Your Personal Pathway Through Pregnancy
FIRST CATHOLIC HOSPITAL IN CALIFORNIA GRANTED PRESTIGIOUS MAGNET AWARD
St. Joseph Hospital of Orange Awarded Magnet Recognition by American Nurses Credentialing Center

ORANGE, CA (January 17, 2007) - St. Joseph Hospital of Orange was awarded Magnet status today by the American Nurses Credentialing Center (ANCC). It is the only Catholic healthcare facility in California and the 231st hospital in the United States to be designated a Magnet facility.

Established in 1994, Magnet designation is the highest level of recognition for organized nursing services in the national and international healthcare communities. The distinction puts St. Joseph Hospital in the top three percent for excellent nursing performance of the nearly 6,000 hospitals nationwide.

To obtain Magnet status, the Nursing Services at St. Joseph Hospital provided extensive documentation demonstrating that they meet rigorous standards in areas such as: professional autonomy throughout the nursing practice, nursing control over its practice environment, effective communications among nurses, physicians, and administrators.

“It is truly an honor to be awarded one of the highest achievements a hospital can attain in the nursing world,” said Larry K. Ainsworth, St. Joseph Hospital president and chief executive officer. “Magnet designation is truly representative of our commitment to clinical excellence and compassionate care.”

In addition, Magnet designation serves to attract top nursing talent during one of the worst nursing shortages in history.

“The prominence of this designation will help us attract and retain the highest caliber of nursing professionals,” said Katie Skelton, vice president of Patient Care Services. “Although Magnet is one of the highest national awards bestowed on nurses, we couldn't have done it without the collaboration and support of the entire patient care team and medical staff.”

ANCC uses a comprehensive process of documentation and site evaluation in deciding which health systems will receive designation. Only about 60 percent of hospitals nationwide that complete the lengthy application reporting process are granted site evaluation visits from ANCC Magnet appraisers. Following the elimination stage, Magnet appraisers visit all nursing care areas to evaluate how nurses perform according to indicators that measure qualitative and quantitative factors in the delivery of patient care. Of the select group of health systems who are given site visits, only 3 percent of the nation’s healthcare facilities receive the Magnet designation.

In November 2006, ANCC surveyors visited patient care areas at St. Joseph Hospital to verify accuracy of the hospital’s application. Surveyors interviewed nurses in a formal interview setting. They also reviewed patient records, and questioned physicians, patients, community leaders and other patient care groups about the quality of nursing care.
Orange County’s Exclusive Baby-Friendly Hospital

St. Joseph Hospital has become the first hospital in Orange County to be designated as “Baby Friendly.” The Baby-Friendly Hospital Initiative is a global effort undertaken by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF). It galvanizes caregivers to give new mothers the information, confidence and skills needed to successfully initiate and continue breastfeeding their infants, and recognizes hospitals and birth centers giving this optimal level of care.

More than two decades of research have established that breast milk is perfectly suited to nourish infants and protect them from illness. Breast-fed infants have lower rates of hospital admissions, ear infections, diarrhea, rashes, allergies and other medical problems than bottle-fed babies, according to the Food and Drug Administration (FDA). The greatest benefits are derived when babies are breastfed exclusively (breast milk is their only food) for the first six months of life.

St. Joseph Hospital has ranked number one among Orange County hospitals for two consecutive years for the highest breastfeeding rates. The hospital staff worked for four years to thoroughly implement Baby-Friendly policies. According to research, hospitals that implement Baby-Friendly policies achieve higher breastfeeding rates.

Baby-Friendly designation is granted after a rigorous on-site survey is completed. St. Joseph Hospital was surveyed in 2009 to become one of just 80 hospitals nationwide given the Baby-Friendly designation. To maintain the award a hospital must:

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
2. Train all healthcare staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast milk, unless medically indicated.
7. Practice “rooming in”-- allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Beyond these practices, St. Joseph Hospital provides encouragement and support for breastfeeding via pre- and post-natal breastfeeding classes offered on an ongoing basis. The hospital’s Stork Stop Boutique offers a wide range of lactation supplies including lactation bras, nursing clothing and feeding accessories.

Support for the breastfeeding mother is also rendered in the critical time between hospital discharge and the first visit with a physician. Follow-up appointments are made at the Mother Baby Assessment Center for each baby and mom three to five days after they leave St. Joseph Hospital. In addition to being Orange County’s first Baby-Friendly designated hospital, St. Joseph Hospital is one of the only hospitals in Orange County providing this after-discharge care for growing families.
Welcome to the Mother-Baby Unit

Now that your baby has been born, you've gone from being pregnant to being a parent. We want to help you so you can celebrate - this event with comfort and confidence. To help you, we have written this guide. It has information about your stay at St. Joseph Hospital and what to expect during the next few days and weeks.

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If you have any questions about breastfeeding at any time during your stay at the St. Joseph Hospital Mother-Baby Unit, please do not hesitate to ask.

Congratulations on the birth of your baby!

The St. Joseph Hospital Mother-Baby Nursing Staff
Introduction

History of St. Joseph Hospital

St. Joseph Hospital has a tradition of commitment and excellence. We have a strong belief in the intrinsic dignity of each person and seek to provide care for the whole person—body, mind, and spirit—through our values of Dignity, Service, Excellence and Justice.

Founded in 1929 by the Sisters of St. Joseph of Orange, St. Joseph Hospital is a not-for-profit hospital and one of ten hospitals that comprise the St. Joseph Health System.

St. Joseph Hospital and its neighbor, the not-for-profit Children's Hospital of Orange County (CHOC), continue a unique relationship of shared services dating back to 1964, when CHOC opened in a building leased from St. Joseph Hospital. Today, the two hospitals share nearly all ancillary services including emergency care, surgery, laboratory, radiology, EEG and EKG.

With over 1,000 physicians on our medical staff, and over 2,500 employees, patients at St. Joseph Hospital have come to expect the highest caliber of care and we work diligently to ensure that they receive it.

St. Joseph Hospital’s tradition of excellence is the reason more babies are delivered here, one of the top hospitals in Orange County—over 5,000 each year.

We are well known throughout Orange County as a perinatal/high risk center with referrals from physicians throughout Southern California. Every parent hopes to have an uneventful delivery and a healthy baby. Chances are, you will. However, if special care is required for your newborn the neonatal experts and NICU at Children's Hospital of Orange County (CHOC) are just footsteps away. Team members from both St. Joseph Hospital and CHOC will work together with you to meet your needs from pregnancy management, through labor/delivery, and newborn care.

How to Use Your Personal Pathway Through Pregnancy

Congratulations on your pregnancy! St. Joseph Hospital, in collaboration with your OB care physician, has developed this Personal Pathway Through Pregnancy notebook. We have included information that we hope will be helpful to you as your pregnancy progresses. There is a helpful “Table of Contents” in the front of the binder—this lists, by topic, what is covered in each chapter. Please use this notebook as a place to keep any important information about your pregnancy. Get into the habit of taking your Pregnancy Pathway binder to each doctor visit, and even to any prenatal education classes you may attend. Most of all, it is important that you bring it with you to the hospital.

The staff of Women's Services at St. Joseph Hospital wish you the best of health during your pregnancy—and we look forward to caring for you and your baby in the very near future.

St. Joseph Hospital Obstetrics Receives Five Star Rating

In each of the past 75 years, more babies have been delivered at St. Joseph Hospital than any other hospital in Orange County. And it’s easy to understand why! The St. Joseph Hospital Obstetrics program was awarded a five-star rating from HealthGrades. This is the highest rating possible. HealthGrades also ranked the obstetrics program in the top five percent in the nation. This award confirms to the community the high level of care that St. Joseph Hospital offers expectant parents and their infants.
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Perinatal Class Descriptions

At St. Joseph Hospital, we believe that learning about the birth of your baby and the parenting process helps you assume your new role with greater ease, confidence and joy. Our goal is to help you feel ready to start down the pathway of parenthood. During your pregnancy our experienced, knowledgeable educators will guide you through various physical and emotional experiences and choices about the care of your newborn. We look forward to meeting you at our classes and helping you prepare for your new arrival. Unless otherwise noted, try to register for classes in your second trimester, and finish four to six weeks before your due date.

The following classes should be taken before Delivery.

Tours
Tours of the Labor & Delivery area, Nursery and Mother Baby Unit are held every Monday. The second Monday at 1, 1:30, 2, 2:30 p.m. All other Mondays at 6, 6:30, 7, 7:30 p.m. (Tours will not be given on holidays). There is no need to register for the tours. Meet in the Main Lobby of St. Joseph Hospital. A tour specialist will announce the tour on the half-hour. You may attend tours at any time during your pregnancy.

Congratulations! You’re Pregnant!
Are you curious about how your little one is growing? What about the changes you are experiencing? Learn about fetal growth and development, normal physical and emotional changes that occur with pregnancy, the importance of good nutrition, as well as warning signs that need to be reported to your physician. Preterm Birth Prevention will be discussed. This class will include information on Maternity Services offered at St. Joseph Hospital. Attend during the first five months of your pregnancy.
Fee: Free.

Pregnancy Massage
Learn how to relax your partner during pregnancy, labor and birth. This class will enhance communication skills and increase the labor partner’s confidence. Attend anytime during pregnancy.
Fee: $30.00 per couple

You, Your Baby and Your Doctors
Do you have questions about pain relief during labor, or perhaps normal newborn characteristics? Two staff physicians (Pediatrician and Anesthesiologist) will be on hand to discuss anesthesia during labor as well as information about your baby after delivery. Attend during the sixth or seventh month of pregnancy.
Fee: $15.00 per couple

Prenatal Yoga
Yoga gives you the time, focus and space to release physical tension in your muscles and joints, to prevent or ease any discomfort from the extra weight you are carrying and prepare your body for the birthing experience. You will feel lighter and more energetic.
Fee: $10.00 per class (Registration required.)

Childbirth 101
This series of classes is designed to prepare expectant parents for a pleasant and relaxed birth experience. Participants will learn about the labor and delivery process, relaxation and breathing techniques, indications for cesarean birth and expectations during the postpartum period. Begin these classes around your seventh month of pregnancy.
Fee: $90.00 per couple
$20.00 for each additional person

Childbirth Refresher
For parents who have had a previous birth and wish to have a review of the labor and delivery process including breathing and relaxation techniques. Attend during your seventh month of pregnancy.
Fee: $45.00
$10.00 for each additional person
Successful Breastfeeding
Meet with our Certified Lactation Specialist to learn about the advantages of breastfeeding, before you deliver. You will learn how to get you and your baby off to a good start as you begin breastfeeding. Our educators also discuss prenatal preparation, baby’s first feeding, mother’s expectations and family relationships. Attend this class during your seventh or eighth month of pregnancy. Mother’s support person is encouraged to attend.
Fee: $25.00 per couple

The Basics of Baby Care
Do you feel confident and prepared to give that first bath to your baby? That wiggling bundle of energy can suddenly make you feel “all thumbs” when you try to take care of your newborn during those first few days. This hands-on class for expectant parents will provide an opportunity for you to practice bathing, wrapping, dressing, feeding, burping and diapering a “baby.” Other topics such as safety and baby equipment will be covered as well. Attend during the seventh or eighth month of pregnancy.
Fee: $25.00 per couple

Big Sister / Brother Class
(For Siblings-three to seven years old)
This class provides information on how to adjust to their new role as an older brother/sister. Children will learn how they can be involved and how they can help out during this time, instead of feeling left out. A short tour will show children a postpartum room and the nursery so they know what to expect when mom is in the hospital. Attend during your eighth month of pregnancy.
Fee: $25.00 (1-2 Children)
$30.00 (3 children or more)

From Childbirth to Mothering & Fathering
This class provides information to help ease the adjustment following the birth of a new baby. We will discuss basic needs of the infant, parenting adjustments and survival strategies. We will discuss baby behavior, sleep needs, ways to console a crying baby, parent communication and changes in parents’ relationship. Attend during your seventh or eighth month of pregnancy.
Fee: $25.00 per couple

Boot Camp for Expectant Dads
Close your eyes and imagine a program taught by babies 6 weeks to 6 months of age where fears, frustrations and concerns that every man will go through, as he enters fatherhood, is conquered. Boot Camp For Expectant Dads is a program in which veterans (new fathers who bring their two - six month old babies) show rookies (fathers-to-be) the ropes of fatherhood. This program is a guy thing, no women allowed. When men facing common challenges get together, a locker room type of bond develops, and they talk openly about their experiences and what’s on their mind. Attend Anytime during moms pregnancy.
Fee: $15.00 per Dad

Car Seat Safety
This class will include information about how to select, use and install car seats for your infant or child’s safety. Attend any time, preferably before you purchase a car seat.
Fee: Free

Credit for Postpartum classes will be available if you cancel any classes.
NO REFUNDS WILL BE GIVEN.
Prenatal Class Registration Form
Please complete this form and return to St. Joseph Hospital, Perinatal Education.

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Registration Information
Fax, Call, Mail or Visit our office for registration. Website www.sto.org
St. Joseph Hospital, Perinatal Education, P.O. Box 5600, and Orange, CA, 92863-5600
Fax (714) 744-8838 Phone: (714) 771-8266
Located at: St. Joseph Hospital Stork Stop Boutique, 363 S. Main St., Suite 100, Orange 92868
You may request specific dates by checking our website. Otherwise your classes will be coordinated and scheduled with your due date in mind. Please allow about 2 weeks for a return confirmation form.

***Credit for other classes will be available if you cancel any classes. No Refunds Will Be Given.

***If you have any questions about the enclosed information, call (714) 771-8266***

Prenatal Classes Desired (Registration is required for all classes)
- Prenatal Yoga $10.00
  - Tues. (6:00 pm - 7:00 pm)
  - Thu. (9:00 am - 10:00 am)
- Congratulations! You’re Pregnant!
  (Day Varies, 6:00 - 8:30 pm) Free
- You, Your Baby and Your Doctors
  (Thursday, Held every other month, 6:00 - 8:30 pm) $15.00 / couple
- Pregnancy Massage
  (Day Varies, 7:00 - 9:15 pm) $30.00 / couple
- Boot Camp For Expectant Dads
  (Saturday, 9:30 pm - 12:30 pm) $15.00 / Dad
- Childbirth 101 $90.00 / couple
  (3 consecutive week sessions or 2 Saturdays)
  (Days preferred; choose three in order of preference (1, 2, 3)
  - Men (5:00 - 8:00 pm)
  - Tue. (5:30 - 8:30 pm)
  - Wed. (6:00 - 9:00 pm)
  - Thu. (6:00 - 9:00 pm)
  - Sat. (2-day classes): (9:00 am - 12:30 pm)
  - (1:30 - 5:00 pm)
- Childbirth Refresher $45.00 / couple
  (Days preferred; choose three in order of preference (1, 2, 3)
  - Mon. - 2 evenings (5:00 - 8:00 pm)
  - Tue. - 2 evenings (5:30 - 8:30 pm)
  - Wed. - 2 evenings (6:00 - 9:00 pm)
  - Thu. - 2 evenings (6:00 - 9:00 pm)
  - Sat. (1-day class): (9:00 am - 12:30 pm)
  - (1:30 - 5:00 pm)
- Successful Breastfeeding $25.00 / couple
  (Day Varies, 6:00 - 8:30 pm)
- The Basics of Baby Care $25.00 / couple
  (Day Varies, 6:00 - 8:30 pm)
- Car Seat Safety (Saturday, 10:00 - 11:30 am) Free
- Transition Into Parenthood $25.00 / couple
  (Day Varies, 6:00 - 8:30 pm)
- Big Sister / Brother Class $25 / Family 1-2 Children
  (Day Varies, 4:30 - 5:30 pm)
  $30 / Family 3 or more

Payment Method: Check or Money Order Enclosed (Payable to St. Joseph Hospital), Charge to my: Visa, MasterCard, Discover
Credit Card #: Exp. Date: Amt. to be Charged: (Month & Year)
Card Holders Name (Print): 
Card Holders Authorization Signature: 
1/2010
Postnatal Class Descriptions

The following classes should be taken after delivery.

Baby Massage
Learn how to massage your baby. Massage helps to strengthen and regulate the respiratory, circulatory and gastrointestinal function. It can also relieve discomforts such as gas, colic, congestion, teething, emotional stress and enhances a physical bond that builds trust.
Fee: $30.00 per family

Mommy and Baby Yoga
Discover how you can combine Yoga, Infant developmental movement, relieving stress and fatigue, helping with correct alignment, toning and energizing the body and parent/child bonding along with fun and a sense of well being.
Fee: $10.00 per class (Registration required.)

Support Groups for Parents & Baby

Mommy Matters (Newborn to crawling)
This group is suited to meet your needs as a new parent. New topics are discussed each week, such as breastfeeding, baby & sleep, immunizations, etc.
Fee: $5.00 per meeting (No registration required.)

Toddler Topics (crawling to 15 months)
As your baby grows, your needs change. This group is designed for a mother of an older baby. New topics are discussed each week such as developmental play, safety issues, introducing solid foods, etc.
Fee: $5.00 per meeting (No registration required.)

Baby Playtime with Parents
(Newborns to 15 months)
As your baby grows you have many needs. This group is designed for parents who need a weekend class. New topics are discussed each month.
Fee: $5.00 per meeting (Registration required.)

Lactation Support

Private Lactation Consultation
One-hour private breastfeeding consultations are available by appointment. Our lactation consultant will spend one-hour with you and your baby.
Fee: Call (714) 744-8764 for information and/or to schedule an appointment.

Lactation Assistance
One-half hour private breastfeeding assistance consultations are available by appointment. Our lactation consultant will spend one-half hour with you and your baby.
Fee: Call (714) 744-8764 for information and/or to schedule an appointment.

New Mothers’ Breastfeeding Workshop
These group sessions are a resource after delivery for mothers who may be experiencing difficulties breastfeeding their babies or may feel insecure or concerned that their babies are not nursing well. Our skilled lactation consultants can answer questions and provide guidance and reassurance. Bring your newborn and join us at this informative session. Attend after baby’s birth. Call 714/ 744-8764 to schedule a workshop.
Fee: $10.00

Breastfeeding and the Working Mother
This class is a must for new mothers who are breastfeeding and planning on returning back to work, school, etc. Information and support is important to help you continue to breastfeed while away from home. Newborns are welcome.
Fee: $15.00 per family.

For more information & registration
Call Perinatal Education
(714) 771-8266

Credit will be available for other classes if you cancel any scheduled class or appointment.
NO REFUNDS WILL BE GIVEN.
**Postnatal Class Registration Form**

Please complete this form and return to St. Joseph Hospital, Perinatal Education, 363 S. Main St. #100, Orange, CA 92868

Phone: (714) 771-8266   Fax: (714) 744-8838

For Dates Visit Our Website: sjo.org

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St. Joseph Hospital, Perinatal Education, P.O. Box 5600, and Orange, CA, 92863-5600

Fax (714) 744-8838   Phone: (714) 771-8266

**To Visit:** St. Joseph Hospital Stork Stop Boutique, 363 S. Main St., Suite 100, Orange 92868

You may request specific dates by checking our website. Otherwise your classes will be coordinated and scheduled with your due date in mind. Please allow about 2 weeks for a return confirmation form.

***Credit for other classes will be available if you cancel any classes. No Refunds Will Be Given.***

***If you have any questions about the enclosed information, call (714) 771-8266***

### Desired Classes (Registration is Required)

- **Baby Massage (Newborns to Crawling)** $30.00
  
  Thursday, 3 week series, 10:00-11:30 am

- **Breastfeeding and the Working Mother** $15.00
  
  2nd Wednesday of each month, 11:30 am-1:00 pm

- **Baby Playtime With Parents (Newborns to 15 months)** $5.00
  
  1 Saturday per month 11:00 am - 12:00 pm

- **Mommy & Baby Yoga** $10.00
  
  Every Tuesdays, 10:30-11:30 am

### No Registration Required for the Following Classes

- **Mommy Matters (Newborns to Crawling)** $5.00
  
  Every Wednesday, 11:30 am - 2:30 pm, check in at the Stork Stop Boutique before each class.

- **Toddler Topics (Crawling to 15 months)** $5.00
  
  Every Wednesday, 10:00 am - 11:00 am, check in at the Stork Stop Boutique before each class.

### Lactation Support

- **New Mothers Breastfeeding Workshop** $10.00
  
  Every Monday, Wednesday & Friday, 9:30 - 11:00 am, check in at the Stork Stop Boutique before each class.

- **Private Lactation Consultations** (By appointment only)
  
  Please call to schedule an appointment (714) 744-8764.

### Payment Method

- Check or Money Order Enclosed (Payable to St. Joseph Hospital), Charge to my: Visa, MasterCard, Discover

**Credit Card #:** ________________________________  
**Exp. Date:** _______  
**Amt. to be Charged:** _______  
(Month & Year)

**Card Holders Name (Print):** ____________________________

**Card Holders Authorization Signature:** ____________________________

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1/2010
A Thoughtful Guide for Parents-to-be

Partners, answer the questions indicated. There are no right or wrong answers. Be honest in your answers so you can help each other through the rest of pregnancy, and labor and delivery. Set aside at least 15 minutes to discuss the answers.

Dads-to-be

1. What are you most concerned about related to labor and delivery?

2. What can your partner do to help you help her during labor and delivery? (Give specific instructions about comfort measures.)

3. What are you most looking forward to regarding the birth of your baby?

Mothers-to-be

1. What are you most concerned about regarding labor and delivery?

2. How can your partner best help you during labor and delivery?

3. What are you most looking forward to regarding the birth of your baby?

Together

List three specific strategies and comfort measures you will use during labor and delivery:
Tab 2
Pathway Through Pregnancy...My Doctor

Growing Together...My Baby and Me
(A record of your prenatal doctor visits)

MY OB CARE DOCTOR’S NAME

PHONE #

MY FIRST VISIT

DATE

EXPECTED DUE DATE

NUMBER OF WEEKS PREGNANT TODAY

WEIGHT TODAY (POUNDS)

OTHER IMPORTANT DATES ALONG THE WAY

FIRST HEARD BABY’S HEARTBEAT

FIRST ULTRASOUND

FIRST FELT BABY MOVE

LEARNED THE SEX OF THE BABY

OTHER

OTHER

Please record information from your doctor visits below.

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Tab 3
Preterm Labor: Take Prevention Seriously

Preterm labor can affect any pregnancy. Know the most common risk factors — and what you can do to nurture a healthy, full-term pregnancy.

By Mayo Clinic staff
May 23, 2009

A full-term pregnancy lasts about 40 weeks. Preterm labor refers to contractions that begin to open the cervix before week 37.

Often, the specific cause of preterm labor isn’t clear — but that’s not the end of the story. Taking good care of yourself can go a long way toward preventing preterm labor and delivering a healthy baby.

Why is preterm labor a concern?

If preterm labor can’t be stopped, your baby will be born too soon. And the earlier preterm birth happens, the greater the risks for the baby — including low birth weight, breathing difficulties, underdeveloped organs and potentially life-threatening infections. Children who are born prematurely also have a higher risk of learning disabilities, developmental disabilities and behavior problems.

Who’s at risk of preterm labor?

Preterm labor can affect any pregnancy. The most common risk factors include:

• Previous preterm labor or preterm birth
• Pregnancy with twins, triplets or other multiples
• Certain problems with the uterus, cervix or placenta
• Smoking cigarettes, drinking alcohol or using illicit drugs
• Some infections, particularly of the amniotic fluid and lower genital tract
• Some chronic conditions, such as high blood pressure and diabetes
• Being underweight or overweight before pregnancy, or gaining too little or too much weight during pregnancy
• Stressful life events, such as the death of a loved one or domestic violence
• Multiple miscarriages

Still, many women who have preterm labor have no known risk factors.

Can preterm labor be prevented?

There are no guarantees — but there’s much you can do to nurture a healthy, full-term pregnancy:

• Seek regular prenatal care. Prenatal visits can help your health care provider monitor your health and your baby’s health. Mention any signs or symptoms that concern you, even if they seem silly or unimportant.
• Eat healthy foods. During pregnancy, you’ll need more folic acid, calcium, iron, protein and other essential nutrients. A daily prenatal vitamin — ideally starting a few months before conception — can help fill any gaps.
• Manage chronic conditions. Diseases such as diabetes and high blood pressure increase the risk of preterm labor. Work with your health care provider to keep any chronic conditions under control.
• Follow your health care provider’s guidelines for activity. If you develop signs or symptoms of preterm labor, your health care provider may suggest working fewer hours or spending less time on your feet. Sometimes it makes sense to scale back other physical activities, too.
• Avoid risky substances. If you smoke, quit. Smoking may trigger preterm labor. Alcohol and recreational drugs are off-limits, too. Even prescription and over-the-counter medications deserve caution. Get your health care provider’s OK before taking any medications or supplements.
• Ask your health care provider about sex. It’s not a concern for women who have healthy pregnancies, but sex may be off-limits if you have certain complications — such as vaginal bleeding or problems with your cervix or placenta.
• Manage stress. Set reasonable limits — and stick to them. Set aside some quiet time every day. Ask for help when you need it.
• **Take care of your teeth.** Brush and floss daily, and visit your dentist for regular cleanings and dental care. Some studies suggest that gum disease may be associated with preterm labor and premature birth.

If you have a history of preterm birth or significant risk factors for preterm birth, your health care provider may suggest weekly shots of the hormone progesterone to help prevent preterm labor.

**What are the signs and symptoms of preterm labor?**

For some women, the clues of preterm labor are unmistakable. For others, the signs and symptoms are more subtle. Be on the lookout for:

• Contractions that occur more than eight times each hour (You’ll feel a tightening sensation in your abdomen, often reminiscent of menstrual cramps.)
• Low, dull backache
• A sensation of pelvic pressure
• Diarrhea
• Vaginal spotting or bleeding
• Watery vaginal discharge

If you’re concerned about what you’re feeling — especially if you have vaginal bleeding accompanied by abdominal cramps or pain — contact your health care provider. Don’t worry about mistaking false labor for the real thing. Everyone will be pleased if it’s a false alarm!

**Can preterm labor be stopped?**

While you’re evaluating your contractions, drink 16 ounces (473 milliliters) of water or juice. If you’re experiencing false labor, the fluids may suppress your contractions. In other cases, lying down — usually on your left side to improve circulation to your uterus — can halt contractions. Sometimes bed rest is recommended, although bed rest isn’t a proven remedy for preventing pregnancy complications or preterm birth.

If you’re admitted to the hospital, your health care provider may use a uterine monitor to measure your contractions. If your cervix is closed, your health care provider may use an ultrasound to evaluate your cervix. You may be given medication to stop the contractions.

**What if the contractions continue?**

Many women treated for preterm labor deliver at or near term. Often, however, advanced preterm labor can’t be stopped — or an infection or other complications make an early delivery safer for mother or baby.

If you’re between weeks 23 and 34, your health care provider may recommend two treatments:

• Medication to temporarily stop labor, either given orally or by injection
• An injection of potent steroids to speed your baby’s lung maturity

After week 34, steroids may not be needed because your baby’s lungs may be mature enough for delivery.

**What can I expect during labor?**

Aside from starting too early, preterm labor typically resembles normal labor. If relaxation and breathing techniques aren’t enough to control the pain, ask for relief. Your health care provider may recommend narcotic analgesics, an epidural block or other options. Pediatric experts may be on hand for the delivery to evaluate your baby and meet any special needs.

**What about recovery and future pregnancies?**

Preterm labor won’t affect your physical recovery from childbirth. However, the common stresses after delivery may be magnified by your baby’s condition. Preemies often need intensive medical care after birth, sometimes requiring lengthy hospital stays. This time will be busy and stressful. Surround yourself with supportive loved ones and friends. Accept their help in caring for your baby or older children.

After one preterm birth, you’re at risk of a subsequent preterm birth. To boost the odds, work with your health care provider to manage any risk factors and respond to early warning signs.
Diabetes in Pregnancy

Diabetes is a disorder in which the levels of sugar in the blood are too high. This occurs because the body doesn’t produce enough insulin or can’t use insulin properly. Insulin is a hormone made by the pancreas that lets the body turn blood sugar into energy or store it as fat.

In untreated diabetes, high blood-sugar levels can damage organs, including blood vessels, nerves, eyes and kidneys. Some people with diabetes need daily insulin injections to prevent these complications.

About 1 in 100 women of childbearing age has diabetes before pregnancy (pregestational diabetes) (1). Another 4 percent develop diabetes during pregnancy (gestational diabetes) (2). Most of these women can look forward to having a healthy baby. While diabetes poses some risks in pregnancy, advances in care have greatly improved the outlook for these pregnancies.

What risks does pregestational diabetes pose to the baby?

Poorly controlled pregestational diabetes poses a number of risks to the baby. These risks can be greatly reduced with good blood-sugar control starting before pregnancy.

- **Birth defects:** Women with pregestational diabetes are 3 to 4 times more likely than nondiabetic women to have babies with serious birth defects. These include heart defects; neural tube defects (NTDs) (birth defects of the brain or spinal cord); oral clefts; and kidney, gastrointestinal and limb defects (3). However, diabetic women with good blood-sugar control before and during conception have a similar risk of birth defects as women without diabetes (3).

- **Miscarriage:** High blood-sugar levels around the time of conception may increase the risk of miscarriage (1).

- **Premature birth (before 37 completed weeks of pregnancy) (1):** Premature babies are at increased risk for health problems in the newborn period as well as lasting disabilities.

- ** Macrosomia:** Women with poorly controlled diabetes are at increased risk for having a very large baby (10 pounds or more). This is called macrosomia.
  These babies grow so large because some of the extra sugar in the mother’s blood crosses the placenta and goes to the fetus. The fetus then produces extra insulin, which helps it process the sugar and store it as fat. The fat tends to accumulate around the shoulders and trunk, sometimes making these babies difficult to deliver vaginally and putting them at risk for injuries during birth.

- **Stillbirth:** Though stillbirth is rare, the risk is increased with poorly controlled diabetes (4).

- **Newborn complications:** These include breathing problems, low blood-sugar levels and jaundice (yellowing of the skin). These complications can be treated, but it is better to prevent them by controlling blood-sugar levels during pregnancy.

- **Obesity and diabetes:** Babies of women with poorly controlled diabetes may be at increased risk for developing obesity and diabetes as young adults (1).

What risks does gestational diabetes pose to the baby?

Women with gestational diabetes have an increased risk of having a baby with a birth defect, though the risk is generally lower than for women with pregestational diabetes. A 2008 study found that women with gestational diabetes are about 40 percent more likely than unaffected women to have a baby with one or more birth defects (3). This increased risk is seen mainly in women who were obese before pregnancy. The authors of the study recommend that women with gestational diabetes who are also obese be monitored for birth defects. Some women with gestational diabetes may have had unrecognized diabetes that began before pregnancy. These women may have had high blood sugar in the early weeks of pregnancy, which increases the risk of birth defects.

Like pregestational diabetes, poorly controlled gestational diabetes increases the risk of macrosomia, stillbirth and newborn complications, as well as obesity and diabetes in young adulthood (5, 6).
Does diabetes cause other pregnancy complications?
Women with diabetes (pregestational and gestational) are likely to have an uncomplicated pregnancy and a healthy baby, as long as blood-sugar levels are well controlled. However, women with poorly controlled diabetes are at increased risk for certain pregnancy complications. These include:

- **Preeclampsia**: This disorder is characterized by high blood pressure and protein in the urine. Severe cases can cause seizures and other problems in the mother and poor growth and premature birth in the baby.
- **Polyhydramnios**: This is a condition where the mother makes too much amniotic fluid. Polyhydramnios can increase the risk for preterm labor and birth (1).
- **Cesarean birth**: When the baby grows too large, providers often recommend a cesarean birth (6).

What causes gestational diabetes?
Gestational diabetes occurs when pregnancy hormones or other factors interfere with the body’s ability to use its insulin. An affected woman usually has no symptoms. This form of diabetes generally develops during the second half of pregnancy and goes away after delivery.

Who is at risk of gestational diabetes?
Women with certain risk factors are more likely to develop gestational diabetes. These risk factors include (4, 7):

- Gestational diabetes in a previous pregnancy
- 30 years old or older
- Overweight and/or excessive weight gain during pregnancy
- A very large (more than 91/2 pounds) or stillborn baby in a previous pregnancy
- One or more family members with diabetes
- African-American, Native American, Asian, Hispanic or Pacific Island ancestry

However, even women who don’t have any risk factors can develop gestational diabetes. For this reason, health care providers screen most pregnant women for the disorder.

How are women tested for gestational diabetes?
Most women are screened for gestational diabetes between the 24th and 28th week of pregnancy. Women who are considered at high risk (including women who have had gestational diabetes in a previous pregnancy) often are screened at an early prenatal visit. If test results are normal, they are screened again at 24 to 28 weeks.

The test involves drinking a liquid that contains 50 grams of glucose (a form of sugar). One hour later, the health care provider takes a blood sample. The sample is sent to the lab to measure the amount of glucose in the blood.

If the screening test shows that a woman has high levels of glucose in her blood, she needs to take a similar, though longer, test called the glucose tolerance test. It involves drawing blood samples while fasting and at 1, 2 and 3 hours after drinking 100 grams of glucose.

Most women diagnosed with gestational diabetes can control their blood-sugar levels with diet and exercise.

What diet is recommended for pregnant women with diabetes?
A pregnant woman with gestational or pregestational diabetes should follow a diet designed especially for her. Most providers refer women with gestational diabetes to a dietitian for this. A woman with pregestational diabetes should already be following a special diet, but she should get nutritional counseling because she may need to make changes in her diet as her pregnancy progresses.

The number of calories a pregnant woman with diabetes should eat and the proportion of foods from the various food groups (grains, proteins, milk products, fruits and vegetables) depend upon many factors, including her weight, stage of pregnancy and the baby’s growth rate. A woman’s health care provider and dietitian use these factors, as well as her food preferences, in designing a diet.
Daily calories are usually divided among three meals and about three snacks, including one at bedtime. For a woman with pregestational diabetes, the dietitian most likely recommends a diet that includes:

- 20 percent of calories from proteins, including lean meats, poultry, fish, beans, eggs and nuts
- About 30 to 40 percent from primarily unsaturated fats (fats that come mainly from plants and vegetables)
- 40 to 50 percent from mainly complex carbohydrates (fruits, vegetables and grains, including whole-grain bread, cereal, pasta and rice)

Sweets should be avoided. A similar diet may be recommended for women with gestational diabetes.

Should a pregnant woman with diabetes exercise?

Exercise is recommended for most women with gestational diabetes and many women with pregestational diabetes. Exercise can help control diabetes by prompting the body to use insulin more efficiently. However, pregnant women with diabetes always should talk to their health care provider about exercising. Pregnant women with poorly controlled diabetes or certain complications, such as high blood pressure or blood vessel damage (caused by pregestational diabetes), should exercise only with their health care provider's approval.

Do pregnant women with diabetes require insulin treatment?

Many women with pregestational diabetes use insulin injections to keep blood-sugar levels under control. During pregnancy, these women usually need to increase their insulin use. Generally, insulin requirements rise most rapidly between about 28 and 32 weeks of pregnancy (1). Some women with pregestational, insulin-dependent diabetes find that an insulin pump helps improve blood-sugar control. The pump is a beeper-sized device that delivers insulin via a tiny plastic tube inserted through the skin.

Some women with pregestational diabetes use oral medications to control their blood-sugar levels. In most cases, these women need to switch to insulin while they are trying to conceive and during pregnancy. Doctors are studying the safety and effectiveness of oral diabetes medications during pregnancy, but until more is known, they usually recommend insulin (1, 8). Some women with gestational diabetes are unable to control their blood-sugar levels with diet and exercise. These women are treated with insulin or an oral diabetes medication (glyburide) for the remainder of the pregnancy. Recent studies suggest that glyburide is safe and as effective as insulin in controlling blood-sugar levels in women with gestational diabetes (9, 10). (Because the women in these studies received the drug after the first trimester, the studies do not demonstrate whether or not treatment is safe to use earlier in pregnancy.)

How can a pregnant woman monitor her diabetes at home?

Pregnant women with pregestational and gestational diabetes should monitor their blood-sugar levels several times a day. They use a spring-loaded finger-stick device to obtain a small blood sample, which is placed on a strip and inserted in a meter. This makes it easy to check blood-sugar levels and adjust diet or insulin dosage between prenatal visits.

The provider may suggest a home urine test to measure levels of ketones. Ketones are weak acids produced when the pregnant woman is not consuming enough calories and her body burns fat instead of blood sugar for energy.

Moderate to large amounts of ketones in the urine can be a sign of poorly controlled diabetes and of ketoacidosis, a complication that, unless promptly treated, can lead to death of the fetus. Symptoms of ketoacidosis in the woman may include nausea, vomiting, fruity odor of the breath, breathing problems, mental confusion and, without treatment, coma and even death.
What tests are recommended to detect pregnancy complications?

The health care provider carefully tracks the size and well-being of the fetus, especially during the third trimester. The provider may recommend one or more of these tests:

- **Ultrasound:** This test may be repeated more than once to assure that the fetus is growing at a normal rate. If the baby reaches a weight of 9 pounds, 14 ounces or more, the provider likely recommends a cesarean birth at term (1).
- **Nonstress test:** This procedure monitors the baby’s heart rate. It may be repeated weekly or more frequently.
- **Biophysical profile:** This test combines the nonstress test with an ultrasound. It also may be repeated weekly or more frequently.
- **Fetal movement counting:** Each day the pregnant woman records the number of kicks felt in 1 or 2 hours.

In most cases, these tests show that the pregnancy is progressing normally. Although women with diabetes are at increased risk for cesarean birth, most have normal vaginal deliveries.

Do women with diabetes require special care after delivery?

Some women with pregestational diabetes find that their blood-sugar levels may be more difficult to predict in the weeks after delivery. This is especially true if a woman is breastfeeding. Women with pregestational diabetes should monitor their blood-sugar levels frequently, so that they and their health care providers can adjust their dose of insulin or oral diabetes medications.

After delivery, blood-sugar levels return to normal for most women with gestational diabetes. The American Diabetes Association (ADA) recommends that women with gestational diabetes have their blood-sugar level checked 6 to 12 weeks after delivery to make sure levels are normal (11). Because women who have had gestational diabetes have about a 50 percent chance of developing diabetes in the future (5), the ADA recommends a blood-sugar check at least every 3 years (11). These women can help reduce their risk by starting a weight-loss and exercise program after delivery.

Women who have had gestational diabetes also face up to a 2 in 3 chance of gestational diabetes returning in another pregnancy (2). A weight-loss and exercise program after delivery may reduce this risk.

What can a woman with diabetes do before pregnancy to reduce the risks to her baby?

Women who have pregestational diabetes or who had gestational diabetes should consult their health care provider before attempting to conceive. Preconception care (care before getting pregnant) can help a woman get her blood-sugar levels under control before pregnancy. This is important because the birth defects associated with diabetes originate in the early weeks of pregnancy, before a woman may realize she is pregnant.

At a preconception visit, women who are overweight should discuss with their provider how to reach a healthy weight before conceiving. Women who are overweight or obese are at increased risk for gestational diabetes and other pregnancy complications, including high blood pressure, premature birth, stillbirth and having a baby with certain birth defects (12). Women who have already had gestational diabetes may be able to reduce their risk in another pregnancy by reaching a healthy weight before their next pregnancy.

Women who are obese or overweight should ask their provider about their pregnancy weight-gain goal. Generally, women who are overweight should gain 15 to 25 pounds, and women who are obese should gain 15 pounds (12).

The provider may recommend that a woman with pregestational diabetes have a blood test that measures glycosylated hemoglobin (a substance formed when glucose in the blood attaches to the hemoglobin protein in red blood cells) every 1 to 2 months. This test shows how well blood sugar has been controlled during the past 2 to 3 months. It can help determine when it is safest to try to conceive. The test also may be used to monitor blood-sugar control during pregnancy. The provider may recommend that a woman who had gestational diabetes have a blood-sugar test to see if her blood-sugar levels have returned to normal, or whether she has developed diabetes.
All women should take a multivitamin containing 400 micrograms of the B vitamin folic acid, as part of a healthy diet, starting at least 1 month before pregnancy, to help prevent NTDs. Women with pregestational diabetes are at increased risk of having a baby with an NTD, so taking folic acid may be especially important for them. In some cases, the provider may recommend that the woman take a larger dose (1). Daily doses of 4,000 micrograms have proven successful in reducing the risk of having another baby with an NTD in women who already have had an affected baby.

At a preconception visit, the provider may recommend that women with pregestational diabetes who take oral diabetes medications switch to insulin.

**Resources**
For further information, go to:
- Centers for Disease Control and Prevention (CDC) Diabetes Public Health Resource

**References**
Warning Signs During Pregnancy

During your pregnancy, report any of the following warning signs to your physician. Communication is very important between you, your support person and your physician. Make a list of your physical symptoms including your concerns and bring it with you to your doctor’s appointment.

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<th>Possible Problems</th>
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<td>Placenta previa</td>
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<td>Abruptio placenta</td>
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<td>Premature labor</td>
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<td>Abdominal pain</td>
<td>Abruptio placenta</td>
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<td>Premature labor contractions</td>
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<td>Leaking or gushing of clear fluid from your vagina</td>
<td>Rupture of membranes</td>
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<tr>
<td>Sudden puffiness or swelling of your hands or face</td>
<td>Pregnancy induced hypertension (High blood pressure)</td>
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<td>Severe persistent headache</td>
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<td>Disturbances of vision—spots</td>
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<td>Dizziness, light-headedness</td>
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<td>Pregnancy induced hypotension (Low blood pressure)</td>
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<td>Pain or burning on urination</td>
<td>Urinary tract infection</td>
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<td>Sexually transmitted disease</td>
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<tr>
<td>Irritating vaginal discharge, itching, genital sores, warts</td>
<td>Vaginal infection</td>
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<td>Sexually transmitted disease</td>
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<td>Fever—oral temperature over 100 degrees Fahrenheit</td>
<td>Infection</td>
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<td>Persistent nausea and vomiting</td>
<td>Infection</td>
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<td>Dehydration</td>
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<td>Noticeable reduction in fetal activity*</td>
<td>Fetal distress</td>
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One of the best ways to keep track of healthy babies is to notice movements. Healthy babies are very active, especially in the morning or evening after you have eaten a meal. Healthy babies also have rest periods. Babies who may be having problems are sluggish and move less than usual. Notifying your doctor of a decrease in your baby’s movements may help detect a potential problem.

You should begin counting your baby’s movements daily at the beginning of the seventh month of your pregnancy (around 28-30 weeks), and continue until you deliver your baby. This is also something you can do any time you notice a decrease in your baby’s normal activity. (Every baby’s activity level is a bit different. You are most aware of any change in your own baby’s movements.)

Instructions:

- Eat a normal meal, or drink or eat something sweet. This will increase the baby’s blood sugar (which will usually increase the baby’s activity). One hour after you eat, lie on your left side and count your baby’s movements. The baby should move at least three times in 30 minutes, or six times in an hour. If, after two hours, the baby has not met this criteria, please call your doctor that day.

- Remember, the baby will normally have periods when it will be asleep, sometimes lasting as long as four hours, but it should not exceed four hours.

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</table>
Below you will find a list of frequently described discomforts. While these symptoms do not normally represent a hazard to you or your baby, please feel free to call your physician any time you are concerned about a symptom you are having. Also refer to Warning Signs of Pregnancy at the beginning of this chapter. Remember to consult your physician before using any over-the-counter medication.

<table>
<thead>
<tr>
<th>Discomforts</th>
<th>Cause</th>
<th>Relief Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Constipation</strong></td>
<td>Increased levels of a pregnancy hormone called progesterone causes slowing of digestion in the stomach and intestines.</td>
<td>Drink plenty of fluids. Exercise regularly. Increase dietary intake of fresh fruits and vegetables.</td>
</tr>
<tr>
<td><strong>Heartburn</strong></td>
<td>Due to slowing of the gastrointestinal tract and displacement of the stomach by the growing uterus.</td>
<td>Eat small, frequent meals. Don’t eat and drink at the same time. Don’t eat right before going to bed.</td>
</tr>
<tr>
<td><strong>Round Ligament Pain</strong></td>
<td>Caused by stretching of the ligaments that support the uterus.</td>
<td>Bring your knee as close to your chest as possible and slowly extend it. Also, a warm bath or shower may help.</td>
</tr>
<tr>
<td><strong>Urinary Frequency</strong></td>
<td>Bladder size reduced by growing uterus.</td>
<td>Limit fluid intake before bedtime. Notify physician of burning sensation with urination.</td>
</tr>
<tr>
<td><strong>Shortness of Breath</strong></td>
<td>Lungs displaced by growing uterus.</td>
<td>Maintain good posture. Sleep with extra pillows. Stop smoking.</td>
</tr>
<tr>
<td><strong>Difficulty Sleeping</strong></td>
<td>Usually due to fetal movement, urinary frequency, leg cramps, shortness of breath.</td>
<td>Support body parts with extra pillows. Ask coach to give you a back rub. Take a warm bath or shower for relaxation.</td>
</tr>
<tr>
<td><strong>Leg Cramps</strong></td>
<td>Cause uncertain; possibly related to calcium intake.</td>
<td>Rotate foot in a circle to relieve cramps. Increase your intake of milk products.</td>
</tr>
<tr>
<td><strong>Ankle Swelling</strong></td>
<td>Decreased circulation due to the growing uterus.</td>
<td>When resting, lie on left side with feet slightly elevated. Put on support hose before getting out of bed.</td>
</tr>
</tbody>
</table>
Assessments

During each prenatal visit, your physician will check your blood pressure, weight, and urine. Your physician will also measure your uterus to see how much your baby has grown and will listen to the baby's heartbeat.

Write down your questions and concerns and bring this list to your appointment. This is a great time to get them answered.

Refer to Warning Signs of Pregnancy for important information on when to contact your physician.

Diagnostic Tests/ Procedures

Early in pregnancy, blood will be drawn to obtain baseline laboratory data such as your blood type, rubella status, iron count, and, possibly, a sugar or glucose level.

Additionally, between 16 and 20 weeks gestation, an additional blood test called the alpha feto-protein (AFP) test will be offered to check for abnormalities in your baby's development.

If it is determined that amniocentesis is needed, it will be completed early in this trimester (usually between 16-18 weeks).

Consultations

If it is determined by your doctor that you have factors that place you or your baby “at risk” during your pregnancy, you may be referred to a perinatologist (high risk specialist) or maternal-fetal medicine specialist.

Activity

Your energy level should increase to normal levels now that the first trimester is over. In general, you do not need to limit your activity and exercise, unless your physician tells you to do so.

If you are an avid exerciser, be sure to follow the most current recommendations by the American College of Obstetricians & Gynecologists which are as follows:

- Avoid exercise that increases your heart rate above 140 beats per minute.
- Limit periods of exercise where your heart rate is accelerated to 20 minutes.
- If you find an exercise uncomfortable or painful, listen to your body and stop or alter that exercise to eliminate the discomfort.

Diet

For those who have been experiencing nausea or morning sickness, there is good news! Your nausea and vomiting should be ending early in this period.

For tips on healthy eating during your pregnancy, refer to the nutrition section later in this chapter.

If you have concerns about your diet or weight gain, let your physician know and perhaps a visit with the dietitian will help.

Teaching and Learning

This is the time to decide which other prenatal classes would be beneficial to you. Consider taking “Congratulations You’re Pregnant” class. Please review class description and send in your registration as soon as possible.

Medications

In general, it is best to avoid all medications (prescribed or over-the-counter) except for your prenatal vitamins, unless first approved by your doctor.

Your prenatal vitamins are very important for your baby’s growth and development. Consider taking them at night or breaking them in half if you are experiencing nausea/morning sickness.
Assessments

Visits to your doctors’ office will become more frequent as you approach your due date.

In addition to the assessments described on the previous pathway, your physician may do a pelvic exam to check the dilation and effacement of your cervix.

Refer to Warning Signs of Pregnancy for important information on when to call your physician.

Diagnostic Tests/Procedures

At the beginning of your third trimester, additional laboratory tests may be ordered to check your glucose (sugar) level and your blood count. Other laboratory tests may be ordered later in the pregnancy if your physician thinks they are necessary.

Additionally, your physician may want your baby’s heart rate monitored for 15-20 minutes in Maternal Fetal Testing (located in the St. Joseph Outpatient Pavilion across from St. Joseph Hospital). Referred to as a Non-Stress Test (NST), this reassures your physician that your baby is healthy and your placenta is working well. (Some physicians may perform this test in their office.)

Consultations

If it is determined by your doctor that you have factors that place you or your baby “at risk” during your pregnancy, you may be referred to a perinatologist (high-risk specialist) or maternal-fetal medicine specialist.

Choose your baby’s doctor or pediatrician early (check with your insurance plan for covered physicians who practice at St. Joseph Hospital). Make an appointment with him/her before the delivery. (See Infant Care Decisions section in My Amazing Newborn chapter.)

Activity

More frequent rest periods may become necessary as you near your due date. Ask for help around the house with chores and preparing the baby’s room.

If you are continuing to participate in an exercise program, watch your balance and remember your joints are beginning to loosen in preparation for the baby’s birth.

Diet

You may notice that as your tummy continues to grow, you get full faster. Eat smaller, more frequent meals. This ensures that you continue to get adequate nutrition for the baby.

If indigestion is a frequent discomfort, refer to the nutrition section for helpful hints.

Teaching and Learning

The following prenatal classes are recommended during this phase of your pregnancy:

- Prepared Childbirth Classes or Childbirth Refresher
- Preparation for Successful Breastfeeding
- Baby Care - The Basics
- Big Brother/Big Sister
- You, Your Baby and Your Doctor
- Infant and Child CPR
- Boot Camp for New Days

Medications

Continue to take your prenatal vitamins.

Consult with your physician before taking any over-the-counter medication.
Tab 4
One of the many nice things about childbirth is that you know about it in advance and can make all of your hospital arrangements before your baby is born. Consequently, the joy of this special moment does not have to be tempered by the stress of last minute details. We encourage you to complete and return the Preadmission Questionnaire and Birth Certificate Preregistration form during your pregnancy.

If you have any questions about the preadmission process, please feel free to contact Maternity Admission Services at 714/744-8888.

The following items are included in this section:

**Preadmission Questionnaire**

Please complete and return this questionnaire to the hospital along with an insurance form and/or a copy of the front and back of your insurance card as soon as possible. Mail forms 2 months before due date.

**Birth Certificate Information**

Includes an informative letter about the birth certificate process as well as a birth certificate preregistration form. We encourage you to complete and return it to the hospital along with the maternity preadmission questionnaire. Mail forms 2 months before due date.

**Mailing address for Pre-admission and Birth Certificate forms:**

St. Joseph Hospital  
OB Admitting  
P.O. Box 5600  
Orange, CA 92863-5600

**Birth Plan**

We encourage you to complete this form and bring with you when you enter the hospital for delivery.

**Insurance/Financial Information**

Explains the financial aspects of your hospital stay.

**Patient Rights and Responsibilities**

This information explains your rights and responsibilities as a patient.

**Advance Directive Information**

This information explains your right to make decisions about healthcare treatment.

**Maternity Tour Highlights**

**Private Room Accommodations**

Our Mother Baby Unit, where care will be provided for you and your newborn after delivery, offers a combination of both semiprivate and private rooms. The unit has 57 beds of which 19 are private rooms. Private rooms cannot be reserved in advance, and will be assigned to mothers on a first delivered, first served basis.
Birth Certificate Information

Naming Your Baby

The name you choose for your child will be with him/her for life. Your child’s name is very important, so please give it great thought and consideration. After your child is born, a Maternity Admission Services Representative will either visit or call you in your hospital room to conduct an interview. At this time, we will ask for the name of your child. Because the birth certificate is a legal document, we will review the information that you have sent us on the Birth Certificate Preregistration form. This interview enables us to verify the information, you have provided, for any errors or changes as well as to complete any missing information.

The State of California mandates that all live births be registered in a timely manner. In order to meet the State’s requirements, St. Joseph Hospital is only allowed to keep birth certificates for four (4) days after the birth of your child.

To expedite the birth records process, we would like you to fill out the Birth Certificate Preregistration form and send it in with your Preadmission Questionnaire. This will ensure that the birth records office has all of the information needed to prepare the birth certificate for your child.

Social Security Number

As a courtesy to new parents, a social security number can be produced for your newborn child. In order to do so, we must have a first, middle and last name for your child at the time the birth certificate is completed. If all of the information is complete, we will, with your permission, generate a social security number for your child. Your child’s social security card will be forwarded to you within five to eight weeks by the Social Security Administration Office.
BIRTH CERTIFICATE PREREGISTRATION FORM

Information for the Birth Certificate:
Please complete the following information and mail it to the hospital along with our Obstetrical Patient Preadmission Questionnaire.

<table>
<thead>
<tr>
<th>Information</th>
<th>First</th>
<th>Middle</th>
<th>Last (family)</th>
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<tbody>
<tr>
<td>Birth Name of Mother</td>
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<tr>
<td>Mother’s State of Birth</td>
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<tr>
<td>Mother’s Date of Birth</td>
<td></td>
<td></td>
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<tr>
<td>Mother’s Race/Ethnicity</td>
<td>Race:</td>
<td>Hispanic:</td>
<td>□ No (not Hispanic)</td>
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<td></td>
<td></td>
<td>□ Yes - Cuban</td>
<td>□ Yes - Puerto Rican</td>
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<td>□ Yes - Mexican</td>
<td>□ Yes - other Hispanic (specify)</td>
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<tr>
<td>Mother’s Usual Occupation</td>
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<tr>
<td>Mother’s Usual Kind of Business or Industry</td>
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<tr>
<td>Mother’s Education (# of years completed)</td>
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<td></td>
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<tr>
<td>Mother’s Address</td>
<td>Number, Street, Location</td>
<td>City</td>
<td></td>
</tr>
<tr>
<td></td>
<td>State</td>
<td>County</td>
<td>Zip Code</td>
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<tr>
<td>Mother’s Social Security Number</td>
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<tr>
<th>Information</th>
<th>First</th>
<th>Middle</th>
<th>Last (family)</th>
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<tbody>
<tr>
<td>Father’s State of Birth</td>
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<td></td>
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<tr>
<td>Father’s Date of Birth</td>
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<tr>
<td>Father’s Race/Ethnicity</td>
<td>Race:</td>
<td>Hispanic:</td>
<td>□ No (not Hispanic)</td>
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<td></td>
<td>□ Yes - Cuban</td>
<td>□ Yes - Puerto Rican</td>
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<tr>
<td></td>
<td></td>
<td>□ Yes - Mexican</td>
<td>□ Yes - other Hispanic (specify)</td>
</tr>
<tr>
<td>Birth Name of Father</td>
<td>First</td>
<td>Middle</td>
<td>Last (family)</td>
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<tr>
<td>Father’s Usual Occupation</td>
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<td>Father’s Usual Kind of Business or Industry</td>
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<td>Father’s Education (# of years completed)</td>
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<td>Father’s Social Security Number</td>
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<tr>
<td>Date Last Normal Menses (period) began</td>
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<td>Month Prenatal Care Began</td>
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<tr>
<td>How many months pregnant were you when you first saw a Doctor:</td>
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<tr>
<td>How many live births have you had (do not include this baby)</td>
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<tr>
<td>Number of Living Children</td>
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<tr>
<td>Date of Last Live Birth</td>
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<tr>
<td>Do you have a history of miscarriage?</td>
<td>□ No</td>
<td>□ Yes</td>
<td>If yes, give date of last miscarriage:</td>
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</table>

The above information will be used to complete the baby’s birth certificate and will be handled with strictest confidentiality.
### Obstetrical Patient
#### Pre-Admission Questionnaire

<table>
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<tr>
<th>Expected Due Date</th>
<th>Your Maternity Care Doctor</th>
<th>Primary Care Physician (family doctor):</th>
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</table>

Name of Physician who will examine and care for your newborn during your hospital stay? ____________________________

*This doctor must have newborn care privileges at St. Joseph Hospital.*

How many babies are you having with this pregnancy?  
☐ One ☐ Two ☐ Three ☐ Other

### INFORMATION ABOUT YOU (please print):

**Name:**

Last Name: ____________________________  First Name: ____________________________  Middle initial: ____________________________  Maiden Name (last name at birth): ____________________________

Birthdate: ____________________________  Social Security Number: ____________________________

**Current Address:**

Number and street: ____________________________  City: ____________________________  State: ____________________________  Zip Code: ____________________________

Home Phone #: ____________________________  Work or Message Phone #: ____________________________

**Employer:**

Company Name: ____________________________  Address: ____________________________

**Occupation:** ____________________________  ☐ Full Time  ☐ Part Time

**Marital Status:**

☐ Single  ☐ Married  ☐ Divorced  ☐ Widowed  Religious Preference: ____________________________

**Ethnic/Race Background Information:**

- **Ethnicity:**
  - ☐ Non-Hispanic Origin  ☐ Hispanic Origin

- **Race:**
  - ☐ White  ☐ Black  ☐ Native American/Eskimo/Aleut
  - ☐ Asian Pacific Islander (which one): ____________________________  ☐ Other: ____________________________

**Language at Home:**

- ☐ English  ☐ Spanish  ☐ Vietnamese  ☐ Sign Language  ☐ Other: ____________________________

**Will you need interpreter services during your hospital stay:**

☐ Yes  ☐ No

**Are you associated with St. Joseph Hospital in any way:**

- ☐ Employee  ☐ Volunteer  ☐ Physician  ☐ ____________________________

### INFORMATION ABOUT YOUR SPOUSE (please print):

**Name:**

Last Name: ____________________________  First Name: ____________________________  Middle initial: ____________________________

Current Address:

(if different than above)

Number and street: ____________________________  City: ____________________________  State: ____________________________  Zip Code: ____________________________

Home Phone #: ____________________________  Work or message phone #: ____________________________

**Employer:**

Company Name: ____________________________  Address: ____________________________

**Occupation:** ____________________________  ☐ Full Time  ☐ Part Time
PERSON TO CONTACT IN CASE OF EMERGENCY

Name __________________________________________ Relationship: ____________________________
Last __________________________ First __________________________
Address: __________________________________________
Number and Street __________________________ City __________________________ State __________ Zip Code __________ Phone number __________

INSURANCE INFORMATION (please provide a copy of your insurance card*)

Primary Insurance Name: __________________________________________
☐ HMO ☐ EPO ☐ PPO ☐ POS
Address: __________________________________________
Number and Street __________________________ City __________________________ State __________ Zip Code __________
Phone #: __________________________ Policy #: __________________________ Group #: __________________________

Policy Holder’s Name: __________________________________________ Relationship: __________________________

Policy Holder’s Social Security #: __________________________ Date of Birth: __________________________
Secondary Insurance Name: __________________________________________
☐ HMO ☐ EPO ☐ PPO ☐ POS
Address: __________________________________________
Number and Street __________________________ City __________________________ State __________ Zip Code __________
Phone #: __________________________ Policy #: __________________________ Group #: __________________________

Policy Holder’s Name: __________________________________________ Relationship: __________________________

Policy Holder’s Social Security #: __________________________ Date of Birth: __________________________

HEALTHCARE DIRECTIVES AND INFORMATION (please answer each question)

☐ I have received a copy of the “Patient Rights and Responsibilities” statement.

☐ I have received a copy of “Your Rights to make Decision About Medical Treatment”, otherwise known as Advance Directives.

☐ I have the following Advance Directive(s) in effect at this time:

☐ None

☐ Durable Power of Attorney for Healthcare

☐ Natural Death Act Declaration*

☐ Living Will*

*Bring a copy with you to the hospital if applicable

Do you wish to have additional information about Advance Directives at this time? ☐ Yes ☐ No

If you need assistance in completing any of the questions on this form, please call the Saint Joseph Hospital Maternity Admission Services Department at 714/744-8888.

Signature ► __________________________ Date ► __________________________
COPING WITH LABOR PAIN:

I wish to try:
- Breathing Techniques
- Relaxation Techniques
- Walking, if possible
- Warm Shower
- Massage
- Music
- Narcotic Medication
- Epidural Analgesia
- Therapy Ball
- Other: 

I’m not sure, please suggest some helpful techniques

The following statement best describes how I feel about pain medication:
- I strongly desire an unmedicated childbirth, for a sense of personal gratification and to benefit my baby. I think I would feel disappointed if I had medications.
- I have a strong desire to avoid medication, mainly for by baby’s benefit. I have actively learned and practiced comfort measures, but will accept pain medication for a difficult, painful birth.
- I plan to use medication, but as little as possible.
- I plan to have an epidural in the active phase of labor. I am willing to use comfort techniques or narcotic medication as needed.
- I want analgesia to be given as soon in labor as safely possible, and as soon as the doctor will allow it.

MY PERSONAL BIRTH PLAN:

Name: ___________________________ Expected Due Date: ____________

Primary OB Care Physician: ________________________________

At St. Joseph Hospital, we are committed to meeting your individual needs. Please take the time to consider what will make your birth experience meaningful to you and your family. This plan should be discussed with your physician during your pregnancy. Please bring a copy of this Birth Plan with you to the hospital when your labor begins.

LABOR AND HOSPITAL STAY

SUPPORT PEOPLE:
Primary Support Person: ____________________________
Others attending the birth, and their role: ____________________________

SPECIAL REQUESTS/CONCERNS:
Are there any requests for delivery time: ____________________________

Are there any concerns or fears your caregivers should be aware of: ____________________________

Do you require any restrictions of visitors or phone calls while in the hospital? ____________________________

Is there anything else your caregivers should know that will assist you in creating the atmosphere or the memories that will make this birth experience everything you would like it to be? ____________________________

Do you have specific dietary needs? ____________________________

Do you have any cultural or family traditions you will be observing while in the hospital? ____________________________

Would you like to breastfeed your baby as soon as possible after delivery? Yes ☐ No ☐

After delivery, one hour of uninterrupted time with your new baby will allow for bonding and early attachment with you and your partner. This special time is honored by our staff before visitation of relatives.

Do you want to participate in this program? Yes ☐ No ☐
We, the physicians, nurses and staff of St. Joseph Hospital, are committed to delivering the best care possible to all our patients. We treat each patient as an individual, striving to show you the same respect we would to a member of our own family. Our goal is to facilitate your care through clear communication between you and the entire health care team, recognizing that you are the ultimate decision-maker. Our philosophy is that as a patient, you have the right to personal consideration, information about your care, and full participation in it. Specifically you, or the person legally responsible to make decisions regarding your care should expect:

**Rights**

*Participation:*
- Respectful care and personal dignity at all times.
- Full consideration of privacy concerning your medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discretely. You have the right to be advised as to the reason for the presence of any individual or technology being used.
- Confidential treatment of all communications and records pertaining to your care and your stay in the hospital. Your written permission shall be obtained before your medical records can be made available to anyone not directly concerned with your care.
- To be treated without regard to gender, race, culture, economic, educational or religious background or the source of payment for your care.
- To ask for spiritual and emotional support
- A secure and safe environment while you are in the hospital.
- To have access to protective services.
- To be informed of the process for resolution of complaints.
- Responsible response to any request you may make for service.
- Reasonable continuity of care and to know in advance the time and location of an appointment as well as the physician providing the care.

*Information:*
- Be advised if hospital/personal physician proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
- Be informed by your physician or a delegate of your physician of your continuing health care requirements following your discharge from the hospital.
- Examine and receive an explanation of your bill regardless of source of payment.
- Have all patients’ rights apply to the person who may have legal responsibility to make decisions regarding medical care on your behalf.
- To communicate openly through visitors, mail, telephone calls, etc., unless such communication impedes your care. Any restrictions on communication will be explained to you and will be determined with you and your family’s participation.
- To review your medical records with a healthcare provider without charge and obtain a copy for a reasonable charge.
- Appropriate assessment and management of pain.
- To be free from any form of restraint that is not medically necessary.

*Patient Rights and Responsibilities*
• To receive as much information about any proposed treatment or procedure that you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include:
  (1) a description of the procedure or treatment;
  (2) the medically significant risks, benefits and complications involved in the treatment;
  (3) any alternate course of treatment or non-treatment and the risks involved in each;
  (4) the name of the person who will carry out the procedure or treatment.
• To be informed when the hospital cannot provide needed services for your care and if necessary to transfer you to another facility.

Participation:
• To have the health care team adhere to advance directives you have made concerning your care and treatment as permitted by law.
• To have the health care team provide assistance in understanding how to complete an advance directive about your care.
• To have access to our Bioethics Resource Team, should any conflict arise related to your medical treatment.
• That if you are an adult with decision making capacity you may refuse treatment, and will be informed of the medical consequences of such an action.
• The right to be informed of the medical consequences of leaving the hospital when your physician recommends against it.
• To participate in your total plan of care including the identification of medical, nursing and psychosocial needs and the planning of all related services.

Responsibilities

Optimal patient care depends on the cooperation between you and your health care team. You can positively affect your care, and the care of others, by fulfilling similar responsibilities for personal consideration, complete information and active participation. Specifically, we expect that you will:

Consideration:
• Be cooperative with hospital and medical staff.
• Treat hospital and medical staff, as well as other patients, in the same courteous, dignified manner that you can expect from your health care team.
• Considerate of the rights of other patients and hospital personnel and for assisting in the control of noise, a smoke free environment, and the number of visitors. Responsible for being respectful of the property of other persons and of the hospital.

Information:
• Provide, to the best of your knowledge, accurate and complete information about your medical history, present complaints, past illnesses, hospitalization, medical care and other matters related to your health.
• Report any changes in how you feel to your physician or a member of your health care team as soon as possible.
• Report whether you clearly understand your plan of care and what is expected of you.

Participation:
• Follow hospital rules and regulations for the safety and effectiveness of all involved.
• Participate in your plan of care and accept the consequences for any refusal of treatment or choice to not follow the recommendations of the health care team.
• Accept financial responsibility for your medical care costs.
• Be responsible for follow-up care and ongoing health care needs.
• If you have any questions about your rights and responsibilities, if our policies need clarification or if you have any questions, concerns, compliments or suggestions, please call the hospital operator (0) and ask for a Service Representative or the House Supervisor.
What Is an Advance Directive?

A document in which you:

Name someone to make healthcare decisions for you if you cannot make them for yourself, and write down the medical care you would or would not want in the future based on your beliefs and what is important to you.

Types of Advance Directives

Durable Power of Attorney for Health Care (DPAHC)

It is recommended for these reasons:

• Allows you to name someone (“agent”) to consent to or decline medical treatment for you
• Allows you to write down the treatment you would or wouldn’t want
• Becomes effective any time you cannot make medical decisions for yourself
• Can be revoked by simply telling your agent or doctor or by writing down that you’ve changed your mind
• Requires no legal assistance and costs nothing to complete
• Protects your agent and doctor when they follow your wishes

California Natural Death Declaration

Document in which you state your wishes regarding life-sustaining treatment. Applies only to terminally ill patients and requires two doctors’ verification. You do not name an agent.

Living Will

Document in which you state your wishes regarding life-sustaining treatment. You do not name an agent.

For more information, contact:

• California Health Decisions
  505 S. Main St., #400, Orange, CA  92868
  714/647-4920

• CMRI (California Medical Review, Inc.)
  60 Spear St., #400, San Francisco, CA  94105
  800/841-1602

Make Sure Your Advance Directive is Noticed

Check the following:

• Be prepared. Complete your advance directive in advance. Don’t wait until there’s a medical emergency. Complete your Advance Directive today.
• Tell your doctor and hospital staff that you have an Advance Directive.
• Bring a copy of your Advance Directive with you to the hospital every time, even if you’ve brought one before.
• Give your Advance Directive to hospital admitting staff and ask that it be made part of your hospital record. Be ready when hospital staff ask you about your Advance Directive. If you’re not asked, tell them you have one.
• Keep the original Advance Directive in a safe place. Give copies to your physician, agent, family. Don’t keep your Advance Directive in your safe deposit box; your agent or family may not be able to find it.
• Involve your agent and family. Ask them to tell hospital staff about your Advance Directive, particularly if you’ve moved to a new hospital room or different facility.
• Ask for help from social services, patient advocates, chaplains and nurses. Skilled staff members can help you with your Advance Directive. Although they cannot offer advice about your treatment, they can help you get the information that you need.
What to Bring to the Hospital

**For Mother:**

- “Your Personal Pathway Through Pregnancy” Notebook

*Labor Bag (optional)—bring to the labor/LDR room*
- Small focal point (picture or object)
- Note pad and pencil
- Chapstick
- Socks for cold feet
- If desired, music or relaxation tapes/CDs (with your name on them)
- Snacks or money for food for your partner/Labor Support person
- Change or Calling Card for telephone calls, and address book or phone list
- Lotion for massage
- Video camera (hand held only—battery operated)
- Camera, film, extra battery
- Small hand-held fan, if desired
- Pillows

(Flowers, balloons and gifts cannot be brought into the Labor and Delivery (or LDR) area due to infection control and potential loss—but these items are welcome on the Mother-Baby Unit, after delivery.)

**For After Delivery:**

- Robe/Nightgown
- Personal grooming items/hair care appliances (please have your nurse check electrical items before using)
- Pair of slippers
- Support or nursing bra
- Maternity clothes to wear home

(The hospital will supply sanitary napkins.)

**For Baby:**

- Clothing to wear home
- Receiving blanket
- Blanket or bunting (depending on the season)
- Car seat, installed in the car (Do not bring car seat to Mother-Baby Unit, leave in car)

(The hospital will supply shirts, blankets, and diapers for use during your stay in the hospital only. Please do not take T-shirts, blankets, or other linens home with you.)
St. Joseph Maternity Tour Highlights

- 2ND Floor of Building 1 has Labor and Delivery as well as post partum (after baby recovery) on it.
- OB Admitting is where you come to get checked in. You may mail or drop off your registration forms at the main lobby of St. Joseph Hospital.
- If you come to the hospital between 5:30am-8:00pm, come through the main lobby. If you come to the hospital between 8:00pm-5:30am, go to the ER entrance. Valet parking is available.
- You will deliver in a Labor, Delivery, and recovery room (LDR) and will stay up to 1-2 hours after delivery (for a vaginal birth). You are allowed up to 3 people at a time to visit you in the LDRs. Others can wait in the L&D waiting room and rotate in. NO children under 12 are allowed on the floor unless they are siblings of the newborn, so anyone with a young child will have to wait in the main lobby on the 1st floor.
- Camera and video equipment is welcome. No tripods. Let your nurse know if you plan to video tape. All staff (including MD) need to grant permission to be on camera.
- We practice skin to skin contact and an enhanced bonding experience for the parents and newborn right after birth. Due to this we ask all visitors to wait outside of the LDR for the first hour to 112 hours after birth so the newborn can get to know his or her parents.
- The waiting room for L&D is on MBU B (2 East). This is where family will wait if you are having a C section. Only one person is allowed to be with mom during a C section delivery.
- Mother Baby Unit (MBU) is where you go after you deliver your baby. We have private and semi private rooms. By popular request from our patients, we have a “Celebration of Life” package available. This includes a special celebration dinner (you order it the evening you want to share it with a partner or support person), a gift from the hospital, and a private room. This package is provided at a special price for your stay. Please call OB admitting (714) 744-8888 for special package price. When you come to OB admitting you can request this package. It has limited availability and is determined on a first delivered first served basis.
- You can have one person stay the night, but only if you are staying in a private room. There is no ability for anyone to overnight stay in a semi private room.
- As part of your delivery at St. Joseph you will receive an appointment at our Mother Baby Assessment Center. This is between 2-5 days after discharge. Someone will visit you to set that up while you are at the hospital.
- For infection control and space reasons, visitation on the MBU is limited to 3 people at a time, please have your visitors use the waiting room and rotate visitation. Again only siblings of the baby are allowed to visit if they are under 12.
- Our Neonatal Transitional unit is for babies that need observation, medications or treatments. To help you get to know your baby's cues and needs before going home, we practice rooming in for all our babies. The ONLY time your baby should be in the nursery is if you have no one in the room to watch the baby and you are taking a shower.
- To support, protect and promote breast feeding at our hospital, we do not send mother's home with formula bags at discharge. Also pacifiers are not recommended in the first few weeks of life for a mother breastfeeding. We will not supply pacifiers on the floor for your use. We have a picture service and the ability to build a web site before and after delivery. Please use the Welcome Newborn Kiosk or go to our web site (www.sjo.org) to learn more about your ability to build your newborn's web site and send out announcements to family.
- We also have many baby items available at our gift shop and Mother Baby Assessment Center Stork shop.
Pathway Through Pregnancy... Preparing for Your Hospital Admission

- Your baby’s security is very important to us. You will be educated about our infant security procedures in detail when you arrive. Please know that your baby will have an electronic device placed on his or her ankle for the entire stay. Also, no one is allowed to visit on the floor without a security badge. All employees will have a picture badge on. Last, you are your baby’s best protection, so if you feel uncomfortable with a visitor or someone entering your room, call your nurse immediately.

We hope you enjoyed the tour and thank you for choosing St. Joseph hospital as your place of delivery. We look forward to caring for you and your family.

The Women’s Services Team

Phone Numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Joseph Hospital</td>
<td>(714) 633-9111</td>
</tr>
<tr>
<td>Physician ‘Referral’</td>
<td>(714) 633-3627</td>
</tr>
<tr>
<td>Perinatal Education</td>
<td>(714) 771-8266</td>
</tr>
<tr>
<td>Maternal Fetal Testing</td>
<td>(714) 744-8713</td>
</tr>
<tr>
<td>OB Admitting</td>
<td>(714) 744-8888</td>
</tr>
<tr>
<td>Stork Stop Boutique &amp; Mother Baby Assessment Center</td>
<td>(714) 744-8764</td>
</tr>
<tr>
<td>SJH Birth Records</td>
<td>(714) 771-8000 X 12893</td>
</tr>
</tbody>
</table>
Tab 5
Distinguishing between true and false labor can be frustrating. Read below for signs and symptoms to help you decide.

**True Labor**

- **Contractions:**
  - Occur at regular intervals
  - Intervals gradually shorten
  - Intensity gradually increases
  - Located in the back and may radiate around to the abdomen (Some women mainly have back pain and/or menstrual-type cramping without “real” contractions)
  - Intensify with walking
- Bloody show may appear at this time
- Effacement and dilation of the cervix will occur
- Presenting part (baby’s head) will descend
- Sedation usually won’t stop true labor, however medication may slow you down temporarily
- Membranes (“bag of waters”) may rupture

**False Labor**

- **Contractions**
  - Occur at irregular intervals, but there may be periods of regularity
  - Intervals between contractions do not shorten with time
  - Intensity remains the same instead of increasing (may be uncomfortable at times)
  - Walking often provides some relief
- Absence of cervical change
- Contractions will stop or the pattern will change with sedation, relaxation, or change in activity
- Membranes (“bag of waters”) do not rupture

**How to Time Uterine Contractions**

Timing contractions is important so that we can follow the progression of your labor.

1. **Frequency:** This is measured in minutes and represents the time from the beginning of one contraction, to the beginning of the next.
2. **Duration:** This is measured in seconds or minutes and represents the time from the moment your uterus first begins to tighten until the moment it relaxes again.
Early Labor Pathway

Assessments

If you are uncomfortable with contractions, bleeding as if you are having a period, or leaking clear watery fluid from your vagina, you should call your doctor. He/she will arrange for you to come to the hospital or office for an evaluation. (See Labor Support Checklist for which hospital entrance to use.)

Once you arrive at the hospital, a registered nurse will listen to your baby’s heart beat with the fetal monitor and evaluate the status of your contractions and your cervix. Your physician will be notified of your arrival and the status of your labor.

Diagnostic Tests/Procedures

On admission to the hospital, blood will be drawn to test for anemia or a "low blood count." Additionally a tube of blood is held for testing in the event you should need a blood transfusion.

An intravenous (IV) line will be placed to provide you with fluids and important electrolytes throughout your labor. This IV will also allow us to give you pain medication should you request it.

Other tests or procedures may be indicated as you progress through the labor process. Your physician or nurse will inform you about any additional required tests or procedures.

Consultations

If it is determined by your doctor that you have factors that place you or your baby ‘at risk’ during your pregnancy or labor and delivery, you may be referred to a Perinatologist or Maternal Fetal Medicine Specialist.

Additionally, if it is determined that your baby will have special needs at delivery, a neonatologist (a doctor specializing in premature or sick newborns) will consult with you about possible treatments during that time.

Activity

During early labor, it is best if you can rest or take a nap. At times, we recommend you walk to bring your contractions closer together and stronger. You don’t, however, want to walk until you are exhausted. You will need energy—lots of it—for the remainder of your labor and delivery.

Diet

Once you suspect you are in early labor, you should limit your intake to small amounts of food, such as soup and/or a sandwich. Also, remember to drink plenty of fluids. Beverages such as Gatorade or Kool-Aid will keep you well hydrated and provide you with adequate nutrition for labor and delivery.

If you are to have a Cesarean Section, Do Not Eat or Drink Anything. Should you come to the hospital immediately after eating, your surgery may need to be delayed for up to eight hours.

Teaching and Learning

Review information from childbirth classes in preparation for the big event. If you have any questions about breathing and relaxation, or labor itself, your labor and delivery nurse will be able to answer them.

Medications

Continue to avoid all over-the-counter medications unless approved by your physician.

If your contractions are getting uncomfortable, try taking a warm shower to help you relax.
Hospital Discharge Planning

If you haven’t already done so, put your bags and the baby’s seat in the car.

Call your labor support person and babysitters to notify them of your upcoming trip to the hospital.

**Bring your Pathway Through Pregnancy notebook (this book) with you** for your labor support person to record information about your new little one. Include your list of numbers for those important phone calls to make once your baby has arrived.

Questions to ask my doctor:

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**Assessments**

Throughout your labor and birth, a registered nurse will continue to evaluate your progress. Frequent assessment of your vital signs, contraction pattern, cervical dilation, and level of pain will be made. Additionally, your baby’s response to labor will be monitored continuously.

**Diagnostic Tests/Procedures**

During the course of your labor, an electronic fetal monitor will be used to trace your contractions as well as the baby’s heart rate pattern.

**Consultations**

Since your doctor has left directions about your care during labor, your nurse will manage your labor according to the doctor’s plan. The physician will be informed about your progress.

If it is determined that your baby will require any special care at birth or shortly thereafter, a pediatrician or neonatologist will be called to attend the delivery of your baby.

If you choose to have an epidural, an anesthesiologist will be notified when it is time.

In the event a cesarean birth is needed, an anesthesiologist will consult with you.

**Activity**

It is important for you to stay as comfortable as possible while in labor. Let us know how we can assist you.

Helpful Hints:
- Walk around as long as possible.
- While in bed, lie on your side to maximize oxygen delivery to your baby.
- Change your position at least every one hour.
- Keep your bladder empty. A full bladder will make your contractions more uncomfortable.

**Diet**

Once in active labor, your intake will be limited to ice chips. Remember, your body is concentrating on the labor and birth process, therefore, any food you may eat will not be easily digested.

**Teaching and Learning**

Once you arrive in the Labor and Delivery unit, your nurse will orient you to the room, review our infant security program, and answer any questions you may have about labor and birth.

**Medications**

There are two options available for pain relief during labor:
- Intravenous medication, or
- Epidural analgesia

(For information on the benefits/risks of each, discuss this with your physician.)

Cesarean Births: You and your anesthesiologist will decide the best type of anesthesia for you during your surgery. In most cases, an epidural or spinal will be used to decrease the medication your baby will receive.
Dear family and friends,

Thanks for coming to my “Birth” day party!!!

I know you have been waiting for me for quite some time and are looking forward to getting to know me.

Can I ask you to wait just one more hour so I can get a chance to spend a little time getting to know my parents first?

The people taking care of my Mom and me would like to be able to put me skin to skin on my Mom’s chest right after I am born. This will help me to get rid of the fluids in my lungs so they can fill up with air more easily. My Mom is nice and warm so being against her will help me to stay warm until I get used to keeping my own temperature up. Being close to my Mom helps me learn her scent which will help to bond with her and learn to breastfeed. Being up close, skin to skin with my parents helps keep me calm and comforts me so I use less energy while I’m trying to get used to breathing and keeping warm on my own.

Thanks for helping me out!

I’m looking forward to getting to know you!

Welcome Baby Softly

Research has shown that there is a short period of time immediately after the delivery when the infant is very alert and responsive to beginning the process of attachment, or bonding, with his or her parents. We would like to take advantage of this short time to get your baby off to a strong start.

Hormonal changes at the time of delivery allow the mother to raise or lower her temperature to meet her infant’s needs. Putting baby skin to skin on mom’s chest helps the infant to maintain an even temperature. The rise and fall of her chest help the infant to clear the remaining fluid from its lungs. This allows the infant to adjust more rapidly to being on his or her own with less chance of problems.
Questions to ask my doctor:

________________________________________________________________________
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Recognizing transition is extremely important in being able to cope with labor. Know the signs so that you won’t be surprised.

**Your feelings during transition:**
1. Very sensitive to attitudes, words and noises. May not want to talk or be talked to.
2. Fear of being left alone, even for brief periods.
3. Need for companionship.
4. Great need for gentle understanding and firm, simple directions.
5. Anxious about progress of labor and well-being of self and baby.
6. Very dependent upon those in attendance in whom you have complete confidence.
7. Unable to feel comfortable in any position for more than a few seconds.
8. Feelings of despair—"I can't take it anymore." "This will last forever."

**Contractions during transition:**
1. Contractions may be irregular with more than one peak (double header).
2. Contractions will definitely be much stronger, lasting longer with shorter intervals between them (1-1 1/2 minutes long with as little as 30 seconds between them).

**Signs of onset of transition:**
You may experience any combination of the following:
1. Feeling of pressure on the rectum giving the urge to push.
2. Severe backache.
3. Pain or ache in thighs.
4. Involuntary contractions of muscles of abdominal wall.
5. Uneven diaphragmatic actions leading to hiccups, burps, belching, grunting or catching of breath.
6. Sensitive to touch, particularly over abdomen and lower back.
7. Uncontrollable shaking, especially of extremities, sometimes quite violent.
8. Nausea, may vomit.
9. Feeling very warm or very cold.
10. Feeling very irritable.
11. Amnesia and/or drowsiness between contractions.
12. Heavy show, usually streaked with blood.
13. The membranes, if still intact, will probably rupture at this time, perhaps with an audible "pop!" followed by a gush of amniotic fluid, but more often, silently, with a steady flow of amniotic fluid.

**To help during transition:**
1. Recognize that these intense responses and sensations during transition are normal. They are what we expect at this time. They are signs of good progress.
2. You may be able to relax only between contractions, but try to relax as much as possible.
3. Report any changes to the nurse or doctor in attendance when you become aware of them, especially the urge to push.
4. During contractions, concentrate on breathing and focus.
5. Between contractions, rest in the most comfortable position.
6. You will probably need to change position frequently. Do so between contractions.
7. Apply hot packs to low back, abdomen and/or perineum.
8. Remember that normal transition is short and intense; it may last for five to 20 contractions. It is the bridge from the first to second stage of labor, during which your head will again be clear and the contractions will be less difficult. Take contractions one at a time, since each one might be the last. Remember that this is the transition stage and the baby will soon be here.
9. The mother does not lose her ability to respond to coaching or suggestions. Continue to support her.
Pushing and Delivery

Duration

Usually ten to two hours or longer.

Contractions are

Strong, rhythmic; lasting sixty to ninety seconds; from three to five minutes apart.

Work being done by these contractions

Pushing the baby from inside to outside.

Techniques

Push effectively with contraction: relax and slow breath in between. Stop pushing on doctor's command to ease delivery of head.

Labor Support’s role

Assist mother with position for expulsion, check technique and verbal cues while still in labor room. In delivery room, cue for technique and relay doctor’s orders. Keep mother informed of progress.

SOFT (Skin to Skin, Open Eye, Fingertip, Time)

Here in Labor and Delivery we are committed to getting your family off to a good start and one component of that includes “SOFT”.

“SOFT” stands for skin to skin contact, open eye interaction, fingertip touch and time together. “SOFT” is accomplished in Labor and Delivery by immediately, after birth, placing the baby, directly on the mother’s bare chest. Most parents are very surprised how alert their baby is right after delivery and how comforted the baby is by the mother’s warmth and voice. This direct contact allows for mother and infant to have eye to eye interaction and touch which is soothing for all. The goal is to provide as much skin to skin time as possible, perhaps up to an hour immediately following the birth. Parents may want to restrict other family members from visiting during this “golden hour” as the new member of the family receives a very private welcome.
Recovery Pathway (0-2 Hours Following Delivery)

Assessments

Mom:
Frequent assessments of your vital signs, bleeding, pain, and anesthesia level will be made. Once all is stable, you will be moved to your room on the Mother-Baby Unit.

Baby:
Immediately after birth, your baby will be given an Apgar score. This score evaluates the baby’s vital signs and general appearance. He/she will then be weighed, measured, bathed, and given medication.

Procedures

As part of the infant security program, matching identification bands will be placed on you, your coach, and your baby. Each time your baby is brought to you or picked up from the nursery, the baby’s band will be compared with yours.

After vaginal delivery, an ice pack will be placed on your perineum to reduce swelling and discomfort.

Consultations

Your pediatrician will be notified of your baby’s birth. If it is determined that your baby needs special care, a pediatrician or neonatologist will be called to examine your baby.

Activity

Mom:
You will need to stay in bed until your vital signs and bleeding are stable and your anesthesia has worn off.

The first two times you get out of bed on the Mother-Baby Unit, a nurse or nursing assistant will be with you in case you need assistance or feel lightheaded.

Baby:
The first hours after your baby’s birth are magical. At this time, babies are very alert, responsive, and ready to feed. You will want to take this opportunity to begin nursing your baby. Your nurse will be available to help you if you need it. If you plan to formula feed your baby, you may take advantage of the same opportunity to offer your baby his/her first bottle during this time.

Diet

While recovering in Labor and Delivery, you may continue to have ice chips.

Once you arrive on the Mother-Baby Unit however, you may eat and drink whatever you would like. There is a refrigerator and microwave in the family pantry for your use if you wish to have your favorite foods brought from home.

If you are breast-feeding, you generally do not need to avoid any particular foods.

Teaching and Learning

Your nurse will show you how to massage your uterus and monitor your bleeding.

Assistance with breast-feeding and baby care will be provided if needed.

Medications

Mom:
Medication may be added to your IV or be given by injection to help reduce your uterine bleeding.

Pain medication is ordered by your physician and is available when you need it. Please let your nurse know when you are ready for it.

Baby:
Your baby will receive two medications immediately after birth:
• Erythromycin eye ointment which helps to prevent eye infections, and
• an injection of Vitamin K which helps the baby’s blood to better clot.
Pain experienced during labor and childbirth is caused by a variety of sources, such as uterine contractions, dilation of the cervix, and stretching of the perineal tissues. It has been described as sharp, dull, achy, burning, crampy, nauseating, or throbbing. Each person experiences and copes with this pain differently. We rely on you to tell us what you are feeling and when you need medication to help you.

Below is a copy of the pain scale we use at St. Joseph Hospital to help us understand your level of pain and also to evaluate the effectiveness of the medication we have given to you. As you can see from the picture on the right, this scale ranges from zero to ten. Zero indicates you are not in pain while ten indicates you are in severe pain. Upon admission to the unit, and periodically thereafter, your nurse will ask you to evaluate your pain using this scale.

**Note:**
For an in-depth discussion of pain management options, including relaxation and breathing exercises, please attend our childbirth preparation classes. (Refer to the Prenatal/Parenting Education section.)
Labor Support’s Checklist for Admission

When the “big day” finally arrives, you’ll want to be as prepared as possible. Some things you’ll want to keep in mind during those last few weeks of pregnancy:

• Keep enough fuel in your car at all times (so you don’t have to stop for gasoline on the way to the hospital).

• Make sure you have your camera(s) ready with extra film and batteries (including video camera, if desired).

• Remind your partner to pack her bag several weeks before her due date.

• Remember to bring the Pathway Through Pregnancy notebook (this book) with you to the hospital.

Because you can’t predict the exact due date and time your partner will go into labor, you may want to keep the following information with you (you can cut it out and tuck it into your wallet) as the baby’s due date approaches:

Name of OB Care Physician: ____________________________

Telephone Number of OB Care Physician: ____________________________

Hospital Address: ____________________________
St. Joseph Hospital
1100 W. Stewart Dr., Orange, CA

Hospital Phone Number: ____________________________
(714) 633-9111

Emergency Phone Number: ____________________________
911

Admission Entrances: ____________________________
• Front Entrance: 5:30 a.m. to 9 p.m.
• Emergency Entrance: 9 p.m. to 5:30 a.m.

Name/phone number of taxi company or friend for emergency back-up (in case your partner goes into labor and has no transportation to the hospital):

__________________________________________________________________________

Name/phone number of person who will care for other children while you are coaching your partner during labor and birth:

__________________________________________________________________________
Below you will find a brief summary of the phases of labor. Included is an approximation of the duration of each phase, a description of the contraction pattern, cervical dilation, recommended activities, as well as helpful hints for your labor support.

What is important to remember is that every labor and every baby is very different. While we try to provide you with precise information on the labor and delivery process, keep in mind the following are only generalized guidelines.

**Early Labor**

**Duration**
- May last up to 24 hours. Generally the longest phase of labor.

**Contraction Pattern**
- Usually five to 20 minutes apart, 30-45 seconds in duration, mild in intensity.
- May feel like menstrual cramping.
- Mom can still talk through contractions.

**Dilation**
- From zero to 4 centimeters.

**Mood**
- Generally happy and excited, the big day is finally here!
- May be apprehensive about labor and delivery.

**Recommended Activity**
- Call OB care physician for instructions.
- Rest and relaxation. Conserve energy.
- A warm bath or shower may help with relaxation.
- Encourage fluids.

**Labor Support’s Role**
- Encourage mom to rest.
- Make phone calls to family and babysitters.
- Make sure the suitcase is in the car and the car is ready (including car seat).
- Refer to True vs. False Labor if you wonder whether this is the real thing.

**Active Labor**

**Duration**
- Approximately 6 hours.

**Contraction Pattern**
- Usually every 3-5 minutes apart, lasting 45-60 seconds, moderate intensity. Requires mom to concentrate on contractions.

**Dilation**
- Four to seven centimeters.

**Mood**
- Much more serious now. May need pain medication.
- Requires use of focusing, relaxation, and breathing through contractions.
- No longer able to talk or play cards through contractions.

**Recommended Activity**
- If you haven’t already done so, this is a great time to come to the hospital.
- Change positions in bed frequently. Keep bladder empty.

**Labor Support’s Role**
- Breathe with her. If one technique isn’t working, try another.
- Provide comfort measures, i.e., a cool wash cloth, back rubs, ice chips.
- Continue positive reinforcement. Encourage rest between contractions.
Transition

Duration
• 1-1/2 to 2 hours. Most difficult period because the uterus is doing the most amount of work in the shortest period of time.

Contraction Pattern
• Every 1-1/2 to 2 minutes apart, lasting 60-90 seconds, strong in intensity.

Dilation
• Seven to ten centimeters.

Mood
• Wondering when this is going to be over. Can be very irritable. Wants baby to be delivered NOW!

Recommended Activity
• Breathe through contractions.
• Relax between contractions.

Labor Support’s Role
• Constant encouragement. “You’re doing a great job! We’re almost there.”
• Do not leave her alone, despite what she says!
• Breathe with her. Sometimes need to be firm. May require “Open your eyes and breathe with me.”

(Refer to The Take Charge Routine for additional information and suggestions.)

Second Stage
(From full dilation of the cervix through delivery of the baby)

Duration
• Lasts between 2-4 hours (especially with an epidural).

Contraction Pattern
• Every 2-3 minutes, lasting 60-90 seconds.

Dilation
• Completely dilated and effaced.

Mood
• Feels better to push. Relieved that labor is almost over.

Recommended Activity
• Pushing with contractions.

Labor Support’s Role
• Help with holding legs, apply cool washcloth, provide ice chips.

Third Stage
(From delivery of the baby through delivery of the placenta or afterbirth)

Duration
• From 5 to 30 minutes.

Contraction Pattern
• May feel one contraction as the placenta separates from the uterus. If this is not your first child, may continue to feel contractions or cramping as your uterus attempts to return to its prepregnant state.

Dilation
• Done!

Mood
• Relief!! Usually preoccupied with the baby.

Recommended Activity
• May feel like pushing with the delivery of the placenta. Relax!! Enjoy your new little one.

Labor Support’s Role
• Take a deep breath!
• Take pictures of your newborn.
• Offer the new mother some ice chips or a cool wash cloth.
Reserve this for any time in labor when your partner hits an emotional low or:

- She is in despair, weeps or cries out.
- She wants to give up and feels she cannot go on.
- She is very tense and cannot relax.
- She is in a great deal of pain.

The Take Charge Routine is exactly that. You move in close and do all you can to help her until she regains her inner strength. Usually her despair is temporary; with your help she can pass through it and her spirits will rise. Use the following tips whenever appropriate:

1. Remain calm: your touch should be firm and confident, your voice calm and encouraging.
2. Stay close by her side, your face near hers.
3. Anchor her. Hold her shoulders or head in your hands; gently, confidently, firmly. Or hold her tightly in your arms.
4. Make eye contact. Tell her to open her eyes and look at you. Say it loudly enough that she can hear you, but calmly and kindly.
5. Change your ritual during contractions. Try a different position. Try changing the breathing pattern. Breathe with her or pace her with your hand or voice.
6. Encourage her every breath. Guide her in the patterned breathing: “Breathe with me...That’s the way... Just like that... Good, Stay with it...” You can whisper these words or say them in a calm, encouraging tone of voice. Sometimes you have to raise your voice in order to get her attention. But try to keep your tone calm and confident.
7. Talk to her between contractions. Ask her if what you are doing is helping. Make suggestions; for example, “with the next one, let me help you more. I want you to look at me the moment it starts. We will breathe together so it won’t get ahead of us. Okay? Good. You’re doing so well. We’re really moving now.”

8. What if she says she can’t or won’t go on?
   - Don’t give up on her. This is a difficult time for her. You cannot help her if you decide she cannot handle it. Acknowledge to her and to yourself that it is difficult but not impossible.
   - Ask for help and reassurance. The nurse can help a lot by measuring dilation, giving you advice, doing some of the coaching, trying something new, even reassuring you that your partner is okay and that this is normal.
   - Remind her of the baby. It may seem surprising, but laboring women are so caught up in labor that they do not think much about their babies. It may help for her to remember why she is going through all this.

9. What about pain medication? Do you ask for them? It depends on:
   - Her prior wishes. Did she want an unmedicated birth? How strongly did she feel about it?
   - How rapidly is she progressing and how far does she still have to go?
   - How well she responds to more active coaching.
   - Whether she is asking for medications herself and how easily she can be talked out of them.
     (A mother who really does not want pain medication will often be willing to try a few more contractions with more active coaching.)

These factors help you decide what to do. It is sometimes difficult to balance present wishes against prior wishes. Try to stick with what she wanted before labor regarding medication use. But, if in labor she insists on changing from a plan of not using them, respect her wishes—she’s the one having the baby. A plan is a plan, not a rule.

Numerous women have said, “I never could have done it without my partner. If it hadn’t been for him or her, I would have given up.” By using the Take Charge Routine, you can indeed get your partner through those desperate moments when she feels she cannot go on. You can truly ease her burden by helping her with every breath.
Mother-Baby Unit

Assessments

Every eight to 12 hours, your nurse will need to examine your breasts and uterus, check bleeding and elimination patterns to ensure you are not bleeding too heavily, and ensure that you are recovering well. Your vital signs will be taken frequently to ensure your blood pressure and pulse are stable and you do not have a fever.

At the same time, your baby will have frequent assessments of vital signs, feeding and elimination patterns. A newborn physical exam will be done by a registered nurse on admission to the unit and within the first 24 hours by the baby’s physician.

Diagnostic Tests/Procedures

Blood may be drawn from you and your baby if ordered by your physician(s).

If you choose to do so, your baby boy will be circumcised (let your nurse and physician know if you want your baby circumcised).

Consultations

You will be seen by your OB doctor (or his/her nurse practitioner) and your baby will be seen by his/her physician during daily rounds.

You may see the lactation consultant if needed or as you request to help you with feedings and/or any questions you might have during your hospitalization.

Activity

Generally, in the first two weeks after delivery, we recommend that you limit your activity to taking care of yourself and the baby. You will find that if you are too active, your bleeding will be much heavier and therefore, your recovery will take longer.

While in the hospital, we do encourage you to move about in your room or in the hallways on the unit. This will help prevent complications associated with bed rest.

Diet

It is very tempting after delivery to begin dieting in an effort to fit into your pre-pregnancy clothing. Remember, however, if you are breastfeeding, you will still need an additional 500 calories per day to meet the nutritional requirements of your baby.

If you have chosen not to breastfeed, continue to eat healthy foods to ensure adequate healing.

Teaching/Learning

Your nurse on the Mother-Baby Unit will help you with self and infant care as needed. She will review steps for a quicker recovery, how to take care of your episiotomy or incision, warning signs that need reporting to your physician, infant feeding and burping, and how to tell if your baby is eating enough. Refer to Birth and Beyond...Your Guide to the First Few Weeks, which outlines care of you and your new baby.

You may also take advantage of our Breastfeeding Workshop offered several times a week through the Mother-Baby Assessment Center.

Medications

Pain medication is available for you. Please tell your nurse when you need it as pain medication is ordered on an “as needed” basis.

In addition, your physician may also order Rhogam and/or the Rubella Vaccine for you.

The baby’s doctor may order the first shot of the Hepatitis vaccine series for your baby. (You will need to sign a consent—see chapter 6 for more information about Hepatitis B.)
Pathway Through Pregnancy... My Hospital Stay

Rooming In

Once you give birth, your baby is dried off and handed over to you for you and your partner to enjoy. A newborn will typically spend the first hour in a state of calm alertness as he is getting to know you. The baby will seek eye contact with you and gaze at you intensely. He/she will recognize smells from the amniotic fluid and begin to recognize you and start tasting your skin. Your touch is soothing as you do fingertip touch, holding baby skin to skin with eye contact. The baby will listen to your voice and recognize sounds. This is a time when you will want to attempt the first feeding. Allow the baby to nestle into your chest and attempt to latch to your breast. Your body will act as a heater to maintain your baby’s temperature. Spending time with your baby in the first days of life is vital in getting to know each other. Avoid unnecessary separation if your baby is healthy. This is how you are able to learn each other’s cues. Communication starts the minute you and your baby connect.

If you have a C-section, your baby will remain in recovery room with you so you can enjoy skin to skin and begin breastfeeding during the first hour of life. Make sure your support person remains with the baby. He/she will be able to enjoy watching the first bath and partake in the care and holding of your newborn. This is called The “C” Mom and See Baby Program.

Once you arrive at the postpartum (Mother Baby Unit), you will want to take advantage of our rooming in policy. Here at St. Joseph Hospital, we believe a new family benefits by spending as much time together as possible. We do not have a “traditional” nursery, where all babies go during their hospitalization or at night. Instead, your baby will stay with you in the room where you can feed, change, get to know your baby and cuddle. If perhaps you are unable to tend to your baby, call your nurse for assistance.

Transitional Care Nursery

When a baby is born, there is an incredible transition from being in the womb to being in the world. Some babies have difficulty with that transition. They may need to be watched for a period of time after birth. Here at St. Joseph Hospital we have a Transitional Care Nursery staffed with specially trained nurses to tend to babies needing more attention: for example, if your baby requires antibiotic therapy or photo therapy treatment for Jaundice. If your baby requires more treatment or help, then your baby’s Doctor will have your baby transferred to CHOC for intensive care.

Remember, most babies do fine after birth, but if extra help is needed we are prepared to be there.

Bridges for Newborn Program

Because St. Joseph Hospital cares about your well being, we offer the Bridges for Newborns program. This program, which is funded by the Orange County Children and Families Commission, is designed to link you and your family with hospital and community resources. After your delivery, a Bridges case manager will meet with you to discuss any non-medical needs you may have. These may include: lactation consultation, parenting classes, post-partum support, financial counseling, childcare resources, etc.

Your case manager may choose to follow you during the first few months of your baby’s life to provide support. In addition, you will receive a free parenting kit provided to you by the Bridges Program. Consider your Bridges for Newborns case manager as a free supportive resource to you and your family. If you have any questions regarding Bridges for Newborns, please contact us at (714) 744-8822.

Discharge Planning

Your nurse or physician will let you know when you can expect to be discharged from the hospital. You will want to complete your baby’s birth certificate information prior to leaving.

Your nurse or a support staff specialist will make an appointment at the Mother-Baby Assessment Center for you. You and your baby will be seen there two to five days after discharge.
Mother-Baby Assessment Center

What is the Mother-Baby Assessment Center?

The St. Joseph Hospital Mother-Baby Assessment Center was designed to help meet the needs of mothers and babies during the first few days after going home from the hospital. 2 to 7 days after discharge, you and your newborn will return to the Assessment Center, where both of you will receive an assessment similar to what you received when you were in the hospital. Husbands, partners, grandparents and siblings are welcome to come along for the appointment.

Why Should You Come?

We know that during the first day or so after mothers go home with their new babies, they have a lot of questions: “Is my baby healthy? Should she be sleeping so much? Should he look this way? Is my baby getting enough milk when I breastfeed? How do I know if my stitches are okay?” Somehow, in the excitement and exhaustion of giving birth, you may have forgotten many of the things you read or heard in class. The nurses who see you in the Center have special skills and experience to answer your questions, and evaluate you and your baby's physical condition. During the first few days after birth, both mother and baby are experiencing many changes. We want to make sure both of you are continuing to have a healthy recovery.

What Will Happen During Your Appointment at the Center?

You and your baby will be seen by a registered nurse. She will evaluate your physical recovery from birth, and will weigh and examine your baby. The nurses in the Center are also specialists in breastfeeding. They can provide guidance or help with any questions or concerns you may have about successfully nursing your baby. Your nurse can also offer suggestions to make you more comfortable, and will be happy to provide information about “survival skills” for new parents, if needed. If your nurse identifies any problems or complications that need early attention from your physician, she will notify your physician so you can receive any additional treatment that might be necessary.

Where is the Mother-Baby Assessment Center Located?

The Mother Baby Assessment Center is located at 363 S. Main Street, 1st floor, inside of the Stork Stop Boutique.

How Will I Schedule My Appointment?

A staff member will schedule an appointment for you before you are discharged from St. Joseph Hospital. You will receive an appointment card, noting the date and time of your scheduled visit. We will make every effort to accommodate individual needs. Plan to spend about 40 minutes at your appointment. Please arrive ten minutes before your appointment time. If you are unable to keep your appointment, call 714/744-8764.

Will There Be A Charge?

There is no cost to you if you deliver your baby at St. Joseph Hospital.

Questions

For any questions or concerns prior to your appointment, call 714/744-8764 or your physician.
New Mothers’ Breastfeeding Workshop

Women’s Services at St. Joseph Hospital offer a breastfeeding workshop to assist mothers in their desire to successfully breastfeed their newborns.

If you are experiencing difficulties or are confused by the advice you’ve been given, you may feel insecure or concerned that your baby is not nursing well.

Our skilled lactation consultant can answer your questions and provide help and reassurance.

Bring your newborn and join us at this information session. Call 714/744-8764 to schedule an appointment. There is a fee for this service.

Private Lactation Consultant

We also offer private breastfeeding consultations by appointment. Our lactation consultant will spend one hour with you and your baby. There is a fee for this service. Call 714/744-8764 to arrange for your private consultation.

Breast Pump Rentals or Purchase are available at the Stork Stop Boutique in the Mother/Baby Assessment Center.

Hours:
Monday through Saturday
Call for hours
Closed Sundays and Holidays
(714) 744-8764

We carry Medela and Hollister, Symphony & Lactina, and Elite & Lactee rental breast pumps.

• Short and long term rentals are available:
  - daily
  - weekly
  - monthly

• Other breastfeeding and parenting items carried:
  - Medela Free Style pump
  - Medela Swing pump
  - Medela Pump N’ Style breast pump
  - Medela mini electric pump
  - Hollister Purley Yours breast pump
  - Medela manual breast pumps
  - Nursing pillows
  - Nursing bras
  - Breast milk storage bags
  - Lanolin
  - Medela breast shells
  - Maternity & Postpartum Supports
  - Much more
Personnel in healthcare facilities and at prenatal visits should remind parents, in a warm and comforting way, of the measures they should take to provide maximum child protection. The guidelines listed below provide good, sound parenting techniques that can also help prevent abduction of infants while in the healthcare facility where the baby was born and once the parents take the baby home. They should be shared with expectant parents at prenatal visits, during the tour of the facility pre-delivery, and during the parents stay at the time of birth.

Please note in many cases of infant abduction, the abductor was bilingual while the victim mother was not. Healthcare facilities need to provide multilingual educational information to these parents because infants’ risk levels of abduction are substantially elevated when parents are not properly educated in their native language about the safety issues involved. The Spanish-language version of these prevention tips is also available, and healthcare facilities should consider translating these tips into any other languages used by patients in their service area.

**FACILITY 1.**
At some point before the birth of your baby, investigate security procedures at the facility where you plan to give birth to your baby and request a copy of the facility’s written guidelines about procedures for “special care” and security procedures in the maternity ward. Know all of the facility’s procedures in place to safeguard your infant while staying in that facility.

**FACILITY 2.**
While it is normal for new parents to be anxious, being deliberately watchful over the newborn infant is of paramount importance.

**FACILITY 3.**
Never leave your infant out of your direct, line-of-sight even when you go to the restroom or take a nap. If you leave the room or plan to go to sleep, alert the nurses to take the infant back to the nursery or have a family member watch the baby. When possible, keep the infant’s bassinet on the side of your bed away from the door(s) leading out of the room.

**FACILITY 4.**
After admission to the facility, ask about the facility’s protocols concerning the routine nursery procedures, feeding and visitation hours, and security measures. Do not hesitate to politely ask direct questions and settle for nothing less than an acceptable explanation.
**FACILITY 5.**
Do not give your infant to anyone without properly verified identification as issued by that facility. Find out what additional or special identification is being worn to further identify facility personnel who have authority to transport your infant. Speak to a person in authority (e.g., unit director, charge nurse) if you have any questions or concerns. Be sure everyone who is helping you watch your infant while you are in the facility understands these safeguards and does not release your infant to any unauthorized person.

**FACILITY 6.**
Become familiar with the staff members who work in the maternity unit. During short stays in the facility, ask to be introduced to the nurse assigned to you and your infant.

**FACILITY 7.**
Question unfamiliar persons entering your room or inquiring about your infant — even if they are in the facility’s attire or seem to have a reason for being there. Immediately alert the nurses’ station.

**FACILITY 8.**
Determine where your infant will be when taken for tests, and how long the tests will take. Find out who has authorized the tests. If you are uncomfortable with anyone who requests to take your infant or unable to clarify what testing is being done or why your infant is being taken from your room, it is appropriate to go with your infant to observe the procedure. Or if you are unable to accompany your infant, have a family member go along.

**FACILITY 9.**
For your records to take home, have at least one color photograph of your infant (full, front-face view) taken along with footprints and compile a complete written description of your infant including hair and eye color, length, weight, date of birth, and specific physical characteristics.

**FACILITY/HOME 10.**
At some point after the birth of your baby, but before discharge from the facility, request a set of written guidelines about the procedures for any follow-up care extended by the facility that will be scheduled to take place in your home. Do not allow anyone into your home who says he or she is affiliated with the facility without properly verified identification as issued by that facility. Find out what additional or special identification is being worn to further identify those staff members who have authority to enter your home.

**FACILITY/HOME 11.**
Consider the risk you may be taking when permitting your infant’s birth announcement to be published in the newspaper or online. Birth announcements should never include the family’s home address and be limited to the parents’ surname(s). In general, birth announcements in newspapers are not endorsed by most experts.
Use caution in creating websites for your infant or posting photographs of your infant on websites. When doing so limit access to those you know personally and trust. To limit anyone else’s potential misuse of a photograph of your infant, carefully consider anyone’s request to take a picture of your infant and only share photographs of your infant with those you know personally and trust.

**HOME 12.**

The use of outdoor announcements such as signs, balloons, large floral wreaths, and other lawn ornaments are not recommended to announce a birth because they call attention to the presence of a new infant in the home.

**HOME 13.**

Only allow persons into your home who are wellknown by the mother. It is ill advised to allow anyone into your home who is just a mere or recent acquaintance or known only online such as in social-networking websites, chatrooms, and forums, especially if met briefly since you became pregnant or gave birth to your infant. There have been several cases where an abductor has made initial contact with a mother and infant in the healthcare-facility setting and then subsequently abducted the infant from the family home. If anyone should arrive at the home claiming to be affiliated with the healthcare facility where the infant was born or other healthcare provider, remember to follow the procedures outlined in number 10 above. A high degree of diligence should be exercised by family members when home with the infant. The bottom line is, the infant’s family is the domestic security team, and all family members should be sensitive to any suspicious visitors.

**PUBLIC PLACES 14.**

If you must take your infant out, whenever possible, take a trusted friend or family member with you as an extra set of hands and eyes to protect and constantly observe the infant. Never leave a child alone in a motor vehicle. Always take the child with you. Never let someone you don’t know pick up or hold your child. There have been cases in which initial contact with a mother and infant was made in other settings such as shopping malls or bus stations.

These tips are excerpted from *For Healthcare Professionals: Guidelines on Prevention of and Response to Infant Abductions.*

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Tab 6
This pediatric section is similar to your OB care physician's section at the beginning of this notebook. Your child's physician will provide more comprehensive suggestions for infant care, since your attention is currently focused on pregnancy and parenting preparation. However, you will want to start preparing to welcome your new baby into your home. The following information is intended to help you gather useful material that will aid in making important infant and child care decisions.

Choosing a Physician for Your Baby

If you haven't chosen a doctor for your baby, you can ask your OB care physician, friends and neighbors for recommendations. You can also call the St. Joseph Hospital Physician Referral Line at 714/633-3627. They can assist in finding the right doctor for you. You should also contact your insurance company for assistance. A meeting with your pediatrician or family physician during pregnancy is recommended, preferably when both parents can attend. It is very important to have made your selection of a pediatrician, and confirmed your plan coverage with this physician prior to your delivery.

This visit may help you select a physician for your baby and establish a long-term supportive relationship. Physicians will introduce themselves and their staff to you while discussing their child care practice and philosophy. While individual styles may vary, most are personal and emphasize family-centered care, continuity and accessibility. Doctors will usually outline schedules for well-child visits and immunizations. Usually they will also ask for a detailed family medical history.

Now is the time to discuss concerns, anxieties and expectations for pregnancy, labor, delivery and the newborn baby. You may wish to take this time to talk about:

- Advantages of breastfeeding
- Circumcision
- How to reach the doctor if your child is ill or if you have questions about the baby's care
- Doctor's office hours, after-hours arrangements, fees, etc.

Infant Care Decisions

- If the doctor's office has a separate waiting area for sick children (to protect the health of children who are there for well-child care)
- Timing and frequency of office visits and immunizations

Doctors caring for infants usually emphasize preventive health care. They will discuss ways to prepare older children for the new baby. They can also recommend books and community resources that can help you gather information for your challenging role as a parent.

Immunizations

Please refer to your baby's doctor for detailed information about the various immunizations and schedule of vaccinations your baby needs. An immunization card will be started at the hospital if your child receives his or her first immunization while in the hospital. Please bring the yellow immunization card with you whenever you see the doctor or visit the clinic or emergency department.

Here is some brief information on immunizations and timing of the first dose your baby will receive:

Hepatitis B

- Infants born to Hepatitis B negative mothers usually receive the first dose of the Hepatitis B vaccine within the first days of life and the next doses as recommended by your child's doctor and the childhood immunization schedule.
- Infants born to Hepatitis B positive mothers should receive a dose of Hepatitis B immunoglobulin (HBIG) within 12 hours of birth in addition to the Hepatitis B vaccine. The next doses of Hepatitis B vaccine will be given as recommended by the baby's doctor.
Your doctor may determine that your infant needs to begin a series of injections to prevent him/her from developing Hepatitis B. Please read this sheet carefully before you sign the consent form.

The benefits of these vaccines to prevent this disease are greater than the possible risks for almost all people. When one person receives these vaccines, he/she benefits from the individual protection they provide. When many people are vaccinated, everyone benefits because the chance for the spread of the disease is reduced.

The recent increase in preventable childhood diseases shows that our children need better health care. Regular medical care includes vaccinations, which help them avoid certain diseases completely. Serious health problems are caused by disease; therefore, it is important to be protected by these vaccines. Every vaccine and medicine has both benefits and risks; however, problems that occur after receiving these medications are usually mild.

This information sheet explains why it’s so important to make sure your child is vaccinated on time. Without the protection provided by the Hepatitis B and (when necessary) the HBIG vaccinations, your child could suffer from a long term serious illness that could have been prevented.

What is the disease called Hepatitis B?

Hepatitis B is an infection of the liver caused by the Hepatitis B Virus (HBV) that even infants are at risk of getting. It may lead to chronic infection and serious disease, especially if it is acquired during infancy or childhood. However, a child may not show signs of infection until years later when he or she develops liver failure or liver cancer. Anyone, at any age, can be infected with the HBV. There are several types of hepatitis, all caused by different, yet similar, viruses. There is a vaccine to prevent HBV transmission and infection. HBV is passed from one person to another in blood and certain other body fluids. A baby can get HBV at birth from its mother if she is infected. Children living in the same house with an HBV carrier are especially at risk during the first five years of life. It can be passed on by sharing things like toothbrushes, razors or needles. It may also be spread during sexual relations.

What about the Hepatitis B Vaccine?

Hepatitis B vaccine is given by injection. According to the American Academy of Pediatrics, your child needs three doses, given on three different dates, for full protection. Your doctor has recommended that your baby receive one dose in the hospital. Further injections can be given at the same time as other baby shots, or during regular office/clinic visits for well-child care. Ordinarily the first dose will be given at or near birth, the second dose at 1 to 2 months and the third dose at 6 to 9 months. Your doctor will remind you when the other two doses are needed.

Why should all children receive the Hepatitis B Vaccine?

About one out of every 20 people in the United States has been infected with HBV. Therefore, it is important that your child be protected by the Hepatitis B vaccine. Additionally, infection acquired at an early age is more likely to cause chronic liver disease. More than 95 percent of the infants and children who receive the series of three shots are protected against the illnesses caused by the HBV. This will continue to protect them when they become teenagers and adults, and are again more likely to get the disease. If there are older children in the home that were not immunized at birth, and remain not immunized, a common recommendation is that they receive the series as they are entering junior high or high school. Vaccination is also recommended for certain groups of adults who are at risk for being exposed to the disease. Check with your doctor to see if you are in one of these groups.
What is Hepatitis B Immune Globulin?

Hepatitis B Immune Globulin (HBIG) is given along with the hepatitis B vaccine to infants who may have been exposed to HBV. This would include those babies whose mothers are known to be infected with hepatitis B, or who were not tested during the prenatal period, or whose doctor feels it is indicated. It gives protection from the virus for the first one to three months; until the baby’s own immune system can react to the vaccine and gives long lasting protection. HBIG is made from a portion of human blood called plasma. Any viruses, that may be present in the blood used, are killed during its preparation. No one has ever been known to get Hepatitis B or AIDS or any other illness from HBIG.

Are there Side Effects from Hepatitis B Vaccine and HBIG?

The most common side effect of Hepatitis B vaccine is soreness where the shot is given. This tenderness has been reported in up to 46 percent of infants vaccinated. When Hepatitis B vaccine is given with other childhood vaccines, it does not make these mild reactions worse. HBIG has sometimes been associated with swelling and hives. As with any other medication, there is a slight chance of allergies or more serious reactions with either the vaccine or HBIG. A person cannot get Hepatitis B or HIV from a Hepatitis B or HBIG vaccine.

Any Questions?

If you have any questions about HBV, HBIG, or Hepatitis B vaccine, please ask your nurse or doctor before you sign the consent form. If questions come to you later, call your family doctor.

Any Reactions?

Since there are few known side effects or reactions caused by these injections, a reaction is very unlikely. However, if your baby gets sick and visits a new doctor, hospital or clinic during the four weeks after the first vaccine, please let those healthcare providers know of this and other recent immunizations or medications given.
HEPATITIS B VACCINE

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/qs.

1 What is hepatitis B?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus (HBV). HBV can cause:

Acute (short-term) illness. This can lead to:
• loss of appetite
• diarrhea and vomiting
• tiredness
• jaundice (yellow skin or eyes)
• pain in muscles, joints, and stomach

Acute illness is more common among adults. Children who become infected usually do not have acute illness.

Chronic (long-term) infection. Some people go on to develop chronic HBV infection. This can be very serious, and often leads to:
• liver damage (cirrhosis)
• liver cancer
• death

Chronic infection is more common among infants and children than among adults. People who are infected can spread HBV to others, even if they don’t appear sick.

• In 2005, about 51,000 people became infected with hepatitis B.
• About 1.25 million people in the United States have chronic HBV infection.
• Each year about 3,000 to 5,000 people die from cirrhosis or liver cancer caused by HBV.

Hepatitis B virus is spread through contact with the blood or other body fluids of an infected person. A person can become infected by:
- contact with a mother’s blood and body fluids at the time of birth;
- contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
- contact with objects that could have blood or body fluids on them such as toothbrushes or razors;
- having unprotected sex with an infected person;
- sharing needles when injecting drugs;
- being stuck with a used needle on the job.

2 Hepatitis B vaccine: Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of HBV infection, including liver cancer and cirrhosis.

Routine hepatitis B vaccination of U.S. children began in 1991. Since then, the reported incidence of acute hepatitis B among children and adolescents has dropped by more than 95% – and by 75% in all age groups.

Hepatitis B vaccine is made from a part of the hepatitis B virus. It cannot cause HBV infection.

Hepatitis B vaccine is usually given as a series of 3 or 4 shots. This vaccine series gives long-term protection from HBV infection, possibly lifelong.

3 Who should get hepatitis B vaccine and when?

Children and Adolescents

• All children should get their first dose of hepatitis B vaccine at birth and should have completed the vaccine series by 6-18 months of age.
• Children and adolescents through 18 years of age who did not get the vaccine when they were younger should also be vaccinated.

Adults

• All unvaccinated adults at risk for HBV infection should be vaccinated. This includes:
  - sex partners of people infected with HBV,
  - men who have sex with men,
  - people who inject street drugs,
  - people with more than one sex partner,
  - people with chronic liver or kidney disease,
  - people with jobs that expose them to human blood,
  - household contacts of people infected with HBV,
  - residents and staff in institutions for the developmentally disabled,
  - kidney dialysis patients,
- people who travel to countries where hepatitis B is common,
- people with HIV infection.

• Anyone else who wants to be protected from HBV infection may be vaccinated.

4 Who should NOT get hepatitis B vaccine?

• Anyone with a life-threatening allergy to baker's yeast, or to any other component of the vaccine, should not get hepatitis B vaccine. Tell your provider if you have any severe allergies.

• Anyone who has had a life-threatening allergic reaction to a previous dose of hepatitis B vaccine should not get another dose.

• Anyone who is moderately or severely ill when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine.

Your provider can give you more information about these precautions.

Pregnant women who need protection from HBV infection may be vaccinated.

5 Hepatitis B vaccine risks

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The following mild problems have been reported:

• Soreness where the shot was given (up to about 1 person in 4).
• Temperature of 99.9°F or higher (up to about 1 person in 15).

Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses.

A vaccine, like any medicine, could cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people have gotten hepatitis B vaccine in the United States.

6 What if there is a moderate or severe reaction?

What should I look for?

• Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

• Call a doctor, or get the person to a doctor right away.

• Tell your doctor what happened, the date and time it happened, and when the vaccination was given.

• Ask your doctor, nurse, or health department to report the reaction by filling a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at www.hrsa.gov/vaccinecompensation.

8 How can I learn more?

• Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.

• Call your local or state health department.

• Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO)
  - Visit CDC websites at:
    www.cdc.gov/ncidod/diseases/hepatitis
    www.cdc.gov/vaccines
    www.cdc.gov/travel
Two steps to protect babies from whooping cough

A serious illness: Whooping cough (pertussis) is a serious illness in infants that can result in hospitalization and death. Children younger than 6 months old are at highest risk. In the United States (US), almost 80% of babies 6 months old or younger with whooping cough are admitted to the hospital.¹

A continuing upsurge in whooping cough: In 2004, the number of reported cases of whooping cough reached a 45-year high.²³⁴ Reported cases of whooping cough are highest among these groups: infants too young to be vaccinated, adolescents, and adults. A study has shown that babies often get whooping cough from their mothers or other family members.⁵ The protection provided by childhood pertussis vaccines “wears off” in adolescents and adults, who may then spread the infection to infants. But there is a way to protect your baby.

Take 2 steps to protect your baby

Vaccination for children: Today, children in the US are routinely vaccinated with a combination vaccine for diphtheria, tetanus, and acellular pertussis (DTaP). The Centers for Disease Control and Prevention (CDC) recommends vaccination at 2, 4, 6, 15-18 months, and 4-6 years of age.⁶

Vaccination for adolescents and adults: Protection from pertussis “wears off” so predictably that, in 2005, the CDC Advisory Committee on Immunization Practices voted to recommend a single booster of tetanus, diphtheria, and acellular pertussis (Tdap) vaccine for adolescents and adults (11-64 years of age) who have close contact with infants less than 12 months of age.⁶⁷

Please talk to your family doctor about immunizations to protect your baby from pertussis.


Brought to you as a public health service by sanofi pasteur.
DTP (Diphtheria, Tetanus Toxoid and Pertussis)
• Your doctor will discuss which vaccine will be given: DTP or DTaP. The first dose will start at two months of age.

DTaP (Diphtheria, Tetanus Toxoid and Acellular Pertussis)
• Can be used instead of DTP. The first dose will start at two months of age.

Hib (Haemophilus influenzae type b conjugate)
• The first dose is given at two months of age.

Poliovirus
• Live oral polio vaccine (OPV) or killed (inactivated) polio vaccine injection (IPV) is begun at two months of age. Your baby’s doctor will discuss which vaccine will be given.

MMR (Measles, mumps, rubella)
• The first dose can be given between 12-15 months.

Var (Varicella zoster virus vaccine)
• Also known as the chicken pox vaccine. It can be administered any time after 12 months of age.

Questions to ask my baby’s doctor:

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How you feed your baby is one of the most important decisions you’ll make during your pregnancy. Many parents know even before they become pregnant how they will feed their baby. Others have questions and concerns such as, “If I breastfeed, how can my husband be involved in parenting?” or, “Can I breastfeed even though I plan to return to work when the baby is a month old?” or, “If I breastfeed, won’t it tie me down and make it difficult for me to feed in public?”

As with any parenting decision, you will want as much information as possible so you can make an informed and thoughtful choice. Here are some facts and information that might assist you in making a decision.

- Nationally, over 75 percent of families leave the hospital choosing to breastfeed. At St. Joseph Hospital, over 80 percent of families choose to breastfeed. Part of the reason is that greater numbers of families breastfeed in the western United States than in other regions, and St. Joseph Hospital and the physicians who practice here provide an excellent education and lactation program that promotes and supports breastfeeding.
- The American Academy of Pediatrics, the World Health Organization and UNICEF all recommend and endorse breastfeeding as the means of providing optimal nutrition for newborns and infants.
- It is possible to breastfeed and be a working mother, breastfeed and maintain your modesty in public, breastfeed and still have the baby’s father actively involved in parenting, and breastfeed and get your figure back. We will teach you how to do this and we will support you in the process.
- You’ll save over $150 a month including the cost of formula and equipment.
- You do not have to be on a special diet for breastfeeding. We know that the foods you eat will flavor your milk. Research has shown that babies enjoy the taste of garlic and that breastfed babies are able to adjust to new foods in their diets such as beans and peas because they have tasted these foods before in their mother’s milk. Also, most mothers who breastfeed longer than several months find regaining their figure and ideal weight is easier than it is for mothers who formula-feed.

Breast milk contains hundreds of nutrients, growth factors, hormones, and antibodies. Many of the components of breast milk are so special that they are found nowhere else in nature and they cannot be artificially manufactured. The Infant Formula Act passed in the United States in 1980 indicates that just over 40 of the components found in breast milk are in infant formula.

Breast milk is the perfect food for human infants. It contains everything an infant needs to grow and stay healthy. The antibodies and anti-infection properties in breast milk protect breastfed infants from illness and disease. Many scientific articles about the health benefits of breastfeeding for mother and infant have been published in current medical literature.

The following are just a few of the health benefits babies receive from breastfeeding:
- Greatly reduced incidence of diarrhea and vomiting
- Reduced incidence of respiratory infections, ear infections and urinary tract infections
- Reduced incidence of Sudden Infant Death (SIDS)
- Reduced incidence of insulin dependent diabetes and childhood lymphoma if breastfed longer than six months

Health benefits for the breastfeeding woman:
- Reduced incidence of premenopausal breast cancer and ovarian cancer. The longer she breastfeeds, the greater the protection.
- Reduced incidence of urinary tract infections while breastfeeding
- Reduced risk of postpartum bleeding

Parents often wonder what it is like to breastfeed. It is important to know that your breasts are perfectly prepared to make milk as a result of the changes that occur during pregnancy. Babies born at term have practiced sucking on their fingers and fists and have swallowed amniotic fluid before they are born. Still, in the beginning, both mother and baby will work together to learn how to breastfeed. Your nurse will help you while you
are in the hospital and if you need more specialized support, the lactation consultants from the Mother-Baby Assessment Center will answer your questions and help you overcome any difficulties you might encounter.

To help prepare you with the right information and helpful tips, please attend the Preparation for Successful Breastfeeding class during pregnancy.

Pathway for Breastfeeding Success

Day of Birth
Don't hesitate to ask your nurse for assistance with breastfeeding right away. The first few hours after birth are the most important for you and your baby to get the best start.

Nurse your baby as soon after delivery as possible. This is when your baby is very alert and eager to eat. Your baby will be getting colostrum right from the start. After this first feeding, nurse 8 to 12 times in a 24 hour period. You do not need to limit the length of these feedings. Your baby may become very sleepy during the first 24 hours, so gently unwrap your baby and wake him/her up. Your nurse can help you with your breastfeeding as needed. Your baby should have at least one wet diaper and one bowel movement by 24 hours of age.

Days One through Four
Do not offer water, formula, pacifier, or milk to your baby unless it is medically necessary.

Watch for feeding cues such as wakeful time, sucking, rooting and mouthing. Feed on demand, meaning don't attempt to schedule a feeding time. The baby will want to nurse when hungry. Ask the nurse for assistance with different feeding positions. The positions include: cradle, cross-craddle, football and sidelying. You will find some positions are more comfortable for you than others. As your baby becomes “days” older, he/she will become more efficient at emptying the breast. You may notice a “feeding marathon” just prior to your mature milk coming in. Nurse your baby through this period and do not supplement with formula. Expect one wet diaper and 1 bowel movement for every day of age (until your milk comes in on day 3 to 4). Your baby may lose seven to 10 percent of his/her birth weight during this time. This will be gained back in the next few weeks.

When your mature milk comes in on day three or four, you will notice your breasts become very heavy and full. Continue to nurse your baby often.

Day Five Through Two Weeks
As your milk comes in, there will be a change in feeding patterns. Continue to nurse your baby as often as your baby wishes. Anywhere from eight to 12 feedings in 24 hours is normal. You should hear the baby swallowing during each feeding.

You can expect 4 to 10 loose, mustard-colored stools with a “seedy” consistency every 24 hours. You will also see six to eight wet diapiers every 24 hours.

Two to Four Weeks
Your breasts may feel softer now and not quite as full as they did the first week. This is normal. Your baby will continue to nurse eight to 12 times a day.

Some babies continue to nurse at frequent intervals with one stretch of four to five hours of uninterrupted sleep. Many babies continue to nurse frequently throughout the day and night.

Expect 4 to 10 bowel movements and six to eight wet diapers.

Six to Twelve Weeks
Your baby is starting to settle into a more predictable routine. Your breasts may not leak as much and may feel soft most of the time. Wet diapers will increase and the bowel movements will decrease to once a day or even once a week or longer.

The Mother Baby Assessment Center is your resource for ongoing breastfeeding help. The staff are all Internationally Board Certified Lactation Consultants who can provide guidance and help with questions or concerns about nursing your baby.

Mother Baby Assessment Center
714-744-8764
LACTATION SUPPORT
ST. JOSEPH HOSPITAL
MOTHER BABY ASSESSMENT CENTER
363 S. Main St., Orange CA 92868
(Inside the Stork Stop Boutique)
(714) 744-8764

The Mother Baby Assessment Center is staffed by Certified Lactation Consultants who can provide guidance and help with questions or concerns about nursing your baby.

**BENEFITS OF BREASTFEEDING FOR BABY**

- Provides skin to skin time with Mom which is calming and comforting to baby.
- Breast milk is full of antibodies that help your baby fight infection.
- Breastfeeding reduces the risk of ear infections, allergies, colds and some diseases such as SIDS, Childhood cancer and diabetes.
- Breast milk is easy for your baby to digest.
- Breast milk provides infants with the most complete nutrition possible.

**BENEFITS OF BREASTFEEDING FOR MOM**

- Breastfeeding creates a strong bond between mom & baby.
- Breast milk is convenient, free, clean and always the right temperature.
- Breastfeeding burns calories, assisting mom to lose pregnancy weight faster.
- Breastfeeding releases hormones that contract the uterus and helps it return to its normal size.
- Mothers who Breastfeed have a decreased risk of ovarian and breast cancer, anemia or osteoporosis.

( **American Academy of Pediatrics, 2005)**

**WHEN TO SEEK LACTATION SUPPORT**

- Your baby has difficulty latching on your breast
- Your baby cries all the time
- Your baby sleeps all the time
- You have persistent sore nipples
- Your milk does not come in by the 5th day
- You are severely engorged and your baby won’t latch
- You are concerned about low milk supply
- Your baby is having less than 3 stools after day six
- Your baby has not regained birth weight by 2 weeks
- Your baby is premature, you have twins or your baby has developmental problems
- You have any other breastfeeding difficulties

**New Mothers Breastfeeding Workshop** $10.00
(Monday, Wednesday, & Friday, 9:30 to 11:00 am)

**One hour Private Lactation Consultation** $45.00
(Follow-up appt. will be discounted)
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General Household Safety Tips

1. Lock “danger” items - medicines, toxic bleaches, oven and drain cleaners, paint solvents, polishes and waxes in secure places, out of your child’s sight and reach. Do not leave these items under a sink or in plain view. Buy only items packaged in CHILD-RESISTANT containers.

2. Keep all thin, plastic wrapping materials (such as dry cleaning, produce, and trash bags) away from children.

3. Guard against electrical shocks. Cover unused electrical outlets with safety caps. Unplug electric hair rollers, curling irons and hair dryers when not in use. Children have been electrocuted by hair dryers that were turned off but left plugged in that fell into bathroom sinks or tubs.

4. Keep young children out of the bathroom unless you are watching them closely. Children can drown or be scalded in very small amounts of water. Nationally, hundreds of children have drowned in bathtubs, basins, hot tubs, showers and Jacuzzis in as little as four inches of water, and over 50 children have drowned in toilet bowls, usually after falling in head first (close toilet seat lid).

5. Keep young children away from buckets that contain even small amounts of liquid. Children can drown in as little as four inches of water. Empty buckets immediately after use. It is estimated that each year, 50 children drown in large industrial (typically five gallon) buckets.

6. Keep children away from open windows to prevent falls. Don’t depend on screens. They are designed to keep insects out, not children in. Do not place furniture near windows as children use it to climb to a window seat or sill. Tie window blind and drapery cords up and out of reach to prevent strangulation. Place cribs away from cords.
This list is a guide to some basic items you will probably need for your new baby. Each family’s needs and budget are different, so you may choose not to purchase some of the items listed. If your budget is tight—try looking for some of these items at a ‘baby resale shop’ (a store specializing in sales of previously used baby clothing and furnishings). Many times the items in these stores are in excellent condition. This can save you a bundle!

Safety:
- Car seat (it’s the law!) (leave in car, do not bring up to Mother-Baby Unit)

Clothing:
- 4-6 Baby Gowns (layette size)
- 4-6 Stretch Coveralls (layette or small size)
- 4-6 Body Suits (one piece)
- 3-4 Pairs of Booties/Socks
- Cloth or Disposable Diapers

Linens:
- 4-6 Receiving Blankets
- 3 Bassinet or Cradle Sheets
- 3 Crib Sheets
- 2 Crib Blankets
- 3-6 Waterproof Sheets/Lap Pads
- 3-6 Terrycloth Wash Cloths
- 3-6 Hooded Terrycloth Bath Towels
- 1 Dozen Burp Cloths (cloth diapers work great)

Feeding Supplies:

**Breastfeeding**
- Cloth or Disposable Breast Pads
- Breast Pump (optional — check with a breastfeeding specialist before purchasing)

Other Items:
- Crib or Bassinet/Cradle
- Changing Pad/Table
- Cloth ‘Baby Carrier’
- Diaper Pail
- Baby Monitor
- Night Light
- Stroller
- Baby Comb/Brush
- Rubbing Alcohol and Cotton Swabs (for cord care)
- Baby Bathtub
- Baby Shampoo and Soap
- Disposable Baby Wipes
- Baby Laundry Detergent (important to wash clothes before first use)
Pathway Through Pregnancy... My Amazing Newborn

Safety Checklist for Infant Equipment
Please circle your response.

**Back Carriers**

Yes No 1. Carrier has restraining strap to secure child.
Yes No 2. Leg openings are small enough to prevent child from slipping out.
Yes No 3. Leg openings are large enough to prevent chafing.
Yes No 4. Frames have no pinch points in the folding mechanism.
Yes No 5. Carrier has padded covering over metal frame near baby's face.

**Infant Carrier Seats**

Yes No 1. Carrier seat has a wide, sturdy base for stability.
Yes No 2. Carrier has non-skid feet to prevent slipping.
Yes No 3. Supporting devices lock securely.
Yes No 4. Carrier seat has crotch and waist strap.
Yes No 5. Buckle or strap is easy to use.

**Bassinets and Cradles**

Yes No 1. Bassinet/Cradle has a sturdy bottom and a wide base for stability.
Yes No 2. Bassinet/Cradle has smooth surfaces - no protruding staples or other hardware that could injure the baby.
Yes No 3. Legs have strong, effective locks to prevent folding while in use.
Yes No 4. Mattress is firm and fits snugly.
Yes No 5. Slats are spaced no more than 2-3/8 inches apart.

**Cots**

Yes No 1. Slats are spaced no more than 2-3/8 inches apart.
Yes No 2. No slats are missing or cracked.
Yes No 3. Mattress fits snugly - less than two fingers width between edge of mattress and crib side.
Yes No 4. Mattress support is securely attached to the head and footboards.
Yes No 5. Corner posts are no higher than 1/16 of an inch to prevent entanglement.
Yes No 6. No cutouts in head and footboards to allow head entrapment.
Yes No 7. Drop-side latches cannot be easily released by a baby
Yes No 8. Drop-side latches securely hold side in raised position.
Yes No 9. All screws or bolts which secure components of crib together are present and tight.
Yes No 10. No lead-based paint has been used.

**Changing Tables**

Yes No 1. Table has safety straps to prevent falls.
Yes No 2. Table has drawers or shelves that are easily accessible without leaving the baby unattended.
Strollers and Carriages

Yes  No  1. Stroller has a wide base to prevent tipping.
Yes  No  2. Seat belt and crotch strap are securely attached to frame.
Yes  No  3. Seat buckle is easy to use.
Yes  No  4. Brakes securely lock the wheel(s).
Yes  No  5. Shopping basket is on the back and located directly over or in front of rear wheels.
Yes  No  6. When used in carriage position, leg hole openings can be closed.

Gates and Enclosures

Yes  No  1. Openings in gate are too small to entrap child's head.
Yes  No  2. Gate has a pressure bar or other fastener that will resist forces exerted by child.

Crib Toys

Yes  No  1. No strings with loops or openings greater than 14 inches.
Yes  No  2. No strings or cords longer than 7 inches should dangle into the crib.
Yes  No  3. Crib gym has label warning to remove from crib when child can push up on hands and knees or is 5 months of age.
Yes  No  4. Components of toys are not small enough to be a choking hazard.

Walkers - Not recommended
However, if you plan to use one:

Yes  No  1. Walker has a wide wheel base for stability.
Yes  No  2. Walker has plastic sleeves over coil springs to avoid cuts.
Yes  No  3. Seat is securely attached to frame of walker.
Yes  No  4. There are no x-frames that could pinch.

Pacifiers

Yes  No  1. Pacifier has no ribbons, string, cord or yarn attached.
Yes  No  2. Shield is large enough and firm enough so it cannot fit in child's mouth.
Yes  No  3. Guard or shield has ventilation holes so baby can breath if shield does get into mouth.
Yes  No  4. Pacifier nipple has no holes or tears that might cause it to break off in baby's mouth.

Rattles/Squeeze Toys/Teethers

Yes  No  1. Rattles and Teethers have handles too large to lodge in baby's throat.
Yes  No  2. Rattles have sturdy construction that will not cause them to break apart in use.
Yes  No  3. Squeeze toys do not contain a squeaker that could detach and choke a baby.
### Toy Chest

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>1. Toy chest has no latch to entrap child within the chest.</th>
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<tr>
<td>Yes</td>
<td>No</td>
<td>2. Toy chest has a spring loaded lid support that will not require periodic adjustment and will support the lid in any position to prevent lid slam.</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>3. Chest has ventilation holes or spaces in front, sides or under lid.</td>
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### Playpens

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>1. Drop-side mesh playpen or mesh crib has warning label about leaving a side in the down position.</th>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>2. Playpen mesh has small weave (less than 1/4 inch openings).</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>3. Mesh has no tears or loose threads.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>4. Mesh is securely attached to top rail and floor plate.</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>5. Top rail has no tears or holes.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>6. Wooden playpen has slats spaced no more than 2-3/8 inches apart, with no lead-based paint.</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>7. If staples are used in construction, they are firmly installed and none are missing or loose.</td>
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</table>

### Baby Bath Rings/Seats — Bathing Precautions

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>1. Suction cups securely fastened to product.</th>
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<tr>
<td>Yes</td>
<td>No</td>
<td>2. Suction cups securely attach to smooth surface of tub.</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>3. Water heater turned down to 120 degrees to prevent scalding of infant.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>4. Baby NEVER left alone or with a sibling while in bath ring, even for a moment!</td>
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### High Chairs

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>1. High chair has restraining straps that are independent of the tray.</th>
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<tr>
<td>Yes</td>
<td>No</td>
<td>2. Tray locks securely.</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>3. Buckle-on waist strap is easy to fasten and unfasten.</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>4. High chair has a wide base for stability.</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>5. Caps or plugs on tubing are firmly attached and cannot be pulled off and choke a child.</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>6. No lead-based paint has been used.</td>
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</table>
What is SIDS?

Sudden Infant Death Syndrome (SIDS) is defined as “the sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene and a review of the clinical history.”

SIDS, sometimes known as crib death, is the major cause of death in babies from one month to one year of age. Nearly 6,000 infants, or about one in 1,000 live births, die of SIDS each year in the U.S. Most SIDS deaths occur when a baby is between one and four months old. More boys than girls are victims and most deaths occur during the fall, winter and early spring months.

The death is sudden and unpredictable; in most cases, the baby seems healthy. Death occurs quickly, usually during a sleep time.

Much research is being conducted into the causes of SIDS. Yet after 30 years of research, scientists still cannot point to one definite cause or causes. There is no way to predict or prevent the occurrence of SIDS. But, research has found some things that can be done to help reduce the risk of SIDS.

Sudden Infant Death Syndrome, doesn’t happen very often. Doctors don’t know what causes SIDS, but they have found some things you can do to help make your baby more safe.

You can reduce the risk of SIDS by putting your healthy baby on his or her back to sleep. Do this whether your baby is being put down for a nap or to bed for the night. Sleeping on the back seems to reduce the risk of SIDS.

A few years ago, doctors in some other countries, including England, New Zealand, Australia and Norway, began urging parents to place their infants on their backs to sleep. Most babies in those countries now sleep on their backs and fewer babies are dying of SIDS. Some of these countries report a decrease of 50 percent, or one half, in the number of cases of SIDS.

Now, doctors and nurses in the U.S. are trying to get parents, grandparents, babysitters and others who take care of young babies, to place healthy infants on their backs to sleep. They believe that fewer babies will die of SIDS if they are placed in this position.

You should talk to your doctor about what sleeping position is best for your new baby. There are certain health conditions that might require a tummy-down sleeping position. If your baby was born with a birth defect, was born pre-term, frequently spits up after eating or has a breathing, lung or heart problem, be sure to talk to your doctor about which position to use.

Some parents worry that babies sleeping on their back may choke on spit-up or vomit during sleep. There is no evidence that sleeping on the back causes choking. Millions of babies around the world now sleep on their back and doctors have not found an increase in choking or other problems.

Positioning

• Back: Place baby down on his/her back.

While sleeping on the back may help protect your baby from SIDS, there are other things you can do that will also help keep your new baby healthy.

Tummy Time

Babies also need time on their tummy to develop the muscles in the neck and upper body. While baby is awake and being observed, allow baby to play on the tummy.
What does a safe sleep environment look like?

Lower the risk of sudden infant death syndrome (SIDS).

Don’t forget Tummy Time when the baby is awake and is being watched.

Use a firm mattress in a safety-approved* crib covered by a fitted sheet.

Make sure nothing covers the baby’s head.

Place your baby on his or her back to sleep for naps and at night.

Do not use pillows, blankets, sheepskins, or pillow-like bumpers in your baby’s sleep area.

Use sleep clothing, such as a one-piece sleeper, instead of a blanket.

Do not let anyone smoke near your baby.

Keep soft objects, stuffed toys, and loose bedding out of your baby’s sleep area.

*For more information on crib safety guidelines, call the Consumer Product Safety Commission at 1-800-638-2772 or visit their website at http://www.cpsc.gov.
Safe Sleep for Your Baby

The Safe Sleep Top 10

1. Always place your baby on his or her back to sleep, for naps and at night. The back sleep position is the safest, and every sleep time counts.

2. Place your baby on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place your baby to sleep on pillows, quilts, sheepskins, or other soft surfaces.

3. Keep soft objects, toys, and loose bedding out of your baby’s sleep area. Don’t use pillows, blankets, quilts, sheepskins, or pillow-like crib bumpers in your baby’s sleep area, and keep all objects away from your baby’s face.

4. Do not allow smoking around your baby. Don’t smoke before or after the birth of your baby, and don’t let others smoke around your baby.

5. Keep your baby’s sleep area close to, but separate from, where you and others sleep. Your baby should not sleep in a bed or on a couch or armchair with adults or other children, but he or she can sleep in the same room as you. If you bring your baby into bed with you to breastfeed, put him or her back in a separate sleep area, such as a bassinet, crib, cradle, or a bedside cosleeper (infant bed that attaches to an adult bed) when finished.

6. Think about using a clean, dry pacifier when placing the infant down to sleep, but don’t force the baby to take it. (If you are breastfeeding your baby, wait until your child is 1 month old or is used to breastfeeding before using a pacifier.)

7. Do not let your baby overheat during sleep. Dress your baby in light sleep clothing, and keep the room at a temperature that is comfortable for an adult.

8. Avoid products that claim to reduce the risk of SIDS because most have not been tested for effectiveness or safety.

9. Do not use home monitors to reduce the risk of SIDS. If you have questions about using monitors for other conditions talk to your health care provider.

10. Reduce the chance that flat spots will develop on your baby’s head: provide “Tummy Time” when your baby is awake and someone is watching; change the direction that your baby lies in the crib from one week to the next; and avoid too much time in car seats, carriers, and bouncers.

Remember Tummy Time!
Place babies on their stomachs when they are awake and someone is watching. Tummy Time helps your baby’s head, neck, and shoulder muscles get stronger and helps to prevent flat spots on the head.

For more information about SIDS and the Back to Sleep Campaign:
Mail: 31 Center Drive, 31/2432, Bethesda, MD 20892-2425
Phone: 1-800-SIDS-CRIB (2742)
Fax: (301) 496-7101
Internet: http://www.nichd.nih.gov/sids

Enrico Kennedy School National Institute of Child Health and Human Development (NICHD)
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When babies cry, it is usually for a good reason. Crying is your baby’s way of letting you know he/she is upset. Unfortunately, we don’t always understand this form of communication. Common reasons for crying include: hunger, gas, binding clothing, too hot/too cold, and simply needing attention. Here are some ways to comfort your baby:

**Hunger**
- Nursing, feeding, giving baby a pacifier.

**Gas**
- Burping, patting baby’s bottom, leg/abdominal exercises, giving a warm bath, massaging stomach, or laying baby on stomach across your lap.

**Too Hot**
- Remove a layer of clothing.

**Too Cold**
- Changing baby’s diapers, giving baby a warm bath, putting baby in baby carrier, swaddling baby, cuddling baby, increasing room temperature, adding clothes (remember to warm up baby **before** adding clothes, otherwise you’re insulating the cold), warming baby’s blankets in the dryer, using them to swaddle baby, holding baby near you with “skin-to-skin” contact.

**Startled or difficult to console baby**
- Swaddling baby, cuddling baby, gently holding baby’s extremities, carrying baby in a sling or baby carrier, putting baby in a hammock, walking baby, taking baby for a car ride, rocking baby in the cradle, rocking baby standing up, putting baby in a swing chair. If the baby is still crying, try walking with the baby outside, turning on the bath water, giving baby a bath, exercising or massaging baby, turning on/off music, dancing with baby, or showering with baby. If the baby is missing someone in particular, perhaps putting some of that person’s clothing on yourself or near the baby along with offering a pacifier may help.

Remember, just because something didn’t work last time or half an hour ago doesn’t mean it won’t work now. After a while, both you and your baby will develop favorite calming methods. At times, you may need to take care of yourself in order to care for the baby. If the baby is still crying after trying everything, perhaps you should make the baby safe and as happy as possible, and give yourself ten minutes alone in the shower with your favorite music. Remember, every member of the family needs to help. Take turns trying to comfort baby. Sometimes a new face doing the same thing can be calming.

Remember, the baby has come a long way from the warm and all-comforting womb. Touching, talking, holding, rocking, cuddling and stroking are forms of communication. They tell the baby that you care.
Hearing loss is a hidden handicap because children, especially infants and toddlers, cannot tell us that they do not hear.

The following is a "Hearing Checklist" for your baby. If you suspect there may be a problem, don’t wait. Talk to your baby’s doctor right away. Your baby’s hearing can be accurately tested at any age.

Your baby should be able to do the following at:

**Birth to 3 months**
- Quiets to familiar voices or sounds
- Reacts to loud sounds, baby startles, blinks, stops sucking, cries, or wakes up
- Makes soft sounds when awake, baby gurgles

**3 to 6 months**
- Turns eyes or head toward sounds, voices, noise making toys, dog barking
- Starts to make speech like sounds, “ga,” “ooh,” “ba” and p, b, m sounds
- Reacts to change in your tone of voice

**6 to 9 months**
- Responds to own name and looks when called
- Understands simple words, “no,” “bye-bye,” “juice”
- Babbles, “da da da,” “ma ma ma,” “ba ba ba”

**9 to 12 months**
- Responds to both soft and loud sounds
- Repeats single words and imitates animal sounds
- Points to favorite toys or foods when asked

**12 to 18 months**
- Uses 10 or more words
- Follows simple spoken directions, “get the ball”
- Points to people, body parts or toys when asked

- “Bounces” to music

**18 to 24 months**
- Uses 20 or more words
- Combines 2 or more words, “more juice,” “what’s that?”
- Uses many different consonant sounds at beginning of words, b, g, m
- Listens to simple stories and songs

**2 Years to 3 Years**
- Uses 2-3 word sentences
- At 2 years, people can understand what the child says some of the time (25% – 50%)
- At 3 years, people can understand what the child says most of the time (50% – 75%)
- Follows two-step instructions, “get the ball and put it on the table”

**How Do We Screen Hearing?**

The Newborn Hearing Screening takes place before mother and baby leave the hospital. The screening takes only a few minutes while a baby sleeps. Soft sounds are played through earphones specially made for babies. A baby’s response to the sound is automatically measured by Otoacoustic Emissions (OAE).

Today’s easy screening methods are very reliable. Rarely will a baby with a hearing loss be missed.
Circumcision is a surgical procedure in which the skin covering the end of the penis is removed. Scientific studies show some medical benefits of circumcision. However, these benefits are not sufficient for the American Academy of Pediatrics to recommend that all infant boys be circumcised. Parents may want their sons circumcised for religious, social and cultural reasons. Since circumcision is not essential to a child’s health, parents should choose what is best for their child by looking at the benefits and risks. This information answers common questions you may have about circumcision. Use this as a guide to help you decide what is best for your baby boy.

What is Circumcision?

At birth, boys have skin that covers the end of the penis, called the foreskin. Circumcision surgically removes the foreskin, exposing the tip of the penis. Circumcision is usually performed by a doctor in the first few days of life. An infant must be stable and healthy to safely be circumcised.

Many parents choose to have their sons circumcised because “all the other men in the family were circumcised” or because they do not want their sons to feel “different.” Others feel that circumcision is unnecessary and choose not to have it done. Some groups such as followers of the Jewish and Islamic faiths, practice circumcision for religious and cultural reasons. Since circumcision may be more risky if done later in life, parents may want to decide before or soon after their son is born if they want their son circumcised.

Common Questions About Circumcision

Is circumcision painful?

When done without pain medicine, circumcision is painful. There are pain medicines available that are safe and effective. The American Academy of Pediatrics recommends that they be used to reduce pain from circumcision. Local anesthetics can be injected into the penis to lower pain and stress in infants. There are also topical medications that can help. Talk to your pediatrician about which pain medicine is best for your son. Problems with using pain medicine are rare and usually not serious.

What should I expect for my son after circumcision?

After the circumcision, the tip of the penis may seem raw or yellowish. If there is a bandage, it should be changed with each diapering to reduce the risk of the penis becoming infected. Petroleum jelly should be used to keep the bandage from sticking.

Reasons Parents May Choose Circumcision

Research studies suggest that there may be some medical benefits to circumcision. These include the following:

• A slightly lower risk of urinary tract infections (UTIs). A circumcised infant boy has about a 1 in 1,000 chance of developing a UTI in the first year of life; an uncircumcised infant boy has about a 1 in 100 chance of developing a UTI in the first year of life.
• A lower risk of getting cancer of the penis. However, this type of cancer is very rare in both circumcised and uncircumcised males.
• A slightly lower risk of getting sexually transmitted diseases (STDs), including HIV, the AIDS virus.
• Prevention of foreskin infections.
• Prevention of phimosis, a condition in uncircumcised males that makes foreskin retraction impossible.
• Easier genital hygiene.

Reasons Parents May Choose Not to Circumcision

The following are reasons why parents may choose NOT to have their son circumcised:

• Possible risks. As with any surgery, circumcision has some risks. Complications from circumcision are rare and usually minor. They may include bleeding, infection, cutting the foreskin too short or too long, and improper healing.
• The belief that the foreskin is necessary to protect the tip of the penis. When removed, the tip of the penis may become irritated and cause the opening of the penis to become too small. This can cause urination problems that may need to be surgically corrected.
• The belief that circumcision makes the tip of the penis less sensitive, causing a decrease in sexual pleasure later in life.
• Almost all uncircumcised boys can be taught proper hygiene that can lower their chances of getting infections, cancer of the penis, and sexually transmitted diseases.

Are there any problems that can happen after circumcision?
Problems after a circumcision are very rare. However, call your pediatrician right away if
• Your baby does not urinate normally within 6 to 8 hours after the circumcision.
• There is persistent bleeding.
• There is redness around the tip of the penis that gets worse after 3 to 5 days.

It is normal to have a little yellow discharge or coating around the head of the penis, but this should not last longer than a week.

What if I choose not to have my son circumcised?
If you choose not to have your son circumcised, talk to your pediatrician about how to keep your son’s penis clean. When your son is old enough, he can learn how to keep his penis clean just as he will learn to keep other parts of his body clean.

The foreskin usually does not fully retract for several years and should never be forced. The uncircumcised penis is easy to keep clean by gently washing the genital area while bathing. You do not need to do any special cleansing, such as with cotton swabs or antiseptics.

Later, when the foreskin fully retracts, boys should be taught how to wash underneath the foreskin every day. Teach your son to clean his foreskin by
• Gently pulling it back away from the head of the penis

• Rinsing the head of the penis and inside fold of the foreskin with soap and warm water
• Pulling the foreskin back over the head of the penis

See the AAP brochure Newborns: Care of the Uncircumcised Penis for more details. See your pediatrician if you notice any signs of infection such as redness, swelling, or foul-smelling drainage.

Female “Circumcision”

Female genital mutilation, sometimes called female circumcision, is common in many cultures. It involves removing part or all of a female’s clitoris. It may also involve sewing up the opening of the vagina. It is often done without any pain medicine. The purpose of this practice is to prove that a female is a virgin before she gets married, reduce her ability to experience sexual pleasure after marriage, and promote marital fidelity. There are many serious side effects, including the following:
• Pelvic and urinary tract infections
• Negative effects on self-esteem and sexuality
• Inability to deliver a baby vaginally

The Academy is absolutely opposed to this practice in all forms as it is disfiguring and has no medical benefits.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.
Car Seat Passenger Safety

Are Your Children Safe in the Car?

Nationally, more than 95% of child safety seats are not properly installed.

CHOC’s Child Passenger Safety Program can help. If you’re an expectant parent or have children under 6 years of age, please contact CHOC Child Passenger Safety Program for car seat safety classes, questions regarding child passenger safety, installation assistance or information on CHOC’s car seat distribution program for low-income families.

For Car Seat Safety class dates and registration information please call (714) 771-8266.

This benefit is provided to you by a grant from the Children and Families Commission of Orange County.
Tab 7
Imagine...

In minutes, you can choose a WelcomeSite - a personal website to introduce your new baby to family and friends!

You can burn a CD of snapshots you take using our digital camera and take it home.

FREE - Compliments of the hospital

Your WelcomeSite will feature:

- Two snapshots as well as the baby’s hospital portrait if you choose to purchase a portrait package.
- Birth announcement.
- Design of your choice.
- Access only to those you choose.

It’s easy  
It’s free  
It’s confidential

You’ll take home your special keepsake of your baby’s heirloom-quality portrait prints - right from the hospital!

No Waiting  
No Shipping Charges  
(Note: This excludes orders with birth facts)

St. Joseph Hospital  
www.sjo.org

St. Joseph Hospital  
STJOSEPH  
HEALTH SYSTEM

Don’t wait to share the joy  
See how easy it is!

Announce your new baby to loved ones over the internet right from the hospital

Bring home your baby’s newborn portrait right from the hospital

This service provided by  
welcomenewborn.com  
1.866.NEWBORN
The hospital now offers a new state-of-the-art digital photographic service.

Heirloom Quality Hospital Portraits

- **Get your baby’s newborn portrait taken right in your room.** The photographer will snap several images of your baby for you to review and select the best one.

- **We offer a wide variety of packages.** They start at $15.95 and go up. We also offer Birth Announcements. Visa, Mastercard, check, cash and money orders are accepted.

- **You are under no obligation to purchase your portrait.** It stays on our secure server for one year for you to decide at any time. However, if you purchase your photo package at the hospital, we can hand-deliver your completed package to you before you leave.

No Waiting  
No Shipping Charges  
(Note: This excludes orders with birth facts)

Tips for getting the perfect portrait

- Each photo session takes about 15 minutes.
- It’s very hard to assure that your baby will be awake, but we will do our best.
- Feel free to dress your baby or use a special blanket as a background (you can also use our background).

Create your baby’s own personal WelcomeSite (webpage)

Here’s how it works!

- **Before your due date,** visit the hospital website to create your own personal WelcomeSite.

- **After delivery** visit the hospital’s touch-screen WelcomeStation to update your baby’s birth information. Use your digital camera or ours, (just ask our photographer) to add snapshots of your baby. You can also burn your photos to a CD and keep it - compliments of the hospital!

- When your site is ready to be activated, we’ll announce the news to everyone on your email list.

  It’s easy  
  It’s free  
  It’s confidential

The purchase of any portrait package entitles you to add the portrait to your WelcomeSite at no extra charge.

It’s Confidential!

A unique password-protected WelcomeSite is reserved only for you. It can be accessed after your baby is born only by the people you choose, and only when you authorize us to send the announcement.

See how easy it is to stay close during this special time.

www.welcomenewborn.com
It is our hope that this reference guide will be helpful. St. Joseph Hospital does not necessarily endorse any of the groups not sponsored by the hospital. They are listed here for your convenience.

All phone numbers are (714) area code, unless otherwise indicated.

**Emergency Phone Numbers**
Fire Department/Medic, Orange County 911
Police Emergency 911
Poison control 1-800-876-4766
St. Joseph Hospital Emergency Room 714-771-8233

**Health Education & Support Services**
St. Joseph Hospital Perinatal Education 714-771-8266
St. Joseph Hospital Community Education 714-771-8913

**Immunization Program**
Bridges For Newborn Program 714-744-8822

**Information and support to breastfeeding women.**
Mother Baby Assessment Center 714-744-8764
Stork Stop Boutique 714-744-8764

**WIC (Women, Infants and Children)**
*Supplemental nutritional coupons as well as nutritional evaluation and counseling for pregnant and lactating women and infants or children to age 3. (Must meet financial criteria.)* 714-834-8333

St. Joseph Hospital Web Site www.sjo.org

Info Link (Parenting Resources) Dial 211 or 888-600-4357 www.211.org

Orange County Healthcare Resources www.ochealthcare.org

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**Books on Pregnancy and Parenting**

**Exercise During Pregnancy**
*Essential for Childbearing Years* by Elizabeth Nobel

**Pregnancy**
- *Just So It’s Healthy* by Lucy Barry Robe
- *What to Expect When You’re Expecting* by Eisenberg, Murkoff and Hathaway

**Childbirth**
- *Commonsense Childbirth* by Lester Dessez Hazell
- *Pregnancy, Childbirth and the Newborn* by Penny Simkin
- *Shared Childbirth* by Celeste Phillips and Phillip Summer

**Twins**
- *Having Twins* by Elizabeth Noble

**Breastfeeding**
- *The Nursing Mothers’ Companion* by Kathleen Huggins

**Infant Care**
- *What to Expect the First Year* by Eisenberg, Murkoff and Hathaway
- *Taking Care of Your New Baby* by Marsha Walker and Jeanne Watson Driscoll
- *Caring for Your Baby and Young Child, Birth to Age 5* by Steven Shelov, MD and Robert Hannemann, MD

**Siblings**
- *Sibling Rivalry* by Seymour Reit
- *Welcoming Your Second Baby* by Vicki Lansky

**Parenting**
- *Preparation for Parenting* by Donna Ewy
- *Tools for Entertaining Tots* by Roz Silva
- *Happiest Baby on the Block* by Dr. Harvey Karp
**Afterpains (Afterbirth pains)**
Contractions of the uterus that occur after the placenta is delivered that help the uterus return to its pre-pregnancy state.

**Amniocentesis**
A test performed by using a needle to withdraw amniotic fluid from the uterus. This is done primarily to detect certain genetic disorders, determine fetal lung maturity or to detect the presence of infection.

**Amniotic Fluid**
Water-like fluid that fills the amniotic sac (bag of water) which surrounds the baby. This fluid supports and protects the baby, permits it to move, prevents heat loss, and is a barrier to infection.

**Amniotomy**
Artificial rupture of the bag of water around the fetus.

**Analgesia**
Medication that diminishes the perception of pain without loss of consciousness.

**Apgar Score**
Evaluation of the baby at 1 minute and 5 minutes after birth. This score of the baby’s condition is given by the physician or nurse and ranges from 0 to 10.

**Areola**
Ring of pink or brown pigment surrounding the nipple.

**Bloody show**
Vaginal discharge that originates in the cervix and consists of blood and mucous: increases as the cervix dilates in labor.

**Braxton Hicks Contractions**
Also called “false labor.” Irregular, intermittent contractions throughout pregnancy which become more noticeable during the last three months. These contractions help soften the cervix and prepare the uterus for true labor.

**Cesarean Birth**
Delivery of the baby through a surgical incision into the abdomen and the uterus.

**Centimeters**
Unit of measure (approximately 1/2 inch) used to describe dilation of the cervix—0 to 10 centimeters. When your cervix is ten centimeters, you are “completely dilated.”

**Cervix**
The opening of the uterus which dilates (opens) and effaces (thins out) during labor to allow passage of the baby into the birth canal (vagina).

**Circumcision**
Surgical removal of the foreskin of the penis.

**Colostrum**
Pre-milk fluid present in the breasts during pregnancy; contains helpful antibodies for the baby’s immunity and aids early digestive processes.

**Contraction**
Tightening and shortening of the uterus muscles during labor. Causes dilation and effacement of the cervix; also pushes the baby downward and outward.

**Crowning**
Appearance of the baby’s head at the vaginal opening.

**Dilation**
Gradual opening of the cervix to permit passage of the baby, dilation is caused by labor contractions.

**Edema**
Swelling of body tissues containing abnormal amounts of fluid. A certain amount of edema is normal in pregnancy.

**Effacement**
Gradual thinning and shortening of the cervix—measured in percentages with 100 percent being completely thinned out.
Effleurage
A technique taught for childbirth that is performed by using the fingertips, in circular motion, to gently massage the abdomen.

Engagement and Lightening
Baby is said to have “dropped.” The entrance of the baby’s head or presenting part into the pelvis. It may be gradual or sudden, or after the onset of labor.

Engorgement
Swelling of breast tissue due to increased blood and lymph supply to the breasts. May precede your milk “coming in.”

Epidural
Medication injected into the epidural space in the back. Pain sensation is eliminated from the waist down.

Episiotomy
Surgical incision of the perineum (area between the openings of the vagina and the rectum). Made prior to delivery to widen the opening and ease passage of the baby.

Fontanelle
Soft spots on the head of the newborn which allow for necessary molding during birth. Gradually disappear as the baby grows older.

Forceps
Instruments used by the physicians to assist in normal movement of the baby through the birth canal when necessary. These are especially formed to fit the baby’s head and the mother’s pelvis.

Fundus
The upper, rounded portion of the uterus.

Induction
Labor brought on by artificial means (either by Pitocin or Prostaglandin Hormone).

Involution
The return of the uterus to its nonpregnancy state.

Lactation
The process of producing and supplying milk.

Lanugo
Soft, downy hair covering the newborn (especially noticed on the ears and across the shoulders).

Lochia
The discharge of blood, mucus, and tissue from the uterus and vagina after the birth of the baby. May continue for several weeks varying in amount and color. Begins as bright red (like a period) and progresses to brown-yellow about the 10th day. Lochia may continue for 4-6 weeks.

Meconium
Baby’s normal black-greenish sticky bowel movement for a few days after birth.

Membranes
Tough, double layer of tissue attached to the placenta forming the amniotic sac (bag of water).

Molding
Temporary shaping of the baby’s head to accommodate and conform to the bony structure of the mother’s pelvis.

Mucus Plug
A plug of mucus which occludes the cervix throughout pregnancy. When you “lose your plug,” it appears as a thick brownish-pinkish discharge from your vagina. This may or may not be a sign of early labor.

Oxytocin
A hormone that is released from the pituitary gland that stimulates uterine contractions. A synthetic form of this hormone, called Pitocin, is used to enhance or stimulate labor.

Perineum
The area between the vagina and rectum.
Placenta
The vascular organ attached to the uterus that gives nutrition and oxygen to the fetus; the fetus’ waste products are excreted through the placenta. Also called the “afterbirth.”

Position
The relationship of the presenting part of the mother’s pelvis.

Postpartum
The first six weeks after delivery.

Pre-eclampsia (Pregnancy Induced High Blood Pressure - PIH)
Onset of elevated blood pressures, edema and protein in urine during pregnancy. Usual treatment is bedrest and relaxation as well as intravenous medication. Induction of labor may be indicated. If not treated, may lead to eclampsia which is characterized by seizures.

Presentation
The relationship of the fetal body to the long axis of the mother.

Ripe
Word used to describe the cervix when it is soft and ready for labor.

Station
A measurement of how far down in the pelvis the baby is. Determined during a vaginal exam.

Uterus
Muscular pear shaped organ of gestation: the womb.

Vernix
Thick, white substance on the baby’s skin; protects the baby’s skin while in the uterus.