



Kaiser Permanente

healthy beginnings

PRENATAL NEWSLETTER

► TODAY'S APPOINTMENT

Today your clinician will:

- Check your blood pressure and weight.
- Check your baby's growth by measuring the size of your abdomen.
- Possibly do a pelvic exam.
- Listen to your baby's heartbeat.
- Check your baby's movements.
- Discuss labor signs and when to go to the hospital.



► Your baby: at 38 weeks



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Your baby's appearance is more "baby-like" now. The skin is pink and smooth because "baby fat" has filled in the wrinkles. The *lanugo*, a soft, fine downy hair, is gone, except for some on the back and shoulders of darker-skinned babies. *Vernix caseosa*, a white creamy substance that protects the skin from long exposure to amniotic fluid, is disappearing, except for what remains in the skin folds. The bones in the head are firm but flexible enough to pass through the birth canal without damage. The lungs usually finish maturing during these last 2 weeks. At birth, your baby will weigh about 6 to 9 pounds and measure 19 to 21 inches long.

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He or she will be able to grasp, sneeze, cough, and suck. Your newborn will be able to smell, taste, hear, and feel your touch. He or she will be able to clearly see an object at about 8 inches away. When you're feeding your baby, the distance from your face to your baby's face is about 8 to 10 inches, so it's a perfect time to make eye contact and gently stimulate your baby through stroking, talking, and singing.

► Your next prenatal appointment and tests

PELVIC EXAMS IN LATE PREGNANCY

Near the end of your pregnancy, your clinician may perform a pelvic exam as part of your prenatal visit. The purpose of this exam is to check your cervix and the position of the baby. Your cervix will begin to thin out (efface) and open (dilate) by the time you go into labor. For some women, these changes begin as early as 3 weeks before the due date.

You may notice cramping in your uterus after your pelvic exam. This cramping should disappear, but if it leads to true labor contractions, you'll need to call Labor and Delivery (or your Member Service Center) for an evaluation.

Many women notice an increase in vaginal discharge during the ninth month of pregnancy, especially after sex or a pelvic exam. You might have a lot of mucus come out at once, or smaller amounts over time. There might be some spots of blood mixed with the mucus or a pink stain on the toilet paper when you wipe. This is normal. Heavy bleeding (like a menstrual period) isn't normal and should be reported to your clinician right away.

► "When should I call Labor and Delivery?"

If any of the following happens, call Labor and Delivery (or your Member Service Center):

- **A change in baby's movements:** If you notice the baby is unusually still, eat a meal or drink fruit juice, lie down on your left side, and focus on the baby. If your baby doesn't move 10 times in 2 hours, call Labor and Delivery (or the Member Service Center).
- **Your bag of waters breaks:** This is usually felt as a gush or steady trickle of fluid from the vagina. Usually the fluid is clear with a pink or straw-colored tinge. If you think that your bag of waters has broken, you may take a shower but don't take a bath, douche, or have sex.
- **Contractions:** If contractions grow progressively longer and stronger, time them from the start of a contraction to the beginning of the next. If this is your first delivery, contact the hospital when your contractions are 3 to 5 minutes apart over a 1-hour period, unless instructed otherwise. If you have previously had a baby, call when your contractions are 5 to 7 minutes apart over a 1-hour period. *(continues on page 5)*

▶ PARTNER'S CORNER

PARENTHOOD: A NEW BEGINNING FOR EVERYONE

Bringing a new baby into your home can be a joyous and exciting time, but it can also cause a change in the family dynamic. As you get ready for the birth of your baby, you can prepare your family members for their changing roles and responsibilities. After the birth, you and your partner need to decide how to share responsibility for baby care and housework. Your baby will need a lot of attention in the first weeks after birth, and it may be hard to focus on your own needs. The more you help out, the sooner your partner will recover, and the sooner you'll see balance return to your family. Try to communicate openly as you share the joys and challenges of parenting a new baby. These tips will help you nurture the baby, the mother, and your relationship.

"BABY" THE BABY

Physical contact helps you connect with your baby and encourages growth and development.

- Spend time holding, bouncing, talking, or singing to your baby. Try holding your baby skin-to-skin.
- If your baby is fussy, try walking around with the baby in a wrap or carrier.
- Rock your baby while you're relaxing.
- Change the diaper and bring your baby to your partner for nighttime feedings.

"MOTHER" THE MOTHER

Most women need time to get used to the new experience of being a mother. Your partner will need your support, encouragement, and love to ease into her new role.

- Make dinner or bring home food.
- When you get home, offer to take care of your baby for a little while so she can have some time to relax. Suggest that she take some time for herself or meet with friends.
- Think about hiring a postpartum doula for more support, or ask a family member to help out.
- If possible, go with your partner to your baby's checkup visits.
- Schedule date nights, or just time to be alone with each other.
- Bring her flowers.
- Tell her often that you love her.

- Give her a massage.
- Go for a walk together.
- Support her when you're with friends and relatives.
- Tell her what a wonderful mother she is.

HOME VISITORS

During the first few weeks at home, limit your visitors and the time they stay. Good handwashing is very important to the health of both mother and baby. Make sure that all visitors wash their hands with warm, soapy water for at least 20 seconds before touching the baby. People who have colds or other infections shouldn't visit, and smoking should never be allowed. Your partner should rest and relax in a nightgown or robe for the first few days at home. This reminds her and visitors that she is still recovering from childbirth. Remember to make her comfort a priority.

▶ Safer sex for you and your partner

If you are not in a monogamous relationship, it's important to practice safer sex to prevent HIV and other sexually transmitted diseases (STDs).

- **You can protect yourself and your partner by using condoms and oral dams (latex squares used for oral-vaginal and oral-anal sex).**
- **If you think you may have been exposed to HIV or another STD, or if you have any symptoms, avoid having sex until you see a clinician and get tested.**



▶ Staying healthy during pregnancy and beyond

TRY TO GET ENOUGH REST

Limit your visitors during the first few weeks. Pace yourself and try to nap or rest when the baby naps. Lower your expectations about when the baby naps. Try to be more relaxed about housework and other "to do" items. Instead, focus on the baby's and your needs. Before the birth, arrange child care for older siblings if possible. Make sure that there is another adult to help out for at least a few days after you come home.

ATTEND YOUR POSTPARTUM APPOINTMENT

You'll be scheduled for a follow-up appointment with your clinician within 6 weeks of delivering your baby. It's important to go to this appointment (even if you're feeling fine) so that your clinician can check that you're healing properly. This is also a good time to start birth control (see "Birth control after delivery" on page 4).

POSTPARTUM DEPRESSION

You may feel depressed for the first 3 to 4 weeks after the birth of your baby. There may be times when you cry and feel sad, anxious, or irritable for no reason. These "baby blues" are very common and often go away on their own. Feelings that last longer and are more intense may be a sign of postpartum depression. If your symptoms are severe or go on for more than a few weeks, call your clinician. Postpartum depression is treatable with counseling, medication, and self-care.

If you're worried you might hurt yourself or your baby, call 911. Kaiser Permanente also provides a 24-hour hotline if you need help at any time.

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► More about breastfeeding

Breastfeeding is best for you and your baby. We recommend that you exclusively nurse your baby (giving only breast milk) for the first 6 months of life, and then continue breastfeeding along with solid foods for at least the first year of life. After a year, you can breastfeed for as long as both you and your baby would like to continue. Breast milk is your baby's best source of nutrition and is the only food your baby needs during the first 6 months.

Breastfeeding takes time and practice. You might feel frustrated in the first few days and weeks, but it does get easier as your baby gets older. If you have pain or other challenges, ask us for help right away. Breastfeeding problems are easier to solve when you get help early.

HOW OFTEN WILL MY BABY NEED TO EAT?

Newborns have very small stomachs that hold only 1 to 2 teaspoons of milk, so your baby will need to eat often. We recommend that you feed your baby whenever he or she is hungry, rather than sticking to a schedule. This is called "feeding on demand," and it ensures that your baby gets enough to eat and that you make enough milk. You can expect that your baby will eat about every 1½ to 3 hours, or at least 8 to 12 times or more in a 24-hour period. During the first 24 hours of life, your baby may eat only 5 to 6 times, so be patient with breastfeeding when you first start.

Feeding on demand works well when your baby is awake, but you may need to wake your baby for feedings. To make enough milk, you need to nurse your baby 8 to 12 times or more in a 24-hour period. You may need to wake your baby up to eat if it's been 4 hours since he or she last ate. You can wake your baby for a feeding by undressing your baby, rubbing your baby's feet, or walking your fingers along baby's spine. Holding your baby skin-to-skin can also help.

HOW CAN I TELL WHEN MY BABY IS HUNGRY?

We recommend that you nurse your newborn when you notice early signs of hunger:

- Moving the head from side to side
- Opening the mouth
- Sticking out the tongue
- Puckering the lips in a sucking motion
- Sucking on a hand
- Moving the mouth toward a hand or breast that is stroking baby's cheek (called rooting reflex)
- Crying is a late sign of hunger. Try to feed your baby at the first signs of hunger

IS TAKING MEDICATIONS WHILE BREASTFEEDING SAFE?

It is safe for you to take most medicines while breastfeeding, but you should check with your clinician. Acetaminophen (Tylenol) and ibuprofen (Advil, Motrin) are safe, but don't take aspirin. Codeine and other narcotic pain relievers are usually considered safe. However, some people may process these drugs more quickly. While this is rare, it can cause higher levels of the drug to build up in the breast milk.

Watch for signs that your baby might be getting too much of the medication through your breast milk. If you notice that your baby is sleeping longer than usual, call your baby's doctor. If your baby is having trouble breathing, call 911 right away.

HOW CAN I KEEP MY NIPPLES FROM GETTING SORE?

Positioning your baby on your breast correctly is the best way to avoid soreness. Ask the hospital nurses to help you with correct positioning before you go home. Although some women experience nipple soreness when baby latches on in the first few days, breastfeeding shouldn't hurt during the feeding or continue to hurt after the first week.

If you experience a pinching sensation when the baby latches on or pain at any time while the baby is feeding, check to make sure that:

- Baby's whole body is facing you, with baby's ears, shoulders, and hips in line, pointing up to the ceiling.
- Baby's head is directly facing your breast and that his or her nose is opposite your nipple.
- Baby's shoulder is supported from behind with your hand opposite the breast where baby's head is, pressing baby toward you with baby's feet, bottom, and shoulders pulled in close. (Remember to let the head tilt back.)
- You support your breast by placing your thumb lightly above the areola (the dark area around the nipple) and place your fingers below and under the breast, shaping the breast like a sandwich so that it lines up with baby's smile.

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► Cesarean birth

Most expectant families do not think of surgery when they think about giving birth. However, sometimes a cesarean birth, or C-section, is the safest option for the mother and baby. Your clinician may recommend a planned C-section for certain medical reasons, but most C-sections are not planned and the decision is made during labor. Because it is a possibility that you may need to deliver your baby through a C-section, here are some things you can do to avoid infection after the surgery:

- Do not shave or wax the pubic area after 36 weeks.
- For women having a planned C-section, take a shower the night before surgery. The next morning, use the chlorhexidine wipe provided by your clinician.

Here are some reasons a C-section may be needed during labor:

- **Lack of progress or lack of cervical dilation:** Many women can have a vaginal delivery even after a long labor.
- **Cephalopelvic disproportion:** The mother's pelvis is too small or the baby's head is too big to fit through the pelvis.
- **Breech position:** The baby is not in a head-down position. A breech position is usually noticed before labor begins.
- **Signs that the baby's health may be in danger (fetal intolerance of labor):** The baby is not getting enough oxygen through the umbilical cord. This is found by assessing the baby's heart rate along with the contraction pattern on the fetal monitor.
- **Placenta previa:** The placenta is partially or completely covering the cervix.
- **Genital herpes:** Active herpes lesions in the mother's vagina could infect the baby during a vaginal delivery. This infection is very serious in newborns. A C-section can help prevent the baby's infection.

If your clinician recommends having a C-section, you may want to ask the following:

- Why do I need to have a C-section?
- What are the risks compared to a vaginal delivery?
- Will I need to have a C-section with future pregnancies?

► More about breastfeeding

(continued from page 3)

- Your hand, holding the breast, is well away from the areola.
- Baby's lips are rolled out, mouth looking wide open, not narrow.
- More of the areola is seen above your baby's upper lip than below.
- Baby's chin touches your breast.
- You can hear swallowing.

HOW CAN I TELL IF MY BABY IS GETTING ENOUGH TO EAT?

Breastfed newborns usually lose weight the first few days of life, and then regain the weight (usually by the second week after birth). It's important that you look for signs that your baby is getting enough food.

- Your baby should be nursing at least 8 to 12 times or more in each 24-hour period.
- By day 3 of life, your baby should have about 3 wet diapers and 3 stools in 24 hours.
- Your baby should appear content after being fed and burped.
- Breastfed babies should have at least 3 to 4 loose, yellow stools every 24 hours after the stools have changed from dark green to yellow.
- Your baby's cheeks should be round, not puckered, and you should hear swallowing sounds (not clicking) after every 2 to 3 sucking movements of the baby's mouth.

WHAT ABOUT INTRODUCING A BOTTLE?

Getting milk from a breast is very different from taking it from a bottle. In fact, different sets of facial muscles are used. After your baby is at least 4 weeks old and doing well with breastfeeding, it's okay to try a bottle. Waiting at least 4 weeks gives your baby time to learn to breastfeed well. It also helps you build up your breast milk supply. If you miss a breastfeeding session, you can pump or express your milk and save it for your baby to eat later. This will help keep your milk supply up, and prevent painful engorgement.



► Birth control after delivery

Some women feel ready to have sex a few weeks after delivery, while others need months before they're ready. There's no set timetable. It can depend on your mood, energy level, desire, and comfort, especially if you had a C-section or tear during vaginal delivery. Now is a good time to decide what type of birth control you'll use after the baby is born. When choosing a birth control method, it's important to decide how long you want to wait before you want to become pregnant again (if you wish to do so). You can still become pregnant while breastfeeding, even if you haven't had a monthly period yet. You must use reliable birth control while nursing to avoid becoming pregnant.

If you don't wish to become pregnant again for a while, we recommend a very effective method, such as an intrauterine device (IUD), Depo-Provera (3-month shot), Nexplanon (5-year implant), or birth control pills. Condoms are also effective in preventing pregnancy when used correctly. They also provide protection against HIV and other STDs. If you do not wish to become pregnant again, permanent sterilization is available. The Health Education Center has more information on birth control, or you can discuss any questions with your clinician.

INTRAUTERINE DEVICE (IUD)

The IUD is a small, plastic device inserted into the uterus. It can be safely used while breastfeeding. The IUD is effective for 7 to 12 years, depending on the type, but it can be removed earlier if you want to get pregnant. The IUD can be inserted at your postpartum office visit and can safely be used while breastfeeding.

DEPO-PROVERA

Depo-Provera is a shot of progestin once every 3 months. It is safe to use while breastfeeding, but to protect your milk supply you should wait until your 6-week postpartum visit to get the first shot. An additional birth control method (such as condoms) should be used for 2 weeks after your first shot. Depo-Provera is not recommended for more than 3 years due to concern about bone loss when used for longer periods of time. There may be a delay in the return of ovulation after you stop taking the shots.

NEXPLANON

Nexplanon is a contraceptive implant that contains a progestin hormone. It's a flexible plastic rod about the size of a match-stick, implanted under the skin of the inner upper arm. It can stay in place for up to 5 years and can be removed by your clinician. Nexplanon can be safely used while breastfeeding.

BIRTH CONTROL PILLS

If you're breastfeeding, progestin-only birth control pills are less likely to decrease your milk supply than the combination estrogen-progestin pills. Because you can still get pregnant when you start taking your first pack of pills, be sure to use an additional method of birth control (such as condoms) for 2 weeks after starting your pills. The pill should be taken at the same time every day. If you miss a pill or are late in taking the pill, take it as soon as you remember and use a backup method of birth control during the

rest of that pack. Discuss any questions about the pill with your clinician.

BARRIER METHODS

Barrier methods of birth control—such as condoms and diaphragms—need to be used every time you have sex. They can be less effective than other methods, so you need to make sure you understand how to use them correctly. Condoms can protect against HIV and other STDs. Diaphragms need to be fitted during an office visit after you give birth. If you were using a diaphragm before you became pregnant, giving birth may have changed the size that you need. Barrier methods are safe to use while breastfeeding.

EMERGENCY CONTRACEPTION

It's a good idea to have some emergency contraceptive pills (ECPs) at home in case unprotected sex happens. This might be if a birth control pill is missed, you're late for a Depo-Provera shot, or the condom has slipped out of place. If you take ECPs up to 5 days after having unprotected sex, the risk of getting pregnant is reduced by 85 percent. The sooner you take them, the more effective they are. ECPs may be less effective in women who are larger in size. You can buy them at any pharmacy. The copper IUD can also be placed by your clinician for emergency contraception within 5 days of unprotected intercourse.

PERMANENT STERILIZATION

Tubal sterilization, also called having your "tubes tied," is a permanent, nonreversible form of birth control for women. You must sign consent forms before you can have this procedure. If you are scheduled for a C-section and wish to have tubal sterilization, ask your clinician if the procedure can be done at the same time. Vasectomy is a permanent form of birth control available for men. To learn more about these procedures, contact your local Health Education Center or your clinician.

► Caring for yourself

After having a baby, you might feel joy, sadness, and everything in between. This roller coaster of emotions can be from hormonal shifts, fatigue from labor and birth, possible anxiety about becoming a mother, and a variety of other factors. The first few months of your baby's life can be very challenging. You are learning to care for your infant, sleeping less, eating at odd hours, and trying to settle into a new routine. Try to be patient with yourself, your family, and your baby during this time.

During these first few weeks, try to simplify your life. You have only a few priorities:

- Care for your baby.
- Take care of yourself.
- Love and communicate with your partner, if you have one.
- Get to know your baby.

Things that you can do to make your first few weeks at home easier:

- Cook and freeze your meals ahead of time and have groceries on hand. Check out the restaurants in your neighborhood that offer take-out. Find out if there are any grocery delivery services in your area.
- Arrange for a friend or family member to help you with housework, errands, child care for older siblings, etc. Let people know what you need. When friends offer help, say yes.
- Consider hiring a postpartum doula to help you with recovery and with the baby.
- Wear a bathrobe or other comfortable, loose-fitting clothes.
- Discourage visitors the first few days. This will give you more time to get to know your baby and to rest.

► "When should I call Labor and Delivery?"

(continued from page 1)

Please be ready to answer the following questions when you call:

- What is your medical record number and due date?
- How many times have you been pregnant?
- How many times have you given birth?
- How active is the fetus?
- When did the contractions begin?
- How often are the contractions coming? (Time them from the start of one contraction to the start of the next.)
- Is there any discharge? If so, is it clear or bloody? Report any bleeding immediately.
- Has your bag of waters broken (a gush or continuous drip of clear fluid from the vagina)? When did it break? What color was it?
- Do you have any complications that make your pregnancy high-risk?

GETTING TO THE HOSPITAL

If you think that you're in labor, call Labor and Delivery (or your Member Service Center) before you come to the hospital. Remember that the time to leave for the hospital depends on how long it will take you to get there. Take a practice trip, and remember to account for the time of day and traffic. You must arrange your own ride to the hospital. Do not call an ambulance unless it's an emergency.



► Staying healthy during pregnancy and beyond

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A HEALTHY LIFESTYLE

It's more important than ever to eat healthy. Get plenty of fruits, vegetables, lean protein, and whole grains. Avoid fish with high mercury content. Also continue to avoid alcohol and drugs, including prescription and over-the-counter drugs, unless they're ordered by your clinician. If you or a family member has a problem with drugs or alcohol, call your clinician. If you quit smoking while you were pregnant, congratulations! It's important to keep your household smoke-free, to reduce your child's risk of colds, ear infections, and sudden infant death syndrome (SIDS). The Health Education Center has information and classes to help you quit smoking or stay quit.

GET YOUR WHOOPING COUGH (PERTUSSIS) VACCINE

Pertussis is a contagious disease that can be dangerous for babies. You can protect your baby by getting a Tdap vaccine during pregnancy or after your baby is born. It's safe to get the vaccine while you're breastfeeding. Family members and caregivers should also get the vaccine as soon as possible.

GET YOUR FLU VACCINE

The flu can be very serious for pregnant women. Protect yourself and your baby from the flu by getting a flu vaccine every year, ideally in October or November. The flu vaccine is recommended for adults and children over 6 months old.

LOSING YOUR PREGNANCY WEIGHT

You can lose weight in a healthy way by eating well-balanced meals, avoiding soda and sweets, and remaining active. Most clinicians recommend waiting until 4 to 6 weeks after having your baby before starting a regular exercise routine. Don't diet while you're breastfeeding, because you'll need extra fluid, nutrition, and calories to produce milk.

MOTHER/BABY GROUPS

Many communities have programs that you can attend with your new baby. This is a great way to meet other new mothers. The Health Education Center can help you find programs in your community.



► Pain medication during labor and delivery

It's normal to feel pain during labor. Every woman's coping and pain relief needs are unique. You can use medication to help reduce pain during labor, or you can use "natural" methods. Or you can use both medical and nonmedical pain-relief strategies together. If you have questions about coping or pain-relief choices, please speak with your clinician. Once you are in labor and have arrived at the hospital, your OB anesthesia doctor can also discuss with you the pros and cons of different pain-relief options.

There are 2 main types of pain medications that are used in labor and delivery. They are known as "analgesics" and "anesthetics." Analgesics are medications given by IV or injection that reduce pain without loss of feeling or use of the muscles. Anesthetics block most pain and also block most feeling and movement.

If you think you may want to use medication to help with pain relief during labor, it's a good idea to examine the pros and cons of the different pain medications when making your decision.

ANALGESICS

Nitrous oxide: Some hospitals offer nitrous oxide. It's a compound breathed through a mask that helps reduce pain and gives a calming feeling.

Pros:

- It can be used at different points during and after labor as needed
- You can still walk and move around.
- It takes effect quickly.
- It doesn't affect the baby.

Cons:

- It has to be used repeatedly.
- It's less effective at relieving pain.

Intravenous analgesics: These medications are narcotics that help reduce pain and increase relaxation.

Pros:

- The feeling of pain is reduced (not eliminated).
- You are awake.
- You can still use epidural anesthesia if pain relief from the analgesic is not enough.
- It can help with pain relief after childbirth.

Cons:

- You may feel drowsy or have difficulty concentrating.
- You may have less memory of labor and/or your baby's birth.
- You may have nausea or vomiting.
- It may not provide enough pain relief.
- It may slow the baby's breathing if given too close to delivery.
- It may slow down early breastfeeding.

REGIONAL ANESTHESIA

Epidural block: This medication is injected through a very thin tube into the "epidural" space near the spinal cord. With an epidural, you will receive enough medication to reduce your pain, but not so much medication that it will be difficult to feel your lower body and be able to push. Most hospitals will provide you with direct control over how much epidural medication you want to receive.

Pros:

- You are mostly pain-free from the waist down.
- The epidural block can be used for hours.
- You are awake and alert.

Cons:

- It takes time to prepare, (15 to 30 minutes) before pain relief is felt.
- You are not able to walk.
- You need a catheter to remove urine from your bladder.
- It will probably make the second stage of labor (delivery of the baby) take longer.
- It may increase the need for instrument (forceps or vacuum).
- There is a small risk of headache that may require treatment.
- It can cause a drop in blood pressure that may require treatment.

Spinal block: A spinal block is similar to an epidural. It is usually given only before a C-section. Like the epidural block, it is given as an injection through a thin tube in the lower back. It is injected directly into the area around the spinal cord.

Pros:

- It brings immediate pain relief from the waist down.
- You are awake and alert.

Cons:

- It can be used only once during labor.
- It works for a limited period of time (1 to 2 hours).
- You are not able to walk.
- You need a catheter to remove urine from your bladder.
- There is a small risk of headache that may require treatment.
- It can cause a drop in blood pressure that may require treatment.

► After delivery

ID BANDS FOR MOTHER AND BABY

In the delivery room, your baby will have 2 identification (ID) bands put on: an ankle band and a wrist band. You will have a matching ID band put on your wrist. Your partner or your labor coach can also have a matching band.

During the hospital stay and before discharge, the nurse will check the ID bands on the adults and baby for matching numbers.

It's important to keep the bands in place. Tell your nurse immediately if an ID band comes off.

GOING HOME FROM THE HOSPITAL

After you have your baby, your clinician will talk with you about your hospital stay. The length of your stay will depend on what is needed for your recovery.

Our goal is to support your family as you learn the basics of newborn care. When you go home from the hospital, you should feel confident about breastfeeding, soothing your baby, changing diapers, caring for the umbilical cord area, and recognizing the signs of illness in your newborn.

To prepare ahead of time, visit your Health Education Center for handouts that will help you during your first few weeks at home.

VISITORS

A new mother and baby need a great deal of rest. For this reason, we suggest that you limit your hospital visitors to immediate family only. Good hand washing is very important to the health of both mother and baby. Make sure that all visitors wash their hands with warm, soapy water for at least 20 seconds before touching the baby.

► Blood transfusions

Very rarely, a woman can bleed a lot after delivery. In this situation, treatment is given to stop the bleeding and you may get additional intravenous (IV) fluids. In a few cases, it's necessary to give blood products (transfusion) as a lifesaving measure. If, for religious or other reasons, you refuse to accept blood products, you must let your clinician know and sign the appropriate forms.

► Other resources

KAISER PERMANENTE WEBSITE

Connect to our website at kp.org or kp.org/pregnancy.

The information in *Healthy Beginnings* is not intended to diagnose health problems or to take the place of medical advice or care you receive from your clinician. If you have persistent health problems, or if you have further questions, please consult your clinician. If you have questions or need additional information about your medication, please speak to your pharmacist. Kaiser Permanente does not endorse the medications or products mentioned. Any trade names listed are for easy identification only.

