



*"I love going to Sioux Center Health to deliver my baby because its close to home and the care is great! The nurses are fantastic. They made me feel I was in capable hands and that I didn't have to worry."*

## Congratulations!

We are happy you chose Sioux Center Health for your prenatal care! The birth of a baby is one of the most memorable moments in your life, and we are excited to share this journey with you and your family.

In this binder, we provide educational information created to guide you through your maternity. Throughout your pregnancy, you will receive additional information to add to this binder. Please take this binder along to your appointments and classes.

Thank you for allowing Sioux Center Health to be part of this exciting journey!

Take a tour of our Birthing Center and see for yourself what makes us so memorable!  
To schedule a tour, call (712) 722-8160.

Sioux Center Medical Clinic | 1101 9<sup>th</sup> St SE, Sioux Center, IA 51250 | 712.722.2609

Hull Medical Clinic | 807 Main St, Suite D, Hull, IA 51239 | 712.439.1315

Sioux Center Health | 1101 9<sup>th</sup> St SE, Sioux Center, IA 51250 | 712.722.1271 | [SiouxCenterHealth.org](http://SiouxCenterHealth.org)

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# Family Medicine Physicians

At Sioux Center Health, we provide the support and education needed to ensure a healthy and safe delivery. Best of all — you establish a trusting relationship with experienced family physicians and nursing staff who help you and your family along the journey. This includes support of experienced OB educators and prenatal care tailored to your individual pregnancy needs. From prenatal care to delivery, your care is family-centered.

## LoriAnne Andersen, MD



**Training:** University of South Dakota  
School of Medicine

**Clinic:** Sioux Center

**Phone Number:** (712) 722-8388

*"I enjoy doing OB because it's such a momentous occasion in a person's life.*

*Whether it's the first baby or the last,*

*it's an opportunity to witness the miracles of one of God's greatest gifts to us. It's an honor to experience that with my patients, and to help prepare them for one of their biggest, but most exciting challenges...parenthood!"*

## Abby Stroeh, DO



**Training:** Des Moines University, Family  
Medicine Obstetrics Fellowship at  
Broadlawns Medical Center, DSM

**Clinic:** Hull

**Phone Number:** 712-439-1315

*"Being a family physician allows me to be present for various stages of life. My*

*favorite stage of life is pregnancy and childbirth. It is an honor to walk with a mom throughout pregnancy and be present when they meet face to face for the first time. That moment is always special and never gets old. My goal is to always provide up to date evidence based care throughout every pregnancy."*

## David Janssen, MD



**Training:** University of Iowa Carver  
College of Medicine

**Clinic:** Sioux Center

**Phone Number:** (712) 722-8427

*"One of my favorite things about being*

*a family doctor is the privilege of watching a family grow over time. I will never stop being amazed by the miracles of pregnancy and childbirth, and I am honored to partner with each family in this way."*



## Casie Leightner, MD

**Training:** Medical College of Wisconsin

**Clinic:** Hull

**Phone Number:** (712) 439-1315

*"I enjoy being a family physician because*

*of the opportunity to take care of entire families. The pregnancy and birth process creates a bond between families and their doctor that is quite unique and that is something that I greatly treasure."*



## Lindsey Junk, MD

**Training:** Indiana University School of  
Medicine

**Clinic:** Sioux Center / Hawarden

**Phone Number:** (712) 722-8398

*"I find so much enjoyment in taking care*

*of the whole family, and part of that is taking care of women when they are preparing to expand their family. I really like to be there for women as they are pregnant and delivering their babies. It is one of the most miraculous things that anyone gets to do and it is a privilege just to be there."*



## Jason Koelewyn, MD

**Training:** Loma Linda Medical School

**Clinic:** Sioux Center

**Phone Number:** (712) 722-8427

*"I enjoy building relationships and*

*taking care of the whole family which includes grandparents, babies, and expectant parents. Being a part of the pregnancy journey, delivering a healthy baby, and seeing that baby grow up are some of the most rewarding parts of practicing medicine."*

# Classes

Preparing for the birth of your baby is sometimes overwhelming. Understanding your pregnancy and having the right resources can help you feel more confident, healthy and relaxed. Our comprehensive education programs provide knowledge and resources to assist you with all aspects of your pregnancy.

## Prepared Childbirth

This free series of prenatal classes is designed to prepare you for labor, delivery, breastfeeding, transition to parenthood, and baby care skills.

### 2023 CHILDBIRTH CLASS DATES | **NEW TIMES**

Saturdays | 9:30 am - 2 pm | Hospital conference rooms 1 and 2 | Brunch and snacks provided  
To register, call (712) 722-8369

**CLASS: 1**

January 21

**CLASS: 2**

March 18

**CLASS: 3**

May 6

**CLASS: 4**

July 15

**CLASS: 5**

September 16

**CLASS: 6**

November 11



# Classes/Programs

## Mommy And Me

This informal meeting is for new (and not so new) moms who want to learn more about their baby's growth and development.

Topics include, but are not limited to:

- Baby's weight and growth progression
- Family transitions and infant cares
- Going back to work
- Starting solid foods
- Mastitis, plugged ducts and other struggles
- Open discussion

Meetings are scheduled every Wednesday of every month. Starting at 10 am at the Sioux Center Medical Clinic

## Postpartum Exercises

After your delivery, our physical therapist meets with you during your stay at the hospital. They will provide you with some exercise/tips that will not take much time and are safe for you to do. These are important to prevent common side-effects of having a baby such as low back pain and urinary incontinence.

## Car Seat Safety Check-Up

Our certified car seat technicians will inspect your infant car seat before you are discharged from the hospital.

Other opportunities to get your infant car seat inspected by our certified car seat technicians are at our free car seat safety check-up events that are held annually in Hull, Hawarden, and Sioux Center. They will walk parents through a safety checklist of the child's age, size, condition of the seat, and help determine proper car seat installation.

Our technicians are also available to help with your infant car seat upon request. Please call Marcia Van Voorst at (712) 722-8369 to setup a time.

## Pediatric First Aid/CPR/AED

This introductory class provides information and practice of the skills needed to perform infant/child CPR and to relieve choking.

Fee: \$60 / hospital conference room 3

### 2022

Tuesday, February 8 • 6 - 10 pm

Tuesday, August 9 • 6 - 10 pm

Tuesday, November 8 • 6 - 10 pm

## Vaccine For Children Program

This federally funded program provides vaccines to eligible children from birth through 18 years of age. Eligible children are: enrolled in Medicaid, uninsured, American Indian or Alaskan Native. The VFC Program improves vaccine availability by making federally funded vaccine available to primary care providers. It has been successful in raising immunization coverage rates and reducing disparities in access to health care. To schedule an appointment or for more information:

- Hawarden Medical Clinic 551.1000
- Hull Medical Clinic 439.1315
- Sioux Center Medical Clinic 722.2609

## Patient Portal Online

Avera's patient portal, AveraChart, allows you and your family to have secure online access to all of your personal health information. You can access the portal anytime, anywhere at no cost. We recommend all patients utilize this great resource. Visit [AveraChart.org](http://AveraChart.org) or call the Medical Clinics to get your family started.

# Your Cost

There will be much anticipation, excitement, and uncertainty throughout the next nine months. To help relieve some of the uncertainty, we have provided you with a written explanation of the financial policy for Sioux Center Health Obstetric services and information regarding the expenses you will have for your care during your pregnancy, delivery and postpartum exam along with your expenses for you and your newborn's care during your hospital stay.

## Medical Clinic Fees

The medical clinic fee for the physician's charges (obstetric pricing package) is \$4,239 and is charged at the time of delivery.

The physician's charge for your obstetric care includes:

- All prenatal office visits
- Urinalysis
- Labor and delivery, normal vaginal delivery
- Physician hospital visits
- Postpartum exam

The following tests are not included in the obstetric pricing package. These services will be billed individually to your insurance at the time of the visit:

- The lab work done throughout your pregnancy.
- If an unusual condition develops during the course of your pregnancy and something special is required – for example, an ultrasound.
- Physicians charges for baby care in the hospital can range from \$500 - \$1,000 for a normal delivery.
- The obstetric pricing package is for a normal vaginal delivery and postpartum exam. If it is necessary to have a cesarean section the charges will vary and you will receive a bill from the surgeon who performs the cesarean section.

We are happy to file to your insurance for you and you will be asked to provide your current insurance card at your prenatal visits. We ask that you check with your insurance company regarding coverage, complete and return the obstetric pre-payment worksheet on the next page to your next appointment. It will help you determine the amount of your monthly payments so you can pay your responsibility of the physicians' charges prior to delivery.

If you have any problems completing the forms, please contact our Financial Counselors at (712) 722-8435 (Monday - Friday: 8 am - 5 pm).

We want to provide you with billing information for the hospital and ask that you allow an additional 15 minutes to your schedule at your 36-week appointment. We will escort you to the Hospital Business Office following your appointment with the physician. They would be happy to answer any questions you may have.

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## Hospital Fees

- Vaginal Delivery: normal 2-3 day stay is \$6,000 - \$8,000. This fee does not include labor epidurals, pain medications, or a 2-3 day newborn nursery fee of \$3,000 - \$4,000.
- Cesarean Sections: normal 4 day stay with Pain Management is \$15,000 - \$18,000. This fee does not include a 4 day newborn nursery fee of \$2,600 - \$4,000.

Financial assistance is available to all individuals who receive care at Sioux Center Health.

- Qualified individuals have the opportunity to receive an interest free monthly payment plan that extends for up to 20 months after time of delivery.
- During your stay, a business office representative will meet with you to discuss payment options and go over any questions you may have.
- To qualify for financial assistance, an application will be given to you that needs to be filled out, along with proof of income and returned to the business office within 10 days.

Please contact the Hospital Business Office at (712) 722-8297 for questions about these options (Monday - Friday: 8 am - 5 pm).

# Obstetric Pre-Payment Worksheet (Clinic)

Patient \_\_\_\_\_

Date \_\_\_\_\_

Estimated Delivery Date \_\_\_\_\_

Insurance Co. \_\_\_\_\_

A) Total OB Care\*..... \$ 4,903

\* vaginal delivery/no complications

\* add hospital fees of approx. \$ 6,000

B) Less Deductible ..... \$ \_\_\_\_\_

C) Balance Remaining ..... \$ \_\_\_\_\_

D) Patient Pays \_\_\_% (co-insurance) of C ..... \$ \_\_\_\_\_

## ESTIMATED PATIENT RESPONSIBILITY

Deductible (B) ..... \$ \_\_\_\_\_

Patient percentage (D) ..... \$ \_\_\_\_\_

Total Estimated Out of Pocket (B+D) ..... \$ \_\_\_\_\_

Total due divided by 5 ..... \$ \_\_\_\_\_ per month for 5 months

I have reviewed the above information and agree to make monthly payments as estimated above.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

# BE AWARE: Watch for these signs and symptoms during your pregnancy

**CALL YOUR HEALTH CARE PROVIDER IF YOU EXPERIENCE ANY OF THESE SYMPTOMS:**



Baby's movement stops or slows



Vaginal bleeding or leaking fluid



Pre-term labor – 5 or more contractions in an hour



Labor – contractions every 5 minutes or closer



Temperature of 100.4 degrees or higher



Trouble breathing



Seizures



Chest pain



Red or swollen leg that is painful or feels warm



Dizziness or fainting

Preeclampsia is a type of high blood pressure that happens during pregnancy.

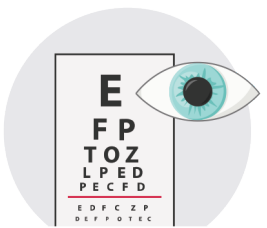
## SIGNS OF PREECLAMPSIA:



Swelling in hands and face or sudden weight gain



Headache that does not improve with medication



Seeing spots or other vision changes



Upper right-sided stomach pain



Severe nausea/vomiting

**Call your health care provider right away** if you experience any of these symptoms during your pregnancy. If it is an emergency, **dial 9-1-1** and notify them that you are pregnant.



# Common Problems In Pregnancy

Symptoms	Suggestions	Medications
Backache	<ul style="list-style-type: none"> <li>Rest, warm (not hot) bath, ice or warm pack</li> <li>Use correct posture and avoid heavy lifting</li> <li>Wear comfortable shoes with low heels</li> <li>Sleep on firm mattress</li> <li>Use lumbar support belt</li> <li>Massage or back exercises</li> <li>Physical therapy, if needed</li> </ul>	<ul style="list-style-type: none"> <li>Tylenol</li> </ul>
Bleeding	<ul style="list-style-type: none"> <li>Bright red bleeding like a period should be reported right away</li> <li>Spotting after intercourse can occur in normal pregnancies, but report to doctor</li> <li>Go to the hospital for heavy bleeding</li> <li>Call office if unsure of what to do</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
Breast changes	<ul style="list-style-type: none"> <li>Wear good, supportive bra</li> <li>Wear breast pads if leaking colostrum</li> </ul>	<ul style="list-style-type: none"> <li>Tylenol</li> </ul>
Cold, cough, sore throat	<ul style="list-style-type: none"> <li>Rest</li> <li>Increase fluid intake</li> </ul>	<ul style="list-style-type: none"> <li>Tylenol, Sudafed, Benadryl, Robitussin DM, Chloraseptic lozenges or spray</li> </ul>
Constipation	<ul style="list-style-type: none"> <li>Increase fluids, especially water</li> <li>Eat more fruits and vegetables</li> <li>Increase fiber (good fiber cereal, prune juice)</li> <li>Physical activity, such as walking or swimming</li> </ul>	<ul style="list-style-type: none"> <li>Metamucil, Citrucel, MOM (1 oz at bedtime), stool softener (Colace or docusate sodium)</li> <li>Avoid taking laxatives</li> </ul>
Diarrhea	<ul style="list-style-type: none"> <li>Increase fluids (try 1/2 strength gatorade)</li> <li>Avoid dairy products, citrus fruits and juices</li> <li>Try toast, bananas, rice and applesauce</li> <li>Call for bloody diarrhea, fever or if no improvement after 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>Imodium, Kaopectate (do NOT take Pepto-Bismol or Alka-Seltzer)</li> </ul>
Dizziness/light-headedness	<ul style="list-style-type: none"> <li>Avoid sudden changes in posture</li> <li>After lying down, get up slowly by rolling to side and then pushing up to a sitting position</li> <li>Eat regular meals/snacks, drink plenty fluids</li> <li>Call if severe, persistent or if associated with chest pain, shortness of breath or heart rate changes</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
Fatigue/insomnia	<ul style="list-style-type: none"> <li>Rest when you are tired</li> <li>Take warm bath or shower before bed</li> <li>Make bed more comfortable with pillows</li> <li>Avoid caffeine</li> <li>Avoid exercise before bedtime</li> </ul>	<ul style="list-style-type: none"> <li>Benadryl, Tylenol PM</li> </ul>
Fever	<ul style="list-style-type: none"> <li>Drink plenty fluids</li> <li>Call if temp is more than 100.4° F</li> </ul>	<ul style="list-style-type: none"> <li>Tylenol</li> </ul>
Groin pain "round ligament pain"	<ul style="list-style-type: none"> <li>Move carefully and avoid sudden movements or position changes</li> <li>Turn over carefully in bed or when getting up (roll over, then push to sitting with arms)</li> </ul>	<ul style="list-style-type: none"> <li>Tylenol</li> </ul>

# Common Problems In Pregnancy

Symptoms	Suggestions	Medications
Headaches	<ul style="list-style-type: none"> <li>• Rest</li> <li>• Drink plenty of fluids and water</li> <li>• Apply cold compress to forehead or neck</li> <li>• Try neck massage</li> <li>• Call for severe headache (that doesn't improve with Tylenol) or if there are vision changes</li> </ul>	<ul style="list-style-type: none"> <li>• Tylenol</li> </ul>
Hemorrhoids	<ul style="list-style-type: none"> <li>• Soak in sitz (warm, not hot, water)</li> <li>• Avoid constipation</li> </ul>	<ul style="list-style-type: none"> <li>• Anusol-HC, Tucks, Preparation H</li> </ul>
Heartburn/indigestion	<ul style="list-style-type: none"> <li>• Do not skip meals</li> <li>• Eat small, frequent meals and slowly</li> <li>• Wear loose-fitting clothes</li> <li>• Drink fluids mainly between meals</li> <li>• Avoid spicy food, caffeine and peppermint</li> <li>• Avoid eating right before bed</li> <li>• Prop head up on pillows to sleep</li> </ul>	<ul style="list-style-type: none"> <li>• Tums, Maalox or Mylanta, Zantac</li> </ul>
Leg cramps "Charlie Horse"	<ul style="list-style-type: none"> <li>• Get regular exercise</li> <li>• Stretch calf muscle (don't point toes)</li> <li>• Wear low-heeled, comfortable shoes</li> <li>• Increase milk and calcium intake</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>
Nausea	<ul style="list-style-type: none"> <li>• Eat small, frequent meals</li> <li>• Do not skip meals</li> <li>• Dry crackers and cereal in morning</li> <li>• Call clinic before it gets severe</li> </ul>	<ul style="list-style-type: none"> <li>• Ginger (ale, tea, lozenges), lemon drops, vitamin B6 (50 mg daily) or 25 mg tab Unisom</li> </ul>
Shortness of breath	<ul style="list-style-type: none"> <li>• Avoid lying flat on back</li> <li>• Slow down (lungs have less reserve in pregnancy)</li> <li>• Call if sudden, severe or persistent or if associated with chest pain or irregular heart rate</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>
Swelling (edema)	<ul style="list-style-type: none"> <li>• Wear supportive panty hose (not knee-highs)</li> <li>• Elevate feet and legs</li> <li>• Do not sit with crossed legs</li> <li>• Avoid salty foods and beverages</li> <li>• Remove rings if hands are swelling</li> <li>• Call if sudden, severe or associated with headache or vision changes</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> <li>• Do NOT take or ask for "water pills"</li> </ul>
Vaginal discharge	<ul style="list-style-type: none"> <li>• More discharge is normal in pregnancy (white, lotion-like consistency)</li> <li>• Avoid tight clothing</li> <li>• Call for itching, irritation, foul odor</li> </ul>	<ul style="list-style-type: none"> <li>• Monistat for known yeast infection</li> </ul>
Varicose veins	<ul style="list-style-type: none"> <li>• Elevate feet and legs</li> <li>• Do not cross legs</li> <li>• Wear support hose (not knee or thigh-high)</li> </ul>	<ul style="list-style-type: none"> <li>• Tylenol for discomfort</li> </ul>

# Morning Sickness

## What is morning sickness?

Morning sickness refers to the nausea and vomiting that some women have when they become pregnant. It is caused by the sudden increase in hormones during pregnancy. Although morning sickness is more common in the morning, it can last all day for some women.

## How long will morning sickness last?

Morning sickness is very common early in a pregnancy. It tends to go away later in pregnancy, and it's almost always gone by the second trimester (the fourth month). But there isn't a set time for it to stop because each woman is different, and each pregnancy is different.

## Will morning sickness hurt my baby?

Morning sickness can only become a problem for your baby if you can't keep any foods or fluids down and begin to lose a lot of weight. Many doctors think morning sickness is a good sign because it means the afterbirth (the placenta and fetal membranes) is developing well.

## Tips to relieve morning sickness

The tips below may help reduce morning sickness:

- Eat small meals throughout the day so that you're never too full or too hungry
- Avoid rich, fatty foods
- Avoid foods with smells that bother you
- Eat more carbohydrates (plain baked potato, white rice, dry toast)
- Eat saltine crackers and other bland foods when you feel nauseous
- Try gelatin desserts (Jell-O), flavored frozen desserts (popsicles), chicken broths, ginger ale (nondiet), sugared decaffeinated or herbal teas, and pretzels
- The iron in prenatal vitamins can bother some women. If you think your morning sickness is related to your vitamins, talk with your doctor and he or she may change your vitamins
- Wearing "acupressure" wrist bands, which are sometimes used by passengers on boats to prevent sea sickness, may help some women who have morning sickness. You can buy the bands at boating stores or travel agencies
- Vitamin B6 and Unisom dosing
- Avoid mixing liquids and solids together
- Take PNV at night

If these tips don't give you relief from morning sickness, your doctor may have other ideas. Keep in mind that morning sickness doesn't mean your baby is sick.

# Should I Use A Seat Belt?

## **Should I wear a seat belt while I'm pregnant?**

Yes, you should always wear a seat belt. Wearing your seat belt protects you and your baby from injury or death in a car crash. You should wear a seat belt no matter where you sit in the car.

## **How should I wear my seat belt?**

The seat belt should be a 3-point restraint. That means it should have a lap strap and a shoulder strap. Lap and shoulder belts keep you from being thrown from the car during an accident. The shoulder strap also keeps the pressure of your body off of the baby after a crash.

Be sure to wear your seat belt correctly. The lap strap should go under your belly, across your hips and as high as possible on your thighs. The shoulder strap should go between your breasts and off to the side of your belly. Seat belt straps should never go directly across your stomach. The seat belt should fit snugly. If possible, adjust the height of the shoulder strap so that it fits you correctly.

## **What about air bags?**

Most experts agree that air bags are safe and can protect pregnant women from head injury. The air bags in your car should not be turned off when you are pregnant. To be safe, you should move the seat back as far as possible and tilt the seat to get some distance between your belly and the steering wheel or dashboard.

Air bags are not a substitute for a seat belt, so always wear your seat belt even if your car has air bags.

## **Where should I sit if I'm a passenger?**

Where a mother sits has not been shown to affect the safety of an unborn baby in a crash. However, if you are not driving, you should sit in the back seat. Injuries from car crashes tend to be less serious in people who are sitting in the back seat. It is still important to wear a seat belt.

## **What should I do if I am in a car crash?**

You should get treatment right away, even if you think you are not hurt. Most injuries to the baby happen within a few hours after a crash. Your doctor needs to check you and your baby as soon as possible after a crash, especially if you are more than 6 months pregnant.

## **What danger signs should I watch for after a car crash?**

Call your doctor right away if you have pain in your belly, blood or fluid leaking from your vagina, or contractions.

# Taking Care Of You & Your Baby

## Is prenatal care important?

Yes! You can help make sure that you and your baby will be as healthy as possible by following some simple guidelines and checking in regularly with your doctor.

## What will happen during prenatal visits?

Your doctor will probably start by talking to you about your medical history and how you've been feeling. You'll probably be weighed and have your blood pressure taken on every visit. On your first visit, you'll also probably have a pelvic exam to check the size and shape of your uterus (womb) and a Pap smear to check for signs of cancer of the cervix (the opening of the uterus). Urine and blood tests may be done on the first visit and again later. Urine tests are done to check for bacteria in your urine, high sugar levels (which can be a sign of diabetes) and high protein levels (which can put you at risk for preeclampsia, a type of high blood pressure in pregnancy). Blood tests are done to check for low iron levels (anemia).

Sometimes, an ultrasound may be done to help figure out when your baby is due or to check on your baby's growth and position in your uterus. An ultrasound uses sound waves to create an image of your baby on a video screen. Other tests may be needed if you or your baby are at risk for any problems.

## How much weight should I gain during pregnancy?

About 25 to 30 pounds. If you don't weigh enough when you get pregnant, you may need to gain more. If you're very heavy when you get pregnant, you may need to gain only 15 to 18 pounds. Pregnancy isn't the time to diet! It's best to gain about 2 to 3 pounds during the first 12 weeks and about 1 pound a week after that. Talk to your doctor about how much weight you should gain.

## What should I eat?

One of the most important things you can do for yourself and your baby is eat a balanced diet. There are a few foods that you should be more careful about eating while you are pregnant. Meat, eggs and fish that are not fully cooked could put you at risk for an infection. Do not eat more than 2 or 3 servings of fish per week (including canned fish). Do not eat shark, swordfish, king mackerel, tile fish or tuna. These fish sometimes have high levels of mercury, which could hurt your baby.

Wash all fruit and vegetables. Keep cutting boards and dishes clean. Eat 3 to 4 servings of dairy foods each day. This will give you enough calcium for you and your baby. Do not drink unpasteurized milk or eat unpasteurized milk products. Soft cheeses such as Brie, feta, Camembert and Mexican queso fresco may have bacteria that can cause infections. If you drink coffee or other drinks with caffeine, do not have more than 1 or 2 cups each day.

It is okay to use artificial sweeteners such as aspartame (some brand names: Equal, NutraSweet) and sucralose (brand name: Splenda) while you are pregnant, but you should try to take in moderation. If you have a genetic disease called phenylketonuria, or PKU, you shouldn't use aspartame at all.

## Should I take vitamins?

You should take 400 mcg (0.4 mg) of folic acid every day for the first 12-weeks of your pregnancy. Folic acid can help prevent problems with your baby's brain and spinal cord. It is best to start taking folic acid before you get pregnant. Your doctor might want you to take a prenatal vitamin. If you do take a prenatal supplement, make sure you're not taking any other vitamin or mineral supplement along with it unless your doctor recommends it.

## Is it okay to take medicine?

Check with your doctor before taking any medicine, including aspirin. Even medicine you can buy without a prescription can cause birth defects, especially if it's taken during the first 3 months of pregnancy.

## How long can I keep working?

This depends on if you have any problems with your pregnancy, what kind of work you do and if you're exposed to anything at work that could harm your baby. For instance, lifting heavy objects or standing for long periods can be hard on you. Radiation, lead and other heavy metals, such as copper and mercury, could be damaging to the baby. Working in front of a computer screen is not thought to cause harm to an unborn baby.

# Taking Care Of You & Your Baby

## What about exercise?

Unless you have problems in your pregnancy, you can probably do whatever exercise you did before you got pregnant. You may feel better if you're active. Try to get at least 30 minutes of exercise each day. Talk to your doctor about any special conditions that you may have.

Exercising during pregnancy makes labor and delivery easier. Walking and swimming are great choices. If you didn't exercise before pregnancy, start slowly. Don't overdo exercise. If you can't talk easily while exercising, you are working too hard. Don't get overheated. Be sure to drink plenty of water so that you don't get dehydrated. It's best to avoid anything that could cause you to fall, such as water skiing or rock climbing.

## Is it okay to have sex?

Yes, unless your doctor believes you're at risk for problems. Don't be surprised if you're less or more interested in sex. As you get larger, you may find you need to try different positions, such as lying on your side or being on top.

## What can I do to feel better?

Here are the most common discomforts of pregnancy and some tips for handling them:

- **Morning sickness** - nausea or vomiting may strike anytime during the day (or night). Try eating frequent, small meals, and avoid greasy foods. Keep crackers by your bed to eat before getting up. Talk to your doctor if morning sickness lasts past the first 3 months of pregnancy or causes you to lose weight.
- **Tiredness** - sometimes tiredness in pregnancy is caused by anemia, so tell your doctor. Get enough rest. Take a daytime nap if possible.
- **Leg cramps** - gently stretch the calf of your leg by curling your toes upward, toward your knee.
- **Constipation** - drink plenty of fluids. Eat foods with lots of fiber, such as raisins and bran cereal. Don't take laxatives without talking to your doctor first. Stool softeners may be safer than laxatives.
- **Hemorrhoids** - don't strain during bowel movements. Try to avoid becoming constipated. Clean yourself well after a bowel movement (wet wipes may be less irritating than toilet paper). Take several warm soaks (sitz baths) a day.
- **Urinating more often** - you may need to urinate more often as your baby grows because he or she will put pressure on your bladder. This can't be helped.
- **Varicose veins** - avoid clothing that fits tightly around your legs or waist. Rest and put your feet up as much as you can. Move around if you must stand for long periods. Ask your doctor about support hose.
- **Moodiness** - your hormones are on a roller coaster ride during pregnancy. Plus, your life is undergoing a big change. Don't be too hard on yourself. If you feel very sad or think about suicide, talk to your doctor.
- **Heartburn** - eat frequent, small meals often. Avoid spicy or greasy foods. Don't lie down right after eating. Ask your doctor about taking antacids.
- **Yeast infections** - the amount of discharge from the vagina increases during pregnancy. Yeast infections, which can also cause discharge, are more common during pregnancy. It's a good idea to talk with your doctor about any unusual discharge.
- **Bleeding gums** - brush and floss regularly, and see your dentist for cleanings. Don't put off dental visits because you're pregnant, but be sure to tell your dentist you're pregnant.
- **Stuffy nose** - this is related to changes in the levels of the female hormone estrogen. You may also have nosebleeds.
- **Edema (retaining fluid)** - rest with your legs up. Lie on your left side while sleeping so blood flows from your legs back to your heart better. Don't use diuretics (water pills). If you're thinking about cutting down on salt to reduce swelling, talk with your doctor first. Your body needs enough salt to maintain the balance of fluid and cutting back on salt may not be the best way to manage your swelling.

# Taking Care Of You & Your Baby

## Skin changes

Stretch marks appear as red marks on your skin. Lotions like Vitamin E Cream can help keep your skin moist and may help reduce the itchiness of dry skin. Stretch marks really can't be prevented but they often fade after pregnancy.

Other skin changes may include darkening of the skin on your face and around your nipples, and a dark line below your belly button. Staying out of the sun or using a sunscreen may help lessen these marks. They'll probably fade after pregnancy.

## Call your doctor if you have:

- Blood or fluid coming from your vagina
- Sudden or extreme swelling of your face or fingers
- Headaches that are severe or won't go away
- Nausea and vomiting that won't go away
- Dizziness
- Dim or blurry vision
- Pain or cramps in your lower abdomen
- Chills or fever
- A change in your baby's movements
- Less urine or burning when you urinate
- Any illness or infection
- Anything that bothers you

## Warnings

"Don't do this, don't do that." You've probably heard every old wives' tale. Here are some warnings worth heeding:

- Don't smoke. Smoking raises your risk for miscarriage, premature birth, low birth weight and many other problems.
- Don't use drugs. Cocaine, heroin and marijuana increase your risk of miscarriage, premature birth and birth defects. And your baby could be born addicted to the drug you've been taking.
- Don't drink alcohol. Drinking alcohol during pregnancy is the major cause of preventable birth defects, including mental slowness.
- Don't clean your cat's litter box, or eat raw or undercooked red meat. You could get toxoplasmosis, a disease that can cause birth defects.
- Don't sit in the sauna or hot tub. This raises your risk of miscarriage and birth defects.
- Don't douche without talking to your doctor about it first.

# Maternal Serum Screening For Birth Defects Informed Consent

A Maternal Serum Screen is a blood test that may be performed on a pregnant woman's blood to give information about the risks of having a baby with certain birth defects. This blood screening test measures four substances: alpha fetoprotein (AFP), human chorionic gonadotropin (hCG), Inhibin A, and estriol produced by a developing fetus and passed into the mother's blood. The levels of these substances are compared to the amounts normally present during pregnancy to identify fetuses at higher risks for certain conditions.

An abnormal Maternal Serum Screen may indicate:

- The pregnancy is either at an earlier or later stage than believed.
- The mother is carrying twins.
- The baby being carried may have a birth defect.
- The baby being carried may have a chromosomal defect such as Down's Syndrome.
- The baby being carried is normal and for some unknown reason the test is falsely abnormal.

The most common birth defect detected by the Maternal Serum Screen is Spina Bifida. Spina Bifida or neural tube defect is a problem caused by abnormal development of the neural tube (part of the embryo that forms the spine and brain). These defects can range from an open defect leading to possible paralysis and/or mental retardation to anencephaly or incomplete development of the skull and brain leading to death after birth. About one in every 600 area babies are born with a neural tube defect. The Maternal Serum Screen will detect about 90% of all pregnancies with a neural tube defect. Other birth defects that may be detected by the Maternal Serum Screen include abdominal wall defects, intestinal obstructions, and certain kidney problems. The most common genetic defect detected by the Maternal Serum Screen is Down's Syndrome or Trisomy 21. The Maternal Serum Screen will detect about 67% of all pregnancies with Down's and 80% of Trisomy 18 pregnancies. An abnormal Maternal Serum Screen does not necessarily indicate the presence of a fetus with a neural tube or genetic defect. Conversely, a normal Maternal Serum Screen does not guarantee a normal baby. An abnormal Maternal Serum Screen is an indication that other tests will be required to determine what has caused the abnormal value. These tests may include a second blood test, an ultrasound, or an amniocentesis. The best time to have a Maternal Serum Screen is between 15 and 18 weeks from the last menstrual period. To obtain this test, a sample of blood is drawn from the mother's arm. The blood is sent to a laboratory for evaluation and the results are then reported to the physician.

Please understand that this test is not mandatory. It is entirely your decision as to whether you want to have the Maternal Serum Screen drawn.

I have read and understand this consent form and my questions have been answered to my satisfaction.

**Check one of the following and please sign below:**

- I request to have the Maternal Serum Screen performed.
- I decline the Maternal Serum Screen.

\_\_\_\_\_  
Patient's Signature Date

\_\_\_\_\_  
Date



# Fetal Movements

## How do I count fetal movements?

- Lie down on your left side
- Place hands on your abdomen, over the largest part, where you have noticed that your baby has moved
- Do this around the same time(s) each day
- Use a clock or timer and palpate (feel) your baby's movements for 60 minutes; once in the morning, once in the afternoon, and once in the evening
- Record the number of movements you feel and the time you counted the movements. Be sure you total the number of movements felt each day
- Notify your health care provide if:
  - You do not feel your baby move at least 4 times in any 60 minute period
  - Your baby's total movements for the day are less than 12
  - You sense any change in the type or character of your baby's movements

## Helpful hints:

- Babies are usually more active after meals
- Many women find it helpful to note fetal movement after meals as this provides a routine for them to remember
- Your baby sleeps on an average of 20 to 40 minutes at a time. At times, you may have to wait until the baby wakes up on its own. They can be sound sleepers
- Try to lie down in a quiet, undisturbed location

It is normal for some women to easily detect fetal movements while others have to concentrate and monitor themselves very carefully.

Remember: It is very important for your baby to move every day. If at any time you detect a decrease in fetal movement, notify your health care provider immediately.

# Signs Of Preterm Labor

## What is Preterm Labor?

Most pregnancies last 38 to 42 weeks. If uterine contractions begin to open the cervix before 37 full weeks of pregnancy, preterm labor can occur. Babies born before 37 full weeks of pregnancy are preterm or premature. Such infants are more likely to need hospitalization, have long-term health problems, or die than babies who are born full term. Premature infants may have a low birth weight and underdeveloped organs and may experience breathing and digestive difficulties, learning disabilities, and developmental problems.

## Can I prevent preterm labor?

Preterm labor can happen to any pregnant woman at any time, but you can take steps to reduce your risk:

- Get proper prenatal care, which should include eating a balanced diet and drinking plenty of healthy liquids.
- Avoid tobacco, alcohol, and illegal drugs.
- Talk to your health care provider before taking any prescription or over-the-counter medications.
- Relax and try to reduce your stress level
- See help for domestic abuse (physical, sexual, or emotional).

## What are the signs of preterm labor?

Immediately call your health care provider if you experience any of the following before 37 full weeks of pregnancy:

- **Low, dull backache** - this pain usually is constant.
- **Cramps** - These pains could be abdominal and may or may not be accompanied by diarrhea. They could also resemble the cramps you get with your menstrual cycle.
- **Leaking/gushing fluid from the vagina** - If your water breaks, you may feel either a light or heavy flow of fluid from your vagina.
- **Changes in vaginal discharge** - You could notice an increase in vaginal discharge, or it could become bloody (pink/brownish).
- **Pressure** - You may experience a feeling that your baby is pushing down low in your pelvis.
- **Contractions** - These contractions often are painless and occur 10 minutes apart or closer.

**Remember:** If you experience even one of these signs, immediately contact your health care provider. Your doctor may prescribe medication or bed rest to help slow or stop preterm labor.

# Epidural: Pros & Cons

"Knowing the good and bad sides of this anesthetic will help you make the best choice for your own body.

By Adrienne B. Lieberman - From American Baby Magazine, February 1993

"If God were a woman, she would have installed one of those turkey thermometers in our belly button. When we were done, the thermometer pops up, the doctor reaches for the zipper conveniently located beneath our bikini line, and out comes a smiling, fully diapered baby." So declared Candace Bergen, speaking as a pregnant Murphy Brown in an interview for *Woman's Day* magazine.

The epidural, an anesthetic commonly used to alleviate labor pain, makes childbirth almost as painless as Murphy Brown's ideal, Robin, who expects her second any day now, waxes enthusiastic over the epidural: "I'd recommend (it) to anyone. I was in pain, and (the epidural) eased it."

But Jean had a different attitude toward her first birth. "Several of my friends had the epidurals and urged me to ask for one. But I had heard that if they give you too much medication in the epidural, you can lose the urge to push, and I really wanted to feel the birth. My mom gave birth to all three of us without having anything, so I knew it could be done."

The epidural has been designated the top of the line of obstetric anesthesia, because, compared with narcotics and inhalation analgesia, it offers superior labor pain relief. It has proven so effective at relieving labor pain that at many hospitals epidurals are used for more than three quarters of all labors.

But the epidural also carries significant drawbacks. You'll want to consider these as you make your decision.

## Nuts and Bolts

Before and during the administration of an epidural, you should receive intravenous (IVP) fluids through a tube placed in a blood vessel in your arm. The fluids will help maintain your blood pressure at a safe level, a necessary precaution for both you and your baby. The IV also provides immediate access to fluids or medications should your blood pressure drop.

After your lower back is cleaned with a disinfectant, a needle is injected about two inches into the epidural space that surrounds your spinal membrane. The small, flexible catheter that threads through the needle remains in your back, covered by a sterile dressing.

After the anesthesiologist removes the needle, he or she will bring the catheter tube over your shoulder and tape it to your chest. This allows the dose to be repeated if necessary or for you to receive a continuous, slow infusion of the medication.

The initial dose takes effect after five to ten minutes, peaks at 20 minutes, and lasts between 45 minutes and two hours. If you get a continuous infusion, you may continue to receive medication through the catheter until the birth.

## How does an epidural work?

Depending on where and how it is used, an anesthetic can numb an area of the body or produce unconsciousness. The epidural injects an anesthetic - usually Lidocaine, Marcaine, or Carbocaine - outside the dura, or the space that surrounds your spinal membrane. This medication numbs your pelvic region and, to some degree, your legs as well.

Throughout labor, an epidural can be readministered via a small, soft catheter that's left in place by the anesthesiologist. At many At many hospitals epidurals are delivered by means of a continuous infusion, instead of a single dose that may need to be repeated.

The anesthesiologist can vary the dosage and the concentration of a medication to produce any level - minimal to profound - of analgesia (pain relief without loss of sensation or consciousness).

## Advantages of the epidural

Unlike narcotics administered intravenously or by shot, an epidural won't affect your state of mind during labor. The continuous epidural can offer you constant, extended pain relief. As Ruth, a second time mother, puts it, "The epidural worked like a charm. I felt pressure, but no pain, from the contractions, I talked freely and laughed with my husband, comparing it with my previous 'natural' childbirth. Compared with that, this was a pain-free birth with no bad memories, no sweating, no exhaustion during and afterward." 18.

# Epidural

If your labor requires the use of Pitocin - a drug that produces strong, painful contractions - an epidural may help you better tolerate those contractions. Some mothers find that an epidural keeps them from pushing involuntarily against their cervix before it is completely dilated.

And though an epidural may slow your labor and necessitate the use of Pitocin, some anxious patients actually advance rapidly in labor after they get an epidural. This effect is probably due to the fact that extreme anxiety can actually slow down labor; the labors of such women speed up epidural because they are more able to relax once they stop feeling the pain. In some hospitals, anesthesiologists have begun to give a new, lighter epidural. Instead of the standard epidural, which contains only the numbing anesthetic drug, your doctor may offer you a smaller amount of anesthetic mixed with a pain relieving narcotic, such as Demerol, Fentanyl, or Morphine.

Richard E. Gelfand, MD, clinical associate in anesthesia at Northwestern University and head of obstetric anesthesia at Evanston Hospital, says laboring women like the new epidurals. "The patients are not nearly as numb. They get serious pain relief from the narcotics, but now they can move more easily in bed and push much more effectively, because they still feel the sensation of pressure.

The lighter epidural may have another benefit as well. According to British research, women who received this new type of epidural experienced half as many forcep deliveries as did the standard epidural group.

## The down side

Not even this new, improved epidural can claim to be completely free of side effects. Epidural narcotics in particular may cause your skin to itch, a sensation that could range from merely annoying to downright aggravating. And although it happens quite rarely, narcotics administered in the epidural space could cause delayed respiratory depression in either the baby or the mother. To avoid the potential side effects of the epidural, it must be given by a trained anesthesiologist or nurse anesthetist, and you and your baby should be closely monitored afterward.

## Does the epidural affect the baby?

An extensive review of the previous studies on this question was published in 1985 in the journal *Birth*. The article concluded that "It is not possible to state whether there is a clear relation between changes in (newborn) behavior and epidural analgesia."

Catheterization, however, may make a urinary tract infection more likely. If you get a urinary tract infection, it can be treated with antibiotics.

Itching - which can be caused by a narcotic epidural - can be treated with Benadryl.

If your temperature rises - more common with an epidural than without one - you can get sponged or fanned to cool off.

Though the vast majority of women obtain excellent pain relief with the epidural, a few fail to get an relief at all from it. Others experience a "window" or gap, in the anesthetized area. Finally, in about three percent of women, the epidural "takes" on one side only.

If this is your first baby, you should not get an epidural until your cervix had dilated to at least five or six centimeters (three or four, if you have had a baby before). That's because if it's given too early, the epidural is more likely to slow down your labor, and a failure to progress in labor may lead to a C-section.

# Epidural

A study published in 1989 in the American Journal of Obstetrics and Gynecology revealed that nearly three times as many first-time mothers with slow labors who took an epidural had a Cesarean for “failure to progress” as did women with slow labors who didn’t have an epidural.

Discussing this research, James A. Thorp, MD, an obstetrician at St. Luke’s Hospital in Kansas City, Missouri, says “There’s definitely an effect on Cesarean sections in first labors, Anesthesiologists disagree but the evidence suggests it’s there.”

Epidurals have never been proven to have any long-term side effects on mothers. But a recent British study suggests that an epidural during labor may predispose a new mother to having backaches. The researchers theorize that the combination of the muscle relaxation of pregnancy and the abolition of pain during labor may have allowed mothers with epidurals to lie for long periods of time in positions that may have been damaging to their backs.

Infrequently - about once or twice in 100 epidurals - the anesthesiologist accidentally punctures the membrane that holds the spinal fluids. A very small test does usually indicates whether the needle is in the wrong place. But if the drug is injected there, you will temporarily be paralyzed. A woman who has received this so-called wet epidural is likely to get a “spinal headache,” a temporary and treatable after-effect that, again, is uncommon.

Even if it’s injected in the right spot, once in a while the medication can migrate too high. If it does, it can interfere with a woman’s ability to breathe - this would make it necessary for her to be given temporary mechanical help in breathing.

Quite infrequently, convulsions occur as a result of too much anesthesia. As with any local anesthetic, it is possible to have a serious toxic reaction if too much medication is given or if medication is injected into a blood vessel; this, too is extremely rare.

## Making the decision

The epidural block can be a godsend for the woman who finds her labor extremely long, painful, or difficult. But its administration will not improve - and may even interfere with - a normal labor. Only you can decide whether the potential benefits of this medication will be worth its potential cost.

While you don’t need to decide before you go into labor about whether or not you want an epidural - after all, labor might be harder or easier than you expect. You should take the time now to consider what is most important to you in the birth and postpartum experience.

If, like Jean, you know you want to participate actively in your labor, feel as much of the birth as possible, and avoid potential side effects, consider foregoing the epidural. Let your birth attendant know your preference, and practice until you feel completely confident in the pain-relieving strategies you’ve learned in your childbirth education classes.

If, on the other hand, you agree with Robin that complete pain relief is of primary importance, share your inclination with your birth attendant. Should you decide beforehand or during labor that you would like an epidural, consider taking the following precautions.

- If it’s your first baby, try to put off taking an epidural until you are at least five centimeters dilated, to avoid the possibility of a Cesarean.
- Ask the anesthesiologist to give you a “light” epidural (which uses a narcotic instead of an anesthetic), which will interfere less with your ability to push. If necessary, allow the epidural to wear off until you feel a strong urge to push.
- Be patient with yourself and your baby if she shows some temporary after-effects of the medication.

# Breastfeeding

## Troubleshooting Common Problems & How To Deal With Them

### Uncomfortably Full Breasts

Some fullness is normal in the first weeks. However, if milk is allowed to build up in your breasts, they may feel uncomfortably full, hard, or warm to the touch. This is called “engorgement”.

To prevent it:

- Make sure your baby nurses with his mouth well up on your breast, not just the end of the nipple
- Nurse on demand (at least 8 to 12 times a day) using both breasts
- Nurse at night and during the day

If you are engorged, take the above steps. Also, put a warm washcloth on your breasts or take a warm shower to help your milk flow. Massage your breasts gently to release a little milk before feedings. Begin feedings on the fullest breast. If your breasts become red and tender, and if you have a fever, call your doctor.

### Too Little Milk

The more you nurse, the more milk you will have. If you don't think you have enough milk, nurse more often and nurse longer each time. It may also help to switch breasts every five minutes (a few times) each feeding. After about 2 days, your supply will be built up. Avoid nursing on a schedule and offering formula, water or other foods to your baby. These cause your body to make less milk. Be sure to drink to thirst, eat a healthy diet, and get plenty of rest. Check with your doctor if you are taking any medications. If you want your husband to participate in feeding and you are using previously pumped breast milk, make sure you pump during that feeding to keep the supply cycle in place. Also, Fenugreek or Mother's Milk Tea has shown to help some women increase their milk supply.

### Tender Breast Lump

If you notice a tender lump in one of your breasts, or in the brown area around one of your nipples, you may have a “plugged duct”. The area around it may be red and you may ache. It occurs when milk builds up in your breasts and there is pressure on that area.

To prevent a plugged duct:

- Wear a comfortable nursing bra (not one that fits too tight, or has underwire)
- Do not use a tight-fitting front baby carrier
- Nurse 8 to 12 times a day
- Change your nursing positions often

If you have a plugged duct, do the following: before feedings, put a warm washcloth on your breast and gently massage the area to loosen up the plug. Offer this breast first and position your baby so that baby's chin is closest to the sore spot. With a few feedings, the plug should move toward and then out your nipple. It may look like thin spaghetti. Rest in bed. See your doctor if the plug doesn't resolve, or if you have a fever.

### Mastitis

Mastitis is the medical name for a breast infection. Symptoms include a painful, firm, red area on your breast, the feeling that you've come down with the flu, and often a fever. Mastitis is often related to engorgement, nipple damage, a blocked duct, and maternal exhaustion. Plus, don't forget to wash your hands often, especially after diaper changes.

If you think you have mastitis:

- Call your health care provider
- Take the full course of antibiotics, if prescribed
- Rest as much as possible, and drink plenty of fluids
- Make sure your baby is feeding well
- Continue feeding your healthy baby from both breasts
- If your baby is premature and in the hospital, wait to breastfeed from the breast with mastitis until symptoms are gone
- Use a pump at missed feedings to protect your milk supply
- Get advice from our lactation consultant by calling (712) 722-8369.

# Breastfeeding

## Breast Infection

If one of your breasts is red and sensitive to touch (due to a plugged or clogged duct) and you feel as though it is runny, you may have a breast infection. Do not stop breastfeeding. Breast feed more often. Place a warm/hot wet cloth on your breast between feedings and offer your baby the affected breast first. Make sure that your baby is in a good position. Rest in bed. Go and see your doctor if you feel bad more than a day. Perhaps you may need an antibiotic.

Correct positioning on the breast and feeding 8-12 times a day will prevent the majority of problems during the first weeks.

\*\*Call the clinic for help before considering giving formula to your baby. You can solve common problems!

## Fussy Baby and Growth Spurts

Small babies, breast feeding or bottle feeding, commonly get agitated in the afternoons or nights. Generally not related to feeding, dirty diaper or something you may be able to fix. It's not due to not having enough milk or the wrong kind of milk. Try not to get discouraged if you have a fussy baby. Try to comfort your baby the best that you can.

The second week is hard for many mothers that breastfeed. Your baby may go through a growth spurt and be hungrier and become fussy. Your breast may return to their normal size. This is normal. **Your milk supply is fine.** Breast feed your baby more often according to their needs. After 2 days, your milk supply will have increased. Breast feeding will become much easier for you and your baby after the first few weeks.

Your baby can go through other growth spurts when they will be a lot hungrier and you will need more milk: between 4-6 weeks, 3 months and at 5 to 6 months of age.

## You Can Prevent Common Problems

**Leaking:** Many mothers leak in the beginning. With time, you will leak less. In the meantime:

- While feeding, gently press the other breast to stop the leaking.
- Use nursing pads. You may use absorbent disposable pads or reusable cotton pads that are reusable and washable.
- Use the pump according to your baby's feeding schedule if you have returned to work

**Sore Nipples:** it is common to be sore but it is not normal if it persists after the baby has already latched on. This pain should disappear once the baby has started eating. To prevent soreness:

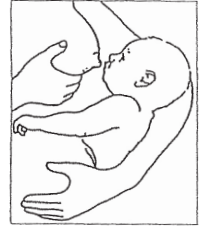
- Consistently change your baby's position when breastfeeding
- Make sure your baby has the whole nipple and the majority of the areola inside the mouth
- Once done breastfeeding put your finger in the corner of their mouth to break the suction.
- Let the nipples air dry after every feeding
- Use a lubricant like lanolin between feedings (Lansinoh® etc).

# Breastfeeding

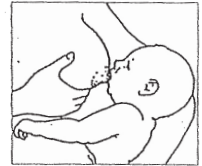
## How to start or end breastfeedings

1. Tell your doctor or labor room nurse that you want to breastfeed as soon as you can after delivery. Ideally, this should be within a half-hour of your baby's birth. Make yourself comfortable; sit or lie in bed. Ask the nursing staff for help with getting started. A pillow or folded blanket placed on your lap can support your arm and baby. Many mothers feel clumsy doing this the first time. Breastfeeding is easy to learn, but takes some practice at first.

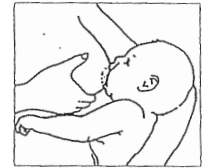
2. Hold your baby level with your breast with baby chest to your chest and lower baby's arm around your waist. Your nipple needs to be right at baby's mouth, so baby doesn't have to turn to reach it.



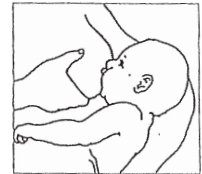
3. Lightly tickle your baby's lower lip with your nipple. After a few tries, your baby will open wide, as if to yawn.



4. Quickly center your nipple in baby's mouth as you draw baby in very closely toward your body. Make sure baby has a good mouthful of breast, especially the underneath part of the darker skin around the nipple (areola), well in baby's mouth. Make sure that baby's lips are curled out not sucked in.



5. Pulling the baby in closely causes baby to remain correctly positioned on your breast. Pull your baby's bottom toward you, or lift up the hand holding your breast to make an airway for baby's nose if needed. If breastfeeding hurts, stop and start over.



6. When the baby lets go of the first breast on its own, remove the baby by pulling your finger in the corner of baby's mouth to break the suction. Burp your baby, then offer the other breast.



7. Keep track of the breast used last by pinning a safety pin on that bra strap. Use that breast first during the next feeding. Let your nipples air dry after each feeding.



# Breastfeeding

## How often and how long to feed your baby

Your baby may do more nuzzling than breastfeeding the first couple times at the breast, but these are good starts. Let your baby feed as often and as long as baby needs to. This may result in a 5 minute feeding or a feeding well over 30 minutes.

Watch for signs that baby is ready to eat. Your baby may start to make little noises or grunts, suck on lips or tongue, turn his head towards you, or put hands up to mouth. Try to feed your baby before crying. Newborns should breastfeed often about every 1.5 to 3 hours (10 times each 24 hours). Breastfed babies needs breastmilk often so its very easy to digest. Also, your baby's tummy is very small and can't hold much at first. The more often the baby breastfeeds, the more milk you make and the more weight baby gains.

At first, feeding times will be irregular. After a few weeks your baby will get into a routine of eating every 2 - 3 hours. If you have a sleepy baby, wake baby up every 2 - 3 hours in the daytime, and at least twice at night to feed. Your baby needs at least 8 feedings in 24 hours.

## Breastfeeding position you may wish to try



**Sitting**

Use a pillow under your baby to keep baby high above your lap.



**Football Hold**

Place your baby on pillow at your side with baby's leg under your arm. Try this hold if you had a C-section.



**Lying On Your Side**

This position is good for night feedings. You don't have to roll over to change breast.



If your baby is active, feeding may be easier if you wrap baby in a blanket. If baby is sleepy at feeding time, remove all but diaper and shirt, change diaper, pat legs with a cool cloth, or rub back to wake up.

## How to tell if your baby is getting enough to eat

Ask yourself these questions:

- Does my baby have 6 or more very pale yellow urine wet diapers in 24 hours? (Use of super-absorbent diapers makes it very hard to tell how often baby is wetting. Try cloth or cheaper, store brand diapers.) If your baby is not wetting at least 6 diapers in 24 hours, call your doctor immediately.
- Does my baby have soft, yellow stools? They may look like cottage cheese or stains. One stool after each feeding to two stools each day is normal. After 4 to 6 weeks, a totally breastfed baby may stool only once a week.
- Do I hear my baby making frequent swallowing/gulping sounds while breastfeeding?
- Am I breastfeeding 8 to 12 times a day for about 30 - 45 minutes per feeding?
- Did my baby regain its birthweight by 2 weeks of age?
- Is my baby gaining a pound or more a month? (Weigh baby at the clinic)

If you answer "no" to any questions, try breastfeeding more times each day. Also, let your baby breastfeed longer. Avoid routinely offering formula (artificial baby milk), water or a pacifier in place of breastfeeding.

For questions, please call our breastfeeding educators at (712) 722-8369.

# Birth Control

## Choosing a method that's right for you

### What are barrier methods?

Barrier methods include the diaphragm, the cervical cap and condoms. These methods prevent pregnancy by blocking sperm from getting into the uterus. Barrier methods must be used every time you have sex. A woman must visit her doctor to be fitted for a diaphragm or a cervical cap. Using a diaphragm may increase the risk of urinary tract infections in some women.

### Are condoms a good choice?



Yes. Condoms aren't expensive, and they are widely available. Condoms are an especially good choice if you or your partner are also having sex with other people or if either of you has had sex with other people in the past. Condoms offer the most protection against STDs. Using a spermicide with condoms can offer better protection against pregnancy, but it does not increase your protection against STDs. Spermicides containing nonoxynol-9 can cause genital irritation and increase your risk of catching an STD. Female condoms aren't as effective as male condoms, but they may be a good choice if a man won't use a male condom.

### What about the birth control pill?



Birth control pills work mostly by preventing ovulation (the release of an egg by the ovaries). Most pills are made of two hormones called estrogen and progestin. For the pill to work, you have to take it every day. Some common side effects of birth control pills are nausea, headaches, breast swelling, water retention, weight gain and depression. The pill may reduce cramping and shorten the number of days of bleeding during the menstrual period. The pill may also help premenstrual syndrome (PMS). Women who take the pill should not smoke.

### What about the birth control patch?



The hormonal birth control patch (brand name: Ortho Evra) uses estrogen and progestin to prevent pregnancy. It is applied to 1 of 4 places -- the buttocks, abdomen, upper torso or outer arm. The patch is used on a 4-week cycle. You put on a new patch once a week for 3 weeks. During the 4th week, you don't use a patch, and your period will start. The patch's side effects are similar to those of the pill. Women who use the patch should not smoke.

### What about the the vaginal contraceptive ring?



The vaginal contraceptive ring (brand name: NuvaRing) is a thin, flexible ring that is inserted into the vagina. It releases hormones that keep you from getting pregnant. These hormones are the same ones used in most birth control pills. The ring is left in the vagina for 3 weeks. It doesn't have to be in a specific position in the vagina. After 3 weeks, you remove the ring, and your period will start. After 7 days, you insert a new ring. If the ring is out of your vagina for more than 3 hours, it may not work effectively when you put it back in. To protect against pregnancy, you will need to use another form of birth control until the ring has been in all the time for 7 days in a row. Women who use the vaginal ring should not smoke.

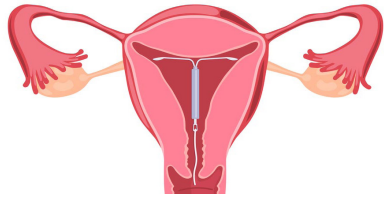
### What about hormone shot and implants?



Hormone shots (brand names: Depo-Provera, Lunelle) work much like the pill to prevent pregnancy. They may have some side effects, such as headaches and changes in your period, mood and weight. A Depo-Provera shot prevents pregnancy for 3 months. A Lunelle shot prevents pregnancy for 1 month. Nexplanon is a hormone-releasing birth control implant that is placed under the skin of the inner, upper arm for women who prefer a long-acting option. It is considered a long-term method because it prevents pregnancy for up to 3 years. The most common side effect of Nexplanon is a change in your normal menstrual bleeding pattern.

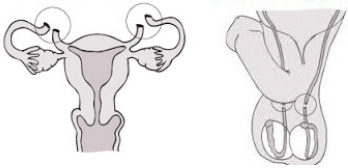
# Birth Control

## What about an intrauterine device (IUD)?



"IUD" stands for "intrauterine device." An IUD is put in a woman's uterus by her doctor. It's made of flexible plastic. They thicken cervical mucus to stop sperm from reaching the egg and make the lining of the uterus very thin in order to prevent the egg from attaching to the uterus. Some IUDs used in the past were related to serious health problems. Today IUDs are safer, but they still have some risks. Side effects of IUDs include heavier bleeding and stronger cramps during periods. There are 3 types of IUDs today. One that lasts 10 years, one for 5 years and one for 3 years.

## What about being sterilized?



Sterilization is when a man or woman has an operation to permanently prevent pregnancy. If you're sure that you don't want to have children or you don't want more children, sterilization may be the right choice for you. Tubal ligation (also called "getting your tubes tied") involves closing off a woman's fallopian tubes so eggs can't travel through them to reach the uterus. A device called Essure can also be used to close off a woman's fallopian tubes. Essure is a metal coil that is inserted into your fallopian tubes by your doctor. Men are sterilized with a vasectomy. The man's vas deferens (sperm ducts) are closed off so sperm can't get through.

## What is natural family planning?

Natural family planning requires a couple to learn when in the woman's cycle she can get pregnant (usually 4 days before and 2 days after ovulation). They must use a barrier method of birth control or not have intercourse during those days. There are a number of ways to keep track of a woman's ovulation. All of them require a lot of planning and commitment.

## Is withdrawal effective?

No. When a man tries to pull out before ejaculating ("coming"), he usually leaves behind a small amount of fluid that leaks from the penis during sex. This fluid has enough sperm in it to cause pregnancy.

## How well does birth control work?

The box below shows the failure rates (number of pregnancies per 100 women per year) for different types of birth control. These numbers are for couples who use the methods the right way every time they have sex. The failure rates are higher if you don't use birth control the right way every time.

## Failure rates for birth control methods when used correctly

(Number of pregnancies per 100 women per year)

Male condom alone . . . . .	11
Female condom alone . . . . .	21
Diaphragm with spermicide . . . . .	17
Cervical cap with spermicide . . . . .	17 to 23
Sponge with spermicide . . . . .	14 to 28
Spermicide alone . . . . .	20 to 50
Oral contraceptives . . . . .	1 to 2
Contraceptive patch* . . . . .	1 to 2
Vaginal contraceptive ring . . . . .	1 to 2
Hormone shots . . . . .	less than 1
IUD . . . . .	less than 1
Periodic abstinence . . . . .	20
Surgical sterilization (female) . . . . .	less than 1
Surgical sterilization (male) . . . . .	less than 1

\*Contraceptive patch is less effective in women weighing more than 198 pounds.

# Circumcision

## How do I decide about circumcision?

Deciding whether to have your newborn son circumcised may be difficult. You will need to consider both the benefits and the risks of circumcision. Other factors, such as your culture, religion and personal preference, will also affect your decision. Talk to your doctor about any concerns you have. The decision about whether to have your son circumcised should be made before your baby is born.

## What is circumcision?

During a circumcision, the foreskin, which is the skin that covers the top of the penis, is removed. Circumcision is usually performed on the first or second day after birth. It becomes more complicated and riskier in infants older than 2 months and in boys and men. The procedure takes only about 5 to 10 minutes. A local anesthetic (numbing medicine) is given to your baby to lessen the pain from the procedure.

## Are there any benefits from circumcision?

Studies about the benefits of circumcision have provided conflicting results. Some studies show certain benefits, while other studies do not. The American Academy of Pediatrics (AAP) says the benefits of circumcision are not significant enough to recommend circumcision as a routine procedure and that circumcision is not medically necessary. The American Academy of Family Physicians believes parents should discuss with their son's doctor the potential benefits and the risks involved when making their decision. Circumcision does offer some benefit in preventing urinary tract infections in infants. Circumcision also offers some benefit in preventing penile cancer in adult men. However, this disease is very rare in all men, whether or not they have been circumcised. Circumcision may reduce the risk of sexually transmitted diseases. A man's sexual practices (e.g., if he uses condoms, if he has more than one partner, etc.) has more to do with STI (sexually transmitted infection) prevention than whether or not he is circumcised. Study results are mixed about whether circumcision may help reduce the risk of cervical cancer in female sex partners, and whether it helps prevent certain problems with the penis, such as infections and unwanted swelling. Some studies show that keeping the penis clean can help prevent these problems just as well as circumcision. Infections and unwanted swelling are not serious and can usually be easily treated if they do occur.

## What are the risks of circumcision?

Like any surgical procedure, circumcision has some risks. However, the rate of problems after circumcision is low. Bleeding and infection in the circumcised area are the most common problems. Sometimes the skin of the newly exposed glans becomes irritated by the pressure of diapers and ammonia in the urine. The irritation is usually treated with petroleum ointment (Vaseline) put directly on the area. This problem will usually lessen after a few days.

## How do I care for my baby's penis after a circumcision?

Gently clean the area with water every day and whenever the diaper area becomes soiled. Some swelling of the penis is normal after a circumcision. A clear crust will probably form over the area. It normally takes 7 to 10 days for the penis to heal after a circumcision. After the circumcision, you may notice a small amount of blood on the baby's diaper. If the blood stain is larger than the size of a quarter, call your doctor right away. In addition, you should call your doctor if a Plastibell device was used during the circumcision and the device doesn't fall off within 10 to 12 days. If there is a bandage on the penis instead of a Plastibell, the bandage should be changed each time you change your son's diaper. This will help prevent infection. Signs of infection also signal the need to call your doctor. These signs include a temperature of 100.4° F or higher, redness, swelling and/or a yellowish discharge.

## When to call your doctor?

- If the wound does not stop bleeding
- If your son does not have a wet diaper within 6 to 8 hours after the circumcision.
- If the redness and swelling around the tip of the penis do not go away or get worse after 3 to 5 days.
- If there is a yellow discharge or coating around the tip of the penis after 7 days
- If the Plastibell device does not fall off within 10 to 12 days.

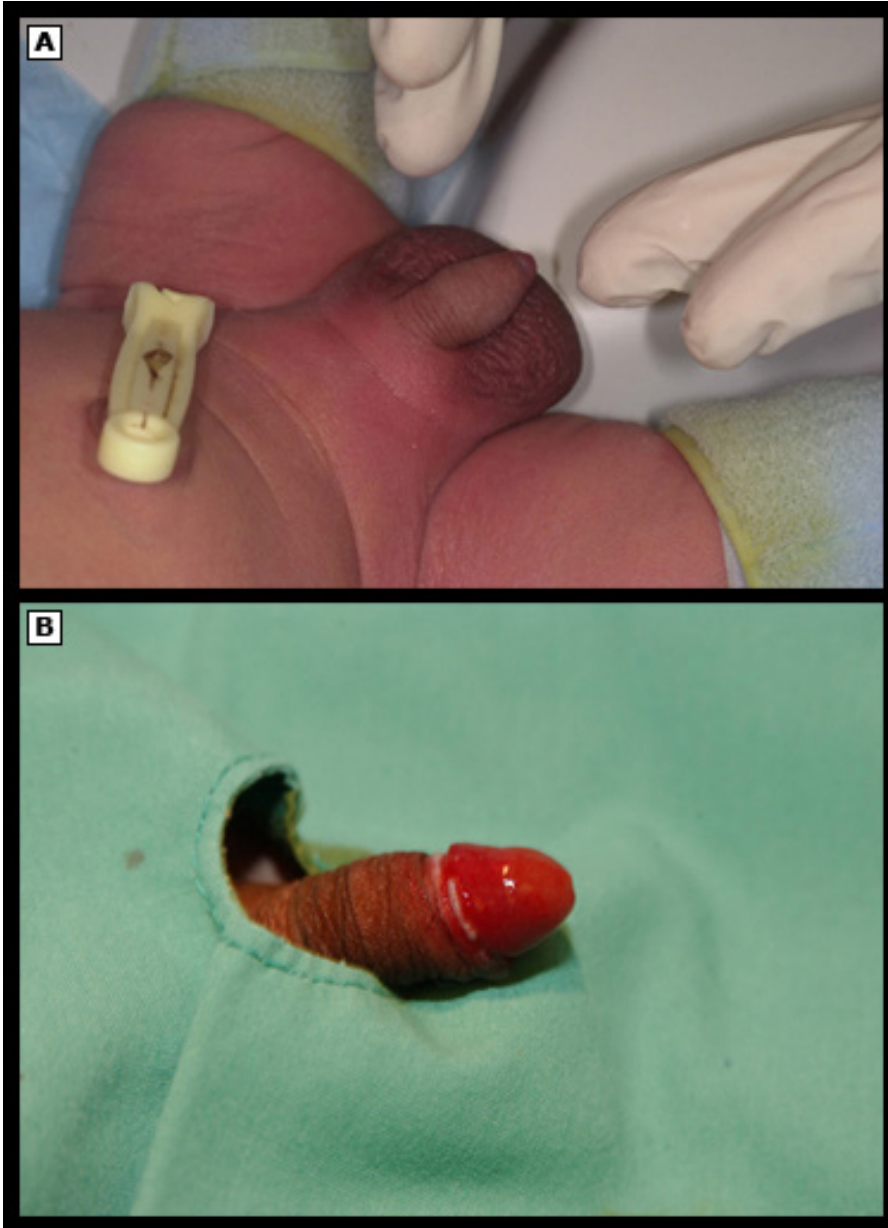
## How do I care for my son's penis if I choose not to have him circumcised?

Simply keeping the penis clean with soap and water helps reduce the risk of problems of infections. In older boys and adult men, the foreskin slides back and forth over the penis, allowing the area underneath to be cleaned. The foreskin doesn't retract in boys for a few years. Don't try to force the foreskin to retract, because this can damage the penis and cause problems. When the foreskin is ready to retract, you can teach your son how to retract it himself and clean the skin underneath. He should wash his foreskin every day while bathing.

# Circumcision

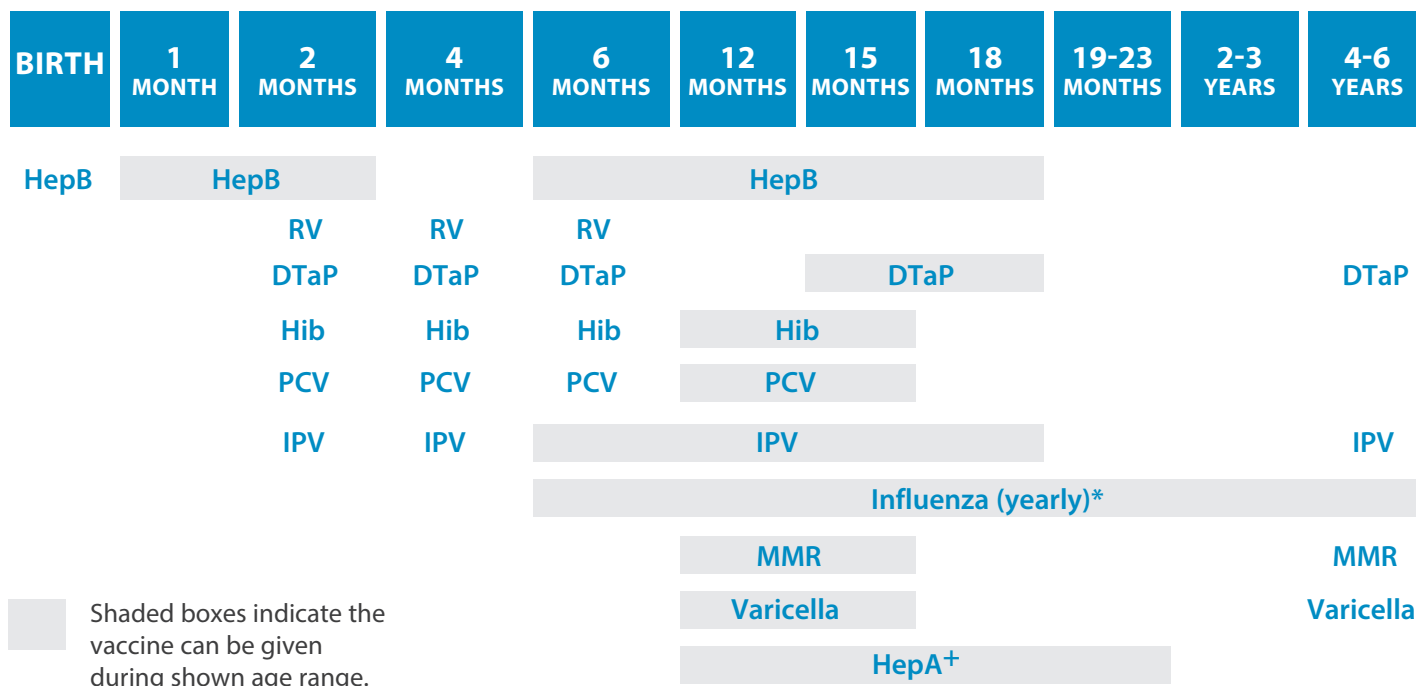
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# Immunizations

## Recommended Immunizations for children from birth - 6 years old



### Footnotes:

\* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

+ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.


### Questions Parents Ask About Vaccinations for Babies


- **What if I missed an appointment?** If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.
- **I don't know anybody who has had these diseases. Why does my baby need these vaccines?** While a few of these diseases have virtually disappeared because of vaccination, reported cases of people with diseases like measles and whooping cough have been on the increase lately. Even if some diseases do completely disappear in the U.S., they are common in other parts of the world and are just a plane ride away. If we stop vaccinating against these diseases, many more people will become infected. Vaccinating your child will keep him or her safe.
- **Are there better ways to protect my baby against these diseases?** No, breastfeeding offers temporary immunity against some minor infections like colds, but it is not an effective means of protecting a child from the specific diseases prevented by vaccines. Likewise, vitamins won't protect against the bacteria and viruses that cause these serious diseases. Chiropractic remedies, naturopathy, and homeopathy are totally ineffective in preventing vaccine-preventable diseases.
- **Are vaccines safe?** Vaccines are safe, and scientists continually work to make sure they become even safer. Every vaccine undergoes extensive testing before being licensed, and vaccine safety continues to be monitored as long as a vaccine is in use. Most side effects from vaccination are minor, such as soreness where the injection was given or a low-grade fever. These side effects do not last long and are treatable. Serious reactions are very rare. The tiny risk of a serious reaction from a vaccination has to be weighed against the very real risk of getting a dangerous vaccine-preventable disease.
- **What is my baby had a cold or fever, or is taking antibiotics? Can my baby still get vaccinated?** Yes, your child can still get vaccinated if your baby has mild illness, a low-grade fever, or is taking antibiotics.


# Immunizations

## Recommended Immunizations for children from 7 - 18 years old

7-10 YEARS	11-12 YEARS	13-18 YEARS
Tdap <sup>1</sup>	Tetanus, Diphtheria, Pertussis (Tdap) Vaccine	Tdap
	Human Papillomavirus (HPV) Vaccine (3 Doses) <sup>2</sup>	HPV
MCV4	Meningococcal Conjugate Vaccine (MCV4) Dose 1 <sup>3</sup>	MCV4 Dose 1 <sup>3</sup> Booster at age 16 years
Influenza (Yearly) <sup>4</sup>		
Pneumococcal Vaccine <sup>5</sup>		
Hepatitis A (HepA) Vaccine Series <sup>6</sup>		
Hepatitis B (HepB) Vaccine Series		
Inactivated Polio Vaccine (IPV) Series		
Measles, Mumps, Rubella (MMR) Vaccine Series		
Varicella Vaccine Series		

 These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

 These shaded boxes indicate the vaccine should be given if a child is catching-up on missed vaccines.

 These shaded boxes indicate the vaccine is recommended for children with certain health conditions that put them at high risk for serious diseases. Note that healthy children can get the HepA series<sup>6</sup>. See vaccine-specific recommendations at [www.cdc.gov/vaccines/pubs/ACIP-list.htm](http://www.cdc.gov/vaccines/pubs/ACIP-list.htm).

### Footnotes:

<sup>1</sup> Tdap vaccine is recommended at age 11 or 12 to protect against tetanus, diphtheria and pertussis. If your child has not received any or all of the DTaP vaccine series, or if you don't know if your child has received these shots, your child needs a single dose of Tdap when they are 7-10 years old. Talk to your child's health care provider to find out if they need additional catch-up vaccines.

<sup>2</sup> All 11 or 12 year olds – both girls and boys – should receive 3 doses of HPV vaccine to protect against HPV-related disease. The full HPV vaccine series should be given as recommended for best protection.

<sup>3</sup> Meningococcal conjugate vaccine (MCV) is recommended at age 11 or 12. A booster shot is recommended at age 16. Teens who received MCV for the first time at age 13 through 15 years will need a one-time booster dose between the ages of 16 and 18 years. If your teenager missed getting the vaccine altogether, ask their health care provider about getting it now, especially if your teenager is about to move into a college dorm or military barracks.

<sup>4</sup> Everyone 6 months of age and older—including preteens and teens—should get a flu vaccine every year. Children under the age of 9 years may require more than one dose. Talk to your child's health care provider to find out if they need more than one dose.

<sup>5</sup> Pneumococcal Conjugate Vaccine (PCV13) and Pneumococcal Polysaccharide Vaccine (PPSV23) are recommended for some children 6 through 18 years old with certain medical conditions that place them at high risk. Talk to your healthcare provider about pneumococcal vaccines and what factors may place your child at high risk for pneumococcal disease.

<sup>6</sup> Hepatitis A vaccination is recommended for older children with certain medical conditions that place them at high risk. HepA vaccine is licensed, safe, and effective for all children of all ages. Even if your child is not at high risk, you may decide you want your child protected against HepA. Talk to your health care provider about HepA vaccine and what factors may place your child at high risk for HepA.

# Vaccines

## **Diphtheria** (can be prevented by Tdap vaccine)

Diphtheria is a very contagious bacterial disease that affects the respiratory system, including the lungs. Diphtheria bacteria can be passed from person to person by direct contact with droplets from an infected person's cough or sneeze. When people are infected, the diphtheria bacteria produce a toxin (poison) in the body that can cause weakness, sore throat, low-grade fever, and swollen glands in the neck. Effects from this toxin can also lead to swelling of the heart muscle and in some cases, heart failure. In severe cases, the illness can cause coma, paralysis, and even death.

## **Hepatitis A** (can be prevented by HepA vaccine)

Hepatitis A is an infection in the liver caused by hepatitis A virus. The virus is spread primarily person to person through the fecal-oral route. In other words, the virus is taken in the mouth from contact with objects, food, or drinks contaminated by the feces (stool) of an infected person. Symptoms include fever, tiredness, loss of appetite, nausea, abdominal discomfort, dark urine, and jaundice (yellowing of the skin and eyes). An infected person may have no symptoms, may have mild illness for a week or two, or may have severe illness for several months that requires hospitalization. In the U.S., about 100 people a year die from hepatitis A.

## **Hepatitis B** (can be prevented by HepB vaccine)

Hepatitis B is an infection of the liver caused by hepatitis B virus. The virus spreads through exchange of blood or other fluids, for example, from sharing personal items, such as razors or during sex. Hepatitis B causes a flu-like illness with loss of appetite, nausea, vomiting, rashes, joint pain, and jaundice. The virus stays in the liver of some people for the rest of their lives and can result in severe liver diseases, including fatal cancer.

## **Human Papillomavirus** (can be prevented by HPV vaccine)

Human papillomavirus is a common virus. HPV is most common in people in their teens and early 20s. It is the major cause of cervical cancer in women and genital warts in women and men. The strains of HPV that cause cervical cancer and genital warts are spread during sex.

## **Influenza** (can be prevented by flu vaccine)

Influenza is a highly contagious viral infection of the nose, throat, and lungs. The virus spreads easily through droplets when an infected person coughs and sneezes and can cause mild to severe illness. Typical symptoms include a sudden high fever, chills, a dry cough, headache, runny nose, sore throat, and muscle and joint pain. Extreme fatigue can last from several days to weeks. Influenza may lead to hospitalization or even death, even among previously healthy children.

## **Measles** (can be prevented by MMR vaccine)

Measles is one of the most contagious viral diseases. Measles virus is spread by direct contact with the airborne respiratory droplets of an infected person. Measles is so contagious that just being in the same room after a person who has measles has already left can result in infection. Symptoms usually include a rash, fever, cough, and red, watery eyes. Fever can persist, rash can last for up to a week, and coughing can last about 10 days. Measles can also cause pneumonia, seizures, brain damage, or death.

## **Meningococcal Disease** (can be prevented by MCV vaccine)

Meningococcal disease is caused by bacteria and is a leading cause of bacterial meningitis (infection around the brain and spinal cord) in children. The bacteria are spread through the exchange of nose and throat droplets, such as when coughing, sneezing, or kissing. Symptoms include nausea, vomiting, sensitivity to light, confusion and sleepiness. Meningococcal disease also causes blood infections. About one of every 10 people who get the disease dies from it. Survivors of meningococcal disease may lose their arms or legs, become deaf, have problems with their nervous systems, become developmentally disabled, or suffer seizures or strokes.

## **Haemophilus Influenzae Type B** (can be prevented by Hib vaccine)

Hib disease is a serious illness caused by the bacteria *Haemophilus influenzae* type b. Babies and children younger than 5 years old are at risk for Hib disease. It can cause lifelong disability and be deadly. Hib spreads when an infected person coughs or sneezes. The most common type of Hib disease is meningitis, which is an infection of the covering of the brain and spinal cord. Hib disease can also cause throat swelling, pneumonia, and joint, skin, or bone infection. Hib disease is very serious. Most children with Hib disease need care in the hospital. Even with treatment, as many as 1 out of 20 children with Hib meningitis die. As many as 1 out of 5 children who survive Hib meningitis will have brain damage or become deaf.



# Vaccines

## **Mumps** (can be prevented by MMR vaccine)

Mumps is an infectious disease caused by the mumps virus, which is spread in the air by a cough or sneeze from an infected person. A child can also get infected with mumps by coming in contact with a contaminated object, like a toy. The mumps virus causes fever, headache, painful swelling of the salivary glands under the jaw, fever, muscle aches, tiredness, and loss of appetite. Severe complications for children who get mumps are uncommon but can include meningitis (infection of the covering of the brain and spinal cord), encephalitis (inflammation of the brain), permanent hearing loss, or swelling of the testes, which rarely can lead to sterility in men.

## **Pertussis** (whooping cough - can be prevented by Tdap vaccine)

Pertussis is caused by bacteria spread through direct contact with respiratory droplets when an infected person coughs or sneezes. In the beginning, symptoms of pertussis are similar to the common cold, including runny nose, sneezing, and cough. After 1-2 weeks, pertussis can cause spells of violent coughing and choking, making it hard to breathe, drink, or eat. This cough can last for weeks. Pertussis is most serious for babies, who can get pneumonia, have seizures, become brain damaged, or even die. About two-thirds of children under 1 year of age who get pertussis must be hospitalized.

## **Pneumococcal Disease** (can be prevented by pneumococcal vaccine)

Pneumonia is an infection of the lungs that can be caused by the bacteria called pneumococcus. This bacteria can cause other types of infections too, such as ear infections, sinus infections, meningitis (infection of the covering around the brain and spinal cord), bacteremia and sepsis (blood stream infection). Sinus and ear infections are usually mild and are much more common than the more severe forms of pneumococcal disease. However, in some cases pneumococcal disease can be fatal or result in long-term problems, like brain damage, hearing loss and limb loss. Pneumococcal disease spreads when people cough or sneeze. Many people have the bacteria in their nose or throat at one time or another without being ill - this is known as being a carrier.

## **Polio** (can be prevented by IPV vaccine)

Polio is caused by virus that lives in an infected person's throat and intestines. It spreads through contact with the feces (stool) of an infected person and through droplets from a sneeze or cough. Symptoms typically include sudden fever, sore throat, headache, muscle weakness, and pain. In about 1% of cases, polio can cause paralysis. Among those who are paralyzed, up to 5% of children may die because they become unable to breathe.

## **Rubella** (German measles - can be prevented by MMR vaccine)

Rubella is caused by a virus that is spread through coughing and sneezing. In children rubella usually causes a mild illness with fever, swollen glands, and a rash that lasts about 3 days. Rubella rarely causes serious illness or complications in children, but can be very serious to a baby in the womb. If a pregnant woman is infected, the result to the baby can be devastating, including miscarriage, serious heart defects, mental retardation and loss of hearing and eye sight.

## **Tetanus** (lockjaw - can be prevented by Tdap vaccine)

Tetanus is caused by bacteria found in soil. The bacteria enters the body through a wound, such as a deep cut. When people are infected, the bacteria produce a toxin (poison) in the body that causes serious, painful spasms and stiffness of all muscles in the body. This can lead to "locking" of the jaw so a person cannot open his or her mouth, swallow, or breathe. Complete recovery from tetanus can take months. 3 of 10 people who get tetanus die from the disease.

## **Varicella** (chickenpox - can be prevented by varicella vaccine)

Chickenpox is caused by the varicella zoster virus. Chickenpox is very contagious and spreads very easily from infected people. The virus can spread from either a cough or sneeze. It can also spread from the blister on the skin, either by touching them or by breathing in these viral particles. Typical symptoms of chickenpox include an itchy rash with blisters, tiredness, headache and fever. Chickenpox is usually mild, but it can lead to severe skin infections, pneumonia, encephalitis (brain swelling), or even death.

# Baby Teeth

## **Why worry about baby teeth? Don't they fall out anyway?**

Baby teeth are important. They help your child eat food properly, speak clearly and save space so that permanent teeth don't come in crowded or crooked.

## **Can my baby get cavities?**

Babies and toddlers can get cavities as soon as teeth erupt in the mouth, which is usually around 6 months old. This is sometimes called "baby bottle tooth decay."

Cavities are an infection and can be very painful. Cavities can also cause teeth to fall out too soon. If your baby has holes or dark spots in their teeth, they may be cavities.

## **How can I prevent cavities in my baby's teeth?**

- Before teeth come in, wipe your baby's gums with a wet washcloth every day.
- Once your baby has teeth, brush them with a soft infant-sized toothbrush. After age 2, use a pea-sized amount of fluoride toothpaste.
- Be sure to brush your child's teeth at least once a day especially before bed.

## **What else can I do to keep my baby's mouth healthy?**

- Choose healthy snacks - fruits, vegetables, cheese and yogurt.
- Limit sugary and starchy foods and drinks like candy, cookies, juice, and chocolate milk. These should be for mealtime only.
- Be sure your child drinks tap water - it's safe. Bottled water may not have fluoride, which strengthens the teeth.
- Visit with your doctor about when to visit your dentist.

