The Women's Wellness Center

Prenatal Information

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NVRH Main Number 802-748-8141 Birth Center 802-748-7337

WOMENS WELLNESS CENTER PRENATAL INFORMATION

Also included in this packet:

Women's Wellness Center

Dear Expectant Parents,

Congratulations on your pregnancy and welcome to the Women's Wellness Center for your prenatal care.

Although you are not yet holding your baby in your arms, you are now "parenting". The responsibility you have accepted to receive prenatal care is your first important parental decision. You want the best possible medical care for you and your unborn child. Here at the Women's Wellness Center we take our commitment to help you obtain the information and the medical care you need to ensure a happy and successful pregnancy very seriously.

Over the course of your pregnancy you will witness the obvious growth of your child and become well acquainted with the providers who will accompany you through your pregnancy and beyond. In order that you will be as healthy through your pregnancy as possible, we ask you to select a primary care provider to deal directly with conditions not directly related to your pregnancy, such as asthma or respiratory infections. There is a place on the initial registration form where you may indicate your primary care provider, we can supply you with a list of area practices currently accepting new patients. If, during your pregnancy you move or change telephone number(s), please let the staff know *as soon as possible.*

We do not expect you to read the enclosed information in one sitting. Rather, we would like you to read about each visit before you come to the office. On each page, space has been allowed so that you may make notes about any questions, comments or concerns you have about your health and the health of your baby.

Sincerely,

The Women's Wellness Center

Women's Wellness Obstetrical Fees and Billing

The physician or midwife charge for all normal prenatal visits and a normal vaginal delivery is $3981. This global fee is subject to review and change. This fee does not include ultrasounds, blood work, non-stress test, cesarean section and other non-global charges. Inpatient or outpatient hospital charges are also billed separately by the hospital and are not included in the above charges.

The global fee ($3981) for your total uncomplicated prenatal visits and an uncomplicated delivery is usually billed to your insurance immediately following delivery. It is sometimes necessary to split up the billing if you changed insurance midway through your pregnancy or if you came to us for only part of your obstetrical care.

It is your responsibility to ensure that you insurance company is informed of your pregnancy and that you maintain your coverage at all times during your care with us. Your insurance may require a referral in which case you must contact your primary care doctor to get all required paper work in place. Some insurance companies have special obstetrical programs for their members with which you would want to participate.

Our uninsured patients are required to make arrangements with Women's Wellness as well as NVRH regarding payment. NVRH has a financial counselor who can help you in applying for patient assistance or state programs which could pay for all or part of the cost of your care. A meeting with all obstetrical patients to assist you with any and all billing questions and financial arrangements is suggested.

We at Women's Wellness are committed to you, our patient, in providing you with the best possible care. In turn, we ask you to remember that you are responsible for the cost of your care. Please take advantage of all systems in place to help you do so.

Thank you,

Angela Croteau, CCAT
NVRH Patients Accounts
802-748-7518

The following services usually occur during antepartum care, but are not inclusive to the global OB package, and may be reported separately:

First three antepartum E&M visits i.e. confirmation of pregnancy, dating US, and one other if necessary before the first OB visit.

- Complications of the pregnancy
- Path charges from pap smear at 1st OB
- Evaluation and management (E/M) services for problems unrelated to the pregnancy (problem oriented visits) i.e. 99212-99215 i.e. UTI, URI, vaginitis
- Lab tests performed outside of routine chemical urinalysis, including venipuncture
- Surgical complications or other problems related to the pregnancy
- Amniocentesis (59000-59001)
- Amnioinfusion (59070)
- Chronic villous sampling (59015)
- Cordocentesis
- Fetal stress testing
- Fetal non-stress testing (59025)
- OB ultrasounds (limited or complete) i.e. bedside ultrasounds done in the birth center or office ultrasounds
    - CPT codes: 76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76815, 76816, 76817, 76820, 76821, 76825, 76826, 76827, 76828
- Fetal biophysical profile (76819 or with NST 76818)
- Fetal electrocardiography
- RH immune globulin administration (96372 + rhogam drug code)
- AFI (76815)
- External cephalic version (59412)
- Additional e/m visits for complications or high risk monitoring resulting in greater than the typical 13 antepartum visits; these do not get reported until after the patient delivers
- Insertion of a cervical dilator or Foley bulb IF it does not occur on the same day of delivery (59200)
- Scalp blood sampling of newborn
    - Administration of anesthesia such as an epidural (anesthesia charge + Spinal hospital charge)
    - 3rd or 4th degree laceration repairs (12041, 12042, 12044, 13131, 13132)
    - Insertion of birth control subdermal or IUD at the time of delivery (96372 or 58300 plus J code for IUD)
    - Tubal ligations (at same time as C-section = 58611) (done during admission for vaginal delivery = 58605)

Delivery services included in the package:

- Inducing labor using Pitocin or oxytocin
- Injecting

Your First Prenatal Visit

This first visit will probably be the longest one. You and your provider will have the opportunity to:

- Become acquainted
- Discuss the best way to use your prenatal care folder
- Obtain your health history
- Give you a complete physical exam, including a pelvic exam and STI screen (sexually transmitted infection, see handouts)
- Assess the need for an ultrasound examination
- Emphasize the importance of a well-balanced diet and vitamins during pregnancy
- Obtain prenatal lab tests in the NVRH lab located on the first floor of the hospital
- Discuss the benefits of breastfeeding

During this visit we cover a lot of information. Before your next visit, we would like you to review what we discussed today. At that time we will be able to go over any questions you may have, and we will also review the results of your prenatal laboratory work. Of course, we will notify you before that time if any of these values should be abnormal.

Notes:

VITAMINS AND IRON SUPPLEMENTS DURING PREGNANCY

The Women's Wellness Center recommends generic prenatal vitamins. They are less expensive than the name brands and have the recommended daily requirements for pregnant women. If you prefer to take a different vitamin supplement, be sure that you are getting 800mcg of folic acid per day. Take your vitamins with a meal for best absorption.

You may take any of the "ferrous" iron salts in addition to vitamins. Ferrous sulfate is usually the least expensive, but ferrous fumarate and ferrous gluconate are also effective. They come in a variety of brand name and generic preparations and we suggest that you use the most economical ones. Take iron after a full meal or with a snack containing protein and vitamin C, as this increases the absorption. Do not take iron and milk products together because milk prevents you from absorbing the iron. Iron supplements tend to be constipating and will turn your bowel movements black. Take one or two iron tablets per day, starting as soon as your morning sickness resolves. If you do not eat fish regularly you may want to consider a DHA supplement. We do not have any allegiance to a particular brand, therefore purchase what you like.

COMMONLY ASKED QUESTIONS

I'm Pregnant, is it OK to...?

Pregnant women often have questions about things that might harm the baby before it is born. It is best if a pregnant woman does not take any medication, especially in the first three months. However, sometimes an over-the-counter medication may be needed. Listed below are some of the medications that are considered safe to use during pregnancy.

There are too many over-the-counter medicines to name them all, so we have given some examples. If you are unsure about a particular product, please call your provider

FOR DIGESTIVE UPSETS

- Antacids (Tums, Rolaids, Mylanta, Maalox, Zantac) for acid indigestion.
- Simethicone (Gas-X, Mylicon, Phazyme) for gas pain.

FOR COUGH

- Guaifenesin (Robitussin)
- Guaifenesin, plus Dextromethorphan (Robitussin-DM, Benylin Expectorant)
- Cough Drops
- Vicks Vaporub
- Cool mist humidifier

FOR PAIN RELIEF OR FEVER

- Acetaminophen (Tylenol)

FOR ALLERGY RELIEF

- Chlorpheniramine Antihistamine alone (ChlorTrimeton Allergy Tablets, Teldrin)
- Sudafed
- Claritin

FOR CONSTIPATION

- Bulking Agents (Metamucil, Citrucel) can be used regularly.
- Laxatives (Dulcolax) can be used occasionally, Tucks can be used for hemorrhoids.
- Stool Softeners (Colace)

I'm Pregnant, is it OK to...? Continued

Some other things you may have worried about that also appear to be safe:

- NutraSweet
- Perms
- Hair coloring
- 1-2 cups of coffee a day
- Sunscreen
- Spermicides

At present, there is NO evidence that the following cause birth defects:

- Household Cleaners
- Latex Paint
- Computers
- Electric Blankets
- Waterbeds
- Airport Metal Detectors
- Microwave Ovens

Use all drugs with caution. Follow directions for both dosages and schedules.

If you are exposed to chemicals in your environment, the most important safeguard usually is VERY good ventilation.

Please Note: Your child's exposure to drugs and chemicals does not end with delivery. Some medications and chemicals are not safe for your infant when passed through your breast milk. If you have questions please call your provider.

WOMENS WELLNESS CENTER RECOMMENDS THE USDA GUIDELINES TO HELP YOU WITH YOUR DIETARY CHOICES DURING PREGNANCY. PLEASE FOLLOW THE LINK BELOW

http://www.choosemyplate.gov

Follow your Daily Food Plan for Moms and eat the amount recommended for each food group. Include the foods listed below — they are the best sources of some nutrients you need when you are pregnant or breastfeeding.

Vegetable Group

(Choose fresh, frozen, canned, or dried)

- Carrots
- Sweet potatoes
- Pumpkin
- Spinach
- Cooked greens (such as kale, collards, turnip greens, and beet greens)
- Winter squash
- Tomatoes and tomato sauces
- Red sweet peppers

These vegetables all have both vitamin A and potassium. When choosing canned vegetables, look for "low-sodium" or "no-salt-added" on the label.

Fruit Group

(Choose fresh, frozen, canned, or dried)

- Cantaloupe
- Honeydew melon
- Mangoes
- Prunes
- Bananas
- Apricots
- Oranges
- Red or pink grapefruit
- 100% prune juice or orange juice

These fruits all provide potassium, and many also provide vitamin A. When choosing canned fruit, look for those canned in 100% fruit juice or water instead of syrup.

Dairy Group

- Fat-free or low-fat yogurt
- Fat-free milk (skim milk)
- Low-fat milk (1% milk)
- Calcium-fortified soymilk (soy beverage)

These all provide the calcium and potassium you need. Make sure that your choices are fortified with vitamins A and D.

Grains Group

- Fortified ready-to-eat cereals
- Fortified cooked cereals

When buying ready-to-eat and cooked cereals, choose those made from whole grains most often. Look for cereals that are fortified with iron and folic acid.

Protein Foods Group

- Beans and peas (such as pinto beans, soybeans, white beans, lentils, kidney beans, and chickpeas) pot of beans

- Nuts and seeds (such as sunflower seeds, almonds, hazelnuts, pine nuts, peanuts, and peanut butter)
- Lean beef, lamb, and pork
- Oysters, mussels, and crab
- Salmon, trout, herring, sardines, and pollock

NOTE: Do not eat shark, swordfish, king mackerel, or tilefish when you are pregnant or breastfeeding. They contain high levels of mercury. Limit white (albacore) tuna to no more than 6 ounces per week. Learn more about the safety of eating seafood during pregnancy.

All of these foods provide protein. In addition, beans and peas provide iron, potassium, and fiber. Meats provide heme-iron, which is the most readily absorbed type of iron. Nuts and seeds also contain vitamin E. Seafood provides omega-3 fatty acids.
- See more at: http://www.choosemyplate.gov/moms-making-healthy-food-choices#sthash.xI8mHbaN.dpuf

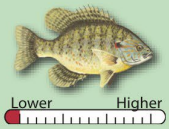
Eat Fish Low In... MERCURY

General Advisory for...

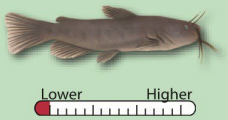
Fish you catch

...in Vermont

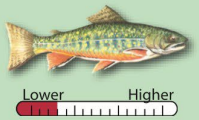
Pumpkinseed



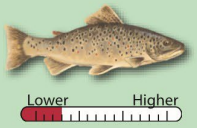
Brown Bullhead



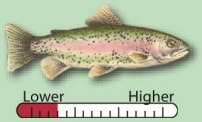
Brook Trout



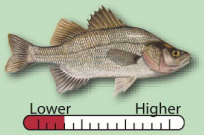
Brown Trout



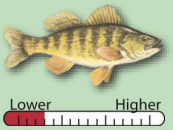
Rainbow Trout



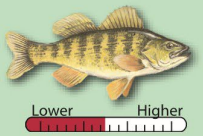
White Perch



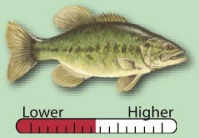
Yellow Perch (less than 10")



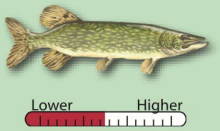
Yellow Perch (10" and larger)



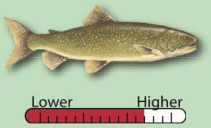
Largemouth Bass



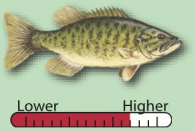
Northern Pike



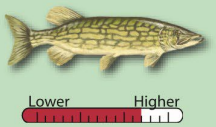
Lake Trout



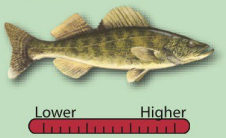
Smallmouth Bass



Chain Pickerel



Walleye

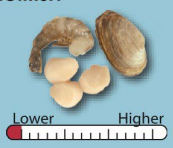


For full Vermont fish consumption advisory with specific consumption guidelines see reverse side

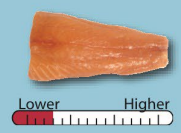
General Advisory for...

Fish you buy

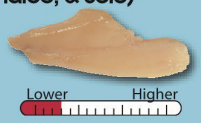
Shellfish



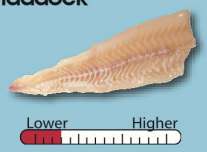
Salmon



Flatfish (Flounder, Plaice, & Sole)

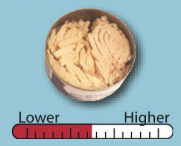


Haddock

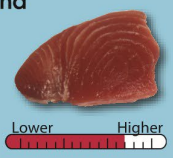


Canned *"Light"* Tuna

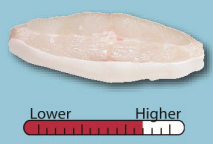
Canned *"White"* Tuna



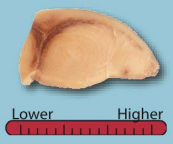
Tuna



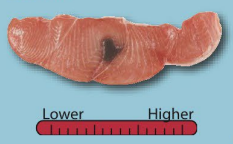
Halibut



Swordfish



Shark



Eat Fish...Choose Wisely!

Fish is a good source of nutrition. Use these charts to choose fish lower in mercury. Women of childbearing age and young children should avoid eating fish high in mercury, which can be harmful to a developing nervous system. You can still get the benefits of eating fish by following the guidelines about the types of fish to eat, how often, and how much you eat.

Want more information?
Call us toll-free at 800-439-8550
or visit our website at healthvermont.gov.

MERC Mercury Education & Reduction Campaign • Vermont •

VERMONT
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DEPARTMENT OF FISH & WILDLIFE
DEPARTMENT OF HEALTH

June 2014

Exercise In Pregnancy What Your Provider Recommends:

Guideline for exercise in pregnancy, and postpartum

As long as you have no additional risk factors, we suggest that you:

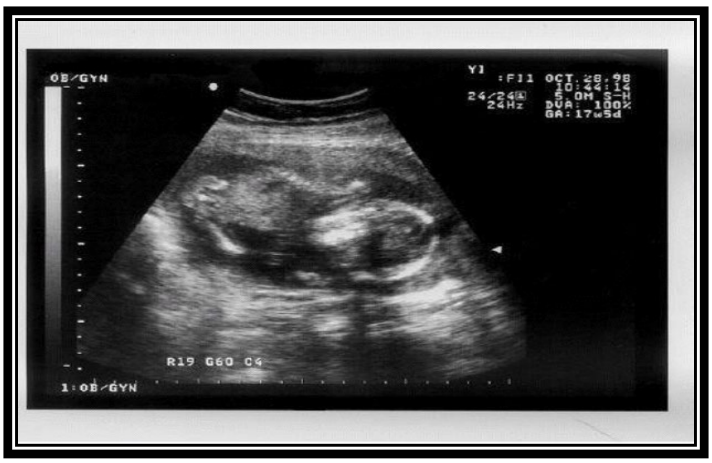
- Continue an exercise regimen during pregnancy. A regular program three times a week is preferable to random workouts.
- Quit exercising when you are fatigued; never push to exhaustion. If you are not experiencing problems, you may be able to continue weight-bearing exercises at the same intensity as you did before pregnancy, but non-weight-bearing exercises such as cycling or swimming may be easier to do and present less risk of injury.
- Avoid exercise that has even the least potential for abdominal injury. Also be careful of exercises in which your growing belly might affect your balance (and lead to falls), especially during the last 12 weeks.
- Make sure your diet is adequate. Pregnant women require 300 additional calories a day if they are in an exercise program.
- Be careful to stay cool while exercising during the first 12 weeks. Drink a lot of water, wear appropriate clothing, and avoid overheated environments.
- Resume your pre-pregnancy routines gradually after giving birth. The physical changes of pregnancy continue for four to six weeks post-partum.

You should not exercise during pregnancy if you have any of the following conditions:

- Pregnancy-induced hypertension
- Pre-term rupture of membranes
- Previous or current pre-term labor
- A surgically closed or incompetent cervix
- Persistent vaginal bleeding
- Intrauterine growth restriction

Also, discuss your exercise program carefully with your provider if you have a medical or obstetrical condition such as:

- Cardiac, vascular or pulmonary disease
- Chronic hypertension
- Overactive thyroid



The Women's Wellness Center is dedicated to providing the highest quality medical care for women. Ultrasound examination could be part of your care while at WWC and may be of value during your pregnancy.

Ultimately, however, the use of ultrasound imaging must be left to the discretion of your provider.

We DO NOT do ultrasound imaging to JUST determine the sex of your baby.

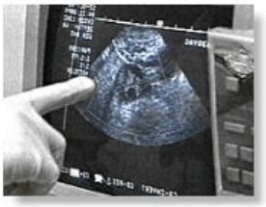
Ultrasound Examinations

Ultrasound, which creates pictures of the internal organs from sound waves, can be found today in every major hospital and in many doctors' offices. This technology is useful for the general health care of women. It is especially valuable during pregnancy.

What is an Ultrasound?

Ultrasound is energy in the form of sound waves which are produced by a small crystal. The sound waves move at a frequency too high to be heard by the human ear. They are directed into a specific area of the body through a device called a "transducer". The transducer is moved across the skin. The sound waves bounce off tissues inside the body, like echoes. They are changed into pictures of the internal organs, and during pregnancy, the fetus. The pictures appear on a screen similar to a television. The type of ultrasound that is most often used, called "real-time", combines still pictures one after another to show movement, somewhat like the single frames that make a motion picture.


Transducer (probe) on the abdomen



Why is Ultrasound Used in Pregnancy?

Ultrasound is used in obstetrics to examine the growing fetus inside the mother's uterus. Being able to evaluate the pregnancy this way is especially important if the doctor suspects that the fetus is growing abnormally. The doctor can then attempt to reduce the risks to you and your baby.

Ultrasound can provide valuable information about the fetus's health and well-being including:

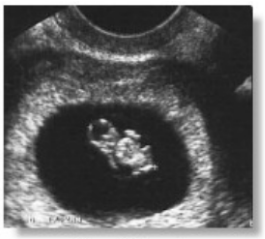
- Age of the Fetus
- Rate of Growth of the Fetus
- Placement of the Placenta
- Fetal Position, Movement, Breathing, and Heart Rate
- Amount of Amniotic Fluid in the Uterus
- Number of Fetuses
- Some Birth Defects

Ultrasound can be used to monitor the fetal heart rate before and during labor. The fetal heart rate can indicate the well-being of the baby. Ultrasound is used to measure the flow of blood within vessels of the uterus, fetus, and umbilical cord, which connects the fetus and the placenta.

The Exam

Ultrasound exams are done in the Women's Wellness Center by a physician or in Diagnostic Imaging at NVRH by a specially trained technician. To prepare for an ultrasound exam wear clothes that allow your abdomen to be exposed easily.

If you are having your ultrasound in Diagnostic Imaging at NVRH you will need to have a full bladder for your exam. This will require drinking several glasses of water an hour before the exam and not urinating until after the procedure. A full bladder helps to locate and view the pelvic organs.



Fetus at 9 weeks

As you lie on the table with your abdomen exposed from the lower part of the ribs and the hips, a gel is applied to the surface of the abdomen. This improves contact of the transducer with the skin surface. The transducer is then moved along the abdomen. When vaginal ultrasound is used, a condom is placed over a transducer before insertion into the vagina (non latex condoms are available if you have a latex allergy). Ultrasound with a vaginal probe is a painless exam that may feel like the exam you have for a Pap test.

If you have questions or concerns about Ultrasound Exams please discuss them with your provider.

Second Prenatal Visit

During this visit you will be able to review the results of your laboratory testing. (Of course you will have been notified before this visit of any abnormal findings.)

Prenatal Labs: Usual and Customary

- Blood type: You inherit your blood type from your parents. Individuals may have A antigens, B antigens, both A and B antigens, or neither on their red blood cells. If the red cells have neither, the blood type is usually O. Therefore, the possible blood types are A, B, AB and O.
- Rh groups: Most individuals possess an antigen on their red cells called the Rh factor. Those persons are said to be Rh positive. Persons who do not possess the factor are said to be Rh negative. Ninety-five percent of patients are Rh positive.
- Complete blood count: A routine blood screening includes a complete blood count (CBC). Of the several determinations made during a CBC, the few that are of particular importance during pregnancy are:

  Hematocrit (HCT) and Hemoglobin (HCG) are indicators of whether or not you are anemic (i.e. whether or not you have poor iron stores).

  Platelet levels are indicators of possible bleeding disorders.
- Rapid Plasma Reagent (RPR) determines the presence or absence of syphilis.
- Hepatitis B testing is done to detect the presence of a communicable virus which is an indicator of liver disease
- Rubella (German measles) titer: this test confirms whether or not a woman has protection against this disease.
- HIV determines the presence of AIDS.
- 1 hour GCT (glucose tolerance test) if BMI is greater than or equal 30 and time permits
- Chlamydia culture of the cervix is used to detect the presence of this sexually transmitted disease in the reproductive tract.
- Pap smear is done to determine whether there are pre-cancerous cells on the cervix. This may or may not be done, depending on your age and or needs
- Urine drug screen.
- Urinalysis is used to detect whether there is an infection present

  Optional Labs done with the patient's consent
- Non-invasive genetic testing offered when gestational age appropriate

OPTIONAL GENETIC SCREENING

The Quad Screen

Vermont Prenatal Screening Program

What is the Quad Screen? The Quad Screen is a **screening** blood test rather than a **diagnostic** test. The Quad Screen cannot make a diagnosis, but may indicates the need to offer diagnostic testing, such as a Level II/III ultrasound examination, amniocentesis and/or other tests such as the noninvasive Harmony Blood Test. The quad screen should be performed between 15-18 weeks of pregnancy

What can the Quad Screen tell me? For this particular pregnancy, the results of the blood test can indicate:

1. That you have an "increased risk" for having a child with Down syndrome or another chromosome abnormality indicates the need to offer diagnostic testing, such as a Level II/
2. That you have an "increased risk" for having a child with an open neural tube defect (an opening in the skull or spine), or an open abdominal wall defect.
3. That you have an "increased risk" for pregnancy complications such as preterm delivery or pregnancy loss.
4. You are carrying twins.
5. You are further along, or not as far along, in your pregnancy than you had thought.

What is Down syndrome? Down syndrome is the most common chromosome abnormality. Individuals with Down syndrome have an extra copy of chromosome #21. Individuals with Down syndrome have some degree of mental retardation and often have congenital heart problems and other birth defects.

Who is at risk for having a baby with Down syndrome? Everyone, but the risk for having a baby with a chromosome abnormality increases as women get older. A woman who is 25 has a risk of 1 in 1250 for having a child with Down syndrome, whereas a woman who is 40 has a risk of 1 in 63 for having a child with Down syndrome. The risk for having a child with Down syndrome at the age of 35 years is equal to the risk of having an amniocentesis, and therefore, women 35 years old and older are automatically offered diagnostic testing. Most babies with Down Syndrome, however, are born to women under 35 years of age. The Quad Screen is a test designed to try to identify women under the age of 35 years who are at an increased risk and therefore could be offered diagnostic testing.

What other chromosome abnormalities can the Quad Screen identify? The Quad Screen can also "screen" for Trisomy 18. An individual with Trisomy 18 has three copies of chromosome #18. Individuals with Trisomy 18 have many structural defects and rarely survive beyond a few months. This condition occurs in less than 1 in 3500 births in the general population.

WHAT ARE NEURAL TUBE DEFFECTS?

There are two major forms of neural tube defects: anencephaly and spina bifida. Anencephaly involves abnormal development of the brain and skull, and the affected infants are stillborn or die soon after birth. Spina bifida occurs when the spine does not form correctly. An opening is left in the spine where the spinal cord and nerves can be pushed out and become stretched and damaged. This can lead to an inability to control bladder and bowel function as well as weakness or paralysis. Neural tube defects occur in 1 out of 1000 births in the northeastern United States, usually in families with no history of the condition. Individuals with a family history of neural tube defects have and increased risk for having a child with that condition. In addition, certain medical conditions in the pregnant woman, such as diabetes mellitus, can also increase the risk for having a child with a neural tube defect.

What are open abdominal wall defects and who is at risk? Defects in the abdominal wall occur with the muscles and skin fail to close properly over the internal organs, allowing them to push out through the opening. These defects form during the 5th and 6th weeks of pregnancy. Open abdominal wall defects occur in 1 out of 3500 births, usually in families with no history of the condition.

How does the Quad Screen work? The Quad Screen measures four substances in your blood: AFP (alpha-fetoprotein), uE3 (unconjugated estriol), hCG (human chorionic gonadotropin), and DIA (dimeric inhibin-A). These substances are made by the fetus and/or the placenta and pass into your blood. A risk figure is calculated based on the levels of the four substances and other factors including your age, weight, and race.

How accurate is the Quad Screen? The Quad Screen is a "screening" test, not a diagnostic test. This screening test detects nearly all pregnancies with anencephaly, approximately 85% to 90% of pregnancies with spina bifida, and 60% to 70% of pregnancies with abdominal wall defects. The Quad Screen is also able to detect approximately 72% of pregnancies with Down syndrome and 60% to 70% of pregnancies with Trisomy 18.

What happens if my Quad Screen indicates an "increased risk" for a birth defect? An "increased risk" does not mean that your baby has a birth defect. The results will be discussed with you by a provider with special training along with a genetic counselor when indicated. You will be offered further testing options, such as a Level II/III ultrasound examination or amniocentesis, to determine if the baby does have a birth defect such as spina bifida or a condition such as Down syndrome. If a diagnosis is confirmed, you can discuss your options with the physician and counselor.

If you choose to continue the pregnancy, your doctor can make arrangements for your delivery in a medical center that has the specialized medical and surgical expertise that your infant may require immediately after birth.

Does a normal Quad Screen guarantee a normal baby? No. Every pregnant woman has a general population risk of 3-5% with each pregnancy for having a child with a birth defect. Many birth defects cannot be detected by any test.

When should I have the Quad Screen? Ideally, your blood for the Quad Screen should be drawn between 15 and 18 weeks of pregnancy.

How long does it take to get the results of the Quad Screen? Test results are available within 2 to 4 days. If your test indicates an increased risk for a birth defect, your provider is notified by phone and/or FAX so that additional tests may be arranged as soon as possible.

How can I get the Quad Screen? Ask your provider now about arrangements to have a blood sample taken at the correct time during your pregnancy.

This information is provided by:

Vermont Regional Genetics Center
1 Mill Street, B-10
Burlington, VT 05401
(802) 847-4310

Cystic Fibrosis
Carrier Testing:
The Decision Is Yours

What is cystic fibrosis?

Cystic fibrosis is a life-long illness that is usually diagnosed in the first few years of life. The disorder causes problems with digestion and breathing. Cystic fibrosis does not affect intelligence or appearance.

What are the health needs of children with cystic fibrosis?

The digestive problems can usually be treated by taking medicine daily. To treat lung problems, most children with CF need to have respiratory therapy for about a half hour every day; this helps clear mucus from the lungs. This is something that parents or other family members can do at home. Sometimes lung infections still develop. The children may need to be treated with antibiotics at home or in a hospital. However, the infections tend to become worse over time and more difficult to treat.

Do all people with cystic fibrosis have the same symptoms?

No. Some individuals have milder or more severe symptoms, for reasons that are not completely understood. It is not always possible to tell from a prenatal test how mild or severe a child's symptoms will be. While in general people with CF have a shortened life span, some die in childhood, and others live into their 40s or even longer. Although there is no cure for CF, research on more effective treatments is under way. Still, by adulthood, most people with CF will have some breathing and digestive problems. Despite these physical problems, there are many people with CF who attend school, have careers, and have fulfilling lives.

What is the purpose of cystic fibrosis carrier testing?

The purpose of CF carrier testing is to see if a couple is at increased risk for giving birth to a child who will have CF. Cystic fibrosis carrier testing is a laboratory test done on a sample of blood or saliva. If testing shows that a couple is at high risk, additional testing can be done on the developing baby to see whether or not it will have CF. However, most women's test results are normal.

Cystic fibrosis cannot be treated before birth. The purpose of having this information about your developing baby is so that you can prepare yourself to care for a child with special health care needs and/or to discuss what options are available to you.

What causes cystic fibrosis?

Cystic fibrosis is a genetic disorder. All genes come in pairs, so everyone has two copies of each gene. One copy comes from your mother and the other from your father. Some genes do not function properly because there is a mistake in them. If a gene has a mistake, it is said to be altered or changed. For some diseases—like CF—both genes of the pair have to be altered for a person to have the disease.

If a person has one changed copy of a CF gene, that person is a carrier for CF. A carrier does not have CF. there are no known health problems associated with being a carrier. If a person has two changed copies of the CF gene, they will develop CF.

When both partners in a couple are carriers, any child they have has a 1-in-4 (25%) chance to inherit a changed copy of the gene from each parent. A child with two changed copies of the CF gene will develop CF.

Could I be a carrier of cystic fibrosis?

Yes. You could be a carrier of CF even if no one in your family has CF and even if you already have children without CF. About one of every 30 white people (about 3 in 100 or about 3%) carries the changed gene. If your family background is not white, your chance of being a carrier is less than 1 in 30. For example, some Asian-American groups have carrier rates of 1 in 90.

If a relative of yours has CF, or is known to be a carrier of CF, your chance of being a carrier is greater based on your family history more than your ethnic background.

If my test result is normal, could I still be a carrier?

Yes. There are some mutations in the CF gene that the current test cannot find. For this reason, you could be told your test result is normal and you could still be a carrier. Like most medical tests, this one has limitations because not all CF mutations are known.

However, these unknown CF mutations are rare. The likelihood that you are a carrier even though you had a normal result is very small.

If the test shows I am a carrier, what should I do?

If the test shows that you are a carrier, the next step is to test the baby's father. Both parents must be carriers for the baby to have CF.

If the father has a normal test result, the chance that your baby will have CF is very, very small. This remaining risk is because the test is not 100% accurate, as mentioned in the previous section.

However, since this is a very rare occurrence, if you are a carrier but the father has a normal result, no further testing would be recommended.

What if both my partner and I are cystic fibrosis carriers?

If two people who are both carriers have a child, that child may have CF. When two carriers have a child together, there is a 1-in-4 (25%) chance with each pregnancy that the child will have CF. This is true even if they already have other children with—or without—CF.

If CF testing shows both parents are carriers, you might then see a provider for genetic counseling. This person could give you more information and help you decide if you want to test the baby for CF. This could be done around the 11th week of pregnancy using CVS (chorionic villus sampling). This involves removing a tiny piece of the placenta. Or it could be done around the 16th week of pregnancy using amniocentesis, a procedure where a needle is used to take fluid from around the baby for testing. If either test shows that the baby will develop CF, you can

Discuss what options are available to you.

If I had cystic fibrosis testing, do I need it again?

If the test shows you are a carrier, the result is definite and will not change. However, if you are a carrier and have a new partner for a future pregnancy, testing should be considered for that new partner. If you test negative now and become pregnant in the future, you should discuss CF carrier testing at that time with your provider, as test technology changes.

How do I decide whether or not to have carrier testing?

After learning about CF carrier testing, some people decide to have testing, and others decide against it. The cost of testing is covered by some insurance and not by others. You may want to check with your insurance company before deciding if you want testing.

Listed as follows are some reasons other people have given for having or not having CF testing.

Possible reasons to be tested:

- If CF seems like a very serious disorder to you
- If the chance of being a CF carrier seems high to you; this may be especially likely if a member of your family or your partner's family has CF or is a known carrier
- If you and the baby's father would consider amniocentesis or CVS to help you prepare for the birth of a baby with CF or to discuss what options are available if you were both found to be carriers
- Because test results are usually reassuring
- Because the cost of testing is covered by your insurance company

Possible reasons not to be tested:

- If CF does not seem like a very serious disorder to you
- If the chance of being a CF carrier seems low to you; this may be especially likely if you are Asian American or African American
- If you and the baby's father would never consider having amniocentesis or CVS—to help you decide about terminating the pregnancy or preparing for the birth of a baby with CF—even if you were both found to be carriers
- Because the test is not perfect and will not identify all carriers
- Because the cost of testing is not covered by your insurance company

Resources:

Cystic Fibrosis Foundation
6931 Arlington Road
Bethesda, MD 20814
1-800-FIGHT CF (1-800-344-4823)
www.cff.org
E-mail: info@cff.org

Genetic Alliance
4301 Connecticut Avenue NW, Suite 404
Washington, DC 20008-2304
1-800-336-4363
www.geneticalliance.org
E-mail: info@geneticalliance.org

National Society of Genetic Counselors
Executive Office
233 Canterbury Dr.
Wallingford, PA 19086-6617
1-610-872-7608 Press 7
www.nsgc.org

KAISER PERMANENTE®

SPINAL MUSCULAR ATROPHY:

What You Need to Know About Carrier Testing

When you are planning a pregnancy or are early in a pregnancy, you will be offered testing to check whether you carry a change in a gene (a recessive gene). This change doesn't generally affect your health, but if both parents carry a change in the same gene, there is a chance their baby could have a genetic disease. Some diseases are more common in certain ethnic backgrounds. If both parents are carriers, testing can be offered during the pregnancy to check whether the baby may be affected.

Resources

If you have more questions, ask your health care team for a referral to a genetic counselor and visit **kp.org/scal/genetics**.

For more information on spinal muscular atrophy visit:

- Muscular Dystrophy Association: **mda.org/disease/spinal-muscular-atrophy**

For more information on getting involved with SMA research and support visit:

- Spinal Muscular Atrophy Foundation: **smafoundation.org**
- Cure SMA: **curesma.org**

What is a gene and what does it do?

Genes decide our physical traits, such as blood type and hair color. They are found in chromosomes, which are in most of the cells in our bodies. We get one set of chromosomes from each of our parents. Our chromosomes, and the thousands of genes found on each of them, come in pairs.

The spinal muscular atrophy (SMA) gene pair, called SMN, tells the body how to make a protein called survival motor neuron protein that helps muscles work the right way. If a person has one copy of the SMA gene that does not work right, he or she is called a **carrier** of SMA. With one working copy of this gene, the body has enough of SMN to do its job, so that person does not have and will never have SMA.

What is spinal muscular atrophy?

When a baby gets two nonworking copies of the SMA gene from his or her parents, the nerves in the spinal cord and the brainstem start to break down and not work. This can cause:

- Poor weight gain
- Trouble sleeping
- Pneumonia
- Curved spine
- Trouble walking or not being able to walk at all
- Joint problems

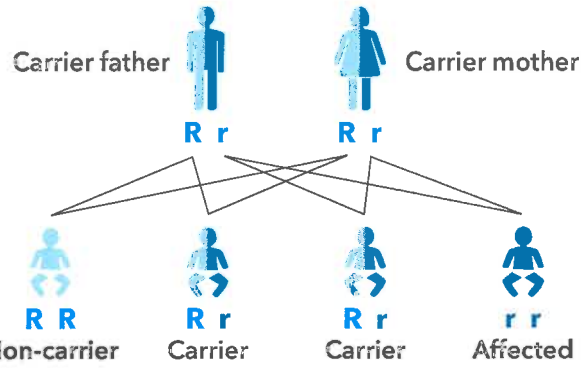
Signs of SMA can start in unborn babies or in adults. The earlier the disease starts, the worse it is. In the worst cases of SMA, children die of lung failure because their muscles are not strong enough to help them breathe. When SMA symptoms start in adulthood, lifespan is normal.

How does one become a carrier?

Since genes come from our parents, people who are carriers have received their nonworking gene from one of their parents. This means that daughters and sons of a carrier have a 50% chance of being a carrier.

The chance of passing down SMA when both parents are SMA carriers is:

- **25%** or **1 in 4 chance** that the baby is not an SMA carrier and does not have spinal muscular atrophy.
- **50%** or **1 in 2 chance** that the baby is an SMA carrier just like his or her parents.
- **25%** or **1 in 4 chance** that the baby has spinal muscular atrophy.



R = working copy of gene **r** = nonworking copy of gene

Can anyone be a carrier for spinal muscular atrophy?

Yes. SMA carriers are found in all races and ethnic groups. Carrier rates vary from 1 in 16 people of Iranian descent to 1 in 83 people of Hispanic descent. The average chance of being a carrier for SMA is 1 in 50.

Is there a cure for spinal muscular atrophy?

Though research is ongoing, currently there is no cure for the disease. People with SMA can get help managing and treating their health care needs.

Can being a carrier lead to having spinal muscular atrophy?

No. Carriers of SMA will never get SMA because they have one working copy of the SMN gene, which gives their bodies enough of the protein to be healthy.

If I am a carrier, will my children have spinal muscular atrophy?

Since children get half of their traits, like eye and hair color, from their mother and half from their father, the answer depends on whether your partner is a carrier.

If your partner is not an SMA carrier, the chance of your children having spinal muscular atrophy is very small, but it is not zero (because genetic tests can't detect **all** carriers). With each pregnancy, you will have a 50% chance of having a child who is an SMA carrier like you and a 50% chance of having a child who is not an SMA carrier. These children will **not** have SMA.

If your partner is also an SMA carrier, then there are three possible pregnancy outcomes. One is the chance of having a child with spinal muscular atrophy (see diagram).

To find out the chance of having a baby with spinal muscular atrophy, you should have carrier testing. If you are found to be a carrier, then your partner should be tested to see whether he or she is also a carrier for SMA. Test results may vary based on your ethnic background.

What choices do I have if my partner is also a carrier for spinal muscular atrophy?

You have a few choices if you are both carriers. To find out before birth whether a baby has SMA, you can have a test as early as the 10th week of pregnancy. If the results are normal, you can be reassured. If the results show that the baby will be affected, you can make informed choices about keeping or ending the pregnancy. If you decide to keep the pregnancy, you can be prepared. You can learn more about SMA before the baby is born. You may want to reach out to other parents who have a baby with SMA. You can find out about current research being done to find a cure or learn about possible treatment options.

Before pregnancy, there is an option called in vitro fertilization with preimplantation genetic diagnosis (IVF with PGD). In IVF with PGD, several of your eggs are fertilized outside the uterus. The embryos are then tested for the SMA genes. Only an embryo without the SMA gene is implanted into the uterus.

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natera™ | Panorama™
Next-generation NIPT

Discover more about your baby's health

The Panorama™ noninvasive prenatal screening test (NIPT) provides you with genetic information about your pregnancy

Noninvasive prenatal testing (NIPT) is a blood test performed during pregnancy that identifies whether **your baby has a higher chance of having certain chromosomal conditions**, such as Down syndrome. NIPT can also identify your baby's sex.

Why choose NIPT?

- NIPT is a safe, noninvasive way to screen your baby for chromosomal conditions as early as nine weeks into your pregnancy.
- NIPT provides substantially fewer incorrect results than maternal serum screening.[1–14]

What does Panorama screen for?

Trisomy 21 (Down syndrome)	Sex chromosome trisomies
Trisomy 18 (Edwards syndrome)	Sex of the baby (optional)
Trisomy 13 (Patau syndrome)	22q11.2 deletion syndrome (optional)
Triploidy	Five microdeletions panel (optional)
Monosomy X (Turner syndrome)	

- Singleton pregnancies
- Nonidentical twin pregnancies
- Identical twin pregnancies
- Egg donor or gestational carrier

To learn more about these conditions, go to **natera.com/panorama-conditions**

Scan here to learn more about Panorama's performance measurements like positive predictive value (PPV), which is the chance that a high risk result means your baby actually has a genetic condition.
Or text **PPV** to **636363**

natera™ | Panorama™ Next-generation NIPT

What can Panorama tell me?

Panorama screens for **genetic changes that most often happen by chance.**

During your pregnancy, your blood contains DNA from both you and your baby's placenta. Panorama looks at the **placental DNA** to see if there are signs of certain chromosomal conditions, that could affect your baby's health.

Results are typically available in seven days. You will receive a personalized risk report that indicates if your pregnancy is at high or low risk for the screened conditions.

Why choose Panorama?

Panorama is the most widely ordered NIPT in the US.[15,16] Only a simple blood draw is required. Panorama is the only NIPT that can tell the difference between your DNA and the baby's DNA, leading to fewer incorrect results and no fetal sex errors in clinical validation studies.[1–14]

What does a low risk result mean?

A low risk result means that the chance your baby has one of the conditions tested by Panorama is very unlikely, but not zero—less than 1 in 10,000 for most conditions.[14,15]

Natera makes genetic testing easy

What if I receive a high risk result?

Panorama is a **screening test,** which means that this test does not make a final diagnosis. A high risk result means that your pregnancy has a higher chance of having a specific genetic condition. However, you cannot know for sure if your baby has that condition based upon the screening result alone.

If you receive a high risk Panorama result, speak with your healthcare provider (HCP) to discuss which next steps you could decide to do, such as genetic counseling, detailed ultrasound, and the option of diagnostic testing.

All medical decisions should be made after discussion with your HCP regarding diagnostic testing during the pregnancy, like chorionic villus sampling (CVS) or amniocentesis, or testing the baby after birth.

Are there other types of results?

About 1 in 65 tests receive a no result or other type of result.[14] You should speak with your HCP about these result types and whether you should consider having a second blood draw to do the test again. There is also a small chance that Panorama will have a result relating to your genetics or your physical health.[15]

For more information go to: **natera.com/panorama.**

Unmatched support

- Complimentary genetic information sessions before and after testing are available with Natera's board-certified genetic counselors.
- NEVA, Natera's Educational Virtual Assistant, provides easy, 24–7 access to results, education, and guidance on next steps.

Affordable Testing

- Natera is an in-network provider with most major health plans. The cost of our tests varies according to the tests selected and your specific insurance coverage. Most patients receiving reproductive care meet their deductible.
- If you haven't met your deductible, what you pay will go towards that amount, after which insurance begins to contribute to your care.
- If your insurance plan denies the claim, you will be eligible for a discounted self pay price.
- Visit **my.natera.com/billing** to learn more.

Want to learn more? Text the following keywords to 636363

PANORAMA to learn more about the test

Watch a short informational video about Panorama.

SESSION for genetic information sessions

Schedule a complimentary phone call with a board-certified genetic counselor before or after your tests.

COVERAGE for information on coverage & pricing

Natera is an in-network provider with most health plans. Check your coverage, receive a pretest estimate, and learn if you qualify for our Compassionate Care Program.

DRAW for blood draw services

Once you have your test kit, find a local blood draw site or schedule an appointment with a mobile phlebotomist.

For additional questions about cost estimates or coverage options, or to talk to a representative, call **844.778.4700**

References

1. Nicolaides et al. Prenat Diagn. 2013 June; 33(6):575-9.
2. Pergament et al. Obstet Gynecol. 2014 Aug; 124(2 Pt 1):210-8.
3. Ryan et al. Fetal Diagn Ther. 2016; 40(3): 219-223.
4. Stokowski et al. Prenat Diagn. 2015 Dec; 35(12):1243-6.
5. Jones et al. Ultrasound Obstet Gynecol. 2018 Feb; 51(2):275-6.
6. Palomaki et al. Genet Med. 2011 Nov; 13(11):913-20.
7. Palomaki et al. Genet Med. 2012 Mar; 14(3):296-305.
8. Porreco et al. Am J Obstet Gynecol. 2014 Oct; 211(4):365.e1-365.e12.
9. Mazloom et al. Prenat Diagn. 2013 Jun; 33(6):591-7.
10. Sehnert et al. Clinical Chem. 2011 Jul; 57(7):1042–9.
11. Bianchi et al. Obstet Gynecol. 2012 May; 119(5):890-901.
12. Bianchi et al. N Engl J Med. 2014 Feb; 370(9):799-808.
13. Verinata Health. Analytical validation of the Verifi prenatal test, 2012.
14. Dar et al. Am J Obstet Gynecol. Epub prior to publication. https://doi.org/10.1016/j.ajog.2022.01.019
15. Natera internal data on file.
16. Definitive Healthcare report to identify billing for NIPT based on US Clearinghouse for Medical Claims using CPT codes 81420, 81507, 81422.

13011 McCallen Pass, Building A Suite 100 | Austin, TX 78753
natera.com

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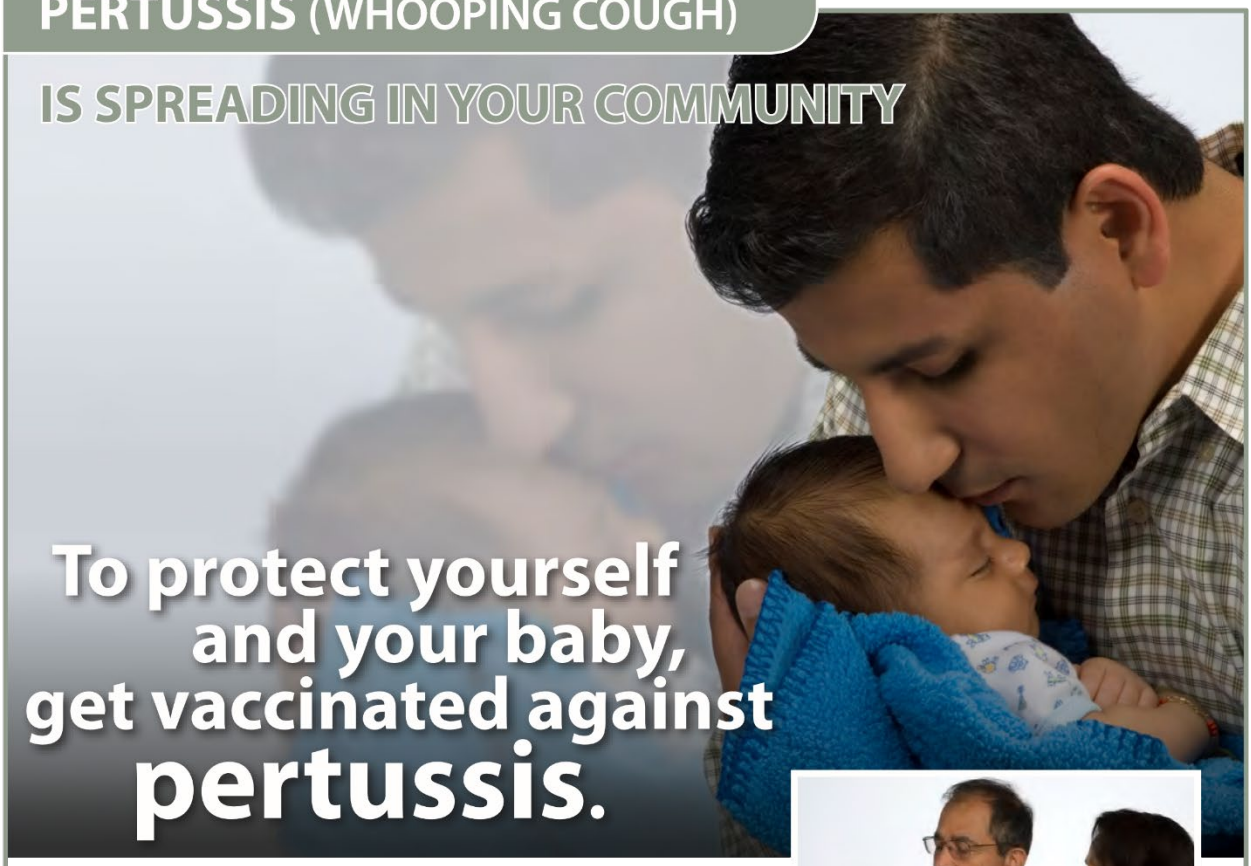
natera™

PERTUSSIS (WHOOPING COUGH)

IS SPREADING IN YOUR COMMUNITY



To protect yourself and your baby, get vaccinated against pertussis.

Pertussis (whooping cough) is a serious disease for babies. Adults and older children can spread pertussis to babies.

Pertussis is very contagious. It can cause serious illness and even death. About half of infants who get the disease are hospitalized.

Find out about the booster shot (Tdap) that's recommended for yourself, older children, pregnant women and other adults, including grandparents and babysitters.

www.cdc.gov/features/pertussis

National Center for Immunization & Respiratory Diseases
Office of the Director

CS214870

Immunization & Pregnancy

Vaccines help keep a pregnant woman and her growing family healthy.

Before pregnancy

Before becoming pregnant, a woman should be up-to-date on routine adult vaccines. This will help protect her and her child. Live vaccines should be given a month or more before pregnancy. Inactivated vaccines can be given before or during pregnancy, if needed.

During pregnancy

Flu Vaccine

It is safe, and very important, for a pregnant woman to receive the inactivated flu vaccine. A pregnant woman who gets the flu is at risk for serious complications and hospitalization. To learn more about preventing the flu, visit the CDC website www.cdc.gov/flu.

Did you know that a mother's immunity is passed along to her baby during pregnancy? This will protect the baby from some diseases during the first few months of life until the baby can get vaccinated.

Tdap Vaccine

Women should get adult tetanus, diphtheria and acellular pertussis vaccine (Tdap) during each pregnancy. Ideally, the vaccine should be given between 27 and 36 weeks of pregnancy.

Travel

Many vaccine-preventable diseases, rarely seen in the United States, are still common in other parts of the world. A pregnant woman planning international travel should talk to her health professional about vaccines. Information about travel vaccines can be found at CDC's traveler's health website at www.cdc.gov/travel.

Childhood Vaccines

Pregnancy is a good time to learn about childhood vaccines. Parents-to-be can learn more about childhood vaccines from the CDC parents guide and from the child and adolescent vaccination schedules. This information can be downloaded and printed at www.cdc.gov/vaccines.

After pregnancy

It is safe for a woman to receive routine vaccines right after giving birth, even while she is breastfeeding. A woman who has not received the new vaccine for the prevention of tetanus, diphtheria and pertussis (Tdap) should be vaccinated right after delivery. Vaccinating a new mother against pertussis (whooping cough) reduces the risk to her infant too. Also, a woman who is not immune to measles, mumps and rubella and/or varicella (chicken pox) should be vaccinated before leaving the hospital. If inactivated influenza vaccine was not given during pregnancy, a woman should receive it now because it will protect her infant. LAIV may be an option.

Visit CDC's website at www.cdc.gov for more information. Or get an answer to your specific question by e-mailing cdcinfo@cdc.gov or calling 800-CDC-INFO (232-4636) · English or Spanish

National Center for Immunization and Respiratory Diseases
Immunization Services Division

CS238938A 03/2013

Immunization & Pregnancy

Vaccines help keep a pregnant woman and her growing family healthy.

Vaccine	Before pregnancy	During pregnancy	After pregnancy	Type of Vaccine
Hepatitis A	Yes, if indicated	Yes, if indicated	Yes, if indicated	Inactivated
Hepatitis B	Yes, if indicated	Yes, if indicated	Yes, if indicated	Inactivated
Human Papillomavirus (HPV)	Yes, if indicated, through 26 years of age	No, under study	Yes, if indicated, through 26 years of age	Inactivated
Influenza IIV	Yes	Yes	Yes	Inactivated
Influenza LAIV	Yes, if less than 50 years of age and healthy; avoid conception for 4 weeks	No	Yes, if less than 50 years of age and healthy; avoid conception for 4 weeks	Live
MMR	Yes, if indicated, avoid conception for 4 weeks	No	Yes, if indicated, give immediately postpartum if susceptible to rubella	Live
Meningococcal: • polysaccharide • conjugate	If indicated	If indicated	If indicated	Inactivated Inactivated
Pneumococcal Polysaccharide	If indicated	If indicated	If indicated	Inactivated
Tdap	Yes, if indicated	Yes, vaccinate during each pregnancy ideally between 27 and 36 weeks of gestation	Yes, immediately postpartum, if not received previously	Toxoid/ inactivated
Tetanus/Diphtheria Td	Yes, if indicated	Yes, if indicated, Tdap preferred	Yes, if indicated	Toxoid
Varicella	Yes, if indicated, avoid conception for 4 weeks	No	Yes, if indicated, give immediately postpartum if susceptible	Live

For information on all vaccines, including travel vaccines, use this table with www.cdc.gov/vaccines

Get an answer to your specific question by e-mailing cdcinfo@cdc.gov or calling 800-CDC-INFO (232-4636) • English or Spanish

National Center for Immunization and Respiratory Diseases
Immunization Services Division

CS238938B 03/2013

Recommended Reading for Pregnant Women and Their Families

Pregnancy and Birth

Gentle Birth, Gentle Mothering by Sarah Buckley (2009)

Our Bodies, Ourselves: Pregnancy and Birth by Boston Women's Health Book Collection (2008)

The Thinking Women's Guide to a Better Birth by Henci Goer (16999)

Ina May's guide to Childbirth by Ina May Gaskin (2003)

Optimal Care in Childbirth: The Case for a Physiological Approach by Henci Goer and Amy Romao (2012)

The Complete Book of Pregnancy & Childbirth by Sheila Kitzinger (2003)

The New Pregnancy & Childbirth: choices & challenges by Sheila Kitzinger (2011)

The Official Lamaze Guide: Giving Birth With Confidence by Judith Lothian and Charlotte Devries (2010)

Essential Exercises for the childbearing Year by Elizabeth Nobel (2003)

The Birth Partner, 3rd Edition by Penny Simkin (2007)

Pregnancy, childbirth and the Newborn by Simpkin, Bolding, Keppler, Durham and Whalley (2010)

Expect the Best: Your Guide to Healthy Eating Before, During and After Pregnancy by Elizabeth Ward (2010)

The Baby Book: Everything You Need To Know About Your Baby from Birth to Two by William Sears (2013)

Hypno Birthing, The Mongan Method by Marie F. Mongan, M.Ed., M.Hy. (2005)

Breastfeeding

The Nursing Mothers Companion, 6th Edition by Kathlen Huggins (2010)

Breastfeeding Made Simple: Seven Natural Laws for Nursing Mothers by Nany Mohrbacher and Kathleen Kendall-Tackett (2010)

Web Sites

www.childbirthconection.org(http://wwwchildbirthconnection.org

www.lamaze.org(http://www.lamaze.org

Dental Care in Pregnancy

Why is dental care in pregnancy important?

During pregnancy, you are more likely to have problems with your teeth or gums. If you have an infection in your teeth or gums, the chance of your baby being premature (born early) or having low birth weight may be slightly higher than if your teeth and gums are healthy

What is periodontal disease?

Periodontal disease is an infection in the mouth caused by bacteria. The bacteria use the sugar you eat to make acid. That acid can destroy the enamel (protective) coating on your teeth, which can cause tooth decay (cavities) or even tooth loss. Periodontal disease can begin with gum swelling and bleeding, called gingivitis. If it is not treated, gingivitis can spread from the gums to the bones that support the teeth and to other parts of the mouth. However, your dentist can treat periodontal disease even when you are pregnant.

Why are pregnant women more at risk for periodontal disease?

There are 2 major reasons women can have dental problems during pregnancy:

Pregnancy gingivitis—During pregnancy, changes in hormone levels allow bacteria to grow in the mouth and gums more easily. This makes periodontal disease more common when you are pregnant.

Nausea and vomiting—Pregnant women may have nausea and vomiting or "morning sickness," especially in the first trimester. The stomach acids from vomiting can also break down the enamel coating of the teeth.

Is it safe to visit your dentist in pregnancy?

Dental care is safe during pregnancy and important for the health of you and your baby. Your dentist can help you improve the health of your mouth during pregnancy. Your dentist can also find and treat problems with your teeth and gums.

What should you know before you see the dentist?

- Make sure your dentist knows that you are pregnant. If medications for infection or for pain are needed, your dentist can prescribe ones that are safe for you and your baby.
- Tell your dentist about any changes you have noticed since you became pregnant and about any medications or supplements you are taking.
- Routine x-rays should be avoided in pregnancy, but it may be necessary if there is a problem or an emergency. Your body should be covered with a lead apron to protect you and your baby.
- Dental work can be done safely at any point in pregnancy. If possible, it is best to delay treatments and procedures until after the first trimester.

1526-9523/09/$36.00 doi:10.1111/jmwh.12108

Share with Women
Journal of Midwifery & Women's Health

Tips for Improving Your Dental Health

What to do	Why this helps
Brush your teeth twice a day with a soft-bristled toothbrush. Floss once a day.	Regularly cleaning your teeth helps to prevent plaque buildup, which causes gum disease and tooth decay. Use a soft-bristled toothbrush because your gums are more likely to bleed in pregnancy. This bleeding is common in pregnancy because of the changes in your hormones, your blood vessels, and the amount of blood you have in your body.
Use toothpaste and mouth rinse that contains fluoride.	Fluoride helps to remove plaque and strengthen enamel.
Chew sugarless or xylitol-containing gum 2 to 3 times a day.	Xylitol is a sugar-free sweetener. Unlike sugar, xylitol is not changed into acid by bacteria on the teeth. Chewing gum with xylitol helps to decrease the amount of plaque on your teeth and makes it easier to remove the plaque when brushing.
Rinse your mouth with a teaspoon of baking soda mixed in a cup of water if you vomit or have morning sickness. If possible, try to wait one hour after vomiting before brushing your teeth.	When you vomit, stomach acids come in contact with your teeth. Rinsing with baking soda changes the acids so they do not hurt your teeth. When you brush right after vomiting, it can cause the protective lining of the teeth to wear away.
Limit how much sugar you eat.	Sugar changes to acid and plaque on teeth, which can lead to periodontal disease and tooth decay. When you eat sugary foods often, your teeth are more exposed to damage.
Choose nutritious snacks like raw fruits, vegetables, yogurt, or cheese.	Nutritious foods are healthy for you and your baby and contain less sugar that can damage your teeth.
Drink water or low-fat milk. Avoid beverages that are carbonated or contain a lot of sugar, like soda or juice.	Water or low-fat milk hydrates you and contains little or no sugar.

For More Information

American Dental Association: Pregnancy
http://www.mouthhealthy.org/en/pregnancy/

March of Dimes: Dental Health During Pregnancy
http://www.marchofdimes.com/pregnancy/dental-health-during-pregnancy.aspx

16-20 Week Prenatal Visit

During this four-week period you are eligible to have the Quad Screening and Cystic Fibrosis test performed. You will have been given, or will receive today, and official description of this test. This test is NOT mandatory, but we as your providers are responsible to inform you about the test and its availability. We also will discuss with you what the test can and cannot tell you. We strongly recommend that you read the Quad Screening and Cystic Fibrosis information included in this booklet thoroughly before coming in for our 16-week visit.

20 Week Prenatal Visit

At this time we will give you information about a test which you will have done between your 24-28 weeks prenatal visit, the one-hour glucose challenge test. (See handout.)

The staff will review with you the correct procedure for you to follow to ensure that your glucose challenge test is accurate. You will be given a bottle of glucola and an instruction sheet, along with your laboratory appointment at the 24 week visit.

Please remember to allow enough time for travel conditions. The glucose challenge is a timed test, and your blood must be drawn one hour from the time you finish your glucola.

Gestational Diabetes Screening

About four percent of pregnant women develop temporary form of diabetes, called gestational diabetes. Diabetes is a condition that causes high levels of glucose in the blood. If gestational diabetes goes undetected and untreated, it can lead to problems during pregnancy, causing the fetus to grow too large and leading to more problems during pregnancy and delivery. If your BMI is 30 or above we will obtain an early 1hr glucose test when your initial blood work is drawn. All women are screened at 28 weeks.

Instructions for Pregnancy Diabetes Test:

- Your blood glucose test will be scheduled for about the 28th week of your pregnancy. THIS IS NOT A FASTING TEST
- On the day of the test, **exactly one hour** before your blood test is to be drawn, you will drink 50 grams of glucola. This highly sweetened drink will be provided to you at your previous prenatal visit. You do not need to fast prior to having this test performed.
- Arrange to arrive at the Outpatient Admissions/Registration Desk at NVRH (near the Emergency Room Entrance) about 30 minutes before your blood test is scheduled to be drawn, to register. The Admission staff will have sufficient time to process your paperwork, in order to have sufficient time to draw your blood exactly on hour after you finished drinking your glucola.
- The 1 hour test is a screening test. If your result is abnormal, you will be called to schedule additional testing.

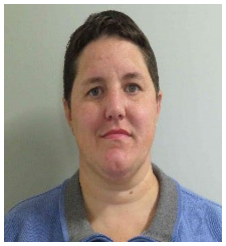
Choosing a Pediatrician or Pediatric Nurse Practitioner

Pediatrician: "A specialist in the treatment of children's diseases." *Taber, Latest edition*
Pediatric Nurse Practitioner (PNP): "A registered nurse who provides primary health care to children." *Taber 14th edition*
Family Practice Physician: are dedicated to treating the whole person. They treat each organ, every disease, all ages and both genders**.**
Finding the appropriate health care provider for your child is a highly personal decision. Many factors must be taken into account while choosing a pediatric provider. To help you make the right choice for you and your baby, you might find the following considerations helpful in making your decision.

- Do the practitioners offer any informational meetings describing their practice?
- What type of insurance do they accept? Or if you and your family subscribe to an HMO, are these providers part of your HMO network?
- How far is the office from your home?
- How far away from your home is the hospital to which this practice admits its pediatric patients? Remember, time is critical in an emergency.
- How many pediatric practitioners are in this office? Are you required to see all of them, or must you choose one and see only that provider?
- If breastfeeding is important to you, is the practice you are considering well trained in this method of infant feeding, or is there one designated provider who can answer any question you may have about breastfeeding.
- Does the practice have a philosophy regarding circumcision?
- What is the practice's position on childhood immunizations?
- If a specific practice is not a group practice, who is the designated pediatric provider back-up when your provider is away?

NOTES:

Pediatricians in the St. Johnsbury area:



Moriah Krason, MD

Meghan Swinehart, MD

Joshua Kantrowitz, MD

Marjel Zeldivar], MD

St Johnsbury Pediatrics
97 Sherman Drive
St Johnsbury, Vermont 05819
802-748-5131

Sarah Berrian, MD
Concord Health Center
201 East Main St., PO Box 355
Concord, VT 05824
802-695-2512

Timothy Tanner,
Danville Health Center
20 Cedar Lane, PO Box 185
Danville, VT 05828
802-684-2275

John Raser, MD

Dana Kraus, MD

St. Johnsbury Community Health Center
185 Sherman Drive, Suite 1
St. Johnsbury VT 05819
802-748-5041

28 Week Prenatal Visit

This is a milestone visit. You are now two months past the halfway point of your pregnancy. You will now come in for a visit once every two weeks.

Testing that is done at this visit includes:
. One-hour glucose challenge test
. CBC
. For Rh negative women only:
    . Blood drawing to check your antibodies
    . RhoGam

28 Week Preparation for Delivery

Important Topics to Review:
Plans/Education

Childbirth Classes
☐ Yes
☐ No

Breast Feeding
☐ Yes
☐ No

Newborn Car Seat
(See Handout)

Postpartum Birth Control:
Type: _____

Pediatrician:
_____

Pre-Term Labor, Signs and Symptoms
☐ Yes

Lactation consultation appointment: if you have not met with the lactation consultant, ask for an appointment

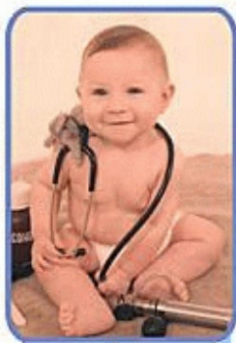
Circumcision
☐ Yes
☐ No

Requests: _____
Birth Plans: _____
Tubal Sterilization:

___/___/___ _____
Date Initials

Consent Signed:
___/___/___ _____
Date Initials

Notes:



Feeding Your Baby

Thank you for preparing for your new baby:

- Learning about breastfeeding.
- Considering pain-relief in labor without medications: Relaxation, massage, heat, warm tub or shower, walking…

This can give your baby an easier start.

Cuddle skin-on-skin

- As soon as possible ASAP after birth.
- At least through the 1st feeding & at least 1 hour.
- All you can over the first few days
  - Keeps my baby warm.
  - Good for bonding – with my baby.
  - Helps get breastfeeding off to a good start.
  - Regulates infant's blood sugar.
  - Calms my baby and me
  - Regulates baby's heartbeat and breathing.
- Partners can do this too!

Breastfeed early & often

- Babies have an early interest. Latching & sucking often occurs within **30-60 minutes** of birth.
- Milk is just right for your baby. Get precious colostrum for baby's tiny stomach. Early milk has nutrients, energy and protection from illness.
- Frequent feedings help new mothers make milk.

Follow your baby's cues

- **Feed** your baby with early **feeding cues**
  - Salivating or rooting
  - Mouth movements: smacking, sucking licking lips
  - Sucking on fingers or fist.
  - Becoming more alert and active
- **Wake** your baby if they are too sleepy to eat:
  - Undress.
  - Place skin-to-skin.
  - Offer drops of breastmilk.
- **Calm** a crying baby first.
- Expect babies to **nurse 8-12 times in a day** – sometimes in clusters – every hour then a 3-4 hour nap.

Feed your baby whenever they show signs of hunger – have feeding cues

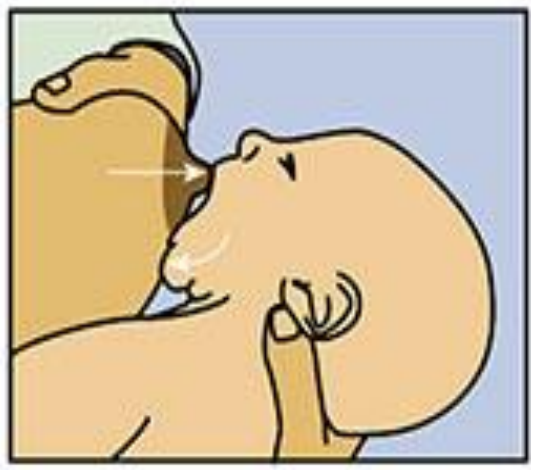
- Your baby will be settled and content
- Helps prevent breastfeeding complications.
- Helps parents have a good milk supply.
- Helps baby get just the right amount to eat.

Importance of breastfeeding:

- Exclusive breastmilk provides all the nutrients that your baby needs for the first 6 months.
- Protects babies from short and long-term illness like infections and obesity.
- Resets mother's body and decreases risk for cancer.

Learn how to position & attach your baby: Breastfeeding takes practice for parents AND baby.
Tell your nurse when you are preparing to breastfeed. The nurse will help you learn positions and techniques to help the baby latch.

- A good latch - helps my baby get enough milk.
- A good latch – helps moms have milk for their baby.
- A good latch – helps prevent nipple pain and damage

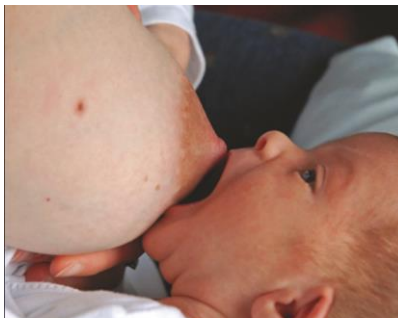


Help your baby latch well – Position & Attachment:
Position Hold baby –

- Facing mum – baby's head, shoulders and hips in a line.
- Baby's body held close to parent's body.
- Whole body supported, hands near shoulders
- Baby's nose to your nipple.

Attachment

- Touch baby's upper lip with your nipple.
- Wait until baby's mouth opens WIDE.
- Bring baby quickly onto breast, baby's chin first.
- Support breast if needed, with fingers away from nipple.



A good latch can prevent sore nipples. Baby's…

- Chin is on your breast and cheeks are round.
- Relaxed with rhythmic suck and swallow.
- Bottom lip should be turned outward & away from your nipple.

After your milk increases…

- Baby should be peeing & pooping plenty – 6 pees and 4 poops/day.
- Your breasts should feel softer after feeding.
- Baby should be satisfied after feedings.

The ideal latch:

Tummy to Mummy	*Wide open mouth*
Nose to Nipple	*Flanged lips*
Chin to Chest	*Mouth full of breast*

Expected feeding patterns: Frequent feedings help new mothers make milk.

- Minimum frequency is 8 feedings/day. **8-12 times**/day is common.
- Cluster feeding (waking and wanting to feed close together in time) is expected in the first 24-48 hours.

How long?

- Nurse on the first side until the baby finishes, then offer the second side if they are interested.

Risks of feeding alternatives, if it is not needed:

- Loss of protection from illness & chronic disease, mother and baby.
- May put milk production at risk.
- Even a little formula alters the gut bacteria.

Pacifiers/artificial nipple recommendations:

- Avoid for the first few weeks
  - Difficult to observe subtle feeding cues and might delay feeding.
  - May replace baby suckling at breast and decrease milk supply.
- Try other soothing methods first: cuddle, walk, sing, feed, skin-to-skin.
- Introduce pacifiers after breastfeeding is established, about 3-4 weeks.

I know my baby is getting enough milk when…

Weight: average weight loss is 7%.

- Day 4-5: Start to gain weight, 25-45 grams/day.
- Day 10-14 – Return to Birth weight

24 hour feeding history

- Frequent: 8-12 in 24 hours, for 10-30 minutes.
- Suck regularly & rhythmically with occasional pauses. No click sounds.
- Rhythmic swallowing is heard
- Wakes for feedings. Feeds in clusters.
- Baby appears satisfied, not crying.
- Breasts can feel softer after feeds & regain fullness between feeds

Jaundice: yellow skin color/also called bilirubin

- Call if your baby's skin or whites of baby's eyes are darker yellow OR if baby is sleepy or fussy and not feeding well.
- Partner with your pediatrician to monitor jaundice.

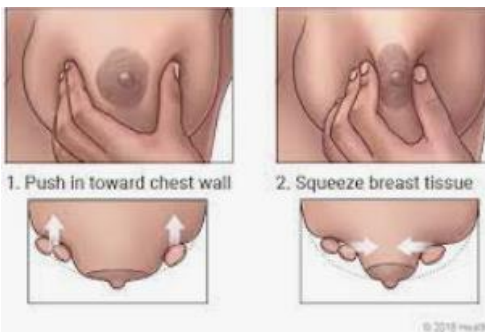
Output: Baby has enough wet and poopy diapers

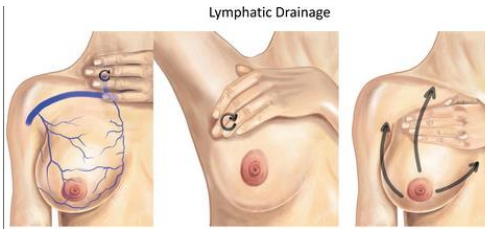
- Day: 1 pee/1 poop
- Day 2: 2 pees/2 poops
- Day 3: 3 pees/3 poops
- Day 4+: 6+ pees/4+ poops; yellow/seedy stools

NVRH Infant Feeding Film

WHO Hand Expression Film

Breast Massage Film





Prevent/manage engorgement, sore nipples, difficult latch & questions about milk supply.

- Prevention: Respond to your baby's feeding cues and breastfeed frequently with a deep latch. Expect at least 8 feeds per 24 hours.
- Practice skin-to-skin and rooming-in.
- Use your feeding log. Follow-up with your pediatrician and resources.
- Hand express 1-2 tsp to soften your breast and help your baby latch.
- Comfort: Use Motrin as needed & recommended by your provider.
- Manage swelling: After nursing or pumping, put something cool on your breasts. Lie down on your back as much as possible. Try gentle massage.
- Feeding takes practice, patience & persistence.
- Take care of yourself! Drink fluids, eat well, rest with your baby.

Rooming-in with your baby, 24 hour basis: You and your baby will stay together while you are in the hospital.

Benefits for parents:
- Learn how to care for your baby.
- Learn your baby's feeding cues.
- Respond more quickly to your baby's signals – feed on demand.

Benefits for baby:
- Helps your baby learn to recognize their parents.
- Calmer; Sleep better.
- Lower risk for serious weight loss or jaundice - yellowing of the skin & eyes.

Creating a safe sleep environment:
- Breastfeeding parents often feel relaxed and sleepy when breastfeeding. Although breastfeeding reduces the risk of SIDS, here are some other safe sleep essentials.
- **Alone**: no people, pillows, blankets or stuffed animals.
- **Back**: Always placed on their back.
- **Crib**: Not on an adult bed, sofa, cushion or soft surface.

Introduce complimentary solid foods at around 6 months.
- Breastfeeding is encouraged until 2 years of age or beyond & for as long as parent & baby enjoy this time.

To maintain breastfeeding for 6 months:
- Feed your baby based on their cues.
- Avoid substitutes, formula or water; they can reduce milk supply.
- Avoid pacifiers, bottles and artificial nipples while baby is learning to breastfeed in the first few weeks.

	Storage locations & temps		
Type of milk	**Countertop** 77F or colder	**Fridge** 40 F	**Freezer** 0F or colder
Fresh	Up to **4 hrs**	Up to **4 days**	Within **6 months** Up to **12 months**
Thawed	**1-2 hours**	Up to **24 hrs**	**Never refreeze human milk**
Left from a feeding	**Use within 2 hours after baby's feeding**		

Carol Moore-Whitney, RN-C, IBCLC
MST, BSN **Lactation Consultant**
1315 Hospital Dr, PO Box 905
St. Johnsbury, VT 05819
802-748-7333 FAX 802-748-7548
c.moore-whitney@nvrh.org

Call a health professional for these warning signs:
- Usually sleepy for more than 4 hours. Baby apathetic.
- Irritable or weak cry. Always awake.
- Never seems satisfied
- Inability to suck OR more than 12 feeds per day.
- Most feeds last more than 30 minutes.
- No signs of swallowing with at least every 3-4 sucks.
- Output: Scant urine per day. No stools per day.
- Fever, temperature greater than 100.4F.

Community Resources

Caledonia Home Health	802-748-8116
VT Dept of Health, St. Johnsbury WIC	802-748-5151
St. Johnsbury Pediatrics	802-748-5131
NVRH Birth Center	802-748-7337

What is Informed Choice?

- Research-based information:
  - Without commercial bias .
  - Respects patient's values.

It's important to feed your baby when they show signs of being hungry (feeding cues):

- Helps your baby feel settled and content.
- Prevents breastfeeding complications.
- Helps parents have a good milk supply.
- Helps baby get just the right amount to eat.

Pediatricians recommend exclusive breastfeeding for the first 6 months.
AFTER 6 months: Introduce complimentary foods and continue breastfeeding until 2 years of age or beyond.

Q: Why do we talk so much about breastfeeding & breastmilk?
A: Early initiation of breastfeeding protects newborns from infections and stimulates milk production

Baby – Best nutrition for growth & development.

- More benefit with more breastfeeding
- Protects babies from short & long-term illness
  - Fewer infections: ear (-33-43%) & respiratory infections (-19%).
  - Less obesity(-18-31%).
  - Less diabetes (-11-57%).
  - Inflammatory bowel disease (-22-80%).
  - Less SIDS (-40-64%).
- Babies develop a strong immune system.
  - Less asthma & allergies disease (-10-26%).

Risks of feeding alternatives if it is not needed

- Even a little formula alters the gut bacteria.
- Less protection from illness & chronic disease.

(CDC & Meek, (2022), American Academy of Pediatrics)

Mother

- Less bleeding after delivery.
- Resets mom's body after delivery.
  - Less high blood pressure (-8-13% Risk reduction)
  - Less rheumatoid arthritis (-50%)
  - Less high cholesterol (-19%)
  - Less type 2 diabetes (-30-78%)
  - Lose weight by using energy to feed.
- Less female cancer:
  - ovarian (-28%) & breast (-4.3%)

Risks of feeding alternatives if it is not needed

- May put milk production at risk.
- Less protection from illness and chronic disease.

By the numbers, the importance of...

Human Milk/Breastmilk:

(good for babies & making milk is good for parents too)

American Academy of Pediatrics (AAP)
World Health Organization (WHO)
& UNICEF recommends

Skin-to-skin: Immediate for 1 hour +

Exclusive breastfeeding for first 6 months.

6 months: continue breastfeeding & introduce foods.

2 years old or more: Continue breastfeeding as long as mom & baby desire.

Mothers…

Breastfeeding

- Decreased blood loss after delivery.
- Resets your body. Starts positive changes that prevent diabetes, metabolic risks and increase weight loss:
  - 10% less likely to have high blood pressure or heart disease
  - 50% less rheumatoid arthritis
  - 19% less high cholesterol
  - 4-12% less likely to develop type 2 diabetes
  - Burn calories while breastfeeding
- Delays ovulation:
  - ↓ risk for ovarian & breast cancer;
  - Promotes natural child spacing.

Babies…

Breastfeeding

The microbiota & intestinal flora of breastfed infants is different:

- 64% ↓ risk vomiting & diarrhea
- 15-30% ↓ obesity;
- 23%↓ ear ↓74% respiratory infections.
- 36% ↓ SIDS – Sudden Infant Death Syndrome.
- **Preterm babies**: 77%↓ necrotizing enterocolitis (NEC) a very serious intestinal disease.

Supplementation with formula alters the baby's intestinal microflora.
Higher risk of:

- Allergies and infections
- Chronic diseases: asthma, diarrhea, ear infections and skin rashes
- Cancers during infancy, leukemia
- Death before 2 years old from all causes
- Decreased cognitive development

Offering unneeded supplement may endanger milk production.

Colostrum

- Special milk made in the first 3-4 days,
- Important protection against disease and infection.
- Volume increases as the baby's stomach grows.

Breastmilk

- Contains the
  - right nutrients and antibodies,
  - right amount at the
  - right age for your baby to flourish.
- Easier to digest.

$

- Save in first year formula-feeding costs.
- Healthier children mean lower health expenses and less time missed from work.

- Breastfeeding protects the environment.

Information used in this infographic was obtained from The American Academy of Pediatrics, The World Health Organization, The Academy of Breastfeeding Medicine and the US Department of Health and Humans Services.
Format and images were obtained from Qatar Foundation and Sidra Medical and Research Center. http://dohanews.co/study-lacking-support-few-qatari-women-breastfeeding/

BREASTFEEDING

NVRH is a Baby Friendly Hospital since and is a part of the BFHI. To date we are the only hospital in Vermont with this designation.

The Baby Friendly Hospital Initiative **(BFHI)** is a global program sponsored by the World Health Organization (WHO) and the United Children's Fund (**UNICEF**) to encourage and recognize hospitals that offer an optimal level of care for lactation. The **BFHI** assists hospitals in giving breastfeeding mothers the information, confidence and skills needed to successfully initiate and continue breastfeeding their babies and gives special recognition to **BFHI** hospitals.

ABOUT US

The work of Baby-Friendly USA, Inc. (**BF USA)** and its implementation of the Baby-Friendly Hospital Initiative (**BFHI**) in the United States is predicated on the fact that human milk fed through the mother's own breast is the optimal way for human infants to be nourished. There is an abundance of scientific evidence that points to lower risks for certain diseases and improved health outcomes for both mothers and babies who breastfeed. Breastfeeding is the natural biological conclusion to pregnancy and important mechanism for the continued normal development of the infant. With the correct information and the right supports in lace, under normal circumstances, most women who choose to breastfeed are able to successfully achieve their goal,

The **BFHI** is a global initiative of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). It is implemented in the United States by BFUSA.

Breastfeed Your Baby

to Reduce the Risk of SIDS

Many moms and moms-to-be know that breastfeeding offers many benefits for moms and babies. But they may not know that breastfeeding reduces baby's risk for Sudden Infant Death Syndrome (SIDS).

Babies who are breastfed or are fed expressed breastmilk are at lower risk for SIDS compared with babies who were never fed breastmilk. According to research, the longer you exclusively breastfeed your baby (meaning not supplementing with formula or solid food), the lower his or her risk of SIDS.

Safe sleep environment and breastfeeding

Keeping baby safe when breastfeeding means thinking about how tired you are before and during baby's feeding. If there's a chance you might fall asleep, take a few minutes to make some changes to your environment to help reduce risks to baby:

Share your room with baby. Keep baby in your room close to your bed, but on a separate sleep surface designed for infants, ideally for baby's first year, but at least for the first six months.

Room sharing reduces the risk of SIDS and the chance of suffocation, strangulation, and entrapment. It also keeps baby close for comforting, bonding, and feeding.

If you bring baby into your bed for feeding, remove all soft items and bedding from the area.

When finished, put baby back in a separate sleep area made for infants, like a safety-approved crib* or bassinet, and close to your bed.

*A crib, bassinet, portable crib, or play yard that follows the safety standards of the Consumer Product Safety Commission (CPSC) is recommended. For information on crib safety, contact the CPSC at 1-800-638-2772 or **https://www.cpsc.gov**.

If you fall asleep while feeding baby in your bed, place him or her back in the separate sleep area as soon as you wake up.

Evidence shows that the longer a parent and infant share the same bed, the higher the risk for sleep-related causes of infant death, such as suffocation.

Couches and armchairs can be very dangerous for baby, especially if adults fall asleep while feeding, comforting, or bonding with baby on these surfaces.

Be mindful of how tired you are, and avoid couches and armchairs for breastfeeding if you think you might fall asleep. Ask someone to stay with you while you're breastfeeding to keep you awake or to place the baby into a safe sleep area if you fall asleep.

Everyone who cares for your baby should know the ways to reduce the risk of SIDS and sleep-related infant deaths.

Share Safe to Sleep® brochures, videos, and social media messages to keep caregivers informed and keep babies safe during sleep.

https://safetosleep.nichd.nih.gov

October 2018

For more information about the Safe to Sleep® campaign, contact us:

Phone: 1-800-505-CRIB (2742)
Fax: 1-866-760-5947
Email: **safetosleep@mail.nih.gov**
Website: **https://safetosleep.nichd.nih.gov**

Mail: 31 Center Drive, 31/2A32
Bethesda, MD 20892-2425
Federal Relay Service: Dial 7-1-1

NIH *Eunice Kennedy Shriver* National Institute of Child Health and Human Development

SAFE TO SLEEP®

Breast Pump Access – Prenatal Information

Our goal is to help you access the pump you want, that meets your needs in balance with your insurance coverage.

Coverage of breast pumps https://www.healthcare.gov/coverage/breast-feeding-benefits/

Your health insurance plan **must** cover the cost of a breast pump.

FAQs

Why do people get a breast pump?

- To stimulate your milk supply if you are unable to nurse your infant after birth, if your infant is sick or separated from you.
- To maintain your supply when you are away from your infant, like when returning to work.
- To provide breastmilk if you choose to feed your baby from a bottle rather than directly from the breast or so your partner can share in feedings.
- **Pumps are intended for use by one woman, and not to be reused.**
- Hand expression: *This is an important skill. In the first few days, breast massage and hand expression can remove more milk than an electric pump.*

What kinds of pumps are there?

- **Hospital-grade electric breast pump** — a hospital-grade pump can be safely used by more than one woman.
- **Personal electric pump** (Most common) — a smaller personal electric breast pump is designed for one woman to use several times per day – return to work or for travel. … The life expectancy of these pumps is generally about one year …. **These pumps are intended for use by only one woman; sharing or reselling of a personal pump is not recommended.**
- **Single-sided pump** — if you want to pump occasionally so that you can leave your baby with a caregiver for a few hours.

When can I get my pump? Get the pump close to delivery. Warranty is usually a year.

- Choices: *You have time to read reviews if you want.* Things to consider:
  - How easy is it to obtain replacement parts?
  - Does the pump come with different size flanges? One size does not fit all.
  - Is there a black-flow valve to prevent milk flowing into the pump?
  - Battery backup: Some pumps can be charged or used with a car adapter.
  - Companies can 'bundle' pumps with totes, bottles etc. for additional expense. Confirm insurance coverage and that you are getting what you requested.
- Bring your pump to the hospital; we can teach you how to use and care for your pump.
- *Each insurance plan is a little different. Some only provide pumps after delivery.*

At the NVRH Birth Center we work with Lactation Resources of Vermont (Mary Bibb, Jericho, VT) http://lactationresourcesvt.com/ ; we have Spectra pumps for some insurances. LRV is local to Vermont, has good customer service, and they are staffed with lactation consultants.

- **Blue Cross Blue Shield**: no prescription required
  - Spectra S1 (rechargeable battery) and cooler. NVRH Lactation Services, distributes from office 802-748-7333; c.moore-whitney@nvrh.org
  - Acelleron (pump selection and additional supplies): order and arrives by mail in 7-10 days. https://acelleron.com/breast-pumps/
  - Corporate Lactation, Chester, VT 802-875-5683. Medela and Spectra pumps. Cover many commercial insurances. https://corporatelactation.com/contact/

- **VT Medicaid** Spectra S2 (Medicaid benefit) **or** may receive a Spectra S1 (battery option) for $50. Pump provided after delivery. For a choice of alternative models, you may request a pump through an online company. If a pump is needed, in the interim, we can use a loaner pump.
  - Medicaid is ONLY insurance.
  - No pump received from Medicaid in the last 3 years.

- **Other state Medicaid** Refer to your state's Medicaid. Many will provide pumps before delivery and refer to Acelleron or Aeroflow.

- **WIC**: If you have Medicaid, and they have provided you a pump within the last 3 years, WIC will assist you with obtaining pump parts or a pump. WIC usually requires a first appointment; the appointment might occur over the phone and they may refer to NVRH.

- **Commercial insurances and some BCBS (Anthem)**– Confirm with your insurance carrier:
  - Corporate Lactation, Chester, VT 802-875-5683. Medela and Spectra pumps. Cover many commercial insurances. https://corporatelactation.com/contact/

- **NVRH insurance/Health Plans Inc**: no prescription required.
  - Spectra S1 (rechargeable battery) and cooler. NVRH Lactation Services, distributes from office 802-748-7333; c.moore-whitney@nvrh.org
  - Acelleron (pump selection and additional supplies): order on-line and arrives by mail in 7-10 days. https://acelleron.com/breast-pumps/

If you need a pump at discharge and don't have one, the Birth Center staff will work with you to have the pump you need. We can loan hospital grade pumps for up to two weeks.

Safe Sleep and Your Baby:

How Parents Can Reduce the Risk of SIDS and Suffocation

About 3,600 babies die each year in the United States during sleep because of unsafe sleep environments. Some of these deaths are caused by entrapment, suffocation, or strangulation. Some infants die of sudden infant death syndrome (SIDS). However, there are ways for parents to keep their sleeping baby safe.

Read on for more information from the American Academy of Pediatrics (AAP) on how parents can create a safe sleep environment for their babies. This information should also be shared with anyone who cares for babies, including grandparents, family, friends, babysitters, and child care center staff.

NOTE: These recommendations are for healthy babies up to 1 year of age. A very small number of babies with certain medical conditions may need to be placed to sleep on their stomach. Your baby's doctor can tell you what is best for your baby.

What You Can Do

- **Place your baby to sleep on his back for every sleep.**
  - Babies up to 1 year of age should always be placed on their back to sleep during naps and at night. However, if your baby has rolled from his back to his side or stomach on his own, he can be left in that position if he is already able to roll from tummy to back and back to tummy.
  - If your baby falls asleep in a car safety seat, stroller, swing, infant carrier, or infant sling, he should be moved to a firm sleep surface as soon as possible.
  - Swaddling (wrapping a light blanket snuggly around a baby) may help calm a crying baby. However, if you swaddle your baby before placing him on his back to sleep, stop swaddling him as soon as he starts trying to roll.
- **Place your baby to sleep on a firm, flat sleep surface.**
  - The crib, bassinet, portable crib, or play yard should meet current safety standards. Check to make sure the product has not been recalled. Do not use a crib that is broken or missing parts or that has drop-side rails. For more information about crib safety standards, visit the Consumer Product Safety Commission Web site at www.cpsc.gov.
  - Cover the mattress with a fitted sheet.
  - Do not put blankets or pillows between the mattress and fitted sheet.
  - Do not place your baby to sleep on an inclined sleep surface.
  - Never put your baby to sleep on an armchair, a sofa, a water bed, a cushion, or a sheepskin. (Parents should also make sure not to fall asleep on an armchair or a sofa while holding a baby.)
- **Keep soft objects, loose bedding, or any objects that could increase the risk of entrapment, suffocation, or strangulation out of the crib.**
  - Pillows, quilts, comforters, sheepskins, bumper pads, and stuffed toys can cause your baby to suffocate.

NOTE: Research has not shown us when it's 100% safe to have these objects in the crib; however, most experts agree that these objects pose little risk to healthy babies after 12 months of age.

- **Place your baby to sleep in the same room where you sleep but not the same bed.**
  - Keep the crib or bassinet within an arm's reach of your bed. You can easily watch or breastfeed your baby by having your baby nearby.
  - The AAP cannot make a recommendation for or against the use of bedside sleepers or in-bed sleepers until more studies are done.
  - Babies who sleep in the same bed as their parents are at risk of SIDS, suffocation, or strangulation. Parents can roll onto babies during sleep, or babies can get tangled in the sheets or blankets.
- **Breastfeed as much and for as long as you can.** This helps reduce the risk of SIDS.
  - The AAP recommends breastfeeding as the sole source of nutrition for your baby for about 6 months. When you add solid foods to your baby's diet, continue breastfeeding until at least 12 months. You can continue to breastfeed after 12 months if you and your baby desire.
- **Schedule and go to all well-child visits.** Your baby will receive important immunizations.
  - Recent evidence suggests that immunizations may have a protective effect against SIDS.
- **Keep your baby away from smokers and places where people smoke.** This helps reduce the risk of SIDS.
  - If you smoke, try to quit. However, until you can quit, keep your car and home smoke-free. Don't smoke inside your home or car, and don't smoke anywhere near your baby, even if you are outside.
- **Do not let your baby get too hot.** This helps reduce the risk of SIDS.
  - Keep the room where your baby sleeps at a comfortable temperature.
  - In general, dress your baby in no more than one extra layer than you would wear. Your baby may be too hot if she is sweating or if her chest feels hot.
  - If you are worried that your baby is cold, use a wearable blanket, such as a sleeping sack, or warm sleeper that is the right size for your baby. These are made to cover the body and not the head. You can use layers of clothing if necessary when it is very cold.
- **Offer a pacifier at nap time and bedtime.** This helps reduce the risk of SIDS.
  - If you are breastfeeding, wait until breastfeeding is going well before offering a pacifier. This usually takes 3 to 4 weeks. If you are not breastfeeding, you can start a pacifier as soon as you like.
  - It's OK if your baby doesn't want to use a pacifier. You can try offering a pacifier again, but some babies don't like to use pacifiers.
  - If the pacifier falls out after your baby falls asleep, you don't have to put it back in.

- Do not use pacifiers that attach to infant clothing.
- Do not use pacifiers that are attached to objects, such as stuffed toys and other items that may be a suffocation or choking risk.

- **Do not use home cardiorespiratory monitors to help reduce the risk of SIDS.**
  - Home cardiorespiratory monitors can be helpful for babies with breathing or heart problems, but they have not been found to reduce the risk of SIDS.
- **Use caution when using products that claim to reduce the risk of SIDS.**
  - Products such as wedges, positioners, special mattresses, and specialized sleep surfaces have not been shown to reduce the risk of SIDS.

What Expectant Moms Can Do

- Schedule and go to all prenatal doctor visits.
- Do not smoke, drink alcohol, or use drugs while pregnant or after the birth of your newborn. Stay away from smokers and places where people smoke.
- Remember to hold your newborn skin to skin while breastfeeding. If you can, do this as soon as you can after birth. Skin-to-skin contact is also beneficial for bottle-fed newborns.

Remember Tummy Time

Give your baby plenty of "tummy time" when she is awake. This will help strengthen neck muscles and help prevent flat spots on the head. Always stay with your baby during tummy time, and make sure she is awake.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

healthychildren.org
Powered by pediatricians. Trusted by parents.

WWC Birth Preference Plan

My Name:

_____

- I plan to attend or have already attended childbirth classes/services.
- On admission, I prefer to have my health history obtained in private.

My main support person is:

_____
Relationship: _____

Others whom I may want to have present during labor and delivery:

_____

_____

I plan to have my other child(ren) come to visit:

- During labor
- During birth
- In the first two hour recovery period.
- After I arrive in my post-partum room.
- My children have their own support person(s).
  - ❍ Not at all.
  - ❍ Not applicable.

To help assist me while in labor, I would like to:

- Walk in room/halls
- Sit in recliner
- Use shower
- Use Jacuzzi
- Use heat/cold/massage
- Work with nurses and provider
- Birthing ball
- Use aromatherapy
- Listen to special music
- Use special focal point
- Use my own pillow
- Squat
- Use footrests
- Tub Birth

I want to witness the birth of my baby by:

- Using a mirror to see my baby's head.
- Touching my baby's head while he/she is crowning.
- Bringing my baby to my chest once his/her shoulders are delivered.
- Have support person photograph the birth.

After birth I would like to:

- Place my baby next to my skin.
- Have baby in blanket before holding.
- Cut the umbilical cord or
- Have my partner cut the cord.
- Keep baby in my room as long as possible.
- See the placenta.
- Take the placenta home.
- Have support person videotape after the delivery.

During my hospital stay I would like to have my support person:

- Spend the night in my room.
- Assist with baby care.

After going home, the following persons will help out for the first two days:

_____

_____

_____

Public Health referral:

- YES
- NO

Additional ideas:

36 Week Prenatal Visit

Congratulations! You are almost there. We will now be seeing you once a week.

At this visit, you can expect the following:

- Routine visit
- Peri-anal swab culture for the presence of Group-B strep (See more on Group-B in this booklet.
- Finger stick to check of anemia (i.e., Hematocrit, Hemoglobin)
- Review “Picking a Pediatrician” in this booklet
- Review of information about, and signs and symptoms of, labor:
- Review your birth plan

Group B Streptococcus and Pregnancy

What is group B streptococcus?

Group B streptococcus (group B strep) is a common bacterium that is found in the body. It is usually harmless in adults. Ten per cent to 30 per cent of women carry the bacterium in their vagina. Sometimes, a woman who has group B strep can infect her baby during delivery. This can cause serious illness in the newborn. The mother may also become very ill from the infection after the delivery.

Facts about group B strep

Even if you have group B strep, your baby will not necessarily be infected or develop serious illness. Here are a few other facts about group B strep.

- Group B strep is not a sexually transmitted disease (STD).
- Group B strep is not the same as other types of streptococci bacteria, such as those that cause strep throat.
- Often, group B strep causes no symptoms or problems in adults.
- A mother who has group B strep can infect her newborn.
- Group B strep may become a problem if you also have other risk factors during pregnancy.
- When a mother with certain risk factors (see below) is treated for group B strep during delivery, the risk of her baby being infected or becoming seriously ill is much reduced.

What can increase the risk?

Certain risk factors during pregnancy can increase your chances of passing group B strep to your newborn. Here are some of those risk factors.

- A urinary tract infection with group B strep.
- Breaking or leaking of the amniotic sac (the bag of fluid that holds the baby) earlier than 37 weeks.
- Labor earlier than 37 weeks.
- Breaking of the amniotic sac more than 12 hours before labor begins.
- Fever during labor.
- You have had another baby born with a group B strep infection.

Treatment for group B strep

If your provider thinks your baby is at risk of group B strep infection, you will be given an antibiotic to help stop the infection. The antibiotic is given through an intravenous line during labor and delivery.

If your baby becomes infected

If group B strep infects your baby, symptoms may take 2 days or more to appear. The baby may have infections in the blood, lungs, brain or spinal cord, which will need medical treatment.

41 Week Prenatal Visit

Hang in there.....you **WILL GIVE BIRTH**

At today's visit, you are scheduled to have:

- An NST (non-stress test) in the Birth Center
- A routine visit with your provider
- An ultrasound
- Cervical Exam

After the results of all these exams have been evaluated, your provider will discuss with you the best available options for you and your baby during the remainder of your pregnancy and pending delivery.

We will talk with you about what we feel is the most appropriate option for your delivery. You and your provider(s) have worked as a team in providing the best possible care for you and your baby. We will continue this team approach to best suit your needs

How Do You/We Monitor the Health of Your Baby at 41 Weeks?

All pregnant women and their babies are monitored as part of routine prenatal care. Monitoring may be something as basic as obtaining your weight, blood pressure and urine dip. Monitoring may also include an in-depth biophysical profile of the fetus also call a BPP

Listed below is an outline of the various ways in which the health of your baby can be assessed during your pregnancy. These assessments include:

- Kick Count: One of the best ways to keep track of the health of your baby is to notice his/her movements. Healthy babies are very active. When you have reached approximately 28 weeks gestation, you will be given a fetal movement count sheet. Instructions, with a graph, will allow you to check off how frequently your baby moves within a certain time frame.
- Non-Stress Test (NST): A non-stress test measures the heart rate of the fetus in response to his/her own movements, before you are in labor. Using a different type of ultrasound waves called Doppler waves, a transducer attached to your abdomen by a belt reflects the heart rate back in the form of a signal which is then translated onto a piece of paper. The test can be as short as 20 minutes or as long as 90 minutes, and is done in the Birth Center.
- Biophysical Profile: The biophysical profile combines an ultrasound examination with an NST to study five aspects of the fetus and the uterine environment:
    - Heart rate
    - Fetal breathing
    - Fetal body movement
    - Fetal muscle tone
    - Amount of amniotic fluid

Labor Pain Relief Options at NVRH

Natural Options

- Warm shower or tub
- Massage from labor support person
- Position changes such as walking, hands and knees, rocking
- Deep breathing
- Labor ball or squatting bar or stool
- Music
- Hot or cold compresses

IV Pain Relief

- Intravenous pain medicines typically lessen the pain but will not make you numb. They usually cause sleepiness. Different types can last as little as thirty minutes or as long as three or four hours. We try to avoid giving these too close to the birth, as they can make the baby sleepy which may affect breastfeeding. Rarely these medications can decrease the baby's breathing efforts.

Epidural or Intrathecal Pain Relief

- **What's the difference?** An *intrathecal* is an injection that is introduced into the spinal fluid. It works quickly and lasts for a few hours. Nothing remains in your back. An *epidural* goes into the space between the bones of your spine, outside of the fluid. It may take twenty minutes to feel the full effects. A thin, flexible catheter remains in place to give medication for as long as needed.
- **When can I get one?** Your midwife or doctor will help you decide when the time is right, usually encouraging you to wait until active labor (4-6 cm dilation,) though the situation is different for every woman. *Our anesthesia team works hard to accommodate your request as quickly as possible. However, labor anesthesia is considered an elective procedure. If a patient elsewhere in the hospital has a medically-indicated need for anesthesia, there may be a wait*.
- **What happens during the procedure?** Epidurals and intrathecals are given by certified nurse anesthetists. They have experience with laboring women and can work around the contractions. Most often the woman sits on the edge of the bed, rounding her back into a "C" shape. The anesthetist uses their hands to evaluate her back and then cleans the area. The spot is numbed with local medicine like what is used at the dentist. A needle is then inserted into the correct space between the bones of the spine and a small amount of medication is given as a test. Once epidural or intrathecal is in place, more medication is then given to achieve pain relief. The needle is removed once the shot is given or the catheter is placed. Sometimes it takes more than one attempt to place it exactly, as everyone's spine is different. Your baby's heart rate and your blood pressure will be monitored following the epidural.
- **What are the risks?** An epidural can cause your blood pressure to drop, which can decrease the blood flow to the baby. It can cause a severe headache 1-2 days after you give birth. If epidural medications enter a vein they can cause dizziness or, rarely, seizures. It can also make it harder to push, and that part of labor may take longer.
- **How will I feel?** Both of these options offer excellent relief from contractions, often to the point that you may not even know when they are happening. However, most women still feel pressure as the baby gets lower when labor progresses and some women still feel some milder pain during contractions. Sometimes medications in the epidural cause itching. Some women are able to move their legs easily with an epidural, while others feel that their legs are very heavy and numb.

Pro-Nox Nitrous Oxide Delivery System
Patient-Controlled Analgesia

The upcoming birth of your new baby is a milestone event that you will remember and cherish forever.

Out birthing center is pleased to offer you an option that will help you manage the pain and anxiety during natural child birth.

The Pro-Nos Nitrous Oxide Delivery system is the best on the market today to help relieve the pain and anxiety during labor and delivery'

The Pro-Nox is a 50% Oxygen and 50% Nitrous analgesia and is the best way to actively participate in your new baby's delivery into this world.

The Pro-Nox takes effect in seconds and offers immediate relief of pain and anxiety without any needles or long lasting effects. You control when to use it and for how long.to use it. It allows you to recognize and resond to your pain and discomfort on your own terms.

Quick Effect
The Pro-Nox takes effect in seconds and offers immediate relief of pain and anxiety without any needles or long lasting effects. You control when to use it and for how long to use it. It allows you to recognize and respond to your pain and discomfort on your own terms.

Quick Recovery
Unlike an epidural, there are no lasting effects and you can be up and moving around to actively participate in your labor. With the Pro-Nox, you breathe into the mask, which you hold and control when you need it for pain. When the labor pain subsides, pull the mask away from your face, take couple of breaths and the Nitrous Oxide is out of your system quickly.

Benefits and Advantages
- Self-Administered
- Easy to Use
- Takes effect quickly
- Quick Recovery
- Actively participate-can be used at any time in the labor right up to the birth
- can move around freely
- does not interfere with your labor progress or ability to push

COMMON QUESTIONS

What is it? A mixture of 50% Oxygen and 50% Nitrous Oxide

How does it work? The equipment handles the mixing to ensure a perfect 50/50 blend is delivered with each breath. You hold your own mask and inhale as you start to feel a contraction. Keep the mask on your face through your contraction, breathing in and out will help relieve the pain and anxiety.

Does it have side effects? Some women report nausea, but taking a few deep breaths without the mask will eliminate the nausea.

Can I move around in and out of bed? Yes—you are completely mobile when using the Pro-Nox.

TUB BIRTH INFORMATION SHEET

Water birth is more a philosophy of non-intervention rather than a method of giving birth. Water birth shows us how simple and uncomplicated birth can be. Can you imagine the surprise and delight of the women who give birth and pick up their babies right out of the water?
Many people ask if it is safe to give birth in water. To date, there are estimates that more than 40,000 water births have taken place worldwide with no reports of life-threatening complications for either the mother or the baby. As a matter of fact, the statistics that have been generated from practices such as Dr. Michael Rosenthal's, of Upland, California, who helped 948 babies come through water, and Dr. Josie Muscat's, of Malta, who has assisted over 1,000 water births, and those of Dr. Herman Ponette, of Belgium, who has supervised almost 2,000 births in water, reveal that it is actually safer for some women to birth in water. The National Health Service in England has encouraged the use of water by the installation of baths in 219 British hospitals. A study was published in the British Journal of Medicine in April, 1995, which detailed the results of over 12,000 hospital labors and births in water. Water birth has spread throughout Europe and is acknowledged by health care practitioners around the world as the best non-narcotic pain relief for laboring women. We now know that the use of water has been an accepted practice around the world for thousands of years in may indigenous cultures.

HOW DOES THE BABY BREATH? There is a complex physiological mechanism which inhabits the baby from taking a breath when it is born in water. It is commonly believed that the stimulus to breathe is from the baby's face coming in direct contact with air. Up until the time that the baby is lifted out of the water, the baby receives its oxygen from the mother via the placenta and the umbilical cord just as it has for the prior nine months in the womb.

WATER TEMPERATURE - Water should be maintained at a temperature which is comfortable for the mother, usually between 95-100°Fahrenheit. If the water is too hot, dehydration becomes a problem, as well as overheating which can often cause the baby's heart rate to go up. It's good to have plenty of cold wash cloths or a spray bottle with cold water available.

WHEN TO GET INTO THE WATER - A woman should be encouraged to use the labor pool whenever she wants. In early labor, the contractions will sometimes space out or stop altogether, so the mom needs to get out of the pool and walk to keep the labor established. Labor often progresses quickly when a woman waits until her cervix is at least 5cm dilated before getting into water. Most women do not want to get out once they get in!

WHEN TO TAKE THE BABY OUT OF THE WATER - We do not advocate leaving the baby in the water for any reason after the full body is birthed. Without hurrying someone reaches down – it might be the mother, father, midwife or doctor – and lifts the baby up and hands the baby to the mother. Everything stops at that point as the new arrival and the mother luxuriate in the warmth of the water and the quiet that surrounds them. Many mothers have written to us saying that the chance to bond for those 15-20 minutes after their births while still in the water was truly profound.

By providing a safe and comfortable environment with plenty of privacy and a feeling of love and security for the mother, she is better able to release her baby with an experience of joy - her experience is the baby's experience. The use of water for labor and birth is one way of providing this opportunity for women and their babies.

The Birth Center

Rooming In:

At the Birth Center we keep mothers and babies together in Mom's room unless there is a medical problem which makes it necessary for your baby to be observed in our Nursery. This philosophy of mother-baby care is called Rooming In.

Rooming In offers parents the opportunity to get acquainted with their baby, to identify individual infant feeding cues, and to become comfortable handling and caring for him/her before going home. It also gives the mother with older children at home an opportunity to get to know her new baby in a supportive, undemanding environment.

The nurses at the Birth Center are eager to help you learn and practice the skills you will need to care for your infant. These include knowing when and how to feed your baby, diapering and umbilical cord care, car seat safety, bathing, and understanding the reasons for and how to respond to infant crying, getting enough rest, and where and when to call for help with concerns once you go home.

Music:

We encourage you to bring your favorite music and Bluetooth speakers. As comforting music you enjoy can be an important part of your birth experience.

Photography and Videotaping:

Photographs are welcomed at any time during your labor and delivery, as well as any time during your hospital stay. Videotaping is permitted only after the birth of your baby and after the baby has had an initial assessment by medical personnel. Videotaping is not permitted during the birth process. Some nurses choose not to be videotaped. Please respect their wishes if they communicate this to you. Thank you for your cooperation.

The nursing staff in the Birth Center hopes that your birth is filled with joyous moments and fond memories that will stay with you forever. If there is anything that the nurses can do to make your stay at NVRH more comfortable, please let us know and we will try to accommodate your wishes.

VISITING INFORMATION IN THE *BIRTH CENTER*

The nursing staff hopes that your stay in the Birth Center is comfortable. We realize that family and friends will want to share your joy. These are visitor guidelines that will make you and your baby's stay here safe and comfortable. Please review them and ask for any clarification from the nursing staff.

1. Fathers can visit 24 hours a day. A person designated as a "significant other" may substitute if the father is not present.

2. Visiting hours are from 10:00 AM to 8:00 PM. However, mothers and infants have rest time from 2 to 4 p.m. daily. Please do not visit during that time. Visitors must be free of contagious disease, flu, or cold. They must not have been exposed to chicken pox within the previous three week period. Anyone displaying symptoms of contagious disease will be asked to leave the Birth Center.

3. Your other children are encouraged to visit you and your baby. Any child under 12 years old must be accompanied by a responsible adult. Visitors and children are requested to remain in your room and not be in the hallways for their safety as well as other patients' privacy.

4. If your baby is well, she/he may be in the room when you have visitors. Visitors must wash their hands.

5. Visitors are not to give direct care to your baby and are to avoid touching the umbilical cord.

6. It is up to you to share your feelings about visitors with friends and family. Please tell them if you need rest or don't want visitors for a while.

7. Laboring women may have two people present to support them during labor and birth. Other friends or family members are asked to wait in the patient's post-partum room or the waiting room. Large groups of people disturb the privacy and rest of other mothers and babies in the Birth Center.

8. Visitors will be asked to leave if their presence interferes with the nursing staff's ability to care for you or your baby.

NEWBORN SECURITY

For the safety of your baby, the following precautions are in place at the hospital:

1. Babies are not shown in the nursery window to the public. Sick babies who must stay in the nursery may be shown to family members with your permission
2. Photos are taken of all newborns after their first bath.
3. Footprints and ID bands are made and applied at the time of delivery. If the ID band(s) fall off your baby, please notify the nurse.
4. A plastic transponder is attached to your baby's ankle with a clamp that will be removed by the nurse at the time of your discharge from the hospital.
5. Babies are not to be left unattended in mother's rooms. If you leave the department for any reason or are unable to attend your baby please notify the nurse.
6. Please do not carry your baby in your arms outside of your room. Use the bassinet.
7. Keep you room door closed when your baby is with you.
8. All hospital personnel should be wearing a hospital ID badge and all OB personnel should have a teddy bear on their ID badge. Please do not give your baby to anyone who is not wearing an ID badge with a teeny bear on it. Contact you nurse before giving your baby to someone you do not know. Parents can accompany their baby to the nursery for routine procedures.
9. If there is a potential custody matter, please tell the nurse so that he/she can help deal with any visitor concerns.

We are here to ensure the safety of you and your baby.
We want your stay to be pleasant and joyful.

Megan Meredith
Car Seat Safety Program
Northeastern Vermont Regional Hospital

The Megan Meredith Car Seat Safety Program is a community-based program to promote car seat safety for children and families.

This program was developed to offer free car seat safety education to anyone transporting children in vehicles. You are encouraged to bring your car seat if you have one. Discussion will include; right size seat for your child, airbags, recalls, using your car seat properly, safety issues and concerns, local resources for car seats and further information.

The Car Seat Safety Program is the Second Wednesday of each month at:
Northeastern Vermont Regional Hospital in one of the conference rooms from 6:00pm to 8:00pm.

Liquid refreshments are served.

For further information please call the NVRH Birth Center at 802-748-7337


Choosing Health
NORTHEASTERN VERMONT REGIONAL HOSPITAL
nvrh
Community Connections
We Can Help You
Access health care
Access palliative care
Connect with services, resources and support groups
Fill out forms; apply for benefits
Determine which services you qualify for
Get health information
And more...
Not sure if we can help?
Give us a call at 748-7526

BEATING THE AFTER-BABY BLUES

Baby blues occur in 50-80 percent of new mothers. They usually start on the second or third day after the birth and last no more than ten days. Symptoms include:

- Crying Spells
- Mood Swings
- Anxiety
- Loneliness
- Decreased Sex Drive
- Worry About Baby
- Lack of Confidence in Mothering Ability

WHAT TO DO

While waiting for the blues to pass, you'll feel better if you take the following steps:
Rest. Get help with the chores, or let them go for now. Lie down and rest or sleep when the baby sleeps.
Play. Plan frequent outings with the baby, or ask someone to babysit while you go shopping, take a walk, attend exercise classes, or dine out with your husband, significant other, or a friend.
Eat Well. Include plenty of whole grains, mild products, fresh fruits and vegetables, and protein-rich foods, such as fish, chicken, beef, cheese, and beans.
Seek Support. Tell your partner or family member how you feel, and ask for their help and support. Join a new-mothers' group, or get to know other new mothers at your church or workplace.
Trust Yourself. Remember, even without experience, most parents do what's right for their baby.

Postpartum Depression (PPD) occurs in between 10 -- 15% percent of new mothers. It may start as early as the second or third postpartum day or take several weeks to develop. Many of the symptoms of baby blues are present, but they are more intense. Other symptoms include:

- Loss of appetite.
- Feelings of helplessness or loss of control.
- over concern or no concern at all about baby.
- Dislike or fear of touching the baby.
- Frightening thoughts about the baby.
- little or no concern about own appearance.
- Inability to sleep even when baby sleeps.

WHAT TO DO

Tell your birth attendant and childbirth educator how you feel. When caught early, PPD can be cured with medication and counseling. If the depression is severe or if treatment is delayed, a temporary hospitalization may also be necessary.

COUNSELORS IN OUR AREA EXPERIENCED WITH POST PARTUM DEPRESSION

Below are the names of the therapists that we work with, primarily because of their close proximity to NVRH.

We have an extensive list of other therapists in the area. Should you like a copy of these individuals please ask us.

SYLVIA BEDOR, LCMHC, LADC

AMBER BENNET, LCMHC

STEPHANIE CHURCHILL, LMFT

AMANDA CUSHING, LICSW

THE ABOVE COUNSELORS ARE LOCATED AT:

231 CONCORD AVENUE

ST. JOHNSBURY, BT 05819

802-748-5364

OTHER SERVICES AT THE WWC

We emphasize health rather than illness

The Women's Wellness Center, through a team of dedicated health care professionals and support staff, seeks to provide the highest quality of women's health care.

The approach to health care taken by the Women's Wellness Center is individual for each woman. We treat the whole woman, physically and emotionally.

We offer resources for responsible health care decision-making. We support a woman of any health status to achieve her highest possible level of wellness.

The collaborative nature of our practice allows us to offer to women:

- Physician Services
- Nurse Practitioner Services
- Midwifery Services
- Complete Obstetrical Care
- Fetal Well-Being Evaluation
  - Ultrasound Assessment
  - Non-Stress Tests
- Routine Gynecological Care
- Family Planning Services, with Tubal Ligation
- Infertility Investigation
- Teen-Directed Care
- Pre-menstrual Syndrome (PMS) Treatment and Counseling
- Traditional and Holistic Approaches to Menopause
- Colposcopy and Evaluation of Abnormal Pap Test and LEEP Procedure
- Assessment and Treatment of Pelvic Pain
- Evaluation of abnormal Uterine Bleeding, Including Endometrial Ablation

The Women's Wellness Center

Northeastern Vermont Regional Hospital
Hospital Drive
St. Johnsbury, Vermont 05819
(802) 748-7300

FOUR STEPS TO MAKING THE BEST PREGNANCY OUTCOMES FOR YOU AND YOUR BABY

while reducing your chances of a cesarean section

Ask your prenatal provider to measure your height and weight and to calculate your body mass index (BMI). Use your BMI to plan a target weight gain for this pregnancy.

Pre-Pregnancy BMI Category (Body Mass Index = BMI)	Recommended Total Weight Gain During Pregnancy	
BMI < 18.5 Underweight	12.5 – 18.0 kg	28.0 – 40.0 lbs
BMI 18.5 – 24.9 Normal Weight	11.5 – 16.0 kg	25.0 – 35.0 lbs
BMI 25.0 – 29.9 Overweight	7.0 – 11.5 kg	15.0 – 25.0 lbs
BMI ≥ 30 Obese	5.0 – 9.0 kg	11.0 – 20.0 lbs

Body Mass Index (BMI) = Weight (kg) / [Height (m)]^2

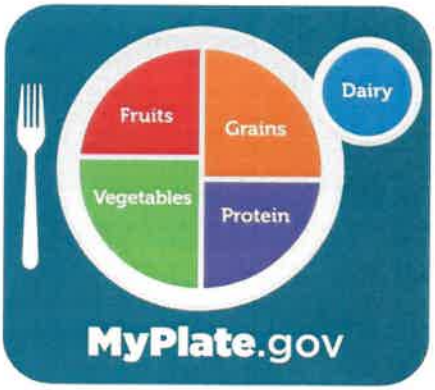
Check you weight gain about once a month during pregnancy.

Take a daily prenatal vitamin with folic acid and vitamin D. Your prenatal care provider can help you select the best dose.

Include 5-7 servings of fruits or vegetables every day. Fruits and vegetables contain vitamins and minerals for healthy baby building. The MyPlate Plan can help you choose meals and snacks you'll enjoy.

Take the baby for a walk!

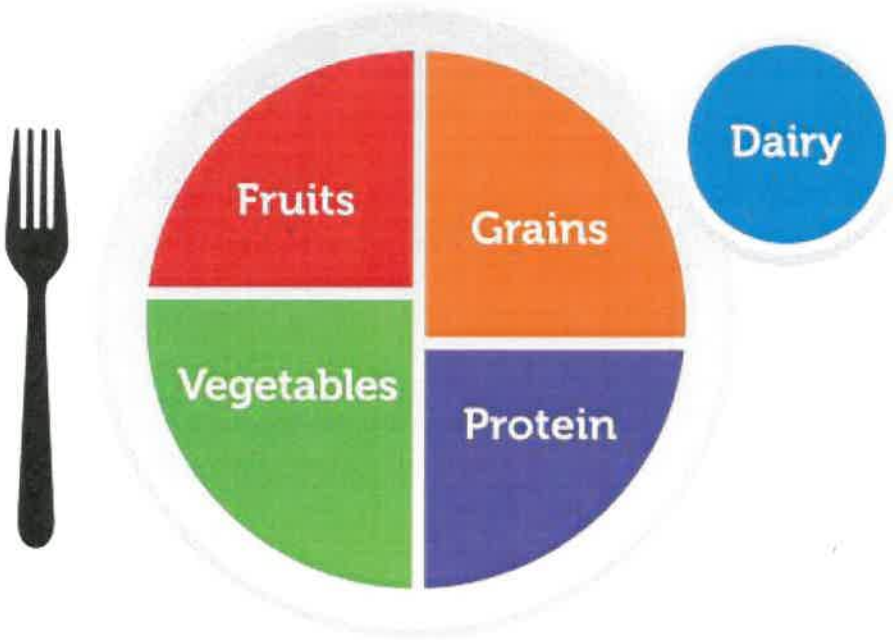
Daily physical activity reduces the risk of a cesarean section birth. Walking is all that is needed. Thirty minutes a day for 5 days a week is ideal. You can divide the 30 minutes into two 15 minutes walks or three 10 minute walks.



MY PLATE – *getting daily fruits & vegetables*

The United States Department of Agriculture and the Department of Health and Human Services replaced the traditional food pyramid with the My Plate eating advice. My Plate eating is used by the American Diabetes Association as its basic nutrition pattern. Links to My Plate information can be found here: https://www.myplate.gov/eat-healthy/what-is-myplate

The My Plate diet is a plant-based diet that promotes adequate vitamin and mineral intake. It is a low-glycemic index diet that is considered an epigenetic diet during pregnancy.



Choosing Health
NORTHEASTERN VERMONT REGIONAL HOSPITAL

Marijuana Use and Our Baby

What do we know about marijuana use during pregnancy and breastfeeding?

What we know about marijuana use during pregnancy and breastfeeding:

- **May lower birth weight**
- **Smoke, vapor and edibles contain harmful chemicals**
- **May negatively alter your baby's brain cells**
- **THC and other harmful chemicals are found in breast milk**
- **Ongoing marijuana exposure may increase the risk of developmental and behavioral problems in children**
- **Marijuana use may increase unpleasant pregnancy symptoms instead of helping them. These symptoms include nausea, vomiting, poor appetite, anxiety and depression.**

There are many remedies that are safe, natural and effective without exposing you or your baby to increased risks.

Northeastern Vermont Regional Hospital's Birth Center and Women's Wellness professsionals are partners on the local Perinatal Marijuana Use Task Force. We are here to provide counsel and support.

For more information, contact the Women's Wellness Center, 802-748-7300.

NORTHEASTERN VERMONT REGIONAL HOSPITAL

Women's Wellness Center

PO BOX 905, 1315 HOSPITAL DRIVE
ST. JOHNSBURY, VERMONT 05819
802-748-7300

MyPortal NVRH.org

8/2019 — 500

Choosing Health
NORTHEASTERN VERMONT REGIONAL HOSPITAL

Marijuana Use and Our Child

What do we know about safety if marijuana is in the home?

What we know about safety if marijuana is in the home:

- **If you are pregnant, or thinking about becoming pregnant, communicate with your healthcare providers about your marijuana use.**
- **If there's marijuana in your breastmilk, it may affect your infant's brain development.**
- **Edibles are attractive to children because they can come in the form of candy, pastries, and drinks.**
- **Keep marijuana in a sealed, labeled, and locked container out of the reach of children.**
- **Symptoms of ingestion may include low tone, confusion, slurred words, agitation, irritability, dilated pupils, red eyes, and a racing heart.**
- **Marijuana use during the teen years could potentially lower one's IQ and interfere with other aspects of functioning and well-being.**

To prevent accidental poisoning or overdose, it is important to model healthy behavior and restrict marijuana access for children. If a child were to ingest marijuana, symptoms may take longer to present themselves than symptoms of inhalation, and may peak around three to four hours.

If you are worried that your child has ingested marijuana, call 911 or poison control at 1-800-222-1222 in New England. **For more information, contact your primary care provider.**

NORTHEASTERN VERMONT REGIONAL HOSPITAL

PO BOX 905, 1315 HOSPITAL DRIVE
ST. JOHNSBURY, VERMONT 05819
802-748-7300

MyPortal NVRH.org

2/2020 — 1000

What is a Midwife?

Midwives in the United States provide health care services to women of all ages. Midwife means "with woman." Midwives partner with women to help make important health decisions. Midwives work with other members of a woman's health care team when needed, but a midwife may also be your primary care provider. There are 3 main types of midwives, and there are some differences in the services offered by each type of midwife.

What types of midwives are there?

The 3 main types of midwives in the United States are:

Certified nurse-midwives (CNMs)

Have a college degree in nursing and a master's degree in nurse-midwifery. CNMs are registered nurses (RNs) who have graduated from an accredited nurse-midwifery education program and passed a national certification exam. They must have a license to practice midwifery in the state where they work. CNMs work in all health care settings including hospitals, birth centers, and offices or clinics. CNMs provide general women's health care throughout a woman's lifetime, and they can prescribe most medications.

Certified midwives (CMs)

Are midwives with a bachelor's degree in a field other than nursing and a master's degree. They have the same midwifery education and pass the same national certification exam as CNMs. CMs must have a license to practice midwifery in the state where they work. CMs provide the same services and work in the same settings as CNMs.

Certified professional midwives (CPMs)

May have apprenticeship training, or they may graduate from an accredited formal education program. CPMs take a national certification exam that is not the same as the one CNMs and CMs take. The health care services provided by CPMs are not as broad as those of CNMs and CMs. CPMs provide pregnancy, birth, and postpartum care for women outside of the hospital—often in birth centers and homes. CPMs are not able to prescribe most medications, and they do not work in hospitals.

Most of the midwives in the United States are CNMs. CNMs are licensed in all 50 states. Not all states license CMs and CPMs.

What do midwives do?

All 3 types of midwives provide care to women during pregnancy, labor, birth, and the postpartum period. CNMs and CMs also provide general health services, annual checkups, contraception (birth control), menopausal care, and treatment for common infections and health problems. CNMs and CMs care for about one of every 10 women who give birth each year in the United States. Most of these births are in hospitals. All 3 types of midwives care for women who have their babies in birth centers or at home, and CNMs and CMs also work in hospitals.

Why would I choose a midwife for care during my pregnancy?

Midwives view pregnancy and birth as normal life events that can be a healthy time in your life. Midwives are experts in knowing the difference between normal changes that occur and symptoms that require extra attention. Midwives specialize in providing support and education in addition to regular health care. They use evidence-based medical procedures when there is a specific concern for the health of you or your baby, and they work in partnership with physicians who can be available if needed. Midwives offer health care that respects the goals and choices of each individual woman and family.

What if I have a high-risk pregnancy or complication during labor?

Your CNM or CM can prescribe medicine, order tests, and provide treatment for common illnesses that you might get during pregnancy. Midwives work with physicians who specialize in complications of pregnancy. If you have a medical problem during pregnancy or complication during labor, your midwife will work with a

1526-9523/09/$36.00 doi:10.1111/jmwh.12468

Journal of Midwifery & Women's Health

physician to make sure you get the best and safest care for you and your baby. Midwives do not perform surgery. If you need to have a cesarean birth, the surgery will be done by the physician who works with your midwife. Your midwife will also work with other health care providers: nurses, social workers, nutritionists, doulas, childbirth educators, physical therapists, and other specialists to help you get the care you need.

What if I want pain medicine during labor?

Your midwife will help you make decisions about how you are going to cope with your labor. If you want medicine to cope with pain during labor, your midwife can help you get medicine that is available in the setting where you give birth. Midwives also know other ways help women cope with labor such as changing positions or being in a tub of water. These can be helpful in addition to pain medications.

Questions to Ask When Choosing a Midwife for Your Care during Pregnancy and Birth

Questions to ask any midwife

- If you work in a group, who will attend my birth?
- Who attends births for you when you are away?
- What kind of childbirth preparation do you recommend?
- Do you provide labor support and stay with women throughout labor?
- How do you feel about doulas or family and friends being with me during labor?
- Do you allow moving around and eating or drinking during labor?
- Can I hold my baby right after birth, breastfeed, and not be separated?
- When do you recommend IVs, fetal heart rate monitoring, Pitocin, or episiotomy?
- Do you care for women who want a vaginal birth after a previous cesarean birth?
- How much do you charge? Is your care paid for by my insurance?

Questions to ask midwives who attend births in homes and birth centers

- Am I eligible to give birth in this setting?
- What equipment and drugs do you have?
- How do you handle problems during labor?
- When would we go to the hospital?
- Which hospital will I go to if a problem occurs during labor? How will I get there?
- How often do women in your practice go to the hospital during labor?
- Do you have a formal agreement with a physician to provide care if problems occur?
- Would you stay with me if we go to the hospital?
- Are you trained in newborn resuscitation?
- Will you visit me at home after my baby is born?

For More Information

Our Moment of Truth: What Is a Midwife?
http://www.ourmomentoftruth.com/What-is-a-Midwife

Midwives Alliance of North America: What Is a Midwife?
http://mana.org/about-midwives/what-is-a-midwife

Childbirth Connection: Choosing a Caregiver
http://www.childbirthconnection.org/article.asp?ClickedLink=247&ck=10158&area=27

Our Bodies, Ourselves: Choosing a Maternity Care Provider
http://www.ourbodiesourselves.org/health-info/choosing-a-maternity-care-provider/

Flesch-Kincaid Grade Level: 8.1
Approved March 2016. Replaces "What is a Midwife" published in Volume 51, Issue 5, September/October 2006.

Northeastern Vermont Regional Hospital

Women's Wellness Center Wellness Program

Katherine Harris, our Wellness Counselor is here for you AND it's FREE!
Katherine can help you with lots of things, including:

- Wellness Support / How to stay healthy
- Stress management and healthy coping
- Changes in life that are hard to deal with
- Managing chronic conditions
- Pregnancy and postpartum support
- Parenting support and parenting stress
- Relationship challenges
- Anxiety
- Depression
- Smoking cessation support
- Substance use and addiction support
- Grief and loss
- Support and Referrals around financial stress, food insecurity, safe & affordable housing, transportation challenges, legal issues, and more.

Important: Wellness Counselors do not provide the following services:

- Long term counseling
- Specialty mental health treatment like eating disorders or bipolar disorders
- We cannot go to court with you
- Custody or guardianship evaluations
- Ongoing case management
- Medications
- Hospitalizations

Schedule an appointment! Call the Women's Wellness Center at 748-7300 or make your appointment at the check-out desk.

Confidentiality: The Wellness Counseling Program is a part of Northeastern Vermont Regional Hospital. We provide you with privacy practices as required by law. The Wellness Counselor works with your medical provider as a team to provide you with complete care. Any health notes become a part of the regular medical record and may be given to other parties with your written authorization. Anything we talk about is confidential except as the law provides. Healthcare providers are required by law to report suspected child or elder abuse, or intent to harm self or others.

Emergency Services: For 24/7 mental health emergency services please contact Northeast Kingdom Human Services (802)-748-3181 (St Johnsbury area), (802)-334-6744 (Newport area); Lamoille County Mental Health Services (802)-888-4914 (Hardwick area); Crisis Text Line: Text VT to 741-741 from anywhere in VT or GO to 741-741 from anywhere in the US; Umbrella's 24/7 hotline (802)-748-8645 (St Johnsbury) and (802)-334-0148 (Newport); National Suicide Prevention Lifeline: (800)-272-8255; National Hopeline Network: (800)-442-4673; Trevor Lifeline: (866)-488-7386; Veterans Crisis Line: (800)-273-8255 and PRESS 1; National Postpartum Depression Hotline**:** 1-800-773-6667.

Choosing Health
NORTHEASTERN VERMONT REGIONAL HOSPITAL

The Women's Wellness Center

Plan of Safe Care for Moms and Families

Dear Women's Wellness Patient,

Your provider has identified that you may meet criteria for the Vermont Plan of Safe Care. If you use certain prescription medications or substances during your pregnancy NVRH staff caring for you and your baby will help you with this Plan of Safe Care.

What is a Plan of Safe Care?

The Plan of Safe Care is a document created with your help listing current supports and strengths your family has and any new community resources or referrals you and your family may need after your baby is born. This plan will help your family and your baby's doctor communicate and be sure you have all the supports and services you and your family need.

Who needs a Plan of Safe Care?

In Vermont, a Plan of Safe Care is developed when certain prescription medications or substances are used during pregnancy including:

- Prescribed medications for addiction treatment (MAT)
- Prescribed opioids for chronic pain
- Prescribed benzodiazepines
- Prescribed or recreational Marijuana use continuing after the first trimester

What will be in your plan?

- Information about your family's current supports and services
- Information about new resources or referrals placed after your baby is born. Examples include: home health/nurse home visiting, parenting and recovery supports, financial or housing supports, and medical or developmental referrals.

Who keeps the plan?

Your family will get a copy and one will be sent to your baby's doctor. A copy will also be stored in your baby's medical record.

Will the hospital provide information about me, my partner or my baby to DCF?

- A report to the Vermont Department of Children and Families (DCF) is only made if:
  - There are concerns for infant safety.
  - There was use of illegal substances, non-prescribed medications, or misuse of prescribed medications during the last trimester of your pregnancy.
  - Your baby is suspected of having Fetal Alcohol Spectrum Disorder.
- The use of prescribed MAT, opioids, or benzodiazepines and/or marijuana use during pregnancy alone are <u>not</u> reported to DCF when there are no child safety concerns.
- The federal government requires states to track the number of babies exposed to substances. In Vermont, a de-identified CAPTA notification form was made. This form has no names, birth dates, or other identifying information and is sent to the Family Services Division for tracking only.

Where can I get more information?

If you have any additional questions or concerns about this process please inform your midwife or doctor at your next visit. You will also have a chance to review this process and ask questions when you meet with our Wellness Counselor, Katherine Harris to complete the Plan of Safe Care form.

Warmly,

Your Women's Wellness Center Providers

Anne O'Connor, MD
Kim Johnson, DO
Lisa Baclawski, MD
Janet Kaplan, CNM
Kathleen Mulkern, CNM
Kathleen "Kay" Hausman, CNM
Courtenay Lahey, WHNP-C