**Congratulations on your pregnancy!**

Dr. Chadi Haddad DO and Kelly Summerfield CNM are honored that you have chosen us as your OB provider and would like to welcome you and your loved ones to our practice. If you have delivered with us before, we are happy to see you again and look forward to providing care for you throughout another pregnancy.

Having a baby can be both a very exciting and scary time; we would like to make this a very pleasant and safe experience for you. Please take the time to read through the information provided within your new OB packet, as it is filled with lots of important information, and may answer many of your questions that may arise.

In order for us to provide high quality, comprehensive care for you and your baby, it is important to keep your scheduled appointments and arrive on time. In the event you are running late or need to reschedule yow appointment, please contact our office as soon as

possible at 313-561-2200.

Our office is open: Every day from 9 am to 5 pm.

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In the event of an emergency outside of office hours, you can reach one of the providers through the main phone number.

We attend deliveries at Garden City Hospital, which is located at 6245 Inkster Road, Garden

City or Beaumont Oakwood located at 18101 Oakwood Blvd. The labor and delivery unit can be contacted at 734-458-3307.

We encourage all new parents, and those interested in a refresher course, the birthing classes offered at Garden City Hospital, see brochure located in your packet.

It is a good idea to establish a pediatrician prior to your delivery. If you do not have a pediatrician, there is a list located in your packet. Please let us know who you would like caring for your infant, so we may enter their name into your chart in order to inform the labor and delivery staff at the hospital when you deliver.

We look forward to caring for you and your baby, and thank you for choosing us.

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Sincerely,

Chadi Haddad DO, Kelly Summerfield CNM and Staff

Below is a list of medications that can be obtained over the counter and are generally considered safe in pregnancy.

**Medications for Colds/Viruses/Allergies:**

Tylenol (acetaminophen) regular strength: two 325mg tabs every 4-6 hrs for fever and pain.

Tylenol (acetaminophen) extra strength: two 500mg tabs every 6hrs for fever and pain.

**DO NOT** take more than 4,000 mg of acetaminophen in a 24-hr period Sudafed (pseudoephedrine): 60mg tab every 4-6 hrs. For sinus congestion Robitussin OM (Dextromethorphan and guaifenesin): 10 ml every 4 hrs. Claritin (loratadine): 1tab a day for allergy relief

Benadryl (diphenhydramine) 25 mg tabs: take 1-2 tabs every 4-6 hrs for allergy relief

Afrin Nasal Spray- use as directed for nasal congestion for a total of 3 days maximum

**Medications for Nausea/Vomiting, Heartburn and Indigestion**

50 mg of vitamin B6 plus 12.5 mg (half tab) of Unisom twice daily for nausea and vomiting in early pregnancy

Zantac: 150 mg twice a day for severe heartburn

Pepcid AC: 1 tab twice a day for heartburn

Rolaids Tums

Mylanta: for heartburn, upset stomach and gas

**Medications for Constipation**

Metamucil- take with plenty of water

Colace (docusate sodium) 100 mg capsule: one to three times a day as needed

**Medications for Diarrhea**

Imodium (loperamide): 2 tabs once then one after each loose stool

Probiotic: daily

**Medications for Yeast Infection**

Monistat (miconazole): 1, 3, or 7 day

Gyne-Lotrimin (clotrimazole): 3 or 7 day Probiotic: daily

**DO NOT TAKE**

**Aspirin or anything containing aspirin including Alka-Seltzer or Pepto-Bismol**

**Ibuprofen- this includes Motrin, Advil, and Aleve**

**Nyquil**

**Any vitamins, herbs or homeopathic remedies without first discussing with your healthcare provider**

**DO NOT take anything that is not listed without first discussing with your healthcare**

**Provider.**

**Signs of Labor**

Learn the signs of labor so that you know when to call your doctor and go to the hospital for delivery. If you have any signs of labor before 36 weeks or 9 months of pregnancy, call your doctor right away**.**

The signs of labor are contractions and rupture of membranes.

**Contractions**

Contractions occur when the muscles of the uterus tighten and relax as the uterus prepares for delivery.

•**False Labor Contractions**

These often occur during the last month of pregnancy. They:

* Are irregular.
* Do not get closer together and may stop after an hour or so.
* .Are not often felt in your back.
* Stop with walking.
* Do not get more painful over time.
* Do not cause the cervix to change.

• **True Labor Contractions**

* Occur at regular times and last 30 to 60 seconds.
* Get closer together and more painful over time.
* May be felt in the lower back and lower abdomen.
* Continue or increase with walking.
* Help the cervix to soften, thin, and open for delivery.

•  **If you think you are in labor**

* + - Rest, if possible, on your left side.
    - Eat or drink only light foods.
    - Time your contractions with a watch. If one contraction starts at 9:10 and the next starts at 9:16, they are 6 minutes apart. Call your doctor, clinic or hospital when contractions are:
    - D 5 minutes apart for 2 hours for the first pregnancy.
    - D 5 minutes apart for 1 hour for other pregnancies.
    - D As directed by your doctor or clinic.

**Rupture of Membranes**

Rupture of membranes, called water break, is the trickle or gush of fluid from the vagina after the bag of fluid around the baby breaks. The fluid is often clear, but it may be white or green. The bag of water can break

at any time. It may break before you feel any contractions and may leak during a contraction.

• If you think your water has broken, call your doctor and go to the hospital.

• Do not take a bath or put anything into your vagina.

• You may wear a pad.

**Talk to your doctor or nurse if you have any questions or concerns.**

**Concerns and Discomforts of**

**Pregnancy**

During pregnancy, you may have some concerns and discomforts as your body changes. Try these basic tips and talk to your doctor or nurse for more advice. Do not use any over the counter medicine or herbs without talking to your doctor first.

**Nausea**

Nausea or feeling sick to your stomach is often called morning sickness. Some women also have heartburn or a burning sensation in their stomach, throat or chest. This is common during the first 14 weeks of pregnancy. To improve your signs:

• Try to eat crackers, dry toast or cereal before getting out of bed in the morning.

These foods may help any time of the day you have nausea.

• Eat smaller meals more often instead of 3 large meals.

• Do not let your stomach get completely empty.

• Avoid lying down, sleeping or exercising for 1 hour after eating.

• Avoid high fat, fried, spicy, acidic or greasy foods. Avoid caffeine.

• Sleep with your head raised up on a pillow.

• When bending over, bend at your knees and not your waist

• **Call your doctor** if you are not able to keep fluids down for over 24 hours, you have dark urine or you feel weak or dizzy.

**Exercise, Energy and Sleep**

Feeling tired is common, but exercise can help to strengthen muscles during pregnancy and for delivery. To improve your energy:

• Exercise each day if allowed by your doctor. Talk with your doctor about the type of exercise you are doing.

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• Exercise for at least 30 minutes 4 to 5 days of the week, if you are allowed to exercise. Talk with your doctor before starting a new exercise program.

• Rest often. Lie down on your left side for at least **1** hour during the day to increase blood flow to your baby. A pillow between your legs and under your abdomen may increase comfort.

• If you have trouble sleeping, try a warm (not hot) bath or shower before

bedtime. You may also want to practice relaxation exercises such as meditation, deep breathing and stretching.

**Oral Health**

• Visit a dentist at least 1 time during pregnancy.

• Tell your dentist if you have gum or teeth problems.

• Use a soft toothbrush and brush gently. Floss each day.

• If you have vomiting from nausea, rinse your mouth with 1 cup of water mixed with 1 teaspoon of baking soda. This will get rid of stomach acid in the mouth.

• Do not use tobacco products.

**Headaches and Dizziness**

• For a headache, call your doctor or nurse for over the counter medicines that are safe to take. **Do not** take aspirin, ibuprofen (Advil or Motrin) or naproxen (Aleve).

• If you feel dizzy, sit or lie down to avoid falling. Get up slowly after 15 minutes to see if the dizziness has passed.

• Change positions slowly when you have a headache or feel dizzy.

• **Call your doctor** if your headache or dizziness does not go away or gets worse, or you have blurred vision, eye pain or pressure, or a lot of swelling in your hands or feet.

**Nose Stuffiness and Nose Bleeds**

• You may put saline drops or gel into your nose. Talk with your doctor before taking any other over the counter medicines.

• To stop a nosebleed, sit up, lean your head forward and apply firm pressure with your fingers to the side of the nose that is bleeding. Get medical care if the bleeding lasts longer than 20 minutes.

**Skin, Hair and Nails**

• Your hair and nails may grow faster. If you plan to get your hair treated with chemicals, tell your hairdresser that you are pregnant.

• Common skin problems include changes in skin color, itchy skin, acne and stretch marks. Topical lotions or ointments may be used for itchy skin or reduce the appearance of stretch marks.

Do not use Accutane or Retin-A products when pregnant.

• **Call your doctor** if you have concerns.

**Breasts are tender or leak milk**

• Wear a support bra that fits comfortably, such as a sports bra. Some women also wear a bra without underwire to bed at night.

• If your breasts leak milk, wear nursing pads in your bra and change them when you feel or think you are damp.

**Urinating Often or Urine Leaks**

You may have to pass urine more often throughout your pregnancy. Leaking urine is common during the last months of pregnancy. Urine leaks happen with coughing, sneezing, picking up heavy objects or sexual activity during pregnancy.

• Do not limit liquid or water intake, but drink less before bedtime.

• Urinate often.

• Avoid liquids with caffeine.

• Do Kegel exercises to strengthen and control the muscles around the vagina.

• To locate these muscles, stop and start your urine when you use the toilet.

• Try to tighten the muscles a small amount at a time. Then release very slowly.

• As you tighten the muscles, you should feel the area from your urethra, where urine leaves your body, lift slightly.

• Practice these exercises while you sit, stand, walk, drive or watch television.

• Do these exercises 10 times, 5 to 10 times a day.

• **Call your doctor** if you have burning or pain when urinating or have a fever.

• **Call your doctor** if you think you may be leaking amniotic fluid and not urine.

Lie down for 30 minutes with an absorbent pad. If you feel liquid when standing up, and it is yellow, pink or brown in color, call your doctor.

**Vaginal Drainage**

A change in vaginal drainage is normal.

• Bathe the outer vaginal area often. Use soap without perfume. Rinse well.

• Do not use tampons, vaginal sprays, douches, powders and colored or perfumed toilet paper.

• Wear cotton underwear. Avoid nylons or panty hose and tight pants.

• Call your doctor if the drainage has a bad odor, causes itching or there is blood.

**Constipation or Diarrhea**

Constipation is very common in pregnancy from changes in body hormones. Diarrhea can be from changes in diet, exercise or prenatal vitamins, or an infection.

**Constipation**

• Drink 6 to 8 cups of liquids each day. Choose water, juices and milk.

• Eat high fiber foods such as raw fruits and vegetables, whole grains, high-fiber bran cereals and cooked dried beans.

• Do not use laxatives, enemas or over the counter medicines unless your doctor says that it is okay.

• **Call your doctor** if your constipation does not get better in 2 days.

**Diarrhea**

• Drink 8 to 12 cups of water, broth, or sports drinks that are low in sugar. Avoid juices and milk that can make diarrhea worse. Avoid caffeine and alcohol.

• Eat bananas, rice, applesauce, toast, yogurt, non-milk based soups, potatoes, crackers, oatmeal, low sugar and low fiber cereals, and lean protein, such as chicken, turkey, beef, pork, cooked eggs or tofu.

• **Call your doctor** if diarrhea does not get better in 2 days, have pain or cramps that get worse, or are bleeding from the rectum. If you have diarrhea 2 days or more, use an oral rehydration product, such as Pedialyte®.

**Hemorrhoids**

Hemorrhoids are swollen blood vessels in the rectal area from constipation or pressure of the baby on the body during pregnancy.

• Eat whole grain and high fiber foods, such as raw fruits and vegetables. Drink more water and fruit juice in moderation to keep your bowel movements regular and soft.

• Do not strain or push when having a bowel movement.

• Use cold compresses to relieve pain or swelling.

• Talk with your doctor about using a topical cream to reduce pain

• **Call your doctor** if your pain increases or if you have bleeding.

**Back Pain and Leg Cramps**

Most women have back pain as the body changes with your baby's growth. Leg cramps are common during pregnancy.

**Back pain**

• When resting or sleeping, use a supportive mattress. Lie on your left side with pillows between the knees, behind the back and under the stomach.

• Stand up straight. Do not slump or slouch.

• Wear low heeled, walking shoes.

• Do not stand in one place too long. Change body positions every 30 minutes.

• Squat to pick up objects rather than bending at the waist. Do not bend over at the waist. Bend your knees.

**Leg cramps**

• Increase fluid, calcium and potassium intake in your diet. Eat foods such as milk, yogurt, bananas and orange juice.

• Rest often with your legs up during the day. Place a pillow under knees and ankles when sitting or laying down.

• During a leg cramp, straighten your leg and bend your foot up toward the front of your leg.

• **Call your doctor** if only one leg is hurting all the time, ifthere is a hot or red area on the leg, or if the leg hurts when you bend your foot toward the front of your leg.

**Varicose Veins**

Varicose veins are enlarged veins you may see on your legs. They can itch, be painful or cause tingling in the legs.

• Avoid nylons or panty hose with elastic bands.

• Wear low heeled or athletic shoes. Avoid high heels.

• If you must stand for long amounts of time, consider wearing support hose to improve blood flow from the legs back to the heart.

• Take short rest breaks with your legs rose higher than your heart. Lie on your left side with a pillow between your legs and under your abdomen.

• Do not cross your legs when sitting.

**Swelling of Hands and Feet**

• Avoid standing or sitting for long periods of time.

• Lie on your left side for 30 to 60 minutes, 3 to 4 times each day.

• Exercise if allowed by your doctor.

• Avoid foods high in salt.

• Call your doctor if you wake up in the morning a few days in a row with swelling.

**Cold, Flu or a Virus**

• Talk with your doctor about getting a vaccine to protect you from the flu. When pregnant, you need the injection (shot) and not the nasal spray.

• Call your doctor or nurse for over the counter medicines that are safe to take if you get a cold or have the flu.

• Avoid being around people who are ill. Wash your hands often.

• Call your doctor if you have a fever, shortness of breath or are coughing up sputum.

**Abdominal Pain or Contractions**

You may feel some pain in the groin area as your uterus grows. This pain can get worse with sudden movements or prolonged walking.

• Call your doctor right away if you have severe pain.

• Braxton Hicks Contractions are mild contractions that are painless and irregular. These are common and do not need treatment.

• When you have a contraction, lie on your left side and rest. Place your hands on your abdomen and feel when the contraction begins and ends. Time how long and how often the contractions are corning.

• If you **are less than 9 months pregnant** and are having contractions, drink 8 to

10 glasses of water in one hour. If you still have 4 or more contractions in one

hour after drinking the water, call your doctor.

• If **you are in your ninth month of pregnancy,** call your doctor if your contractions are occurring more than 6 per hour, last longer than 15 to 30 seconds, become painful, or you have vaginal bleeding or leak fluid.

• Your doctor may tell you to call right away if you have any contractions.

**Sexual Activity**

It is common to have some changes in your sexual desire during pregnancy.

• Sexual intercourse is allowed during your pregnancy unless your doctor has told you otherwise. Tell your partner what feels comfortable.

• Practice safe sex if you or your partner has a sexually transmitted infection.

• You may feel some cramping for a few minutes after sexual intercourse.

• **Call your doctor** if after sexual intercourse you have vaginal bleeding, leak urine or your water breaks.

**Changes in Mood and Memory**

It is common to have mood swings from hormones, changes in sleep or eating patterns, or stress during pregnancy.

• It is normal to have different emotions during pregnancy. You may be excited about the **birth** of your baby, but worry how your life will change. Ask your partner, family and friends for emotional support.

• Manage stress in your life. Deep breathing, meditation, listening to music, exercise, and massage can help to reduce stress.

• If you have trouble eating and sleeping, this can change how you feel. Talk with your doctor and a dietitian to get help.

• You may notice that you are more forgetful. Make notes for yourself to help you remember important things. This should improve after the birth of your baby. ·

• Call your doctor if you have thoughts of harming yourself or others, or feel you may have depression.

**Food Cravings and Aversions**

You may crave foods during pregnancy while the smelt or taste of other foods may cause nausea.

• Eat a variety of healthy foods at meals and for snacks, include fresh fruits and vegetables, whole grains and lean protein. Avoid foods high in sugar, fat or salt and make healthier choices.

• Take a prenatal vitamin each day.

**Talk to your doctor or nurse if you have any questions or concerns**.

**Nausea and Vomiting During**

**Pregnancy**

Nausea and vomiting during early pregnancy is called morning sickness.

It can happen any time of the day. It often occurs between the 6th and

13th weeks of pregnancy. If you were in good health before pregnancy, your baby will not be affected by morning sickness.

**If you have morning sickness:**

• Rest or nap often.

• Eat small meals often toavoid an empty stomach. Keep toast, saltine crackers, pretzels or dry cereal by your bedside. It may help to eat before you get out of bed in the morning.

• Drink liquids between meals, but not during meals.

• Take sips of clear liquids such as soft drinks, apple juice, tea or broth, or small amounts of Jell-0 when vomiting occurs. As the nausea passes, increase liquids to an *Y2* cup or 120 milliliters every hour.

• Avoid greasy or spicy foods.

• Keep notes of when vomiting occurs and anything that makes it worse, such as certain foods, odors, activities or stress. Share this information with your doctor.

**Call your doctor right away if you:**

• Cannot keep liquids or food down for 24 hours.

• Have stomach pain, fever, dizziness, severe weakness or feel faint.

• Have weight loss of more than 5 to 10 pounds or 2 to 5 kilograms.

• Have very dark yellow urine or do not urinate for long periods.

These are signs that your body does not have enough fluid. This can be harmful for both you and your baby if untreated. An IV (intravenous) with fluids and nutrients may need to be given. Your doctor may order over the counter or prescription medicines.

**Talk to your doctor or nurse if you have any questions or concerns.**

**Exercising During Pregnancy**

Exercise is safe and encouraged during a normal healthy pregnancy. If you exercised before you became pregnant, you can continue exercising at the same level. If you are just starting an exercise program, talk to your doctor and start slowly. Do not push yourself too hard. Talk to your doctor about what kind of exercises to do. There are some health conditions that may limit your exercise.

**General Guidelines**

• Drink plenty of water and eat a healthy snack before exercising.

• Wear clothing that is comfortable.

• It is best to exercise for 30 to 45 minutes 3 to 5 times each week.

• You should be able to carry on a conversation during exercise.

• Avoid getting overheated. Do not exercise on very hot or very cold days.

• Avoid any type of exercise that can cause even mild trauma to your stomach.

• You may need to change the type of exercise you do as your stomach gets bigger and your balance changes.

• It is common to feel some mild cramping during exercise. Drink plenty of water and the cramping should stop after you are done exercising.

**Exercise Safely**

• Warm up and cool down with each exercise session.

• Start slowly.

• Listen to your body. Do not try to push yourself too hard. Stop exercising when you get tired. Do not exercise to the point of exhaustion.

• If you have pain or any unusual signs, stop exercising right away. Rest and call your doctor if these signs do not go away.

• Keep one foot on the floor during all standing exercises, do not over reach and do not do quick, jerky movements. This may throw off your balance.

• **Never hold your breath.**

• Your joints are softer so do not over extend or bend the joints such as deep knee bends or deep squats. Do not do bouncing stretches. Use a longer slow stretch.

**Types of Exercise to Do**

• Walking is a great exercise. If you were not active before pregnancy, walking may be a good way to start.

• You may use light weights.

• Swimming is a great exercise but do not dive.

• Jog or play tennis only if you did these before your pregnancy.

**Exercises to Avoid**

• Do not do any exercise where you lie flat on your back after the first 3 months of pregnancy.

• Do not use ankle weights, do double leg lifts or do full sit ups. This strains your back.

• Do not do any activity that may cause jerking, bouncing or high impact movements.

• Do not water ski, snow ski or scuba dive?

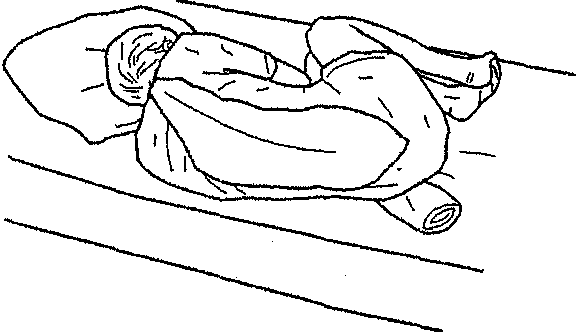
**Talk to your doctor or nurse if you have any questions or concerns.**

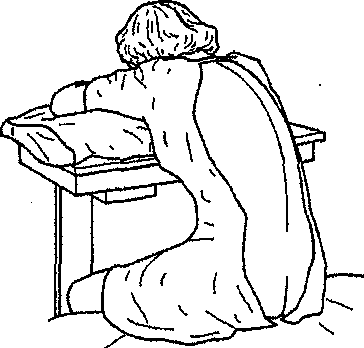
**Epidural Pain Relief for**

**Labor and Delivery**

An epidural is often used for pain relief during labor and delivery. A small flexible tube is put in the lower back. Medicine is injected into the tube to provide pain relief in the lower abdomen, legs and birth canal. A special doctor called an anesthesiologist will place the tube in your back.

**How is the procedure done?**

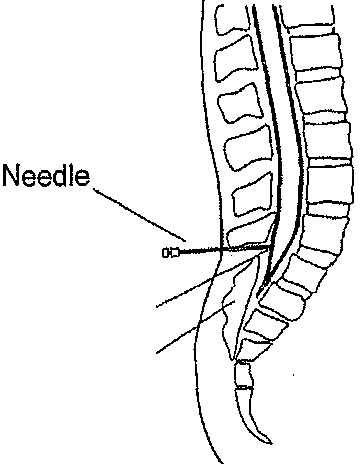
• Your nurse will help you stay in the position while the tube is being put in.

You may be asked to lie on your left side and bring your knees up to your stomach as far as you can. Arch your lower back. A roll will be put under your left hip.

• You may be asked to sit on the side of your bed and lean over a table to round your back.

• The doctor cleans your lower back.

• A numbing medicine is injected into the lower back. You may feel a sting or burning.

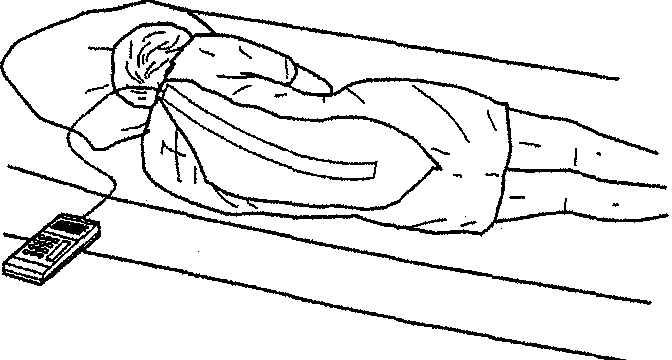
• The staff will ask you to put your chin to your chest and push your back out.

• The doctor puts a needle into the numbed area and positions the tube into the epidural space around your spinal cord.

• Breathe slowly and deeply. Relax and **do not move.** (If you have a contraction, use breathing and relaxation techniques.)

Epidural Space

Sacrum

• The needle is removed and the soft tube will stay in your back. Tape will hold it in place.

**Possible Side Effects**

• Pain relief may vary. Most women get good pain relief from an epidural.

• You will be able to move your legs. Your legs may feel slightly numb or weak, especially if you receive a stronger dose of medicine. You will be asked to stay in bed for your safety.

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• An epidural may slow or speed up labor. The amount of medicine can be changed as needed to make sure you stay comfortable or if you or your doctor wants you to be able to push more.

• On rare occasions, there is the possible side effect of a headache after delivery.

When Not to Have an Epidural

If you have or think you may have any of these conditions, tell your doctor or nurse.

• Bleeding problems

• Infection in the lower back area

• Previous lower back surgery

• Blood pressure problems

• Nerve problems

• Dmg abuse

**Talk to your doctor or nurse if you have any questions or concerns.**

**Your Recovery After Vaginal Birth**

After you give birth, a nurse will check you and answer any questions you may have. During your stay, the nurses will teach you how to care for yourself and your baby.

**Changes in Your Body**

• A nurse will feel your abdomen to check your uterus while you are in the hospital. If your uterus is soft, your nurse will rub your abdomen to help the uterus become firm.

• You will have bleeding from your vagina for 2 to 4 weeks. During the first few days, the bleeding is like a heavy menstrual period. You may pass small blood clots. The bleeding will decrease and change to pink, dark brown, and then clear. Do not use tampons. Use sanitary pads.

• Your breasts will fill with milk 3 to 5 days after you give birth and become firm and sore. They may leak at times.

• You may have constipation. A stool softener or laxative may be ordered.

• Tell your nurse if you have problems urinating.

**Activity**

• **Ask the staff for help the first few times you get out of bed.**

• Sit up for a couple of minutes before you start to walk.

• If you feel light headed or dizzy while in the bathroom, **pull the emergency call light on the bathroom wall for help.**

• Walk in the hallways 3 to 4 times a day for 5 to 10 minutes.

**Diet**

You may feel tired and hungry. You will get fluids through an IV (intravenous) in your hand or arm until you are drinking well. Drink plenty of fluids. You will be offered light food at first and then you can eat your normal diet.

**Manage Pain**

Pain and cramping are normal. Stitches may cause burning or stinging. **Ask for pain medicine when you need it.** The medicine may not get rid of your pain, but it will make it better. Manage your pain so you can care for yourself, your baby and be active.

**How to manage pain in the area around your vagina and anus called the perineal area:**

• Place an ice pack on your perineal area the first day for short amounts of time to decrease pain and swelling.

• Use a sitz bath to relieve discomfort. Sitz baths are portable bowls that fit on top of the toilet seat and can be filled with warm water. Immerse the perineal area in the water for 15 to 20 minutes, or as recommended. Gently pat dry with toilet paper. Use the sitz bath several times a day.

• Use an inflatable, donut-shaped, ring when sitting. It reduces pressure and discomfort in the perineal area.

• Take a warm bath. Baths can be started 24 hours after giving birth.

• Apply a topical medicine such as a spray or cream to help relieve rectal pain from hemorrhoids.

**Peri Care**

Keep the perineal area clean to prevent infection and stop odor. This is called peri care. You will be given a plastic bottle to fill with warm water. Each time you use the toilet, use the plastic bottle to squirt warm water over your perineal area. Let air dry or gently blot with toilet paper.

Change your sanitary pad each time you use the toilet. Wash your hands with soap and water.

**Showering**

A shower may feel good and help you relax. Have someone help you with the first shower.

**Going Home from the Hospital**

Your nurse will help you prepare to go home with your baby. Information will be given to you on how to care for yourself and your baby.

Your care may include:

• Limit the number of times you climb stairs each day.

• Lift nothing heavier than your baby.

• Get help doing housework for at least 2 weeks.

• Do not drive a car for 2 weeks.

• Do not have sexual relations until approved by your doctor. Talk to your doctor about birth control. Breastfeeding does not prevent you from becoming pregnant.

• Do not go back to work until approved by your doctor.

**Call your doctor right away if you have:**

• A fever over 100.4 degrees For 38 degrees C.

• Signs of a breast infection such as fever, tenderness, redness, or a hot, hardened area, on one or both breasts.

• Heavy vaginal bleeding where you soak one sanitary pad per hour for two hours or have large blood clots.

• Vaginal bleeding that changes color turning bright red after it has lightened and changed from pink to brown or clear.

**Your Recovery After**

**Cesarean Birth**

After you give birth, a nurse will check you and answer any questions you may have. During your stay, the nurses will teach you how to care for yourself and your baby.

**Changes in Your Body**

• A nurse will feel your abdomen to check your uterus while you are in the hospital. If your uterus is soft, your nurse will rub your abdomen to help the uterus become firm.

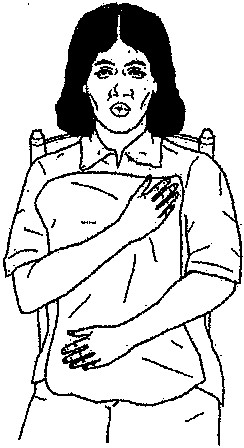
• You will have bleeding from your vagina for 2-4 weeks. During the first few days, the bleeding is like a heavy menstrual period. You may pass small blood clots. The bleeding will decrease and change to pink, dark brown, and then clear. Do not use tampons. Use sanitary pads.

• Your breasts will fill with milk in 3-5 days after you give birth and become firm and sore. They may leak at times.

• You may have constipation. A stool softener or laxative may be ordered.

• Tell your nurse if you have problems urinating.

**Activity**

• Deep breath and cough every two hours to prevent breathing problems. Hold a pillow or folded blanket over your incision when you cough to lessen the pain.

• **Ask the staff for help the first few times you get out of bed.**

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• Sit up for a couple of minutes before you start to walk.

• If you feel light headed or dizzy while in the bathroom, **pull the emergency call light on the bathroom wall for help.**

• Walk in the hallways 3-4 times a day for 5-10 minutes.

**Diet**

You may feel tired and hungry. You will get fluids through an IV (intravenous) in your hand or until you are drinking well. The day of surgery, you will be able to have ice chips or clear fluids. As your bowel function returns, you will be given fluids, then solid food.

**Pain Control**

Pain is normal. It is the most intense the first 2-3 days after surgery. Your doctor will order pain medicine for you. **Ask for pain medicine when you need it.** Manage your pain so you can care for yourself, your baby and be active. The medicine may not get rid of the pain but it will make it better.

**Incision**

Your incision may be up and down (vertical) or across the lower part of your abdomen (horizontal). A dressing will be placed over the incision for about 24 hours. Your nurse will check the dressing and change it as needed. Mter the dressing is taken off, you may shower. Tapes called steri strips will be placed over the incision. They will fall off on their own. **Do not** pull them off. You may trim the edges as they curl. Your nurse will show you how to care for your incision before you go home. Watch your incision for signs of infection such as redness, swelling, pain, warmth and drainage.

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**Peri Care**

Keep the area around your vagina and anus called the **perineal area** clean to prevent infection and stop odor. This is called **peri care.** You will be given a plastic bottle to fill with warm water. Each time you use the toilet, use the

plastic bottle to squirt warm water over your perineal area. Change your sanitary

pad each time you use the toilet. Wash your hands with soap and water.

**Showering**

After the dressing and the catheter in your bladder are removed, you may shower. A shower may feel good and help you relax. Have someone help you with your first shower. **Do not** take a tub bath because of the risk of infection for

4-6 weeks or until you see your doctor for your follow up visit.

**Going Home from the Hospital**

Your nurse will help you prepare to go home with your baby. Information will be given to you on how to care for yourself and your baby.

Your care may include:

• Limit climbing stairs to 1-2 times each day.

• Lift nothing heavier than your baby.

• Get help doing housework for at least 2 weeks.

• Do not drive a car for at least 2 weeks.

• Do not have sexual relations until approved by your doctor. Talk to your doctor about birth control. Breastfeeding does not prevent you from becoming pregnant.

• Do not go back to work until approved by your doctor.

**Call your doctor right away if you have:**

• A fever over 101 degrees F, 38 degrees C

• Signs of a breast infection such as fever, tenderness, redness, or a hot, hardened area, on one or both breasts

• Heavy vaginal bleeding where you soak one sanitary pad per hour for 2 hours or have large blood clots

• Foul smelling vaginal discharge-a normal discharge smells like your menstrual period

• Problems urinating including trouble starting, burning or pain

• No bowel movements for 3 days

• A hot, hard spot in your leg or pain in your lower leg.

• Severe or constant pain

• A headache, blurred vision or spots before your eyes that will not go away

• Feelings of being very sad or feel you want to hurt yourself or your baby

Call your doctor the first few days after your get home to schedule a follow up visit in 4-6 weeks. Talk to your doctor or nurse if you have any questions or concerns.

**Emotional Changes After**

**Giving Birth**

After the birth of your baby, you may feel many emotions. You need time to adjust to your body's changes and to your baby's needs. These changes can make your emotions swing from happy to sad. This is normal. About half of new moms have these feelings.

**Signs**

You may have one or more of these signs:

• Cry for no reason

• Feel restless or nervous

• Go from being happy to sad quickly

• Are easily irritated

• Have little patience

• Feel overwhelmed

• Have trouble thinking

• Not feel like eating

• Are tired and have little energy

• Have problems sleeping

These changes should go away in a few days or weeks as your body adjusts and you get used to caring for your baby. Here are some things you can do to help:

• Ask for and accept help.

• Rest or nap when your baby sleeps.

• Take a break and have someone care for your baby while you go out.

• Talk about your feelings with family and friends.

• Join a new mothers' group.

• Exercise if your doctor says it is okay.

• Care for yourself. Read, take a bath or watch a movie.

• Eat a healthy diet.

Danger Signs

Sometimes these signs do not go away or they get worse. You may need more help. You may have a more serious problem if you:

• Are not able to care for yourself or your baby

• Are afraid to be alone with your baby

• Have thoughts of hurting yourself or your baby

These are danger signs and you need to get help. Call your doctor right

away.

**Breastfeeding Basics**

Here are some breastfeeding basics that you may find helpful. Talk to your baby's doctor, nurse or your lactation specialist if you have other questions.

**Mother's Diet**

No special foods or diets are needed for breastfeeding. Some helpful tips:

• Choose a variety of healthy foods for your meals and snacks each day. Eating healthy will help you and your baby feel well.

• Eat 4 to 5 servings of dairy products each day. A calcium supplement can help you get enough calcium.

• Drink water or fruit juices when you are thirsty.

• Take your prenatal vitamins as directed by your doctor.

• Limit caffeine and artificial sweeteners in your diet. Caffeine is in chocolate, coffee and tea. Artificial sweeteners are in diet soft drinks and in some low calorie or diet foods.

• Avoid drinking alcohol. Alcohol takes about 2 to 3 hours per serving to leave breast milk.

• It takes about 4 to 6 hours for the foods you eat to show up in your breast milk. If you have a family history of an allergy or your baby seems fussy after you eat a certain food, avoid that food and see if your baby feels better. Some babies have a hard time when a mother · eats dairy products or vegetables such as broccoli, beans, onions or peppers. If the problem persists, talk to your doctor.

• Avoid weight loss diets. To lose weight, walk more and limit high calorie foods.

**Getting Started**

Colostrum, the first milk your body makes, is very good for your baby. Over the next few days, your breasts will feel fuller, and you will have more milk. Your milk supply will depend on how much milk and how often your baby takes from the breast. The more milk your baby takes, the more milk your breasts will make.

The nurses will help you and your baby learn how to breastfeed. Relax and give yourself time to learn.

Your baby may be very sleepy the first few days. Your baby's stomach is small so your baby will need to feed often. You may feel increased thirst while nursing, drowsiness during breastfeeding and mild uterine contractions while breastfeeding the first few days.

Avoid feeding your baby from a bottle, either breastmilk or formula, for the first 3 to 4 weeks or until your baby learns to feed well. Sucking from a bottle is a different mouth action. Bottle sucking may interfere with the

. baby's nursing at the breast.

After the first 3 to 4 weeks, you can try to feed your baby breast milk through a bottle if you would like. If your baby is not able to breastfeed, you can pump your breast milk, feed your baby the breast milk through the bottle or freeze the breast milk in a closed container for later use.

**Feeding Cues**

Your baby will give you signs of hunger called feeding cues. Your baby's feeding cues may include:

• Clenched fists

• Hands to mouth

• Licking of lips

• Moving of arms and legs

• Turning the head towards your body

• Sounds

• Crying

Try to begin feeding your baby before he or she becomes too upset.

**How is my baby doing with breastfeeding?**

Watch for signs that your baby is latched on to your nipple well and getting milk. Signs may include:

• A fast, shallow motion in the cheeks as your baby first latches on that changes to a deep, slow, rhythmic motion.

• Motion near your baby's ear and temple as your baby's lower jaw moves up and down.

• Seeing, hearing, or feeling your baby swallowing.

• Feeling a tingling sensation in the breast.

**Is my baby getting enough milk?**

If your baby is getting enough milk, your breasts will be full with milk, soft after feedings and refill between feedings. Your baby will:

• Have 6 or more wet diapers in a 24-hour period

• Sleep between feedings

• Have more than 2 bowel movements each day

• Gain weight

A healthy, full term baby who is nursing well does not need extra water or formula. Do not feed your baby extra water or formula unless ordered to do so by your baby's doctor. Talk to your baby's doctor, nurse or your lactation specialist if you do not think that your baby is getting enough milk.

**How often will my baby feed?**

· Feedings are timed from the start of one feeding to the start of the next. At first, try to feed your baby every 2 to 3 hours during the day and evening, and at least every 4 hours during the night. If your baby gives feeding cues, feed your baby. Your baby may want several feedings very close together. By the end of the first week, your baby will be nursing 8 to 12 times in 24 hours. As your baby and your milk supply grow, your baby may begin feeding less often.

Even after babies are able to sleep for longer periods, their sleep is sometimes disturbed by dreams, hunger or a busy day. Expect that your baby will wake at night and may need to be fed.

Babies have growth spurts in their first 6 months and will nurse more often during them. By feeding more often, your body will make more milk to get through the growth spurts. These spurts often last 3 to 5 days.

**How long will my baby feed?**

Feed your baby until he shows signs that he is full such as slowing down sucking and then detaching himself from the breast, and relaxing his hands, arms and legs. If you stop before your baby is done, your baby may not get the high fat milk. This is the milk that is best for growth.

Allow your baby to completely finish feeding on the first breast. This may take 10 to 25 minutes. Then offer the second breast. Your baby

may feed for a while on that breast, or not want the second breast at all. Alternate the breast you begin with at each feeding. Some mothers track which breast to begin with by pinning a safety pin to their bra strap.

Waking the Sleeping Baby

If your baby is in a deep sleep, do not wake your baby for a feeding. If your baby is asleep but has some body motions such as eye motion under the lid, active mouth and tongue motion, or sucking in sleep, this is the best time to wake your baby for a feeding.

At night, dim the lights and keep the room quiet. Avoid startling movements. Wake the baby gently by moving your baby or you can change your baby's diaper. If after 15 minutes your baby shows poor interest in breastfeeding, try an hour later.

Talk to a doctor; nurse or lactation specialist if you have any questions or concerns.

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**Pumping and Storing Breast Milk**

You may need to express or pump breast milk to relieve engorgement, to increase your milk supply or to feed your baby breast milk with a bottle.

**Why and When to Pump**

• **To soften your breasts** if your baby is having trouble latching on.

• Pump for a few minutes and try your baby at your breast again.

• **To have a milk supply** when your baby is unable to breastfeed or to store breast milk.

• Pump every 2 to 4 hours through the day and one time at night.

• **To increase your milk supply.**

• Pump every 2 to 3 hours if you are not breastfeeding, or

• Pump between feedings as often as you can.

• Pump on the second breast if your baby only nurses on one side.

• **To prepare to return to work or school.**

• Pump one time each day, between feedings to store extra milk.

Morning is a good time to pump.

• Pump extra milk and store it at least 2 weeks before your return date.

• Pump at least every 4 hours when away.

**Ways to Express Breast Milk**

• By hand

• Massage breast toward nipple to express milk

• With a pump

• There are manual and electric breast pumps.

• Pump for about 10 minutes on each breast any time you pump.

**Getting Started**

• Wash your hands with soap and water.

• Have a clean container ready for collecting the milk.

• Find a relaxing position in a quiet spot and think about your baby.

• Massage your breast and take slow easy breaths.

• For privacy while pumping, cover your breasts and pump container with a blanket or towel.

**Collecting and Storing Breast Milk**

• Use sterile glass bottles, plastic bottles or milk storage bags made for breast milk. **Do not** use disposable bottle liners because they are too thin.

• Store breast milk in 2 to 5-ounce portions to avoid wasting breast milk.

• Breast milk from different pumping can be added together if the milk is pumped during the same 24-hour day.

• Breast milk should be chilled as soon as possible after it is pumped.

• It is normal for pumped milk to vary in color and thickness.

• Stored milk separates into layers. Cream will rise to the top as the milk warms. Mix the milk layers before feeding.

• If you are not going to use the breast milk within 48 hours after pumping, freeze the milk.

• Always use freshly pumped milk first. Then use refrigerated or frozen milk by the oldest date first.

• If breast milk has a sour or strange smell, throw it away. If there is any doubt, **do not** use the milk.

**Handling Fresh Breast Milk**

• If you washed your hands well before pumping, fresh milk may remain at room temperature (no warmer than 77°F or 25°C) for use in

4 to 8 hours. If you are not going to use it, store it in the refrigerator

as soon as possible.

• Refrigerate milk right away if the room, car or outside air temperature is above 77°F or 25°C. When you are away from home, use a lunch box size cooler with an ice pack to keep milk cool.

**Breast Milk Storage**

These guidelines are for a full-term, healthy baby. You may be given different guidelines to follow.

• **Fresh**

• Store at room temperature (no warmer than 77°F or 25°C) for 4 to

8 hours. If the temperature is higher, cool the milk right away.

• The milk can be stored in the refrigerator (32 to 39°F or 0 to

3.9°C) for 5 to 7 days.

• **Frozen**

• Frozen milk can be stored for 3 months in the refrigerator freezer and 6 months in a deep freezer (0°F or -l7.8°C).

• Once thawed, frozen milk can be stored in the refrigerator for 24 hours.

**Thawing Frozen Breast Milk**

• Thaw frozen milk in a cup of warm water. This takes 5 to 10 minutes.

• You can also thaw frozen milk 8 to 12 hours or overnight in the refrigerator.

• Thawed milk can remain refrigerated but should be used within 24 hours.

• **Do not** thaw breast milk by sitting it on the counter at room temperature.

• **Do not** warm breast milk in a microwave oven. It can change the breast milk and reduce the quality of the milk. Microwave ovens heat the milk unevenly to cause a chance of burning your baby's mouth.

• **Do not** refreeze thawed milk.

**Warming Breast Milk**

* Remove the milk from the refrigerator just before using.
* Warm the milk by holding the container under **warm** running tap water or sit it in a bowl of warm water for 5 to 10 minutes.
* Rotate the bottle gently and test the warmth of the milk by placing a drop on the inside of your wrist before feeding your baby.
* Milk left over in the container after a feeding may be offered at the next feeding before discarding. Do not reheat milk that has been heated. Breast milk can safely stand at room temperature for 4 to 8 hours.
* **Do not** warm breast milk by sitting it on the counter at room temperature.
* **Do not** warm breast milk in a microwave oven. It can change the breast milk and reduce the quality of the milk. Microwave ovens heat the milk unevenly to cause a chance of burning your baby's mouth.

**Talk to your baby's doctor or nurse if you have any questions or concern**

**Breastfeeding Problems**

Breastfeeding problems are common, but they last a short time. These tips may help. If you find that the problems persist, call your doctor, nurse or lactation specialist.

**Engorgement**

Engorgement is when the breasts become full, finn, tender and sometimes painful as your breast starts to produce milk. This often occurs 3 to 5 days after delivery.

Signs of engorgement often last 24 to 48 hours. Signs include:

• Larger, heavier and tender breasts

• Breasts that are hard, painful and warm to the touch

• Swelling of the breasts

• Firm nipples and areola

**Ways to Prevent Engorgement**

• Feed your baby at least 8 to 12 times each day.

• Wear a support bra 24 hours a day while your breasts are heavy. Use a sport or comfort style bra without under wires. Some mothers find more comfort without a bra.

If your breasts become engorged:

• Place a clean, hot, damp cloth over each breast for 3 to 5 minutes before nursing or get into a warm shower and let very warm water flow over your shoulders. Heating the breasts will help your milk flow easily to your baby. After heating the breasts, massage them in a circular motion towards the areola and the nipple. Massaging will move the milk down. Massage under the arms and the collarbone area if this area is firm and uncomfortable.

• Soften the breast using hand expression or a breast pump. Express enough breast milk to soften the areola so that baby can easily attach.

• Breastfeed right away. Gently massage your breasts while nursing.

• If the breasts are still painful, full and swollen after a breastfeeding, or refill within a half hour after feeding, you may pump to soften the breasts.

• Apply cold packs to the breasts for 20 minutes after nursing

**Nipple Soreness**

Nipple soreness often occurs when the baby is not attached well to the breast or positioned correctly. Make sure your baby's jaws are deeply over your areola and about 1/2inch behind the base of your nipple. Your nipple should be rounded and erect after the baby detaches.

**Ways to Prevent Nipple Soreness**

• If you feel pinching, rubbing or biting pain during the feeding, check the baby's position and attachment.

• Air-dry your nipples by leaving your bra flaps down for a couple of minutes after a feeding.

• Express a small amount of colostrum or milk and spread it around the nipple and areola after air-drying.

• Avoid the use of soap, alcohol and extra water on the breast. Clean your breasts by allowing water to flow over them when showering.

**If you have Nipple Soreness:**

• Feed your baby more often for shorter periods of time.

• Do not allow your baby to become too hungry.

• Do not use a mii:ficialnipple shield over the breast for feeding. They can cause damage to your nipple and interfere with milk flow.

• Use a purified lanolin product or gel pad to heal cracked or open areas.

• Begin feeding on the least sore nipple. Be sure to break suction carefully by sliding your finger inside your baby's mouth.

• If it remains painful when your baby first latches on, remove your baby and try again.

• A fast, deep latch will put your baby's jaws behind the nipple and tender areas.

**Plugged Duct**

A plugged duct is a tender or painful lump in the breast. If left untreated, it may lead to an infection. Plugs often occur from changes in the baby's feeding pattern or pressure on the breast. Check your breast for pressure points that occur from a bra that is too tight or fi·om bunched clothing on the breast.

**If you Have a Plugged Duct:**

• Apply moist heat to the breast 15 to 20 minutes before each feeding.

• Massage the breast from the area behind the discomfort toward the nipple.

• Change positions lining-up the baby's chin and jaw toward the plug.

• Let the baby nurse first on the affected breast. The stronger suck will help relieve the plug.

**Breast Infection**

A breast infection occurs from a blocked duct or from bacteria that has entered the breast, often through a cracked nipple. Even though the breast tissue is inflamed, the baby will not become ill from feeding on the infected breast.

Signs of breast infection may include:

• A headache, aching joints, fever or chills

• A hard, red and painful breast

• A fussy or unwilling to nurse baby when using the infected breast

**Call your doctor right away if you think you may have a breast infection.**

• Your doctor may order medicine to treat the infection. Take the medicine for the full time ordered. Do not stop taking your medicine, even if you feel better, without first talking to your doctor.

• Continue to breastfeed your baby often to drain the infected breast. If your breast is too painful to breastfeed, you may need to use a breast pump until you are able to breastfeed your baby again.

• Rest often and drink a lot of fluids.

**Talk to your doctor or nurse if you have any questions or concerns.**