

Preparing for baby

Your guide to your third trimester of pregnancy





As you enter your third trimester and prepare for the birth of your baby, we know it is an unforgettable time in your life. We will work to make every moment a memory that you will treasure.

Please use this book as a resource to help prepare you for the delivery of your baby. As you're reading, you may want to make notes or write down questions for your provider.

If you haven't selected a Maternity Center to deliver, choose a CHI Health location near you.

Our Maternity Centers are designed around what's best for you and your baby, and they are located within full-service hospitals, so you always have the specialized care you need. You've got enough on your mind with your new bundle of joy – leave the rest up to us.

Our maternity suites are clean, private and spacious. Each room has a large bathroom, rocking chair, pull-out couch, access to Wi-Fi and snacks. The rooms are designed with your growing family in mind.

Learn more at CHIhealth.com/Baby. You can also schedule an in-person tour.

CHI Health Maternity Centers

Creighton University Medical Center
- Bergan Mercy
Good Samaritan
Immanuel
Immanuel Birth Center
Lakeside

Lincoln Birth Center
Mercy Council Bluffs
Schuyler
St. Elizabeth
St. Francis
St. Mary's

Midwifery Care that Delivers

Under the care of our midwives, women can choose to deliver at select CHI Health Maternity Centers or at one of our two Birth Centers.

Our birth centers offer:

- Home-like birthing suites with queen beds and free-standing tubs
- Natural, non-medicated birth with nitrous relaxation and water births options
- Shorter length of stay due to fewer interventions during labor

Birth Center locations:

Immanuel
6901 N 72nd Street
Omaha, NE 68122

80th & O Street
8020 O Street
Lincoln, NE 68510

Childbirth Education

You want to be as prepared as possible for the arrival of your little one—our classes will give you the skills and information you need to create a happy, healthy future for baby and yourself. We offer a variety of childbirth and parenting classes, including topics such as birthing techniques, breastfeeding, caring for your baby and newborn parenting classes. Take a look to see what is offered near you at CHIhealth.com/ChildbirthEducation

Checklist of recommended activities during the third trimester:

- Pack your bag for yourself and your baby.
- Purchase an infant car seat and practice installing it in your car.
- Set up an appointment with a local safety check station to assist with car seat questions and proper usage.
- Determine the fastest route to the hospital and consider making a trial run.
- Stock up on household items and food so you will have plenty on hand when you return home with your baby.
- If you have preferences concerning the management of your labor and baby's birth, discuss them with your provider.
- If you have other children, please make plans for their care while you are in the hospital. Consider having a backup plan.
- Have the phone numbers of your provider and the hospital in your phone for easy access.
- Confirm what your provider wants you to do when you believe labor has begun.
- Choose a pediatrician to care for your baby after birth
- Check with your employer regarding your maternity leave. The FMLA requires you provide your employer at least a 30-day notice. Work with your provider to complete any necessary documentation.

Care During Pregnancy

Pregnancy Exercise & Physical Therapy

With pregnancy comes many changes in your body which can cause new aches and pains. Watch our series on pregnancy exercise and physical therapy which can help you ease common discomforts. Visit CHIhealth.com/PregnancyPT.

Dangerous Illnesses During Pregnancy

A simple cold or flu doesn't normally harm your baby. However, if some infections are left untreated, it can be risky. The best way to protect yourself against infections during pregnancy is to stay away from infected persons and avoid certain foods. Infections that could have an impact on the developing infant or the pregnancy include:

- Chicken pox (if not immune)
- Fifth disease
- German measles (if not immune)
- Group B Streptococcus
- Hepatitis B
- Herpes
- Listeriosis
- Toxoplasmosis (may be transmitted by cats from the yard or cat litter)
- Urinary tract infections
- Vaginal infections

Preterm Birth

Babies born prior to 37 weeks are considered premature and are at risk for problems due to incomplete growth and development. The variety and severity of the problems are often dependent on the timing of the birth and vary for each baby.

The birth of a premature baby can affect you and your child for many years to come, therefore it is important that you have the tools to identify pre-term labor. Early identification may help prolong your pregnancy.

Warning Signs of Pre-Term Labor

No one wants to think that something could go wrong with their pregnancy, but knowing the signs of trouble is important. It could make the difference in saving your baby's life or your own.

Keep in mind signs which represent a change from your normal pattern or experience. Although these can be a very normal part of a healthy pregnancy, the following are signs that may occur during pre-term labor:

Uterine Contractions: The uterus (womb) is composed of muscle. Using your fingertips to feel the uterus, you should be able to indent your uterus when it is relaxed. During a contraction you can feel your uterus tighten and become hard. Contractions occur normally throughout pregnancy. They are usually painless and can occur at any time. Certain activities, such as changing your position or having a full bladder may cause you to have a contraction. The type of contraction you have with pre-term labor also may be painless, but often there is a pattern to the tightening. Your uterus will feel hard over the entire surface, and this tightening may occur every 15 minutes or closer together. Each contraction may last from 20 seconds up to 2 minutes.

Menstrual-like Cramps: These are felt low in the abdomen, just above the pubic bone. The cramping may be rhythmic. You also may feel constant cramping.

Dull, Lower Backache: This backache is located mainly in the lower back and may radiate to the sides or the front. It may be rhythmic or constant, and often is not relieved by change of position.

Pelvic Pressure: You may feel pressure or a fullness in the pelvic area, in your back or thighs. It may feel as though the baby is going to "fall out".

Intestinal Cramps: These may occur in the presence or absence of diarrhea. You may have the feeling of gas pains.

Increase or Change in Vaginal Discharge: The amount may be more than what is normal to you. The consistency may change to mucous-like discharge or watery. The color may become pink or brown tinged.

Emptying your bladder, drinking fluids and resting on your side may decrease the frequency of symptoms. If you are not sure of a symptom, feel uneasy, or not yourself, trust your thinking and call your health care provider. It may be that reassurance is all that is needed. It may be that you need to be further evaluated by your healthcare provider. Either way, you can rest assured.



No insurance or a high deductible plan?
Pay one upfront price for your delivery at CHI Health.
Visit mdsave.com/chi-health-delivery or call
844.455.9296 for additional details.

Recording Fetal Movement

Counting Baby Kicks

Monitoring your baby's movement is a good way to reassure you that your baby is healthy and active. The American College of Obstetricians and Gynecologists recommends you begin counting the kicks at your 28th week of pregnancy, or at your 26th week if you are high risk or pregnant with multiples. Call your provider right away if you notice a change in baby's movement, or if baby is moving less than normal. If it is outside of regular clinic hours, go to Labor & Delivery. Do not wait until the clinic opens or your next appointment.

How to Record Fetal Movement

Choose one hour a day to count baby's movement. Try to do this at the same time each day.

- Lie down on either side and elevate your feet.
- Place your hands on your abdomen where you've noticed movement from your baby.
- Count each of your baby's movements as one kick. Record that number and the time you felt the movement.
- You should feel 10 movements in 2 hours. If you feel these movements within a few minutes, you may stop counting.
- If you do not feel 4-5 movements in the first hour, get up and get a snack or drink something cold.
- Continue to monitor movement for the second hour. If you do not feel 4-5 movements in the second hour, after eating a snack and drinking a cold beverage then CALL YOUR PROVIDER RIGHT AWAY. You may need to be seen for further testing.

When are you most likely to feel movement?

- After you have eaten. It may be helpful to note fetal movement after meals. Your baby is more active and it offers a routine time to record the movement.
- When you are resting. Lay down in a quiet, undisturbed location. Relax and focus on your body, so you can more easily detect your baby's movements.
- Avoid smoking. It decreases baby's activity level and is dangerous. Recording fetal movements after you smoke will likely result in a lower kick count.



Other Warning Signs

If you experience any of the following symptoms, call your provider immediately.

- Vaginal bleeding or spotting
- Leaking or gush of fluids from your vagina before your due date
- Sudden swelling in your face or fingers
- Sudden weight gain not related to eating
- Severe or continuous headache
- Dim or blurred vision
- Dizziness or fainting
- Persistent vomiting
- Chills or fever (100.4° or higher)
- Pain or burning when you urinate
- Sudden increase in thirst accompanied by little or no urination
- All-over itching late in pregnancy with yellowing of the skin, dark urine, and pale stools.
- Decreased fetal movement
- A fall that caused decreased fetal movement, contractions, leaking of fluid or any bleeding
- If you are involved in a motor vehicle accident, you should be evaluated immediately



Preparing for Delivery

Hospital Preparation Checklist

For Mom

- Insurance cards
- Robe, slippers
- Comfortable clothes (something that has an elastic or tie waist)
- Supportive or nursing bra
- Socks
- Cosmetics & toiletries
- Hair brush and elastic hair tie
- Toothpaste, toothbrush

For Coach

- Snacks, refreshments
- Change of clothing
- Toothbrush, toothpaste
- Camera
- Cell phone, charger

For Baby

- Blanket
- Going home outfit
- Car seat (must be installed prior to birth of your baby)

What Are the Signs that Labor May Have Started?

You may have any or all of the following symptoms which can signal that labor has begun:

- **A gush or trickle of water from the vagina**

This occurs when your bag of water, which has been surrounding your baby, ruptures and the amniotic fluid leaks out. Contractions may follow, but it is necessary for you to call your provider, whether or not you begin to have contractions.

- **Uterine contractions**

Many women compare contractions to menstrual cramps that usually increase in frequency, strength and length (longer, stronger, closer) as labor progresses. Some mothers report their contractions to be similar to a severe low backache. These also may begin to show a pattern of increasing frequency, strength and length. Ask your provider when he/she wants you to come to the hospital.

- **Bloody show**

This is a blood-tinged vaginal discharge. This can occur several days prior to the onset of labor and may not warrant an immediate call. However, if it is heavily bloodstained, it is important to contact your provider.

There are other reasons for you to call your provider even if you suspect labor has not yet begun.

- Symptoms such as decreased baby movements, a headache not relieved by Tylenol, or a general feeling that something is not quite right, are perfectly acceptable reasons for you to give your provider a call day or night. Your provider will give you specific instructions as to when to call him or her about signs or symptoms that could signal the onset of labor.

What do I do now?

- Providers generally request that you call them when you believe labor has begun.
- Once at the hospital, your driver may temporarily park in front of the hospital entrance where he/she can accompany you to the maternity floor. Once you are assigned to your room and are being evaluated, your driver can move the car to the parking lot.



Birth Plan

Developing a birth plan is an excellent way to express your labor, birth, recovery and postpartum preferences ahead of time.

Spend some time thinking about how you want your labor and birth to unfold. Do you want to be able to use different labor and/or birth positions? Would you prefer maximum or minimal pain relief?

We want you and your family to feel comfortable, confident and in control during this important time of your life. The best way to do that is by educating yourself on the labor process. Review the following pain management strategies and talk to your provider about your questions and birth plan.



Pain Management

Strategies during labor that do not rely on medications

Mobility. Walk around your room or the hallway to get through discomfort while your cervix is dilating.

Stretching and position changes. Sit on an exercise ball and rock your hips back and forth and/or side to side to encourage the torso and pelvis muscles to relax during labor.

Pressure points. At the lower back, right above the buttocks just lateral to the spine, apply constant pressure with the thumbs, fists or tennis balls during a contraction to relieve pelvis pain. Take a birthing class with your labor support person or search pressure points on the internet and practice various pressure points that may be helpful once you're in labor.

Water Therapy. Hot or warm water helps with relaxation. Most labor and delivery rooms are equipped with a shower. Allowing the hot water to run down your back can help with pain control. Additionally, most labor and delivery units have rooms with a Jacuzzi tub. Submerging the lower half of your body can also be beneficial. Ask your provider if the facility you plan to deliver has rooms with showers or tubs.

Positive attitude. Speak positive thoughts out loud and/or in your mind about your anticipated labor and delivery.

Education. Attend a childbirth education class to familiarize yourself with the labor and delivery process. The more you know, the more relaxed you will be.

Nitrous Oxide

When you deliver at CHI Health, Nitrous Oxide is one of the many pain relief options available to you. It takes the edge off labor pains and reduces anxiety for many women.

What is nitrous oxide?

Nitrous oxide is a gas used to decrease pain sensations. It's colorless, odorless, and tasteless, and is inhaled through a mask.

The use of nitrous oxide was fairly common in the United States, but fell out of favor as epidurals became more popular in the 1980s. It has been widely used in the United Kingdom, Australia and Europe and has only recently become more available in the United States.

What are the benefits?

- Takes the edge off labor pains and reduces anxiety for many women
- Begins working right away (within 30-60 seconds) and wears off quickly without lingering side effects
- Gives you control of how much and when you need it
- Allows you to get out of bed or be in the tub (have someone with you in case of lightheadedness or drowsiness)

What are the drawbacks?

- Does not completely numb any part of your body like an epidural will
- Causes nausea in some women
- Not recommended for those with past gastric bypass surgery, severe vitamin B12 deficiency, collapsed lungs or those unable to hold the mask due to musculoskeletal disease

Is Nitrous Oxide safe for my baby?

Yes, nitrous oxide has been used by laboring women for decades. Women clear the nitrous oxide from their bodies through their lungs in about five minutes. Nitrous oxide that passes through the placenta to the baby is also cleared by the mother's lungs. Dental offices use nitrous oxide for pain control in a higher concentration than is used for labor and delivery.

Medication Options to Relieve Labor Pain

Intravenous Medication

A variety of medications that are safe for you and baby can be injected into your IV site. These medications can also make you and baby sleepy. This is why they are usually not given late in labor. If delivery occurs sooner than expected, different medications can reverse the effects of pain medications on the baby.

Local Anesthesia

Similar to those used by your dentist, these agents can be injected into the vaginal and rectal areas at the time of delivery. They will cause numbness or loss of sensation in those areas and may relieve pain of delivery and episiotomy repair. These medications do not relieve the pain of labor contractions.

Regional Blocks

- Pudendal blocks involve injecting medication high in the vagina to block the area of the pudendal nerve and numb the vaginal and rectal area. The physician administers this medication just prior to delivery.
- Epidural is administered into the lower back by a specialist provider called an anesthesiologist or a Certified Registered Nurse Anesthetist (CRNA). This medication blocks pain in a larger body area by numbing the nerves.

Epidural Blocks

Medications administered into the “epidural space” can be used for labor analgesia and/or cesarean anesthesia, depending on the type and amount of medication. A thin catheter is threaded into this space and medications can be reinjected or continuously infused with an electronic pump to maintain pain relief throughout labor. It usually takes 10-20 minutes for pain relief to begin. It may take a little longer to achieve your desired comfort level.

- With an epidural, the length of the pushing stage is sometimes increased.
- Amount of pain relief and ability to move lower limbs, depends on where the medication is injected, the type of medication, and the amount of medication.
- Every effort is made to preserve limb movement for vaginal delivery.

Cesarean Anesthesia Options

When complete blockage of pain and movement (regional anesthesia) are needed for a cesarean birth, a stronger concentration of medication is used and the entire abdomen becomes numb for the surgical incision.

Spinal Block

Medications are injected into the sac of spinal fluid that surrounds the spinal cord. The onset of numbness is very rapid and reinjection is not possible because a catheter is not used. Spinal anesthesia blocks sensation and movement from the abdomen down.

General Anesthesia

Medication is given through your IV line or by face mask to cause a rapid loss of consciousness. It is best administered with your stomach completely empty. In the case of anesthesia for childbirth, all patients have a “full” stomach (Remember the heartburn?). Therefore, general anesthesia for obstetrics requires an endotracheal tube (tube in the airway) to protect the lungs from stomach contents. The baby also receives some of the medication which crosses through the placenta prior to delivery. The baby may be sleepy at the time of delivery; however, the same medications used to reverse the effects of IV medications can be used to reverse some effects of general anesthesia and it is quite safe for the baby.

Risks of Regional Blocks

Complications or side effects of regional blocks are uncommon and your care team will take special precautions to avoid them. If you are considering a regional block, talk to your provider about the risks.

Commonly Asked Questions about an Epidural

Are there special situations that prevent a patient from getting an epidural?

The anatomy or position of the spine can prevent a spinal or epidural block from being placed. Women who have blood clotting problems are sometimes prevented from having regional anesthesia.

Will the epidural or spinal affect the baby?

The effects on the baby are minimal. Babies are affected by decreases in the mother’s blood pressures which can occur with regional anesthesia placement and careful monitoring of vital signs and the fetal heart rate can prevent this from impacting baby.

When can a patient receive an epidural and will it affect the progress of the labor?

The decision of when to place an epidural is made by the provider after consultation with you and the anesthesiology staff. Regional medications administered prior to the onset of active labor can decrease or stop labor contractions in some situations. Medications are available to help augment labor if this occurs, and this is considered when making the decision to proceed with an epidural. Discuss the timing of epidural medications with your provider so he/she understands your expectations for pain management during labor.

How long will it take to get an epidural once I request it?

It takes from 15-30 minutes (in most situations) for anesthesiology personnel to arrive on the nursing unit. During this time, the nurse will administer the additional fluids required, further explain the procedure and assemble the necessary equipment.

How is an epidural or spinal block placed?

- You are positioned in either a sitting or side-lying position with the center of the back pushed out toward the anesthesiologist or CRNA. This position depends on the preference of the provider performing the procedure.
- Your back is disinfected and draped to create a sterile field. Skin of the area is numbed with a local anesthetic and then a larger needle is introduced into the appropriate space in the lower back.
- If an epidural block is chosen, a thin catheter is threaded into this space and a test dose of medication is administered. It is not uncommon for more than one attempt to be made to place the needle in the appropriate space because a small opening between the vertebrae must be found.
- Site is covered and the catheter, if used, is taped to the patient’s back.
- End of catheter is attached to a small tube through which medication can be administered with an electronic pump if continuous administration of medication is required.

Commonly Asked Questions about an Epidural

What will I feel while it is being placed?

You will experience a cold sensation when the back is disinfected. Administering local anesthesia in the skin feels like a bee sting or a temporary burning sensation. Pressure in the back and tingling in one or both legs can occur when the needle is introduced or when the epidural catheter is being advanced.

What will I feel after the block takes effect and how long will this feeling last?

Tingling will begin in both legs and this sensation will lead to some numbness and a decrease in labor contraction pain. This pain relief will improve with each contraction and your comfort level should be fully reached within one hour of administration. If your epidural catheter is attached to a continuous infusion pump, you should remain comfortable for the duration of labor. At times a “bolus” dose of medication may be needed when your labor becomes more active or if you are close to delivery.

How soon will I feel comfortable?

Onset of pain relief usually begins within 10-20 minutes after the initial medication is given, but sometimes takes a bit longer. Comfort should be obtained within one hour of initiation of medication.

How will the epidural affect my ability to push the baby out?

The medication levels needed to relieve pain often affect the motor control or movement of the lower limbs and will cause the rectal area to be numb.

Occasionally, it can be difficult to feel the location to push and to sense your degree of pushing effort. The epidural medication can be shut off for a short period to allow you to feel this area and establish a better pushing pattern. In rare situations, the provider can assist in delivery of the baby by using forceps or a vacuum extractor to bring the baby down and out of the vagina.

How does having an epidural affect my activity during delivery?

Once the epidural or spinal is placed, you are required to remain in bed and will be asked to remain in a side-lying or “side tilt” position to help maintain the blood pressure. Additional fluids may be needed and occasionally additional medication is required to help raise or maintain the blood pressure. Most women with a regional block do not feel the sensation to empty their bladder and may require a urinary catheter or tube to empty the bladder periodically. Continuous fetal monitoring is required whenever a mother has a regional block.

If I have an epidural and my baby needs to be delivered by the cesarean method, can my epidural be used for anesthesia?

In many cases the epidural can be injected with stronger medication and surgical anesthesia can be achieved. Sometimes an epidural may not fully relieve the pain and may need to be replaced with a new epidural catheter or general anesthesia, depending on the status of mother and baby and the reason for the cesarean birth.

Will I receive a separate bill from anesthesiology??

The anesthesiology provider is a specialist providing services separate from the hospital and the provider delivering your baby, and usually bills for those services accordingly. The medications and equipment used for the procedure are usually provided by the hospital and may be included in the hospital bill. Any payment questions you have may be directed to the anesthesiology group.



What Can I Expect on Delivery Day?

We look forward to helping you bring your baby into this world! Our goal is to give you excellent care and to keep you safe throughout your stay with us. Your nurse will ask you questions to get to know you, your health history and preferences for yourself and your baby. We want to personalize our care to meet your needs.

Our maternity centers have an open visitation policy allowing you to introduce your newborn to family and friends whenever it's most convenient. A family waiting area provides a place for visitors to comfortably gather. Security features are in place at each location to ensure you and your baby's safety. The maternity units at each hospital are locked. When visitors request entry, they will need to be able to provide your full name to staff.

You and your support person are allowed in the operating room if you are having a cesarean. This is to ensure the safety and well-being for you and your healthcare team.

What Can I Expect After Delivery?

After delivering the newest member of your family, you will begin your postpartum stay. Depending on your Maternity Center, you may stay in the same room or move to a different room for postpartum care.

During this time, we are here to support you and help answer any questions you have. We will assist you with changing diapers, feeding and bathing, and providing guidance to best care for your baby. Quiet time is from 2 - 4 pm daily. During this time, new mothers can take a nap or bond with their baby.

When Can I Expect to Leave the Hospital?

Upon leaving the hospital, we want you and your baby to be healthy and happy. To ensure you and your baby are safe to leave the hospital, we have developed discharge milestones. You, your provider and your baby's provider will discuss these milestones to determine when it is safe for you and your baby to go home.

Milestones for Mom

- Pain Level
- Urinating
- Appropriate Vaginal Bleeding
- Independent Walking

Milestones for Baby

- Urinating/Stooling
- Adequate Feedings
- Normal Temperature
- Normal Respirations
- Normal Heart Rate
- Hearing Screen Completed
- Newborn Screen Completed
- Heart Screening Completed

The Sacred Hour

The first hour after birth is a momentous occasion when a baby first adapts to life outside the womb. The Sacred Hour is uninterrupted skin-to-skin contact with the mother immediately after birth that allows each newborn to follow nine specific behaviors leading to breastfeeding. There is evidence which shows that newborns placed skin-to-skin experience less stress and parents show more confidence in caring for their newborn. This is a once in a lifetime opportunity when baby meets parents for the first time and a family is formed. This sacred time should be honored, cherished and protected.



What to Expect

The Sacred Hour will begin immediately after the mother delivers. The mother's chest will be bare and the baby will be placed on her tummy, dried and covered with a warm blanket allowing the mother and child to experience skin-to-skin contact. The baby will remain with the mother, uninterrupted, until after the first breastfeeding. Mothers are offered this opportunity after vaginal and c-section births. If there is a medical reason that delays immediate skin-to-skin contact with the newborn, the Sacred Hour will begin as soon as possible after assessment from the care team.

Bonding With Your Baby

The initial bond between a mother and infant is very important after delivery. Bonding is essential for a baby and is an important process for all new parents to experience firsthand, including fathers. Infants bond through touch and smell. Participating in skin-to-skin contact with your newborn enhances that bond. Skin-to-skin between mom and baby as well as dad and baby is encouraged both in the hospital and at home after discharging from the hospital.

Benefits

There are many short- and long-term benefits for participating in uninterrupted skin-to-skin contact after birth for parents and baby, including

For Baby

- Babies are warmer after birth
- Babies breathe easier and have more normal heart rates
- Babies are much calmer and cry less
- Babies can latch onto the breast all by themselves
- Mother-infant attachment supports infant brain development

For Mother

- Mothers and babies get to know each other sooner
- Mothers have higher levels of relaxation hormones
- Mother-infant attachment supports infant brain development
- Mothers and babies are more successful with breastfeeding and tend to breastfeed longer
- Milk supply can be improved

For Father

- Fathers can be a part of the birthing experience
- Fathers can hold the baby skin-to-skin
- Fathers can monitor the nine stages of their babies
- Fathers can marvel at the ability of their baby



Breastfeeding

Breastfeeding is the most natural way to nourish your baby. It provides countless benefits to you and your newborn. If you choose to breastfeed, we will work with you and your newborn to establish and maintain breastfeeding so that you can provide the best possible start for your baby.

Breast Milk 101

Breast milk is nutritionally ideal for all babies, whether they are full-term or premature. It is easily digested and provides babies with essential nutrients. It also contains antibodies that keep your baby well and reduce baby's risk of developing infections and illnesses, constipation, allergies and diarrhea.

Breastfeeding works according to supply and demand; the more milk your baby needs, the more your body will produce. The first 40 days can be intense; newborns feed long and often. On day one, you may produce 1 ounce of milk. By day 40, you may be up to 25 ounces. After day 40, breastfeeding gets faster and easier.

Benefits for Baby

Enhances:

- Baby's cognitive development
- Sense of security from physical closeness
- Growing attachment between mother and baby
- Baby's digestion

Premature babies receive all of the benefits above, plus better eyesight and less chance of developing premie bowel disease.

Reduces:

- Risk of acute childhood illnesses (respiratory and urinary tract infections, diarrhea, bacterial meningitis, digestive diseases)
- Development of food allergies
- Risk of SIDS (Sudden Infant Death Syndrome)
- Incidence of some cancers, including Hodgkin's and childhood leukemia
- Risk of juvenile diabetes
- Risk of obesity in childhood/adulthood
- Cavities/chances of needing braces

Benefits for Mom

- Reduce risk of osteoporosis
- Promote postpartum recovery
- Lose weight easier and quicker
- Save money (as much as \$1,500 for one year of baby formula)
- Decrease incidence of breast, uterine and ovarian cancers; diabetes, heart disease and arthritis

Breast milk can do all these amazing things because it has more than 400 nutrients and other components not found in formula.

Breast milk nourishes your baby by providing the right amount of nutrients. For example, in breast milk 50-75 percent of iron is absorbed, while in fortified formula, only 4 percent of the iron is absorbed. The breast milk even changes over time to match the nutritional needs of your baby and are better absorbed.

Breast milk protects your baby by providing germ fighting proteins. The immune-boosting proteins in your breast milk even change to match the germs in your surroundings, so your baby is continually being protected against whatever germs you or baby may encounter.

Breastfeeding in the First Week

Start as soon as possible after birth:

- Hold your baby skin-to-skin.
- Watch for feeding cues within one hour after birth, this may be delayed up to two hours if you had an epidural.
- Do not separate yourself from baby until he/she breastfeeds unless there is a medical reason.

Offer the breast every 2-3 hours:

- Newborns need to nurse often because their stomachs are very small. (the size of a marble on day 1 of life)
- Frequent feedings decrease the risk of low blood sugar/jaundice/poor infant output and weight loss, and increases milk production.
- Breastfeed whenever your baby is showing feeding cues; if there are no feeding cues, gently attempt every 2-3 hours.
- Let your baby suck as long as she/he is showing feeding cues, do not limit sucking time.
- Remember - sucking (breast /nipple stimulation) is what produces a good milk supply. This must occur every 2-3 hour in the first two weeks to establish a supply. This can be done by either breastfeeding or pumping with an electric pump.

Hold baby close to breastfeed:

- Get comfortable.
- Undress your baby and place skin-to-skin.
- Hold the breast with the thumb above and four fingers below the breasts, behind the areola.
- Turn your baby's whole body toward you.
- Bring baby's chest close to your chest and baby's nose and chin close to your breast.
- Hold baby with baby's mouth level with your nipples.
- Touch baby's lips to your nipple so baby will open mouth.

- Bring baby close to latch on when baby's mouth is wide open.
- Breastfeeding should not hurt. You should feel tugging and stretching, but no pain. If it hurts, seek the advice of a health care provider or certified lactation consultant.
- If breasts are not stimulated every 2-3 hours, you will not develop a good milk supply.

Keep your baby with you as much as possible:

- You and your baby are not meant to be separated for the first few weeks.
- You will sleep much better if you have your baby in a crib next to you, and you will hear baby's feeding cues before he/she starts crying.
- Hold your baby skin-to-skin as much as possible.

Avoid bottles/supplements, especially in the first three weeks.

- Babies suck differently on bottles and may become confused.
- If breasts are not stimulated often enough, you will not develop a good milk supply.
- Breastmilk is all that healthy babies need.

Look for signs that baby is getting enough milk:

- Listen for swallowing.
- Count the number of wet and dirty diapers.

Have baby's weight checked within the first week:

- Babies lose weight the first few days after birth but then should start gaining at the rate of 1/2 to 1 ounce per day.
- By two weeks of age, babies should be at or above birth weight.

Breastfeeding Support

Our lactation team is specially trained to teach everything you need to know about breastfeeding — while you are in the hospital and after you leave by phone or in-person visits. Breastfeeding Support Groups are also available at CHIhealth.com/ChildbirthEducation.

Problems or questions?

- Call your CHI Health Certified Lactation Consultant or provider.
- Attend a breastfeeding support group.
- Mothers and babies are not born knowing how to breastfeed. It takes patience and practice to learn and recognize each other's signals. Sources of support will greatly increase your chances of success.

Breastfeeding Advice

- Feed around the clock in the beginning, no matter how tired or sore you are. This brings in an excellent supply of milk and assures that your baby starts gaining weight quickly.
- Nurse lying down.
- Recline with your baby "on top of you" or lie on your side while your baby feeds. Use pillows to get yourself and your baby comfortable. Moms need a little rest too.
- Babies cry more on their second day of life. This can be upsetting. Crying does not always mean hunger. This fussiness is common and is called "Second Night Syndrome," although it can happen during the day.
- You do not need to use your breast pump right away. Your newborn is the best pump and frequent feedings will help get breastfeeding off to a good start.
- If a breast pump does become necessary for medical reasons, a lactation consultant (IBCLC) can give you advice about the best kind for your situation.
- Breastfeed exclusively for the first 4-6 weeks to get breastfeeding off to a good start. If you are going back to work or will need to give a bottle for some reason, start between 4-6 weeks and offer it weekly to keep the baby in practice.
- The best milk to use in the bottle is your pumped breast milk. A breast pump can make that easy to do.
- Feed often in the early days to get a good start. If your baby is not gaining weight or you are overflowing with milk, get advice from a lactation consultant (IBCLC).
- Attend a breastfeeding moms group. Just seeing other mom's breastfeeding and visiting with them can be reassuring. The leader will likely be a lactation consultant who can answer questions and help troubleshoot problems.

Working Mothers and Breastfeeding

Returning to work can be stressful and emotional. You may experience guilt for leaving your new baby and, at the same time, gladness to be out of the house.

The American Academy of Pediatrics encourages mothers to provide breast milk for the first six months of your baby's life and continue for the first year or longer.

Getting Ready

- Purchase the best pump you can afford. It will be worth it. Or you may rent a breast pump. The better quality pump you use, the more you will be able to maintain your breast milk supply. Select one that can pump both breasts at the same time. Most insurance companies will provide you with a pump. Check with your insurance company for details.
- There are hospital grade breast pumps, personal use pumps, small electric and battery-operated pumps and manually-operated pumps. A rental hospital grade pump or a personal use breast pump are most suitable for a mother who wishes to maintain her supply by pumping at work. Commonly recommended pumps are Medela and Spectra but there are many brands.

- Hands-free pumps are also available. Research the various options to see what would be the best fit for you.
- Talk to your employer about a private, clean place where you can pump. Make sure you know how to assemble your pump and use it before returning to work.
- You may want to stockpile some milk prior to returning to work as a back-up. Two weeks of milk (about 60 ounces) in your freezer will give you confidence that you have some breast milk to fall back on if you are not able to pump enough at work while adjusting to the new routine.
- Pump directly into a bottle or a plastic storage bag.
- If you occasionally leak, have breast pads ready. For more problematic leaking, try LilyPadz or Bliss Leakage Inhibitor.
- Success as an employed breastfeeding mother depends on consistent pumping when not with your baby.

Make sure your pump kit fits you

You should see your nipple move in and out with each suction cycle. There should be no white ring around the nipple and your breasts should empty completely. If it hurts or you are not getting milk, it is probably too small and you need to get larger flanges from a hospital, lactation consultant or online stores.

Your flange fits if:

- Your nipple moves in and out with each suction/release phase.
- Your breast empties all over, with no pockets of hardness.
- Flange supports the breast and areola; none of the areola is pulled into the nipple tunnel.
- Slight movement occurs in the breast with each cycling of the pump.

- Nipples are not sore or cracked.

Storing your milk

- You may choose to chill your breast milk if it will be out longer than 4 hours. Freezer packs are handy and come with personal use pumps.
- Keep milk in small quantities at first until you have good idea of how much your baby will take at one time.
- Milk left over in the bottle must be discarded if not consumed.
- Choose bottles that are not made of polycarbonate due to the concerns about BPA contamination of breast milk stored and heated in them.
- When freezing milk, breast milk storage are helpful. Lay the milk bag in the freezer flat so storage is easier once it is frozen

Pumping

Start the suction on low each time you pump and gradually increase (over the first 2-3 minutes) to the maximum comfortable setting. The pump is pre-set to the strength of a normal infant's suck so it is unlikely you will find it too strong. Stop increasing the suction just when it begins to pinch. Too much suction can collapse your milk ducts and result in poor breast emptying.

Do a 10-15 minute session or watch for 2-3 let-down reflexes (time when the milk is flowing faster, then it will slow down again). Pump for 2-3 minutes after the last drops of milk. If you are pressed for time, short frequent sessions are better than one long one.

Maintaining your breast milk supply

Pump regularly and breastfeed when you are at home to keep up an abundant milk supply. If your supply wanes during the week, breastfeed exclusively on your days off and do a bit of extra pumping if you have time.

Postpartum Care

It will take several weeks for your body to recover. Your first week home, you should rest every time the baby is asleep. Do extremely light housework and fixing of meals. Go up and down stairs very slowly. Limit the number of visitors, and only allow people who are healthy to be around you and baby.

During these weeks, you may experience some of the following symptoms:

1. Vaginal bleeding, which should slowly taper off. If you increase your activity, more than likely you may also have a slight increase in bleeding.
2. If hemorrhoids occur, ask your provider for a list of medications that are safe for breastfeeding mothers.
3. Mood swings, otherwise known as "baby blues" are common in the first 1-2 weeks after delivery and are usually related to hormonal changes and fatigue. Postpartum depression usually begins a few weeks after delivery. If you are having trouble coping or are concerned about your symptoms, contact your provider right away.
4. Breast infection or mastitis, can occur commonly in breast-feeding moms. Watch for breast redness, breast pain, and fever. Call the office right away if this occurs. It is still ok to breast feed while treating mastitis.
5. Bladder infection, or urinary tract infection (UTI) is common after delivery. Call with any UTI signs: frequent urination, burning, painful urination, fever or blood in the urine.

You may drive towards the end of the second week. This is also a good time to call and schedule your postpartum exam. If you had a cesarean, a two-week post-op exam is also required. Refrain from intercourse until your your 6 week postpartum exam.



TYPE OF BREAST MILK	STORAGE LOCATIONS AND TEMPERATURES		
	Countertop 77°F (25°C) or colder (room temperature)	Refrigerator 40°F (4°C)	Freezer 0°F (-18°C) or colder
Freshly Expressed or Pumped	Up to 4 Hours	Up to 4 Days	Within 6 months is best Up to 12 months is acceptable
Thawed, Previously Frozen	1-2 Hours	Up to 1 Day (24 hours)	NEVER refreeze human milk after it has been thawed
Leftover from a Feeding (baby did not finish the bottle)	Use within 2 hours after the baby is finished feeding		

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