

OHIO STATE MATERNITY CENTER

buckeyebaby



Caring for You During
Your Pregnancy



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER



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Talk to your doctor or health care team if you have any questions about your care.

For more health information, go to wexnermedical.osu.edu/patiented or contact the Library for Health Information at 614-293-3707 or health-info@osu.edu.

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For a digital copy of this book, please visit go.osu.edu/pted3527.



Congratulations on Your Pregnancy!

The maternity services at Ohio State University Wexner Medical Center combine family-centered care with the most advanced technology. Our experienced staff is here to give you the highest level of care. Our pregnancy and childbirth services are built around keeping you and your growing family comfortable, and finding ways to meet the health care needs of you and your baby.

Use this book to have conversations with your health care providers. It will help to prepare you for changes to your body and to know what to expect of our maternity services.

For the best outcomes in pregnancy:

- Go to all scheduled health visits.
- Sign up for prenatal classes as early as possible to prepare for childbirth and the basics of baby care.
- Ask questions and share your concerns with your health care providers, so they can give you the best support.

We are a teaching hospital

The Ohio State Wexner Medical Center is a teaching hospital. When you arrive on the Labor and Delivery Unit, you will be checked by your health care provider (OB doctor or certified nurse-midwife), or a nurse or resident doctor if your provider is not available.

Your care will be managed and coordinated by your provider. Medical and nursing students may be present as a part of your care team, but they are always supervised by a doctor or nurse.



Ohio State Maternity Center

614-293-8497

University Hospital
Labor and Delivery Unit
Doan Hall, 6th Floor
410 W. 10th Ave.
Columbus, OH 43210

Maternity tour

For more information about maternity unit tours, visit go.osu.edu/pregnancy-education.

Use this QR code with your smart phone to link to our video tour.



Find care for you at Ohio State

Ohio State has many convenient locations for the care you may need during pregnancy or after childbirth. Visit wexnermedical.osu.edu/obstetrics-gynecology for a full list of our obstetrics and gynecology services and locations.

Find care for your baby at Ohio State

Visit wexnermedical.osu.edu and type "pediatrics" in the search bar for a full list of our services and locations.

What to Expect at Prenatal Visits

Your health care provider wants you and your baby to have a positive pregnancy experience. It is important for you to share personal and family health information with your provider.

Your health history

Tell your health care provider about your health. Be sure to include:

- Allergies, such as foods, medicines or environmental (pollen, dust mites, animal dander or mold spores)
- Menstrual cycle (periods)
- Past pregnancies, including miscarriages and abortions
- Other health problems you have or have had
- Family health history, including mental health
- Past hospitalizations, illnesses, surgeries, tests and procedures



Health visits

For the first months of pregnancy, expect to visit your health care provider every month. After 28 weeks, you may have visits every 2 weeks, and then weekly visits from week 36 until delivery. If you have other health issues or if problems occur during your pregnancy, you may need to be seen more often.

You can expect each of these health checks:

- Weight
- Blood pressure
- Urine test
- Abdomen measurement and pelvic or internal exam
- Blood tests (taken at some visits)
- Fetal heart rate check

Call or see your provider if you do not feel well during pregnancy.

Dental care

- Hormone changes during pregnancy can cause you to have tender gums that bleed easily.
- Use a soft bristle brush and fluoride toothpaste to **brush your teeth at least 2 times each day**. Brush after each meal if you can.
- **Floss your teeth each day** to keep your gums healthy.
- **Visit a dentist at least one time during your pregnancy.** The second trimester (14 to 26 weeks) may be best for routine care. **Before any visits to your dentist, get a medical release from your provider and bring it with you.**
- Delay any elective procedures, such as whitening or implants, until after your baby is born.

Prenatal Testing

Your health care provider will let you know when specific tests are needed. Tests may be ordered as a part of your normal prenatal care to check your health or the health of your baby. Ask questions and share your concerns about specific tests with your health care provider.

Test	When it is done and reason for the test
Blood Tests	<p>These tests are often done at your first prenatal visit:</p> <ul style="list-style-type: none"> • Type and screen is done to find your blood type. If you are Rh-negative, you will need an injection at 28 weeks of pregnancy and at delivery. • CBC (complete blood count) looks at the kind and number of cells in the blood. This helps check for anemia, infections and other problems. • HIV, syphilis, gonorrhea and chlamydia tests are done to check for sexually transmitted infections (STIs). • Hepatitis B and C tests are done to check for viruses that affect the liver. • Rubella test checks for protection from German measles. • Other blood tests may be done based on your medical history.
Urine Tests	<p>Often done at every visit.</p> <p>Checks for signs of infection, gestational diabetes and preeclampsia.</p> <p>How this test is done: You urinate into a sterile cup and the urine is tested.</p>
<p>Genetic testing: If you would like to know if your baby has a chromosome or genetic problem, your provider may recommend these optional tests early in pregnancy.</p>	
Cell-Free DNA	<p>10 weeks of pregnancy and after.</p> <p>Checks your baby's DNA in your blood. The test looks for 3 different chromosome problems in your baby. Not all insurance types cover the cost.</p> <p>How the test is done: A blood test is used.</p>
Cystic Fibrosis (CF) Carrier Screening	<p>Can be done anytime, including before conception.</p> <p>CF can affect all of the organs of the body, often causing problems with digestion and breathing. Both parents must be carriers of CF for the baby to have CF. You and your partner can be tested. If one parent is a carrier and the other has a negative result, no further testing is recommended.</p> <p>How this test is done: A sample of blood, saliva, or tissue from the inside of the cheek is tested.</p>

Test	When it is done and reason for the test
Spinal Muscular Atrophy (SMA)	<p>Can be done anytime, including before conception.</p> <p>SMA is a genetic disease affecting the part of the nervous system that controls voluntary muscle movement. Both parents must be carriers for the baby to have SMA. You and your partner can be tested. If one parent is a carrier and the other has a negative result, no further testing is recommended.</p> <p>How this test is done: A sample of blood is tested.</p>
Additional Screening	<p>Thalassemia is a blood disorder that can cause mild or severe anemia and is inherited from one or both parents.</p> <p>Sickle cell is a blood disorder inherited from both parents that can cause pain, infections, and sometimes organ damage and strokes. Carriers of sickle cell rarely have symptoms, although can pass it on to their children.</p> <p>Other genetic testing: Testing to look for rare genetic diseases or a specific disorder in a family.</p>
First Trimester Screen	<p>11 to 14 weeks of pregnancy.</p> <p>Checks for certain birth defects, such as chromosome or genetic disorders and heart problems.</p> <p>How the test is done: An abdominal ultrasound is performed, and a blood sample is collected. Gel is placed on the abdomen and a probe is used to obtain measurements of your baby. Rarely, the ultrasound is done with a probe placed in the vagina. You need to have a full bladder for this test.</p>
Quad Screen	<p>16 to 20 weeks of pregnancy.</p> <p>Checks baby's brain and spine development and for chromosomes that can lead to birth defects.</p> <p>How the test is done: A blood test is used.</p>
Common prenatal tests:	
Ultrasound	<p>This test may be repeated during pregnancy.</p> <p>Checks the development and growth of your baby. It also shows baby's position in the uterus and his or her internal organs.</p> <p>How this test is done: An ultrasound machine uses sound waves to create images. A probe is used to obtain measurements of your baby. This probe is used on the abdomen and/or inserted into the vagina.</p>
Cervix Length Measurement Ultrasound	<p>16 to 28 weeks of pregnancy.</p> <p>Checks cervical length to identify risk for pre-term birth.</p> <p>How this test is done: The ultrasound probe is placed in your vagina and measurements are taken to determine the length of your cervix.</p>

Test	When it is done and reason for the test
Glucose Challenge Test	<p>24 to 28 weeks of pregnancy. Your provider may recommend this test be done earlier based on your medical history.</p> <p>Checks for high blood sugar. During pregnancy, your body must make more insulin to take care of the foods you eat. If your body does not make enough insulin, the sugar levels in your blood will rise.</p> <p>How the test is done: You do not need to fast for this test. You will be given a sweet soda to drink. Do not drink or eat anything for 1 hour after the soda. You will have a finger stick to get a drop of blood for the test. If your level is high, more testing may be needed.</p>
Blood Tests	<p>These tests are often done in the third trimester of pregnancy:</p> <ul style="list-style-type: none"> • CBC (complete blood count) looks at the kind and number of cells in the blood. This information helps your doctor to check for anemia, infections and other problems. • Syphilis test is done to check for this sexually transmitted infection (STI).
Gonorrhea and Chlamydia	<p>35 to 37 weeks of pregnancy.</p> <p>Checks for these 2 sexually transmitted infections (STIs). These STIs can put your baby at risk.</p> <p>How the test is done: A urine sample or cervical swab is taken.</p>
Group B Strep Test	<p>36 to 37 weeks of pregnancy.</p> <p>Checks for bacteria carried by about 1 in 4 women that could be passed to the baby during delivery.</p> <p>How the test is done: Cotton swabs are used to collect samples from the vagina and rectum that are then sent to the lab for testing.</p>
<p>These prenatal tests may not be required for all pregnancies:</p>	
Non-Stress Test	<p>This test may be repeated during pregnancy.</p> <p>Checks the baby's heart rate on a special machine, called a fetal monitor.</p> <p>How the test is done: You will be asked to lie down and a machine will be attached to your abdomen. You will push a button every time you feel the baby move.</p>
Amniocentesis	<p>15 weeks of pregnancy until delivery.</p> <p>Done to remove a sample of the amniotic fluid that surrounds the baby for testing. Testing in the second trimester may be done to check for genetic diseases. Testing in the third trimester may be done to check baby's lung maturity or to check for infection.</p> <p>How the test is done: An ultrasound is used to place a needle into the abdomen to take a small sample of the fluid that surrounds your baby. The fluid is sent to a lab for testing.</p>

Test	When it is done and reason for the test
<p>Chorionic Villus Sampling (CVS)</p>	<p>10 to 13 weeks of pregnancy.</p> <p>Checks cells from the placenta to look for genetic diseases or a specific disorder in a family.</p> <p>How the test is done: Depending on where the placenta is located, this can be done with a needle through the abdomen or using a catheter through the cervix. Both are done with an ultrasound to guide them.</p>
<p>Glucose Tolerance Test</p> <p>This test is done if your Glucose Challenge Test was not normal.</p>	<p>24 to 28 weeks of pregnancy.</p> <p>Checks your blood sugar for a longer period of time to see changes in sugar levels to determine if you have gestational diabetes or diabetes during pregnancy.</p> <p>How this test is done: Your provider may recommend foods to eat or avoid before this test. You will not be able to eat for 8 to 12 hours before the test, except for sips of water. A fasting blood glucose level is drawn at the start of the test. You are then given a sweet soda to drink and will have your blood tested every hour for 3 hours to see how your body processes sugar.</p>
<p>Biophysical Profile (BPP)</p>	<p>24 weeks of pregnancy until delivery.</p> <p>Checks baby's movements, breathing, and the amount of amniotic fluid surrounding baby.</p> <p>How the test is done: This is a special ultrasound that is sometimes done after a non-stress test.</p>

Staying Healthy During Pregnancy

Go to all prenatal health visits

If you need to miss a visit, call your provider right away to reschedule. It is important to have these visits to check your health and the health of your baby. Use each visit to ask questions, learn about how to stay healthy during pregnancy and plan for the birth of your baby. Share any concerns you have with your provider.

Plan a healthy weight gain

"Eating for two" is an old fashioned idea. If you are gaining too much weight too fast, you may be eating too much or eating foods too high in fat and sugar. A pregnant woman only needs to add about 300 calories a day to her diet to take care of her baby.

The recommended weight gain during pregnancy depends on your weight before you became pregnant.

Weight before pregnancy	Recommended total weight gain during pregnancy	Recommended weight gain per week in the second and third trimesters
Underweight	28 to 40 pounds	1 pound
Normal weight	25 to 35 pounds	1 pound
Overweight	15 to 25 pounds	½ pound
Obese	11 to 20 pounds	½ pound

If you are gaining weight too fast:

- Limit sweets and high fat foods, such as soda pop, candy, chips, cakes, cookies, and doughnuts.
- Use small amounts of butter, margarine, sour cream, mayonnaise, and salad dressing.
- Avoid fried foods. Choose baked, broiled or grilled chicken, fish, or turkey.
- Keep servings sizes moderate, and do not skip meals.

Read more about eating healthy foods starting on page 16.

Exercise during pregnancy

Talk to your health care provider about the types of exercise and activity that are safe for pregnancy. Most women can continue to exercise during pregnancy.

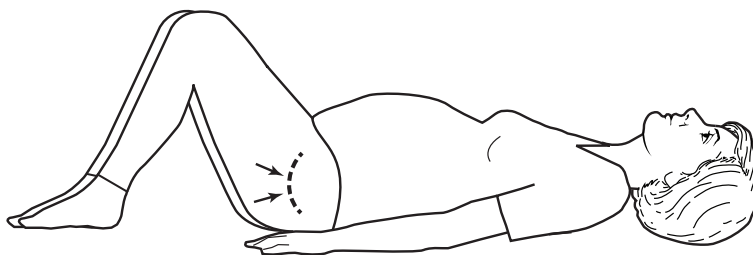
- Exercise at least 30 minutes on most days of the week. Exercise can help with pregnancy discomforts, improve sleep, lower stress, and make you stronger for labor and delivery.



- If you do not exercise regularly now, talk with your health care provider about adding low impact exercise, such as the stretches and exercises described in this book.
- Avoid any type of exercise in which there is a higher risk of falling or trauma to the abdomen.
- Wear supportive shoes.
- Stop exercising when you are tired. Do not exercise to the point of being exhausted.
- **Do the "talk test."** Exercise at a level that you can hold a conversation without breathing hard.
- **Listen to your body and STOP if you do not feel right.** Stop if you have: dizziness, headache, chest pain, calf pain, swelling, abdominal pain, blurred vision, fluid leaking from your vagina, vaginal bleeding, less fetal movement, or contractions.
- If you have pain or would like more guidance for safe exercises during pregnancy, you can ask your provider for a referral to a pelvic floor physical therapist.

Kegel exercises

Kegel exercises strengthen the muscles around your vagina, urethra, and rectum. To locate these muscles, stop and start your urine when you use the toilet. Only do this once to help you find the correct muscles. Do not get in the habit of starting and stopping your urine. Do these exercises with an empty bladder.



1. As you exhale, tighten the muscles around your vagina, urethra, and rectum a small amount at a time. Think of an elevator going up to the 10th floor. As you tighten the muscles, you should feel the area from your urethra, where urine exits your body, to the rectum lift slightly.
2. Then release the muscles very slowly, one "floor" at a time.
3. Do these exercises 3 times each day. Start with 5 repetitions and work up to 10 to 15 repetitions, 5 to 10 times a day.
4. Practice these exercises while you lie down, sit, stand, walk, drive, or watch TV.
5. Stop if you have pain while doing this exercise.

Squat

Doing squatting exercises can improve your flexibility, lessen back pain, and decrease constipation. It can also make your labor and birth less painful and strengthen your lower half.

1. Stand behind something to steady your balance, such as a chair or holding onto an exercise ball.
2. Position your feet at least shoulder width apart. Keep your arms extended in front of you. Let your knees move apart as far as they can, and let your feet point outward.
3. Lower yourself down slowly as far as you can comfortably. Keep your weight on the outside of your feet and don't let them roll in.
4. Hold this position for 10 seconds, and then return to standing.
5. Repeat 5 times.

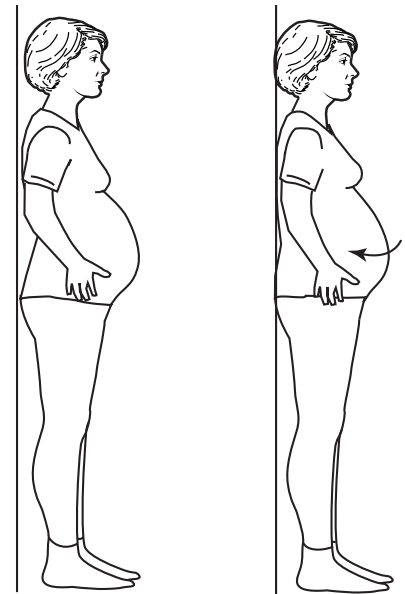


Pelvic rock or tilt

These abdominal exercises strengthen your abdominal muscles and help relieve backaches. Tighten your abdominal muscles as you do the exercises. Tuck your buttocks under, so the small of your back is pushed back as far as possible. Stop right away if you have any back discomfort.

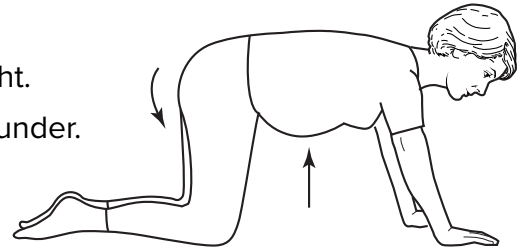
Position 1

1. Stand with your back against a wall.
2. Tighten your abdominal muscles and tuck in your buttocks, so the small of your back is flat against the wall. To know which muscles, imagine hugging your baby with your belly muscles.
3. Put your hands on your hips to feel your hips rock back toward the wall.
4. Breathe out as you press against the wall. Breathe in as you relax.
5. Do this exercise slowly and evenly.
6. Repeat 10 times, 2 times a day.



Position 2

1. Get on your hands and knees, and keep your arms straight.
2. Tighten your abdominal muscles and tuck your buttocks under. Your back will hunch up a little. Then relax your muscles.
3. Breathe out as you tuck and breathe in as you relax.
4. Do this exercise slowly and evenly.
5. Repeat 10 times, 2 times a day.



Balance exercise, activity, and rest

- Take breaks during activities and plan for rest when you are tired.
- Get help with chores, cleaning, and activities that involve pushing, pulling, or standing on your feet for long periods of time.
- Get 8 to 9 hours of sleep each night.

Tobacco use and pregnancy

Smoking, other tobacco use, and breathing in other people's smoke (secondhand smoke) during pregnancy put your baby's health at risk. Your baby is more likely to:

- Be born too early (premature)
- Have a low birth weight
- Have behavior problems and developmental delays
- Have ear infections and more frequent asthma attacks
- Have a greater risk of Sudden Infant Death Syndrome (SIDS)



All tobacco products, including e-cigarettes and smokeless tobacco, contain nicotine. Nicotine has bad effects on fetal brain development and can cause low birth weight and pre-term birth. Talk to your health care provider about programs to help you quit. If you need more help, talk about the risks of nicotine replacement therapy (NRT). Ask others to not smoke around you.

Alcohol and pregnancy

There is no safe amount of alcohol that can be used during pregnancy. Even small amounts can increase the risk of birth defects, learning problems and other issues for your baby.

Marijuana use and pregnancy

If you use marijuana during pregnancy, you may be putting your health and your baby's health at risk. Possible effects on your baby include:

- Affecting brain development before birth
- Smaller size at birth
- Higher risk of stillbirth
- High risk of baby being born too early
- Harm from secondhand marijuana smoke
- Behavior problems in childhood and trouble paying attention in school

There is no evidence that marijuana helps morning sickness. You should also avoid marijuana before pregnancy and while breastfeeding. In pregnancy, medical marijuana is not safer than recreational marijuana.

Exposure to toxins during pregnancy

The American Academy of Pediatrics recommends steps to limit exposure to chemicals, including:

- Avoid microwaving food or drinks in plastic, since heat can cause plastics to leak into food. Also avoid putting plastics in the dishwasher.
- Use things other than plastic, like glass or stainless steel. Avoid plastics with recycling codes 3 (phthalates), 6 (styrene) and 7 (bisphenols), unless labeled "biobased" or "greenware."
- Wash your hands before and after touching food and wash unpeeled fruits and vegetables.
- While hair dye, perms, and chemical hair straighteners do contain chemicals, most experts think using these in pregnancy is not toxic to the fetus. Talk to your health care provider about this if you plan to dye your hair.

Sex during pregnancy

During pregnancy, you may feel excited and happy, or depressed and unattractive. Your partner may want to protect you and the growing baby or be jealous of the pregnancy. These feelings can affect the desire for sex. This is normal. Talk with your partner about your feelings.

Talk to your health care provider about whether having sex is safe for you and your baby. If you are having a normal pregnancy, you may be able to have sex as often as you and your partner want.

Avoid having sex and call your health care provider if you have:

- Vaginal bleeding
- Pain in the abdomen or vagina
- Leakage of fluid from the vagina
- Contractions that do not go away after sex

Depression during and after pregnancy

Any woman can have depression during and after pregnancy. Know that there is help and you are not alone. Normal changes in your body can cause signs of depression, but **if your signs last more than 2 weeks, call your health care provider.**

Signs may include:

- Not sleeping or sleeping all of the time
- Feeling sad, anxious, or overwhelmed
- Crying often
- Feeling restless or moody
- Having little or no energy
- Feeling guilty, worthless, or doubtful about your ability to be a mother
- Eating too much or not eating
- Trouble thinking, remembering, or making decisions
- Not finding pleasure in activities that you used to enjoy



Tell your provider if you have a personal or family history of depression. Often, women are embarrassed or ashamed about feeling depressed when they are supposed to be happy. Treatment can make a difference. Not treating depression can hurt you, your baby, and your family.

Get help right away if you have feelings that you want to hurt yourself or others.

Caring for pets

Not all pets are safe for you to be around while pregnant because of the risk of infection to both you and your baby. Talk to your provider if you have other animals or questions.

- **Dogs** are not usually a problem.
- **Cats** can carry a parasite that causes toxoplasmosis. It can be passed through cat stool from the litter box or from the ground where cats have been, like gardens or flower beds.
 - Have a family member or friend clean out the litter box each day.
 - If you have to clean the litter box, wear disposable gloves, and a mask over your nose and mouth. Remove the gloves and mask and throw them away. Then wash your hands well with soap and water.
 - Keep your cat inside. Stay away from stray cats.
 - Wear gloves when working in the garden and wash your hands well after.



- **Hamsters, guinea pigs, and mice** can carry a virus called LCMV.
 - Keep these pets in a separate part of the house.
 - Wash your hands well with soap and water after touching these animals.
 - Have a family member or friend clean the cages and care for the animals. Have them clean the cage and change the bedding outside, if possible.
- **Birds**, if healthy, are usually not a problem. Have a family member or friend clean the cage. Wash your hands well with soap and water after touching the bird or its cage.
- **Lizards, snakes, turtles, or other reptiles** can carry salmonella. These pets should be removed from the house before baby is born because children under 5 are at risk for this infection.

Travel safely

- Always wear a seat belt. Be sure the belt is below your belly and low on your hips.
- If traveling by car, stop and stretch your legs often. Try to limit driving to 5 or 6 hours a day.
- Many women find it best to travel during their second trimester. Talk to your provider about what may be best for you or if you need to travel out of the country.
- Locate the nearest hospital or clinic at your travel destination in case of an emergency.
- Most women can travel by plane up to 36 weeks of pregnancy. If you have a high risk pregnancy or are planning an international flight, check with your provider before traveling.



Zika virus and pregnancy

Zika virus is spread mainly through the bite of an infected mosquito. It can also spread through sex. Infection during pregnancy can cause certain birth defects in babies.





Prevent being exposed to Zika:

- **Delay travel to areas where there is Zika virus transmission.** For a list of areas with Zika, go to www.cdc.gov/zika/geo. If you do plan to travel to one of these areas, talk with your health care provider before you travel.
- **If you have a sex partner who traveled to an area with Zika**, do not have unprotected sex during pregnancy. Use condoms every time you have sex.
- **Wear insect repellent** that contains DEET, picaridin, oil of lemon eucalyptus, or IR3535.
- **Cover up** by wearing long sleeves and pants.
- **Keep mosquitoes outside** by keeping screens on windows and doors. Get rid of standing water around your home where mosquitoes can breed.

Healthy Diet During Pregnancy

Pregnancy is a time of great change. Your body is changing to allow your baby to grow and develop. Good nutrition will help you meet the extra demands of pregnancy while keeping you and your baby healthy. Drink plenty of water and eat a variety of foods.

Eat a variety of foods daily

Food group	Daily serving information
Dairy	
	<p>Choose 4 to 5 servings each day. 1 serving is:</p> <ul style="list-style-type: none"> • 1 cup milk • 6 ounces yogurt • 1 ounce cheese • 1 cup cottage cheese <p>If you are lactose intolerant, try Lactaid milk products, fortified soy milk or almond milk, Greek yogurt, or hard cheeses such as parmesan, Swiss, and cheddar, which are naturally lower in lactose.</p>
Protein	
	<p>Choose 2 to 3 servings a day or a total of 6 to 7 ounces per day.</p> <p>1 serving is:</p> <ul style="list-style-type: none"> • 2 to 3 ounces of beef, chicken, turkey, pork, lamb, fish, 2 eggs • Plant-based proteins: 1 ounce of meat = 2 tablespoons peanut butter, ½ cup of cooked beans, or 2 ounces tofu
Carbohydrates	
	<p>Choose 9 to 11 servings a day. Choose whole grains when possible.</p> <p>1 serving is:</p> <ul style="list-style-type: none"> • 1 slice of bread • ½ cup cereal • 1 tortilla • ½ cup noodles • Half a small bagel or bun • ½ cup rice
Fruit	
	<p>Choose 3 to 4 servings a day. 1 serving is:</p> <ul style="list-style-type: none"> • 1 medium fruit • ½ cup (4 ounces) fruit juice • ¼ cup dried fruit <p>Fresh and frozen fruits have the most vitamins, minerals, water, and fiber. Dried fruits contain more sugar and less fiber. Fruit juices contain more sugar and no fiber. Choose 100% juice with added calcium and vitamin D, and no added sugar.</p>

Vegetables



Choose 4 to 5 servings a day. 1 serving is:

- 1 cup, raw
- ½ cup, cooked

Frozen vegetables contain as many vitamins and minerals (if not more!) than fresh vegetables.

Canned vegetables offer less nutrients than fresh or frozen, but can still be part of a healthy diet. Choose low sodium options and rinse vegetables before eating to reduce sodium.

Fats and Oils



Choose 2 to 3 servings per day. 1 serving is:

- 1 teaspoon butter
- 1 tablespoon mayonnaise
- 2 tablespoons salad dressing

Healthy fats include:

- 1 teaspoon olive, avocado, or canola oil
- 2 tablespoons avocado
- 1 to 2 tablespoons peanut butter
- About 1 small handful nuts

Important vitamins and minerals for a healthy pregnancy

Vitamins and minerals	What it does for the body	How much do I need daily?	Good sources from food
Iron	<ul style="list-style-type: none"> • Helps your body make and maintain healthy blood. • Helps maintain a healthy immune system. • During pregnancy, you need almost twice as much iron to help support your health and your baby's health. 	<ul style="list-style-type: none"> • 27 milligrams (mg) <p>*Consume vitamin C with iron to help with absorption.</p>	<ul style="list-style-type: none"> • Lean meats, shellfish, and egg yolks • Lentils, dried beans, and peas • Green leafy vegetables like kale, spinach, and chard • Dried fruits • Fortified cereals and breads <p>*Vitamin C-rich foods:</p> <ul style="list-style-type: none"> • Fruits: cantaloupe, grapefruit, oranges, and strawberries • Veggies: lettuce, broccoli, cabbage, peppers, and tomatoes
Calcium	<ul style="list-style-type: none"> • 99% of calcium is stored in your bones to keep them strong and healthy. • 1% of calcium is stored in your blood and soft tissues. It helps your muscles, blood, and nervous system work well. 	<ul style="list-style-type: none"> • 18 years or younger: 1,300 milligrams (mg) • 19 years or older: 1,000 milligrams (mg) 	<ul style="list-style-type: none"> • Pasteurized dairy products including milk, yogurt, cheese, cottage cheese, and dry milk powder • Canned salmon, sardines, and other fish with edible bones • Cooked broccoli, spinach, and collard greens • Cereals, orange juice, and breads with added calcium

Vitamins and minerals	What it does for the body	How much do I need daily?	Good sources from food
Folate	<ul style="list-style-type: none"> Helps your body form healthy red blood cells. Reduces the risk of birth defects in newborns, called neural tube defects. 	<ul style="list-style-type: none"> 600 micrograms (mcg) 	<ul style="list-style-type: none"> Green vegetables: broccoli, brussels sprouts, cabbage, kale, spinach, and peas Chickpeas and kidney beans Breakfast cereals with added folic acid
Iodine	<ul style="list-style-type: none"> Supports healthy hormones during pregnancy. 	<ul style="list-style-type: none"> 220 micrograms (mcg) 	<ul style="list-style-type: none"> Eggs Dairy products: milk, yogurt, and cheese Iodized salt Shrimp, cod, and tuna
Choline	<ul style="list-style-type: none"> Helps with your baby's brain development 	<ul style="list-style-type: none"> 450 milligrams (mg) 	<ul style="list-style-type: none"> Chicken, beef, and eggs Milk Soy products Fish Peanuts
Omega-3 Fatty Acids	<ul style="list-style-type: none"> Helps with baby's brain and eye development. 	<ul style="list-style-type: none"> 1.4 grams (g) 	<ul style="list-style-type: none"> Salmon, sardines, and anchovies Flax seeds, chia seeds, and walnuts Eggs Soybeans: edamame and dry roasted soybeans

Foods and beverages to limit or avoid

Food group or beverage	Limit or avoid
Meat, poultry, eggs, fish	<ul style="list-style-type: none"> Avoid raw or uncooked meat, poultry, eggs, and fish. Avoid hot dogs and lunch meats (unless heated until steaming hot). Avoid fish high in mercury including shark, swordfish, king mackerel, and tilefish. Limit fish and shellfish lower in mercury, including shrimp, canned light tuna (NOT albacore as it is higher in mercury), salmon, pollack, and catfish to no more than 12 ounces per week. If no advice is available, limit locally caught fish consumption to no more than 6 ounces per week. <p>Learn more about food safety at: www.foodsafety.gov/people-at-risk/pregnant-women</p>

Food group or beverage	Limit or avoid
Dairy products	<ul style="list-style-type: none"> • Avoid raw or unpasteurized milk; cheese and dairy products made with unpasteurized milk. • Avoid soft cheese such as brie and camembert. • Avoid moldy blue cheeses such as gorgonzola.
Fruits and vegetables	<ul style="list-style-type: none"> • Avoid raw sprouts. • Avoid unpasteurized ciders and juices. • Avoid unwashed fruits and vegetables. Wash all produce well before eating or cooking.
Beverages	<ul style="list-style-type: none"> • Avoid alcohol. There is no safe amount that can be consumed during pregnancy. • Speak with your doctor or dietitian before consuming non-caffeinated herbal teas. • Limit caffeine consumption from regular coffee, caffeinated tea, soda, and energy drinks to no more than 200 milligrams (mg) or 1, 12-ounce cup per day.
Other	<ul style="list-style-type: none"> • Limit added sugar and unhealthy (saturated and trans) fats from processed foods and drinks. • Avoid herbal supplements or home remedies before discussing with your doctor. • Avoid vitamin and mineral supplements not prescribed by your health care provider before discussing with them.

Prenatal vitamin

Take a prenatal vitamin every day, with folic acid. This makes sure you get the nutrients needed for your baby's growth and development.

Vaccines During Pregnancy

Your baby gets some disease protection from you during pregnancy. Here are some vaccines that you should get during pregnancy to protect your health and the health of your baby. Your provider may suggest others, depending on your risks.

Key vaccines

Flu Vaccine

- It is strongly recommended that you have the flu vaccine during pregnancy. It is safe and recommended in any trimester by leading health experts.
- Women who are pregnant and who get the flu are at risk for becoming seriously ill. Getting the flu during pregnancy raises the risk of pregnancy complications, including early delivery.
- Getting the flu vaccine, or flu shot, is the most important step in protecting against the flu and has been shown to protect both the mother and her baby for many months after birth.

Tdap Vaccine

- This vaccine is recommended between 27 and 36 weeks of pregnancy to provide protection for you and your baby against tetanus, diphtheria, and pertussis (whooping cough).
- By getting the vaccine during this time, you pass antibodies to your baby before birth and helps to protect your baby until they are old enough to be vaccinated at 2 months of age.
- Whooping cough is a serious disease that can be deadly for a newborn.
- You need a whooping cough vaccine during each pregnancy to give your baby the greatest number of protective antibodies.

COVID-19 Vaccine

- COVID-19 vaccination is strongly recommended for pregnant women. It is safe and recommended in any trimester by leading health experts.
- Women who are pregnant and who get COVID-19 are at risk for becoming seriously ill, are at higher risk for early delivery and stillbirth, and might be at increased risk for other pregnancy complications.
- if you have any questions or concerns, talk to your health care provider about getting the COVID-19 vaccine.

Other key points

- If you are planning international travel, talk with your health care provider about other vaccines you may need.
- It is safe for you to receive vaccines right after delivery, even if you are breastfeeding.
- **Make sure all family members and caregivers are up to date on their vaccinations** to help form a circle of disease protection around your baby.

Over the Counter Medicines

We suggest that you avoid using any medicines if you can during pregnancy, especially during the first 3 months. If you need to relieve a minor problem, use over the counter medicines from this list.

Many of the medicines are available as store brands, which often cost less than brand name products. Take this list with you and ask your pharmacist if you are not sure of what product to buy.



Medicine safety during pregnancy

- **Do not use aspirin, ibuprofen, or any products that contain aspirin or ibuprofen while pregnant, unless directed by your provider.** A low dose of aspirin may be prescribed by your provider for certain medical conditions.
- **If your symptoms get worse or do not go away in 1 to 3 days, talk to your provider.**
- Follow the package instructions for how much medicine to take and how often you can take it.
- Do not use any herbal treatments unless you talk to your provider or pharmacist to know whether there may be any risk to you and your baby.
- If you are not sure what medicine to use, ask your health care provider or pharmacist.

Problem and medicine

Chest congestion

- Guaifenesin (Mucinex)

Cough

- Dextromethorphan (Delsym or Robitussin)

Constipation

- Drink 2 to 4 ounces of prune juice each day
- Docusate (Colace)
- Polycarbophil calcium (FiberCon)
- Psyllium (Metamucil)
- Magnesium hydroxide (Phillips' Milk of Magnesia)
- Methyl cellulose (Citrucel)

Diarrhea

- Loperamide (Imodium)

Gas pains

- Simethicone (Mylicon)

Heartburn (GI reflux)

- Calcium carbonate (Tums)
- Calcium carbonate and magnesium hydroxide (Rolaids)
- Famotidine (Pepcid) 20 mg twice a day
- Magnesium hydroxide, aluminum hydroxide, and simethicone (Maalox or Mylanta)
- Magaldrate (Riopan)
- Ranitidine (Zantac) 75 mg twice a day

Hemorrhoids

- Hydrocortisone (Preparation H or Anusol HC)
- Glycerin and witch hazel topical (Tucks Medicated Cooling Pads)

Minor aches, pain, or headache

- Acetaminophen (Tylenol)

Nausea

- Pyridoxine (vitamin B6) 25 mg every 8 hours along with doxylamine (Unisom) 25 mg each night

Sore throat

- Benzocaine and menthol (Cepacol Sore Throat)
- Dyclonine (Sucrets)

Sinus Congestion or Stuffy nose

- Cetirizine (Zyrtec)
- Fexofenadine (Allegra)
- Loratadine (Claritin)
- Fluticasone (Flonase)
- Oxymetazoline (Afrin): do not use this medicine for longer than 3 days

May use the following medicines

ONLY if you are more than 10 weeks pregnant and DO NOT have high blood pressure:

- Pseudoephedrine and cetirizine (Zyrtec-D)
- Pseudoephedrine and fexofenadine (Allegra-D)
- Pseudoephedrine and loratadine (Claritin-D)
- Pseudoephedrine (Sudafed)
- Pseudoephedrine and acetaminophen (Sinutab)
- Pseudoephedrine and triprolidine (Actifed)

Trouble sleeping (insomnia)

- Diphenhydramine (Benadryl) 25 mg
- Doxylamine (Unisom)

Vaginal yeast infection

Use a product for 3-day or 7-day treatment, not a 1-day treatment.

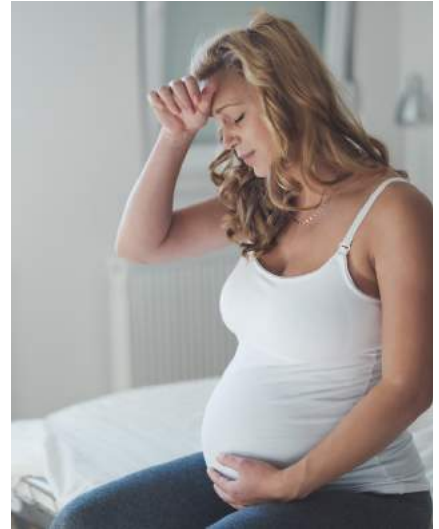
- Clotrimazole (Gyne-Lotrimin or Mycelex Cream)
- Miconazole (Monistat Cream)
- Terconazole (Terazol Cream)

Common Discomforts of Pregnancy

Pregnancy brings many changes to your body, and each pregnancy is different. Use these tips to help you feel great and reduce discomfort throughout your pregnancy.

Nausea or heartburn

- Keep something in your stomach.
 - Eat crackers, toast, or dry cereal before getting out of bed in the morning or whenever you feel sick.
 - Eat 5 to 6 small meals during the day instead of 3 larger ones.
- **Avoid** eating greasy, spicy, or fried foods.
- **Avoid** high fat or fried foods. Broil or bake meats.
- Eat more protein.
- Drink fluids low in acid, such as water.
- Drink between meals, not at meals.
- Sip clear liquids if you are vomiting. When vomiting occurs, take sips of clear liquids only. Some examples of clear liquids are Jell-O, clear soft drinks (7-UP) sports drinks, tea, and broth. As the nausea passes, increase the amount of liquids to ½ cup every hour. Stay hydrated.
- **Avoid** food smells that make nausea worse.
- Take more rest periods or naps.
- Use an extra pillow for your head when sleeping, and wait at least 90 minutes before lying down after eating.
- If you vomit or have heartburn, rinse your mouth with 1 cup of water mixed with 1 teaspoon of baking soda. Drink fluids low in acid, such as water.
- **Avoid** wearing tight-fitting clothes.
- **Avoid** bending over at the waist. Use your legs and do squats instead.



Constipation or hemorrhoids

- **Drink 6 to 8 cups of liquid each day.** Choose water, juices, and milk.
- **Eat plenty of fiber-rich foods,** such as raw fruits and vegetables, whole grains, high-fiber cereal, popcorn, and beans like pinto, black, and garbanzo beans.
- **Walk or do light exercise** each day as you are able.
- **Avoid** using laxatives or enemas.
- **Avoid** straining or pushing when having a bowel movement.

Urinating often or leakage

- Drink less fluid 2 hours before bedtime.
- Use the bathroom often.
- Do Kegel exercises. Kegels are done by squeezing the muscles around the vagina, urethra, and rectum, and holding them for 3 to 5 seconds. Slowly increase holding to 10 seconds. Repeat 10 times. Do Kegels at least 3 times each day.
- **Avoid caffeine** in coffee, tea, sodas, sport drinks, and energy drinks.
- If you have a burning feeling when you urinate, call your health care provider.

Swelling of hands and feet

- Wear supportive shoes.
- Prop your feet up when sitting or lying down.
- Add protein to your diet, such as eggs, beans, tofu, meat, and yogurt.
- **Avoid** standing for long periods of time.

If your hands and feet swell again and these things do not help, call your health care provider.

Leg cramps

- If you have a leg cramp, work to straighten your leg. Alternate flexing and relaxing your foot.
- Stretch your calf muscles during the day.
- Do low to moderate exercise as directed by your provider.
- Add calcium to your diet, such as dairy, leafy greens, and calcium-fortified juice.
- **Avoid** crossing your legs or sitting in a position that reduces blood flow.

Breast tenderness

- Wear a support bra that is not too tight.
- Wear a bra to bed at night.

Low back pain

- Use a side-lying position with pillows between the knees, behind the back, and under the abdomen to give you support.
- Rest on a supportive mattress.
- Wear low-heeled or athletic shoes.
- Sit up straight and avoid slouching.
- Change positions often, whether sitting, standing, or lying down.
- Get physical activity to build muscle strength.
- Use your legs and squat to pick up objects. Do not bend over.
- Use massage, take a warm shower, or apply ice for 15 minutes at a time (then remove) to help with low back pain.
- **Avoid** over the counter medicines until you talk with your provider.



If your pain is constant and has not gone away after trying these things, call your provider.

Trouble sleeping

- Turn off your smart phone, TV, and tablet at least 1 or more hours before bedtime. The light from these devices can make it harder to go to sleep.
- Exercise earlier in the day. Late day exercise can wake up your body.
- Use relaxation, meditation, and other strategies to get ready for sleep.
- Use pillows to cradle your body.
- **Avoid caffeine** in coffee, tea, sodas, sport drinks, and energy drinks, especially after 2 p.m.

Feeling dizzy or light-headed

- Eat 5 to 6 small meals every 2 to 3 hours, so you are not hungry.
- Drink 10, 8-ounce cups of fluid each day.
- Lie down on your left side.
- Change positions slowly, such as from lying to sitting, or sitting to standing.
- Sit down to do tasks instead of standing.
- Avoid being in temperature extremes, such as too much sun, cold, and heat.

Tell your provider if feeling light-headed does not improve.

Nosebleeds

Nosebleeds are more common during pregnancy. To stop a nosebleed:

- Squeeze your nose gently between your thumb and forefinger for a few minutes.
- Tilt your head forward to avoid swallowing the blood and breathe through your mouth until the bleeding stops.
- **Contact your provider if your bleeding is severe or does not improve.**

Skin issues

- Itching is more common on the hands, feet, and abdomen as skin stretches for baby's growth. Use gentle soaps for cleaning, hand washing, and laundry. Take warm, not hot, showers.
- You may notice brown patches on your face, darkening of the skin around your nipples, a dark line on your abdomen, and stretch marks. These are all common because of hormone changes.
- Use sunscreen to protect your skin.

Varicose veins

Varicose veins look swollen, raised, or bulging.

- Keep feet slightly raised when sitting and avoid standing for long periods of time.
- Avoid tight-fitting clothing.
- Avoid crossing your legs.

Anatomy of Pregnancy

Uterus (also called the womb)

A hollow, pear-shaped organ located in a woman's lower abdomen in which a fertilized egg (ovum) becomes implanted and the fetus develops. The fundus of the uterus is the top part, which can be measured in pregnancy to assess your baby's growth.

Cervix

The lower part of the uterus that projects into the vagina. It is made up of mostly fibrous tissue and muscle. A mucus plug blocks the opening of the cervix to prevent bacteria from entering the uterus until your baby is born.

Placenta

An organ, shaped like a flat cake, that provides oxygen and nutrients from the mother to her baby. It also gets rid of carbon dioxide and other wastes.

Umbilical Cord

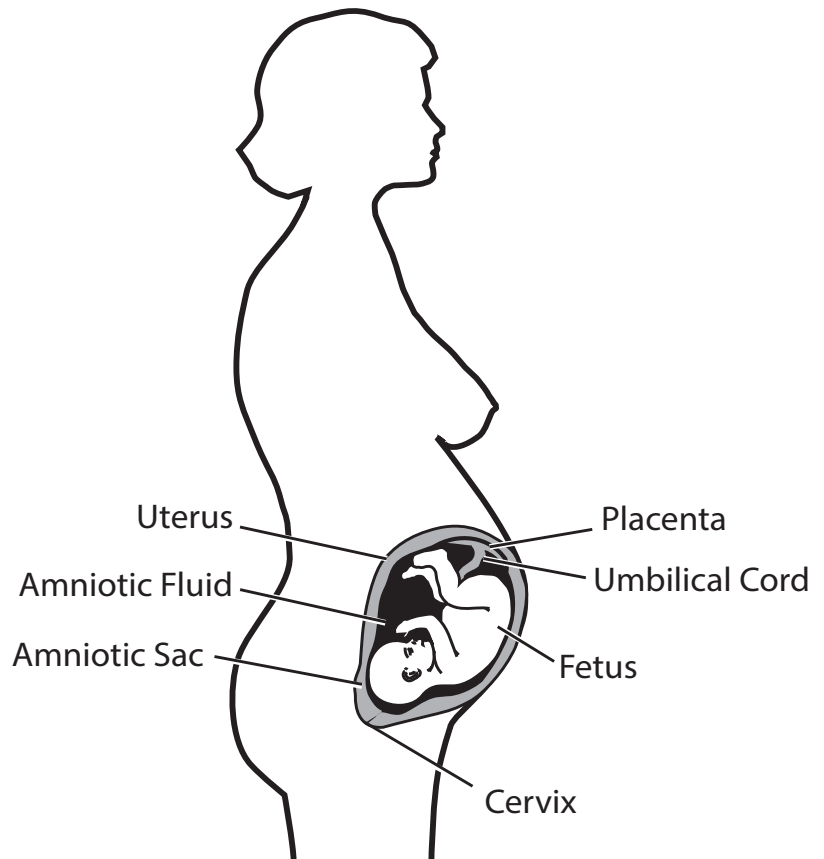
A rope-like cord connecting the fetus to the placenta. The umbilical cord contains two arteries and a vein. They carry oxygen and nutrients to your baby, and carry waste products away from your baby.

Amniotic Sac and Fluid

A thin-walled sac that surrounds your baby during pregnancy. The sac is filled with amniotic fluid and the amnion (the membrane that covers the fetal side of the placenta). This protects your baby from injury, develops your baby's lungs, and helps to regulate your baby's temperature.

Making room for baby

As your baby grows, your internal organs are shifted around and have less room, including your bladder, stomach, and lungs. This can cause feelings of bloating, heartburn, and shortness of breath.



What to Expect Each Trimester

First Trimester (0 to 13 weeks)

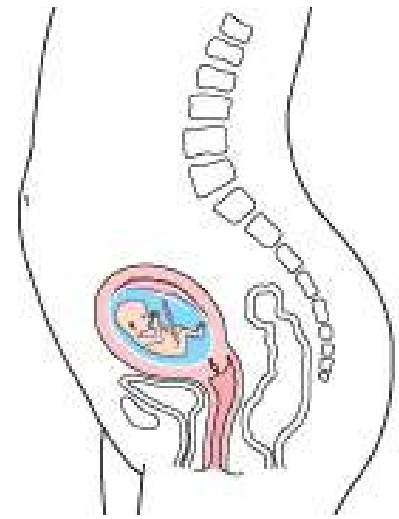
Weeks 1 to 8

You: You may or may not notice any physical changes. Your uterus will get a little larger, you may have morning sickness or nausea, and your body's hormones will change with early pregnancy.

Your baby: Baby is about 1 inch long by the end of 8 weeks. The brain, heart, nervous system, lungs, and other body systems are forming. Your baby is growing inside a sac of amniotic fluid.

Things to do:

- Wash your hands often to avoid illness and infection.
- Limit caffeine.
- Avoid tobacco, illegal drugs, and alcohol.
- Avoid X-rays.
- Avoid saunas, hot tubs, and hot baths.
- Eat well-cooked foods and wash raw foods.
- Avoid douching.
- Avoid toxic chemicals.
- Talk with your partner about how you feel.



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Weeks 9 to 13

You: Your uterus will be softer, rounded, and larger, so you may need to use the bathroom more often. Breasts may be more sensitive with hormone changes. Your energy levels may change.

Your baby: Baby may be up to $3\frac{3}{4}$ inches long and weigh $1\frac{1}{4}$ ounce by 13 weeks. The umbilical cord is formed, and your baby is growing, including fingers, toes, eyes, ears, and major organs.

Things to do:

- Begin prenatal visits.
- Take any prescribed vitamins and supplements.
- Share any changes to your health with your provider.
- Drink 10, 8-ounce cups of fluid each day.
- Exercise daily.
- Check your insurance for maternity benefits.

Second Trimester (14 to 26 weeks)

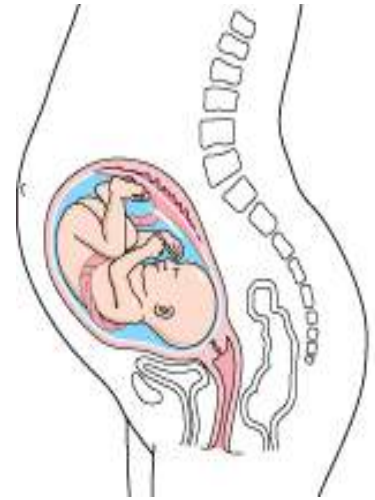
Weeks 14 to 16

You: Some women feel better at the beginning of the second trimester, having less nausea and more energy. You may start to feel hungry and gain 2 to 3 pounds. You may be able to feel your uterus, and it may harden slightly to protect your baby.

Your baby: Baby may be 4 to 5 inches long and weigh 3 or 4 ounces by 16 weeks. Baby's ears, arms, hands, fingers, legs, feet, and toes are completely formed. Reflex movements allow baby's elbows to bend, legs to kick, and hands to make a fist. Baby's kidneys are working to circulate fluid from the amniotic sac and heart beat is 120 to 160 beats per minute.

Things to do:

- Go to all prenatal visits and learn what your test results mean.
- Eat healthy meals and snacks.
- Drink ten, 8-ounce cups of fluid each day.
- Exercise daily.
- Plan a budget for needed baby items and equipment.



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Weeks 17 to 20

You: Your pregnancy may show as you gain weight. A line may develop on your abdomen (linea nigra) as your belly stretches. You may have more energy, feel less tired and begin to have cravings for specific foods.

Your baby: Baby may be up to 6 inches long and weigh 9 ounces at 20 weeks. Your baby likes to move, and you feel these movements. Hair begins to grow on your baby's head and body, called lanugo. Eyebrows and eyelashes grow.

Things to do:

- Talk to a dietitian if you have food cravings.
- Plan a dental visit and get a medical release from your provider to see the dentist.
- Rest 30 to 60 minutes a day or when tired.
- Wear your seat belt low over your hips.
- Wear comfortable clothes and shoes.

Weeks 21 to 24

You: Your body makes room for baby. Stretch marks and body aches are common on your abdomen, breasts, thighs and buttocks. Your hair and skin may be more oily. As baby starts to press on internal organs, constipation, frequent urination, low back pain and itchiness are common discomforts.

Your baby: Baby may be 9 inches long and weigh 12 to 14 ounces. Added weight is from new fat stores under the skin and baby's own development. Your baby has fingerprints and footprints, and hair is growing on baby's head. Your baby may start regular patterns of sleep and activity.

Weeks 25 to 26

You: At the end of 6 months, you may feel tightening and relaxing in the uterus, called Braxton-Hicks contractions. Your breasts may change and soften. Some women notice darkening of the skin around their nipples to prepare for breastfeeding. Some women notice swelling in their ankles and feet.

Your baby: Baby may be about 14 inches long and weigh 1 to 2 pounds. Baby can kick and have hiccups. Noises from the outside can cause baby to move or sleep. Internal organs, such as lungs, eyes, and intestines are developing.

Things to do:

- Sign up for pregnancy and childbirth classes. You are welcome to take a class at any time during your pregnancy, but we suggest attending classes weeks 25 to 32.
- Arrange to get a maternity center tour or check for an online video tour.
- Follow your plan for diet, exercise, and rest.
- Talk about your feelings with your partner as your body changes.
- Talk with your health care provider about cord blood banking.

Things to do:

- Talk to your provider about breastfeeding, and labor and delivery.
- Eat 5 to 6 small meals instead of larger ones. Choose healthy foods.
- Get a car seat.
- Talk with your provider or other parents about a pediatrician for your baby.

Cord blood banking

You may choose to bank your baby's cord blood from the umbilical cord and the placenta after your baby is born. Cord blood is collected because it contains stem cells. These cells offer lifesaving medical benefits. You may choose to do nothing and the cord blood will be thrown away after birth, or you can save the blood for use in a private or public bank. To donate cord blood, the mother must contact a bank that accepts mail-in kits, **register by the 34th week of pregnancy** and pass a health history screening. **Ask your health care provider about your options for banking your baby's cord blood.** If you decide to bank your baby's cord blood, please remember to **bring the kit with you to the hospital.** For more information, visit ParentsGuideCordBlood.org.

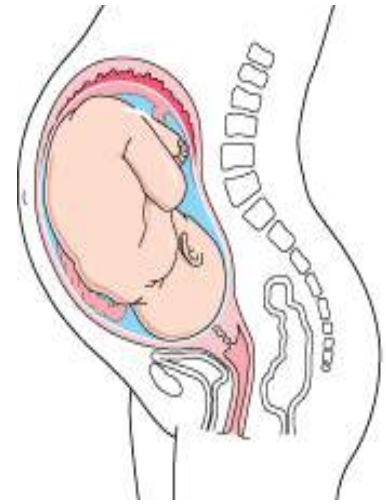
Third Trimester (27 to 40 weeks)

Weeks 27 to 32

You: Weight gain is faster in the last trimester. Your uterus is closer to your rib cage and your abdomen may move when baby moves. You may feel discomfort as your body changes.

- You may feel tired and need to rest or nap during the day.
- Some women feel full and eat snacks throughout the day, instead of meals. Choose low acid foods and foods high in nutrients. Drink 10, 8-ounce cups of fluid each day, even if you feel the need to urinate frequently throughout the day.
- Movement may feel more awkward as joints loosen and your center of gravity shifts. Be aware as you move to avoid loss of balance and falling.
- Be careful when doing activities, such as lifting, bending, pushing, and pulling. Get help with chores. Talk to your provider about safe ways to exercise in the last trimester of pregnancy.
- Breasts may leak a thin fluid, called colostrum, so pads may be needed in a bra. Some women switch to a maternity bra as it has greater flexibility and comfort than a regular bra.
- Use pillows when sleeping or resting to add comfort and body support. Lie on your left side to give baby more oxygen. Try to avoid lying or sleeping on your back.
- Talk to your partner and provider about your thoughts, feelings, and concerns in the last months of pregnancy.
- If you have Rh-negative blood, talk to your provider about a RhoGAM injection.

Your baby: Baby is about 15 to 17 inches long and may weigh 2 to 4 pounds. Baby's eyes are sensitive to light and eyelids can open and close. Baby can hear while in the uterus. The brain and nervous system are growing quickly. The lungs are almost fully formed. Your baby's body begins to store minerals, such as iron. Lanugo, downy hair that covers baby's body, may start to fall off. Body fat fills out the skin and helps baby maintain his or her body temperature after birth.



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Things to do:

- Attend pregnancy and childbirth classes.
- Go on a Maternity Tour.
- Share any changes to your health with your provider.
- Start fetal movement checks (kick counts).
- Exercise safely.
- Prepare the area where baby will sleep.
- Have a car seat installed and inspected for safety.
- Share with family and friends how they can help after baby arrives.
- If you have other children, plan child care for labor and delivery.
- If you work, make a plan to hand off job tasks during maternity leave.
- Share the name of your baby's doctor (pediatrician) with your labor and delivery care team and the hospital.

Weeks 33 to 36

You: By 36 weeks, the tightening and relaxing of the uterus continues to prepare your body for labor and delivery.

- If you have 4 or more contractions in 1 hour, drink several glasses of water and lie on your left side. If you continue to have 4 or more contractions in 1 hour, call your provider.
- You may have trouble sitting or standing for long periods of time. Lie on your left side and change positions often.
- You may naturally wake up at night to use the bathroom every few hours. Talk with your provider if you have trouble sleeping.
- Use a protective, waterproof mattress cover or seat cover in the event your water breaks.
- If you have trouble breathing due to baby's position, know that baby will likely "drop" or move into your lower abdomen soon to prepare for delivery. It will make breathing easier.
- Plan for some alone time with your partner before your baby arrives. Take time to talk about your thoughts and feelings as partners and parents before your baby is born.

Your baby: Baby is 16 to 19 inches long and may weigh 5 to 6½ pounds. A special white protective coating, called vernix, covers baby's skin. Baby's skin is getting thicker as layers of fat fill in to protect the body. Baby's organs are almost ready to function on their own. Your baby may start to change positions, such as dropping into your lower abdomen.

Weeks 37 to 40

You: You may feel excited, nervous, anxious, joyful, or a mix of feelings at the end of pregnancy. You may have pressure in your lower pelvis as baby's head enters the birth canal, called lightening. Time contractions when they occur, and prepare for labor and delivery. **Go to the hospital when contractions are 5 minutes apart, last for 1 minute and continue for 1 hour, or as directed by your provider.**

Your baby: Baby is 19 to 23 inches long and 6½ to 9 pounds at birth. Your baby may be larger or smaller. Movements may slow down as baby has less room in the uterus to move. Baby is fully developed and ready for birth.

Things to do:

- Learn the signs of true and false labor.
- Practice timing your contractions with your labor support person.
- Plan your route to the hospital for delivery.
- **If you notice fewer fetal movements or kick counts, call your provider right away or come to the Labor and Delivery Unit.**
- Have a bag packed and ready to take to the hospital.
- Practice the exercises you got from your childbirth class.
- Discuss baby names with your partner.
- Review your plan for labor and delivery.
- Limit travel plans. If you need to travel, locate the nearest hospital.
- Make financial plans with the hospital.
- Finalize child care.
- Ask family and friends to help with specific tasks for the first weeks after delivery.
- Share any questions or concerns with your provider.

Fetal Movement Count

Your health care provider will tell you when to start checking for fetal movement, also called kick counts. It often begins with the 7th month of pregnancy. It involves counting the number of times your baby moves in 2 hours. Your baby naturally moves and then sleeps. When moving, your baby may feel like a kick, ripple, twist, or rolling in your abdomen. As baby gets bigger, you may also feel stretching and pulling.

Do kick counts 1 or 2 times a day as instructed by your health care provider. After you eat a meal is often a good time.



How to do kick counts

1. Lay on your left or right side.
2. Use a clock, watch or smart phone to record the time. Set the timer for two hours.
3. Each time your baby moves, make a mark in a chart or on a piece of paper.

What the kick counts mean

- **If your baby moves 10 times or more in 2 hours**, your baby is probably healthy and doing well.
- **If your baby moves less than 10 times in 2 hours**, call your provider or come to the Labor and Delivery Unit.

Date	Total Movement	Date	Total Movement
<i>example: 2/2</i>	<i>### ## 1</i>		

Problems in Late Pregnancy

Preterm labor

Preterm labor is labor that starts before your 37th week of pregnancy. An early delivery can cause your baby to have problems with breathing, eating, and keeping normal body temperature. Early treatment may prevent preterm birth.

Each of the following may be a sign of preterm labor. If you have even one of these signs, contact your health care provider right away.

- **Uterine contractions of 4 to 6 in less than 1 hour:** Uterine contractions are the tightening and relaxing of the muscle of the uterus.
- **Low, dull backache:** Backache may come and go or be constant. It may happen along with a “balling up” feeling in your abdomen. It can be felt below the waist and is not relieved by lying down, a change in position, or a heating pad.
- **Menstrual-like cramps:** The cramping feeling occurs in the lower abdomen just above the pubic bone. It may come and go or be constant. It may feel like the beginning of your menstrual period.
- **Increase or change in vaginal discharge:** Vaginal discharge is normally thick and white during pregnancy. It may increase in amount or become more watery, pink, or tan.

Premature rupture of membranes (PROM)

Membranes, or layers of tissue, hold amniotic fluid that surrounds your baby in the womb. This membrane is called the amniotic sac. These membranes usually rupture or break during labor, known as your water breaking. The membranes sometimes break before a woman goes into labor, called premature rupture of membranes (PROM). This happens less than 10% of the time.

Most women will go into labor on their own within 24 hours. If the water breaks before the 37th week of pregnancy, it is called preterm premature rupture of membranes (PPROM). The earlier your water breaks, the more serious it is for you and your baby.

Signs

Watch for fluid leaking from your vagina. It may leak slowly, or it may gush out. When fluid leaks out slowly, women sometimes mistake it for urine.

If you notice fluid leaking, use a pad to absorb some of it. Look at it and smell it. Amniotic fluid usually has no color and does not smell like urine.

If you think your membranes have ruptured, call your health care provider right away.

Preeclampsia

Preeclampsia, sometime called toxemia or pregnancy-induced hypertension, begins at conception, but signs often do not show until after 20 weeks of pregnancy.

Signs of preeclampsia may include:

- Severe swelling
- High blood pressure
- Protein in your urine

More serious signs include:

- Severe headache
- Breathing problems
- Seizures (convulsions)
- Severe heartburn
- Blurry vision or seeing spots
- Severe abdominal pain with nausea and vomiting

If you notice any of these signs, call your health care provider right away.



Bleeding

Vaginal bleeding will happen to 1 in 10 women during their 3rd trimester. It can sometimes be a sign of a more serious problem. Contact your health care provider if you are having any bleeding in the last few months of your pregnancy.

Signs

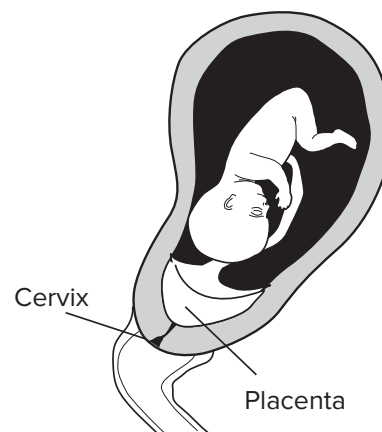
It is considered bleeding if it is a heavier flow of blood than you would see with spotting. You will need a liner or pad to keep the blood from soaking your clothes.

Placenta previa

Placenta previa is when the placenta grows and develops in the lower part of the uterus. The placenta can cover the cervix (opening to the birth canal) and may prevent a normal vaginal delivery. There are 3 types of placenta previa, based on how much of the cervical opening is covered.

Depending on how bad the problem is and the stage of pregnancy, a change in activities or bed rest may be needed. The baby is usually delivered by cesarean section to keep the placenta from detaching early and depriving the baby of oxygen during delivery.

Complete Previa



Placenta abruption

Placenta abruption is when the placenta pulls away from the wall of the uterus during pregnancy. This can lead to bleeding and can cause the baby to get less oxygen and nutrients.

The placenta may detach completely or part way (partial). It can be serious or mild if only a very small part of the placenta separates from the uterus wall.

Signs

The most common signs are vaginal bleeding and painful contractions. You also may have discomfort and tenderness, or sudden, ongoing belly or back pain. Sometimes, these symptoms may happen without vaginal bleeding because the blood is trapped behind the placenta.

Women with placenta abruption usually need to stay in the hospital or the baby may need to be delivered early. Treatment depends on how serious it is, which may range from bed rest to emergency cesarean section.

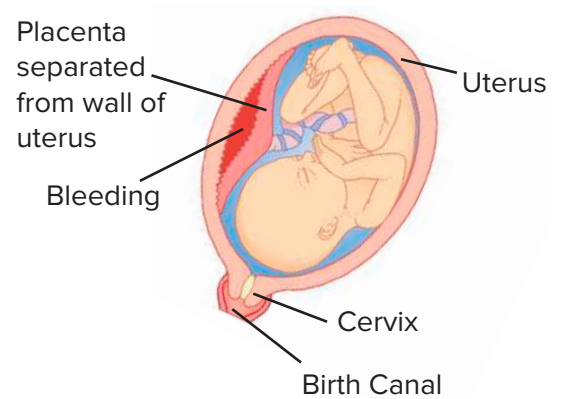
Danger signs

If you have any of these “danger signs,” call your clinic, doctor’s office or the Labor and Delivery Unit right away:

- Any bleeding or spotting from your vagina
- Constant low backache
- Change or increase in your vaginal discharge
- You water breaks or leaks
- Frequent tightening or “balling up” of the uterus or womb
- The baby is moving less than usual
- Fever
- Frequent vomiting and/or diarrhea
- Pain when you pass urine
- Fainting or blackouts
- Headaches
- Blurring of or changes in your vision
- Anything else that seems wrong

If you have any of these “danger signs,” call your health care provider right away.

Placenta Abruption



Pregnancy and Childbirth Education

Our childbirth educators offer many classes to prepare you for birthing and caring for your new baby. Some classes are in person and some are online. Plan to take classes between 25 and 32 weeks of pregnancy. Classes fill up fast, so please call between 17 to 24 weeks of pregnancy to enroll.

To sign up for classes and/or tours, visit:
go.osu.edu/pregnancy-education.



Pregnancy Care

- **Childbirth Education:** Helps prepare you and your partner or supporter for labor and delivery
- **Childbirth Education EXPRESS:** A shortened version of the Childbirth Education class and a great refresher course for those who have already had a baby.
- **Pregnancy and the Pelvic Floor:** Review common problems that can affect the pelvic floor during childbirth and how to recover from them.
- **Online Class: Understanding Childbirth:** Helps prepare you and your partner or supporter for labor and delivery
- **Online Class: Understanding Fatherhood:** This class covers pregnancy, birth and babies from the father's perspective.

Newborn Care

- **Baby Basics:** Learn skills in caring for your newborn (or new grandchild).
- **Grandparenting 101:** Review and learn all of the latest information and changes in infant care practices to assist the new family.
- **Infant and Pediatric CPR:** Learn life-saving techniques. Parents, grandparents and child care providers are welcome.
- **Online Class: Understanding Your Newborn:** Learn about newborn traits and behaviors, crying patterns and comfort techniques, hunger cues and breastfeeding basics, diapering and bathing, and newborn health and safety.

Breastfeeding

- **Breastfeeding Basics:** Learn about the basics of breastfeeding from lactation consultants.
- **Online Class: Understanding Breastfeeding:** Learn how breastfeeding works, how to breastfeed, newborn hunger cues and feeding patterns, and how to embrace your new breastfeeding lifestyle.

Multiple Pregnancy

- **Online Class: Understanding Multiples:** Learn about pregnancy, labor and delivery, breastfeeding and the postpartum period when you're expecting multiples.

Note: Participants expecting multiples who attend a childbirth class will be provided information on how to access the online Understanding Multiples class.

Contractions

Is it labor?

Contractions are the tightening and relaxing of muscles in the uterus. When labor starts, these muscles tighten and relax at a regular pace. Contractions will get closer together and stronger, letting your body know that your baby is about to be born.

Sometimes, these muscle contractions are not regular, and they start and stop. They do not seem to get stronger and closer together, but stay about the same intensity. Your health care provider may describe these contractions as **Braxton Hicks or signs of false labor**. These contractions are normal but can be uncomfortable.

Use the chart below to compare the signs of labor with false labor.



Signs of labor	Signs of false labor
<ul style="list-style-type: none">• Contractions happen at regular intervals	<ul style="list-style-type: none">• Contractions are not regular
<ul style="list-style-type: none">• Contractions get stronger and closer together	<ul style="list-style-type: none">• Contractions stay about the same
<ul style="list-style-type: none">• Contractions keep going while lying down	<ul style="list-style-type: none">• Contractions go away while resting
<ul style="list-style-type: none">• Cervix starts to thin and open	<ul style="list-style-type: none">• No changes in the cervix

I had a contraction! Now what?

- How often are they happening?
 - This is referred to as the frequency of your contractions.
 - Time from the start of one contraction to the start of the next contraction.
- How long are they?
 - This is referred to as the duration.
 - Time from the start of one contraction to the end of that same contraction.

- How long have you been having them?
- How uncomfortable are you?
 - If you can no longer walk or talk through contractions, call your health care provider.
- 5-1-1 Rule
 - If they are happening every 5 minutes for the past hour and are at least 1 minute long, then you should go to the hospital.
- Has your water broken?
 - If it has, what is the color, smell and amount?
 - Is fluid still leaking?

The 5-1-1 on contractions

Go to the hospital when contractions are:

- **Every 5 minutes**
- **Last for 1 minute**
- **Continue for 1 hour**

Time and keep track of your contractions

Keep a timing chart handy to help you track your contractions.

For a copy of a chart, go to go.osu.edu/contractionchart.

Using a watch or a clock with a second hand, jot down the start time and duration of your contractions. Then, fill in the frequency, so you can tell your health care provider about your progress. If your labor stops, print another chart and start again next time.

There are free apps to help you time your contractions, including:

- Full Term - Contraction Timer
- Contraction Timer & Counter 9m
- Contraction Timer - Time labor

When to call

Always call your health care provider for specific instructions on when you should go to the hospital. It is generally advised to go to the hospital when contractions are 5 minutes apart, last 1 minute each, and have stayed in that pattern for 1 hour.

You may need to go sooner than '5-1-1' if you:

- Vomit with contractions
- Feel rectal pressure
- Are unable to walk or talk through contractions
- Think your water has broken
- Have vaginal bleeding
- Tested positive for Group B Strep and need time to get antibiotics at the hospital
- Progress quickly (Call 911 and get into a side-lying position if you are having an extremely fast labor!)



Before 37 Weeks

If you are having regular contractions (4 to 6 in 1 hour) before 37 weeks of pregnancy, call your health care provider right away.

Other Signs of Labor

In addition to having contractions, your body will go through other changes as you get closer to delivering your baby.

Mucus plug

Some women have a release of cervical mucus that may have a slight pink color, or blood-tinged. This is called **passing a mucus plug or a bloody show**. This may be a sign that your body is preparing for delivery, but you do not need to call your health care provider.

Station

Fetal station may be used to describe your baby's progress down the birth canal. It refers to where the presenting part is in your pelvis. The presenting part is the part of your baby that is leading the way through the birth canal. Most often, it is your baby's head, but it can be a shoulder, the buttocks, or the feet.

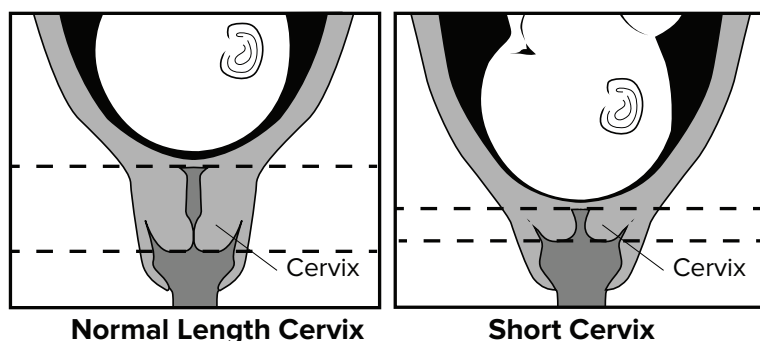
Rupture of membranes (water breaks)

Rupture of membranes is the medical term for your water breaking. This is your amniotic fluid. It can be a gush or a slow trickle and should be a clear, slightly yellow color.

Often, a woman will go into labor soon after her water breaks. If this doesn't happen, your health care provider may talk with you about helping your labor along with medicine.

Effacement

Effacement is the cervix getting shorter as your labor progresses, also called thinning out. A normal cervix is 1½ to 2 inches long. The cervix is completely thinned out when you are 100% effaced.



Dilation of the cervix

The opening of your cervix will go from 1 to 10 centimeters (cm) during the course of the birth process, called dilation.

Different dilation sizes happen in the different stages of labor.

Here are some examples to compare the size with things you are familiar with.



Cheerios®
1 cm



Banana Slice
3 cm



Cracker
4 cm



Soda Can
7 cm



Bagel
10 cm

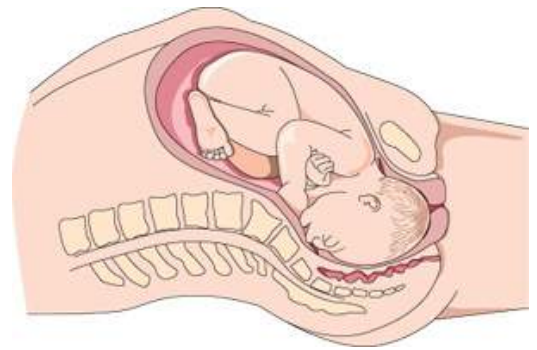
Stages of Labor Overview

Stage 1 - early, active, and transition

The first stage begins with the onset of labor and ends when the cervix is fully opened.

It is the longest stage of labor, usually lasting about 12 to 24 hours.

Many women spend the early part of this first stage at home and go to the hospital as this stage progresses.

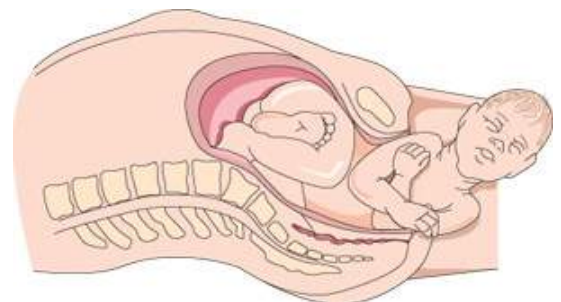
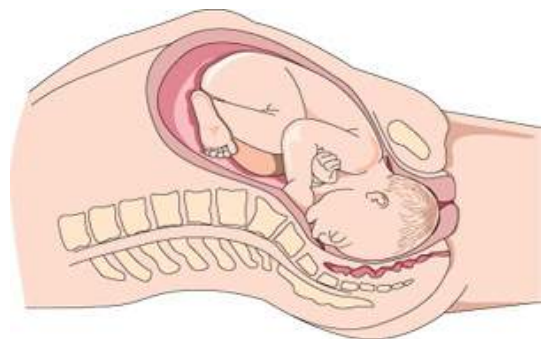


Stage 2 - pushing and delivery

The second stage involves pushing and delivery of your baby. It usually lasts 20 minutes to 3 hours. This varies a lot from person to person. It could be as quick as 1 contraction or last longer than the 3 hours.

You will push hard during contractions, and rest between contractions.

A woman can give birth in many positions, such as squatting, sitting, kneeling, or lying back. You might find pushing to be easier or more comfortable one way, and you should be allowed to choose the birth position that feels best to you.



Images from WomensHealth.gov

Stage 3 - delivery of placenta

The third stage is the shortest and involves the delivery of the placenta (afterbirth). About 5 to 10 minutes after your baby is born, your uterus will start contracting to push out the placenta. It typically takes about 30 minutes, but the time can vary.

Your labor is considered over once the placenta has been delivered.

Ask questions

Ask your class instructor or your health care provider if you have any questions, do not understand anything, or would like to know more.

Going to the Hospital

Ohio State Maternity Center

Triage

When you arrive at the hospital, you may be put into a triage room for evaluation. Triage rooms are private and equipped with everything needed to deliver a baby, if needed. Your health care provider will use this time to determine whether you are in labor or if your water has broken. Triage is located on the 6th floor of Doan Hall and is part of the Labor and Delivery unit.

Ohio State Maternity Center at University Hospital (Labor and Delivery Unit):

Doan Hall, 6th Floor
410 W. 10th Ave.
Columbus, OH 43210
614-293-8497

Admission

You are admitted to a Labor and Delivery room once your health care provider has determined that you are in labor or that your water has broken. If you are having a scheduled cesarean (C-section) or induction, you will bypass triage and be directly admitted into the hospital.

IV

An IV (intravenous) is a tube that is placed into one of your veins to give you medicine or fluid, if needed. An IV will be placed when you are admitted to the hospital. Having an IV access already there is important in the event of an emergency. You may or may not receive medicine or fluids through your IV throughout labor. The IV will be removed while you are in the postpartum unit.

Monitoring

Your baby's activity and heart rate will be monitored throughout your labor. Your health care provider will decide how this will be done. You will have monitoring of your contractions and fetal heart rate patterns, which allows your care team to assess how your baby is responding to labor. There are monitoring devices that still allow you to move around.

Fetal distress

If your baby shows signs of a problem while you are being monitored, it may be called fetal distress. This means that your baby is not responding well to labor and your contractions. He or she may be getting less oxygen. There may be drops in his or her heart rate, called decelerations, during labor.

This will be watched very carefully and your health care provider will talk to you about options if it continues.



Planning for Delivery

Talk with your health care provider about a delivery plan. Even if you prefer vaginal delivery, cesarean delivery may be needed for medical reasons.

It is helpful to understand both delivery options. Ask questions of your health care provider, so you are prepared.



Vaginal delivery

Each woman will have a unique labor experience.

Some women have a release of cervical mucus that may be blood-tinged. This is called **passing a mucus plug or a bloody show**. This is one sign that your body is preparing for delivery.

Some women also have a trickle or gush of liquid after the bag of water breaks around your baby. This is called a **rupture of membranes**. It may break before you have contractions or at any time during labor and delivery. **If you have a rupture of membranes, put on a feminine hygiene pad (not a tampon) and call your provider or the Labor and Delivery Unit at 614-293-8497.**

Some women have pressure in the lower back and cramping when **contractions** start. Contractions help to prepare the body for baby's delivery. Expect contractions to get more intense and closer together during labor. As contractions continue, it is not unusual to feel shaky or have nausea as you get closer to delivery.

Cesarean delivery

Sometimes a cesarean delivery, called a C-section, is needed because of problems with the mother, baby or both. You can learn more about this starting on page 45.

Things to think about ahead of time

- Talk with your provider about the positions you will use to push baby out during delivery.
- Talk with your labor support person about how you want to be coached through contractions.
- After your baby is delivered, the placenta is delivered. Gentle pressure is used to firm up the uterus afterwards to reduce bleeding. Your uterus will slowly return to its normal size in the days after giving birth. **Do you plan to take the placenta home? If you do, you will need to sign a medical release and have a cooler with you to take it home in.**

Make a birth plan

Write down your wishes for your baby's birth. You can plan this with your partner and share it with your health care provider and others. It is best for everyone to know your wishes ahead of time. Keep in mind that you might not be able to follow every wish, depending on what is happening with you or your baby. For a sample worksheet, visit go.osu.edu/pted4474.

Breathing Patterns

Breathing patterns help manage labor pain and relax the body. Start with a deep and cleansing breath to relax. Find a focal point, such as a picture, while using one of these breathing patterns.

Slow paced breathing

As the contraction begins, breathe in through your nose and breathe out through your mouth, letting your body completely relax. Repeat for about 8 to 10 breaths per minute. As the contraction ends, take a cleansing breath.

This breathing method is used most often in early labor.

Normal paced breathing

As the contraction begins, breathe in through your nose and breathe out through your mouth, letting your body completely relax. Keep your eyes on a focal point. Repeat for about 16 to 20 breaths per minute. As the contraction ends, take a cleansing breath.

This breathing method is used when slow paced breathing is no longer helpful.

Patterned breathing

As the contraction begins, begin with normal paced breathing. Breathe in through your nose and breathe out through your mouth, letting your body completely relax. Keep your eyes on a focal point. When the contraction is strongest, change your breathing to a short breath in and a short breath out. Return to normal paced breathing as the contraction subsides. As the contraction ends, take a cleansing breath.

This breathing method is used when contractions are strongest.

Variable paced breathing

As the contraction begins, start with normal paced breathing. Breathe in through your nose and out through your mouth, letting your body completely relax. Keep your eyes on a focal point. Change to 3 shallow breaths (breathe in and then softly blow out through puffed cheeks) and repeat until the contraction subsides. As the contraction ends, take a cleansing breath.

This breathing method is used during transition of active labor.

Blow breathing

If you feel the urge to push during labor and have NOT been given the OK by your provider, start short quick blows through your mouth. Fill your cheeks with air and imagine blowing out birthday candles. Continue until the urge passes or you are given the OK to push.

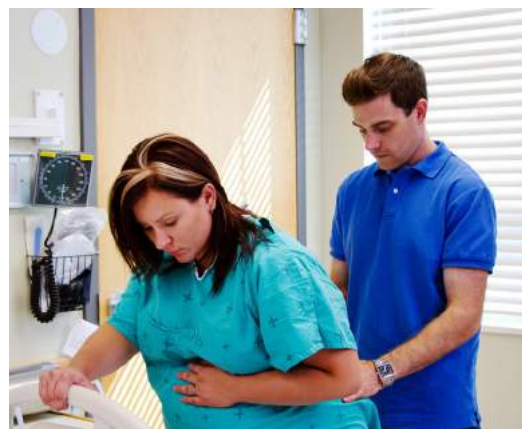
This breathing method is used to control the urge to push.



Labor Pain Relief

Pain relief without medicine

- Breathing patterns
- Massage
- Relaxation
- Smelling pleasant scents on cotton balls
- Listening to music
- Visual imagery or meditation
- Exercise or movement
- Distraction, such as reading or watching a movie
- Birthing ball
- Other types of pain relief you like to use: _____



Pain relief with medicine

Pain medicine is given different ways for labor and delivery based on your preferences for pain control. The most common are:

- **Labor epidural:** An epidural reduces pain in the lower half of the body for childbirth. It is a tiny tube, called a catheter, placed by a doctor (anesthesiologist) into the lower back after numbing the skin in that area. Different medicines can be given through the epidural, depending on your needs.
- **Spinal block:** A spinal block is medicine that completely numbs the lower half of the body and is used for cesarean delivery. It will be placed by a doctor (anesthesiologist) in the lower back.
- **IV pain management:** During early labor, IV pain medicine can temporarily relieve pain and allow you to rest. You can still have an epidural later if you choose.
- **Local anesthetic:** If your vaginal opening tears naturally or you have an episiotomy (a cut made by your provider in the event of an emergency), this medicine can be given to numb the area during the repair.
- **Nitrous oxide:** Nitrous oxide, sometimes called laughing gas, can reduce anxiety and decrease pain during labor. It is a tasteless, odorless gas that you breathe through a face mask during contractions.

How a labor support person can help

- Offer to help her change positions or move around.
- Ask “What feels good?” or “What helps you most right now?”
- Give her words of encouragement.
- Offer her ice chips, if allowed by her care team.
- Use a cool or warm washcloth on her forehead or around her neck.
- Give her a massage.
- Play music or relaxing sounds.
- Apply lip balm to her lips.

After Labor Is Over

After your baby has been delivered, you will spend about 2 hours in recovery. This is time to begin bonding with your baby and to start breastfeeding. You will also have some checks done on how you are doing after delivery.

- **Vital signs:** Your blood pressure will be taken every 15 minutes. You will also have your temperature checked.
- **Fundal checks:** The fundus is the top of the uterus. It can be felt at the location of your umbilicus (belly button) after your baby has been delivered. It should be hard and will feel like a grapefruit or baseball. The nurse will assess the location of your fundus every 15 minutes. If your fundus feels soft, your nurse may massage your belly to make your fundus hard again.
- **Lochia checks:** The nurse will be checking for the amount of lochia (postpartum blood) on your pad to make sure you do not have too much vaginal bleeding after delivery.
- **Medicine:** Ibuprofen and a stool softener may be offered to you during recovery. If you had an epidural placed for labor, the anesthesiologist will remove the tubing in your back. This is a very quick and painless procedure.
- **Visitors:** You are welcome to have your family and friends visit you and baby in your labor and delivery room before moving upstairs to your postpartum room. Visitor policies may change due to patient safety issues.

Cesarean Delivery

A cesarean, or C-section, is done on the same unit in the medical center as vaginal delivery. A scheduled C-section takes 60 minutes.

Reasons for a C-section include:

- Problems before labor
- Mother has severe bleeding
- Baby is in distress or not in right position
- Baby is too big to fit through mother's pelvis
- Failure to progress in labor
- Mother had C-section before



Possible risks with C-section include:

- Infection
- Bleeding or blood clots
- Need for blood transfusions
- Injury to bladder or bowels
- Damage to the uterus

Questions to ask

During prenatal visits, ask about:

- Why you may need a C-section and what the risks and benefits would be compared to labor and vaginal delivery.
- What medicines would be given to reduce the risk of infection or blood clots.
- What anesthesia would be needed.

Before having a C-section, ask:

- Why the C-section is needed and what you should expect.
- About the risks of surgery and anesthesia, and when blood transfusions would be needed.

Preparing for a scheduled C-section

- Your provider will talk with you about the medicines you take and any allergies you have. Some medicines may need to be stopped before surgery.
- Blood tests will be done to check your blood type.
- You will be given or need to buy a special soap to shower with on the day before your surgery and the morning of your surgery. Your provider will give you instructions on cleaning your skin with the soap. The soap helps to prevent infection.
- You will be given a surgery time. We ask that you arrive 2½ hours before your surgery. Plan for your labor support person to be with you.

At the hospital

You will be taken to the pre-surgery area on the Labor and Delivery Unit. Only your labor support person may be with you. Other family members need to stay in the waiting area on the 6th floor of Doan Hall. Policies may change based on patient safety issues.

- The team will review the plan for surgery before starting.
- You will be given medicine by a doctor, called an anesthesiologist. You will be awake to enjoy your baby's birth without pain. Your labor support person may be next to you to share this special moment.
- During surgery, the team will continue to check your health while baby is born, the placenta is delivered and the incisions are closed. If you are interested in taking the placenta home, you will need to sign a medical release and have someone bring a cooler to take it home in.
- After the C-section, you will go to a recovery unit. When possible, your baby will stay with you.

When going home after a C-section, ask about:

- Caring for your incision site to prevent infection.
- Problems to report, such as signs of infection (warmth or redness at the site, fever, or oozing) or incision site opens.
- Who to contact if you have a problem.
- What medicines you are to take, how much, and for how long.
- Your follow up appointment.

Advice for Partners

This is a time of great change. You are about to go through the birth of your child. The pregnancy will have more meaning if you are involved throughout the pregnancy and birth. Being a parent is something you learn! Here are some ideas to help.

Be a partner in the pregnancy

You are both in this pregnancy together. Plan to share the work and the fun!

- Encourage your partner to get good prenatal care. She should see a doctor on a regular basis. Visits to the doctor help to make sure the pregnancy is going well.
- Stay informed about her pregnancy.
- Help her to eat right. She will need to follow a balanced food plan. This may mean changing some of your own eating habits.
- Help her to exercise and stay in shape. Some exercise is good for both mother and baby. Walk with her when you can. Use this time to relax and talk about the pregnancy.
- It is important that you stay away from alcohol, tobacco, and drugs while she is pregnant.
- Now is a good time to teach others that smoking will not be allowed around your baby.
- Later in the pregnancy, you will need to help your partner more with housework, cooking, and cleaning. Make sure she gets a chance each day to rest.
- Decide now who will do what after your baby comes home.

Support each other

There will be changes in the relationship between you and your partner. For instance, you both may have mood swings. You may feel sad, worried, or nervous for no real reason.

- Try to listen and help each other. Take the time to talk things over.
- Your sex life may also change. In a normal pregnancy, it is safe to have intercourse throughout the pregnancy if there are no complications and the mother is comfortable. Ask the health care provider to give you advice in this area.

Learn about pregnancy and parenting

- Look for free or low cost childbirth education and parenting classes. These are offered at many hospitals and some private teachers give classes in their homes for a cost. These classes can answer your questions and help you to feel more confident about the pregnancy and becoming a parent.
- Talk with family and friends. They can be a good source of information and advice.
- Read about pregnancy and parenting skills. There are many books on pregnancy and being a good parent. Check with your library or bookstore.

Your Baby's Care After Delivery

After your baby is born, several things will happen right in the delivery room to ensure the health of your baby.

Cord cutting

After your baby is born, the umbilical cord is cut and clamped at your baby's navel (belly button). Make sure to tell your health care provider if you or your partner would like to cut the umbilical cord.



Apgar evaluation

The Apgar score is a test to assess how well baby is adjusting to life out of the uterus and will determine whether extra medical care is needed. Your baby is scored at 1 minute and 5 minutes of life. The nurse will be checking your baby's:

- Heart rate
- Breathing
- Activity and muscle tone
- Reflexes
- Skin color

Breastfeeding

Your baby can be put to your breast very soon after delivery. This stimulates your breast and milk making hormones. It also helps get your baby started breastfeeding.

Bonding and skin-to-skin contact

Your baby will be placed on your chest as soon as possible after delivery, unless there is a medical reason not to. Placing your baby skin to skin has many benefits for both you and your baby. It helps your baby keep a steady blood sugar, and helps you to bond. Infants placed in early skin-to-skin contact with their mothers also appear to interact more with their mothers and cry less.



Other checks

Soon after delivery, the care team will also:

- Listen to your baby's heartbeat
- Count respirations to check your baby's breathing
- Do a physical assessment
- Monitor your baby's temperature
- Take the baby's weight

Banding

An identification band will be placed on both you and your baby for security. Each time your baby is taken in or out of your room, your band and your baby's band will be checked.

Eye medicine

Your baby will receive eye ointment to prevent eye infections that they can get during delivery. It is standard of care across the country for all babies to receive erythromycin ointment to prevent severe eye infections from bacteria in the birth canal, most commonly chlamydia and gonorrhea. It is also possible for other bacteria to cause eye infections in newborns.

Vitamin K shot

The American Academy of Pediatrics recommends that all newborns get a shot of vitamin K in the upper leg. Newborns usually have low levels of vitamin K in their bodies. This vitamin is needed for the blood to clot. Low levels of vitamin K can cause a rare but serious bleeding problem. Research shows that vitamin K shots prevent dangerous bleeding in newborns.

When special care is needed

If there are signs your baby is not doing well, treatment can be given in the delivery room. Babies who may have trouble at birth include those born prematurely, those born with a difficult delivery, or those born with a birth defect(s). Fortunately for these babies, special care is available. Newborn babies who need intensive medical care are often admitted into a special area of the hospital, called the Neonatal Intensive Care Unit (NICU).

Consider the Benefits of Breastfeeding

Before you decide whether to breast or bottle feed, here are some things that you should know:

- How you choose to feed your baby is very important.
- Breast milk is made for human babies and changes as they grow to meet their needs.
- It is important for your baby to have a relaxed, happy mother who can give the love and attention he or she deserves.
- Your feeding decision is a very personal one. Discuss this information with those who support you and talk to your health care provider.



Why should I breastfeed?

Breast milk is good for your baby as it:

- Is easier for your baby to digest than formula. Breastfed babies have less gas, less spitting up and sweeter smelling stools. It also helps to prevent diarrhea.
- Helps to protect your baby from illness, and lowers their risk of asthma, type 2 diabetes, obesity and childhood cancers.
- Is always clean and safe. Your baby cannot catch a cold from it or be allergic to the milk, and there is no risk of contamination.
- Reduces the risk of sudden infant death syndrome (SIDS).
- Helps develop your baby's brain and nervous system.

Breastfeeding is good for the mother as it:

- Helps your uterus return to its normal size faster.
- May help you return to your pre-pregnancy weight sooner.
- Reduces your risk of breast and ovarian cancers, and type 2 diabetes.

Breastfeeding is also good for the environment, with no waste or energy used to make the milk.

Common concerns about breastfeeding

- **Will I make enough?**

Most mothers make enough milk, though many worry about it. How much your body makes depends on how often your baby nurses, so your body supplies the amount your baby demands.

- **Will my breasts sag?**

Your breasts will return to their normal size when you have finished breastfeeding. Whether or not breasts sag depends on your age, pregnancy, and heredity — not breastfeeding.

- **Will it hurt?**

Breastfeeding is meant to be comfortable. You may have some tenderness the first week or so, but pain is not normal. If you have pain, a lactation consultant can work with you to solve the problem.

- **Where can I breastfeed?**

By law, women are allowed to breastfeed in public, but most public places offer a private space too. Many employers support breastfeeding by providing a private place and the time to do it.

- **Can my partner feed my baby, too?**

After your milk supply is established (4 to 6 weeks), your partner can feed your baby your breast milk from a bottle. Your partner can also feel close through skin-to-skin time with your baby.

- **What if my breasts are too small?**

Breast size has nothing to do with your milk production.

For more information

- Talk to a lactation consultant about breastfeeding by calling the Ohio State Breastfeeding Helpline at 614-293-8910.
- Attend the Breastfeeding Basics class. Some insurance providers will cover the cost of classes.
- Learn more about breastfeeding by visiting:
 - Office on Women's Health
www.womenshealth.gov
800-994-9662 (English/Spanish)
 - La Leche League
www.llli.org
877-4-LALECHE (English/Spanish)
- Learn about attachment, boosting breastmilk supply, hand expression, and pumping by visiting Firstdroplets.com.



Postpartum Care

Length of stay

The amount of time you will stay depends on the type of delivery you had and if you had any problems. Most women stay 24 to 48 hours for a vaginal delivery or 48 to 72 hours for a C-section.

Lactation assistance

A lactation specialist will visit you in the hospital to guide you in getting started breastfeeding and to provide support. Your bedside nurse is also ready to help you at any time: just ask.



Baby photos

You will have an opportunity to have your baby's first official portraits taken.

Baby's care during this time

We encourage you to keep your baby with you in the room during your hospital stay unless there is a medical reason not to. This is the best way to learn about your baby's needs and to know if he or she is hungry. You can have your baby spend time in the nursery if you need to rest.

Your baby will have some additional health tests and procedures during this time. This includes:

- **PKU Testing:** After 24 hours, a few drops of blood will be taken from your baby's heel to screen for 36 different health conditions.
- **Critical Congenital Heart Disease:** After 24 hours, the oxygen level in your baby's blood is checked with a small sensor on your baby's hand and foot.
- **Hearing Test:** Your baby is checked for hearing loss because it can impact speech and language development. You will get the results before your baby goes home.
- **Hepatitis B Vaccine:** Hepatitis B vaccine is recommended for all babies because of the high risk that children younger than 18 years of age, if infected, will carry the disease the rest of their lives, passing it to others.
- **Circumcision:** If you have a boy and have decided to have him circumcised, it is done in the hospital nursery by your baby's doctor before your baby goes home.

Birth certificate and Social Security number

You will also be provided with all of the paperwork to complete your baby's birth certificate and Social Security number applications from the convenience of your room.

Nursery time

You can have your baby spend time in the nursery if you need to rest. Ask your nurse about the hours the nursery is open.

Visits from family and friends

Visits from friends and family are a wonderful part of the maternity experience, but you will also need quiet time throughout the day to rest and have some one-on-one time with your new baby. The Ohio State Maternity Center has Mother and Baby Quiet Time from 1 to 3 p.m. and 2 to 4 a.m. These periods are set specifically for new families to have uninterrupted time together.

Visitor policies may change based on patient safety needs.

Going home

Your nurse will help prepare you for the trip home, including answering any remaining questions you have and talking to you about what to expect during the coming days and weeks.

As you get settled at home, you may have additional questions about caring for yourself or your baby. We will provide you with a detailed booklet that outlines daily care and feeding routines, as well as important health and safety measures.

Preparing for Your Baby

Baby Care Items and Equipment

Good places to get the things your baby will need are department stores, local drug stores, garage sales and thrift stores. Also, family and friends may be willing to let you borrow items as you need them. Having the items and equipment ready before your baby is born will help decrease your stress and anxiety at the time of birth.

Suggested things to have:

- 2 to 4 crib and bassinet sheets
- 2 waterproof crib pads (optional)
- 2 to 4 receiving blankets or crib quilts
- 3 to 4 dozen cloth or disposable diapers (newborn size)
- 2 to 4 waterproof pants (for cloth diapers)
- Diaper wipes or small washcloths
- Diaper pail with cover
- Diaper ointment
- 4 to 6 T-shirts
- 4 to 6 sleepers or night gowns
- Socks or booties
- Hat (depending on season)
- Snowsuit (if cold weather)
- Towels
- 2 to 4 baby washcloths (optional)
- Mild baby soap and shampoo
- Baby bath tub (optional)
- Baby lotion or oil
- Car seat (required in Ohio)
- Crib and bassinet
- Small chest of drawers. Place a pad or towel on top to use as a changing table
- Stroller (optional)
- Baby swing (optional)
- Thermometer (for use under the arm)
- Baby nail file
- Infant bulb syringe to suction nose
- Supplies for breastfeeding or formula feeding



Choosing a Health Care Provider for Your Baby

Questions to ask yourself

As a new parent, an important step is choosing your baby's health care provider. Ask yourself these questions before you decide:

- Where is the office or clinic located?
- Do they accept your health care plan?
- How is payment handled?
- What are the office hours?
- How are after-hours calls or emergencies handled?
- Will they be willing to work with you and accept your ideas of child care?
- Are both well baby and sick child care available?



Choices for your baby's care

- **Family medicine doctor:** specializes in the care of adults and children. The doctor can provide care for your whole family.
- **Pediatric doctor (pediatrician):** specializes in the care of children from birth to age 18 or older.
- **Pediatric nurse practitioner:** a registered nurse with special training in the care of children. These nurses are able to prescribe medicine, and they usually work with doctors.

Talk with your health care provider, and check with family and friends to get recommendations. You may also want to:

- Visit "Find a Doctor" on The Ohio State University Wexner Medical Center's website at wexnermedical.osu.edu. Use the keywords "Family Medicine" or "Pediatrics" to search for a provider for your baby. You may also call Class Registration at 614-293-5123 for help.
- Call Nationwide Children's Hospital's Primary Care Centers at 614-772-6200.
- Call Lutheran Social Services (formerly HandsOn Central Ohio) at 211 or visit lssnetworkofhope.org/211centralohio for a referral.
- Call the Columbus Medical Association's Physician's Free Clinic at 614-240-7430.

While you are still pregnant, make an appointment to meet your child's future health care provider. This visit will help you find answers to many of your questions.

Do You Want Your Son Circumcised?

Now is the time to think about it

Now is a good time to think about whether you want your son to be circumcised after birth. A circumcision is the removal of the piece of skin, called the foreskin, from around the end of the penis, called the glans. This is an elective procedure or surgery, which means you need to decide if you want to have it done on your son or not.

The procedure is often done in the hospital's nursery by your baby's doctor. You will be asked if you want the procedure done, and you will need to sign a consent form to give your permission. Talk with your baby's doctor if you have any questions or concerns before you sign the consent form.

Most insurances will cover the cost of this procedure.

Why is it done

Some people decide to have circumcision done because:

- Father or other men in the family are circumcised.
- Cultural or religious beliefs.

There are some health benefits to the procedure, so some children's doctors recommend it. Benefits of circumcision are small over your son's life, but include:

- Lower risk of bladder, kidney or urinary tract infections.
- Lower risk of cancer of the penis.
- Lower risk of some sexually transmitted infections, such as HIV.
- Prevention of some foreskin problems.

The chance of problems is small

Risks of circumcision or the chance of problems are very small, but include:

- Infection
- Bleeding
- Pain
- Injury to the penis
- Skin re-attaching to the head of the penis, called adhesions
- Differences in look of the penis where too much or not enough skin is removed (may require more surgery at a later date)

Car Seat Safety for Infants

Car crashes are the main cause of accidental death and serious injury of children. Correctly using a car seat can save your child's life.

The American Academy of Pediatrics (AAP) recommends that children ride in a rear-facing seat until they reach the upper height or weight limit of their seat.



Using the car seat safely

- Check the car seat to make sure your child fits the weight and length guide.
- Never place a car seat in the front seat. Car seats do not protect infants and children from passenger air bags when they open.
- Install the car seat tightly, using the seat belt or LATCH system. The car seat should not move more than 1 inch from side to side. Remember to read and follow the vehicle owner's manual and car seat manufacturer's directions carefully.
- Keep harness straps snug and fasten harness clip at armpit level. Harness straps should be at or below the shoulder level. Place the car seat at the manufacturer's recommended angle to keep the infant's head from dropping forward. Position the infant car seat handle as instructed by the car seat manufacturer's directions.
- Rolled towels or receiving blankets can be placed along the sides of the infant for added support. Never place padding under or behind the infant.
- Most car seats expire in 5 or 6 years. Check the expiration date sticker. The date is chosen by the car seat maker based on the date it was made, not the date of purchase or start of use.
- Attend a car seat safety check in your community to ensure a good fit.

For more information

- To find car seats at a reduced cost to families in need and child safety seat check up events, call 614-645-7748 or visit safekids.org/coalition/safe-kidscentral-ohio.
- Call SeatCheck at 1-866-SEAT-CHECK to find a free car seat inspection location or visit seatcheck.org.
- Buckle Up with Brutus at buckleup.osu.edu for general car seat safety information.

Safe Sleep For Your Baby

- ♥ Always place your baby on his or her back to sleep, for naps and at night, to reduce the risk of SIDS.
- ♥ Use a firm sleep surface, covered by a fitted sheet, to reduce the risk of SIDS and other sleep-related causes of infant death.
- ♥ Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.
- ♥ Keep soft objects, toys, and loose bedding out of your baby's sleep area to reduce the risk of SIDS and other sleep-related causes of infant death.
- ♥ To reduce the risk of SIDS, women should:
 - Get regular health care during pregnancy, and
 - Not drink alcohol, or use illegal drugs during pregnancy or after the baby is born.
- ♥ To reduce the risk of SIDS, do not smoke during pregnancy, and do not smoke or allow smoking around your baby.
- ♥ Breastfeed your baby to reduce the risk of SIDS.
- ♥ Offer a pacifier, not attached to a string, at nap and sleep time once breastfeeding is established.
- ♥ Do not let your baby get too hot during sleep.
- ♥ Follow health care provider guidance on your baby's vaccines and regular health checkups.

- ♥ Avoid products that claim to reduce the risk of SIDS and other sleep-related causes of infant death.
- ♥ Do not use home heart or breathing monitors to reduce the risk of SIDS.
- ♥ Give your baby plenty of Tummy Time when he or she is awake and when someone is watching.



Remember Tummy Time!

Place babies on their stomachs when they are awake and when someone is watching. Tummy Time helps your baby's head, neck, and shoulder muscles get stronger and helps to prevent flat spots on the head.

www.SafeSleep.Ohio.gov



Alone.

Always put me in my crib alone. I shouldn't sleep in your bed or have anyone else in mine.



Back.

Always put me on my back to sleep – at night or even when I'm just napping.



Crib.

Always make sure the only thing on my firm mattress is a fitted sheet. No blankets. No stuffed animals.



What Does a Safe Sleep Environment Look Like?

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death

Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet.

Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Keep soft objects, toys, and loose bedding out of your baby's sleep area.

Do not smoke or let anyone smoke around your baby.



Make sure nothing covers the baby's head.

Always place your baby on his or her back to sleep, for naps and at night.

Dress your baby in light sleep clothing, such as a one-piece sleeper, and do not use a blanket.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

*For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or www.cpsc.gov.

www.SafeSleep.Ohio.gov



Alone.

Always put me in my crib alone. I shouldn't sleep in your bed or have anyone else in mine.



Back.

Always put me on my back to sleep – at night or even when I'm just napping.



Crib.

Always make sure the only thing on my firm mattress is a fitted sheet. No blankets. No stuffed animals.



Babies cry a lot. *It's normal.*

Learn more and have a plan. Keep your baby safe!

All babies cry. It is normal and natural.

Most adults feel frustrated when babies and toddlers cry.

Healthy babies start crying the day they are born. Crying increases when babies are 2 weeks old, and gets worse at 2 months old. Babies cry more in the afternoon or evening. Babies can cry 2 to 3 hours a day, for an hour at a time! It is normal.

Crying is the only way your baby can communicate. Your baby cries to tell you he:

- Is hungry.
- Needs to be burped.
- Needs a diaper change.
- Is too hot or too cold.
- Is lonely or scared.
- Is in pain or uncomfortable.
- Is over-tired or over-stimulated.

Never shake your baby!

No matter how long your baby cries or how frustrated you feel, never shake or hit your baby.

Shaking can cause brain damage that can lead to:

- Blindness
- Deafness
- Epilepsy (seizures)
- Cerebral palsy
- Mental retardation
- Learning problems
- Behavior problems
- Poor coordination
- Death

Shaken baby syndrome is a brain injury that happens when a frustrated person violently shakes a baby or toddler.

Tips for soothing crying babies.

Sometimes, a crying baby just can't be soothed. It is OK to ask for help.

Because all babies cry, try not to let the crying frustrate you.

Check for the common reasons for crying, then try some of the following:

- Hold the baby close and walk or gently rock. Wrap the baby snugly in a soft blanket.
- Find a calm, quiet place. Turn out the lights; turn off loud music and the TV.
- Offer a pacifier.
- Take the baby for a ride in a stroller or car. Always use a car seat.
- Play soft music; hum or sing to the baby.
- Run the vacuum, dryer, dishwasher or fan to make background noise.
- Place the baby in a baby swing.
- Lay the baby across your lap and gently rub or tap the baby's back.
- If all else fails, place the baby on her back in a safe crib or playpen. Walk away and check back every 5 to 10 minutes.
- Call your baby's doctor or nurse if your baby seems sick.
- If you feel you are getting stressed out, call a trusted friend or relative for help.

Toddlers cry, too.

Toddlers cry for the same reasons babies cry. Plus, toddlers cry when they try to learn new things. Toddlers and their crying can be especially frustrating at times such as:

- Potty training
- Feeding time.
- Naptime and bedtime.
- When teething.

Calm yourself, so you can calm your baby safely.

Caring for babies and toddlers is stressful, even when they are not crying. Know when you are becoming stressed out. Have a plan to calm yourself.

After putting your baby on his back in a safe crib or playpen:

- Take several deep breaths and count to 100. Go outside for fresh air.
- Wash your face, or take a shower.
- Exercise. Do sit-ups, or climb the stairs a few times.
- Go in another room and turn on the TV or radio.
- Call a friend or relative.

Check on your baby every 5 to 10 minutes.

You are your baby's protector. Choose caregivers wisely.

Even when you aren't with your baby, you are responsible for your baby's safety.

Before leaving your baby with anyone, ask these questions:

- Does this person want to watch my baby?
- Have I had a chance to watch this person with my baby before I leave?
- Is this person good with babies?
- Has this person been a good caregiver to other babies?
- Will my baby be in a safe place with this person?
- Have I told this person to never shake my baby?

Trust your instinct. If it doesn't feel right, don't leave your baby!

Do not leave your baby with anyone who:

- Is impatient or annoyed when your baby cries.
- Says your baby cries too much.
- Will become angry if your baby cries or bothers them.
- Might treat your baby roughly because they are angry with you.
- Has a history of violence.
- Has lost custody of their own children because they could not care for them.
- Abuses drugs or alcohol.

Has Your Baby Been Shaken?

Call 911.

All of these signs are very serious:

- Limp, like a rag doll.
- Poor sucking and swallowing.
- Trouble breathing.
- Unable to waken.
- Irritability or crankiness.
- Seizures or trembling.
- Vomiting.
- Skin looks blue or feels cold.

Save precious time! If you think your baby has been shaken, tell the doctors right away!

Tell anyone who cares for your baby to call you any time they become frustrated. Tell them not to shake your baby.

For more help coping with a crying baby:



1-800-755-GROW



Ohio Department of Health
246 North High Street
Columbus, Ohio 43215
<http://www.odh.ohio.gov>

Safe Spacing Between Pregnancies

For your health and the health of your baby, it is recommended that you wait 2 years before giving birth to another child. This is called safe spacing between pregnancies.

If you have concerns about having your babies closer together, please talk with your provider.

Safe spacing between pregnancies can help to:

- Lower the risk of having a premature baby.
- Lower the risk of having a baby with a low birth weight.
- Lower the risk of having a baby that is small for its gestational age.
- Lower the risk of autism in the child born second.
- Increase the benefits of breastfeeding for baby and mother.
- Lower the risk of pregnancy and childbirth-related complications, such as miscarriage and preeclampsia.
- Give your body time to heal and be healthy before the next pregnancy. Use this time to eat nutritious foods to build up nutrients in your body and manage your weight.
- Give you time to take prenatal vitamins with folic acid before your next pregnancy.
- Give you time to start a regular exercise routine, manage your blood pressure, and stop smoking.
- Give you and your partner time to bond with your current baby and adjust to becoming parents. It is less stress and work to care for 1 young child at a time.
- Allow time for your family to adjust to the cost of having 1 baby before having another.



Birth control can help you safely space pregnancies and prevent unplanned pregnancies. A birth control plan can be created while you are still pregnant. **Talk with your health care provider about the different birth control methods available, any questions you have, and what is best for your needs.**

Choosing a Birth Control Method

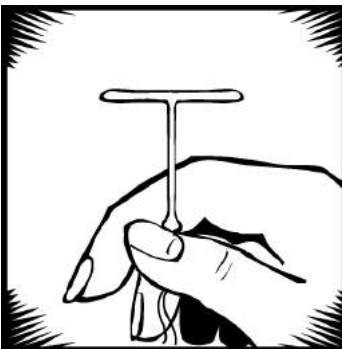
Many birth control methods are available. This guide lists the major types that are not permanent. The list is in order of the most effective to the least effective. **Only male and female condoms protect against sexually transmitted infections (STIs), including HIV.**

These methods of birth control result in less than 1 pregnancy per 100 women in a year



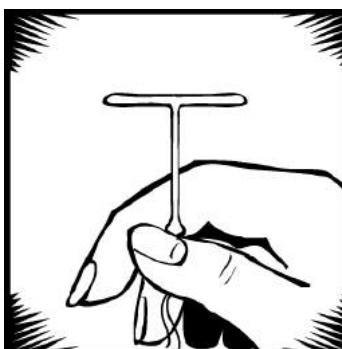
The birth control implant is a very small, flexible implant placed in the inner, upper arm by your health care provider. It protects against pregnancy for 3 to 5 years.

- **Advantage:** You do not need to take anything every day or do anything before, during, or after sex. Your periods may be lighter and less painful, or you may have no period.
- **Disadvantage:** You may have irregular bleeding or spotting.



The **hormonal IUD** is a small, T-shaped piece of plastic that is placed in the uterus (womb) by your health care provider. It protects against pregnancy for up to 3 to 7 years, depending on the brand.

- **Advantage:** You do not need to take anything every day or do anything before, during, or after sex. You should check now and then that the string from the IUD is still in place. You will be instructed how to do this. Your period may be lighter and less painful, or you may have no period.
- **Disadvantage:** You may have irregular bleeding or spotting. This often improves after a few months.



The **copper IUD** is a small, T-shaped piece of plastic that is placed in the uterus (womb) by your health care provider. It protects against pregnancy for up to 10 years.

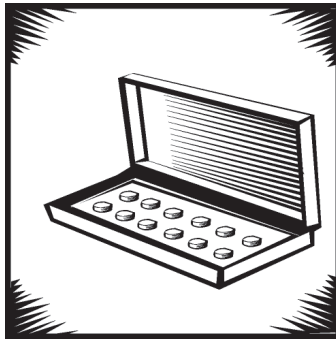
- **Advantage:** You do not need to take anything every day or do anything before, during, or after sex. You should check now and then that the string from the IUD is still in place. You will be instructed how to do this.
- **Disadvantage:** You may have heavier bleeding or cramping. This sometimes improves after a few months.

These methods of birth control result in 6 to 12 pregnancies per 100 women in a year



The **birth control shot (Depo-Provera)** is given in the arm or buttocks by a health care provider every 3 months.

- **Advantage:** You do not need to take anything every day or do anything before, during, or after sex. You may have no period.
- **Disadvantage:** You may have irregular bleeding or spotting. This often improves after a few months.



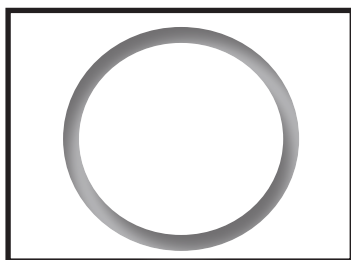
Oral contraceptives (birth control pills) contain hormones that prevent pregnancy. You need to swallow a pill at about the same time every day.

- **Advantage:** Your period may be lighter and less painful.
- **Disadvantage:** It can be hard to remember to take a pill every day and get prescription refills on time.

Week 1 - Patch	X	X	X
Week 2 - Patch	X	X	X
Week 3 - Patch	X	X	X
Week 4 - NO Patch	22	23	24

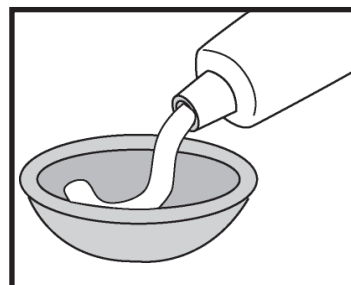
The **patch (Ortho Evra)** is applied to the skin like a square bandage each week for 3 weeks and then removed for 1 week to allow for a period.

- **Advantage:** Your period may be lighter and less painful.
- **Disadvantage:** It may be hard to keep the patch in place or to change it on time.



The **vaginal ring (NuvaRing)** is a small, flexible ring that is inserted into the vagina to stay in place for 3 weeks. It is then removed for 1 week to allow for a period.

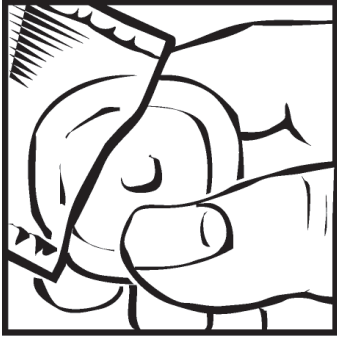
- **Advantage:** Your period may be lighter and less painful.
- **Disadvantage:** It may be hard to keep the ring in place or to change it on time.



The **diaphragm** is a dome-shaped silicone device that is inserted into the vagina before sex and removed 8 hours after sex. A spermicide foam, gel, or cream needs to be used with the diaphragm each time you have sex.

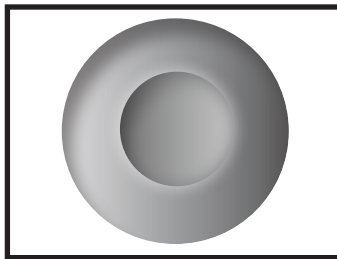
- **Advantage:** The diaphragm is easy to use and you can reuse it many times.
- **Disadvantage:** You need to have the diaphragm and spermicide available and use it correctly each time you have sex.

These methods of birth control result in 18 or more pregnancies per 100 women in a year



A **male or female condom** is placed over the penis (male condom) or inserted into the vagina (female condom). The condom blocks the sperms' movement into the uterus (womb).

- **Advantage:** Both the male and female condom are easy to use and you can buy them over the counter. It is the only birth control method that can protect you against sexually transmitted infections (STIs).
- **Disadvantage:** The condom may leak, break, or have holes. You need to have a condom available and use it correctly each time you have sex.



The **sponge** is a dome-shaped sponge that gets inserted into the vagina before sex and removed 6 hours after sex.

Advantage: The sponge is easy to use and you can buy it over the counter.

Disadvantage: You need to have a sponge available and use it correctly each time you have sex.

Emergency contraception pills

These pills can prevent pregnancy up to 5 days after unprotected intercourse. The pills delay ovulation or the release of an egg during the menstrual cycle. Emergency contraception does not affect a pregnancy that has already started. The pills are available in pharmacies and other stores without a prescription. They are not recommended as a regular method of birth control. Talk to your health care provider for more information.

Natural family planning

Birth control without the use of chemicals (vaginal spermicide or oral contraceptives) or barriers (condoms or diaphragms) is called natural family planning. You need to have regular menstrual cycles (periods) to use natural family planning. It uses body temperature, vaginal discharge or a calendar of your menstrual cycle to find out which days of each month you are most likely to ovulate or release an egg and get pregnant. You should not have sex during this time. It requires couples to not have sex for a large number of days each month. When used correctly, natural family planning is about 75% effective. Talk to your health care provider for more information.



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