Pregnancy Guide

21 Weeks to Birth

AmotHealth

It's what we do

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Community Resources

CIDS Positive Parenting
1580 Lake St Suite 1 ..... (607) 733-6533
www. Cidsfamilies.com

Economic Opportunity Program Chemung and Schuyler County
650 Baldwin St. Elmira ..... (607) 734-6174

Family Services of Chemung County
1019 E. Water St. Elmira ..... (607) 733-5696
www.familyservicesofchemung.com

YWCA
211 Lake St. Elmira ..... (607) 733-5575

Dentistry
Able 2 Article 28 Dental District
1118 Charles St, Elmira ..... (607) 734-9503

Aspen Dental
1643 County Route 64, Horseheads ..... (607) 539-5491

Chemung Family Dental
1007 Broadway St, Elmira ..... (607) 734-2045

Domestic Violence
Catholic Charities of Chemung/Schuyler ..... (607) 734-4898
Domestic Violence 24-hour Hotline ..... (607) 732-1979
National Child Abuse Hotline NYS Child Abuse and Maltreatment
English ..... (800) 942-6906
Spanish ..... (800) 942-6980
www.ocfs.state.ny.us/main/cps

Safehouse and Chemung County Domestic Violence Program (24-Hour) ..... (607) 732-1979
The Salvation Army of Elmira (24-Hour) ..... (607) 732-1979

NYS Domestic Violence Crisis Counseling and Referrals ..... (800) 527-1757
Planned Parenthood of Greater New York Sexual Assault Resource Center ..... (888) 810-0093
https://www.plannedparenthood.org/planned-parenthood-greater-new-york/get-care/survivor-services

Immunizations
Call (607) 737-2488 to schedule an appointment. For an overview of immunizations needed for children, visit:
https://www.chemungcountyny.gov/734/Public-Health-Clinics

Common Discomforts in the Third Trimester

27-40 weeks

The last few weeks of your pregnancy are often the most uncomfortable. Your growing baby is taking up more and more space. Carrying around all that extra weight can make you more tired than usual. As the baby and your uterus press up, down, and out, other discomforts arise.

What are the most common discomforts during this last part of my pregnancy?
Most women have some, or all, of the following discomforts: Edema (swelling), insomnia (unable to get to sleep or stay asleep), uncomfortable intercourse (sex), going to the bathroom a lot, shortness of breath, and numbness or tingling in the fingers. Discomforts you develop in your 2nd trimester, such as leg cramps, constipation, or hemorrhoids, may continue, get better, or get worse. Every woman is different and every pregnancy is different.

What can I do to prevent or relieve discomfort?
No matter how careful you are, it is almost impossible to avoid all discomforts during your pregnancy. Face it- carrying around a 6-10 lb baby and all that goes with it (placenta, uterus, bag of waters) in the tight space between your rib cage and your hips is bound to be a bit of a hassle! There are many things you can do to make these last weeks easier on yourself. This guide looks at each of the most common discomforts.

Edema
Edema is swelling of any part of your body. Your feet, ankles, and hands most commonly swell during late pregnancy. Sometimes, swelling can be a sign of a problem.

Swelling also happens because your hormones make your blood vessels leak. Also, the pressure of your baby on your hips sometimes keeps your blood from flowing well in your legs. That is why your feet and ankles may swell. Eating normal amounts of salt on your food will not cause this, but taking salt pills or eating a lot of salt might make edema worse.

Here are some things to do that can help:

- Try not to wear tight clothing. Tight waistband or knee-high and thigh-high socks are especially a problem.
- Take rest periods often. Raise your legs higher than your heart if possible. At the very least, put your feet up so they are level with your hips.

- Use support panty hose to help the blood flow in your legs.
- Watch the amount of salt and salty foods in your diet.
- Hydrate well with water- helps eliminate salt from the body.
- Call your HCP if the swelling keeps getting worse or happens very quickly.

Insomnia

Insomnia is not being able to sleep. Sometimes people have trouble falling asleep. Other people fall asleep, but wake up in the middle of the night and cannot get back to sleep. Most women have changes in their sleep patterns during pregnancy. Sometimes, the size of the baby makes it hard to find a comfortable position. Pressure on your bladder may make you have to get up to go to the bathroom at night. Stress, worrying about things, and being anxious can also keep you from sleeping well.

Here are some things that might help you sleep better:

- No computer, iPad, or other devices 2 hours before bed.
- Avoid exciting activities before bedtime (i.e. scary movies).
- Take a warm bath.
- Try the side-lying position for rest and relaxation. Some women prefer to support the upper leg with pillows.
- Read a dull book.
- Have someone give you a back rub or massage!
- Exercise before dinner or at least 3 hours before bedtime.
- Take a short nap during the day so you are not overly tired.
- Try not to drink things with caffeine, like coffee, tea, cola, or other soda (read the labels).
- Sip on a glass of milk before bed or have a small bowl of cereal with milk.
- Keep a pad by your bed and write down things that are bothering you. Some women can not get to sleep for fear they will forget what they are thinking about.

If there are things that are worrying you, talk to someone about your worries. Your HCP might be able to give you some other ideas, too!

Discomforts during sex

During this last trimester, it can be more challenging to enjoy “being with” your special someone. Lots of things make a difference in how much you enjoy sex. Pressure from the growing baby and changes in your vagina make sex feel

different. Your larger belly can get in the way! How you feel and think can change your feelings about sex too. It is okay to have sex, usually all the way up until your baby's birth. You will not hurt the baby!

In some special cases, your HCP may tell you not to have sex or even sex play especially nipple stimulation (this can lead to preterm labor). Except in special cases, you can enjoy sex as much as you and your partner like.

Here are some things that can help make you more comfortable:

- Try different positions. Lying on your side often helps.
- Use a water soluble vaginal gel, like K-Y Jelly, to keep things slippery. Do not use petroleum jelly or mineral oil. Look for water-soluble on the package.
- Tell your HCP if you have any symptoms of a vaginal infection (itching, burning, pain with sex, strange discharge). Be sure to follow all instructions for treatment.
- Find other ways to express your feelings. Try new ways to give your partner pleasure if the sex act itself gets too uncomfortable. See if there are ways your partner can make you feel better without sex too.

Frequent Urination

You may find herself having to go to the bathroom a lot more often now. The baby's head is pushing on your bladder. Your kidneys are also making more urine these days, because you have more blood flowing through them.

Sometimes, you develop a urinary infection. If that happens, you will also find yourself urinating more often. You may also noticed burning when you go and your urine may be cloudy or smell different than usual. If any of these things happen, tell your HCP. There are medications to get rid of the infection and make you feel better.

Things you can do to be more comfortable are:

- Drink fluids often. Do not cut back on fluids. Do not drink all your liquids for 1 day at the same time. Try carrying a large cup of water with you and sip on it often.
- Do not drink liquids with caffeine in them. Too much caffeine may not be good for the baby. Caffeine also makes you have to urinate more often. Coffee and tea have caffeine-even the decaffeinated kind has a little. Colas and other dark sodas often have caffeine. Even some "clear" sodas have caffeine, so read the labels to see if caffeine is listed in the ingredients.

- Do Kegel exercises. Squeeze the muscles in your bottom then release. Try to do 10 squeezes every time you think of it. This will make it easier for you to hold your urine until you can get to a bathroom.

Shortness of Breath

A feeling of having a hard time catching your breath occurs in this last trimester. This is caused by the baby getting bigger and pushing up on your ribs and lungs. This makes it hard for your lungs to stretch and let you take a deep breath. Sometimes other problems can make this feeling worse. If you have a cold with a fever, or if you have had other problems with your heart and lungs, tell your HCP if you get short of breath. Otherwise, here are some ways to breathe easier:

- Do not do anything that you find makes you short of breath! Try not to bend over for long periods. Pace your exercise and walking so you do not have trouble catching your breath. Take stairs more slowly.
- Do not wear clothing that is too tight. Make sure you get larger bras and clothes as you grow.
- If lying down makes it harder to breathe, add extra pillows under your head and back at night.
- Split up your activities to include more rest breaks.

Numbness or Tingling in the Fingers

Some women have strange feelings of numbness or tingling in the fingers towards the end of their pregnancy. This can come from a change in yourr posture that puts pressure on the nerves to your hands and arms. It is more common at night and early morning. Moving around or stretching often makes it go away.

It is not normal to have pain, loss of sensation where you cannot feel anything, or numbness that affects your whole hand or wrist. Let your HCP know if this happens. If the numbness happens along with swelling, especially 1st thing in the morning, call your HCP right away.

Most women have some amount of discomfort as the pregnancy reaches the final weeks. Talk to your HCP about any concerns you have. Remember-you are now only a few short weeks away from having that baby in your arms.

Third Trimester Lab Tests

Glucose Screen for Gestational Diabetes (24 – 28 weeks)

What is a glucose screen?
A glucose screen is a blood test to find out if you have gestational diabetes, a condition that occurs in about 4 percent of women during pregnancy. It causes high glucose levels in your blood. Glucose is the simplest form of sugar. Higher than normal blood sugar can be harmful to the mother and to the unborn baby.

Why do I need it?
You may be at risk for gestational diabetes if you have a family history of diabetes. If you have given birth to a large baby or have glucose in her urine, you are also at risk. Many HCP's order the glucose screen for gestational diabetes between 24 and 28 weeks of pregnancy.

How do I get ready for the test?
Your HCP will tell you when to have your blood test done. Unlike other blood sugar tests, this one may be done before or after eating. You will be given a sugary drink and your blood is taken 1 hour later. The results of this test can tell if you have gestational diabetes or need further testing.

Group B Strep Testing (36 weeks)

What you need to know.
Group B Streptococcus (GBS) infection is a common bacterial infection that is generally not serious in adults but can be life threatening to newborns. GBS affects about 1 in every 2000 babies born in the United states. Anyone can carry GBS and between 10 and 30 percent of pregnant women carry it.

If a pregnant woman carries the GBS bacteria in her vagina or rectum at the time of labor, there is a 1 in 100 (1 percent) chance that her baby will become infected. Baby's infected with GBS can get pneumonia, sepsis (blood infection), or meningitis (infection of the membranes surrounding the brain). Infected babies can be treated with antibiotics. Most have no long-lasting damage, but about 5 percent do and some babies who developed meningitis suffered later neurologic damage.

What can you do.
You can be screened for GBS infection during the last few weeks of pregnancy. If you carried GBS, or your provider determine if you are a risk for GBS infection, you will be treated with intravenous antibiotics during labor and delivery.

If you have any questions about GBS, ask your HCP near the end of your pregnancy.

The Centers for Disease Control and Prevention has a website devoted to Group B Strep; Cdc.gov/groupstrep/index.html

Complications During Pregnancy

Preterm Labor (labor before 37 weeks)
Pregnancy most often lasts 40 weeks. Preterm or premature births happen when a baby is born less than 37 weeks into pregnancy. The baby may be born through the vagina or with a C-section. Your body will respond the same way, even though you have had your baby early.

When a baby is born prematurely, the baby may not be ready to live outside the womb. The organs may not be fully developed. A baby who was born early will need extra care in a hospital. It may take a few weeks before the baby is allowed to go home. The earlier a baby is born, the more problems a baby may have. Premature babies are also more likely to have health problems throughout their life then babies who are not born early.

What can make this more likely to happen?
Providers do not always know the cause of premature labor. Some health conditions may raise your risk for delivering early. Take extra care if you:

- Have a serious illness like diabetes, high blood pressure, heart, or kidney problems.
- Have an infection, especially if you have a urinary tract infection.
- Have had a baby early in the past.
- Are pregnant with more than one baby at a time.
- Have problems with your womb or cervix.
- Have problems with the placenta or fluid around the baby.
- Weigh too much or too little during pregnancy.

You are at a higher risk for having your baby too early if you:

- Smoke or use drugs.
- Have late or no care before the baby is born.
- Are under a lot of stress.
- Have some kind of physical, sexual, or emotional abuse.
- Are around certain chemicals or pollution.

- Are pregnant because of in vitro fertilization.
- Are pregnant within 6 months of having your last baby.
- Are under age 17 or over age 35.

What are the main signs?
Signs that you may be going into early labor:

- Cramping in lower belly, pressure in pelvic area.
- Low, dull back pain.
- Watery fluid or bloody vaginal discharge.
- Tightening of your belly (contractions) every 10 minutes or more often.
- Flu-like signs such as upset stomach, throwing up, or loose stools.
- Vaginal bleeding or spotting.

Preterm Rupture of Membranes "PROM"
(When your water breaks before labor begins)
What is preterm premature rupture of membranes?
The medical term for when a woman's water breaks is "rupture of membranes." Premature rupture of membranes is when a woman's water breaks before she goes into labor. Providers call premature rupture of membranes "PROM" for short. "Preterm" PROM is when this happens when a pregnancy is less than 37 weeks.

Preterm PROM is a problem because labor often begins soon after it happens. Babies who are born before 37 weeks of pregnancy can have serious health problems. PROM can also lead to problems in the mother. For example, it can lead to an infection in the uterus.

What causes preterm PROM?
Providers are not sure why preterm PROM happens in some women and not others. But preterm PROM is more likely to happen in women who:

- Had preterm PROM before.
- Had preterm labor and delivery before.
- Have an infection in the vagina or uterus.
- Have bleeding from the vagina.
- Smoke cigarettes.

What are the symptoms of preterm PROM?
When a woman's water breaks, it can feel like a sudden gush or a slow trickle of fluid from the vagina. The fluid is clear or pale yellow and sometimes looks like urine.

Is there a test for preterm PROM?
Yes! Your provider may do a ROM+ (Rupture of Membrane) vaginal swab. This is to make sure the fluid is amniotic fluid.

Your provider might also do an ultrasound exam to check the amount of amniotic fluid around your baby. An ultrasound is an imaging test that uses sound waves to create pictures of your baby in your uterus.

How is preterm PROM treated?
Almost all women with preterm PROM need to stay in the hospital until the baby is born. That is so their provider can follow the pregnancy closely.

In many cases, labor starts within one week of preterm PROM.

If your labor does not start on its own, your provider might give you medicine to help start it. This is called inducing labor. Your provider is more likely to induce labor if:

- You are 34 or more weeks pregnant.
- You are less than 34 weeks pregnant, but there is a problem with your pregnancy or your baby's health. The most common problem that might happen is an infection in the uterus.

If your provider does not deliver your baby right away, he or she might treat you with medicines, including:

- Medicines called "steroids" to help your baby breathe better when he or she is born. (These steroids are different from the ones athletes take to build muscle.)
- Antibiotics to prevent an infection

Will my baby be okay?
That depends on many factors, such as how early your baby is born, how developed his or her lungs are, and whether he or she has an infection. Babies who are born very early are more likely to have health problems.

Pre-Eclampsia and Eclampsia (high blood pressure and seizures)

What is pre-eclampsia?

Pre-eclampsia is actually a syndrome (group of changes that sometimes happen during pregnancy). When it becomes very bad, the woman can have seizures. It is then called eclampsia. Years ago, this condition was called toxemia. That term is no longer used because nothing toxic or poisonous causes the problem. The main thing affected by any of these syndromes is a woman's blood pressure.

Who gets pre-eclampsia?

About 6 in 100 pregnant women develop a problem with their blood pressure during pregnancy. Of these, 1/2 to 2/3 of the women develop pre-eclampsia or eclampsia. Women more likely to have pre-eclampsia include those:

- Having their 1st baby.
- Under 17 or over 35 years old.
- With relatives who had pre-eclampsia.
- Who are pregnant with more than one baby (like twins or triplets).
- Who are very overweight or very underweight.

What are the symptoms?

Not all women have symptoms, and some have only very mild symptoms. Some have a few symptoms, but not all of them. Many of these signs you will not even notice. This is why your health care provider (HCP) checks your blood pressure and your urine so often. The most common signs of pre-eclampsia are:

- An increase in your blood pressure (checked by your HCP at each office visit).
- Protein in your urine (checked by your HCP at each office visit).
- Edema (swelling) in your face and hands.
- Changes in your vision (including blurred vision or spots before your eyes).
- Headaches that do not go away.
- A decrease in the amount you urinate.
- Pain under your right ribcage.
- Sudden weight gain of more than a pound a day.

What should I do if I have any of these symptoms?

Call your HCP if you have any of the discomforts listed above. Do not wait until your next visit. If you have symptoms (like a really bad headache) or something that really worries you, go to the hospital where you plan to deliver your baby and have them examine you right away.

What can I do to prevent pre-eclampsia?
As you can see from the list of people most likely to get this syndrome, there is not much you can do to prevent it. Seeing your HCP regularly, eating a good diet, and slowly gaining weight during her pregnancy are the only things that might help. The most important thing you can do is work with your HCP, keep your appointments, ask lots of questions and follow your HCP's advice. Together, you can create a healthy, happy mother and baby!

Labor

Labor is the way a woman's body prepares to give birth. Labor usually starts on its own. A pregnancy that lasts 37-42 weeks' is called a "term" pregnancy. When labor starts before 37 weeks, doctors call it "preterm" labor.

There is no way to know when labor will start and when your baby will be born. Labor happens when regular contractions cause the cervix to dilate (open). Labor contractions let the fetus change position and moved down the birth canal. During a contraction, the uterus tightens. This can be painful and make your belly feel hard. Some women will notice this tightening in the back and have rhythmic back pain. After a contraction, the uterus relaxes and the pain goes away.

Before Labor
These symptoms can happen for a short time or 4 weeks before labor starts.

- Lightening
    - Baby drops lower and puts pressure on the back and pelvis. Less pressure below the ribcage makes it easier to breathe.
- Loss of mucous plug.
    - A thickened mucus layer forms a seal at the opening of the cervix. As the cervix softened and dilates, the mucus may come out in a clump or as increased vaginal secretions. It may have a tinge of brown, pink, or red blood.
- Braxton Hicks or irregular contractions.
    - Crampy, menstrual type feeling.
    - Contractions that do not get longer, stronger, or close together.
- Cervical ripening (softening).
- Braxton Hicks contractions help to soften the cervix. If you have had a child before, the cervix can dilate a few cm. This does not predict when labor will start.

Labor Signs
Contractions are regular, get stronger, and do not go away. The bag of water may break. Timing your contractions is a good way to find out if you are in true labor. A general rule is contractions (beginning of 1 to the beginning of the other) that are 5 minutes apart, lasting a minute (beginning of contraction to the end of contraction), for an hour. This is referred to the 5-1-1 rule. Your HCP will review when to call as some women may be told to call sooner if there are special issues in the pregnancy.

Timing Contractions
If you start having contractions, you should time them to see how far apart they are. Contractions 5 minutes apart (from the beginning of 1 contraction to the beginning of the next) for 1 hour is a sign of early labor. You can time your contractions by writing down the time when each contraction starts. If you have a clock with a second hand, you can also time how long each contraction lasts. Your HCP will want to know how far apart your contractions are and how long they last.

5-1-1 Rule:

- Contractions 5 minutes apart (start to start).
- Last for at least 1 minute.
- Contractions are consistent for 1 hour.

If it is your 1st baby, your labor will probably last for many hours. If it is not your 1st baby, your labor will probably be shorter. If there are special concerns for your pregnancy, your provider will review when he or she wants you to call.

Three Stages of Labor

First Stage of Labor
Begins with regular uterine contractions and ends when the cervix is completely dilated to 10 cm. The baby slowly moves down the birth canal. Contractions become regular, longer, and more painful.

- Latent phase.
    - o Begins with mild, irregular uterine contractions that soften and shorten the cervix.
    - o Contractions become progressively more rhythmic and stronger.
- Active phase.
    - o Begins at about 3-4 cm of cervical dilation, rapid cervical dilation and dilates fully (10 cm).
    - o Descent of the presenting fetal part.

Second Stage of Labor

- Baby delivery stage-your cervix is 10 cm wide. You will start to push with contractions. The baby will move through the cervix and vagina and is delivered.
- Begins with complete cervical dilation and ends with the delivery of the baby.

Third Stage of labor

- Placenta delivery stage-after your baby is born, the placenta comes out. The placenta is the organ inside the womb that gave your baby nutrients and oxygen.
- The 3rd stage of labor is the time between the delivery of the baby and the delivery of the placenta/fetal membranes.

After the delivery of the baby, the umbilical cord is clamped and cut. Your placenta will come out next. If you are having problems delivering your baby, the doctor may use special tools to help.

- Small suction cup. The suction cup is placed on the baby's head to guide the baby through the birth canal. Using the suction cup is a vacuum-assisted vaginal birth.
- Forceps. A pair of forceps is most often placed around the baby's head and used to guide the baby through the birth canal. Using forceps is a forceps-assisted vaginal birth.
- Sometimes, your doctor may make a cut in your vagina. Making a cut to the vagina to assist birth is called an episiotomy. An episiotomy may help the baby come out easier. If episiotomy was done or you have any tears, your doctor will close the cuff with absorbable stitches.

When To Call:

- 5-1-1 Rule
- Water breaks or leaks.
- Baby is not active (decreased fetal movement).
- Bleeding, severe pain, or fever.

Call **(607) 734-6544.** If you call after hours, you will be transferred to the HCP on-call.

Infant Needs

Choosing a Pediatrician

Babies and children are not just small adults-their healthcare needs are different. So, it is important to find a healthcare professional that can provide specialized care. As the baby grows and develops, a healthcare provider is essential for well-baby and child care, as well as when illness or injuries occur. A pediatrician or family practice doctor can be your baby's primary care provider. The medical specialty dealing with children is called Pediatrics.

What care does a pediatrician provide?

Pediatricians care for children from newborn to adult, providing well baby and child care, including immunizations. Pediatricians can also help parents with issues, such as growth and development, feeding, and discipline. Nearly all children have illness or injuries as they grow, and pediatricians provide this care too.

Listed below are some things to consider when choosing a provider:

- Is the office near your home or place of work?
- Is parking convenient?
- What are the office hours?
- How do you make an appointment?
- How long does it take to get a well child appointment?
- How long does it take to get a sick child appointment?
- What about payment and billing?
- Is this a provider covered by your insurance plan?
- What hospital is the pediatrician affiliated with?
- How long do you have to wait in the office before you are seen?
- Does the office staff seemed friendly and interested in children?
- Will your child see this same pediatrician for all visits?
- What happens if your child get sick during the night or on weekends? Whom do you call?

As you talk with the provider and the office staff, you will develop a sense of whether they have the same philosophy of child raising as you do. You can also talk with other parents to find out their experiences and recommendations.

Local / AMS Pediatricians:

To identify other providers covered under your insurance plan, you can contact your insurance company's customer service line (usually on the back of your insurance card or review their online provider directory).

Car Seat Safety
Your new baby should ride in a properly installed, rear-facing car seat, in the back seat of the car. For the best protection, keep your baby's car seat rear-facing for as long as possible, usually until he or she is about 2 years old. Check the exact height and weight limit labeled on the side or back of your car seat.

Buying a used car seat is not recommended unless you know its full crash history. Once a car seat has been in a crash, it needs to be replaced. Your car seat has an expiration date. Double check the label to make sure it is still safe. Replace it if it has expired.

Make sure your car seat is installed correctly:

- Inch Test. Once the car seat is installed, give it a good tug at the base where the seatbelt goes through it. Can you move it more than an inch side-to-side or front to back? A properly installed seat will not move more than an inch.
- Pinch Test. Make sure the harness is tightly buckled and coming from the correct slots (check your car seat manual). With the chest clip placed at armpit level, pinch the strap at your child shoulder. If you are unable to pinch any excess webbing, you're good to go.
- For both rear and forward-facing child safety seats, use either the car's seatbelt or the lower anchors. For forward-facing seats, use the top tether to lock the car seat in place. Do not use both the lower anchors and belt at the same time. They are equally safe-so picked the 1 that gives you the best fit.
- If you are having even the slightest trouble, questions, or concerns, certified child passenger safety technicians are available to help or even double check your work. Visit a certified technician to make sure your car seat is properly installed.

Register Your Car Seat
Register your new or currently used car seat, ensuring that you are promptly notified about future recalls. You can register online with your car seat manufacture at safecar.gov, using the information found on the sticker on your car seat. You can also register by filling out the registration card that came with

your car seat. It is already printed with your car seat information. Mail the card; no postdates required.

Prevent Heatstroke

Never leave your child alone in a car, not even for a minute. While it may be tempting to out for a quick errand while your baby sleeps in his or her car seat, the temperature inside your car can rise and cause heat stroke in the time it takes for you to run in and out of the store.

Leaving a child alone in a car is against the law in many states.

Breastfeeding Resources

- See handout in folder

Why Breastfeed?

	Breastfeeding	Bottle Feeding
Nutrition	• Contains high levels of nutrients • Easily digested and absorbed • Infant determines amount	• Nutritional content depends on proper preparation • Some babies have difficulty tolerating certain nutrients • Peditrician/caregiver determines amount
Costs	• Milk is free • Supply costs include: nursing pads, nursing bras, breast pump (optional)	• Formula can range from $50-$200/month depending on the brand • Supply costs include bottles, nipples
Advantages	• No preparation time, milk readily available anytime/ anyplace • For baby: Reduced risk of ear infections, asthma, allergies, obesity and diabetes • For mother: Reduced risk of ovarian and breast cancer, diabetes, heart disease, osteoporosis and postpartum depression	• Convenient and flexible- anyone can feed the baby
Disadvantages	• Mother must be available for feeding or to provide pumped milk in her absence • Early breastfeeding may be uncomfortable • Certain medications can interrupt breastfeeding	• Preparation time for formula can vary and you always need to carry supplies with you • Baby may have difficulty tolerating formula • Baby has an increased risk of infection

What's in Breastmilk?	What's in Formula?
Antibodies	
Hormones	
Anti-Viruses	
Anti-Allergies	
Anti-Parasites	
Growth Factors	
Enzymes	
Minerals	Minerals
Vitamins	Vitamins
Fat	Fat
DHA/ARA	DHA/ARA
Carbohydrates	Carbohydrates
Protein	Protein
Water	Water

Depression with a New Baby

During the perinatal period, a woman experiences many physical and emotional changes. These changes can cause a range of different feelings- including those of sadness, anxiety and confusion. For many women, these feelings go away within a short period of time. For others, these feelings continue or worsen- which can be a sign of depression.

Perinatal depression refers to a range of mood disorders that can affect a woman during pregnancy and after the birth of her child. It includes prenatal depression, the "baby blues", and postpartum depression.

Prenatal Depression

Prenatal depression affects between 10-20 percent of women. Women with depression usually experience some of the following symptoms for 2 weeks or more:

- Crying
- Sleep problems
- Fatigue
- Appetite disturbance
- Loss of enjoyment in activities
- Anxiety
- Poor fetal attachment

Baby Blues

The baby blues effect as many as 80 percent of new mothers. Symptoms usually go away within 2 weeks of delivery and can include:

- Feeling overwhelmed
- Irritability
- Frustration
- Anxiety
- Mood changes
- Feeling weepy and crying
- Exhaustion
- Trouble falling or staying asleep

Postpartum Depression

Postpartum depression affects 10-20 percent of new mothers, with the following symptoms continuing more than 14 days:

- Frequent episodes of crying
- Persistent sadness
- Feelings of inadequacy or guilt
- Sleep or appetite disturbances
- Recurrent thoughts of death/suicide
- Inability/mood changes
- Overly intense worries about the baby
- Lack of interest in baby, family, or activities
- Difficulty concentrating, making decisions, or remembering things

Anyone can experienced depression during the perinatal period, but factors that can place you at a higher risk include:

- Current, past, or family history of depression
- High stress level
- Limited social support from partner, family, or friends
- Lack of sleep

The most important thing to remember is that depression can be treated and managed. If you feel that you are experiencing symptoms of depression, please talk with your HCP. Your provider wants the best for you and your baby, and can discuss options for treatment.

Depression Resources

Postpartum Support International
1-800-944-4PPD (4773)
www.postpartum.net

National Maternal Mental Health Hotline
24/7-Call or Text
1-833-852-6262

Approved Medications in Pregnancy

Allergies
- Benadryl
- Claritin
- Saline Nasal Spray
- Throat lozenges (any brand)
- Vaporizer or Humidifier at Bedside
- Warm Mint Tea
- Zyrtec

Analgesia (Pain Relief)
- Acetaminophen (Tylenol)

Antibiotics
- Amoxicillin
- Erythromycin
- Keflex
- Macrobid
- Penicillin

Asthma
- Isoproterenol, Proventil, Beconase
- Ventolin, Cromolyn

Cold Remedies
- Afrin Nasal Spray (Three-day limit)
- Gualfenesin (Robitussin, Mucinex)
- Sudafed (after 14 weeks)
- Throat lozenges (any brand)
- Vicks VapoRub

Constipation
- Colace (ducusate sodium)
- Fiber laxatives
- Milk of Magnesia
- Psyllium (Metamucil, Fibercon, Critrucel, Fiberall)

Diarrhea
- Kaopectate
- Imodium (after 14 weeks)

Headaches
- Acetaminophen (Tylenol)
- Magnesium supplement

Hemorrhoids
- Proctofoam
- Preparation H
- Anusol
- Tucks

Indigestion
- Tums
- Maalox
- Rolaids
- Mylanta
- Riopan Plus (magaldrate/ simethicone)

Nausea & Vomiting
- Emetrol
- Gatorade
- Vitamin B6, 25mg tablets (one-half tablet, three times a day)
- Peppermint and ginger tea
- Peppermint

Pain
- Acetaminophen (Tylenol)

Miscellaneous
- Sulfacetamide eye drops
- Hydrocortisone cream 0.5%
- Novacaine-lidocaine (with epinephrine, if necessary)
- Benedryl

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