Pregnancy, Birth, and Beyond

Childbirth Education

Bay Area Hospital

Welcome to Bay Area Hospital's Family Birth Center

Updated 10/18

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About

The Family Birth Center

Bay Area Hospital's Family Birth Center Mission Statement

The mission of Bay Area Hospital's Family Birth Center is to give our patients the best nursing care possible by offering maternity management, family-centered education, and skilled nursing.

Management of Maternity Services (MOMS)

A registered nurse will meet with you throughout your pregnancy to help guide you and your family through prenatal planning. A nurse will also be available to visit you in your home after your hospital stay. MOMS also provides lactation support and assistance.

Family Centered Education

We will offer you education regarding your pregnancy and the changes in your body, your nutritional needs, feeding and caring for your newborn, your medications, recognizing and avoiding problems, steps to your full recovery, and, if needed, referring you to appropriate community services.

Skilled Nursing

As nurses, we will care for your medical, emotional, and personal needs. We work closely with certified nurse midwives, physicians, social workers, and dieticians to meet each individual's needs.

Hospital Main Entrance Hours

6:00 AM – 9:00 PM

Before or after these hours, check in at the emergency department.

Visitor Accommodations

- **Visitors, please be mindful of the new family's need for rest, recovery and bonding.** We suggest calling or texting our new moms first to determine the best time to come visit.
- **No visitors under 12 unless they are healthy siblings of the baby.** This may change to 18 during flu season or upon request of the pediatricians.
- Due to infection control concerns, we request that if any visitors have symptoms of illness, that they do not visit the new family. Staff may ask any sick visitors to go home. We want to keep our babies, patients, and staff healthy.
- **Please wash your hands before and after you hold the baby.**
- For safety and privacy, visitors are not allowed to wait outside your room in the hallway; there is a **family waiting room** available that has coffee, water, couches, a computer (free Wi-Fi) and a TV. The waiting room is not to be used for overnight sleeping, as it prevents other families from using it. If the coffee pot is empty or not hot, let the staff know. We will gladly make fresh coffee.
- The visitors' restroom is next to the waiting room.
- Only one adult may spend the night with mother and baby. They will be provided with a sleeper chair and bedding. For safety reasons, no other children or adults may spend the night in the mother's room, unless preapproved by the unit manager.

FBC Safety

Safety for you and your family are very important to us. If you have any concerns, please speak with your nurse.

Things we provide to keep you and your baby safe:

- Our unit remains locked 24 hours. There is a doorbell and camera at the door for visitors to check in. Visitors must say a patient's full name to be allowed in.
- FBC staff wears name badges with staff names in pink and matching scrub uniforms so we are easily identifiable.
- After birth, ID bands are placed on babies. These bands match their mother's and her support person's bands.
- After birth, a security tag is placed on each baby. If anyone tries to take your baby off our unit, the alarms go off and the exit doors lock.

Food Service "At Your Request"

Bay Area Hospital has room service. There should be a menu on your table. Choose the food you want to order and **dial "8888" on a hospital phone between 6:30 AM and 7:00 PM.** After hours, you may ask your nurse for snacks or drinks from our pantry. The cafeteria is open between 2:00 – 4:00 AM, and your visitors can purchase food there.

After the baby is born, your support person will be given two meal tickets to use by dialing room service – "8888".

Other Options

- Food and drinks are available in the cafeteria, coffee shop, and vending machines.
- It is OK for guests to bring outside food to the patient rooms.
- For your convenience, there is an ATM machine on the third floor.

Cafeteria Hours:

Breakfast……6:30 – 9:45 AM
Lunch……..11:00 AM – 2:00 PM (Mon-Fri)
11:00 AM – 1:30 PM (Sat & Sun)
Dinner…….5:00 – 7:00 PM
After Hours….2:00 – 4:00 AM

Coffee Shop Hours:

6:30 AM – 3:00 PM (Mon-Fri)

Bedside shift report

When nurses go off duty, they need to share information to the nurses coming on duty. We would like you to be involved in this communication to make sure you get high-quality care. This gives you a chance to meet the nurse taking over your care, ask questions and share important information with your nurses.

At the FBC we will do this between 7:15 – 7:30 AM, 3:15 – 3:30 PM, and 11:15-11:30 PM.

During the bedside shift report we will:

- Review your plan of care.
- Conduct a patient safety check and an environment safety check.
- Write your nurse's name on the white board.
- Ask you if you have questions or needs.

If you plan to be sleeping and don't want to be awakened at the time of the shift report, let your nurse know ahead of time. In this case, the nurses can quietly enter the room, check to see that you are safe and that IV lines, alarms, etc., are all in order. Then they will quietly leave.

Patient rounding

Here at the FBC we do something called "hourly rounding" to keep you safe and improve your experience here. This means that your nurse or another staff member will check on you every hour during the day and every two hours during the night. We will be asking you about your pain, whether you need help and see if you need anything. This is a great time to ask questions.

If you are sleeping, we will not wake you. If you do not want rounding this often, tell your nurse how often would be acceptable.

Clean hands save lives

Handwashing is the #1 thing we can do to prevent sickness. It's quick, simple and easy.

Your baby has very little resistance to germs. An illness that might cause you to have a cold, can be life-threatening to a newborn. The most common way germs are spread is through touch. This is the reason why handwashing is so important.

Our staff will wash our hands or use hand sanitizer when entering your room and before and after touching you or your baby. We encourage you and all visitors to do the same.

Smoking policy

Bay Area Hospital is a nonsmoking campus. If you are a smoker, we have smoking cessation information to help you quit. If you must go out, please take someone with you who can help you if needed.

Please arrange to have someone to stay with your baby in the room. While you are welcome to send your baby to the nursery at night, **during the day and evening, we may not have the staff to watch babies while you go out to smoke. Please ask us before leaving your baby.**

For the health of both you and your new baby, we recommend quitting smoking. For more information please talk to your nurse or physician.

Financial Information

Because you are preparing now for the arrival of your newborn we feel it's important that you have as much information as possible to help with some of those preparations ahead of time. Listed below is some information that may be helpful to you:

- **Paying Before Admission to the Hospital**: If you would like to make payment on your hospital bill prior to the due date you may do so. Be sure to include the account number with your payment for proper crediting to the account. Since each visit to the hospital is assigned its own unique account number it is important to specify which account you wish to have your payment applied to.

- **Insurance Enrollment of your Newborn**: If you have insurance you may need to call your insurance company to enroll your newborn. Please refer to your insurance enrollment requirements. The Patient Accounts Office will submit a bill to your insurance within 5 days from the discharge date. Calling your insurance company to enroll your newborn within 5 days after being discharged from the hospital will help your insurance company process your claim without delay.

- **Circumcision of Male Newborn**: If you know ahead of time that you want your newborn circumcised before discharge and your insurance does not cover this procedure, or you do not have insurance, you will need to make payment prior to the circumcision being performed. You can make payments in advance or pay the day of the procedure. For the current price of circumcision in the hospital, please check with the Patient Accounts Office.

- **For more information**:
  Patient Accounts/Cashier 541-269-8131

Thank you for choosing Bay Area Hospital

Nutrition, Lifestyle, Exercise and Safety

Nutrition in Pregnancy

Drink at least two quarts of water each day to help your body produce adequate amniotic fluid, manufacture new blood cells, and flush out metabolic wastes. Avoid foods containing excessive caffeine, artificial sweeteners, sugar, chemical preservatives, and highly processed foods. Take your prescribed prenatal vitamin daily.

Eating six smaller meals a day will provide a constant source of energy for your growing baby. Poor food intake or overeating are both unhealthy and can cause problems for your baby. The amount of weight needed to support a healthy pregnancy is usually 25-35 pounds. Check with your medical provider to see how much weight you should gain.

Good nutrition includes eating from each of the basic food groups everyday:

• Milk and dairy products	3-4 servings
• Meat, beans, nuts	2-4 servings
• Vegetables	3-4 servings
• Fruit	2-3 servings
• Whole grain bread, cereal, pasta and grains	7-11 servings

Serving Sizes

Milk and Dairy

- **1 cup milk or yogurt**
- **1 ½ ounce cheese**
- **1 ½ cup cottage cheese or ice cream**

Veggies

- **1 cup salad**
- **½ cup cooked veggies**

Fruit

- **1 orange, apple or banana**
- **¾ cup fruit juice**
- **½ cup berries**

Meats, Beans, Nuts

- **3 ounces meat, fish or chicken**
- **1 cup beans**
- **½ cup nuts**
- **4 tablespoons peanut butter**

Bread and Cereal

- **1 slice bread**
- **½ cup cooked cereal**
- **1 cup dry cereal**
- **1 muffin**
- **½ cup rice or pasta**

Food Safety

What is food borne illness?

- It's a sickness that occurs when people eat or drink harmful microorganisms (bacteria, parasites, viruses) or chemical contaminants found in some foods or drinking water.
- Symptoms vary, but in general can include: stomach cramps, vomiting, diarrhea, fever, headache, or body aches. Sometimes you may not feel sick, but whether you feel sick or not, you can still pass the illness to your unborn child without even knowing it.

Why are pregnant women at high risk?

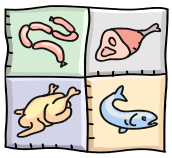
- You *and* your growing fetus are at high risk from some food borne illnesses because during pregnancy your immune system is weakened, which makes it harder for your body to fight off harmful food borne microorganisms.
- Your unborn baby's immune system is not developed enough to fight off harmful food borne microorganisms.
- For both mother and baby, food borne illness can cause serious health problems - or even death.

There are many bacteria that can cause food borne illness, such as *E. coli* O157:H7 and *Salmonella*. Here are **four Simple Steps** you should follow to keep yourself and your baby healthy during pregnancy and beyond!

1. Clean

- Wash hands thoroughly with warm water and soap.
- Wash hands *before* and *after* handling food, and *after* using the bathroom, changing diapers, or handling pets.
- Wash cutting boards, dishes, utensils, and countertops with hot water and soap.
- Rinse raw fruits and vegetables thoroughly under running water.

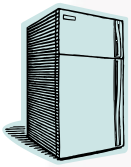
2. Separate



- Separate raw meat, poultry, and seafood from ready-to-eat foods.
- If possible, use one cutting board for raw meat, poultry, and seafood and another one for fresh fruits and vegetables.
- Place cooked food on a clean plate. If cooked food is placed on an unwashed plate that held raw meat, poultry, or seafood, bacteria from the raw food could contaminate the cooked food.

3. Cook

- Cook foods thoroughly. Use a food thermometer to check the temperature.
- See the Apply the Heat chart on page 17 for the recommended cooking times for foods.
- Keep foods out of the **Danger Zone**: The range of temperatures at which bacteria can grow - usually between 40° F and 140° F (4° C and 60° C).
- **2-Hour Rule**: Discard foods left out at room temperature for more than two hours.



4. Chill

- Your refrigerator should register at 40° F (4° C) or below and the freezer at 0° F (-18° C). Place an appliance thermometer in the refrigerator, and check the temperature periodically.
- Refrigerate or freeze perishables (foods that can spoil or become contaminated by bacteria if left unrefrigerated).
- Use ready-to-eat, perishable foods (dairy, meat, poultry, seafood, produce) as soon as possible.

Food borne Risks for Pregnant Women

As a mom-to-be, there are **specific food borne risks** that you need to be aware of. These risks can cause serious illness or death to you or your unborn child. Follow these steps to help ensure a healthy pregnancy.

Listeria

What is it?

A harmful bacterium that can grow at refrigerator temperatures where most other food borne bacteria do not. It causes an illness called listeriosis.

Where it's found:
Refrigerated, ready-to-eat foods and unpasteurized milk and milk products.

How to prevent illness:

- Follow the 4 Simple Steps above.
- Do not eat hot dogs and luncheon meats - *unless they're reheated until steaming hot*.
- Do not eat soft cheese, such as Feta, Brie, Camembert, "blue-veined cheeses," "queso blanco," "queso fresco," and Panela - *unless it's labeled as made with pasteurized milk*. Check the label.
- Do not eat refrigerated pâtés or meat spreads.
- Do not eat refrigerated smoked seafood - *unless it's in a cooked dish*, such as a casserole. (Refrigerated smoked seafood, such as salmon, trout, whitefish, cod, tuna, or mackerel, is most often labeled as "nova-style," "lox," "kippered," "smoked," or "jerky." These types of fish are found in the refrigerator section or sold at deli counters of grocery stores and delicatessens.)
- Do not drink raw (unpasteurized) milk or eat foods that contain unpasteurized milk.

Toxoplasma

What is it?

A harmful parasite. It causes an illness called toxoplasmosis that can be difficult to detect.

Where it's found:

Raw and undercooked meat; unwashed fruits and vegetables; soil; dirty cat-litter boxes; and outdoor places where cat feces can be found.

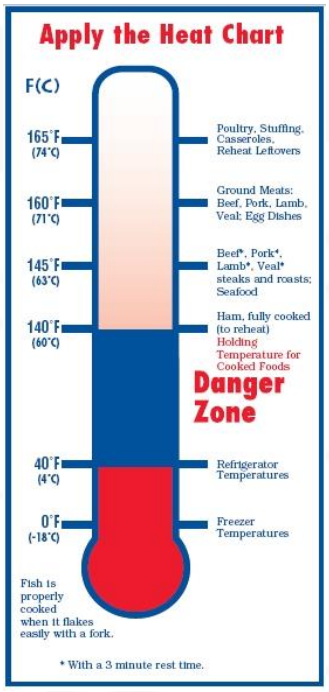
How to prevent illness:

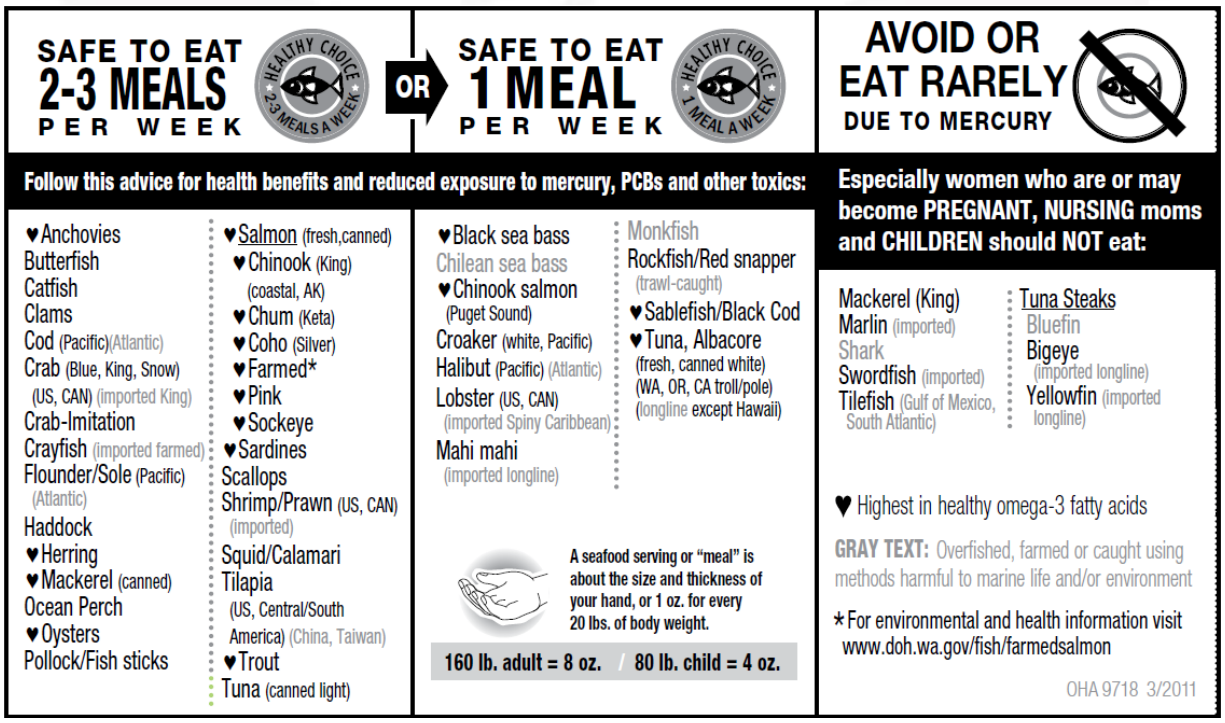
- Follow the 4 Simple Steps above.
- If possible, have someone else change the litter box. If you have to clean it, wash your hands with soap and warm water afterwards.
- Wear gloves when gardening or handling sand from a sandbox.
- Don't get a new cat while pregnant.
- Cook meat thoroughly: see the Apply the Heat chart on page 17 for the proper temperatures.

For More Information

See your medical provider or health-care provider if you have questions about food borne illness.

- FDA Food Information Line: 1-888-SAFE-FOOD.
- FDA Center for Food Safety and Applied Nutrition: http://www.fda.gov/Food/[8]
- Gateway to Government Food Safety Information: www.foodsafety.gov[9]
- U.S. Partnership for Food Safety Education: www.fightbac.org[10]





Healthy Smiles for a Healthy Pregnancy

The prevention of Early Childhood Cavities begins prenatally. A mother's overall health and, specifically, the presence of untreated cavities in her mouth can put her child at risk for severe dental cavities.

DID YOU KNOW?

- Your baby's teeth begin forming in the 4th month of pregnancy.
- Due to hormonal changes during pregnancy, you may have sore, swollen or bleeding gums.
- Untreated gum disease may result in preterm labor.
- Cavities are caused by bacteria that can spread to your newborn through kissing and sharing spoons.
- Tobacco can cause dental problems and harm your baby during pregnancy.

WHAT CAN YOU DO?

- Eat a healthy diet! Get lots of calcium from milk, yogurt, cheese, dried beans, and green vegetables. Limit your intake of soda pop, sweets and starchy snacks.
- Brush your teeth with fluoride toothpaste after meals. Spit, don't rinse!
- Floss your teeth daily.
- See your dentist early in pregnancy for a checkup and a cleaning.
- Chew gum containing Xylitol ("zy-leh-tall") several times a day.
- Don't use tobacco! Now is the time to quit!

Call the Oregon Tobacco Quit Line at 1-800-QUIT-NOW or 1-800-784-8669 for assistance

Visit a dentist while you are pregnant!

Substance Use During Pregnancy

Anything you eat, drink, swallow, or even breathe goes through your blood to your baby through the placenta.

- All the food and oxygen the baby needs to grow goes through the placenta.
- Harmful things like alcohol, drugs, and cigarette smoke also move through the placenta to the baby.
- Even medications and caffeine can go through the placenta to the baby.

If you are pregnant, any of these things can hurt your baby. For example, alcohol, drugs, and tobacco, can cause:

- Birth defects and lifelong learning problems
- Miscarriage, stillbirth, and infant death
- Low weight at birth

When you drink alcohol, so does your baby. Because your baby is so small and growing so quickly, this is very dangerous. The more you drink, the greater the danger to your baby. Alcohol can cause lifelong health problems for your baby.

Alcohol use can cause babies to be born with a birth defect called fetal alcohol syndrome (FAS). Babies with FAS may:

- Have small heads and heart defects.
- Not grow as they should.
- Have learning problems

If you drink alcohol or use drugs, the time to quit is now. But that can be hard to do by yourself. If you need help, talk to your health care provider about getting into a treatment program.

Talk to your health care provider about any medicines you may use. Be sure to tell anyone who prescribes medicine for you that you are pregnant.

While having some caffeine while you are pregnant is not harmful, it is a good idea to use less caffeine for these reasons:

- Caffeine may make it hard for your body to absorb the iron you and your baby need.
- Caffeine takes away the water, calcium, and vitamin C your baby needs to grow.
- You may eat or drink less of the things that are good for you and the baby.

When you smoke, less oxygen gets to you and your baby. This makes it harder for you to have a healthy pregnancy.

- You may have a miscarriage.
- Your baby may be born too small or too early.
- Your baby could have learning problems or other health problems later on.
- Sudden infant death syndrome (SIDS) happens more often in babies whose mothers smoke.
- Smoking and chewing tobacco not only cause the health problems of heart disease and cancer of the lungs, mouth and neck, it also seriously worsens many other conditions such as diabetes, circulation problems and lung conditions, as well as slows up any healing effort of the body.

Tips & Tricks On Quitting Tobacco Use

Stop smoking or chewing tobacco and your body responds! Within…

20 minutes:	Blood pressure drops to normal, body temperature of hands and feet increases to normal
8 hours:	Carbon monoxide blood level drops to normal, oxygen blood level increase to normal
24 hours:	Chance of heart attack begins to decrease
48 hours:	Nerve endings start to regrow, ability to smell and taste is enhanced
1-3 months:	Circulation improves, walking becomes easier, lung function increases up to 30%
1-9 months:	Decreased coughing, sinus congestion, fatigue, and shortness of breath, cilia regrow in lungs, increasing ability to "clean" lungs, body's overall energy increases
1 year:	Excess risk of coronary heart disease is half, and stroke risk is reduced to that of a nonsmoker
10 years:	Lung cancer death rate equivalent to nonsmoker, precancerous cells are replaced by healthy cells, risk of other cancers (mouth, throat, bladder, etc) decreases
15 years:	Your risk of heart disease is the same as if you never smoked!

It takes approximately 7-10 days to purge nicotine from the body. The first 72 hours are the most difficult and the most crucial.

Within that time prepare to experience some of the following:

- **Craving**
- **Nervous Tension**
- **Stress**
- **Spacey, unfocused feeling**
- **Anxiety**
- **Mood Swings**
- **Depression**
- **Fatigue**

REMEMBER the 4D's

Delay
Do Something
Deep Breath
Drink Water

The Rule of HALT

Don't let yourself get….
Hungry
Angry
Lonely
Tired
(It puts the body under stress, which is a trigger for smoking.)

More tips to remember:

- Breaking routines associated with the habit is crucial in getting through the first 72 hours of nicotine withdrawal.
- Cigarette odor is a big trigger, so get rid of it from your home and car by doing a thorough cleaning of both. (It might be helpful to have both professionally cleaned.)
- Talk to ex-smokers for tips on how they were able to quit.
- Keep busy; boredom is a trigger. Exercise is a good and healthy way to keep busy.
- Drink lots of water; dehydration causes fatigue, which is a trigger. (Water also speeds up purging poisons from your body.)
- Look into tobacco cessation patches, Zyban, etc. They will help ease the cravings and the anxiety. (Your provider may prefer not to prescribe these during pregnancy.)
- Join a tobacco cessation group; talking with others going through some of the same things helps. Bay Area Hospital has one. Call 269-8076 for more information.
- Website: for information on quitting tobacco.

  www.1800quitnow.org or www.oregonquitline.org

- Pamper yourself; treat yourself to just about anything but tobacco.
- Constantly remind yourself why you quit.
- Stop new smokers before they start.
- Excellent help will be offered by the Oregon Quit line – Do call them!
  1-800-QUIT-NOW or 1-800-784-8669

Exercise During Pregnancy

Before You Begin Any New Exercise Program, Discuss It With Your Medical Provider.

Childbirth is among the most physically stressful challenges a woman ever faces. Regular exercise during pregnancy:

- Strengthens muscles needed for labor and delivery
- Helps reduce backaches, constipation, bloating, and swelling
- Improves posture
- Gives you energy and improves your mood
- Lessens some of the discomforts of pregnancy
- Helps you feel less tired and sleep better

Exercise in preparation for pregnancy and childbirth should begin when you are planning to get pregnant. The sooner you begin exercising the better you will feel.

Some exercise can be more difficult during the last 3 months of pregnancy. Also, due to hormonal changes, your joints become looser, which makes it easier to develop spasms and injure yourself. If you have not been exercising regularly until this point in pregnancy, even moderate exercise may decrease the oxygen supply to your baby. Simple walking may be the best exercise at this time of pregnancy.

The three muscle groups you should concentrate on during pregnancy are the muscles of your back, pelvis, and abdomen.

- Strengthening your abdominal muscles will make it easier to support the increasing weight of your baby. You will also be able to push with more strength and more effectively during the last phase of delivering your baby.
- Strengthening pelvic muscles will permit your vagina to widen more easily during childbirth. This will help prevent urinary problems (leaking urine when you cough or sneeze) after delivery.
- Strengthening back muscles and doing exercises to improve your posture will minimize the strain of pregnancy on your lower back. It will help prevent discomfort caused by poor posture.

The type and intensity of sports and exercise you participate in during pregnancy depend on your health and on how active you were before you became pregnant. This is probably not a good time to take up a new strenuous sport.

- **Walking** If you did not do any exercise before becoming pregnant, walking is a good way to begin an exercise program.
- **Prenatal Yoga** Increases flexibility, strength and endurance. There are many online resources or check with your local library.

- **Jogging** If you jog, you probably can continue as long as you feel comfortable doing it. Avoid becoming overheated and stop if you feel uncomfortable or unusually tired. Remember to drink plenty of water.
- **Swimming** If you are a swimmer, you can continue to swim. Swimming is an excellent form of exercise. The water supports your weight while you tone and strengthen many different muscles. Scuba diving is not advised.
- **Golf and bowling** Both of these sports are good forms of recreation. You will just have to adjust to your larger abdomen. Be careful not to lose your balance.
- **Four wheeling, snow skiing, water skiing, horseback riding, and surfing** These sports can be dangerous because you can hit the ground or water with great force. Falling while traveling at such fast speeds could harm your baby. Talk to your health care provider before participating in these activities.
- **Climbing, hiking, and skiing above 6,000 feet** Elevations above 6,000 feet can deprive you and your baby of oxygen. This can cause premature labor. Avoid strenuous exercise at this altitude, especially if you normally live close to sea level.

General Guidelines For Exercising During Pregnancy

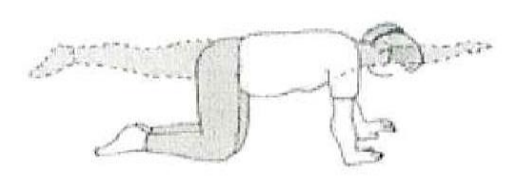
- Start slowly and build up to more demanding exercises. Toward the end of an exercise session, gradually slow down your activity.
- Regular exercise (30 minutes almost every day) is better for you than spurts of exercise followed by long periods of no activity.
- Check your pulse and/or heart rate during peak activity. Slow down your activity, if your heart starts beating faster than the target range recommended by your medical provider. Exercise that is too strenuous may speed up the baby's heartbeat to a dangerous level. In general, if you are able to carry on a conversation comfortably while exercising, your heart rate is probably within the recommended limits. Check to make sure.
- Stop immediately if you feel tired, short of breath, or dizzy. Don't lift over twenty (20) pounds.
- Drink water often before, during, and after exercise to prevent dehydration. Take a break in your workout to drink more water if needed.
- Avoid sports and exercise in which you might fall or be bumped.
- Be very careful with your back. Avoid positions and exercises that increase the bend in your back. They put extra stress on the stretched abdominal muscles and compress your spinal joints. Deep knee bends, full sit-ups, double leg raises, and straight-leg toe touches also may injure the tissues that connect your back and legs.
- Avoid outdoor exercise in hot, humid weather. Also avoid hot tubs, whirlpools, or saunas. Becoming overheated during pregnancy increases the baby's temperature. If the baby's temperature increases too much, it can affect the cells developing in the baby's nervous system and brain.
- Avoid exercise if you have an illness with a temperature of 100 ˚F (37.8 ˚C) or higher.
- Avoid jerky, bouncy, or high-impact motions that require jarring or rapid changes in direction. These motions may cause back, abdominal, pelvic, and leg pain. They could also cause you to lose your balance.
- Make exercise a part of your daily life. Daily tasks can double as exercise sessions if you do the following:
    - Tighten your abdominal muscles when you are standing or sitting
    - Squat when you lift anything, whether it is light or heavy

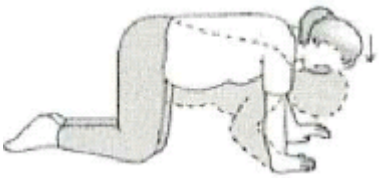
You should stop exercising and call your medical provider if you have any unusual symptoms, such as:

- **Pain, including pelvic pain, uterine contractions, or chest pain**
- **Trouble walking**
- **Bleeding or fluid leaking from the vagina**
- **Faintness or dizziness**
- **An increase in shortness of breath**
- **Irregular heartbeat (skipped beats or very rapid beats).**

The following exercises can help to strengthen the muscle groups used during labor, delivery and recovery if you do not already have an exercise program in place.

Quadriped Arm/Leg Raises: Get down on your hands and knees. Tighten your abdominal muscles to stiffen your spine. While keeping your abdominals tight, raise one arm and the opposite leg away from you. Hold this position for 5 seconds.





Modified push-ups: Get onto your hands and knees, with your hands directly underneath your shoulders. Slowly lower yourself toward the floor, being careful to keep your spine straight. When you can do 2 sets of 15 easily, do this with your heels in the air. Gradually progress to doing this with your legs out straight.

Lunges: Stand and take a large step forward with your right leg. Dip your left knee down toward the floor and bend your right leg. Return to the starting position. Repeat the exercise, this time stepping forward with the left leg and dipping the leg on your right side down. Do 3 sets of 10 on each side.

Wall slide: Stand with your back, shoulders, and head against a wall and look straight ahead. Keep your shoulders relaxed and your feet 1 foot away from the wall and a shoulder's width apart. Keeping your head against the wall, slide down the wall, lowering your buttocks toward the floor until your thighs are almost parallel to the floor. Hold this position for 10 seconds. Make sure to tighten the thigh muscles as you slowly slide back up to the starting position. Do 3 sets of 10. Increasing the amount of time you are in the lowered position helps strengthen your quadriceps muscles.

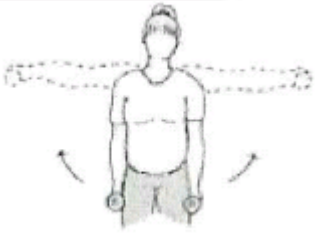
Heel raises: Balance yourself while standing behind a chair or counter. Raise your body up onto your toes and hold it for 5 seconds, then slowly lower yourself down. Repeat 10 times. Do 3 sets of 10.

Rowing exercise: Tie a piece of elastic tubing around an immovable object and grasp the ends in each hand. Keep your forearms vertical and your elbows at shoulder level and bend to 90 degrees. Pull backward on the band and squeeze your shoulder blades together. Repeat 10 times. Do 3 sets.

Thoracic extension: While sitting in a chair, clasp both arms behind your head. Gently arch backward and look up toward the ceiling. Repeat 10 times. Do this several times per day.

Arm slides on wall: Sit or stand against a wall with your elbows and wrists against the wall. Slowly slide your arms upward as high as you can while keeping your elbows and wrists against the wall. Do 3 sets of 10.

Shoulder abduction: Stand with your arms at your sides with your palms resting against your sides. With your elbow straight, lift your arms out to the side and toward the ceiling. Hold the position for 5 seconds. Do these with a 2 to 4 pound weight in each hand. Repeat 10 times.



Biceps curls: Stand and hold a 5 to 8 pound weight in your hand. If you do not have a weight use a soup can or hammer. Bend your elbow and bring your hand (palm up) toward your shoulder. Hold 5 seconds. Slowly return to your starting position and straighten your elbow. Repeat on the other side. Do 3 sets of 10.

Exercises For A Strong Pelvic Floor

Reprinted Courtesy Of Nursing For Women's Health

A strong pelvic floor is integral to continence, childbirth, and sexual satisfaction. Exercises to strengthen the pelvic floor muscles (PFM) involve isolating, contracting, holding, and releasing these muscles.

Step 1: Positioning

- When first starting out, do your exercises while lying on your back with your knees bent, supported with pillows. It's important to take the time to develop a proper technique, and lying down in a quiet room will help you to focus on contracting the correct muscle. Lying down will also make your exercises easier since you won't have to work against the pull of gravity and the weight of your pelvic organs that rest on the PFM.
- Once you're comfortable with your exercises in a lying position and need to challenge your muscle further, progress to sitting (sometimes it helps to use a hard chair), then to standing, and finally to exercising while walking.

Step 2: Isolating your PFM

- Begin by isolating the PFM. To do so, relax your stomach (abdominals), bum cheeks (gluteal muscles), and legs (hip adductors) as much as possible so that you're sure it's the PFM that you're contracting. Your body should not move when you contract your PFM.
- Pull "up and in" with your pelvic floor. Imagine that you're trying to stop urinating or are holding in gas while standing in a crowded elevator.
- It is fine to occasionally try to "stop your pee" while voiding on the toilet so that you can see if you're isolating the correct muscle. (Note: This should only be done as a test; routinely stopping and starting urine flow while voiding can lead to serious problems, including increased risk for urinary tract infection). You may want to practice this once a week, first to help locate the PFM, and later to note an increase in muscle strength when you're able to hold back the urine flow more easily.

Step 3: Contracting and Releasing

- Contract the PFM and hold for 5 seconds, then rest for 10 seconds. Repeat 5 times. Now contract the PFM for 1 second and relax for 1 second. Repeat 5 times. (Contracting for different lengths of time works the different muscle fibers found in the PFM). This is considered 1 set of exercise and should take you approximately 1 minute to complete. Try to complete 10 sets each day.

Helpful Hints

- Don't forget to breathe! Counting out loud might help.
- It's normal for your PFM to fatigue quickly. That's why these exercises incorporate twice as much rest time for each contraction.
- Spread your sets throughout the day and don't try to contract an already exhausted muscle. Try to do 3 sets in the morning, 4 sets in the afternoon and 3 sets in the evening. Remember, it's better to do fewer exercises properly than to do more improperly.
- Incorporate your PFM exercises into your regular day-to-day activities, so that the exercises are less intrusive to your busy lifestyle. This also ensures that the PFM is able to work in all positions and can hold the bladder shut when you need it to.

- If you’re pregnant or considering becoming pregnant, develop good PFM exercise habits prior to delivery. This ensures that your PFM will be healthy and strong and will assist, rather than hinder, your delivery. Plus, if you’re familiar with your PFM, you’ll be able to gently contract the PFM after birth to promote better blood flow and healing in this area. And if you’re already doing exercises regularly before the birth of your baby, it will be that much easier to continue after you bring your baby home.

Reprinted Courtesy of Nursing for Women’s Health

Partners are Important, Too!

Sometimes, during the flurry of activity that surrounds pregnancy, labor, and birth, partners can feel a bit left out. Much of the attention is focused on the pregnant or new mom---medical provider's visits, ultrasounds, baby showers, etc. Partners are very important, not only as a supportive partner in pregnancy, labor and birth, but also as a parent to their baby.

Before delivery

- Attend prenatal appointments and childbirth classes with mom. Ask any questions you are wondering about. Check with MOMS Program or online at bayarehospital.org for a schedule of available classes.
- Encourage a healthy lifestyle—good diet and exercise for both you and mom. Quit smoking, excessive drinking and using drugs, and encourage mom to stop, too.
- Tell her she's beautiful and hold her when she gets emotional.
- To prevent mom and baby from being exposed to sexually transmitted diseases, remain faithful to your partner.
- Share your feelings with her—your hopes, dreams and fears---so that she can be as supportive of you as you are of her. Talk with others about your feelings about parenthood.
- Talk and read to your baby *before* birth. Your baby will recognize your voice and will prefer your voice and mom's voice to all others! Selecting one simple, rhythmic book and reading it every day during pregnancy can help to calm baby after it is born by reading it.
- Support mom during labor and the birth of your new baby. You can learn how to do this by attending childbirth preparation classes.

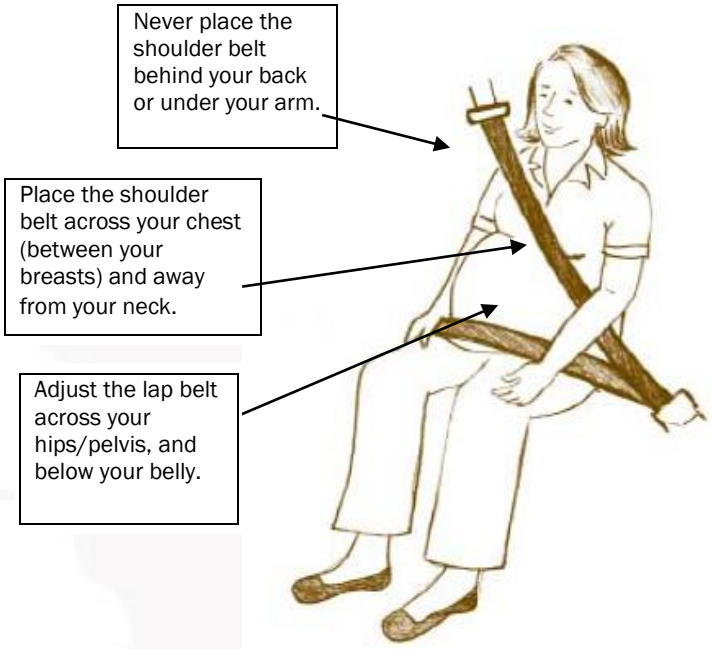
After delivery

- Get acquainted with your baby by rocking, cuddling, talking and singing to and comforting baby.
- Help mom get rest between feedings by caring for baby, changing diapers, bathing baby and doing household chores as needed. You can learn about diapering and bathing and calming techniques by taking a newborn care class before delivery.
- Make sure mom eats a healthy diet—fix her healthy, light meals and offer plenty of fluids.
- Protect her from too many visitors.
- Accompany mom and baby to their medical provider appointments.
- Encourage mom to breastfeed your baby and support her by:
    1. Assuring that mom and baby get off to a good start by helping with latching and positioning the baby at the breast. You can learn how to help by attending a breastfeeding class with her before your baby's birth.
    2. Telling her you're proud of her and helping her ignore any negative comments or suggestions from family or friends.
    3. Bringing her the baby in the middle of the night so she doesn't have to get up.
    4. Sitting with her sometimes during feedings and admiring her and baby.
    5. Encouraging mom to rest and eat a healthy diet.
    6. Knowing that by supporting breastfeeding, you are contributing to the *life-long* health of both mom and baby.

- Recognize that mom may be emotional and tired after giving birth. Remain supportive and loving. If you notice she is feeling sad, overwhelmed, or cannot function normally by 2 weeks after birth, discuss this with her and encourage her to notify her medical provider. Talk with her about her feelings and about your feelings. Be sensitive and loving during this time of adjustment with your new family.

- Take time to play with your baby regularly. Babies need many types of play to develop and thrive.

Seat Belt Safety During Pregnancy



Medical providers recommend that pregnant women wear seat belts and leave the air bag switch on; they work together to protect both Mom and the unborn baby in a crash.

Air bags are designed to work with seat belts, not replace them and they should not be turned off. Without a seat belt, a pregnant woman can be thrown into a rapidly opening air bag—a movement of such force could severely injure Mom and her unborn baby.

You should move the front seat as far back as possible. Your breastbone should be at least 10 inches from the steering wheel or dashboard. As your abdomen grows during pregnancy, move the seat back to keep as much distance as possible while still allowing a driver to reach the pedals.

For more information about child safety seats, booster seats, inspection/fitting stations in your area, seat belts, air bags, and other highway safety issues, call the DOT Auto Safety Hotline at **1-888-DASH-2-DOT (1-888-327-4236)** or visit our web site at www.nhtsa.dot.gov

High Blood Pressure in Pregnancy

Blood pressure is the force of the blood pushing against the walls of the arteries (blood vessels that carry oxygen-rich blood to all parts of the body). When the pressure in the arteries becomes too high, it is called high blood pressure or hypertension.

There are several types of high blood pressure that affect pregnant women:

- **Chronic hypertension** develops before 20 weeks of pregnancy or lasts more than 12 weeks after delivery.
- **Gestational hypertension** develops after 20 weeks of pregnancy and usually goes away after delivery. Chronic hypertension and gestational hypertension can sometimes lead to Pre-eclampsia.
- **Pre-eclampsia** is a serious condition that develops after 20 weeks gestation, characterized by high blood pressure and protein in the urine.

All types of high blood pressure can pose risks to Mom and her baby. Fortunately, problems usually can be managed with proper prenatal care, so it is very important to work closely with your medical provider.

Warning signs of pre-eclampsia in pregnancy

- Elevated blood pressure readings
- Severe headaches
- Vision problems (blurring, flashing lights, spots or stars, sensitivity to light)
- Pain in the upper right abdomen
- Rapid weight gain (4-5 pounds in one week)
- Swelling of the hands and face
- Protein in the urine

If you have any of these warning signs:

- Contact your medical provider. By closely monitoring blood pressure levels and the development of other symptoms, most serious problems can be avoided.
- Having regular prenatal examinations is important in detecting high blood pressure in pregnancy and minimizing its effects. Working with your medical provider to control your blood pressure level will help improve your chances of having a healthy baby.

Signs of Preterm Labor

When your uterine muscle tightens and it feels hard all over, that is a contraction. It is normal to have contractions during pregnancy, but those that cause your cervix to soften, shorten, or open prematurely may lead to the delivery of a preterm infant. 'Preterm infant' means a baby who is less than 37 weeks gestation at birth. These babies may be born with respiratory and other medical conditions requiring long, difficult hospitalizations. In order to reduce the chance of preterm labor, you should lead a healthy lifestyle, eat a nutritious diet, drink at least two quarts of water daily, and rest on your side several times a day, or whenever you feel tired.

It is important to be able to recognize the signs of preterm labor, so if you do experience preterm labor, you can report it early. Often, if reported early, preterm labor can be slowed down or stopped completely.

Signs of possible preterm labor may include:

- Contractions---4 or more per hour---they may be painless
- Backache---a throbbing or unusual back pain or pain that radiates from low back to low front
- Intestinal or stomach cramps with or without diarrhea
- Pelvic pressure (feels like the baby is 'sitting on your cervix')
- Menstrual-like cramps
- Changes in vaginal mucous (lots of thick, sticky clear or blood tinged or any indications of infection)

If you experience any of the above symptoms, follow the steps below:

Always report signs or symptoms of a bladder infection (UTI) or vaginal infection to your medical provider right away. If you notice leaking or a gush of fluid from your vagina, call your provider and come to the Family Birth Center immediately.

- Empty your bladder
- Lay down on your side
- Drink several large glasses of water and eat a healthy snack
- Place your finger tips on your uterus to feel for contractions (tightening)
- Call your care provider or the Family Birth Center at 541-269-8036 if you continue to have four contractions in an hour, even if they don't hurt. If your symptoms go away after resting, evaluate your activity before the contractions started (not drinking enough water? Overtired? Forgot to eat?). Let your care provider know (during office hours) that you had some contractions that stopped with rest.

More about Contractions……..

When any muscle in your body “contracts,” it becomes tight or hard to the touch. When your uterus – which is a muscle – contracts, you will feel it get tight or hard. When the contraction stops, your uterus becomes soft.

It is normal for your uterus to contract at times during your pregnancy. this may happen when you first lie down, or after sex, or after you walk up and down stairs.

It is *not normal* to have *frequent* uterine contractions before your baby is due. If you feel a contraction every ten minutes or more often for one hour (in other words, more than five contractions in an hour), then your uterus is contracting too much.

How to Check for Contractions

Lie down and place your fingertips on your uterus like this:

If your uterus is tightening and softening, you can tell how often these contractions are happening. “How often” is the time in between the start of one tightening and the start of the next “tightening”.

Some “tightening” feel harder or stronger than others.

Getting Ready for Baby

Suggestions for Baby's Arrival at Home

Nursery

Crib (no drop rail) or bassinet
Changing table with safety strap
Diaper pail
Chest of drawers
Laundry hamper
Mobile
Night light
Comfortable chair for feedings

Bed

Crib sheets (fitted) (3-6)
(Current SIDS recommendation – No bumper pads)
Blanket sleeper
Waterproof mattress pads (2)
Receiving blankets (6-12)

Toiletries

Mild soap & baby shampoo
Diaper wipes or wash cloths
Diaper rash ointment

Bath

Hooded bath towel
Hand towel (2-3)
Wash cloths (6-12)
Portable tub
Bath thermometer

Clothes

Undershirts or "Onesies" (6-12)
Gowns or sleepers (6-12)
Light sweater or blanket sleeper
Booties
Socks(6-12)
Hat & mittens
Cloth diapers (45-55/week) or disposable diapers
Waterproof diaper covers for cloth diapers (4-6)

Miscellaneous

Front carrier, sling
Stroller
Diaper bag
Infant brush & comb set
Rectal thermometer
Nasal aspirator (bulb syringe)
Baby book
Smoke detectors
Fire extinguishers
Nursery monitor
Baby swing
Carbon monoxide monitor
Diaper wipe warmer

Suggestions for Your Stay at the Family Birth Center

- ☐ **Nightgowns*:*** Two. You may bring your own if you wish, but we will provide you with hospital gowns while you are here. You may want to wear the hospital nursing gowns to save on laundry when you get home.
- ☐ **Bathrobe & slippers** (hard soled)
- ☐ **Bras***:* Sleep bras work well, as they accommodate the size changes that your breasts may go through during the first weeks of nursing. Underwire bras are not advised.
- ☐ **Toiletries**: comb, brush, shampoo, toothbrush, toothpaste, deodorant.
- ☐ **Underwear***:* We will give you two pairs of mesh panties to hold up the peri-pad. You may be more comfortable in your own undies. If you bring your own, bring old ones, as staining may occur from the normal vaginal bleeding after delivery.
- ☐ **Baby book**: Footprints can be put in the book by the nursery staff.
- ☐ **Car seat and supplies**:
  - ☐ Bring two receiving blankets
  - ☐ Have someone bring the safety seat to your hospital room the day after your baby's birth so that our technicians can start the inspection process early and make your discharge day easier.

Tools For Labor

- ☐ Small brown bag for hyperventilation.
- ☐ Something to keep mouth from becoming too dry such as mouthwash, breath spray, sour candies (on a stick).
- ☐ Lubricant for lips and nose such as Vaseline, lanolin, chap stick, or lip balm.
- ☐ Lotion for back rub or effleurage. The smell of the lotion you regularly use at home may be comforting to you.
- ☐ Tennis ball for back massage.
- ☐ Pair of warm socks (bring old ones you can either throw away, or that you don't mind if they get stained).
- ☐ This booklet.
- ☐ Nourishment for coach.
- ☐ Focal point (object).
- ☐ List of important phone numbers and cell phone so you can call with your good news.

Homecoming Day

Have the things you want to wear home, as well as the baby's clothes, in a place where your support person can easily find them or take them to the hospital when you go into labor.

Mother*:* Take clothing that is loose and comfortable, as it is normal for your body to look about five months pregnant for a while after delivery.

Baby*:* The baby's outfit does not have to be fancy. An undershirt, one piece stretch outfit, booties, hat, receiving blanket and outer blanket in cool weather, and an approved infant car seat is all you need.

All About Labor

You are in labor when the muscles of your uterus contract so that your baby can be born. During labor, the uterine muscles tighten and the opening of the uterus (the cervix) thins and opens. The baby moves down the birth canal and is born. After delivery of the baby, the placenta also comes out of the uterus. This is the last part of labor.

Every labor is different. How long it lasts and how it progresses varies from woman to woman and from birth to birth. There are, however, general guidelines for labor that a health care provider uses to decide whether labor is progressing normally.

If you have signs of labor before 37 weeks of pregnancy, the labor is considered preterm. You should call your health care provider right away if you have any signs or symptoms of labor before 37 weeks.

Signs Indicating That You Are *Approaching* Labor

- Lightening: The baby moves downward into the pelvic cavity making breathing easier. There is greater frequency of urination due to the pressure of the uterus on the bladder. Lightening may occur 2 to 4 weeks before labor starts. If you have had previous children, lightening may not occur until after labor begins.
- Discomfort (heavy feeling) in the legs
- Low backache
- “Crampy” pull behind pubic bone
- Low abdominal cramps
- Loose bowel movements
- Spurts of energy or extreme tiredness
- Increased vaginal discharge
- Irregular uterine contractions
- Bloody show (thick clear mucous streaked with small amounts of brown or red blood) and/or loss of mucous plug. This may take place a few days to a week or more before labor starts. There is no need to notify your medical provider unless the amount resembles menstrual flow, or the bleeding is bright red.

Signs Of Labor

Bag Of Water (Membranes) Break: Active contractions usually start within 24 hours. It is important that you notify your medical provider when your bag of water leaks or breaks. If you have been told you are "Group B Strep positive", you will need to come to the hospital to verify that your bag of water is broken. If it is, you will be started on IV antibiotics immediately to help clear the birth canal of Group B Strep bacteria.

When your bag of water breaks, you will feel either a gush or a leaking of fluid from your vagina. Check the following and call your medical provide-- just remember…. "**TACO"**:

- **T**ime: Note what time your water breaks. This is important for timing when your labor starts.
- **A**mount: Note the amount of water, a teaspoon size spot to continuous gushing.
- **C**olor: Normally the fluid is clear. If it is pink or red, there might be bleeding into the fluid. If it is brownish or greenish, it is a sign that baby may be stressed, causing a reflex emptying of the bowels (passage of meconium).
- **O**dor: Normally, the fluid is odorless. If it has a foul smell, there could be infection present.

This information helps your medical provider plan what to do next (such as have you stay home, come in for a check, or go to hospital).

You should take the following precautions if you think your bag of water has broken, to prevent introduction of bacteria into the uterus and causing infection:

- Put nothing into the vagina:
  - No tampons.
  - No intercourse.
  - No fingers. (DO NOT check your cervix!)
  - No tub baths, pools, or hot tubs at home.

- The medical provider and nurses will also limit the number of vaginal exams done during labor to reduce infection. It is safer to restrict vaginal exams to situations where a clinical management decision must be made (for example, whether to induce labor, allow you to walk, etc.) or the decision depends on knowing the amount of dilation.

If you follow these precautions and the fluid is normal, you can probably safely wait for labor to begin without inducing labor. This, however, is a management decision that you need to discuss with your medical provider, preferably in advance.

Uterine Contractions: May be felt as menstrual-like cramps, gas or intestinal upset, pressure or pushing in the pelvic area, and/or severe backache. Contractions usually form a pattern: getting closer together, lasting longer and increasing in intensity as labor progresses. While discomfort *is not always* necessary to be in real or active labor, the inverse is also true: *false labor is sometimes painful*.

Group B Strepococcus (Gbs) is a germ that has the potential to cause severe, even life threatening infection in a newborn. The infection can however, be readily treated with antibiotics. (Note that GBS is NOT the same germ that causes strep throat.) In the USA about 1 in 4 women carry this type of bacteria.

If an expectant mother is carrying GBS germs in her vagina and rectum, her baby can contract the infection during passage through the birth canal. Although many GBS infected mothers deliver healthy babies without intervention, the potential for severe infection in a newborn is large enough that steps should be taken to protect a baby at risk. Testing for GBS is a routine part of the preventative care offered by our local prenatal care providers. Be sure to ask questions you might have about GBS when you are tested.

If GBS is found in the birth canal in late pregnancy (35^{th} – 36^{th} week), it is prudent to treat the mother with intravenous (IV) antibiotics as soon as she goes into labor. Prompt administration of antibiotics during labor typically enables a woman carrying GBS to deliver a healthy baby vaginally – provided, of course, there is no compelling reason unrelated to the infection for surgical delivery.

If you test positive for GBS:

When your water breaks or when you go into labor:

- Go to the hospital. The antibiotics work best if you get them at least 4 hours before you deliver
- Tell the Family Birth Center Staff that you tested positive for Group B Strep
  (If you have NOT had your GBS test when labor starts, remind the Staff that you do not know your GBS status)
- SPEAK UP if you are allergic to penicillin
- Expect to get IV antibiotics during labor
- It is good to breastfeed your baby, as breast milk provides antibodies that help babies fight infections

True Labor Vs. False Labor

TRUE LABOR	FALSE LABOR
Contractions become strong, last longer, and come closer together as labor progresses	Contractions stay the same or diminish in intensity.
Cervical dilation progresses from 0 cm to 10 cm.	There is no cervical dilation.
Uterus hardens over entire surface.	Only a portion of the uterus hardens.
Change in mother's activity level does not affect the progress.	Relaxing and decreasing activity level slows down the progress.
Walking tends to make the contractions stronger.	Walking tends to space contractions out.

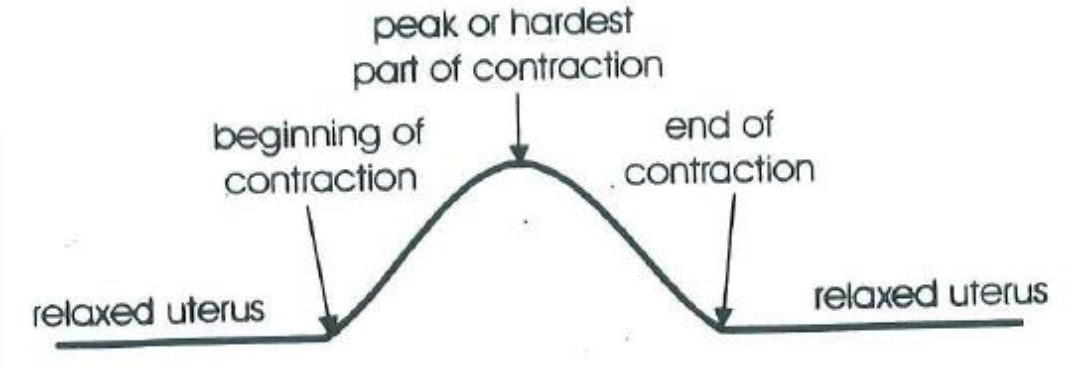
If you think you may be in labor:

- Eat lightly, such as tea, toast, Jello, or fruit.
- Avoid heavy or hard digesting foods, such as dairy products, greasy foods, or fatty meats.
- Sleep or keep busy with non-strenuous activities as long as possible.
- Time contractions and call your medical provider as you have been advised to do.
- Ignore contractions as long as possible or use only conscious relaxation techniques taught on page 48.

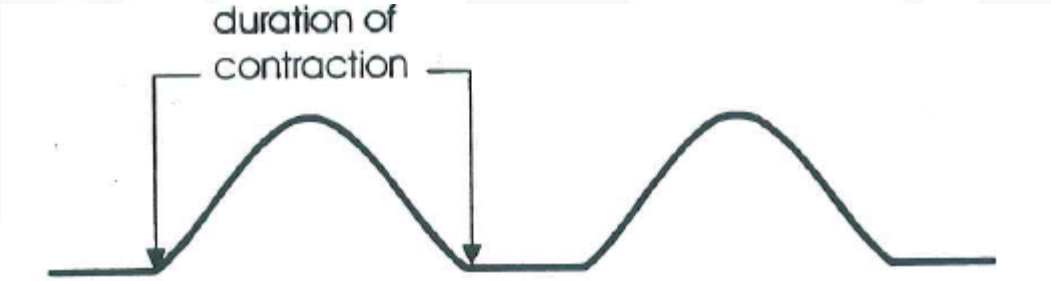
There is no need to start any special breathing if you can walk, talk or joke through contractions.

How To Time A Contraction

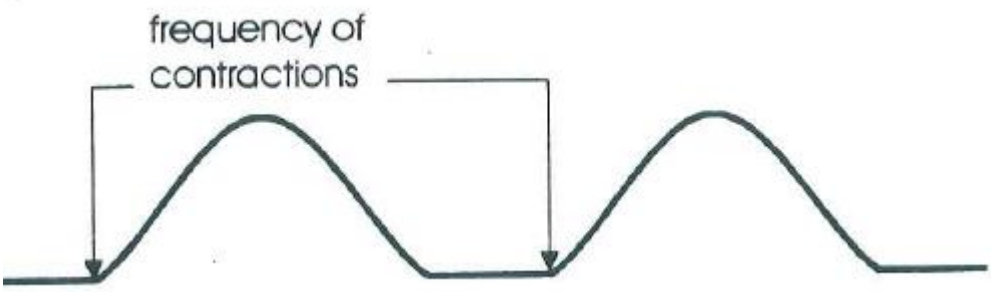
It is important to be able to tell how far apart your contractions are (frequency) and how long they last (duration). You will need to use a watch or clock with a second hand. This is important information to tell your care provider or labor and delivery nurse when you call.



Duration (how long a contraction lasts): Begin timing with the cleansing breath; end timing when the contraction goes away and the cleansing breath is taken. (Contractions generally range from 20 to 180 seconds, averaging 60 to 90 seconds.)



Frequency (how often contractions happen): Begin timing with the start of one contraction and continue timing until the start of the next contraction. (Usually 2 to 20 minutes apart depending on your stage or phase of labor.)



When To Call Your Medical Provider

If any of the following happen, call your medical provider, or the Family Birth Center at 541-269-8036

1. You have bright red bleeding from the vagina in any amount, or a large amount of dark, menstrual-type blood (mucous, bloody show is normal).

2. You have constant severe pain. Do not wait for a whole hour to check your contractions—call right away.

3. Your water breaks, even if you are not having any contractions. Remember the **"TACO"** acronym (Time, Amount, Color, Odor).

4. If the contractions are 3-5 minutes apart, lasting 60-90 seconds or more, and increasing in intensity.

5. You feel your baby's movements have changed, decreased, or suddenly increased. Eat a protein snack, turn off TV/radio, lie down on your side and concentrate on baby's movements. If you still feel it is not normal movement, call right away.

6. You have new onset of lower side back pain (flank pain).

7. You have been told you have high blood pressure and you experience any of these symptoms: visual disturbances, increased swelling, upper abdominal pain (under right ribs), or decrease in amount of urine even though drinking normal amounts.

8. You are unsure or just don't feel right, and want to be seen.

The Slow-To-Start Labor

(Prolonged Pre-Labor Or Latent Phase)

Sometimes it takes hours or days of contractions before the cervix finally begins to open. Why does this happen to some women and not to others? We don't have the answer to that, but there are some factors which seem to make it more likely a woman will have a slow-to-start labor:

- Her cervix is thick and unripe (hard) when contractions begin
- She has a scarred cervix
- Her uterus is contracting in an uncoordinated fashion, so that it does not result in changing the cervix
- Other unpredictable reasons exist

Neither you nor the care provider can predict well in advance what the course of labor will be, even if some of these conditions exist. Most slow-to-start labors eventually hit their stride and proceed normally after the initial long tuning-up period.

Some, however, are part of a generally protracted labor, in which all phases proceed, but at a very slow pace. This type of labor presents a serious challenge to the woman and to her support people, since you cannot know in advance how labor will progress – only time will tell. The coach's role will be to maintain her morale and help her pace herself mentally and physically to accept slow progress.

Strategies for a Slow-To-Start Labor

1. Be patient and confident. This will not go on forever.
2. If you are worried, remember that a long pre-labor does not mean anything is wrong. The cervix simply needs more time.
3. Support from your coach will help you to wait it out until your cervix starts to let go and open.
4. Try not to become preoccupied with the labor or to overreact to every contraction. This only makes it seem longer.
5. Eat and drink high-carbohydrate, easily digested foods (for example, toast with jam, yogurt, cereals, pancakes, pasta, fruit juice, tea, and sugar or honey, sorbet, or gelatin desserts).
6. Rotate among distracting, restful and labor stimulating activities.
    - Try distracting activities during the day.
    - Get out of the house – go visit friends, take a walk, go to work (you are the judge of how much you can do), go to a movie, shopping, to the mall or a restaurant. It's easier to minimize the contractions when you're among other people than when you're alone at home.
    - At home, watch TV, dance, play some favorite music, clean, straighten up, pay bills, play games, fix meals for after the baby is born, have friends over.
    - Rest or sleep at night, or nap, if possible.
        - If you are tired and cannot sleep, try a warm bath or a long shower.
        - Your coach can give you a soothing massage.
        - Try a relaxing beverage (warm milk, herbal tea).

If you are in pain, long baths, relaxation, massage, and slow patterned breathing will help. See Comfort Measures section for ideas. (page 47-51)

Courtesy of Penny Simkin, PT

Induction of Labor

Induction of labor is the use of artificial means, such as a medicine, to start the process of childbirth.

The following conditions may be reasons for inducing labor:

- Pregnancy that has continued at least 1 to 2 weeks past the due date
- The mother has high blood pressure caused by the pregnancy
- Infection of the amniotic sac
- Early rupture of the membranes without labor
- Poor growth of the baby
- Rh incompatibility between the mother and the baby
- Kidney disease
- Abnormal fetal heart rate patterns
- Separation of the placenta (abruption)
- Chronic medical problems of the mother or baby
- Logistic reasons, for example, you live too far from a hospital and you have a history of fast labor (only after 39 weeks gestation)

Before inducing labor, your medical provider will check your cervix to see if it is thin or dilating. The medical provider will also check the baby's position in the uterus. In complicated cases, the medical provider may test the maturity of the baby's lungs by testing a sample of the amniotic fluid around the baby.

Labor is induced at the hospital. The most common ways to induce labor are amniotomy, oxytocin (Pitocin), cytotec, or foley catheter.

Amniotomy is often the easiest way to start labor. This procedure is no more painful than a normal vaginal exam. The medical provider uses a special hooked instrument to make a hole in the amniotic membrane. This membrane holds back the bag of water. When it is torn (ruptured) and the amniotic fluids start coming out, uterine contractions usually start. Amniotomy cannot be done safely if your cervix is not dilated or if the baby's head is too high in your pelvis.

The medical provider may decide to start labor by giving you oxytocin intravenously (IV). Oxytocin is a natural hormone that makes the uterus contract. Before oxytocin is started, the medical provider and nurses will check the baby's heart rate. At first you will get a very low dose of oxytocin. A monitor will measure your contractions. The dose will be increased slowly until the contractions reach the desired strength and frequency. The medical provider or nurse will adjust and continue the oxytocin until the baby is born. If you start contracting well enough on your own, the medication may be decreased or shut off.

As another alternative, the medical provider may decide to use prostaglandin in the vagina in the form of a pill. This is often used when the cervix is thick and undilated (unripe). The prostaglandin helps soften the cervix so that the cervix will thin and dilate faster. Prostaglandins are used prior to oxytocin to help the oxytocin work faster and more efficiently.

During the induction of labor, your contractions, your blood pressure, how well your cervix is dilating, and your baby's heart rate will be monitored.

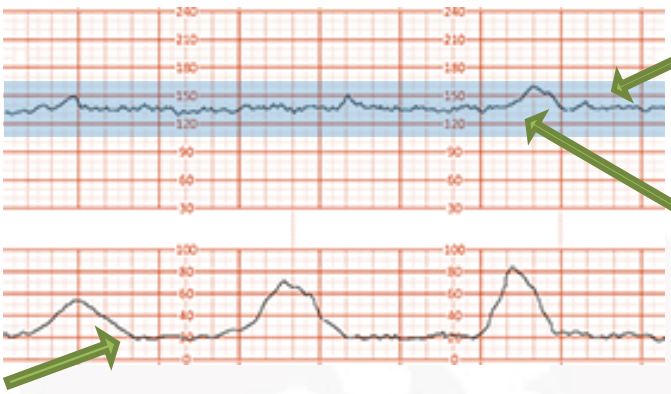
The risks of induction of labor with oxytocin can almost always be prevented by closely adhering to standard techniques such as close monitoring and gradual increase of the dose. There remains a small risk of:

- Abnormal fetal heart rate from contractions that are too strong or frequent, or from a squeezing (compression) of the umbilical cord
- Separation of the placenta from the uterus (abruption) if contractions are too strong
- Damage to the uterus (for example, a tear or rupture of the uterus)
- A cesarean delivery if induction of labor does not work
- Prior to induction you should discuss the benefits and risks with your medical provider

When such complications occur, the medical provider will stop giving oxytocin and may deliver the baby by cesarean delivery. If the baby is very far down the birth canal and the cervix is completely dilated, the medical provider may use suction to deliver the baby vaginally.

Monitoring Your Baby

What are you doing when you are monitoring my baby?



This line is your baby's heart rate.

Your labor and delivery nurse has had special training to understand what changes in your baby's heart rate may mean.

We may change how we manage your care depending on your baby's heart rate.

This black line shows your contractions. Each dark red line is a minute. This woman's contractions are 2 ½ to 3 minutes apart.

Your medical provider and your nurse will be watching the monitor strip carefully. Your strip can be seen on several monitors throughout the Family Birth Center. If there is more than one strip on the computer, ask the nurse which one is yours.

We have two ways to monitor your baby's heart rate and your contractions:

- **External monitors:** Two belts on your belly hold the leads that are attached to the computer.
- **Internal monitors:** We can place a lead on the baby's scalp (an ISE) to measure the heart rate and a tube (an IUPC) next to baby's head into the uterus to measure contractions.

Comfort Measures for Labor

It is important to be educated about the birthing process and to have a birth plan. However, labor, like most things in life, does not always go as planned. We may need to change the plan to reach our goal of a healthy mom and a healthy baby.

Be flexible with your birth plan.

Trust your OB provider.

Labor is hard work, and too many visitors can be overwhelming. The family waiting room is a good place to keep friends and family close.

How long will my labor be?

No one knows! It varies, and it is hard to predict.
Early labor (0 to 4 cm) and can last few hours to days.
Active labor (5 to 10 cm with painful, regular contractions) on average is 4-8 hours for first-time moms. If you have had a baby before, it usually goes faster.
Pushing time varies. It can take up to 1-3 hours for first-time moms. It usually takes less time if you have had a baby before.

Your nurse's job is to keep you safe,
help you cope and answer your questions.
Do not hesitate to ask her for help or advice.

Labor is challenging.
These are ways to help you cope.

Relaxation helps your body do what it needs to do and helps labor progress.

Things to try:

- *You may turn down the lights. Dim lighting helps you relax.*
- *Most laboring women want the room cool. You may change the thermostat or ask for a fan.*
- *You may have more pillows to put between your legs or under your arms.*
- *Eat and drink to keep your energy up. Clear liquids are the usual diet in labor. You may have jello, broth, tea, popsicles, juice or soft drinks if your provider approves.*
- *Ask your nurse about using the tub or shower.*
- *Play your favorite music on your phone or iPad.*
- *Have someone massage your back, shoulders, hands or feet. Slow rubbing is usually preferable. Have them apply firm constant pressure on your low back during contractions.*
- *Distract yourself with talking to your visitors or watching TV or texting. The hospital has free wi-fi.*
- *It's good for labor to keep your bladder empty. Try to use the bathroom each hour or so.*

Unlike pain from sickness or injury, labor pain is natural and normal.

It's the path to bring forth LIFE!

Think about your baby. He is almost here! All this labor will soon be worth it. You may use the white board in your room to write your baby's name and guesses of birth weight and time. You may hang up a little outfit where you can see it.

Try focused breathing:

Breathe in through your nose, and breathe out your mouth.
Inhale relaxation. Slowly exhale stress and tension. With each breath, focus on a different part of your body and relax it completely.
It may help to vocalize during contractions. Low-pitched moans are more effective than high-pitched ones.
Relax and rest between contractions.

Try guided imagery:

Close your eyes.
Imagine a happy place: a warm sunny beach, a bubbling brook in the forest, a lake surrounded by mountains. Think about what you would hear or smell or do in this place.
Relax as you focus on the positive feelings you have there.

Your body is made to give birth.
Each contraction brings you one step closer to your baby.
You can do this.
You ARE doing this, and you are doing it WELL.

Changing positions is good for labor and for comfort. Try changing your position every 30-60 minutes.

If you have back labor, lean forward to get the baby off your backbone. Rock and sway. Sometimes back labor is due to the baby's head looking the wrong way. Rocking and swaying can rotate baby, improve back pain and make pushing easier.

Get on your hands and knees in the bed. Rock and sway.

Ask your nurse for a birth ball. Sit and rock, gently bounce or sway. This motion helps ease the baby down through the pelvis. Sit near the bed or another person. We do not want you to fall.

Kneel, leaning on the birth ball. Or raise the head of the bed, kneel on the bed and lean on the head of the bed.

Squat down. Open your pelvis. Let gravity help your baby move down.

Sit backward on a chair and lean onto the back of the chair. This opens the pelvis and gets baby off your tailbone.

Rest. Use extra pillows under your arm and leg and behind your back.

Trust your body.
What feels best for your labor?

Try changing what you are doing every 30-60 minutes.

Walk in the halls.

Rock in the rocking chair.

Sit cross-legged in the bed. This helps open the pelvis.

Stand with arms around your partner and do a “slow dance.”

Sit on the toilet, either facing forward or backward. (It sounds odd, but it takes the pressure off the perineum and encourages baby’s descent.)

Birth is not only about making babies.

Birth is about making mothers.

Strong, capable mothers who trust themselves and know their inner strength.

-Barbara Katz Rothman

Stay hydrated.

Stay relaxed.

Stay connected to your baby.

Birth is normal and natural.

This is what your body was made to do.

Trust your body.

This labor and these contractions are temporary. It WILL END soon, and you will have your baby.

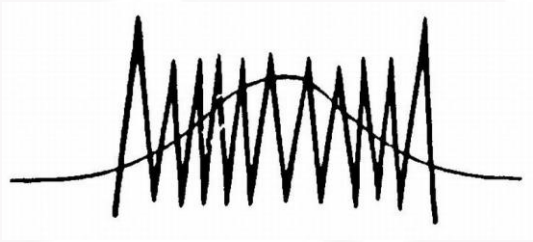
Breathing Techniques to Try

Early Phase—Slow Chest Breathing

You don't need to start breathing techniques until other distractions are no longer helping, although you should feel free to start the techniques when Ever YOU desire.

Always start with a cleansing breath, in through the nose and out through pursed lips as though you were blowing out a candle.

These slow breaths should move only the chest.



The rate should be 6-9 per minute.

End with a cleansing breath.

Return to relaxation mode.

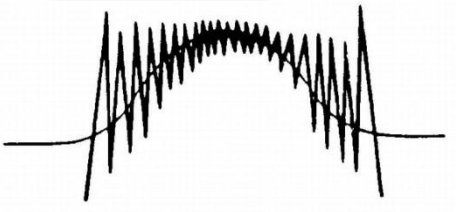
Coaches: Give praise, reassurance and love. Use comfort measures from pages 47-51 as you note them to be helpful. Be flexible, try different things until you hit on what Works, and then be ready to change as Mom needs it.

Active Phase

"Take one contraction at a time"

Duration: 6-8 hours
Cervix opens: 4-8 cms
Contractions: 3-5 minutes apart, lasting 40-60 seconds.

Breathing Techniques:



"Hee Hees" or Accelerated/Decelerated

Continue slow chest breathing until it no longer is effective, then switch to shallow breathing.

Take a cleansing breath.

Return to relaxation mode.

Coaches Role: Help Mom keep 4/4 time. Breathe with her and tap out the count. Watch for and correct hyperventilation by having Mom breathe into a paper bag, cupped hands or sheet. Continue comfort measures as you find them to be helpful.

Transition Phase

How Long: 20 minutes to 1 hour
Cervix opens: 8-10 cms
Contractions: 2-3 minutes for 60-90 seconds

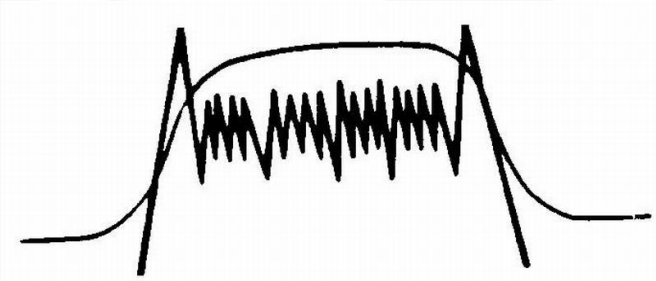
Signs Of Transition (May Have One Or All)

Increased rectal pressure due to baby descending through the birth canal.
You may have the urge to push. DO NOT PUSH until you are examined and given permission to do so. You may also have nausea, vomiting, loud burps, perspiring, hot flashes, chilling, shaking, trembling or muscle cramps.

"Take One Contraction At A Time"

Begin and end each breathing pattern with a cleansing breath.
Use slow chest breathing between contractions to assist with relaxation.

Pant-Blow: Begin with a cleansing breath. All breaths are rhythmical, in and out through the mouth. Exhalations are accompanied by a "Hee" of "Hoo" sound. Begin with 3:1 (Hee, Hee, Hee, Hoo) change to 2:1 (Hee, Hee, Hoo) or 1:1 (Hee, Hoo) as the intensity of the contraction changes.
The rate should be no faster than: "one and two and……"



Choo-Choo: Begin and end with a cleansing breath. Shallow breaths
Inhale, exhale, inhale, light blow
Inhale, exhale, inhale, light blow

Blowing: If you feel the urge to push prematurely, blow, blow, blow until the urge is gone. End with a cleansing breath.

Coaches Role: Be firm, but positive and loving. You may have to take charge here. Inform Doctor or nurse of urge to push. Guide Mom through breathing patterns, assist with position changes. Use comfort measures as helpful and practical.

What if I want pain medications during labor?

Tell your nurse. Your options are Fentanyl or an epidural.
Here are some points to consider when deciding about pain meds:

- Choosing whether to take pain medication in labor is YOUR decision. Please don't allow family or friends to pressure you either way.
- Your nurse can help you decide the best time to get pain meds. If you get them too early, they could slow or stop your labor.
- Pain meds can affect the baby; however, if you are in too much pain and not coping well, that can also affect the baby and your birth experience.

All our OB providers and pediatricians are OK with you using Fentanyl or getting an epidural.

What is Fentanyl, and how can it help?

- It is a narcotic that goes in your IV and begins working quickly.
- It takes the edge off uterine contraction pain for 30-60 minutes and helps you rest.
- Your nurse will talk to you about the number of doses you can safely take.
- It does not make you too sleepy during labor.
- You may have Fentanyl while waiting for your epidural.

What are the downsides of Fentanyl?

- It only takes some of your pain away, not all of it.
- It can make you nauseated or light-headed.
- It does affect the baby and makes him sleepy.
- Fentanyl is not long-acting.

What is an epidural, and how can it help?

An anesthesia doctor or CRNA uses a needle to put a thin tube (called a "catheter") into your back. He or she will give you medicine through this tube. The catheter stays in for the rest of your labor giving you medicine continually through a pump. The medicine helps to remove most or all of the contraction pain.

What can I expect when getting an epidural?

- You will be given extra fluids in your IV to help keep your blood pressure stable.
- You will be asked to sit on the side of your bed.
- Only one support person may stay with you. Your other visitors may go to the waiting room.
- The anesthesia provider will come and place the epidural. If you have questions during the procedure, please ask.
- After the epidural is placed, you will need to stay in bed.
- You will need a catheter in your bladder as you won't be able to walk to the bathroom. This will be removed near the end of your labor.
- Your legs might feel tingly or numb and might be hard to move. Please ask us if you need help moving around.
- The epidural medicine will be given with a pump during your labor, so you will get medicine continually. If you are not getting enough relief, let your nurse know.
- The epidural will be stopped when the baby is born.
- About two hours after the birth, the epidural effect should be worn off, and your nurse will help you out of bed to go to the bathroom. **Please don't get out of bed without the nurse's help the first time** as your legs might not be strong at first.

What are the downsides of an epidural?

- It can lower your blood pressure.
- You may not get complete pain control. (Tell your nurse if this happens.)
- It might increase pushing time
- You will not be able get out of bed during labor.
- You might get a headache afterwards. (Tell your nurse if this happens.)
- There are some very rare serious complications. You may speak to your anesthesia provider about these.

What do I do when it's time to push?

Once you are 10 cm dilated, you are almost to the finish line.
If you have an epidural and are comfortable, there is no rush to start pushing. Relax and let the contractions bring the baby lower in the birth canal. This is called "laboring down" and may decrease the time it takes to push the baby out. If you are laboring down, and you feel the urge to push, let your nurse know.
If you do not have an epidural, you will probably feel an intense desire to push when it is the right time. Trust your body.
Most women push in the semi-reclining position. You can also push on your side or squatting. We have a "squat bar" we can put on the bed to give you something to hold while squatting. You will want your **knees wide apart**, opening the birth canal for baby. During contractions, **curl forward around your baby and push into your bottom**. It's the same type of push as when you have a bowel movement. Your pushing will be more effective if you reach forward, **put your hands on your thighs or knees and pull your legs towards you**. Your provider and/or nurse will be helping you know what to do.
If you have an epidural, your legs might feel heavy or numb. You might not be able to move them well. Your support person (or people) may need to help you with them. We also have leg supports on the bed that can be used. Even if you have a good epidural, you may have some pain with pushing.
During a contraction, relax your body and thighs. Then give it all you have and push hard into your bottom. Between contractions, rest.
As baby's head is crowning, your provider might tell you to stop pushing. **It is important to listen carefully and push only when he/she says to push.** It is sometimes best to bring baby's head out slowly.

What happens when my baby is born?

Your provider will place baby on your abdomen. The nurse will dry her well. Usually, your support person can cut the umbilical cord with the provider's assistance. Then baby can lie on your chest skin-to-skin for some snuggling and bonding. Your provider will check to see if you need any stitches. In a few minutes, the placenta will come out.

The moment they placed you into my arms,
you snuggled into my heart.

Delivery Of Placenta

How long: 5-20 minutes
Contractions: 3 minutes, may last for 60 seconds.

Breathing: You may not even notice the contractions. Try shallow breathing if you are uncomfortable.

Within minutes of the baby's birth, the placenta (afterbirth) separates from the wall of the uterus and is delivered.

Signs of Placental Separation

- Uterus begins to contract and become firmer
- Gush of blood
- Uterus rises higher in the abdomen (prior to birth, the uterus had been displaced by the placenta)
- More umbilical cord emerges
- After separation from the uterus, the placenta is delivered

Uterine Massage

After your placenta is delivered, either the medical provider or the nurse will rub or massage your uterus. This is to encourage your uterus to become firm so it will clamp down on the site where the placenta was attached. When your uterus clamps down, this helps to slow down the bleeding. (Breastfeeding your baby will also help your uterus clamp down.) The nurse will help you to feel your uterus – now firm and baseball sized – at or near your belly button. The nurse will periodically check your uterus to make sure it stays firm. This is usually not uncomfortable; however, it may feel crampy, especially in women who have given birth before.

Don't be afraid to ask for some pain medication if you need it – if you are breastfeeding the pain medication will not affect your baby.

C-Section

A C-section (also called a cesarean section) is when the baby is born through a surgical incision through the abdomen rather than coming out the vagina.

If I have a C-section, will my future babies need the same?

It depends on several factors, such as the reason you needed this C-section. Many women have a "trial of labor" after their previous C-section. A vaginal birth after C-sections is called a "VBAC.". Ask your doctor or midwife if a trial of labor is possible for you.

Will I know in advance if I need a C-section?

You might. The most common reasons women have a cesarean delivery before they go into labor are:

- The baby needs to be delivered quickly for medical reasons.
- The mother had a baby by cesarean in the past.
- The baby is not coming out head first.
- The baby is very large.
- The mother has a type of infection that can spread to the baby during a vaginal birth.
- The mother is carrying 2 or more babies. (Twins can be born vaginally, but the birth will take place in the operating room.)
- The mother has a condition that makes a vaginal birth not safe.

Why do some women end up having C-sections after labor begins?

- The cervix has stopped dilating despite strong, regular contractions.
- The baby is too big, or the mother’s pelvis is too small.
- The baby is in an odd position, such as sideways or chin-first.
- The baby's well-being is in danger; for example, because his heart rate is too slow or too fast.
- The mother's life is in danger.

Some women plan on a vaginal birth and are disappointed if a C-Section happens. Remember, the goal is a healthy mom and a healthy baby. Sometimes you need to lay aside your plans and do whatever it takes to bring your baby safely into this world. Birth is amazing no matter how you do it!

What do you call a woman after a vaginal birth? A Mother

What do you call a woman after a C-Section birth? A Mother

Can my support person come with me to the OR?

- Probably. First, we take you to the OR (operating room) and get you ready. Then the epidural or spinal is placed. Then the nurse brings your support person in to sit with you during the surgery. Your support person will need to wear special clothes that we give him/her. He/she may bring a camera.
- If you need general anesthesia, then your support person will not be able to come to the OR. This is very rare, but it can happen if the epidural/spinal doesn't work or if the C-section is an emergency and there is not time. Your support person may meet your baby in our nursery.

What does my support person need to know?

- You will be given a paper scrub outfit, shoe covers, hat and mask to wear.
- Please undress down to your underclothes, and put on the paper outfit. The purpose of this outfit is to keep our patients safe from infection by minimizing outside germs in the operating room.
- You may bring your camera and take pictures. You may NOT VIDEOTAPE.
- We will ask you to wait in the waiting room while we take the patient to the OR to get her ready.
- If she needs general anesthesia, then you will not be able to come to the OR. This is very rare, but it can happen if the epidural/spinal doesn't work or if the C-section is an emergency and there is not time. If you are not able to come to the OR, you may meet your baby in the nursery in the Family Birth Center.
- The nurse will bring you to the OR after surgery has started. You will sit next to the mother. A cloth drape will block the actual operation from your view.
- If baby goes to the nursery, please go with your baby. Baby might stay with mom and go to the recovery room. If this happens, we will need you to go back to your hospital room and wait until mom gets out of recovery.

When can I see my baby?

- After the baby is born, he will be brought to you right away if both of you are stable. Your baby will be placed skin-to-skin with you. Please talk to your nurse or provider if you do not want this.
- If your baby is not stable, she will be taken to the warmer in the operating room. When she is breathing well, then we will bring her to you for snuggling.
- If your baby is early or having any issues with breathing, she will need to go to the nursery. Your support person will go with the baby to the nursery.
- If baby and you are doing well, and if we have the staff, baby can stay with you in the operating room and follow you to the recovery room.
- It is good for babies to feed within the first hour or so of life. We will try our best to make this happen.

What can I expect after the surgery?

- You will have SCDs (sequential compression devices) on your lower legs. These compress gently. Even young, healthy women can get blood clots in their legs after a surgery. The SCDs help to prevent these.
- You will have a catheter in your bladder for 12-24 hours after surgery.
- You will be asked to use an incentive spirometer which is a clear plastic device that encourages you to take deep breaths. Using this 5-6 times per hour will help prevent pneumonia. If you cough, it helps to place a pillow on your abdomen and hold it firmly.
- Your incision will hurt. Ask your nurse about pain medicine. Pain meds will not take all the pain away, but they will help.
- You will need help at times. Please don't hesitate to ask.
- You might be nauseated. You may ask your nurse for nausea medicine. Start with sips of liquid, then small bites of food. If you have nausea, don't eat until it is better.
- You might be itchy. This is a common side effect of the anesthesia that will fade with time. If it is bad, you can ask for something to help with this. If you develop a rash, tell your nurse.
- Several hours after surgery, we will help you get out of bed and to stand and maybe walk around the room. The day after surgery, you should get out of bed and walk several times a day. Walking helps your body get back to normal functioning more quickly and reduces gas pain.
- The day after surgery you may shower. It is OK to get the C-section dressing wet. Depending on the kind of dressing, it may need to be changed. Ask your nurse
- Your IV needs to stay in for 24 hours. After that, ask you nurse if it can come out.

How long does it take to recover after the surgery?

- Within a few hours, you will be able to move around, and eat and drink.
- Most women go home 3 days after baby is born.
- You will have some pain and need some help around the house for a while.
- You should start to feel more like yourself in 2-3 weeks.
- Women who work on a job can go back to work in about 6 weeks.

Postpartum Care

Care of Mom in the First Two Hours (Vaginal birth)

How is bleeding managed after the birth?

After the placenta is delivered, the medical provider and nurse will rub the top of your uterus (called the fundus). Rubbing causes the uterus to contract and lessens the bleeding. The nurse will rub on your uterus frequently to make sure it stays contracted.
IV fluid with Pitocin may be started after the baby is born. This helps the uterus contract and decreases bleeding. If you are bleeding more than you should, there are other medicines we can give you to slow the bleeding.

What will my nurse be doing?

Your nurse will be checking your uterus, perineal area, bleeding, blood pressure and pulse frequently. Ice will be given for your perineal area. If you had an epidural, this will be turned off. Your nurse will be getting vital signs on your baby and watching your baby closely. She can help you with feeding your baby. She will also be cleaning up the room.

When can I eat?

As soon as the baby is born, you may eat or drink whatever you want. See page 9 of this book for information on your dining choices.

When can I get up?

About two hours after the birth your nurse will assist you to the restroom. It is our hospital policy to have two of our staff members to assist you up for the first time as you might be shaky or dizzy. Once up, you can shower, and we will change your bedding.

Can my baby stay in the room with me?

If your baby is well, then the **best place** for your baby to be is in your room with you.

If your baby is preterm or ill or not breathing well, she may need to be in the nursery to get the proper care. We welcome you and your support person in the nursery with your baby.

During the night, if you like, your baby can be in the nursery between feedings so you and your support person can sleep. During the day, we will only be able to have your baby in the nursery if we have the staff to watch the baby. Please ask us before leaving your baby.

Mother Care, Here in the Hospital

Perineum (genital and bottom area). It hurts to sit.

There is a whitish plastic bottle in your bathroom. Fill it with warm or lukewarm water and wash your perineum each time you use the toilet. This prevents infection and comforts swollen and sore tissues. If your perineal area stings while you urinate, spray the water on yourself while you urinate. It helps. Pat gently with toilet paper to dry. Use a clean sanitary pad each time. You may use ice packs, Dermaplast spray or Tucks. Ask your nurse about these. Wash your hands well. Lie on your side when possible as this gets you off the sore area. If you have stitches in the perineal area, these will dissolve in time. If you have questions about these, talk to your doctor or midwife.

Bleeding. How much is too much?

If you fill a sanitary pad in an hour, that is too much. An occasional grape-size blood clot is normal. Large clots or multiple clots are not. Call your nurse if you have these.

The easiest way to slow bleeding is to rub your fundus, which is a word for the top of your uterus. Either you or your nurse can do this.

Breastfeeding causes your body to release oxytocin. Oxytocin will make your uterus tighten which will slow the bleeding. This is the reason you may feel crampy when breastfeeding. The cramping is not pleasant, but it is nature's way of healing and causing your uterus back to go back to its pre-pregnancy size.

If you are still bleeding too heavily, your nurse can give you additional medication. It will cause your uterus to tighten and slow the bleeding. This can make you feel crampy. If this doesn't work, then your provider will be notified.

If the cramping is too painful, you can take Tylenol or ibuprofen to help. This cramping should go away in a few days. The bleeding should lighten up in a few days and go away within a few weeks.

The littlest feet make the biggest footprints

in our hearts.

I am soooo tired!

You have good reason to be tired. You probably didn't sleep well the night before you came to the hospital. If you had a vaginal delivery, you spent many hours laboring harder than you have ever worked in your life. If you had a C-section, you just had major surgery. You have just produced an amazing, tiny human being! That precious little one now wakes you up every couple hours – or perhaps keeps you up constantly.

Try to nap while the baby sleeps. If you plan to sleep for a while, tell your nurse. Your nurse will tell you if anything, like your vital signs or a medicine, is due soon. You and your nurse can decide the best time for that care to be done. It is OK to turn your phone off and have your support person manage your visitors.

Why should I get the TDAP vaccine?

TDAP stands for "Tetanus, Diphtheria, Pertussis. "Pertussis" is another word for "**whooping cough**."

All our pediatricians would like everyone around your baby to have a pertussis vaccine. The hospital can give you the vaccine. Anyone else around your baby can get a vaccine from their doctor, the health department or a local pharmacy like Safeway or Rite Aid. Newborns are too young to get the vaccine.

Pertussis, or whooping cough, is a very contagious and serious disease for babies. It can cause them to cough uncontrollably and perhaps stop breathing. It can last for weeks or months. **A third to a half the babies who get whooping will end up in the hospital and a few will even die of the disease.** It can be easily spread by older siblings or caregivers of the baby, even before they know they are sick.

Whooping cough has a distinctive harsh cough. To hear it, go to this website: www.pkids.org/diseases/pertussis.html

If you did not get this vaccine during your pregnancy, it will be offered to you on the day you are discharged.

What if I am discharged before my baby?

We call this "rooming in." We want you to feel welcome to stay with your baby and be involved in her care.

You may leave the hospital whenever you like. Let the nurses know your plans, so they can coordinate feedings and other issues with you. Please provide a phone number where you can be reached.

Before you are discharged:

- Complete the birth certificate information form. Medical records staff can help you with this. If you are not married to baby's dad, both of you need to watch the paternity video, and Dad needs to sign the paternity paper.
- If you have discharge prescriptions, they will need to be filled at your pharmacy. You, your family member or a friend can go pick them up. You will be responsible for taking them as your doctor ordered. We ask that you keep your pills in your purse or drawer so they are not accessible to children visiting or anyone else.

While you are rooming in:

- You will continue to receive meals via "At Your Request" room service.
- Water, juices and snacks are available to you.
- You may shower as needed.
- If you would like your bed changed, let a nurse know. We can do it for you or give you supplies.
- We will continue to answer your questions and assist you with baby care.
- We will NOT provide you with any medical care. If you need medical care, you will need to call your provider yourself. Of course, we will continue providing medical care to your baby.

I'll love you forever
I'll like you for always
As long as I'm living
My baby you'll be

Mother Care, At Home

When should I call my doctor or midwife?

- A temperature over 100.4°F
- Chills, muscle aches
- Red sore area in your breasts
- Sore area in the back of your legs or swelling of one leg and not the other
- Chest pain or shortness of breath
- Consistent bleeding heavier than what you had in the hospital
- Any swelling, drainage or pain from incision or stitches
- Foul smelling vaginal flow

How do I take care of my perineal area?

After using the toilet, continue to rinse your perineal area with the peri bottle for the next week or until you are done bleeding. This keeps you extra clean and prevents infection. Use a new peripad each time. **Always wash your hands after using the bathroom.** If it stings when you urinate, spray lukewarm water with the peri bottle while you pee. If you have stitches, they should dissolve on their own.

For soreness and swelling of the perineal area or hemorrhoids, apply an ice pack, Dermaplast spray and/or Tucks as needed. Avoid sitting up for long periods of time. Rest on your side instead. It helps to soak your perineal area in a warm bath. You can prevent constipation by drinking fluids and eating a diet with plenty of fiber and use a stool softener like Docusate.

What about sex and birth control?

Do not put anything in your vagina (tampons, douching, or intercourse) for 4 - 6 weeks or until approved by your medical provider. You will be sore and need to heal. Your vagina may be drier than normal, especially if breastfeeding. You will probably want to use a lubricant, such as K-Y jelly.

Changes in your hormones and tiredness from caring for baby may lower your sexual desire. Be patient. This will improve with time.

Talk to your doctor or midwife about birth control! You can get pregnant before your monthly period starts again! Breastfeeding can delay the start of your period, but there is no way to predict how long.

How much can I do?

Take it easy at first. Do not lift anything heavier than baby (10 pounds), and **no strenuous** exercise or housework for 4 - 6 weeks, **especially if you had a C-section.** If visitors ask, “Is there anything I can do?” Tell them, “yes” and find something they can do to help.

Sleep when the baby sleeps to help your body heal.

Refrain from driving if you are taking narcotic pain pills after your C-section. (If you are taking narcotics and get into an accident while driving, you could get a DUI.)

Shower daily. Do not scrub your incision or put lotions on it.

Is it okay to be physically active after I have my baby?

Yes! If you are a healthy postpartum woman, physical activity is good for your overall health. As stated above, take it easy at first. Walk daily for exercise, gradually increasing the distance to build up strength.

Benefits of physical activity:

- Helps your heart and lungs stay healthy.
- Improves your mood and decreases postpartum depression.
- Helps maintain a healthy weight.
- When combined with eating fewer calories, it helps with weight loss.

For healthy women, a good goal by six weeks post postpartum would be to get at least 150 minutes (2 hours and 30 minutes) per week of moderate-intensity aerobic activity, such as brisk walking. It is best to spread this activity throughout the week. 10-20 minutes at a time is fine.

If you have a medical condition, talk to your doctor about your activity goals.

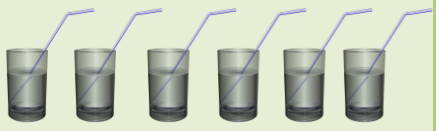
You can’t pour from an empty cup. Take care of yourself.

How should I eat after having a baby?

Good nutrition is vital! It will help you…

- **Feel better and heal.**
- **Stay strong in spite of being awakened every couple hours at night.**
- **Minimize postpartum depression.**
- **Lose that extra pregnancy weight.**
- **Provide good nutrition for your baby if you are breastfeeding.**

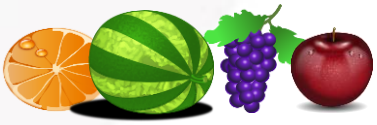
Try to drink 6-8 glasses of water a day. Water helps just about everything in your body. It maintains fluid balance, helps energize muscles, helps skin look good and maintains good bowel and kidney function. It also helps with weight loss. If you are breastfeeding, water is vital in helping you make milk.



Pack on the proteins, like eggs, meat, beans or nuts. Protein foods are essential for good healing and building up body tissues. They also fill you up more than carbs.

Vegetables, like lettuce, tomatoes, squash, carrots and avocados are full of vitamins and minerals that give your body what it needs to heal and have the strength to care for an infant. They also help your body's immune system and decrease inflammation.

Fruits like apples, oranges, bananas, grapes and watermelon are delicious ways to get vitamins and minerals to improve your immune system and replenish your body. Fruits and vegetables both provide good fiber to combat constipation.



Grains like bread, oatmeal, cereal and pasta give your body energy and vitamins. Whole grains have more vitamins to help you recover and fiber that helps prevent and treat constipation. Try to make at least half the grains you eat, whole grains.

Dairy or other calcium-containing foods like green vegetables or nuts. If you are breastfeeding, you don't need to drink milk to make milk, but get plenty of calcium in your diet or take a supplement.

How can I lose weight safely?

Let your goal be GOOD HEALTH.

Many women are anxious to lose their pregnancy weight. You are not alone. However, first you need to let your body heal from the birth. If you try to diet too soon, it can delay your recovery and make you feel more tired. You need all the energy you can get to adjust to life with your newborn. It is safer right now to work on being healthy and later work on being slim.

Eat nutritious foods to help your body recover.

You may be surprised how much weight you can lose in those first couple months just by following a healthy diet. After that, you can start on a program of lowering calories. Gradual weight loss is the safest goal. Try reducing your food by 100-200 calories a day.

Minimize sugars, extra fats, desserts, packaged foods and junk food.

These give little nutrition to your body. They can lower your immune system and increase inflammation, making it harder for your body to heal. In addition, they can cause you to gain weight and feel sluggish.

Slowly **increase your exercise** to build stamina.

A daily, brisk, half-hour walk with your child in a stroller will help you lose weight plus get you both outside for some fresh air. If you do workouts, start slow and work your way up. If you had a C-section and you are starting an exercise program, talk to your doctor about when to start and how much to do.

Get as much **rest** as you can.

Yes, this is easier said than done. Sleep when your baby sleeps. Ask for help whenever you can. Be realistic and don't try too hard to get everything done. Get the important things done and then go rest and enjoy your baby.

My body will never be the same, but it will still be beautiful. Those stretch marks are badges of honor, proof that I had the privilege of bringing life into the world.

Emotions of a New Mother

The birth process releases a flood of hormones into your body. A vaginal birth is an enormous amount of work. A C-section is a major surgery. Either way, you are exhausted. Your life has changed dramatically. Your family has a new member. Your new baby wakes you up every couple hours. All of this causes emotional ups and downs.

Baby Blues	Postpartum Depression/Anxiety	Postpartum Psychosis
Affects 60% of moms	Affects **13%** of moms	Affects **0.1%** of moms
Symptoms last up to two weeks postpartum	Symptoms can last up to a year postpartum	Symptoms begin in the first three months postpartum
Symptoms could include: • **Mood swings** • **Anxiety** • **Sadness** • **Irritability** • **Crying** • **Feeling overwhelmed** • **Hard to concentrate** • **Appetite problems** • **Trouble sleeping** **Note: This is normal. Be patient with yourself and your recovery.** **All these wild emotions should improve and stabilize in a couple weeks.**	**Symptoms could include:** • **Depressed mood** • **Severe mood swings** • **Excessive crying** • **Irritability and anger** • **Severe anxiety** • **Fear that you're not a good mother** • **Difficulty bonding with your baby** • **Insomnia or sleeping too much** • **Reduced interest in activities you used to enjoy** • **Feelings of guilt or shame** • **Thoughts of harming yourself or your baby** **Note: If untreated, symptoms can last many months! Please get help. You will be a much better and happier mom if you are not depressed.**	**Symptoms could include:** • **Very depressed mood** • **Confusion** • **Disorientation** • **Obsessive thoughts about your baby** • **Hallucinations (seeing or hearing something that is not real)** • **Delusions (Believing something that is not real)** • **Sleep disturbances** • **Paranoia** • **Attempts to harm yourself or your baby** **Note: Signs and symptoms are more severe.** **Get immediate attention!** **24-Hour Crisis Hotline** **(541) 751-2550**

You are at higher risk of postpartum depression/anxiety if…

- You have a history of depression or anxiety.
- Your life or home or relationships are stressful.
- You or your baby has health problems.
- You are isolated and do not have family and friends to help.

Tips to Help You Cope and Get Better

- **If you feel like crying, do it unashamedly. Crying can help.**
- **Take care of yourself. You will feel better and be better able to care for your baby.**
- **Get as much sleep as possible. Sleep when the baby sleeps.**
- **Limit visitors. Or put them to work.**
- **It's OK to ask for help. Even if it's just to take a shower.**
- **Talk with someone about your feelings.**
- **Get some exercise. Put the baby in a stroller and take a walk. This will help your baby sleep better too.**
- **Eat well and drink plenty of fluids. Eat protein, vegetables, fruit and whole grains. Avoid sugar, junk food and processed foods. Continue taking prenatal vitamins.**
- **Get some sunlight. The light increases the hormone, serotonin, in your brain which boosts your mood. Sunlight in the daytime will also help your baby sleep at night.**
- **Do something relaxing, just for you. Get a massage. Play music. Do an art project.**
- **Learn new ways to relax, such as mindfulness, meditation or yoga.**
- **Watch silly clips on the internet or a comedy movie. Read a fun book. Humor is a great distraction and is healing. Laughter is a great stress reducer.**
- **Don't be too hard on yourself. It's OK if everything doesn't get done. It's OK if you are not perfect.**
- **Carve out some couple time. It is essential to make time for you two to reconnect. Don't pressure yourself to be romantic or exciting. Just spend time together. A baby is a big adjustment for both of you. You need each other now, more than ever.**

When should I see a doctor for my postpartum depression or anxiety?

- If symptoms don't fade a couple weeks after the birth.
- If symptoms get worse.
- If it is difficult to take care of yourself and your baby.
- If you feel like harming yourself or your baby.
- If you have suicidal thoughts.

How is it treated medically?

1. **Counseling** can help you learn better ways to cope with your feelings, solve problems, set realistic goals and respond to situations in a positive way. Sometimes family or relationship counseling also helps. You will learn new ways to identify and change the thought processes that are causing anxiety and depression. **Try counseling first.**
2. **Medicine,** usually antidepressants. **Medicine works best if used together with the counseling.** Usually, you will just need the medicine for a few months. Let your medical provider know if you are breastfeeding, and he/she will choose the best medication for you. You can continue breastfeeding. The benefits of breastfeeding outweigh any risks to the baby of using the medicine.

Don't ignore it!

Please don't ignore postpartum depression. If you are miserable, your baby will sense it. Studies show that babies with depressed or anxious mothers don't bond as well and don't develop as well. **Treating depression and anxiety will help you be a better mom and a happier person!**

Postpartum depression and anxiety are treatable. They won't last forever.

I'm So Glad to Know…

It's OK to make mistakes

It's OK if you don't bond or fall in love with your baby immediately. It will come in time.

Motherhood is like any other job. No one LOVES their job every single day.

Motherhood is not a competition to see who has the smartest kids, cleanest house, healthiest dinners or nicest clothes. It's your journey with your children.

Being a mom doesn't mean I must give up what makes me ME

Trust your instincts. "What good mothers and fathers instinctively feel like doing for the babies is usually best after all." By Benjamin Spock

There is no way to be a perfect mother but a million ways to be a good one.

A baby doesn't care if you bought a fancy crib and closet full of pretty baby clothes. A baby just wants to be loved and fed and held.

It's OK to ask for help. Even if it's only for a shower.

A bad day
doesn't mean a bad parent.

Even on days I doubt myself, my children still believe I am the best mother ever

Cleaning and scrubbing
Can wait 'till tomorrow
For babies grow up
We've learned to our sorrow
So quiet down, cobwebs
Dust, go to sleep.
I'm rocking my baby
And babies don't keep.

Care of Baby in the First Two Hours

What if my baby doesn't breathe at birth?

Normal:

Most babies start breathing within 30 seconds after being born. Rubbing babies helps stimulate them to breathe and also dries them off so they won't be cold. As soon as your baby is born, the nurse will dry and stimulate him with a baby blanket. Most babies cry, but some do not. If your baby is breathing and turning pink, it's OK if he is not crying. It is normal if he is a little bluish at birth. He should turn pink within a few minutes.

Needs Attention:

About 10% of babies need a little help with breathing. After all, breathing is a brand-new skill for them. All FBC nurses are trained to evaluate and help babies with this. The nurse may need to take your baby to the warmer for a few minutes and help her with breathing. As soon as she is breathing well, the nurse will bring your baby back to you. If your baby is making grunting, singing or sighing sounds, this means the lungs are still wet, and baby is working to breathe. This should clear up with time. If it doesn't, the nurse will call the pediatrician, and your baby might need to go to the nursery for a time. Your labor support person can go with her. When you are able, you can go to the nursery also.

What are the benefits of holding my baby skin-to-skin?

- Keeps baby warmer
- Enhances bonding in both mom and baby
- Reduces baby's cries
- Regulates baby's breathing
- Improves baby's health and immunity
- Keeps blood sugar levels higher
- Reduces postpartum depression
- Transfers good, normal bacteria from mom to baby
- Allows breastfeeding to start easily and naturally and releases hormones that increase milk supply.

Healthy babies should be held skin-to-skin as soon as possible after birth to help them adjust to their new environment. While skin-to-skin, she can hear your heartbeat which is very calming to her. She can hear you, smell you and see you. This can help you get to know each other. Encourage your partner to hold her skin-to-skin as well.

What will my nurse be doing?

Your nurse will be watching baby carefully to ensure a safe transition to life outside the womb. She will be taking his vital signs, watching his breathing and examining him to see if he is healthy. The nurse can assist you with feeding your baby.

Sometime within the first two hours baby will receive, with your verbal consent, erythromycin eye ointment, and vitamin K. Your baby will get Hepatitis B vaccine if you have signed the consent. At some point, the nurse will weigh and measure your baby and get footprints. We try to coordinate our tasks around your bonding and feeding of your baby.

When will the pediatrician come in to see my baby?

If your baby has any problems that need immediate medical care, the pediatrician will come in right away. Otherwise, the pediatrician will see your baby within 24 hours. If you want your baby circumcised in the hospital before you go home, please talk to the baby's doctor at that time.

Why should my baby get vitamin K?

Vitamin K is a substance in our bodies that helps our blood to clot and stops bleeding. Vitamin K is naturally present in the body and is made in the intestines by bacteria. Babies have very low levels of vitamin K in their bodies at birth. They are at risk of getting a rare bleeding disorder that can result in serious brain damage or death. A single vitamin K injection given within two hours of birth is the most effective way of preventing this.

Why should my baby get eye ointment?

Newborns can develop eye infections from certain bacteria in the birth canal. In the past, this was a major cause of blindness in children. To prevent eye infections, all babies are given erythromycin ointment in their eyes soon after birth.

Why should my baby get the hepatitis B vaccine?

Hepatitis B is a potentially serious disease of the liver. It can be prevented by getting a series of three vaccines. We offer the first vaccine if you would like to get this started here in the hospital. Please talk to your pediatrician if you have questions. See appendix A for more vaccine information.

Is My Baby Normal?

Does my baby look OK?

This is a picture of a **normal newborn baby.**

Her head may be a bit cone-shaped and bruised. The birth canal is a tight squeeze, but nature has made baby's skull able to mold its shape to be able to fit through. This will go away within a few days. For now, put a hat on her, and no one will notice.

Her eyes may be tightly closed. She has never seen light before, and it might take her awhile to open them. We can turn down the lights, and perhaps she will open them for you.

The whitish stuff on her skin is vernix and is a natural cream babies have on them in the womb. This will absorb into her skin within hours. The bloody fluid can be wiped off.

Her hands are pale purple, but her lips and cheeks are nice and pink, showing she is breathing well and has enough oxygen.

What color should my baby be?

Normal:

Most babies are a little blue or purple when they are born. As they breathe, their face and body turn pink in a few seconds or maybe a few minutes. However, their hands and feet may stay bluish or purplish. That is normal and is part of the transition to the world outside Mom. Of course, color varies with baby's ethnicity.

Some babies have some bruising on the head and face. This will fade away within a few days.

Sometimes when babies are spitting up, they might turn a bit purple until they clear their airway, but they should turn pink soon afterward. This may scare parents, but it is normal baby stuff. If you baby spits up, just pick him up and pat the back gently.

Needs attention:

If the baby's mouth, face and chest are pale, gray or blue, she is probably not getting enough oxygen. This needs to be treated immediately! Often rubbing a baby will cause him to breathe better. If you are alone, rub the baby and call your nurse right away. The nurse may need to help her with breathing and monitor her for a while. She will call the pediatrician if it is needed.

Is my baby's head OK?

Normal:

It is normal for baby to have a cone-head. It is normal for the scalp to have bruising and swelling and for some of the skull bones to overlap a little. There may be bruising on the face. This will look better within days or maybe a few weeks. C-section babies usually have rounder heads and no bruising.

Needs attention:

The scalp swelling should improve. It should not become more swollen. If you think the swelling is getting worse, let your nurse or baby's pediatrician know.

Is my baby's breathing OK?

Normal:

Babies breathe 30-60 times a minute. If they are upset or just finished spitting up, they will breathe faster. After a few minutes, it comes back to normal. Newborns breathe irregularly, sometimes faster, sometimes slower, sometimes holding their breath for a few seconds. That is all normal.

Often their noses sound stuffy. You can try using the bulb syringe to gently suction the nostrils. However, often it is caused by narrow nasal passages, and it is normal.

Some babies after they are born will make noises when they breathe that sounds like grunting, sighing or singing. This means their lungs are still wet. This should improve quickly. Let your nurse know if you notice these sounds.

Needs attention:

If your baby is continually breathing more than 60 breaths/minute, then let your nurse know. If your baby is making grunting, sighing or singing sounds when breathing, let your nurse know. If he's flaring his nostrils, or if he's breathing so hard that his chest is pulling in with each inhalation (retractions), let your nurse know. If his face around his mouth is blue, pick him up, rub him to encourage him to breathe, and let your nurse know immediately.

Are my baby's eyes OK?

Normal:

Baby's eyelids may be a bit swollen at first. The whites of the eyes may have red spots or may be a little bloodshot. You can show it to your pediatrician or nurse if you notice this, but it's probably OK.

Baby's eyes might cross at times or not seem to focus on you. It's dark in the womb, and her eyes will need some time to learn to focus. Newborns have weak vision. They see the most clearly within 8-15 inches of their face. When you are holding baby close, that is a good time to bond and make eye contact.

Needs attention:

If there is a goopy discharge from the eyes, let your nurse or baby's doctor know.

What about my baby, ahem, down below?

Normal:

Newborn baby genitals are often larger and darker than parents expect. This occurs in boys and in girls. Girl babies may also have a white or red vaginal discharge. Sometimes in the first few days when babies pee, there is a reddish color in the diaper. Parents might worry that their baby is bleeding. However, this is normal and is called "brick staining."

Needs attention:

If you notice this reddish discharge beyond five days of age, call your baby's pediatrician.

A baby will make…
love stronger
days shorter
nights longer
bankroll smaller
home happier
clothes shabbier
the past forgotten
and the future worth living for.

What are those spots on my baby?

Normal:

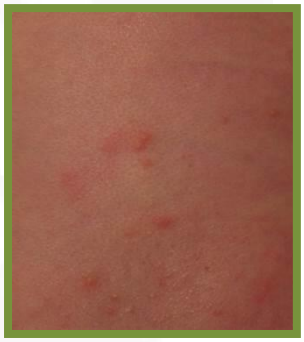
Your baby may have **blotchy red patches** on the eyelids, forehead or back of the neck called “stork bites,” “salmon patches” or “angel kisses.” They usually disappear in a few weeks or by age two.

Babies frequently have **tiny white cysts** on the nose, chin, and cheeks that look like whiteheads. These are called “milia” and they disappear on their own in a few weeks.

Babies with darker skin may have **blue-grey spots** on their backs or buttock that look like bruises. They are called “slate grey patches” or “Mongolian spots.” These generally fade within a year or two.

A **dry, peeling appearance** to the skin is common in newborns. It does not need to be treated and will resolve by itself.

Many babies develop a rash that looks a little like flea bites. This is **newborn rash**. It starts in the first couple days and lasts a week or two. It doesn’t bother the baby. There’s nothing that helps. It goes away on its own.



Needs Attention:

If you see any spots on your baby’s skin that don’t fit the descriptions above, ask your nurse or pediatrician about them.

Why is my baby so sleepy?

Most babies are wide awake during the first couple hours after birth. Their whole world is new and different and exciting. **After this, they are often very sleepy for the first day or so.** This is normal. Birth is exhausting for both you and your baby. Try to wake your baby to feed every two to three hours by unwrapping baby and snuggling skin to skin. If he doesn’t wake up, don’t worry. He will wake up later. Let your nurse know that you tried. By day two, he should be more awake.

Sometimes the littlest things take up the most room in your heart.
Winnie the Pooh

Baby Care FAQs, Here in the Hospital

What security can you offer my baby?

- We take your baby's safety seriously.
- All FBC staff have **name badges** with our pictures and our names in **pink** writing
- Only FBC staff with the proper badge will ever ask to take your baby from the room. **Do not give your baby to anyone who doesn't have the name badge and our uniform.**
- All the nurses wear the same **uniform,** so you can recognize us.
- If there is someone in your room, and you don't know who they are, you may turn on your call light and ask us.
- **Our unit is locked.** People must say a patient's first and last name before being allowed in.
- **Wrist bands** will be given to you, your support person and your baby. These bands all have the same number. If we bring your baby back to you from the nursery, we will check the numbers to make sure they match. We will not give the baby to anyone without the correct number.
- Your baby will have a **security band.** If anyone tries to take your baby off our unit, the alarms go off and the exit doors lock.

When will my baby get a bath?

Your baby will be bathed after 8 hours of birth unless you request it sooner, or it is medically indicated. Please ask us if you have questions or concerns.

Delaying the first bath helps your baby:

- Have more bonding time in the first hours.
- Keep temperature and blood sugar stable.
- Start breastfeeding more easily.
- Prevent infections and form immunity.
- Absorb the vernix on the baby's skin. Vernix is the whitish, waxy substance you might see on your baby at birth. It has natural protective benefits such as being a barrier against germs and a natural moisturizer.

Baby Care FAQs, At Home

How can I tell if my baby is sick?

Baby's doctor and nurses will be watching carefully for signs of sickness. When you go home watch for these things:

- Rapid breathing. 30-60 breaths per minute are normal. Irregular breathing is normal. If your baby is consistently breathing more than 60 times a minute, baby might be sick. If he is breathing so hard his chest is pulling in (retractions), he is sick.
- Sleepiness or listlessness.
- Temperature instability, either a fever or being too cold.
- Poor feeding.
- Unusual skin color, pale, gray.
- Forceful vomiting, or if vomited material is greenish.
- Frequent, watery bowel movements or blood in the stool.
- Rash, especially if there are blisters. (See the section "Is my baby normal" for descriptions of normal rashes.)

Call your baby's doctor immediately for any of these symptoms. If you phone the doctor after office hours, the answering service will have someone call you back.

Why is my baby getting a vitamin D supplement?

A daily vitamin D supplement may be ordered for your baby if you are **breastfeeding.** This will be started in the hospital, and the bottle will be given to you to take home. Many people are low in vitamin D, especially here on the Oregon coast where we do not get much sunshine. If you don't have enough vitamin D in your body, you cannot give it to your baby. Vitamin D is vital for the development of bones, teeth and a strong immune system. Formula is fortified with vitamin D, so bottle fed babies do not need the supplement.

How do I care for the umbilical cord?

Clean around the base of the cord with soap and water if the area is dirty or sticky. Notify the doctor if skin at base of cord is reddened. The cord will fall off by itself in a week or so.

How many wet diapers are normal?

One or two wet diapers a day for the first couple days, increasing daily. By a week of age, your baby should have six to eight wet diapers a day.

What is a normal temperature?

The normal temperature range for a baby is 97.6° to 99.6° F. If your baby is too cold, add a layer of clothing or a blanket. If he's too hot, remove a layer of clothing or a blanket.

Although it isn't necessary to take your baby's temperature routinely, if the baby is particularly fussy or not acting in his/her usual manner, check the temperature. If it is above 100.4°F or below 96.8°F, call your baby's doctor.

What do I need to know about bowel movements?

There are normal color changes in a baby's bowel movements; from green to brown to yellow during the first week. Look for two or more stools per day, although the number per day varies. Babies don't usually get constipated in the first weeks.

What is jaundice?

This term describes a yellow tinge to the skin caused by a build-up of bilirubin in the body. Most babies show some degree of jaundice starting about the second or third day of life and it is gone by the seventh or eighth day. Mild jaundice requires no treatment. Call your baby's doctor if the infant is sleepy and/or not eating well and/or becoming more yellow. Frequent feeding may help decrease jaundice.

What is a Newborn Screening Test?

This is a blood test that is done before your baby is discharged and is should be repeated in the doctor's office at 10 – 14 days of age. Take the 2nd test card to the doctor's office. This card is usually placed in the diaper bag or purse when you are discharged to go home. It tests for many different diseases that babies can have at birth, such as PKU, cystic fibrosis, and hypothyroidism. If these diseases are caught early, they can be treated.

How do I use a bulb syringe?

If your baby has mucus in his nose, you can remove it with the bulb syringe. Squeeze the air out of the bulb to create a vacuum, then put in a nostril and gently suck the mucus out. Remove the syringe and forcefully expel the mucus onto a tissue. Repeat in the other nostril. Wash the bulb syringe in warm soapy water. Keep in mind, babies often sound stuffy because of narrow nasal passages, not because of mucus. Also, if you suction often, you will irritate the tender nasal tissue. Only do this as needed.

If baby spits up and needs help clearing his mouth, you can use the bulb syringe in the same way for this. Squeeze the bulb to make a suction, and put it in the SIDE of the baby's mouth and suction it out. Do not put it straight back in the baby's mouth, or you can make him gag.

What do I need to know about pacifiers?

It is **your choice** whether you give your child a pacifier or not.

Pacifiers have been shown to decrease the incidence of SIDS (Sudden Infant Death Syndrome). Therefore, the American Academy of Pediatrics recommends the use of pacifiers **during sleep time** for infants. There is evidence that a pacifier can slightly increase ear infections, affect dental health and decrease weight gain. However, these can be treated.

When to start:

- Formula fed babies can start pacifiers at birth.
- **Breastfed babies should wait until after breastfeeding is well established**, at about one month of age. Pacifiers can interfere with breastfeeding success.
- Preterm babies or babies in pain can benefit from a pacifier soon after birth.

Keep in mind:

- We do not routinely give pacifiers to babies. At your request, we will place a "no pacifier" card on your baby's crib.
- Only commercially purchased pacifiers should be used.
- Pacifiers should be regularly washed, examined for wear and replaced as needed.
- **Pacifiers should not be used to replace or delay feedings!** Learn your baby's feeding cues such as rooting and sucking on his hands. Feed first, and if he still wants to suck or you are putting him to sleep, give a pacifier.
- Do not force your baby to take a pacifier. Give it only if he wants it and if you want him to have it.

How do I bathe my baby?

Bathing is only necessary every two to three days, however keep the diaper area and the neck area very clean between baths. (Milk can drip down a baby's chin to her neck and cause irritation.)

Water temperature should be warm (99°F), not too hot or too cool. You may need to increase the temperature in the room so baby doesn't get chilled. If she gets cold, hold your baby skin to skin and put blankets on top of her.

Your baby's skin is delicate. Use a mild soap and water for cleansing. Be aware that many skin products, laundry soaps, and diapers use fragrances that can cause rashes.

Be careful not to let baby's face go under the water. You can put rolled up towels around him to keep him in a safe position.

Never turn your back on a baby in a bathtub! If his head slides under the water, he can't breathe!

Appropriate Dress

Keep your baby dressed in clothing that is comfortable; not too cool or too warm. Dressing your baby in layers will help to keep your baby warm.

Before birth, your baby lived in a 98° womb. He comes out damp into a 70-75° room. The first few days he needs a hat and a couple layers of blankets or clothes to stay warm as he adjusts to his lower temperature world. That is why your nurses take his temperature often.

After a few days, the hat is only needed when he is outside in the cold. Although, if you think he looks adorable in a hat, he can wear it if he seems comfortable and not too hot.

Clean hands save lives

Handwashing is the #1 thing we can do to prevent sickness in a baby. An illness that might cause you to have a cold, can be life-threatening to a newborn. Wash your hands often, and encourage baby's visitors to wash their hands before holding your baby.

How do I care for my son's circumcision?

After the circumcision, you can comfort your baby by holding him and nursing him often.

The penis will take 7 to 10 days to heal. The area may be red for a few days and you may see some yellow discharge, which should decrease as it heals. Talk to your baby's health care provider about what to expect.

Follow the instructions given by the practitioner who did the circumcision about caring for the dressing, using petroleum jelly, keeping the area clean and bathing.

Call your health care provider if:

- You see persistent bleeding at any time during the healing process.
- The redness and swelling around the circumcision do not start to go down in 48 hours.
- Your baby develops a fever (rectal temperature of 100.4° F or higher).
- Your baby seems to be unwell.
- Your baby does not pass urine within 24 hours of the procedure.
- There is a greenish or foul-smelling discharge from the penis.

What health problems can secondhand smoke cause for your baby?

Secondhand smoke is smoke your baby breathes from someone's cigarettes or cigars. It can cause serious health problems in babies.

- Increased coughs, colds and ear infections.
- More frequent and more severe asthma attacks.
- Headache and dizziness.
- Fussiness.
- Increased chance of SIDS (Sudden Infant Death Syndrome) This is an unexplained death of a baby in the first year.
- If you are smoking heavily and breastfeeding, it can reduce your milk supply so baby may not get all the milk he needs.
- Increased chance of cancer and heart problems later in life.

How can you help protect your baby from secondhand smoke?

- **Do not allow smoking around your baby! (tobacco or marijuana)**
- If you or your family members smoke, go outside and shut the door. It is not enough to just open a window or use a filtering device. There will still be enough poisons in the room from the smoke to harm your baby.
- **Smokers should wash hands and face and change or cover clothes before handling baby.** Smoke leaves chemicals, like lead, arsenic and carbon monoxide, on people's clothes. When baby snuggles against those clothes, baby can inhale those dangerous chemicals.
- Don't take your baby to places, like public places or other people's homes, where people may be smoking.
- When choosing a babysitter, make sure he or she doesn't smoke.
- If you smoke, quitting will improve your health and reduce your risk of heart disease, cancer, lung disease, and other smoking-related illnesses. If you need help, talk to your doctor. Or go to Bay Area Hospital's website, click "Healthcare Information," go down to "Classes" and click "tobacco cessation."

Is it safe to use marijuana around babies?

No. Marijuana is legal in Oregon, but it is NOT good for babies or other children.

Studies show that marijuana affects children's brains and causes:

- Poor memory
- Decreased IQ
- Problems with attention, motivation, impulse control
- Problems with abstract thinking and flexibility
- Increased ADHD

Do not allow anyone to smoke marijuana around your child! See the section on the previous page entitled **"How can you help protect your baby from secondhand smoke?"** This applies to marijuana as well as tobacco smoke.

Breastfeeding Moms: If you smoke it or eat it, marijuana will get into your breast milk. The American Academy of Pediatrics states that **you should not use marijuana and breastfeed.** THC is stored in fat, such as breast tissue, so the concentration is higher in breast milk than it is in your blood!

Things to Know:

- Marijuana is a GMO product. (Genetically Modified Organism)
- THC levels are 13 times higher now than in the 1960's.
- When used in pregnancy, it doubles the risk of a miscarriage.
- In adults, it can cause poor decision-making and decrease coordination. Keep this in mind when choosing a babysitter.
- It may impair judgment and child care abilities.

What do I do about diaper rash?

Causes:

- Leaving a wet or dirty diaper on too long
- Yeast or bacterial infection
- Allergic reaction to the diaper
- Diarrhea
- Sensitive skin. Some babies just get diaper rash easily

Prevention/Treatment:

- Wash your hands before and after every diaper change.
- Change the diaper more often.
- Clean the area well with water. Use a squirt bottle with lukewarm water to wash the diaper area.
- Use wipes without fragrances or alcohol.
- Apply a cream or ointment before putting on a new diaper.
- Try a different brand of diapers.
- Leave the baby diaper-less, so baby's bottom is open to the air.
- If it is severe, see your baby's pediatrician. It might be a bacterial or yeast infection and need special medication.

What do I do if my baby spits up?

Normal

It is common for babies to spit up. When it happens, pick your baby up or roll her to her side until she clears her airway. Sometimes her face may turn red while she is doing this. If she appears to be choking on the spit up, you can use the **bulb syringe** to clear her mouth or nose. Ask your nurse if you don't know how to use this. Burping her more during feedings might help. If you are bottle feeding, and he spits up after eating, try feeding him less next time.

Needs attention:

If you are breastfeeding and your nipples are cracked, a small amount of blood in the baby's spit up is normal and won't hurt him. Lots of blood is not normal. Any blood in formula fed baby's spit up is not normal. Forceful (projectile) vomiting or green vomit is not normal. If any of these are happening or if your baby cannot keep anything down, call your pediatrician.

Help! My Baby is Crying!

Why is my baby crying?	What do I do about it?
Hunger.	Feed your baby whenever he shows signs of being hungry. See the section in this book on breastfeeding and/or bottle feeding.
Uncomfortable. Hot. Cold. In need of a diaper change.	Sometimes it is not easy to know. Can you make him more comfortable? Is anything poking him? Is it too noisy?
Sick.	Talk to your baby's doctor.
Gas.	Burp your baby after feeding. Try putting her on her back, grasping her feet, and moving her legs in a gentle bicycling motion.
Overly tired – babies often fuss when they are tired or overstimulated.	Swaddle him, take him into a dark, quiet room, rock him and pat his back. Sing to him. Limit visitors.
Bored. Needs more stimulation.	Position her where she can see what is going on. Give her toys. Talk to her. Play with her. Take her for a walk. This is good for you too.
Want to be held – babies need a lot of cuddling.	Hold him. No, you won't spoil him. Studies show that if babies are held when they cry, they will actually cry less throughout the day.
No reason. Sometimes babies just cry and cry no matter what you do. This is challenging but normal. **See the next page for how to soothe a fussy baby!**	Stay calm. Be patient. Remember, she's just a baby. Don't take it personally. She will outgrow it. 

How can I soothe my baby?

- Hold her. Babies love to be held, and it's good for their development and their bonding.
- Give him something to suck on: a toy, a finger, a pacifier.
- Swaddling. Most newborns like to be wrapped snug, but not too tight, in a blanket.
- Music and rhythm. Play music. Sing to him. Gently dance around the room with him.
- Massage. Most babies love gentle, slow rubbing.
- Go outside. Get some fresh air and sunlight. This is good for both of you. Take her for a walk in a stroller or simply sit in the back yard.
- White noise. The vacuum, the dryer, static on the radio. This often calms babies.
- Motion. Go for a car ride. Rock him. Put him in a baby swing.
- Relax. Babies pick up on parents' emotions. If you are stressed, your baby may sense it and be fussier.

What if my baby is crying and I am getting frustrated?

A crying baby can be extremely stressful and frustrating. Thankfully, as your baby gets older, he'll be better able to soothe himself and much of the crying will stop. In the meantime, take care of yourself, and don't feel guilty. When you're reaching your limit, try these tips:

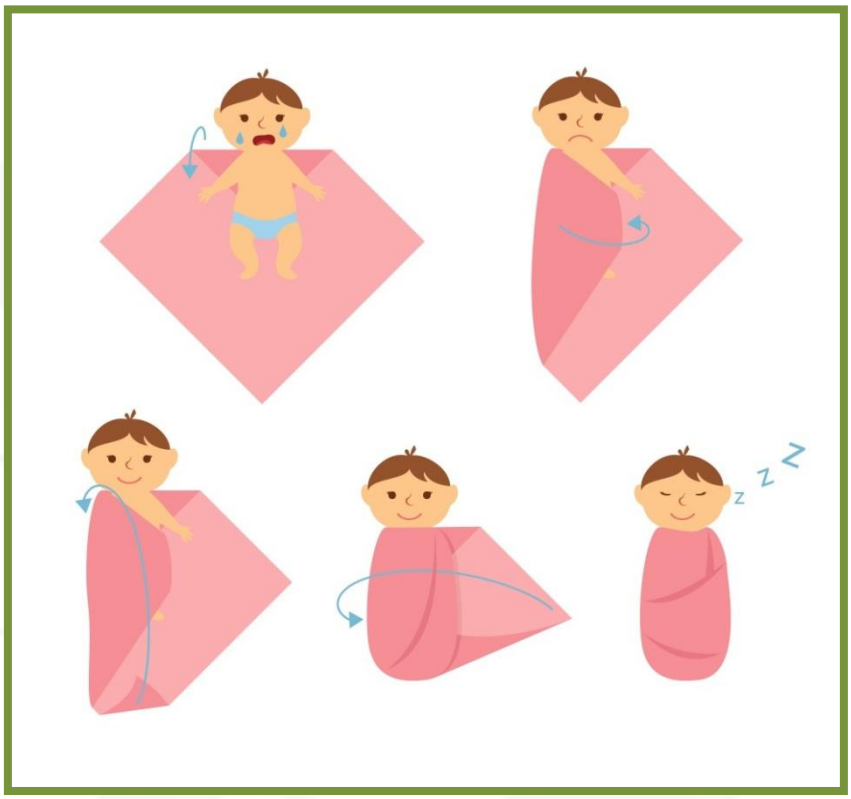
- Put your baby in his crib and let him cry for a while so you can have a break.
- Call a friend or relative and ask for advice or help.
- Ask someone you trust to watch baby and give you a break. Take a walk. Take a nap. Take a shower.
- Put on relaxing music to distract yourself.
- Take deep breaths.
- Repeat to yourself, "My baby will outgrow this phase."
- Remember, your baby is just a baby, and he can't help himself. Don't take it personally.
- **Whatever you do, don't express your frustration by shaking or hurting the baby.**

Shaken Baby Syndrome Prevention

View the video titled *The Period of Purple Crying* and show it to your baby's other caregivers. Periods of extended crying are normal and expected. However, it can be frustrating and cause parents or other caregivers to become angry. **NEVER** shake your baby. You could accidentally injure your baby.

How do I swaddle my baby?

Step 1: Lay the blanket down in a diamond shape. Fold one corner down a little bit. Place baby with her neck on the folded corner.



Step 2: Place the baby's arm at her side and hold it in place. Pull one corner of the blanket over her body and tuck it under her back. Tuck it snugly but not too tight.

Step 3: Pull the bottom corner of the blanket up. If the blanket is big enough, tuck it under the baby's shoulder. Tuck it snugly, but not too tight. She should be able to move her legs.

Step 4: Pull the last corner over the baby and tuck it underneath her. Make sure it's tucked well enough that if she kicks her legs, she will not be able to open the swaddle and make the blankets come off her.

There are also swaddle blankets you can buy that have Velcro. You can see it in the picture on the right. This makes it easier to swaddle a baby.

Why should I swaddle my baby?

- Most newborn babies sleep better and longer.
- Most newborns like it. Swaddling helps them feel calmer, and they cry less.

When should I stop?

- Stop when he doesn't like it anymore.
- Stop when he learns to wiggle out of it or when he tries to roll over. Rolling over while swaddled can increase the risk of SIDS (Sudden Infant Death Syndrome.)

Breastfeeding Your New Baby

By choosing to breastfeed, you and your baby are off to a great start! Research shows that breastfeeding provides many health benefits for both your baby and you. Breastfeeding is how babies are born to be fed.

Your body will make milk naturally, but delivering it from the breast to the belly takes some learning and a lot of practice. This is a brand-new skill, for both of you. All of our nurses have training in breastfeeding and can help you. If you are still having problems, we have specially trained lactation nurses to help you.

Basic Lactation Plan:

Feed the baby

- ✓ Suckling at the breast.
- ✓ Expressed colostrum/breast milk.
- ✓ Formula if medically indicated.

Maximize milk supply

- ✓ Frequent feedings.
- ✓ Hand expression.
- ✓ Breast massage/compression.

Keep your baby breast oriented (in love with the breast)

- ✓ Frequent skin-to-skin.
- ✓ Unlimited access to the breast; not just during feeding time.
- ✓ Think of it as baby's "home base."

Work on breastfeeding

- ✓ Frequent assessment of position and latch. These are the keys to maximum milk supply for baby and best comfort for mom.
- ✓ Continue to ask for assistance if needed.

Note on Supplementing: Breast milk is the very best food for babies. However, there are times **babies need supplementing for medical reasons.** These include baby being premature, ill, or losing too much weight. If your baby needs supplementing, **it is short-term, just until the problem is resolved.**
Start by pumping and giving your baby expressed breast milk. If this is not enough, give baby formula. We have alternative feeding methods you can use instead of bottles if you like.

Five Keys to Successful Breastfeeding

Keep your baby skin to skin with you until after the first feeding

The first feeding sets the pace for next several feedings. Right after birth, babies are often awake and ready to feed in that first hour. This bonding and first feeding time is precious. We highly recommend limiting family and friends from holding the baby at this time.

Room in with your baby

Keep your baby with you during your hospital stay so you can learn your baby's cues and feed whenever he seems hungry. Babies typically feed more than 8 times each 24-hour day for the first several weeks. Offer the breast whenever your baby seems willing.

Avoid supplementary feedings

All your baby needs is you! Rarely is there a baby who needs more than the breast in the first 24 hours. Offer the breast often. The fast flow and different feel of a bottle nipple can confuse babies and make subsequent feedings difficult.

Breastfeed whenever your baby seems hungry. Observe your baby for feeding cues: mouthing, sticking the tongue out, bringing hands to the face; offer the breast – before he begins crying.

Limit the use of pacifiers and swaddling

Anytime your baby seems hungry, offer the breast. Later, your pediatrician may recommend the use of a pacifier to reduce the risks of SIDs, but not until breastfeeding is well established. Research shows that babies who are constantly swaddled do not wake up as often for feeding. Keep your baby skin-to-skin whenever possible while you are awake. Frequent feedings in these early days assure that you will bring in an abundant milk supply and your baby will feed adequately.

Ask for help

If things don't seem to be going well, or your breasts become sore, ask to see the lactation consultant in the hospital. She can watch a feeding and give you tips that can help breastfeeding go smoothly. When you get home, contact a breastfeeding support group, a lactation consultant in the community, or other breastfeeding assistance. See Appendix B for a list of resources.

Much of our breastfeeding information comes from this website: Lactation Education Resources. 2017. **www.LactationTraining.com**

Breastfeeding: Infant Hunger Cues

Babies show several cues in readiness for breastfeeding. Tuning into your baby's cues will make your feeding more successful and satisfying for both your baby and for you. Your baby does not have to cry to let you know he is hungry. Crying is the last hunger cue.

Try to catch your baby's feeding cues early in the cycle - avoid crying - and begin breastfeeding.

Hunger cues:

- Awakening
- Soft sounds
- Mouthing (licking or smacking lips, sticking tongue out.
- Rooting (turning his head towards the breast, and opening his mouth)
- Hand to mouth activity
- Crying, beginning softly and gradually growing in intensity.

What if your baby is sleepy and not showing hunger cues?

Most babies are wide awake during the first couple hours after birth. Their whole world is new and different and exciting. **After this, they are often very sleepy**. This is normal, but babies need to eat every 2-3 hours.

In the first week or so, babies often need to be awakened to eat. Sometimes once feeding begins, babies fall asleep too soon and need to be awakened to finish feeding.

Waking a sleeping baby:

- Hold her skin to skin and rub her gently on her head, back, and feet.
- Undress her down to her diaper to cool her off.
- Talk to her.
- Turn up the lights.
- Change her position.
- Change her diaper.
- Express some breast milk and place it under her nose. Dribble milk over the nipple to encourage her to latch on.

Breastfeeding: Positioning and Latching

The way you hold your baby and how he latches onto the breast are the keys to comfortable feeding for you and full feedings for your baby. Correct positioning and latch-on can prevent many of the common problems mothers encounter when starting to breastfeed.

Getting comfortable

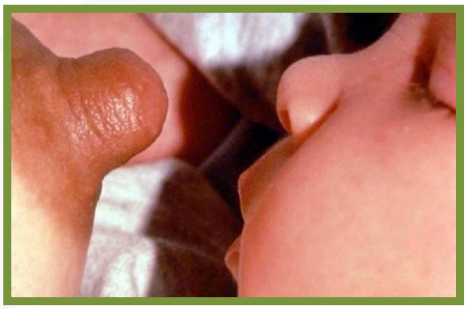
Choose a bed, chair or sofa where you can be comfortable. Use pillows to support your arms and relax your shoulders. When positioning baby, always bring her up to you. Don't lean over toward her. This can make your shoulders and back sore.

Importance of Skin to Skin contact

Babies tend to feed best when they have direct contact with their mother, and skin-to-skin contact. Not only does it keep baby warm, the smell and feel of the breast encourage the baby to locate the breast and begin feeding. Holding your newborn skin-to-skin is one of the best ways to make breastfeeding easy.

Positioning your baby

Hold the baby between your breasts and allow your baby to wake skin-to-skin. Once he's awake and ready to feed, turn your baby completely onto his side, "belly to belly", so his mouth is directly in front of the breast and he does not need to turn his head at all to get to the nipple.



Position your baby with his **nose to your nipple** so he tilts his head up slightly when he latches. His chin should touch the breast first, then grasp the nipple.

Look for a straight line from the baby's ear to the shoulder to the hips. His chin should not be tucked into his chest or turned sideways. His legs should curl around your waist.

Hold your baby's head behind the neck with your thumb and fingers behind his ears. (See picture) This works better than if you cup your hand around his head.

Basic Breastfeeding Holds

The cross-cradle hold

This is one of the preferred positions for the early days of breastfeeding. You will have good control of the position of your baby's head when you place your hand behind his ears. Roll the baby to face you "belly to belly." Once baby learns to latch easily, the "cradle hold" will be more comfortable for you.

Side lying

This is good for getting a bit of rest while your baby nurses or if you want to avoid sitting because of soreness. Notice the pillow support on your back and baby's back. Roll the baby towards you "belly to belly". Keep his body in a straight line. His head should not be turned.

The football hold

This is a good position for mothers who had a C-section delivery because the weight of the baby is not on the abdomen. Tuck the baby under your arm with pillow support to place the baby at breast height. Tuck a pillow or rolled receiving blanket under your wrist for support.

Place your hand behind baby's neck with your thumb and fingers behind the ears and support his body with your arm. Roll the baby towards you "belly to belly."

The cradle hold

This is a great hold after baby learns to latch well. His lower arm should be around your waist. His body should be in a straight line, with his nose lined up with your nipple.

More Breastfeeding Hold Options

Baby-led latching

While skin-to-skin, your baby will gradually realize where he is and that food is nearby. He will slowly begin to move towards the breast. Provide support and assist a bit if it seems necessary, but avoid directing the baby. Your baby will locate the nipple and latch-on with minimal assistance from you. Let your baby lead the way.

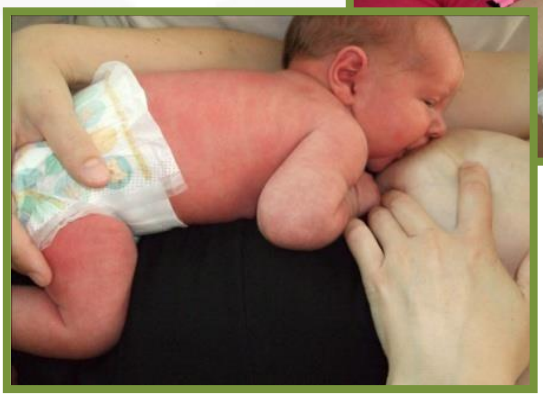
This baby located the breast and latched on independently.

Laid back breastfeeding

Recline with your baby “on top.”

Use pillows to support you and your baby as needed.

This is an excellent position for feeding and may be the trick to remedy sore nipples.



Breastfeeding: The Latch

Latch-on

Place thumb on your breast near the areola and your fingers on the opposite side of the breast. **Gently compress the breast into a "nipple sandwich"**. This will allow the baby to get a deeper latch on. A deeper latch is more comfortable for you and provides more milk for your baby.

Make sure your fingers are well behind the edges of the areola, 1-1½ inches from the base of the nipple. Allow your baby's head to lean back slightly so his chin touches the breast first. Remember – keep your thumb by the baby's nose and fingers by his chin. This gives you the most control and comfort.

Touch your nipple to the skin between your baby's nose and mouth. Your baby will open wide, and you can bring him onto the breast. If he doesn't, tickle his nose and lips until he opens WIDE (like a yawn) and his tongue comes forward. He should get the nipple and a "big mouthful" of the areola (the dark brown part of the breast) in his mouth. Bring the baby to the breast, not the breast to the baby.

Listen for swallowing every 3-5 sucks. You may not hear it until your milk volume increases. Once your milk is in, you will notice swallowing every suck.

Check your latch-on

- ✓ Your baby's chin should touch the breast. His nose should be free.
- ✓ Most of the areola is in your baby's mouth.
- ✓ Upper and lower lips are flanged (rolled out).
- ✓ You feel a deep pulling sensation as he nurses. Let your nurse know if you feel a sharp pain that lasts more than a moment during the latch-on.

Worried your baby can't breathe while at the breast? Don't! If he can't breathe, he will let go and pull away. Usually, babies can breathe easily when at the breast because they breathe around the "corners" of their nose. If his nose is too buried in the breast, pull the baby's hips in closer to you. This should free up his nose and works better than pushing your finger into the breast.

Breastfeeding FAQs

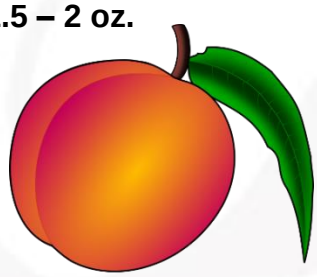
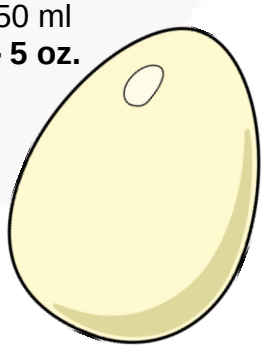
How do I know my baby is getting enough to eat?

In the hospital, every night we will be **weighing your baby** and comparing it to his birth weight. After discharge, he will be weighed by his pediatrician at each visit. If you have a MOMS nurse visit or if you go to WIC, he will also be weighed. If he is growing as expected, this shows he is getting enough to eat.

Birth is a lot of work for your baby as well as for you. She may be so sleepy that eating isn't high on her priority list. It is normal for your baby to lose 5-8% of the birth weight. She should gain it back by two weeks of age and after that her weight should steadily increase.

Many women are concerned that they are not producing enough colostrum during the first few days before their milk comes in. However, a baby's stomach is tiny, about the size of a cherry at first. He doesn't need much. Your body is making just the right amount for your baby. A large amount of milk is undesirable in the first days of life.

It is not necessary to supplement unless there is a medical need.

Day 1	Day 3	Day 7	Day 30
Baby's stomach is the size of a cherry: 5-10 ml. 0.1 - 0.3 oz. 	Baby's stomach is the size of a walnut: 25 ml **1 oz.** 	Baby's stomach is the size of an apricot 45-60 ml **1.5 – 2 oz.** 	Baby's stomach is the size of a large egg 80-150 ml **2.5 – 5 oz.** 

If at any time you are unsure if you are feeding correctly, seek the help of a lactation consultant or other knowledgeable health care provider.

Once breastfeeding is fully established, it can be one of the most rewarding experiences of new motherhood.

Breastfeeding FAQs

Why might my baby need supplementation?

- Losing too much weight.
- Jaundice and not eating well.
- Premature – early babies may not be sucking strong enough to get a good feeding.
- Ill – if baby is sick, he might not be able to breastfeed well enough.
- If Mom has a history of breast surgery or PCOS or other medical problem that decreases her milk supply.

If you are supplementing for medical reasons, we recommend pumping with one of our hospital grade breast pumps to help ensure optimal milk supply. Your milk is the best supplementation. If baby needs more than you can pump, then formula should be used until your milk comes in and you are able to pump larger amounts.

How long should each feeding be?

It varies. She may want to eat a few minutes at one feed and an hour at the next feed. Once your milk comes in, she will probably want to eat 20-30 minutes every 2-3 hours.

How do I burp my baby?

If your baby is happy at the breast and does not appear uncomfortable, then burping is probably not necessary. Babies that spit up often, probably need to be burped more.
To prevent a tummy full of air, you can burp your baby after feeding or when you switch breasts. If your baby doesn't burp after a couple of minutes of trying, it is all right. Sometimes it helps to sit the baby up, rock her gently back and forth for a couple minutes, and then pat her back to get her to burp.

Babies can swallow air with crying. It can help to burp a baby after a time of crying.

Here are the three best positions:

- **Over the shoulder**: Drape your baby over your shoulder and pat or rub her back.
- **On the lap:** Sit your baby upright, learn her weight forward against the heel of your hand and pat or rub her back.
- **Lying down**: place baby stomach-down on your lap and rub or pat her back.

Breastfeeding FAQs

What medications can I take while breastfeeding?

The regular postpartum medicines that you are given here in the hospital (like pain meds and stool softeners) are safe to use with breastfeeding.

There are many medications you can safely take now that you could not take while pregnant. A few are not safe. If you want to take a medication, ask your medical provider. This includes over-the-counter and herbal medications. Some cold medicines and anti-histamines can lower your milk supply if used regularly.

If I drink alcohol, will it hurt my baby?

It depends. The same amount of alcohol that is in your bloodstream is also in your breast milk. As it clears out of your bloodstream, it also clears out of your milk. Current research says that occasional use of alcohol (1-2 drinks) does not appear to be harmful to the nursing baby.

If you have had several drinks, you should not breastfeed while you are feeling those effects. You may resume breastfeeding when you are sober.

Keep in mind, drinking more than two drinks at one time can impair your ability to safely care for your child!

Large amounts of alcohol can cause sleep disturbances, weakness, growth issues and developmental delays in babies. **Therefore, mothers who are chronic or heavy alcohol users should not breastfeed.**

What are some benefits of breastfeeding?

For Baby:

- It provides the ideal nutrition.
- It contains antibodies that help him fight off bacteria and viruses, decreasing the risk of ear infections, respiratory illness and diarrhea.
- It lowers his risk of allergies, asthma and diabetes.
- They have fewer doctor visits and fewer hospitalizations.
- They score higher on developmental tests.
- They are more likely to gain the right amount of weight.

For Mom:

- It helps you lose pregnancy weight faster.
- It may reduce bleeding after birth.
- It lowers your risk of breast and ovarian cancer and osteoporosis.
- It saves money. Formula is expensive.
- It is more environmentally friendly.

Breastfeeding Survival Guide for the First Two Weeks

Breastfeed every 1-3 hours

It sounds like a lot, but your baby needs your milk, and your breasts need the stimulation to bring an abundant milk supply. Newborns need to be fed around the clock and get 8-12 feedings each 24-hour period.

Wake your baby up well for feedings

A drowsy baby will not feed for long. Undress her to her diaper, rub her tummy and back, talk to her and rock her back and forth if necessary until her eyes open. If she drifts off to sleep, “bug her” to keep her awake. Massage, cool wash cloths, blowing on her face and talking to her will keep her going. Look for about 15-20 minutes of vigorous sucking on each breast.

When do I get to sleep?

Sleep when your baby sleeps. Newborns tend to feed a lot at night and sleep more during the day. Around the clock feeds are grueling, and you can maximize your sleep by napping when your baby does. Accustom yourself to these quick “cat naps” to help you feel refreshed. You can also encourage the baby to spend more time awake during the day by feeding and playing with her.

Do as little as possible during the night

Feed your baby when he tells you he is hungry. Don’t turn on any lights. Don’t change the diaper unless it is very full or he has diaper rash. If he wakes up totally, he will want to stay awake and play.

Be patient

It will take a few weeks for you and your baby to get into a pattern of feedings and nap times. Go with the flow. Eventually, you and your baby will find a pattern that works best for both of you. Schedules don’t tend to work well until the baby is a bit older and bigger.

Troubleshooting:

- If your nipples are **sore,** see the page on **“Sore Nipples.”**
- If your breasts become **too full** and become uncomfortable, see the page on **“Engorgement.”**

Your Milk Supply

If you breastfeed more, you will make more milk.

If you breastfeed less, you will make less milk.

Every few weeks, your baby may go through a growth spurt and be hungry all the time for a few days. You might feel like you are not making enough milk. If you are patient and allow baby to breastfeed often, soon your body will respond and increase production.

What helps increase milk supply?

- Breastfeed often. The more baby eats, the more milk you will make.
- Pumping or hand expression.
- A good latch.
- Some research shows that listening to music while pumping or breastfeeding can increase milk supply.
- When possible, allow baby to decide when to end the feeding. “Empty breasts” send a message to the brain to make more milk.

What can decrease milk supply?

- Using a pacifier before breastfeeding is well established.
- Skipping feedings.
- Letting baby sleep through the night too soon. (You can discuss this with the pediatrician or lactation consultant if you think this is happening.)
- Regular use of cold medicines and allergy medicines. Check with a medical provider if you need to take this regularly.
- Chronic stress.
- Some illnesses.
- Using a nipple shield incorrectly.
- Regular alcohol use.
- Heavy tobacco use.
- Marijuana use.

For more information, see Appendix B.

How long should I continue to breast feed?

The American Academy of Pediatrics recommends exclusive breastfeeding for the first year of life or longer, with introduction of solid foods at 6 months of age. The World Health Organization (WHO) recommends breastfeeding for two years.

Any amount of breast milk is beneficial to your baby. A good rule of thumb is “do as much as you can for as long as you can”.

Breastfeeding: Sore Nipples

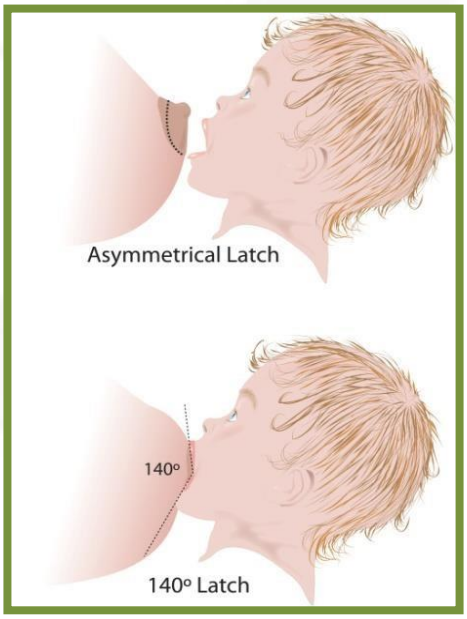
Tender and sensitive nipples are normal as you begin breastfeeding your new baby. However, very sore, cracked or bleeding nipples are not. Usually, this problem is related to the way your baby latches onto the breast. It is important that your baby gets a big “mouthful” of nipple and areola (the dark part of the breast.)

A good position and a good latch are the keys to comfortable and successful feeding.

Review your positioning and latch from the previous pages:

1. Hold your baby’s head behind his ears and neck.
2. Align him “nose to nipple.”
3. Roll him towards you “belly to belly.”
4. Use a “sandwich hold” to achieve a better latch-on. Gently squeeze the breast to shape it like an oval that fits deeply into your baby’s mouth.
5. Look for a wide mouth on the breast.

These two pictures show the correct angle of the mouth on the breast for maximum comfort.



Treatment of sore nipples:

- ✓ Correct the position and latch-on.
- ✓ Check for a wide-open mouth - 140° - see pictures.
- ✓ Apply some of your expressed breastmilk or purified lanolin to your nipples after feedings.
- ✓ Feed for short, frequent feedings.
- ✓ Start on the least sore side.
- ✓ Change the position of your baby at each feeding. For example, use the football hold for one feeding, then the cross cradle hold for the next feeding.
- ✓ If your breasts are very full, hand express some milk or use a breast pump.
- ✓ Ask your nurse if Soothies or nipple shields would be right for you.
- ✓ **If these do not work, ask your nurse for assistance. If you are at home, call a MOMS program nurse.**

Breastfeeding: Dealing with Engorgement

Breastmilk usually "comes in" sometime during the first week after delivery. This means your milk changes from colostrum or early milk, to mature milk. Your body may make more than your baby needs during this period, and it is easy to become overly full.

To prevent engorgement:

- Nurse frequently, 8-12 times a day around the clock.
- Make sure your baby latches on well, so he will empty your breasts effectively.
- Keep your baby actively nursing throughout the feeding.
- Do not skip feedings or give formula feedings during the first weeks.

For moderate engorgement: (Your breasts are as firm as the tip of your nose.)

- Apply warmth before feedings to soften the breast and encourage the let-down reflex.
- Stand in the shower and let warm water run over your breasts. This will feel good and help the milk come out easier.
- Do some gentle breast massage. Make circular motions in small areas with your fingertips. Move your hand all around the breasts. Then stroke from the outer breast towards the nipple.
- Apply cold compresses for 10-20 minutes after feedings to reduce the swelling and provide comfort.

For extreme engorgement: (Your breasts feel as hard as your forehead.)

- Do all those things listed under “for moderate engorgement.”
- Cabbage leaves may be applied to the breasts before feedings to reduce swelling. This may sound like an unusual treatment, but many women have found it effective. Place chilled cabbage leaves in your bra for 15-30 minutes 2-3 times per day or until your breasts start to soften. Do not do it longer, or it can decrease your milk supply.
- If latching is difficult due to fullness, do some hand expression or use a breast pump to remove some milk.
- If baby doesn’t empty your breasts sufficiently during feedings or only feeds on one breast, you may use hand expression or a breast pump after feedings for a day or two. It is important to treat engorgement before your breasts become very full and painful. This pressure on the milk-producing cells in your breasts can damage them and reduce your overall milk supply.
- **Talk to a lactation specialist. Ask your nurse or call the MOMS program.**

Storage and Handling of Pumped Breastmilk

Mothers who are pumping breastmilk should store the milk in the **cleanest and safest** way. It can be stored in any clean container: plastic, glass or disposable milk storage bags.

Room Temperature

Freshly pumped breastmilk can be kept at room temperature for 4 hours. If it will need to be kept longer, please refrigerate. Milk that has been previously chilled should be kept at room temperature for no longer than an hour.

Refrigerated

Breastmilk may be stored in a refrigerator for 4-8 days. If you don't think you will use it in that time, freeze it. Label your milk with the date, so you don't accidentally use it after this time frame. If it spoils, it can make your baby sick.

Frozen

Breastmilk may be stored in a freezer for up to 3 months and in a deep freeze for up to 12 months. The freezer is cold enough if it keeps ice cream solid (0° F).

It is best to freeze milk in feeding sized quantities. (2-3 ounces at first.) You don't want to thaw out more milk than your baby will take in 24 hours. You can always get more out if needed.

Layering Breastmilk

You may add "new" milk to previously chilled or frozen milk. Chill the "new" milk prior to adding it. The expiration date of that container of milk will be from the date of the original milk. Don't forget to label the milk with the date.

Thawed

Breastmilk can be thawed in lukewarm water in just a few minutes. Then it can be warmed to serving temperature in the same manner. Never make it warmer than body temperature. Never use a microwave to thaw it as it can have hot spots that burn baby's mouth. Discard any milk left in a bottle after feeding. Thawed breastmilk should be discarded after 24 hours. Do not refreeze it.

Transporting

Chill any milk you pump at work in a refrigerator or portable cooler. Use a cooler to transport it home.

Bottle Feeding

The American Academy of Pediatrics recommends that babies be breastfed; however, **this may not be possible or preferable for all new moms.** Deciding how to feed is **your choice**. Our job is to support you in your decision. Remember, your baby's nutritional and emotional needs will be met whether you choose to breastfeed or formula feed.

Our goal is to have baby's first feeding be within an hour after birth.

How can I get bonding started with my baby?

Hold your baby skin-to-skin immediately after the birth or as soon as it is possible. This boosts levels of oxytocin, the hormone that plays a major role in parent-baby bonding. Dads can do this too. Research shows that babies held with skin-to-skin contact will cry less than babies wrapped in blankets.

Look him in the eyes while you feed him. He can focus best if your face is about ten inches from his face. Talk to him, sing to him, smile at him.

Babies bond better to parents who respond quickly to their needs. His needs are simple: Feed me. Change me. Soothe me to sleep. When he feels hungry, and you give him a bottle, he learns to trust you more easily than if you rely on a set schedule and make him wait. Of course, you don't have to feed on demand forever. But during those early weeks when you and your baby are just getting to know each other, noticing and responding to what he needs is a big part of building your lifelong relationship.

How do I feed my baby?

- ✓ Hold the baby almost upright
- ✓ Select a medium or wide base nipple with a slow flow.
- ✓ Hold the bottle horizontal, just filling the nipple with fluid.
- ✓ Encourage your baby to take it into his mouth until he has a wide-open mouth. The nipple should be deep in his mouth. Let the baby seek for the nipple.
- ✓ The feeding should take 15-30 minutes. If the baby drinks too fast, tip the bottle down or remove it to slow the pace of the feeding.
- ✓ Mothers can hold the baby cheek to breast for the feeding.

Bottle Feeding

Important Dos and Don’ts:

1. **Don’t ever just prop a bottle** in a baby’s mouth and leave it there. The baby could choke on the milk. This also increases ear infections and tooth decay. Also, babies NEED to be cuddled and held, and feeding is a perfect time to do this.
2. **Do wash your hands and wash the bottles and nipples well!** You don’t want your little one getting ill.
3. **Use the measuring spoon that comes in the can and follow the mixing instructions exactly.** Proper dilution is important. If not on city water, use bottled water or consult your baby’s doctor.
4. **Always discard any milk left in the bottle at the end of a feeding!**
5. **Do use the milk within an hour** after opening or mixing a bottle if it is at room temperature. If it spoils, it will make your baby sick.

If there are no problems with the weight:

- **Feed him when he is hungry:** Watch for hunger cues. If your newborn is hungry, he'll eventually cry. But crying is a late sign of hunger. Earlier signs to watch for include smacking his lips or sucking, rooting (turning his head toward your hand when you stroke his cheek), and putting his hands to his mouth.
- **Stop feeding when he is full:** When bottle feeding, it is tempting to try to get baby to finish the bottle. Short term, this can lead to an overextended stomach and a fussy baby. Long term, this can lead to obesity.

Infant Safety: Sleep

What does a safe environment for sleep look like?

Reduce the risk of SIDS (Sudden Infant Death Syndrome) and other sleep-related causes of infant death by doing the following:

B Position on back

Babies should sleep on their backs. This reduces the risk of SIDS. Tummy time is important, but only when your baby is supervised.

F Firm not fluffy

Baby's mattress should be firm. Baby's face can get buried in soft mattresses or cushions, making it hard to breathe.

P No pillows or toys

Stuffed toys, pillows, blankets, crib bumpers and baby positioners can be unsafe for your baby for the first year.

N Near you but not bed-sharing

Your baby's bed should be near your bed, but your baby should not sleep in the same bed with you or anyone else.

S No smoking

Smoking around baby increases the risk of SIDS

C Clothing

Dress your baby in pajamas such as a one-piece sleeper. Do not use a blanket or a hat after the first few weeks. Not too warm. Not too cold.

If you are awake and watching the baby, it is fine for baby to be on her stomach. Tummy time is good for the development of the muscles, and babies like it. The information on this page is for when babies are sleeping and you are not watching.

Infant Safety: Car Seat

Always have your baby ride in an approved car seat in the BACK SEAT of the vehicle.

To be safe, infants should remain REAR FACING until 2 years of age

Never place a child in front of an active airbag.

Straps should be threaded AT OR BELOW THE SHOULDERS for rear facing seats.

The harness should be adjusted so there is NO SLACK.

Only use the head bolsters that come with the car seat. If you put a different one it, might push the baby's head forward, making it harder to breathe.

Retainer clips should be at ARM PIT LEVEL.

Do not put a blanket between the baby and the car seat harness. Instead, buckle the baby in the car seat and then put the blanket over the harness.

When properly installed in your vehicle, the car seat should not be able to move from side to side or forward more than 1 inch. Read the car seat instructions and the vehicle's owner's manual for how to do this.

Check with a certified car seat technician for more information.

Appendix A – Vaccine information

VACCINE INFORMATION STATEMENT

Hepatitis B Vaccine

What You Need to Know

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

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus. Hepatitis B can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

Hepatitis B virus infection can be either acute or chronic.

Acute hepatitis B virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis B virus. This can lead to:

- fever, fatigue, loss of appetite, nausea, and/or vomiting
- jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements)
- pain in muscles, joints, and stomach

Chronic hepatitis B virus infection is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronically-infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves. Up to 1.4 million people in the United States may have chronic hepatitis B infection. About 90% of infants who get hepatitis B become chronically infected and about 1 out of 4 of them dies.

Hepatitis B is spread when blood, semen, or other body fluid infected with the Hepatitis B virus enters the body of a person who is not infected. People can become infected with the virus through:

- Birth (a baby whose mother is infected can be infected at or after birth)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Each year about 2,000 people in the United States die from hepatitis B-related liver disease.

Hepatitis B vaccine can prevent hepatitis B and its consequences, including liver cancer and cirrhosis.

2 Hepatitis B vaccine

Hepatitis B vaccine is made from parts of the hepatitis B virus. It cannot cause hepatitis B infection. The vaccine is usually given as 2, 3, or 4 shots over 1 to 6 months.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6 months of age.

All **children and adolescents** younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated.

Hepatitis B vaccine is recommended for unvaccinated **adults** who are at risk for hepatitis B virus infection, including:

- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term monogamous relationship
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have household contact with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled persons
- Persons in correctional facilities
- Victims of sexual assault or abuse
- Travelers to regions with increased rates of hepatitis B
- People with chronic liver disease, kidney disease, HIV infection, or diabetes
- Anyone who wants to be protected from hepatitis B

There are no known risks to getting hepatitis B vaccine at the same time as other vaccines.

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Centers for Disease Control and Prevention

3 Some people should not get this vaccine

Tell the person who is giving the vaccine:

- **If the person getting the vaccine has any severe, life-threatening allergies.**
  If you ever had a life-threatening allergic reaction after a dose of hepatitis B vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Ask your health care provider if you want information about vaccine components.
- **If the person getting the vaccine is not feeling well.**
  If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get hepatitis B vaccine do not have any problems with it.

Minor problems following hepatitis B vaccine include:
- soreness where the shot was given
- temperature of 99.9°F or higher

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

Your doctor can tell you more about these reactions.

Other problems that could happen after this vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting and injuries caused by a fall. Tell your provider if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get shoulder pain that can be more severe and longer-lasting than the more routine soreness that can follow injections. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: **www.cdc.gov/vaccinesafety/**

5 What if there is a serious problem?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

  Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a **severe allergic reaction** or other emergency that can't wait, call 9-1-1 or get to the nearest hospital. Otherwise, call your clinic.

  Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at **www.hrsa.gov/vaccinecompensation**. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**

Vaccine Information Statement
Hepatitis B Vaccine

Office use only

10/12/2018 | 42 U.S.C. § 300aa-26

HOJA DE INFORMACIÓN SOBRE VACUNAS

Vacuna contra la hepatitis B

Lo que necesita saber

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

Las hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 ¿Por qué es necesario vacunarse?

La hepatitis B es una enfermedad grave que afecta al hígado y que es causada por el virus de la hepatitis B. La Hepatitis B puede provocar una enfermedad leve que dure algunas semanas, o puede llevar a una enfermedad grave de por vida.

La infección por el virus de la hepatitis B puede ser aguda o crónica.

La infección aguda del virus de la hepatitis B es una enfermedad de corta duración, que se desencadena dentro de los primeros 6 meses luego de que la persona se expone al virus de la hepatitis B. Esto puede dar lugar a:

- fiebre, fatiga, falta de apetito, náuseas, vómitos o dolores articulares
- ictericia (ojos o piel amarilla, orina oscura, heces de color arcilla)
- dolores musculares, en las articulaciones y en el estómago

La infección crónica del virus de la hepatitis B es una enfermedad de larga duración que tiene lugar cuando el virus de la hepatitis B permanece en el organismo de una persona. La mayoría de las personas que desarrollan hepatitis B crónica no tienen síntomas, pero aún así es muy grave y puede ocasionar:

- daño hepático (cirrosis)
- cáncer de hígado
- muerte

Las personas crónicamente infectadas pueden contagiar el virus de la hepatitis B a otros, aun cuando ellos mismos no parezcan estar ni se sientan enfermos. Es probable que hasta 1.4 millones de personas en los Estados Unidos pudieran tener infección crónica de la hepatitis B. Cerca del 90% de los niños pequeños que contraen la hepatitis B quedan crónicamente infectados y 1 de 4 muere.

La hepatitis B se contagia cuando la sangre, el semen o algún otro fluido corporal infectado con el virus de la hepatitis B ingresa al organismo de una persona no infectada. Las personas pueden infectarse con el virus a través de:

- el nacimiento (un bebé cuya madre esté infectada puede infectarse al nacer o después de nacido)
- compartir artículos como afeitadoras o cepillos de dientes con una persona infectada
- el contacto con la sangre o heridas abiertas de una persona infectada
- tener relaciones sexuales con una pareja infectada
- compartir agujas, jeringas u otro equipo de inyección de fármacos
- la exposición a la sangre proveniente de agujas u otros instrumentos filosos

Cada año mueren cerca de 2,000 personas en los Estados Unidos de una enfermedad hepática relacionada con la hepatitis B.

La vacuna contra la hepatitis B puede prevenir la hepatitis B y sus consecuencias, incluido el cáncer de hígado y la cirrosis.

2 Vacuna contra la hepatitis B

La vacuna contra la hepatitis B se elabora con partes del virus de la hepatitis B. No puede causar la infección de la hepatitis B. La vacuna generalmente se aplica en 3 o 4 inyecciones durante un período de 6 meses.

Los niños pequeños deben recibir su primera dosis de la vacuna contra la hepatitis B al nacer y completarán la serie generalmente a los 6 meses de edad.

Todos los **niños** y **adolescentes** menores de 19 años que aún no han recibido la vacuna también deben ser vacunados.

La vacuna contra la hepatitis B está recomendada para las personas **adultas** que están en riesgo de infección por el virus de la hepatitis B, incluidas:

- Personas cuyas parejas sexuales tengan hepatitis B
- Personas sexualmente activas que no se encuentran en una relación monógama de larga duración.
- Personas que necesiten evaluación o tratamiento para una enfermedad de transmisión sexual
- Hombres que hayan tenido contacto sexual con otros hombres
- Personas que hayan compartido agujas, jeringas u otro equipo de inyección de fármacos
- Personas que han tenido contacto domiciliario con alguien infectado con el virus de la hepatitis B
- Trabajadores de la salud y de la seguridad pública en riesgo de exposición a la sangre u otros fluidos corporales
- Residentes y personal de centros para personas con discapacidades del desarrollo
- Personas en centros correccionales
- Víctimas de ataque o abuso sexual
- Viajeros que visiten regiones con altos índices de hepatitis B
- Personas con enfermedad hepática crónica, enfermedad renal, infección por VIH o diabetes
- Cualquiera que desee estar protegido contra la hepatitis B

No existen riesgos conocidos por la aplicación de la vacuna de hepatitis B al mismo tiempo que se reciben otras vacunas.

Hepatitis B VIS – Spanish (7/20/2016)

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3 Algunas personas no deben recibir esta vacuna

Informe a la persona que le aplica la vacuna:

- **Si la persona a la que se le aplicará la vacuna tiene alguna alergia grave, potencialmente mortal.**
  Si alguna vez tuvo una reacción alérgica que pone en riesgo la vida después de haber recibido una dosis de la vacuna contra la hepatitis B o si tiene una alergia severa a cualquier parte de esta vacuna, no debe aplicarse la vacuna. Consulte a su proveedor de atención médica si desea más información sobre los componentes de la vacuna.
- **Si la persona que va a recibir la vacuna no se está sintiendo bien.**
  Si tiene una enfermedad leve, como un catarro, es probable que pueda recibir la vacuna hoy mismo. Si tiene una enfermedad moderada o grave, posiblemente deba esperar hasta recuperarse. Su médico puede aconsejarlo.

4 Riesgos de una reacción a la vacuna

Con cualquier medicamento, incluidas las vacunas, hay posibilidades de que se produzcan efectos secundarios. Aunque estos son usualmente leves y desaparecen por sí solos, también es posible que se produzcan reacciones graves.

La mayoría de las personas que reciben la vacuna de la hepatitis B no tienen ningún problema con ella.

Se pueden presentar problemas menores después de recibir la vacuna de la hepatitis B, tales como:

- dolor en el lugar donde se aplicó la inyección
- temperatura de 37.7 °C (99.9 °F) o más elevada

Si se producen estos problemas, suelen comenzar poco tiempo después de la inyección y duran 1 o 2 días.

Su médico puede darle más información sobre estas reacciones.

Otros problemas que pueden producirse después de la aplicación de esta vacuna:

- En algunos casos, las personas se desmayan después de un procedimiento médico, incluida la vacunación. Sentarse o acostarse durante aproximadamente 15 minutos ayuda a prevenir los desmayos y las lesiones causadas por una caída. Informe al proveedor si se siente mareado o si tiene cambios en la visión o zumbido en los oídos.
- Algunas personas sufren dolor en los hombros que puede ser más grave y duradero que el dolor más frecuente que sigue a la aplicación de la inyección. Esto ocurre con muy poca frecuencia.
- Cualquier medicamento puede provocar una reacción alérgica grave. Tales reacciones a una vacuna son muy poco frecuentes: se estima que se presentan aproximadamente en 1 de cada millón de dosis y se producen de minutos a horas después de la vacunación.

Al igual que con cualquier medicamento, hay una probabilidad muy remota de que una vacuna cause una lesión grave o la muerte.

La seguridad de las vacunas se monitorea constantemente. Para obtener más información, visite: **www.cdc.gov/vaccinesafety/**.

Translation provided by the Immunization Action Coalition

5 ¿Qué hago si hay un problema grave?

¿A qué debo prestar atención?

- Debe prestar atención a cualquier aspecto que le preocupe, como signos de una reacción alérgica grave, fiebre muy alta o un comportamiento inusual.

  Los signos de una **reacción alérgica grave** pueden incluir ronchas, hinchazón de la cara y la garganta, dificultad para respirar, pulso acelerado, mareos y debilidad. Estos podrían comenzar entre algunos minutos y algunas horas después de la vacunación.

¿Qué debo hacer?

- Si cree que se trata de una **reacción alérgica grave** u otra emergencia que no puede esperar, llame al 911 o diríjase al hospital más cercano. De lo contrario, comuníquese telefónicamente con su clínica.

  Luego, la reacción se debe notificar en el Vaccine Adverse Event Reporting System (VAERS) (Sistema de informes de eventos adversos derivados de las vacunas). Su médico debe presentar este reporte o puede hacerlo usted mismo a través del sitio web del VAERS en **www.vaers.hhs.gov** o llamando al **1-800-822-7967**.

El VAERS no proporciona consejo médico.

6 Programa Nacional de Compensación por Lesiones Ocasionadas por Vacunas

El National Vaccine Injury Compensation Program (VICP) (Programa Nacional de Compensación por Lesiones Ocasionadas por Vacunas) es un programa federal que se creó para compensar a las personas que pueden haber tenido lesiones causadas por ciertas vacunas.

Las personas que consideren que puedan haber tenido lesiones ocasionadas por una vacuna pueden informarse sobre el programa y sobre cómo presentar una reclamación llamando al **1-800-338-2382** o visitando el sitio web del VICP en **www.hrsa.gov/vaccinecompensation**. Hay un plazo límite para presentar una reclamación de compensación.

7 ¿Dónde puedo obtener más información?

- Pregúntele a su proveedor de atención médica. El médico puede darle el folleto informativo de la vacuna o sugerirle otras fuentes de información.
- Llame a su departamento de salud local o estatal.
- Comuníquese con los Centers for Disease Control and Prevention (CDC) (Centros para el Control y la Prevención de Enfermedades):
  - Llame al **1-800-232-4636 (1-800-CDC-INFO)** o
  - Visite el sitio web de los CDC en **www.cdc.gov/vaccines**.

Vaccine Information Statement

Hepatitis B Vaccine

7/20/2016 Spanish

Office Use Only

42 U.S.C. § 300aa-26

VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

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

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Influenza ("flu") is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

There is no live flu virus in flu shots. **They cannot cause the flu.**

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.** If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.
- **If you ever had Guillain-Barré Syndrome (also called GBS).** Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- **If you are not feeling well.** It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get a flu shot do not have any problems with it.

Minor problems following a flu shot include:

- soreness, redness, or swelling where the shot was given
- hoarseness
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

More serious problems following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: **www.cdc.gov/vaccinesafety/**

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

  Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at **www.hrsa.gov/vaccinecompensation**. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/flu**

Vaccine Information Statement

Inactivated Influenza Vaccine

08/07/2015

Office Use Only

42 U.S.C. § 300aa-26

DECLARACION DE INFORMACIÓN DE VACUNA

Vacuna (inactiva o recombinante) contra la influenza (gripe):
Lo que debe saber

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

Las hojas de Información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 ¿Por qué vacunarse?

La influenza (gripe o el "flu") es una enfermedad contagiosa que se propaga por los Estados Unidos cada año, normalmente entre octubre y mayo.

La influenza es causada por el virus de influenza, y la mayoría de las veces se propaga a través de tos, estornudos y contacto cercano.

Cualquier persona puede contraer la influenza. Los síntomas aparecen repentinamente, y pueden durar varios días. Los síntomas varían según la edad, pero pueden incluir:

- fiebre o escalofríos
- dolor de garganta
- dolor muscular
- cansancio
- tos
- dolor de cabeza
- congestión o secreción nasal

La influenza también puede causar neumonía e infecciones en la sangre, y puede causar diarrea y convulsiones en los niños. Si tiene una condición médica, como cardiopatía o una enfermedad en los pulmones, la influenza la puede empeorar.

La influenza es más grave en algunas personas. Los niños pequeños, gente de 65 años de edad o mayores, mujeres embarazadas y gente con ciertas condiciones físicas o un sistema inmunológico debilitado corren mayor riesgo.

Cada año **miles de personas en los Estados Unidos mueren a causa de la influenza**, y muchas más son hospitalizadas.

La vacuna contra la influenza puede:

- prevenir que usted se enferme de la influenza,
- reducir la severidad de la influenza si la contrae, y
- prevenir que contagie a su familia y otras personas con la influenza.

2 Vacunas contra la influenza inactivas y recombinantes

Se recomienda una dosis de la vacuna contra la influenza cada temporada de influenza. Algunos niños, entre los 6 meses a 8 años de edad, pueden necesitar dos dosis durante la misma temporada de influenza. Todos los demás sólo necesitan una dosis en cada temporada de influenza.

Algunas vacunas antigripales inactivas contienen una muy pequeña cantidad de timerosal, un preservativo que contiene mercurio. Los estudios no han demostrado que el timerosal en las vacunas es dañino, pero hay vacunas antigripales disponibles que no contienen timerosal.

No hay ningún virus vivo en las inyecciones contra la influenza. **No pueden causar la influenza**.

Hay muchos virus de influenza , y cambian constantemente. Cada año se formula una nueva vacuna antigripal para proteger contra 3 o 4 virus que serán los más probables causantes de enfermedad durante la próxima temporada de influenza. Pero incluso cuando la vacuna no previene estos virus, todavía puede proporcionar cierto nivel de protección.

La vacuna contra la influenza no puede prevenir:

- la influenza causada por un virus que no es protegido por la vacuna o
- enfermedades que son similares a la influenza pero no son la influenza.

Toma alrededor de 2 semanas desarrollar protección después de la vacunación, y dicha protección dura a lo largo de la temporada de la influenza.

3 Algunas personas no deben recibir esta vacuna

Dígale a la persona que lo vacune:

- **Si tiene alguna alergia grave y potencialmente mortal.**
  Si ha tenido una reacción alérgica y potencialmente mortal después de una vacuna antigripal, o si es gravemente alérgico a cualquier componente de esta vacuna, se le podrá aconsejar que no se vacune. La mayoría, pero no todas, las vacunas antigripales contienen una pequeña cantidad de proteína de huevo.
- **Si ha tenido el Síndrome de Guillain-Barré (también conocido como GBS).**
  Algunas personas con antecedentes de GBS no deben recibir esta vacuna. Debe consultar a su médico sobre esto.
- **Si no se siente bien.**
  Normalmente está bien el ser vacunado contra la influenza cuando está levemente enfermo, pero es posible que se le pida regresar cuando se sienta mejor.

4 Riesgos de reacción a la vacuna

Igual que cualquier medicamento, incluyendo las vacunas, hay riesgo de efectos secundarios. Normalmente son leves y se resuelven solos, pero también pueden ocurrir reacciones graves.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

La mayoría de las personas que se vacunan contra la influenza no tienen ningún problema con la vacuna.

Problemas leves que pueden ocurrir después de la vacuna antigripal inactiva::

- Dolor, enrojecimiento o hinchazón donde recibió la inyección
- Ronquera
- Dolor, enrojecimiento o comezón en los ojos
- Tos
- Fiebre
- Dolores
- Dolor de cabeza
- Comezón
- Cansancio

Si estos problemas ocurren, normalmente comienzan poco después de la vacunación y duran de 1 a 2 días.

Problemas más graves que pueden ocurrir después de la vacuna antigripal inactiva incluyen:

- Es posible que haya un riesgo un poco mayor de contraer el Síndrome Guillain-Barré (GBS) después de recibir una vacuna antigripal inactiva. Se estima que este riesgo causa 1 ó 2 casos adicionales por cada millón de personas que recibe la vacunación. Esto es mucho menor que el riesgo de padecer de complicaciones severas causadas por la influenza, lo cual puede ser prevenido a través de la vacuna contra la influenza.
- Los niños pequeños que reciben la vacuna antigripal y la vacuna neumocócica (PCV13) o la vacuna DTaP a la misma vez pueden ser ligeramente más propensos de sufrir convulsiones causadas por fiebre. Pídale más información a su médico. Avísele a su médico si el niño que será vacunado ha tenido convulsiones.

Problemas que pueden ocurrir después de cualquier vacuna inyectada:

- Desmayos breves pueden ocurrir después de cualquier procedimiento médico, incluso la vacunación. Para evitar desmayos y heridas causadas por ellos, siéntese o acuéstese por alrededor de 15 minutos. Avísele a su médico si se siente mareado o si tiene cambios en su visión o zumbido en los oídos.
- Algunas personas padecen de un dolor agudo y amplitud de movimiento reducida en el hombro del brazo donde se recibió la inyección. Esto ocurre muy raramente.
- Cualquier medicamento puede causar una reacción alérgica grave. Tales reacciones a una vacuna ocurren muy raramente, estimados en menos de 1 en un millón de dosis, y normalmente pasa en unos pocos minutos a varias horas después de la vacunación.

Como con cualquier medicamento, hay la posibilidad remota que la vacuna cause daño grave o la muerte.

Siempre se supervisa la seguridad de las vacunas. Para más información, visite **www.cdc.gov/vaccinesafety/**

Translation provided by Shoo the Flu

5 ¿Y si ocurren reacciones graves?

¿En qué me debo fijar?

- Fíjese en cualquier cosa que le preocupe, como los síntomas de una reacción alérgica grave, fiebre muy alta o comportamientos inusuales.

  Síntomas de una reacción alérgica grave incluyen ronchas, hinchazón de la cara y la garganta, dificultad al respirar, ritmo cardiaco acelerado, mareos y debilidad. Estos síntomas empezarían de unos pocos minutos a unas horas después de la vacunación.

¿Qué debo hacer?

- Si cree que hay una reacción alérgica grave u otra emergencia que necesita atención inmediata, llame al 9-1-1 y lleve a la persona al hospital más cercano. Si no, puede llamar a su médico.
- Se debe reportar las reacciones al Sistema de Información sobre Eventos Adversos a Vacunas (VAERS). Su médico debe presentar este informe, o usted puede hacerlo por el sitio web de VAERS: **www.vaers.hhs.gov**, o llamando al **1-800-822-7967**.

VAERS no da consejos médicos.

6 El Programa Nacional de Compensación por Lesiones Causadas por Vacunas

El Programa Nacional de Compensación por Lesiones Causadas por Vacunas (*Vaccine Injury Compensation Program, VICP*) es un programa federal creado para compensar a aquellas personas que pueden haber sido lesionadas por ciertas vacunas.

Las personas que creen que posiblemente hayan resultado heridas por una vacuna pueden encontrar más información sobre el programa y sobre la presentación de reclamos llamando al **1-800-338-2382** o visitando el sitio web del VICP **www.hrsa.gov/vaccinecompensation**. Hay un límite de plazo para presentar un reclamo de indemnización.

7 ¿Cómo puedo saber más?

- Consulte a su proveedor de la salud. Él o ella le puede dar un folleto con información sobre la vacuna o sugerir otras fuentes de información.
- Llame a su departamento de la salud local o de su estado.
- Contacte a los Centros para el Control y la Prevención de Enfermedades (*Centers for Disease Control and Prevention, CDC*):
  - Llame al **1-800-232-4636 (1-800-CDC-INFO)** o
  - Visite al sitio web del CDC: **www.cdc.gov/flu**

Vaccine Information Statement
Inactivated Influenza Vaccine

08/07/2015 Spanish

Office Use Only

42 U.S.C. § 300aa-26

VACCINE INFORMATION STATEMENT

Tdap Vaccine

What You Need to Know

(Tetanus, Diphtheria and Pertussis)

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

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Tetanus, diphtheria and **pertussis** are very serious diseases. Tdap vaccine can protect us from these diseases. And, Tdap vaccine given to pregnant women can protect newborn babies against pertussis..

TETANUS (Lockjaw) is rare in the United States today. It causes painful muscle tightening and stiffness, usually all over the body.

- It can lead to tightening of muscles in the head and neck so you can't open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 10 people who are infected even after receiving the best medical care.

DIPHTHERIA is also rare in the United States today. It can cause a thick coating to form in the back of the throat.

- It can lead to breathing problems, heart failure, paralysis, and death.

PERTUSSIS (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.

- It can also lead to weight loss, incontinence, and rib fractures. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.

These diseases are caused by bacteria. Diphtheria and pertussis are spread from person to person through secretions from coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.

Before vaccines, as many as 200,000 cases of diphtheria, 200,000 cases of pertussis, and hundreds of cases of tetanus, were reported in the United States each year. Since vaccination began, reports of cases for tetanus and diphtheria have dropped by about 99% and for pertussis by about 80%.

2 Tdap vaccine

Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at age 11 or 12. People who did *not* get Tdap at that age should get it as soon as possible.

Tdap is especially important for healthcare professionals and anyone having close contact with a baby younger than 12 months.

Pregnant women should get a dose of Tdap during every **pregnancy**, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

Another vaccine, called Td, protects against tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have never gotten Tdap before. Tdap may also be given after a severe cut or burn to prevent tetanus infection.

Your doctor or the person giving you the vaccine can give you more information.

Tdap may safely be given at the same time as other vaccines.

3 Some people should not get this vaccine

- A person who has ever had a life-threatening allergic reaction after a previous dose of any diphtheria, tetanus or pertussis containing vaccine, OR has a severe allergy to any part of this vaccine, should not get Tdap vaccine. Tell the person giving the vaccine about any severe allergies.
- Anyone who had coma or long repeated seizures within 7 days after a childhood dose of DTP or DTaP, or a previous dose of Tdap, should not get Tdap, unless a cause other than the vaccine was found. They can still get Td.
- Talk to your doctor if you:
  - have seizures or another nervous system problem,
  - had severe pain or swelling after any vaccine containing diphtheria, tetanus or pertussis,
  - ever had a condition called Guillain-Barré Syndrome (GBS),
  - aren't feeling well on the day the shot is scheduled.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4 Risks

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own. Serious reactions are also possible but are rare.

Most people who get Tdap vaccine do not have any problems with it.

Mild problems following Tdap

(Did not interfere with activities)

- Pain where the shot was given (about 3 in 4 adolescents or 2 in 3 adults)
- Redness or swelling where the shot was given (about 1 person in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents or 1 in 100 adults)
- Headache (about 3 or 4 people in 10)
- Tiredness (about 1 person in 3 or 4)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents or 1 in 10 adults)
- Chills, sore joints (about 1 person in 10)
- Body aches (about 1 person in 3 or 4)
- Rash, swollen glands (uncommon)

Moderate problems following Tdap

(Interfered with activities, but did not require medical attention)

- Pain where the shot was given (up to 1 in 5 or 6)
- Redness or swelling where the shot was given (up to about 1 in 16 adolescents or 1 in 12 adults)
- Fever over 102°F (about 1 in 100 adolescents or 1 in 250 adults)
- Headache (about 1 in 7 adolescents or 1 in 10 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 or 3 people in 100)
- Swelling of the entire arm where the shot was given (up to about 1 in 500).

Severe problems following Tdap

(Unable to perform usual activities; required medical attention)

- Swelling, severe pain, bleeding and redness in the arm where the shot was given (rare).

Problems that could happen after any vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at fewer than 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: **www.cdc.gov/vaccinesafety/**

5 What if there is a serious problem?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.
- Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at **www.hrsa.gov/vaccinecompensation**. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your doctor. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**

Vaccine Information Statement

Tdap Vaccine

2/24/2015

42 U.S.C. § 300aa-26

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HOJA DE INFORMACIÓN SOBRE VACUNAS

Vacuna Tdap

(Tétanos, difteria y tos ferina)

Lo que necesita saber

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

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis.

1 ¿Por qué es necesario vacunarse?

El **tétanos**, la **difteria** y la **tos ferina** son enfermedades muy graves. La vacuna Tdap puede protegernos contra estas enfermedades. Además, si se administra la vacuna Tdap a las mujeres embarazadas, puede proteger a los bebés recién nacidos contra la tos ferina.

El **TÉTANOS** (trismo) es poco frecuente en los Estados Unidos actualmente. Este causa tensión y rigidez dolorosas en los músculos, en general, de todo el cuerpo.

- Puede ocasionar rigidez en los músculos de la cabeza y el cuello, lo que impide abrir la boca, tragar o en ocasiones, incluso respirar. El tétanos provoca la muerte de cerca de 1 de cada 10 personas infectadas, incluso después de recibir la mejor atención médica.

La **DIFTERIA** también es poco frecuente en los Estados Unidos actualmente. Esta puede ocasionar que se forme una capa gruesa en la parte posterior de la garganta.

- Esto puede provocar problemas para respirar, insuficiencia cardíaca, parálisis y muerte.

La **TOS FERINA** (tos convulsiva) causa accesos de tos severos que pueden producir dificultad para respirar, vómitos y alteraciones del sueño.

- También puede provocar pérdida de peso, incontinencia y fracturas en las costillas. Hasta 2 de cada 100 adolescentes y 5 de cada 100 adultos con tos ferina son hospitalizados o tienen complicaciones, que pueden incluir neumonía o la muerte.

Estas enfermedades son ocasionadas por bacterias. La difteria y la tos ferina se contagian de persona a persona por medio de secreciones de la tos o los estornudos. El tétanos entra al cuerpo a través de cortes, raspones o heridas.

Antes de que las vacunas existieran, cada año se reportaban hasta 200,000 casos de difteria; 200,000 casos de tos ferina y centenares de casos de tétanos en los Estados Unidos. Desde que comenzó la vacunación, los reportes de casos de tétanos y difteria han disminuido en cerca de un 99 %, y los reportes de casos de tos ferina, aproximadamente en un 80 %.

2 Vacuna Tdap

La vacuna Tdap puede proteger a los adolescentes y a los adultos contra el tétanos, la difteria y la tos ferina. Una dosis de Tdap se administra de forma rutinaria a los 11 o 12 años. Las personas que *no* recibieron la vacuna Tdap a esa edad deben recibirla tan pronto como sea posible.

La vacuna Tdap es especialmente importante para los profesionales de atención médica y para todas las personas que estén en contacto cercano con un bebé de menos de 12 meses de edad.

Las mujeres embarazadas deben recibir una dosis de Tdap durante **cada embarazo** para proteger al recién nacido contra la tos ferina. Los lactantes tienen el mayor riesgo de tener complicaciones severas que representen un riesgo para la vida a causa de la tos ferina.

Otra vacuna, denominada Tétanos y difteria (Tetanus and diphtheria, Td), protege contra el tétanos y la difteria, pero no contra la tos ferina. Debe administrarse un refuerzo de Td cada 10 años. Si no se ha recibido la vacuna Tdap nunca antes, puede administrarse como uno de estos refuerzos. La vacuna Tdap también puede administrarse después de un corte o quemadura severos para prevenir una infección por tétanos.

Su médico o la persona que le aplica la vacuna pueden brindarle más información.

La vacuna Tdap puede administrarse de forma segura al mismo tiempo que otras vacunas.

3 Algunas personas no deben recibir esta vacuna

- Las personas que hayan tenido alguna vez una reacción alérgica que representó un riesgo para la vida después de haber recibido una dosis previa de alguna vacuna contra la difteria, el tétanos o la tos ferina O que tengan alergia severa a cualquier parte de esta vacuna no deben recibir la vacuna Tdap. Informe a la persona que aplica la vacuna acerca de cualquier alergia severa.
- Las personas que hayan estado en coma o que hayan tenidos convulsiones largas y repetidas en el término de 7 días después de haber recibido una dosis infantil de Difteria, tétanos y tos ferina (Diphtheria, Tetanus and Pertussis, DTP) o de DTaP (versión posterior de la DTP), o una dosis previa de Tdap, no deben recibir la vacuna Tdap, a menos que se haya encontrado una causa ajena a la vacuna. De todos modos, pueden aplicarse la vacuna Td.
- Hable con su médico si usted:
  - tiene convulsiones u otro problema del sistema nervioso;
  - tuvo dolor o hinchazón severos después de recibir alguna vacuna que contenía difteria, tétanos o tos ferina;
  - alguna vez tuvo una afección denominada síndrome de Guillain-Barré (Guillain-Barré Syndrome, GBS);
  - no se siente bien el día en que está programada la aplicación de la inyección.

4 Riesgos

Con cualquier medicamento, incluidas las vacunas, hay posibilidades de que se produzcan efectos secundarios. Generalmente, estos son leves y desaparecen por sí solos. Las reacciones graves también son posibles, pero son poco frecuentes.

La mayoría de las personas que reciben la vacuna Tdap no tienen ningún problema con ella.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Tdap VIS – Spanish (2/24/2015)

Problemas leves después de la aplicación de Tdap: *(No interfirieron en las actividades)*

- Dolor en el lugar donde se aplicó la inyección (aproximadamente 3 de cada 4 adolescentes o 2 de cada 3 adultos).
- Enrojecimiento o hinchazón en el lugar donde se aplicó la inyección (aproximadamente 1 de cada 5 personas).
- Fiebre leve de por lo menos 100.4 °F (hasta aproximadamente, 1 de cada 25 adolescentes o 1 de cada 100 adultos).
- Dolor de cabeza (aproximadamente 3 o 4 de cada 10 personas).
- Cansancio (aproximadamente 1 de cada 3 o 4 personas).
- Náuseas, vómitos, diarrea, dolor de estómago (hasta 1 de cada 4 adolescentes o 1 de cada 10 adultos).
- Escalofríos, dolor en las articulaciones (aproximadamente 1 de cada 10 personas).
- Dolores corporales (aproximadamente 1 de cada 3 o 4 personas).
- Erupción, hinchazón de los ganglios (poco frecuente).

Problemas moderados después de la aplicación de la vacuna Tdap: *(Interfirieron en las actividades, pero no se requirió atención médica)*

- Dolor en el lugar donde se aplicó la inyección (hasta 1 de cada 5 o 6 personas).
- Enrojecimiento o hinchazón en el lugar donde se aplicó la inyección (hasta aproximadamente, 1 de cada 16 adolescentes o 1 de cada 12 adultos).
- Fiebre de más de 102 °F (aproximadamente 1 de cada 100 adolescentes o 1 de cada 250 adultos).
- Dolor de cabeza (aproximadamente 1 de cada 7 adolescentes o 1 de cada 10 adultos).
- Náuseas, vómitos, diarrea, dolor de estómago (hasta 1 o 3 de cada 100 personas).
- Hinchazón de todo el brazo en el lugar donde se aplicó la inyección (hasta aproximadamente, 1 de cada 500 personas).

Problemas severos después de la aplicación de la vacuna Tdap: *(Imposibilidad para realizar actividades habituales; se requirió atención médica)*

- Hinchazón, dolor severo, sangrado y enrojecimiento del brazo en el lugar donde se aplicó la inyección (poco frecuente).

Problemas que pueden producirse después de la aplicación de cualquier vacuna:

- En algunos casos, las personas se desmayan después de un procedimiento médico, incluida la vacunación. Sentarse o acostarse durante cerca de 15 minutos puede ayudar a prevenir los desmayos y las lesiones por una caída. Informe a su médico si se siente mareado o si tiene cambios en la visión o zumbido en los oídos.
- Algunas personas sienten un dolor severo en el hombro y tienen dificultad para mover el brazo en el cual se aplicó la inyección. Esto ocurre con muy poca frecuencia.
- Cualquier medicamento puede provocar una reacción alérgica severa. Tales reacciones a una vacuna son muy poco frecuentes: se estima que se presentan en menos de 1 de cada millón de dosis y se producen desde algunos minutos hasta algunas horas después de la vacunación.

Al igual que con cualquier medicamento, hay una probabilidad muy remota de que una vacuna cause una lesión grave o la muerte.

La seguridad de las vacunas se monitorea constantemente. Para obtener más información, visite: **www.cdc.gov/vaccinesafety/**

Translation provided by the Immunization Action Coalition

5 ¿Qué hago si hay un problema grave?

¿A qué debo prestar atención?

- Debe prestar atención a todo lo que le preocupe, como signos de una reacción alérgica severa, fiebre muy alta o un comportamiento inusual.
- Los signos de una reacción alérgica severa pueden incluir urticaria, hinchazón de la cara y la garganta, dificultad para respirar, pulso acelerado, mareos y debilidad. Por lo general, estos podrían comenzar entre algunos minutos y algunas horas después de la vacunación.

¿Qué debo hacer?

- Si cree que se trata de una reacción alérgica severa u otra emergencia que no puede esperar, llame al 9-1-1 o lleve a la persona al hospital más cercano. De lo contrario, llame a su médico.
- Luego, la reacción se debe reportar al Sistema de reporte de eventos adversos derivados de las vacunas (Vaccine Adverse Event Reporting System, VAERS). Su médico puede presentar este reporte o puede hacerlo usted mismo a través del sitio web del VAERS en: **www.vaers.hhs.gov** o llamando al **1-800-822-7967**.

El VAERS no proporciona asesoramiento médico.

6 Programa Nacional de Compensación por Lesiones Ocasionadas por Vacunas

El Programa Nacional de Compensación por Lesiones Ocasionadas por Vacunas (Vaccine Injury Compensation Program, VICP) es un programa federal que se creó para compensar a las personas que pueden haber tenido lesiones ocasionadas por determinadas vacunas.

Las personas que consideren que pueden haber tenido lesiones ocasionadas por una vacuna pueden informarse sobre el programa y sobre cómo presentar una reclamación llamando al **1-800-338-2382** o visitando el sitio web del VICP en: **www.hrsa.gov/vaccinecompensation**. Hay un plazo para presentar una reclamación de compensación.

7 ¿Dónde puedo obtener más información?

- Pregúntele a su médico. El médico puede darle el folleto informativo de la vacuna o sugerirle otras fuentes de información.
- Llame a su departamento de salud local o estatal.
- Comuníquese con los Centros para el Control y la Prevención de Enfermedades (Centers for Disease Control and Prevention, CDC):
  - Llame al **1-800-232-4636 (1-800-CDC-INFO)** o
  - Visite el sitio web de CDC en **www.cdc.gov/vaccines**

Vaccine Information Statement

Tdap Vaccine

2/24/2015 **Spanish**

42 U.S.C. § 300aa-26

Office Use Only

VACCINE INFORMATION STATEMENT

MMR Vaccine

(Measles, Mumps and Rubella)

What You Need to Know

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

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Measles, mumps, and rubella are serious diseases. Before vaccines they were very common, especially among children.

Measles

- Measles virus causes rash, cough, runny nose, eye irritation, and fever.
- It can lead to ear infection, pneumonia, seizures (jerking and staring), brain damage, and death.

Mumps

- Mumps virus causes fever, headache, muscle pain, loss of appetite, and swollen glands.
- It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and rarely sterility.

Rubella (German Measles)

- Rubella virus causes rash, arthritis (mostly in women), and mild fever.
- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

These diseases spread from person to person through the air. You can easily catch them by being around someone who is already infected.

Measles, mumps, and rubella (MMR) vaccine can protect children (and adults) from all three of these diseases.

Thanks to successful vaccination programs these diseases are much less common in the U.S. than they used to be. But if we stopped vaccinating they would return.

2 Who should get MMR vaccine and when?

Children should get 2 doses of MMR vaccine:

- **First Dose**: 12–15 months of age
- **Second Dose**: 4–6 years of age (may be given earlier, if at least 28 days after the 1st dose)

Some infants younger than 12 months should get a dose of MMR if they are traveling out of the country. (This dose will not count toward their routine series.)

Some adults should also get MMR vaccine: Generally, anyone 18 years of age or older who was born after 1956 should get at least one dose of MMR vaccine, unless they can show that they have either been vaccinated or had all three diseases.

MMR vaccine may be given at the same time as other vaccines.

Children between 1 and 12 years of age can get a "combination" vaccine called MMRV, which contains both MMR and varicella (chickenpox) vaccines. There is a separate Vaccine Information Statement for MMRV.

3 Some people should not get MMR vaccine or should wait.

- Anyone who has ever had a life-threatening allergic reaction to the antibiotic neomycin, or any other component of MMR vaccine, should not get the vaccine. Tell your doctor if you have any severe allergies.
- Anyone who had a life-threatening allergic reaction to a previous dose of MMR or MMRV vaccine should not get another dose.
- Some people who are sick at the time the shot is scheduled may be advised to wait until they recover before getting MMR vaccine.
- Pregnant women should not get MMR vaccine. Pregnant women who need the vaccine should wait until after giving birth. Women should avoid getting pregnant for 4 weeks after vaccination with MMR vaccine.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

- Tell your doctor if the person getting the vaccine:
  - Has HIV/AIDS, or another disease that affects the immune system
  - Is being treated with drugs that affect the immune system, such as steroids
  - Has any kind of cancer
  - Is being treated for cancer with radiation or drugs
  - Has ever had a low platelet count (a blood disorder)
  - Has gotten another vaccine within the past 4 weeks
  - Has recently had a transfusion or received other blood products

Any of these might be a reason to not get the vaccine, or delay vaccination until later.

4 What are the risks from MMR vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions.

The risk of MMR vaccine causing serious harm, or death, is extremely small.

Getting MMR vaccine is much safer than getting measles, mumps or rubella.

Most people who get MMR vaccine do not have any serious problems with it.

Mild problems

- Fever (up to 1 person out of 6)
- Mild rash (about 1 person out of 20)
- Swelling of glands in the cheeks or neck (about 1 person out of 75)

If these problems occur, it is usually within 6-14 days after the shot. They occur less often after the second dose.

Moderate problems

- Seizure (jerking or staring) caused by fever (about 1 out of 3,000 doses)
- Temporary pain and stiffness in the joints, mostly in teenage or adult women (up to 1 out of 4)
- Temporary low platelet count, which can cause a bleeding disorder (about 1 out of 30,000 doses)

Severe problems (very rare)

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been reported after a child gets MMR vaccine, including:
  - Deafness
  - Long-term seizures, coma, or lowered consciousness
  - Permanent brain damage

These are so rare that it is hard to tell whether they are caused by the vaccine.

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

  Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.

VAERS is only for reporting reactions. They do not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at **www.hrsa.gov/vaccinecompensation**.

7 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at **www.cdc.gov/vaccines**

Vaccine Information Statement (Interim)

MMR Vaccine

4/20/2012

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Vacuna (Sarampión, paperas y rubéola) MMR

Lo que usted necesita saber

Muchas de las hojas informativas sobre vacunas están disponibles en español y otros idiomas. Consulte www.immunize.org/vis.

Las hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite http://www.immunize.org/vis.

1 ¿Por qué es necesario vacunarse?

El sarampión, las paperas y la rubéola son enfermedades graves. Antes de que existieran las vacunas eran muy comunes, en especial entre los niños.

Sarampión

- El virus del sarampión provoca erupción, tos, secreción nasal, irritación de los ojos y fiebre.
- Puede dar lugar a infección en los oídos, pulmonía, convulsiones (movimientos espasmódicos y episodios catatónicos), daño cerebral y la muerte.

Paperas

- El virus de las paperas provoca fiebre, dolor de cabeza, dolor muscular, pérdida del apetito y ganglios inflamados.
- Puede dar lugar a sordera, meningitis (infección del cerebro y del revestimiento de la médula espinal), hinchazón dolorosa de los testículos o de los ovarios y, muy rara vez, esterilidad.

Rubéola (sarampión alemán)

- El virus de la rubéola provoca erupción, artritis (sobre todo en mujeres) y fiebre leve.
- Si una mujer se contagia de rubéola mientras está embarazada, podría tener un aborto espontáneo o su bebé podría nacer con defectos de nacimiento graves.

Estas enfermedades se contagian de persona a persona a través del aire. Usted puede contagiarse fácilmente si se encuentra cerca de alguien que ya está infectado.

La vacuna contra el sarampión, las paperas y la rubéola (MMR) puede proteger a los niños (y a los adultos) contra estas tres enfermedades.

Gracias al éxito de los programas de vacunación, estas enfermedades son mucho menos comunes que antes en los EE.UU. Pero si dejamos de usar las vacunas regresarán.

2 ¿Quién debe recibir una vacuna MMR y cuándo?

Los niños deben recibir 2 dosis de la vacuna MMR:

– Primera dosis: 12 a 15 meses de edad

– Segunda dosis: 4 a 6 años de edad (se podría administrar antes, si se aplica por lo menos 28 días después de la primera dosis)

Algunos niños menores de 12 meses deben recibir una dosis de MMR si van a viajar al extranjero. (Esta dosis no contará como parte de la serie de rutina).

Algunos adultos también deben recibir la vacuna MMR: En general, cualquier persona de 18 años de edad o más que nació después de 1956 debe recibir por lo menos una dosis de la vacuna MMR, a menos que pueda demostrar que ya fue vacunada o que tuvo las tres enfermedades.

La vacuna MMR puede administrarse al mismo tiempo que otras vacunas.

Los niños de entre 1 y 12 años de edad pueden recibir una vacuna "combinada" llamada MMRV, que contiene la vacuna MMR y la vacuna contra la varicela. Existe una hoja de información sobre vacunas por separado para la MMRV.

3 Algunas personas no deben recibir la vacuna MMR o deben esperar.

- Cualquier persona que haya tenido una reacción alérgica al antibiótico neomicina o a cualquier otro componente de la vacuna MMR que pueda poner en peligro su vida, no debe aplicarse MMR. Informe a su médico si ha tenido alguna alergia grave.
- Cualquier persona que haya tenido una reacción alérgica a una dosis previa de la vacuna MMR o MMRV que puso en peligro su vida no debe aplicarse otra dosis.
- Es posible que a algunas personas que estén enfermas en el momento en que esté programada la inyección se les aconseje que esperen hasta que se recuperen antes de ponerse la vacuna MMR.
- Las mujeres embarazadas no deben ponerse la vacuna MMR. Las mujeres embarazadas que necesiten la vacuna deberán esperar hasta después de dar a luz. Las mujeres deberán evitar quedar embarazadas durante 4 semanas después de recibir la vacuna MMR.

MMR VIS - Spanish (4/20/2012)

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

- Informe a su médico si la persona que va a vacunarse:
  - Tiene VIH/SIDA u otra enfermedad que afecte al sistema inmunitario
  - Recibe un tratamiento con medicamentos que afectan al sistema inmunitario, como los esteroides
  - Tiene cualquier tipo de cáncer
  - Recibe tratamiento para el cáncer con radiación o medicamentos
  - Alguna vez tuvo un nivel bajo de plaquetas (un trastorno de la sangre)
  - Recibió otra vacuna en las últimas 4 semanas
  - Recientemente recibió una transfusión o recibió otros productos sanguíneos

  Cualquiera de estas podría ser una razón para no recibir la vacuna o para posponer la aplicación de la vacuna.

4 ¿Cuáles son los riesgos de la vacuna MMR?

Una vacuna, como cualquier medicina, es capaz de provocar problemas graves, como reacciones alérgicas severas.

El riesgo de que la vacuna MMR ocasione un daño grave, o la muerte, es extremadamente pequeño.

Recibir la vacuna MMR es mucho más seguro que enfermarse de sarampión, paperas o rubéola.

La mayoría de las personas que reciben la vacuna MMR no tienen ningún problema grave con ella.

Problemas leves
- Fiebre (hasta en 1 de cada 6 personas)
- Erupción leve (alrededor de 1 de cada 20 personas)
- Ganglios inflamados en las mejillas o en el cuello (alrededor de 1 de cada 75 personas)

Si ocurre alguno de estos problemas, por lo general se presenta entre 6 y 14 días después de la inyección. Ocurren con menos frecuencia después de la segunda dosis.

Problemas moderados
- Convulsiones (movimientos espasmódicos y episodios catatónicos) provocadas por fiebre (alrededor de 1 de cada 3,000 dosis)
- Dolor temporal y rigidez en las articulaciones, sobre todo en mujeres adolescentes o adultas (hasta en 1 de cada 4)
- Niveles bajos pasajeros de plaquetas, que pueden provocar un trastorno de sangrado (alrededor de 1 de cada 30,000 dosis)

Problemas severos (Muy raros)
- Reacción alérgica grave (menos de 1 en un millón de dosis)
- Se han reportado otros problemas severos después de aplicar la vacuna MMR a niños, incluidos:
  - Sordera
  - Convulsiones a largo plazo, coma o disminución del estado de consciencia
  - Daño cerebral permanente

  Estos problemas son tan raros que es difícil determinar si son provocados por la vacuna.

5 ¿Qué pasa si se presenta una reacción grave?

¿De qué debo estar pendiente?
- De todo signo inusual, como fiebre alta o cambios inusuales en la conducta. Los signos de una reacción alérgica grave pueden incluir dificultades para respirar, ronquera o sibilancias, urticaria, palidez, debilidad, pulso acelerado o mareos.

¿Qué debo hacer?
- Llame a un médico o lleve a la persona al médico de inmediato.
- Dígale a su médico lo que ocurrió, la fecha y la hora en que ocurrió, y cuándo le aplicaron la vacuna.
- Pídale a su médico que reporte la reacción presentando un formulario del Sistema de reporte de eventos adversos derivados de las vacunas (Vaccine Adverse Event Reporting System, VAERS). O usted puede presentar este reporte a través del sitio web de VAERS en www.vaers.hhs.gov o llamando al 1-800-822-7967.

VAERS no ofrece consejos médicos.

6 Programa Nacional de Compensación por Lesiones Causadas por Vacunas

En 1986 se creó el Programa Nacional de Compensación por Lesiones Causadas por Vacunas (National Vaccine Injury Compensation Program, VICP).

Las personas que consideren que pueden haber tenido lesiones ocasionadas por una vacuna pueden informarse sobre el programa y sobre cómo presentar una reclamación llamando al 1-800-338-2382 o visitando el sitio web del VICP en: www.hrsa.gov/vaccinecompensation.

7 ¿Dónde puedo obtener más información?

- Pregúntele a su médico.
- Llame al departamento de salud local o estatal.
- Comuníquese con los Centros para el Control y la Prevención de Enfermedades (Centers for Disease Control and Prevention, CDC):
  - Llame al 1-800-232-4636 (1-800-CDC-INFO) o
  - Visite el sitio web de los CDC en www.cdc.gov/vaccines

Vaccine Information Statement (Interim)

MMR Vaccine

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Translation provided by Immunization Action Coalition

Appendix B

Breastfeeding Resources

MOMS Program: (541) 269-8258

Family Birth Center: (541) 269-8036

WIC: (541) 266-6705

Kellymom.com

LLLi.org (La Leche League)

LactationTraining.com:

Our thanks to LactationTraining.com for offering us the use of their amazing breastfeeding information pages and pictures. This site is mainly written for lactation consultants, but parents can get access to their wonderful handouts. Go to the website. Click “Resources” and then from the drop-down menu, click “Handouts for Parents.”

Medical Mother and Baby Care Resources

North Bend Medical Center:
(541) 267-5151

OB/GYN:
Bridget Fink MD
Kimberly James MD
Heather MacLean CNM
Hope Vermaire MD

Pediatrics:
Kariktan Cruz MD
Jenni DeLeon MD
Angelique Murphy MD
Phil LaGesse MD
Maynika Rastogi MD

Bay Clinic:
(541) 269-0333

OB/GYN:
Julie Abbott CNM
Susan Chaney CNM
Stephen Groth MD

Pediatrics:
Jonathan Anderson MD
Mary Moore MD
Jon Yost MD

Dr. Mike and Friends:
Miguel Lanza MD
(541) 267-2020

If you or someone you know is suffering from depression, crisis or suicidal thoughts, there is help!

For the 24-Hour Crisis Hotline call (541) 751-2550

For Oregon Youth Line text *teen2teen* to 389863 between the hours of 4 and 10 pm or for 24-hour help call 1-877-968-8491

For Mobile Youth Crisis Response Unit call (541) 751-2550 and ask for MY-CRU

Notes