



Congratulations,
you are pregnant!



Office Hours | Monday - Friday, 8 a.m.–5 p.m.

Located within North Oaks Clinic Building

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Hammond, LA 70403

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The providers of Magnolia Obstetrics and Gynecology are excited that you have chosen to give birth at North Oaks Medical Center.

One of the most frequently asked questions from patients is, "Who will deliver my baby?" Because of the nature of 24/7 obstetrical care, our physicians and midwives rotate coverage, meaning there is a chance that your primary obstetrician may not be the physician or midwife delivering your baby. But one thing holds true for all of our providers – they are all highly skilled, compassionate caregivers who love to deliver babies.

During your pregnancy, we recommend that you meet each provider at least once. Being familiar with the team of physicians and midwives helps ensure your baby will be delivered by someone you have met before. However, you may choose to see your primary obstetrician for every visit – the choice is yours.

If you are planning for an induction or C-section, we will do our best to accommodate your preference of provider. You can trust the health care team at Magnolia Obstetrics and Gynecology. Our combined experience ensures that you and your baby are in great hands.



North Oaks has been recognized by the Louisiana Perinatal Quality Collaborative for perinatal care, March of Dimes for excellent care, Blue Cross and Blue Shield of Louisiana Blue Distinction Center+ for maternity care and has received The Gift designation through the Louisiana Department of Health – Office of Public Health – Bureau of Family Health.

What to Expect: Your First Prenatal Visit

At your first prenatal visit, you may experience the following:

- A Urine Pregnancy Test (UPT) to verify you are pregnant and get an accurate reading of your hormone levels
- Possible pap smear, cultures and/or STD screening to verify all records are up-to-date
- Lab work
- Drug screen
- Consult with a provider about warnings and expectations of pregnancy
- Discussion of prenatal vitamin options
- Feeding options for your baby.

Other items to be aware of:

- Depending on how far along you are in your pregnancy, you will return to the clinic, meet with the provider and have an ultrasound.
- We encourage you to attend our series of prenatal classes. They are free and full of valuable information. Visit www.northoaks.org/classes for the full list.
- Every pregnancy is beautiful and different. Your appointments will be monthly during the first and second trimesters. As you progress into the third trimester, we will see you more frequently.

Insurance and Billing

Payment is required at the time of service for all co-pays, deductibles and co-insurance payments. North Oaks proudly participates as a provider in most health plans, traditional indemnity insurances, Medicare and Medicaid. Your bill is based on the services you receive. You are responsible for paying the bill if your insurance company does not cover the costs. Contact your health insurance company to determine your maternity care benefits prior to attending your appointment.

If you do not have insurance, it is your responsibility to pay your entire bill at the time of service. Our physicians may refer you to another provider for tests. You may be billed separately for these services.

Other entities from which you may receive a bill include, but are not limited to:

LABCorp • Materni 21 • North Oaks Diagnostics/Imaging/Lab • North Oaks Medical Center
• North Oaks Physician Group • Quest Diagnostics

We are here to help you understand your bill for health care services and can answer questions about your financial responsibility. If you have any questions regarding your co-pay, estimated deductible or payment plans, please contact the **Financial Assistance Center at (985) 230-2580.**



Testing During Pregnancy

During pregnancy, all women have certain routine lab tests. These tests help your doctor detect possible problems with your health and your baby's health. You also may have other tests, depending on your medical history, family or ethnic background or previous test results.

Some of these tests are performed using blood or urine samples or cells from your cervix and vagina. You also will be tested for infections such as Sexually Transmitted Diseases (STDs). The results of these tests are used to check for potential problems for you and your baby. If detected, many problems can be treated during pregnancy. Some tests will be done more than once. If you have concerns about any test, please talk to your provider. Please remember that no test is perfect and problems may still arise even if test results come back favorable.

Your provider will explain the risks and benefits of the screening tests to help you make the best choice. If there is a history of birth defects in your family, your doctor may recommend that you visit a genetic counselor for more detailed information about your risks.

Types of tests that may be performed:

- **Antibody screen:** tests antigens in your blood
- **Blood type**
- **Carrier testing:** checks for many genetic disorders, including cystic fibrosis, sickle cell disease and other blood disorders, Tay-Sachs disease and Canavan disease
- **Chlamydia**
- **Glucose:** the level of sugar in your blood is measured to test for diabetes
- **Gonorrhea**
- **Group B Streptococcus (GBS):** can be passed to a baby during birth and cause problems in the first weeks of a baby's life
- **Hematocrit and hemoglobin:** checks blood count
- **Hepatitis B:** a virus that infects the liver that you can pass to your baby if you have it
- **Human immunodeficiency virus (HIV):** can be passed to your baby if you have it
- **Pap test:** checks for changes of the cervix that could lead to cancer
- **Rubella:** tests for signs of a past infection with German measles
- **Syphilis:** an STD that can cause major health problems for you and your baby
- **Urine Test:** checks the levels of sugar and protein.

Ultrasounds

Typically, you will receive two ultrasounds, one at the beginning of pregnancy to determine due date and another one after 20 weeks to scan the anatomy.



Urgent Situations



If you have an obstetrics emergency and need to reach Magnolia Obstetrics & Gynecology after hours, please call North Oaks Medical Center at (985) 345-2700

to reach the on-call physician. Routine questions and medication refill requests will not be handled until the next business day during regular office hours. Please call the office at (985) 230-7650 in for all non-emergency needs.

Never hesitate to call the office for any questions or concerns you may have. We are in the office Monday through Friday from 8 a.m. - 5 p.m. You also can connect with your provider through myChart.

Note: Messages left on the office voicemail will be addressed throughout the day. Messages left after hours will be addressed on the next business day. These messages are not forwarded to the answering service.

Report to the Emergency Department (ED)

if you are 0-20 weeks into your pregnancy and experiencing complications that are uncomfortable or unbearable, including but not limited to: decreased/loss of fetal movement and excessive or heavy bleeding; report to the ED or call Magnolia Obstetrics and Gynecology if time permits during office hours.

Report to North Oaks Women and Children's Labor & Delivery

if you are 21-40 weeks into your pregnancy and experiencing a medical emergency or think that you may be in labor. Labor & Delivery is located on the second floor of the Women's Pavilion within North Oaks Medical Center. Call Magnolia Obstetrics and Gynecology if time permits during office hours.

Women & Children's Services Safety Measures

North Oaks safety measures are in place for patients and infants in the Labor & Delivery and OB/GYN units, as well as nurseries located on the second floor of the facility.

Staff at the nurses' station control access to the unit, so please be aware that:

- The unit has one central entrance/exit for visitors, which is equipped with an intercom and a video camera.
- Video cameras monitor the entrance 24/7.
- Visiting hours are 5:30 a.m. to 9 p.m. (*Visiting hours are different for the Neonatal Intensive Care Unit and Intermediate Care Nursery.*)
- Visitors must use the intercom to contact the nurses' station for permission to enter the unit. They must state the first and last name of the patient they are visiting.
- Visitors must report to the nurses' station for permission to exit the unit.
- Each patient is allowed one visitor to stay with them overnight. If entering after 9 p.m., use the Emergency Department entrance located at the back of the hospital.

Ailments and Recommendations

No medications are considered 100% safe during pregnancy. When a woman decides that her symptoms are severe enough, the following medications or lifestyle changes are the safest recommendations.

- **Backache:** Maintain good posture. Squat instead of bending over; rise from lying down by rolling on your side and pushing yourself up with your hands; exercise daily, especially the pelvic rock; wear comfortable low-heeled shoes; use a firm, flat mattress; and a maternity girdle may help.
- **Breast Tenderness:** Wear a supportive cotton bra. Later in pregnancy you may need to size up by one to two cup sizes. Any time from your fifth month on, you may produce colostrum (yellowish fluid) which is the beginning of breast milk. Avoid using plastic shields; tuck a cotton handkerchief or gauze into each cup.
- **Constipation:** First, try increasing your fluids to 6-8 glasses per day, adding more fiber/bran to your diet and increasing your exercise. If that is unsuccessful, try Metamucil® or Konsyl® and/or stool softeners such as Colace® to develop regular bowel movements. If that is unsuccessful and you have gone more than three days without a bowel movement, you may use Milk of Magnesia. We do not recommend laxatives such as ex-lax®.
- **Cough:** Use regular-strength Robitussin®, Chloroseptic® spray and any throat lozenges if needed; increase fluid intake; stop smoking if a smoker; and use a vaporizer. If cough is accompanied by fever, phlegm is discolored or shortness of breath or chest pain occurs, call us for more advice.
- **Diarrhea:** Use Kaopectate®, Imodium® and drink lots of clear liquids.
- **Eye Drops:** Use Visine® if needed.
- **Faintness:** When standing for long periods of time, move around frequently to stimulate your circulation and have frequent rest periods. Eat healthy foods in small amounts throughout the day and drink plenty of fluids. Call if dizzy spells with fainting persists.



- **Headaches:** Use Regular/Extra Strength Tylenol® and increase fluids. Headaches during pregnancy are common, but if blurred vision or bright spots accompany headaches or if unrelieved by Tylenol®, call for more advice.
- **Heartburn:** Use antacids such as Maalox®, Mylanta®, Tums® and Rolaids®—not baking soda or Alka-Seltzer®. Take after meals and eat small frequent meals of bland quality; eat slowly; and do not lie down immediately after eating.
- **Hemorrhoids:** Use Tucks® medicated pads, Anusol® suppositories, Preparation H®, sitz baths and measures to prevent constipation.
- **Increased Salivation or ‘Metal Taste’:** This is normal—use throat lozenges.
- **Leg Cramps:** Increase hydration and leg massage. Use a heating pad. Avoid pointing your toes, walking “heel first” and lying on your back. If severe, call for advice.
- **Nasal Sprays:** Use Vicks®, .25% Neo-Synephrine® or Ocean® Nasal Spray.
- **Nausea and Vomiting:** Place crackers or dry toast at bedside to eat before getting up. Drink juice with breakfast; consume products with ginger; eat small, frequent high-protein meals of bland quality. Drink fluids between meals instead of with them. Take vitamin B6 pills three times daily with a half pill of Unisom®, Mylanta® or Maalox®. You also can try Sea-Bands® on your wrists. If vomiting persists for more than 24 hours, call for more advice.
- **Sinus Congestion:** Use Sudafed® and Tylenol®; increase fluid intake; use throat lozenges if needed; stop smoking if a smoker; and use a vaporizer. Sinus congestion during pregnancy may be common, but if sinus congestion is accompanied by a fever or if drainage is discolored, call for more advice.
- **Skin Changes/Stretch Marks:** A brown discoloration on your face and nipples, as well as a line from your navel to the pubic bone is normal. Avoid sunburns which could deepen skin discoloration. The spots will disappear after your baby is born. Stretch marks may be minimized if skin is kept soft and supple with lotion, creams or cocoa butter. They may fade after delivery, but probably won’t disappear.

- **Tiredness:** Fatigue during pregnancy is normal. Daily exercise and an adequate night's rest are important. An iron supplement may be recommended if anemic. Shortness of breath toward the end of your pregnancy due to the pressure of the growing uterus may cause fatigue and may be minimized by lying on your side or being propped up on pillows.
- **Urinary Symptoms:** A feeling to urinate frequently is normal, especially at the beginning of pregnancy and toward the end. Call if it's painful to urinate, or if you have bloody urine or fever.
- **Vaginal Infections:** A clear, yellowish mucous discharge may be normal during pregnancy but if burning, itching, pain, swelling or foul odor occurs, call for more advice. You may use deodorant pads. If you know it is a yeast infection, Monistat® or Gyne Lotrimin Crème® may be used externally only during the first trimester and both internally and externally after the first trimester.
- **Varicose Veins:** Avoid standing for long periods of time. Elevate your legs at frequent intervals during the day. Leg exercises and support hose may help.



Make sure you discuss the use of prescription drugs with your provider at your first prenatal visit. Some prescription drugs can harm an unborn baby. Be sure to tell anyone who prescribes medicine for you that you are pregnant. If you have an infection that may need an antibiotic, check with your provider.

A photograph showing a white plastic pill container tipped over, spilling several blue and pink capsules onto a white surface. The word "Rx" is printed in large, bold, black letters on the surface.

Rx

How to Use this Chart:

- Find the date of the first day of your last menstrual period.
- Follow that line from left to right across the chart to learn the dates that are important in your pregnancy.
- If you do not find the first day of your last menstrual period, look for the date nearest to it.

For example, if the beginning of your last period was May 9, then add 2 days to each date shown on the May 7 line of the chart to determine your important dates.
- During your pregnancy, take care of yourself:
 - Go to all prenatal visits.
 - Take prenatal vitamins.
 - Eat healthy foods.
 - Don't drink alcohol.
 - Don't smoke or chew tobacco.
 - Don't be around people who are smoking.
 - Ask your health care provider before taking any medication.
 - Mention you are pregnant before having an X-ray.
 - Don't handle used cat litter.

The best way to take care of an unborn baby is to take care of yourself.

If your last menstrual period started on:	Conception probably happened around:	Your risk of miscarriage decreases after 12 weeks:	Your estimated due date (EDD) is:
Jan. 1 Jan. 8 Jan. 15 Jan. 22 Jan. 29	Jan. 15 Jan. 22 Jan. 29 Feb. 5 Feb. 12	Mar. 26 Apr. 2 Apr. 9 Apr. 16 Apr. 23	Oct. 8 Oct. 15 Oct. 22 Oct. 29 Nov. 5
Feb. 5 Feb. 12 Feb. 19 Feb. 26	Feb. 19 Feb. 26 Mar. 5 Mar. 12	Apr. 30 May 7 May 14 May 21	Nov. 12 Nov. 19 Nov. 26 Dec. 3
Mar. 5 Mar. 12 Mar. 19 Mar. 26	Mar. 19 Mar. 26 Apr. 2 Apr. 9	May 28 June 4 June 11 June 18	Dec. 10 Dec. 17 Dec. 24 Dec. 31
Apr. 2 Apr. 9 Apr. 16 Apr. 23 Apr. 30	Apr. 16 Apr. 23 Apr. 30 May 7 May 14	June 25 July 2 July 9 July 16 July 23	Jan. 7 Jan. 14 Jan. 21 Jan. 28 Feb. 4
May 7 May 14 May 21 May 28	May 21 May 28 June 4 June 11	July 30 Aug. 6 Aug. 13 Aug. 20	Feb. 11 Feb. 18 Feb. 25 Mar. 4
June 4 June 11 June 18 June 25	June 18 June 25 July 2 July 9	Aug. 27 Sept. 3 Sept. 10 Sept. 17	Mar. 11 Mar. 18 Mar. 25 Apr. 1
July 2 July 9 July 16 July 23 July 30	July 16 July 23 July 30 Aug. 6 Aug. 13	Sept. 24 Oct. 1 Oct. 8 Oct. 15 Oct. 22	Apr. 8 Apr. 15 Apr. 22 Apr. 29 May 6
Aug. 6 Aug. 13 Aug. 20 Aug. 27	Aug. 20 Aug. 27 Sept. 3 Sept. 10	Oct. 29 Nov. 5 Nov. 12 Nov. 19	May 13 May 20 May 27 June 3
Sept. 3 Sept. 10 Sept. 17 Sept. 24	Sept. 17 Sept. 24 Oct. 1 Oct. 8	Nov. 26 Dec. 3 Dec. 10 Dec. 17	June 10 June 17 June 24 July 1
Oct. 1 Oct. 8 Oct. 15 Oct. 22 Oct. 29	Oct. 15 Oct. 22 Oct. 29 Nov. 5 Nov. 12	Dec. 24 Dec. 31 Jan. 7 Jan. 14 Jan. 21	July 8 July 15 July 22 July 29 Aug. 5
Nov. 5 Nov. 12 Nov. 19 Nov. 26	Nov. 19 Nov. 26 Dec. 3 Dec. 10	Jan. 28 Feb. 4 Feb. 11 Feb. 18	Aug. 12 Aug. 19 Aug. 26 Sept. 2
Dec. 3 Dec. 10 Dec. 17 Dec. 24	Dec. 17 Dec. 24 Dec. 31 Jan. 7	Feb. 25 Mar. 4 Mar. 11 Mar. 18	Sept. 2 Sept. 16 Sept. 21 Sept. 30

Pregnant with Multiples

If you are pregnant with multiples, you may need extra prenatal care checkups so your health care provider can monitor you and your babies closely.

If you're pregnant with multiples, you need to gain more weight than if you were pregnant with one baby. The amount of weight gain depends on your weight before pregnancy and how many babies you are carrying. Talk to your provider about how much weight to gain and what kind of activities are safe for you to do.

The most common complication of being pregnant with multiples is premature birth (before 37 weeks of pregnancy). Your provider will assist you with the best plan of care for carrying multiples to term.

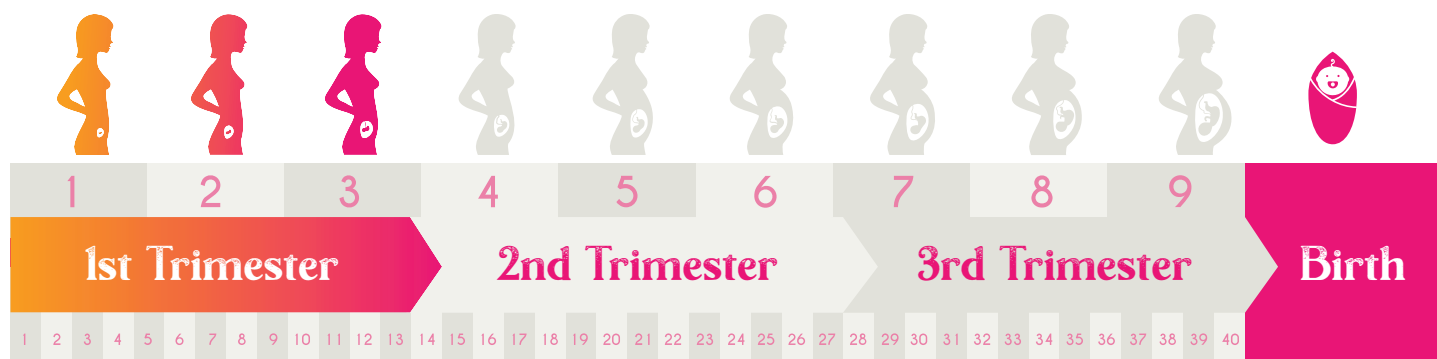
High-Risk Pregnancy

A high-risk pregnancy might pose challenges before, during or after delivery. If you have a high-risk pregnancy, you and your baby might need special monitoring or care throughout your pregnancy. The providers at Magnolia may refer you to a Maternal Fetal Medicine physician who specializes in high-risk pregnancies and will work with your provider for closer monitoring.

Specific factors that might contribute to a high-risk pregnancy include:

- **Advanced maternal age:** Pregnancy risks are higher for mothers age 35 and older.
- **Lifestyle choices:** Smoking cigarettes, drinking alcohol and using illegal drugs can put a pregnancy at risk.
- **Medical history:** A prior C-section, low birthweight baby and preterm birth are risk factors. Other risk factors include a family history of genetic conditions or prior pregnancy loss.
- **Underlying conditions:** Chronic conditions, such as diabetes, high blood pressure and epilepsy, increase pregnancy risks. A blood condition, such as anemia, an infection or an underlying mental health condition also can increase pregnancy risks.
- **Pregnancy complications:** Various complications that develop during pregnancy pose risks, such as problems with the uterus, cervix or placenta. Other concerns might include too much or too little amniotic fluid, restricted fetal growth or Rh sensitization — a potentially serious condition that can occur when your blood group is Rh negative and your baby's blood group is Rh positive.
- **Multiple pregnancy:** Pregnancy risks are higher for women carrying twins or higher order multiples.

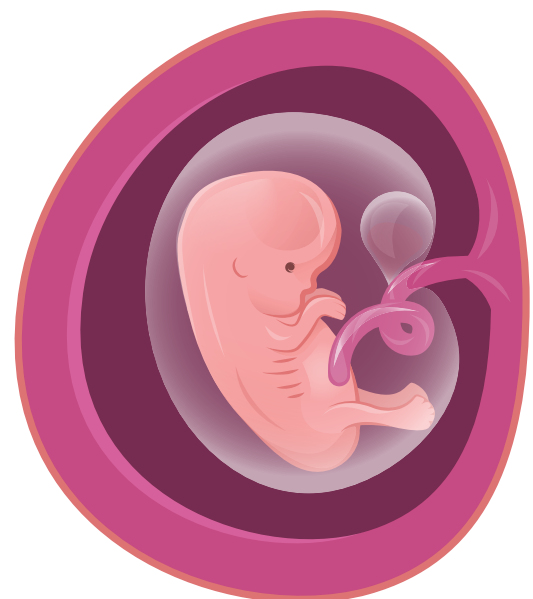
First Trimester (Weeks 0-13)



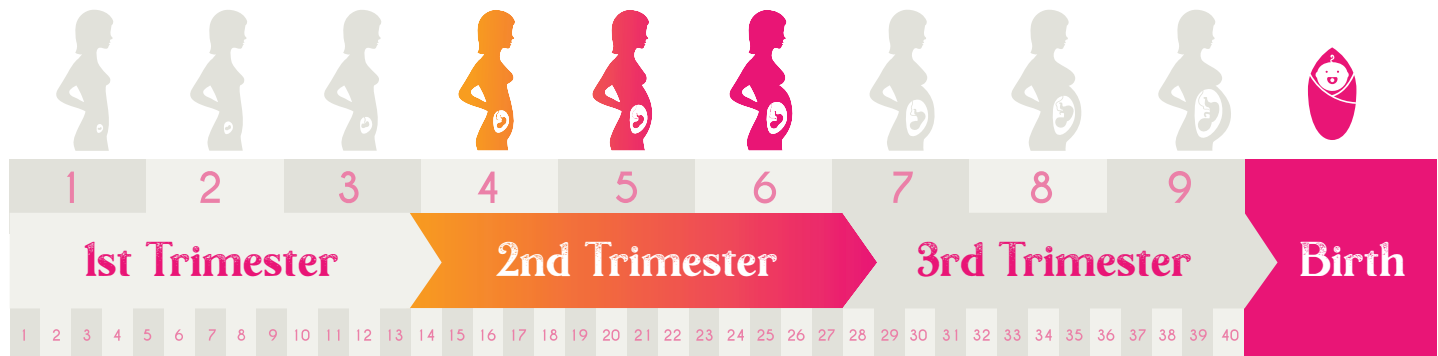
Week 1	Date of last menstrual period
Week 2	Ovulation and conception
Week 3	Implantation
Week 4	Missed period
Week 5	Heart, lungs, brain and spinal cord are developing.
Weeks 6 and 7	Eyes, ears and nose are forming and limb buds are visible. Heartbeat can be detected during an ultrasound.
Weeks 8 and 9	Genitals begin to develop, and all essential organs and systems are forming.
Weeks 10 and 11	Head size is about half the baby's total body length.
Week 12	Fingers and toes have separated.
Week 13	Facial features are clear.

What happens during weeks 9–12 of pregnancy?

- Buds for future teeth appear.
- Fingers, toes and soft nails start to form.
- Bones and muscles begin to grow.
- The intestines begin to form.
- The backbone is soft and can flex.
- The skin is thin and transparent.
- The hands are more developed than the feet.
- The arms are longer than the legs.



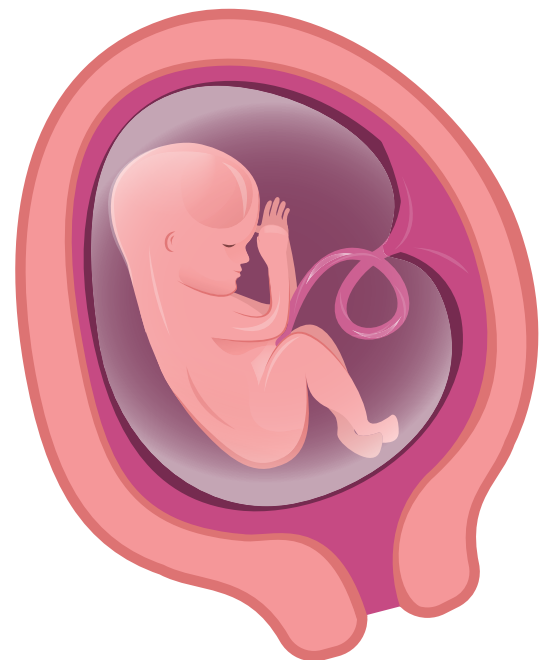
Second Trimester (Weeks 14-27)



Week 14	External genitalia are male or female.
Week 15	Baby may suck his or her thumb.
Week 16	Baby's movements may be felt.
Week 17	Body fat begins to form.
Week 18	Rate of growth begins to slow.
Week 19	A protective coating is appearing on the skin.
Week 20	Baby sleeps and wakes regularly.
Week 21	Baby is learning to swallow.
Weeks 22 and 23	Fingernails and toenails are visible; eyelashes are more developed.
Week 24	Fine body hair could darken and become more visible.
Week 25	Baby still weighs less than 2 pounds.
Weeks 26 and 27	Baby can open and close eyelids.

What happens during weeks 13–16 of pregnancy?

- Eyebrows, eyelashes and fingernails form.
- Arms and legs can flex.
- The placenta is fully formed.
- The outer ear begins to develop.
- The baby can swallow and hear.
- The neck is formed.
- Kidneys are functioning and begin to produce urine.
- In male babies, the testicles begin to descend from the abdomen.



What happens during weeks 17–20 of pregnancy?

- The sucking reflex develops. If the hand floats to the mouth, the baby may suck his or her thumb.
- The skin is wrinkled and the body is covered with a waxy coating (vernix) and fine hair (lanugo).
- The baby is more active. You may be able to feel him or her move.
- The baby sleeps and wakes regularly.
- Nails grow to the tips of the fingers.
- The gallbladder begins producing bile, which is needed to digest nutrients.
- In female babies, the eggs have formed in the ovaries.
- It may be possible to tell the sex of the baby on an ultrasound exam.

What happens during weeks 21–24 of pregnancy?

- Real hair begins to grow.
- The brain is rapidly developing.
- The eyes begin to open.
- Finger and toe prints can be seen.
- The lungs are fully formed but not yet functioning.

What happens during weeks 25–28 of pregnancy?

- The eyes can open and close and sense changes in light.
- Lanugo begins to disappear.
- The baby kicks and stretches.
- The baby can make grasping motions and respond to sound.
- Lung cells begin to make surfactant (a fluid that prevents the lungs from collapsing).

FINDING A PEDIATRICIAN

As you near the end of your second trimester, it's a good time to begin researching a pediatrician for your baby. You may want to visit the office to determine if the location is convenient for you and your family. Schedule time to meet with any of the providers who may be a good fit. For a list of physicians who are highly trained to care for your baby in the first few days of life at North Oaks Medical Center and beyond, please visit www.northoaks.org/pediatricians.



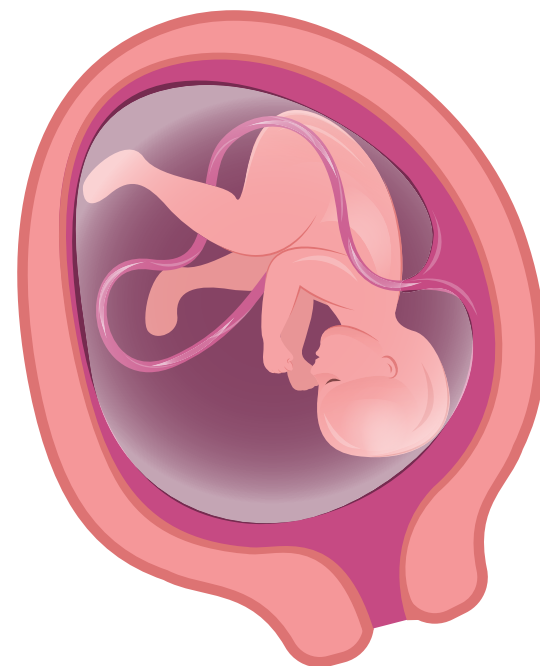
Third Trimester (Weeks 28-40)



Week 28	Brain develops rapidly.
Week 29	Amniotic fluid is approaching 2 pints (1 liter), its maximum amount.
Weeks 30-32	Baby can respond to light; fine body hair has begun to disappear.
Week 33	Bones continue to harden; skull remains soft and pliable for labor.
Week 34	Body fat increases rapidly.
Week 35	Lungs are approaching maturity.
Week 36	Most babies have shifted into a head-down position.
Week 37	A baby born before the end of this week is considered premature.
Weeks 38 and 39	The baby of a first-time mother may "drop" into the pelvis.
Weeks 40-42	40 weeks marks your estimated due date. Babies born between these weeks are considered full-term.

What happens during weeks 29-32 of pregnancy?

- With its major development finished, the baby gains weight very quickly.
- Bones harden, but the skull remains soft and flexible for delivery.
- The different regions of the brain are forming.
- Taste buds develop and the baby can taste sweet and sour.
- The baby may now hiccup.



What happens during weeks 33–36 of pregnancy?

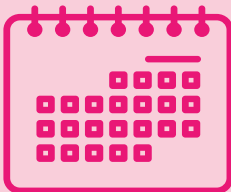
- The baby usually stays in a head-down position in preparation for birth.
- The brain continues to develop.
- The skin is less wrinkled.
- The lungs are maturing and getting ready to function outside the uterus.
- Sleeping patterns develop.

What happens during weeks 37–40 of pregnancy?

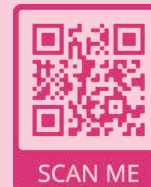
- The baby drops lower into the pelvis.
- More fat accumulates, especially around the elbows, knees and shoulders.
- The baby gains about 1/2 pound per week during this last month of pregnancy.

Prenatal and Education Classes

Learning about pregnancy and childbirth may help you and your family prepare for your baby's arrival. We offer **free prenatal classes** about topics that concern most mothers.



For a class schedule
or to register, visit
www.northoaks.org/classes OR



All classes are held in the E. Brent Dufreche Conference Center, located within North Oaks Diagnostic Center, at 15837 Paul Vega, MD, Drive.

American Heart Association CPR for Family & Friends

This class teaches adult, child and infant CPR and ways to prevent common injuries and choking.

Car Seat Safety Checks

Certified child passenger safety technicians are available by appointment to assist with installation of child passenger safety seats and boosters. Instruction is provided on how to properly install the seat to ensure the safe transport of children of all ages. Call (985) 230-5723 to make a free appointment with a technician.

Newborn Care & Postpartum Recovery

This class explores topics such as the postpartum recovery period and caring for your newborn.

Labor & Delivery

This class focuses on topics including anesthesia, the four stages of labor and delivery, as well as vaginal and cesarean births.

Breastfeeding

This class is for parents who may be considering breastfeeding or who have already decided to breastfeed their baby. Topics include benefits of breastfeeding, positioning the baby properly, nutrition, pumping and storing breast milk.

Labor Comfort & Support

This class teaches the many techniques available to help you through labor and childbirth, such as position changes, breathing techniques and massage.



Eating Healthy

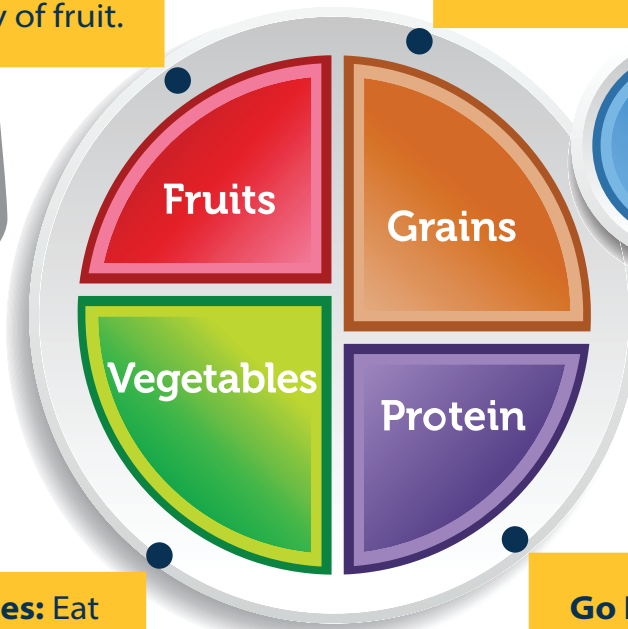
Eating a healthy, balanced diet during pregnancy helps you and your baby get the proper nutrients. Choose a variety of foods from each group that are good sources of vitamins and minerals.

We recommend that you follow the MyPlate Plan (www.choosemyplate.gov). The plan shows different amounts of food for different trimesters to meet your changing nutritional needs.



Focus on Fruits: Eat a variety of fruit.

Make Half Your Grains Whole: Choose whole instead of refined grains.



Dairy

Get Your Calcium-Rich Dairy Foods: Go low-fat or fat-free when you choose milk, yogurt or cheese.

Vary Your Veggies: Eat more dark green and orange vegetables and cooked dry beans.

Go Lean With Protein: Choose low-fat or lean meats and poultry.



DID YOU KNOW?



Most health care providers recommend a pregnant woman take a prenatal vitamin and mineral supplement every day in addition to eating a healthy diet.

Weight Gain During Pregnancy

When you are pregnant, you need extra calories and nutrients to keep your baby healthy, but it doesn't mean you need to eat twice as much as normal. Most women only need about 300 extra calories a day.

Many health care providers suggest women gain weight at the following rate:

- 1-4 pounds during the first trimester
- 2-4 pounds per month during the second and third trimesters.

Women at a healthy weight prior to becoming pregnant should gain between 25-35 pounds. The total amount depends on your weight when you became pregnant. Check with your doctor to find the right amount for you.

If you are gaining weight too fast, the best way to eat fewer calories is to decrease the amount of “extras” you are consuming — like soft drinks, desserts, fried foods, cheese, whole milk and fatty meats. Look for choices that are low-fat, fat-free, unsweetened or with no added sugars.

If you are not gaining weight or gaining too slowly, eat a little more from each food group.



REMEMBER:
Drink about 12
(8 fluid ounce) glasses
of water per day.



Food Safety for Pregnant and Breastfeeding Women

When you are pregnant, your ability to fight off infection is lower than usual. In addition, your unborn baby's immune system is not fully developed. To protect you and your baby's health during pregnancy, be careful about food safety. Listeria, toxoplasma and mercury in fish can all be dangerous to you and your baby.

General food safety advice to avoid foodborne illness:

- **CLEAN:** Wash hands and surfaces often.
- **SEPARATE:** Don't cross-contaminate.
- **COOK:** Cook to proper temperature.
- **CHILL:** Refrigerate properly.

HEALTH RISK	WHERE IT'S FOUND	HOW TO PREVENT ILLNESS
<p>Listeria A harmful bacteria found in some refrigerated, ready-to-eat foods.</p>	<p>Raw meat, unpasteurized milk and milk products, deli meats, hot dogs and soft cheeses.</p>	<ul style="list-style-type: none"> • Do not consume raw juice or milk. Make sure the label says "made with pasteurized milk." • Throw away food that has passed its use-by or expiration date. • Reheat hot dogs and luncheon meats until steaming hot.
<p>Toxoplasma A parasite that may cause an infection that can be passed to an unborn baby.</p>	<p>Undercooked meat, unwashed fruits and vegetables and cat feces.</p>	<ul style="list-style-type: none"> • Wash your hands after touching soil, sand, raw meat or unwashed vegetables. • Wash and peel fruits before eating. • Have someone else change the cat's litter box.
<p>Mercury Can harm the developing nervous system in an unborn child or baby.</p>	<p>Fish</p>	<ul style="list-style-type: none"> • Do not eat shark, swordfish, king mackerel or tilefish. • Limit low-mercury fish to 8-12 oz. per week (shrimp, canned light tuna, salmon and catfish).

Eating while Pregnant with Multiples

Eating a healthy balanced diet will help you and your babies get the nutrition you need; just an additional 500-600 calories per day should help. This figure may vary or even increase if you are expecting more than two babies. As your babies get bigger, you may feel like there is less room in your body for food. Eating smaller, more frequent meals can help you continue to get the nutrition you need.

BE SURE TO AVOID



- Alcohol and tobacco
- Excessive caffeine
- Some types of herbal tea
- Raw or uncooked meat
- Fish that is high in mercury
(See page 45 for more details and myths about fish.)
- Unheated hot dogs
- Luncheon meat and other uncooked deli meats
- Soft serve yogurt
- Raw or unpasteurized milk
- Bleu cheese.

Exercise and Pregnancy

Regular exercise during pregnancy benefits you and your baby. Whether you are new to exercise or it already is part of your weekly routine, choose activities that experts agree are safest for pregnant women:

- **Walking:** Brisk walking gives a total body workout and is easy on the joints and muscles.
- **Swimming and water workouts:** Water workouts use many of the body's muscles. The water supports your weight so you avoid injury and muscle strain.
- **Stationary bicycling:** Your growing belly can affect your balance and make you more prone to falls. Riding a standard bicycle during pregnancy can be risky.
- **Modified yoga and modified Pilates:** Yoga reduces stress, improves flexibility and encourages stretching and focused breathing. There are prenatal yoga and Pilates classes designed for pregnant women.



If you are an experienced runner, jogger or racquet-sports player, you may be able to keep doing these activities during pregnancy. Discuss these activities with your health care provider.

While pregnant, avoid activities that put you at increased risk of injury:

- Contact sports and sports that put you at risk of getting hit in the abdomen, including boxing, soccer and basketball
- Skydiving
- Activities that may result in a fall, such as skiing, surfing, off-road cycling, gymnastics and horseback riding
- “Hot yoga” or “hot Pilates,” which may cause you to become overheated
- Scuba diving
- Activities performed above 6,000 feet (if you do not already live at a high altitude)

Pregnant women should be mindful of the following during exercise:

- Stay hydrated. Drink plenty of water before, during and after your workout.
- Wear a sports bra that gives lots of support to help protect your breasts. Later in pregnancy, a belly support belt may reduce discomfort.
- Avoid becoming overheated. Wear loose-fitting clothing and exercise in a temperature-controlled room. Do not exercise outside when it is very hot or humid.
- Avoid standing still or lying flat on your back after 20 weeks.



If you have any of the following signs or symptoms, stop exercising and call your provider:

- Bleeding or fluid leaking from the vagina
- Feeling dizzy or faint
- Chest pain
- Headache
- Muscle weakness
- Calf pain or swelling
- Shortness of breath.



Morning Sickness

Morning sickness refers to nausea, vomiting and loss of appetite during pregnancy, most often during the first trimester. It is most common in the morning, but some women may experience it at other times or even all day. Morning sickness will not affect your baby as long as you are able to drink plenty of fluids and maintain a healthy diet.

Everyone's body is different. You may want to try these tips:

- Eat a few crackers before getting out of bed in the morning.
- Eat small, frequent meals during the day to avoid hunger.
- Keep crackers or dry cereal with you to eat.
- Eat foods that are high in protein and complex carbohydrates.
- Drink plenty of fluids between meals.
- Avoid strong odors.
- Avoid fatty, spicy, acidic, rich, fried and strongly flavored foods.
- Turn on a fan or open a window.
- Take your prenatal vitamins and supplements with a meal or at bedtime unless otherwise recommended by your health care provider.
- Talk to your health care provider about taking vitamin B6 or using ginger or peppermint.
- Get plenty of rest and take time to relax.
- Avoid smoking and second-hand smoke.

If you are experiencing any of the following symptoms, contact your health care provider.

- Your nausea and vomiting are not improving.
- You have lost more than two pounds.
- You are vomiting up blood or material that looks like coffee grounds.
- You are experiencing severe vomiting (more than 3-4 times in 24 hours).
- You are unable to keep fluids down for 24 hours.
- You are craving something unusual, such as dirt, metal, cornstarch or ice.

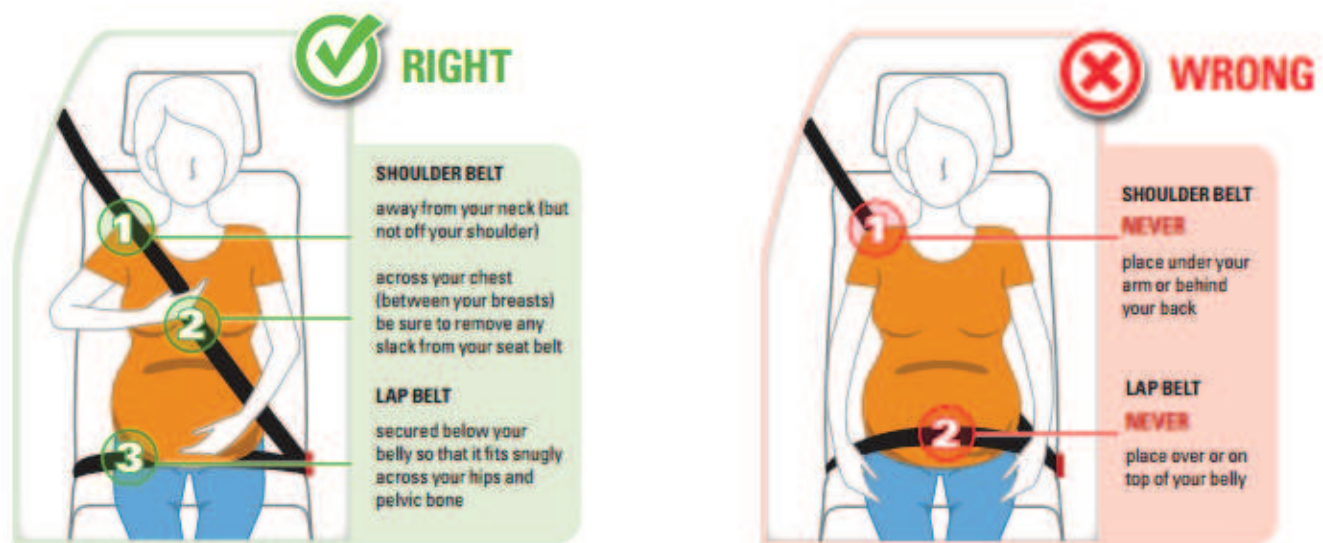
Car Safety During Pregnancy

It is important that you always wear a seat belt when driving or traveling in an automobile. Seat belts and air bags are your best protection against injury to yourself and your unborn baby if you are involved in a crash.

Seat Belts

In the first trimester, the abdomen and pelvic bone protect the growing uterus and baby from trauma fairly well. In the later trimesters, the uterus expands and takes up more space in the abdomen. As it begins to protrude from your body, the baby has less protection from injury.

The correct placement of the seat belt around the large abdomen is important. Keep the lap portion of the belt under your belly, low and across the pelvic area. The shoulder harness should come down over your shoulder, between your breasts and over the top of your belly to fasten at the side.



Air Bags

Car manufacturers recommend that drivers are seated with a minimum of 12 inches between chest and steering wheel in order to avoid injury from deployment of air bags. In addition, air bags are designed to work in conjunction with seat belts.

As your belly grows, you may not be able to keep as much space between you and the steering wheel. If the car has a tilt steering wheel, make sure it is angled toward your breastbone, not your belly or head. If you have any questions, contact your health care provider.

What Goes in Your Body, Goes in Your Baby

Drugs, alcohol and tobacco can harm your body and mind. If you are pregnant, these substances also can hurt your baby. They enter the baby's blood through the placenta. They can cause mental problems, birth defects and problems before, during and after birth.

Drugs

Any drug, especially one that can cause addiction, is dangerous. You are addicted if you cannot carry out your usual daily activities without it. If you are addicted to certain drugs, your baby can become addicted. Even if you use drugs sometimes, you are at risk because the effects of drugs can be so harmful. If you are hooked on drugs and are already pregnant, get help now. Ask your health care provider for advice and a possible referral to a treatment program.

Alcohol

While you are pregnant, drinking any amount of alcohol is not a safe choice for your baby. Everything you eat and drink goes to the baby. Because of your baby's small size, an alcoholic drink that makes you feel relaxed is dangerous to your baby. The more you drink during pregnancy, the greater danger to your baby. If you are pregnant and still drinking, the time to stop is now. If you usually drink alcohol at social events, ask for soda, fruit juice, water or alcohol-free beer or wine. Do not hesitate to ask for support from your family, friends or health care provider to stop drinking during your pregnancy.

Smoking or Vaping

Pregnant women who smoke, vape or who are exposed to secondhand smoke are more likely to have problems during pregnancy and labor and delivery. Smoking and vaping increases the risk of miscarriage, premature labor, stillbirth, Sudden Infant Death Syndrome (SIDS) and lifelong disabilities. If you are a smoker, stop now. If you cannot quit completely, try to cut down to fewer cigarettes a day. Cutting down or stopping smoking or vaping during pregnancy reduces the risks.

Second-hand Smoke

Even if you do not smoke, you inhale smoke when you are around smokers. A mother's exposure to smoke during pregnancy increases the baby's risk of birth defects and many other health issues.



Caffeine

Coffee, tea, chocolate, some soft drinks and some medicines contain caffeine. Drinking caffeine during pregnancy is generally safe. However, women who intake more than the recommended serving of caffeine a day are more likely to have complications. To be on the safe side, limit the caffeine you have each day to less than 200 milligrams (one or two cups of coffee).

Chemicals

Some chemicals can be harmful to an unborn baby. Limit your exposure to chemicals in your home and at work. Avoid pesticides and always read the label of household products.

Carbon Monoxide (also called CO)

When not properly ventilated, carbon monoxide emitted by common household appliances can build up. You can't see it, smell it or taste it, but carbon monoxide poisoning can cause brain damage or even death. The best protection from carbon monoxide poisoning is to install a carbon monoxide alarm on each level of your home. A carbon monoxide monitor with an audible alarm works much like a home smoke alarm and beeps loudly when the sensors detect carbon monoxide.

Pregnancy and Work

Most women can continue working during pregnancy. To stay healthy and productive on the job, understand how to alleviate common pregnancy discomforts.



HERE ARE A FEW HELPFUL TIPS:

- To help with nausea and vomiting, avoid nausea triggers and snack often.
- To assist with fatigue, eat foods rich in iron and protein. Take frequent breaks, drink plenty of fluids and go to bed early.
- As your pregnancy progresses, everyday activities such as sitting and standing can become uncomfortable.
- To help with long periods of sitting, use an adjustable chair with good lower back support. If your chair is not adjustable, use a small pillow or cushion to provide extra support.
- To help with prolonged standing, put one foot up on a footrest, low stool or box. Switch feet every so often and take frequent breaks.

- Wear comfortable shoes with good arch support.
- Try to keep stress under control.
- Make daily to-do lists and prioritize your tasks.
- Talk it out when frustrated and relax.

Certain working conditions might increase your risk of complications during pregnancy including:

- Exposure to harmful substances
- Prolonged standing
- Heavy lifting, climbing or carrying
- Excessive noise
- Heavy vibrations, such as from large machines
- Extreme temperatures.

If you are concerned about any of these issues, mention it to your health care provider. Together, you can decide if you need to take special precautions or modify your work duties during your pregnancy.

Diabetes in Pregnancy

Diabetes occurs when there is too much glucose (sugar) that stays in your blood instead of being used for energy. Some women develop diabetes for the first time during pregnancy and need special care during and after pregnancy. This is called gestational diabetes.

Most of the time gestational diabetes goes away after childbirth, but women who have the condition are at higher risk of developing diabetes later in life. You will be screened for gestational diabetes between 24-28 weeks of pregnancy. If you have certain risk factors, you may need to be screened earlier.



Several risk factors are linked to gestational diabetes:

- Overweight or obese
- Physically inactive
- Diagnosed with gestational diabetes in a previous pregnancy
- Birthed a very large baby (9 pounds or more) in a previous pregnancy
- High blood pressure
- History of heart disease
- Polycystic Ovary Syndrome (PCOS)
- African-American, Asian-American, Hispanic, Native American or Pacific Islander background.

If you have gestational diabetes, your provider will work with you on how to manage it. You will need more frequent prenatal visits to monitor the health of you and your baby. You will need to track your blood sugar and do things to keep it under control.

When a pregnant woman has gestational diabetes, her body passes more sugar to her baby than it needs. Too much sugar for the mother can lead to complications such as: labor difficulties, cesarean delivery, heavy bleeding and vaginal tearing. It also can lead to complications for the baby, including problems with breathing, jaundice, low blood sugar at birth or birth trauma.

It is important to have a blood test between 4–12 weeks after you give birth if you have gestational diabetes.

High Blood Pressure in Pregnancy

High blood pressure (hypertension) during pregnancy falls into two basic categories: hypertension that was present before the pregnancy and hypertension that develops during the pregnancy (gestational hypertension). Gestational hypertension usually ends with the delivery of the baby, but chronic hypertension persists after the baby is born.

Both types of hypertension can progress to a condition called preeclampsia. This condition is identified by the presence of excess protein in the urine, which is caused by kidney problems. Although many pregnant women with high blood pressure go on to deliver healthy babies, women who develop preeclampsia can face serious and potentially life-threatening complications. The best way to avoid complications is to work closely with your health care provider throughout your pregnancy.

Risk Factors for Preeclampsia

The risk factors of developing preeclampsia are higher in women who:

- Have a personal or family history of preeclampsia
- Are pregnant with their first child
- Are younger than 20 or older than 40
- Are African-American
- Were obese before the pregnancy
- Are carrying multiple babies
- Have certain medical conditions, including chronic high blood pressure, diabetes, rheumatoid arthritis or lupus.

Signs and Symptoms of Preeclampsia

Signs and symptoms of preeclampsia are not always obvious. Some symptoms, such as nausea, vomiting or dizziness often occur during a normal pregnancy.

Call your health care provider immediately if you notice any of these symptoms:

- Sudden, rapid weight gain
- Swelling of the face and hands
- Severe or constant headaches
- Vision problems, including blurred vision
- Pain in the upper part of the abdomen, especially on the right side
- Decreased urine output.

PLEASE NOTE:

It is important to keep your one week blood pressure check appointment after your delivery.



Signs of Preterm Labor

Signs and Symptoms

- Contractions, or tightening of your belly muscles, every 10 minutes or less
- Belly cramps with or without diarrhea
- Low, dull backache
- Cramps resembling menstrual cramps
- Feeling of pressure in the pelvic area
- A change in vaginal discharge

Risks of Preterm Birth

- Prior (unexpected) preterm birth before 37 weeks
- Pregnant with twins, triplets or other multiples
- Problems with the uterus or cervix
- African-American heritage
- High blood pressure, stress, diabetes or being overweight
- Short time (6-18 months) between pregnancies
- Certain infections during pregnancy, such as an infection of the uterus, vagina or urinary tract infection, or a sexually transmitted infection
- Smoking, drinking alcohol and using illegal drugs



Talk to your provider if you have any questions about preterm labor.

Fetal Movement

Health care providers often recommend that you begin fetal movement counts at the 28th week of pregnancy. Fetal movement counts are the number of times your baby moves during a certain period. The methods for recording fetal movement counts vary. Talk to your health care provider about the exact method that is right for you and your baby, and how often you should count fetal movement.

If your baby's movements suddenly change, decrease or stop, call your health care provider.

You know your body best. If you feel that something is not right, trust yourself and call your health care provider.

Round Ligament Pain

Round ligament pain is a common painful sensation that women may feel in their lower abdomen or groin beginning in their second trimester.

The round ligaments support the uterus and hold it in place. They stretch to accommodate the growing uterus during pregnancy. Pain can occur when this stretching takes place. It may feel like a dull ache or a sharp, stabbing pain. It can occur on one or both sides of the abdomen and possibly down into the groin.

Resting in a comfortable position or taking a warm bath may cause the pain to fade. If rest does not relieve the pain, ask your health care provider about options for pain relief.

Contact your provider if the pain is severe, persistent or accompanied by any bleeding, fever, chills, nausea, vomiting or any change in vaginal discharge.

Braxton Hicks

Braxton Hicks contractions can begin as early as the second trimester. However, they are most commonly experienced in the third trimester. When this happens, the muscles of the uterus tighten for about 30 to 60 seconds, and sometimes as long as two minutes. Braxton Hicks are also called “practice contractions” because they are a preparation for the real event.

Braxton Hicks are described as irregular in intensity, infrequent, unpredictable, non-rhythmic and uncomfortable. They do not increase in intensity or frequency and they taper off and then disappear altogether. If your contractions are easing up in any way, they are most likely Braxton Hicks. However, as Braxton Hicks contractions intensify near the time of delivery, the contractions are often referred to as false labor.

To alleviate Braxton Hicks contractions, try:

- Changing positions. You can lie down if you have been standing or go for a walk if you have been sitting or laying.
- Take a warm bath for 30 minutes or less.
- Drink a couple of glasses of water because contractions may be brought on by dehydration.

If none of these steps works, contact your health care provider.

False Labor vs. True Labor

TYPE OF CHANGE	FALSE LABOR	TRUE LABOR
Timing of contractions	Often are irregular and do not get closer together	Come at regular intervals and, as time goes on, get closer together
Change with movement	Contractions may stop when you walk or rest, or may even stop with a change of position	Contractions continue, despite movement
Strength of contractions	Usually weak and do not get much stronger (may be strong and then weak)	Increase in strength steadily
Pain of contractions	Usually felt only in the front	Usually starts in the back and moves to the front

Timing Contractions

When the uterus contracts, the cervix opens, allowing the baby to move into the birth canal. Contractions build to a peak and gradually fade before stopping for a short time to allow the uterus to rest. As labor progresses, these sensations become more intense.

Timing contractions helps you know when to contact your health care provider. During a prenatal appointment, you and your health care provider should decide when you will go to the hospital. If you are concerned about what you are feeling or suspect something may be wrong, call your health care provider or go to the hospital.

How do I time my contractions?

- Use a watch or clock with a second hand.
- Write down the time each contraction starts and stops.
- Note the number of seconds each contraction lasts (duration).
- Note the number of minutes from the beginning of one contraction to the beginning of another (frequency/interval).
- Time contractions for 30-60 minutes and evaluate their duration and frequency.
- If you have decided not to go to the hospital, resume timing contractions when their duration, frequency or strength changes.

Women can generally labor at home until contractions total at least 12-15 per hour, last for an average of one minute in duration, are about five minutes apart in frequency and are consistent for one hour.

Signs of Labor

What happens when labor begins?

SIGN	WHAT IT IS	WHEN IT HAPPENS
Feeling as if the baby has dropped lower	Lightening. This is known as the “baby dropping.” The baby’s head has settled deep into your pelvis.	From a few weeks to a few hours before labor begins
Increase in vaginal discharge (clear, pink, or slightly bloody)	Show. A thick mucus plug has accumulated at the cervix during pregnancy. When the cervix begins to dilate, the plug is pushed into the vagina.	Several days before labor begins or at the onset of labor

As labor begins, the cervix opens (dilates). The uterus, which contains muscle, contracts at regular intervals. When it contracts, the abdomen becomes hard. Between the contractions, the uterus relaxes and becomes soft. Up to the start of labor and during early labor, the baby will continue to move.

What is labor induction?

Labor induction is the use of medications or other methods to bring on (induce) labor. This is typically reserved when medically necessary and discussed with your provider during prenatal appointments.

What to expect at the hospital

When you arrive, you will be escorted to a room and hooked up to a machine that monitors your vital signs, such as blood pressure, pulse, etc. You will also have a monitor on your stomach to check your baby’s heart rate and movement. Depending on how far along you are, you will also be given an IV to make sure you are getting the proper hydration and medicines if needed. The Labor and Delivery staff will make every effort to ensure you are as comfortable as possible. Do not hesitate to ask questions.

What to Bring to the Hospital

For Mom:

- Brush and hair accessories
- Cell phone and charger
- Eyeglasses or contact lenses, if applicable
- Going home outfit
- Gowns (if breastfeeding, make sure gowns open from the front.)
- Lip balm
- Nursing bras and pads
- Pillow
- Robe or cover-up
- Socks and slippers
- Toiletries such as: toothbrush, toothpaste, deodorant, make-up, lotion, shampoo and conditioner, personal hygiene items, etc.
- Underwear
- Identification and insurance card
- We're Prepared Checklist (given to you from Magnolia Obstetrics and Gynecology)

For Baby:

- Blanket
 - Car seat and base with instructions (Please make sure it is properly installed.)
- Schedule an appointment with our child safety technician before your due date for help.**
- Change of clothes
 - Going home outfit



For Support Person:

- Camera with charged batteries and accessories
- Change of clothes
- Insurance information
- List of people to call
- Toiletries



What to Expect at North Oaks Labor & Delivery

North Oaks Medical Center has received the prestigious Blue Cross Blue Shield Blue Distinction Center+ for Maternity Care.

Just as you are preparing to care for your baby, North Oaks is prepared to care for you. Our accommodations include private Labor, Delivery and Recovery (LDR) Suites and post-partum rooms, and therapy balls, along with Well Baby, Intermediate Care and Neonatal Intensive Care Nurseries. In an effort to encourage breastfeeding, North Oaks does not provide pacifiers or formula bags. Lactation consultants are available throughout your stay to assist with any of your breastfeeding needs. North Oaks also promotes skin to skin contact with your baby as soon as possible after delivery and encourages rooming-in to allow you and your baby to get to know one another.

Neonatal Intensive Care Unit (NICU)

North Oaks Medical Center has a Neonatal Intensive Care Unit (NICU), and it is designed to treat the special needs of the hospital's smallest patients. With advanced equipment and personnel trained in the care of babies born prematurely or with other health problems, the unit is equipped to successfully care for infants weighing less than two pounds. North Oaks NICU is proud to offer the Donor Human Milk Program. Donor Human Milk may be supplied to babies in the NICU with parental consent.

As a reminder, North Oaks Women and Children's Services prioritizes the safety of our patients and has strict security measures in place. Please be aware of these measures prior to arrival (See page 6 for the Women and Children's Safety Measures).



Learn more about our exceptional Labor & Delivery care by registering for the Infant Care class during your 1st or 2nd trimester.

40 Weeks: Chubby Cheeks, Healthier Babies

North Oaks has joined with the Louisiana Department of Health (LDH), tLouisiana Perinatal Quality Collaborative (LPQC) and individual hospitals in the Louisiana Birth Outcomes Project in the effort to decrease infant deaths and complication rates. One of the project's goals is to eliminate elective deliveries before 39 weeks of pregnancy and before 40 weeks of pregnancy for first-time moms. Research supports that babies who are carried to the full 40 weeks of pregnancy are healthier and have fewer health risks than those who are delivered earlier.

Vaginal Delivery

(content from www.whattoexpect.com)

While every vaginal birth is different, here's what you can expect leading up to, during and after those hours of childbirth.

The stages of a vaginal birth

For women who deliver vaginally, childbirth progresses in four stages: early labor, active labor, transitional labor and delivery. All women who deliver vaginally will experience all four phases of labor, though you may not notice the first phase at all. It is our goal to keep you as comfortable as possible during your labor and delivery. Please talk to your provider about comfort care options that are available.

Stage 1: Early Labor

The timing and intensity of contractions can help clue you in to which phase of labor you're in, while periodic physical exams will confirm your progress.

Stage 2: Active Labor

This is when your cervix reaches the magic 10 cm mark — meaning you're fully dilated. Now it's your turn to push your baby the rest of the way through the birth canal, unless you're laboring down (in which case you'll catch a break for a few minutes to an hour while your uterus does most of the work bringing baby further into the birth canal).

Stage 3: Transitional Labor

Most women actually find that transitional labor, or those last 2 to 3 cm of dilation, is the most demanding and intense phase of labor — but it's fortunately also the shortest, usually lasting 15 minutes to an hour. As your baby crowns and you push him or her out, you will feel a tingling, stretching or burning sensation.

Stage 4: Delivery

The worst is over. In this final stage of labor, you'll continue to have mild contractions as your practitioner helps you deliver your baby's placenta. Your provider will examine it and your uterus to be sure everything is as expected.



Meeting Your Baby

As long as you haven't experienced any complications during labor and delivery, you'll be able to hold your baby, often while you're delivering your placenta and your practitioner is repairing any tears. Take the time for skin-to-skin bonding. You may feel an immediate bond with your baby, or you may feel somewhat detached. Both responses are completely normal. No matter how you feel now, you will come to love your baby intensely. Sometimes it just takes a little time.

Healing

How your vagina will recover after birth varies based on a lot of factors. Healing generally lasts about three to five weeks if you didn't have any tearing, and about six weeks if you had perineal tears or an episiotomy. For the first week postpartum, you'll likely experience vaginal bleeding, cramps, exhaustion, perineal discomfort, difficulty urinating and making bowel movements, and all-over achiness, among other physical symptoms.

Delivery by Cesarean Section

A cesarean section (C-section) is a surgery where an incision is made in the mother's abdomen and uterus. The baby is then taken directly from the uterus instead of traveling through the birth canal.

Cesarean sections may occur when:

- The mother has had a previous baby by cesarean delivery.
- The obstetrician feels that the baby's health might suffer if born vaginally.
- The baby's heartbeat slows abnormally or becomes irregular.
- Newborns have their buttocks, feet or both positioned to come out first during birth (a breech presentation).
- The mother is carrying multiples.

Women who have had a cesarean birth before may be able to give birth vaginally. This is called a Vaginal Birth After Cesarean or VBAC. The decision depends on the type of incision used in the previous cesarean delivery, the number of previous cesarean deliveries, whether you have any conditions that make a vaginal delivery risky and the type of hospital in which you have your baby, as well as other factors. Talk to your health care provider about your options. North Oaks does not perform elective C-sections for first-time mothers unless medically necessary.



How is the procedure performed?

An incision is made through your skin and the wall of the abdomen. Another incision will be made in the wall of the uterus. The baby will be delivered through the incisions, the umbilical cord will be cut and then the placenta will be removed. The uterus will be closed with stitches that will dissolve in the body. Stitches or staples are used to close your abdominal skin.

What should I expect after the procedure?

If you are awake for the surgery, you can perform skin-to-skin bonding with your baby right away. You will be taken directly to your room for the recovery period. Your blood pressure, pulse rate, breathing rate, amount of bleeding and abdomen will be checked regularly.

The first few times you get out of bed, a nurse or nursing assistant should help you. The abdominal incision will be sore for the first few days. There are many different ways to control your comfort level. Talk to your health care provider about your options.

A hospital stay after a cesarean birth usually is 2–4 days. When you go home, you will need to take special care of yourself and limit your activities based on your provider's instructions.

What should I expect during recovery?

- Mild cramping, especially if you are breastfeeding
- Vaginal bleeding or discharge for about 4–6 weeks
- Vaginal bleeding with small clots and cramps
- Pain at the incision

To prevent infection, you should clean the area with the provided CHG wipes or soap for 5 days after surgery. Do not soak in the tub until instructed by your provider. After a cesarean birth you should not place anything in your vagina or have sex unless your provider says it is okay. Allow time to heal before doing any strenuous activity.



Call your health care provider if you have redness around your incision, have a fever or heavy bleeding or if the pain worsens.

Breastfeeding

Many new moms choose to breastfeed because of the numerous health benefits for their babies. It is important to prepare beforehand if you are planning to breastfeed, and our lactation consultants can help. Lactation consultants are specially trained nurses who provide personal breastfeeding guidance and support in the classroom or through individual consults. **Our lactation consultants are board-certified, the highest level that can be accomplished in the field.** We earned Louisiana's primary breastfeeding designation, given by The Gift, for improving hospital practices and policies aligned with *Ten Steps to Successful Breastfeeding*.



FREE services are offered to mothers who deliver at North Oaks Medical Center:

- Inpatient coaching for all nursing mothers
- Follow-up phone call within 48 hours of leaving the hospital
- Outpatient private consulting.

Most babies are ready to eat within the first hour after birth. Your baby should eat eight or more times in a 24-hour period. Watch for feeding cues and feed on demand. Feeding cues include rooting, mouthing movements, hand-to-mouth activity and crying.



REMEMBER:
Breastfeeding is a learned experience for you and your baby. Be patient and ask for help from your nurse or lactation consultant.



Register to attend the Prenatal Breastfeeding class during your second or third trimester to prepare for breastfeeding.

Post-Birth

Self-Care

You may have some irregular bleeding until your check-up appointment. Your bleeding may increase and decrease often throughout the first few weeks, but then should become less and less as each week goes by. It should not alarm you unless it is much heavier than your periods usually are, or if you are passing large clots of blood. You may have cramping or lower abdominal discomfort for a short time.

Talk with your doctor regarding pain medication if necessary.

If you had an episiotomy, your incision may be uncomfortable with swelling and irritation for about one week. Warm tub baths are the best treatments. You may shower, unless otherwise directed. Remember to pat dry the area between your vagina and your rectum, or your C-section incision after showering.

Perineal Care

The perineal area consists of the vaginal opening where your baby exited as well as the surrounding tissue. Following the birth of your baby, this area may be tender and sore.

Cleanliness and pain relief are the two most important items in the care of the perineal area following birth. Good care can prevent infection and speed healing. Wash the perineal area with gentle soap.



In addition, do the following every time you use the toilet:

- Use a peri bottle or other plastic squeeze bottle to squeeze warm water over the area while urinating for about 4-6 weeks postpartum.
- Pat the perineal area dry from front to back to avoid introducing germs from the rectal area.
- Change the peri pad at least every 4-6 hours.
- Assess the amount and color with each pad change. Call your provider if you are concerned.
- Avoid standing for long periods of time.
- Ask your health care provider about using acetaminophen or ibuprofen for pain relief. Also ask about using a stool softener.
- Drink 6-8 glasses of water or 100% fruit juice daily, and eat fresh fruits and vegetables to prevent straining (from constipation) to the peri area.
- Ask your health care provider to explain how to do Kegel exercises (special exercises to strengthen your pelvic floor muscles) to increase blood flow to the area for increased healing.



REMINDER:

Do not use tampons, vaginal douche or have sexual intercourse until at least your 6-week postpartum appointment, and your health care professional has said it is okay.



Post-Partum Depression and Anxiety

During the first weeks after childbirth, you may have the baby blues or feel jittery, excited, and overwhelmed or frustrated. Hang in there. Gradually over time, the symptoms will recede, you will start bonding with your baby and will feel like yourself again.

However, if you're experiencing feelings of **hopelessness, sleep problems, lost appetite, irritability, social withdrawal, excessive worry and aversion to your baby** for at least two weeks or longer, you may be experiencing symptoms of post-partum depression.

Between 15-20% of all new mothers experience these symptoms. It's normal. The good news is that it is treatable with the help of your provider. Recognizing this and seeking the help you need as soon as possible is essential for both you and your baby.



Call your health care provider if symptoms of post-partum depression last longer than 2 weeks.

Post-Birth Warning Signs

As you are getting to know your newborn, it is important to take care of yourself.

The below post-birth warning signs can become life-threatening if you don't receive medical care right away.

- **Pain in chest, obstructed breathing or shortness of breath** (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem.
- **Seizures** may mean you have a condition called eclampsia.
- **Thoughts or feelings of wanting to hurt yourself or your baby** may mean you have postpartum depression.
- **Bleeding (heavy)**, soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage.
- **Incision that is not healing, increased redness or any pus from episiotomy or C-section site** may mean you have an infection.
- **Redness, swelling, warmth or pain in the calf area of your leg** may mean you have a blood clot.
- **Temperature of 100.4°F or higher**, bad smelling vaginal blood or discharge may mean you have an infection.
- **Headache (very painful), vision changes or pain in the upper right area of your belly** may mean you have high blood pressure or post birth preeclampsia.



Frequently Asked Questions

What can I take for indigestion? *Tums®, Rolaids®, Zantac®, Pepcid®*

Can I take an airplane trip? *Yes, but only prior to 36 weeks without complications. Increase water consumption and perform leg exercises. Check with your airline for specific recommendations and discuss with your doctor.*

What can I use for a yeast infection? *Try over-the-counter medications first. If these do not help, please make an appointment with your provider.*

Can I get the TB test if my job requires it? *Yes*

How long must I be off work after the baby is born? *On average it is 6 weeks for a vaginal delivery and 8 weeks for a C-Section.*

If I think I am in labor, when should I go to the hospital or call the office? *You should go to the hospital when having regular, painful contractions, vaginal bleeding or leaking fluid. If you are unsure as to what you are feeling, please call us first.*

Can I get a tan or use spray tan? *It has not been proven to hurt you or the baby, but we recommend you do not take part in this activity until after delivery.*

Can I go to a concert or will the loud music hurt the baby? *Yes, you can go to a concert; the baby is protected from the loud noise.*

Can I get a massage? *Yes.*

What can I do if my feet swell? *You may elevate your feet periodically and reduce your salt intake.*

Can I get in the hot tub? *No, you should not during pregnancy.*

Can I continue my routine meds or herbal meds? *Herbal remedies are not suggested; please review all other medications and supplements you may be taking with your provider at your next appointment.*

Can I pick my date of delivery if I am to be induced? *Unfortunately, we are not typically able to do this due to space limitations in Labor & Delivery. Consult with your provider for specific circumstances.*

After a miscarriage, how soon can I start to try to get pregnant? *You should wait at least 3 months.*

What type of birth control can I use while I am breastfeeding? *Depo Provera[®], Implanon[®], Nexplanon[®], Intrauterine Device (IUD) or prescribed oral contraceptives.*

What can I use for breast engorgement? *You may wrap your breasts tightly, take Tylenol[®]/Motrin[®] or take a hot shower.*

Can I exercise during my pregnancy? *Yes, if your pregnancy is without complications. You should not engage in prolonged lifting or bending. Take frequent breaks and increase your water intake.*



MYTHBUSTERS

Myth: *Pregnant women don't need to worry about vaccines.*

The flu and whooping cough vaccines are recommended during pregnancy to protect you and your baby. Babies must wait until 2 months to get their first whooping cough shot and 6 months old to get a flu vaccine. The vaccines you get during pregnancy will help protect your baby during their early months of life.

Myth: *Pregnant women should be eating for two.*

The American Congress of Obstetricians and Gynecologists (ACOG) states that if an expectant mother had a normal weight pre-pregnancy she will only require, at most, 300 extra calories a day.

Myth: *Avoid flying at all costs.*

Women who have coexisting lung or cardiac problems when they are pregnant might find they do not do well flying. Most women fear flying while pregnant because of the radiation associated with the airport's body scanners and X-ray machines. The FDA says, "It's a very minimal amount of radiation, and it's extremely unlikely to cause any sort of fetal effects." Also, women who are still worried can always choose to get a pat-down instead.

If you do choose to travel by plane or car, it is recommended that you wear compression stockings and move around at least every two hours.

Myth: *Caffeine cannot be consumed.*

Pregnant women should stay within the recommended limit of 200 milligrams of caffeine (a 12-ounce cup) per day.

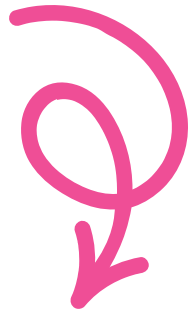
Myth: *Throw out your hair dye.*

We don't believe there's any fetal risk from hair dyes. Nonetheless, hair dyes that give off a strong scent have been known to cause nausea in pregnant women. It is recommended to dye your hair in an open and well-ventilated area.



Myth: Say goodbye to fish.

Pregnant women should avoid fish high in mercury and avoid all raw and undercooked seafood. See the chart below.



This chart can help you choose which fish to eat, and how often to eat them, based on their mercury levels.

What is a serving? As a guide, use the palm of your hand.



For an adult
1 serving = 4 ounces

Eat 2 to 3 servings a week from the “Best Choices” list (OR 1 serving from the “Good Choices” list).



For children,
a serving is
1 ounce at age 2
and **increases with age**
to 4 ounces by age 11.

If you eat fish caught by family or friends, check for [fish advisories](#). If there is no advisory, eat only one serving and no other fish that week.*

Best Choices EAT 2 TO 3 SERVINGS A WEEK			OR	Good Choices EAT 1 SERVING A WEEK		
Anchovy	Herring	Scallop		Bluefish	Monkfish	Tuna, albacore/ white tuna, canned and fresh/frozen
Atlantic croaker	Lobster, American and spiny	Shad		Buffalofish	Rockfish	
Atlantic mackerel		Shrimp		Carp	Sablefish	
Black sea bass	Mullet	Skate		Chilean sea bass/ Patagonian toothfish	Sheepshead	Tuna, yellowfin
Butterfish	Oyster	Smelt		Grouper	Snapper	Weakfish/ seatrout
Catfish	Pacific chub mackerel	Sole		Halibut	Spanish mackerel	White croaker/ Pacific croaker
Clam	Perch, freshwater and ocean	Squid		Mahi mahi/ dolphinsfish	Striped bass (ocean)	
Cod		Tilapia			Tilefish (Atlantic Ocean)	
Crab	Pickrel	Trout, freshwater		Choices to Avoid HIGHEST MERCURY LEVELS		
Crawfish	Plaice	Tuna, canned light (includes skipjack)				
Flounder	Pollock	Whitefish		King mackerel	Shark	Tilefish (Gulf of Mexico)
Haddock	Salmon	Whiting		Marlin	Swordfish	Tuna, bigeye
Hake	Sardine			Orange roughy		

* Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants. State advisories will tell you how often you can safely eat those fish.

www.FDA.gov/fishadvice
www.EPA.gov/fishadvice



Myth: *Sex will hurt the baby.*

Unless your doctor warns against it or you have a certain medical condition, you can still have sex while pregnant. Even so, the CDC explains that you must still protect yourself from sexually transmitted diseases, since they can be transmitted to your baby as well.

Myth: *You cannot pet your cat.*

On its own, your cat will not harm you, but your cat's feces might. Since cat feces contains toxoplasmosis – a disease that may cause birth defects – it is recommended that pregnant women avoid litter boxes at all costs.

Myth: *Step out of (and away from) your high heels.*

Pregnant women can wear heels – unless they are prone to falling. As you progress through pregnancy, your center of gravity changes and you become less steady on your heels.

Myth: *Skincare products are a no-no.*

Sunscreen, cleansers, moisturizers and even self-tanners can be safely used during pregnancy. However, creams and cleansers containing salicylic acid can be used only if the concentration is less than 2%.

Myth: *Cocoa butter prevents stretch marks.*

The formation of stretch marks mostly has to do with a woman's collagen and how well her skin stretches. No cream can prevent such a thing.

Myth: *You can give your baby your cold.*

Though you should always check with your doctor, few infections are able to cross the placenta and harm your unborn child.

