



Guidebook for Your Healthy Pregnancy





Congratulations on the upcoming birth of your baby!

We put together this book to help you make the most of this important time. Our goal is to make your pregnancy, delivery and infant care as positive and rewarding an experience as possible. Please take time to read this book and learn all you can about the health and well-being of yourself and your new baby.

Please note, this book is not designed to replace the care and advice of your provider and is written in generalities. Always refer to your provider for specific questions.

Choose the Maternity Center that's Right for You

No matter where you live, there is a CHI Health Maternity Center close by. They are designed around what's best for you and your baby and 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.

When it comes time to deliver your baby, we want you to feel right at home. Our maternity suites are clean, private and spacious. Each room has a large bathroom, rocking chair, pull-out couch, so your partner is never far away, with access to snacks and Wi-Fi. The rooms are designed with your growing family in mind.

Learn more about our Maternity Center features 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
Lakeside
Mercy Council Bluffs
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

What Is My Due Date?

Your due date is calculated by the first day of your last menstrual period (LMP). Try to be as accurate as possible with this date. According to some studies, only 4 women in 100 deliver on their due date. A “full term” delivery is considered to be between 37-42 weeks.

Take your LMP and add 7 days. From that date, subtract 3 months and that is your due date! (Except a year later) Medically, we use the term “weeks” instead of “months” since it is more accurate, and we also can do different tests at certain weeks. For example:

10-12 weeks

The baby is about 1-3” long. Baby’s external sex organs form. Fingers and toes develop. Organs, such as lungs, stomach and intestines, are taking shape. Baby begins to move, but you won’t feel it.

13-16 weeks

Baby can swallow, make fists – even do somersaults! Baby can hear your growling stomach, your heartbeat and your voice. Baby’s heartbeat may be heard by using a doptone. Baby is now about 3-5” long.

16-18 weeks

Optional blood test for screening of Neural Tube defects and genetic abnormalities such as Down Syndrome.

17-20 weeks

Mom can feel fetal movement. Baby is able to suck his/her thumb to practice for later feedings. The stomach and kidneys are now working, and hair is beginning to appear on the head. Eyebrows and eyelashes develop too. Baby is about 5-10” long.

20 weeks

Genetic ultrasound for fetal development and growth.

21-24 weeks

Baby’s skin is red, wrinkled and loose fitting, and a greasy substance called vernix helps to protect it. The baby is around 10-12” long.

25-28 weeks

The baby’s way of giving the muscles a workout is by vigorous kicking. The eyes may open and close. Baby is about 12-14” long. Gestational diabetes screen, hemoglobin, and antibody screen, if Rh negative can be done.

29-32 weeks

The baby is gaining about 1/2 lb. per week. By about the end of the month the baby will probably be head-down in your uterus. You may also feel the baby’s little feet kicking at your ribs. The baby’s lungs will produce a liquid to help prevent them from collapsing after the birth. Your baby is now about 14-16” long.

33-36 weeks

The baby is now putting on fat which will help him/her be able to adjust to temperatures outside of the uterus. Baby may weigh almost 6 1/2 lbs. by the end of the month, and be about 18” long.

37-41 weeks

The baby continues to gain weight and weighs between 6-10 lbs., and is about 18-22” long. The last weeks of your pregnancy may seem like an eternity, but it will not be long now before you will be holding your new baby.



Provider’s Appointments

Having a pre-pregnancy checkup, starting prenatal care as soon as you think you are pregnant, and continuing prenatal care throughout your pregnancy are some of the best things you can do to have a healthy baby.

The first prenatal visit to the provider’s office is an exciting time. You may be asked many questions about you and your partner’s health. If you can, be able to state the first day of your last menstrual period. Your provider will use that to determine your due date. Expect to be weighed and have an internal exam, a “pelvic.” Your blood, urine and blood pressure may be checked. If you haven’t had a pap smear in the last year, it will probably be done at this visit.

Later visits usually include checking your weight, blood pressure, baby’s growth and baby’s heart rate. Your provider may test for diabetes around the 24th to 28th weeks of pregnancy.

Other testing that may be done includes an ultrasound: a picture of your baby made from sound waves, not X-rays; a Group B strep culture may be done to determine the presence of a bacteria that is treated during the early stages of labor; and an MSAFP may be offered. The MSAFP is a blood test that screens for certain brain or spinal problems. Unusual results from the MSAFP do not necessarily mean that there is a problem, only that further testing may be needed.

Maternal Screening Tests

RUBELLA

During your prenatal office visits your provider will test your immunity to Rubella (German Measles). If your test indicated a negative immunity, for your health and safety, you will likely be vaccinated prior to discharge.

RHOGAM

If you have a negative blood type (Rh-) and your newborn has a positive blood type (Rh+), it will be necessary for you to receive an injection of Rhogam.

When an Rh negative woman carries an Rh positive fetus, blood cells from the fetus can enter the mother’s bloodstream during pregnancy or birth. When this occurs, Rh antibodies are made by the mother in response to the invading Rh positive blood cells. The Rh antibodies remain in the women’s bloodstream. In a subsequent pregnancy, maternal Rh antibodies attack the fetal Rh positive blood cells causing Rh disease in the fetus. This can be potentially fatal to the fetus.

When Rhogam is given, the mother’s immune system no longer recognizes the Rh positive blood cells as invaders. Consequently, maternal antibody formation is prevented and subsequent Rh disease in future pregnancies is minimized.

Usually you visit with your provider once a month for the first seven months, then twice a month in your eighth month, and every week during the last month of your pregnancy. Have all your questions written down to more effectively use your and your provider’s time. Even though you may feel well, it is important to keep all of your scheduled appointments during pregnancy. The best protection for your baby is detecting any potential problems early so both you and your baby can stay healthy!

Caring for You and Your Baby During Your Pregnancy

Pre-Pregnancy and Early Pregnancy

If you are considering pregnancy or are in the first few months of pregnancy, here is some important information for giving your baby the best start you can:

Nutrition

Some sources recommend making healthy changes in your diet three to 12 months prior to conceiving. Pregnancy is not a time to diet. Talk with your provider to determine how much weight gain is acceptable for you. Pay closer attention to the amount of artificial sweeteners and caffeine you consume. It is recommended that you change to a vitamin supplement formulated for pregnant women whenever considering a pregnancy or pregnant.

Follow the food pyramid guidelines with the following points in mind:

- Increase dairy servings to 3 - 4 per day
- Increase protein servings to at least three per day
- Drink at least 2 liters of water per day
- Eat frequent small meals
- Avoid fish, especially freshwater fish (contains mercury). Go light on canned tuna as well.
- Steer clear of unpasteurized milk or soft cheeses (Brie, Blue cheese or Camembert), pate, and raw or undercooked meat or poultry.
- Decrease or stop all caffeine intake
- Decrease or stop smoking.
- Don't drink alcohol while pregnant or trying to conceive
- Discuss iron supplements with your provider

Pay special attention to your eating habits.

Fruits: Focus on fruits.

- Eat a variety of fruit.
- Choose fresh, frozen, canned or dried fruit.
- Go easy on fruit juices.

Vegetables: Vary your vegetables.

- Eat more green dark vegetables.
- Eat more orange veggies.
- Eat more dry beans and peas.

Physical Activity: Find your balance between food and physical activity.

- Be physically active for 30 minutes most days of the week.
- Children and teenagers should be physically active for 60 minutes everyday or most days of the week.

Oils: Know your fats.

- Make most of your fat sources from fish, nuts and vegetable oils.
- Limit solid fats like butter, stick margarine, shortening, and lard.

Milk: Get your calcium-rich foods.

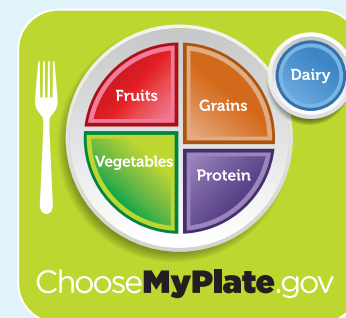
- Go low-fat or fat-free
- If you don't or can't consume milk, choose lactose-free or other calcium sources.

Grains: Make at least half of your grains whole.

- Eat at least 3 ounces of whole grain bread, cereal, rice or pasta everyday.
- Look for the word "whole" before the grain name on the list of ingredients.

Meat & Beans: Go lean on protein.

- Choose low-fat or lean meats and poultry.
- Bake it, broil it or grill it.
- Vary your choices with more fish, beans, peas, nuts and seeds.



Sources: ChooseMyPlate.gov



Food Don'ts

There are three main dangers lurking in the food pregnant women eat. They are:

- Listeria – a dangerous bacterium that can grow even in cold refrigerators.
- Mercury – a harmful metal found in high levels in some fish.
- Toxoplasma – a risky parasite found in undercooked meat and unwashed fruits and vegetables.

These things can cause serious illness or even death to you and your unborn baby. Follow these food facts to help you keep you and your baby healthy.

do not eat...

raw or uncooked meat, poultry, fish or shellfish (sushi or sashimi).

swordfish, tilefish, king mackerel, and shark.

refrigerated smoked seafood like whitefish, salmon and mackerel. These products are usually labeled "Nova-style," lox, kippered or jerky.

refrigerated patés or meat spreads.

hot dogs and luncheon meats – unless they're reheated until steaming hot.

soft cheeses like feta, brie, camembert, "blue-veined cheeses," "queso blanco," "quesa fresco," and Panela unless the label says they are pasteurized or made from pasteurized milk.

Medications in Pregnancy and Postpartum

We recommend you avoid the use of medications, unless necessary. If a medication is required, the following medications are safe during pregnancy and can be found over-the-counter at your pharmacy. Use the category A and B medications, before using a category C medication.

Anytime you do not feel well, increase your fluid intake and rest. If after 24 hours you do not have any relief or develop a fever, call the office to see what your provider recommends.

Allergies

- Benadryl
- Zyrtec
- Allegra
- Flonase
- Nasacort

Bowel/Gas pains

- Gas-X, Phazyme, Mylicon (simethicone) category C

Cold with cough

- Cough Drops
- Chloraseptic spray
- Mucinex
- Mucinex D

Cold with congestion

- Benadryl (diphenhydramine) category B
- Sudafed (pseudoephedrine) category C (check with provider if high blood pressure)
- Sudafed PE (phenylephrine) category C (check with provider if high blood pressure)

Constipation

- Fiber Supplements:
 - Metamucil (psyllium) category A
 - FiberCon (polycarbophil) category A
- Colace (docusate) category A
- Peri-Colace (docusate + sennosides) category C
- Dulcolax (bisacodyl) category A
- Milk of Magnesia (magnesium hydroxide) category A
- Miralax

Diarrhea

- Imodium AD (loperamide + simethicone) category C

Headache/Pain

- Tylenol or Extra Strength Tylenol (acetaminophen) category B
- DO NOT take Ibuprofen (such as Motrin or Aleve)
- DO NOT take Aspirin

Heartburn

- Pepcid AC (famotidine) category B
- Tums (calcium carbonate) first trimester
- Gaviscon (aluminum hydroxide, magnesium carbonate)
- Maalox (aluminum hydroxide, magnesium hydroxide) first trimester
- Mylanta (aluminum hydroxide, magnesium hydroxide, simethicone), first trimester
- Prilosec OTC (omeprazole) category C
- Prevacid

Hemorrhoids

- Preparation H
- Tucks Pads

Nausea

- OTC Pyridoxine (Vitamin B6) 50 mg tablet, take 1/2 tablet four times a day
- OTC Doxylamine (Unisom) 25 mg tablet, take 1/2 tablet at bedtime
- Ginger

Yeast infection - (Cream or Suppositories)

- Monistat 7 (miconazole)
- Gyne-Lotrimin 7 (clotrimazole)

Common Concerns of Pregnancy

Heartburn and Constipation

See the information under "Morning Sickness." If you are experiencing constipation, increase your fluid intake.

Eat more fruits, vegetables and food high in fiber; ie, bran cereal, muffins, high fiber breads or prune juice. Exercise may also be helpful.

Sexual Activity

Your own comfort is what matters most. Having sex will not hurt your baby. Some complications of pregnancy may warrant changes in your sex life. Discuss this with your provider.

Fatigue

It is common that you experience fatigue in the first trimester of your pregnancy. Rest as much as possible, follow a good diet and exercise regime. Practice a healthy lifestyle. If you already have a child at home, you will want to consider sleeping when they take a nap. Prioritize what is happening with your life. Make decisions to simplify your life. Perhaps you can decrease the trips to the grocery store, have plenty of ready-made snacks available and get help from friends and family.

Safety Seats and Pregnancy

You should wear a lap-shoulder belt throughout your pregnancy each time you travel. Place the lower part of the lap-shoulder belt under your abdominal bulge, as low as possible, and against your upper thighs. Never place the belt over your abdomen. Position the upper part of the belt between the breasts. Adjust both the upper and lower parts of the belt to fit as snugly as possible. Check with the safety council or local safety check stations to receive the most up-to-date information about purchasing a safety seat for your new baby and follow the directions closely to provide safety for your newborn.

Bathing

You can usually follow your normal bathing routine. It is recommended that you do not douche. It is also recommended to avoid hot tubs, saunas or jacuzzis during your pregnancy.

If you're pregnant...there is no better time than now to quit smoking!

Smoking during pregnancy causes:

- Increased risk of prenatal deaths
- Increased risk of premature delivery
- Toxic chemicals to feed your baby
- Low birth weights
- Increased risk of SIDS (Sudden Infant Death Syndrome)
- Decreases the normal oxygen flow to your baby

After just one day of not smoking, your baby will get more oxygen! Each day that you don't smoke, you are helping your baby grow!

Benefits of quitting smoking during your pregnancy.

For your baby

- Increases the amount of oxygen your baby will get
- Increases the chances your baby's lungs will work well
- Lowers the risk that your baby will be born too early
- Increases your chances of having a normal-weight, healthy baby
- Increases the chances your baby will come home from the hospital with you

For you

- Gives you more energy and helps you breathe easier
- Saves you money that you can spend on other things
- Makes your clothes, hair and home smell better
- Makes your food taste better
- Lets you feel good about what you've done for yourself and your baby

Folic Acid

Folic Acid is a B vitamin that is recommended for all women of childbearing years. If you are not already taking folic acid, you may begin now. You and your baby need folic acid most during the period one month prior to beginning a pregnancy and during the first several weeks of pregnancy. It can help protect unborn babies against birth defects of the spine and brain such as "spina bifida." Current recommendations suggest taking .04 milligrams, (no more than one milligram) daily. Folic acid is found in some green, leafy vegetables and liver, but it is hard to get enough folic acid through diet alone.



Morning Sickness

Nearly one half of all pregnant women have some degree of morning sickness. "Morning sickness" may occur any time during the day or night. It may include symptoms such as heartburn, nausea and occasional vomiting or even extreme vomiting. The extreme vomiting is known as hyperemesis. It normally begins during the fifth or sixth week of pregnancy and can last until the twelfth or thirteenth week. Rarely does it last the entire pregnancy.

If you experience the prolonged and severe vomiting (hyperemesis), notify your provider. If you are experiencing nausea and occasional vomiting, here is a list of items that may help you cope.

- Eat small frequent meals that are high in carbohydrates. Some foods high in carbohydrates include dry toast, bananas, baked potatoes, whole-grain breakfast cereals, steamed rice and tofu.
- Eat something before getting up in the morning. Many women keep crackers, dry cereal or ginger snaps at their bedside to nibble on throughout the night as well.
- Keep yourself well hydrated. Drink plenty of fluids. Sweet juices or flat soda in the morning may be helpful. Pregnant woman have suggested that peppermint or ginger tea has relieved some of the nausea.
- Avoid greasy or spicy foods, strong smells, alcohol and tobacco. Milk, eggs, and meat may be difficult to keep down.
- There are a handful of over the counter medications that you can try such as ginger, vitamin B6 and Unisom.

Exercise

The general rule of thumb is that everyone benefits from an exercise program prior to conceiving. For most women, slightly altering your exercise routine during pregnancy is acceptable. For women who have experienced pre-term labor or had some complications during a previous or current pregnancy, exercise may not be recommended. Please discuss your exercise program with your provider.

Moms-to-be are usually most comfortable and have fewer injuries from a non-weight bearing exercise program.

ACOG offers the following valuable safety tips for exercise during pregnancy.

1. Regular exercise (at least three times per week) is preferable to intermittent activity.
2. Vigorous exercise should not be performed when mom-to-be is ill, or during hot, humid weather.
3. Jerky, bouncy motions should be avoided. Exercise on a wooden floor or a tightly carpeted surface.
4. Vigorous exercise should be preceded by a five minute warm-up such as slow walking.
5. Because of the relaxation of connective tissue, pregnant women should avoid extreme stretching exercises.
6. Strenuous exercise should be followed by a period of gradually declining activity that includes gentle stretching.
7. Heart rates should be measured every 10-15 minutes during times of peak activity and should not exceed a maximum determined by your provider.
8. Care should be taken to rise gradually from the floor to avoid an episode of dizziness related to changes in position. Some form of activity involving the legs should be continued for a brief period.
9. Liquids should be taken liberally before and after exercise to prevent dehydration. If necessary, activity should be interrupted to replenish fluids.
10. Women who lead sedentary lifestyles should begin with physical activity of very low intensity and advance activity levels very gradually.
11. Activity should be stopped and a care provider notified if any unusual symptoms appear.

Cautions

Warning signs and symptoms include:

- Sudden and severe abdominal pain
- Regular uterine contractions of any length that last longer than 30 minutes once exercising stops
- Dizziness
- Vaginal bleeding
- Decreased fetal activity
- Visual disturbances
- Numbness in any part of the body

If any of these symptoms occur, stop exercising and contact your provider.



The First 13 Weeks of Pregnancy



During your first trimester of pregnancy, you will visit the provider once a month for routine check-ups.

Questions you should ask your provider now are:

- What changes can I expect before my next visit?
- Can I take medication?
- What should I eat to give my baby a healthy start?
- How much weight should I gain during this time and throughout my pregnancy?
- Is there any need to change my activities?
- What are some of the things I should call you about?
- What type of exercise should I get and how often should I exercise?
- If I am a smoker, how can I cut down or stop during pregnancy?

Checklist of recommended activities during the first trimester:

- Consider what Maternity Center you would like to deliver at. Tours are available online and in-person. Visit CHIhealth.com/Baby for more information.
- Familiarize yourself with our childbirth and parenting classes at CHIhealth.com/ChildbirthEducation.
- Enroll in a prenatal exercise class, if your provider allows.
- Check into prenatal and maternity benefits that your insurance may provide. No insurance or high deductible plan? CHI Health has partnered with MDsave to offer you one, upfront price on office visits, ultrasounds, delivery and more. Learn more at CHIhealth.com/MDsave
- Investigate your employer's maternity or parental-leave policies.
- Take all vitamin supplements prescribed for you by your provider. Discuss with your provider your options of when to take them.
- Stop smoking and encourage others living in the home not to smoke around you.
- Wear safety belt.

The Middle 14 Weeks



You may notice a rapid change in your personal appearance during these months...some changes you may be excited about, others can be unexpected. If any of these changes cause you concern, visit with your provider or the office nurse for more information.

Checklist of recommended activities during the SECOND trimester:

- Register for Childbirth Preparation Classes. It is recommended that you complete the classes before your 36th week.
- Review your medical insurance coverage and complete any required paperwork.
- If you plan to use day care services after your baby arrives, begin exploring child-care options.
- Select a pediatrician or family medicine provider to care for your baby. For a list of providers near you, visit CHIhealth.com.
- Make sure the provider has privileges at your hospital of choice for your delivery.
- Wear safety belt.

The Last 13 Weeks



This trimester can be a mix of concern and excitement.

An excellent way to reduce fears about the birth of your baby is to ask questions, read, and enroll in childbirth classes. Your physical changes may greatly increase during this time, but if any of the symptoms are excessive or unusual, such as spotting, cramping or excessive weight gain, call your provider.

Checklist of recommended activities during the third trimester:

- Pack your bag for yourself and your baby.
- Purchase an infant car seat and familiarize yourself with how it works before you try it out on your newborn. Refer to your car's owner's manual for proper directions. Practice installing the seat in your car, at least once before the delivery date.
- 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. Also, keep this Pregnancy Journal nearby.
- Confirm what your provider wants you to do when you believe labor has begun.
- Wear safety belt.





Dads and Pregnancy

We used to believe that a man's contribution to pregnancy began and ended at conception. Now we know that the father's influence begins long before conception and lasts through the lifetime of your infant. It is now recommended that expectant fathers and men thinking of becoming fathers change unhealthy lifestyles and when possible, to protect themselves from toxins in the home and in the workplace. Sperm develop over a three month period so it is advised that a man quit smoking, drinking, using drugs and remove himself from environmental hazards for three months prior to trying to conceive. For the most up-to-date information on hazardous substances, contact the National Institute for Occupational Safety and Health (NIOSH) at 1-800-356-4674.

Being Part of the Pregnancy, Birth and Child's Development

Many newly expectant fathers experience concerns about finances and about measuring up (usually compared to your father) as a dad as well as feelings of being left out. To be more a part of it all:

- Try to be there when the two of you announce the pregnancy, even if it's on a telephone extension,
- Attend prenatal care visits and help write questions to ask the health care provider at the checkup,
- Help to pick out items for child care, e.g.: the care seat, the crib, etc.,
- Attend childbirth education classes whenever possible, be a part of the decision-making and planning for labor and delivery,
- Take some time off once the baby is born, remember that with the exceptions of giving birth and breast-feeding, there's nothing a mother can do that you can't do,
- Spend "quality time" with your child;
- Assist with routine household and child-care chores as much as possible, and, above all else, enjoy this special time of your life!

Travel During Pregnancy

Travel is safe during pregnancy, but it is important to be aware of a few precautions.

1. If you are planning a trip, consult your provider prior to leaving. Depending on how far along you are and your risk factor, you may want to carry a copy of your prenatal history.
2. You should not travel more than one hour away if you are 36 weeks or further along.
3. Be sure to plan frequent breaks to stretch your legs, eat a nourishing snack, and urinate.
4. Always wear a lap-shoulder belt. Place the lower belt under your abdomen as low as possible.
5. Consult your provider before traveling to a foreign country. Sometimes the drinking water or food may be contaminated with diseases not common in the United States. Vomiting and diarrhea can be a common side effect for pregnant women.
6. Metal detectors will not harm your baby.

