



your complete guide

# PREGNANCY & INFANT CARE



# Congratulations!

We are thrilled you chose Sioux Center Health for your prenatal care! Welcoming a new baby is such a special moment, and we can't wait to support you and your family through this journey.

Tour our Birthing Center and see what makes us unique! To schedule a tour, call us at (712) 722-8160.

Thank you for letting Sioux Center Health be part of this exciting chapter in your life!

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# OUR OB FAMILY MEDICINE TEAM

*With you for every beginning.*

At Sioux Center Health, we are here to support you every step of the way throughout your pregnancy journey. You'll build a trusting relationship with our experienced family physicians and compassionate nursing staff, who will work with you to ensure a healthy pregnancy and a safe delivery. Our team of skilled OB physicians will provide you with the information and support you need, and your prenatal care will be tailored to meet your unique needs. From your first visit, to delivery, and beyond, we're committed to providing care that's centered around you and your growing family.



MD

**Paul De Jong**

Clinic: Sioux Center



MD

**David Janssen**

Clinic: Sioux Center  
*hablo español*



MD

**Jason Koelewyn**

Clinic: Sioux Center  
*hablo español*



MD

**Alison Schutt**

Clinic: Hull, Sioux Center



DO

**Abby Stroeh**

Clinic: Hull



DO

**Shannon VanderKooi**

Clinic: Sioux Center

Sioux Center Medical Clinic: **712-722-2609**

Hull Medical Clinic: **712-439-1315**

Hawarden Medical Clinic: **712-551-1000**

[siouxcenterhealth.org](http://siouxcenterhealth.org)

# CLASSES

Preparing for the birth of your baby is sometimes overwhelming. Understanding your pregnancy and having the right resources can help you feel more confident, healthy, and relaxed. Our comprehensive education programs provide knowledge and resources to assist you with all aspects of your pregnancy.

## Prepared Childbirth Class

Join us for a **free** prenatal class designed to help you feel confident and prepared for the journey ahead. From labor and delivery to breastfeeding, baby care, and the exciting transition to life with your little one, our expert-led session covers it all.

Held in our hospital conference rooms 1 and 2, each class includes helpful tips, hands-on practice, and a supportive community of expecting parents. Plus, enjoy a delicious brunch and snacks while you learn and connect. We encourage you to bring your support partner who will be with you during your labor.

Take the first step towards a positive and empowering birth experience—sign up today!



January 10

March 14

May 2

July 11

September 19

November 14

Saturday, 9:00 a.m. - 2:30 p.m.

Sioux Center Health

Hospital conference rooms 1 and 2

Brunch and snacks provided

**To register, call (712) 722-8160 or visit**

**[www.sioxcenterhealth.org/about-us/events](http://www.sioxcenterhealth.org/about-us/events)**

## Mommy and Me

This informal meeting is for new or experienced moms who want to learn more about their baby's growth and development.

Topics include, but are not limited to:

- Baby's weight and growth progression
- Family transitions and infant cares
- Mastitis, plugged ducts, and other struggles
- Individualized breastfeeding support

Our team is here to assist you in this major transition. Meetings are scheduled with our team 2-5 days following discharge from hospital.

## Pediatric First Aid/CPR/AED

This introductory class provides information and practice of the skills needed to perform infant/child CPR and to relieve choking.

Fee: \$60

Sioux Center Health

Hospital Conference Room 3

**Register online at [siouxcenterhealth.org/about-us/events](http://siouxcenterhealth.org/about-us/events)**



# PROGRAMS

## Postpartum Exercises

After your delivery, one of our expert physical therapists meets with you during your stay at the hospital. They will provide you with safe and easy exercises and tips during postpartum. These are important to prevent common side-effects of having a baby, such as low back pain and urinary incontinence. They will also determine if an 8-10 week postpartum physical therapy appointment is recommended for you.

## Car Seat Safety Check-Up

Our certified car seat technicians offer free car seat inspections during your postpartum stay and upon request. Ensuring proper car seat installation is a key step in keeping your baby safe. Call our car seat technicians at (712) 722-8006 to setup a call or in person visit.



## Vaccine For Children Program

This federally funded program provides vaccines to eligible children from birth through 18 years of age. Eligible children are: enrolled in Medicaid, uninsured, American Indian or Alaskan Native. The VFC Program improves vaccine availability by making federally funded vaccines available to primary care providers. It has been successful in raising immunization coverage rates and reducing disparities in access to health care. To schedule an appointment or for more information, call one of our clinics:

- **Hawarden Medical Clinic 712-551-1000**
- **Hull Medical Clinic 712-439-1315**
- **Sioux Center Medical Clinic 712-722-2609**

## Patient Portal Online: **AveraChart**

Avera's patient portal, AveraChart, allows you and your family to have secure online access to all of your personal health information. You can access the portal anytime, anywhere at no cost. We recommend all patients utilize this great resource. Visit [AveraChart.org](https://AveraChart.org) or call the Medical Clinics to get your family started.

# YOUR COST

There will be much anticipation, excitement, and uncertainty over the next nine months. To help ease some of the uncertainty, we have provided a written explanation of the financial policy for Sioux Center Health Obstetric services, as well as information about the expenses you will have for your care during pregnancy, delivery, postpartum exams, and for the care of both you and your newborn during your hospital stay.

## Medical Clinic Fees

The medical clinic fee for the physician's charges (obstetric pricing package) is \$4,794 and is charged at the time of delivery.

The physician's charge for your obstetric care includes:

- All prenatal office visits
- Urinalysis
- Labor and delivery, normal vaginal delivery
- Physician hospital visits
- Postpartum exam

The following tests are not included in the obstetric pricing package. These services will be billed individually to your insurance at the time of the visit:

- The lab work done throughout your pregnancy.
- If an unusual condition develops during your pregnancy and something special is required – for example, an ultrasound.
- Physicians charges for baby care in the hospital can range from \$500 - \$1,000 for a normal delivery.
- The obstetric pricing package is for a normal vaginal delivery and postpartum exam. If it is necessary to have a cesarean section the charges will vary and you will receive a bill from the surgeon who performs the cesarean section.

We are happy to file to your insurance for you and you will be asked to provide your current insurance card at your prenatal visits. We ask that you check with your insurance company regarding coverage, and complete and return the obstetric pre-payment worksheet on the next page to your next appointment. It will help you determine the amount of your monthly payments so you can pay your responsibility of the physicians' charges prior to delivery.

We want to provide you with billing information for the hospital and ask that you allow an additional 15 minutes to your schedule at your 36-week appointment. We will escort you to the Hospital Business Office following your appointment with the physician. They would be happy to answer any questions you may have.

## Hospital Fees

- Vaginal Delivery: normal 2-3 day stay is \$6,000 - \$8,000. This fee does not include labor epidurals, pain medications, or a 2-3 day newborn nursery fee of \$2,600 - \$4,000.
- Cesarean Sections: normal 4 day stay with Pain Management is \$15,000 - \$18,000. This fee does not include a 4 day newborn nursery fee of \$2,600 - \$4,000.

Financial assistance is available to all individuals who receive care at Sioux Center Health.

- Qualified individuals have the opportunity to receive an interest free monthly payment plan that extends for up to 20 months after time of delivery.
- To qualify for financial assistance, an application will be given to you that needs to be filled out, along with proof of income and returned to the business office within 10 days.



**If you have any problems completing the forms, please contact our Financial Navigators at (712) 722-8435.**

Hours: Monday - Friday: 8:00 a.m. -5:00 p.m.

# OBSTETRIC PRE-PAYMENT WORKSHEET (CLINIC)

Patient \_\_\_\_\_

Date \_\_\_\_\_

Estimated Delivery Date \_\_\_\_\_

Insurance Co. \_\_\_\_\_

A) Total OB Care\* ..... \$ 4,794.00

- vaginal delivery/no complications
- add hospital fees of approx. \$ 6,000

B) Less Deductible ..... \$

C) Balance Remaining ..... \$

D) Patient Pays \_\_\_\_% (co-insurance) of C ..... \$

## ESTIMATED PATIENT RESPONSIBILITY

Deductible (B) ..... \$

Patient percentage (D) ..... \$

Total Estimated Out of Pocket (B+D) ..... \$

Total due divided by 5 ..... \$ per month for 5 months

# EARLY TESTS AND SCREENS

## Common first trimester tests

At your first prenatal visit, your provider may recommend the following tests based on your unique pregnancy to better understand your health:

- A urine sample to look for infection. Additional urine tests may be done throughout your pregnancy to watch for signs of diabetes or high blood pressure diseases.
- A Pap smear to screen for cervical cancer or human papillomavirus (HPV).
- A cervical culture to test for infection. Some infections may not have symptoms but could affect the pregnancy or your baby.
- Blood samples. These tests will tell us:
  - Your blood type and whether or not you carry the Rh factor.
  - Your red blood cell count to check for anemia.
  - The presence of antibodies/immunity to rubella.
  - The presence of hepatitis B.
  - If you have syphilis. Syphilis could cause birth defects in your baby, even if you are not having symptoms.
  - If you have HIV, otherwise known as human immunodeficiency virus. The test is recommended for all pregnant women, regardless of risk. If you test positive for HIV, your provider will give you more information and will prescribe medications to help protect your baby. Results of this test, like all tests, will be a private part of your medical record.

## Tests your physician may recommend

The following tests may be recommended to guide care for you and your baby during pregnancy and after delivery:

- A blood test can help determine if you or your partner are carriers for cystic fibrosis.
- Your thyroid gland can be examined to see how well it works. This test is routine in some provider's offices. Untreated thyroid disease can cause problems in pregnancy.
- Varicella antibody test checks for immunity to chicken pox if past infection is unknown.
- A blood test to check for hepatitis C. If you have a history of using intravenous drugs, you should be tested.

## Genetic testing options

Genetic testing is offered to everyone and is performed based on discussions with your provider regardless of risk factors and patient preferences.

- Non-invasive prenatal testing, or NIPT is a screening test that looks at the baby's DNA, which is present in your blood, and can help identify abnormalities and problems with the sex chromosomes. It is offered to all expecting mothers. Coverage for this test varies by insurance provider. The risk of a baby with a chromosomal abnormality increases with a woman's age. It is drawn anytime after 9 weeks.

First and second trimester screening tests are available. If a screening detects increased risk for a birth defect, other testing may be offered, including an ultrasound, amniocentesis or chorionic villus sampling.

- First trimester screening | 10–14 weeks
  - This screening test combines results of an ultrasound measurement of the fold at the back of the baby's neck and your blood work. The combined results can detect the risk for Down syndrome (trisomy 21) and trisomy 18, with an 82 to 87 percent detection rate.
- Second trimester screening | 15–20 weeks
  - The second trimester screening test, also known as the quad screen, uses a maternal blood sample to look at four different hormones made by the baby or placenta. The hormones are AFP (alpha fetoprotein), Estriol, hCG (human chorionic gonadotropin) and inhibin A. The test shows risk for neural tube defects, Down syndrome, trisomy 18 and abdominal wall defects. It has about an 81 percent detection rate.

Both tests have about a 5 percent false positive rate.

# MEDICATIONS & VACCINATIONS



## Medication in Pregnancy

If you are on a prescription drug when you become pregnant, DO NOT stop taking it until you have talked to your physician. Some drugs, for conditions like high blood pressure, seizures or diabetes, are important to continue during your pregnancy.

While no drug can be assumed to be harmless during pregnancy, many prescribed and over-the-counter drugs are often used by pregnant women with no evidence of problems.

See COMMON PROBLEMS IN PREGNANCY to learn more.

Avoid herbal supplements. Herbal supplements should be avoided in pregnancy as many have side effects or interactions with other drugs. Herbal supplements are not well-regulated and may not have been tested for safety.

## Vaccinations in Pregnancy

Vaccinations Your Provider May Recommend

- Tdap (Tetanus/Diphtheria/Pertussis) is recommended between weeks 27 and 36 of each pregnancy. This vaccination helps protect your baby from whooping cough.
- COVID-19 vaccine
- The RSV vaccine is recommended between 32-36 weeks seasonally.
- Getting your flu shot, or influenza vaccine, can help you avoid this illness, which can be serious in pregnancy.
- Your provider may recommend the hepatitis B vaccine, if you have certain risk factors.

These vaccinations have been proven to be safe for you and your baby during pregnancy when given at the right time. Other vaccinations should be avoided during pregnancy. Talk to your provider to learn more.

# KEEPING YOUR BABY SAFE

## Food and Drink

Limit your coffee or other drinks with caffeine to two to three servings or less daily (maximum of 200 mg per day).

Limit how much fish you eat to avoid mercury, which can build up in fish and be harmful to your baby.

- Do not eat: shark, swordfish, King mackerel, tilefish
- Eat 6 ounces or less per week: albacore white tuna, locally caught fish
- Eat up to 12 ounces per week: shrimp, canned light tuna, salmon, pollock, catfish

Do not consume alcohol while pregnant. The only way to avoid the harmful effects of alcohol on your baby is to abstain from drinking.

Wash your hands thoroughly after handling raw meat.

Listeria is an infection caused by eating food contaminated with bacteria. Pregnant women and their unborn children are at higher risk for listeria infection. Follow these recommendations to prevent listeria infection:

- Do not eat hot dogs, lunch meats, or deli meats unless they are heated to steaming hot.
- Do not eat soft cheeses such as feta, Brie, Camembert, blue-veined or Mexican style queso blanco fresco unless it is pasteurized. Pasteurized cheeses are safe to eat.
- Do not eat refrigerated pâté or meat spreads. Canned or shelf-stable varieties are safe.
- Do not eat refrigerated smoked seafood unless it is an ingredient in a cooked dish.

If you have any questions, talk to your physician.

## Smoking

Cigarette smoke during pregnancy can cause serious health problems to your baby, such as:

- Premature labor
- Low birth weight
- Fatal illness among infants

The best way to protect your unborn child is to quit smoking and stay away from secondhand smoke.

Quitline: Every state has a quitline. Quitline is a free service that connects you to a “quit coach” who will help you create a plan to stop smoking. Quitlines have specially trained coaches for women who are pregnant or nursing.

**Call 800-QUIT-NOW (800-784-8669) to connect directly to your state’s quitline.**

## Other chemicals:

- Use caution when using cleaners. Wear gloves and work in an area with plenty of fresh air. Read the label to learn more.
- If your work involves exposure to chemicals, material safety data sheets should be available for your physician to review following requirements established by the Occupational Safety and Health Administration.
- Stay away from insecticides and herbicides.
- If you are going to paint, avoid paint thinners, oil based paints, and varnishes. Work in an area with plenty of fresh air and stay off of ladders.
- Do not use illegal drugs. Women who stop drug use during their pregnancy give their baby a better chance to be born healthy. Your health care provider can give you the support and resources to quit.

# KEEPING YOUR BABY SAFE

## X-RAYS

In general, you need to avoid X-rays during pregnancy. Tell all health care providers you are pregnant before getting X-rays.

## CMV and Pregnancy

Cytomegalovirus, or CMV, is a common virus that infects people of all ages. Between 50 to 80 percent of adults are infected with CMV by age 40. Asymptomatic CMV, which is CMV that shows no symptoms, is common in infants and young children. CMV may spread when urine, saliva, blood, tears, semen or breastmilk from an infected person comes into contact with someone else's mucous membranes, such as mouth, nose or eyes. CMV can be prevented like any other infection, by hand washing and avoiding contact with bodily fluids.

## CMV and Pregnancy continued

Pregnant health care workers may still care for patients with CMV infection and follow good prevention control by:

- Following standard body substance isolation precautions
- Using a barrier when contact with body substances is anticipated
- Following proper hand hygiene after being in contact with body substances
- Avoiding unnecessary close contact, such as kissing, with newborns and other child care-aged patients

Talk to your provider if you experience a herpes outbreak while pregnant.

# SHOULD I USE A SEAT BELT?

## Should I wear a seatbelt while pregnant?

Yes, you should always wear a seat belt. Wearing your seat belt protects you and your baby from injury or death in a car crash. You should wear a seat belt no matter where you sit in the car.

## How should I wear my seat belt?

The seat belt should be a 3-point restraint. That means it should have a lap strap and a shoulder strap. Lap and shoulder belts keep you from being thrown from the car during an accident. The shoulder strap also keeps the pressure of your body off of the baby after a crash.

Be sure to wear your seat belt correctly. The lap strap should go under your belly, across your hips and as high as possible on your thighs. The shoulder strap should go between your breasts and off to the side of your belly. Seat belt straps should never go directly across your stomach. The seat belt should fit snugly. If possible, adjust the height of the shoulder strap so that it fits you correctly.

## What about air bags?

Most experts agree that air bags are safe and can protect pregnant women from head injury. The air bags in your car should not be turned off when you are pregnant. To be safe, you should move the seat back as far as possible and tilt the seat to get some distance between your belly and the steering wheel or dashboard. *Air bags are not a substitute for a seat belt, so always wear your seat belt even if your car has air bags.*

## Where should I sit if I'm a passenger?

Where a mother sits has not been shown to affect the safety of an unborn baby in a crash. However, if you are not driving, you should sit in the back seat. Injuries from car crashes tend to be less serious in people who are sitting in the back seat. It is still important to wear a seat belt.

## What should I do if I'm in a car crash?

You should get treatment right away, even if you think you are not hurt. Most injuries to the baby happen within a few hours after a crash. Your doctor needs to check you and your baby as soon as possible after a crash, especially if you are more than 6 months pregnant.

## What danger signs should I watch for after a car crash?

Call your doctor right away if you have pain in your belly, blood or fluid leaking from your vagina, or contractions.

## What is morning sickness?

Morning sickness refers to the nausea and vomiting that some women have when they become pregnant. It is caused by the sudden increase in hormones during pregnancy. Although morning sickness is more common in the morning, it can last all day for some women.

## How long does morning sickness last?

Morning sickness is very common early in a pregnancy. It tends to go away later in pregnancy, and it's almost always gone by the second trimester (the fourth month). But there isn't a set time for it to stop because each woman is different, and each pregnancy is different.

## Will morning sickness hurt my baby?

Morning sickness can only become a problem for your baby if you can't keep any foods or fluids down and begin to lose a lot of weight. Many doctors think morning sickness is a good sign because it means the afterbirth (the placenta and fetal membranes) is developing well.

## CALL YOUR PROVIDER IF:

- You are no longer urinating
- You are unable to keep liquids down or vomiting persists
- You are dizzy or faint when standing up
- You have a racing or pounding heart
- You vomit blood

Do not let these symptoms continue for more than 24 hours without seeing a physician.

## Tips to relieve morning sickness:

- Eat small meals throughout the day so that you're never too full or too hungry
- Avoid rich, fatty foods
- Avoid foods with smells that bother you
- Eat more carbohydrates (plain baked potato, white rice, dry toast)
- Eat saltine crackers and other bland foods when you feel nauseous
- Try gelatin desserts (Jell-O), flavored frozen desserts (popsicles), chicken broths, ginger ale (nondiet), sugared decaffeinated or herbal teas, and pretzels
- The iron in prenatal vitamins can bother some women. If you think your morning sickness is related to your vitamins, talk with your doctor and he or she may change your vitamins
- Wearing "acupressure" wrist bands, which are sometimes used by passengers on boats to prevent sea sickness, may help some women who have morning sickness.
- Vitamin B6 and Unisom dosing
- Avoid mixing liquids and solids together
- Take prenatal vitamin at night

If these tips don't give you relief from morning sickness, your doctor may have other ideas. Keep in mind that morning sickness doesn't mean your baby is sick.

## Things to avoid:

- Hot, spicy, and high-fat foods
- Odors. Switching to pine or lemon scents may help
- Fatigue and stress, which may worsen symptoms



# EXERCISE DURING PREGNANCY

## Benefits of Exercising During Pregnancy

- Increases energy
- Minimizes symptoms of pregnancy (leg cramps, constipation, swelling)
- Tones muscles needed for delivery
- Improves your posture
- Lowers stress and helps you relax

## Things to Know When Choosing How to Exercise While Pregnant

- Joints can change during pregnancy, making it easier to get injured. Low-impact exercises are a good choice
- Your balance is off when you are pregnant, increasing your chances of falling
- Avoid exercise where falling is a risk
- Your heart is already working harder and may not handle exercise as well as before pregnancy. Keep your amount of exercise at a level where you can still talk normally. Stop if you become tired or overheated.
- Lying flat on your back or right side can make you dizzy
- Avoid exercises on your back after you are four to five months pregnant

## Musts When Working Out

- Begin with a warm up
- Drink plenty of fluid
- Have proper equipment, including comfortable, supportive shoes and a supportive bra or sports bra
- Get up slowly from lying or sitting positions
- End your workout with a five- to 10-minute cool down

## Good Options for Exercise While Pregnant

- Walking
- Swimming
- Biking (stationary bike is safer later in pregnancy)
- Low impact aerobics
- Yoga/Pilates
- Strength training (slow movements/short sets)
- Jogging (if you were a runner before pregnancy)

## Exercises to Avoid

- Racquetball and other contact sports (tennis, hockey, basketball, volleyball)
- Water skiing, surfing, diving, scuba diving
- Downhill skiing
- In-line skating, gymnastics, horseback riding

## STOP EXERCISING IF YOU:

- Feel dizzy or faint
- Have shortness of breath
- Have an uneven or very fast heart rate
- Have chest pain
- Have trouble walking
- Have a severe headache
- Have contractions that do not stop with rest
- Have vaginal bleeding or leaking fluid
- Have decreased fetal movement

## Posture During Pregnancy

- When seated, sit with your bottom at the back of your chair with the weight on your sit bones
- You may need to put a pillow behind your shoulder blades for added comfort
- Attempt to get your knees higher than your hips. This could be achieved with a stepstool under your feet

## Sitting



Incorrect



Correct

## Standing



Incorrect



Correct

# DIABETES IN PREGNANCY

Gestational diabetes is a special kind of diabetes that happens only during pregnancy. While gestational diabetes may be more common in some situations, it can occur without risk factors or symptoms. All expecting mothers will be tested for this condition.

To find out if you have gestational diabetes, you will need to take a glucose tolerance test. This blood test shows whether your body is processing glucose (sugar) properly. It is important to know if you have gestational diabetes because high blood sugars during pregnancy are not healthy for you or your baby.

Your physician will recommend a one- or two-hour glucose tolerance test, based on your risk factors.

This test is done at 24 to 28 weeks of pregnancy. It will be done earlier and/or repeated depending on risk factors.

## One-Hour Test Instructions

1. On the day of your next scheduled appointment, drink the entire bottle of Glucola quickly (about five minutes). Do this about an hour and 10 minutes before your scheduled appointment time. You do not have to fast before this test.

2. Arrive at the lab or provider's office about 15 minutes before your appointment time.

3. Tell the receptionist what time you drank the Glucola. This is because your blood must be drawn one hour from when you drank your Glucola. If it has been longer, you may be required to drink the Glucola again.

4. Do not eat or drink anything but water after drinking the Glucola and having your blood drawn.

5. After drinking the Glucola and having your blood drawn, eat something and drink plenty of fluids.

If you have any questions, contact your provider's office.

## Two-Hour Test Instructions

To prepare for the two-hour long glucose tolerance test:

- For at least three days before the test, eat like you normally do. Include all of the foods you typically eat, especially those that contain carbohydrates like bread, grain, cereals, fruit and milk.
- Don't try to cut any foods from your usual diet before the test. If you try to cut back on carbohydrates, you may feel sick during the test.
- You must fast for at least eight hours before the test. Fasting means that you should not have anything to eat or drink except water.
- If you regularly take medications (prescription or over the counter), ask your physician whether you should take them the morning of the test.
- Do not exercise the morning of the test.

During the two-hour glucose tolerance test:

- A blood sample will be taken from your arm.
- You will be asked to drink 75 grams of Glucola within five minutes.
- A second blood sample will be taken at one hour and two hours after you have had the Glucola.

# GROUP B STREP AND PREGNANCY

## What is group B strep?

Group B streptococcus (GBS) is a type of bacteria found in up to 40 percent of pregnant women. The bacteria live in the digestive, urinary and reproductive tracts (rectum, bladder and vagina).

It usually does not cause illness. Women who carry this type of bacteria but have no infection are “colonized.” It is not a sexually transmitted infection.

## What effect does it have on pregnancy?

If a woman is pregnant and carries the GBS bacteria, she can pass the GBS to her baby during birth.

## What effects does it have on baby?

Babies exposed to GBS during birth may develop a GBS infection. This happens to only one or two of every 100 mothers who have GBS. GBS can cause problems with a baby’s blood, lungs, or brain and spinal cord. It can lead to death in about 5 percent of babies who are infected.

## What is the treatment for GBS?

Mothers who have had, or know they have GBS, will be treated with IV antibiotics during labor to reduce the risk of your baby developing a GBS infection during labor. Your provider may also treat you with antibiotics if you:

- Have had a prior child with GBS infection
- Have preterm labor (before 37 weeks)
- Have rupture of membranes for more than 18 hours

Babies who have or who may have a GBS infection are treated with antibiotics in the hospital.

# PREECLAMPSIA: A BLOOD PRESSURE DISORDER IN PREGNANCY

## What is preeclampsia?

Preeclampsia, also called toxemia or pregnancy-induced hypertension, is a blood pressure disorder of pregnancy. The illness can:

- Show signs and symptoms after 20 weeks of pregnancy
- Range from mild to severe
- Progress slowly or suddenly
- Be dangerous, even life-threatening, if left untreated (but this is rare)

If detected and treated properly, the outcomes for both mother and baby are good.

## Who is at risk?

No one knows for sure what causes preeclampsia or why some women get it. The illness may occur in otherwise healthy women, but is more likely to affect women:

- In their first pregnancies
- Younger than 20 years or older than 40 years
- Who experienced preeclampsia in a previous pregnancy
- With other medical conditions such as high blood pressure, diabetes or kidney disease
- Pregnant with twins (or more)

## What is the treatment?

The only cure for preeclampsia is delivery. The doctor will determine the best treatment based on:

- How severe the illness is
- How far along the pregnancy is

Mild cases may be treated with bed rest, at home or in the hospital, or labor may be induced. Some women may need medications during labor to help prevent seizures.

## What about after the birth?

Preeclampsia goes away soon after the baby is born. If high blood pressure persists after the pregnancy, women may need to stay on or start medications and work with their provider to keep it under control. In rare cases, preeclampsia can occur in the first few weeks after birth.

# WORKING DURING PREGNANCY

Most of the time, a healthy woman with an uncomplicated pregnancy can continue to work throughout her pregnancy. It is important to give a complete picture of your work situation to your nurse and provider.

There could be dangers in your workplace. Some things to consider:

- Do you work around chemicals, gas, dust, fumes or radiation?
- Do you have to lift heavy loads, work at heights, or use high-speed machines?
- Do you stand for most of your day?

Occasionally, you may need to make changes to your work situation. No matter how long you work during pregnancy, there are ways to cut down on physical on-the-job stress:

- Wear support socks or hose with compression of 20 mmHg or higher (especially if you are on your feet a lot).
- If you stand a lot, keep one foot on a low stool and bend your knee to take some of the pressure off your lower back.
- Take regular breaks.
- Stand up and walk if you have been sitting for a long time.
- Sit down with your feet up if you have been standing for a long time.
- Cut down activities that may cause your heart rate to go above 140 beats per minute.
- Rest on your side while lying down during lunch, if possible.
- When seated, keep your legs elevated on a stool, if possible.
- Stay out of smoke-filled areas.
- Avoid extremes in temperature.
- Avoid harmful fumes and chemicals.
- Lifting weights of 20 pounds or less is usually not a problem, but if you must lift more than this amount at your work, talk about this with your provider.
- Learn the proper way to lift heavy loads:
  - Do not lift quickly.
  - Steady your body with a wide stance.
  - Bend at your knees, not your waist.
  - Lift with your arms and legs and not your back.
- Use the bathroom at least every two hours.
- Make sure you eat breakfast, lunch, dinner and healthy snacks every day.
- Listen to your body. Slow down if you feel tired.



# DAILY FETAL MOVEMENT COUNTING

Your baby's movement inside your womb is a sign that he or she is healthy. Keeping track of your baby's movement during pregnancy is a way of getting to know your baby, and can help you know how your baby is doing. Often women are feeling daily movement by 24 weeks.

Each baby has her or his own time when he or she is resting and time when he or she is awake, wiggling, and kicking. The most important thing is to monitor YOUR baby's movements every day so you will know what is normal for YOUR baby.

Remember that your baby will not run out of room to move. Your baby will run out of room for flips but he or she should keep moving until you deliver. If you notice a significant change in the movement of your baby, you should call your provider.

Keep track of your baby's activity and well-being by doing daily fetal movement counts. You can also do this at any time you are worried about changes in your baby's movement.

- Count 10 movements within two hours once a day beginning at 28 weeks.
- Count movement every day, preferably at the same time. Pick your time based on when your baby is usually active, such as after a snack or meal.
- Make sure your baby is awake. You may have to wait until your baby wakes up for him or her to become more active. Walking, hugging your tummy, or having a cold drink are good wake-up calls.
- Sit with your feet up or lie on your side. Do not lie flat on your back.
- Count your baby's movement over two hours. If your baby is not moving as much as usual or less than 10 movements in two hours, eat or drink something. If it does not get better, call your physician.
- Write down when you first feel the baby move. Then count every movement or kick until the baby has moved 10 times. When you feel the 10th kick, write that time down again. Record your times in a calendar or notebook.

## Helpful hints:

- Babies are usually more active after meals.
- Many women find it helpful to note fetal movement after meals as this provides a routine for them to remember.
- Your baby sleeps an average of 20 to 40 minutes at a time. At times, you may have to wait until the baby wakes up on its own. They can be sound sleepers.
- Try to lie down in a quiet, undisturbed location.

It is normal for some women to easily detect fetal movements while others have to concentrate and monitor themselves very carefully.

Remember: It is very important for your baby to move every day. If at any time you detect a decrease in fetal movement, notify your health care provider immediately.

## WHEN TO CALL YOUR PROVIDER:

- Sudden weight gain (more than a pound a day)
- Swelling of the hands, feet/ankles and face
- Severe headache that does not go away with Tylenol®
- Blurred vision or spots in front of the eyes
- Pain in the upper right section of the stomach
- Nausea and vomiting in the third trimester
- If you feel something is wrong



# HELP YOUR BABY BY LEARNING ABOUT PRETERM LABOR



## Preterm babies

Babies born more than three weeks early (37 weeks) may have trouble breathing, eating, keeping warm, and may have more problems with jaundice. Babies born two or more months early will often need breathing machines, incubators, oxygen, special feeding tubes, and can have bleeding in their brains. The earlier a baby is born, the greater the risk of problems. About one in 10 babies born in the United States is born preterm.

## How you can help:

- Regular visits with your OB provider
- Eat healthy food.
- Do not use alcohol or drugs.
- Stop smoking.
- Learn about preterm labor.

## Preterm labor

Preterm labor happens when you have regular, painful contractions that cause your cervix to dilate prior to 37 weeks.

Feeling for contractions:

- Lie down with a pillow behind your back so you're on your side, or recline. Do not lie flat on your back.
- Place your hands on both sides of your belly at or just below your belly button.
- If your uterus feels firm to the touch all over, you are having a contraction. You should not be able to indent it with your fingers.
- Time your contractions from the beginning of one to the beginning of the next one.
- It is normal to have a few contractions

## Warning signs of preterm labor:

- Menstrual or period-like cramps
- Pelvic or low stomach pressure
- Low, dull backache
- Increase or change in vaginal discharge (especially watery, mucous or bloody)
- Regular or frequent contractions ("tightening of the uterus" or feeling like baby is "balling up and pushing down")
- Leaking fluid
- Abdominal cramping with or without diarrhea
- Preterm labor does NOT always hurt!

## What you can do

If you are having five or more contractions an hour and/or any warning signs:

- Use the bathroom
- Lie down on your left side (do not lie flat on your back)
- Feel for contractions; time them from the beginning of one to the beginning of the next
- Drink several glasses of water



## CALL YOUR PROVIDER IF:

- The contractions or warning signs do not get better or go away in 30 to 60 minutes after lying down
- You are leaking fluid from the vagina
- You are bleeding
- You feel there is something wrong

# BE AWARE: Watch for these signs and symptoms during your pregnancy

**CALL YOUR HEALTH CARE PROVIDER IF YOU EXPERIENCE ANY OF THESE SYMPTOMS:**



Baby's movement stops or slows



Vaginal bleeding or leaking fluid



Pre-term labor – 5 or more contractions in an hour



Labor – contractions every 5 minutes or closer



Temperature of 100.4 degrees or higher



Trouble breathing



Seizures



Chest pain



Red or swollen leg that is painful or feels warm



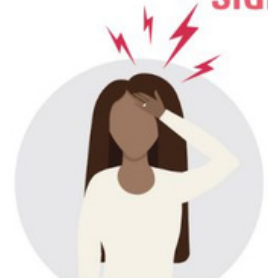
Dizziness or fainting

Preeclampsia is a type of high blood pressure that happens during pregnancy.

## SIGNS OF PREECLAMPSIA:



Swelling in hands and face or sudden weight gain



Headache that does not improve with medication



Seeing spots or other vision changes



Upper right-sided stomach pain



Severe nausea/vomiting

**Call your health care provider right away** if you experience any of these symptoms during your pregnancy. If it is an emergency, **dial 9-1-1** and notify them that you are pregnant.

# COMMON PROBLEMS IN PREGNANCY

| Symptoms                            | Suggestions                                                                                                                                                                                                                                                                                                                                                            | Medication                                                                                                                                                                                                                                                                                  |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Backache                            | <ul style="list-style-type: none"> <li>• Warm (not hot) bath</li> <li>• Ice or warm pack</li> <li>• Use correct posture and avoid heavy lifting</li> <li>• Wear comfortable shoes with low heels</li> <li>• Sleep on a firm mattress</li> <li>• Use lumbar support belt</li> <li>• Massage</li> <li>• Back exercises</li> <li>• Physical therapy, if needed</li> </ul> | <ul style="list-style-type: none"> <li>• Tylenol</li> </ul>                                                                                                                                                                                                                                 |
| Bleeding                            | <ul style="list-style-type: none"> <li>• Bright red bleeding like a period should be reported right away</li> <li>• Spotting after intercourse may occur, but let your provider know</li> <li>• Go to the hospital for heavy bleeding</li> <li>• Call your provider's office if unsure</li> </ul>                                                                      | <ul style="list-style-type: none"> <li>• None</li> </ul>                                                                                                                                                                                                                                    |
| Breast changes                      | <ul style="list-style-type: none"> <li>• Wear a good, supportive bra</li> <li>• Wear breast pads if leaking colostrum</li> </ul>                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>• Tylenol</li> </ul>                                                                                                                                                                                                                                 |
| Cold, cough, sore throat            | <ul style="list-style-type: none"> <li>• Rest</li> <li>• Increase fluid intake</li> </ul>                                                                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>• Dextromethorphan</li> <li>• Guaifenesin</li> <li>• Tylenol</li> <li>• Sudafed (<b>talk to your provider first</b>)</li> <li>• Benadryl</li> <li>• Robitussin DM</li> <li>• Chloraseptic lozenges or spray</li> <li>• Saline nasal spray</li> </ul> |
| Constipation                        | <ul style="list-style-type: none"> <li>• Increase fluids, especially water</li> <li>• Eat more fruits and vegetables</li> <li>• Increase fiber (good fiber cereal, prune juice)</li> <li>• Physical activity, such as walking or swimming</li> </ul>                                                                                                                   | <ul style="list-style-type: none"> <li>• Metamucil, Citrucel</li> <li>• Miralax</li> <li>• Milk of Magnesia (1 oz. at bedtime)</li> <li>• Stool softener (Colace or docusate sodium)</li> <li>• Avoid taking laxatives</li> </ul>                                                           |
| Diarrhea                            | <ul style="list-style-type: none"> <li>• Increase fluids (try ½ strength Gatorade)</li> <li>• Avoid dairy products, citrus fruits, and juices</li> <li>• Try toast, bananas, rice, and applesauce</li> <li>• If you experience bloody diarrhea, fever or no improvement after 24 hours, call your provider's office</li> </ul>                                         | <ul style="list-style-type: none"> <li>• Imodium</li> <li>• Kaopectate (do NOT take Pepto-Bismol or Alka-Seltzer)</li> </ul>                                                                                                                                                                |
| Fever                               | <ul style="list-style-type: none"> <li>• Drink plenty of fluids</li> <li>• Call your provider's office if temp is more than 100.4°F</li> </ul>                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>• Tylenol</li> </ul>                                                                                                                                                                                                                                 |
| Groin pain or "round ligament pain" | <ul style="list-style-type: none"> <li>• Move carefully and avoid sudden movements or position changes</li> <li>• Turn over carefully in bed or when getting up (roll over, then push to sitting with arms)</li> <li>• Gentle stretching</li> </ul>                                                                                                                    | <ul style="list-style-type: none"> <li>• Tylenol</li> </ul>                                                                                                                                                                                                                                 |

CONTINUED ON NEXT PAGE.

| Symptoms                      | Suggestions                                                                                                                                                                                                                                                                                                                                                                         | Medication                                                                                                                                                                                                 |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Headaches                     | <ul style="list-style-type: none"> <li>• Rest</li> <li>• Drink plenty of fluids, especially water</li> <li>• Apply cold compress to forehead or neck</li> <li>• Try neck massage</li> <li>• If headache is severe, does not improve with Tylenol or involves vision changes, call your provider's office</li> </ul>                                                                 | <ul style="list-style-type: none"> <li>• Tylenol</li> </ul>                                                                                                                                                |
| Hemorrhoids                   | <ul style="list-style-type: none"> <li>• Warm, not hot, bath</li> <li>• Avoid constipation</li> </ul>                                                                                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>• Anusol-HC</li> <li>• Tucks</li> <li>• Preparation H</li> </ul>                                                                                                    |
| Heartburn/indigestion         | <ul style="list-style-type: none"> <li>• Do not skip meals</li> <li>• Eat small, frequent meals</li> <li>• Eat slowly</li> <li>• Wear loose-fitting clothing</li> <li>• Drink fluids mostly between meals</li> <li>• Avoid spicy food, caffeine, and peppermint</li> <li>• Avoid eating right before bed</li> <li>• Prop head up on pillows to sleep</li> </ul>                     | <ul style="list-style-type: none"> <li>• Tums</li> <li>• Maalox or Mylanta</li> <li>• Pepcid</li> </ul>                                                                                                    |
| Leg cramps or “charlie horse” | <ul style="list-style-type: none"> <li>• Get regular exercise</li> <li>• Stretch calf muscles (don't point toes)</li> <li>• Wear low-heeled, comfortable shoes</li> <li>• Increase milk and calcium intake</li> </ul>                                                                                                                                                               | <ul style="list-style-type: none"> <li>• None</li> </ul>                                                                                                                                                   |
| Nausea                        | <ul style="list-style-type: none"> <li>• Eat small, frequent meals</li> <li>• Do not skip meals</li> <li>• Eat dry crackers and cereal in the morning</li> <li>• If nausea becomes severe, call your provider's office</li> </ul>                                                                                                                                                   | <ul style="list-style-type: none"> <li>• Ginger (ale, tea, or lozenges)</li> <li>• Lemon drops</li> <li>• Vitamin B6 (25 mg 3 times a day)</li> <li>• ½ tab Unisom or 25 mg Benadryl at bedtime</li> </ul> |
| Shortness of breath           | <ul style="list-style-type: none"> <li>• Avoid lying flat on your back</li> <li>• Slow down (lungs have less reserve in pregnancy)</li> <li>• Call provider's office or hospital if shortness of breath is sudden, severe or persistent or if associated with chest pain or irregular heart rate.</li> </ul>                                                                        | <ul style="list-style-type: none"> <li>• None</li> <li>• Do NOT take or ask for “water pills”</li> </ul>                                                                                                   |
| Swelling or edema             | <ul style="list-style-type: none"> <li>• Wear support hose (not knee-highs)</li> <li>• Elevate feet and legs</li> <li>• Do not sit with crossed legs</li> <li>• Avoid salty foods and beverages</li> <li>• Remove rings if hands are swelling</li> <li>• Call provider's office or hospital if swelling is sudden, severe or associated with headache or vision changes.</li> </ul> | <ul style="list-style-type: none"> <li>• None</li> </ul>                                                                                                                                                   |
| Tiredness/unable to sleep     | <ul style="list-style-type: none"> <li>• Rest when you are tired</li> <li>• Take a warm bath or shower before bed</li> <li>• Make your bed more comfortable with pillows</li> <li>• Avoid caffeine</li> <li>• Avoid exercise before bedtime</li> </ul>                                                                                                                              | <ul style="list-style-type: none"> <li>• Benadryl, Tylenol PM</li> </ul>                                                                                                                                   |
| Vaginal discharge             | <ul style="list-style-type: none"> <li>• More discharge is normal in pregnancy (white, lotion-like consistency)</li> <li>• Avoid tight clothing</li> <li>• Call provider's office if you experience itching, irritation, or foul odor</li> </ul>                                                                                                                                    | <ul style="list-style-type: none"> <li>• If diagnosed with a yeast infection, Monistat</li> </ul>                                                                                                          |
| Varicose veins                | <ul style="list-style-type: none"> <li>• Elevate feet and legs</li> <li>• Do not cross legs</li> <li>• Wear support hose (not knee- or thigh-high)</li> </ul>                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>• Tylenol</li> </ul>                                                                                                                                                |

# PREGNANCY AND OBESITY

Women who have a body mass index of 30 or higher are considered obese and have increased health risks during pregnancy for themselves and baby.

## What is body mass index

Calculated using weight and height

- Normal: 18-24.9
- Overweight: 25-29.9
- Class 1 obesity: 30-34.9
- Class 2 obesity: 35-39.9
- Class 3 obesity: 40 or higher

## Maternal complications during pregnancy

If your BMI is 30 or higher, risks include:

- High blood pressure (15 percent)
- Diabetes during pregnancy (10 percent)
- Preeclampsia – high blood pressure and increased protein in urine (15 percent)
- Cesarean section (60 percent)
- All of the above risks increase with BMI higher than 40

## Risks for baby (increase as BMI increases)

- Preterm delivery, large fetal size (15 percent), intrauterine fetal death
- Birth defects: neural tube defects (problem in the spine), omphalocele (defect in the stomach wall), heart defects, hydrocephalus (trapped fluid in the brain), cleft lip and palate
- Unable to obtain first trimester ultrasound screening (nuchal translucency) for abnormal chromosomes in 10 percent of patients with BMI higher than 40.
- Inadequate ultrasound assessment (seeing fetal heart, brain and spine structures) in 50 percent of fetuses in patients with BMI higher than 40; difficulty continues during reevaluation 20 percent of time
- Difficulty diagnosing birth defects with ultrasound due to increased fat tissue, making it difficult to see the fetus
- Difficult delivery due to large fetal size and maternal obesity
- Increased risk for lifelong complications, including obesity, diabetes, high blood pressure, heart disease

## Delivery considerations

- Difficulty to estimate fetal weight – can increase risk of fetal and maternal complications
- Difficult to monitor fetal well-being during labor – can increase risk of fetal death
- Increased maternal risks makes emergency cesarean sections difficult
- Success rate of vaginal delivery is 40 percent in patients with a BMI higher than 40
- If your BMI is greater than 50 at the time of delivery, your doctor may discuss having your deliver at a tertiary center due to increased risk of complications for both you and baby

## C-section complications

- Increased rate of excessive blood loss
- Longer time in the operation room
- Increased risk of wound infection (30 percent)
- Increased rate of postpartum infection in the uterus
- Difficult to place spinal anesthesia and increased risk with general anesthesia

## Vaginal birth after C-section (VBAC)

- Success rate decreases with elevated BMI above 40
- Induction of labor associated with decreased success rate
- Risk of burst uterus 2 percent (five times higher than non-obese patients)

## Complications after delivery

- Increased risk of bleeding (postpartum hemorrhage)
- Increased risk of blood clots in veins or lungs (thromboembolism)
- Increased risk of depression

## Healthy Weight Gain During Pregnancy

Healthy weight gain in pregnancy is based on your weight before pregnancy. Here is the guide for healthy weight gain:

- Under weight: 25 - 35 pounds
- Normal weight: 25 - 35 pounds
- Overweight: 15 - 25 pounds
- Obese: Less than 15 pounds

Every pregnancy is different. If you have questions or concerns, or are expecting multiples, talk to your provider.

# AM I IN LABOR?

Most women can tell when they are in labor, but sometimes it can be hard to tell. For most mothers, you will give birth between 38 and 41 weeks of pregnancy.

## Changes that may signal labor

You may or may not notice the signs below, which can happen a few weeks to a few hours before labor begins.

- The baby drops lower.
- You may see more vaginal discharge. This is called “show” and may be clear, white, pink or slightly bloody. If you think your water might have broken, call or go to the hospital to be checked.
- The mucous plug will leave your body when the cervix begins to open, or dilate. When this happens, you do not need to call the hospital.

## In labor, contractions begin and have a regular pattern

- As labor begins, the cervix opens and the uterus contracts in a regular pattern. When the uterus contracts, your belly will feel hard. Between the contractions, the uterus relaxes, and your belly will feel soft again.
- Contractions may start in the lower back and move to the front of your belly or may feel like the baby is “balling up and pushing down.”
- Contractions will become longer, get closer together and feel stronger.
- Contractions will continue even if you move around or lie down.

When your water breaks, also called “rupture of membranes,” the fluid-filled sac around your baby breaks or leaks. This can happen all at once or a little at a time. Your water can break before or during labor. Call or go to the hospital if this happens or you think it has happened, even if you are not having contractions.

## False labor can happen in the weeks before real labor begins

False labor, or “Braxton Hicks,” contractions:

- Do not follow a regular pattern or get longer, closer together or feel stronger over time
- May stop when you walk or rest
- Usually can only be felt in the front

If your water breaks, it is not false labor.

## Timing contractions

Contractions are timed from the beginning of one contraction to the beginning of the next contraction.

When timing contractions:

- Write down the time the contraction begins
- Write down how many seconds it lasts
- Download an app to help track early contractions

## CALL YOUR PROVIDER OR GO THE HOSPITAL IF:

- You have contractions five minutes apart for at least one hour
- Your water breaks or leaks (even if you are not having contractions)
- You are bleeding from the vagina (other than bloody mucous or spotting)
- You have constant, severe pain with no relief between contractions
- Your baby is not moving or moving less often



# PAIN RELIEF IN DELIVERY



Many mothers are concerned about the pain of childbirth. There are many things you can do to help ease this pain.

## Some ideas include:

- Standing, leaning, slow dancing
- Walking
- Kneeling, leaning forward
- Sitting on a birth ball
- Lying on your side
- Hand or foot massage
- Taking a bath or shower
- Warm or cold packs
- Counting or chanting during contractions
- For back pain, counter pressure, or pressure into your back

Every labor is different, and your nurse can help you with ideas to manage pain.

## Your provider may also prescribe medication:

- Systemic painkillers are a shot that may be given into your muscle or by an IV. Systemic painkillers dull your pain by working through your whole body.
- Epidural anesthesia provides continuous pain relieving medication via a catheter into the space outside of your spinal cord.
- Local anesthesia may be used to help numb a small area, for example, if you need stitches.
- General anesthesia is used only very rarely in an emergency and causes you to fall asleep.

There are benefits and risks to pain medication. Talk to your provider to learn more.

# BREASTFEEDING

When you choose to breastfeed your baby, your baby will be healthier, you will bond with your baby, you will give your baby the very best nutrition, and you'll even save money.

Breastfeeding may not always be easy, but you can count on the support you'll receive at Sioux Center Health, including classes to help you get ready to breastfeed and help during and after your hospital stay and for as long as you breastfeed.

## Breastfeeding tips:

- Breastfeed as soon as you can after your baby is born.
- Breastfeed when your baby is hungry, usually eight to 12 times every 24 hours, and as long as baby wishes.
- Watch for hunger cues: opening and closing eyes, licking or smacking lips, turning head to the side, opening mouth, making fists. Remember, crying is a late sign of hunger.

**To learn more about breastfeeding help, contact our lactation consultants at 712-722-8160 for free resources.**

## Uncomfortably Full Breasts

Some fullness is normal in the first weeks. However, if milk is allowed to build up in your breasts, they may feel uncomfortably full, hard, or warm to the touch. This is called “engorgement”.

To prevent it:

- Make sure your baby nurses with his mouth well up on your breast, not just the end of the nipple
- Nurse on demand (at least 8 to 12 times a day) using both breasts
- Nurse at night and during the day

If you are engorged, take the above steps. Also, put a warm washcloth on your breasts or take a warm shower to help your milk flow. Massage your breasts gently to release a little milk before feedings. Begin feedings on the fullest breast. If your breasts become red and tender, and if you have a fever, call your doctor.

## Too Little Milk

The more you nurse, the more milk you will have. If you don't think you have enough milk, nurse more often and nurse longer each time. It may also help to switch breasts every five minutes (a few times) each feeding. After about 2 days, your supply will be built up. Avoid nursing on a schedule and offering formula, water or other foods to your baby. These cause your body to make less milk. Be sure to drink to thirst, eat a healthy diet, and get plenty of rest. Check with your doctor if you are taking any medications. If you want your husband to participate in feeding and you are using previously pumped breast milk, make sure you pump during that feeding to keep the supply cycle in place. Also, Fenugreek or Mother's Milk Tea has shown to help some women increase their milk supply.

## Tender breast lump

If you notice a tender lump in one of your breasts, or in the brown area around one of your nipples, you may have a “plugged duct”. The area around it may be red and you may ache. It occurs when milk builds up in your breasts and there is pressure on that area.

To prevent a plugged duct:

- Wear a comfortable nursing bra (not one that fits too tight, or has underwire)
- Do not use a tight-fitting front baby carrier
- Nurse 8 to 12 times a day
- Change your nursing positions often

If you have a plugged duct, do the following: before feedings, put a warm washcloth on your breast and gently massage the area to loosen up the plug. Offer this breast first and position your baby so that baby's chin is closest to the sore spot. With a few feedings, the plug should move toward and then out your nipple. It may look like thin spaghetti. Rest in bed. See your doctor if the plug doesn't resolve, or if you have a fever.

# BREASTFEEDING

## Mastitis

Mastitis is the medical name for a breast infection. Symptoms include a painful, firm, red area on your breast, the feeling that you've come down with the flu, and often a fever. Mastitis is often related to engorgement, nipple damage, a blocked duct, and maternal exhaustion.

If you think you have mastitis:

- Call your health care provider
- Take Ibuprofen or Tylenol to help alleviate pain or discomfort
- Apply a cold compress to affected breast 10-15 minutes several times per day
- Avoid excessive pumping
- If prescribed, take the full course of antibiotics
- Rest as much as possible, and drink plenty of fluids
- Make sure your baby is feeding well
- Use a 3:1 ratio with feeding, feeding from unaffected breast 3 times to 1 time on affected breast, to allow for breast rest
- If your baby is premature and in the hospital, wait to breastfeed from the breast with mastitis until symptoms are gone
- Get advice from our lactation consultants by calling (712) 722-8160

## Fussy Baby and Growth Spurts

Small babies, breast feeding or bottle feeding, commonly get agitated in the afternoons or nights. Generally not related to feeding, dirty diaper or something you may be able to fix. It's not due to not having enough milk or the wrong kind of milk. Try not to get discouraged if you have a fussy baby. Try to comfort your baby the best that you can.

The second week is hard for many mothers that breastfeed. Your baby may go through a growth spurt and be hungrier and become fussy. Your breasts may return to their normal size. This is normal. Your milk supply is fine. Breast feed your baby more often according to their needs. After 2 days, your milk supply will have increased. Breast feeding will become much easier for you and your baby after the first few weeks.

Your baby can go through other growth spurts when they will be a lot hungrier and you will need more milk: between 4-6 weeks, 3 months and at 5 to 6 months of age.

## Prevent Common Problems

Leaking: Many mothers leak in the beginning. With time, you will leak less. In the meantime:

- While feeding, gently press the other breast to stop the leaking.
- Use nursing pads. You may use absorbent disposable pads or reusable cotton pads that are reusable and washable.
- Use the pump according to your baby's feeding schedule if you have returned to work

Sore Nipples: it is common to be sore but it is not normal if it persists after the baby has already latched on. This pain should disappear once the baby has started eating. To prevent soreness:

- Consistently change your babies position when breastfeeding
- Make sure your baby has the whole nipple and the majority of the areola inside the mouth
- Once done breastfeeding put your finger in the corner of their mouth to break the suction.
- Let the nipples air dry after every feeding
- Use a lubricant like lanolin between feedings (Lansinoh® etc).

# BREAST PUMPS AND BREASTFEEDING SUPPLIES

## MEDELA PUMP IN STYLE WITH MAX FLOW



### INSURANCE SUPPLIED

- Designed for daily use.
- This pump features 2-Phase Expression technology which includes one-touch let down button to help produce more milk.
- Includes: (1) Pump in Style Breast pump, (2) 5 oz bottles with lids, (2) 24 mm PersonalFit breast shields, (2) PersonalFit Connectors with membranes, (1) complete tubing, (1) Battery pack (8) AAs not included, (1) Power adapter
- Suction strength: 270 mmHG

## MEDELA PUMP IN STYLE HANDS FREE



### INSURANCE SUPPLIED

- Ideal for daily frequent use.
- Medela's most powerful hands-free breast pump that delivers hospital performance and comfort.
- Pump motor is separate from the lightweight hands-free cups, which have three parts to clean and can be worn discreetly and comfortably under a nursing bra.
- Includes: (1) Pump in Style Breast Pump, (2) Hands-free Collection Cups with 24 mm breast shields, (2) 21 mm breast pump shields, (1) complete tubing, (1) power adapter, (1) battery pack (8 AAs not included)
- Pump weight: 1.18 lbs; collection cups: 2.7 oz each
- Suction strength: 240 mmHg

## SPECTRA 2PLUS



### INSURANCE SUPPLIED

- Daily use double electric breast pump. Designed for moms who pump several times a day
- Custom pump settings to mom's response to follow her flow and find best response every time
- Includes a double pumping kit and 24 and 28 mm breast shields
- Powered by AC adapter (included)
- Built-in nightlight
- Suction strength: 270 mmHG

## MOTIF



### INSURANCE SUPPLIED

- Daily use double breast pump. Perfect for pumping at home, at your desk, or in the car
- Battery life of 2+ hours between charges
- Includes: 24 and 28 mm breast shields, valves, power adapter, milk collection containers, caps, covers and discs
- Weighs only 2 pounds
- Built-in LED night light
- Suction Strength 280 mmHg

# BREAST PUMPS AND BREASTFEEDING SUPPLIES

## SPECTRA 1PLUS



INSURANCE COVERS \$220

CUSTOMER RESPONSIBLE \$130

- Daily use double pumping kit. Designed for moms who pump several times a day.
- Includes a double pumping kit and 24 and 28 mm breast shields
- Powered by AC adapter or rechargeable internal battery
- Battery life up to 7 hours
- Bag or backpack purchased separately
- Weight: 4 pounds
- Suction strength: 270 mmHg

## MEDELA SWING MAXI DOUBLE ELECTRIC PUMP



INSURANCE COVERS \$220

CUSTOMER RESPONSIBLE \$67.50

- The new Swing Maxi is a portable, compact, and easy-to-use double electric breast pump made to fit seamlessly into your lifestyle.
- Portable & Convenient: Built-in rechargeable lithium-ion battery for up to 6 pumping sessions on one full charge and USB charging cable.
- All-in-one Solutions: Designed for the active mom in mind, including pump carrying bag with integrated cooler, for your busy, on-the-go lifestyle.
- Includes: (1) Swing Maxi motor unit, (2) 150 mL bottle with lid, (2) bottle stand, (2) personal fit flex breast shield, 21 mm, (2) personal fit flex breast shield, 24mm, (1) USB charging cable, (1) USB power cable
- Lightweight: Weighs less than 1 pound.
- Suction strength: 250 mmHg

## ELVIE STRIDE



INSURANCE COVERS \$220

CUSTOMER RESPONSIBLE \$67.50

- Hands-free, hospital-grade electric breast pump, with 3 in 1 carry bag
- With the Elvie app, you can control your pump remotely, adjust intensity settings and keep tabs on your pumping history, all from your phone.
- Built-in rechargeable battery, up to 3 hours of pumping, depending on your settings.
- Includes: 1 Hub, 2 Cup Fronts, 2 Cup Seals, 2 Breast Shields (24mm), 2 Caps, 1 Tube Splitter, 2 Short Tubs (for the Cups), 1 Long Tube (for the Hub), 1 Clip, 1 Cover, 2 Valves, 2 Diaphragms, 1 Charging Cable
- Suction strength up to 300 mmHg, plus 10 intensity settings per mode

Accessories for Medela and Spectra breast pumps, including breast shields, tubing and nursing bras available. You may be able to get a breast pump through your insurance prior to delivery. Ask your provider if you have any questions.

These products are available at  
Sioux Center Health Home Medical Equipment  
38 19th St SW, Sioux Center, IA 51250 | (712) 722-8011

**Avera**  
Home Medical Equipment  
Sioux Center

# WHAT TO KNOW ABOUT CIRCUMCISION

## What is circumcision?

Circumcision is an operation to remove the foreskin, a fold of skin covering the head of the penis.

## How circumcision is performed

Circumcision usually takes very little time and is done between 24 and 48 hours after a baby is born. The physician gives the baby local anesthesia (a pain killer for the site of the circumcision) and uses a clamping instrument to remove the foreskin. There is normally a little bleeding. Your doctor will require your baby to have a vitamin K injection prior to circumcision.

## Risks:

There are some small risks involved in circumcision, including:

- Local infection
- Bleeding
- Scarring

## Reasons to circumcise

Circumcision:

- Makes it easier to clean the head of the penis
- May prevent problems where the foreskin is too tight or becomes infected
- Lowers the risk of urinary tract infections
- Leads to a slightly lower rate of sexually transmitted diseases
- May be done for religious or personal reasons

If you choose to have your son circumcised, talk to the baby's physician about what to expect and how to care for your son after the circumcision.

## Reasons not to circumcise

Certain conditions may prevent circumcision or parents may choose not to have their son circumcised for a variety of reasons, including:

- The baby is ill, premature or has a medical condition, such as a bleeding problem or certain birth defects
- To avoid the risks involved with circumcision
- The belief that the foreskin is necessary to protect the tip of the penis
- The belief that, without the foreskin, the tip of the penis may become irritated and cause the opening to become too small
- The belief that circumcision makes the tip of the penis less sensitive
- Concerns about the anatomy of the penis (it may be recommended to be evaluated by a specialist before proceeding).

If you choose not to have your son circumcised, be sure to keep your son's penis clean by carefully washing and drying. Talk to your baby's physician to learn more.

# CAR SEAT USE

Buckle everyone - Children age 12 and under in the back!

|                       | Age/Weight                                                                      | Suggestions                                                                                                                                                                                                                                                                                                                                                                                | Usage Tips                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Infants               | Keep rear-facing from birth to as long as allowed by the car seat manufacturer. | <ul style="list-style-type: none"> <li>• Infant-only seat/rear-facing or convertible seat rear-facing.</li> <li>• Seats should be secured to the vehicle by the seat belt or by the LATCH system.</li> <li>• Use rear-facing convertible longer as they are available for children up to 30-35 pounds.</li> </ul>                                                                          | <ul style="list-style-type: none"> <li>• Never use in a front seat where an air bag is present.</li> <li>• Tightly install the car seat in the back seat, using the rear facing belt path. The seat should not move more than an inch at the seat belt.</li> <li>• Recline (lean back) according to the seat's instructions; look for recline indicator on seat.</li> <li>• Straps should be at or just below shoulder level (lower set of slots for most convertible child safety seats).</li> <li>• Straps should be snug and you shouldn't be able to pinch any extra strap at the shoulder.</li> <li>• The harness clip should be at armpit level.</li> <li>• Do not add blankets behind the child or under the straps.</li> <li>• Carry the handle in the correct position, according to the seat's instructions.</li> </ul> |
| Infants/Toddlers      | Keep rear-facing as long as allowed by the car seat manufacturer.               | <ul style="list-style-type: none"> <li>• Convertible seat/rear-facing (select one with higher weight limits, 30-35 pounds, rear-facing).</li> <li>• Seats should be secured to the vehicle by the seat belt or by the LATCH system.</li> </ul>                                                                                                                                             | <ul style="list-style-type: none"> <li>• Never use in a front seat where an air bag is present.</li> <li>• Recline (lean back) according to the seat's instructions; look for recline indicator on seat.</li> <li>• Straps should be at or just below shoulder level.</li> <li>• Straps should be snug and you shouldn't be able to pinch any extra strap at the shoulder.</li> <li>• The harness clip should be at armpit level.</li> <li>• Keep your child rear-facing until they reach the upper weight limits of the seat or until the baby's head is 1 inch from the top of the seat.</li> </ul>                                                                                                                                                                                                                             |
| Preschoolers/Toddlers | 2 to 4 years old/at least 20 pounds to approximately 40 pounds.                 | <ul style="list-style-type: none"> <li>• Convertible seat/ forward-facing or forward-facing only seat or high-back booster with harness straps.</li> <li>• Seats should be secured to the vehicle by the seat belt or by the LATCH system.</li> <li>• Check your vehicle manual for max weight on LATCH system (usually around 35 lbs) and then switch to seatbelt installation</li> </ul> | <ul style="list-style-type: none"> <li>• Tightly install the car seat in the back seat, using the forward facing belt path. The seat should not move more than 1 inch at the seat belt.</li> <li>• Straps should be at or just above shoulder level (usually top set of slots for convertible child safety seats).</li> <li>• Straps should be snug and you shouldn't be able to pinch any extra strap at the shoulder.</li> <li>• The harness clip should be at armpit level.</li> </ul>                                                                                                                                                                                                                                                                                                                                         |

# CAR SEAT USE

Buckle everyone - Children age 12 and under in the back!

|                | Age/Weight                                                        | Suggestions                                                                                                                                                                                                       | Usage Tips                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Young Children | 4 to at least 8 to 10 years old, unless child is 4'9" (57") tall. | <ul style="list-style-type: none"> <li>Belt-positioning booster (no back or high back).</li> <li>NEVER use with lap-only belts; belt positioning boosters are always used with lap AND shoulder belts.</li> </ul> | <ul style="list-style-type: none"> <li>Use booster with adult lap and shoulder belt in rear seat.</li> <li>Shoulder belt should rest snugly across the chest, rest on the shoulder and should NEVER be placed under the arm or behind the back.</li> <li>Lap belt should rest low, across the lap/upper thigh area – NOT across the stomach.</li> </ul>                                                                                                                                                 |
| Older Children | <b>Back seat is recommended</b>                                   | <ul style="list-style-type: none"> <li>Seat belt.</li> </ul>                                                                                                                                                      | <p>5 Step Test</p> <ol style="list-style-type: none"> <li>Does the child sit all the way back against the auto seat?</li> <li>Do the child's knees bend comfortably at the edge of the auto seat?</li> <li>Does the belt cross the shoulder between the neck and arm?</li> <li>Is the lap belt as low as possible, touching the thighs?</li> <li>Can the child stay seated like this the whole trip?</li> </ol> <p>If you answered "no" to any of these questions, your child needs a booster seat.</p> |

## General Reminders:

- Always check your car seat's instruction manual for specific installation, usage and weight guidelines.
- To install your seat, use your vehicle's seat belt or LATCH system.
- Be sure to install tightly — the car seat should move no more than 1 inch from side to side and front to back along the seat belt path.

Call our car seat technicians at 712-722-8006 for a consult. We offer in person or phone appointments

## For additional information, contact or visit:

- American Academy of Pediatrics website, [aap.org](http://aap.org)
- National Highway Traffic Safety Administration, [nhtsa.gov](http://nhtsa.gov)
- To find a child passenger safety technician in your area, search at [safekids.org/certification](http://safekids.org/certification) under Find a Technician/Instructor

# IMMUNIZATIONS

## Are vaccines safe?

Vaccines are safe, and scientists continually work to make sure they become even safer. Every vaccine undergoes extensive testing before being licensed, and vaccine safety continues to be monitored as long as a vaccine is in use. Most side effects from vaccination are minor, such as soreness where the injection was given or a low-grade fever. These side effects do not last long and are treatable. Serious reactions are very rare. The tiny risk of a serious reaction from a vaccination has to be weighed against the very real risk of getting a dangerous vaccine-preventable disease

## Why does my baby need vaccines?

While a few of these diseases have virtually disappeared because of vaccination, reported cases of people with diseases like measles and whooping cough have been on the increase lately. Even if some diseases do completely disappear in the U.S., they are common in other parts of the world and are just a plane ride away. If we stop vaccinating against these diseases, many more people will become infected. Vaccinating your child will keep him or her safe.

## Are there better ways to protect again disease?

No, breastfeeding offers temporary immunity against some minor infections like colds, but it is not an effective means of protecting a child from the specific diseases prevented by vaccines. Likewise, vitamins won't protect against the bacteria and viruses that cause these serious diseases. Chiropractic remedies, naturopathy, and homeopathy are totally ineffective in preventing vaccine-preventable diseases.

## What if I miss an appointment?

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.

## Can my baby still get vaccinated if they have a cold, fever, or are taking antibiotics?

Yes, your child can still get vaccinated if your baby has mild illness, a low-grade fever, or is taking antibiotics.

# RECOMMENDED VACCINES FROM BIRTH - 6 YEARS OLDS

\*Connected lines indicate vaccines can be given during shown age range

| Birth | 1 month | 2 months | 4 months | 6 months            | 12 months | 15 months | 18 months | 19-23 months | 2-3 years | 4-6 years |
|-------|---------|----------|----------|---------------------|-----------|-----------|-----------|--------------|-----------|-----------|
| HepB  | HepB    |          |          | HepB                |           |           |           |              |           |           |
|       |         | RV       | RV       | RV                  |           |           |           |              |           |           |
|       |         | DTaP     | DTaP     | DTaP                |           | DTaP      |           |              |           | DTaP      |
|       |         | HiB      | HiB      | HiB                 | HiB       |           |           |              |           |           |
|       |         | PCV      | PCV      | PCV                 | PCV       |           |           |              |           |           |
|       |         | IVP      | IVP      | IVP                 |           |           |           |              |           | IVP       |
|       |         |          |          | Influenza (yearly)* |           |           |           |              |           |           |
|       |         |          |          |                     | MMR       |           |           |              |           | MMR       |
|       |         |          |          |                     | Varicella |           |           |              |           | Varicella |
|       |         |          |          |                     | HepA+     |           |           |              |           |           |

\* Two doses given at least four weeks apart are recommended for children aged 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 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

# IMMUNIZATIONS

| 7 - 10<br>Years                   | 11 - 12<br>Years         | 13 - 18<br>Years |
|-----------------------------------|--------------------------|------------------|
| Tdap <sup>1</sup>                 | Tdap                     | Tdap             |
|                                   | HPV <sup>2</sup>         | HPV              |
| MCV4                              | MCV4 Dose 1 <sup>3</sup> | MCV4             |
| Influenza (yearly) <sup>4</sup>   |                          |                  |
| Pneumococcal Vaccine <sup>5</sup> |                          |                  |
| HepA Vaccine Series <sup>6</sup>  |                          |                  |
| HepB Vaccine Series               |                          |                  |
| IPV Vaccine Series                |                          |                  |
| MMR Vaccine Series                |                          |                  |
| Varicella Vaccine Series          |                          |                  |

- vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.
- vaccine should be given to a child catching up on missed vaccines
- vaccine is recommended for children with certain health conditions that put them at high risk for serious diseases. Note that healthy children can get the HepA series<sup>6</sup>. See vaccine-specific recommendations at [www.cdc.gov](http://www.cdc.gov)

## Footnotes:

1. Tdap vaccine is recommended at age 11 or 12 to protect against tetanus, diphtheria and pertussis. If your child has not received any or all of the DTaP vaccine series, or if you don't know if your child has received these shots, your child needs a single dose of Tdap when they are 7-10 years old. Talk to your child's health care provider to find out if they need additional catch-up vaccines.

2. All 11 or 12 year olds – both girls and boys – should receive 3 doses of HPV vaccine to protect against HPV-related disease. The full HPV vaccine series should be given as recommended for best protection.

3. Meningococcal conjugate vaccine (MCV) is recommended at age 11 or 12. A booster shot is recommended at age 16. Teens who received MCV for the first time at age 13 through 15 years will need a one-time booster dose between the ages of 16 and 18 years. If your teenager missed getting the vaccine altogether, ask their health care provider about getting it now, especially if your teenager is about to move into a college dorm or military barracks.

4. Everyone 6 months of age and older—including preteens and teens—should get a flu vaccine every year. Children under the age of 9 years may require more than one dose. Talk to your child's health care provider to find out if they need more than one dose.

5. Pneumococcal Conjugate Vaccine (PCV13) and Pneumococcal Polysaccharide Vaccine (PPSV23) are recommended for some children 6 through 18 years old with certain medical conditions that place them at high risk. Talk to your healthcare provider about pneumococcal vaccines and what factors may place your child at high risk for pneumococcal disease.

6. Hepatitis A vaccination is recommended for older children with certain medical conditions that place them at high risk. HepA vaccine is licensed, safe, and effective for all children of all ages. Even if your child is not at high risk, you may decide you want your child protected against HepA. Talk to your health care provider about HepA vaccine and what factors may place your child at high risk for HepA.

# IMMUNIZATIONS

## Diphtheria

(can be prevented by Tdap vaccine)

Diphtheria is a very contagious bacterial disease that affects the respiratory system, including the lungs. Diphtheria bacteria can be passed from person to person by direct contact with droplets from an infected person's cough or sneeze. When people are infected, the diphtheria bacteria produce a toxin (poison) in the body that can cause weakness, sore throat, low-grade fever, and swollen glands in the neck. Effects from this toxin can also lead to swelling of the heart muscle and in some cases, heart failure. In severe cases, the illness can cause coma, paralysis, and even death.

## Hepatitis A

(can be prevented by HepA vaccine)

Hepatitis A is an infection in the liver caused by hepatitis A virus. The virus is spread primarily person to person through the fecal-oral route. In other words, the virus is taken in the mouth from contact with objects, food, or drinks contaminated by the feces (stool) of an infected person. Symptoms include fever, tiredness, loss of appetite, nausea, abdominal discomfort, dark urine, and jaundice (yellowing of the skin and eyes). An infected person may have no symptoms, may have mild illness for a week or two, or may have severe illness for several months that requires hospitalization. In the U.S., about 100 people a year die from hepatitis A.

## Hepatitis B

(can be prevented by HepB vaccine)

Hepatitis B is an infection of the liver caused by hepatitis B virus. The virus spreads through exchange of blood or other fluids, for example, from sharing personal items, such as razors or during sex. Hepatitis B causes a flu-like illness with loss of appetite, nausea, vomiting, rashes, joint pain, and jaundice. The virus stays in the liver of some people for the rest of their lives and can result in severe liver diseases, including fatal cancer.

## Human Papillomavirus (HPV)

(can be prevented by HPV vaccine)

Human papillomavirus is a common virus. HPV is most common in people in their teens and early 20s. It is the major cause of cervical cancer in women and genital warts in women and men. The strains of HPV that cause cervical cancer and genital warts are spread during sex.

## Influenza

(can be prevented by flu vaccine)

Influenza is a highly contagious viral infection of the nose, throat, and lungs. The virus spreads easily through droplets when an infected person coughs and sneezes and can cause mild to severe illness. Typical symptoms include a sudden high fever, chills, a dry cough, headache, runny nose, sore throat, and muscle and joint pain. Extreme fatigue can last from several days to weeks. Influenza may lead to hospitalization or even death, even among previously healthy children.

## Measles

(can be prevented by MMR vaccine)

Measles is one of the most contagious viral diseases. Measles virus is spread by direct contact with the airborne respiratory droplets of an infected person. Measles is so contagious that just being in the same room after a person who has measles has already left can result in infection. Symptoms usually include a rash, fever, cough, and red, watery eyes. Fever can persist, rash can last for up to a week, and coughing can last about 10 days. Measles can also cause pneumonia, seizures, brain damage, or death.

## Meningococcal Disease

(can be prevented by MMR vaccine)

Meningococcal disease is caused by bacteria and is a leading cause of bacterial meningitis (infection around the brain and spinal cord) in children. The bacteria are spread through the exchange of nose and throat droplets, such as when coughing, sneezing, or kissing. Symptoms include nausea, vomiting, sensitivity to light, confusion and sleepiness. Meningococcal disease also causes blood infections. About one of every 10 people who get the disease dies from it. Survivors of meningococcal disease may lose their arms or legs, become deaf, have problems with their nervous systems, become developmentally disabled, or suffer seizures or strokes.

## Haemophilus Influenzae Type B

(can be prevented by Hib vaccine)

Hib disease is a serious illness caused by the bacteria Haemophilus influenzae type b. Babies and children younger than 5 years old are at risk for Hib disease. It can cause lifelong disability and be deadly. Hib spreads when an infected person coughs or sneezes. The most common type of Hib disease is meningitis, which is an infection of the covering of the brain and spinal cord. Hib disease can also cause throat swelling, pneumonia, and joint, skin, or bone infection. Hib disease is very serious. Most children with Hib disease need care in the hospital. Even with treatment, as many as 1 out of 20 children with Hib meningitis dies. As many as 1 out of 5 children who survive Hib meningitis will have brain damage or become deaf.

# IMMUNIZATIONS

## Mumps

(can be prevented by MMR vaccine)

Mumps is an infectious disease caused by the mumps virus, which is spread in the air by a cough or sneeze from an infected person. A child can also get infected with mumps by coming in contact with a contaminated object, like a toy. The mumps virus causes fever, headache, painful swelling of the salivary glands under the jaw, fever, muscle aches, tiredness, and loss of appetite. Severe complications for children who get mumps are uncommon but can include meningitis (infection of the covering of the brain and spinal cord), encephalitis (inflammation of the brain), permanent hearing loss, or swelling of the testes, which rarely can lead to sterility in men.

## Pertussis

(whooping cough - can be prevented by Tdap vaccine)

Pertussis is caused by bacteria spread through direct contact with respiratory droplets when an infected person coughs or sneezes. In the beginning, symptoms of pertussis are similar to the common cold, including runny nose, sneezing, and cough. After 1-2 weeks, pertussis can cause spells of violent coughing and choking, making it hard to breathe, drink, or eat. This cough can last for weeks. Pertussis is most serious for babies, who can get pneumonia, have seizures, become brain damaged, or even die. About two-thirds of children under 1 year of age who get pertussis must be hospitalized.

## Pneumococcal Disease

(can be prevented by pneumococcal vaccine)

Pneumonia is an infection of the lungs that can be caused by the bacteria called pneumococcus. This bacteria can cause other types of infections too, such as ear infections, sinus infections, meningitis (infection of the covering around the brain and spinal cord), bacteremia and sepsis (blood stream infection). Sinus and ear infections are usually mild and are much more common than the more severe forms of pneumococcal disease. However, in some cases pneumococcal disease can be fatal or result in long-term problems, like brain damage, hearing loss and limb loss. Pneumococcal disease spreads when people cough or sneeze. Many people have the bacteria in their nose or throat at one time or another without being ill - this is known as being a carrier.

## Polio

(can be prevented by IPV vaccine)

Polio is caused by virus that lives in an infected person's throat and intestines. It spreads through contact with the feces (stool) of an infected person and through droplets from a sneeze or cough. Symptoms typically include sudden fever, sore throat, headache, muscle weakness, and pain. In about 1% of cases, polio can cause paralysis. Among those who are paralyzed, up to 5% of children may die because they become unable to breathe.

## Rubella

(German measles - can be prevented by MMR vaccine)

Rubella is caused by a virus that is spread through coughing and sneezing. In children rubella usually causes a mild illness with fever, swollen glands, and a rash that lasts about 3 days. Rubella rarely causes serious illness or complications in children, but can be very serious to a baby in the womb. If a pregnant woman is infected, the result to the baby can be devastating, including miscarriage, serious heart defects, mental retardation and loss of hearing and eye sight.

## Tetanus

lockjaw - can be prevented by Tdap vaccine)

Tetanus is caused by bacteria found in soil. The bacteria enters the body through a wound, such as a deep cut. When people are infected, the bacteria produce a toxin (poison) in the body that causes serious, painful spasms and stiffness of all muscles in the body. This can lead to "locking" of the jaw so a person cannot open his or her mouth, swallow, or breathe. Complete recovery from tetanus can take months. 3 of 10 people who get tetanus die from the disease.

## Varicella

(chickenpox - can be prevented by varicella vaccine)

Chickenpox is caused by the varicella zoster virus. Chickenpox is very contagious and spreads very easily from infected people. The virus can spread from either a cough or sneeze. It can also spread from the blister on the skin, either by touching them or by breathing in these viral particles. Typical symptoms of chickenpox include an itchy rash with blisters, tiredness, headache and fever. Chickenpox is usually mild, but it can lead to severe skin infections, pneumonia, encephalitis (brain swelling), or even death.

# CONTRACEPTIVE OPTIONS

## What are barrier methods?

Barrier methods include the diaphragm, the cervical cap and condoms. These methods prevent pregnancy by blocking sperm from getting into the uterus. Barrier methods must be used every time you have sex. A woman must visit her doctor to be fitted for a diaphragm or a cervical cap. Using a diaphragm may increase the risk of urinary tract infections in some women.

## Are condoms a good choice?

Yes. Condoms aren't expensive, and they are widely available. Condoms are an especially good choice if you or your partner are also having sex with other people or if either of you has had sex with other people in the past. Condoms offer the most protection against STDs. Using a spermicide with condoms can offer better protection against pregnancy, but it does not increase your protection against STDs. Spermicides containing nonoxynol-9 can cause genital irritation and increase your risk of catching an STD. Female condoms aren't as effective as male condoms, but they may be a good choice if a man won't use a male condom.

## Birth Control Pill

Birth control pills work mostly by preventing ovulation (the release of an egg by the ovaries). Most pills are made of two hormones called estrogen and progestin. For the pill to work, you have to take it every day. Some common side effects of birth control pills are nausea, headaches, breast swelling, water retention, weight gain and depression. The pill may reduce cramping and shorten the number of days of bleeding during the menstrual period. The pill may also help premenstrual syndrome (PMS). Women who take the pill should not smoke. Pills containing estrogen are not recommended while breastfeeding.

## Birth Control Patch

The hormonal birth control patch (brand name: Ortho Evra) uses estrogen and progestin to prevent pregnancy. It is applied to 1 of 4 places -- the buttocks, abdomen, upper torso or outer arm. The patch is used on a 4-week cycle. You put on a new patch once a week for 3 weeks. During the 4th week, you don't use a patch, and your period will start. The patch's side effects are similar to those of the pill. Women who use the patch should not smoke. Not recommended with breastfeeding.

## Vaginal Contraceptive Ring

The vaginal contraceptive ring (brand name: NuvaRing) is a thin, flexible ring that is inserted into the vagina. It releases hormones that keep you from getting pregnant. These hormones are the same ones used in most birth control pills. The ring is left in the vagina for 3 weeks. It doesn't have to be in a specific position in the vagina. After 3 weeks, you remove the ring, and your period will start. After 7 days, you insert a new ring. If the ring is out of your vagina for more than 3 hours, it may not work effectively when you put it back in. To protect against pregnancy, you will need to use another form of birth control until the ring has been in all the time for 7 days in a row. Women who use the vaginal ring should not smoke. Not recommended while breastfeeding.

## Hormone shot and implants

Hormone shots (brand names: Depo-Provera, Lunelle) work much like the pill to prevent pregnancy. They may have some side effects, such as headaches and changes in your period, mood and weight. A Depo-Provera shot prevents pregnancy for 3 months. A Lunelle shot prevents pregnancy for 1 month. Nexplanon is a hormone-releasing birth control implant that is placed under the skin of the inner, upper arm for women who prefer a long-acting option. It is considered a long-term method because it prevents pregnancy for up to 3 years. The most common side effect of Nexplanon is a change in your normal menstrual bleeding pattern.

## Intrauterine device (IUD)

"IUD" stands for "intrauterine device." An IUD is put in a woman's uterus by her doctor. It's made of flexible plastic. They thicken cervical mucus to stop sperm from reaching the egg and make the lining of the uterus very thin in order to prevent the egg from attaching to the uterus. Some IUDs used in the past were related to serious health problems. Today IUDs are safer, but they still have some risks. Side effects of IUDs include heavier bleeding and stronger cramps during periods. There are 3 types of IUDs today. One that lasts 10 years, one for 5 years and one for 3 years.

# CONTRACEPTIVE OPTIONS

## Sterilization

Sterilization is when a man or woman has an operation to permanently prevent pregnancy. If you're sure that you don't want to have children or you don't want more children, sterilization may be the right choice for you. Tubal ligation (also called "getting your tubes tied") involves closing off a woman's fallopian tubes so eggs can't travel through them to reach the uterus. You can have either a complete or partial removal of your fallopian tubes. If you are considering a sterilization procedure at the time of the delivery or shortly after, please let your doctor know right away so that you can have a consult with a surgeon prior to delivery and discuss your options. Some insurance companies require paperwork 30 days or more before to surgery.

Men are sterilized with a vasectomy. The man's vas deferens (sperm ducts) are closed off so sperm can't get through.

## Natural Family Planning

Natural family planning requires a couple to learn when in the woman's cycle she can get pregnant (usually 4 days before and 2 days after ovulation). They must use a barrier method of birth control or not have intercourse during those days. There are a number of ways to keep track of a woman's ovulation. All of them require a lot of planning and commitment.

## Withdrawal

When a man tries to pull out before ejaculating ("coming"), he usually leaves behind a small amount of fluid that leaks from the penis during sex. This fluid has enough sperm in it to cause pregnancy.

## How well does birth control work?

The box below shows the failure rates (number of pregnancies per 100 women per year) for different types of birth control. These numbers are for couples who use the methods the right way every time they have sex. The failure rates are higher if you don't use birth control the right way every time.

|                                      |             |
|--------------------------------------|-------------|
| Male condom alone.....               | 11          |
| Female condom alone.....             | 21          |
| Diaphragm with spermicide.....       | 17          |
| Cervical cap with spermicide.....    | 17 to 23    |
| Sponge with spermicide.....          | 14 to 28    |
| Spermicide alone.....                | 20 to 50    |
| Oral contraceptives.....             | 1 to 2      |
| Contraceptive patch*.....            | 1 to 2      |
| Vaginal contraceptive ring.....      | 1 to 2      |
| Hormone shots.....                   | Less than 1 |
| IUD.....                             | Less than 1 |
| Periodic abstinence.....             | 20          |
| Surgical sterilization (female)..... | Less than 1 |
| Surgical sterilization (male).....   | Less than 1 |

\*Contraceptive patch is less effective in women weighing more than 198 pounds.



**Sioux Center Health**  
An Avera Partner