

-

Your Pregnancy

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My Estimated Due Date _____(based on ____LMP ____ultrasound ____both)

My Prenatal Labs

Blood type _____

Antibody Screen _____

Hepatitis B _____

HIV _____

Rubella _____

Hemoglobin _____

Pap Smear _____

Chlamydia/Gonorrhea _____

Genetic screening tests _____

My 28-week labs

One hour glucose _____

Hemoglobin (iron) _____

RhoGam (if Rh negative) date given _____

TDAP given _____

My 35 to 36-week labs

Group Beta Strep (GBS) _____

Flu Shot (in season) _____

TDAP (whooping cough) vaccine _____

COVID vaccine _____

Welcome to Cherry Hills Midwifery, Obstetrics, and Gynecology

We would like to take this opportunity to congratulate you on your pregnancy and welcome you to our practice. We are very honored to be participating in your care during such a wonderful time in your life. Pregnancy can be exciting but also occasionally stressful or confusing. The providers and staff at Cherry Hills Midwifery, Obstetrics, and Gynecology have created this information booklet to help answer some common questions.

Our Practice

Our goal is to provide you with the highest level of care, through a team approach. Our providers want you to have a happy and healthy pregnancy and birth. We encourage you to communicate with us, so that we can help answer your questions and address your concerns.

Our Providers:
Amanda Hittson, DO
Diana Buckwalter, CNM, FNP
Aimee Melton, CNM
Melanie Redfield, NP
Betsy Mendenhall, NP

We deliver babies at Swedish Medical Center and starting January 1st, 2027, UCHealth Highlands Ranch.

What is a CNM?

Certified Nurse Midwives (CNMs) are registered nurses who have obtained a master's degree in nursing and specialize in women's health across the lifespan. Most midwives in the United States are health care providers who offer services to women of all ages and stages of life. With their advanced education and their focus on research and partnering with women they are among the most modern, forward-thinking health professions in the US today. Midwives have shown to provide high-quality care that is equal to, if not superior to physicians.

CNMs provide care starting from a women's first period until after menopause, plus all the important health events in between. CNMs are able to prescribe a full range of substances, medications, and treatments. Our nurse midwives and nurse practitioners work with physicians associated with HCA so that there is always a physician available for consultation or transfer of care for higher risk conditions. Please visit the American College of Nurse Midwives website at http://www.mymidwife.org where you can find more information about nurse midwifery and the benefits of having a CNM involved in your obstetric and gynecologic care.

Prenatal Visits

Using the table provided, you are welcome to keep track of your appointments. In general, we will plan to see you about every 4 weeks during the first part of your pregnancy, then every 2-3 weeks from 28 to 36-weeks gestation. We will see you weekly during the last month of pregnancy (36 weeks until delivery). During the visits, we will measure your belly, listen to the baby's heartbeat, and review any lab work with you. We also hope you will bring in any questions you might have.

Prenatal visits (for your own personal records, in case you would like to keep track of your visits)

Date	Weeks Gestation	Weight	BP	Total wt Gain	Fundal height (cm)	Fetal heart Rate	Comments

Prenatal Care

Your "estimated due date" (EDD) is based on a 40-week gestational period, starting with the first day of your last menstrual period (LMP). The EDD is either confirmed or changed based on your first ultrasound. Most babies are born between 38 and 42 weeks.

Your prenatal visits are scheduled according to your due date and gestational age. During your pregnancy, diagnostic studies (such as lab work, cultures, and pap smears), are done to check your health and check for any potential risks to the baby. If the test results are normal, we will discuss them with you at your next visit or via the patient portal. If the tests come back abnormal, we will notify you of the results, as well as any additional testing or follow-up needed.

Please keep your phone number and contact information up to date, so that we can reach you if needed. If you have worries about a test result and don't want to wait until the next visit, please feel free to call our office.

In an uncomplicated pregnancy, your prenatal care visits will be approximately as follows in the table. We will check your urine, weight, and blood pressure at each visit.

Confirmation of pregnancy	Typically done between 7-8 weeks from your last menstrual period. We perform an ultrasound which will help determine your baby's estimated due date. Review your medical, surgical, genetic, and

	family medical history. You will also have a physical exam and lab work drawn**.**
10-week visit	Genetic screening tests are offered. We will also review you and your partner's genetic history.
12-week visit	Ultrasound to see early fetal anatomy. We will review your initial prenatal labs. We will also perform genetic screening, if desired (see the Prenatal Tests section in this booklet for more information).
16-week visit	Measure your uterus size and baby's heart rate. We will also schedule a 20 to 21-week ultrasound to check the baby's development.
20-week visit	Measure uterine size and baby's heart rate. Your ultrasound will be done around this time by our ultra sonographer to look at the growth of the baby and an anatomy review.
24-week visit	Measure your uterine size and check baby's heart rate. *Start signing up for classes now.*
28-week visit	Measure uterine size, check baby's heart rate. If you are Rh negative, we will also draw blood for antibodies and give you your Rhogam injection. You will be given a sugar drink and then have blood work to check for gestational diabetes and anemia (see Prenatal Tests section for instructions). You will also be offered the Tdap vaccine and influenza vaccine at this time.
30-week visit	Measure uterine size, check baby's heart rate, and review your 28-week labs. Do you have a pediatrician yet?
32-week visit	Measure uterine size and check baby's heart rate. If you are considering permanent sterilization, this is a good time to discuss with the provider, if you have not already done so. (Medicaid requires papers to be signed at least 30 days before your due date.)
34-week visit	Measure uterine size and check baby's heart rate.
36-week visit	Measure uterine size, check baby's heart rate, and we will collect a vaginal swab to check for GBS (see Prenatal Tests section. We will discuss your birth plan around this time.
37-week and weekly until delivery	Measure uterine size and check baby's heart rate. If you would like us to check your cervix, let us know (although this does not have to be done routinely). We will be asking about labor signs.

Prenatal Tests

Genetic Screening Tests: These include the nuchal translucency scan (done between 10 and 13 weeks of pregnancy) and the NIPT (non-invasive prenatal testing) which is done at any time after 10 weeks in the pregnancy. These are *screening tests* which means they cannot diagnose a genetic problem, only identify babies who might be at higher risk for genetic problems. A *diagnostic test* can be done to diagnose a problem. If you have an abnormal genetic screening test, we will offer you a diagnostic test including amniocentesis which carries a 1 in 300 risk for miscarriage.

We generally counsel women and families to consider what they will do with the information from any genetic screening test very carefully before deciding to do the test.

- **Nuchal Translucency Scan** – The ultrasound evaluation measures nuchal translucency (fluid beneath the skin behind the baby's neck). This evaluation of the fetus is to assist in identifying significant fetal abnormalities. This ultrasound does not detect neural tube defects. It is important to realize that an abnormal result does not equate to having an abnormality, but rather serves a prompt to discuss further testing.
- **Non-invasive Prenatal Testing** (NIPT)– We currently offer a test that was clinically validated in a population of pregnant women with increased risk for chromosomal aneuploidy, including one or more of the following: advanced maternal age (35 years and older), personal/family history of chromosomal abnormalities, fetal ultrasound abnormality suggestive of aneuploidy, positive serum screening test. NIPT is a laboratory-developed test that analyzes circulating cell-free DNA extracted from a maternal blood sample. The test detects an increased amount of chromosomal 21, 18, and 13 material. This test can be performed in the first or second trimester as early as 10-weeks gestation. The test is currently not covered by insurance for women who are low risk for chromosomal abnormalities. If you do not have one of the risk factors this test, you may have to pay for this test out-of-pocket.
- **Carrier Screening – *Carrier screening*** is a type of genetic test that can tell you whether you carry a ***gene*** for certain ***genetic disorders***. When it is done before or during pregnancy, it allows you to find out the chances of having a child with a genetic disorder. Carrier screening is available for a limited number of diseases, including ***cystic fibrosis***, ***fragile X syndrome***, ***muscular dystrophy***, and ***Tay–Sachs disease***. Some of these disorders occur more often in certain races or ethnic groups. For example, Tay–Sachs disease is most common in people of Eastern or Central European Jewish, French Canadian, and Cajun descent. But anyone can have one of these disorders. They are not necessarily restricted to these groups.

A few other tests we recommend:

- **One-hour glucose test** – This test is done at about 26-28 weeks of pregnancy (sometimes we ask women at higher risk for pregnancy-related diabetes to do an earlier test). You don't need to be fasting for this test, or do any special preparation. We do advise against eating a high sugar meal just before your test. The day of the test, you are given the glucola drink or Fresh Test when you arrive for your appointment. You need to finish the drink in about 5 minutes, and be sure your blood is drawn exactly one hour after you finish the drink. Don't eat or drink anything during that hour before you get your blood drawn. We recommend you bring a snack with you to the visit, so you can eat after your test is complete. If your blood sugar is high, we will notify you of the need to do a diagnostic test for gestational diabetes, known as the 3-hour glucose tolerance test (GTT).

  www.diabetes.org/diabetes-basics/gestational/
- **Group Beta Strep test (GBS)** – About 20% of women are carriers for group beta strep. There are rarely any symptoms and women who are carriers don't need any special treatment. However, a few infants who are exposed to GBS in labor can get sick, so we test all women for this bacteria between 35 and 37

weeks of pregnancy (unless they are planning a scheduled cesarean section). Using a small Q-tip swab, we will gently swab just inside your vagina, down your perineum, and barely into your anus. If you are found to be GBS positive, we will let you know and plan to give you intravenous antibiotics during labor, which helps to prevent the infant from getting ill. Even if you need the antibiotics, the nurse can use a saline lock, so that you don't have to be attached to an IV line during the entire labor. You can find more information on GBS at the CDC website: www.cdc.gov/groupbstrep/about/fast-facts.html

Nutrition, weight gain, and diet in pregnancy

Healthy nutrition is an important part of a successful pregnancy. Everything you eat helps to nourish your body and helps your growing child. If you started out a normal pre-pregnant weight, we would like to see you gain between 25-35 pounds. Most women gain about one pound per week, on average, during the second half of pregnancy. If you started out your pregnancy overweight, we would like to see you gain about 15 pounds, and if you started out underweight, we would like to see you gain about 40 pounds, to ensure your baby gets enough calories and nutrition to thrive. Please discuss your pre-pregnant weight and recommended weight gain with the midwife or nurse practitioner if you have questions. Here is a helpful link:

http://www.midwife.org/ACNM/files/ccLibraryFiles/Filename/000000000755/Weight%20Gain%20During%20Pregnancy%202010.pdf

BMI pre-pregnancy	Recommended Weight Gain in Pregnancy
BMI < 18.5 (underweight)	28-40 lbs
BMI 18.5 – 24.9 (normal weight)	**25-35 lbs**
BMI 25 – 29.9 (overweight)	15-25 lbs
BMI >30 (obese)	11-20 lbs

Try to eat mostly fresh, unprocessed foods, including fruits, vegetables, whole grains, beans, nuts, legumes, low-fat dairy (good source of calcium), and unprocessed lean meats. Drink mostly water and skim or low-fat milk. Limit or avoid over-packaged, high fat, fried, "junk-food", or fast food and try to limit your soda intake. Protein is especially important in pregnancy. You should consume approximately *70 grams of protein per day* in pregnancy.

Nutrition in Pregnant and Lactating Women

	Non-pregnant	Pregnant	Lactating
Calories	2000-2200 cal	+ 300 cal	+500 cal
Protein	46 grams	71 grams	71 grams
Calcium	1000 mg/d	1000 mg/d	1000 mg/d
Iron	18 mg/d	27 mg/d	27 mg/d
Water	2.7 liters/day	3.0 liters/day	3.8 liters/day

Foods to avoid in pregnancy

You should only drink small amounts of caffeinated drinks (one or two per day), as high caffeine consumption is not good for pregnant women. Most women feel better if they drink adequate water. Drinking plenty of water helps prevent constipation, urinary tract infections, and swelling in your legs and feet. Your urine should be pale yellow (sometimes bright yellow after taking your prenatal vitamin). If your urine appears very dark yellow or tea-colored or concentrated, you probably need to drink more water.

Listeria is a bacteria found in unpasteurized mild, some luncheon meats, and smoked seafood. Foods to avoid in pregnancy include soft, unprocessed, or unpasteurized cheeses, such as Brie, feta Camembert, blue-veined cheeses, and cheeses such as queso fresco, queso blanco, and panela. Also, be cautious when eating hot dogs, luncheon meats, or deli meats, unless they are heated to steaming (at least 160 degrees F). Do not eat refrigerated smoked salmon unless it is in a cooked dish, such as a casserole, and avoid cold pate or meat spreads. Heating the foods listed above to steaming hot will kill any dangerous bacteria, making them safe to eat. Wash all raw foods well before eating.

Semi-soft and hard cheeses including mozzarella are safe. You can safely enjoy any cheese that has been pasteurized and processed soft cheeses such as cream cheese and cottage cheese.

You may have questions about what fish are safe to eat in pregnancy. We recommend you eat no more than two servings of fish per week. Fish and shellfish do contain omega-3 fatty acids and other important nutrients. While pregnant, avoid eating shark, grouper, marlin, orange roughy, king mackerel, swordfish, and tilefish, as these are known to contain high levels of mercury. Also, eat only three 6 oz. servings a month or less of the following: bass saltwater, croaker, canned white albacore tuna, fresh Bluefin or ahi tuna, sea trout, bluefish, and American lobster (Maine lobster). You can eat a serving of chunk light canned tuna once or twice per week. You can safely enjoy other fish in moderation, once or twice per week. Avoid raw fish, found in sushi.

For more information about food safety in pregnancy, go to the FDA website at:

http://www.fda.gov/Food/ResourcesForYou/HealthEducators/ucm081785.htm

Water

More water is often the solution to many problems and complaints in pregnancy. Pregnancy women need to drink at least 10 cups (2.3 liters) of fluids daily. The best fluid to drink is water. Avoid sodas and juices. You have more blood volume in your body when you are pregnant. You need to drink enough water to keep up with this increased volume. If you do not, you will get dehydrated quickly and experience cramping, dizziness, constipation, leg cramps, headaches, low amniotic fluid, and many more symptoms. Water also helps flush out waste products from cells so it aids in liver and kidney function for you and your baby. Always carry water with you. If you have trouble drinking water, try adding lemon to flavor the water or drink water in small sips throughout the day.

Vitamins

We also recommend that you take a daily prenatal vitamin, containing iron, folic acid, and DHA. You can buy an "over the counter" brand, or we are happy to prescribe you a prenatal vitamin. If you are too nauseated to take a regular prenatal vitamin in early pregnancy, you can take two chewable children's vitamins. *If you are taking chewable vitamins, you need to take iron in addition to the prenatal vitamin.*

Iron Supplements

Usually, your prenatal vitamin with iron is all you need to take in pregnancy. However, some women do develop anemia, or low iron, while pregnant. If you develop this condition, we will recommend an additional iron supplement. If we recommend this, you should take it at a different time than your prenatal vitamin. You can take it about 20 minutes before dinner time, with a small glass of orange juice or another source of vitamin C (which helps your body absorb the iron). Any chewable or "gummy" vitamin does not contain iron. Some women report dark stools, constipation, or stomach upset with iron supplements. Be sure to drink plenty of water, eat a diet high in fiber and walk daily to help your bowels move normally. If the iron supplement is causing you problems, some women prefer Floradix brand iron (a liquid iron available at most natural food stores) –it is more expensive but easier on your stomach.

Exercise and Activity

Exercise is good for you and your growing baby. If you are already involved in a regular exercise routine, you may continue as long as you feel comfortable, and we haven't placed you on any specific activity restrictions. We recommend that you avoid contact sports and sports that could be dangerous, including scuba diving, rock climbing, horseback riding, downhill skiing, mountain biking, etc. Low-impact activities such as walking, biking, and swimming are high recommended.

Generally, if an activity won't cause you to hit or strike your uterus, and does NOT cause bleeding or contractions, it is most likely safe. We are happy to discuss your usual activities with you if you have concerns. We also want to remind you that it is very important to wear your seat belt every time you are in a car. Wear it low, across your pelvic bones, just below your pregnant belly. Wearing a seat belt could save you and your baby's life!

Employment

If you are employed outside the home, it is your responsibility to take care of yourself and communicate your needs with your employer. While we do not place any restrictions on healthy pregnant women, we do recommend you consider these sensible tips:

- Limiting your work hours to 8 hours a day, 40 hours a week, if possible

- Avoiding prolonged standing or sitting (you will feel better if you can take a 5-minute break at least every two hours).
- Limiting lifting heavy items to 25-35 lbs without additional assistance, unless you are accustomed to this sort of heavy work prior to pregnancy
- Be sure to have adequate ventilation and try to avoid extremes in temperature

If you choose to stop working before your baby is born, it is your responsibility to discuss this with your employer and make the appropriate arrangements. Most FMLA leave begins when you go in to labor. If there is employment associated paperwork you need completed by our office, drop off the forms and give us as least two weeks to complete the forms.

Ultrasounds

We generally do a dating ultrasound at your first visit to confirm the pregnancy and to help determine your estimated due date. We will order a second ultrasound to be done at 20-weeks gestation. This ultrasound is used to make sure your baby is developing as expected and is done by a trained ultrasonographer. Often, you will be able to find out the gender of the baby at the 20-week ultrasound. If there are no complications in your pregnancy, these are the only two ultrasounds we will recommend.

Fetal Movement

If this is your first baby, you might start feeling the first flutter of movement around 20-weeks gestation. Some women, particularly those who have had a child in the past, will feel the baby move sooner, perhaps around 16-weeks gestational age. Some women may feel the baby move later than 20 weeks. Movements can be described as rolling, punching, kicking, or stretching in your uterus.

Once you have reached 28 weeks of pregnancy, you should be feeling the baby move, regularly, every day. Feeling fetal movement is a "low tech" way to tell you that the baby is doing well. Most babies have a certain time of day when they are more active (such as just after dinner, just after you go to bed, or first thing in the morning). Once you reach 28 weeks of pregnancy, we would like you to take time each day, during your baby's active time, to notice his or her movements. If you feel that your baby is not moving normally, please give us a call right away.

Daily Fetal Kick Count: Sometimes we ask women to do a fetal kick count. If you have been instructed to do this daily count, we ask that you count the number of times your baby moves in two hours during his or her active time of the day (often after dinner). If the baby moves at least 10 times in two hours, there is no need to call us. If your baby moves less than 10 times in two hours, we would like you to give us a call right away.

Prenatal Classes

Both Swedish Medical Center and Littleton Adventist offer an assortment of classes, including childbirth classes, refresher classes for second time parents, a hospital tour, breastfeeding class, baby care class, and infant/child CPR. We do recommend these classes, especially if you are a first-time parent. We strongly recommend that all our patients partake in the hospital tour. You can register online to make a reservation. They encourage you to schedule these classes prior to the seventh month of pregnancy. We are happy to provide you with several other options for birthing classes in the Denver area.

Doulas

A doula is a labor coach but truly is so much more. A doula is trained and certified in helping you and your partner through the labor, birth, and postpartum period. Many people choose to hire a private who is on-call for them and available at any time. They often work with you prior to the birth to discuss your birth plan and educate you on coping in labor. We are happy to refer you to doulas we have worked with in the past.

Swedish Medical Center has a volunteer doula program available to patients in labor. You simply request a doula when you arrive to the hospital. There is typically a doula available who will come in and work with us.

Travel

The physical act of traveling is fine any time during your pregnancy. Walk and exercise your legs for 5-10 minutes every 2 hours to minimize your risk of blood clots in your legs. There is no problem with flying during pregnancy. Your chance for delivery increases as you get closer to your due date. Therefore, if you travel late in pregnancy you run the risk of going into labor or rupturing your membranes and delivering in another location. 34 weeks is a good cutoff to stop traveling unless necessary. Always ask for a copy of your prenatal records if you travel during the second half of pregnancy. Please be advised that travel should always be avoided when risk of acquiring an infectious disease is higher, including COVID and Zika virus.

Sex in Pregnancy

Most couples have questions regarding sexual intercourse in pregnancy. It is perfectly safe to have intercourse in pregnancy. If there is a reason you should not be having sex, we will be sure to let you and your partner know. On occasion, sex during pregnancy can cause some light vaginal spotting or mild cramping. This is very normal to experience. If you feel that you are having heavier bleeding or strong contractions after intercourse, please let us know.

Alcohol

Our professional organization, The American College of Obstetricians and Gynecologists (ACOG), recommends that no alcoholic beverages be used during pregnancy since a safe amount or threshold amount over which problems occur, is not known. Common sense, cultural differences, and a long history of alcohol use during pregnancy suggest that an occasional alcoholic beverage will cause no problems. Most babies with fetal alcohol syndrome were subjected to daily, large amounts of alcohol interacting with poor nutrition.

Smoking and Marijuana

No health care provider can say anything positive about cigarette smoking or marijuana when a woman is pregnant. Smoking is associated with numerous health problems for the mother and is associated with fetal and neonatal health problems. These include low birth weight infants, birth defects, miscarriage, and long-term health outcomes. If you are still smoking or vaping, please discuss with us suggestions for quitting. Experts in our field recommend a decreasing dose of nicotine patches or gum to aid you in quitting. The Colorado QuitLine (coquitline.org) or 1-800-Quit-now, is an excellent resource and has several forms of assistance including free diapers!

We now know more about the influences of marijuana in pregnancy. While marijuana may seem like a “natural” alternative to several medications, the data show that marijuana only negatively influences the mother and the fetus in pregnancy and breastfeeding. Studies show that using marijuana in pregnancy can lead to low birth weight, preterm birth, and issues with fetal brain development. In addition, social services will be notified if you are found to be smoking or consuming marijuana during the pregnancy. Marijuana Anonymous is an excellent place to get support to help you or someone close to you to quit.

Vaccinations in Pregnancy

Currently, the Centers for Disease Control (CDC) recommend that pregnant women receive three vaccinations in pregnancy: whooping cough/pertussis (TdAP vaccine), the flu vaccine, and COVID vaccine. Pregnant women who get vaccinated are protecting themselves and their baby. Often, the immunity is passed to the baby for the first few months of life. The flu and COVID vaccine can be given at anytime in the pregnancy. The whooping cough vaccine is given at your 28-week visit so that your body has time to build up the antibodies before you deliver the baby.

Please go to https://www.cdc.gov/vaccines/pregnancy/vacc-during-after.html for more information.

Intimate Partner Violence in Pregnancy

Violence by an intimate partner is manifested by physical, sexual or emotional abusive acts as well as controlling behaviors. Statistics show that violence may escalate in pregnancy. The majority of studies on intimate partner violence during pregnancy measure *physical* violence during pregnancy, although sexual and emotional abuse during pregnancy is also considered as detrimental for women's and their children's well-being. It is important that you communicate with your health care provider if you are experiencing any violence or do not feel safe at home or work. Call (800) 799-SAFE (7233) or violencefreecolorado.org.

Medications in Pregnancy

In general, we prefer women to avoid most medications in pregnancy. However, some medications have a long history of safe use, and we are okay with you taking them. If you are on a medication, please discuss it with your midwife or physician. There are a few medications that are dangerous in pregnancy, so be sure all your health care providers including your dentist, know you are pregnant.

Here is a list of medications which we feel are safe in pregnancy. We recommend you try and avoid all medications in the first trimester (first 3 months) of pregnancy unless absolutely needed.

Insomnia:

- Benadryl (diphenhydramine), Tylenol PM (Tylenol and Benadryl), or Unisom (doxylamine)
- Do not take these nightly, only a maximum of 3 nights per week
- Alternative measures include warm baths, passion flower (tea), essential oil (lavender), daily exercise, avoid caffeine, and practice good sleep hygiene

Back Pain and Headache

- Tylenol (acetaminophen) – may take two regular strength every 4 hours or two extra-strength every 6 hours as needed
- See the next sections for alternative measures

Leg Cramps

- Calcium 1000mg at bedtime, Magnesium lactate or citrate 100mg in am and 100mg in pm

- Increase fluids and dietary potassium such as bananas

Morning sickness:

- Vitamin B6 (25mg three times a day), works best when also taken with Unisom (1/2 tablet once or twice a day)
- Ginger 250mg 4 times per day
- Unisom (doxyalmine) every 6 hours as needed
- See the next section of this booklet for other measures

Nausea, stomach upset, or gas:

- Emetrol, Unisom (doxylamine), Mylanta (aluminum hydroxide), or Gas X (simethicone)

Heartburn:

- Tums (calcium carbonate), Pepcid AC (famotidine), Mylanta, or Maalox
- Remain upright for up to one hour after eating meals

Constipation:

- Magnesium 250 mg supplement every day or Mag O7 brand
- Fiber source such as Metamucil or Citricel, or another source of added fiber
- Stool softener such as Colace (docusate)
- Glycerine suppository, Milk of Magnesia, or Senekot
- See the next sections of this booklet for other measures

Hemorrhoids:

- Tucks medicated pads, witch hazel compresses, Anusol, or Preparation H creams
- Try daily sitz baths (warm water to bottom)
- Be sure to keep your stools soft with plenty of fiber and water in your diet
- We can also prescribe a cream if these do not help

Upper respiratory illnesses (cough, cold, sore throat):

- Note*: Avoid pseudoephedrine in the first trimester of pregnancy (first three months) and when breastfeeding. Do NOT take pseudoephedrine if you have high blood pressure.*
- Nasal saline spray, Benadryl (diphenhydramine), Actifed (chlorpheniramine and phenylephrine), Afrin Nasal Spray (oxymetazoline hydrochloride), Zyrtec (cetirizine hydrochloride), Sudafed (pseudoephedrine), Tylenol Cold and Sinus (acetaminophen and pseudoephedrine)
- Cough: Halls cough drops or other cough drops such as Ricola, Robitussin DM (dextromethorphan and pseudoephedrine), Dimetapp (brompheniramine and pseudoephedrine)
- Sore throat: Tylenol (acetaminophen), and Luden's throat drops, warm saltwater gargles

Diarrhea:

- Imodium AD (loperamide) – use sparingly

Yeast infection:

- Miconazole, clotrimazole, or tioconazole over-the-counter creams.
- Please contact our office if you suspect a vaginal infection, especially if it does not respond to the over-the-counter yeast medications, because other infections can cause itching or vaginal discharge.

Allergies:

- Claritin (loratadine), or Zyrtec (cetirizine) – *DO not use preparations with "D" in the name*
- Alternative measures include avoiding irritants, saline nasal sprays, nasal flushes, and humidifiers
- Avoid pseudoephedrine in the first trimester of pregnancy (first three months) and when breastfeeding

Rashes or skin conditions:

- Benadryl cream or ointment, Calamine lotion, hydrocortisone cream 1%. Aveeno oatmeal baths
- Neosporin as first aid ointment

Please AVOID taking*: Nyquil, ibuprofen (Motrin or Advil), Naproxen (Aleve), Pepto Bismol, or Aspirin*

Common discomforts and problems in pregnancy

Vaginal spotting

Vaginal spotting occurs in half of all pregnancies, especially in the first 12 weeks. Most of the time, this spotting will resolve on its own. It sometimes occurs after intercourse or after straining to use the bathroom when constipated and is not a sign of miscarriage. There is nothing you can do to prevent or provoke the spotting. If the spotting is light, avoid intercourse for a few days. If the spotting becomes heavy, like a period (with or without cramping), avoid intercourse and please give us a call.

Vaginal discharge

Many women have an increase in vaginal discharge in pregnancy. This discharge is usually white, cloudy, or clear, and thin. If the discharge has a foul or fishy odor, causes itching or vaginal pain, or seems to be water instead of mucus, then please give us a call.

Cramping

Some cramping and uterine contractions are normal in pregnancy, as long as they are mild and don't occur every 10 minutes or closer. If you notice cramping pain in your lower abdomen or back that lasts for about a minute then relaxes, especially with pelvic pressure and a hard uterus, it is most likely a contraction. If you have six or more contractions in one hour (every 10 minutes or less), drink two big glasses of water and either lie down or take a warm bath. *If the contractions do not stop, please call us.*

Round ligament pain

As your uterus grows, the ligaments that help support it also stretch. The ligaments then might spasm briefly. Sometime, women get sharp pains down low in the abdomen, just above the pubic bone, or on the sides of the uterus, where the ligaments attach. These pains might increase after being more active, especially after activities involving bending and twisting motions. If the pains are short and go away quickly, this is probably normal. Try a warm bath, sleeping with a pillow between your knees, Tylenol, and avoiding twisting motions while you work (turn your entire body versus just twisting your trunk). If your pain is severe, or does not go away, is rhythmic like contractions (regular pains every 10 minutes or less, lasting for a minute, then relaxing) or cause you worry, please call.

Morning sickness or nausea/vomiting in pregnancy

This is a common issue in pregnancy, and luckily for most women, it resolves by about 13 weeks or so. As long as you are able to keep down some food and fluids, it should not cause any long-term problems for you or the baby (except that you might feel miserable). Some measures you can take are to keep well-hydrated (try drinking about 1 ounce of Gatorade, water, or diluted fruit juice every 15 minutes to stay hydrated). Unisom and vitamin B6 together have been shown to be helpful (see medication section in this booklet). You can also take Tums, Emetrol, or papaya tablets (which can be found at natural food stores). Some find that ginger tea, ginger ale, or ginger candy may also be helpful. Some women find the scent of fresh cut lemon (or cotton ball soaked in lemon extract) provides some relief, as does sucking on sour lemon candies. Peppermint essential oil can also be helpful. Try sips of ½ strength Gatorade to keep you hydrated. You can try using "Sea Bands", which fit over your wrists and put pressure on an acupressure point. Small frequent meals and snacks are a good idea, too. If you can eat a high protein bedtime snack and bland foods, that might help (bananas, rice, applesauce, and toast).

If you should become dehydrated or are losing significant amounts of weight, or are just feeling awful, call us for a prescription medication. We also want you to call if you are unable to keep down anything for more than 24 hours, or if you are unable to urinate, or your urine becomes scant and dark colored.

Heartburn

Pregnant women often begin to get heart burn in the third trimester when your pregnant belly begins to push upwards on your stomach. This pressure causes some of the acids in your stomach to linger and travel up your esophagus. You then feel a burning sensation in your chest, which can be accompanied by nausea. Preventing heartburn is the best way to deal with it! Some ways to avoid heartburn include eating five to six smaller meals throughout the day rather than three large meals, waiting one hour or more after eating to lie down, and avoiding spicy, greasy, and fatty foods.

If you are experiencing heartburn, there are a few natural things you can do to relieve the symptoms including eating yogurt or drink a glass of milk or try a tablespoon of honey in a glass of warm milk. Over-the-counter antacids like Tums may prove helpful in relieving you of heartburn problems. (see medication section in this booklet)

If your heartburn symptoms are severe, your physician or midwife may prescribe medication for you.

Swollen feet and ankles

Swelling of the feet and ankles is very common in pregnancy. It is caused by fluid retention, and it usually gets worse late in the day. Drinking enough water, eating adequate protein, and limiting your salt intake can help reduce swelling, as can elevating your feet periodically during the day. We also recommend comfortable shoes and full-length support hose.

Note: Rapid onset of swelling in the face and hands can be a sign of complication of pregnancy, if accompanied by a severe headache unrelieved by Tylenol. Please call us if these symptoms occur.

Constipation

The hormones of pregnancy as well as other factors tend to increase constipation in pregnant women. We recommend the following:

- A diet high in fiber (fruits vegetables and whole grains), including prune juice and dried plums
- Enough water (your urine should be pale yellow in color – if there is a strong odor and dark color, you are most likely not drinking enough water)
- Walking every day (this helps your bowels to move and has the added benefit of being good for your pregnancy and baby, too)
- Supplemental fiber, such as Metamucil, Citrucel, Fiber One cereal, high fiber bars, etc.
- See the medication section of this booklet

Hemorrhoids or varicose veins in the vulvar region (near your vagina)

Hemorrhoids are a common problem in pregnancy, and many women notice pain, bleeding after bowel movements (BM), and tenderness or irritation at the rectum from this condition. Straining while trying to have a BM can also lead to hemorrhoids. To prevent, eat a diet high in fiber and stay well hydrated. If you suffer from hemorrhoids, you can use a stool softener daily, if needed. One brand is Colace, which is available over the counter at the pharmacy. You can also buy Tucks pads or witch hazel (make your own compress by soaking a disposable cosmetic pad or small cloth with witch hazel). These can soothe and help shrink hemorrhoids or vulvar varicosities. You can apply ice to the area to help decrease swelling. Some women find that wearing a maternity belt, which lifts the pregnant uterus, can help reduce pelvic varicose veins. This type of garment can be purchased online or at specialty maternity stores.

Varicose veins in the legs

These are also common in pregnancy. Resting frequently with your legs elevated can help reduce the pressure in your leg veins. Consider purchasing support hose and wearing those each time you are up and about. You may find that a maternity support belt also helps.

Back Pain

Unfortunately, lower back pain is a common problem in pregnancy. As your uterus grows, it causes your lower back to become more curved. We become concerned if you have an intermittent and regular cramping pain in your lower back (every 10 minutes or more), which can be a sign of preterm labor. We are also concerned if you have a severe pain on one side of your back, over your kidney (especially if accompanied by a fever or urinary tract infection symptoms), which can be a sign of a kidney infection.

Some measures that might help lower back pain include taking Tylenol, warm baths, having someone massage your back for you, and being sure to use correct posture. Stretching your back muscles in the morning and night by touching your toes is often helpful in preventing your muscles from getting too stiff. Some women find that wearing a maternity belt, which lifts the pregnant uterus, can help, too. This type of garment can be purchased online or at maternity clothing shops.

Insomnia

The physical and hormonal changes of pregnancy contribute to the quality of a pregnant woman's sleep. In addition, the thoughts that run through our minds during pregnancy can be never ending, especially when we attempt to sleep at the end of a long day. Each trimester of pregnancy brings its own unique sleep issues. Most sleep problems occur in the third trimester. There is growing discomfort from the baby and the due date is quickly approaching. It is more common for pregnant women to be able to fall asleep initially, but then wake after a few hours and then remain awake until the morning. This causes a great deal of fatigue throughout the daytime hours. Here are some suggestions to help you get to sleep in pregnancy:

- Pillows! Pillows! Use as many supportive pillows as you need to support your tummy and back. Also place a pillow or wedge between your knees for low back support. A full-length body pillow is often popular because it can snake around your body entire body in several different ways.
- Eat a light snack before bed. Warm skim milk and turkey contain a natural sleep inducer called L-tryptophan.
- Exercise. Regular exercise promotes physical and mental health. It can help with sleeping more deeply. Avoid exercising 2-4 hours before bedtime.
- Relaxation techniques. Deep breathing, stretching, massage, yoga, soothing music, or a warm bath helps promote relaxation to ease your mind.
- Take short naps (15-30 minutes) during the day, if possible.
- Practice good sleep hygiene:
    - Avoid alcohol, caffeine and nicotine (which you should be doing anyway – you are pregnant)
    - Establish a regular bed time and waking time. Do not go to bed when you are wide awake.
    - Take your television and computer out of your bedroom.
    - Avoid staying awake in your bed for long periods. If you have not fallen asleep or become drowsier within 20 minutes of lay in bed, get out of bed and do activities that make you sleepy, such as reading or a warm bath. Once you feel sleepy, try going to bed again.
- Sleep medications should be used as a last resort in pregnancy and avoided in the first trimester. Do not use sleep medications on a regular basis. Unisom and Benadryl can be used for sleep in pregnancy but we caution against using these every night. Avoid melatonin, valerian root, and your prescription sleep medications in pregnancy.

Remember, never sleep flat on your back, especially in the second half of pregnancy.

Diarrhea or Stomach flu

Diarrhea can cause intense cramping and discomfort and can lead to dehydration. Begin treatment by consuming only clear liquids, such as Gatorade, ginger ale, and broth soups for 24 hours, then gradually introduce a bland diet for the next 24 hours. If your diarrhea is not improving over time, or your urine becomes scant and dark, please call us for advice. You can take Imodium AD for diarrhea, if needed.

Cold, Flus, Sinus problems, and allergies

During pregnancy, women are more susceptible to respiratory ailments like colds and flu, and these illnesses tend to last longer, took. Most over the counter medications are safe to use, as long as they do not contain aspirin or ibuprofen (see the list in the medication section). If you develop a fever over 100.4 degrees F, green nasal discharge, or a coughing up blood or bloody colored sputum, please let us know (or call your primary care provider). We want to remind you that most colds are viruses that do NOT respond to antibiotic therapy. During the flu season, we do recommend you get the flu vaccine (which we can administer in our office). It is safe and strongly encouraged for pregnant women and new parents, and you need one each year. We also recommend that you wash your hands frequently, don't touch your face unless you have just washed your hands, and try to stay away from people who are sick. See the medication section of this booklet. Please see the medication section of this booklet for safe allergy medications to take in pregnancy.

When and how to contact us:

During office hours, you can call the office at 303-788-0808. For any non-emergent questions, please contact us via the patient portal. While ***we prefer you to call the office between 7:30 am and 4 pm for regular questions, prescriptions refills, or non-emergency type issues***, we want you to know that there is always a midwife and/or a physician on-call for emergency issues around the clock.

For after-hours emergencies or if you think you are in labor, you can always reach the on-call nurse practitioner or midwife by calling the office at **303-788-0808**

Call us (even after usual office hours) if you have the following:

- Decreased fetal movement or no fetal movement (if you are far enough along to expect daily movement – see the section on fetal movement in this booklet)
- Bleeding like a period
- Leaking or gushing water from your vagina
- Cramping pain or contractions every 10 minutes (if you are less than 36 weeks pregnant)
- *or* active labor signs such as strong contractions every 5 minutes for one hour or more (if you are 36 weeks or further along)
- Fever > 101 degrees or severe pain

Delivery Information

Cherry Hills Midwifery, Obstetrics, and Gynecology is a midwifery and nurse practitioner practice. There is always a nurse midwife on-call for deliveries. Our midwives work closely with the obstetric hospitalists at Swedish and Littleton who are at the hospital 24-7. We consult with these physicians when there are any complications or even emergent situations such as a caesarean section. This combination of midwife and physician gives our patients the best of both worlds.

Caesarean Sections

If you need a scheduled C-section, we will work with you to schedule this procedure at an appropriate date with our physician. If you should need a C-section while in labor, we will us our own physician or the obstetrician/hospitalists at the hospital. Scheduled c-sections at Littleton will be with the obstetrician/hospitalist at Littleton Adventist.

Preparing for labor and childbirth

There are many options in labor and childbirth. Our providers are here to support you and your partner in bringing your new baby in to the world. Most women in metro Denver choose epidural anesthesia during active labor. Both Swedish and Littleton hospitals whole-heartedly welcome women who choose natural or unmedicated childbirth. Both hospitals also offer nitrous oxide in labor as a good "in-between" option in labor.

Our providers with have a conversation with you about your plans in childbirth during your prenatal care. We can also direct you to more resources specific to your birth plan.

https://onlinelibrary.wiley.com/doi/epdf/10.1111/jmwh.12426

Postpartum Information

After you have your baby, you might have some more questions. We want you to know that we are still available to you to answer your questions and help you in any way we can. The mother/baby nurses will give you important information before you leave the hospital regarding your health after delivery.

We will see you here in the office anytime from 2 to 6 weeks after your delivery. You can call our office once you get home from the hospital and settled in, to make your appointment. At that visit we will do a brief exam to be sure your body is back to normal and will discuss birth control with you, if you need that information (see below). We recommend you continue your prenatal vitamin for at least six weeks (or for the entire time you are breastfeeding).

Postpartum warning signs

After you get home and settled in, you should notice you are getting better and better each day. If you are feeling worse and worse instead of feeling better over time, you may want to call and check in with us.

Please call us if you have any of the following postpartum warning signs:

- Fever >100.4
- Bleeding heavily (soaking a pad in an hour or more (frequently) or a foul odor to your bleeding
- Increasing pain not controlled with Ibuprofen (Motrin) or acetaminophen (Tylenol)
- Severe headache unrelieved by Tylenol or Motrin
- Feeling an increasing sense of sadness, anxiety, or depression (see below)
- Leaking pus, bleeding, or increased pain at the site of any stitches (either vaginal area or on your abdomen if you had a cesarean section)

Postpartum Depression and Anxiety

Postpartum depression and anxiety are surprisingly common, and our society doesn't do that great a job identifying women who are suffering from this problem. This disorder can impact the health and well-being of your newborn child and be a very negative experience for you. This type of depression and/or anxiety can affect any women, regardless of age, income, birth experience, health, or previous history, so all women and families need to be alert for symptoms. Postpartum depression is more common in women with a history of depression or previous postpartum depression.

It is normal, in the first week or two after your baby is born, to have some ups and downs in your emotions – this is known as the "baby blues." One moment you may feel happy, and the next moment you are sad or crying. This is very normal, as your hormones are changing, and you have just been through an emotional and possibly exhausting experience. However, this should resolve within a short time frame, and be mild.

If, after a week or two (or sooner), you notice you are feeling very sad, anxious, overwhelmed, angry, helpless, ashamed, or out of control, you might have postpartum depression. Some women even have thoughts of hurting themselves or their baby. Women who have had a baby are at risk for postpartum depression for a full year after the birth of the child.

If you think you have any symptoms of postpartum depression or anxiety**, PLEASE** call us right away. We can help you sort through emotions you are experiencing, help you with any problems, and make sure you receive treatment for this serious postpartum illness. PostPartum Support International is an excellent resource for more information and connection to resources – www.postpartum.net

Breastfeeding

While we understand that some women are not comfortable with the idea of breastfeeding, we want to take a moment to encourage you to consider this method of feeding your new baby. Breastfeeding is nature's ***best way*** to nourish your child and your milk is uniquely suited to your own baby's nutritional needs and stage of life. Breastfeeding confers many benefits to both you and your baby!

Infants who are breastfed have fewer illnesses and are less likely to suffer from allergies and wheezing illness. They are less likely to develop diabetes, and breastfed babies are less likely to have SIDS (sudden infant death syndrome). Breastfed babies score higher on IQ tests as well as on measures of social and cognitive development. Mothers who breastfeed also may have an easier time losing the weight they gained during pregnancy.

A recent study suggested that there is no difference in the amount of sleep of babies who bottle feed or breast feed-it is a myth that bottle fed babies sleep better. Most moms also relate how special they found the mother-baby breastfeeding bond to be, and breastfeeding releases beneficial hormones into the mother's bloodstream.

Here is a great website that discusses breastfeeding benefits (including research supporting this method of feeding your child).

- http://www.womenshealth.gov/breastfeeding/

Swedish Medical Center and Littleton Adventist has certified lactation consultants available to you in the hospital and after you go home (by appointment), to help you with any breastfeeding questions or problems.

Circumcision

Many pediatricians can perform your baby boy's circumcision at the hospital. If the pediatrician you have selected does not do them, we are happy to help you find a provider who performs circumcision. We are happy to discuss the benefits and risks of circumcision with you and the forms of analgesia that are available. Below is the most recent statement from the American Academy of Pediatrics regarding circumcision:

The American Academy of Pediatrics (AAP) finds that circumcision has potential medical benefits and advantages, as well as risks. A recent analysis by the AAP concluded that the medical benefits of circumcision outweigh the risks. We recommend that the decision to circumcise is one best made by parents in consultation with their pediatrician, considering what is in the best interests of the child, including medical, religious, cultural, and ethnic traditions and personal beliefs. 9/28/12 AAP, www.healthychildren.org

Pediatricians

We advise all of our pregnant patients to choose a pediatrician prior to delivery. We recommend you begin looking at 28-weeks gestation. Your pediatrician begins providing care for your newborn once they are born. The pediatrician will come see your baby the morning after you deliver and every morning until you go home. There are several pediatricians in the area that will come to see your baby in the hospital. If your pediatrician does not come to Swedish Medical Center, there are on-call pediatricians who are happy to see your baby until they go home. We are happy to refer you to a local pediatrician and discuss the process of picking out a provider for your baby.

Birth Control Options

Method	Pros	Cons	Effectiveness
Natural Family Planning	Safe as it is hormone-free; inexpensive; compatible with certain religious beliefs	Reliability of the method varies greatly; requires training and good follow-up; must have a partner who is willing to respect abstinence days; more difficult to use in women with irregular periods, breastfeeding mothers, or teens	For many couples, about 75% effective but can be slightly more effective with perfect use
Diaphragm and spermicidal jelly	Safe for most women unless latex or other allergy	Not the most reliable method available; some consider this method to be messy; may cause UTI or irritation; must be fitted in the office and after weight gain/loss	Approximately 84% effective; costs about $200 for the fitting and device combined (so about $8/month if used for 2 years

Method	Pros	Cons	Effectiveness
Condoms and spermicidal foam or jelly	Safe for almost all women (except those with allergies to this method); protects against sexually transmitted disease	Not very reliable; partner must be willing to use	Approximately 92% effective; price varies, but about $1 per condom
The Pill-and oral contraceptive pill containing estrogen and progesterone	Reliable method if taken correctly; lighter and more regular periods; well-tolerated by most women	Not a good method for breastfeeding mothers as can decrease milk supply; not best choice for older women or smokers or women with serious medical problems; must remember to take same time daily	Approximately 92% effective; price varies, but about $20-$50/month
Progestin-only pill (mini-pill)	Only contains the hormone progestin. You are not exposed to any estrogen. This is safe to use while breastfeeding. You don't have periods on this method.	Must be taken the SAME time every day to be effective.	93% effective with typical use. Cost is less than $30/month
Vaginal ring which contains estrogen and progesterone	Reliable method if used correctly; lighter more regular periods; well-tolerated by most women; easy to use in a continuous cycle regimen (to minimize the number of periods per year).	Not a good method for breastfeeding mothers or smokers or women with serious medical problems; must be comfortable with inserting a vaginal ring	About 92% effective; cost is less than $50/month
Estrogen Patch, which contains estrogen and progesterone	Reliable method if used correctly; lighter and more regular periods; well-tolerated by most women	Not a good method for breastfeeding mothers as can decrease milk supply; has a slightly higher risk of blood clots than other combined hormone methods	Approximately 92% effective but varies; less than $50/month

Method	Pros	Cons	Effectiveness
Depo Provera	Very reliable if you come back in for the injections as scheduled; safe for most women; many women have very light or no periods on this method	May cause weight gain, acne, decreased sex drive, and depression in some women	Approximately 97% effective; covered by most insurances price varies, but less than $100 every 3 months ($33/month)
Nexplanon	Very reliable method; safe for breastfeeding; lasts for 3 years	Some women have side effects from the hormone;	Approximately 99% effective; costs about $950 (which works out to about $25/month)
Paraguard intrauterine device	Very reliable method; safe for breastfeeding; lasts up to ten years (but can be removed before then); no hormones	Must be placed by provider in the office; many women report heavier periods and increased cramping pain with menses, particularly in the first year of use	Over 99% effective; typically covered by most insurances; price varies
Liletta/Mirena intrauterine system	Very reliable method; safe for breastfeeding; lasts up to 7 years (but can be removed before then); causes very light periods in most women, with some women reporting no periods at all	Must be placed by provider in the office; causes irregular spotting and bleeding in most women for the first 3 to 6 months of use	Over 99% effective; typically covered by insurance; price varies)
Skyla/Kyleena IUD	Very reliable method; safe for breastfeeding; lasts up to 5 years (but can be removed before then); causes lighter periods in most women, with some women reporting no periods at all	Must be placed by provider in the office; causes irregular spotting and bleeding in most women for the first 3 to 6 months of use. Slightly smaller size, so more appropriate for women who have not had pregnancies and teenagers.	Over 99% effective; typically covered by insurance; price varies
Tubal ligation	Surgical procedure where the fallopian tubes are cut and tied; hormone-free	Outpatient surgery in the hospital;	Over 99% effective; covered by many insurance companies
Vasectomy	Outpatient procedure for the male partner. Can be reversible	Surgical procedure with a urologist	Over 99% effective; covered by most insurance

Thank you for choosing Cherry Hills Midwifery, Obstetrics, and Gynecology!

Once again, we want to congratulate you on your pregnancy, and welcome you into our practice. Please let us know if there is anything we can do to enhance your experience. We look forward to working with you and your family during this exciting time in your life!

We are pleased you have chosen Cherry Hills Midwifery, Obstetrics, and Gynecology for your obstetric and gynecologic needs. We consider it a privilege to provide health care to women from adolescence through menopause. In our practice, you will receive the very best in medical care in the front range. We want to remind you that our physicians and midwives are also available to see you for well-woman visits/annual pap smears as well as any gynecological issue or concern including infertility, menopause, uro-gynecology, surgery, and more. At Cherry Hills Midwifery, Obstetrics, and Gynecology we offer patients a wide array of in-office and hospital state-of-the-art surgical procedures to alleviate a variety of gynecologic concerns

For more information, visit our website:

http://www.cherryhillsmidwiferyandobgyn.com

What to Pack for the Hospital



It is recommended that you pack two separate bags: One bag for labor and delivery and one for the postpartum (after you have the baby). Leave the postpartum bag in the car until after the baby is born. Your bag should be packed by **week 36** of your pregnancy.

Labor and Delivery bag

- Phone charger
- Relaxation items such as a focal point (picture or object to focus on when you are contracting), lotions or oils for massage, rice sock for massage, tennis ball for massage and counter pressure, or relaxation music.
- Lollipops or other hard candies to suck on. This helps a dry mouth and gives you a little sugar for energy.
- Snacks like energy or protein bars, bananas
- Items for your "coach" include: snacks, Tylenol for headaches and pains, heart burn or nausea medicine, and a change of clothes in case your coach gets too close to the "splash zone"
- Extra pillows (use bright colored pillowcases so that you can easily identify them against the hospital's white pillows)
- Socks (preferably old socks that you wouldn't mind getting dirty)
- Robe and slippers. Please try not to walk barefoot on the hospital floor
- Lip balm
- Birth plan (if you have one prepared)
- Eyeglasses or contact lens case
- Hair band or ties to put your hair up
- Know if your GBS results (done at 34-36 weeks) are positive or negative
- Sports bra or swim top if you are planning on using the tub or shower

POST PARTUM ROOM

- Nightgown. If you bring one from home, make sure it is breastfeeding-friendly
- Your special toiletries (toothbrush, toothpaste, deodorant, shampoo, etc)
- Going home outfits for you and baby
- Nursing bra (especially to go home with)
- CAR SEAT!! Know how to install the seat AND the baby. You may not take the baby home without a properly working car seat.
- More snacks in case you get hungry between hospital meals

Leave your valuables including jewelry and other precious items at home.

Questions for my health care provider……..

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