


# **baby** on the way

Your pregnancy and postpartum  
health resource guide



All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest. 500 NE Multnomah St., Suite 100, Portland, OR 97232.





# CONGRATULATIONS — YOU'RE HAVING A BABY!

You're at the beginning of an incredible journey. As you prepare to welcome your new baby, we're here to give you the care and support you need for a happy, healthy pregnancy.

You're going to have questions, and you'll find answers to a lot of those questions in this book and online at [kp.org/maternity/nw](https://kp.org/maternity/nw). In this book, you'll find tips, facts, to-do lists, resources, and even journaling spaces for you to record memories. Get ready for an action-packed experience!

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**YOUR PREGNANCY  
JOURNEY STARTS HERE**





# Your pregnancy journey starts here

At Kaiser Permanente, we work as a team to coordinate and personalize your care, from your first visit to your baby's first pediatric appointment and beyond.

Each year we deliver thousands of babies. We have high standards, and our policies for delivering care — and babies — are created by our very own clinicians. As a Kaiser Permanente member with a baby on the way, you're in very, very good hands.

## Your care team

Over the next year, you'll work closely with a prenatal care team. Your care team will help you make decisions, track milestones, and stay healthy through the course of your pregnancy. Kaiser Permanente's collaborative approach to care helps us establish best practices that can lead to better outcomes. With seamless communication across departments and specialties, everyone who cares for you during your pregnancy is connected and working as a team to keep you and your baby healthy. We're here to empower you, support you, and help you have the best delivery experience possible.

Below are some of the people who will or could be a part of your care team:

Obstetric Care Clinicians	Ob-Gyn Physician, Certified Nurse-Midwife, Nurse Practitioner, Family Medicine Physician, Resident Physician, Physician Assistant
Obstetric Support Team	Medical Assistant, Nurse
Labor and Delivery Team	Ob-Gyn Physician, Certified Nurse-Midwife, Family Medicine Physician, Resident Physician, Nurse, Pediatrician, Anesthesia Clinician
Specialists (as needed)	Perinatologist and Neonatologist

## Prenatal care

We'll be seeing a lot of each other over the next few months. You'll typically have 8 to 10 visits — known as prenatal appointments — that coincide with important milestones in your baby's development. Everything that happens at your appointments is placed in your electronic health record. Any care team member who works with you, during your pregnancy, can see the information placed in your electronic health record.

## You're booked!

Many of our members find that having their appointments with the same clinician provides a better experience. The best way to ensure you see the same person is to make appointments 2 or 3 months in advance. If you wait to make an appointment the week before, it is less likely you will be able to see your own midwife, nurse practitioner, physician, or resident physician.

Prenatal appointments can be scheduled through [kp.org](https://www.kp.org) or by calling 1-855-285-4246 (TTY 711).



Making appointments is your responsibility. If you prefer speaking to someone in person about your appointment schedule, talk to the medical assistant after every exam. The medical assistant can make sure all your upcoming visits are scheduled.

## What to expect during prenatal appointments

Regular prenatal exams are a priority during any pregnancy. Each visit serves a specific purpose, but there are some things we'll do at many of your appointments. By the time your baby gets here, you'll be an expert at:

- Peeing in a cup. We'll need urine samples at points throughout your pregnancy.
- Getting weighed and having your belly measured. This gives your care team a continuous record of development.
- Listening for your baby's heartbeat. Parents-to-be love this part, and so do we.

On the following page is a quick look at what you can expect during each of your prenatal appointments. (If you have a pre-existing medical condition or develop complications, you may visit more often.)

Sign on to the Kaiser Permanente app or [kp.org](https://kp.org) to make appointments, keep track of your appointments, view details of prior visits, order new or refill prescriptions, and more. It's convenient and saves you time. Not registered yet? It's easy and only takes a few minutes. Visit [kp.org/getregistered](https://kp.org/getregistered) or download the Kaiser Permanente app and follow the instructions.

## Group prenatal visits

Kaiser Permanente offers group prenatal visits called CenteringPregnancy®. This is a special care experience where you get extra prenatal care and the support of other expecting parents. Each session starts with a private appointment with one of our clinicians. Then you join a small group of other families-to-be to share experiences and learn about pregnancy, childbirth, and parenting. It's a great way to form a support group and get to know other new parents.

If you'd like to learn more about CenteringPregnancy®, watch the short video at [k-p.li/centeringpregnancy-northwest](https://k-p.li/centeringpregnancy-northwest), visit the Centering Healthcare Institute at [centeringhealthcare.org](https://centeringhealthcare.org), or call 971-245-9242

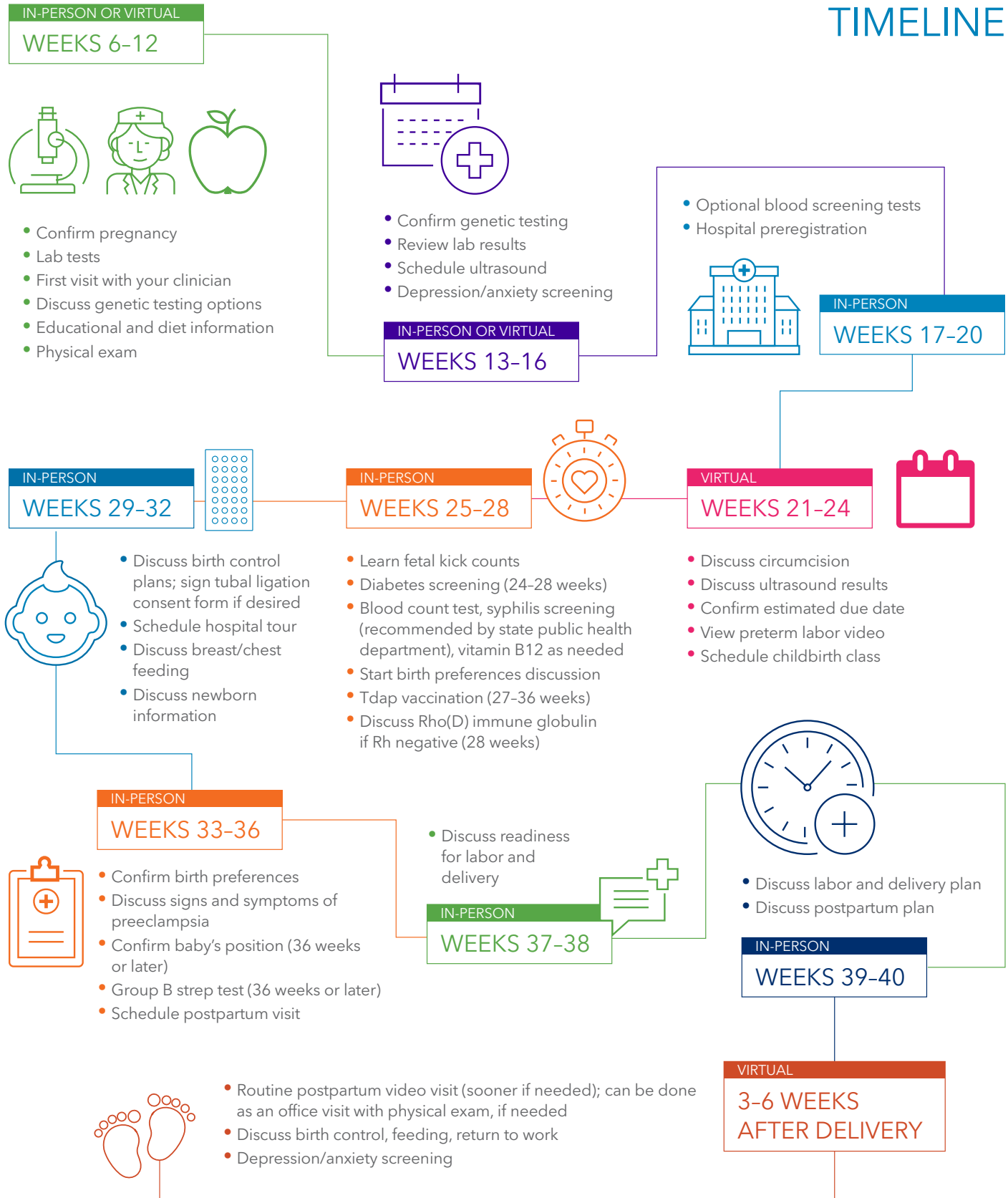
## Maternity care with our at-home toolkit

- Top notch pregnancy care with fewer trips to the office.
- Mix of video and in-person visits throughout your pregnancy.
- Your blood pressure, weight, and fetal heart tones are taken from the comfort of your own home prior to your visit with your clinician.
- With the KP Health Ally app, you and your care team will stay connected and on top of your health.

To learn more watch the videos at [kp.org/maternityathometoolkitvideos](https://kp.org/maternityathometoolkitvideos).

# LOW-RISK PREGNANCY

## TIMELINE





## Whom to see, where to go

Your clinic appointments can be scheduled with any clinician who does obstetric care. This could be a midwife, nurse practitioner, obstetrician, family medicine physician, or resident physician. Depending on your pregnancy, you may need to see an ob-gyn physician or a specialist. When you call to make your prenatal appointments, the appointment specialist will help find a clinician who is the best fit for you.

## Which hospital will I go to for delivery?

The hospital where you'll deliver is usually based on the medical office you select for your routine prenatal care. There may be recommendations to deliver at a different Kaiser Permanente hospital, depending on your specific medical needs. There is a list of our medical offices and hospitals on the following pages.

The hospitals we deliver at are:

- Kaiser Permanente Sunnyside Medical Center
- Kaiser Permanente Westside Medical Center
- Legacy Salmon Creek Medical Center
- Salem Hospital

## Who will deliver my baby?

Our Kaiser Permanente hospitals have a team of clinicians on Labor and Delivery 24/7. Whoever is working on Labor and Delivery will deliver your baby. The midwife or physician who delivers your baby will be focused on your care. We believe this model is a key component to patient safety and our low cesarean birth rate.

### Did you know?

Midwives have been part of the Kaiser Permanente Northwest care team since the 1970s, and deliver more than half of the babies in the region.

## Who will take care of my baby in the hospital?

Our goal is for your baby to be with you 24/7 as soon as they are born. We have pediatricians in our Kaiser Permanente hospitals 24/7. A pediatrician will examine your baby within 24 hours of birth and before you go home.

Please speak with your clinician about any specific preferences, personal beliefs, or traditions relating to your preparations for birth and the birth of your baby. We will work with you to keep your birth experience as close to what you want as possible, while keeping the safety of you and your baby our top priority.

# Where to find maternity care

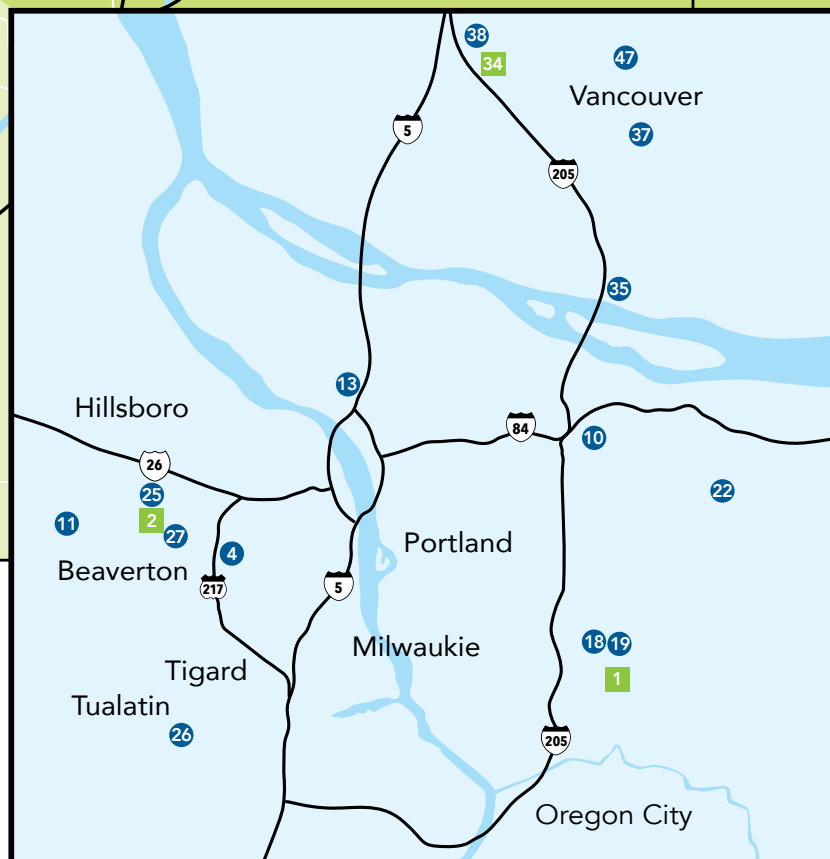


## NORTHWEST REGION



For a complete and up-to-date list, go to [kp.org/locations](https://kp.org/locations). Or call Member Services at 1-800-813-2000 (TTY 711).

- Hospital
- Medical office
- ⚕ Ob-gyn
- ⚕ Family medicine



**Please note:** Facility locations are approximate. Facility location numbers on this map correspond with our larger location map for Kaiser Permanente Northwest.



Medical facilities

Portland-area medical centers

- 1 Kaiser Permanente Sunnyside Medical Center  
10180 SE Sunnyside Road  
Clackamas, OR 97015
- 2 Kaiser Permanente Westside Medical Center  
2875 NW Stucki Ave.  
Hillsboro, OR 97124

Portland-area medical offices

- 4 Beaverton Medical Office  
4855 SW Western Ave.  
Beaverton, OR 97005
- 10 Gateway Medical Office  
1700 NE 102nd Ave.  
Portland, OR 97220
- 11 Hillsboro Medical Office  
5373 E. Main St.  
Hillsboro, OR 97123
- 13 Interstate Medical Office East  
3550 N. Interstate Ave.  
Portland, OR 97227
- 18 Mt. Scott Medical Office  
9800 SE Sunnyside Road  
Clackamas, OR 97015
- 19 Mt. Talbert Medical Office  
10100 SE Sunnyside Road  
Clackamas, OR 97015
- 22 Rockwood Medical Office  
19500 SE Stark St.  
Portland, OR 97233
- 25 Sunset Medical Office  
19400 NW Evergreen Parkway  
Hillsboro, OR 97124
- 26 Tualatin Medical Office  
19185 SW 90th Ave.  
Tualatin, OR 97062
- 27 Westside Medical Office  
2875 NW Stucki Ave.  
Hillsboro Oregon, 97124  
(located inside Kaiser Permanente Westside Medical Center)

- Hospital
- Medical office
- Ob-gyn
- Family medicine

Vancouver-area medical center and offices

- 34 Legacy Salmon Creek Medical Center  
2211 NE 139th St.  
Vancouver, WA 98686  
(24-hour, emergency, low-risk childbirth, and selected services only)
- 35 Cascade Park Medical Office  
12607 SE Mill Plain Blvd.  
Vancouver, WA 98684
- 37 Orchards Medical Office  
7101 NE 137th Ave.  
Vancouver, WA 98682
- 38 Salmon Creek Medical Office  
14406 NE 20th Ave.  
Vancouver, WA 98686

Battle Ground-area medical office

- 47 Battle Ground Medical Office  
720 W. Main St., Suite 15  
Battle Ground, WA 98604

Longview-area medical office

- 45 Longview-Kelso Medical Office  
1230 Seventh Ave.  
Longview, WA 98632

Salem-area medical center and offices

- 39 Salem Hospital  
890 Oak St. SE  
Salem, OR 97301
- 40 Keizer Station Medical Office  
5940 Ulali Drive  
Keizer, OR 97303
- 41 North Lancaster Medical Office  
2400 Lancaster Drive NE  
Salem, OR 97305
- 42 Skyline Medical Office  
5125 Skyline Road S.  
Salem, OR 97306
- 43 West Salem Medical Office  
1160 Wallace Road NW  
Salem, OR 97304

Eugene-Springfield-area medical office

- 48 Chase Gardens Medical Office  
360 S. Garden Way, Suite 105  
Eugene, OR 97401

# When to call for help

Problems during and after pregnancy have warning signs. To stay as healthy as possible, familiarize yourself with these signs. If anything does go wrong, you will know just what to do and when.

Emails may take a few days for response, and should be used only for routine questions. For questions or concerns about your pregnancy, 24 hours a day, 7 days a week, please call **503-571-BABY (2229)**.

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## During pregnancy

### When to call your clinician

During your pregnancy, call your clinician immediately if any of the following occur:

- Vaginal bleeding
- Vaginal discharge that causes itching, soreness, or a bad odor
- Signs of preeclampsia:
  - Severe headache that does not go away with acetaminophen (such as Tylenol)
  - Visual disturbances, blurred vision, flashes of light, or spots before your eyes
  - Severe, constant, deep, right upper abdominal pain, not your baby occasionally kicking or your skin feeling stretched
  - Sudden increased swelling of the face or hands
  - Sudden weight gain, 2 or 3 pounds in a week, in your third trimester
- Very bad, continuous headaches
- Pain or burning when urinating
- Decreased urine output, despite drinking large amounts of fluid
- Continuous vomiting or loose stools
- Fever with a temperature above 100.4 degrees, or feeling chills
- Painful, hard veins in the legs or elsewhere
- A gush or leak of water from the vagina
- An accident, hard fall, or other injury
- Sharp or continuous pain in your stomach
- Abdominal pain that does not go away
- Severe emotional or social issues
- Uterine tenderness, unexplained fever, or general weakness (possible symptoms of infection)
- Contractions:
  - Between 20 and 37 weeks, more than 4 to 6 contractions in an hour could indicate preterm labor.
  - Between 20 and 37 weeks, preterm labor could be indicated by low back pain or pelvic pressure that does not go away, or intestinal cramping with or without diarrhea.
  - After 37 weeks, contractions every 5 minutes for 1 or 2 hours could indicate labor.
- Your baby not moving or moving fewer than 10 times in 2 hours once you are past 28 weeks gestation

- A common method of checking your baby's movement is to count the number of kicks or moves you feel in an hour. Ten movements (such as kicks, flutters, or rolls) in an hour are normal. To count:
- Pick your baby's most active time of day. Some clinicians suggest that you count in the morning until you get to 10 movements. Then you can quit for that day and start again the next day.
- If you do not feel 10 movements in 2 hours, call our advice nurse right away.

### Advice nurse

For questions or concerns about your pregnancy, 24 hours, 7 days a week, call:

- If you are less than 20 weeks,  
**1-855-285-4246**
- If you are 20 weeks or more pregnant,  
**503-571-BABY (2229)**
- TTY **711**

### When to call 911

You or someone else should call **911** or other emergency services immediately if you think you may need emergency care. For example, call if you:

- Have chest pain or shortness of breath.
- Have a seizure.
- Pass out (lose consciousness).
- Have severe vaginal bleeding.
- Have severe pain in your belly or pelvis.
- Have had fluid gushing or leaking from your vagina (the amniotic sac has ruptured) and you know or think the umbilical cord is bulging into your vagina (cord prolapse). This is quite rare, but if it happens, immediately get down on your knees and drop your head and upper body lower than your buttocks to decrease pressure on the cord until help arrives. Cord prolapse can cut off the baby's blood supply.



# After delivery

## When to call your clinician

Watch closely for changes in your health, and be sure to contact your clinician if:

- You have vaginal discharge that smells bad.
- You have signs of postpartum depression, such as:
  - Feelings of despair or hopelessness for more than a few days
  - Troubling or dangerous thoughts or hallucinations
- Your breasts/chest is painful or red and you have a fever, which are symptoms of breast/chest engorgement and mastitis (swelling usually caused by an infection).
- You have severe vaginal bleeding. You are passing blood clots and soaking through a new sanitary pad each hour for 2 or more hours.
- Your vaginal bleeding seems to be getting heavier or is still bright red 4 days after delivery, or you pass blood clots larger than the size of a golf ball.
- You feel dizzy or lightheaded, or you feel as if you may faint.
- You are vomiting or you cannot keep fluids down.
- You have a fever.
- You have new or more belly pain.
- You pass tissue (not just blood).
- You have a severe headache, vision problems, severe, deep, right upper abdominal pain or sudden swelling of your face or hands.
- You have chest pain or shortness of breath.

You or someone else should call **911** or other emergency services immediately if you think you may need emergency care.







# Now enrolling!

We want parents-to-be to step into the journey of pregnancy and parenthood with total confidence. Our educational resources are available for just that reason. Educational resources are online and there is no fee for Kaiser Permanente members.

**Offerings are subject to change.**

## **Baby and Me — support group for Kaiser Permanente parents and their babies**

Get in-person support for breast/chest and/or bottle feeding. This group is led by a lactation consultant. Come with your feeding questions and ready to connect with others.

Ongoing sessions, 2 hours each

Locations: Beaverton and Salmon Creek medical offices

No fee for Kaiser Permanente members.

To register online:

- Sign on at [kp.org/appointments](https://kp.org/appointments).
- Select **Schedule appointment**
- Select **Lactation** as the reason for the appointment.
- Select Baby and me support group and make your selections to finish registering.

You can also register by calling **1-855-206-0302**.

## **Kaiser Permanente Hospital Birth Tour — video**

These tour videos provide information about your hospital experience and gives you the chance to see the labor, birthing, and family rooms for both our hospitals.

Sunnyside Medical Center video: visit [kp.org/maternity/sunnyside](https://kp.org/maternity/sunnyside).

Westside Medical Center video: visit [kp.org/maternity/westside](https://kp.org/maternity/westside).

## **Legacy Salmon Creek Family Birth Center Q&A — webinar**

Families can join an info session of the Family Birth Center anytime during their pregnancy.

Registration is required.

1 session, 1 hour.

Register online at [legacyhealth.org/Services-and-Resources/resources/classes-events](https://legacyhealth.org/Services-and-Resources/resources/classes-events) or get information by emailing [HavingABaby@lhs.org](mailto:HavingABaby@lhs.org).

## **Salem Hospital Birth Tour — video**

Families can watch a video tour of the Family Birth Center anytime during their pregnancy. Go to [saalemhealth.org/fbc](https://saalemhealth.org/fbc) and click on “Learn about the FBC.”



### **Prenatal Breast/Chest Feeding Support Group — virtual group**

Prepare for your successful breast/chest feeding experience and learn tips and tricks to get through the first weeks after delivery. Meet virtually with other soon-to-be parents who plan on breast/chest feeding. This group is led by an International Board Certified Lactation Consultant.

Ongoing sessions, 1 hour each.

To register online:

- Sign on at [kp.org/appointments](https://kp.org/appointments).
- Select **Schedule appointment**
- Select **Lactation** as the reason for the appointment.
- Select Prenatal breast/chest feeding class and make your selections to finish registering.

You can also register by calling **1-855-206-0302**.

### **My Body After Baby — virtual visit**

Learn ways to help you get back to your regular physical activity after giving birth. Topics include returning to normal bowel and bladder function, managing postpartum pelvic pain, caring for your abdominal and pelvic floor muscles, and returning to exercise.

1 session, 1.5 hour.

No fee for Kaiser Permanente members.

To register online:

- Sign on at [kp.org/appointments](https://kp.org/appointments).
- Select **Schedule appointment**
- Select **Physical Therapy Classes** as the reason for the appointment.
- Choose the class you want to schedule.

You can also register by calling **1-844-394-3972**.

### **Postpartum Breast/Chest Feeding Support Group — virtual group**

Get ongoing education and support for breast/chest feeding. Meet virtually with other parents and discuss topics related to breast/chest feeding and the care of your newborn. The group is led by a lactation consultant.

Ongoing sessions, 1 hour each.

To register online:

- Sign on at [kp.org/appointments](https://kp.org/appointments).
- Select **Schedule appointment**
- Select **Lactation** as the reason for the appointment.
- Select Breast/chest feeding support group and follow the prompts to finish registering.

You can also register by calling **1-855-206-0302**.

### **1-Month Pediatric Group Visit — virtual group**

If you're a first-time parent, new questions come up every day about caring for your baby. Join other new parents for a virtual group visit led by a Kaiser Permanente Pediatric team — including a pediatric clinician and a lactation nurse — to get answers you're looking for.

1 session, 1 hour.

To register, call **1-855-206-0302**.

A pregnant woman with brown hair tied back, wearing a yellow tank top with a light blue trim, is smiling and looking towards the camera. She is holding a green, textured water bottle with a grey cap and a green loop handle. The background is a bright, out-of-focus indoor setting with large windows.

**HEALTHY PARENT,  
HEALTHY BABY**



# Healthy parent, healthy baby

One of the best ways you can care for your baby’s health is to take care of yours. On the following pages, you’ll find information and tips on eating, exercising, and more.

## Make every calorie count

Eating well during your pregnancy is important to the health of your developing baby. Even if you already have a healthy diet, you’ll need to make some changes during pregnancy.

As a parent-to-be, you need more calcium, iron, and folate (also called folic acid). However, you are not eating for 2. Many people need to eat only about 200 to 300 extra calories a day. It’s more about eating healthy than the calories. In general, fill your plate with wholesome, nutritious foods like lean proteins and lots of veggies. Avoid high-calorie, low-nutrient choices like sodas, sweets, and processed foods.

## Healthy weight gain

If you’re pregnant, you’re supposed to put on a few pounds. But how many? In the first 3 months of pregnancy, most people gain 0 to 5 pounds. Occasionally, they lose a few pounds because of nausea or changes in eating habits. After that, those with a BMI under 25 should gain about 1 pound a week. Those with a BMI over 25 should gain about half a pound a week. Gaining too much weight can lead to health problems during pregnancy, complications during labor and delivery, and long-term health issues for your baby.

## How much weight should I gain during pregnancy?

This depends on your body mass index (BMI) at the time of conception.

PRE-PREGNANCY BMI	TOTAL PREGNANCY WEIGHT GAIN	TOTAL FIRST TRIMESTER WEIGHT GAIN	SECOND AND THIRD TRIMESTER WEIGHT GAIN
Less than 18.5 (underweight)	28–40 lbs	2.2–6.6 lbs	5 lbs per month
18.5–24.9 (normal weight)	25–35 lbs	2.2–6.6 lbs	4 lbs per month
25–29.9 (overweight)	15–25 lbs	2.2–6.6 lbs	2.6 lbs per month
More than 30 (obese)	11–20 lbs	0.5–4.4 lbs	2 lbs per month

BMI will be calculated by your nurse at your first visit. There are also many BMI calculators available online.



## Prenatal vitamins

Most people can benefit from prenatal vitamins, even before they start trying to conceive. Taking a prenatal vitamin is especially important for those who are pregnant with multiples or those who have dietary restrictions, certain health issues, or pregnancy complications. Prenatal vitamins are available without a prescription.

If you are taking a prenatal vitamin, you may not need additional supplementation. Please read the label to make sure your prenatal vitamin has 150 micrograms (0.15 milligram) of iodine and 400 micrograms (0.4 milligram) of folic acid. If you have questions, talk to your clinician.

## Fish and omega-3 fatty acids

Some studies have shown slightly improved brain development in babies of those who ate 3 servings of fish (high in omega-3 fatty acids) a week. Avoid predatory fish because they may be high in mercury. These include shark, swordfish, king mackerel, tilefish, more than 6 ounces (0.2 kilogram) of white albacore tuna a week, or fish caught in local water that hasn't been tested as safe.

Fish high in omega-3 acids include salmon, sardines, and anchovies.

If you avoid seafood in your diet, you can take flaxseed oil, cook with canola oil or soybean oil, or use algae sources of omega-3 fatty acids.

You might also consider an omega-3 fatty acid supplement. The benefit of supplements isn't yet proven, but they appear to be safe. The recommended dose is 200 to 300 milligrams DHA (docosahexaenoic acid) a day.

You may consider a prenatal vitamin that contains DHA.

## Calcium, folate, and iron — the essential building blocks

Your baby relies on the calcium you eat to develop their bones. If you don't get enough calcium, your body will use calcium from your bones to nourish your baby. Your calcium intake should be about 1,200 milligrams a day. These foods are calcium-rich:

- Almonds
- Spinach, kale, collard greens, bok choy, broccoli, and other leafy green vegetables
- Fortified cereals or oatmeal
- Corn tortillas
- Low-fat or nonfat milk products

Members who are pregnant and soon-to-be-pregnant should get plenty of folate (folic acid), otherwise known as vitamin B9. It reduces your baby's risk for birth defects of the brain and spinal cord. The recommended dose is 0.4 milligrams of folate a day. These foods are rich in folate:

- Leafy green vegetables like kale, Swiss chard, collard greens, broccoli, and spinach
- Beans, chickpeas, and lentils
- Cantaloupe, honeydew, and oranges
- Peanuts and almonds
- Folate-fortified breads and breakfast cereals

Getting enough iron helps prevent anemia, which is linked to preterm birth and low birth weight. To help your body absorb iron, you also have to consume vitamin C, so be sure to eat fruits and vegetables like oranges, broccoli, and strawberries. The recommended dosage of iron is 30 to 60 milligrams. These foods are loaded with iron:

- Eggs
- Spinach, kale, collard greens, bok choy, broccoli, and other leafy green vegetables
- Pumpkin seeds and walnuts
- Lentils and other beans
- Lean beef, lean pork, chicken, and turkey

## Iron supplements

If you've been advised to use an iron supplement, take it with a vitamin C-rich food (or an over the counter vitamin C supplement) so that the iron is absorbed better. Keep in mind that iron supplements can cause constipation, so you should also drink plenty of water and eat foods high in fiber. Keep iron supplements out of reach of children.

## Things to avoid

- Alcohol, marijuana, tobacco, vaping, and other recreational drugs. Using these substances can harm your baby and could cause them problems later in life. There is no amount of alcohol, marijuana, tobacco, vaping, or recreational drug use that has been proven safe in pregnancy, so it's better to avoid these substances. If you use recreational drugs, support is available through Project Nurture, which can provide prenatal care, medication and social support. Ask your clinician for more information.

## Smoking cessation

Stopping smoking is among the best things you can do for your health and your baby's health. Tobacco use in pregnancy increases the risk of miscarriage, still birth, premature delivery, low birth weight, and problems with the placenta. Smoking after birth increases the risk of SIDS (Sudden Infant Death Syndrome).

Use our online tool to develop a plan for quitting, and explore behavior strategies that will help you overcome cravings. For more information, talk to your clinician or visit [kp.org/healthengagement/quittingtobacco](https://kp.org/healthengagement/quittingtobacco).

Although you can enjoy most foods while pregnant, there are some that you should cut back on or eliminate entirely. This list includes:

- Raw or undercooked red meat, chicken, and fish. Be sure to cook raw foods thoroughly and cook ready-to-eat meats — such as hot dogs or deli meats (ham, bologna, salami, and corned beef) — until they're steaming hot. Wash your hands, knives, cutting boards, and cooking surfaces with warm, soapy water after handling raw or undercooked meat.
- Unpasteurized soft cheeses like brie, feta, fresh mozzarella, cotija, and blue cheese, and products like kombucha. They contain bacteria that could harm your baby. Many soft cheeses in the U.S. are pasteurized. Please check the label to verify.
- Caffeine. Coffee, tea, soda, hot chocolate, or sports and energy drinks may contain caffeine. It's a good idea to keep your caffeine intake below 200 milligrams a day, because more caffeine may be connected to higher rates of miscarriage.
- Shark, swordfish, king mackerel, tilefish, and tuna. These fish may have high levels of mercury, which is dangerous to your baby. Eat no more than 12 ounces a week of other fish or shellfish.
- Raw eggs and foods containing raw egg. Avoid lightly cooked eggs (such as soft-scrambled eggs) and foods containing raw egg, such as Caesar dressing or hollandaise sauce.
- Liver. Liver has lots of vitamin A, and too much vitamin A may cause birth defects. However, fruits and vegetables that contain beta carotene (a precursor to vitamin A) are perfectly safe to eat.
- Papaya, especially when unripe. Although a fully ripe papaya is not considered dangerous, a papaya that is at all unripe

contains a latex substance that triggers uterine contractions. Contractions of the uterus could lead to a miscarriage.

- Ibuprofen (such as Advil or Motrin) and naproxen (such as Aleve). Aspirin should be avoided unless specifically recommended. Acetaminophen (such as Tylenol) and calcium carbonate (such as Tums) are safe.
- Herbal supplements. Just because a product is “natural” doesn’t mean it’s safe for your baby.
- Discuss any medications with your clinician, including over-the-counter and herbal supplements, to ensure their safety in pregnancy.

## Other things to avoid

- Cat feces and other sources of toxoplasmosis infection, including raw meat, poultry, or seafood and unwashed fruits or vegetables. Avoid outdoor soil that cats commonly use. Have someone else change the litter box.
- If you garden, be sure to wear protective gloves and wash your hands after you are done.
- Hazardous chemicals, radiation, and certain cosmetic products containing retinols (antiwrinkle and acne).
- Hot tubs and hot baths — don’t use during the first trimester, and limit soaking times and water temperature after that (no more than 100 degrees, no more than 10 minutes). Also, avoid saunas and tanning beds.





# Stay fit, stay healthy

Giving birth might be the most intense workout you'll ever have. Being physically active during your pregnancy can help you be prepared for labor. It will also help you keep your energy up, minimize aches and pains, and sleep better. It's important to listen to your body. Exercise when you can, and take it easy when you need to.

If you're already physically active, great! You should continue moderate exercise during your pregnancy. If you're not at all active, start with a 5-minute walk every day. Begin slowly and build up gradually to at least 30 minutes a day.

## Tips for a safe workout:

- Check with your clinician before starting any exercise routine.
- Whatever activity you choose, don't overdo it.
- Drink extra water before, during, and after exercise to avoid dehydration.
- Get enough to eat so that your blood sugar doesn't run low.
- Do not exercise to lose weight.
- Avoid overheating. During hot weather, exercise indoors and (ideally) in an air-conditioned space.

## Activities to avoid

As you enter your second trimester, you may find that your achy joints, growing belly, and changing center of gravity make you unstable. During this time, you'll probably need to adjust your normal exercise routine. Here are some activities to avoid:

- Bouncing, jumping, or movements where you could lose your balance
- Contact sports, such as soccer, softball, volleyball, and basketball
- Scuba diving
- Exercise in high altitudes (above 6,000 feet)
- Water or downhill skiing
- Horseback or motorcycle riding
- After your fourth month, avoid anything that requires you to lie flat on your back for prolonged periods of time (such as sit-ups and some yoga poses).
- Avoid overheating or extreme sweating

## Good workouts

If you're having a healthy pregnancy, try for a combination of aerobic, strength, and flexibility exercises. As you grow bigger, you may need to vary your routine.

- Walking. It's safe, it's easy, and you can do it throughout your pregnancy.
- Swimming or water aerobics. Both are gentle on your joints and will take the stress off your back.
- Stretching or yoga. Stretching eases back pain and helps you maintain flexibility. Look for pregnancy-specific classes or exercise programs.
- Low-impact dance or aerobics. Just be sure to avoid jumps, kicks, and leaps.
- After week 16 of pregnancy, avoid exercises that involve lying flat on your back for a prolonged period of time.

# Exercises to prepare you for birth

The muscles in your lower abdomen, in your lower back, and around the vagina (birth canal) come under great strain during pregnancy and delivery. If you have a long labor, physical preparation now will be especially helpful.

## The tailor stretch

This exercise will help you stretch and tone your thigh muscles. Sit on the floor with the soles of your feet together, then:

- Gently let your knees move toward the floor until you feel a mild stretch.
- Relax. Hold the stretch and slowly count to 5.
- Repeat 5 to 10 times, twice daily.

## Pelvic rocking

Pelvic rocking can help improve your abdominal muscles and relieve back pain. If you practice yoga, this move may be familiar — it's the cat-cow pose, minus the cow part. Get on your hands and knees with your back relaxed and straight, then:

- Breathe in deeply. Tuck your head downward and arch your back like a cat. Hold this position for a count of 6.
- Breathe out slowly and bring your head back up. Relax, keeping your back straight (don't allow it to curve toward the floor). Hold this for a count of 6.
- Repeat 8 times, or whatever feels comfortable.

## Kegels

During pregnancy and delivery, the pelvic floor can become stretched and weak. This can lead to urine control problems after your baby is born. Kegel exercises help you strengthen your pelvic floor muscles. As soon as you become pregnant, start doing Kegel exercises every day.

- Firmly tighten the muscles around your vagina, as you would to stop urinating. (It's not recommended to practice Kegel exercises while on the toilet because this may strain the pelvic floor muscles.)
- Hold tightly for as long as you can (8 to 10 seconds). Remember to keep breathing as you hold the muscles.
- Then slowly release the muscles and relax.
- Remember NOT to tense your belly muscles when you do Kegel exercises, this can make the urine leaking worse.
- Repeat 10 to 15 times, at least 3 times a day. Kegel exercises are effective only when done regularly.

# Your changing body

Your body changes a lot during pregnancy. Below are some of the conditions you may experience when a baby is growing inside of you.

## **Appetite**

At times, you'll be ravenously hungry. At other times, you'll find it hard to eat anything at all. Both responses to food are normal. The important thing is that when you do eat, you eat nutritious, healthy foods.

## **Back pain and sciatica**

As your belly grows and becomes heavier, it puts additional strain on your back. You may notice your posture changing, too. The best thing to do is avoid straining your back by lifting things, and try not to be in any one position too long.

Sciatica is pain that shoots from your buttock down the back of your leg.

## **Breast/chest changes**

During pregnancy, your breasts/chest will become larger and heavier, and you may need a larger or more supportive bra. You should plan to avoid underwire bras while nursing. Veins may become more noticeable, and the nipples and area around the nipples (areola) may darken. You may also notice yellowish discharge (colostrum) from your nipples. Colostrum is a precursor to breast/chest milk. If your blouse or dress gets wet from leaking, purchase nursing pads (all cotton, no plastic liners) and use them inside the cups of your bra. All of this is very normal and even necessary.

## **Constipation**

Hormones released during pregnancy cause the digestive tract to function more slowly, which causes constipation. The following can help:

- Drink more fluids (keep a bottle of water near you during the day).
- Eat more high-fiber foods like fruits, vegetables, beans, and whole-grain breads and cereals.
- Try Metamucil, bran tablets, or Fiberall.
- As directed by your clinician, try an over-the-counter stool softener called docusate sodium (Colace).
- Don't use laxatives (such as Ex-Lax or Miralax) or enemas without first talking with your clinician.

## **Dizziness and fainting**

You may feel dizzy or light-headed at times during pregnancy. This is normal. If you do feel faint, your goal is to get your head down, below the level of your heart. You can sit down and put your head down between your legs, or lie down and raise your feet up.

### **To reduce the likelihood of dizziness:**

- Always stand up or get up slowly.
- When standing, keep your knees slightly bent.
- Try not to cross your legs for long periods of time.
- Eat healthy snacks (like fruits, vegetables, bread, or crackers) frequently to help your blood sugar stay constant.
- Drink plenty of fluids, especially water.
- Avoid closed-in spaces and get plenty of fresh air.



## Fatigue

It is common to struggle with fatigue during pregnancy, especially during the first and third trimesters. To manage this:

- Take frequent rests during the day.
- Reduce nonessential activities and responsibilities.
- Exercise regularly — get outside, take walks, enjoy your favorite workout.
- Eat a balanced diet and drink plenty of water.
- Practice good sleep hygiene. Aim for 8 hours of sleep each night with a regular bedtime. Avoid screen use within an hour of your bedtime.

## Hair

During pregnancy, hormonal changes can affect how your hair looks and feels. You may also grow hair on other parts of your body, such as your abdomen, face, or back. It is safe to color your hair during pregnancy when done in a well-ventilated area.

Approximately three months after giving birth, you may experience some hair loss — this is normal.

## Headaches

Lie down and relax if possible. Put a cool cloth on your head and neck, and ask your partner to give you a neck and shoulder massage. Don't take aspirin, ibuprofen (such as Advil and Motrin), or migraine medication while you're pregnant unless directed by your clinician. Acetaminophen (Tylenol) is safe to take in pregnancy. Be sure you are well hydrated.

### Call your clinician if:

- You have a severe headache after week 20 of pregnancy.

- You have headaches along with muscle weakness, visual disturbance, or fever.
- Acetaminophen (such as Tylenol) doesn't help your headache.

## Heartburn

Heartburn is caused when stomach acids bubble back into the esophagus. It's not cause for concern, but it is unpleasant and uncomfortable. For relief:

- Eat small, frequent meals.
- Avoid fatty, fried, or spicy foods.
- Avoid beverages that contain caffeine, such as coffee, tea, or soda.
- Avoid bending over or lying down after meals. Take a walk instead.
- If heartburn is a problem at night, avoid eating just before bedtime and sleep propped up with pillows.
- You can take an antacid, like Tums or Mylanta, for instant relief. If your heartburn doesn't go away, you can try acid blockers such as cimetidine (Tagamet) or famotidine (Pepcid, Zantac 360).
- Don't use high-sodium antacids such as Alka-Seltzer or baking soda.

## Hemorrhoids

Hemorrhoids are dilated or twisted blood vessels in and around the rectum. They are common, especially in the last months of pregnancy. Hemorrhoids can cause pain, itching, and bleeding during a bowel movement. They usually improve without treatment shortly after birth.

- Keep your stools soft by increasing your intake of liquids, fruits, vegetables, and fiber.
- Avoid sitting for long periods of time. Lie on your side several times a day.

- Cleanse the area with soft, moist toilet paper, a warm moistened washcloth, witch hazel pads, or Tucks pads.
- Ice packs may relieve the discomfort.
- Take a sitz bath (a warm-water bath taken in the sitting position where only the hips and buttocks are covered) for 20 minutes, several times a day.
- Use over-the-counter Preparation H, Anusol, or 1% hydrocortisone cream to help relieve the pain.

## Leg cramps

Leg cramps are common late in pregnancy. They can be caused by a lack of calcium or, occasionally, from too much phosphorous in your diet. To relieve leg cramps:

- Sit on a firm bed or chair. Straighten your leg and flex your foot slowly toward the knee.
- Stand on a flat surface and lift your toes up, as if to stand on your heels. Then try walking while keeping your toes up. Note: For safety, use a counter or chair back for balance.
- Use a heating pad or hot-water bottle.

### To prevent leg cramps:

- Avoid too much phosphorous in your diet. This is found in highly processed foods, such as lunch meats, packaged foods, and carbonated beverages.
- If you have frequent cramps (more than twice a week), increase the amount of calcium and/or magnesium in your diet or take calcium and/or magnesium supplements that don't contain phosphorous.
- Do leg stretches before bedtime.
- Wear leg warmers at night.
- Exercise moderately every day.
- Take a warm (not hot) bath before bedtime.

Although uncommon, a blood clot can form in a deep vein of the leg (deep vein thrombosis, or DVT) during pregnancy. DVT can be life-threatening and requires medical treatment. If you have a red-hot area, or swelling in one leg, consult your care team immediately.

## Nausea

Nausea or vomiting in pregnancy is called morning sickness, usually occurs during the first 20 weeks of pregnancy, and can occur anytime during the day. More than half of pregnant patients experience morning sickness. It typically goes away by the second trimester, when the level of pregnancy hormones in your body falls. There are things you can do to help alleviate morning sickness:

- Eat foods with no fiber that are high in carbohydrates and low in fat.
- Eat frequent small snacks instead of full meals.
- Eat foods that taste good to you.
- Drink salty fluids, such as broth, cola, Gatorade, or peppermint tea.
- Try foods containing real ginger.
- Take your prenatal vitamins in the evening, with food. If you still can't take your prenatal vitamin, please take a gummy prenatal vitamin.
- Popsicles are sometimes tolerated, when liquids are not.

Keep in mind that even if liquids stay down for just an hour, many nutrients are already absorbed. Some people find doxylamine and vitamin B6 help reduce nausea and vomiting. (Doxylamine is the ingredient in Unisom, which is a nighttime sleep aid sold without a prescription. We suggest 1/2 of a 25 mg Unisom tablet taken with 25 mg of vitamin B6, 3 or 4 times a day.)

Although the manufacturer does not recommend the use of Unisom in pregnancy, it is backed

by the American Congress of Obstetricians and Gynecologists and has been published as safe in the New England Journal of Medicine. Acupuncture may be help with nausea. If you're interested, discuss with your clinician.

## Nose problems

You may have a stuffy nose, fluid dripping into your throat (postnasal drip), or frequent sinus headaches. Increased hormones make the mucous membranes inside your nose and sinuses swell, and the tiny blood vessels in your nose carry more blood while you're pregnant. They can rupture very easily. Stuffiness and nosebleeds should get better after your baby is born. In the meantime:

- Use saline nose sprays to moisten dry nasal passages.
- Dab Vaseline in each nostril and use a cool mist vaporizer.
- Avoid nasal decongestant spray, which can make it worse.
- Don't use any other medications without asking your care team first.

## Painful kicks

If your baby's kicks are really painful, try the following:

- Change your position and hope your baby changes position, too.
- Take a deep breath while you raise your arm over your head. Then breathe out while you drop your arm.
- Cup your hands around your baby's buttocks and gently move your baby.

## Pelvic and hip pain

As your pregnancy progresses, you may develop aches and pains in your hips and pelvic area. This is a normal sign that your pelvic girdle is preparing for childbirth. Pregnancy hormones are relaxing your ligaments and loosening up your pelvic bones so they can shift and open for childbirth. To help manage pelvic and hip pain at home:

- Lie on your back, with your elbows propping you up, and squeeze a pillow between your knees. This can help realign your pelvic bones and may give you temporary pain relief.
- Wear a prenatal belt, sacroiliac belt, or girdle around your hips and under your abdomen.
- Sleep with a pillow between your knees.
- Rest as much as possible, applying heat to painful areas.
- Talk to your clinician about a pain reliever.
- Chiropractic and or acupuncture may be beneficial to help with hip pain. Please consult with a practitioner that is experienced with that type of care during pregnancy. Check with membership services for benefit coverage.

## Round ligament pain

The round ligaments help support your uterus. As pregnancy progresses, these ligaments stretch and become painful with movement, often on one side or the other. These tips can help you avoid the pain:

- Change positions slowly.
- Use your hands to support your weight when changing positions.
- Rest as much as possible.
- Try wearing a maternity girdle or belt.



## Problems with sleep

Hormonal changes, plus the discomforts of later pregnancy, may disrupt your sleep cycle. Regular exercise, shorter naps, and relaxation techniques can help. Know that when you lie on your back, the weight of your baby and uterus rests on the vena cava, the largest vein in your abdomen. This can cause your blood pressure to fall, and you may feel dizzy or light-headed.

You'll likely hear conflicting information about the importance of sleeping positions after 20 weeks. There have been many studies which have attempted to look at increased risk with sleeping on your back. The most current, and largest study, shows no change in outcomes based on sleeping position. You are encouraged to sleep in whatever position you feel most comfortable.

As pregnancy progresses, leg cramps, breathlessness, contractions, the need to urinate, and an active baby may interfere with your sleep.

### Sleep tips

- Use extra pillows to support your legs and back. Try sleeping on your side with pillows between your knees and behind your back.
- If you are a back sleeper, try sleeping with a pillow under one hip, to give your body a slight tilt to one side or the other.
- If you are a side sleeper, try sleeping with a pillow between your knees or back. A body pillow could help, too.
- Have a light snack or a glass of milk before going to bed.
- Get regular exercise during the day to help you sleep more soundly at night.
- Practice relaxation exercises before going to sleep or if you wake up during the night.
- Take a warm (not hot) bath or shower before going to bed.
- Avoid caffeine, including chocolate, especially late in the day.
- Do not drink alcohol, because it could harm your baby.
- If needed, it is safe to take 25–50 milligrams of Doxylamine (Unisom) or Diphenhydramine (Benedryl).



## Skin problems

Stretch marks often appear on the belly, but they can also develop on the breasts/chest and thighs. Other skin changes may also occur:

- A dark line known as a linea nigra may appear on the skin between your navel and your pubic area. It generally fades after delivery.
- Dark patches may develop on your face. This is known as the “mask of pregnancy,” or chloasma, and it too usually fades after delivery.
- Blotchy skin and acne may increase or clear up during pregnancy.
- Tiny, red elevated areas (vascular spiders, or angiomas) may appear on the face, neck, chest, and arms. These are not serious and usually go away after pregnancy.

## Swollen feet and ankles

You may notice that your feet, ankles, hands, and fingers become swollen, particularly at the end of the day. It’s normal to have extra fluid in your extremities during pregnancy, but much of the swelling should disappear after a good night’s sleep. If your fingers are puffy, remove your rings. Do not take diuretics (water pills), because they interfere with your normal fluid balance.

### To prevent swelling:

- Avoid high-sodium (salty) foods. (Aim for less than 2,400 milligrams of sodium a day.)
- Drink 8 to 10 glasses of fluids a day.
- Keep your feet up on a stool or couch whenever possible.
- Avoid standing for long periods of time.
- Don’t wear tight shoes.
- Wear support stockings, and put them on before you get out of bed in the morning.
- Try sleeping with your feet slightly higher than your heart. You can raise the foot of your bed by putting a thick blanket or pillows under the mattress.

## Tingling, numbness, and pain in hands

Tingling, numbness, and pain in the hands are common during pregnancy, especially in the last trimester. These problems are usually caused by carpal tunnel syndrome, and they usually go away after pregnancy. To reduce discomfort, try changing or avoiding activities that may be causing symptoms, and take frequent breaks. You can also try wrist guards, especially when sleeping. Wrist guards can be ordered by your prenatal care clinician.

## Urinary changes

As your uterus expands, it puts pressure on your bladder, causing you to urinate more often. However, by the second trimester, your growing baby will move the uterus out of the pelvis, and you'll be more comfortable.

As your growing uterus puts pressure on your bladder, you might notice that you leak urine when you laugh or cough. This is common and is called stress incontinence. You can help prevent leaking by doing Kegel exercises.

If you ever feel burning or pain when you urinate, call your clinician. These symptoms may indicate a bladder infection, and you'll need to be tested. Call immediately if you have chills and fever or a temperature of 100.4 degrees or greater, with or without backache. These symptoms could be a sign of a more serious infection.

## Vaginal bleeding

Minimal bleeding or spotting may occur after activity such as intercourse or a vaginal exam, and should be evaluated by your clinician. Call the advice nurse at **503-571-2229 (BABY)**, do not email, if you have concerns about vaginal bleeding. Mucus or dark spotting may occur after a cervical check. This is normal.

## Vaginal discharge

There may be a thin, milky discharge (leukorrhea) throughout your pregnancy. This is normal. Contact your clinician if symptoms persist.

## Varicose veins

Enlarged, swollen veins are common during pregnancy. Varicose veins typically develop on the legs but can also affect the vulva. Your calves may ache or throb, even when the veins aren't visible. Most varicose veins will shrink or disappear after birth. Until then:

- Try not to stand for long periods of time.
- When sitting, avoid crossing your legs at the knees.
- Elevate your feet and legs whenever possible.
- Avoid tight clothing or stockings that hamper circulation.
- Wear compression stockings. You can buy them at most medical supply stores.
- There are vulva compression garments available online as well.
- Exercise regularly to improve your blood circulation. Try walking for at least 30 minutes a day.

## Yeast infection

Yeast infections are more common during pregnancy. If you get a yeast infection, you may use an over-the-counter 7-day treatment, such as Monistat or Gyne-Lotrimin.



# What if I get sick?

If you're not feeling well, try one of the remedies below.

## Natural remedies and safe over-the-counter medications

Problem	Natural remedies	Over-the-counter medications
Headache	<ul style="list-style-type: none"> <li>• Massage.</li> <li>• Rest.</li> <li>• Cool washcloth on forehead.</li> <li>• Increase water intake.</li> </ul>	<ul style="list-style-type: none"> <li>• Acetaminophen (such as Tylenol).</li> <li>• <b>Do not</b> take aspirin or ibuprofen (such as Motrin, Advil, Nuprin, or Medipren).</li> </ul>
Cold and cough	<ul style="list-style-type: none"> <li>• Rest.</li> <li>• Drink plenty of warm liquids.</li> <li>• Use a vaporizer, humidifier, or shower for nasal congestion.</li> </ul>	<ul style="list-style-type: none"> <li>• Acetaminophen (such as Tylenol) for aches and fever.</li> <li>• Pseudoephedrine (such as Sudafed) for stuffy or runny nose may be used after 13 weeks gestation.</li> <li>• Chlorpheniramine (such as Chlor-Trimeton) and loratidine (Claritin) for allergies.</li> <li>• Saline nasal drops.</li> <li>• Cough drops.</li> <li>• Dextromethorphan or guaifenesin, for cough.</li> </ul>
Constipation	<ul style="list-style-type: none"> <li>• Increase fluids and fiber in diet (such as prunes).</li> <li>• Exercise regularly.</li> </ul>	<ul style="list-style-type: none"> <li>• Metamucil (plain), Fiberall, or Colace.</li> </ul>
Diarrhea	<ul style="list-style-type: none"> <li>• Drink clear liquids.</li> </ul>	<ul style="list-style-type: none"> <li>• Imodium.</li> </ul>
Indigestion	<ul style="list-style-type: none"> <li>• Eat smaller meals.</li> <li>• Wear loose-fitting clothing.</li> <li>• Elevate head when lying down.</li> </ul>	<ul style="list-style-type: none"> <li>• Tums (for occasional heartburn relief), up to 10 per day.</li> <li>• Aluminum hydroxide, Gelusil, magnesium hydroxide, or simethicone.</li> </ul>
Hemorrhoids	<ul style="list-style-type: none"> <li>• Use witch hazel pads, Tucks pads, or ice packs.</li> <li>• Take a warm sitz bath.</li> </ul>	<ul style="list-style-type: none"> <li>• Preparation H, Anusol, or 1% hydrocortisone cream.</li> </ul>
Nausea and vomiting	<ul style="list-style-type: none"> <li>• Take vitamin B6 (25 milligrams 3 times a day).</li> <li>• Recommended dosage for Doxylamine is 12.5 mg, up to four times a day. May cause droziness.</li> <li>• Eat crackers or dry toast.</li> <li>• Use acupressure on wrist (sea bands).</li> <li>• Drink ginger tea or take ginger capsules.</li> </ul>	<ul style="list-style-type: none"> <li>• Doxylamine (such as Unisom).</li> </ul>
Vaginal itch	<ul style="list-style-type: none"> <li>• Avoid spandex, pantyhose, and tight pants.</li> <li>• Wear cotton underwear.</li> <li>• Reduce or eliminate sugar from diet.</li> </ul>	<ul style="list-style-type: none"> <li>• 7-day treatment miconazole (such as Monistat) or clotrimazole (such as Gyne-Lotrimin) for yeast infections.</li> </ul>

### Call your clinician if:

- You feel worse after you take any medication.
- Your symptoms don't improve.

## Influenza (flu) facts for pregnant and postpartum patients

Influenza can be a serious illness, and those who are pregnant are at high risk for complications from the flu. While frequent hand-washing and staying away from ill people can help protect you from flu, a vaccination is the single best protection. Flu vaccines are safe during pregnancy and after delivery, at no cost to Kaiser Permanente members.

Symptoms of flu include a fever of 100 degrees or greater plus at least one of the following:

- Cough
- Runny nose
- Sore throat
- Rapid breathing or shortness of breath

## COVID-19 and pregnancy

For current information about COVID-19's effect on pregnancy and newborn care, please visit our maternity site at [kp.org/covid19andpregnancy/nw](https://kp.org/covid19andpregnancy/nw).

The CDC has the most current information about the virus, including information specific to pregnancy. For more information visit [cdc.gov](https://cdc.gov).

## Toxoplasmosis

Toxoplasmosis is a common infection found in birds, mammals, and people.

For most people, it doesn't cause serious health problems, but it can cause brain damage and vision loss in a fetus. The chance of getting the infection and passing it on to the baby is low.

If you're pregnant and are worried that you may have toxoplasmosis, ask your clinician about getting tested. If you've never had it, you'll want to take special care while you're pregnant. Avoid anything that may be contaminated, such as cat feces (outside or inside the house) or infected meat. Even countertops on which a cat has walked can be contaminated. Note: If you've had toxoplasmosis in the past, you can't get it again or pass it on to your baby. You're immune.

### The symptoms

If you get toxoplasmosis, you may feel like you have the flu, or you may not feel sick at all. Most people who get the infection don't even know they have it.

Symptoms include:

- Swollen glands
- Muscle aches
- Fatigue
- Fever
- Sore throat
- Skin rash

A blood test can tell whether you have or have ever had toxoplasmosis.

## Zika virus

Zika is dangerous to anyone, but especially to pregnant patients and their fetuses. Our knowledge about Zika is changing all the time, so please visit [cdc.gov/zika/pregnancy/index.html](https://www.cdc.gov/zika/pregnancy/index.html) for the latest information and travel warnings. Anyone who thinks they may be infected with Zika should contact a health care clinician.

### What is Zika virus, and how is it spread?

- Zika is a virus that can affect a pregnancy. It is spread by infected mosquitoes. It can be spread during pregnancy and also through blood or semen (condom use may reduce the risk of transmission from an infected partner). It is not spread through the air or casual contact. It is probably not spread through breast/chest feeding, although information is limited.
- You are at risk if you travel to an affected area or if you have sexual contact with a partner who traveled there. A partner who has no symptoms can be infectious for 8 weeks after return. A partner with symptoms of Zika can be infectious for 3 months after treatment. Your partner can be at risk for up to 3 months after travel.

### How does it affect me?

Only 1 in 5 people will develop symptoms. Symptoms usually begin 2 to 7 days after a bite by an infected mosquito. Symptoms last for several days. They include fever, rash, joint pain, and red eyes. Many affected persons have no symptoms.

### What is the treatment?

There are currently no vaccines or medications to prevent Zika virus infection. Symptoms are treated with rest, fluids, and acetaminophen. You should not use aspirin.

### How can it affect my baby?

Maternal Zika infection in pregnancy may cause microcephaly (small head). It may also cause other brain changes. There is a small potential for loss of the pregnancy. Patients with Zika infection are referred for a consultation with a high-risk-pregnancy clinician.

### What are the recommendations for those who are pregnant?

- Experts advise pregnant people to avoid travel to areas where the Zika virus is present. Pregnant people in areas with the Zika virus should strictly avoid mosquito bites.
- You should avoid unprotected sexual contact during a trip to these areas. Also avoid sexual contact (or use a condom) with anyone who travels to these areas 3 months before getting pregnant and for your entire pregnancy. If you find you are pregnant, you may need to have blood testing done within 12 weeks of exposure. Anyone who may be infected with Zika should contact a health care clinician.

### How do I avoid mosquito bites?

- Use an insect repellent. Follow directions on the label. Insect repellents including DEET, picaridin, and IR3535 are safe in pregnancy when used correctly.
- Apply sunscreen first and insect repellent second (on top). Do not use combined sunscreen/insect repellants.
- Wear clothing to cover as much skin as possible.
- Treat clothing and gear with permethrin or buy pretreated items. (Do not apply permethrin to your skin.)
- Use screens, enclosed rooms, or bed nets.
- Bites can occur indoors and outdoors, so follow advice at all times.



### Where is the virus present?

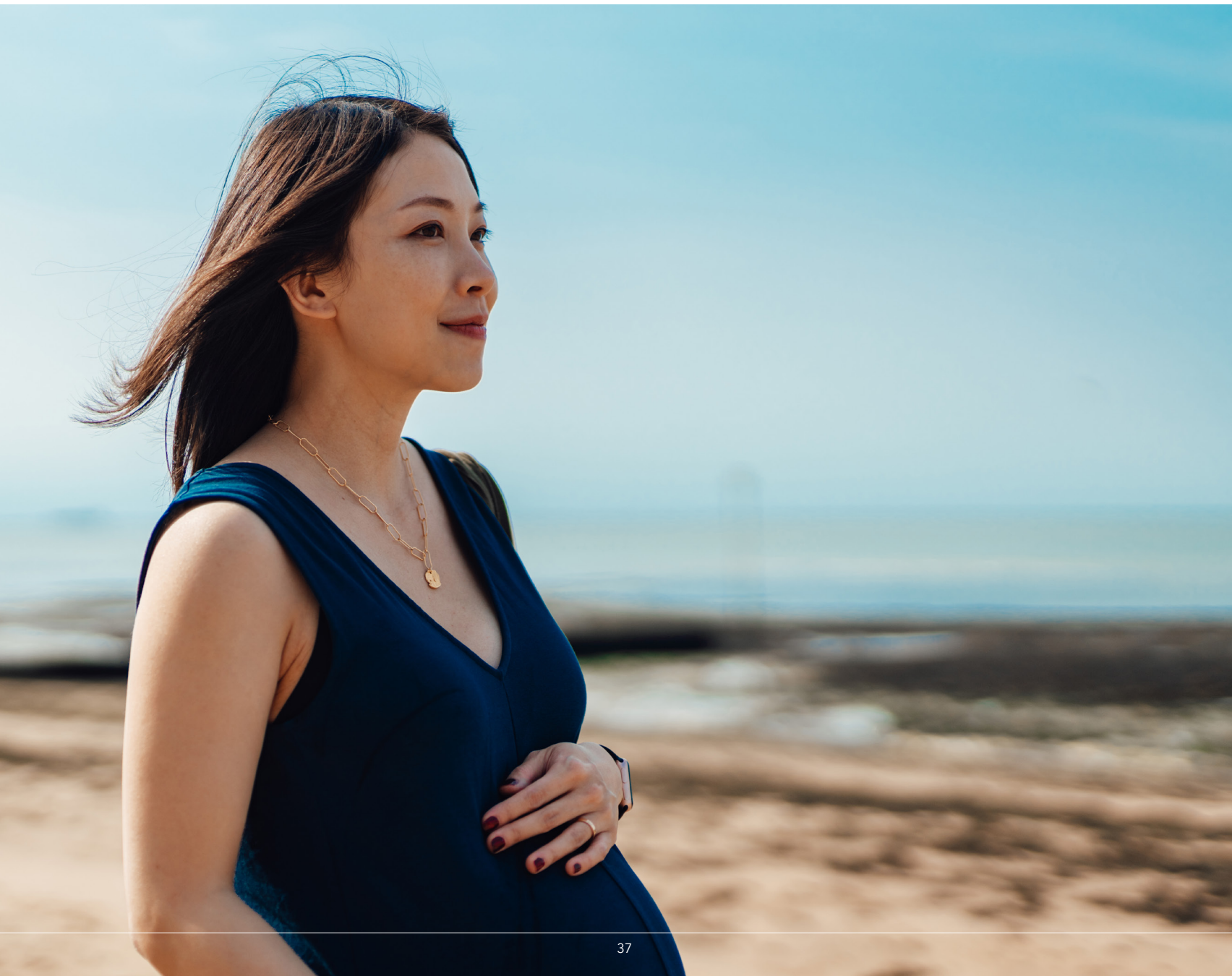
To check the risk level of Zika for your travel destination go to: [wwwnc.cdc.gov/travel/page/zika-information](http://wwwnc.cdc.gov/travel/page/zika-information).

### What if I am trying to get pregnant?

If you or your sperm bearing partner traveled to an affected area, it is generally recommended to wait 3 months\* before trying to conceive.

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\* Go to [cdc.gov](http://cdc.gov) for the most up to date information.



# Managing emotions

Emotions during pregnancy differ for everyone. You may experience highs and lows or feel uncertain. You may even be afraid, whether or not your pregnancy was planned.

Increased hormones and the fatigue of pregnancy can contribute to mood swings. Realize that just keeping up with everyday life, finances, and relationships with family and friends can be a real challenge. As you adjust to your changing world, it's important to understand why things feel different and how to find relief.

## Depression and anxiety treatment choices during pregnancy

If you have not been diagnosed as severely depressed, interpersonal counseling or cognitive behavioral therapy may be what you need. Interpersonal counseling focuses on your relationship and life adjustments, offering you emotional support and help with problem-solving and goal-setting. Cognitive behavioral therapy helps you take charge of the way you think and feel, while giving you a supportive relationship.

If counseling alone isn't enough, or if your symptoms are severe and disabling, talk to your clinician about other possible treatments, including light therapy, lifestyle changes, or antidepressant medications.

## Emotional shifts by trimester

Each trimester brings new streams of thought and body sensations. Here are ways your emotional life may change, by trimester:

- First trimester. Extreme fatigue or morning sickness can color your daily life. Moodiness (as with premenstrual syndrome) is normal. Happiness and anxiety about a new pregnancy, or feeling upset about an unplanned pregnancy, are also common.
- Second trimester. Fatigue, morning sickness, and moodiness usually improve. You may become more forgetful and disorganized than

previously. Looking heavier than normal, then looking visibly pregnant and feeling the baby move, can make you feel any number of emotions.

- Third trimester. Forgetfulness may continue. As your due date nears, it's common to feel more anxious about the delivery and how a new baby will change your life. As you feel more tired and uncomfortable, you may become more irritable.

## Managing ups and downs

Experiencing waves of emotion during pregnancy is natural. To keep your stress low, try these relaxation exercises and time management techniques.

### Breathing exercises

Deep breathing can help you feel relaxed, reduce tension, and relieve stress. Try some of these breathing exercises to calm and relax yourself:

- Belly breathing. Sit comfortably with one hand on your belly just below your ribs. Place your other hand on your chest. Breathe in through your nose, and let your belly push your hand out. Your chest should not move. Breathe out through pursed lips as if you were whistling. Feel the hand on your belly go in, and use it to push all the air out. Do this 3 to 10 times. Take your time with each breath.

- 4-7-8 breathing. Put one hand on your belly and the other on your chest. Take a deep, slow breath from your belly, and silently count to 4 as you breathe in. Hold your breath and count from 1 to 7. Breathe out completely as you count from 1 to 8. Try to get all the air out of your lungs by the time you count to 8. Repeat 3 to 7 times.
- Morning breathing. From a standing position, bend forward from the waist with your knees slightly bent, letting your arms dangle close to the floor. As you inhale slowly and deeply, return to a standing position by rolling up slowing, lifting your head last. Hold your breath for just a few seconds in this standing position. Exhale slowly as you return to the original position, bending forward from the waist.

## Massage

Gentle massage can help relieve muscle tension and pain and help you relax. It can also be a nice way for you and your partner to bond. Massages are safe in pregnancy and are best done by a professional masseuse experienced with massage in pregnancy.

## Calming activities

Take time every day to relax, even if only for 10 or 15 minutes. Sit in a quiet room, listen to music, take a warm (not hot) bath, or take a walk.

## Exercise

Getting regular exercise has been shown to help regulate emotions and even treat minor depression and anxiety. Go for a walk!

## Emotional wellness support

Pregnancy is a time of many changes, emotions, and new stressors. We have many resources that can help support your emotional health through your pregnancy journey.

- **Self-care apps:** Kaiser Permanente members with medical coverage have access to different self-care apps. To access these apps, go to [kp.org/selfcareapps/nw](https://kp.org/selfcareapps/nw).
- **Mental Health Services:** There are many emotional wellness resources available. To learn more, go to [kp.org/mentalhealthservices/nw](https://kp.org/mentalhealthservices/nw).
- **Behavioral health consultants** see members for brief visits to improve overall emotional health. Members may have follow-up visits. Schedule online via [kp.org](https://kp.org) or call **1-800-813-2000** (TTY **711**). They often have same day or next day appointments available.
- If a referral to our Ob/Gyn Counselor was discussed with you, they will contact you to schedule a visit.
- If you are experiencing a mental health emergency or are in crisis. Call our crisis line at **1-866-453-3932** or call or text the **National Suicide Prevention Lifeline at 988**. Spanish language and hard of hearing services are available.

## Guided imagery

It's possible to feel calm — just by imagining it. Ease into a healthy state of mind with help from one of the top apps for meditation and sleep. With the Calm app, you can build resilience and mental fitness by trying guided meditations, self-care programs taught by world-renowned experts, bedtime stories narrated by celebrity guests, mindful movement videos, and more.

Visit [kp.org/selfcareapps/nw](https://kp.org/selfcareapps/nw) to get started.



## Time management

When you're pregnant, demands on your time can increase. Medical appointments and preparing for the new baby — plus all your normal obligations — add up fast. Finding a system to manage your time, activities, and commitments helps make your life easier, less stressful, and more meaningful.

Here are some ways to help you better manage your time:

- **Prioritize tasks.** Make a list of all your tasks and activities for the day or week. Then rate these tasks by how important or urgent they are.
- **Control procrastination.** The more stressful or unpleasant a task, the more likely you are to put it off. This only increases stress. Try this instead: Structure your time, break up large tasks, create short-term deadlines, and avoid perfectionism.
- **Let go.** Liberate yourself from doing it all. Learn what's important to you, recognize that you have limits, and decide how you want to spend your time. When you do, you'll breathe a little easier.
- **Make commitments.** Commit first and foremost to your health during the pregnancy. Add other commitments as you can, without overloading your schedule. Once you commit, see it through. Commit as fully as you can, don't back out of obligations, and be open to new ideas and suggestions.

## Domestic violence

Amazingly enough, domestic violence is more common in pregnancy than not. Abuse occurs when someone uses their body, words, or objects to hurt you. If someone is hurting you, making you feel afraid, putting you down, making threats, or pushing or hitting you, it's not right, and it's not your fault. If you are having problems with someone who threatens you or hurts you, tell your clinician or another medical professional. You and your baby can get no-cost and confidential help.

**In an emergency, call 911.** In nonemergency situations, you can get help. Call the National Domestic Violence Hotline at **1-800-799-SAFE (7233)** to talk to a counselor. **Many languages are available.** You can also call your local police or a Womens Shelter in your community.

### Have a safety net:

- Talk to someone you trust about what is going on.
- Call the police in an emergency.
- Keep keys and money stashed where you can find them.
- Keep important papers (birth certificates, photo ID, bank book) in a safe place.

# Dental health

During pregnancy, you may experience some unique oral health problems. For example, hormonal changes can affect your gums, causing swelling or tenderness. Your gums also may bleed a little when you brush or floss. The gum tissue itself can develop red lumps called “pregnancy tumors.” These lumps are not cancerous and typically go away after your baby is born. Contact your dentist if you experience any of these problems or have other concerns. Your prenatal oral health is thought to influence the future oral health of your children (based on transmission of oral bacteria from yourself to your child). For those and other reasons, it’s important to receive routine cleanings and exams while pregnant, as well as necessary treatments. Your dental appointments are also an opportunity for you to discuss with your dentist how to help your child develop good oral hygiene habits to ensure a lifetime of healthy smiles.

## Good oral hygiene

- Brush your teeth gently twice daily with a soft-bristled toothbrush and a toothpaste containing fluoride.
- Replace your toothbrush every 3 or 4 months, or sooner if the bristles are frayed.
- Floss daily to help remove plaque from the surface of your teeth and food particles from between your teeth and under the gum line.

## Eat right

Eat a healthy diet with a balanced mix of grains, vegetables, fruits, dairy, protein, and fats and oils. Try to limit your snacking — especially foods high in sugar, since they cause your mouth to release acids that increase your risk of cavities.

## Visit your dentist

If your last dental visit took place more than 6 months ago or if you’re experiencing any oral health problems, schedule an appointment. As part of a full examination, your dentist may need to take X-rays. Oral health care, including the use of X-rays, pain medication, and local anesthesia, is safe throughout pregnancy.

# Questions and upcoming appointments

My upcoming appointments:

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# FIRST TRIMESTER





# First trimester

Welcome to your first trimester, weeks 1–12. This is a busy time. During these weeks, your baby will go through important stages of development, and you'll experience many changes of your own. You'll probably feel excited, curious, exhausted, and just pregnant! But you definitely won't be bored. Be sure to take good care of yourself, rest when you need to, and learn as much as you can during these action-packed 12 weeks.

One of the first questions every expectant member has is: When is my baby due? Your due date is just an estimate, based on the first day of your most recent menstrual period. From that date, we add about 40 weeks (280 days) to arrive at your due date. In some cases, your due date may be based on an early ultrasound. Your due date is just an estimate of when your baby will be delivered — usually, it's a few days earlier or later.

## About you

During the first trimester, you may experience fatigue or morning sickness. You may also be moody and, alternately, anxious, happy, sad, and joyous — all in the space of 30 minutes! All these feelings are common and natural. If your pregnancy was unplanned, you may even be upset.

The first trimester, especially, can bring insomnia and night-waking. Most people feel the need to take naps during the day to battle sleepiness and fatigue. By the second month, you may start to notice early signs of pregnancy: breast/chest tenderness, increased urination, fullness or mild aching in your lower abdomen, nausea with or without vomiting, food cravings or aversions, and sometimes tender and even bleeding gums. A milky vaginal discharge is also common.

By the end of your first trimester, you may not have a baby bump, but you probably will feel pregnant. The third month can be hard — you may tire quickly and need extra rest. Also, morning sickness may be more pronounced. Over time, know that fatigue and nausea will lessen, and you'll start to feel more normal as you approach your second trimester.

## Tips for staying healthy

- Limit your caffeine intake to less than 200 milligrams daily (1 or 2 small cups of coffee).
- Ask your clinician about the safety of any medications you're taking.
- Eat a healthy, well-balanced diet. The adage "you're eating for two" is no longer recommended. You need only 200 to 300 extra calories a day (a snack of a banana and yogurt is an example).
- Avoid alcohol, tobacco, marijuana, and other recreational drugs.
- Eat a variety of foods, including those high in iron, calcium, and protein, every day. It's quality, not quantity, that counts.
- Exercise in moderation, unless your clinician has instructed otherwise. Learn about the benefits of exercise during pregnancy. Avoid activities with risk for trauma, including, but not limited to, horseback riding, skydiving, snow or water skiing, ATV sports, and other extreme sports.
- Drink plenty of water throughout the day.
- If you smoke, your baby smokes. See the "Healthy Parent, Healthy Baby" section for more information.

- Be aware that cat feces can sometimes cause an infection called toxoplasmosis, which could harm your baby. If you have a cat, ask someone else to change the litter box. If that's not possible, wear rubber gloves and wash your hands well.
- Avoid very hot baths and hot tubs (temperature should be below 100 degrees), as well as saunas, steam rooms, and tanning beds. High temperatures may harm your developing baby.
- You should gain about 1 pound per month for the first 3 months of your pregnancy. Too much weight gain in pregnancy can lead to a variety of health problems for you and your baby.
- You need 1,200 milligrams of calcium daily. Calcium builds your baby's bones and teeth. It also prevents osteoporosis later in your life. Good sources include skim milk, yogurt, green leafy vegetables, canned salmon, and tofu.

For more information on do's and don'ts of pregnancy, please see the "Healthy Parent, Healthy Baby" section of this book or visit [kp.org/maternity/nw](http://kp.org/maternity/nw).

## About your baby

What's happening with your baby? During the week after fertilization, the egg grows into a microscopic ball of cells (blastocyst), which implants itself on the wall of your uterus. This tells your body that you're pregnant and triggers a series of hormonal and physical changes.

Weeks 3 through 8 of pregnancy are called the "embryonic stage." During this stage, the embryo develops most of the major organs — heart, brain, liver, and so on. Arm and leg buds become visible, and some bones are forming. The head appears larger than the rest of the body because the brain is developing faster than the other organs.

By week 9 of pregnancy, the embryo is a little more than 1 inch long and is called a "fetus." By this time, the uterus has grown from about the size of a fist to about the size of a grapefruit.

By the end of the first trimester (week 12), a lot of your baby's critical development is complete, including the organs and limbs. But it's still too early to tell by ultrasound if you're having a boy or girl. Your baby is now about 2 or 3 inches long and weighs about an ounce.

During the first trimester, your baby develops quickly and is especially sensitive to toxins and stresses. Avoid harmful substances, such as tobacco, alcohol, recreational drugs, radiation, and infections. Try to reduce stress and get enough sleep.







# Genetic testing options

## It's your choice

Although most pregnancies and babies are healthy, there is a chance to have a baby with a problem. For most people, this chance is usually about 3 or 4%. Some of these problems are caused by abnormal chromosomes. There are tests that can tell you if your baby has a chromosome problem, or if there is a higher chance for your baby to have a chromosome problem. For some people, these kinds of tests can be helpful, but the tests also have drawbacks. It is always your choice whether to have these tests or not.

## What are chromosome problems?

Chromosomes are tiny structures in our cells that contain our genetic information. This information is important in how a baby grows and develops. Most people have 46 chromosomes in each of their cells. The chromosomes come in pairs, numbered from 1 to 22. The 23rd pair are called the sex chromosomes and determine whether a baby is a boy or a girl. If there is an extra chromosome or missing chromosome, this can cause problems in a baby's development.

Down syndrome is a common chromosome problem. People with Down syndrome have an extra chromosome 21. Having this extra chromosome causes people with Down syndrome to have cognitive disability, characteristic facial features, and other medical problems. For most people with Down syndrome, the cognitive disability is mild, although sometimes it can be more severe. Most people with Down syndrome can read and write and are able to lead fulfilling lives.

There are many other types of chromosome problems. These include trisomy 18, trisomy 13, and sex chromosome disorders. Babies with trisomy 18 or trisomy 13 have an extra chromosome, and this affects growth and development very badly. Most babies with

trisomy 18 or trisomy 13 will miscarry, and few survive their first year of life. Trisomy 18 or trisomy 13 are much less common than Down syndrome. Sex chromosome abnormalities are a group of conditions in which there is a difference in the usual number of sex chromosomes. These conditions can include learning difficulties, differences in growth, infertility later in life, and sometimes other medical problems. Many people with sex chromosome problems never know they have the disorder because the features may be very mild.

## Who is at risk for having a baby with a chromosome problem?

Everyone has some chance of having a baby with a chromosome problem, although the chances go up as the member gets older (see chart on the next page). Most problems with chromosomes are caused by accidents in how the egg or sperm is formed, and have nothing to do with the parents' chromosomes or with their family history. Chromosome problems are not caused by anything the parents do.

## Chance of chromosome problems based on member's age at delivery

Member's age — Chance of chromosome problem

20 .....	1 in 530
25 .....	1 in 480
30 .....	1 in 400
35 .....	1 in 200
40 .....	1 in 70
45 .....	1 in 23
50 .....	1 in 8

### If I find out my baby has a chromosome problem, can anything be done?

There is no cure for chromosome problems. Some people might choose to end their pregnancy if they find out the baby has a serious chromosome problem. Other people might want to continue with their pregnancy. This is an extremely personal decision. Some people want to know this information to help them prepare for the birth of a child with special needs.

### What about screening tests?

Screening tests can give a better idea of the chances for certain chromosome problems like Down syndrome, but cannot tell for sure if there really is a problem. These are not invasive tests, so there is no risk of miscarriage. Noninvasive prenatal testing (NIPT) and the alpha-fetoprotein (AFP) blood test are the screening tests available to most pregnant patients. Different screening options are available for those expecting multiples because studies are limited on the accuracy of NIPT in these pregnancies.

NIPT is a blood test that measures tiny pieces of DNA (cell-free DNA) from the placenta. This screening test targets 4 chromosome

problems: Down syndrome, trisomy 18, trisomy 13, and sex chromosome disorders. Although the test is more accurate than multiple marker screening, NIPT is less accurate than looking at the baby's chromosomes under the microscope (diagnostic testing by amniocentesis or chorionic villi sampling [CVS]). NIPT helps find almost all pregnancies with Down syndrome and trisomy 18. It also finds most pregnancies with trisomy 13 and sex chromosome disorders. Fetal sex can also be predicted in most pregnancies.

The goal of NIPT is to screen for chromosome abnormalities and not sex determination. NIPT does not provide information about other genetic conditions or birth defects. NIPT is done between 10 and 21 weeks of pregnancy. If the result is high risk, it is very likely, but not 100%, that the baby has the condition. Less than 2 to 5% of the time, we are not able to get results.

The AFP blood test is performed between 15 and 21 weeks of pregnancy. This test screens for spina bifida.

### What are possible benefits of the screening tests for chromosome problems?

- The screening tests provide more personal information about the chances for some chromosome problems.
- There is no risk of miscarriage.
- If the screening test shows a low risk, this can be reassuring information.
- Some people would want to know if they have a higher risk, particularly if they would consider having amniocentesis or CVS.

## What are the drawbacks to the screening tests?

- These tests can never tell for certain whether there is a chromosome problem.
- If a screening test shows a low risk, there is still a small possibility the baby has a chromosome problem.
- If the test shows a high risk, there is still a chance the baby is perfectly fine.
- Some of the chromosome disorders screened are mild (for example, sex chromosome disorder).
- NIPT does not screen for all chromosome disorders.
- If the test shows a high risk for chromosome problems, this information can cause a lot of stress and anxiety.

If you decide you would like to have any of these tests, let your prenatal clinician know.

## What tests can tell for certain if a baby has Down syndrome or another chromosome problem?

There are 2 tests that can tell for sure if a baby has a chromosome problem. One is amniocentesis, and the other is CVS (Chorionic Villus Sampling).

Amniocentesis is typically done between 15 and 20 weeks, and involves using a needle to take a small amount of the amniotic fluid from around the baby. CVS is typically done between 10 and 13 weeks, and is done by taking cells from the placenta.

Both these tests have a risk of miscarriage. With amniocentesis, the risk is about 1 in 500. With CVS, the risk is about 1 in 200 to 1 in 300.

## Can amniocentesis and CVS tell if the baby has other problems?

Amniocentesis also tests for spina bifida. Spina bifida is a birth defect of the spine that can cause damage to the spinal cord. Special DNA testing can be done if the baby is known to be at high risk for another type of genetic problem such as cystic fibrosis or sickle cell disease. There are many kinds of birth defects and cognitive disabilities that amniocentesis and CVS cannot detect.

## What are the benefits and drawbacks of having amniocentesis or CVS?

These tests will tell you for certain whether the baby has a chromosome problem. This can be helpful if:

- You might consider ending the pregnancy if there is a serious chromosome problem.
- You think it would be helpful to know before delivery if there is a problem with the baby's chromosomes.
- You are particularly worried and want to know for certain whether the chromosomes are normal.

The biggest drawback to amniocentesis and CVS is the risk of miscarriage. Also, amniocentesis and CVS cannot tell about all types of problems a baby might have.

## Are there other genetic tests?

Yes. Our chromosomes have hundreds and thousands of genes. Genes are small subunits of genetic information that we inherit from our parents. Many genetic disorders are caused by genes that do not work properly. There are blood tests that can tell if you might be a carrier for certain genetic conditions. These tests can identify most people who are carriers, but not all. Having genetic carrier testing is your choice.

## What kinds of genetic carrier tests can be done?

Carrier testing is often done based on a couple's ethnic or racial background. Some genetic disorders are more common in certain parts of the world or with particular ethnic groups. Many of these are "recessive" conditions. This means that both parents must be carriers for there to be a chance of having an affected baby. If a person is found to be a carrier of a recessive condition, then carrier testing is offered to their partner. Being a carrier of a recessive condition is usually not a health problem. Carrier testing may also be done if there is a family history of a genetic condition.

- Cystic fibrosis (CF). CF is a recessive condition that causes lung disease and digestive problems. Some people with CF are severely affected, but it can also be mild. It is seen in all ethnic groups, most often if you have Caucasian ancestry.
- Spinal Muscular Atrophy (SMA). SMA is a recessive condition that causes breakdown of spinal cord nerves and muscle weakness. SMA causes difficulty with walking, and in severe cases can affect the ability to swallow or breathe. Signs of SMA can start in unborn babies or in adults and worsen over time. SMA is seen in all ethnic groups.
- Sickle cell disease and thalassemia. These are recessive disorders that affect hemoglobin, the substance in our blood that carries oxygen. They can cause anemia and other health problems. Hemoglobin disorders are particularly common in people with ancestry from Africa, Southeast Asia, the Mediterranean, the Middle East, and some other parts of the world.
- Tay-Sachs disease. This is also a recessive condition. Babies with Tay-Sachs develop neurologic problems early in life. Most do not survive past 5 or 6 years. Tay-Sachs is seen mainly in people with Eastern European (Ashkenazi) Jewish ancestry, and sometimes French Canadian or Cajun ancestry. It occurs rarely in other groups.
- Canavan disease and familial dysautonomia. These 2 severe recessive conditions are seen in people with Ashkenazi Jewish ancestry, but are very rare otherwise.
- Fragile X syndrome. This genetic syndrome causes intellectual disability and autism. It can be seen in all ethnic groups. For a child to be affected, you must be a carrier. Carriers for fragile X syndrome are at higher risk for early menopause. Fragile X carrier testing may be done if there is a family history of fragile X, unexplained intellectual disability, autism, or early menopause.

Let your prenatal clinician know if you are interested in carrier testing based on your ethnic background or if you would like more information. You can also tell your prenatal clinician if you have concerns about your family history.

## For more information

If you have any questions, talk to your prenatal clinician.



## Your to-do list

- ☐ If you haven't already done so, use our medical staff directory to help you select a clinician with whom you feel comfortable.
- ☐ Learn as much as you can. This binder has information to guide you through your pregnancy, childbirth, and the challenging first months of parenthood. You can also go to [kp.org/maternity/nw](http://kp.org/maternity/nw) and familiarize yourself with the pregnancy health and wellness topics. You'll find a wealth of material, tools, videos, calculators, and more.
- ☐ Interested in group prenatal care? Watch this video to learn more: [k-p.li/centeringpregnancy-northwest](http://k-p.li/centeringpregnancy-northwest)
- ☐ Your first clinician visit is usually scheduled between 8 and 12 weeks. Make sure you schedule your appointment if you haven't already.
- ☐ Keep the lines of communication with your partner open. It's important for you both to share your feelings about your pregnancy and impending parenthood.
- ☐ Plan for baby expenses by creating a budget.
- ☐ Get plenty of rest.
- ☐ This trimester is an important time for testing. If you are worried about Down syndrome or other chromosome problems, a blood test (called NIPT or noninvasive prenatal testing) is done at or after 10 weeks. Talk to your clinician about genetic-testing options to screen for chromosome defects.
- ☐ Though some mild cramping is normal, call your clinician if cramping is severe or if you have vaginal bleeding.
- ☐ Practice Kegel exercises to prepare for childbirth (you can do it anytime, anywhere).
- ☐ Create a space in your home where you can relax and pamper yourself.

# Journaling page

Create a keepsake. Use the following pages to paste photos, draw something, or just write the words “I’m Pregnant!!!” in big colorful letters. Whatever you do, it’ll be a great snapshot of this amazing moment in time and a memory you’ll always treasure.

How are you feeling?

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What kind of parent do you want to be?

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# Questions and upcoming appointments

My upcoming appointments:

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A pregnant woman with long brown hair, wearing a blue denim shirt, is smiling and looking down at her belly. A man with long dark hair, wearing a dark blue shirt with white polka dots, is leaning in from the left, gently touching her belly. The background is a warm, indoor setting with a white shelf and a yellow light fixture.

# SECOND TRIMESTER





# Second trimester

Welcome to your second trimester, weeks 13–27. Right about now, your energy should be coming back. Many people feel great at this stage — don't be surprised if people tell you you're glowing!

## Preregistration paperwork

Please make sure you preregister at the hospital where you plan to deliver your baby. For Kaiser Permanente Sunnyside or Westside hospitals, you may preregister via [kp.org](https://kp.org) or request paperwork from your clinician. For [Legacy Salmon Creek](#) or [Salem Hospital](#), please visit their website for preregistration information or request paperwork from your clinician.

## About you

By the start of your second trimester, you'll likely feel better and more energetic. Morning sickness and breast/chest tenderness are easing, and it's probably time to break out the maternity clothes, because your belly is starting to grow. In the coming weeks, your breasts/chest may become larger and heavier, and you may need a larger and more supportive bra. As your breasts/chest becomes larger, the veins may become more noticeable. The nipples and the area around the nipples (areola) may become darker and larger. Small bumps may appear on the areolae (they usually disappear after delivery). As early as the 16th to 19th week, you may notice a thin, yellowish discharge (colostrum) from your nipples. Colostrum is the first liquid that your breasts/chest produces when they are preparing for breast/chest feeding and is what helps your baby's immune system develop.

While fatigue and moodiness usually improve or disappear during this trimester, emotional shifts can be dramatic. You may also feel more forgetful and disorganized than before. People report having nightmares as their pregnancy progresses. Don't worry — these vivid dreams are just your mind's way of helping you process and adapt to the changes in your life. You may also notice that you and your partner are not experiencing your pregnancy in the same way (or at the same pace). It's important to have frequent conversations about the new baby to connect with each other and share your excitement for the future. Keep in mind that you can enjoy a sexual relationship with your partner throughout pregnancy, unless you've been told that you're at high risk for preterm labor or that your placenta is over your cervix (placenta previa). If you have either of these conditions, talk with your clinician.

As your second trimester draws to a close, new symptoms may start to crop up including aching back, leg cramps, minor swelling, and sleep problems. Continue to get moderate exercise, which can help prevent and relieve some of these symptoms.

Finally, if you feel as though you can't catch your breath, it's probably your uterus pressing up on your diaphragm, crowding your lungs.

## About your baby

The second trimester lasts from 13 to 27 weeks of your pregnancy, and it's when your baby really starts to move. If you've been pregnant before, you may notice movement early in the trimester, between weeks 16 and 18. If this is your first pregnancy, you'll probably begin to feel movement later, around 18 to 22 weeks.

At 16 weeks, your baby is about 6 inches long and weighs about 3 or 4 ounces. By the end of this trimester (28 weeks), your baby will be about 11 to 14 inches and weigh about 2 to 2.5 pounds. Muscle is developing, bones are hardening, and tiny arms and legs are flexing.

As the trimester progresses, your baby is swallowing more amniotic fluid, which is good practice for the digestive system. The umbilical cord that connects you and your baby is thickening and continues to carry oxygen-rich blood and nutrients.

### Other developments:

- Kidneys are functioning and starting to pass urine.
- The intestinal tract is starting to work too, producing meconium, which will be your baby's first bowel movement.
- Your baby's sucking instinct develops.
- Hair is starting to grow on the scalp, and tiny eyelashes and eyebrows are appearing.
- Your baby sleeps and wakes regularly.
- Your baby hears sounds outside the womb and may respond by kicking or moving. Talk to your baby often — that way they will recognize your voice and be comforted now and after birth.
- Your baby is starting to practice using breathing muscles.
- Your baby's eyes are beginning to open and close.

## Choosing a clinician for your baby

All our clinicians are highly trained and passionate about what they do. That means they've often had extra training and evaluations in pediatrics and are recognized for their expertise in the field.

Helping your little one grow up healthy is an important job, so take the time to choose a clinician that's right for your family. If you already have a clinician for an older child, that clinician can also see your new baby. Many family medicine doctors care for children as well. When you find one who seems right, ask us about scheduling a "getting to know you" visit at no cost. Just give us a call at **1-800-813-2000 (TTY 711)**.

Many parents-to-be ask their friends or relatives for recommendations — that's a good place to start. We're here to answer any questions you have about pediatric care. Also, make sure you're registered on [kp.org](https://kp.org) so you can manage your little one's care online or through our mobile app. This online service will save you a lot of time.

Visit [kp.org/doctors](https://kp.org/doctors) to find a Pediatrician or Family Practice clinician that best fits your needs.

## Family medical leave and disability paperwork

There are federal and state laws set up to protect a parent's right to return to their job after delivery of a baby. If you are a parent who is employed, you may be eligible for state or federal family leave benefits, such as:

- Family Medical Leave Act (FMLA). For more information on FMLA go to [dol.gov/agencies/whd/fmla](https://dol.gov/agencies/whd/fmla).
- Washington state Paid Family and Medical Leave. You must apply for this benefit yourself at [paidleave.wa.gov](https://paidleave.wa.gov). They will accept your Kaiser Permanente FMLA form as proof of medical certification. No other form is needed.
- Oregon state Paid Leave Oregon. For more information go to [paidleave.oregon.gov/employees/overview.html](https://paidleave.oregon.gov/employees/overview.html).

You may also qualify for short-term disability payments. Discuss this with your employer to figure out what you qualify for.

If you need extended leave or to be off work before your baby is born you will need to provide documentation of a medical condition, such as premature labor or high blood pressure. Without documented evidence of a medical condition affecting your pregnancy, your request for more leave may be denied. Contact your HR department to find out what you are eligible for.

At Kaiser Permanente, the Release of Information (ROI) department processes FMLA and short-term disability requests. It is suggested that you send the intake form to ROI in your eighth month. You can find information about the process and the intake form at [kp.org/fmla/nw](https://kp.org/fmla/nw). When you send the intake form to ROI be sure to include any FMLA and/or disability paperwork provided by your employer. Your signature is needed to authorize release to a third party, like

your employer or insurance carrier. Include in all correspondence, the name, date of birth, and health record number of the person who received care. Forms can be sent one of the methods listed below:

- For the fastest service, scan your completed form(s), attach to an email, and send to [nw.roi@kp.org](mailto:nw.roi@kp.org)
- Mail the documents to:  
KPNW Release of Information Department  
10220 SE Sunnyside Road  
Clackamas, OR 97015.

If you have any questions, please feel free to discuss them with your clinician or call:

- Kaiser Permanente Release of Information Department  
**503-571-5051** (TTY **711**) or toll-free  
**1-800-813-2000** ext. **31-5051**  
Monday through Friday 8 a.m. to 4:30 p.m.

The standard medical disability leave time is 6 weeks for a vaginal birth and 8 weeks for a cesarean birth. More time is available to some patients and partners, depending on agreements with employers and medical conditions that affect the patient. Although the last trimester of pregnancy can be uncomfortable, it is not (medically speaking) reason enough to take a leave of absence before your baby is born. Without documented evidence of a medical condition, your request for a medical leave may be denied.

If you have any questions, please feel free to discuss this with your clinician or the Release of Information Department.



# Journaling page

How are you feeling?

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Who do you think your baby will look like?

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What are your hopes for your baby?

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What foods do you think your baby will like?

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Whose personality do you think your child will have?

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What are you going to do when your child draws on the wall with crayons?

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# Questions and upcoming appointments

My upcoming appointments:

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On _____	at ____:____.
On _____	at ____:____.
On _____	at ____:____.
On _____	at ____:____.
On _____	at ____:____.
On _____	at ____:____.
On _____	at ____:____.
On _____	at ____:____.
On _____	at ____:____.

Questions:

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A photograph of a pregnant woman and her husband. The woman is smiling broadly, looking up at her husband. She is wearing a grey long-sleeved shirt and has her hands resting on her belly. The husband is wearing glasses and a green polo shirt, and he is smiling back at her. They are in a bright, indoor setting, possibly a kitchen or living room, with a window in the background. The text "THIRD TRIMESTER" is overlaid in white, bold, sans-serif font on the right side of the image.

# THIRD TRIMESTER



# 28 weeks — and counting

Getting excited to meet your new baby? There's a lot to do during this final chapter of your pregnancy — some fun things, like decorating your baby's room, and some not-so-fun things, like trying to find a comfortable position to sleep in. As you prepare for labor, childbirth, and life with your little one, we're here to help ease the way.

This, the last trimester, lasts from about 28 weeks of pregnancy until birth. During this time your baby will gain about 5 pounds and grow 5 inches.

Take care of yourself and your baby by continuing to exercise and eat well. By the end of the trimester, you may feel a surge of energy. If you work outside the home, start winding down projects and have plans in place for your medical leave.

Remember, most babies are not born on their actual due date. Yours will most likely come a little early. Or late. The point is, every pregnancy is different, and due dates are only approximate.

## About you

As you enter the final months of your pregnancy, you might feel clumsy, and you've probably noticed how easy it is to get off balance. This is partly due to your center of gravity moving forward as your baby grows. Make sure to wear comfortable flat soled shoes to help prevent falls. If you experience a fall, please contact an RN advice nurse. During this time, you also release a pregnancy hormone called relaxin that softens the cartilage in your joints and pelvis. The pubic bone also opens up to make more room for the baby, causing a waddle when you walk. Also, your chest wall may widen because of your growing baby. You may need a larger bra or a bra extender.

You may also experience Braxton Hicks contractions. These are "warm-up" contractions that are usually painless and irregular. They do not lead to labor.

The third trimester is a time to expect increasing insomnia. It is common to wake up a few times a night, usually because of discomforts such as back pain, needing to urinate, leg cramps, heartburn, and fetal movement. Strange dreams are also

common in the last few weeks of pregnancy.

Because of the lack of consistent sleep, you might need to rest more or take catnaps. It's important to listen to your body. Your good health continues to be important to your baby because your immunities are passed on to your baby, helping fight off infection after birth.

Try to relax and enjoy these last few weeks and days before your baby comes. Go see a movie. Read. Take walks. At week 37, your pregnancy is considered early term, and by week 40, you've reached your official due date! For most patients less than 35 years old, your pregnancy is not past-dates or overdue until after 41 weeks (or at least 1 week after your due date). Your clinician will discuss your delivery timing and make recommendations based on your age and any medical conditions.

## Emotional shifts

As your due date nears, it's common to feel more anxious about childbirth and how a new baby will change your life. As you feel more tired and uncomfortable, you may become more irritable and forgetful.



## Don't forget about contraception

You will be very busy in the coming weeks. We want you to think about birth control options ahead of your baby's birth so you have time to make the decision that is right for you. Even if you plan to have your children close together, we recommend spacing pregnancies at least 12–18 months apart for the health of you and your newborn. Your clinician will discuss your birth control plan with you during this trimester.

Contraception information is available as part of the 29–32 weeks after-visit summary.

## About your baby

During the third trimester, your baby is growing and organs are maturing. As these last weeks go by, your baby's:

- Brain and vision are in a major developmental spurt, and eyesight is sharpening.
- Bones are fully developed, but still soft and flexible for delivery.
- Skin is now pink and smooth, and the arms and legs look chubby.
- Lungs are maturing, and your baby continues to practice using breathing muscles in anticipation of the first breath of air.

After week 32, your baby is bigger and may move differently, such as stretching more and turning less. Most of the time, by 36 or 37 weeks, your baby has settled into a head-down position in preparation for birth. You will likely feel some discomfort as you get close to delivery.

## Group B Streptococcus (GBS)

At or after 35 weeks, we will do a test for GBS and an exam to determine baby's position. You will need to undress for this exam, as a cotton swab will be used to obtain a sample from the outer vaginal opening and anus.

GBS is harmless in adults but can cause serious complications if it is passed on to your baby during birth. GBS is fairly common; about 30% of pregnant patients are GBS carriers. It is not a sexually transmitted infection or related to hygiene. For those who are GBS positive, we recommend antibiotic treatment in labor to help prevent newborn infection.

Studies have shown that babies born to parents who happen to have this bacteria have a higher chance of serious infections, including blood and brain infections. It is a bacteria that comes and goes, so it is possible that if you had it with a previous pregnancy, you will not with this one. Therefore, we test everyone at or after 35 weeks.

## Counting kicks

Few pregnancy milestones are as exciting as feeling your baby's first kick. While you may not recognize that funny feeling at first, when you do, those kicks sure can put a smile on your face.

When you reach your third trimester, we recommend counting your baby's kicks. Tracking your little one's activity can tell us a lot about their health. On the following page is a sample kick count card. You will be given one by your clinician. There are also many apps available for kick counting.

## How to use your kick count card

The best time to count kicks is whenever your baby is typically the most active. Do you feel your little one moving around a lot at a certain time each day? If your baby doesn't have a predictable pattern, after dinner is a good time to try.

### To fill out your card, follow these steps:

1. Lie down on your side or relax in a comfortable chair.
2. Make a note of the time.
3. Pay attention only to your baby's movements. Count any movement that you can feel (except hiccups). Any twist, kick, or turn is one movement.
4. After you count 10 movements, check the time and record on the card how many minutes it took.

**If your baby does not kick or move within one hour, do some or all of these things and then try again:**

- Eat or drink something, like fruit or juice.
- Lie on your left side.
- Walk around for 5 minutes.

### Call us right away if your baby:

- Has not moved 10 times by the end of 2 hours
- Has a sudden decrease in normal activity

If we think something might be wrong, we'll ask you to come in for a monitoring test for your baby.

	WEEK 1		WEEK 2		WEEK 3		WEEK 4		WEEK 5		WEEK 6	
	Start time/ Stop time	Time to feel 10 movements	Start time/ Stop time	Time to feel 10 movements	Start time/ Stop time	Time to feel 10 movements	Start time/ Stop time	Time to feel 10 movements	Start time/ Stop time	Time to feel 10 movements	Start time/ Stop time	Time to feel 10 movements
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TUE												
WED												
THU												
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SAT												
SUN												
	WEEK 7		WEEK 8		WEEK 9		WEEK 10		WEEK 11		WEEK 12	
	Start time/ Stop time	Time to feel 10 movements	Start time/ Stop time	Time to feel 10 movements	Start time/ Stop time	Time to feel 10 movements	Start time/ Stop time	Time to feel 10 movements	Start time/ Stop time	Time to feel 10 movements	Start time/ Stop time	Time to feel 10 movements
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# Turning a breech baby: care instructions

At the end of a pregnancy, most babies have their head near the birth canal (vagina). But sometimes a baby's rear end or feet are near the birth canal. This position is called breech presentation. Breech presentation occurs in about 3–4% of full term pregnancies.

It is not recommended for babies to deliver through the vagina if they are breech, since breech vaginal delivery can lead to serious complications. Some babies who are breech near full term turn on their own. Many patients find the website [spinningbabies.com](https://spinningbabies.com) useful to help them with exercises to encourage their baby to turn on their own. Some patients also find acupuncture and moxibution helpful.

If your baby stays in this breech position at 36 or 37 weeks, your physician may offer to try to turn your baby. To do this, the physician presses on certain places on your belly. This procedure is done in the hospital. Sometimes this causes the baby to turn. The rate of success is about 58%. The medical name for this process is external

cephalic version (or version). During the process of trying to turn your baby, your physician will carefully monitor your baby. The benefit of external cephalic version is to be able to deliver your baby vaginally. Risks of external version are overall low, but it's possible that the pressure and movement might start contractions and labor, It's also possible that your water could break, or your baby could show signs of stress, which could necessitate a Cesarean birth that day. If your baby turns, your physician may send you home later that day after a short period of observation. But they will check you often. Your baby's position will be monitored closely until your labor begins. If your baby's head stays down, you may be able to have a vaginal delivery.

If your baby does not turn out of the breech position or turns back to breech after a successful version, your physician will recommend a cesarean birth. Most breech babies are healthy and don't have problems after birth.

# Your birth preferences plan



A healthy parent, a healthy baby, and a positive birth experience — those are our goals at Kaiser Permanente. As your baby's birth gets closer, you may be thinking about what labor will be like and how you can have a good experience. Making a birth preferences plan is a good way to share what you want with your hospital caregivers.

We cannot know exactly what the birth of your baby will be like before it happens, so we cannot guarantee that all your preferences will be appropriate for your labor. But we will work with you to keep your birth experience as close to what you want as possible, while keeping you and your baby's health and safety our top priority.

## Supporting your choices

It is our intention that every member be treated with respect for who they are and what you prefer. We:

- Recommend educational resources to help you prepare for childbirth. Even for those planning to use pain medication or an epidural, educational resources help develop the skills needed to deal with labor and birth.
- Support movement in labor because it often helps labor progress.
- Support those who would like a birth that is unmedicated. You're encouraged to have people present to help support this decision.
- Support those who would prefer a birth that is as pain free as possible by using pain medication or an epidural for pain control.
- Do not order routine enemas, shaves (except for cesarean births), or episiotomies.

In addition to creating a birth preferences plan, there are a few things you can do to feel more at home while you are in labor. This includes bringing:

- Photographs or familiar objects that might be comforting to you. These can include a special blanket, a special pillow, or something that might serve as a focal point while you breathe through your contractions. Your labor room is for your comfort — make it cozy!
- Music (e.g. on your smart phone).
- Food and drink for your birth partner and other support people with you (some hospital cafeterias may be closed at night). You may also bring clear liquid drinks for yourself. Your preferred drink may not be available at the hospital.

Above all, Kaiser Permanente is committed to helping all babies, patients, and families have a healthy and safe birth experience.



- ☐ I will bring this completed form to my next prenatal visit.
- ☐ I will not complete this form at this time. I will make decisions with my health care team during labor.

Patient Information: \_\_\_\_\_

Health Record Number: \_\_\_\_\_

We are committed to working with you to make your childbirth experience the best it can be. Your individuality and personal preferences are important to us. This is your birth experience, and we want you to tell your health care team about any preferences you have for your birth. We will strive to meet your expectations while keeping you and your baby's health and safety our top priority. In keeping with this philosophy, we will:

- Respect your wishes about pain management and breast/chest feeding
- Keep you informed at all stages of your labor
- Be committed to listening to and communicating with you in a compassionate manner

## MY BIRTH PREFERENCES PLAN

### Labor

Birth support: \_\_\_\_\_

Others attending the birth and their role: \_\_\_\_\_

- ☐ I would like to limit the number of guests while I am in labor to the people listed above.

Special concerns during labor – please address any concerns or fears your caregivers should be aware of:

### Birth

Is there anything your caregivers should know that will help create the atmosphere or memories that will make this birth experience everything you would like it to be?

### Your baby

Soon after birth, we will give you special bonding time with your family that will include direct skin-to-skin contact between you and your baby. Are there any requests you have for this bonding time?

### Cultural or family traditions

Do you have any cultural or family traditions you will observe while in the hospital?

### Other comments or requests

### Comfort measures/pain relief

#### I wish to try:

- ☐ Relaxation techniques
- ☐ Breathing techniques
- ☐ Visualization techniques
- ☐ Movement, walking, position changes
- ☐ Warm shower
- ☐ Soaking tub
- ☐ Dim lights
- ☐ Massage
- ☐ Birthing ball
- ☐ Narcotic medication
- ☐ Epidural analgesia
- ☐ Nitrous oxide (where offered)
- ☐ Music
- ☐ Other \_\_\_\_\_

#### The following statement best describes how

#### I feel about pain medication/epidural:

- ☐ I want pain medication/epidural to be given as soon as medically safe to do so.
- ☐ I want to go as far as I can but may choose to have medication/epidural if I really need it.
- ☐ I wish to avoid pain medication/epidural and do not want to be offered these unless I ask for them.

### Delivery

#### I would like:

- ☐ To choose my birthing position
- ☐ A mirror available to view the birth
- ☐ To touch my baby's head as it crowns
- ☐ That my baby be "lightly" dried off
- ☐ To have \_\_\_\_\_ cut the cord if possible

### Postpartum

- ☐ I wish to exclusively breast/chest feed my baby.
- ☐ I would like to meet the pediatric clinician on duty, if possible.
- ☐ I need more information about routine procedures such as vitamin K, erythromycin ointment, and the hepatitis B vaccine.
- ☐ If I have a boy, I plan to have him circumcised

# Journaling page

What are your thoughts about your first weeks home with the baby?

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What are your expectations for your delivery?

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Describe how you think you will feel the first time you see your baby.

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How will your support person react the first time they see your baby?

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# Questions and upcoming appointments

My upcoming appointments:

On _____	at ____:____.
On _____	at ____:____.
On _____	at ____:____.
On _____	at ____:____.
On _____	at ____:____.
On _____	at ____:____.
On _____	at ____:____.
On _____	at ____:____.
On _____	at ____:____.
On _____	at ____:____.

Questions:

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# **YOUR DELIVERY EXPERIENCE**



# Phone numbers you need to know

Your big day is approaching. Or maybe it's here! A lot of members and families come to the hospital in early labor and are not ready to stay at the hospital. If you have questions about whether you should come in, call the advice nurse at **503-571-2229** (BABY).

Before coming in for a scheduled induction or planned cesarean birth, please call your hospital's main Labor and Delivery line, as listed below:

- Kaiser Permanente Sunnyside Medical Center Labor and Delivery: **503-571-4550**
- Kaiser Permanente Westside Medical Center Labor and Delivery: **971-310-5650**
- Legacy Salmon Creek Medical Center Labor and Delivery: **360-487-4300**
- Salem Hospital Labor and Delivery: **503-814-3574**

Preeclampsia (formerly called toxemia) is a complication of pregnancy that usually occurs at the end of pregnancy.

## Warning signs to call us about are:

- Severe headache that doesn't go away with acetaminophen (such as Tylenol)
- Visual disturbances such as seeing spots consistently (not just once in a while when you stand up) or blurred vision
- Severe pain in your upper right side or upper middle that is constant (not your baby kicking your ribs)
- Sudden onset of severe swelling

Please call the advice nurse at **503-571-2229** (BABY) and do not email through [kp.org](mailto:kp.org) if you have concerns about preeclampsia.



# When to call the advice nurse

## **If this is your first labor, call when:**

- You can no longer walk or talk through contractions.
- Contractions are regular, usually every 3 to 5 minutes over a 1-hour period. (Counting from the start of a contraction to the start of the next.)
- Contractions should last at least 45 to 60 seconds. Contractions that last 30 seconds or less are probably very early labor or Braxton Hicks contractions.
- Your water breaks.

## **If you've given birth before, call when:**

- Contractions are every 5 to 7 minutes for at least 1 hour.
- Contractions last at least 45 to 60 seconds.
- Your water breaks. Usually this will be a big gush, but can be a continuous leakage.

## **When to call 911**

You or someone else should call **911** or other emergency services immediately if you think you may need emergency care. For example, call if you:

- Have chest pain or shortness of breath.
- Have a seizure.
- Pass out (lose consciousness).
- Have severe vaginal bleeding.
- Have severe pain in your belly or pelvis.
- Have had fluid gushing or leaking from your vagina (the amniotic sac has ruptured) and you know or think the umbilical cord is bulging into your vagina (cord prolapse). This is quite rare, but if it happens, immediately get down on your knees and drop your head and upper body lower than your buttocks to decrease pressure on the cord until help arrives. Cord prolapse can cut off the baby's blood supply.



# Getting ready for the big day

## What to bring to the hospital

Pack your hospital bag a few weeks before your estimated due date so you'll be ready for any surprises. Use this checklist while you pack to be sure you don't forget anything.

### Your labor kit:

- ☐ Your Kaiser Permanente identification card
- ☐ A copy of your birth preferences plan
- ☐ Something to hold your hair back
- ☐ Lotion for massage
- ☐ A hand fan and spray mist bottle
- ☐ Soothing music and something to play it on

### For you:

- ☐ A robe or front-opening shirt for nursing and skin-to-skin contact after delivery
- ☐ A fresh nightgown, pajamas, or comfy sweats to wear when you have visitors
- ☐ Slippers (nonskid)
- ☐ A nursing bra with no underwire
- ☐ Personal items, like a hairbrush, cosmetics, a toothbrush, and toothpaste
- ☐ A going-home outfit (pack loose-fitting clothes — maternity clothes will be most comfortable)

### For your baby:

- ☐ A going-home outfit (multiple layers)
- ☐ 1 or 2 blankets, depending on the weather
- ☐ Baby socks
- ☐ Your baby book
- ☐ Rear-facing car seat installed (before leaving)

### For your partner or support person:

- ☐ Camera (check the battery!)
- ☐ Phone charger
- ☐ A toothbrush and toothpaste
- ☐ Light snacks and water
- ☐ A front-opening shirt for holding your baby skin-to-skin

**Tip:** Try to get in the habit of keeping your phones fully charged ahead of time so they're ready to go when you leave for the hospital. You'll have enough on your mind without having to sweat small details as you rush out the door.

### While you are in the hospital, we provide:

- Cotton socks with nonskid soles
- Birthing and peanut balls
- Maternity underpants
- Pads for postpartum bleeding
- Baby shirts, diapers, and blankets
- Diapers and diaper cream
- Hospital gown

For specific information about Kaiser Permanente hospitals, visit [kp.org/maternity/sunnyside](https://www.kp.org/maternity/sunnyside) or [kp.org/maternity/westside](https://www.kp.org/maternity/westside).



## Timing contractions

To prepare for delivery, you should be familiar with what contractions are and how to time them. In medical terms, a labor contraction is a tightening of the uterine muscle that becomes frequent or regular as labor begins. It might feel like cramping or pressure in the uterus. Labor contractions are periodic and last for at least an hour.

Braxton Hicks contractions are not labor contractions, and you can experience them throughout their pregnancy. Braxton Hicks contractions don't usually come in a rhythmic or periodic pattern and don't last an hour. They will often go away if you decrease your activity.

Call the advice nurse if you're experiencing contractions or cramping that you do not think are Braxton Hicks.

## Counting and timing contractions

Place your hands on your abdomen and feel for a tightening and then a relaxing (softening) of your uterus. You're having a contraction if your uterus stays tight for 30 seconds or more and then repeats. Keep in mind that the tightening sensation should be felt over the entire abdomen.

There are many free apps available to assist you with timing and counting contractions. If you prefer, use a watch or a clock with a second hand and answer these 2 questions:

- How long does each contraction last (duration), from the moment it starts until it subsides?
- How much time is there between contractions (frequency)? Contractions are timed from the start of one to the start of the next.

If this is your first baby and your contractions are every 3 to 5 minutes for at least an hour and are uncomfortable, you may be in labor. If this is not your first baby and your contractions are

every 5 to 7 minutes for at least an hour and are uncomfortable, you may be in labor.

## Taking your placenta home

If you choose to take your placenta home, hospital infection control guidelines require that you arrange to have someone take it home from Labor and Delivery within 2 hours of birth. We recommend that you bring a cooler to the hospital for this purpose. There are situations (for example, when the patient has an infection during labor) when the placenta should be sent to Pathology and it is not recommended to bring the placenta home.

## Cord Blood Banking

If you choose to do cord blood banking, please arrange to bring your kit to the hospital.

## The ride home

Your baby will need to leave the hospital in a properly installed car seat. Car seats are often difficult to install correctly. While it's useful to review both the car seat manual and your car manual on correct installation of the seat and adjustment of the straps, we also recommend having your installation checked at one of the many free or low cost installation sites around the region. It's a good idea to have your car seat installed by the time you are 35 weeks along in your pregnancy.







# Early labor

No one can predict when your labor will begin. One person can have all the signs that their body is ready to deliver, yet they may not go into labor for weeks. Another person may not appear ready to go into labor at all, yet deliver the next day. There's just no predicting — and it's even less predictable for first-time deliveries. Nonetheless, there are identifiable stages:

## Getting ready for labor

Signs that labor is getting closer include the following:

- The baby settles into your pelvis. This is called dropping, or lightening, and you may not feel it happening.
- Your cervix begins to thin and open (cervical effacement and dilation). Your clinician may check for this during your later prenatal exams, if you want. You may notice more mucus, or lose your mucus plug. This is normal.
- Braxton Hicks contractions become more frequent and stronger, perhaps a little painful. You may also feel cramping in your groin or rectum, or a persistent ache in your lower back.

Call immediately at **503-571-2229**  
**(BABY)**

- If your water breaks
- If you are bleeding like a period or heavier
- If your baby isn't moving normally (meeting kick count criteria)

## Early labor: latent phase of labor

Early labor is often the longest part of the birthing process, sometimes lasting days or weeks. During this phase:

- Uterine contractions are mild to moderate (you can talk during them) and last about 30 to 45 seconds.
- Uterine contractions may be irregular (5 to 20 minutes apart) and may even stop for a while.
- The cervix continues to thin and open (dilates). Those in labor for the first time may experience many hours of early labor without the cervix dilating.

It's common to go to the hospital during early labor and be sent home again until they progress to active labor or until their water breaks. This phase of labor can be long and uncomfortable. Walking, watching TV, listening to music, or taking a warm shower may help you through early labor.

If you are laboring at home and your water is not broken, call the advice nurse, **503-571-2229 (BABY)**, to have the nurse help you determine when to come in. When you call, make sure to tell them if you are GBS positive. If your water has broken, please call the advice nurse immediately.

# Labor

No one experiences labor and delivery in the same way, and no 2 labors are the same. The more you know about what to expect, the more you can focus on what really matters — the joy of meeting your new baby for the very first time.

## First phase of labor

When your contractions occur every 3 to 5 minutes and last 45 to 60 seconds, you may need to leave for the hospital. If your amniotic sack hasn't broken before this, it may soon.

### As your contractions intensify, you may:

- Feel restless or excited
- Find it difficult to stand
- Want to try breathing techniques, laboring in water, acupuncture, hypnosis, or other measures to help calm you or manage pain and anxiety
- Feel the need to shift positions often — this is good for you because it improves your circulation

### Once you're at the hospital:

- You may be offered clear liquids, ice chips, or a light snack. Appetite is often diminished in active labor. If you have an epidural, clear fluids may be offered. Solid food may be restricted because the stomach digests food more slowly during labor. An empty stomach is also best in the event you need a general anesthesia.
- If you choose pain medicine, we will discuss your options with you. For more information, please see the pain management section.
- You may be given intravenous (IV) fluids.

## Helping labor progress

If your labor slows, changing positions may help. If not, your clinician may recommend using medicine to stimulate (augment) uterine contractions. If not already broken, breaking the bag of water can also help stimulate progress.

## Transition

The end of the first stage of labor is called transition. This is when labor is particularly intense. As the baby moves down, your contractions may become even more intense, become longer, and come even closer together than before. During transition, you will be focused on yourself, concentrating on what your body is doing. You may be annoyed or distracted by others' attempts to help you but still feel you need them nearby as a support. You may feel increasingly anxious, nauseated, exhausted, irritable, or frightened. In some cases, transition can be very brief and intense.

## Second stage of labor: pushing

The second stage of active labor is the actual birth — when the baby is pushed out. During the second stage:

- Uterine contractions will feel different. Though they are usually regular, they may slow down to every 2 to 5 minutes, lasting 60 to 90 seconds.
- If you have an epidural, you may not initially have an urge to push. In this case, you may “labor down,” where we allow the uterine contractions to push the baby down lower in your birth canal before you start pushing
- You may have a strong urge to push or bear down with each contraction.
- The baby’s head is likely to create great pressure on your rectum.
- You may need to change position several times to find the right birthing position.
- You can have a mirror positioned so you can watch your baby’s head pass through the vagina (crown) and emerge from the birth canal.
- When the baby crowns, you’ll feel a burning pain. Fortunately, the head is the largest part of the baby and the hardest part to deliver. If this is happening quickly, your clinician may advise you not to push every time, which can give the perineum, or area between the vulva and the anus, a chance to stretch. Rarely, the clinician will have to make an incision in the perineum (episiotomy) to deliver the baby.
- Your care team will be ready to handle anything unexpected. If something urgent comes up, medical staff will move quickly. Don’t be surprised if you suddenly have more people and equipment in the room. Your clinician or nurse will explain to you what is happening and why.

This pushing stage can be as short as a few minutes or as long as several hours. If you’ve given birth before, your labor may be faster.

## Third stage of labor

After your baby is born, your body still has work to do. This is the third stage of labor, when additional contractions separate the placenta from the uterus and deliver it. There is typically some discomfort with this process. Your care team will help you through this. They’ll also watch for any problems, such as too much bleeding. The goal for the third stage is for all of the placenta to leave the uterus.

Following delivery of the placenta, the uterus needs to contract. You will be given oxytocin (Pitocin) to help reduce blood loss. Breast/chest feeding immediately after birth can also help the uterus shrink and bleed less.

The third stage of labor can be as quick as 5 minutes. In most cases, it’s within 30 minutes. If the placenta does not fully detach, your clinician will probably reach inside the uterus to remove it. Your contractions will continue until after the placenta is delivered, so you may have to concentrate and breathe until this process is complete.

If you had a tear during your delivery, this will be the time when it is repaired. This may be uncomfortable. We can offer additional medications to help with the discomfort. The stitches will dissolve on their own and don’t have to be removed.

For at least the first hour after delivery, your nurse will be frequently pushing on your abdomen to feel the top of your uterus and assess for bleeding. This can also be uncomfortable.



# What to expect in labor and delivery

Whether this is your first baby or not, you may have questions about what will happen when you come to Labor and Delivery. We respect the fact that labor is different for every person and every baby. Our goal for you is to be healthy and have a healthy baby.

## IV access (also called a saline or heparin lock)

When you are admitted to the hospital in labor, you will have some lab tests (usually to check for anemia and to have a sample on hand to match in case of an emergency). When the lab tests are drawn, we will recommend that a saline lock be placed. This is a small plastic tube that is placed in a vein and can be used to give you IV fluids and medications. It can be difficult to insert during an emergency, so we prefer to have it placed early because, although we know that labor and birth are normal, we also know that not all complications are predictable. Most people are not bothered by having the saline lock, and you can still have freedom of movement and use the soaking tub.

## Fetal monitoring

On admission, we will monitor your baby's health using an external fetal monitor. This is done with stretchy belts that go around your belly and attach to plastic monitors or "transducers." One will record your contractions, and the other will record the baby's heart rate. We will watch how the baby tolerates contractions during your labor. Intermittent monitoring is usually adequate, especially in the early phase of labor. The stronger the contractions get and the further you are in your labor, the more likely it becomes that even a healthy baby might become stressed, and the more often we will recommend monitoring. We have wireless monitors available that can safely go in water, so you can move and bathe if you want to.

## IV fluids

Labor is an athletic event. We will encourage you to drink fluids if you are able to, especially during the early part of labor. Some may experience nausea and vomiting in labor, and even those who do not can easily become dehydrated, which can interfere with the progress of labor and affect your baby's health. So there are certain times that we will recommend giving you fluids in your IV.

## Antibiotics to prevent Group B Streptococcus infection in your baby

If your Group B Streptococcus (GBS) culture was positive in the third trimester (you have the bacteria), you will receive antibiotics in your IV when you are in labor. To make sure there is time to receive the antibiotics, please call Labor and Delivery and go in as soon as your water breaks. The first dose is typically given when you are in active labor, and we continue doses every 4 to 8 hours (depending on what antibiotic is used) until your baby is born. Four hours of antibiotics are ideal for infection prevention, but that is not always possible. In those situations, your baby will be observed, with you, in the hospital for signs of infection. Between antibiotic doses, you will not need to be continuously hooked up to IV fluids unless there is another reason to do so.

If you are laboring at home and your water is not broken, call the advice nurse, **503-571-2229** (BABY), to have the nurse help you determine when to come in. When you call, make sure to tell them you are GBS positive.

### Amniotomy or “breaking the bag of waters”

Sometimes, the water breaks before labor. If this happens, we will talk to you about options for getting labor started. The majority of the time, however, it breaks in active labor. If it does not break on its own, the certified nurse-midwife or physician may suggest breaking it with a sterile plastic hook (similar to a long crochet hook).

This can be done for a variety of reasons, most commonly to make your contractions more effective if your labor is not progressing normally or to evaluate what color the amniotic fluid is. More specifically, we look for “meconium,” which is the baby’s first bowel movement. Meconium can sometimes be a sign of stress in your baby, and if it is present, we will have a pediatric clinician present for your birth.



# Pain management options

During labor, you have a variety of options to help with discomfort, pain, or pressure. Anesthesiologists, certified registered nurse anesthetists, physicians, and certified nurse-midwives are available in Labor and Delivery to help you with your needs, whatever you decide.

Some people are able to manage labor pain without medication, using ways such as relaxation, position changes, breathing techniques, hypnosis, and massage. It is common to use a combination of these techniques and may also opt for pain medication or an epidural. Pain medications are considered safe for the baby. No matter what you choose, you may still feel some discomfort, pain, or pressure.

## Comfort measures during labor and birth

- **Relaxed environment.** A quiet or darkened room and soft music may help you relax. This can decrease your stress and anxiety during labor. Personal items from home may also relax and comfort you. You may wish to keep the room very quiet and lower the lighting. You may bring items such as photos, flameless candles, a focal point, flowers, or other things you can focus on during labor. Favorite music, a nonwhite blanket and pillows, socks, mints, or lip balm can also bring comfort.
- **Movement.** Changing positions frequently, walking, rocking, leaning forward, or getting on your hands and knees if you have back pain are great ways to work with your labor.
- **Walking.** Walking increases your body's circulation and may help increase the strength and frequency of your contractions. Gravity can help your baby move into the birth canal and into the best position for birth.
- **Emptying your bladder.** When your bladder is empty, your contractions may feel less painful. It will also allow your baby's head to drop lower into your pelvis. Try to make frequent trips to the bathroom.

- **Relaxation and breathing techniques.**

Relaxation, rhythmic breathing, visualization, music, massage, and position changes can help you focus and relax during contractions.

- **Heat or cold.** Your nurse can give you a warm or cold pack to help you relax your muscles and lessen pain or tension.
- **Hydrotherapy.** You may choose to use the labor soaking tub or the shower. Warm water is soothing and relaxing.

## Pain relief measures

- **IV narcotics or pain medications.** Narcotic medication (most commonly fentanyl) can be given through the IV. These medications reduce or dull the pain of contractions and help you cope with your labor. They may briefly make you and your baby feel sleepy or drowsy. Only medications that are known to be safe for your baby are chosen. Your certified nurse-midwife or physician can order IV pain medications if you ask for them.
- **Effects on baby:** The effects on your baby will be similar to what you experience. The effects are short lived and considered safe during labor. Fentanyl can make your baby sleepy or have difficulty breathing at birth, so it is not generally used for pain relief if delivery is expected within 1 or 2 hours.



- **Epidural anesthesia.** You may choose to receive an epidural, which would provide the most pain relief during labor. The epidural is placed in your lower back by an anesthesiologist or certified registered nurse anesthetist, who uses a guide needle to insert a small catheter tube for the medication to be infused continuously to keep you comfortable. Epidural placement usually takes 10 to 20 minutes, and relief is felt within 10 to 30 minutes. Pain relief occurs from the waist down. You will be able to adjust the dose for your needs as labor progresses, and the pain relief will last throughout your labor. You will experience muscle relaxation and decreased sensation, and a bladder catheter will be placed to keep your bladder empty. You will also need to stay in bed once you have received an epidural. There is a chance that an epidural may slow your urge to push. If this happens, simple measures are taken to help. The epidural will wear off shortly after you give birth.
- You may not be eligible for epidural anesthesia if you have a blood disorder or a history of back surgery. If one of these applies to you, your clinician will discuss this with you during your pregnancy. Risks of an epidural include spinal headache, which occurs in fewer than 1 in every 100 patients who use an epidural for pain relief in labor. There is no connection between back pain and epidural usage, the epidural pain relief during delivery does not increase the risk of long-term back pain.
- **Effects on baby:** Your blood pressure may temporarily decrease because of the epidural, and this can have a temporary effect on the baby's heart rate. Therefore, we monitor your baby continuously when you have an epidural in place.
- **Nitrous oxide or "laughing gas."** Nitrous oxide is a gas provided for pain relief in labor. A stand holding one tank of nitrous oxide gas and one tank of oxygen is placed by your side. You can inhale a mix of these gases through a mask as you need during your contractions. The gas can be used in bed or at your bedside. Nitrous oxide is short acting, providing relief one contraction at a time. The gas passes to baby through your bloodstream and is cleared from both you and baby very quickly. Some may use nitrous oxide while an epidural is in place. Our staff will help you with this decision if needed. An hour must pass from a last dose of fentanyl before giving nitrous oxide for pain relief. Each patient in labor must hold their own mask for inhaling the gas, as staff and support people cannot hold the mask for the patient. Many patients find nitrous oxide to be very helpful for pain relief in labor. Some report nausea, vomiting, and feeling "out of it," and this gas may not be the relief measure they want.
- Some conditions make nitrous oxide use unsafe, especially conditions that put some at higher risk for vitamin B12 deficiency. These include a history of bariatric surgery, a strict vegan diet, Crohn's disease, pernicious anemia, MTHFR mutations, clinically diagnosed irritable bowel syndrome, and celiac disease.
- **Effects on baby:** Nitrous oxide has no known effects on the baby.

If you have questions, your health care professional can help you decide which options are best for you.



# Vaginal birth after cesarean birth

If you have had one or more prior cesarean births, you have the option of undergoing an elective repeat cesarean birth or attempting a vaginal birth after cesarean birth, also called “VBAC.” Approximately 60 to 80% of those who attempt a VBAC will have a successful vaginal delivery. A successful, uncomplicated VBAC is very safe for both yourself and baby.

The benefits of a VBAC are a potentially shorter recovery, lower infection risk, less risk of blood loss and, of course, no surgery needed.

All methods of delivery carry a small risk of harm and potential complications to both yourself and baby. The most serious complication of attempting a VBAC is uterine rupture (uterine tear). The risk of a uterine rupture during a VBAC in someone who has had 1 or 2 prior incisions in the noncontracting part of the uterus is around 1%. The way the uterus was repaired at the time of a prior cesarean birth may increase the chance of having a uterine rupture.

If the uterus ruptures during a VBAC, there may not be sufficient time to operate and to prevent the death of or permanent brain injury to the baby. If the uterus does rupture, bleeding may occur and a blood transfusion may be needed. Repair of the bladder and/or a hysterectomy (removal of the uterus) may also be needed. If the uterus ruptures, there may be other serious complications. The decision to have a VBAC is entirely your own, but you should discuss the option of an elective repeat cesarean birth with your clinician.

Elective repeat cesarean birth, the alternative to VBAC, also has some risks. Repeat cesarean birth is a major operation and has all the risks of major intra-abdominal surgery. Although uncommon, complications include infection, hemorrhage (bleeding), injury to the bowel or bladder, and risks of anesthesia. Those who have a cesarean birth have more pain and a longer recovery period compared to a vaginal birth.

If you choose a VBAC and end up having a cesarean birth during labor, you have a slightly

greater risk of problems than if you have an elective repeat cesarean birth. If you choose to attempt a VBAC, your baby will be monitored continuously during labor. You will need to have an IV inserted while you are in labor in the event you need to quickly be given fluids or medications.

## Cesarean birth preoperative information

If you’ve been scheduled for a cesarean birth, please familiarize yourself with the following.

**Important:** For dietary guidelines prior to your Cesarean section please review the information provided to you during your nurse preoperative visit. Your clinician will review this with you as your delivery date approaches.

Although your cesarean birth is scheduled, this procedure can be delayed, rescheduled, or even moved to a different location, depending on the number of births at the hospital — staff could be busy with other births. Please be flexible in this regard. We will do our best to accommodate your needs and schedule, while ensuring safety for everyone.

Please call Labor and Delivery before leaving home to verify your arrival time.

When you arrive, you’ll go to Labor and Delivery. You’ll be admitted to a room, be asked to change into a gown, and receive an IV. Later, you’ll meet with the anesthesia team and the physician. Most cesarean births are done with spinal anesthesia and last 1 or 2 hours in the operating room and about 2 hours in the recovery room.

# Induced labor

Labor is induced if continuing the pregnancy puts the health of yourself or the baby at risk. Whether your labor will be induced depends on the condition of you and your baby, how far along the pregnancy is, the status of your cervix, and other factors. Unless there's a problem, labor is not induced before 39 weeks of pregnancy.

Reasons for inducing labor may include one or more of the following conditions:

- Your pregnancy is more than 41 weeks, or earlier if you are 35 or older.
- You have high blood pressure.
- There is decreased amniotic fluid around the baby or poor growth of the baby (determined by ultrasound).
- You have health problems, such as diabetes, that could harm you or your baby.
- You have an infection in the uterus.
- You have premature rupture of membranes (your water has broken and labor is not starting).
- There may be other reasons why labor induction may be needed.

Labor can be induced in a variety of ways. Your care team will decide which method or methods are used, based on the condition of your cervix, uterus, and baby. If your cervix hasn't started to ripen, your care team might:

- Open it manually, using a narrow tube with a balloon at the end.
- Use medication to prepare it.

If your cervix is somewhat dilated but you're not having contractions, your care team might:

- Sweep the membranes using a gloved finger to separate the amniotic membrane from the uterus. This can help your body produce a chemical that starts contractions naturally.
- Rupture the amniotic sac with a small, sterile tool. This may sound scary, but it's usually painless.
- Give you an IV infusion of Pitocin — a synthetic version of oxytocin, a hormone your body makes naturally that triggers contractions.
- Use an oral or vaginal pill to help soften your cervix and start contractions.

Induced labor is very common and safe. Some patients even ask to be induced for nonmedical reasons. However, labor and childbirth are natural processes, and we typically step in to help only when it's medically necessary.

If we think there's a chance that you'll need to be induced, we'll talk about your options in advance. If it comes up when you're already in the hospital, we'll help you decide what's right for you and your baby.



## How long does induction take?

The length of induction varies for each person and often depends on how dilated your cervix is when you arrive to the hospital. Induction can be a long process that can take 24–48 hours and sometimes even longer. Be prepared to spend some time with us and bring items with you that you would like to be comfortable. If you are planning to have additional family members attend your delivery, but not necessarily be present throughout your induction, there will be time to notify them to come in closer to the time of delivery.

## Scheduled labor induction

First, please know that although your labor induction is scheduled, this procedure can be delayed, rescheduled, or even moved to a different location, depending on the number of births at the hospital. Please be flexible in this regard. We will do our best to accommodate your needs and schedule, while ensuring safety for everyone.



# Newborn care in the hospital

Even brand-new babies have to-do lists.

## Routine screenings

- **Jaundice.** A high level of bilirubin in the body causes jaundice, a yellowing of the skin and whites of the eyes. This test tells us if your baby's levels are within a safe range.
- **Hearing.** This test takes just a few minutes, and it's done while your baby is sleeping. Hearing loss can affect language development, so this screening is very important.
- **Newborn screening test.** Your newborn will be given a test to check for certain types of genetic diseases. This is done with a small prick to your baby's heel. It's important to identify these conditions early so we can take steps to help minimize serious health problems.
- **Congenital heart disease screening.** This test takes only a minute and identifies a serious heart defect in an otherwise healthy infant. A small sensor on your baby's hand and foot measures the level of oxygen in your baby's blood.

## Special situations

- **Checking baby's glucose.** When babies are born to people with diabetes, or they are smaller or larger than average, we routinely check sugar levels in the baby with a blood test.
- **If you were GBS positive.** If the baby arrives before you received 4 hours of antibiotics, your baby will be observed for a period of time.
- **If you had an infection in labor.** If your clinician is worried about an infection in labor, your baby may need a blood test or possibly antibiotics.

## Newborn care at home

More information on caring for your newborn at home will be given to you while in the hospital. This includes a head-to-toe overview of your baby with answers to frequently asked questions — from bathing to breast/chest feeding positions and more.

## Newborn treatments

- **Vitamin K.** New babies need vitamin K to help their blood clot. Because no one can predict which babies will have a vitamin K deficiency, all newborns should be given an injection of vitamin K in the first few hours after birth to help prevent serious, and possibly life-threatening, bleeding.
- **Erythromycin eye ointment.** Erythromycin is an antibiotic ointment that is placed in a newborn's eyes in the first 1 or 2 hours of life to prevent an eye infection from bacteria encountered during the birth process. This bacteria can cause infection in a newborn's eyes that, if severe or untreated, can lead to blindness.
- **Hepatitis B vaccine.** All babies should receive the hepatitis B vaccine shortly after birth. This is because parents who are unknowingly infected with hepatitis B can pass this infection to their babies. Because newborns do not have a fully developed immune system, a newborn hepatitis B infection can cause a chronic infection and severe liver disease. The newborn dose of the hepatitis B vaccine can prevent a newborn infection. It is the first of a series of 3 shots your baby will receive to protect them from this infection.



## Circumcision

Circumcision is a minor procedure that removes the foreskin covering the tip of the penis. It's a personal decision that can be based on religious, cultural, or health reasons.

We'll ask you if you want your baby to be circumcised. If you do, your baby's clinician will use a local anesthetic to reduce discomfort.

We make every attempt to circumcise your baby before discharge if that is your preference and if it is a covered benefit of your insurance plan. If we are unable to do the circumcision before you go home, it can be safely done in the clinic in the first month of life.

Learn more below about circumcision and how to care for your baby at home after the procedure.

### What is circumcision?

Circumcision is the surgical removal of the foreskin of the penis. The World Health Organization estimates that 30% worldwide are circumcised. Here in the United States, neonatal circumcision rates vary from 30 to 75%, depending on part of the country, religion, insurance type, and racial and ethnic background.

### What are the risks and benefits of circumcision?

When all the evidence is reviewed, we believe that neonatal circumcision is not essential to a baby's current well-being but that there may be some potential long-term benefits.

Thus, circumcision should be a parental or family choice. The American Academy of Pediatrics feels that the benefits of circumcision justify access to the procedure for families who choose it, but that there are enough potential risks and lack of scientific evidence not to recommend routine circumcision.

Below are some of the benefits and risks of circumcision.

#### The benefits

- Slightly reduced rate of urinary tract infection in the first year of life in circumcised infants. A UTI is a treatable condition, and most babies improve when treated with antibiotics.
- Reduced risk of some sexually transmitted diseases such as HIV, HPV, and herpes in high-risk populations in high-risk areas of the world (this benefit is limited in the United States).
- Reduced risk of rare cancers of the penis or foreskin (typically seen in very old age).
- Easier hygiene. Uncircumcised boys must clean the space between the foreskin and head of the penis to avoid infection once the skin is loose enough. (Note: You will NOT be able to pull back the skin on a baby's penis; this doesn't need to be done until they are school age or even later for some.)

## The risks

- **Pain.** We will use an injected local numbing medicine, acetaminophen, and sugar water to reduce pain, but your baby will still have some pain. Sometimes, babies will not breast/chest feed as well after the procedure for several hours, so many clinicians recommend waiting until breast/chest feeding is well established.
- **Bleeding.** This is usually mild and can be controlled by applying pressure to the site or using a cautery agent, but rarely this could require surgery or a blood transfusion. The risk of bleeding is much higher in babies who did not receive the vitamin K shot, so we will not perform the procedure on those babies.
- **Infection.** This is rare. Symptoms include redness, swelling, yellow discharge, or fever. Please contact your child's physician if this occurs. Your baby would likely need antibiotics if this occurs.
- **Scarring** is possible. Adhesions occur quite often. This is where the healing skin tries to stick back together. This can go away naturally during puberty, but rarely another surgery is needed to correct the adhesion if there is pain with erection.
- **Injury** to the head of the penis. This is very rare but has been reported.
- Some parents are concerned with the "look" of the penis once it has healed. Often parents are concerned that too little or too much skin was taken off. This is mainly a cosmetic concern and does not affect the function of the penis.

## How is the circumcision done?

There are 3 different techniques commonly used to circumcise a baby. Each physician has a preference based on how they were trained. Your child will receive pain control measures before the procedure, and will be checked several times after the procedure to ensure there is no concern about bleeding. You will receive information from your procedure team about how to care for your child after the circumcision has been completed.

## Will my baby's circumcision be done in the hospital?

There is no right answer for all newborns about whether a circumcision should be performed in the hospital or in the clinic. Some families prefer to have it done as soon as possible, while others prefer to wait until newborns have feeding well established and therefore prefer to have it performed in the clinic. Both are safe options, and your child will be monitored appropriately after the procedure in both settings.

We can offer circumcisions in the hospital before discharge if a qualified doctor is available to do the procedure. If there is no doctor available, we will schedule a clinic appointment to have the procedure performed.

## Newborn paperwork

You have a to-do list of your own — but we'll guide you through it. Before you leave the hospital, we'll help you:

- Complete paperwork to request a birth certificate and Social Security number for your baby.
- Register your baby's name. If you don't have a name for your baby yet, you'll have to complete a special form later on at the department of vital records in your county.
- Review and sign consent forms for important newborn vaccinations and other common newborn tests and treatments.

## Follow-up appointments

When it's time to leave the hospital, we'll go over important information about taking care of your newborn and make appointments for you and your baby. We'll schedule a newborn visit for your baby at 2 weeks and a postpartum visit for you in 2 to 8 weeks. We'll also schedule an appointment with our pediatric lactation program within the first week.

## Welcoming our newest Kaiser Permanente member

We'll give your little one a Kaiser Permanente identification number at the hospital. To keep your baby's health care coverage, enroll your baby within 30 days of birth. Call Member Services for more details. We look forward to helping your baby stay healthy for many years to come!

# Journaling page

How did I know it was time to go in?

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How did I feel the first time I saw you?

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How did I feel in labor?

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# Questions and upcoming appointments

My upcoming appointments:

On \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.

On \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.

On \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.

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On \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.

On \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.

Questions:

A close-up photograph of a woman with long dark hair gently kissing her newborn baby on the forehead. The baby is wearing a light-colored, ribbed long-sleeved shirt. The woman is wearing a dark blue jacket over a light-colored top. The background is softly blurred, showing what appears to be a window with light coming through. The overall mood is warm and intimate.

# **YOUR POSTPARTUM RECOVERY: THE FOURTH TRIMESTER**





# Your postpartum recovery: the “fourth trimester”

Just as each trimester of your pregnancy has come with many changes, so will the “fourth trimester”—the first 12 weeks after your delivery. The time after birth has many joys and rewards, but often also has its own challenges that are unique to each person and baby. Here are some things to think about as you plan for the time after delivery.

- Most people will stay in the hospital 24 to 48 hours after a vaginal birth or 24 to 96 hours after a cesarean birth.
- We advise you to take 6 to 12 weeks away from work for recovery and bonding with your baby. We encourage longer parental leaves if available. Our Release Of Information Department can help with Family and Medical Leave Act (FMLA) and disability paperwork as needed. [kp.org/fmla/nw](http://kp.org/fmla/nw)



# Your time in the hospital

Your recovery time will mostly likely be 1 or 2 days, but some families may have to stay longer, depending on everyone's health and progress. If you had a cesarean birth, plan on spending 1 to 3 days in the hospital. For more information, please see the example "Pathway Home" tool on the following pages.

## Recovering at the hospital

While you recover, your partner or support person can be with you as much as the 2 of you would like. In our hospitals, your family will stay in a room together. Even when we're examining your baby or giving you care, we'll try not to separate you from your little one. We want you to be together as much as possible — it gives you time to bond and helps you get into the rhythm of breast/chest feeding. Our hospital staff will do everything they can to create a peaceful, comfortable environment for your new family. Especially if you're a first-time parent, staff will be there to help you feel confident about breast/chest feeding, changing diapers, and soothing your new baby. That way, when it's time to go home, you'll be ready.

## Postdelivery pain relief

Most patients have pain after delivery. For some, it's very little, and for others, it's significant. Keep in mind that if you had pain medication during labor, it will wear off within a few hours. When you're uncomfortable, you should let a member of your care team know. We'll make sure you get some relief. Your nurse will offer you various items for comfort, such as a heating pad, ibuprofen (Advil), and a warm blanket. If you had a cesarean birth, you'll probably spend 1 to 3 days in the hospital. At first, you'll need extra support from your nurse, who will help you shower, show you how to care for your incision, and help you move around safely.

## Welcoming visitors

You and your new baby can have visitors as soon as you feel ready. Some families wait until they go home, while others invite close family to the hospital. It's a personal choice, but be sure to get plenty of quiet time to bond with your little one.

Remember that your baby's immune system is still developing. So be sure to:

- Ask people not to visit if they've been sick or exposed to anything contagious.
- Ask everyone to wash their hands or use hand sanitizer before holding your new baby.
- Understand that during flu season or times of high incidents of COVID-19 infections, we may limit visitors.

Keep in mind that each of our hospitals has different policies. Please see more information on [kp.org/maternity/nw](https://kp.org/maternity/nw).



## PATHWAY HOME

### VAGINAL DELIVERY



	BIRTH TO 3 HOURS	3 TO 8 HOURS	8 TO 24 HOURS	24 HOURS TO DISCHARGE
PARENT'S GOALS	<input type="checkbox"/> Enjoy your baby – skin-to-skin contact! <input type="checkbox"/> Family bonding time <input type="checkbox"/> Assessments by nurse <input type="checkbox"/> Discuss pain levels with care team <input type="checkbox"/> Order food <input type="checkbox"/> Assistance to the bathroom <input type="checkbox"/> Start feeding your baby <input type="checkbox"/> Start baby-feeding log <input type="checkbox"/> Start diaper log <input type="checkbox"/> Transfer to postpartum	<input type="checkbox"/> Learn how to swaddle <input type="checkbox"/> Learn how to change a diaper <input type="checkbox"/> Assessments by nurse <input type="checkbox"/> Discuss pain levels with care team <input type="checkbox"/> Measure 3 urine outputs <input type="checkbox"/> Rest between feedings	<input type="checkbox"/> Watch educational videos <input type="checkbox"/> Assessments by nurse <input type="checkbox"/> Discuss pain levels with care team <input type="checkbox"/> Complete/turn in birth certificate <input type="checkbox"/> Removal of IV <input type="checkbox"/> Get car seat ready <input type="checkbox"/> Shower	<input type="checkbox"/> Assessments by nurse <input type="checkbox"/> Discuss pain levels with care team <input type="checkbox"/> Final visit with ob-gyn provider <input type="checkbox"/> Confirm follow-up appointments <input type="checkbox"/> Sign discharge paperwork <input type="checkbox"/> Hand-express for 5 minutes, 5 times a day, for 5 days, if breastfeeding
	<b>If needed:</b> <input type="checkbox"/> Removal of epidural <input type="checkbox"/> Start taking pain medication		<b>If needed:</b> <input type="checkbox"/> Complete paternity papers <input type="checkbox"/> Labs drawn (early a.m.) <input type="checkbox"/> See breastfeeding specialist	<b>If needed:</b> <input type="checkbox"/> See breastfeeding specialist <input type="checkbox"/> Fill prescriptions <input type="checkbox"/> Get immunizations <input type="checkbox"/> Pump 8 times a day
	BIRTH TO 3 HOURS	3 TO 8 HOURS	8 TO 24 HOURS	24 HOURS TO DISCHARGE
BABY'S GOALS	<input type="checkbox"/> Breastfeeding <input type="checkbox"/> Assessments by nurse <input type="checkbox"/> Baby footprints <input type="checkbox"/> Baby measurements <input type="checkbox"/> Baby medications	<input type="checkbox"/> Continue to feed your baby as discussed by care team	<input type="checkbox"/> Assessment with pediatrician <input type="checkbox"/> Hearing test <input type="checkbox"/> Newborn photos taken, if available	<input type="checkbox"/> Final visit with pediatrician <input type="checkbox"/> Newborn screening tests <input type="checkbox"/> Baby heart screening <input type="checkbox"/> Removal of cord clamp, at discharge <input type="checkbox"/> Circumcision, if desired and possible
		<b>If needed:</b> <input type="checkbox"/> Baby's blood sugar tested	<b>If needed:</b> <input type="checkbox"/> Baby's blood sugar tested again	

Goal Discharge Date/Time of Day: \_\_\_\_\_

Questions for Care Team: \_\_\_\_\_



## PATHWAY HOME

### CESAREAN DELIVERY



	RECOVERY ROOM BIRTH TO 3 HOURS	3 TO 12 HOURS	12 TO 24 HOURS	24 TO 36 HOURS	48 HOURS TO DISCHARGE
PARENT'S GOALS	<input type="checkbox"/> Enjoy your baby – skin-to-skin contact! <input type="checkbox"/> Family bonding time <input type="checkbox"/> Assessments by nurse <input type="checkbox"/> Discuss pain levels with care team <input type="checkbox"/> Enjoy ice chips and liquids <input type="checkbox"/> Start feeding your baby <input type="checkbox"/> Start baby-feeding log <input type="checkbox"/> Start diaper log <input type="checkbox"/> Transfer to postpartum	<input type="checkbox"/> Learn how to swaddle <input type="checkbox"/> Learn how to change a diaper <input type="checkbox"/> Assessments by nurse <input type="checkbox"/> Discuss pain level with care team <input type="checkbox"/> Sit at bedside; walk to bathroom if able <input type="checkbox"/> Slowly progress to regular diet <input type="checkbox"/> Rest between feedings	<input type="checkbox"/> Assessments by nurse <input type="checkbox"/> Discuss pain level with care team <input type="checkbox"/> Removal of urinary catheter <input type="checkbox"/> Assistance to the bathroom <input type="checkbox"/> Measure 3 urine outputs <input type="checkbox"/> Shower	<input type="checkbox"/> Assessments by nurse <input type="checkbox"/> Discuss pain level with care team <input type="checkbox"/> Walk in hallway, with assistance <input type="checkbox"/> Watch educational care videos <input type="checkbox"/> Removal of IV <input type="checkbox"/> Get car seat ready <input type="checkbox"/> Complete/turn in birth certificate	<input type="checkbox"/> Assessments by nurse <input type="checkbox"/> Discuss pain level with care team <input type="checkbox"/> Final visit with ob-gyn provider <input type="checkbox"/> Sign discharge paperwork <input type="checkbox"/> Hand-express for 5 minutes, 5 times a day, for 5 days, if breastfeeding <input type="checkbox"/> Confirm follow-up appointments
			<b>If needed:</b> <input type="checkbox"/> Labs drawn (early a.m.)	<b>If needed:</b> <input type="checkbox"/> Complete paternity papers <input type="checkbox"/> See breastfeeding specialist	<b>If needed:</b> <input type="checkbox"/> See breastfeeding specialist <input type="checkbox"/> Fill prescriptions <input type="checkbox"/> Get immunizations <input type="checkbox"/> Pump 8 times a day
	RECOVERY ROOM BIRTH TO 3 HOURS	3 TO 12 HOURS	12 TO 24 HOURS	24 TO 36 HOURS	48 HOURS TO DISCHARGE
BABY'S GOALS	<input type="checkbox"/> Assessments by nurse <input type="checkbox"/> Baby footprints <input type="checkbox"/> Baby measurements <input type="checkbox"/> Baby medications	<input type="checkbox"/> Continue to feed your baby as discussed by care team	<input type="checkbox"/> Assessment with pediatrician <input type="checkbox"/> Hearing test	<input type="checkbox"/> Newborn screening tests <input type="checkbox"/> Baby heart screening <input type="checkbox"/> Newborn photos taken, if available <input type="checkbox"/> Circumcision, if desired and possible	<input type="checkbox"/> Final visit with pediatrician <input type="checkbox"/> Removal of cord clamp, at discharge
		<b>If needed:</b> <input type="checkbox"/> Baby's blood sugar tested	<b>If needed:</b> <input type="checkbox"/> Baby's blood sugar tested again		

Goal Discharge Date/Time of Day: \_\_\_\_\_

Questions for Care Team: \_\_\_\_\_

# Recovering at home

## Your postpartum care plan

The first few days and weeks at home with your little one will be exciting — and exhausting. You should feel stronger each day, but it's important to give your body the time it needs to recover.

### For the first few weeks after delivery:

- Make time to rest. Try to nap when your baby naps.
- Limit visitors and social activities.
- Increase your activity level gradually.
- Arrange child care for older siblings ahead of time.
- Make sure another adult is always with you, at least for the first few days while you adjust to life with your new baby.

### If you had a cesarean birth:

- Don't lift anything heavier than your baby for at least 6 weeks.
- Keep your antibacterial bandage on for at least 5 days after birth. You can remove it when your baby is 1 week old.
- Most incisions are closed with dissolvable stitches (no removal needed).
- Keep your incision site clean and dry.
- Avoid using lotions, ointments, and powders near the incision.
- Take prescribed pain medication as directed.

Call us at 1-855-285-4246 if you have any signs of infection, such as:

- Redness or discharge
- Opening of your incision
- Fever of 100.4 degrees or higher
- Incision pain not relieved with prescribed pain medications

### List of common discharge medications:

- Prenatal vitamins; you should continue them throughout breast/chest feeding
- Over-the-counter medicines such as acetaminophen (Tylenol) or ibuprofen (Advil), if recommended
- Iron supplementation for anemia
- Colace, a stool softener, if recommended

### Postpartum supply list:

Consider gathering these items before giving birth to help care for yourself after your delivery:

- ☐ Large sanitary pads
- ☐ Panty liners, to use when heavier bleeding has slowed
- ☐ Peri-care bottle; this is typically provided by the hospital
- ☐ Nipple cream, such as lanolin
- ☐ Nursing pads, to help with leaking; both disposable and reusable versions are available
- ☐ Large bottles of water or a refillable bottle (breast/chest feeding will make you very thirsty)
- ☐ Healthy snacks to eat while feeding baby (nuts, cheese, etc.)
- ☐ Nursing (breast/chest feeding) tops and bras (buy a limited amount before you deliver as your size may change after delivery)
- ☐ Nursing support pillows
- ☐ A heating pad
- ☐ Medications; as needed.



# First appointments – what to expect

It's important to have a routine postpartum visit with your clinician 2 to 8 weeks after delivery. This appointment will give you a chance to discuss birth control options, feeding, your return to work, and overall wellbeing. You can also have this appointment through a video visit. If needed, we can schedule an office visit (with physical exam).

Some patients need follow-up sooner. If your pregnancy was affected by high blood pressure, pre-eclampsia, or other complications, you may need blood pressure check appointments or additional follow-up tests after delivery. These conditions have been linked to cardiac conditions later in life, so it is important to have regular physical exams.

## Pediatric lactation appointment

This is a private visit with a lactation specialist. Ideally, this will occur 2 or 3 days after you leave the hospital, and includes a weight check for your baby.

## Newborn visit at 2 weeks

This will be the first in a series of well-child checkups.

## Feeding your baby

We recommend and encourage breast/chest feeding. Please see your 25–28 week after-visit summary for more information on breast/chest feeding. You can also find this information on [kp.org/breastfeeding](https://kp.org/breastfeeding). Breast/chest feeding is nutritious and offers important protection for newborns. Learning to breast/chest feed can take practice — don't worry, we are here to help!

Sometimes babies need supplementation with donor human milk or formula. No matter how you choose to feed your baby, our staff will support you and help you learn to feed your baby.

During your hospitalization, our nurses and pediatricians will work with you to help make sure your baby is feeding well. If needed, we have lactation consultants available to help you. You will be discharged with an infant feeding plan personalized to you and your baby.

## Breast/chest feeding support

Have questions about breast/chest feeding your baby? Get help at our weekly group visits. For more information, please call **1-855-206-0302**.

# Your physical recovery after birth

Your body is amazing in its ability to create, grow and deliver babies. The process of pregnancy and delivery are natural ones, but they are not without their physical stresses. It takes time to recover physically after pregnancy and delivery. Recovery is unique to each person. It generally takes 2 to 6 weeks for most people, but sometimes longer for others.

The following are some of the changes and discomforts that can be normal after birth and some suggestions of how to help plan for and manage them.

## Lochia (vaginal discharge after childbirth)

- After delivery, you will have bloody discharge from the vagina. This will turn pink within a week and then turn white or yellow after about 10 days. It may last for 2 to 4 weeks or longer, until the uterus has healed.
- Use pads instead of tampons.
- Your period may not start for several months if you are breast/chest feeding. Your bleeding may be heavier or longer at first when your period starts again.
- We recommend that you wait until you are healed — about 4 to 6 weeks — before you have sex.

## Urination

- After delivery, it is normal not to have the normal sensation to urinate. This improves with time.
- After delivery, it is also normal to have some leakage of urine. This also usually improves with time.
- Cleanse yourself with a gentle squeeze of warm water from a bottle instead of wiping with toilet paper. We will give you a bottle at the hospital.

## Cramping

Cramps, also called afterpains, are normal as your uterus contracts after delivery. Afterpains often increase with breast/chest feeding. This is a normal and healthy process. To help ease afterpains:

- Apply a heating pad.
- It can feel good to apply pressure, such as by lying on your abdomen.
- Ibuprofen (Advil) usually works better than acetaminophen (Tylenol) for cramping.
- We do not recommend opioid pain medications after normal vaginal deliveries.

## Sore muscles

- Sore muscles, especially in the arms, neck, or jaw, are common in the days after childbirth. This is a result of the hard work of labor.
- You may also have bloodshot eyes or facial bruising from vigorous pushing.
- Pain, discomfort, and numbness around the vagina are common after any vaginal birth.

## Breast/chest engorgement

Breast/chest engorgement is common 3 or 4 days after delivery when the breasts/chest begins to fill with milk. This can cause discomfort and swelling. To help ease discomfort:

- Apply ice packs.
- Take a hot shower.
- Increase frequency of breast/chest feeding.
- Use warm compresses.
- Take ibuprofen (Advil).

## Nipple pain

Some nipple damage is common while learning to breast/chest feed. To limit damage, it is important to work on helping your baby get a deeper latch. If you are having nipple pain:

- Check your baby's latch
- Check the flanges on your breast/chest pump to make sure they are the correct size.
- Apply lanolin or milk you produced to the nipples.
- Consider using a nipple shield during healing.
- If pain continues, follow up with a lactation consultant.

## Perineal pain

It is common to have pain or discomfort in the vaginal area after delivery. Some can have tears or stitches with delivery. Fortunately, this area heals very well. It can take up to 6 weeks, sometimes longer, to feel as if the area has healed. To help with perineal pain:

- Apply ice packs to the area, for 10 to 20 minutes at a time.
- Apply topical treatments such as Dermoplast (this will be provided at the hospital).

- Avoid direct pressure on the area; change positions as needed.

## Hemorrhoids

Hemorrhoids are dilated or twisted blood vessels in and around the rectum. They are common, especially in the last months of pregnancy. Hemorrhoids can cause pain, itching, and bleeding during a bowel movement. They usually improve without treatment shortly after birth.

- Keep your stools soft by increasing your intake of liquids, fruits, vegetables, and fiber.
- Avoid sitting for long periods of time. Lie on your side several times a day.
- Cleanse the area with moist toilet paper, a warm moistened washcloth, witch hazel pads, or Tucks pads.
- Ice packs may relieve the discomfort.
- Take a sitz bath (a warm-water bath taken in the sitting position where only the hips and buttocks are covered) for 20 minutes, several times a day.
- Use over-the-counter Preparation H, Anusol, or 1% hydrocortisone cream to help relieve the pain.

## Pelvic bone problems

Pelvic bone problems, such as separated pubic bones (pubic symphysis) or a fractured tailbone (coccyx), can take several months of recovery. Treatment includes ice, medication such as ibuprofen (Tylenol), and sometimes physical therapy.

## Cesarean birth

You can expect to have some pain after cesarean birth, and we will work with you to control and minimize the pain.

We will work with you to help you move around after your cesarean birth. Moving around after surgery helps with your recovery and your ability to care for yourself and your baby.

We know that pain control works best when we use a combination of methods. The following are methods that are commonly used for pain control after cesarean birth:

- Pain control during surgery is usually with an epidural or spinal anesthetic. The anesthesia team often uses this to give additional medication that helps manage pain for the first 24 hours after delivery.
- Heating pad.
- Ibuprofen (Advil).
- Acetaminophen (Tylenol).
- Opioid medications: These are narcotic medications that are used to help control stronger pain. They should be used in combination with other medications such as ibuprofen (Advil) or acetaminophen (Tylenol).
  - Opioid pain medications have benefits, but they also have risks such as causing dizziness, nausea, or constipation.
  - We know that when taken longer than needed for surgical pain, these medications have a risk for addiction. We recommend that you decrease and then stop these types of medications as soon as you can.
  - We are working to prescribe less opioid pain medication. If you feel that you do not have enough pain medication, let us know. We will make sure that you are healing well and have a plan for good pain management, including prescribing more medication if needed.

## Body After Baby

If you are having back, abdominal, or pelvic pain or bowel and bladder control issues, join our Body After Baby class. This class is offered through a video visit for members in their first 6 months after delivering a baby or those in their third trimester of pregnancy.

1 session, 90 minutes, for Kaiser Permanente members

For more information or to sign up, please call **1-844-394-3972**.

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

- Wear a bathrobe or other loose, comfortable clothes.
- Try to limit visitors the first couple of days. Having fewer visitors will give you more time to get to know your baby and to rest.
- Arrange for a friend or family member to help with housework, errands, and other chores. Let people know what you need. Take people up on their offers to help.
- Nap when your baby naps.
- Be patient with yourself, your family, and your new baby — you're all adjusting to a major change.

Remember that the lack of sleep and exhaustion are only for a short time. Eventually, your baby will sleep through the night and grow more independent. But for now, your baby needs you for everything.



# Baby blues — emotional changes after delivery

Having a new baby will bring a range of emotions that may surprise you. It's important to remember that emotional changes are completely normal after childbirth. Having a baby is a major life event, whether it's your first, second, or more. The challenges of lack of sleep, hormonal shifts, and discomforts of recovery from childbirth will take time to improve, resolve, or settle into a new normal.

Each new parent adjusts differently, but there are some commonalities that many parents identify with. The “baby blues” are fairly common, especially in the first 1 or 2 weeks. Although easier said than done, you may be less likely to get the baby blues if you avoid fatigue. Balance self-care with rest and activity, allowing personal time for yourself.

Childbirth is one of the few life experiences that profoundly affect the social, psychological, emotional, and physiological life of the new parents. Talk to your partner, family, and friends about your feelings. While many of the symptoms listed below are normal, don't be afraid or embarrassed to seek help.

## Symptoms of “normal” baby blues

- Lack of sleep
- No energy
- Anxiety or worry
- Sadness
- Confusion and nervousness
- Concern over physical changes
- Crying more or for no reason
- Oversensitivity
- Irritability
- Excitability

## Symptoms of postpartum depression:

- Lack of desire to care for yourself or your child
- Chest pain or palpitations
- Hyperventilation
- Despair
- Inability to cope
- Impaired memory or loss of memory
- Confusion
- Bizarre or strange thoughts or fantasies
- Hallucinations
- Panic attacks
- Hostility
- Suspiciousness
- Nightmares
- Irrational statements
- Anger toward baby
- Feeling out of control
- Feeling as if you are “going crazy”

If you have any of these symptoms or you or your partner has concerns, call a professional whom you trust and who knows about postpartum depression. This could be your clinician, a social worker, or a mental health counselor. For questions or concerns, 24 hours a day, 7 days a week, please call **1-855-285-4246**.

Please tell someone if you or a loved one is having these symptoms, especially if they are making it hard to take care of yourself or the baby. **Seek care, call your health care clinician, get help!**

#### Resources:

- Ob/Gyn Advice  
**1-855-285-4246**

#### Useful phone numbers:

Ob/Gyn Counselors:

- Salmon Creek and Longview  
**503-333-1304**
- Skyline (Salem)  
**503-949-6087**
- East Interstate (Portland)  
**503-457-6640**
- Mt. Talbert (Clackamas)  
**503-412-8217 & 971-284-4395**
- Westside (Hillsboro)  
**503-268-2637**
- Kaiser Emergency Mental Health  
**503-331-6425 or 1-866-453-3932**

#### Useful websites:

Kaiser Permanente Northwest  
[kp.org/pregnancymentalhealth](https://kp.org/pregnancymentalhealth)

Baby Blues Connection  
[babybluesconnection.org](https://babybluesconnection.org)

Call or text: **1-800-557-8375**

Postpartum Support International  
[postpartum.net](https://postpartum.net)

Call **1-800-944-4773**

# Contraception

We recommend that you wait approximately 3 to 6 weeks or until vaginal discharge stops before having sex. Whether or not your menstrual period has resumed, it is possible to become pregnant at any time. Unless you want to become pregnant, use birth control. If you are not currently using birth control, use condoms to avoid pregnancy. Contact your clinician to discuss postpartum birth control options.

You can learn more about birth control options through the following birth control education videos:

- [kp.org/healthengagement/birthcontrol/nw](https://kp.org/healthengagement/birthcontrol/nw)
- [kp.org/healthengagement/iud/nw](https://kp.org/healthengagement/iud/nw)
- [kp.org/healthengagement/nexplanon/nw](https://kp.org/healthengagement/nexplanon/nw)

## After the baby is born, how soon can I have sex?

Many health care providers recommend waiting to have sex until 4–6 weeks after delivery, regardless of the delivery method. The risk of having a complication after delivery is highest during the first 2 weeks after delivery. But waiting will also give your body time to heal. In addition to postpartum discharge and vaginal tears, you might experience fatigue, vaginal dryness, pain and low sexual desire. If you had a vaginal tear that required surgical repair, you might need to wait longer.

Hormonal changes might leave your vagina dry and tender, especially if you're breast/chest feeding. You might experience some pain during sex if you're healing from an episiotomy or perineal tears.

## To ease discomfort during sex:

- **Seek pain relief.** Take pain-relieving steps beforehand, such as emptying your bladder, taking a warm bath or taking an over-the-counter pain reliever. If you experience burning afterward, apply ice wrapped in a small towel to the area.
- **Use lubricant.** This can be helpful if you experience vaginal dryness.
- **Experiment.** Discuss alternatives to vaginal intercourse, such as massage, oral sex, or mutual masturbation. Tell your partner what feels good — and what doesn't.
- **Make time.** Set aside time for sex when you're not too tired or anxious.

It's also normal to have a low libido due to biochemical changes in the brain and in the body after childbirth.

## Benefits of exercise after pregnancy

Exercise after pregnancy is one of the best things you can do for yourself. Regular exercise after pregnancy can:

- Promote weight loss, particularly when combined with reduced calorie intake
- Improve your cardiovascular fitness
- Strengthen and tone abdominal muscles
- Boost your energy level

Staying physically active can also help:

- Relieve stress
- Promote better sleep
- Reduce symptoms of postpartum depression

Better yet, including physical activity in your daily routine helps you set a positive example for your child now and in the years to come.

If you had an uncomplicated pregnancy and vaginal delivery, it's generally safe to begin exercising a few days after giving birth or as soon as you feel ready.

If you had a C-section, extensive vaginal repair or a complicated birth, wait until you've had your 6–8 week checkup before returning to your pre-pregnancy levels of exercise. Try to build up your exercise levels gradually. Once you have recovered from your C-section and no longer have any pain, it is usually safe to start low-impact exercises, such as swimming, Pilates, yoga, gentle jogging and low resistance gym work.



# Questions and upcoming appointments

My upcoming appointments:

On _____	at ____:____.
On _____	at ____:____.
On _____	at ____:____.
On _____	at ____:____.
On _____	at ____:____.
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# Q&A





# Q&A

## How do I make a prenatal care appointment?

Prenatal appointments can be made on [kp.org/appointment](http://kp.org/appointment) or by calling **1-855-285-4246 (TTY 711)**. If you prefer speaking to someone in person about your appointment schedule, talk to the medical assistant after every exam. The medical assistant can make sure all your upcoming visits are scheduled.

## Which hospital will I go to for delivery?

The hospital where you'll deliver is usually based on the home office you select for your routine prenatal care. You'll find a list of our medical offices and hospitals on page 11.

## Who will be at the hospital helping me with my birth?

At all Kaiser Permanente Northwest hospitals, your care team will include the birthing patient's nurse and the baby's nurse. Pediatricians, anesthesiologists, and certified registered nurse anesthetists may also be a part of your care team, as needed.

At our Sunnyside location, many births are attended to by a member of our midwifery group, with obstetric and family medicine physicians offering support as needed. The Neonatal Intensive Care Unit (NICU) team, including neonatal nurse specialists, is available if needed.

Our Westside location often has resident physicians who work with the attending certified nurse-midwife and/or physician.

At Legacy Salmon Creek Medical Center, births are attended to by Kaiser Permanente physicians.

At Salem Hospital, births are also attended to by Kaiser Permanente physicians. The NICU team is available if needed.

## How many members does each nurse support?

Every patient has at least one dedicated nurse, more if the labor is early or is induced. Your nurse will remain with you for the entire shift, even if you are transferred to surgery. In addition to your nurse, your baby will have a dedicated nurse at birth or just before. In Newborn Care (postpartum, after your delivery), each nurse is available to assist up to 3 patients and their babies.

## Is there breast/chest feeding support at the hospital?

Absolutely! All the nurses in our birth centers and in Newborn Care (postpartum, after your delivery) are specialists, with lots of education and experience with breast/chest feeding. They're there to assist new parents with positioning, latching, and more. And, if needed, you can also meet with a lactation nurse before going home.

## What kind of support is there for breast/chest feeding after I go home?

We encourage all new parents to join our pediatric lactation program, which provides ongoing breast/chest feeding support and guidance. Your first appointment with the pediatric lactation team will be scheduled before you are discharged from the hospital, for approximately 2 or 3 days later.

### Do you provide breast/chest pumps to new parents?

At some point, many breast/chest feeding parents need a breast/chest pump. If you are interested in a breast/chest pump, Kaiser Permanente offers the Ameda double-electric breast/chest pump. You will learn more about this in your appointment at 25–28 weeks.

### How long will I be in the hospital after the baby is born?

Our goal is to help you return home — where you'll be most comfortable. After your delivery, you and your baby will be transferred to the postpartum care area. Those who had a vaginal birth usually stay in the hospital for 24 to 36 hours. Those who had a cesarean birth usually stay in the hospital for 36 to 72 hours.

### When will my baby receive immunizations?

Our recommended schedule follows the guidelines set by the U.S. Centers for Disease Control and Prevention. Dose 1 of 3 for hepatitis B is given in the hospital shortly after your baby is born. All newborns should receive the first hepatitis B vaccine shortly after birth. The next set of vaccinations will occur at the 2 month well child check. All other immunizations are done during future office visits. A full list of immunizations and their recommended schedule can be found on [kp.org](http://kp.org). If you have questions, please talk to your clinician.

Boost Oregon wants to give all children the best shot at a healthy life. They are a parent-led community that educates other parents about vaccines. They address common concerns and have a variety of resources to help answer parents' questions. Please visit their website, [boostoregon.org](http://boostoregon.org), to learn more.

### What are the rules about visitors at the birth center?

Birth is an event that should be celebrated by family and friends. Your visitors are welcome any time you choose — you are not restricted on the number of visitors you can have, their ages, or their relationship to you. However, there are sometimes restrictions during flu or times of high incidents of COVID-19 infections.

### Can I have a water birth or home birth?

At this time, we do not offer water births or home births. However, our Westside and Sunnyside locations do have labor tubs, and the rooms at Legacy Salmon Creek Medical Center have deep bathtubs.

### Are there doulas on staff, or can I be reimbursed for fees my doula charges?

At this time, we do not have doulas on staff, if you wish to have a doula, they are welcome to be in the delivery room. To find a doula you are comfortable with, it's often best to talk with friends or family members who have used one. Also, there are many websites that can help you find a doula. We encourage you to meet with a prospective doula to make sure they will be able to provide the care you want before, during, and after your labor.

### What types of educational resources are available for me and my labor support?

Kaiser Permanente offers a variety of educational resources to help you prepare for your expanding family. Childbirth educational resources are offered throughout the greater Portland and Southwest Washington areas. See details for them and other resources starting on page 17. Check your benefits, as fees may vary for some offerings.

### What will my out-of-pocket expense be for the birth?

Costs depend both on how your birth journey unfolds and on your medical coverage. The most current information about your coverage and costs is available by contacting Member Services at **1-800-813-2000** (TTY **711**). They can help you get an idea of what out-of-pocket costs will be. You can also use our online cost estimator at [kp.org/costestimates](https://kp.org/costestimates).

### How long is my baby covered on the plan, and when do I need to enroll them?

Your baby may be covered automatically on your health insurance plan for 31 days. To verify or continue coverage after 31 days, you will need to contact your employer's Human Resources Department to enroll your newborn.





