



Your Guide to Pregnancy

MEDINA
HEALTHCARE SYSTEM

 **Methodist**
HEALTHCARE | SAN ANTONIO

Congratulations! Becoming a parent is an exciting and rewarding experience, but it can also be overwhelming at times, and you are likely to have many questions. That's to be expected, and we hope this guide will be a helpful companion throughout your pregnancy.

Please do not hesitate to contact us with any questions or concerns.

*Delivering the next generation of
Medina County Residents.*



MEDINA
HEALTHCARE SYSTEM



☎ 830.426.7700

✉ maternity@medinahospital.net

🌐 medinahealthcare.net

Table of Contents

Pregnancy Do's & Don'ts	4
Medications in Pregnancy	7
Your First Trimester	9
Nausea and Vomiting During Pregnancy	13
Your Second Trimester.....	15
Hair Changes.....	20
Your Third Trimester	21
Kick Counts in Pregnancy	25
Pack Your Bags	27
Breastfeeding Benefits.....	29
Breastfeeding Your Baby	30
ABCs of Safe Sleep for Babies	32
Protect Your Baby from Cronobacter	36
Learn CPR.....	39
Post Partum Depression	40

Important Phone Numbers

Rural Health Clinics of Castroville, Devine, and Hondo: 830.426.7444
OB Department: 830.426.7958
Poison Control: 800.222.1222

Pregnancy Do's & Don'ts

Prenatal Vitamins

- Pregnant women should consume the following each day through diet or supplements:
 - 400-800 mcg of Folic Acid (your doctor may recommend more if you have certain risk factors)
 - 27 mg Iron
 - 600 IU of Vitamin D
 - 1,000 mg Calcium
 - 450 mg Choline
- There is no known ideal formulation for prenatal vitamins, but 300 mg DHA appears to benefit brain development

Nutrition and Weight Gain

- Pregnant women should be advised to eat a healthy, well-balanced diet and typically should increase their caloric intake by small amounts (+350-450 calories per day).
- Women with higher pre-pregnancy BMIs do not need to gain the same amount of weight as women with normal or low BMIs.

Water

- Recommend 8-12 cups of water daily (at least 64oz/day)

Alcohol

- Although current data suggest that consumption of small amounts of alcohol during pregnancy does not appear to be harmful to the fetus, the exact threshold between safe and unsafe, if that exists, is unknown. Therefore, alcohol should be avoided during pregnancy.

Artificial Sweeteners

- Artificial sweeteners can be used in pregnancy.
- Data regarding saccharin are conflicting. Low (typical) consumption is likely safe.

Caffeine

- Low to moderate caffeine intake in pregnancy does not appear to be associated with adverse outcomes.
- Pregnant women may have caffeine but should limit to less than 200mg per day (a typical 8oz cup of brewed coffee has approximately 130 mg of caffeine, a 12-ounce soda has approximately 50 mg of caffeine). Exact amounts vary based on the specific beverage or food.

Raw and Uncooked Fish

- In line with current recommendations, pregnant women should avoid undercooked fish.

Fish Consumption

- Pregnant women should try to consume two to three servings per week of fish with high DHA and low mercury content.
- For women who do not achieve this, it is unknown whether DHA and n-3 PUFA supplementation are beneficial, but they are unlikely to be harmful.

Other Foods to Avoid

- Avoid raw/undercooked meat.
- Wash vegetables and fruits before eating them. Avoid unpasteurized dairy products.
- Avoid unheated deli meats (they increase the risk of listeria)
- Avoid foods that are being recalled for listeria contamination.

Smoking, Nicotine, and Vaping

- Women should not smoke cigarettes or vape during pregnancy. If they cannot quit, they should reduce it as much as possible.
- Nicotine replacement (with patches or gum) is appropriate as part of a smoking cessation strategy.

Marijuana

- There are several risks of marijuana use, including babies that are smaller at birth and stillbirth. Using marijuana also can be harmful to a pregnant woman's health. The American College of Obstetricians and Gynecologists (ACOG) recommends that pregnant women not use marijuana.

Exercise and Bedrest

- Pregnant women should be encouraged to exercise regularly. Activity restrictions or bedrest are not known to benefit pregnant women unless they are advised to do so by their providers.

Avoiding Injury

- Pregnant women should wear lap and shoulder seatbelts while in a motor vehicle and not disable their airbags.

Oral Health

- Oral health and dental procedures can continue as usual when pregnant.

Insect Repellants

- Topical insect repellants (including DEET) can be used when pregnant and should be used in areas of high risk for insect-borne illness.

Hot Tubs and Swimming

- Although data is limited, pregnant women should avoid hot tub use in the first trimester. Swimming pool is okay throughout the pregnancy.

Hair Dyes

- Although data is limited, because systemic absorption is minimal, hair dye is presumed safe in pregnancy.

Travel

- Airline travel is safe during pregnancy.
- Be familiar with the infection exposures and available medical care at each destination.
- There is no exact gestational age at which you should stop traveling. But talk to your doctor about your specific risks.

Sexual Intercourse

- There are no restrictions regarding sexual intercourse (unless you are experiencing bleeding, have placenta previa, ruptured membranes, or any other condition that your doctor recommended avoiding intercourse).

Sleeping Position

- Sleep however you are most comfortable for most of the pregnancy. If possible, we recommend side sleeping in the second and third trimesters.

Medications in Pregnancy

We recommend limiting all medications during pregnancy, especially in the first trimester. Prescription medications, however, given by your OB should be used as directed. Prescription medications given by another MD should be reviewed at your first visit. After pregnancy is diagnosed, if you see another provider for a medical issue, be sure to inform them you are pregnant. If they have any questions, they may call our office. OTC meds should follow the package directions for dosing or as your physician prescribes.

Pain Medications

- Tylenol (Acetaminophen) (Don't exceed the 24-hour limit on the package)
- NO ASPIRIN OR NSAIDs (unless your doctor explicitly prescribes aspirin)

Heartburn/Indigestion

- Tums
- Rolaids
- Maalox
- Mylanta
- Pepcid
- Tagamet
- Prilosec



Constipation

- Citrucel
- Dulcolax
- Miralax
- Senokat
- Fiber
- Stool Softeners (Colace, Surfak, use daily as preventative)
- Occasional - Milk of Magnesia (may cause cramping)

Nausea

- Emetrol
- Vitamin B6 (Pyridoxine - 12.5-25 mg, 3-4 times daily)
- Unisom Sleep (Doxylamine - 12.5-25mg at bedtime. May add morning and afternoon doses if symptoms persist.)

Diarrhea

- Imodium

Hemorrhoids

- Tucks
- Preparation H
- Anusol
- Use stool softeners and fiber.

Cold/URI/Allergies

- Benadryl
- Claritin
- Zyrtec
- Sudafed (Pseudoephedrine, if not hypertensive)
 - Avoid in 1st Trimester
 - Avoid Phenylephrine ALL Pregnancy
- Saline Nasal Spray
- All Tylenol Cold Products
- Nasal Steroids (Flonase, Nasacort, Rhinocort)
- Chlorpheniramine
- Mucinex
- Zicam

Cough

- Robitussin (Plain or DM)
- Mucinex
- Delsym

Yeast Infection (AVOID ALL DURING FIRST TRIMESTER)

- Monostat (Miconazole)
- Gynelotrimin (Clotrimazole)
- Miconazole

Leg Cramps

- Caltrate/Vitamin D (600/400) Twice Daily
- Increases Oral Magnesium (Bananas & Oranges)

Insomnia

- Benadryl
- Melatonin
- Unisom (Doxylamine)

Rash

- Benadryl Cream
- Hydrocortisone Cream
- Caladryl Lotion

Vitamins

- Prenatal Vitamin with DHA
- 2 Flintstone Complete plus DHA 300 mg DHA
- Calcium 1200 mg daily if not taking dairy
- Choline 450 mg daily

Your First Trimester

During the first 13 weeks of pregnancy, your body is growing and changing, and so is your baby's. Here's what to know as you start this amazing journey together.

How you're feeling

Your body is about to undergo major changes as it prepares to grow a new life.

You may start to experience symptoms such as nausea or fatigue – or you may find that you have an increased level of energy! Listen to your body and make adjustments to your routines as needed. Every woman is different, and so is each pregnancy.

Early signs and symptoms of pregnancy

The earliest sign of pregnancy is a missed period for women who have a regular monthly menstrual cycle. Sometimes, implantation bleeding can occur at 5-6 weeks after your last cycle. This is a bleed very similar to a light period or spotting. Though this is entirely normal, you should check with your healthcare provider if you experience any bleeding during your pregnancy.

You may also begin experiencing a handful of the symptoms below early on in your pregnancy, such as fatigue, nausea, or more frequent urination.

Common symptoms

The changes in your hormones during your first weeks of pregnancy affect your whole body. While no two pregnancies are the same, some symptoms you may experience during your first trimester include:

- Breast tenderness
- Extreme changes in mood
- Nausea or vomiting (morning sickness)
- Frequent urination
- Weight gain or loss
- Extreme fatigue
- Headaches
- Heartburn
- Leg cramps
- Lower back and pelvic pain
- Cravings for certain foods
- New dislike of certain foods
- Constipation



Self-Care

Symptoms in early pregnancy can be uncomfortable, to say the least. Try

these tips after checking with your healthcare provider first for some relief. Remember, choices should always be made based on your preferences and what is available to you.

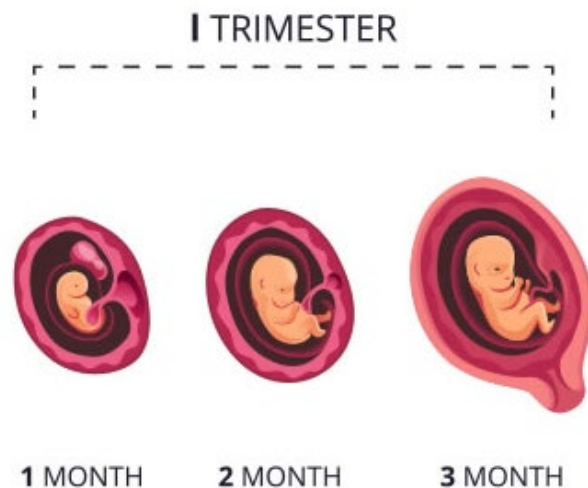
- Try ginger, chamomile, vitamin B6, and acupuncture for nausea or vomiting.
- For leg cramps, try magnesium or calcium. Drink LOTS of water.
- If dietary modifications your healthcare provider suggests do not relieve constipation, wheat bran or other fiber supplements can be used.

Healthy foods and regular exercise are essential for your entire pregnancy. Continue your daily physical activity for as long as you feel comfortable doing so. The more active you are during pregnancy, the easier it will be for you to adapt to your changing body. Ensure you nourish your and your baby's growing bodies with nutritious food. Ensure you are getting adequate energy, protein, vitamins, and minerals by eating various healthy foods, including vegetables, meat, beans, nuts, pasteurized dairy, and fruit.

How your baby is growing

This period is the most crucial to your baby's development. During the first trimester, your baby's internal systems and body begin to take shape. These early organ and bodily developments include:

- Brain and spine
- Inner ear
- Cardiac tissue
- Genitals
- Fingernails
- Liver
- Eyelids
- Pancreas
- Kidneys
- Lungs
- Cartilage for the hands, feet and limbs
- Muscles of the mouth, eyes and nose
- Webbed fingers and toes



Fetal growth can vary significantly for many reasons. Still, during the first trimester, your baby will grow from about 0.64 cm (.25 in) at the end of the first month (smaller than a grain of rice) to around 10 cm (4 in) by the end of week 12 and will weigh around 28 g (1 oz) For information for your country, please refer to your ministry of health.

When should I meet with my healthcare provider?

You should schedule at least one appointment with your healthcare provider during your first 12 weeks of pregnancy, ideally as early as possible.

Due Date: _____

Things to look out for

While all women experience pregnancy differently, you should speak to your healthcare provider if you experience:

- Severe cramping
- A fever over 100° F
- Odorous vaginal discharge
- Painful urination
- Vaginal bleeding
- Severe vomiting



Nausea and Vomiting During Pregnancy

Nausea and vomiting commonly occur at the beginning of pregnancy but can occur throughout it. They are often called “morning sickness” but can occur at any time of the day or night. They usually improve by 14-16 weeks.

Morning sickness is caused by increased levels of pregnancy hormone (HCG). These hormones cause the stomach to produce more gastric juices while slowing the bowel down, decreasing its ability to empty the stomach.

The result is a feeling of nausea and occasionally vomiting. To relieve these symptoms, you can try the following:

- **Rest** - Take more frequent rest periods or naps. Keep a slice of toast, saltine cracker, pretzel, ginger snaps, or dry cereal at your bedside. It may help to eat something before you get out of bed.
- **Diet** – Eat smaller, more frequent meals to avoid having an empty stomach. Avoid highly seasoned, greasy, or fried foods. If food odors bother you, select foods that are cold or at room temperature. Ginger is a natural “anti-nausea” food. Ginger ale, ginger snaps, and ginger hard candies may help. If your prenatal vitamin increases your nausea, hold off on it for a few weeks or try a gummy prenatal vitamin.
- **Liquids** – When bouts of vomiting occur, take sips of clear liquids only. As the nausea passes, increase the liquids to ½ cups every hour. Some examples of clear liquids are water, Jell-O, clear soft drinks (ginger ale or Sprite), Gatorade, juices, tea, or broth. Add some rice to the broth if you are having trouble eating. Avoid dairy if needed. It is important that you don’t let yourself become dehydrated.
- **Medications** – You can take Emetrol (dosage as directed), B6 (Pyridoxine - 12.5-25 mg, 3-4 times daily) or Unisom Sleep (Doxylamine - 12.5-25mg at bedtime. May add morning and afternoon doses if symptoms persist.).

Call your doctor if

- You can't keep liquids down for 24 hours or if you have not urinated in 24 hours.
- You have abdominal pain, dizziness, severe weakness, or if you feel faint. This may be a sign of a more serious problem.



Your Second Trimester

The next three months will bring lots of changes for your growing fetus and most likely a welcome relief from early pregnancy symptoms. The second trimester starts around week 13 of pregnancy and lasts through about the end of week 28, or months 4 to 6 of pregnancy, spanning about 14 weeks.

Common Symptoms

Many of your early pregnancy symptoms will ease or disappear during the second trimester. You'll likely feel less queasy, your energy levels should improve, and your breasts will still be more prominent but much less tender. You may also experience new symptoms as your belly grows and the levels of pregnancy hormones in your body keep rising.

- Congestion
- Mild swelling of the ankles and feet
- Sensitive gums
- Leg cramps
- Dizziness
- Achiness in the lower abdomen (round ligament pain)
- Varicose veins
- Hemorrhoids
- Weight gain

All the above are perfectly normal and temporary, as are feelings of apprehension, irritability, forgetfulness, and even frustration at not looking quite pregnant yet.

It's important also to be aware of the changes that may occur in one's sex life during the second trimester. While some may experience increased libido due to heightened blood flow, others may find it challenging to navigate their changing bodies and mood-related symptoms.

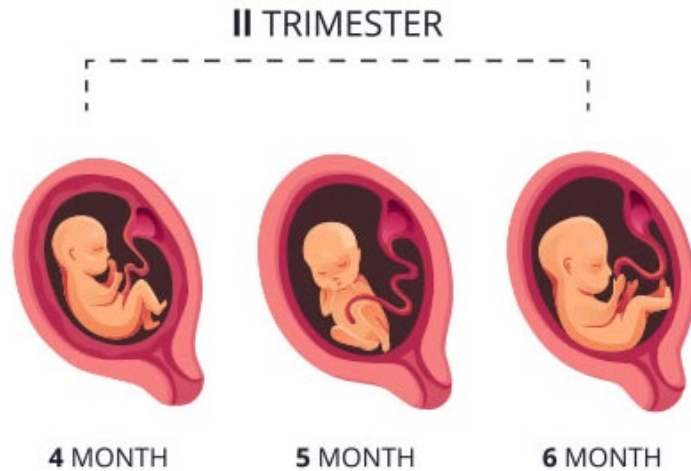
Communication with your partner is critical to addressing concerns and avoiding resentment during this period.

How your baby is growing

Throughout the second trimester, your baby's development is in full swing. By week 18, the baby weighs as much as a chicken breast and begins to exhibit movements like yawning and hiccupping. Around week 21, you may feel the baby's coordinated movements, and by week 23, the baby starts to gain weight, doubling in size by week 27.

Additionally, there are some exciting developments to look forward to during this trimester.

- Hair, skin, and nails
- Digestive system
- Senses
- Heart
- Brain activities



Second-trimester checklist

Eat well, exercise regularly, and get plenty of rest.

Here are your top to-dos for the second trimester:

- ☐ Prepare for routine monitoring.
- ☐ Schedule your second-trimester ultrasound.
- ☐ Decide if you'll find out the baby's gender. _____
- ☐ Get your glucose screening.
- ☐ Get immunizations recommended by your provider.
- ☐ Shop for maternity clothes.
- ☐ Sleep on your side.
- ☐ Do Kegels regularly.
- ☐ Make prenatal workouts a priority.
- ☐ Bump up your caloric intake 300 to 350 additional calories per day. Track your weight gain.
- ☐ Take baby bump photos.
- ☐ Envision your baby shower.
- ☐ Create a baby registry.
- ☐ Review baby name options.
- ☐ Look into childbirth classes.
- ☐ Start looking into childcare.

What to avoid

With the worst of the nausea behind you, you might be feeling a lot like your old, pre-pregnancy self. But now that you're in your second trimester, there are a few more things you should steer clear of, including:

- Elective ultrasounds
- Sleeping or doing exercises on your back
- Hot tubs and saunas
- Hot yoga
- Raw or undercooked foods
- Unpasteurized dairy and juices



When should I meet with my healthcare provider?

From week 13 through week 28, you should see your healthcare provider every four weeks, unless otherwise recommended by your provider.

Month 4 Checkup: _____

Month 5 Checkup: _____

Month 6 Checkup: _____

Babymoon Ideas: _____

Baby Shower Ideas: _____

Baby Registry: _____

Baby Name Ideas: _____

Childbirth Classes

Free Childbirth Classes are available at Medina Regional Hospital. Check our website for dates and times and to register. Call 830-426-7958 to schedule or click on the QR Code:



Child Care Options: _____

Things to look out for

Once you make it to your second trimester, it should be relatively smooth sailing for the next three months. There are a few symptoms that always warrant a call to your doctor:

- Heavy vaginal bleeding
- Severe abdominal pain
- A fever over 101.5° F
- Extreme thirst
- Frequent and copious urination
- Extreme Fatigue

Also, talk to your doctor if you notice sudden weight gain, significant vision changes, and severe swelling in the face and hands, which could be signs of preeclampsia.



Hair Changes

During pregnancy, your hair may grow faster than usual, starting around week 20, when it may feel thicker, shinier, and healthier. The increased growth can be attributed to pregnancy hormones, enhanced blood circulation, and prenatal vitamins providing more nutrients. These changes are temporary and can be managed by regular visits to your stylist.

Pregnancy can also lead to changes in your hair, making it more prone to frizz, limpness, dryness, brittleness, or oiliness. Additionally, you may notice increased body hair in areas like your cheeks, upper lip, and nipples. However, this growth is temporary and should return to normal within six months after childbirth.

If you're considering hair removal during pregnancy, it's generally safe to tweeze, thread, shave, wax, or sugar. However, depilatories, bleaching, laser hair removal, and electrolysis should be avoided. After giving birth, you may experience postpartum hair loss, which is normal and should subside after a few

months.

Your Third Trimester

Congratulations, you have reached the home stretch! You will soon be welcoming a beautiful new member to your family. You may be feeling more tired and uncomfortable in these last weeks, but you have a lot to look forward to!

How you're feeling

Some of the same discomforts you had in your second trimester will continue. Plus, many women find breathing difficult and notice they must go to the bathroom even more often. This is because the baby is getting bigger, and it is putting more pressure on your organs. Don't worry, your baby is fine, and these problems will lessen once you give birth.

Common Symptoms

While no two pregnancies are the same, some symptoms you may experience during your third trimester include:

- Acid reflux (heartburn)
- Hemorrhoids
- Shortness of breath
- Breast tenderness
- Protruding belly button
- Difficulty sleeping
- Swelling in your ankles at end of the day

Self-Care

Because your baby is reaching full term, you may feel more uncomfortable during your third trimester than during your second trimester. Try the methods below after checking with your healthcare provider first to manage some discomfort. Remember, choices should always be made based on your preferences and what is available to you.

- Ask your health provider for advice on diet and lifestyle modifications for **heartburn**. If these do not help, antacid preparations can be used for

troublesome symptoms.

- If you have **difficulty sleeping**, try using extra pillows or a pregnancy pillow to support your whole body or just specific areas that need it to help ease tension while you rest.

Healthy foods and regular exercise are essential during your third trimester and pregnancy. Keep up with your regular exercise routine, but do not exhaust yourself. As a rule, you should be able to converse while working out. Always consult your healthcare provider about exercise during pregnancy. Continue eating a variety of foods to make sure that you are getting adequate energy, protein, vitamins, and minerals.

Braxton Hicks (false contractions)

During your third trimester, you may also experience contractions, which can signify real or false labor. “False labor” pains are called Braxton Hicks and are your body’s way of preparing you for actual labor. They may feel like menstrual cramps or a tightening in the abdomen.

There is no medical treatment for Braxton Hicks, but there are some things you can do to ease discomfort, including:

- Drinking water
- Changing your position (if you are lying down, try going for a walk, and vice versa)
- Relaxing by taking a nap, reading a book, or listening to calming music

If these do not lessen the pain and if you notice your contractions becoming more frequent or intense, contact your healthcare provider.

**If you are at 24 weeks or more and you are having contractions every 10 minutes, even after resting and hydrating for 2 hours, go to Labor & Delivery. You should confirm with your provider as recommendations are general and can change for any individual patient based on their personal risk factors.*

Going into labor

Most women give birth between 38 and 41 weeks of pregnancy, but there is no way to know the exact moment you will go into labor.

When labor begins, the cervix dilates, and the uterus muscles contract at regular intervals and will get closer together over time. Contractions will feel like menstrual cramps but more intense. As your uterus contracts, you may feel pain in your back or pelvis, and your abdomen may become hard. When your uterus relaxes, your abdomen will become soft again.

In addition to contractions, some other signs that labor might be beginning include:

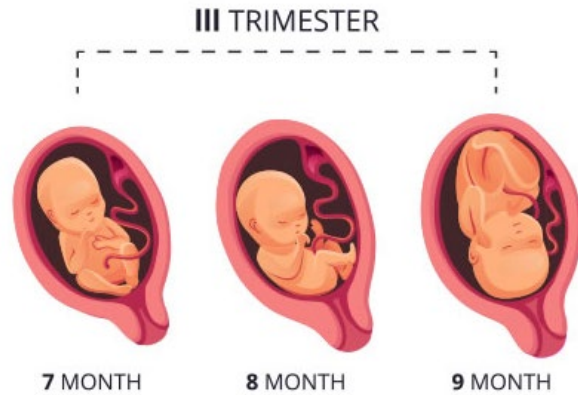
- Lightening (the sensation that the fetus has dropped lower/pelvic pressure/discomfort)
- Loss of the mucus plug (you will notice an increase in clear or pink mucus discharge)
- Water breaking (rupture of membranes). If you think your water has broken, go to Labor & Delivery.

It is important to note that you might not notice some of these changes before labor begins. If you think you are in labor, contact your healthcare provider.

How your baby is growing

During this final stage of development, your little one is getting ready to leave the womb. Between the beginning of the third trimester and birth:

- Eyes can sense changes in light
- Head might have some hair
- Can kick, grasp and stretch
- Limbs begin to look chubby
- Bones harden
- The circulatory system is complete
- The musculoskeletal system is complete
- Lungs, brain, and nervous system are developed
- Fat continues to be added



Fetal growth can vary significantly for many reasons, but at the beginning of the third trimester, your baby will be around 35 cm (14 in) long and weigh from 1 to 2 kg (2 to 4 lbs.). By the time you give birth, your newborn may be 46 to 51 cm (18 to 20 in) long and weigh just over 3 kg (7lbs.).

When should I meet with my healthcare provider?

During your third trimester, you'll have a prenatal appointment with your healthcare provider every two weeks: at 28 weeks, 30 weeks, 32 weeks, 34 weeks, and 36 weeks. Then, once per week until birth.

Week 28 Checkup: _____

Week 30 Checkup: _____

Week 32 Checkup: _____

Week 34 Checkup: _____

Week 36 Checkup: _____

Week 37 Checkup: _____

Week 38 Checkup: _____

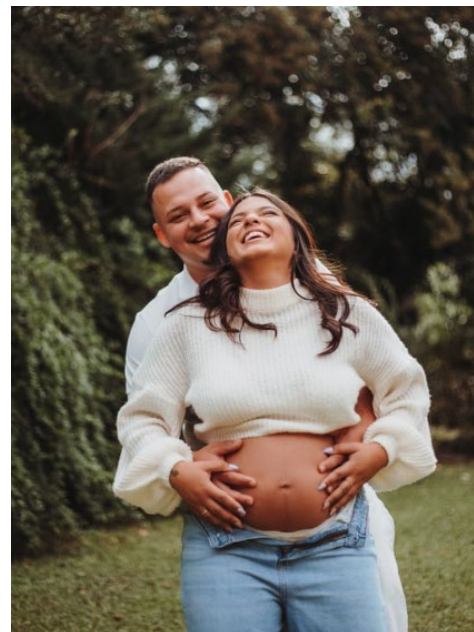
Week 39 Checkup: _____

Week 40 Checkup: _____

Things to look out for

While all women experience pregnancy differently, you should speak to your healthcare provider if you experience:

- Heavy bleeding
- Headaches with spots or flashing lights that do not go away
- Sudden or extreme swelling
- Decreased fetal movement or kick counts (your baby should be moving every day)
- Your water has broken whether or not you're having contractions



- Constant pain between contractions.

Kick Counts in Pregnancy

What do I need to know about kick counts?

Kick counts measure how much your baby is moving in your womb. A kick from your baby can be felt as a twist, turn, swish, roll, or jab. It is common to feel your baby kicking at 26 to 28 weeks of pregnancy. You may feel your baby kick as early as 20 weeks of pregnancy. You may want to start counting at 32 weeks.

Why should I measure kick counts?

Your baby's movement may provide information about your baby's health. He or she may move less or not at all if there are problems. Your baby may move less if he or she is not getting enough oxygen or nutrition from the placenta. Tell your healthcare provider when you feel a change in your baby's movements.

When do I measure kick counts?

- Measure kick counts at the same time every day.
- Measure kick counts when your baby is awake and most active after a meal. Your baby may be most active in the evening.



How do I measure kick counts?

Check that your baby is awake before you measure kick counts. You can wake up your baby by lightly pushing on your belly, walking, or drinking something cold. Your healthcare provider may tell you different ways to measure kick counts. You may be told to do the following:

- Use a chart or clock to keep track of the time you start and finish counting.
- Sit in a chair or lie on your left side.
- Place your hands on the largest part of your belly.
- Count until you reach 10 kicks. Write down how much time it takes to count 10 kicks.

- It may take 30 minutes to 2 hours to count 10 kicks. It should not take more than 2 hours to count 10 kicks.

When should I contact my doctor?

- You feel a change in your baby's number of kicks or movements.
- You feel fewer than 10 kicks within 2 hours.
- You have questions or concerns about your baby's movements.

Pack Your Bags

Preparing for childbirth doesn't have to be overwhelming.

Here's a short list of suggested items that you may want during your stay:

Things that May Keep You Comfortable during Labor

- ☐ A deck of cards, books, magazines, music, tablet, etc.
- ☐ Bathrobe or labor gown
- ☐ Labor support tools
- ☐ Comfy slippers/socks (skid-proof)
- ☐ Aromatherapy oils and diffuser
- ☐ Snacks for your partner

Things that May Keep You Comfortable in the Hospital

- ☐ Comfy pajamas and lounging clothes (preferably with button fronts)
- ☐ Jacket/Sweater for you/partner (hospitals can be cold)
- ☐ A comfortable going-home outfit for you and the baby (Remember, you will still appear about 4-5 months pregnant when you leave, so bring comfy clothes)
- ☐ Toiletries (hair clips, toothpaste, deodorant, shampoo, hair dryer, etc.)
- ☐ Snacks for you and your partner
- ☐ A few changes of clothes for your partner
- ☐ Your favorite pillow (Put a colored cover on it to distinguish it from the hospital pillows)
- ☐ Speaker for music

Things that You May Want to Bring

- ☐ Onesies for baby
- ☐ Extra mittens or hats
- ☐ Muslin blanket (breathable cotton)
- ☐ Infant car seat (Don't bring it to the room until before discharge)
- ☐ Extension cord
- ☐ Large, high-waisted underwear
- ☐ Nursing supplies include nursing bras/tanks, pads, breastfeeding pillow, etc.
- ☐ Pacifier, if desired
- ☐ Nail file
- ☐ Phone charger

Things that Are Provided for Baby in the Hospital

- Diapers
- Wipes
- Swaddle Blankets
- T-Shirts
- Sleep sack
- Hat
- Formula, if desired
- Soothie Pacifier

Things that Are Provided for Moms in the Hospital

- Sanitary pads
- Mesh Underwear
- Hospital gown
- Skid-free socks
- Breast pump, if needed



Breastfeeding Benefits

For Mom

- Breastfeeding may make it easier to lose the weight you gained during pregnancy.
- Women who breastfeed longer have lower rates of type 2 diabetes and high blood pressure.
- Women who breastfeed have lower rates of breast cancer and ovarian cancer.
- Breastfeeding triggers the release of oxytocin that causes the uterus to contract and may decrease the amount of bleeding you have after giving birth.

For Baby

- Breast milk has the right amount of fat, sugar, water, protein, and minerals needed for a baby's growth and development.
- Breast milk is easier to digest than formula, and breastfed babies have less gas, fewer feeding problems, and less constipation.
- Breast milk contains antibodies that protect infants from illnesses like ear infections, diarrhea, respiratory diseases, and allergies.
- Breastfed infants have a lower risk of sudden infant death syndrome (SIDS).
- If your baby is born preterm, breast milk can help reduce the risk of many of the short-term and long-term health problems.



Breastfeeding Your Baby

Breast milk is nature's perfect baby food. Your milk has just the proper nutrients, in just the right amounts, to nourish your baby thoroughly. It also helps your baby's mind and body grow. Breastfeeding is a good choice for both you and your baby.

Cradle Hold

Sit up as straight as you can and cradle your baby in the crook of your arm. The baby's body should be turned toward you, and the baby's belly should be against yours. Support the baby's head in the bend of your elbow so the baby faces your breast.

Football Hold

Tuck your baby under your arm like a football. Hold the baby at your side, level with your waist, so the baby is facing you. Support the baby's back with your upper arm and hold the baby's head level with your breast.

Cross-Cradle Hold

As in the cradle hold, nuzzle your baby's belly against yours. Hold the baby in the arm opposite the breast you use to nurse. For instance, if the baby is nursing from your right breast, hold the baby with your left arm. Place the baby's bottom in the crook of your left arm and support the baby's head and neck with your left hand. This position gives you more control of the baby's head. It's a good position for a newborn who is having trouble nursing.

Side-Lying Position

Lie on your side and nestle your baby next to you. Place your fingers beneath your breast and lift it to help your baby reach your nipple. Rest your head on your lower arm. You may want to tuck a pillow behind your back to help hold yourself up. This position is good for night feedings. It's also good for women who had a cesarean birth because it keeps the baby's weight off your abdomen and incision.

Helpful Hints

- Cup your breast in your hand and stroke your baby's lower lip with your nipple. This stimulates the baby's instinct to turn toward the nipple, open his or her mouth, and suck.
- When the baby opens his or her mouth wide, pull the baby close to you and aim the nipple toward the roof of the baby's mouth.
- Bring your baby to your breast, not your breast to your baby.
- Use pillows or folded blankets to help support the baby.



Cross-cradle



Cradle



Football hold



Side-lying

ABCs of Safe Sleep for Babies

If you have a new baby or are expecting one soon, sleep is one of the most important issues you'll be dealing with. Babies sleep a lot, but not always when you wish they would.

Feedings, diaper changes, and needing comfort can happen anytime, day or night, and whether this is your first little one or your fourth, every child is different. So, make the best of those blissful times when your baby sleeps.

Rest when you can, and always give your baby room to breathe for safe sleep at bedtime and naptime.

The ABCs of safe sleep for babies are easy to learn and do.

A

Babies should sleep Alone

Babies should sleep alone in a crib with no bumper pads, bedding, pillows, or toys, preferably in your room. Share your room, not your bed.

B

On their Back

Babies should sleep on their back—not their side or their tummy.

C

In a Crib and Cool

A safe sleep surface is a crib with a firm mattress and a tight-fitting bottom sheet. Keep the room cool and dress your baby lightly without a hat.

S

In a Smoke-Free environment

Secondhand smoke is harmful to everyone, including babies.

Risks to Babies While Sleeping

Many things can increase the risk of sleep-related infant death. Here are a few of the big ones:

- Mom smokes or uses drugs or alcohol before, during, or after pregnancy.

- Parents share their bed with their baby.
- The baby sleeps on his (or her) tummy rather than his back.
- The baby sleeps in the sleep area with soft bedding, blankets, or stuffed animals.
- The baby sleeps on an unsafe surface, such as an adult bed or a sofa, where he can be trapped between a mattress and the wall or in pillows or sofa cushions.
- The baby's crib is near strangulation hazards such as window blind cords and mobiles.
- A baby older than 8 weeks is swaddled for sleep.
- The temperature of the room where the baby sleeps is warm.
- The baby is overdressed for sleep.

Parents who are in the know can reduce the risk of babies dying unexpectedly in their sleep by following the ABCs for safe sleep until their baby's first birthday. It's also essential to take your baby to get regular medical checkups.

About 3,600 babies die suddenly and unexpectedly in their sleep each year in the United States. We can help change that by using safe sleep practices for babies.

A Few Words About "The Way We've Always Done It"

Family traditions may be one reason parents resist making changes. Traditions are often a wonderful thing, but some of them may put your baby at risk. As a parent, you can educate yourself and help any of your baby's caregivers understand and follow the ABCs of safe sleep. You can take charge of your baby's safe sleep and crib safety by remembering these guidelines:

- Bed-sharing with thick blankets may have been common when Grandma had infants, but you have current information that room sharing, not bed-sharing, is the best safe sleep practice.
- Babies won't choke while sleeping on their backs because their airway anatomy and the gag reflex prevent that. Back sleeping helps protect your baby's airway.

Tip

Car safety seats, strollers, swings, infant carriers, and infant slings are unsafe sleep surfaces for babies. Always move sleeping babies to a safe sleep surface.

Share your room, not your bed

Your baby sleeps approximately 16 hours a day, in intervals of 3 to 4 hours. Your baby will wake up for feeding often. That schedule keeps you busy, so try to sleep when your baby sleeps.

Want to cuddle with baby and drift off to dreamland together? It's a natural desire, but one must resist it when practicing safe sleep.

It may feel natural to sleep with your baby, and you may feel you are protecting him when you sleep together, but the American Academy of Pediatrics (AAP) says that creates a greater risk.

- Bed sharing with your baby, also called co-sleeping, creates the dangers of entrapment, overheating, and suffocation.
- The soft and fluffy nature of modern beds and bedding does not align with safe sleep practices for babies.
- A sleepy adult may roll onto a baby.
- While you sleep, you cannot protect your baby from the risks introduced by co-sleeping.

Studies show that babies are safest when sleeping alone, on their backs, in a crib in a cool, smoke-free room.

Room sharing is the safest way to be close to your baby while you both sleep. This way, you are close to each other but separated for safety, giving your baby room to breathe. Room sharing with your baby for at least six months, preferably for one year, allows you to be close to your baby for easy monitoring and breastfeeding. Position your baby's separate safe sleep surface next to yours, and you'll sleep safely and soundly.

Bringing baby to bed: is it ever okay?

Sometimes, the night is long, and the baby is crying. Feeding in the wee hours can seem more manageable in bed.

The AAP says to bring the baby to bed only to feed or to comfort, but not as a routine. Have safeguards in place, such as a buddy system or a timer, so you stay alert and return your baby to a safe sleep surface before falling back to sleep yourself.

AAP recommends the following for breastfeeding moms:

Stay alert while breastfeeding and return your baby to his safe sleep bed after feeding. If you accidentally fall asleep while breastfeeding in bed, return your baby to his safe sleep bed as soon as you wake up.

Avoid feeding your baby in an armchair or on a couch when you might fall asleep with him. Soft surfaces can make breathing hard for babies because their neck muscles are not strong enough to turn their heads away from anything that may block their nose and mouth.



Protect Your Baby from Cronobacter

Cronobacter is a bacterium that can cause rare but severe infant infections. These bacteria are germs that can live in the environment or dry foods, such as powdered infant formula. In most cases, it is safe to mix powdered infant formula following the manufacturer's instructions on the container.

If your baby is younger than 2 months old, was born prematurely, or has a weakened immune system, you may want to take extra precautions to protect them from getting sick with Cronobacter:

- Breastfeed if you can. Very few cases of Cronobacter infections have been reported among babies fed only breastmilk.
- Clean, sanitize, and store feeding items safely, such as baby bottles and breast pump parts. This helps prevent contamination with germs and keeps the milk you feed your baby safe.
- Clean and sanitize infant feeding items (such as nipples, caps, rings, and valves) and breast pump parts in a dishwasher or a clean wash basin that you use only for washing these supplies. Do not place these items directly in the sink because germs in sinks or drains could contaminate them. Allow items to air-dry thoroughly and store them in a clean, protected area.

If your baby is fed with formula

- If possible, use liquid infant formula. It is sterile (without germs) and, when handled carefully, is less likely to spread Cronobacter infection. Powdered formula is not sterile and may contain some germs.
- If you use powdered infant formula, prepare and store it safely. Ensure your formula is not expired and the container is in good condition (no dents, puffy ends, or rust spots). Keep lids and scoops clean, and close formula containers immediately after use.
- Keep powdered formula in the container dry to prevent germs from growing. Avoid getting the formula scoop wet. There is no need to wash the scoop unless it becomes damp or dirty (such as falling on the floor). Clean it as carefully as your baby's bottles if it needs to be washed. The formula scoop must be completely dry before returning it to the container.

How to prepare and store powdered infant formula

Follow these steps to prepare and store your infant formula safely and correctly

STEP 1: Ensure the formula is **not expired** and the container is **in good condition** (no dents, puffy ends, or rust spots).

STEP 2: Clean the countertops and wash your hands with soap and warm water before preparing bottles. Use a clean bottle and nipple.

STEP 3: Mix water from a safe source with the formula. Tap water is usually safe but contact your local health department if you are unsure.

STEP 4: Use the exact amount of water and formula listed on the instructions of the infant formula container. **Always measure the water first and then add the infant formula powder. NEVER dilute the formula** by adding extra water. This can make your baby sick.

STEP 5: Shake infant formula in the bottle to mix. Do not stir.

STEP 6: You do not need to warm infant formula before feeding. If you decide to warm the formula, place the bottle under running warm water or into a bowl of warm water for a few minutes. Avoid getting water into the bottle or nipple. This could contaminate the prepared formula. Test the temperature of the formula before feeding it to your baby by putting a few drops on the inside of your wrist. **It should feel warm, not hot. Never warm infant formula in a microwave. Microwaving creates hot spots, which can burn your baby's mouth.**

STEP 7: After feeding, clean the bottle and nipple thoroughly before the next use.

Use quickly or store safely

Use prepared infant formula within 1 hour of feeding and 2 hours of preparation.

If you will not use the prepared infant formula within 2 hours, immediately store the bottle in the refrigerator and use it within 24 hours.

Throw out any infant formula left in the bottle after feeding your baby. Do not

refrigerate it to save it for later. The combination of infant formula and your baby's saliva can cause bacteria to grow.

Tips for bottle feeding

Watch your baby for signs that he or she is full, and then stop feeding, even if the bottle is not empty.

Position the bottle at an angle rather than straight up and down so the infant formula only comes out when your baby sucks.

Let your baby take breaks from drinking when he or she seems to want them.

Remember

- Do not use a bottle to feed your baby anything besides infant formula or breast milk.
- Hold your baby close when you feed him or her a bottle.
- Always hold the bottle for your baby while feeding. Propping the bottle in your baby's mouth can increase the risk of choking, ear infections, and tooth decay.
- Do not put your baby to bed with a bottle. Infant formula can pool around the baby's teeth, causing tooth decay.
- Do not force your baby to finish the bottle if your baby is showing signs of fullness.



Learn CPR

CPR for Infants (Age <1)

If you are alone with the infant, give 2 minutes of CPR before calling 911.



1. Shout and Tap

Shout and gently tap the child on the shoulder. If there is no response and not breathing or not breathing normally, position the infant on his or her back and begin CPR.



2. Give 30 Compressions

Give 30 gentle chest compressions at 100-120/minute. Use two or three fingers in the center of the chest just below the nipples. Press down approximately one-third the depth of the chest (about one and a half inches).



3. Open The Airway

Open the airway using a head tilt lifting of the chin. Do not tilt the head too far back.



4. Give 2 Gentle Breaths

If the baby is not breathing normally, cover the baby's mouth and nose with your mouth and give two gentle breaths. Each breath should be 1 second long. You should see the baby's chest rise with each breath.

CONTINUE WITH 30 PUMPS AND 2 BREATHS UNTIL HELP ARRIVES

Post Partum Depression

Having a new baby brings on a lot of big feelings – love, joy, excitement, frustration, and nervousness, to name a few. Experiencing highs and lows in the first weeks and months after birth is to be expected, given the considerable emotional and physical changes that come with having and caring for a new little one. But for many, feelings of depression and anxiety can overshadow the celebration of welcoming your new family member. Here is some information about postpartum depression and the steps you can take to find support.

What are the “baby blues”?

About two to three days after giving birth, feelings of depression and anxiety are common. You may experience crying for no reason, having trouble sleeping, or questioning your ability to care for your new baby. This is primarily due to the shift in levels of progesterone. However, changes in hormones are unlikely to be the only cause. Beyond these hormonal changes, other factors can lead to these feelings, such as extended periods of tiredness or exhaustion, challenges with breastfeeding, and other postpartum complications.

Other factors might include:

- Previous experience of mental health problems
- Biological causes
- Lack of support
- Difficult childhood experiences
- Experience of abuse
- Low self-esteem
- Stressful living conditions
- Major life events

With good support from family, loved ones, and friends, these feelings usually go away within about two weeks without needing treatment.

What is postpartum depression or postnatal depression?

Postpartum depression or postnatal depression is different from baby blues. It usually occurs two to eight weeks after giving birth but can happen up to a year after the baby is born. “One of the important things about postpartum depression is it's not just feeling sad,” Dr. Stuebe explains. Feelings of intense anxiety are also a common feature of postpartum depression.

Some symptoms of postpartum depression to look out for include feeling overwhelmed, persistent crying, lack of bonding with your baby, and doubting your ability to care for yourself and your baby.

“We all worry about our kids, but [those experiencing postpartum depression] are so worried that it impedes their ability to enjoy their baby and to enjoy their life.” Postpartum depression can make it challenging to care for yourself and your baby, too. “I think it's important for folks to understand that this is not just feeling sad or crying. It also can be feeling almost paralyzed by fear about something bad potentially happening to your child, and that is incredibly painful for the parent.”

Another warning sign for postpartum depression is not being able to sleep, even when your baby is sleeping. “If you’re exhausted, but you are lying awake because your mind is racing, your brain is not being your friend,” Dr. Stuebe says.

What are the symptoms of postpartum depression?

The symptoms of postnatal depression are similar to the symptoms of depression. They include:

- Feeling sad or low
- Being unable to enjoy things that normally bring you pleasure
- Tiredness or loss of energy
- Poor concentration or attention span
- Low self-esteem and self-confidence
- Disturbed sleep, even when your baby is asleep
- Changes in appetite

You may feel detached from your baby or partner and even have thoughts of hurting yourself or your baby. It can be very frightening to have thoughts of harming your baby, but remember, this doesn't mean you're going to hurt them. The sooner you talk to someone about your thoughts and feelings – a friend, relative, doctor, or midwife – the sooner you can get the help you need.

"It's really important to acknowledge and normalize that going from an independent adult to someone's parent is not something that happens in the blink of an eye."

Is there any way to protect against postpartum depression?

Psychoeducation to develop positive coping strategies, manage stress, and build supportive networks can help protect against postpartum depression. This involves learning about and understanding mental health and well-being. It's similar to physical education, where you learn about how your body works, how to look after it, and the impacts of different strains or stressors – but instead, you apply this to the mind. Having a support system at home and looking after your mental health is incredibly important. Involve your partner, friends, and loved ones in learning how they can support you postpartum. Before your baby arrives, contact friends and family and discuss how you'd like them to help you.

For those with significant risk factors, such as a personal or family history of depression, low income, intimate partner violence, having an unwanted pregnancy, or current stressful life events, there are several counseling interventions – such as cognitive behavioral therapy and interpersonal therapy – that are effective in preventing postpartum or perinatal depression. Speak to your healthcare provider to learn more about the options that would be best for you.

I'm feeling emotionally numb after giving birth. Is this common?

Absolutely. Sometimes, we put a lot of pressure on people to feel like 'hold your baby, and it'll be love at first sight, and you'll be filled with joy!', and

certainly lots of people feel this way when they meet their baby for the first time, but not always – particularly for those who have had a traumatic birth experience, prolonged labor or an emergency C-section. It's crucial to acknowledge and normalize that going from an independent adult to someone's parent is not something that happens in the blink of an eye. However, if you feel like you can't see the bright parts and there aren't moments of joy mixed in with exhaustion, that is a sign that things are not quite right. Talking to a trusted friend, birth worker, doula, midwife, or doctor and just 'This is harder than I thought it was going to be' or 'Can you help me through this? Is this common?' is helpful.

What are some of the ways to support yourself if you are experiencing postpartum depression?

- **Make sure you are getting enough care and support at home.** Are you getting enough sleep? Are you eating adequate meals? Many new parents are taking care of their baby and not getting a decent meal. A nutritious, protein-filled meal can help you feel more human.
- **Psychotherapy (talk therapy).** There are several psychotherapies [such as cognitive behavior therapy (CBT) or interpersonal therapy (IPT)] that work well for postpartum depression and anxiety. Talk to your healthcare provider about finding a mental health professional to help you navigate these feelings.
- **Medication.** Several medications are effective for managing and reducing symptoms of postpartum depression. While small amounts of antidepressants can be passed through breast milk, there is generally minimal impact on milk supply and infant well-being. Before starting any medication, talk to your healthcare provider about your best option.
- **Speak to people with similar experiences.** Often, we can feel that we are the only ones feeling how we do. Speak to your healthcare provider about peer support and advice groups available to share thoughts, feelings, and experiences. Speaking with your friends and family about your feelings is also important.
- **Be kind to yourself.** You might have many expectations for yourself as a parent, but none of us can always meet them. Don't worry if you don't do something you planned to do or if you feel worse again. Try to treat

yourself as you would treat a friend.

How can my partner support me at home?

Throughout human history, communities have cared for babies together.

“Everybody needs a village, and people who have just given birth must have someone taking care of them while they're taking care of their baby.” Dr. Stuebe recommends that partners or other loved ones can be supportive by doing the following:

- Make sure that your partner is eating enough and often enough
- Ensure that your partner has time to bathe themselves
- Allow your partner to get adequate sleep by sleeping in shifts

“You are not alone, you are not to blame, and with help, you will get better.”

When should I reach out for help?

As soon as you think, ‘This doesn't seem right to me,’ or if someone close to you tells you things are not, reaching out to a trusted healthcare provider is helpful. In the same way, if you had a high fever, you would call for help.

If any of your symptoms worsen after two weeks or more than two weeks, you should consider seeking support. Though there can be stigma surrounding reaching out for help, the most important thing is to take care of yourself and put your and your baby’s health first. Many trustworthy medical professionals will respond to your questions confidentially and with kindness.



You are dealing with a lot of change right now. Give yourself grace. Recognize that you may not be as calm and collected as usual. Also, know that if these feelings stick around for some time, it's not that you aren't a good parent; it's just that your brain has been asked to do some gymnastics.

Emergency Hotline:

Medina County: 877-466-0660

Bexar County: 800-316-9241 or 210-223-7233

Journal Your Feelings: _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

