

YOUR PREGNANCY GUIDE



every step of the way



We're here, for you.

MOST OF ALL,
WE AIM TO GIVE
your baby
A HEALTHY
START IN LIFE.



A WARM WELCOME TO FHN OB/GYN

As an expectant mother, you will be visiting us many times over the coming months. All the staff is honored you have chosen us as your healthcare team and feel privileged to be part of your journey. You will see us as you come for appointments, schedule procedures, and prepare for your baby's birth. Our common goal? To give you the best possible pregnancy experience. We look forward to getting to know you!

you're expecting

AT FHN, WE'RE HERE FOR YOU...AND YOUR BABY.

In a short time your baby will be born and much of your life will revolve around his or her care. But for now, you need to focus on your pregnancy. Why is your body changing? What are your nutritional needs? What medical tests are important to schedule? Your questions may seem endless.

This detailed guide is designed to answer your questions between medical visits and help you make decisions as you travel through the trimesters of pregnancy. Take some time to browse through the sections. If you'd like, print it out and bring it with you to your appointments. Familiarize yourself with what you need to do next. Consider this booklet a handy reference tool as well as your very first baby book - a special place to compile information and collect data about your infant's earliest development.

What can you expect from us? Your entire medical team is dedicated to helping you attain a healthy pregnancy, a fulfilling birth experience, and a prepared entry into motherhood. Most of all, we aim to give your baby a healthy start in life. Don't hesitate to contact us with any questions or concerns you may have. A provider is always on call to care for you.

IMPORTANT CONTACT INFORMATION

FHN Family Healthcare Center – Burchard Hills/Women’s Health Office: 815-599-7750

FHN Family Birthing Center: 815-599-6221

www.fhn.org



WE ARE EXCITED
TO JOIN YOU ON
THIS JOURNEY!

D. James Lee, MD

Karenmarie Meyer, MD, FACOG

Vanessa Nienhouse, MD, MS FACOG

Beth Schleicher, MD, FACOG

Lee Christine Sesslar, MD, FACOG

Danielle Siedschlag, WHNP-BC

Sara Smith, WHNP-BC





A PLACE FOR QUESTIONS

Use this handy section to write down questions or concerns for your visits to FHN. It will help you capture your thoughts and remember topics to discuss with a member of your healthcare team. Ask us...we're here, for you.

THE ILLINOIS MEDICAL PATIENT RIGHTS ACT AMENDMENTS RELATED TO THE RIGHTS OF WOMEN; PREGNANCY AND CHILDBIRTH

In addition to any other right provided under Illinois Medical Patient Rights Act, every woman has the following rights with regard to pregnancy and childbirth:

- (1) The right to receive health care before, during, and after pregnancy and childbirth.
- (2) The right to receive care for her and her infant that is consistent with generally accepted medical standards.
- (3) The right to choose a certified nurse midwife or physician as her maternity care professional.
- (4) The right to choose her birth setting from the full range of birthing options available in her community.
- (5) The right to leave her maternity care professional and select another if she becomes dissatisfied with her care, except as otherwise provided by law.
- (6) The right to receive information about the names of those health care professionals involved in her care.
- (7) The right to privacy and confidentiality of records, except as provided by law.
- (8) The right to receive information concerning her condition and proposed treatment, including methods of relieving pain.
- (9) The right to accept or refuse any treatment, to the extent medically possible.
- (10) The right to be informed if her caregivers wish to enroll her or her infant in a research study in accordance with Section 3.1 of this Act.
- (11) The right to access her medical records in accordance with Section 8-2001 of the Code of Civil Procedure.
- (12) The right to receive information in a language in which she can communicate in accordance with federal law.
- (13) The right to receive emotional and physical support during labor and birth.
- (14) The right to freedom of movement during labor and to give birth in the position of her choice, within generally accepted medical standards.
- (15) The right to contact with her newborn, except where necessary care must be provided to the mother or infant.
- (16) The right to receive information about breastfeeding.
- (17) The right to decide collaboratively with caregivers when she and her baby will leave the birth site for home, based on their conditions and circumstances.
- (18) The right to be treated with respect at all times before, during, and after pregnancy by her health care professionals.
- (19) The right of each patient, regardless of source of payment, to examine and receive a reasonable explanation of her total bill for services rendered by her maternity care professional or health care provider, including itemized charges for specific services received. Each maternity care professional or health care provider shall be responsible only for a reasonable explanation of those specific services provided by the maternity care professional or health care provider.



EVERY STEP OF THE WAY TABLE OF CONTENTS

FIRST TRIMESTER (through 14 weeks).....	7
New OB ultrasound.....	7
What to expect.....	8
First trimester screenings, labs, tests, and vaccinations	9
Medication tips and guidelines.....	10
Nutrition tips: What to eat.....	11
Nutrition tips: What to avoid.....	12
Health risks: What to avoid	13
Exercise and activity advice	14
Warning signs and complications.....	15
SECOND TRIMESTER (15 through 27 weeks).....	16
What to expect.....	16
Second trimester screenings, labs, tests, and vaccinations.....	17
20 week ultrasound.....	18
Warning signs and complications.....	19
Kick counts.....	20
THIRD TRIMESTER (28 through 40+ weeks).....	21
What to expect.....	21
Third trimester screenings, labs, tests, and vaccinations.....	22
Warning signs and complications.....	23
Signs of labor.....	24
The best in healthcare for you	26
The best in healthcare for your baby	27
Classes offered.....	29
COMFORT MEASURES EVERY STEP OF THE WAY	30
LABOR PREPARATION	34
FHN visitation guidelines	37
My hospital bag checklist.....	38
My personal birth plan	39
Labor: What to expect	40
Potential labor and delivery interventions	42
HEADING HOME WITH YOUR NEWBORN	44



FIRST TRIMESTER (THROUGH 14 WEEKS)

NEW OB ULTRASOUND

A prenatal ultrasound test allows you and your healthcare team to look at images of your baby. This test is a procedure used to gather more information about your pregnancy. An ultrasound may be performed early in your pregnancy and in your second trimester.

An early ultrasound can help:

- Determine overall well-being
- Determine gestational age (how far along you are)
- Identify if there is more than one fetus



WISE TIPS FROM FHN

Be sure you are taking your prenatal vitamins. They contain vitamins and minerals that supply your baby with nutrients that are vital for proper growth and development. During pregnancy, your daily intake requirements for folic acid, calcium, and iron increase.

WHAT TO EXPECT

Even before you know you are pregnant, your body is going through some significant changes. You may be excited, fearful, or a combination of the two. There are many things to consider -- physically, mentally, and emotionally. We will be here to help you every step of the way, whether this is your first pregnancy or one of many. Here is a quick look at what is happening to your body:

LACK OF MENSTRUATION. You may have missed a period, or even two. A missed period is the most common sign of pregnancy.

TENDER BREASTS. It is common to have swollen and/or tender breasts. This is a sign that they are getting ready to produce milk for your baby.

FATIGUE. You may feel tired. Some people experience fatigue in the early months. Listen to your body and rest when you can. Try hard to get a good night's sleep.

FEELING EMOTIONAL. Even if you are not normally an emotional person, you may cry more frequently or over little things. You may be happy one minute and feel sad the next. These mood swings are common during pregnancy. Discuss your feelings with a member of your healthcare team.

INCREASED URINATION. As the baby grows, he/she puts pressure on your bladder. You may need to go more often than your usual routine. This is very normal!

NAUSEA. You may develop what is known as "morning sickness" – waves of nausea or feeling sick to your stomach. This tends to happen most commonly in the morning, but can happen at any time of day. Often it helps to nibble on a few crackers before you get out of bed in the morning. The good news? This is common in the first trimester and usually gets better by the fourth month. If nausea becomes severe, contact a member of your healthcare team.

GROWING WAISTLINE. Toward the end of the third month of pregnancy, your regular clothing may feel tight around your waist. Choose comfortable, loose-fitting clothes.

YOUR PERSONAL JOURNEY...A PLACE TO CAPTURE YOUR THOUGHTS

What do you want to remember about this time in your pregnancy, or this time in your life? Here is a place to record special memories or specific information you don't want to forget.

FIRST TRIMESTER SCREENINGS, LABS, TESTS, AND VACCINATIONS

There are several screenings, labs, tests, and/or vaccinations that may be recommended for your first trimester. Your healthcare team will work with you to schedule the ones needed for your pregnancy.



OB panel – These blood tests and cultures will check for certain conditions you could potentially have during your pregnancy, as well as possible treatment you or your newborn baby may possibly need following delivery. It includes: complete blood count (CBC), urine culture, rubella, human immunodeficiency virus (HIV),

hepatitis B, rapid plasma regain (RPR), Gonorrhea/Chlamydia (GC), blood type, and RH.

Thyroid-stimulating hormone (TSH) – This blood test may be performed if you have a family history of thyroid conditions, which could affect the development of your baby's brain and nervous system.

Hgb electrophoresis – This screening may be performed to test the hemoglobin in your blood. It can be used to diagnose certain types of anemia and will only be ordered as necessary.

Cystic Fibrosis – This blood test may be performed to help determine if you are a carrier of the cystic fibrosis gene.

Early genetic screening – Available as needed; discuss the options of this screening with your provider.

Flu vaccine – The flu vaccine is a shot to help protect you and your baby against influenza. It is available to be administered during flu season, but can be received at any time during your pregnancy.



WISE TIPS FROM FHN

Be sure to exercise. It can help your growing baby and reduce some of pregnancy's side effects, like varicose veins, backaches, bloating, and swelling. For healthy, active women, the American College of Obstetricians and Gynecologists recommends aiming for 30 minutes of moderate exercise, like taking a brisk walk, on most days of the week.

MEDICATION TIPS AND GUIDELINES

You are pregnant, but unfortunately that does not exclude you from the aches, pains, and viruses of everyday life. To minimize related symptoms, we hope you'll try natural remedies. If they don't provide relief, however, you may use certain over-the-counter medications after your 14th week of pregnancy. Please follow directions carefully and call a member of your healthcare team if you don't feel better soon or have a fever over 100.4 degrees Fahrenheit. Be sure to call your provider if you have any questions or concerns.

HOW TO TREAT COMMON MEDICAL PROBLEMS DURING PREGNANCY

PROBLEM	NATURAL REMEDY	OVER-THE-COUNTER MEDICATION*
Allergies	Saline spray, neti pot.	Claritin, Benadryl, Zyrtec
Colds	Rest, increased fluids (especially juices with vitamin C), humidifier/cool mist vaporizer, cool cloth on forehead.	Vicks VapoRub, Vicks DayQuil, Sudafed, Tylenol Cold, Robitussin Cough, Dristan Nasal Spray (may use up to three days), lozenges
Constipation	Increase exercise. Increase fluids and fiber in diet.	Metamucil, Citrucel, Colace
Diarrhea	Maintain fluids. Limit solid foods, especially fresh fruits and vegetables. Eat mild foods – some doctors recommend bananas, rice, applesauce, and toast.	Imodium, Kaopectate (Note: Do not use Pepto-Bismol – it contains aspirin)
Headache, fever, general body aches	Bed rest, increased fluids (especially juices with vitamin C), cool or warm cloth to forehead.	Tylenol (Acetaminophen) (Note: Do not use aspirin, aspirin products, or Ibuprofen)
Heartburn	Do not lie down or go to bed right after eating. Prop back up with pillows. Partake in small, frequent meals and avoid spicy foods or other trigger foods.	Gaviscon, Maalox, Mylanta, Pepcid, Tums liquid or tablets (Note: No Rolaids)
Hemorrhoids	Prevent constipation as noted above. Sit and soak in warm tub.	Tucks pads, Preparation H, Anusol, hydrocortisone cream (sparingly)
Insomnia	No TV while falling asleep. Go to bed early. Avoid caffeine. Establish routine.	Tylenol PM or Unisom
Itching	Take a warm bath with two cups oatmeal. Apply vitamin E oil to affected areas.	Aveeno lotion, Benadryl cream, unscented lotions
Leg cramps	Exercise daily to tone and stretch leg muscles. Eat more potassium (try bananas, potatoes, and yogurt). Drink tonic water.	Be sure your diet includes 1200 mg of calcium every day.
Vaginal Yeast	Wear cotton underwear. Use unscented body care products.	Gyne-Lotrimin, Monistat vaginal cream (Note: Avoid vaginal suppositories or applicators unless prescribed)

* Generic medications may be used instead of brand names when available



WISE TIPS FROM FHN

Use sunscreen. Being pregnant makes your skin more sensitive to sunlight, so you're more prone to sunburn and chloasma – dark, blotchy spots. Apply a sunscreen with an SPF of 30 or higher, wear a hat and sunglasses, and avoid tanning beds.

NUTRITION TIPS: WHAT TO EAT

Choosing the right foods during pregnancy nourishes both you and your baby while your body is adapting to altered nutritional demands. This important time of development requires you to “eat right”...pregnancy is not a time to diet! While you want to watch your weight, don’t obsess over every pound. Average weight gain is 25-35 pounds. Don’t restrict nutritious foods that provide important vitamins and minerals. Use the handy chart below to help you upgrade your meals and snacks to keep you – and your growing baby – healthy throughout your pregnancy. Also, be sure you are taking a prenatal vitamin with at least 400 mg of folic acid every day.

HEALTHY EATING TIPS FOR PREGNANCY

FOOD GROUPS	ONE SERVING IS	WAYS TO ADD IT INTO YOUR DIET
PROTEIN 3 Servings per day Meat, fish, poultry, eggs, nuts, and dried beans <ul style="list-style-type: none">• Supplies protein, niacin, thiamine (B-1) and iron• Helps build new body tissue, prevents anemia• Meat, fish, poultry, eggs, and cheese are sources of complete protein	<ul style="list-style-type: none">• 1/2 cup cottage cheese• 1 cup cooked dried beans• 4 tablespoons peanut butter• 6 ounces tofu• 2 eggs• 2 ounces of cooked meat, poultry, or fish	<ul style="list-style-type: none">• Use peanut butter or other nut butters on toast instead of butter• Swirl peanut butter through yogurt or ice cream• Spread peanut butter or other nut butters on apples, celery, and carrots• Snack on nuts and seeds• Add chopped eggs to tuna or ham salad• Add extra kidney or garbanzo beans to chili• Mix beans in with ground beef or turkey• Add mashed tofu to pasta dishes
CALCIUM 4 Servings per day Milk and milk products <ul style="list-style-type: none">• Supplies calcium, protein, vitamins A, D and riboflavin (B-2)• Builds bones and teeth• Protein builds body tissue	<ul style="list-style-type: none">• 1 cup whole, 2%, 1%, or skim milk• 1-1/2 ounces cheese• 2 cups cottage cheese• 1-3/4 cups ice cream• 1 cup yogurt, custard, cocoa, or pudding made with milk	<ul style="list-style-type: none">• Add cheese to sandwiches or eggs• Put cheese on vegetables• Mix yogurt with fruit juice and freeze for bars• Blend yogurt and fruit• Use non-fat yogurt in place of sour cream• Use milk instead of water in recipes• Add 5 tablespoons of powdered milk to 8 ounces liquid milk when making mashed potatoes, hot cereal, soup, etc.
FRUITS 2-4 Servings per day VEGETABLES 3-5 Servings per day <ul style="list-style-type: none">• Supplies vitamins A and C, folic acid, and many other vitamins and minerals• Promotes healthy skin, teeth, bones and eyes• Provides fiber to avoid constipation	<ul style="list-style-type: none">• 1/2 cup cooked, chopped raw, or canned vegetables/fruits• 3/4 cup juice• 1 cup raw leafy vegetables	<ul style="list-style-type: none">• Add pineapple to pizza or stir-fry• Add fruit to cottage cheese, cereal, or smoothies• Freeze fruit for juice pops/bars• Add vegetables to many recipes• Make non-fat dips for raw veggies• Snack on dried fruits and raw vegetables• Make fruit-based desserts <p>Vitamin C-rich foods: Oranges, berries, grapefruit, melons, tomatoes, asparagus, broccoli, brussels sprouts, cabbage, greens, potatoes</p> <p>Vitamin A-rich foods: Broccoli, carrots, greens, sweet potatoes, winter squash, cantaloupe, peaches, apricots</p> <p>Folic acid-rich foods: Dark greens, broccoli, asparagus, orange juice, sunflower seeds, kidney beans</p>
HEALTHY CARBS 6-11 Servings per day Bread, cereal, pasta, and rice <ul style="list-style-type: none">• Supplies complex carbohydrates, thiamine (B-1), iron, and niacin (B-3)• Provides energy and protein• Provides fiber and select whole grains• Promotes healthy skin, nervous system	<ul style="list-style-type: none">• 1 slice bread, roll, muffin or waffle• 3/4 cup dry cereal• 1/2 English muffin, bagel, hamburger bun• 1/2 cup cooked cereal, rice, pasta, grits	<ul style="list-style-type: none">• Include whole-grain rice or pasta as a side dish• Add rice or pasta to soups and casseroles• Add bran, wheat germ, or ground flaxseed to cereals, casseroles, and smoothies• Add a muffin or bagel to meals• Choose whole-grain breads over white breads



NUTRITION TIPS: WHAT TO AVOID

You already know the drill: Eat right and exercise more. When you are pregnant, this common sense guidance is even more important. Consume more fruit and vegetables, eat balanced meals, focus on serving sizes. But what should you avoid? The fact is, you and your baby are more prone to foodborne illnesses, like listeriosis, during your pregnancy. That makes your dietary decisions especially important. Here's a look at what you should avoid during these important nine months:

- Smoked fish, raw fish, and raw shellfish (including sushi containing raw fish and oysters)
- Undercooked meat and poultry
- Hot dogs and deli meat
- Raw or lightly cooked eggs (and foods where they are used as an ingredient)
- Unpasteurized milk, milk products, and juices (often apple cider)
- Unpasteurized and pasteurized soft cheese (like brie, camembert, feta, queso fresco, and blue-veined cheeses)
- Refrigerated patés and meat spreads
- Raw sprouts
- Excessive caffeine (limit your intake to one caffeinated beverage or up to 200 mg per day)

SIEDSCHLAG



A WORD TO THE WISE FROM OUR PROVIDERS: Good nutrition during pregnancy improves your chances of having a healthy baby. It may even reduce the risk of certain chronic conditions in your child after he or she has grown up. Pay attention to what you eat and drink...it matters!

HEALTH RISKS: WHAT TO AVOID

Everything you do can impact your baby's health, as well as your own. It only makes sense to avoid potential problems. Alcohol, tobacco, and drug use can be especially unsafe, and may cause serious long-term harm. From birth defects to life-threatening conditions for you or your baby, substance abuse is a risk you want to avoid.

If you need assistance with abuse or addictions, please share your problems with a member of your healthcare team as soon as possible. Help is available. With the proper support and resources, you can achieve a healthier, more positive lifestyle. Please...do not drink alcohol, smoke, or do drugs while pregnant.

RISK	ASSOCIATED PROBLEMS
ALCOHOL Alcohol passes through the placenta, where it is broken down more slowly and leads to higher blood alcohol levels in the baby's body for longer time periods. No amount of alcohol use during pregnancy has been proven safe.	Miscarriage, stillbirth, low birth weight, mental retardation, birth defects (especially in the heart and brain), behavioral problems, learning disabilities, and physical deformities (such as small eyes, short nose, and flat cheeks).
SMOKING Smoking exposes you and your baby to chemicals found in tobacco, such as nicotine, tar, carbon monoxide, cyanide, etc. These substances interfere with your baby getting proper nutrients, blood flow, and oxygen.	Pre-term labor, placenta previa, low birth weight, Sudden Infant Death Syndrome (SIDS), chronic respiratory illness during childhood, problems with physical growth, impairments, and learning disabilities.
MARIJUANA Marijuana deprives the baby of vital nutrients and oxygen and remains in the baby's fat cells for seven to 30 days.	Miscarriage, stillbirth, premature labor, hyperactivity and irritability in the newborn, low birth weight, attention deficit and learning disabilities, and increased risk of certain childhood cancers.
COCAINE, CRACK, HEROIN, AND UNPRESCRIBED OPIATE MEDICATIONS These drugs are highly addictive for moms and babies. They attack the central nervous system and cause a decrease in the baby's blood flow, which can deprive him or her of nutrients and oxygen.	Miscarriage, placental abruption, premature birth, bleeding, birth defects, brain damage, death, fetal strokes, low birth weight, and Sudden Infant Death Syndrome (SIDS). Serious withdrawal symptoms are often exhibited after birth. Behavioral problems, feeding and sleeping difficulties, and increased irritability are common in affected babies.
METHAMPHETAMINES OR "SPEED" These drugs deprive unborn babies of nutrients and oxygen and are highly addictive. Any use can cause serious safety concerns.	Premature labor, miscarriage, or placental abruption; decreased fetal weight, length, and head size; strokes, bleeding into the brain; withdrawal symptoms, and learning difficulties.



A WORD TO THE WISE FROM OUR PROVIDERS: Be sure to talk openly with your provider right from the start. Good communication leads to more informed decisions and better overall outcomes.

EXERCISE AND ACTIVITY ADVICE

Keep moving during your pregnancy! Regular exercise and physical activity can ease discomfort, prepare you for childbirth, and improve your frame of mind. If you have been an active person, aim to maintain your pre-pregnancy fitness level. If not, set a goal with your provider to maintain a level of fitness.

But be careful, too. Hormonal changes during pregnancy can make your ligaments easier to stretch. This makes it easier to pull a muscle or sprain a ligament. You may also find it harder to catch your breath during exercise. You could feel weak or lightheaded. Take your time and let a member of your healthcare team know if exercising causes any of these side effects.

To minimize problems, try these techniques in your daily activities:

- Use good posture.
- When picking up an object: Face it and use your arms and legs to lift. Bend your knees and lower yourself slowly to a squatting position with feet well apart and your back straight.
- When standing: Keep one foot up on a low box or other flat object placed in front of you.
- When vacuuming, etc.: Place one foot forward, allowing your weight to shift without twisting.

DO'S AND DON'TS OF EXERCISE

DO	DO NOT
<ul style="list-style-type: none">• Aim for comfort. Wear comfortable gear and a good, supportive bra.• Consider support stockings. They often increase leg comfort and minimize swelling.• Drink plenty of fluids, especially water, before and after exercising.• Warm up. Move about slowly for five minutes or more.• Use a safe surface. No loose rugs.• Stretch gently. Do not push yourself to prevent ligament sprains.• Increase calories and fluids in general. Replenish what you wear off.• Rise slowly. If you've been on the ground or on a stationary bike, don't get up too quickly and risk dizziness.	<ul style="list-style-type: none">• Work out when you are ill.• Perform exercise routines that are high-impact or strenuous.• Maintain a heart rate exceeding 140 beats per minute.• Take on routines that are new.• Do deep knee bends, straight toe touches, sit-ups, weightlifting, or other activities that make you strain or hold your breath.• Exercise during hot, humid weather.• Work out in high altitudes.• Exercise laying flat on your back.



OTHER CONCERNS

Sexual intercourse: Sexual intercourse during pregnancy is safe for most patients. However, if you are at high risk because you have had a previous preterm labor, a history of an incompetent cervix or cerclage, any rupture of membranes (bag of water), or unusual vaginal discharge (including bleeding), we should discuss your sexual activity parameters. Breast and nipple stimulation between 26 and 38 weeks of gestation may initiate prolonged or repetitive contractions of the uterus and should be avoided.

Hot tubs: Temperatures in hot tubs reach up to 102 degrees Fahrenheit. These high temperatures can prove harmful to developing babies. We recommend avoiding hot tubs during your pregnancy. If you want to take a warm bath, do not let your water exceed 102 degrees Fahrenheit.



WARNING SIGNS AND COMPLICATIONS

It is important for you to know you can contact a member of your healthcare team if you have any concerns about yourself or your baby. Specifically, if you experience any of these problems during your early months, please call 815-599-7750 immediately:

- Cramping and/or bleeding from the vagina. At least half the time, women who bleed early in their pregnancy go on to have a normal pregnancy. Still, this condition needs to be evaluated quickly, as it could be a sign of miscarriage.
- Low pelvic pain (usually worse on one side), light-headedness, vaginal bleeding, and possible shoulder pain. These could be signs of an ectopic (tubal) pregnancy, where the fetus is outside the uterus, usually in the fallopian tube. If untreated, a tubal pregnancy can be life threatening. If you have any of these symptoms, contact a member of your healthcare team immediately.
- Severe pain, cramping, or lower abdominal pressure that does not go away.
- Pain or burning with urination.
- Severe nausea or vomiting.
- Rash or unusual skin sores.



WISE TIPS FROM FHN

Take a break from certain household chores. Steer clear of kitty litter and stepstools. Use caution while doing everyday tasks like scrubbing the bathroom. Exposure to toxic chemicals, lifting heavy objects, or coming in contact with bacteria can harm you and your baby. Discuss precautions that you can take with a member of your healthcare team.



SECOND TRIMESTER

(15 WEEKS THROUGH 27 WEEKS)

WHAT TO EXPECT

During your second trimester – 15 to 27 weeks – you will start to look pregnant. Undesirable symptoms like nausea and fatigue, common in the first trimester, may start to disappear. You may even feel like you have more energy and just feel better overall! Some of this is simply timing, and some may be your outlook. Here is a quick look at what is happening to your body:

INCREASED APPETITE. You may notice an increased appetite. If you are hungry, eat something! Just choose balanced, nutritious meals and opt for snacks that provide the nutrients your body needs. Fruit, yogurt, and vegetables are great things to grab between meals (see page 12).

“SHOWING”. Your baby bump is growing. You may need to start wearing bigger sizes or maternity clothing.

MOBILITY. Even though you are “showing,” you can move around easily – you do not feel uncomfortable or awkward.

QUICKENING. You may feel the baby move – some people describe it as a “flutter.” This is called quickening.

STRETCH MARKS. You may get stretch marks on your tummy, thighs, legs, breasts, or buttocks.

CONSTIPATION. You may start having constipation problems. Make sure you drink eight to ten glasses of water each day. If you have continuing issues with having a bowel movement, talk to a member of your healthcare team – do NOT give yourself an enema (see page 11).

DREAMS. You may experience an occasional scary dream. This is normal, and likely due to fears you may be having about your pregnancy. Talk about the dream with someone – it may diminish some of your worries.

SWELLING. Your hands and feet may swell due to changing hormones and an increase in blood volume. This is completely normal, but if you notice it, rest and put your feet up occasionally.

YOUR PERSONAL JOURNEY...A PLACE TO CAPTURE YOUR THOUGHTS

What do you want to remember about this time in your pregnancy, or this time in your life? Here is a place to record special memories or specific information you don't want to forget.



SECOND TRIMESTER SCREENINGS, LABS, TESTS, AND VACCINATIONS

There are several screenings, labs, tests, and/or vaccinations that may be recommended for your second trimester. Your healthcare team will work with you to schedule the ones needed for your pregnancy.

Ultrasound - This technology evaluates the placenta, the amniotic fluid and the gestational age, growth, and anatomy of your baby. A routine ultrasound is offered around week 20 and may be recommended at other times, as well.

Maternal Serum Alpha-Fetoprotein (MSAFP) - This optional blood test may be performed to screen for open neural tube defects, such as spina bifida.

Quad screen - This optional screening determines if your baby is at increased risk for conditions such as Down syndrome.

Flu vaccine - The flu vaccine is recommended if you didn't receive it during your first trimester. It is available during flu season, but can be received at any time during your pregnancy.



A WORD TO THE WISE FROM OUR PROVIDERS: Around the halfway point of your pregnancy, you will get an ultrasound to make sure your baby's development is proceeding as expected. If you want to know ahead of time, you may be able to find out your baby's sex, too!

20 WEEK ULTRASOUND

This test is a procedure used to gather more information about your pregnancy and allows you and your healthcare team to look at images of your baby. It is generally performed for all pregnant women at around 20 weeks. During this ultrasound, the doctor will confirm that the placenta is healthy and that your baby is growing properly in the uterus. The baby's heartbeat and movement of its body, arms, and legs can also be seen.

An ultrasound can help:

- Determine overall well-being
- Identify gender, if wanted (but it is not a foolproof test)!
- Identify if there is more than one fetus
- Determine detailed anatomy (Level 1)
- Determine fetal growth

NIENHOUSE



A WORD TO THE WISE FROM OUR PROVIDERS: Understand all your birthing experience alternatives...you have options! It is important for your family to pick what feels right for all of you.



WARNING SIGNS AND COMPLICATIONS

It is important for you to know you can contact a member of your healthcare team if you have any concerns about yourself or your baby. If you experience any of these problems, please call 815-599-7750 immediately:

- Vaginal discharge – change in type (watery, mucous, bloody)
- Lower abdominal or pelvic pressure
- Low, dull backache
- Abdominal cramps, with or without diarrhea (may feel like menstrual cramps)
- Regular, consistent contractions or tightening of the uterus (greater than four contractions in one hour)
- Headaches that don't respond to comfort measures or Tylenol
- Blurred vision or seeing spots, with or without headache
- Fainting
- Major swelling or puffiness of face and/or hands; severe rapid swelling of feet or ankles
- Rapid weight gain (more than one pound a day)
- Decreased fetal movement (refer to kick counts described on page 22)



WISE TIPS FROM FHN

Avoid saunas and hot tubs. Although pregnancy is a time for pampering, you need to be careful of getting overheated. Be wary, too, of certain essential oils used in massages – juniper, rosemary, and clary sage may cause uterine contractions.

KICK COUNTS

You can do these at home to monitor your baby's activity (starting at 27 weeks).



Just follow these tips:

- Kick counts can be done any time, but especially if you are feeling less fetal movement.
- Get comfortable in a recliner, on the couch, or in bed on your side.
- Note your starting time using a clock/watch, pencil or pen, and paper.
- Lie on your side for the counting period.
- Place your hands on your abdomen, over the baby.
- Count each time the baby moves, including rolls, punches, kicks, turns, and stretches.
- Your baby is showing good activity if there are ten movements in two hours.
- If your baby does not move ten times in two hours, call a member of your healthcare team as soon as possible to discuss your findings.

DATE:							
START TIME:							
END TIME:							

DURATION ▼ (use tally marks and a stopwatch to track your baby's movements below)

5 minutes							
10 minutes							
15 minutes							
20 minutes							
25 minutes							
30 minutes							
35 minutes							
40 minutes							
45 minutes							
50 minutes							
55 minutes							
1 hour							
1 hour, 5 minutes							
1 hour, 10 minutes							
1 hour, 15 minutes							
1 hour, 20 minutes							
1 hour, 25 minutes							
1 hour, 30 minutes							
1 hour, 35 minutes							
1 hour, 40 minutes							
1 hour, 45 minutes							
1 hour, 50 minutes							
1 hour, 55 minutes							
2 hours							



THIRD TRIMESTER

(28 WEEKS THROUGH 40+ WEEKS)

WHAT TO EXPECT

Your third trimester is generally a busy time getting ready for your baby to arrive. Take the time to read informative books and articles, and attend classes (see page 32) about labor and the birthing process. Being prepared will help you understand what is happening and ease anxiety you may be feeling. Your body continues to change and prepare for your baby's birth. Here is a quick look at what is happening to your body:

FORGETFULNESS. You may feel absent-minded or scatterbrained. Don't worry...it is very common!

FATIGUE/DIFFICULTY SLEEPING. You may be more tired and less relaxed. Your belly is growing to accommodate your baby, making it difficult to get comfortable or stay comfortable. If it is hard to sleep, try to position yourself on your side and use pillows around you.

WEIGHT GAIN. The baby is growing fast now, so you may gain weight more quickly.

LEAKING BREASTS. It is not unusual for your breasts to leak in the third trimester. The fluid is called colostrum, and is the first milk the baby receives when you breastfeed. It is highly nutritious and beneficial to newborns.

DIZZINESS. You may feel lightheaded or dizzy if you stand up too fast or get up too quickly from lying down. Take your time and move slowly.

GENERAL DISCOMFORT. The size of your baby may push your belly up into your ribs, making it harder to breathe. You may also get heartburn or indigestion. Smaller but more frequent meals may help. You may also feel awkward or a bit clumsy. Be sure to wear comfortable, flat shoes with rubber soles. You do not want to fall!

BRAXTON-HICKS CONTRACTIONS. You might notice your uterus feeling hard or having a "balling up" sensation, sometimes known as "false labor" or "practice contractions." These irregular contractions are called Braxton-Hicks. They are very normal.

INCREASED URINATION. You may need to go to the bathroom more often once your baby "drops," with the weight of the uterus on your bladder. This process is called "lightening."

VAGINAL DISCHARGE. You may notice a heavier discharge. This is normal and is preparing your vagina for birth. If you notice an odor or itching, be sure to talk with a member of your healthcare team.



THIRD TRIMESTER SCREENINGS, LABS, TESTS, AND VACCINATIONS

There are several screenings, labs, tests, and/or vaccinations that may be recommended for your third trimester. Your healthcare team will work with you to schedule the ones needed for your pregnancy.

Group B strep culture – Group Beta Strep is a common bacteria found in the lower genital tract of women. As a group B strep carrier, you will not show any symptoms. A culture swab is obtained from the vagina and rectum at around 36 weeks to determine if it is present or not. If you are a carrier, you will be given antibiotics during labor to protect your baby from Group Beta Strep bacterial infection. At this time, your provider may check your cervix.

HIV testing – All pregnant women in Illinois are required to receive this screening.

One-hour glucola – This screening test checks for gestational diabetes at 28 weeks, as the demands of pregnancy occasionally cause an imbalance between your body's sugar and insulin supplies.

Multidrug-resistant organisms (MRSA) – If you or a household member have tested positive for MRSA in the past, a culture (nasal or groin) must be obtained a month prior to delivery. If you are infected with MRSA, special precautions will be taken when you come to the hospital birthing unit.

Biophysical profile (BPP) – This optional screening evaluates your baby's wellness by using ultrasound to evaluate movement, breathing, muscle tone, and the amount of amniotic fluid present.

Non-stress test – This test is done with a monitor placed on your abdomen to help detect and evaluate your baby's heart rate and any uterine contractions. This test lasts a minimum of 20 minutes.

T-dap – This is a vaccine that guards against diphtheria and pertussis (whooping cough). This vaccine is also recommended for all people who will have regular interaction with your baby.

Flu vaccine – The flu vaccine is recommended if you didn't receive it during your first or second trimesters. It is available during flu season, but can be received at any time during your pregnancy.



WARNING SIGNS AND COMPLICATIONS

It is important for you to know you can contact a member of your healthcare team if you have any concerns about yourself or your baby. If you experience any of these problems, please call 815-599-7750 immediately:

- Abdominal pain, continuous or severe
- Regular contractions or tightening of the uterus before 36 weeks (greater than four contractions in one hour)
- Chills and fever over 100.4 degrees Fahrenheit
- Vaginal bleeding
- Sudden increase in vaginal discharge
- Major decrease in baby's movement (experiencing less than 10 kicks in two hours when doing kick counts – see page 22)
- Leaking of any fluid (may be a gush or small trickle of fluid)
- Vomiting that does not get better, especially if you are unable to hold down fluids for 24 hours
- Burning during urination or trouble passing urine
- Swelling, especially in the face, that does not go away after lying down
- Rapid weight gain (more than one pound per day)
- Blurred vision or spots before your eyes
- Headaches, severe or that don't respond to comfort measures or Tylenol



WISE TIPS FROM FHN

Continue wearing your seat belt. According to the National Highway Traffic Safety Administration, the shoulder portion of the restraint should be positioned over the collar bone and the lap portion should be placed under the abdomen as low as possible on the hips and across the upper thighs – never above the abdomen. Pregnant women should also sit as far as possible from the air bag.



SIGNS OF LABOR

Each woman handles her pregnancy in a unique way. The same holds true for labor. The more you understand the childbirth process, the more calm and effective you will be during labor and delivery.

Here is a list of common labor signs. You may experience one of them...you may experience all of them. Whatever your experience, all of us at FHN are right here to support you. Call us at 815-599-7750 if you need help determining if you are in labor.

- Loss of mucus plug – There is a thick mucus “plug” that seals the cervix and uterus. It can be loosened prior to labor and may pass from the vagina. This does not mean you are in labor or even that you’ll soon go into labor. But it is a sign that your body is preparing for childbirth.
- Diarrhea – Contractions can stimulate your bowels and cause loose stools.
- Bloody show – As your cervix thins and begins to open up, you may experience a thick discharge, perhaps tinged with blood. This “bloody show” can happen at the beginning of labor or up to a week prior to labor. *If you experience any bright red bleeding, call your provider immediately for evaluation.*
- Water “breaking” – Your water may “break” as an abrupt gush or slow trickle of amniotic fluid. You cannot control its flow. This fluid may be clear or tinged with yellow, pink, or green. *If you think your water may have “broken,” you should call a member of your healthcare team for evaluation.*
- Contractions – When you feel tightening or cramping across your belly, this can be the start of labor. Sometimes, contractions are also felt in your lower back or are compared to menstrual cramps. Once contractions start you should time them – from the beginning of one to the beginning of the next. This helps measure your progress. *You should come to the hospital when your contractions are less than five minutes apart for one hour.*

TRUE LABOR VS. PRE-LABOR

“Am I in labor?” Toward the end of your pregnancy, you may feel tightening, cramps, and contractions that make you start to wonder if the time is near. But it isn’t true labor until your cervix begins to dilate. When it starts to stretch and thin, you will officially be in labor.

Here is some information to help you determine the differences between pre-labor contractions (also known as false labor) and true labor.

IS IT TRUE LABOR?	
YES	NO
Becomes regular in timing between contractions	Remains irregular
Becomes closer in timing between contractions	Does not become closer together
Becomes progressively longer	Is short in duration (lasts from 15 to 45 seconds)
Becomes more intense (difficult to breathe through)	Does not increase in intensity
Does not stop with position changes or activity	May stop with activity, position changes, or comfort measures
Causes the cervix to thin and dilate	Does not cause the cervix to dilate

LABOR COMFORT MEASURES

WHAT YOU'RE FEELING	WHAT THE CAUSE COULD BE	WHAT YOU CAN DO
Contractions	<ul style="list-style-type: none">• Dehydration• Overexertion• Labor• Sexual intercourse	<ul style="list-style-type: none">• Hydrate• Take Tylenol• Take a warm bath

If none of these comfort measures help, call a member of your healthcare team.



WISE TIPS FROM FHN

Keep up with your Kegels – exercises that strengthen the pelvic floor muscles, which support your bladder, bowels, and uterus. This exercise can help simplify your delivery and prevent problems later with incontinence. Just practice squeezing as though you’re stopping the flow of urine when you use the bathroom (see page 39 for complete instructions).



THE BEST IN HEALTHCARE FOR YOU

We at FHN are honored to be your healthcare provider and are focused on giving you and your baby exceptional care.

Our team of skilled obstetricians, nurse practitioners, and laborists specialize in all aspects of your baby's development and delivery. During non-office hours, the providers who specialize in labor and delivery take turns being on call, so it is possible that your prenatal care provider may not be available when your baby arrives. No matter who assists you during this exciting time, you can rest assured that all our staff is committed to providing competent and compassionate care during your delivery experience. View all our provider profiles at www.fhn.org, or see the provider biographies in our waiting room.





THE BEST IN HEALTHCARE FOR YOUR BABY

FHN has excellent pediatricians and family practice providers to take care of your child's health. You can research these providers at www.fhn.org, ask your OB staff member for a recommendation, or contact pediatric or family practice offices for more information. We recommend consulting with a provider before your baby is born. He or she will help you discuss newborn care, immunizations, circumcision, and any other questions you may have. FHN offers multiple healthcare centers throughout northwest Illinois to provide patients with convenient access close to home.



PEDIATRICS

Pediatrics is the diagnosis, treatment, and prevention of illnesses common to children, from birth through adolescence.

FHN Pediatrics providers care for children from newborns to teenagers. In addition to our pediatric specialists, many FHN Family Medicine providers also provide pediatric services.



FAMILY MEDICINE

Family Medicine is the diagnosis and treatment of medical problems of all family members and coordination of overall care and general health maintenance. Family Medicine is considered primary care, but it is still a specialty.

FHN Family Medicine providers receive education and training in a wide range of medical fields, such as pediatrics and internal medicine, so they can care for people of all ages.



Find a provider who will grow with your baby!

No matter where you live, there's a provider close by who can specialize in your child's healthcare. Scan the QR code to learn more about FHN pediatricians and primary care providers. To schedule an appointment, call 815-599-7060.



CLASSES OFFERED

Prenatal class – This class is designed to help mothers understand what is happening to their bodies and what to expect during their delivery. Support people learn tips and tricks to encourage and support a laboring mom-to-be. Class participants take a tour of the birthing center and meet with nursing staff. Recommended for mothers and their support person, the class is offered in two half-day sessions or one full-day session.

Sibling class – FHN's sibling class is an interactive session that focuses on teaching siblings-to-be what to expect when they become a big brother or sister. Children watch a fun video, have a snack, color their new baby a picture, and take a tour of the labor and delivery unit to meet with nurses and see where their mom will deliver the baby. If there is an opportunity, children may get to see a newborn baby! This class is designed for children ages 3-10; however, any child is welcome.

Breastfeeding class – Taught by an IBCLC certified lactation consultant, this class helps expectant mothers learn the importance of breastfeeding. Participants are taught handy techniques to increase their confidence and boost success. Countless new mothers say that this head start helped them breastfeed their newborn for the first time. The mother's support person is strongly encouraged to attend this class as well.



Clases prenatales en español –
Spanish-speaking prenatal classes
are offered 3 times a year.
Registro de clases prenatales



Scan QR code to
see all our obstetrics
classes offered.

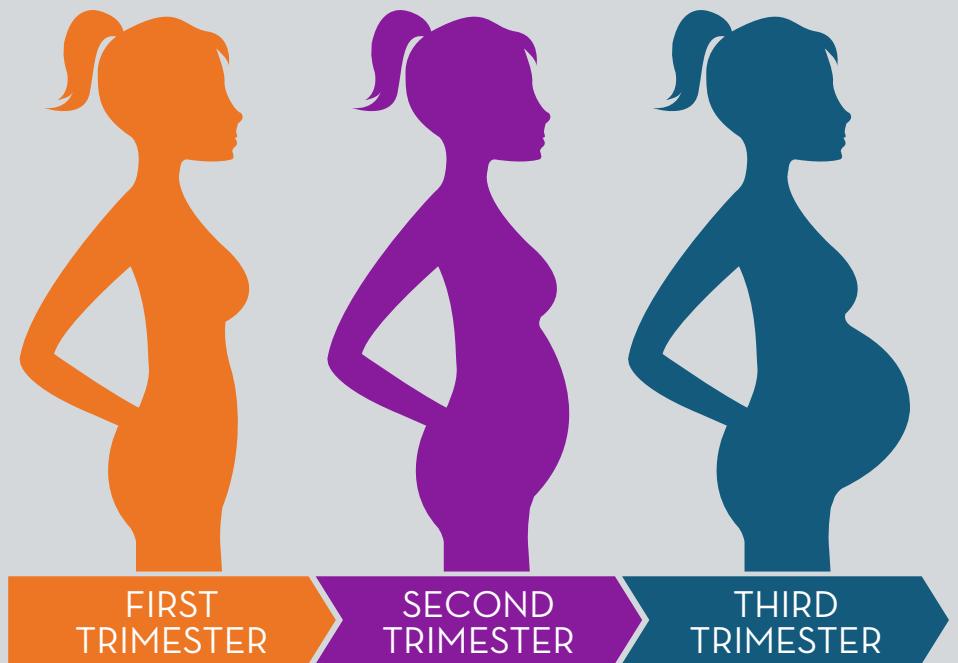


WISE TIPS FROM FHN

Take advantage of the variety of classes offered by FHN. It is well worth your time! You will get good information from expert sources and you'll be better prepared for labor, delivery, and beyond.



comfort measures
EVERY STEP OF THE WAY



COMMON PREGNANCY DISCOMFORTS... AND HOW TO SOOTHE/MINIMIZE THEM

Your body is an amazing system, specially designed to help you bring a new life into the world. Yet every pregnant woman has times when she thinks her body is betraying her. Here is a quick look at some of the most common physical complaints of pregnancy, categorized by their typical stage, and what you can do about them. If these tips don't help, be sure to discuss stubborn symptoms with a member of your healthcare team.

YOUR PERSONAL JOURNEY A PLACE TO CAPTURE YOUR THOUGHTS

What do you want to remember about this time in your pregnancy, or this time in your life? Here is a place to record special memories or specific information you don't want to forget.

EARLY IN YOUR PREGNANCY

WHAT YOU'RE FEELING	WHAT THE CAUSE COULD BE	WHAT YOU CAN DO
Overwhelming fatigue/tiredness	Physical stresses of pregnancy, including changes in processing foods and nutrients; greater blood volume, which makes your heart and other organs work harder; hormonal changes.	Plan for extra help and try to increase rest if possible. Go to bed a little early. Exercise moderately.
Tender breasts; darkening/leaking nipples	Hormone changes	Avoid impact/contact as possible. Wear a more supportive bra and/or nursing pads.
Nausea and vomiting	Hormone changes	Eat small and frequent meals or snacks so your stomach doesn't become empty. Keep dry crackers by your bed and eat them slowly before getting up. Avoid odors and quick position changes. Call a member of your healthcare team if symptoms become severe – it is important to avoid dehydration. Try ginger ale or ginger.
Frequent need to urinate	Increasing pressure of uterus on bladder. If accompanied by burning and urgency to go, could be a urinary tract infection.	Use the bathroom often. Drink plenty of fluids, especially water. Complete Kegel exercises (see page 39) to help strengthen related muscles. Check with a member of your healthcare team about possible infection.

THE MIDDLE OF YOUR PREGNANCY

WHAT YOU'RE FEELING	WHAT THE CAUSE COULD BE	WHAT YOU CAN DO
Groin pain/low stomach pain	Round ligaments that hold the uterus in place are stretched. Poor posture and/or standing too long.	Bend forward when laughing, coughing, or sneezing. Use good posture. In bed, draw your knees up then roll to side. Do not twist/move body all at once.
Leg cramps	Sitting or standing for prolonged periods of time causes pooling of blood in legs. Pressure of enlarged uterus on nerves and blood vessels. Pointing of toes. Lack of calcium. Fatigue.	Don't point your toes to stretch; instead flex your toes upward. Increase calcium intake. Eat bananas or other potassium-rich foods. Get adequate rest. Keep yourself hydrated.
Vaginal discharge	Thickening of lining increases secretions, helping to play a role in preventing infections.	Wear cotton panties/underwear. Call a member of your healthcare team if discharge becomes foul smelling, causes burning or itching, or becomes watery any time in mid- to- late pregnancy.
Stuffy nose or nosebleeds	Increased blood volume.	Use a humidifier and lubricate nasal passages with a small amount of petroleum jelly. If severe, notify a member of your healthcare team.

THE FINAL STAGES OF YOUR PREGNANCY

WHAT YOU'RE FEELING	WHAT THE CAUSE COULD BE	WHAT YOU CAN DO
Fatigue/tiredness	Physical demands of pregnancy.	Ask for extra help as you prepare for the birth of your baby. Go to bed early (avoid caffeine).
Heartburn	Stomach is being pushed by growing uterus. Hormones relax the stomach opening, allowing acid to enter the esophagus. Delayed stomach-emptying.	Eat slowly and enjoy small, frequent meals. Avoid fatty or spicy foods. Stay in upright position after eating. If heartburn occurs while sleeping, prop yourself up in bed. Avoid caffeine. No Rolaids.
Constipation	Pressure on intestines as the uterus grows. Slower movement of food through the digestive tract due to the hormone progesterone. Decreased physical activity.	Drink eight to ten glasses of water a day. Eat more fiber from fruits, vegetables, and whole grains. Increase physical activity. Find a bathroom as soon as you feel the urge to go – don't "hold it." If the problem persists, notify a member of your healthcare team.
Hemorrhoids	Constipation. Straining to move bowels. Increased pressure on blood vessels and pressure of uterus on bowels.	Avoid constipation and straining to move bowels. Perform Kegel exercises to increase circulation. Use Tucks or other appropriate pads for cleansing. (If inflamed, apply hydrocortisone cream sparingly.)
Backache	Pregnancy hormones cause softening of ligaments and joints. Posture changes due to increased weight of uterus. Standing or sitting for long periods.	Practice good body mechanics and posture. Do not bend over to lift; squat instead. If standing for long periods, put one foot on a low box or stool. Change position frequently. Perform pelvic tilt or rock, knee-chest position. Wear low-heeled shoes. Sleep with a pillow between your knees.
Swelling (Note: If swelling is dramatic or persistent, please talk to your provider)	Pressure of enlarged uterus on blood vessels. Standing or sitting for long periods.	Minor swelling is a common discomfort of pregnancy and perfectly normal. To minimize problems, drink six to eight glasses of water every day. Elevate legs and rest more. Avoid canned, processed, high-sodium foods. Wear support hose.
Numbness/Tingling	Arms/wrist: Possible carpal tunnel syndrome. Legs/thighs: Pressure on nerves from growing uterus. Swelling in extremities.	Cross arms and place hands on shoulders or elbows. Hold or hug pillow while sleeping. Wear wrist brace.

For contractions, see page 24.



labor preparation



GET PREPARED FOR LABOR

As your baby's birth day nears, you can prepare yourself in many ways. This planning and training can help enhance your birth experience and decrease anxiety. We urge you to complete this groundwork and promise to provide guidance if you need it...just ask!

PHYSICALLY you can do exercises that will prepare your body for childbirth and increase your comfort in the final stage of pregnancy. These exercises will help your back, belly, and bottom during labor and as you recover.

Butterfly – use to relieve low backache and strengthen and stretch inner thighs.



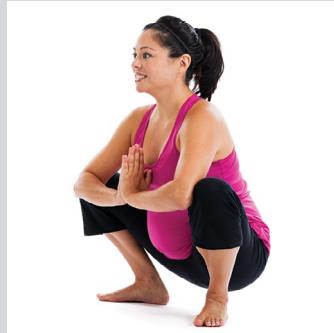
- Sit on the floor with the soles of your feet together and pull your feet toward your bottom.

Head Rolls/Shoulder Rolls – use to decrease tension and improve flexibility.



- Slowly roll head in a half circle from one side to the front and then to the other side.
- Raise shoulders up and roll forward.
- Lower shoulders and push back. Repeat rolling backwards.

Squatting – use to increase the flexibility of your thighs.



- Stand with your feet comfortably apart, toes pointed outward. Squat down keeping feet flat on the floor and knees wide apart.

- To stand up, place your hands on the floor and slowly stand up the way toddlers do – bottom up first, using thigh muscles, not back muscles.
- Squat rather than stoop to pick things up.

Calf Stretch – use to increase flexibility of calf muscles to prevent leg cramps.



- Stand with one foot back and one foot forward. Lean forward, bending the forward knee until it is over your foot. Keep your heels on the floor at all times and hold for 20 – 30 seconds. Repeat with the other foot forward.

Pelvic Rock – use to relieve backache and strengthen lower back.

- Stand with shoulders against the wall and heels an inch or so away from the wall.
- Press the small of your back against the wall and hold for five seconds. Release.



- Alternative movement (cat pose): Get on your hands and knees. Keep hands shoulder-width apart and do not allow your back to sag. Press your lower back up toward the ceiling, like a cat arching its back, keeping your eyes on the floor. Hold two or three seconds and release.
- Repeat 20 times, two or three times daily.

Pelvic Floor Exercises (Kegel Squeeze) – use to maintain tone and elasticity of perineal muscles which will help you consciously relax those muscles during birth. This can help ease and shorten the second stage of labor.



- Inhale. Tighten the muscles of your perineum and vagina. Visualize a string pulling the vaginal muscles upward. Hold for five seconds and relax.

- Do this slowly and gradually. Aim to complete 50 – 100 repetitions daily. It may help to tie these to another activity – for example, do them every time you go to the bathroom, every time a commercial is on the TV, or every time you sit at a stoplight.

ORGANIZATIONALLY, you can do several tasks ahead of time to coordinate your hospital visit and put your mind at ease. Taking care of these practical matters helps you prepare emotionally and can make your overall experience more positive.

Pack your bags – avoid any last-minute rush by being ready to go to the hospital several weeks ahead of your due date. Use the packing checklist on page 41.

What we provide for you and your baby (please ask your support team to bring their own personal care items, if needed):

- Hospital nightgowns
- Basic toiletries for you and your baby (shampoo, conditioner, lotion, comb, soap, toothpaste)
- Pads and disposable panties
- Diapers and baby wipes
- Blankets
- Formula, if needed

Line up helpers – arrange for someone you trust to take care of your older children during your hospital stay, as well as walk your dog, feed your pets, get your mail, etc.

EMOTIONALLY, you can do many things to help you prepare for the big day and calm any anxiety you may be feeling.

- Go to birthing classes to help you understand what to expect.
- Involve a support crew ahead of time. Let them know what you think you'll need from them.
- Ask questions that help you prepare for the big day.
- Pull together relaxation aids like music or inspirational photos.
- Prepare your personal birth plan (see page 38)



WHEN THE BIG DAY ARRIVES

The arrival of a new baby can bring big excitement. Grandparents, siblings, aunts, uncles, and cousins may be quite eager to get a peek of their new relative. Friends and neighbors want to wish you well. The truth is, you may welcome every visitor or wish they'd wait a week or two. That's why we have guidelines to help you control who visits...and when.

FHN VISITATION GUIDELINES

Labor and Delivery

Having a support person with you during your delivery can be very helpful. For you and your baby's health and safety, just follow these rules:

- During labor and recovery, three support people are allowed in the room with you.
- During delivery, two support people are allowed in the room with you.
- FHN reserves the right to ask individuals to leave the area.
- Quiet time is 1:30 – 2:30 p.m.

Family Birthing Center

After your baby is born, your spouse or birth partner, siblings, and parents/grandparents are welcome to visit whenever you would like them to...day or night. To help ensure your baby's security and your recovery, be sure to follow these additional directions:

- Visiting hours are from 8 a.m. to 8 p.m. for visitors beyond immediate family.

- Visitors with infectious or communicable diseases will not be allowed. Visiting rules are subject to change during certain infectious outbreaks.
- No children under the age of 6 should visit, except for siblings of the infant or children living in the same household as the OB patient and infant. They must be accompanied by an adult other than the OB patient.
- No children under the age of 18 should spend the night.
- No more than four persons may visit at any one time (unless more than three of the baby's siblings are present).
- If your baby has to go to the nursery, only two people will be allowed in the nursery at one time. No children under the age of 12 will be allowed in the nursery.
- *During certain public health situations, like a flu epidemic, heightened visitation restrictions may be implemented. Signs will be prominently posted at the hospital and clinic if needed.*



WISE TIPS FROM FHN

It's important to remember that new babies haven't yet developed strong immune systems and are especially vulnerable to illness. Ask your guests not to visit if they are feeling under the weather...even if it's just a runny nose. And remind all visitors to wash their hands!

MY hospital bag CHECKLIST

Most experts agree...if you are 35 weeks along, it's time to pack your suitcase. The big day is almost here! Use this handy checklist to help prepare for your birthing experience at FHN.

MOM:

- Parents' ID information
(see page 44 for examples)
 - Insurance information
 - Loose-fitting clothing
 - Robe and slippers
 - Warm socks
 - Nursing or supportive bra
 - Breast pump (if nursing)
 - Underwear
 - Pajamas
 - Eyeglasses (if you wear them)
 - Toiletries
 - Toothbrush
 - Headbands or ponytail holders
 - Cell phone, tablet, and chargers
 - Favorites - cup, pillow, blanket, etc.
 - Your birth plan (on next page)

BABY

- Onesies (Size newborn or 0-3 months)
 - Sleepers (Size newborn or 0-3 months)
 - Swaddle blanket
 - Pacifier
 - Mittens and socks
 - Baby book/announcements
 - Infant car seat

FHN HOSPITAL PROVIDES THE FOLLOWING:

For baby:

- Diapers
 - Wipes
 - Formula (Enfamil)
 - Pacifier
 - Bath supplies: tub, wash/shampoo, lotion, and baby brush

SUPPORT PERSONS

- Change of clothes
 - Toiletries
 - Cellphone, tablet, and chargers
 - Snacks/non-alcoholic drinks
 - Credit card/debit card
 - Pillow and blanket

For mom:

- Disposable mesh underwear
 - Pads
 - Ice packs
 - Peri bottle

MY PERSONAL BIRTH PLAN

A birth plan is a set of instructions you make about your baby's birth. While much of what happens during delivery is beyond your control, creating a birth plan will make your preferences clear and your labor and delivery more satisfying.

What you choose to do will be different from the mother in the room next to you. That is fine! Remember, this experience is uniquely yours. Review these lists, note your preferences below, and then discuss this plan with your support people and your provider – it's important to make sure everyone is on the same page.

- Arrange for time off from work in advance, if possible

Choose up to three support people:

- 1 _____
- 2 _____
- 3 _____

Also, determine if you want your other children to be present, if pertinent.

Relaxation options:

- Practice controlled breathing
- Get a massage
- Use cool washcloth
- Suck on ice chips
- Dim lights
- Play music
- Use aromatherapy
- Use acupressure
- Other _____
- Other _____
- Other _____

Labor/delivery options:

- Choose/change positions often
- Consume clear liquids or snacks
- Consider pain control options (no pain medication, pain medication, or epidural anesthesia)
- Use whirlpool/shower
- Special considerations about fetal monitoring _____
- View your baby's birth with a mirror
- Touch your baby's head when it is crowning
- Try to avoid a routine episiotomy

- Have support person cut the umbilical cord

- If you need a cesarean, do you have any special requests? _____

- Other _____

- Other _____

- Other _____

Options for after delivery:

- Have immediate skin-to-skin contact with your baby
- Breastfeed as soon as possible after birth
- Photograph or video your baby
- Enjoy unlimited visits with family
- Allow visits from friends (see visitor policy on page 36)
- Work with your nursing team to limit visitors
- Have your baby in your room at all times
- Have your baby in the room most of the time, but in the nursery when you are sleeping
- Have yourself or a support person assist with first bath
- Determine whether you want your baby to use a pacifier or other supplement
- If your baby is a boy, decide on circumcision (yes/no/maybe later)
- Other _____
- Other _____
- Other _____



LABOR: WHAT TO EXPECT

No one can predict the duration of your labor, or how easy or challenging it will be! However, the following information will help you understand what will happen during the process, so you know what to expect along the way.

FIRST STAGE OF LABOR

The first stage of labor is divided into three phases: early, active, and transition. It officially begins with the onset of active labor and ends when the cervix is fully dilated to 10 centimeters.

Early phase: The cervix dilates (opens up) to 3 to 4 centimeters and begins to efface (thin).

WHAT IT FEELS LIKE	WHAT YOU CAN DO	WHAT YOUR SUPPORT PERSON CAN DO
<ul style="list-style-type: none">• Cramping• Mild contractions• Loose bowel movements or diarrhea• Excitement, ambition, apprehension	<ul style="list-style-type: none">• Eat lightly• Drink water• Rest and relax as best as you can• Change positions for comfort• Take a warm bath or shower• Time your contractions when you become more uncomfortable	<ul style="list-style-type: none">• Take care of last-minute household necessities so you can rest• Help time contractions

Active phase: The cervix is dilated to 6 to 8 centimeters and continues to efface (thin).

WHAT IT FEELS LIKE	WHAT YOU CAN DO	WHAT YOUR SUPPORT PERSON CAN DO
<ul style="list-style-type: none"> Increased perineal pressure Stronger and longer contractions Increased discharge with bloody show 	<ul style="list-style-type: none"> Use slow, deep breathing Concentrate on relaxation Change positions frequently Walk if comfortable to do so Use the bathtub or shower 	<ul style="list-style-type: none"> Assist with position changes Hold your focus and breathe with you Offer encouragement Help position pillows Adjust lighting Get a cool cloth for your forehead Provide ice chips

Transition phase: The cervix is dilated to 10 centimeters. This is the most intense phase of labor.

WHAT IT FEELS LIKE	WHAT YOU CAN DO	WHAT YOUR SUPPORT PERSON CAN DO
<ul style="list-style-type: none"> Stronger and more frequent contractions Lower backache Urge to push Extreme rectal pressure Nausea and/or vomiting Aching thighs Fatigue Irritability Thoughts of giving up 	<ul style="list-style-type: none"> Take one contraction at a time Rest between contractions Find your most comfortable position Maintain a positive focus 	<ul style="list-style-type: none"> Offer encouragement and support Help you focus Place a cool cloth on your forehead Breathe with you through contractions Offer sips of water or ice chips

SECOND STAGE OF LABOR

The cervix is completely dilated. Now is the time you may begin to push. Pushing is the light at the end of the tunnel, but there is still hard work to be done.

WHAT IT FEELS LIKE	WHAT YOU CAN DO	WHAT YOUR SUPPORT PERSON CAN DO
<ul style="list-style-type: none"> You may begin to feel an overwhelming urge to push Increased perineal pressure A burst of energy or second wind <p><i>Note: Pushing may help to relieve the intense contraction pain</i></p>	<ul style="list-style-type: none"> With guidance from your support person(s) and nurse find a comfortable and effective pushing position Bear down with each contraction as if having a bowel movement <p><i>Note: Don't let embarrassment break your pushing rhythm – voiding/stooling while pushing means you are pushing correctly!</i></p>	<ul style="list-style-type: none"> Help you get into position Support your legs Remind you to relax between pushes/contractions Remain positive Share in the birth experience

THIRD STAGE OF LABOR

This stage may take from 5 to 30 minutes and goes from the delivery of your baby to the delivery of the placenta. Based on your provider and situation, you may have delayed cord clamping. During this time, your healthcare provider may begin to repair any tears with sutures.

RECOVERY FROM LABOR AND DELIVERY

This two-hour timeframe is for skin-to-skin and first bonding with your baby, so visitors should be limited. Your nurse will communicate additional goals/activities for the recovery period (ex. frequent assessment, fundal massage for you, etc.) To help stabilize your baby's temperature and maximize initial breastfeeding, we encourage a minimum of eight hours before your newborn receives his or her first bath.

POTENTIAL LABOR AND DELIVERY INTERVENTIONS

MANAGING PAIN

It may be hard to believe, but labor pain is a good thing. It indicates that your body is performing well, but it may need to be managed. Women experience different degrees of labor pain...you have probably heard stories, good and bad! Be sure to choose pain relief based on your own personal experience and preferences and not just based on advice from well-meaning friends or family members. Your nurses will support you throughout your labor.

Pain-relief medication

- Intravenous (IV) medications: These typically help you relax. You may still experience pain with contractions, but this will help “take the edge off.”
- Labor epidural anesthetic: This technique nearly eliminates labor pain. An anesthesiologist will place a thin plastic tube into your lower back next to the membrane that covers the spinal cord. The tube delivers numbing medicine to your nerves.

Non-drug pain management possibilities

- Change your position frequently
- Walk
- Apply ice or warm packs (usually to your back)
- Focus on relaxation – good aids include music, massage, whirlpool baths, a hot shower, and breathing techniques.
- Use visualization techniques – start with a relaxation exercise, then imagine sights, sounds, smells, sensations, or tastes connected to personal memories with meaning.
- Utilize breathing techniques to ease discomfort caused by tight muscles that can slow labor. They are most effective when you can no longer walk or talk during contractions.

Labor positions could include: sitting, bouncing on a fitness ball, standing, or laying.



“HE-HE-HE-HE-
whoo-
HE-HE-HE-HE-
whoo”

Breathing techniques

- Deep, slow-paced breathing helps you manage contractions. Begin each contraction with a deep cleansing breath (a slow, deep breath in through the nose and a full exhale out through the mouth). Aim to do six to nine breaths per minute. End with a full cleansing breath. Try to be slow, steady, and controlled.
- Modified breathing calms the diaphragm through shallow breathing. With your mouth open, take a light, shallow breath and exhale with the sound “hee.” Increase and decrease your breathing rate as contractions get stronger or weaker. End with a cleansing breath.
- Transition breathing helps you work through the urge to hold your breath or push during strong contractions before your cervix is ready. Begin with a cleansing breath and take four to eight shallow breaths followed by a short sharp blow (sounds like “he-he-he-he-whoo-he-he-he-he-he-he-he-he-whoo”). Continue this pattern through each contraction.

INDUCING/AUGMENTING LABOR

If labor needs to be started before it begins on its own, it is called inducing labor. This may be recommended for your health or the health of your baby. Common reasons for inducing labor include being over a week past your due date, labor not starting naturally after your water breaks, or preeclampsia. There are several methods used to induce labor, including:

- Amniotomy – this is the process that breaks the bag of water holding the baby, which often signals natural chemicals in the uterus to start labor. This option depends on multiple factors such as the baby's position and the state of the cervix.
- Cervidil – this is a medication that softens the cervix and stimulates the uterus. A vaginal insert is placed near the cervix by your physician and is usually removed within 12 hours. Continuous electronic fetal monitoring is required.
- Misoprostol (Cytotec) – this medication is a tablet placed near the cervix to soften it and stimulate the uterus.
- Pitocin – this is an IV drug used to stimulate uterine contractions. Continuous electronic fetal monitoring is required.
- Foley bulb – A small rubber tube inserted through the vagina into the cervix to help it dilate.

Scheduling an Induction

If your provider determines you need labor induced, he/she will schedule you in the Family Birthing Center on FHN Memorial Hospital's 4th floor. They will let you know the date and time you should plan to arrive.

In order to provide you and your baby with a quality and safe experience, your induction may need to be postponed or rescheduled for another day, based on the availability of labor rooms

and nurses. Please call labor and delivery at 815-599-6221 before you leave for the hospital.

There is a small chance that if your induction is unsuccessful after one or two days, your provider may send you home and plan on initiating induction again at a later date.

If you have any questions, please be sure to contact a member of your healthcare team at 815-599-6221.

ASSISTED VAGINAL DELIVERY

Sometimes, healthcare providers need to be more involved in a baby's delivery. These situations include the inability to push effectively, exhaustion, or the size of the baby. Under these circumstances, instruments may be used to assist with delivery.

- Episiotomy – a surgical incision used to enlarge the vaginal opening if it does not stretch enough to allow the baby to be delivered without tearing.
- Forceps – sterile, tong-like instruments placed on either side of the baby's head.
- Vacuum device – a small, cone-like suction cup placed on the top of the baby's head to assist with pushing efforts during contractions.

CESAREAN SECTION

Surgery to deliver your baby is called a cesarean section (C-section). Many C-sections are scheduled prior to entering the hospital, but some are unexpected and need to be performed because of emergency circumstances such as:

- Labor not progressing
- Fetal distress
- Inappropriate baby positioning for vaginal delivery (called malpresentation)
- The baby not fitting through the pelvic bones (called cephalopelvic disproportion)
- Other health complications



heading home with
your newborn



TIME TO TAKE YOUR BABY HOME

Your baby has arrived and your new life together has begun. Before you leave the hospital, there are several “must do’s” to accomplish, including medical screenings and necessary paperwork. Then you can head home and begin your exciting new adventure as a mom!

GETTING READY TO LEAVE THE HOSPITAL

Your hospital healthcare team will make sure you check off these important tasks.

Medical screenings and procedures prior to discharge

Newborn screenings:

- PKU: A test to determine metabolic disorders
- CCHD: A cardiac screening
- Trans bili: A test for infantile jaundice

Note: These tests are taken when your baby is at least 24 hours old. Results are generally available before you leave the hospital or at your first follow-up appointment. Your baby's physician will receive the written report of the PKU.

Hearing screening: An Automated Auditory Brainstem Response test, which is painless and brief, is given to all babies born at FHN. This technology senses how your baby's brain responds to soft clicking sounds.

Circumcision: If you have a baby boy, you can decide to have this optional procedure done by your physician. It surgically removes the foreskin, which is a skin flap that covers the tip of the penis.

Vaccines and medications

Erythromycin and vitamin K are given at birth. Hep B is an optional vaccine given before discharge.

Important Paperwork

Birth Certificate: You will receive a Birth Certificate worksheet that needs to be completed before you leave the hospital. You will need to know:

- Your social security number
- Your husband's social security number, if you are married
- Your township (if you don't live within city or village limits)

You will need to pick up the birth certificate at the Stephenson County Health Department

Voluntary Paternity Acknowledgment: When a baby is born to unmarried parents, paternity must be established in order to put the father's name on the child's birth certificate and create a legal relationship between the father and the child. Hospital staff will help complete the paternity forms after the baby is born. The father must be present and have knowledge of his social security number.

Couplet Express

You may be a bit nervous about heading home. If you'd like to return to the hospital a few days after your departure, we invite you to come back for a check-in with a nurse to see how you and your baby are doing. At this visit we can check any concerns at no additional cost to you. Dads or partners are invited, too. Or, if you prefer, you can call us on the telephone for a quick consultation.

Post-Birth Alert Orange Bracelet Program (PBAOB)

Postpartum patients will receive an orange band at discharge and be educated to wear it for six to 12 weeks following delivery. This will assist community healthcare providers in thinking about high risk problems following delivery.

Importance of the Post-Birth Alert Orange Bracelet Program (PBAOB)

More than two-thirds of postpartum deaths after discharge are either moderately or substantially preventable. Identifying a postpartum patient early is crucial for proper diagnosis and treatment.

FHN's Post-Birth Alert Orange Bracelet Program (PBAOB) helps patients, families, and EMS personnel recognize these conditions and quickly respond, improving overall outcomes. To find out more information, visit www.fhn.org/PBAOB



Highest risk for mortality in the postpartum period:

- Hypertensive disorder in pregnancy and after - preeclampsia or eclampsia
- Venous Thromboembolism or blood clots
- Sepsis
- Cardiomyopathy, the thickening of the heart's walls
- Perinatal depression
- Substance use disorder



Of all the gifts a new baby receives, a healthy mom may be the most important. That's why FHN asks new mothers to wear an orange bracelet for several weeks after their baby is born, helping call attention to postpartum complications should they arise.



BE SURE YOUR BABY IS SLEEPING SAFELY

Now that you are heading home with your baby, it is important that you understand the guidelines for safe infant sleep. Sadly, sleep suffocation is the leading cause of reported child deaths in Illinois. Babies die every week while sleeping on adult beds, couches, pillows, blankets, and other soft surfaces, as well as in car seats, bouncy seats, and infant swings.

FOLLOW THE ABCs OF SAFE SLEEP!

Your baby should always sleep...

A - ALONE

- Not in a bed, on a couch, or in a chair with anyone, including parents and other children.
- If you breastfeed in bed, soothe your baby back to sleep while standing and return him or her to the crib.

B - ON THEIR BACK

- Always place your baby on his or her back to sleep.

C - IN A SAFE CRIB

- Your baby should sleep in a crib with a firm mattress covered by a tightly fitted sheet. Keep all stuffed animals, toys, pillows, blankets, quilts, crib bumpers, and sleep positioners out of the crib.

Please be sure all childcare providers are aware of these tips and follow them diligently. This includes babysitters, grandparents, siblings, other family members, and anyone else watching over your child when they are sleeping.

Don't smoke before or after your baby is born, and don't let others smoke around your baby.

ADDITIONAL SLEEP SAFETY TIPS:

- Try using a pacifier if needed to soothe your baby, but don't force it. If you're breastfeeding your baby, wait until he or she is one month old or is used to breastfeeding before using a pacifier.
- Do not use loose fitting clothes, weighted blankets, or weighted sleep sacks. These can cover your baby's face and obstruct breathing. Instead use a wearable blanket or sleep sack to keep baby warm and safe. Also, do not place a hat on your baby during sleep time.
- If you are having difficulty getting your baby to sleep, contact your pediatrician or the Fussy Baby Network at 1-888-431-BABY (2229).
- Visit the Consumer Product Safety Commission's Crib Safety Information Center for sleep safety tips and a list of recalled products.

BABY AWAKE AND READY TO PLAY?

If your baby has slept safely and is awake and active, it is time to interact! He or she needs plenty of supervised "tummy time" to play and relate to others while building strong neck and shoulder muscles. Don't let him or her spend too much time in car seats, carriers, and bouncers, which won't help fully develop your baby's muscles.



KELLERMANN'S SELECT FHN FOR SECOND PREGNANCY

When Samantha Kellermann discovered she was pregnant with her second child, she felt confident choosing FHN for her prenatal care, labor, and delivery, having had a positive experience when welcoming her daughter, Harper. Due to Harper's shoulder dystocia (her clavicle broke as she was moving down the birth canal), Sam underwent growth ultrasounds at 32 and 36 weeks for her second pregnancy. Despite the tests showing no complications, Sam and her husband decided on a planned C-section for added peace of mind. "Nurse Practitioner, Danielle Siedschlag gave us a comprehensive overview of the Cesarean section process and how it would work. We knew just what to expect," shares Sam.

Sam's son, Henry, arrived earlier than anticipated at just under 38 weeks. With FHN's expert team managing the delivery, the C-section was seamless, and Sam felt well-supported by the compassionate staff. "All the nurses were really great. They really helped us focus on our family and our well-being." says Sam. Post-delivery, lactation consultant Kim Honan, RN, IBCLC, offered essential breastfeeding support, ensuring Henry thrived in his first weeks. "Her guidance and assurance helped put my mind at ease, and Henry clearly got good nutrition – he had gained plenty of weight at his checkup," shares Samantha.

"I WOULD RECOMMEND FHN TO ANYONE LOOKING FOR OB CARE."

“THE MOMENT A CHILD IS BORN, THE MOTHER IS ALSO BORN. SHE NEVER EXISTED BEFORE. THE WOMAN EXISTED, BUT THE MOTHER, NEVER. A MOTHER IS SOMETHING ABSOLUTELY NEW.”

Bhagwan Shree Rajneesh



Thank you for letting us share in your birthing experience,
EVERY STEP OF THE WAY. Call us with any questions...any time.

FHN Family Healthcare Center - Burchard Hills/Women's Health Office: 815-599-7750

FHN Family Birthing Center: 815-599-6221

www.fhn.org