

Welcome to Capital Region Physicians-Women's Health. Our office offers a full range of prenatal services. Regardless of whether your pregnancy is uncomplicated or high-risk, our providers are trained to care for your special needs. We care for women before, during, and after pregnancy, and we keep the family at the center of it all. We follow our obstetric patients as a team, which includes the nursing staff and physicians: Dr. Shelia Carnett, and Dr. Serese Smith-Haxton and our nurse practitioner, Monica Biddle FNP-BC. You may reach our office at (573) 632-5510 Monday through Friday 8 a.m. to 5 p.m. When the office is closed, you may leave a message, but the call will not be returned until the office is reopened. You may reach the obstetrics floor at Capital Region Medical Center after hours at (573) 632-5337. For Emergency situations, you should call 911 or go to the nearest emergency room.

Selecting a pediatrician for your baby is the next step. Choosing a physician early in your pregnancy lets you relax, knowing that you're prepared in the event your baby arrives early. Be sure to arrange an interview with the prospective physician to learn more about his or her practice and philosophy.

We encourage you to register for educational programs. Capital Region Medical Center offers an array of education programs designed to help you and your family prepare for your new baby. You can also request a tour of our Family Maternity Center. You will see your birthing room, and you will learn what to expect during your hospital stay. Our tours are conducted by nurses who will provide plenty of opportunity for questions and answers. Please refer to the enclosed information regarding scheduling classes or a tour.

Make sure the hospital has all your admission information on file. Taking care of this early in your pregnancy facilitates a quick admission upon your arrival to the medical center. One simple phone call will pre-admit you. Call (573) 632-5151. Be sure to have your current employment and insurance information available.



Monica Biddle



Dr. Carnett



Dr. Smith-Haxton

Prenatal Education

Information for your pregnancy

Congratulations on your pregnancy and welcome to Capital Region Medical Center. Thank you for choosing Capital Region for your prenatal care and delivery.

Having a baby is a wonderful, personal experience. Whether you're starting your family or expanding it, you deserve the best. This information will introduce you to the Family Maternity Center at Capital Region in Jefferson City. Capital Region offers you skilled staff, the latest technology, and a commitment to medical excellence.

During your health history, please tell the nurse any important information. All information that you share is confidential to the health care providers.

Prenatal Visits

All prenatal care is based on the date your baby is due, called your due date. This date is based on the first day of your last period. If you are uncertain of this date or have irregular menstrual periods, a dating ultrasound may be ordered.

A typical schedule for routine prenatal visits:

- One visit per month until 28 weeks
- Two visits per month for 28-36 weeks
- Weekly visits from 36 weeks to delivery

Your visits will include the following tests:

- Urine check for infection, sugar, and protein at all visits
- Blood pressure and weight at all visits
- Bloodwork—blood type and Rh factor, blood count, hepatitis B and C, syphilis, HIV, and rubella titer; varicella titer ordered at education visit
- Pap test and pelvic exam- at first provider visit if needed
- Glucose test for gestational diabetes-between 24-28 weeks
- Blood check for anemia- between 24-28 weeks
- Rhogam administration at 26-28 weeks if blood is Rh negative. If you have Rh negative blood and experience any bleeding during your pregnancy, please contact your doctor's office or Labor and Delivery.
- Group B step vaginal culture-between 35-37 weeks

- Tdap vaccine (whooping cough) will be offered between 27-36 weeks
- Influenza Vaccine will be offered to every patient during the flu season

Screening Tests

These tests are performed if necessary and ordered by physician.

Dating Ultrasound

If you are unsure of the date of your last period, our staff can help you determine your due date with an ultrasound.

First Trimester Screen

Between 11 and 13 weeks–This screening is a combination of a maternal blood test and an ultrasound measurement to identify fetuses at risk for Down syndrome and Trisomy 13 and 18. The blood test measures two pregnancy hormones in the mother's blood. The ultrasound measures fluid on the baby's neck called nuchal translucency.

MSAFP Blood Test

Between 15 and 20 weeks–This maternal blood test identifies fetuses at risk for problems with the spinal cord and brain. It can also identify fetuses at risk for Down syndrome and Trisomy 18, if a first trimester screen is not done.

Ultrasound for Morphology

Between 18 and 22 weeks–This ultrasound detects fetal abnormalities and helps determine fetal wellbeing. It is possible to visualize the sex of the baby if fetal position allows. If you do not want to know sex of the baby, tell the ultrasonographer.

Visitor Guidelines: Due to liability purposes, the medical imaging department at Capital Region Medical Center does not allow children to be present in the exam room during tests and procedures. Patients should be instructed of this policy prior to their appointment in order to avoid delays and the possible need to reschedule tests. Children can wait in the waiting room if accompanied by an adult.

For OB patients, one adult will be allowed to accompany the patient during the examination. Other family members and friends of patients undergoing an OB ultrasound test are asked to remain in the waiting room until the exam is complete. After completion of the pregnancy exam, friends and family (including children) will be allowed into the exam room to review the ultrasound of the baby.

Cystic Fibrosis Testing

This is a blood test to see if a mother is a carrier. Caucasians have an increased risk (1 in 29). If the mother is a carrier, the baby's father will need to be screened to determine the baby's risk. Note: Insurance coverage varies from plan to plan. Please contact your insurance provider if you are uncertain.

Sickle Cell Testing

This is a blood test to see if mother is a carrier. African Americans have an increased risk (1 in 12). If the mother is a carrier, the baby's father will need to be screened to determine the baby's risk.

Biophysical Profile (BPP)

After 28 weeks—This test is done to assess fetal well-being. It includes a nonstress test (see below) and an assessment of the baby's breathing movements, body movements, muscle tone, and amniotic fluid level.

Nonstress Test (NST)

After 28 weeks—This test can be done as part of a BPP or alone. It measures baby's heart rate in response to his or her movement. This gives an indication of whether or not the baby is getting enough oxygen.

3D/4D Ultrasound

Performed between 28-32 weeks—These ultrasounds are not diagnostic ultrasounds—they are meant for entertainment purposes only. Please call your OB physician's office to inquire about these services.

Diagnostic Tests

If you have a positive screening test, there are diagnostic tests available. Capital Region currently does not offer these tests. You would be referred to a maternal fetal medicine specialist.

Chorionic Villus Sampling (CVS)

Between 10-14 weeks—This test is never performed before 10 weeks. A sample of cells is taken from the placenta by insertion of a small tube through the vagina into the uterus. There is a one percent risk of complication. CVS can be used to test for a number of genetic disorders, including sickle cell anemia and cystic fibrosis.

Amniocentesis

At 15 weeks and after / ideally between 15-20 weeks—A small sample of amniotic fluid is withdrawn with a needle inserted into the uterus. There is a slight risk of complications associated with this procedure. Your

physician will discuss this further with you. Both amniocentesis and CVS can be used to test for a number of genetic disorders including sickle cell anemia and cystic fibrosis.

Genetic Counseling

Genetic counseling services are available and will be recommended if needed. Consults are done if there is a history of genetic problems, advanced maternal age, and/or drug exposure. Genetic counseling is referred to maternal fetal medicine specialist.

Social Services

Services are available for help with drug and/or alcohol use, domestic violence, poor social situations, teen pregnancy, pregnancy termination and adoption, no insurance, limited resources, transportation, clothing, car seats, cribs, some supplies, parenting classes, and applications for Women, Infants and Children (WIC). Please let your health care provider know if you need assistance.

Lifestyle risks

Smoking

Smoking may cause low birth weight, placenta problems, stillbirth, preterm birth, increased risk for ectopic pregnancy, and vaginal bleeding. Please stop smoking. Even second-hand smoke is bad for you and your baby. It may cause increased respiratory infections, asthma, and sudden infant death syndrome (SIDS).

Alcohol

Alcohol may cause growth retardation, heart defects, physical abnormalities, behavior problems, and low IQ in babies. If you have an alcohol problem, genetics counseling and social service consult will be offered to you. No alcohol consumption is safe during pregnancy.

Drugs

Drug use may result in small babies, preterm delivery, birth defects, developmental delays, addiction of the baby, abruption, and possible death.

Please inform your health care provider if you have used street drugs. Please stop immediately. If you have used drugs, we will offer random urine drug screens. Social services are available to help you. At delivery, the baby's first stool may be tested for drugs. If positive, the Missouri Department of Social Services will become involved.

Over-the-counter (OTC) drug use can create problems during pregnancy. Only OTC medications that are approved by your provider should be taken.

Please tell your health care provider about prescription medications you have been taking. He or she can determine if these are safe to use during pregnancy. Some medication can be substituted. Do not stop or change any prescription drugs without talking to your provider. Take only prescription drugs that are prescribed for you by a physician. Any time you seek care from a health care provider, inform him or her of your pregnancy.

Exercise

Benefits of exercise include increased energy, decreased constipation, improved spirits, relaxation, improved sleep, and improved muscle tone and stamina. Exercise is a benefit in labor; it helps relieve back pain and helps control gestational diabetes.

To start exercising, begin with five minutes a day adding five minutes each week until you can stay active for 30 minutes a day.

Safe Exercise:

- Walk
- Swim
- Ride stationary bike
- Jog
- Participate in low impact aerobics and pregnancy-based yoga or Pilates
- Golf

Unsafe Exercise–Don't:

- Exercise for weight loss
- Exercise when excessively hot and humid
- Exercise if short of breath, have an increased heart rate greater than 140, experience dizziness, experience faintness, have a headache, or experience signs of labor
- Participate in any impact sports or activities where you could fall or be hit

Warning signs to stop exercise:

- Dizziness or faintness
- Shortness of breath
- Uneven or rapid heart rate
- Chest pain
- Trouble walking
- Calf pain or swelling
- Headache
- Vaginal bleeding
- Fluid leaking from vagina
- Uterine contractions
- Decreased fetal movement

Environmental Hazards and Heavy Lifting

- Work hazards to avoid include chemicals, gases, X-rays, disease exposure, and lifting more than 25 pounds
- Home hazards to avoid include pesticides, mixing cleaners, weed killers, and lead paints.
- Toxoplasmosis, a parasite, may be found in cat feces and raw meat. If ingested during pregnancy, it may cause complications with the baby. Don't handle cat feces. Do not change litter boxes. Do not eat raw or undercooked meats.
- Wear gloves when gardening. Wash hands well. Wash all vegetables and fruit.
- Hair may be colored or permed, and nails can be manicured in well-ventilated areas.
- Tanning beds are discouraged.
- Hot tubs should be avoided. Core body temperature should be below 102°F.
- Teeth bleaching is not recommended.
- Low heels are best to help decrease back discomfort.

Sex

You may continue to have intercourse unless you experience problems. Your desire may fluctuate due to how you are feeling and body changes. Try different positions; be open with your partner. Slight vaginal spotting may occur with intercourse due to the increased vascularity of the cervix during pregnancy. If this lasts more than a day or becomes heavy in nature, contact your physician.

Travel

Mid-pregnancy is the best time to travel. Take a copy of your pregnancy records, and be sure to check for your destination's closest hospital. Check with the airline about travel restrictions for pregnancy. Get up and move around every two to three hours due to an increased risk of blood clots in legs. Always wear a seatbelt.

Weight Gain

Suggested weight gain is between 25-35 pounds. Too little weight may compromise your baby, but too much weight makes pregnancy more difficult.

Dietary needs

- **Be sure to eat a well-balanced diet.** It is best to avoid foods high in calories and low in nutritional value.
- **Fluid intake should be at a minimum 48–64 ounces per day.** Fluids help the body build new tissue, aid in digestion, aid in elimination of wastes, and promote healthy body processes. Do not drink alcohol, and limit caffeine to no more than one to two drinks per day.
- **Increase calcium to 1,000 to 1,300 mg daily.** Calcium builds bones and teeth. If not supplied in your diet, calcium will be drawn out of your bones. Consume three servings of dairy products daily such as milk, cheese, yogurt, fortified orange juice, or TUMS.
- **Increase folic acid to 0.8mg (or 800mcg) daily.** Prenatal vitamins are recommended. Folic acid helps prevent neural tube defects if taken before conception and during pregnancy. Good food sources are breads, cereals, pasta, dark green vegetables, and dark orange fruits and vegetables.
- **Increase iron.** Blood volume increases during pregnancy. Iron is needed to make hemoglobin (which carries oxygen) in red blood cells. Lack of iron causes anemia. Blood will be checked for anemia at the beginning of pregnancy and at approximately 28 weeks. Iron supplements may be suggested if you are anemic. Good food sources are lean beef, pork, organ meats, dried fruits, beans, whole grains, enriched grains and cereals, and dark green leafy vegetables. **Iron supplements** are best taken with juices because Vitamin C aids in absorption. Do not take with milk because calcium may block iron absorption. Iron may increase problems with constipation, so increase fiber, fluids, and fresh fruit as well.
- **Protein.** The serving size of protein is 2-3 ounces or about the size of a deck of cards. Protein aids in the development of extra blood and tissues for you and your baby. It is the building blocks for cells and is essential for brain cell development. Food sources are lean meats, nuts, eggs, peanut butter, beans, and dairy products. If you are a vegetarian, a dietary consult may be needed.
- **Increase Fiber.** Fiber and fluids help prevent constipation. Food sources are whole grains, cereals, raw fruits and vegetables, and dried fruit. You may use fiber additives.
- **Take prenatal vitamins (PNV).** Prenatal vitamins are encouraged for all pregnancies. If you cannot tolerate PNVs, Flintstones Complete chewable children's vitamin may be taken. Take two Flintstones to replace one PNV. Vitamins are not a substitute for a well-balanced diet but are a great additive. Don't take large doses of vitamins, especially vitamins A and D. Very high levels of Vitamin A have been associated with birth defects.

Precautions:

- Avoid excessive caffeine, artificial sweeteners, and empty-calorie foods that are high in fats or sugar and low in nutritional value.
- Wash your hands well after handling raw meat and eggs; don't eat rare meat or raw eggs.
- Listeriosis is a bacterium that may be found in unpasteurized milk and cheese, hot dogs, cold cuts, and smoked seafood. Don't eat unpasteurized foods and heat all deli meat to steaming.
- Avoid certain kinds of fish—shark, swordfish, king mackerel, and tilefish—due to high mercury levels.

Changes during Pregnancy

Nausea

Nausea can be normal in the first trimester. It varies individually and may occur at any time of the day. Try eating a bland diet with frequent snacks including a protein and carbohydrate source every two hours. Sip clear liquids. If unable to keep anything down for 24 hours or more, contact our office or labor and delivery. You may need to be seen to check for hydration.

Fatigue

Fatigue can be a normal occurrence. Get plenty of rest and eat well. Energy levels improve in the second trimester. Fatigue may return in the third trimester. Your blood will be checked for anemia. If needed, extra iron supplements will be encouraged.

Frequent Urination

Frequent urination is common during pregnancy and not much can be done. Continue to drink increased fluids and plan for frequent bathroom breaks. Report any signs of a bladder or kidney infection. Symptoms include burning or pain at urination, blood in urine, fever, and backache. Wear cotton underwear. Wipe from front to back. Do Kegel exercises. Cut back on caffeine.

Breast Changes

Breast tenderness and growth are normal during pregnancy. Wear a good, supportive bra. Breasts may leak later in pregnancy. Wear cotton, not plastic breast shields. Avoid soap use because it dries out the skin.

Nasal Congestion and Nosebleeds

Vascularity to the nose increases, which may cause increased congestion and nose bleeds. Use of saline nasal sprays, humidifiers, and Vaseline around the nostrils edge may help. Blow your nose gently.

Vaginal Discharge

Increase in vaginal discharge is normal. However, any symptoms of burning, itching, foul odor, or pain may indicate an infection and should be checked by your provider. Some slight brownish pink discharge or pink spotting after intercourse or pelvic exams may occur. Report if spotting becomes heavy like a period, lasts more than 24 hours, or pain and/or cramping occur.

Mouth Changes

Pregnancy may increase salivation. Gums bleed easier. Continue with good dental care. Inform your dentist that you are pregnant. Dental X-rays should not be done in the first 12 weeks of pregnancy.

Heartburn

Avoid foods that aggravate. Eat small, frequent meals. Have good posture. Don't lie down after eating. Wear loose-fitting clothes. Approved antacids may be taken.

Constipation and Gas

Constipation occurs due to slowed digestion and hormonal effects. Iron supplementation taken orally may worsen this condition. Increase fiber, liquids, and activity. Use stool softeners, but not laxatives, unless prescribed by your provider.

Hemorrhoids

Constipation can make hemorrhoids worse. Dietary aids for constipation will be helpful (see constipation above). Approved treatments for hemorrhoids may be used.

Skin and Hair

You may get chloasma (brownish spots on your skin), acne, stretch marks, darkening of nipples and navel, dilated facial and breast veins, and thicker body hair. Most of these symptoms will subside or fade after delivery. Nothing can be done to prevent stretch marks; however, keeping the skin well moisturized will help minimize them.

Emotions

Mood swings are not unusual. Fluctuations in hormones intensify emotion. Pregnancy and birth are major life changes. Discuss feelings and thoughts with your significant other, friends, family, and health care team. Keep a journal. If lengthy or overwhelming depression occurs, inform your health care provider.

Siblings

Reactions may differ depending on the age of the child. Be sure to include the siblings in the pregnancy and answer their questions honestly and lovingly. Consider having them attend the sibling class that is offered.

Warning Signs:

Call if you are experiencing:

- Severe abdominal pain
- Vaginal bleeding or fluid leaking from vagina
- Severe lower back pain
- Decreased fetal movement; fetal movement is first felt at 16 to 20 weeks.
- Fever higher than 100.4° F
- Severe headaches, dizziness, and/or visual problems
- Swelling or puffiness of the face, noticeable swelling of your hands, feet and ankles, and rapid weight gain may indicate a blood pressure problem.
- Persistent nausea or vomiting for 24 hours with no food or drink

Call your OB physician's office if any of these warning signs occur. After office hours, at night, or on the weekend please call Labor and Delivery with concerns: (573)632-5337.

Over-the-counter Medications

Allergy Medications

- Chlor-Trimeton allergy tablets
- Claritin
- Benadryl 25-50mg
- Zyrtec

Cold Medications

- Sudafed Nasal
- Decongestant
- Sudafed Cold and Allergy

Cough Suppressants

- Robitussin DM
- Cough drops
- Throat lozenges and sprays

Heartburn & Antacid Medications

- Any over the counter antacid (Mylanta, Tums, Rolaids, Pepcid AC, etc.)

Nausea Medications

- Dramamine tablets as needed up to four times a day
- Vitamin B-6 and Unisom
- Emetrol syrup

Pain Medication

- Tylenol (acetaminophen) Extra Strength every four hours as needed

Hemorrhoid Medications

- Anusol
- Preparation H

Constipation Medications

- Metamucil wafers
- Colace
- Fibercon
- Milk of Magnesium
- Miralax

Diarrhea medications

- Imodium

Sleep Aid

- Tylenol PM

No aspirin or ibuprofen unless prescribed by your health care provider.

Each pregnancy is unique and special. Please take good care of yourself. You will feel better, and your baby will benefit.

Childbirth Education Classes

We encourage all moms to sign up for classes, especially first-time moms and dads. Classes are the best way to prepare for your birth experience. Capital Region also offers a Sibling Class to help prepare big brothers and sisters for the arrival of baby. Please sign up between 24 and 30 weeks by emailing lgreen@crmc.org or calling (573) 632-5366. If a class has to be changed, you will be notified of the change and alternatives available to you. A letter will be sent in advance confirming your registration, class location, and additional information needed for the class.

Beginning Childbirth Preparation

Having a baby is an exciting time. Capital Region Medical Center would like to help you prepare for the birth of your baby. Please join us to learn more about labor, delivery, and care of yourself and your new baby.

Class is held once a month on Saturdays from 9:00 a.m.-3:30 p.m.

Breastfeeding Class

This class is designed for those families who are thinking about breastfeeding and/or who have already made the decision to breastfeed. We will cover the latest breastfeeding techniques and information. Dads are encouraged to attend. Class is held every other month on Mondays from 6:00-7:30 p.m.

Sibling Class

Having a new baby is both exciting and mysterious. We would like to help big brothers and big sisters with the transition of having a new addition to your family. This class is held every other month on Wednesday evenings from 6:00-7:00 p.m.

Parenting Class

This class explores the joy of parenthood and your personal journey through newborn care. The class is held every other month on Wednesday evenings from 6:00-8:00 p.m.

Father's Guide to Pregnancy

What to Expect:

When your partner starts labor, your role as labor coach begins. Every pregnancy is different, and there is no way of knowing how long your partner's labor will last. Labor happens in three stages. For some women, each stage lasts much longer, while for others it is much shorter. Your role during this time is to give your partner emotional support and comfort.

Sometimes babies are born by cesarean delivery—through an incision in the mother's

abdomen and uterus. It is a possibility with all deliveries. A cesarean birth is major surgery. Although some are planned in advance, many happen unexpectedly. If your partner has a cesarean delivery, she will need more time to recover.



How You Can Help:

There is plenty you can do to help during labor and in the delivery room.

- Help distract your partner during the first stage of labor. Listen to music with her or watch a movie.
- Unless she has been told to stay in bed, take short walks with your partner.
- Time her contractions.
- Offer to massage her back and shoulders between contractions.
- Help her with the relaxation techniques you learned in childbirth class.
- Encourage her during the pushing stage.
- Some fathers decide not to attend labor and birth. If you make this decision, there are other ways to support your partner. Take an active role in caring for her and the baby after birth, before and after they leave the hospital.

Things to Think About Before the Birth:

Do you want to cut the umbilical cord? You may be asked if you want to cut the cord after the baby is delivered. Talk with your health care provider and your partner if you are not sure.

Do you know your partner's wishes regarding pain relief during labor? You and your partner can discuss the options beforehand. Remember, however, that decisions about pain relief should be made by your partner and that her decisions may change when she is actually in labor. Offer support for whatever she decides.

Are you planning to stay with your partner in the hospital after the baby is born? If you have other children, confirm arrangements for their care if you plan to stay. Pack an overnight bag with the things you will need.

Do you know how you will get to the hospital? If you are driving, plan the route to the hospital, and map out a backup route in case there is a delay. Do not forget to consider the time of year, and plan for bad weather in winter months.



Prenatal Appointments

Date/Time _____ Practitioner _____

Your Questions _____

Weight _____ Blood Pressure _____

Fundal Height _____ Fetal Heart Rate _____

Practitioner Comments/Instructions _____

Next Appointment Date and Time _____

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Time for Delivery

Family Maternity Center Patient Information

Services

Capital Region Medical Center is dedicated to serving families and providing excellent, individualized care. We believe the birth of your baby is one of the most important events in your lifetime. As each individual is unique, so is each pregnancy and birthing experience.

More moms than ever are choosing Capital Region Medical Center for their childbirth experience. Our obstetrics team is comprised of physicians, nurses, and other medical professionals that design a care plan that is right for each individual patient.

The cornerstone of our obstetric care is education and family involvement promoted throughout the childbirth experience.

In order to enhance the bonding process between parents and infants, all of our patient rooms are beautifully decorated and provide privacy and a homelike comfort. Patients with uncomplicated pregnancies will experience the entire birthing process—labor, delivery, recovery, and postpartum (LDRP)—in one room.

The Family Maternity Center is located on the second floor, just inside the main lobby, of the medical center. The unit contains 12 home-like LDRP Rooms, level II nursery, and a C-section room.

Visiting

Having a baby is a very exciting time. In order to provide safe care and privacy to all our moms and babies, we ask that visitors do not wait in the hallways of the unit at any time. Visitors are encouraged to gather in our spacious waiting area located just around the corner from the entry to the Family Maternity Center.

Visitors may be asked to leave at the discretion of the nursing staff or physician for the safety of the mother's or infant's condition.

During labor, you and your coach can have two visitors at any one time. Your labor coach is encouraged to keep your visitors informed of your progress. Our nursing staff is not allowed to give out any information about you or your baby during your stay.

During the delivery, you may have two people in the room, your coach and one other person. All other visitors must wait in the waiting area.

After the baby is born, you will be encouraged to allow some time with you, your coach, and your newborn. When you are ready, you may have the rest of your visitors. For the safety of your newborn, we ask that people who are sick or have been sick do not visit.

Anyone who wishes to hold or touch your baby must wash their hands or use a sanitary hand cleaner. Foam hand cleaners are provided for you and your visitors in your room.

We understand that babies come at all hours of the day and night. Therefore we do not have set visiting hours. We do ask that your visitors respect our moms who have already had their babies by keeping quiet in the hallways. We have two different quiet hours a day so that you and your coach can rest and relax with your new baby. We encourage you to keep visitors to a minimum during this time. Quiet hours are from 2:00 to 4:00 p.m. and 9:00 p.m. to 6:00 a.m.

Rooming in is encouraged so you, your coach, and your baby can make the most of your time here in our maternity center. We will provide you many opportunities for you to learn how to care for yourself and your baby to prepare you for discharge. Our goal is to provide a smooth transition from hospital to home.

We encourage you to have your coach or one adult support person stay with you throughout your stay; however, we cannot accommodate more than one overnight visitor.

Meals - Room Service

Your doctor will order your diet according to your medical needs. You will be able to have clear liquids while in labor. Once delivered, you will be on a regular diet. Room service is available for you between the hours of 6:30 a.m.-6:30 p.m. Your nurse will provide you with a copy of your room service menu. When you are ready for a meal, call extension 5180 to place your order. It will take approximately 45 minutes for your meal to be delivered to you. We also have many items available in our patient's pantry near the nurse's station, which are available for you any time of the day.



Our cafeteria is open to visitors, 6:45 a.m. to 5:45 p.m. Guest trays are available for your coach for a fee. You may pay in the room with cash, or you may pay in the cafeteria with check or debit card, and give the receipt to the room service host/hostess.

Capital Region Family Maternity Center offers you a delicious special celebration dinner for two. New moms and their special someone will enjoy either a full steak or chicken dinner and a choice of tasty desserts before discharge. You may enjoy your meal at your convenience for either lunch or dinner.

Security

At Capital Region Family Maternity Center, we know that feeling safe and secure regarding your infant is vitally important to you. We care about you and your baby, and we want you to be informed of all measures we take to provide this safety and security.

- Our department is a locked-unit. That means to gain access to the department, you must pick up the phone in the hallway and ask for entrance. For our mothers in labor you need to state your name and that you need to be seen. Visitors will need to know your first and last name to gain admission. This process prevents people wandering through hoping to see a baby.
- Your baby is fitted with a special alarm system after delivery. This system prevents anyone from leaving the unit with your baby.
- At the time of delivery, nursery staff shall place two bands on your infant, a matching band on your arm, and one on another person specified by you. Each of the bands will have a number unique to your infant printed on it. You and your specified person must keep these bands on for the duration of your stay in the hospital. Your baby must be accompanied by someone with an identification band at all times.
- All babies are transported to and from the nursery in their cribs— NEVER allow anyone to carry your baby anywhere outside your room. You and your baby can go for a walk on the obstetric unit. Your baby will need to ride in the basinet during your walk.



Childbirth Education Classes

Now is the time to make sure you are registered for one of our many classes. We want you to be informed about labor, delivery, newborn care, and the joys of parenthood. Please visit CRMC.org or review the pamphlet given to you for current class schedules. Once a class is selected, email lgreen@crmc.org or call (573) 632-5366 to register. If a class has to be changed, you will be notified of the change and alternatives available to you. A letter will be sent in advance confirming your registration, class location, and additional information needed for the class.

We offer four classes for you here at the Family Maternity Center.

- Beginning Childbirth Education
- Breastfeeding
- Sibling Class
- Parenting Class

See the Prenatal Education section of your book for a full course description of the above classes.

Admission to the Family Maternity Center

The staff at the Family Maternity Center are looking forward to helping you welcome your new addition to the family. The better informed you are about what to expect upon arrival, the more comfortable you will be when you arrive.

Being informed and well-prepared about the process of admission will allow you to develop a personal plan of action. Your plan of action will be known as your birth plan.

- Upon admission, we will assist you into a hospital gown.
- Your baby's heartbeat and contraction pattern will be assessed with an external monitor.
- An IV will be started to allow fluids to be given; blood will be drawn at that time.
- A cervical exam will be done.
- Communication with your doctor about your status and birth plan desires will be discussed.
- Clear liquids are given.
- We DO NOT perform enemas or shave your pubic area.

Many women today are wanting a low medical intervention labor process. Here at the Family Maternity Center we support your choice for the birth that you want. Whether you choose to have an unmedicated, pain medication only, or epidural birth, we will do our best to help you get the best birth possible. All of our nurses are specially trained in natural labor and birth support and look forward to helping you throughout your labor.

For our moms in labor, we have readily available many of the common tools that you may want to use. Some women find that by using some of these items and receiving help from our experienced nurses, they may not need as much pain medication as they thought that may have needed. Therefore we like to make all of these items available for all mothers to use at any point during the labor process. Either you or your nurse may suggest the use of the following tools while here.

- A birthing ball and peanut ball
- Wireless telemetry fetal monitors
- Hot packs
- Battery operated massage tool
- Fans
- Adjustable lighting and temperature controls
- Aromatherapy diffuser to use with your own scents
- Bluetooth speaker
- Shower with hand-held massager
- Squat bar available for labor and/or pushing

Once it is time for delivery, our plan is to keep you and your baby close. We utilize delayed cord clamping to allow your baby to receive as much placenta blood as possible. Your labor support person will be asked to cut the cord, and the baby placed skin to skin. You and your new family will be given time to bond and establish breastfeeding. Many of the initial newborn assessments can be done on your chest. A full assessment, length, and weight will be done in the room. You will be able to welcome your visitors when you are ready.

If a cesarean birth is needed, we offer a gentle cesarean .This procedure makes it seem less like major surgery and more like a vaginal delivery. You will be able to see your baby born with a see-through drape. Your baby will then be placed skin to skin if desired in the operating room.



Creating Your Birth Plan

What is a birth plan?

Your birth plan or personal labor plan of action is a list of your preferences for the labor, delivery, and postpartum periods. A birth plan is a way to help expectant families communicate their preference with all of the members of the health care team. At the Family Maternity Center, we know you have individualized care needs, and we want to assist you in identifying your preferences.

What are the advantages to having a birth plan?

There are many advantages to having a birth plan:

- Makes sure families are aware of available labor and birth options and hospital policies
- Provides the healthcare provider information about the family's individualized needs
- Helps families know what questions to ask and better prepare them for their birth experience
- Having a plan can help a mother feel confident and more in control of her decisions

Will I be able to change my mind?

Yes. A birth plan is just a listing of preferences. While creating a birth plan is a great idea, don't get so attached to it that you won't allow any flexibility in the delivery room. If the mother or infant's condition changes during labor, the birth plan may have to be modified. Remember that one plan does not fit every woman; each labor is unique. Your plan should reflect you and your thoughts. Rest assured, we will provide prompt medical attention to you and your baby as needed.

What do you have to do to complete a birth plan?

Hopefully we've made this process as easy as possible for you. Just complete the birth plan document at the end of this chapter, and bring the completed birth plan with you to your next prenatal visit. You will have the opportunity to discuss your plan with your obstetrician. Once you and your physician have discussed your plan, your physician will sign the plan. You will keep the original. We do ask that you bring the original with you when you are ready to deliver.

During the course of your labor, you will be asked to make many decisions. The more decisions you have made at home with loved ones the easier these decisions will be.

- Who do you and your support person want in the labor room/ delivery room? After the birth of your baby, when do you want visitors to come?

- Do I want to have my labor photographed from the beginning or wait until mom and baby are clean and content?
- Do I plan on no pain medication? Possibly some pain medication? Do I want pain medication right away? What pain management techniques will I be using?
- Episiotomy or no episiotomy? Be sure to talk pros and cons with your caregiver in advance.
- Skin to skin immediately after birth or have my baby cleaned up first?
- Will my support person be cutting the umbilical cord?
- How will my baby be eating in the hospital and at home? Breastfeeding or formula feeding?
- If we are having a boy, do we want a circumcision?
- Who will our pediatrician be?



Time for Delivery

Throughout most of your pregnancy, the uterine muscles commonly contract from time to time. These contractions are often painless, irregular in frequency, and mild in intensity. Many women describe them as a “balling up” sensation in the abdomen. The closer you get to your due date, the more likely you are to experience these Braxton-Hicks contractions. These contractions can mimic true labor contractions and may make you feel as if your labor has begun. Often times Braxton-Hicks contractions are referred to as false labor because they don't make changes to your cervix.

When Should You Go to the Hospital?

Every woman's labor is different. Pinpointing when your labor will begin is difficult and not really possible. However, some specific changes take place in early labor. Many women notice:

- Persistent lower back pain or abdominal pain, with a pre-menstrual feeling and cramps.
- Painful contractions that occur at regular and increasingly shorter intervals and become longer and stronger in intensity. True labor contractions are usually five minutes apart for at least one hour.
- Broken water. Your membranes may rupture with a gush or a trickle of amniotic fluid. Spontaneous breaking of the bag of water only occurs in about 10% of women. Note the time, and color of the fluid.
- Bloody show. This is a brownish or blood-tinged mucus discharge due to changes in the cervical opening. Commonly, the more dilated you become the more bloody show you begin to have.

It is important to ask your physician when they want you to come to the hospital. The answer may vary depending on your medical history and your most recent pelvic exam. Remember, no two labors are exactly alike, so your healthcare provider might instruct you differently from other expecting mothers because each woman's pregnancy may have unique issues. Most importantly, listen to your body. If you think you are feeling different or something is not right, the best thing you can do is call your physician, or go to the hospital and get checked out.

True vs. False Labor

To determine if your contractions represent true or false labor, record the time between the start of one contraction and the start of the next. Do this for several contractions in a row. Many women gain relief from the discomfort of false labor by changing positions, drinking a large glass of water, and/or walking.

True Labor Contractions

- Contractions occur at regular intervals
- Intensity of contractions will increase
- Intervals between contractions shorten
- Discomfort in back and/or lower abdomen
- Discomfort that does not stop with walking, changing position or drinking water.
- Cervix dilates

False Labor Contractions

- Contractions occur at irregular intervals
- Intensity relatively unchanged
- Intervals between contractions do not shorten
- Discomfort primarily in lower abdomen
- Cervix does not dilate

False labor contractions are beneficial. They help your cervix to prepare to go through the changes it needs to before it starts to dilate. During dilation, your cervix moves from the back to the front. It will open (dilation); the number will be reported in centimeters. It will also be shortening and thinning (effacement) reported in a percentage.

Mucus Plug

The mucus plug blocks the cervix and helps to prevent bacteria from getting into the uterus. As the cervix ripens, softens, and dilates the plug will be dislodged. It is a very thick, stringy piece of mucus that is not always noticed by women in early stages of dilation. If labor does not start, the body will replace the plug. This may happen once or many times over the last few weeks of pregnancy.

Bag of Waters (Amniotic Sac)

The amniotic fluid and sac act as a cushion for the baby, while keeping the environment and temperature stable. Most healthcare providers prefer to deliver your baby within 24 hours from the time of the rupture because of the possibility of infection.

Labor Management

There are some other terms that you may hear while in your doctor's office or upon arrival to the Family Maternity Center. We want you to become familiar with them beforehand so that you can ask your physician any questions. Some of these processes may not apply to your labor; it is best to discuss your options with your physician.

Induced/ Augmented Labor

Induced or augmented labor means that the birthing process is started by artificial means. Labor induction is done by using either medication or devices to open the cervix. Elective induction is for pregnancies that are at least 39 weeks and have a ready cervix. Medical induction of labor is used for pregnancies with special medical problems or extraneous circumstances.

- High blood pressure
- Diabetes
- Post-dated pregnancy
- Small-for-dates pregnancy
- Ruptured membranes

Induction of labor can be stimulated in a number of different ways depending on the status of the cervix. Normally, prostaglandins will start the ripening process in a painless fashion in the last few weeks of your pregnancy. If the cervix is not soft and ready, multiple induction medications may be needed to soften the cervix.

- Cervidil: This medication is placed into your vagina, against your cervix. The medication is a prostaglandin and will help to soften and ripen the cervix
- Misoprostol: This medication is placed into the vagina, on the cervix. This is also a prostaglandin to soften and ripen the cervix. This medication can produce contractions and sometimes lead to labor.
- Balloon catheter: This is a device that is inserted through the cervix and filled with water to manually dilate the cervix.
- Pitocin: This is an intravenous (IV) medication that will make the uterus contract. This is also used for augmentation as it can also maintain contractions. The cervix must be soft or "ripe" for the medication to be effective, and the cervix to dilate.

Your doctor or nurse will be able to tell you the status of your cervix upon a vaginal exam. If your doctor feels that an induction is necessary, she will order the correct medication. The induction process may take hours or even a few days depending on your vaginal exam. The goal of labor induction is to match the pattern of natural labor as much as possible.

Stripping the Membranes

Stripping the membranes is a less invasive way to induce labor. This procedure is done in your doctor's office and only takes a few moments. Your doctor will sweep a gloved finger over the thin membranes that connect the amniotic sac to the wall of your uterus. This action may cause a release of prostaglandins and may make you contract. It is common to have an increase in discharge after this is done. Some women report a blood tinged mucus that may be pink or brown.

Amniotomy (Artificial Rupture of Membranes)

Refers to artificial rupturing of the bag of water by your physician. This is done for multiple reasons.

- Assess the character of the amniotic fluid
- Placement of internal monitoring devices
- Accelerate labor

With the absence of a fluid buffer between the baby and the uterus there is a stimulation of uterine contractions. This is also enhanced by the rush of prostaglandins from the amniotic fluid. Some women find that once the water buffer is gone, there is an increase in the discomfort of the contractions.

Episiotomy

The episiotomy is an incision made in the perineum, the space between the vagina and the rectum. Your doctor will be constantly assessing your perineum as your baby is crowning to see if an episiotomy is needed. This is not a routine procedure, but it is best to talk with your doctor to discuss any concerns you have about an episiotomy.



Stages of Labor

First Stage

This stage is divided up into three phases. The first stage makes up the bulk of your labor and is when your cervix dilates.

Early Labor Phase

Your labor is starting. Congratulations! You may be so happy to have those first few contraction, but you may also be nervous because the big day is here. You are dilating from 0 to 4 cm in this stage.

Early labor is the longest part of your labor so conserve your energy. It is best to rest and relax as much as possible during this phase. Stick to clear liquids if you're hungry. You may want soup, ice-cream, or Jell-O. Enjoy a shower or a bath, or listen to relaxing music. This is the time to get your mind relaxed and ready for the next phase.

Active Labor Phase

Now it is time to get to work. Contractions are 3-5 minutes apart and becoming more uncomfortable. Pull out all the techniques you learned in class. You are dilating from 5-8 cm in this stage.

You may want to be heading to the hospital. Once here at the Family Maternity Center, our staff will assist you into a room and prepare for the birth of your baby. Partners, be sure to create a comfortable birthing space. Adjust the lighting and temperature in the room. Breathing exercises, relaxation, massage, and coaching are important now. Utilize the tools we have here or bring some from home. If you are wanting pain medication, now is when it may be given. Most women dilate 1 cm per hour in this phase.

Transition Period

This is the most intense and shortest part of labor. You may be hot or cold, and many women get the shakes or feel nauseous. You are dilating from 9-10 cm in this stage.

Transition is a stage of opposition. You may be hot one contraction and cold the next. Even though you may be tired, you also know that moving may help you deal with your contractions. Don't worry; your support person and your nurse are here with you. The best thing to do is to give in to the contractions. See them as rushes of energy bringing your baby closer to you. You are almost at the finish line. Allow the baby to follow its path, and you will soon see their face.

Second Stage

You made it! Your cervix is 10 cm dilated. Some women find that they have a renewed strength and energy as birth draws near. Your nurse will show you how to push, and you may try a few different positions for pushing to figure out which works best for you. Don't be worried; it takes a while to get the hang of pushing. This stage can take only minutes to hours—the average is about an hour for a first-time pregnancy (longer if you have an epidural). This stage ends with the breathtaking beauty of the birth of your baby.

Third Stage

Delivery of the placenta. The delivery of the placenta will usually take place 5-10 minutes after the birth of the baby. It is mostly anticlimactic but necessary. During this stage relax and enjoy your baby. You will continue to have mild contractions until the placenta is delivered with a little push. Your doctor will examine the placenta to make sure it is whole. If you're interested, ask to see the placenta.

Your doctor will determine if you need stitches or repair of any kind. The nursing staff will continue to monitor you and the baby. Now what? You are finished, enjoy time with your new baby.

Tips:

Labor at home as long as possible. You will typically be more comfortable and can figure out what works best.

Surround yourself with people that love you and encourage you. Utilize your partner. Have someone feed you ice chips, fluff your pillow, or massage you.

Remove negative energy from the birthing space. If there are spectators in the room who are commenting negatively or making you feel embarrassed or uncomfortable, they should leave. There is a lot of psychology in birth. If you don't feel comfortable, the labor will take longer and be harder.

Utilize the water. Most women will report that contractions were more tolerable while in the tub or shower.

Anesthesia & You

Each woman's labor is unique to her. The amount of labor pain you feel will differ from that felt by other women in labor. It depends on factors such as your level of pain tolerance, the size and position of the baby, strength of uterine contractions, and prior birth experiences. Medical decisions regarding control of your labor pain must be made for you specifically.

Some women achieve adequate pain control with the breathing and relaxation techniques learned at childbirth classes. Others may find them inadequate.

Many mothers are reconsidering the idea that childbirth is "natural" only without medication, and they are choosing to have pain relief during labor and delivery to help them experience a more comfortable childbirth.

Analgesics and Anesthetics

Analgesia is the full or partial relief of painful sensations. Anesthesia is usually considered to be a more intense blockage of all sensations including muscle movement. Your wishes and your medical condition are important in selecting the type of pain relief administered to you. Be assured that your physicians will prescribe or administer medications only in the amounts and during those stages of labor that are best for the safety and well-being of your baby. There are several choices for pain relief:

Intravenous "IV" Medication – Pain-relieving medications that are injected into your IV will help dull your pain but may not eliminate it completely. These IV medications are prescribed by your obstetrician. Because they sometimes make both you and your baby sleepy, they are used mainly during early labor.

Local Anesthesia – Other pain-relieving medications may be injected in the vaginal and rectal areas by your obstetrician at the time of delivery. These medications are local anesthetics. They provide a numbness or loss of sensation in a small area. Local anesthesia is often used to ease the pain of delivery or when an episiotomy incision is done to assist the delivery. It does not, however, lessen the pain of contractions.

Regional Blocks – Regional blocks can reduce the discomfort of labor and provide either analgesia or anesthesia. Regional blocks refer to epidural and spinal blocks. They are administered in the lower back, usually by an anesthesiologist or a nurse anesthetist. Local anesthetics and other drugs are used for these procedures to reduce or "block" pain and other sensations over a wider region of the body. Epidural analgesia is most commonly used for labor and vaginal delivery. A spinal block is most commonly used to provide anesthesia for a cesarean section. A combined spinal/epidural block also may be used for labor analgesia

and/or anesthesia in certain cases. If you request an epidural block, your obstetrician and anesthesia provider will evaluate you and your baby by taking into account your state of health, past anesthetic experiences, the progress of labor, and your baby's responses.

Will the epidural block affect my baby?

Considerable research has shown that epidural analgesia and anesthesia can be safe for both mother and baby, with little or no effect on the infant. However, medical judgment, special skills, precautions, and treatments are required, which is why a qualified anesthesia provider should perform this procedure.

When is general anesthesia used?

General anesthesia is used when a regional block is not possible or is not the best choice for medical or other reasons. It can be started quickly and causes a rapid loss of consciousness. It is used when an urgent cesarean delivery is required, as in rare instances of problems with the baby or vaginal bleeding. In these circumstances, general anesthesia is quite safe for the baby.



Birth Plan

NAME _____

You can choose as many options as you want.

1. Patient: _____
2. Physician: _____
3. Support Person: _____
Relationship: _____
4. I plan to attend or have already attended these classes during this pregnancy:
 - Beginning Childbirth Education
 - Parenting Class Hospital OB Tour
 - Breastfeeding Class Sibling ClassTo register for classes, email lgreen@crmc.org or call 573-632-5366.
5. I would like to have these persons present during birth:
 - A. _____
 - B. _____
6. I plan to feed my baby:
 - breastmilk formula
7. If I have a boy, I would like the baby to be circumcised:
 - yes no
8. For comfort measures during labor and birth, I would like to:
 - walk in room/hall use shower
 - use the birthing ball use squat bar
 - use heat/cold massage sit in rocker
 - use my own pillows other:
 - have clear liquids (juice, Jell-O, hard candy)
9. For pain control, I plan to:
 - use comfort measures as outlined in #8
 - use no pain medication
 - use IV medications
 - use IV medications and/or epidural anesthesia as needed

- 10. For intravenous access I would prefer:
 - that upon admission, routine lab work will be drawn, and at that time, tubing will remain in place and a saline lock created
 - to be kept informed at all times regarding IV fluids I am receiving, medications and their purpose

- 11. During the pushing phase of labor, I would like to:
 - use the foot pedals
 - use the stirrups
 - use the squat bar
 - use whatever method is most comfortable at the time

- 12. After birth, I would like to:
 - place baby skin to skin
 - wrap baby in blanket before holding
 - breastfeed my baby within the first hour
 - have my significant other cut the cord
 - have his/her first bath in my room

- 13. I would like for my newborn to:
 - stay in my room as long as he/she is stable
 - have pictures taken in a special outfit I will provide

- 14. Other: _____

Physician Approval: _____

Date: _____

Checklist for packing so you can be ready when baby says, "It's time!"

For Mom's Bag

- Comfortable clothing that can be worn while sitting around your room. Many women find pajama pants and tank tops work great, especially if breast feeding. For non-nursing moms we recommend sports bras.
- Flip-flops or slide on shoes for walking in hallway while in labor
- Warm socks in case your feet get cold in labor
- Your own pillow from home if desired
- Cell phone charger
- Music CDS/ MP3 / IPOD
- Camera and extra batteries
- Important phone numbers
- Insurance card
- Toiletries for mom and dad
- Hair brush and ties
- Change to buy small items like snacks
- A comfortable, going home outfit including shoes
- Light snacks, gum, and hard candies for dad

For Baby's Bag

- Nightgown and socks or booties
- Receiving blanket
- Going home outfit
- Blankets or outerwear depending on the weather

We provide pads and underwear for you to use. Your doctor will order creams or ointments needed for your recovery. We also provide diapers, wipes, t-shirts, burp cloths, and blankets for your baby. For our formula feeding mothers, we have both Similac and Enfamil for your use.

BE SURE YOU HAVE A CORRECTLY INSTALLED CAR SEAT. NOW IS THE TIME TO CONTACT YOUR LOCAL FIRE DEPARTMENT AND HAVE IT DOUBLE CHECKED.

YOUR BABY WILL NEED TO BE SAFE EVEN ON THE FIRST RIDE HOME!

Notes

Infant Feeding

Breast or Bottle

Breast milk is the best nutrition for your baby. Human milk is more easily digested by infants. The evidence shows that breastfed babies experience fewer infections and fewer hospitalizations, while having a decreased risk of sudden infant death syndrome (SIDS), diabetes, obesity, and leukemia when compared to formula-fed babies. With the proper support and education, nearly every woman can successfully breastfeed. Here at Capital Region, we have many resources for women who choose to breastfeed their babies, including classes, a lactation consultant, and outpatient resources for breastfeeding mothers. If you choose to formula feed your infant or your pediatrician recommends formula feeding for a medical reason, we also have resources to educate you about how to properly feed your infant. Ultimately, our goal is to support your choice of feeding in any way we can.

Benefits of Breastfeeding

- Protection against a number of health conditions for the baby including:
 - respiratory infections
 - ear infections
 - obesity
 - diabetes
 - childhood cancers
 - diarrhea
 - SIDS
 - asthma and allergies
- Stronger bonding between mother and infant
- Less expensive than purchasing formula and reduced healthcare costs
- Decreased risk of breast and ovarian cancer and more rapid postpartum weight loss for the mother

Breast milk contains all the nutrients your baby needs to grow and develop. Doctors agree that breastfeeding is best and encourage mothers to exclusively breastfeed for the first six months of life, and continue nursing as you introduce solid foods.

When Your Baby is Born

- **Have the nurses put your baby skin to skin**

Skin to skin contact helps regulate your baby's vital signs, calms them, and encourages breastfeeding.

- **Keep baby in the room with you**

Rooming in helps new mothers learn her baby's feeding cues.

- **Plan to breastfeed frequently**

The first breastmilk, called colostrum, comes in small amounts and is easily digested. A newborn's stomach is the size of a marble on the first day, so they will want to breastfeed often. This will help your milk supply increase to meet the baby's demands. Supplementation with formula is not recommended unless your doctor states it is medically necessary.

- **Ask your nurse or lactation consultant for help with positioning**

Learning to latch your baby onto your breast properly will help make this a positive experience. Ask for tips from your nurses on how to hold your baby for feedings.

- Avoid bottles or pacifiers for the first four weeks. Let your baby find comfort and nutrition from you!

Inpatient Lactation Services

At Capital Region, we agree that breastfeeding is the natural way to nurture your newborn. However, sometimes mothers need assistance and education to make it a positive and rewarding experience.

The professional staff members in the obstetrics department will be available to assist new breastfeeding mothers. There is also a board certified lactation consultant available. She will visit with new mothers during their hospital stay to provide current information and will help mothers achieve their breastfeeding goals. She is available to answer questions and assist mothers with correct positioning.

Services may included:

- A one-on-one visit with the lactation consultant
- Education on positioning, latch, and milk production
- Assistance with learning to use a breast pump and hand expression



Capital Region Medical Center Outpatient Lactation Services

Our lactation consultant is a registered nurse, board certified in breastfeeding, who provides support for new mothers while helping them reach their breastfeeding goals. She specializes in educating families and assisting them with any problems that may arise. She also monitors the baby's weight gain and breastfeeding success while communicating closely with the physicians to provide the best care.

Appointments can be made with the lactation consultant. Call Capital Region Physicians-Pediatrics at **573-632-5525**.

Services include:

- Prenatal consultations by request
- Prenatal Breastfeeding Class (www.crmc.org)
- Breastfeeding warmline for breastfeeding questions or guidance
573-632-5333
- Outpatient consultations for concerns with breastfeeding or breast pump instruction
- Baby weight checks
- Referral to lactation support groups in the community



Breastfeeding Resources

Medication Questions

Dr. Thomas Hale's Infant Risk Center

Texas Tech Univ. Health Sciences
Center

Monday-Friday 8 a.m.-5 p.m.
806-352-2519

www.ttuhscc.edu/infantrisk

Products & Supplies

***Capital Care Pharmacy**

573-632-5295

www.ameda.com, www.avent.com,

www.medela.com,

www.hygeia.com,

Whaley's Pharmacy, rental station

Mommy & Me - 573-659-0650

Websites

www.kellymom.com/index.html

www.ibconline.ca/

Prenatal Breastfeeding Classes

***Capital Region Medical Center**

1125 Madison Street, Jefferson City

Preregister lgreen@crmc.org or

573-632-5366

Breastfeeding Help for Moms

***Capital Region Medical Center**

Warmline - 573-632-5333

OB Department - 573-632-5337

***Capital Region Physicians- Pediatrics**

573-632-5525

Cole County Health Department

Helpline - WIC Clients Only

Monday – Friday 7:30 a.m.-5 p.m.

573-636-2181, ext. 2

Ask about our pump program.

After Hours/Weekends:

314-375-6073

Whaley's Pharmacy

Becky Weider, 573-659-0650

Nursing Moms Meetings

Find us on Facebook at:

Cole County Breastfeeding

Support Groups

**These resources are provided by Capital Region Medical Center.*

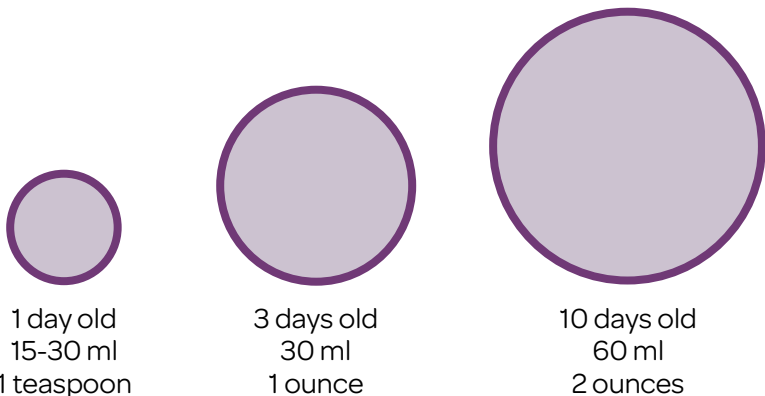
Formula Feeding

Parents are recommended to give their infants either breast milk or formula until they are one year old. Carefully follow the directions on the container for mixing formula. You do not need to heat formula. Mix concentrated or powdered formula with warm tap water. If you live in a location where you use well water, it is recommended to use bottled or distilled water supplemented with fluoride. This is sold in stores as nursery water. Place bottle in warm water to heat.

Tips for Bottle Feeding

- Hold infant at a 45 degree angle and alternate feedings between your right and left arm. This helps develop your infant's eye muscles equally and prevents middle ear infections.
- Hold the bottle high enough so fluid fills the entire nipple to prevent the infant from taking in more air with the feeding.
- Tickle the baby's upper lip to encourage the mouth to open. Never force the nipple into the baby's mouth.
- Allow the baby to suck and swallow ten times and then withdraw the bottle for a few seconds before resuming the feeding. This allows the infant to pause and breathe a few times. It also prevents them from overfeeding.
- When the baby stops eagerly taking the formula, he or she is finished. Don't try to get him or her to take more or finish the bottle.
- Burp the baby halfway through and when the baby is finished with the feeding.
- Discard any formula left in the bottle after a feeding.

Your baby's stomach is this size:



Resources

Capital Region Physicians – Pediatrics

Capital Region Physicians-Pediatrics provides care for newborns through adolescence. From well-baby checkups and immunizations to treatment of childhood illnesses and physical changes, the physicians and staff at CRP-Pediatrics are committed to providing quality, accessible health care to Jefferson City and the surrounding area. The growth and well-being, both physically and mentally, is important to the staff at CRP-Pediatrics, and we will continue to look for ways to provide programs that assist you in the upbringing of your child.

Phone: (573) 632-5525

Fax: (573) 632-5811

Hours: 8 a.m.-5 p.m. Monday-Friday



Douglas Boudreau, M.D.



Pauline Burrell, M.D.



Autumn Han, M.D.



Richard Iken, M.D.



Susan Voss, M.D.

Obstetrics Resource Guide

Breast Feeding Resources

| | |
|---------------------------------------|----------------------|
| *CRMC Breastfeeding Warmline | 573-632-5333 |
| Breast Feeding WIC Participants | 573-636-2181, Ext. 2 |
| After hours and weekends | 314-375-6073 |

Child Resources

| | |
|--------------------------------------------|--------------|
| Bureau for Special Health Care Needs | 800-451-0669 |
| Child Abuse Hotline | 800-392-3738 |
| First Steps..... | 866-583-2392 |
| Parents as Teachers..... | 573-659-3026 |
| Parent Link..... | 800-552-8522 |
| Special Health Care for Kids..... | 573-882-9861 |

Pregnancy Resources

| | |
|--------------------------------------------------------------|--------------|
| Birthright..... | 573-635-8822 |
| 24 hour hotline..... | 800-550-4900 |
| *CRMC Childbirth Education Coordinator | 573-632-5366 |
| *CRMC Childbirth Classes | 573-632-5366 |
| *CRMC Maternity Center | 573-632-5337 |
| *CRMC Obstetrics/Pediatrics Social Work..... | 573-632-5493 |
| *Capital Region Physicians- OB/GYN | 573-632-5510 |
| Mo OB Gyn Assoc. (Columbia)..... | 573-499-6084 |
| MC Cambridge Center Prenatal Substance Abuse Program..... | 573-449-3953 |
| Pregnancy Help Center of Central Mo. | 573-644-6635 |

Paternity Testing Resources

State cases:

| | |
|-------------------------------------------------------------|-----------------|
| Division of Child Support Enforcement | 800-859-7999 or |
| <i>(testing location depends on county catchment area)</i> | 573-751-4224 |
| Family Support Services-Paternity Support Info Line..... | 888-677-2083 or |

Private cases:

| | |
|-----------------------------------------------------------|--------------|
| Paternity Testing Corporation..... | 888-837-8323 |
| <i>(testing centers throughout state of Missouri)</i> | 573-442-9948 |
| DNA Diagnostic (Private Lab) <i>(Columbia, Mo.)</i> | 800-362-2368 |

Other Resources

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|-----------------------------------------------|--------------|
| Cole County Family Services | 573-751-4688 |
| Cole County Health Department | 573-636-2181 |
| Cole County Housing Authority | 573-635-6163 |
| Common Ground | 573-522-4314 |
| Community Health Center of Central Mo..... | 573-632-2777 |
| Family Mental Health (Pathways)..... | 573-634-3000 |
| Healthcare USA Transport..... | 800-688-3752 |
| Home State Transport..... | 866-455-2097 |
| Medicaid Transport..... | 866-269-5927 |
| MoCare Transport | 800-695-5791 |
| Molina Transport..... | 888-867-9115 |
| Rape & Abuse Crisis Center | 573-634-8346 |
| Red Cross | 573-635-1132 |
| Redeem Project – Vicki..... | 573-353-4720 |
| Salvation Army..... | 573-635-1975 |
| Samaritan Center | 573-634-7776 |
| Vital Records (birth/death cert) | 573-751-6387 |

Pediatricians

| | |
|----------------------------------------------|--------------|
| *Capital Region Physicians-Pediatrics: | 573-632-5525 |
| <i>Douglas Boudreau, MD</i> | |
| <i>Pauline Burrell, MD</i> | |
| <i>Autumn Han, MD</i> | |
| <i>Richard Iken, MD</i> | |
| <i>Susan Voss, MD</i> | |
| University of Missouri Consultants:..... | 800-795-5070 |
| <i>Naomi Lauriello, MD</i> | |
| <i>Hilton Ngo, MD</i> | |
| <i>John Pardolas, MD</i> | |
| <i>Elizabeth Peters, MD</i> | |
| <i>Sarah Younger, MD</i> | |

**These resources are provided by Capital Region Medical Center.*

