased urinating**

- Drink a lot during the day so that you can decrease your liquids after dinner.
- Do not try to “hold it in.” Urinate whenever you need to.
- This problem should stop after three months of pregnancy.
- Tell your caregiver if you have any pain or bleeding when you urinate.

**Swelling/edema**

The rise in female hormones during pregnancy causes the body to hold fluid in, causing swelling. Every pregnant woman has some swelling, especially in the hands and feet. Anything more than mild swelling, however, can be a sign of complications and should be reported to your doctor immediately. Diuretics (water pills) and eliminating salt from the diet are not the answer.

- Ask your nurse or doctor to advise you about a high-protein/low-carbohydrate diet.
- Mild, frequent exercise, such as swimming and walking, can be helpful.
- Avoid tight clothing, and remove rings if your fingers get puffy.
- Avoid standing in one position for too long and elevate your legs whenever possible.
- Avoid fast foods that contain a lot of salt.

**Varicose veins**

Varicose veins may result from increased fluid in your body and increased pressure in your legs from the growing uterus. Varicose veins may be hereditary and should decrease after the baby’s birth.

- Do not wear stockings with elastic bands on the legs. They cut off circulation.
- Wearing supportive hosiery can be helpful.
- Elevate your legs when you are sitting, and put a pillow under your feet when you are lying down.
- Try not to stand in one place over long periods of time.
- Take breaks at work and elevate your feet.
Leg cramps
Muscle cramps occur because your blood circulation is slowing down. Shooting pains down your legs can be the result of pressure from the baby’s head on certain nerves.

- Get enough calcium (milk products) and potassium (bananas, grapefruits, oranges) in your diet.
- Keep your legs elevated and avoid pointing your toes when stretching.
- Use a heating pad, hot water bottle, or massage the cramped leg muscle.

Backache/pelvic pressures
Backaches are the result of the increased weight you are carrying, as well as the changes in shape your body is undergoing to make room for the growing baby.

- Don’t stand in one place or position too long and maintain good posture.
- To bend down, bend at the knees, not at the waist.
- A footstool or box under your feet while you’re sitting can relieve backaches, as well as heating pads on the sore area, back rubs and plenty of rest.
- Sleep on a firm mattress and put a small pillow under your side at waist level to keep your shoulders and hips even while you’re asleep. Ask your nurse or doctor about exercises you can do to help relieve backaches (e.g., “pelvic rock”).

Hemorrhoids
The increased pressure on the veins in your anus can cause hemorrhoids (similar to varicose veins in your legs).

- Avoid constipation because straining and pushing make them worse.
- Sit only on hard surfaces if you have hemorrhoids. Sinking into a soft chair cuts off circulation in your lower intestine.
- Sitting “tailor fashion” on the floor will also help – let your belly fall forward to take the weight off your pelvis and back.
- A warm bath often helps to relieve the pain and swelling of hemorrhoids. Cold compresses with witch hazel can also be comforting.
- Your doctor may prescribe a cream or suppository for you to use.
- Ask your doctor or nurse to explain Kegel exercises to you. These exercises stimulate circulation and help to heal hemorrhoids.

Vaginal changes
- The most noticeable vaginal change is an increase in discharge.
- Do not douche.
- You may have an uncomfortable swelling in the vaginal area. This is due to increased blood supply. A cold compress on the area can help.

Changes in your breasts
Breasts swell during pregnancy because the milk glands are beginning to develop. They may also tingle, throb or hurt. The veins are usually easier to see because of the increased blood supply to the breasts. The areola (the dark area around the nipples) may become larger and darken as a result of hormonal changes. It is important to wear a bra that gives you good support throughout your pregnancy. You may also notice a yellowish, watery fluid leaking from your nipples after the first few months of pregnancy. This is called colostrum. As your due date nears, it will begin to look white and more like milk.
NUTRITION TIPS FOR PREGNANT AND BREASTFEEDING MOMS

Making healthy food choices along with mild to moderate physical activity will help fuel your baby’s growth and keep you healthy during pregnancy.

Weight Gain in Pregnancy

Pregnancy is not the time to lose weight. In fact, gaining the right amount of weight while pregnant can impact your pregnancy and delivery experience. The total amount of weight gain will depend on your pre-pregnancy BMI (which is a mathematical equation that compares your pre-pregnancy height to your pre-pregnancy weight) as well as if you are having a singleton or multiple gestation. Be sure to ask your prenatal health care provider about your pre-pregnancy BMI.

What you put on your plate makes a difference!

Before you eat, think about what and how much food goes onto your plate or in your cup or bowl. Every day be sure to include foods from all five food groups: vegetables, fruits, grains, low-fat dairy products and lean protein foods.

Making healthy food choices

- Make half of your plate fruits and vegetables. Choose a variety including dark-green, red and orange vegetables.
- Make at least half your grains whole. This means choosing the “brown” or “whole grain/wheat” products over the white and refined grain alternatives, at least half of the time.
- Switch to 1% or 2% milk. Choose low-fat milk and milk products, such as yogurt, cheese or fortified soy beverages. If you consume fat free milk and dairy products you will be missing out on the fat soluble vitamins (A, D, E and K). If you choose whole milk and dairy products you will be consuming excess calories that could lead to excessive weight gain during your pregnancy.
- Vary your protein sources. Choose lean meats, poultry, seafood, eggs, beans and peas, as well as unsalted nuts and seeds.
- Use oils instead of solid fats when possible. Oils are at liquid when room temperature, like olive, canola, corn or soybean oils. Solid fats are solid when at room temperature, such as butter, shortening, stick margarine, beef/chicken/pork fats.
- Make choices that are low in “empty calories.” Empty calories are calories from added sugars and solid fats in food. Some examples of empty calorie foods are: candy, sweetened cereals, desserts, fried foods, ice cream, soft drinks/sodas, sugar-sweetened fruit drinks/tea, and hot dogs.

<table>
<thead>
<tr>
<th>2009 IOM Weight Gain Recommendations at Full Term (38-40 weeks gestation)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-pregnancy BMI</strong></td>
</tr>
<tr>
<td>Underweight</td>
</tr>
<tr>
<td>Normal Weight</td>
</tr>
<tr>
<td>Overweight</td>
</tr>
<tr>
<td>Obese</td>
</tr>
</tbody>
</table>
Pregnancy and Breastfeeding Food Based Guidelines
The term “Food Based Guidance” refers to the number servings of each food group you need each day. During your first trimester (1-13 weeks gestation) your caloric and nutrition needs do not increase, so you should be eating the same amount as you were before you became pregnant. During your second and third trimester (14-40 weeks gestation) your caloric needs increase by approximately 300 calories per day. As for breastfeeding, your caloric needs increase again, but only by 100 calories more than your second and third trimester (400 calories more than you were eating before becoming pregnant); and all of the dietary restrictions for pregnancy still apply for breastfeeding. Even with increased caloric needs, you will see significant weight loss while breastfeeding. Currently, there are no recommendations as to the most appropriate rate of weight loss that should be achieved during your time of breastfeeding.

<table>
<thead>
<tr>
<th>Food groups</th>
<th>Adults 19yrs &amp; older Pregnant</th>
<th>Teens 18yrs &amp; younger Pregnant</th>
<th>Teens 18yrs &amp; younger Breastfeeding</th>
<th>One Serving Is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAIRY</td>
<td>4</td>
<td>5-6</td>
<td>5-7</td>
<td>8oz of milk, yogurt or juice fortified with calcium, 2 slices of cheese*, 2 cups of cottage cheese</td>
</tr>
<tr>
<td>PROTEIN</td>
<td>6-8</td>
<td>6-9</td>
<td>7-10</td>
<td>1 egg, 1 oz of cooked meat/poultry* or fish**, 2 Tbsp. of peanut butter, ½ cup of cooked beans, 1 oz of nuts/seeds</td>
</tr>
<tr>
<td>GRAINS</td>
<td>6-11</td>
<td>6-11</td>
<td>6-11</td>
<td>1 slice of bread, ½ bagel or English muffin, ½ cup cooked cereal, ¾ cup dry cereal, ½ cup rice or noodles</td>
</tr>
<tr>
<td>FRUITS</td>
<td>2-4</td>
<td>2-4</td>
<td>2-4</td>
<td>½ cup fresh, frozen, canned raw fruits of fruit juice, 2 Tbsp. dried fruit</td>
</tr>
<tr>
<td>VEGETABLES</td>
<td>3-5</td>
<td>3-5</td>
<td>3-5</td>
<td>1 cup raw/fresh vegetables, ½ cup cooked vegetables</td>
</tr>
</tbody>
</table>

*During pregnancy, there is a very high risk of food poisoning from Listeria bacteria, a common bug that can be deadly for unborn babies. Soft cheeses and precooked meats (such as hot dogs and deli meats) often harbor this bacterium. The only soft cheeses safe to eat during pregnancy are those made from pasteurized milk. Ways that you can lower your risk of Listeria poisoning are: reading the product’s package – if it doesn’t clearly state that the product is made from pasteurized milk, or if it says the product is made from raw milk, do not consume it; set your refrigerator to 40°F or lower – Listeria only grows at temperatures above 40°F, and do not eat hot dogs or luncheon meats unless they are steaming hot.
**Mercury (found in fish and seafood) is harmful to an unborn baby. Do not eat shark, swordfish, king mackerel or tilefish (fish that eat other fish; they have very high levels of mercury). You may eat up to 12oz per week of seafood that is low in mercury (fish that do not eat other fish); examples include shrimp, salmon, Pollock, tilapia, catfish and canned light tuna.

**MOVEMENT AND EXERCISE DURING PREGNANCY**

The information presented here is designed to serve two important functions: (1) to make your pregnancy more comfortable and (2) to prepare your body for labor and delivery.

Before you begin or continue a strenuous exercise program, see your doctor and explain what you plan to do. Most doctors feel it is fine to continue exercise as long as you do not get overtired. Begin these exercises by doing one or two the first day and then build up gradually until you can do three to five of each exercise every day. Do not push yourself to the point of exhaustion and never continue any exercise that hurts.

**Technique for getting up from a lying down position**

1. Draw up knees and turning shoulders and hips at the same time, roll to the right or left side.
2. Move knees and feet to the edge of the bed.
3. Rise slowly, using your arms to push upwards.
4. Swing your legs over the side of the bed.
5. Pause for a moment before standing up.

**Sitting down and getting up**

**Technique to sit:**

1. Back into the chair. Feel the seat with your hand or the back of your leg before lowering your weight.
2. Place one leg behind and slightly beneath the chair for a good base of support.
3. Use your leg muscles to lower yourself into the seat. Keep your back straight.

**Technique to rise:**

1. Slide forward and lift yourself from the chair using your leg muscles.
2. Use your arms for support as you shift your weight to your feet. Keep your back straight.

**Squatting, reaching and lifting**

Avoid lifting whenever possible. Do not bend from the waist. Instead of lifting a toddler, let the child stand on a stool while you assist. You may also sit down so the child can climb into your lap.

**Technique:**

1. Squat down slowly with your knees wide apart and heels flat on the floor.
2. Keep the weight on the outside edges of your feet and point your toes straight ahead.
3. Hold onto a doorknob or other firm object as you lower yourself. Stay down one minute or longer.
4. Rise to a standing position using the thigh muscles to lift yourself.
Lifting a moderately heavy object
Technique:
1. Place one leg and foot forward.
2. Lower yourself until the knee of your other leg is on the floor.
3. Use your front foot, flat on the floor, for lifting. Use the rear foot, flexed at the toes, for pushing and to act as a balance.
4. Bring the object close to you, and rise to a standing position using your leg muscles to avoid back strain.

Calf stretching
Purpose: To reduce leg cramps.
Technique:
1. Place your hands on the back of a chair or another object you can use for support.
2. Slide the foot of the cramped leg as far back as possible, leaving your heel on the floor.
3. Bend the knee of your other leg, then rise and relax. Repeat several times.
4. Lie down and straighten your cramped leg.
5. Have someone push down against your knee with one hand.
6. With the person’s other hand pressed against the sole of your foot, have the person push your foot until it is at a sharp angle with your leg.

Tailor sit
Purpose: To increase strength of ligaments for delivery and rest your back.
Technique:
1. Sit cross-legged with knees as near the floor as possible.
2. Keep your back straight with your body bent slightly forward and do not cross your ankles. It may slow circulation.
Frequency: Start with two to five minutes per day. Work up to 30 minutes per day.

Pelvic rock
Purpose: To develop full pelvic mobility, relieve backaches and improve posture.
Technique:
1. Kneel on all fours with your arms and thighs at right angles to your body, and distribute your weight evenly.
2. Tilt the front of your pelvis up; tighten abdomen and buttock muscles.
3. Relax the abdomen and buttocks, allowing the pelvis to drop gently. Alternate the movements slowly with smooth control and coordinate breathing with the rocking movements.
4. As your head comes up, take a deep breath through your nose and relax the pelvis. As your head goes down, exhale through the mouth. Contract the abdominal muscles.
Frequency: Start with at least 20 rocks prior to bedtime. Work up to 20 rocks three times a day.
Pelvic rock/back lying

Technique:
1. Lie on your back with knees bent and feet flat on the floor.
2. Flatten your back against the floor and pull in the lower abdominal muscles just above the pubic bone. Tighten the buttocks at the same time.
3. Relax and arch your back so you can get both fists under your back.
4. Flatten your back against the floor again. Put hands on your hipbones to feel them moving up and down.

Kegel exercise

Purpose:
1. To improve general muscle tone and maintain muscle firmness later in life.
2. To help muscles stretch more easily during delivery.
3. To develop conscious control of these muscles in order to relax them during the expulsive stage of labor.
4. To increase sexual enjoyment by improving the tone and strength of the pelvic diaphragm muscles.
5. To help prevent bladder infections and urine leakage.

Technique:
1. Sit on a low stool or chair with your knees apart. Lean forward and rest elbows on knees. Tighten the muscles around the vagina and the urethra. Relax. Repeat, adding anus muscles. Release in the opposite direction. The wave-like tempo will build elasticity.
2. Think of the pelvic floor as an elevator. Contract muscles in stages, rising to successive levels slowly. The “sub basement” of the elevator is for total release and will be used in the expulsion stage of labor. Always tighten to the second level before lifting, coughing, sneezing, standing, and walking.

Frequency: Do these movements as often as possible during the day. They may be done while driving, watching TV, etc. Continue to do this exercise for the rest of your life.

SEX DURING PREGNANCY

I’m worried about having sex during pregnancy. Can it hurt the baby?
Sex during pregnancy does not hurt the baby. There are only a few exceptions to this rule. If your water has broken, you should not have sex or put anything in your vagina. The amniotic sac protect the baby from infection. Once it has broken, the baby is vulnerable to infections. It might be a bad idea to have sex if you feel a lot of uterine contractions afterwards. Some providers might suggest that you stop having sex until the risk of preterm labor is gone (around 36 weeks of pregnancy). Also, use barrier protection like condoms to prevent STI's. When you have a low lying placenta or placenta previa, pelvic rest and no sex is recommended.

I don’t really want to have sex now. Is something wrong with me?
No. Some women have a change in their desire for sex during pregnancy. There is nothing wrong with you. You might be too nauseous or too uncomfortable to have sex right now, but you will feel like participating in it again in the future. Talk to your partner about this and be honest about how you are feeling. Some pregnant women might want to have sex more
often than before. That is normal, too.

**Are there sexual things we should not do during pregnancy?**
Anal sex is not safe because it increases the risk of bleeding and diseases. Also, your partner should not blow into your vagina during oral sex. This can cause air bubbles to go into blood vessels in the uterus, which can be dangerous to the baby and to you.

**What about sex at the end of the pregnancy, when I’m so big?**
If you feel well, there is no medical reason why you would have to stop having sex until your water breaks. Your larger uterus might make it difficult or uncomfortable to have the man on top, but you can try different positions until you find the right one for you.

If intercourse is uncomfortable, there are other sexual things you and your partner can do to pleasure each other, such as using your hands or oral sex. As long as the sexual activity is loving and what both partners want, you will find ways to be happy and comfortable. If you don’t feel well enough right now to have sex, explain that to your partner. People who love each other understand that sex is only appropriate when both partners want it. Never allow anyone to force you to have sex against your will.

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**WORKING AND TRAVELING DURING PREGNANCY**

**Can I work while I am pregnant?**
Most women may continue to work during pregnancy, but some jobs might be considered harmful if you are exposed to chemicals, inhalants or solvents. If you have concerns regarding your work environment, please discuss them with your healthcare provider. You may need to request that your employer reassign you to a different type of work during your pregnancy if you are unable to do your normal work. It is wise to check with your employer about any policies they have regarding pregnant workers.

New York State disability coverage is six weeks after a vaginal delivery and eight weeks after a Caesarean delivery. Routine maternity disability begins at 38 weeks. If you have medical complications during your pregnancy, you may be advised to begin disability prior to 38 weeks. You may also qualify for a leave of absence from your job under the Federal Family Leave Act. This leave of absence, however, is without pay and will not allow you to seek any benefits such as unemployment or social services.

**Should I travel while I’m pregnant?**
Life does not stop when you are pregnant. You might still want to travel for your job or on a planned vacation. What should you do? It depends on a few factors:

- Most pregnancies are completely normal, so traveling before your eighth month should not be a problem.
- Traveling is not a good idea if you are having a high-risk pregnancy. If you are having a multi-birth, or if you have diabetes or some other medical problems during pregnancy, it is better to be closer to your doctor and your hospital. If you travel from home and become sick or go into premature labor, you must find new doctors to take care of you.

**If I travel, what can I do to be safe?**
- Do not travel far from home after your eighth month of pregnancy.
• If you have to travel many hours from home, ask your caregiver for a copy of your medical record to show a provider who may need to see you away from home.

• Choose a location where good medical care is available.

• If you travel on an airplane, be sure to get up and move around every 30 minutes to exercise your legs and prevent blood clots. If you will be traveling in a car, stop every hour to get out and walk around to exercise your legs.

• Drink enough fluids (eight glasses) each day when you travel.

• If you are traveling and you feel that something is not right with your pregnancy, call your provider and get advice about what to do. Do not just wait and hope it will go away.

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PLANNING FOR DELIVERY

What should I bring to the hospital?
Mothers and babies are usually not in the hospital very long after birth. After a vaginal delivery you will be able to go home on the second day and if you have a C-Section, you will be able to go home on the third day.

Preparing for the hospital can be both exciting and stressful. We recommend packing a suitcase four weeks in advance of your due date to ensure you are ready to go should your baby decide to come a little early. Here’s a list of items we suggest you bring with you to the hospital:

• Photo ID and insurance card
• Toiletries: Toothbrush and toothpaste, lip balm, deodorant, comb or brush, make-up, hair tie, etc.
• Two or three nightgowns and a bathrobe (nightgowns can get messy after birth)
• Going home outfit
• Bras (Buy nursing bras if you will be breastfeeding)
• Underwear
• Slippers or socks
• Shower shoes/flip-flops
• Baby book
• Something to read or watch
• Camera/video camera
• Friends and family phone list
• Snacks for your support person
• New York State Law requires a protective car seat for all infants
• Pack your baby’s clothes and let your family bring those things on the day you are going home.

*Special note: If you are not legally married and the father of your baby wants to sign paternity papers, he must have a photo ID and a signed Social Security card with him at the hospital.

Put these things in the baby’s suitcase:
• Diapers or cloth diapers, fasteners and accessories
• An undershirt and an outfit for the baby to wear home, including a sweater and hat
• A light (receiving) blanket and a heavy baby blanket if it is cold outside
• Pediatrician’s name and phone number

What not to bring to the hospital
Do NOT bring jewelry, credit cards, or a lot of cash with you. There might not be a safe place to keep these items and the hospital will not accept responsibility if they are lost or stolen.

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To schedule a tour of the hospital please call 716-878-7342.

Interpreter services
Interpreters are available to assist patients who do not speak English or patients and their families may ask for a telephone that can be used to translate in the event that no interpreter is readily available.

WHEN LABOR BEGINS

Understanding and preparing for the final hours before your baby arrives
The most important thing to remember when you believe labor has begun is that it is a normal process. Be alert, but do not panic. This is the time you have been preparing for. The following instructions can help you do what is best for you and your baby.

Contractions
When contractions begin, you should start to time them from the beginning of one contraction to the beginning of the next contraction. If during the contractions you become hungry, you should eat lightly. Tea and clear soups are recommended. Your stomach will not digest food well during labor and a heavy meal can cause nausea or vomiting. When contractions are 5 minutes apart or less and have been regular for one hour, call your healthcare provider.

Water rupture
Either a gush of fluid from your vagina (with or without continuing leakage) or a steady trickle of fluid that you cannot control, is a sign that your water has broken. The fluid can be clear, slightly pink or green in color. Even if contractions are not present, you should come to the hospital after calling your healthcare provider.

Bleeding
If bleeding is more than just light spotting on your panties or if you have a heavy flow, you must come to the hospital at once.

POSSIBLE MEDICAL PROBLEMS

If you experience any of these warning signs, you must call your provider right away:
• Bleeding from the vagina
• Continuing or severe headache
• Fainting spells or loss of consciousness
• Not feeling the baby move
• Severe or continuing nausea or vomiting
• Sudden, constant or occasional abdominal pain
• Sudden gushing of fluid from the vagina (with or without continuing leakage)

**What if my due date was last week?**
Very few babies are born on their due date. If you have gone past your due date, do not worry. Most women who do will give birth by 41 weeks. Your healthcare provider will monitor your pregnancy closely if you go past your due date.

Plans to get your labor started will be discussed if you are over 41 weeks. It is very important to keep your appointments, especially at the end of your pregnancy.

**What can go wrong if I go past 42 weeks?**
It is not healthy for the baby to stay in your uterus after 42 weeks because the placenta (also called the “afterbirth”) stops doing its job of nourishing the baby after 42 weeks. The baby can then become sick and lose weight. If you have not gone into labor by 42 weeks, your healthcare provider will want to induce your labor so that the baby can be born.

**Should I have an induced labor if I go past my due date?**
Discuss this with your healthcare provider. It is different for each person.

**39 Week Initiative**
Women & Children’s Hospital participates in the New York State 39 Week Initiative. Induction is the use of medications to start labor after you are admitted to the hospital. Every attempt to maintain pregnancy without delivery before 39 weeks is our goal. This may be revised based on the individual needs of the mom and baby.

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**PAIN RELIEF DURING LABOR**

Labor and the birth of your baby occur by contractions (tightening) of your womb and the stretching of the birth canal. Most women find this uncomfortable or painful. You should discuss pain management options with provider before you go into labor.

**Natural childbirth**
Some women want to deliver their babies with very little or no medicine for pain relief.

**Medications**
While you are in the hospital, medicines can be given as one method of pain relief.

**Regional anesthesia**
Another type of pain relief uses “local” anesthesia drugs (like Novacaine) inserted in the vagina or the back. This allows you to stay awake during the birth of your baby with little or no pain. The following are the various ways in which regional anesthesia is given:

**Epidural Block** - Medicine is given though a needle placed between two of the lowest backbones. The needle is not inserted deeply and does not enter the spine. After the skin is numb, a tiny tube (catheter) is put through the needle. The needle is removed and the tube is left in place.
This gives you pain relief for the labor and birth. However, your full cooperation is necessary. You will be asked to lie on your side with your back bent or to sit up so the medicine can be injected into your lower back. Medicine is given through the tube. This tube is removed after the birth.

**Spinal Block** - This medicine is injected into the fluid surrounding the lower spine. You will need to keep very still during this. Spinal block is sometimes used for Caesarean sections.

**General anesthesia**
Oxygen is given to you through a mask that is placed over your face. You will be told to breathe normally, while other gases are given to you to help you relax and ease pain during delivery. Sometimes you must be put to sleep completely for your delivery.

### OTHER QUESTIONS ABOUT LABOR

**What is episiotomy?**
- An episiotomy is a cut made between the vagina and rectum during labor to allow for extra room for the baby to be born. It is only done if needed.
- The area is numbed with medication to prevent pain.
- Stitches are used to repair the area. The stitches will dissolve in about one month.
- Ice packs or Tylenol may be used to relieve soreness.
- Your healthcare provider will determine if the procedure is required at the time of delivery.

**What is a caesarean birth?**
Caesarean birth is sometimes called “C-Section.” In a Caesarean birth, the baby is removed from the womb during an operation through the abdomen. In the United States, one out of three to four women will have a Caesarean section.

Women with the following problems may be at higher risk of having Caesarean birth:
- Diabetes
- High blood pressure
- Certain vaginal infections
- Breech position of the baby
- Fetal distress (meaning the baby needs to be delivered right away)
- Placenta previa (when the afterbirth is between the baby and the cervix)
- Labor that does not progress normally
- Carrying twins
- Previous Caesarean section

**Can I have a vaginal birth after previous caesarean birth (VBAC)?**
In the past, if you had a Caesarean birth once, then all of your births had to be by Caesarean. That is not necessarily true today. Now there is “VBAC” (pronounced “V-Back”). This means “vaginal birth after Caesarean.” A great deal of research
has been done on VBAC and it has been found to be a safe way for some women to have a baby.

Find out if your doctor or midwife thinks VBAC would be a good choice for you this time. Your healthcare provider will discuss the risks and benefits of VBAC and Caesarean Section. If you choose VBAC, be sure to attend childbirth education classes so you and your partner are prepared for labor.

DECISIONS FOR THE NEW PARENT

Feeding Choices
Whatever decision you make about feeding your newborn baby will be the right one for you and your baby. Babies grow and are healthy on both breast-feeding and bottle-feeding. There are many things for you to think about in deciding whether you want to breast-feed or bottle-feed. You should start to think about how you and your partner feel about this important topic so that you know what you want to do by the time your baby is born.

Breastfeeding
• Breast milk is the ideal method of feeding.
• Breast milk has the correct amount of nutrients for the baby's growth and development.
• Breast milk protects babies from illnesses, earaches and allergies.
• Babies digest breast milk easily and rarely have diarrhea or constipation.
• Breast milk is more convenient. Milk is ready the instant your baby is hungry.
• No bottles to clean.
• Breastfeeding doesn’t cost any money.
• Breastfeeding helps shrink the uterus back to size quickly.
• Breast size has nothing to do with how much milk you will have. The more the baby nurses, the more milk you will have.
• When you go back to school or work, breastfeeding is still an option. You can pump milk and put it in a bottle, so other family members can feed the baby while you are away.
• Lactation (breastfeeding) nurse consultants are in the hospital and able to help you learn how to breastfeed.

Women & Children’s Hospital of Buffalo offers breastfeeding classes. For more information call (716) 878-7342.

Circumcision
Circumcision is a procedure on male infants in which the skin covering the head of the penis (called the “foreskin”) is removed. The American Academy of Pediatrics (1999) has stated that it cannot recommend routine circumcision because there is no medical necessity for it. Many people, however, believe that circumcision is the right thing to do. There are no clear answers.

You will be asked to decide if you wish your newborn son to have a circumcision. Be sure to discuss this wish with your healthcare provider and pediatrician. Be sure to find out if your insurance covers circumcision.

Why people do it
• Religious or cultural tradition
• Family tradition, such as the child’s father or male siblings being circumcised
• Personal beliefs, for example, a belief that the circumcised penis is easier to keep clean, or that circumcised males have better sexual performance
• If circumcision is done later in life, it requires being admitted to the hospital
• Some researchers suggest that cancer of the penis, although rare, seems to occur less frequently in circumcised males
• Some studies suggest that circumcised males have fewer urine infections and fewer sexually transmitted diseases like syphilis and gonorrhea

Why people don’t do it
• To avoid causing pain for the baby
• Cultural tradition
• Possible side effects, such as bleeding, infection or urinary problems
• Personal beliefs, for example, that uncircumcised males have better sexual performance
• There is no medical proof that a circumcised penis is easier to keep clean
• Debate among professionals about whether circumcision protects a man from cancer of the penis or from sexually transmitted diseases

BACK TO SLEEP: PROPER INFANT SLEEPING POSITIONS

Back to Sleep is one of the most important things you should know about taking care of your newborn baby. Back to Sleep means putting your baby to bed on his or her back all the time.

We now know that putting babies to bed on their backs can prevent Sudden Infant Death Syndrome (SIDS), the leading cause of death for infants between one month- and one-year-of-age. Since 1992, doctors and nurses have been giving this advice to parents, and deaths due to SIDS have dropped by 42 percent.

Some people don’t understand how important this is and might tell you (because they were told many years ago) that babies should only be put to sleep on their tummies. Please don’t listen to them! It is safer to put babies to bed on their backs.

Ask your healthcare provider about this. They’ll tell you: Back to Sleep!

DON’T FORGET YOUR POSTPARTUM VISIT

It is very important to see your healthcare provider for a “postpartum” check-up after your baby is born. Some providers ask you to come back after two, four or six weeks. At this visit, your provider will:

• Examine you to make sure that your uterus and other organs have gone back to normal
• Help you choose a birth control method that is best for you
• Discuss your relationship with the baby and any other issues that are bothering you
• Review with you symptoms of postpartum depression
We advise you to wait to have sex until you are not bleeding anymore, until your stitches are healed (if you have any) and you feel better. This usually takes at least six weeks. Some women feel better if they wait to have sex until after their postpartum check-up.

Remember that it is possible to become pregnant as soon as you have sex for the first time (even if you are breastfeeding), so always use a condom or some other form of birth control.

Congratulations—and we’ll see you for your first check-up!

**Driving Directions to Women & Children’s Hospital of Buffalo**

**From the Thruway (Route 90)/Route 33 West (Kensington Expressway)**
From the Thruway, take Exit 51W (Route 33 West, toward Buffalo). Turn right at Best Street. Best becomes Summer Street. Turn right onto Delaware Avenue, and then left on Hodge Avenue.

**From the Skyway**
Exit onto Delaware Avenue. Take traffic circle at Niagara Square. Continue on Delaware Avenue on north side of traffic circle. Turn left onto Hodge Avenue.

**I-190 North**
Exit at Church Street. Turn left onto Delaware Avenue and then left onto Hodge Avenue.

**I-190 South**
Take exit #9 (Porter Ave/Peace Bridge/Fort Erie). Turn left onto Porter Avenue. This becomes North Street. Turn left onto Elmwood Avenue. Turn right onto Hodge Street.

**Public Transportation**
For Metro Bus service, use the Women & Children’s Hospital of Buffalo bus schedule. For information on schedules and fares, contact the NFTA at (716) 855-7211.

**Parking**
Parking is available in the Hodge Street ramp directly across from the hospital. Valet parking is available for a fee.

**For Detailed Driving Directions**
For electronic driving directions from your location to Women & Children’s Hospital of Buffalo, access our web site at www.wchob.org.
LIST OF MEDICATIONS

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