

TOOLS, TIPS & KNOWLEDGE FROM  
Pregnancy through  
Postpartum



**Baptist Health**

# Congratulations on your pregnancy!

Baptist Health Women's Center is dedicated to helping you every step of the way by providing health tips, recipes, exercises, educational information and so much more!

Whether it's your first pregnancy or fourth, the journey to motherhood is an exciting time. This guide will cover several topics to help get you prepared for your new bundle of joy, but Baptist Health's great tools and resources don't stop there.



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We offer educational classes and workshops, online resources and a Facebook group for moms to connect and talk about their experiences:



Articles, info-graphics and downloadable guides take you through each trimester, delivery and caring for your newborn at:

**[HealthyAmazingWomen.com](https://HealthyAmazingWomen.com)**



Pre-register today! Save time and minimize paperwork the day of delivery by going to:

**[Baptist-Health.com/pregnancy-preregistration](https://Baptist-Health.com/pregnancy-preregistration)**



Want to learn about breastfeeding, childbirth, CPR, newborn care, finding a babysitter, or helping your children adjust to their new sibling? Try our new MOM LIFE virtual class series to learn everything you need to know about Pregnancy Self care, breastfeeding and newborn care all from the comfort of your own home. You can even attend a MOM LIFE series on your lunch hour! Sign up for a class:

**[BaptistHealthClasses.com](https://BaptistHealthClasses.com)**



Get social with us! Follow Baptist Health Expressly For you on Instagram and Facebook and be sure to join our “mom life” Facebook group

**[Facebook.com/groups/MomLifebyBaptistHealth](https://Facebook.com/groups/MomLifebyBaptistHealth)**



**Baptist Health Expressly for You**

Every new mom deserves breastfeeding support. Staffed by RN Lactation Consultants, Expressly For You at Baptist Health is Arkansas’ breastfeeding resource center. Specialties and services include lactation consultation, breast pumps, nursing bras and breastfeeding products. Find out more about Expressly for You and our lactation consultation services by calling: **(501) 202-7378**



For questions or information call Baptist Health HealthLine at:

**1-888-BAPTIST (227-8478)**

# Prenatal Care

So, you just found out you're pregnant. Congratulations! The next step? See your doctor first thing for prenatal care.

You'll want to start prenatal care as early as possible. And stick with it throughout your pregnancy. That will help ensure a healthy pregnancy, a smooth delivery and a healthy baby.

## Why get prenatal care?

Women who have routine prenatal care have:

- Healthier babies
- A lower risk of giving birth early
- Fewer serious complications

Every visit is a chance to get peace of mind about your health and your baby's health. It's also the best chance to find problems early, when they may be easier to treat.

These visits also give you the chance to:

- Ask questions
- Learn about birth
- Develop a relationship with your care provider
- Find out about services, classes and other types of support

To learn more about mother/baby classes at Baptist Health, visit

**[BaptistHealthClasses.com](https://www.baptisthealthclasses.com)**

If you're older than 35, prenatal care is especially important. You have a higher risk of developing problems during pregnancy. Prenatal care can help you prevent or manage them.

## When you'll visit the doctor

Most healthy women who aren't at risk for complications will have prenatal visits about this often, says the Office on Women's Health:

- Every four weeks from week 4 to week 28 of pregnancy
- Every two weeks from week 28 to week 36 of pregnancy
- Every week from week 36 of pregnancy until the baby is born

Your provider may want to see you more often if you had medical issues before pregnancy. You may also require more frequent visits if you have symptoms or test results that could be signs of a problem.

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## Getting started

The first prenatal visit tends to be the longest. At this visit your healthcare provider may:

- Ask about your health history. This can include details such as medicines you take, allergies, vaccinations you've had, and a history of diseases in childhood and adulthood
- Measure your height, weight and blood pressure
- Give you a physical and pelvic exam
- Take samples of blood, urine, vaginal fluid and cervical cells. These will be checked for signs of disease or infection

You'll also get your estimated due date. Most women will have their baby within two weeks of their due date. However, very few women have the baby on their exact due date.

Your provider may also give you a prescription for prenatal vitamins. He or she will also share information about substances, activities and foods to avoid during pregnancy. More educational information about these topics are included in this booklet.



## Later visits

Your weight and blood pressure will be checked at every prenatal visit. The size of your uterus will also be checked.

After about 10 weeks, your baby's heartbeat can be heard at your prenatal care checkup, and it can be checked at each visit too.

You may also have an ultrasound exam. This creates a moving picture of the baby. The test can show:

- If you're carrying more than one baby
- The baby's heartbeat
- The baby's size and sex
- Some types of birth defects

Other tests may be needed if you have risk factors for complications during pregnancy. Remember to ask about the risks and benefits of any test before it's done.

## Staying in touch

Every prenatal visit is a chance for you to ask about symptoms you have and discomfort you feel. Be sure to share your questions, concerns and hopes related to your pregnancy or childbirth. You might discuss, for example, your hopes for your childbirth and whom you'd like to have with you in the delivery room.

Your doctor can also answer questions about issues such as:

- Circumcision, if your baby is a boy
- Breastfeeding
- Recovering after childbirth

# Prenatal Classes

## AT BAPTIST HEALTH

Education and preparation is what we're all about at Baptist Health. During your pregnancy, Baptist Health has crafted prenatal classes specifically for you. Whether you're looking for information, resources, exercise or support from women in the same position as yourself, there's a class for that. Classes are available for all patients delivering at any Baptist Health facility.



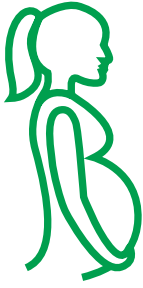
### Newborn Care Classes

Help prevent unnecessary anxiety by practicing important skills ahead of time! Newborn Care addresses needs such as safe methods of diapering, holding, bathing, taking temperature, suctioning nose & mouth and feeding a newborn. Additionally, the class will cover infant cues and characteristics, signs of illness and methods of enhancing your infant's development. Expectant mothers having multiples (twins, triplets, etc.) should be finished with any class 8 weeks prior to due date; all other expectant mothers should be finished 4-6 weeks prior to due date.



### Breastfeeding

Taught by a board-certified lactation consultant, this class will discuss the many benefits of breastfeeding, getting started, basic techniques, problems and solutions, returning to work and how partners can support both mom and baby. We recommend that you bring a support person with you who will learn these same basic skills and help you while you are in the hospital and at home. Expectant mothers having multiples (twins, triplets, etc.) should be finished with any class 8 weeks prior to due date; all other expectant mothers should be finished 4-6 weeks prior to due date.



## Mom Life

Prepare for becoming a new mom with Mom Life Baptist Health's virtual Prenatal program. Taught by Registered Nurse Lactation Consultants, our program encompasses all of the topics traditionally covered in breastfeeding and newborn care classes, all with a focus on self care—rolled into one convenient virtual program. From Bump to Baby this virtual program will prepare you for it all — all from the comfort of your home!



## Childbirth

This 3-week class is taught by certified childbirth educators with a curriculum focused on prepared pregnancy and childbirth. Instruction covers nutrition, emotional and physical changes during pregnancy, Lamaze techniques, partner's support role, cesarean birth and a tour of hospital facilities. Baptist Health recommends that you register early in your pregnancy to guarantee a spot in the class. Expectant mothers having multiples (twins, triplets, etc.) are required to be finished with any class 8 weeks prior to due date; all other expectant mothers should be finished 4-6 weeks prior to due date.



## Community Based Prenatal Class

An all-in-one class for women of low income, the Community Based Prenatal Class incorporates the basics of childbirth, newborn care, WIC enrollment, and breastfeeding. Special baby gifts are given as door prizes at the end of each class.

To register for a community based prenatal class call Baptist Health HealthLine at 1-888-BAPTIST (888) 227-8478.

# Bump to Baby

## WEEK BY WEEK

FIRST TRIMESTER	<b>7 weeks</b>  blueberry	<b>8 weeks</b>  raspberry	<b>9 weeks</b>  cherry	<b>10 weeks</b>  strawberry	
	<b>11 weeks</b>  fig	<b>12 weeks</b>  lime	SECOND TRIMESTER	<b>13 weeks</b>  peach	<b>14 weeks</b>  lemon
	<b>15 weeks</b>  apple	<b>16 weeks</b>  avocado		<b>17 weeks</b>  turnip	<b>18 weeks</b>  red pepper
	<b>19 weeks</b>  mango	<b>20 weeks</b>  banana	<b>21 weeks</b>  carrot	<b>22 weeks</b>  pomegranate	

**23 weeks**



papaya

**24 weeks**



cucumber

**25 weeks**



corn

**26 weeks**



eggplant

THIRD TRIMESTER

**27 weeks**



acorn squash

**28 weeks**



cauliflower

**29 weeks**



cabbage

**30 weeks**



butternut squash

**31 weeks**



lettuce

**32 weeks**



coconut

**33 weeks**



pineapple

**34 weeks**



cantaloupe

**35 weeks**



honeydew melon

**36 weeks**



celery

**37 weeks**



swiss chard

**38 weeks**



leek

**39 weeks**



watermelon

**40 weeks**



pumpkin



## Medicine Guidelines During Pregnancy

Some medicines are considered safe during pregnancy — the effects of other medicines on your unborn baby are unknown. Always check with your healthcare provider regarding your current prescriptions.

### Prescription medicine guidelines

If you were taking prescription medicines before you became pregnant, please ask your healthcare provider about the safety of continuing these medicines as soon as you find out that you are pregnant.

You and your healthcare provider will weigh the benefits and risks of taking a particular medicine. With some medicines, the risk of not taking them might be more serious than the potential risk associated with taking them. For example, if you have a urinary tract infection, your healthcare provider might prescribe an antibiotic. If the urinary tract infection is not treated, it could cause long-term problems for both the mother and her baby. If you are prescribed any new medicine, please inform your healthcare provider that you are pregnant.

### Safe Medications to Take During Pregnancy

Type of Remedy: **Allergy**

Diphenhydramine (Benadryl®)

Loratidine (Claritin®)

Cetirizine (Zyrtec®)

**Type of Remedy: Cold and Flu**

Diphenhydramine (Benadryl)\*

Dextromethorphan (Robitussin®)\*

Guaifenesin (Mucinex® [plain]) \*

Vicks Vapor Rub® mentholated cream

Mentholated or non-mentholated cough drops  
(Sugar-free cough drops for gestational diabetes should not contain blends of herbs or aspartame)

Pseudoephedrine ([Sudafed®] after 1st trimester)

Acetaminophen (Tylenol®)\*

Saline nasal drops or spray

Warm salt/water gargle

**\*Note:** Do not take the “SA” (Sustained Action) form of these drugs or the “Multi-Symptom” form of these drugs. Do not use Nyquil® due to its high alcohol content.

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**Type of Remedy: Diarrhea**

Loperamide ([Imodium®] after 1st trimester, for 24 hours only)

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**Type of Remedy: Constipation**

Methylcellulose fiber (Citrucel®)

Docusate (Colace®)

Psyllium (Fiberall®, Metamucil®)

Polycarbophil (FiberCon®)

Polyethylene glycol (MiraLAX®)\*

*\*Occasional use only*

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**Type of Remedy: First Aid Ointment**

Bacitracin

Neomycin/polymyxin B/bacitracin (Neosporin®)

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**Type of Remedy: Headache**

Acetaminophen (Tylenol)

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**Type of Remedy: Heartburn**

Aluminum hydroxide/magnesium carbonate (Gaviscon®)\*  
Famotidine (Pepcid AC®)  
Aluminum hydroxide/magnesium hydroxide (Maalox®)  
Calcium carbonate/magnesium carbonate (Mylanta®)  
Calcium carbonate (Titalac®, Tums®)

*\*Occasional use only*

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**Type of Remedy: Hemorrhoids**

Phenylephrine/mineral oil/petrolatum (Preparation H®)  
Witch hazel (Tucks® pads or ointment)

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**Type of Remedy: Insect Repellent**

N,N-diethyl-meta-toluamide (DEET®)

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**Type of Remedy: Nausea and Vomiting**

Diphenhydramine (Benadryl)  
Vitamin B6

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**Type of Remedy: Rashes**

Diphenhydramine cream (Benadryl)  
Hydrocortisone cream or ointment  
Oatmeal bath (Aveeno®)

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**Type of Remedy: Sleep**

Diphenhydramine (Unisom SleepGels®, Benadryl)

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**Type of Remedy: Yeast Infection**

Miconazole (Monistat®)

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**Please note:** No drug can be considered 100% safe to use during pregnancy.

*This information was sourced from ClevelandClinic.org*

# Prenatal Vitamins

Eating healthy and balanced meals every day is still the best way to get the right nutrients and vitamins for you and your growing baby. However, prenatal vitamins ensure that you're bridging any gaps between your food habits and the vitamins you need during pregnancy. It's important to note that taking these prenatal vitamins is not a substitute for a healthy and balanced diet during pregnancy - they are used as a complement.

## When should you start and stop taking your prenatal vitamins?

It's a good idea to start taking prenatal vitamins before conceiving, and you should continue taking your prenatal vitamins all the way through your pregnancy, unless otherwise directed by your OB/GYN.



Your physician may suggest that you continue taking them while breastfeeding. Here are some things you should look for when selecting your vitamins:

- DHA
- Folic acid (400 micrograms daily)
- Iron (27 milligrams daily)
- Calcium (1000 milligrams daily)
- Vitamin D (600 IU)
- Vitamins A, C, E
- Zinc, Iodine and Copper

## What are the side effects of prenatal vitamins?

Some women may experience symptoms of nausea after taking prenatal vitamins. Eat a snack when taking your vitamin. Another common side effect is constipation.

## Can I prevent side effects?

Drink plenty of water and ensure that you are getting physical exercise after consulting your OB/GYN. Add some fiber to your diet. Whichever prenatal vitamins you end up choosing, make sure to consult your OB/GYN.



## Foods to eat and foods to avoid during pregnancy

You're responsible for the nutrition of another person now. It's a fact that pregnant women have higher nutrition needs than the rest of the population. Here's a few items that are good choices to eat and a few items to stay away from. Always consult your physician before making drastic changes in your diet.

### Great “go to” options to eat during pregnancy:

- **Avocado**

Avocados are full of healthy fats that are helpful during your pregnancy. Studies have shown that the fats in avocados reduce cholesterol. Avocados contain more folate per ounce than any other fruit or vegetable out there, making it the perfect healthy addition to everyday eating during pregnancy.

- **Legumes (beans, peas or lentils)**

A great source of protein! It's a common occurrence: pregnant women can often develop meat aversions. Legumes are an excellent way to ensure that you're still getting the protein that your body needs. For example, 1 cup of black beans can give you about 15 grams of protein. In addition to protein, you'll also get fiber. Fiber is an important part of your diet while pregnant, as it nourishes the gut microbiome and stabilizes blood glucose levels.

Legumes also contribute folate; an important vitamin that prevents the risk of neural tube defects in your developing baby.

- **Mixed Greens (especially spinach)**

Greens are good for you even if you're not pregnant – but cooked spinach is high in folic acid and iron. Many pregnant women suffer from anemia during pregnancy, and the extra nutrients and vitamins from leafy greens go a long way in treating it.

## Avoid consuming these foods/beverages during pregnancy:

- **Alcohol**

What you eat and drink, your baby does too! During pregnancy, drinking alcohol is not recommended. In fact, there is no known “safe” amount of alcohol to consume as your fetus’s brain is developing.

- **Raw/Undercooked Fish**

Sushi and undercooked fish are dangerous during pregnancy due to the viruses and bacteria that can potentially cause food poisoning.

- **Caffeine**

This is a tough one for many pregnant women. Caffeine is not something that you have to cut out completely, but the recommended amount of caffeine to consume per day for pregnant women is between 150 mg and 300 mg. This equates to one 8 oz. serving of brewed coffee per day. Why? Caffeine does cross the placenta to your baby which may cause fetal arrhythmias, miscarriages, or low birth weight.

## Heartburn during pregnancy

Heartburn may not be as well-known as morning sickness, but it is a common complaint for pregnant women. Here’s a look at what causes heartburn and what you can do about it.

### How heartburn happens

Heartburn happens when the valve between the stomach and the esophagus doesn’t close completely. This allows the acidic contents of the stomach to be pushed up into the esophagus during digestion. This acid creates a burning sensation that starts in your stomach and feels like it’s rising. You might also feel like you need to vomit, or get a sour taste in your mouth. During pregnancy, heartburn can happen when hormones relax the muscles in your digestive tract.

This causes the entire digestive process to slow down and the valve not to close completely. Also, as the baby grows, the uterus puts pressure on the stomach. This can cause acid to be pushed back up the esophagus.

## How to get relief

Just because you're pregnant doesn't mean you have to suffer through heartburn. These tips can help prevent or ease the problem:

- Don't lie down right after meals. Give your body time to fully digest your food.
- Eat several small meals throughout the day. Small meals are less likely than large ones to put pressure on the stomach.
- Avoid the foods that give you heartburn. For example, citrus fruits, caffeinated beverages and tomato products can cause or aggravate heartburn.
- Wear loose clothing. Tight clothing may increase pressure on the stomach.

## Still have heartburn?

If making these changes doesn't work and heartburn persists, you might want to talk to your doctor about taking an antacid. Remember to consult your doctor before taking any medications during pregnancy. Most of the time heartburn is temporary, but severe heartburn can be a sign of a serious condition. The March of Dimes advises calling your doctor if you have any of the following:

- Heartburn that wakes you up at night
- Heartburn that returns as soon as your antacid wears off
- Spitting up blood
- Black stools
- Trouble swallowing
- Weight loss



## Exercising for Pregnant Women

Is exercising while pregnant safe? In most cases, yes. Especially if you were already active before you got pregnant, it is generally safe to resume physical activity after you find out that you are pregnant. Most healthcare providers will suggest that you do not exercise for purposes of weight loss, but conduct pregnancy exercises to stay active and healthy during your pregnancy.

A common misconception is that exercising can put you at risk for miscarriage in a normal pregnancy.

While it is recommended that you consult your doctor before starting any new type of exercise regimens while pregnant, moderate exercise (after you get the go-ahead from your OB/GYN) is beneficial to you and your fetus and has been shown to:

- Reduce lower back pain
- Ease constipation
- Ensure healthy weight gain during pregnancy
- Make it easier to lose the baby weight after birth

## Brisk Walking

Brisk walking provides a full body workout and keeps the muscles and joints engaged while you're pregnant. Thirty minutes every day is recommended. Ensure that you are well hydrated and that you consult your physician before you make any changes to your physical routine.

## Running

Running is a recommended method of exercise for pregnant women. If you're already a runner, OB/GYNs would recommend that you continue to run during your pregnancy unless otherwise stated by your physician. Regardless, the advice for pregnant women who run for exercise: run, don't race.

## Swimming

Swimming is an excellent way to gently exercise during pregnancy. This is a method of exercise that doctors recommend to women even if they generally do not exercise. It keeps you cool, and many women have reported a reduction in swelling of the feet and ankles after swimming.

**It's important to remember that you have to listen to your body while exercising during pregnancy. If you are feeling overheated or short of breath, stop your workout and reach out to your doctor.**



# The Do's and Don'ts' of Morning Sickness



Whether you've recently found out that you're pregnant or have been keeping the news under wraps for a few weeks, you might be wondering about morning sickness. It's no secret that N.V.P. or nausea and vomiting in pregnancy is common, but it may be something you're concerned about. At Baptist Health, we want to give you the hard facts: to demystify morning sickness and its symptoms.

## You're Not Alone

The first thing we want to tell you: you're not alone. According to the US National Library of Medicine, "up to 80% of pregnant women experience morning sickness in their first trimester."

## When does morning sickness start?

In the first trimester of pregnancy; generally, between weeks four and six of your pregnancy. It may continue well into your fourth month of pregnancy. Morning sickness can start any time during the first two months and can happen ANYTIME of the day, not just the mornings. Most patients' intense nausea and vomiting subside around weeks 13-15, although some patients can experience morning sickness throughout their entire pregnancy.

Understanding the "why" of morning sickness — here are the main reasons why women get morning sickness:

- Like a superpower, pregnant women have a heightened sense of smell, and heightened sensitivity to certain smells (meat, garbage)
- Enhanced gastric reflux
- Rising HCG hormone levels and rising estrogen levels
- Stress

## Do's and Don'ts

For morning sickness remedies and relief, here are a few things that may work to soothe your symptoms. Every patient and every pregnancy are different, therefore it is a great idea to keep a log of things that make you nauseated. This will help you avoid foods, drinks and situations that make you feel ill. Here are a few helpful tips:

### Do's

Take folic acid BEFORE you ever get pregnant. Once pregnant try taking your prenatal vitamins and folic acid at night

Eat before you get hungry

Brush your teeth after eating

If your morning sickness is worse in the mornings, try eating a saltine cracker before you ever raise your head from your pillow

Lemon and ginger are proven to help reduce nausea and vomiting

Make sure to get plenty of sleep

Take antacids (as directed by your physician) for heartburn or reflux

Try eating several small frequent meals/ snacks throughout the day that are high in protein and carbohydrates (crackers, yogurt, bread, cottage cheese and ginger snaps)

Make sure to stay hydrated

Make sure your drinks are cold — this helps alleviate nauseous feelings as well

### Don'ts

Do NOT over eat, or you may see your meal again

Try not to lie down for at least 30 minutes after eating

Avoid strong perfumes, incense, other strong smells

Avoid getting overheated

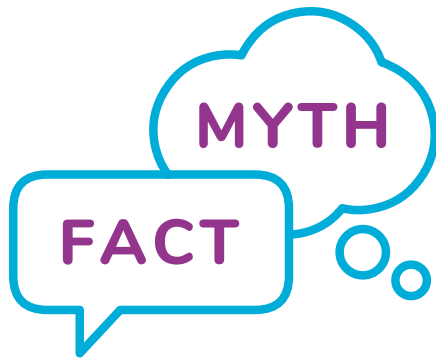
There are several “morning sickness” snacks available on the internet and in local drug stores. Make sure to discuss any herbal medications/snacks with your physician prior to taking. A safe and often effective treat is ginger lollipops. For those that experience nausea and vomiting to a severity that prevents them from keeping down liquid or foods, there are other measures that can (and sometimes must) be taken. There are medications that can be taken to help alleviate the nausea so that adequate nutrition is maintained throughout the pregnancy. This is something that is special to each patient and should be discussed with your OB/GYN for a treatment plan that best fits you and your growing baby.

Even though morning sickness is a common part of pregnancy, there are certain situations in which you need to pay extra attention:

- If your vomiting is preventing you from keeping food down
- If morning sickness brings fever or pain with it
- If you are becoming dehydrated (pay special attention that your urine is not getting too dark, your heart is not racing or you’re becoming short of breath doing normal, daily tasks)

In any of these cases, don’t be alarmed; however, it is best to contact your OB/GYN to make sure they are aware of your symptoms and can schedule a further evaluation if needed.





**Myth** If you had morning sickness with your first child, you're 100% sure to have it with any subsequent pregnancies.

**Fact** In fact, about a third of women do not have morning sickness that mirrors the symptoms from an earlier pregnancy.

**Myth** If you have morning sickness past your first trimester, something is wrong with your baby.

**Fact** Women generally experience morning sickness between the 4th and 14th weeks of pregnancy. Beyond that, it's best to check with a doctor, but many women often experience morning sickness through until the end of their pregnancy. Each woman's pregnancy is unique, morning sickness can manifest as a continuous symptom and for some women, it may not be limited to the early hours of the day.

**Myth** Morning sickness = girl babies

**Fact** Although some studies have claimed that women who exhibited the signs of morning sickness eventually birthed female babies, the numbers are negligible, and do not serve as a pattern to prove that the theory holds any weight.

# Signs of Labor

After months of waiting, it's almost here. The big day—the day of your baby's birth—is right around the corner.

In these last weeks, you may be feeling a mix of excitement and anxiety as you wait for labor to start. Your body has already gone through many changes. Now you're looking for signals that the process of birth is going to begin.

## False labor

In recent weeks, you may have felt your uterus tighten and release in an irregular pattern. These “practice contractions” are called Braxton Hicks contractions. They may cause the uterus to contract for 30 to 60 seconds or as long as two minutes.

Braxton Hicks contractions:

- Are irregular in frequency and intensity
- Are unpredictable
- Are more uncomfortable than painful
- Do not get closer together or stronger as time goes on
- Taper off and then disappear



As you get closer to your due date, Braxton Hicks contractions may become uncomfortable or even painful. These contractions are considered false labor as long as they are irregular in frequency and intensity. But they can prepare you for the real thing by giving you a chance to practice breathing exercises you may have learned in childbirth classes.

If you're not sure if your contractions are false labor or the real thing, use a watch to time them. Keep track of how long each contraction lasts and how long it is from the start of one to the start of the next. Keep a record for one hour. Weak contractions can be hard to time and may mean you are in false labor. If your contractions are regular and getting stronger, you may be in early labor.

## Real labor

Before labor, the mucus plug that has blocked the opening of the cervix during pregnancy is expelled. This is a sign that your cervix is beginning to dilate. Labor may begin within hours, or it may start days or even weeks afterward. The mucus plug may be clear, slightly pink or blood-tinged in color. You may or may not notice when this happens.

When labor begins, contractions:

- Come at regular intervals from 5 to 15 minutes apart
- Get closer together over time
- Last 60 to 90 seconds each
- Continue to happen if you walk, rest or change position
- Get steadily stronger

Early labor pain often feels like a backache that moves around to the front. Ask your doctor when you should call him or her once labor starts, and when to leave for the hospital. During the early part of labor, you may be able to wait at home and rest. You may want to walk around or take a shower or warm bath. Ask your doctor if you should eat or drink during early labor.

## Time to go

You'll know it's time to leave when:

- Your contractions are five minutes apart or less
- Your contractions are getting stronger, closer together and regular
- Your water breaks. This means the amniotic sac has ruptured. Write down the time that this happens, even if you aren't having contractions

Call your doctor right away if you have constant, severe pain.

## False Alarm?

Some women go to the hospital with strong, regular contractions, but then the pains stop once they arrive. If this happens, don't worry or feel embarrassed. Think of the trip as a good trial run. And know that you'll be back soon.

# Hospital Bag Checklist

Whether the big day comes as planned or unexpectedly, you will want to make sure you're fully prepared and have everything you need for a hasty exit out of the house and into the car. Baptist Health recommends preparing a hospital bag during your 8th month of pregnancy, as it is possible that you could go into labor any time after the 8th month. We suggest that you leave your bag near an exit door, so when the time comes to leave for the hospital, you won't feel stressed trying to find it.

Preparing ahead of time and avoiding extra stress is a key element to a happy and healthy delivery process.



## 15 Essentials for Mom

- Photo ID and insurance card**

You will need proof of identification and a form of payment for all hospital related expenses. It is also a good idea for your significant other to bring their photo ID.



- Birth plan**

Print a few so the doctors have an easy visual to refer to when planning your delivery needs.

- Room items**

It is common for women in labor to bring a device that plays music, a room diffuser with soothing oils or aromas, pictures of loved ones who can't be there, door signs, birthing balls and more. Make your labor room special to you!

- Cell phone and charger**

- Slippers or socks**

- Toiletries**

Lip balm, moisturizer, a toothbrush, your favorite conditioner, shampoo and body wash are all items that will help you feel refreshed. The hospital has some of these items, however, they will probably not be as comforting and refreshing as your own!



- ❑ **A comfortable pillow, pillowcase and blanket**  
Your hospital will provide you with these, but you may feel more comfortable with your own items.

- ❑ **Nightgown**  
Bring your own nightgown to sleep comfortably during your overnight stay. If you plan to breastfeed, choose a front-open style gown.

- ❑ **Snacks and change for vending machine**

We encourage you to bring gum or mints for labor. Labor typically brings nausea and decreased digestion, and most physicians request that you limit your intake to only ice, gum and a hard candy once active labor has been declared.

You may also bring non-perishable snack items and a water bottle for your partner or yourself outside of active labor. Baptist Health does provide room service from 6:00 am to 6:00 pm and you can order as many snacks as you wish during those hours.



- ❑ **A change of clothes**

Bring lightweight clothing to change into after labor. Include a comfortable nursing bra, a sweater, clean underwear and a pair of slippers or flip-flops.

- ❑ **Notebook and pen**

Baptist Health will provide you with a comprehensive informational handbook, but you or your spouse may want your own notebook to make a list or notes that you could look at and refer to later.



- ❑ **Items for your spouse/partner**

Bring a few extra items to ensure that they won't miss a moment of their child's birth. Snacks, a water bottle, a blanket, their pillow - all of the essentials!

- ❑ **Camera**

Whether it be a smartphone or a DSLR camera, record the first few moments with your baby. You will cherish the memories for a lifetime.



- ❑ **Don't forget about your pets!**

Make plans for your pets. Plan ahead to board your pets or leave a key for someone to be able to get into the house to let them out, feed and water them, and tidy up for you if needed.

- ❑ **If you have school age children**

Plan ahead so that you have someone who can pick them up from school or the house to ensure their safety while you are laboring. Often moms stress the most about who to call since they are stuck at the hospital. Keep your list of contacts close and make sure your children know the plan.

## 5 Essentials to pack for your newborn baby:

- **A soft blanket**

Newborns are very susceptible to the cold so be prepared to bundle your baby in a soft, warm blanket.

- **Socks and booties**

Keep your baby's feet warm with socks or booties, and mittens. Newborns have fingernails and they often scratch their face very easily immediately after birth, and mittens will protect them from these scratches.



- **Going-home outfit**

Look out for the weather temperature ahead of time. To stay on the safe side, bring warm clothing such as mittens, a hat, and a sweater. For colder conditions, be sure to pack a heavy jacket or even a snowsuit.

- **Picture outfit**

Baptist Health has professional photographers who come in and offer specialty pictures with you and your baby in the room. If you have a special outfit, blanket or other props you'd like in the pictures, be sure to bring them with you.



- **Car seat**

Although you may be entering the hospital with just yourself, you'll be leaving with an extra person in your arms. Don't forget a seat for your baby's first car ride. It is a good idea to bring the car seat up to the room the morning after the baby is born. Make sure you have read the manufacturer's directions and installed the base of the car seat properly prior to arriving at the hospital. The staff will inspect that the seat is adjusted properly to your newborn. Most every car seat needs to have the shoulder straps on the lowest setting and there is no need to purchase anything extra for your car seat. If it does not come with shoulder or neck pillows, they are not recommended for use with the car seat. Know how to use your car seat and how to adjust it.

# You're at Baptist Health to deliver...now what?

You've prepared for the physical steps of delivering your baby. Now what happens when you arrive at the hospital? What kind of room will you be in? Who will you speak with? How long will you be staying at the hospital after delivery?

Being prepared is the best way to feel safe, calm and stress-free as you arrive at Baptist Health to deliver your baby.

There is a difference in steps between those who deliver vaginally and those who deliver via C-section. This will be different from woman to woman as every pregnancy is unique, but you can expect some version of this sequence.



## Arrive at Baptist Health when you notice signs of labor

Whether your water breaks, you start experiencing contractions or you have a C-section scheduled, you'll want to grab your "go-bag" and head straight for Baptist Health. We recommend that all pregnant women pre-register as soon as possible to avoid being separated from their partners for longer periods of time and to spend less time filling out paperwork once they arrive. You should head directly to the labor and delivery area of the hospital.

## Sign in and get sent to the triage area for pregnant women

Once you've signed in, you'll likely be seen by medical staff to make sure that you're actually in labor, as many women experience Braxton Hicks contractions. If you are in active labor - you will be admitted and will be taken to a labor and delivery room or suite.

## Get comfortable in your birthing room

Once you're in the delivery room, nursing staff will make sure that everything is running smoothly. From this point onwards, things will move forward according to the birth plan that you and your doctor agreed upon, unless things do not go exactly as planned.

Your OB/GYN will monitor your progress as you get closer to delivery time. If you are delivering vaginally, your OB/GYN (or laborists if it's after hours) will check in frequently to see how far along you are. If you're delivering via C-section, you will probably be wheeled into an operating room.

## Time to deliver

If you are delivering your baby vaginally, labor, delivery and recovery will happen in the same room. If you're delivering via C-section, your physician will take it from here and deliver your baby.

## Go to the postpartum room

After delivery, Baptist Health staff will perform the APGAR test, a standardized test to assess your newborn. This test can be performed twice; one minute after birth and five minutes after birth. It will check your baby's heart rate, muscle tone, and other signs to determine if your newborn requires emergency care. If you have reserved a postpartum suite, you'll be transported to the suite to enjoy privacy with your baby and partner.

## Baptist Health's miracle hour

We are big believers in giving mom and baby time to bond. After birth, we carve out time for mom, partner and baby to be together without the bustle of nursing staff and doctors. This is an important step in connecting with your baby. After you have this time with your family, you will also be informed of the lactation resources that Baptist Health has to offer. Your baby will be monitored as long as he/she is at the hospital and standard tests will be run to ensure that you are going home with a healthy newborn.

## Car seat tests with Baptist Health staff

It's almost time to go home and getting there safely is very important. Baptist Health staff will ensure that you have the appropriate car seat (for newborns) installed correctly in your car, and that the car seat is safe for your baby.

## Discharge

Once you have been assessed by your physician and your newborn has been cleared to leave the hospital, you will be discharged. The timing varies between 24 hours and a few days depending on the method of delivery and your baby's progress. You will receive a list of breastfeeding resources you can contact for additional support after leaving the hospital.



## Postpartum—At Home with Baby

You're probably feeling excited and ready to take on motherhood after nine months of waiting. As a new mother, it's likely that much of your time and attention will be on your new baby, which is why it is so important for you to take care of yourself in order to rebuild your strength.

With all of the physical and emotional changes taking place postpartum, it's common to feel tired, worn down and even anxious. Many new mothers face the challenge of adjusting to the exhaustion that comes with constantly caring for a newborn baby, so it's vital to keep your health needs in mind during this time. Postpartum is not easy, and although you may feel ready and willing to jump into motherhood, there are a few things you should keep in mind to better prepare yourself for what to expect.

# Your road to recovery

## What exactly is postpartum and how long does it last?

The postpartum period begins after the delivery of the baby and can last up to six weeks. It's considered to be the time when a woman undergoes the transition of becoming a mother, and the time where major adjustments take place.

## What can I do for postpartum pain?

Weeks after delivery, you still may be experiencing some discomfort and pain in the perineum. We recommend sitting on an ice pack or frozen pad in order to decrease pain and help the swelling. You can also use a pain medication such as ibuprofen twice per day as needed.

## Is my bleeding normal?

Bleeding can occur up to six weeks after giving birth and is considered normal during postpartum. Heavy bleeding is common 8-10 weeks after delivery but as it dies down, the blood will start to turn into a light discharge. As time goes on, this will start to digress, although you might still experience light spotting once in a while. If bleeding continues, we recommend seeing a specialist.

## How long until I start my period again?

Whether you're breastfeeding or not will determine the start date of your period postpartum. If you're not breastfeeding, you can expect your period to start up again 8-10 weeks after giving birth. If you're breastfeeding, it can take up to a year to start your period. Many women experience a heavy period postpartum due to the amount of estrogen produced during pregnancy, but this can vary.

## Why am I feeling sadness and anxiety?

During postpartum, it is very common to experience feelings of sadness and anxiety. If you're experiencing symptoms such as these, reach out to your care provider at Baptist Health. Make a list of your symptoms and take a supportive friend or family member to a meeting with your care provider.

## When can I start exercising again?

When you start to feel up to it, you can begin exercising by doing some light walking around your neighborhood or on the treadmill. You may also start to experiment with some gentle yoga poses or some upper body exercises. However, if you had a C-section you will want to get permission from your doctor.

# Post-Delivery Baby Care

## FAQ's about breastfeeding your baby

Baptist Health is a Baby-Friendly hospital, and as such, we believe that breastfeeding is the optimal way to nourish your baby. We also respect a woman's right to choose to breastfeed (or not to breastfeed). Our aim is to educate expecting and new mothers about the benefits of breastfeeding. Here are some frequently asked questions:

### When can I start breastfeeding?

In most cases, you can begin breastfeeding immediately after birth. A mother's first milk is called 'colostrum' and is high in protein and contains antibodies that are a perfect way to nourish your baby. Colostrum is yellowish in color and quite viscous. Gradually, mature breast milk will replace the colostrum.

### What can I do to get breastfeeding off to a good start?

Your Postpartum nurses will help you with the following steps to get breastfeeding off to a good start:

- ❑ **Skin to skin contact** keeps your baby warm and secure, it is the best place for your baby to be after birth with as little interruption as possible. Skin to skin helps with bonding, makes the early breastfeeds go easier, stabilizes baby's temperature and blood sugar and helps to calm your baby. Keep your baby Skin to skin as much as possible and until your baby latches and feeds well at the breast for the first time
- ❑ **Rooming in/feeding on cue:** Keeping your baby in your room day and night during your entire hospital stay makes it easier to learn your baby's feeding cues, feed any time your baby is hungry (feeding on Cue), and helps you learn to care for your baby. Your Baby will cry less which means more rest for you!
- ❑ **Benefits of Exclusive Breastfeeding:** Feed your breastmilk and nothing else! Your milk has everything your baby needs and changes as your baby grows. There are many health benefits to breastfeeding for both mom and baby: less ear infections and other illness in baby, and a decreased chance of breast and ovarian cancer, and type 2 diabetes for mom.
- ❑ **Positioning and latch:** Practice makes perfect! We will help you find the positions that work for you. A good latch prevents pain and ensures your baby is getting enough milk
- ❑ **Establishing supply/getting enough milk:** Making a full milk supply requires frequent removal of milk from the moment your baby is born. Feed your baby 8 or more times in 24 hours following their feeding cues. Watch your infant for the signs of getting enough milk: plenty of wet and dirty diapers, and he/she seems satisfied after feeding.

***Pacifiers can hide that your baby is hungry. It is best to avoid using pacifiers until breastfeeding is well established.***

**Scan this QR code for a Free 30 min class:**  
Ready set baby! for everything you need to know to get breastfeeding off to a good start in the hospital!



## If I have any problems, are there any resources available to me?

Baptist Health has a service specifically geared towards nursing mothers called Expressly for You. Staffed by International Board Certified Lactation Consultants (IBCLC) and registered nurses, Expressly for You has lactation specialists here to help you with information about breast pumps, issues with attachment, technique, and position. Baptist Health Expressly for You has partnered with the Arkansas Department of Health to offer the Arkansas Breastfeeding Helpline available 24/7 by calling: 501-202-7378 or 1-844-344-0408.

## Do I have to follow a special diet while breastfeeding?

During breastfeeding, you may need to eat a little bit more than usual. Physicians recommend eating at least 300 to 400 extra calories per day of nutrient rich and high protein foods. Meat, eggs, fresh fruits, whole wheat grains, and vegetables are all recommended. You will also feel thirstier than usual. We recommend that you drink as much water as possible and stay away from sugary fruit juices and sodas. Food and drinks to avoid would include: alcohol, excessive caffeine (more than 2+ cups per day) or any high mercury seafood. Most doctors will let you know at your postnatal appointment if you need to continue taking your prenatal vitamins as a supplement to your regular diet.

## How long do I breastfeed my baby?

Physicians recommend that mothers who are able to breastfeed should continue up until 12 months. Thereafter, we believe that it is the mother's decision when to stop breastfeeding.

## When should I start introducing my baby to solid foods?

Breast milk is sufficient to support development functions in newborns up until 6 months of age. After that, new foods and flavors can be introduced to your baby - however, we still recommend that breast milk is the main source of nutrition up to 12 months of age.

## When do you need to see a lactation consultant?

As a new mother, you have unlimited responsibilities. Our goal at Baptist Health is to alleviate the pressure when unexpected issues arise. When women come in for their postpartum checkups, one of the most common topics of discussion involves breastfeeding. While not all new mothers breastfeed, those who do know that many issues can arise when breastfeeding your newborn. In many cases, your physician will recommend contacting a lactation consultant for breastfeeding related issues. At Baptist Health, Expressly for You is a resource for new mothers.



We recommend that new mothers see a lactation consultant from Expressly for You when:

- **Their breasts or nipples hurt.** There are a number of reasons that you might be experiencing pain in your breast or nipple: clogged ducts, mastitis, engorgement or cracked nipples. Seeing a lactation consultant can help diagnose the problem and set you up with a treatment plan that ensures that you don't disrupt your breastfeeding schedule.
- **Their baby is not gaining any weight.** In the days immediately after birth, it's not uncommon for your baby to lose a few ounces. However, if your pediatrician begins to notice unusual weight loss, it could be due to a low milk supply or your baby not latching correctly onto the breast during feeding time. These are issues your lactation consultant can help with.
- **They have (or are having) more than one baby (twins, triplets, etc.).** If you've had (or are having) multiple births, Baptist Health recommends seeing a lactation specialist to help you prepare for breastfeeding more than one baby. This can include supporting each baby while they are breastfeeding and how to keep up with your nutrition when you're feeding multiple babies. Your OB/GYN may suggest this before you give birth.
- **They are frustrated or confused about breastfeeding.** If you have questions, concerns or are having any kind of breastfeeding related issues, Expressly For You is available to you via its hotline or by appointment.
- **You have questions about your breastpump.** Our experts can make sure you know how to use and clean your pump as well as how to store breastmilk properly

We encourage you to make a prenatal or postpartum appointment to visit with a lactation consultant. We're conveniently located on the second floor of the Hickingbotham Outpatient Center at Baptist Health-Little Rock and are open Monday-Friday, 8:30 a.m. to 5 p.m. We can be reached 24/7 through the Arkansas Breastfeeding Helpline at (501) 202-7378. We offer virtual consultations!

# Safe Sleep for Newborns

Sleep makes up almost 80 percent of a newborn's first months in the world. At Baptist Health, we are committed to educating new parents about safe sleeping habits and how to ensure that you are doing everything you can to prevent unsafe sleep practices.

## Four things you can do to ensure your baby sleeps safely

1. Place your baby on his or her back whenever they are napping or sleeping. Stomach sleeping or side sleeping increases the risk of SIDS and other sleep-related infant deaths between 1.7 and 12.9 times
2. Use a firm sleep surface. Couches and soft mattresses are not to be used. Remove all soft bedding and soft toys when your baby is asleep
3. We recommend that babies sleep in the same room as their parents for the first six to twelve months of life. We do not recommend that they share the bed; rather, a separate surface like a crib with a safety-approved mattress. Room-sharing has proven to reduce the chances of SIDS by almost 50%
4. Keep your baby cool when they are sleeping by dressing them in light and airy clothing

## Halo sleep sacks

Using regular blankets to swaddle newborns also poses certain risks. Babies can often wiggle their way out of a swaddle and pull blankets over their faces. At Baptist Health, we provide Halo sleep sacks—wearable blankets for newborns that reduce the risk of suffocation and smothering. The sack immobilizes the infant's arms to prevent blanket movement.

## Infant sleeping while traveling

Traveling is one of the biggest interruptions to infant sleeping habits. Remember to pack safe-sleeping equipment while you are away. Often, hotels will accommodate newborns with cribs.

For more information about safe sleeping habits, visit [Baptist-Health.com](http://Baptist-Health.com).





# 5 Important Immunization Facts You Should Know

Immunizations are an important part of a happy, healthy community. Unfortunately, they are shrouded in unnecessary controversy due to confusion and misinformation. The following information provides facts and information about vaccines- and why you and your family need them.

It's a common misconception that only children need vaccines. While it is true that many vaccines received before adulthood last a lifetime, some vaccines need boosting because your immunity can fade over time. There also can be new vaccines that become available that were not available previously. Additionally, an adult that was not vaccinated as a child should still get vaccinated as an adult.

Certain medical conditions also require new or additional vaccinations to ensure a robust immunity such as heart disease, diabetes, a weakened immune system, and more. Some vaccines are not healthy for pregnant women, so make sure to inform your physician if you are pregnant or may become pregnant before getting vaccinated.

- 1 TRUE: Immunizations are FDA approved.**  
Immunizations go through extensive testing by the FDA to ensure they are safe. Even after a vaccine receives FDA approval, it is continually monitored for safety.
- 2 TRUE: It can be harmful to delay immunizations.**  
Babies should receive multiple vaccinations before their first birthday. Waiting until they are older unnecessarily exposes them to disease. Getting all your child's immunizations can also reduce their risk of SIDS by 50% according to the American Academy of Pediatrics.

### 3 TRUE: Adults need immunizations too.

Though some childhood vaccines last a lifetime, some need to be boosted to reinforce your immunity. These are often administered by your primary care provider. Adults can also take advantage of medical breakthroughs by receiving new vaccines that weren't available to them as children.

### 4 TRUE: Immunizations protect the entire community.

Immunizations protect an individual from contracting illness and disease, but they also protect the entire community. Even a small number of unvaccinated individuals have the potential to cause an epidemic, spreading disease amongst themselves, young children and those with compromised immune systems.

### 5 TRUE: Immunizations have the potential to eradicate some diseases.

Though prevalent in other countries, vaccine-preventable diseases such as polio and mumps are rare in the U.S. thanks to immunizations. If we continue using vaccinations to prevent illness, we have the power to eradicate certain diseases.

Immunizations are an essential component of a healthy life. To make sure you and your family members have all the vaccines you need, talk to your primary care provider, or request an appointment at a Baptist Health clinic nearest you. To make an appointment with a family care provider near you, call Baptist Health HealthLine at 1(888) BAPTIST or (501) 227-8478.









# Recommended Immunizations

BIRTH	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS
HepB	HepB			
		RV	RV	RV
		DTaP	DTaP	DTaP
		HiB	HiB	HiB
		PCV13	PCV13	PCV13
		IPV	IPV	

## Is your family growing?

To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

					
12 MONTHS	15 MONTHS	18 MONTHS	19-23 MONTHS	2-3 YEARS	4-6 YEARS
HepB					
	DTaP				DTaP
HiB					
PCV13					
IPV					
Influenza (Yearly)*					
MMR					MMR
Varicella					Varicella
HepA <sup>§</sup>					

**NOTE:**

If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

**FOOTNOTES:**

\* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

§ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the last dose. HepA vaccination may be given to any child 12 months and older to protect against hepatitis A. Children and adolescents who did not receive the HepA vaccine and are at high risk should be vaccinated against hepatitis A.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

# Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by
<b>Chickenpox</b>	Varicella vaccine protects against chickenpox.	Air, direct contact
<b>Diphtheria</b>	DTaP* vaccine protects against diphtheria.	Air, direct contact
<b>Hib</b>	Hib vaccine protects against Haemophilus influenzae type b.	Air, direct contact
<b>Hepatitis A</b>	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water
<b>Hepatitis B</b>	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids
<b>Influenza (Flu)</b>	Flu vaccine protects against influenza.	Air, direct contact
<b>Measles</b>	MMR** vaccine protects against measles.	Air, direct contact
<b>Mumps</b>	MMR** vaccine protects against mumps.	Air, direct contact
<b>Pertussis</b>	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact
<b>Polio</b>	IPV vaccine protects against polio.	Air, direct contact, through the mouth
<b>Pneumococcal</b>	PCV13 vaccine protects against pneumococcus.	Air, direct contact
<b>Rotavirus</b>	RV vaccine protects against rotavirus.	Through the mouth
<b>Rubella</b>	MMR** vaccine protects against rubella.	Air, direct contact
<b>Tetanus</b>	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, American Academy of Family Physicians and American Academy of Pediatrics

Disease symptoms	Disease complications
Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

# Pediatric Wellness



Parents know they should take their child to the pediatrician when they are sick, but regularly scheduled visits with your child’s provider, even when they are well, have many benefits.

## Well-Child visits help keep your little one healthy:

**Prevention.** Your child gets scheduled immunizations to prevent illness. You also can ask your pediatrician about nutrition and safety in the home and at school, track growth and development, and discuss your child’s milestones, social behaviors and learning.

**Raising concerns.** Make a list of topics you want to talk about with your child’s pediatrician such as development, behavior, sleep, eating or getting along with other family members. Bring your top three to five questions or concerns with you to talk with your pediatrician at the start of the visit.

**Team approach.** Regular visits create strong, trustworthy relationships among pediatrician, parent and child. The American Academy of Pediatrics recommends well-child visits as a way for pediatricians and parents to serve the needs of children. This team approach helps develop optimal physical, mental and social health of a child.

Back-to-school check-ups, as they are commonly called, are often the only visit most kids and teenagers have with their pediatrician every year. The annual physical gives the pediatrician a chance to give the child a thorough physical exam and address any emotional, developmental, or social concerns. It is also a good chance to address important questions, especially with teenagers, including adolescent issues of drinking, smoking, drugs, sexual activity, and depression. Children involved in school athletic programs often receive a sports-specific exam through the school. The timeframe for getting this exam should be at least 6 weeks prior to the start of the sport’s season. This allows ample time to work out any new health concerns or rehab any lingering injuries before the season starts, without delaying clearance of the athlete. However, school sports physicals alone tend not to address the child’s overall health.







This informative reference gives aspiring parents the knowledge and support they need to insure the best of everything for their child-to-be. This guide was designed to be a resource that prepares mothers and fathers-to-be to conceive the healthiest baby possible, to make pregnancy and delivery easier and to remind you that Baptist Health will always be here for you! For more information about services and offerings as well as providers and healthcare locations, visit

**Baptist-Health.com**

