



# Baby Steps



## Handbook for Teen Moms-To-Be

by Alison Stuebe, MD & Tarayn Grizzard



**Adapted from Baby Steps: The BJC Teen Pregnancy Center Handbook 2001**

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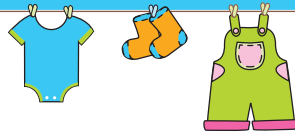
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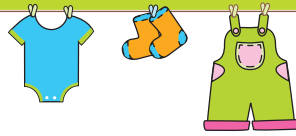
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# So You're Having a Baby



## Welcome!

Hi! Welcome to our program. If you're enrolled in the program, you must be expecting a baby. The nurses are here to give you the support and help you have a great pregnancy. We want you to deliver a healthy baby—and then go back to school and do whatever it is you've always dreamed of doing. A lot of people seem to think that having a baby when you're a teen makes it harder to pursue your dreams. We want to help you show them that teen moms can do all the things they've dreamed of doing!

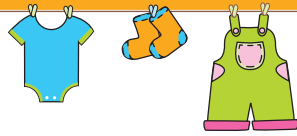
## Why this guide

There are lots and lots of books out there about having a baby—but most of them aren't written for teen moms-to-be. This guide was written just for teen moms, so that we could cover the topics that you really care about.

Before the author wrote this book, they asked their patients what they wanted to learn more about. They also sat down with teens that had already had their babies and asked for their advice. Their input was included throughout the guide, in boxes labeled "Teen Moms Talk!"

Use this guide as a resource and a workbook. On some pages, there are places for you to write in your questions, ideas, or goals. Fill out these pages as you read to help make your plans for you and your baby. Good luck with your amazing journey to becoming a mom!





## Planning Ahead



### Finding out you're pregnant

#### *Teen Moms Talk!*

*"When I found out that I was pregnant I said to myself 'This cannot be happening to me.' My family was very surprised and is still very surprised that I'm having a baby. My boyfriend said 'not now, the time isn't right'. I was scared about being a mother, because I want to give my baby the best of me."*

If you weren't planning to get pregnant, learning you're going to be a mom can be a shock. Parents and friends may be angry or disappointed. Your baby's father may be excited—or he may not want anything to do with you and your baby. The good news is that you'll have some time to get used to the idea of being pregnant—and to figure out how you're going to fit a baby into your life.



### Options for unplanned pregnancy

If you've already signed up for prenatal care, you probably have made up your mind to have your baby. But it's important to remember that you have three options—you can have your baby and raise your child; you can offer your baby to another family for adoption; or you can have an abortion. Different teens make different choices, and no one choice is right for everyone.

### Raising your baby

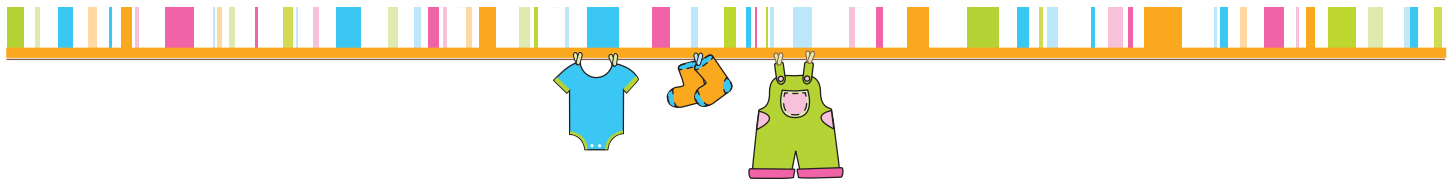
If you choose to raise your baby, you'll get to know your child and follow her through all the twists and turns of growing up. But you'll also have the added responsibility of being a parent when you're still very young yourself. Taking care of a baby is a huge amount of work, and it may make it harder to finish school, get a job, or pursue your plans for the future. If you're planning to raise your baby, make sure you've thought about who is going to help you. Your family and your baby's father may be willing to help; if not, ask your doctor or another member of your healthcare team about local organizations and programs that can help support you and your baby.

### Placing for adoption

You might also consider having your baby and then finding another family to take care of him. If you are thinking about adoption, the best thing to do is talk to an adoption agency. Agencies make sure that you get the information you need to make your decision. They also have support programs for you after the baby is born—even if you change your mind and decide to raise your baby yourself.

If you are seriously considering adoption, start by calling several agencies and asking for information.

These agencies will give you general information and won't pressure you to make a decision. If you think you will place your baby, you'll get to read about families who would like to adopt her, and pick which ones you like best.



## Abortion

Ending your pregnancy is another option. If you are thinking about having an abortion, you need to make up your mind soon. A doctor can perform an abortion up to your second trimester (about 5 months), but the procedure is easiest (and least expensive) during the first 12 weeks that you are pregnant. Having an abortion now will not make it harder for you to have a baby when you're older.

Abortion is not paid for by TRICARE®. You will have to make phone calls in your area or talk to your doctor or nurse to find out who performs these locally.

The laws and rules vary by state so you'll have to find those out. Planned Parenthood has a great website ([www.plannedparenthood.org](http://www.plannedparenthood.org)) that tells you what the laws are in each separate state. The website can also help you find a local Planned Parenthood clinic nearest you.

There is also the National Abortion Federation or NAF ([www.prochoice.org](http://www.prochoice.org)). They have a hotline, 1-800-772-9100, that will assess if you qualify for financial assistance. They can also provide resources to local providers.

## My Pregnancy Journal

When did I find out I was pregnant? \_\_\_\_\_

How did I feel? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who was the first person I told? \_\_\_\_\_

What did they say? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was I most excited about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was I most worried about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Staying in School, Preparing for a Career



### The best thing you can do for your baby is graduate!

Being a mom is a lot of work. You'll need to feed your baby, love your baby, change her diapers and rock her to sleep at night. You'll do lots of laundry, read bedtime stories and sing songs. But the best thing you can do for your baby is go back to school.

Graduating from high school or earning your GED will help you find a better job and earn more money. It will also help you teach your baby better. As a parent, you are your baby's first teacher—and the more you know, the better you'll be able to teach him as he's growing up. Keep in mind that government support runs out after about 2 years, so you'll need to have a plan to earn money for you and your child.

## PLAN AHEAD

### How am I going to finish school?

Right now, I am in \_\_\_\_\_ grade.

I plan to go back to school \_\_\_\_\_ weeks after my baby is born.

Do I want to graduate with my class, or get a GED? \_\_\_\_\_ Graduate \_\_\_\_\_ GED

When will I finish high school? Month \_\_\_\_\_ Year \_\_\_\_\_

How old will my baby be then? \_\_\_\_\_

*Talk to your school's guidance counselor for answers to these questions:*

My guidance counselor's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

How long can I take maternity leave? \_\_\_\_\_

Is there a program that lets me do school work from home? \_\_\_\_\_

How do I sign up? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What papers do I need to fill out before I go on maternity leave? \_\_\_\_\_

\_\_\_\_\_



## Start thinking now about who is going to take care of your baby

Who is going to take care of your baby when you go back to school? If you've just found out you're pregnant, childcare may seem a long way away, but it's important to start thinking now. Does your school have a day care program? If they do, it's important to sign up early to get a space in the day care; you can talk to your guidance counselor at school about how to sign up for a space for your baby. Does anyone in your family have small children? Sometimes family members already look after children at home, and they're willing to take care of your baby too. Other teens find that their mother or grandmother is willing to stay home with the baby during the day while they finish school. Whatever you choose, make sure you feel comfortable with the people taking care of your baby, so you can concentrate on learning when you're at school.

## PLAN AHEAD

### Who will take care of my baby?

Does my school have a day care program? \_\_\_\_ Yes \_\_\_\_ No

If so, how do I sign up? \_\_\_\_\_  
\_\_\_\_\_

How old does my baby have to be before he or she can start the program? \_\_\_\_\_

What day care centers are near my home and how much do they cost?

Center name: \_\_\_\_\_ Center name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Hours: \_\_\_\_\_ Hours: \_\_\_\_\_

Cost/wk: \_\_\_\_\_ Cost/wk: \_\_\_\_\_

Minimum age: \_\_\_\_\_ Minimum age: \_\_\_\_\_

Can someone in my family watch my baby? Who? \_\_\_\_\_  
\_\_\_\_\_

Who can fill in if they are sick or busy? \_\_\_\_\_



## Planning your next pregnancy

When do you want to have your next baby? Most teen moms discover that one child is a lot of work. It's a good idea to wait until this baby is older—and you've finished school—before you get pregnant again.

### Teen Moms Talk!

*"I don't want more kids until I am ready in all aspects of life. I want to finish school, attend college, and have my own house and car so I don't have to depend on anyone or anything for the things I need. I plan to use the Pill because I can't get my tubes tied!"*

## PLAN AHEAD

### What are my goals before I have another baby?

Where do I want to be living? \_\_\_\_\_

\_\_\_\_\_

How much money do I want to be earning? \_\_\_\_\_

What kind of job do I want to have? \_\_\_\_\_

\_\_\_\_\_

How far along do I want to be in school? \_\_\_\_\_

\_\_\_\_\_

What other goals do I have? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How old will my baby be when I've met my goals? \_\_\_\_\_





## Birth control options

Unless you want to have your next baby right away, you'll need to use some form of birth control. Different moms choose different methods to keep from getting pregnant again. Some people, for example, have a hard time remembering to take medicine every day. For them, the birth control pill would not be a good choice, while the birth control patch (a sticker you wear on your body which you must change once a week) or vaginal ring (which is inserted deep into your vagina and must be changed every 3 weeks) might work well.

Other people can remember to take medicine every day, but they don't want to worry about their birth control method when they're having sex. The pill might work for them, but a diaphragm wouldn't.

Finally, some people don't want to have to think about their birth control very much. Depo-Provera, or "The Shot", would be a good choice for them, because they only need to remember their birth control four times a year. The IUD, a plastic t-shaped device that is placed deep in your uterus and releases hormones just like the Pill, would also be a good choice, because you don't notice it during sex, it lasts for five years, and you only have to check the tube's strings once a month (after your period). The IUD is not a good idea if you plan to have more children soon, or if you might be exposed to sexually transmitted diseases (STDs).

After your baby is born, you may feel like you don't want to have sex again. Even if you don't plan to have sex for a while, it's a good idea to choose a birth control method, just in case.

Whatever method you choose, remember: ***You need to use a condom every time you have sex to protect yourself from sexually transmitted diseases!***



Method	How do you use it?	What are some advantages?	What are some problems?
<b>The Pill</b> Works about 95% of the time	Take a pill once a day, at about the same time. Hormones in the medicine prevent you from getting pregnant.	<ul style="list-style-type: none"> <li>• It provides protection all the time, as long as it's taken correctly.</li> <li>• You don't need to remember to do anything during sex.</li> <li>• It's reversible.</li> <li>• It may help decrease acne, cramps and PMS.</li> </ul>	<ul style="list-style-type: none"> <li>• If you miss a pill, you can get pregnant.</li> <li>• Some women have spotting between periods.</li> <li>• This method may make it harder to breastfeed, especially if you haven't been breastfeeding long. Talk to your provider.</li> <li>• It doesn't protect you from sexually transmitted diseases (STDs).</li> </ul>
<b>The Minipill</b> Works about 95% of the time	This is the best kind of birth control pill for breastfeeding moms. Take a pill once a day, at the same time. A hormone in the medicine prevents you from getting pregnant.	<ul style="list-style-type: none"> <li>• It provides protection all the time, as long as it's taken correctly.</li> <li>• You don't need to remember to do anything during sex.</li> <li>• It's reversible.</li> <li>• You can use it while breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>• Moms using the Minipill may have problems with spotting and irregular bleeding.</li> <li>• If you're even a little late taking a pill, you can get pregnant.</li> <li>• It doesn't protect you from STDs.</li> </ul>



Method	How do you use it?	What are some advantages?	What are some problems?
<b>Condom</b> Works 84% of the time (99% of the time if you also use spermicides)	Before sex, unroll the condom over your partner's erect penis. Remove the condom after intercourse, without spilling sperm into the vagina.	<ul style="list-style-type: none"> <li>Protects you from sexually transmitted diseases.</li> <li>Easy to use and easy to get.</li> <li>No side effects.</li> <li>You can use it while breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>You have to remember to use it <i>every time</i> you have sex.</li> <li>Some people say it reduces sensation during sex.</li> <li>Condoms can break.</li> </ul>
<b>Female Condom</b> Works 79% of the time	Before sex, unroll a rubber sheath with rings at each end and place it in your vagina. The sheath collects your partner's sperm and prevents them from fertilizing an egg.	<ul style="list-style-type: none"> <li>Protects you from sexually transmitted diseases.</li> <li>Easy to use and easy to get.</li> <li>No side effects.</li> <li>You can use it while breastfeeding.</li> <li>You can use it if your partner won't use a condom.</li> </ul>	<ul style="list-style-type: none"> <li>You have to remember to use it <i>every time</i> you have sex.</li> <li>Some people say it reduces sensation during sex.</li> <li>The female condom can break or slip out of place.</li> </ul>
<b>Depo-Provera</b> ("The Shot") Works 100% of the time	Every 12 weeks, you go to the clinic for a hormone shot. The hormone keeps you from getting pregnant.	<ul style="list-style-type: none"> <li>Depo lasts for 3 months.</li> <li>You don't need to remember to take a pill or use anything during sex.</li> <li>You can use it while breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>You need to come in for a shot every 12 weeks.</li> <li>Some women have problems with spotting, weight gain, or hair loss.</li> <li>You may not be able to get pregnant right away after you stop the shots.</li> <li>It doesn't protect you from STDs.</li> </ul>
<b>IUD</b> Works 99% of the time	A caregiver inserts a specially designed piece of plastic or metal into your uterus. The IUD prevents pregnancy for up to ten years, until it's removed. Each month, after your period, you'll need to check to make sure it's still there.	<ul style="list-style-type: none"> <li>It's reversible.</li> <li>You don't need to remember to use anything during sex.</li> <li>You don't need to remember to take a pill or go to the clinic for an injection.</li> <li>You can use it while breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>The IUD may be pushed out of your uterus.</li> <li>If you have more than one partner, an IUD may increase your risk of serious infection.</li> <li>It doesn't protect you from STDs—and it may make the infection spread into your uterus if you do get an STD.</li> </ul>
<b>Spermicides</b> Works 80% of the time when used alone (99% of the time if you also use a condom)	Before sex, insert a sperm-killing foam, jelly or cream into your vagina. The spermicide kills sperm, so that you can't get pregnant.	<ul style="list-style-type: none"> <li>It's reversible.</li> <li>You only need to remember to use it when you're having sex.</li> <li>You can get spermicides without a prescription at most drugstores.</li> <li>You can use it while breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>You have to remember to use it <i>every time</i> you have sex.</li> <li>Some spermicides need to be inserted 10-15 minutes before sex.</li> <li>Some women aren't comfortable placing foams and creams in their vagina.</li> <li>It doesn't protect you from STDs.</li> </ul>





Method	How do you use it?	What are some advantages?	What are some problems?
<b>Diaphragm</b> Works about 80% of the time	Your health care provider helps choose a diaphragm that's the right size for you. Up to six hours before sex, insert a small rubber cup filled with sperm-killing gel into your vagina to cover the cervix. The diaphragm keeps sperm from getting into your uterus.	<ul style="list-style-type: none"> <li>• It's reversible.</li> <li>• Can be inserted ahead of time.</li> <li>• No need to take a pill every day.</li> <li>• You can use it while breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>• You have to use it <i>every time</i> you have sex.</li> <li>• Some women aren't comfortable inserting it.</li> <li>• You need to add more spermicide if you have sex again.</li> <li>• You may need a new diaphragm if you gain or lose more than 10 pounds.</li> <li>• It doesn't protect you from STDs.</li> </ul>
<b>Natural Family Planning</b> Works about 75% of the time	You attend a training session to learn how to chart your cycle. Charting tells you which days you are likely to get pregnant. You don't have sex during your fertile times.	<ul style="list-style-type: none"> <li>• It's reversible.</li> <li>• There are no side effects or health risks with this method.</li> <li>• This method can also be used to decide when to have sex when you want to get pregnant.</li> </ul>	<ul style="list-style-type: none"> <li>• You can't have sex on your fertile days, or you have to use a backup method.</li> <li>• You have to keep careful records to chart your cycle. If your periods are irregular, you may not be able to tell which days are "safe".</li> <li>• It doesn't protect you from STDs.</li> </ul>
<b>Tubal Ligation</b> ("getting your tubes tied") Works almost 100% of the time	A surgeon cuts the tubes connecting your ovaries to your uterus and burns the ends, so you can no longer get pregnant.	<ul style="list-style-type: none"> <li>• Permanent protection from pregnancy.</li> <li>• No need to remember pills or injections.</li> <li>• You can use it while breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>• It's permanent—you can't get them re-opened if you want more children later.</li> <li>• You must wait at least 30 days to have a tubal ligation if you have Mass Health or Freecare.</li> <li>• Surgery is risky, including infection &amp; bleeding after the operation.</li> <li>• It doesn't protect you from sexually transmitted diseases.</li> </ul>



## PLAN AHEAD

### What do I want to use for birth control?

*Remember, the only way to be sure you won't get pregnant is to choose not to have sex. If you are going to be sexually active, you may want to use more than one method, just to be extra safe. And remember: To protect yourself from sexually transmitted diseases, use a condom EVERY TIME you have sex!*

Can I remember to use a diaphragm or spermicide every time I have sex? \_\_\_\_\_ yes \_\_\_\_\_ no

Can I remember to take medicine every day for birth control? \_\_\_\_\_ yes \_\_\_\_\_ no

Do I want to have another baby in the next year or two? \_\_\_\_\_ yes \_\_\_\_\_ no

#### ***If you answered "yes" to two or more questions...***

Birth control methods that you remember to use every time you have sex, or that you have to take every day, could work well for you. Keep in mind that if you forget to take a pill, or if you forget to use a condom every time you have sex, you might get pregnant again.

**Methods that might be good for you are:** The pill, condom, diaphragm or spermicide.

#### ***If you answered "no" to two or more questions...***

You would probably do better with a longer-lasting birth control method that you don't need to remember all the time. With these methods, you're also less likely to get pregnant until you decide to stop using birth control.

**Methods that might be good for you are:** Depo-Provera ("the shot"), ring, IUD, Patch

Which methods do I want to use? \_\_\_\_\_

Why did I pick them? \_\_\_\_\_

\_\_\_\_\_

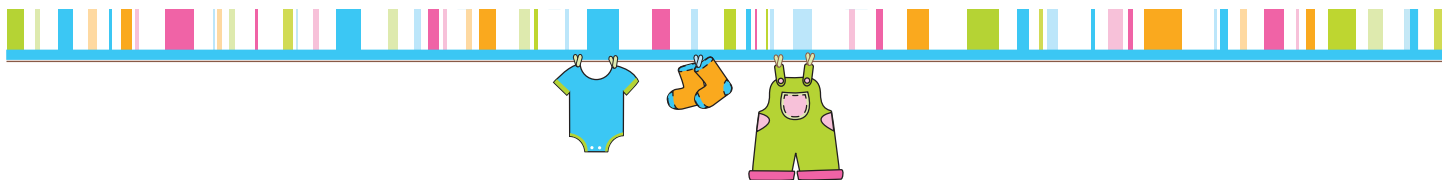
\_\_\_\_\_

What will I need to do to use them? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# How Your Baby Grows, How Your Body Changes



## Where do babies come from?

So you've probably heard this in health class 100 times. Just in case you haven't heard it enough, here's a brief review of where babies come from.

To get pregnant, you need a sperm, from the father, to meet up with an egg, from the mother.

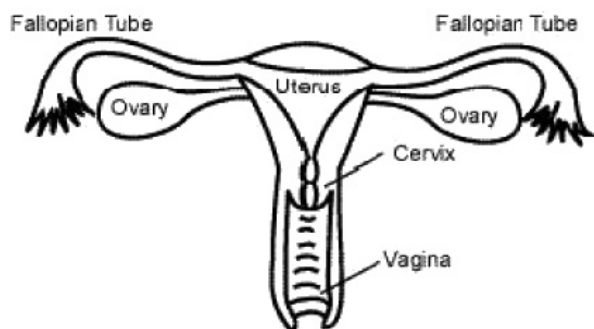
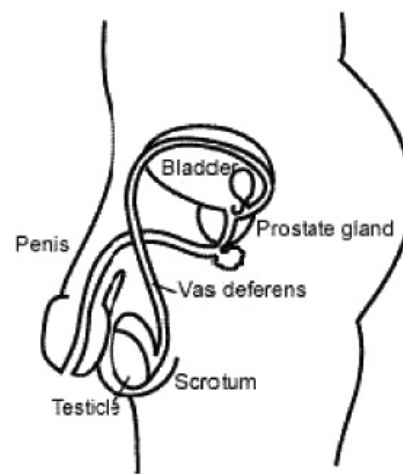
Sperm grow and develop in a man's testicles, which are located inside of the scrotum, the loose sac of skin behind the penis.

To get to an egg, sperm travel up a tube called the vas deferens, and then out through the urethra, which is the opening at the tip of the penis.

Eggs develop inside a woman's ovaries, which are located in her pelvis. Once a month, her body gets ready to get pregnant. Her ovaries ripen an egg, and her uterus gets ready to grow a baby. The lining of the uterus gets thicker, so a fertilized egg has a comfortable place to grow. If the woman's egg isn't fertilized, her uterus gets rid of its special, baby-growing lining. That's what is happening when you come on your period.

A sperm and an egg meet during sex. The man's sperm travel from the testicles through the penis, and into the woman's vagina. The vagina is the opening that connects a woman's uterus to the outside world.

### Male Reproductive System



When a man gets excited during sex, his penis gets hard so that it can deliver sperm into the vagina. When he ejaculates, or comes, about 200 million sperm shoot out of the end of the penis in a milky, white fluid called semen. The sperm swim up through the woman's uterus and into the tubes that connect the uterus to the ovaries, searching for an egg to fertilize. If the man comes near the opening of the vagina, the sperm can still swim up into the woman's uterus—so it's possible to get pregnant.

If the sperm find an egg, one of them will combine with the egg to make a baby. This is called fertilization. The fertilized egg then travels to the uterus, where it will grow into a baby.



## Month-by-month changes

It takes 9 months—or 40 weeks—for a fertilized egg, smaller than a period at the end of a sentence, to become a baby. During that time, your baby develops her brain, her internal organs, her arms and legs, and all the other parts that make her a person. You also go through lots of changes—your breasts will get bigger, your belly will get bigger, and you'll feel the aches and pains of pregnancy.

You are also your baby's link to the outside world. She eats everything you eat, and she breathes the air you breathe. If you eat regular meals and get plenty of healthy food, she will too. If you smoke or drink alcohol, she will too. And if you hang out in smoke-filled places, that smoke will travel into your baby's bloodstream. So take care of yourself—your baby's life depends on it!

## My Pregnancy Journal

What was it like seeing my baby's ultrasound? \_\_\_\_\_

\_\_\_\_\_

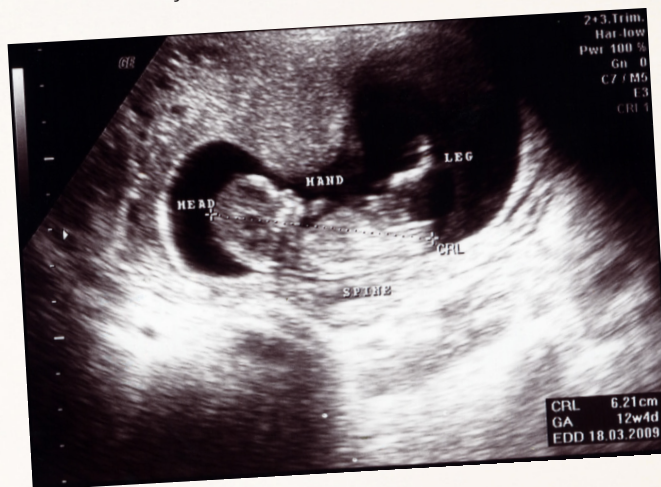
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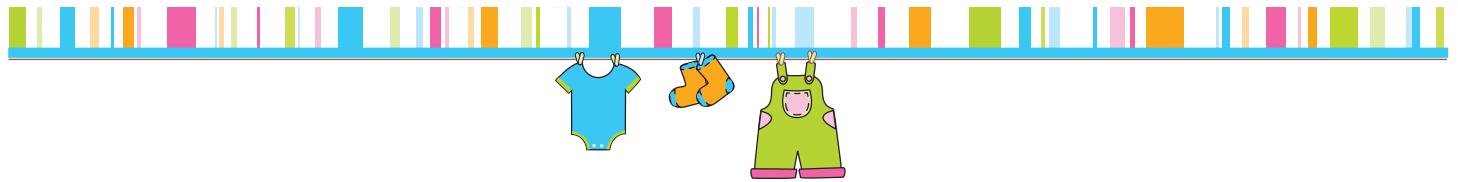
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Put your baby's first photo here!





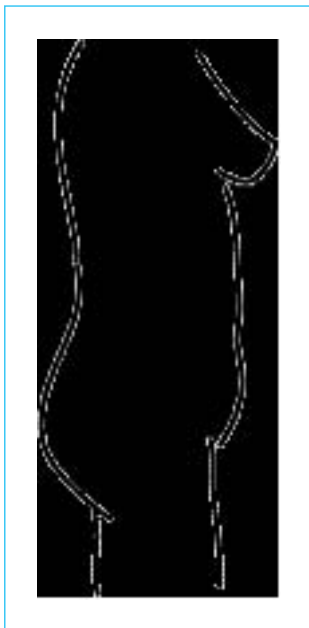
## Month 1

### *Your Baby*

- For the first 8 weeks, your developing baby is called an “embryo.”
- Tiny limb buds, which will grow into arms and legs, appear.
- Embryo looks like a tadpole.
- Heart and lungs begin to form. By the 25th day, heart starts to beat.
- Neural tube, which will become the brain and spinal cord, begins to form.
- At the end of the first month, embryo is about 1/2 inch long and weighs less than 1 ounce.



*Illustrations adapted from The March of Dimes  
Used with permission*



### *Your Body*

- You become pregnant and miss your period.
- Your body is making lots of hormones needed to “grow” a baby.
- Your breasts are slightly bigger and sore.
- You may have morning sickness. Try eating dry crackers.
- You may crave some foods, or hate foods you usually like.
- You will urinate more often because your growing uterus is pressing on your bladder.

### *Prenatal Care Guide*

- Every day, take 600 mcg of folic acid and eat a healthy diet to reduce the risk of birth defects.
- Visit your caregiver for your first prenatal care checkup as soon as you think you’re pregnant.
- Ask your caregiver before taking any prescription drugs or over-the-counter products.
- Quit smoking and stop drinking alcohol. Stop doing street drugs.







## Month 2

### *Your Baby*

- All major body organs and systems are formed but not completely developed.
- Early stages of the placenta, which exchanges nutrients from your body for waste products produced by the baby, are visible and working.
- Ears, ankles and wrists are formed. Eyelids form and grow but are sealed shut.
- Fingers and toes are developed.
- By the end of the second month, fetus looks more like a person than a tadpole, is about 1 inch long, and weighs less than 1 ounce.



### *Your Body*

- Your breasts are still sore; your nipples and the area around them begin to darken.
- Morning sickness may continue.
- You may feel tired and need to rest more as your body adjusts to being pregnant.
- The total amount of blood in your body begins to increase.

### *Prenatal Care Guide*

- Eat a variety of healthy foods from the five major food groups: cereals/grains; fruits/vegetables; dairy products; meats & beans.
- Continue to take a multivitamin or prenatal vitamin with folic acid in it during your second and third months of pregnancy.
- Drink at least 6 to 8 glasses of water, 100% fruit juice and/or milk every day.
- Don't cut down on salt unless your caregiver says so.

## My Pregnancy Journal

How did I feel during my second month? \_\_\_\_\_

\_\_\_\_\_

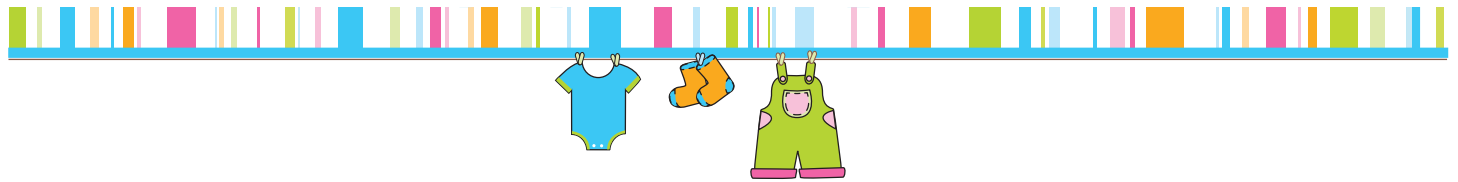
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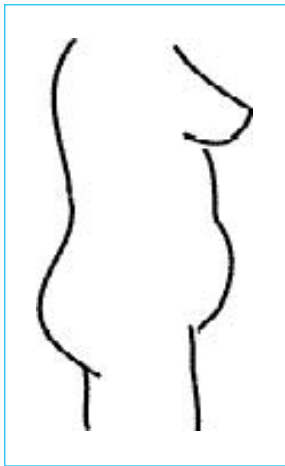
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## Month 3

### *Your Baby*

- After 8 weeks as an embryo, your baby is now called a “fetus.”
- Fingers and toes have soft nails. Mouth has 20 buds that will become “baby teeth.”
- You can hear your baby’s heartbeat for the first time (10 to 12 weeks) during a clinic visit.
- For the rest of your pregnancy, all body organs will mature and the fetus will gain weight.
- By month’s end, the fetus is 4 inches long and weighs a little over 1 ounce.



### *Your Body*

- You may still feel tired and have morning sickness.
- You may have headaches.
- You may get light headed or dizzy.
- Your clothes may begin to feel tight around your waist and breasts. Try wearing pullover tops and skirts or pants with elastic waists.

### *Prenatal Care Guide*

- You have a slightly increased need for almost all vitamins and minerals to nourish your baby.
- You may have gained 3 or 4 pounds by now. A woman who starts pregnancy at a normal weight should gain 25 to 35 pounds. Some teens may need to gain 40 pounds.
- Exercise is good for you and your baby. Walking is a good choice.

## My Pregnancy Journal

How did I feel during my third month? \_\_\_\_\_

\_\_\_\_\_

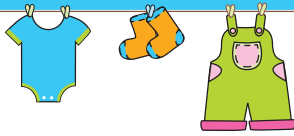
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## Month 4

### ***Your Baby***

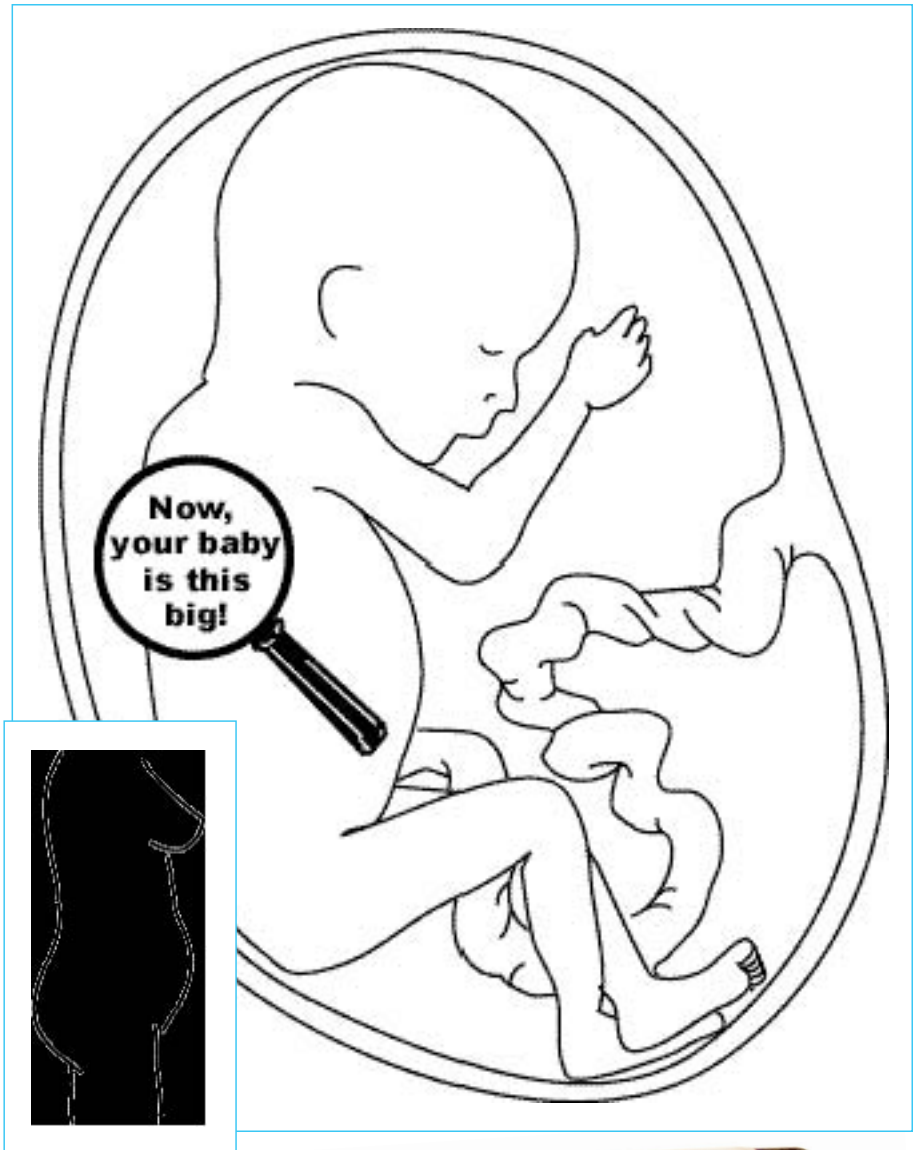
- The fetus moves, kicks, swallows, can hear your voice, is 6 to 7 inches long and weighs about 5 ounces.
- Umbilical cord continues to grow and carry nutrition from mother to fetus—but it can also pass along hazards like tobacco, alcohol and other drugs.
- The placenta, the special organ that feeds you baby, is fully formed.

### ***Your Body***

- Your appetite increases as morning sickness goes away; you should begin to feel less tired.
- Toward the end of the 4th month (16 to 20 weeks), you might feel the faint movements of your baby for the first time; tell your provider. Your belly begins to show—you will probably need maternity clothes this month.

### ***Prenatal Care Guide***

- You'll probably gain about a pound a week, or 12 to 14 pounds, during the second trimester (months 4 to 6).



## My Pregnancy Journal

How did I feel during my fourth month? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Teen Moms Talk!

*"When I first felt my baby move, it felt like butterflies fluttering. I felt him turn over—he was a big baby. It was a reality check, because there's something inside you that moves by itself, and you can't control it."*

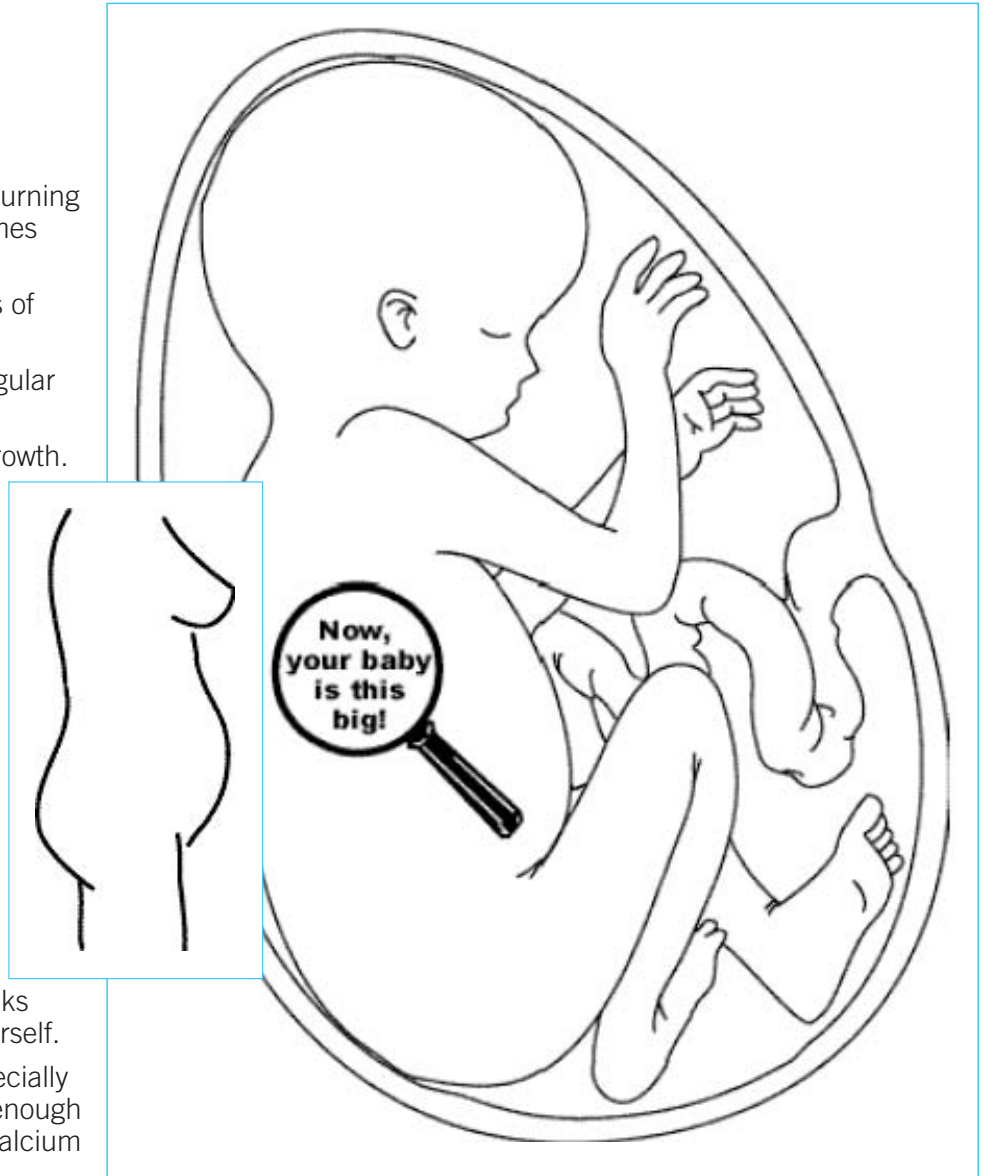
### Month 5

#### Your Baby

- Fetus becomes more active, turning from side to side and sometimes head over heels.
- Fingernails have grown to tips of fingers.
- Fetus sleeps and wakes at regular intervals.
- Fetus has a month of rapid growth. At end of 5th month, fetus is 8 to 12 inches long and weighs 1/2 to 1 pound

#### Your Body

- If you haven't already, you'll begin to feel your baby moving inside of you. Be sure to tell your caregiver.
- Your uterus has grown to the height of your belly button.
- Your heart beats faster.
- You may need more than 8 hours of sleep each night. During the day, take rest breaks if you're tired. Don't push yourself.
- You may get leg cramps, especially at night, if you're not getting enough calcium. You can get lots of calcium in milk, cheese, yogurt, and calcium-enriched fruit juices.



### Prenatal Care Guide

- Your baby's growth and weight are most likely to be affected if you're still smoking, drinking or taking drugs. It's never too late to quit or cut down as much as you can.
- Continue eating a healthy, nutritious diet and drink lots of 100% fruit juice, water, and milk every day.



## My Pregnancy Journal

How did I feel during my fifth month? \_\_\_\_\_

When did I first feel my baby move? What was it like? \_\_\_\_\_

## My Pregnancy Journal

How did I feel during my sixth month? \_\_\_\_\_



## Month 6

### *Your Baby*

- Skin is now red and wrinkled and covered with fine, soft hair.
- If born now, fetus might survive with intensive care.
- Eyelids begin to part and the eyes open.
- Finger and toe prints can be seen.
- Fetus continues its rapid growth. At the end of 6th month, the fetus is 11 to 14 inches long and weighs 1 to 1 1/2 pounds.

### *Your Body*

- You may feel the fetus kicking strongly now.
- The skin on your growing belly may start to itch.
- Your back may hurt. Wear low-heeled shoes or flats. Exercise can help prevent backaches. Don't stand for long periods of time.
- You may feel pain down the side of your belly as your uterus stretches.

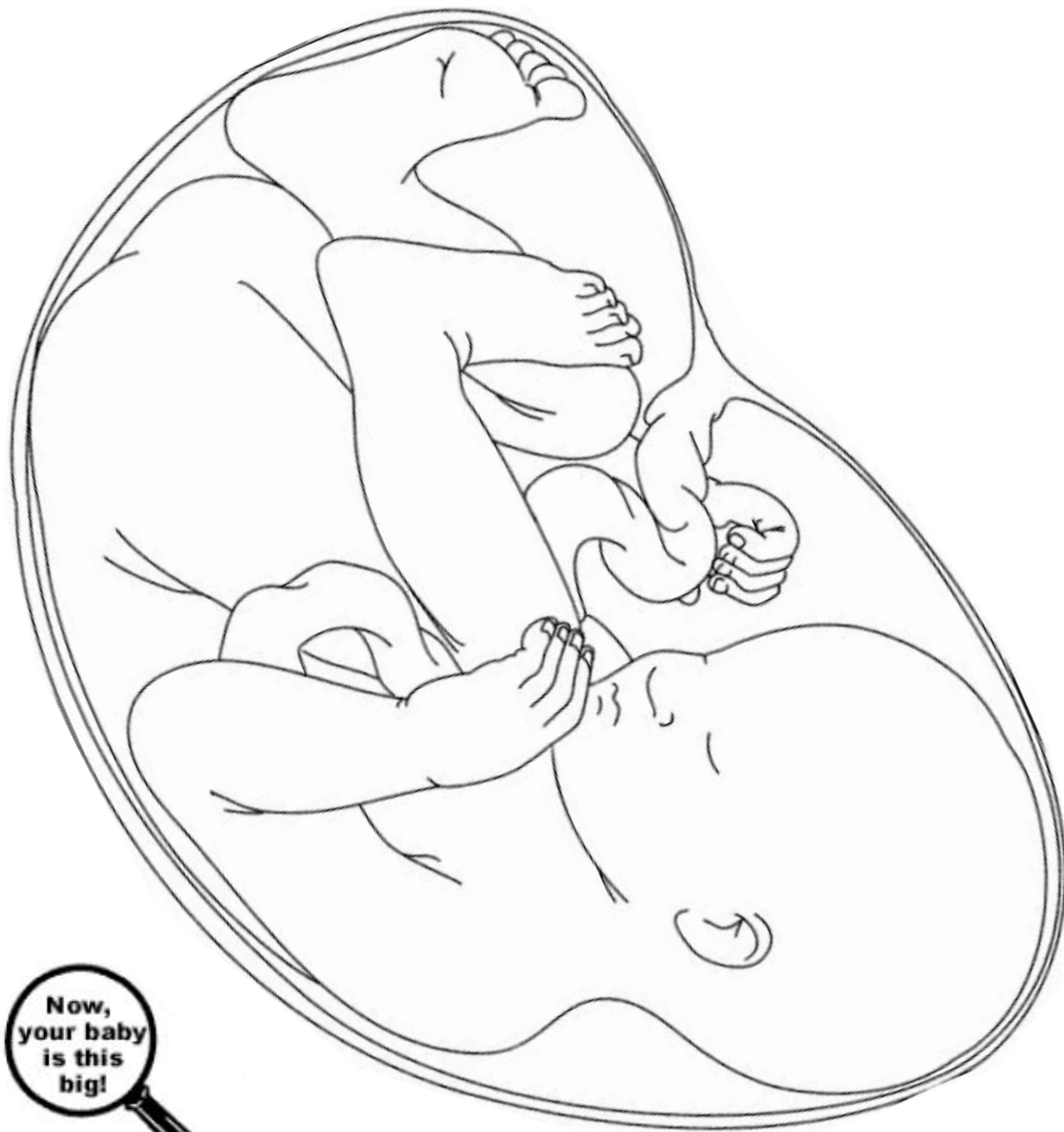


### *Prenatal Care Guide*

- You may be constipated. Drink more water or 100% fruit juice, eat more foods with fiber (like fruits, vegetables, whole-grain breads, and bran cereal) and get some exercise. Always check with your caregiver before starting any exercise program.
- To help with heartburn, try eating 4 or 5 smaller meals instead of 3 large ones.
- Do not take laxatives or antacids without asking your caregiver.

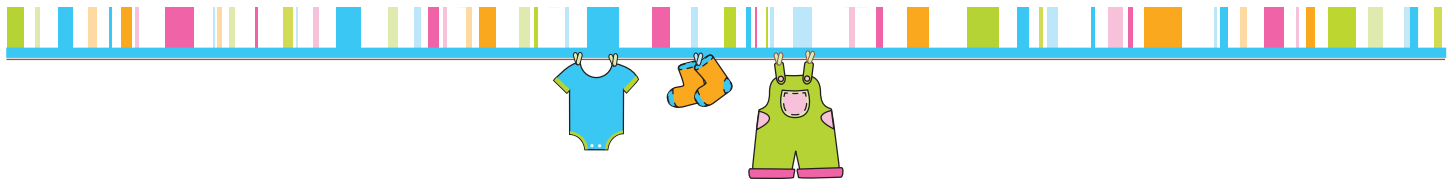


## Month 7



Now,  
your baby  
is this  
big!





## Month 7

### *Your Baby*

- Fetus can open and close its eyes and suck its thumb.
- Exercises by kicking and stretching.
- Fetus responds to light and sound.
- If born now, fetus has a good chance for survival.
- Fetus is now about 15 inches long and weighs about 3 pounds.



### *Your Body*

- If your ankles and feet swell from standing, lie down with your feet raised. If swelling lasts longer than 24 hours, or if hands and feet swell suddenly, call your health care provider.
- Stretch marks may appear on your abdomen and breasts as they get bigger.
- You may feel false labor contractions, also called Braxton Hicks. This is normal, but call your caregiver if you have more than 5 contractions in one hour.
- As your belly gets bigger, you may lose your sense of balance. This makes it easier to fall. Be careful!

### *Prenatal Care Guide*

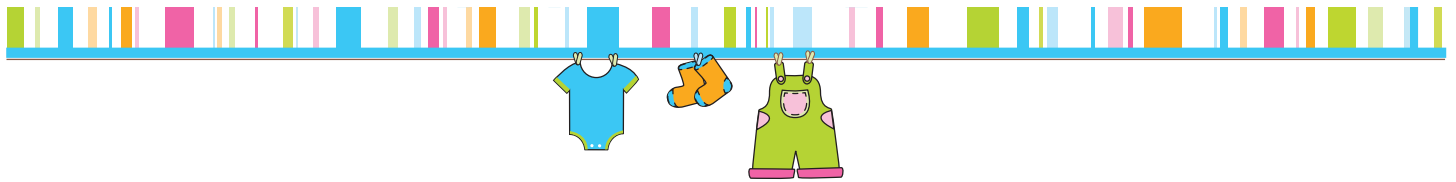
- Continue to eat a variety of foods that are good for you. You should gain 1 pound a week this month.
- Get plenty of rest—your body is working hard.
- Start childbirth education classes soon.
- Most health care providers do a blood test for gestational diabetes at 24 to 28 weeks.





## Month 8

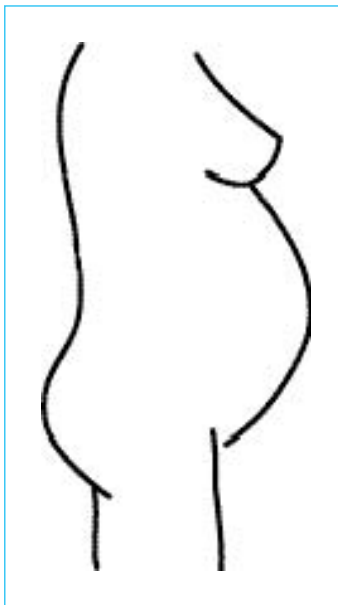




## Month 8

### *Your Baby*

- Rapid brain growth continues.
- Fetus is too big to move around much, but can kick strongly and roll around.
- You may notice an elbow or heel pushing your belly.
- Bones of the head are soft and flexible to make it easier for the baby to fit through the birth canal.
- Lungs may still be immature. If born now, before 37 weeks, fetus is premature but has an excellent chance for survival.
- Fetus is about 18 inches long and weighs about 5 pounds.



### *Your Body*

- You may feel stronger contractions this month.
- Your breasts may leak some fluid, called colostrum, as they begin to produce milk. Colostrum is the fluid that will feed your baby until your milk comes in.
- You may have trouble sleeping because it's hard to get comfortable. Try putting several pillows under your head, between your legs, under your baby and behind your back.
- You may develop shortness of breath as baby crowds your lungs.
- Your baby may crowd your stomach. Try eating 5 or 6 meals during the day.
- The top of your uterus lies just under your rib cage.

### *Prenatal Care Guide*

- You should gain 1 pound a week this month.
- Call your caregiver right away if you have: bleeding or gush of fluid from your vagina; cramps; stomach pains or a dull backache; blurry vision or spots before your eyes; a feeling that baby is pushing down; a noticeable decrease in baby's movements; more than 4 contractions in one hour.

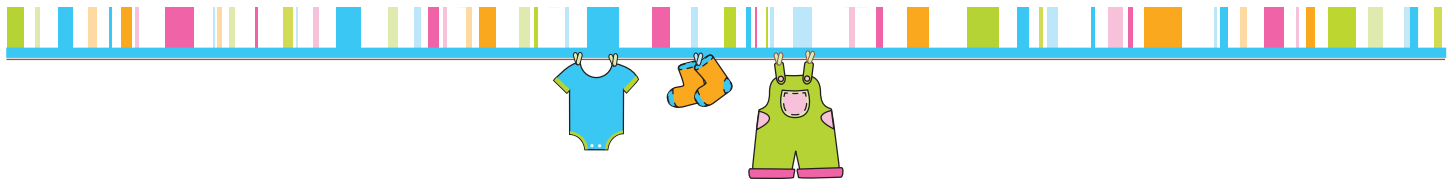




## Month 9



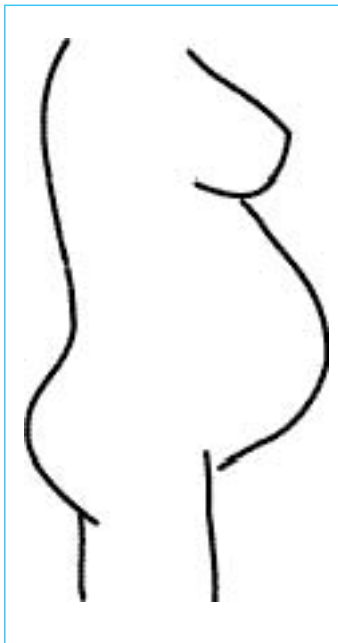




## Month 9

### *Your Baby*

- At 37 to 40 weeks, your baby is “full term.”
- Baby’s lungs are mature and can function on their own.
- During this month, baby gains about 1/2 pound a week.
- Baby usually “drops” into a head-down position and rests in the mother’s abdomen.
- By the end of 9th month, baby weighs 6 to 9 pounds and is 19 to 21 inches long.



### *Your Body*

- Your belly button may stick out.
- Your breathing should be easier once the baby “drops,” but you’ll have to urinate more often because baby is pressing on your bladder
- Your ankles and feet may swell more.
- Your cervix will start to open up and thin out as it prepares for birth. You may see mucous with red or brown streaks coming from your vagina.
- You may be very uncomfortable because of the pressure and weight of your baby. Be sure to rest often.

### *Prenatal Care Guide*

- After the 36th week, visit your caregiver once a week for prenatal checkups.
- You may not gain any weight at all this month, or even lose 1 or 2 pounds. You may have gained 8 to 10 pounds during the last 3 months.
- Time your contractions. You may be in labor if: your contractions are regular or evenly spaced; they last for 30 to 70 seconds; they get worse as you move around. See “When to go to the hospital” (p. 53) for more information.
- Call your caregiver if you think you are in labor.



# Taking Care of Your Body and Your Baby

## Coping with common symptoms

### Morning sickness and cravings

#### Teen Moms Talk!

*"I didn't have that many cravings, just mostly for junk food. My morning sickness was bad that I couldn't even hold down water much less other things (like solid food)"*

*"I had morning sickness in the daytime AND in the night-time and any time I smelled someone's breath"*

Morning sickness is probably the most well known problem for pregnant women. During the first few months that your baby is growing inside of you, you may feel sick to your stomach, and even throw up, for hours or days at a time.

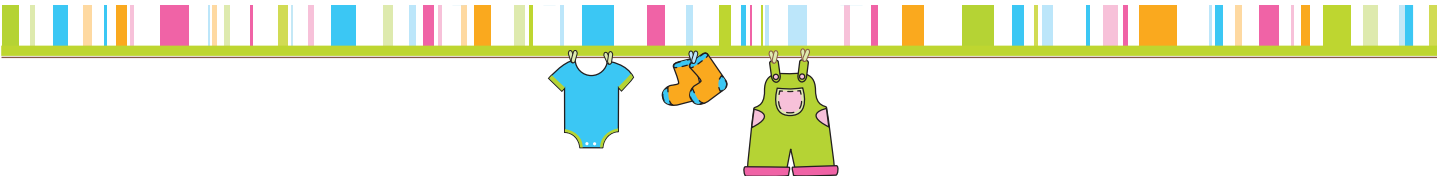
Despite its name, morning sickness doesn't always come first thing in the morning. It can strike any time of the day or night. Some women never feel sick at all, while others spend the first few months of pregnancy running to the nearest rest room to empty their stomachs.

No one knows why pregnant women throw up, but it's probably related to the chemical signals that are helping her body get ready for a baby. The good news is, in most cases, morning sickness won't hurt your baby, and most moms-to-be feel better by the end of their first three months.

Until then, there are simple things you can do to feel better. Start by keeping something in your stomach all the time:

- Keep saltines or graham crackers next to your bed. Eat snack and drink a glass of water 15 minutes before you get out of bed in the morning.
- Never skip breakfast—eat something, whatever you can keep down.
- Carry crackers, toast, or other dry, salty foods (pretzels, popcorn, etc) with you in your backpack, and eat between classes.
- Sip clear soda, like Sprite, 7-Up, or ginger ale, throughout the day. Sips of Coca-Cola sometimes help too.
- Try sucking on peppermint candies, like Altoids.
- Don't eat too much at once. Some women feel better if they eat small snacks throughout the day, instead of three big meals.
- Only eat or drink the things you've had the best luck keeping down.
- Don't eat and drink at the same time—try drinking between meals.





## Drinks

You need lots of fluid when you are vomiting—drink whatever works for you. Try using a straw so the fluid doesn't touch your tongue.

Try:

- very cold drinks
- clear soda (Sprite, 7 Up, etc) or ginger ale
- diluted fruit juice (Try pouring room temperature juice over crushed ice.)
- freeze juice in ice cube trays to make slush
- popsicles or frozen juice bars
- lemonade
- water with a lemon slice

## ***Foods***

Try eating very small amounts of whatever food sounds good to you at the time, no matter how silly it may be.

Starchy foods are often the best. Try:

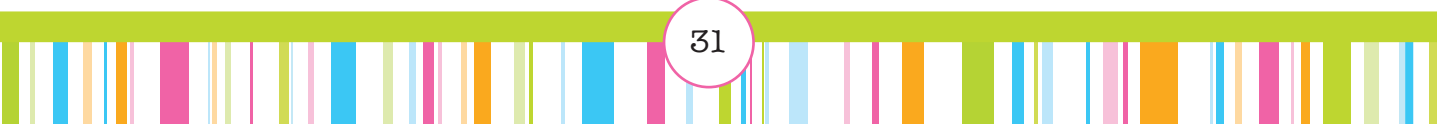
- crackers
- bagels
- pretzels
- dry cereal
- noodles or pasta, plain
- potatoes, especially mashed
- rice
- noodle soup
- graham crackers or toast

Other foods that may or may not help include:

- fruits of all kinds, especially watermelon and grapes
- applesauce
- Jell-O
- cheese
- pudding
- cottage cheese
- sandwiches
- ice cream or frozen yogurt

Try to avoid greasy, high fat foods, unless it's a food you're craving, and then try just a small amount. Bland, easy-to-digest foods usually go down better. Stay away from strong smells, like cigarette smoke, raw fish, or whatever makes you queasy.

## Foods that make me feel better when I have morning sickness...

[illegible]



And if you're still throwing up? Consider telling teachers at school so that you can be excused to the bathroom without an argument. You may also want to carry a paper or plastic bag in case you can't reach a bathroom in time.

## Tiredness

### Teen Moms Talk!

*"I only felt tired at the end of my pregnancy"*

*"Sometimes [when I was pregnant] I was tired and needed a nap, but come to think of it I loved to nap before I was pregnant"*

During your first few months, you may find that you want to sleep all the time. It's a normal part of pregnancy, and it's related to the chemical signals that are helping your baby grow inside your uterus.

The best thing to do is listen to your body—nap whenever you can, and get plenty of sleep at night. Some moms-to-be find that a daily walk gives them some extra energy.

## Heartburn

Heartburn is a burning sensation in your chest after meals. It's what you feel when food from your stomach starts to come back up—usually when you lie down, strain, or cough.

Heartburn happens during pregnancy because hormones relax the opening at the top of your stomach. That means food can overflow into the tube that connects your stomach to your mouth. Later in pregnancy, your baby may also push up on your stomach, causing more food to overflow.

To help reduce heartburn:

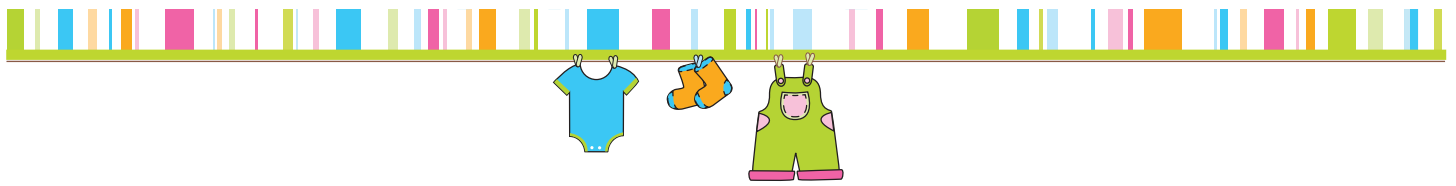
- Eat several small meals a day, instead of three big meals.
- Chew food slowly.
- Avoid spicy, fatty and gas-producing foods.
- Sleep with extra pillows, so food doesn't come back up.
- Don't lie down for two to three hours after you eat.

## When to call for help...

Most of the time, morning sickness is unpleasant, but it doesn't really hurt you or your baby. It's time to call the doctor if:

- you throw up more than three times a day for three days
- when you urinate, only a little bit of liquid comes out and it's dark yellow
- you can't keep any liquid down
- you feel dizzy or faint when you stand up
- your heart is racing or pounding
- when you throw up, you see blood





## **Constipation and hemorrhoids**

During pregnancy, hormones slow down your digestive system, including your bowel movements. Some moms-to-be become constipated, and others develop hemorrhoids, or piles, painful, itchy lumps around the anus that hurt during bowel movements.

A high fiber diet can help keep digestion moving. For best results, follow these steps *every day*:

- Eat a bowl of bran cereal or other high fiber cereal.
- Drink a glass of orange juice or prune juice.
- Eat dark, green leafy vegetables, fresh fruit, or dried fruits like raisins.
- Drink eight glasses of water. (It may help to carry a water bottle at school and fill it between classes.)
- Eat more whole grain products, like whole wheat bread, oatmeal or bran muffins.

If you do develop hemorrhoids, try using ice packs or Tucks pads to ease the pain and irritation, or sit in a tub of warm water once or twice a day.

## **Backache**

Back pain during pregnancy happens for a simple reason: you're carrying around a baby all the time! As your uterus grows, it can strain your back muscles and cause pain. For relief:

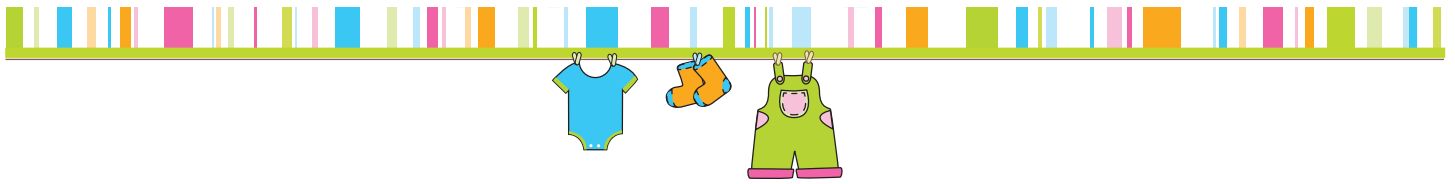
- Clean out your book bag. Carrying around extra pounds of papers and books makes back pain worse. Ask if you can keep one copy of your textbooks at home and another at school. Try to do homework that requires textbooks at school.
- Be careful when you lift things. Bend at your knees, not at your waist, and keep objects you are lifting close to your body.
- Try sleeping with a pillow between your knees.
- Use a hot water bottle or heating pad—but don't fall asleep with a heating pad turned on! You can get a serious burn.
- Try not to stand for long periods of time.
- Wear comfortable shoes—and stay away from high heels.
- Make sure you're not in labor! Some moms-to-be notice back pain as their first sign of labor—see the section on "Preterm Labor" and "When to go to the hospital" for more information.



## **Varicose veins**

Your growing uterus slows down blood flow to and from your legs, and can cause swollen veins to appear under your skin. To reduce your chances of developing varicose veins:

- Avoid wearing tight clothing.
- Don't wear knee socks, knee-high or thigh-high hose.
- Consider trying support panty hose—they help keep blood from pooling in your legs.
- Don't cross your legs when you are sitting.
- Avoid standing for too long.
- Go for a walk a few times a week.



### ***Vaginal discharge***

Pregnancy hormones increase the amount of discharge from your vagina. If you notice itching, burning, a foul odor, or an unusual color, call your doctor, because you may have an infection.

Two infections are really common during pregnancy—yeast infections and bacterial vaginosis. To reduce your risk of developing an infection:

- DO NOT douche at all.
- Practice good hygiene—shower or bathe at least once a day.
- Avoid wearing tight-fitting pants.
- Wear cotton underwear.
- Be sure to wipe from front to back after using the bathroom.

### ***Bleeding gums***

Pregnancy hormones can make your gums more sensitive, and they may bleed when you brush your teeth. Use a soft toothbrush, and floss your teeth regularly to keep your gums healthy.

### ***Too much spit (ptyalism)***

Some moms-to-be notice that they have more spit in their mouths than usual. It's another effect of the hormones of pregnancy—and no one knows why it happens. For relief, try chewing gum or sucking on hard candy. The good news is that it usually goes away after the first few months.

### ***Shortness of breath***

As your baby and your uterus get bigger, there's less room in your belly for everything else. That puts pressure on your diaphragm, the muscle underneath your lungs that you use to breath. You may feel short of breath, or find that you get tired walking short distances or climbing a flight of stairs. When you find yourself out of breath, stop and rest for a few minutes. You may also feel better if you sleep with extra pillows at night.

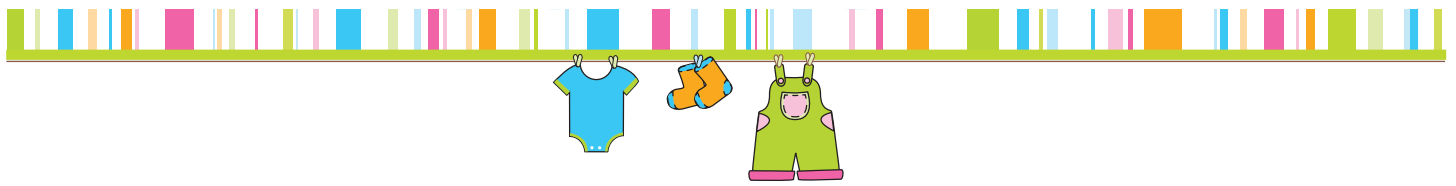
### ***Skin changes***

Some moms-to-be notice that their skin gets darker during pregnancy. You may notice darker areas on your face, or a dark line, called the linea nigra running from your pubic bone to your belly button. The areola, the area around your nipples, may also get darker.

As your skin stretches to make room for your expanding uterus, you may also develop stretch marks. Moisturizers, oils, and beauty products won't prevent stretch marks or make them go away—but they will fade after you deliver your baby.

If you tend to get pimples when you're on your period, you'll probably see them again during pregnancy. Washing your face twice a day with a good cleansing soap should help. *It's important not to take prescription medicines for acne during pregnancy, because many of them can hurt your baby.*





Pregnancy hormones also affect your hair—both on your head and all over your body. Hair grows faster when you are pregnant, and body hair may get thicker and darker. Normally, you lose a small amount of the hair on your head everyday. During pregnancy, all of your hair keeps growing. After your baby is born, you may notice more hair than usual is falling out—that's just your body playing catch-up for all the hair you held onto during pregnancy.

### ***Leg cramps***

Some pregnant women develop painful cramps in their legs and feet, particularly at night. They're probably caused by decreased blood flow. For relief:

- Get up and walk
- Massage the area that hurts
- Gently stretch the back of your leg by pushing the bottom of your foot against a firm object.
- Consider eating foods high in calcium, such as milk, cheese and other dairy products. Sometimes low calcium levels cause cramps.

### ***Headaches***

Headaches are common, particularly during the first half of pregnancy. Sometimes, hormone levels and stress—school, work, or just worrying about your pregnancy—can make them worse. Other moms-to-be have sinus headaches from allergies, or tension headaches from poor posture. Finally, keeping food in your stomach can protect you from low blood sugar headaches. To prevent headaches:

- Snack on foods like crackers, nuts, popcorn, pretzels or dried fruits throughout the day.
- Take time to relax—curl up with a good book or take a late afternoon nap
- Get some sleep—tiredness can make headaches worse. Try going to bed an hour earlier.
- Sit up straight—tension headaches get worse when you sit in an uncomfortable position.
- If you have allergies, avoid triggers—this is not the time to visit your friend who has seven cats!

If you have a headache:

- Heat or cold can help. Rest in a dark room with a hot towel or a cold pack.
- Acetaminophen (Tylenol) can help. Other headache medicines may not be safe during pregnancy. If Tylenol doesn't relieve the pain, call the clinic for other options.

### ***Breasts***

Even before you know that you're pregnant, you may notice your breasts changing. They may be tender, and they may get bigger, especially during the first few months of pregnancy. Tenderness, heaviness, and milky fluid leaking from the nipples are all normal changes; your body is getting ready to feed your baby! For relief:

- Wear a good support bra that fits. You may go up a few cup sizes during pregnancy—it's worthwhile to buy a few new bras that will give you the support you need.
- Consider a sleeping bra, particularly if your breasts are large. Some moms-to-be find that wearing a bra to bed reduces morning tenderness.
- If your nipples are sore, try baby lotion or oil.



## ***Peeing (urination)***

Pregnant women sometimes feel like they spend half their day in the bathroom. You'll urinate more often in part because your body is working overtime, clearing extra fluid from your system. At the same time, your growing uterus is sitting on top of your bladder.

The good news is that those hourly trips to the bathroom tend to be less common during the middle of your pregnancy—although they return in the last month, when your fully-grown baby is pushing on your bladder. For relief:

- Keep drinking lots of fluids—your body needs eight glasses of water a day, even if that means frequent trips to the bathroom.
- Try not to drink as much water in the evening before you go to bed.
- Lean forward when you urinate, to make sure you empty your bladder completely.

*If you notice any burning or pain when you urinate, call the doctor's office because you may have an infection.*

## **Having a healthy baby: What to eat, how to exercise, what to avoid**

### ***Nutrition during pregnancy***

Everything you eat while you are pregnant—from apples and oranges to chips, candy and soda—affects you and your baby's health. Eating a healthy diet gives your baby the best chance for a healthy start in life.

Try to eat a variety of foods. Choose foods from whole-grain products like breads and cereals, fruits, vegetables, meats, milk and dairy products. Fried foods, sweets and treats are okay in small amounts, but try to limit them to one serving a day.

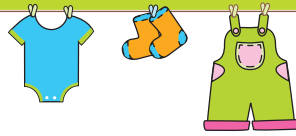
WIC (Women, Infants, and Children) Nutrition Program gives pregnant and breast feeding women and their children under age 5 vouchers for free nutritious foods like peanut butter, cheese, and milk. Ask your healthcare provider about signing up for WIC during your pregnancy.



### ***Cereals and breads***

You need at least six servings a day of whole-grain products. Try carrying crackers in your bag for snacks, and eat them with cheese or peanut butter. High fiber cereals make a great start to your day. Whole wheat breads and muffins are also great for your baby—try corn bread, tortillas, oatmeal raisin muffins or bran muffins. Make sure you're eating whole-wheat breads by checking the label; the first ingredient should say "whole-wheat flour." At dinner, make brown rice, noodles, or macaroni. Grains are in other foods too—sandwiches and slices of pizza are good sources. For another great snack, try popcorn.





## ***Fruits***

Aim for at least 2-3 servings of fruit a day. Fruits make great snacks—and fresh fruits are best. Try carrying apples or bananas to school, or snack on a box of raisins. Instead of soda, drink 100% fruit juice. Try slicing a banana on your cereal in the morning, or add fruit to milk to make a smoothie or milkshake. Grapefruit, orange juice, strawberries and oranges are great sources of vitamin C, a vitamin your baby needs to grow strong joints and bones. Pears, peaches, watermelon, and mango are great for your baby too.



## ***Vegetables***

Vegetables provide the vitamins your baby needs to grow—so eat lots! Eat a salad for lunch, or steam greens like broccoli, collards and spinach. Yellow squash, carrots and sweet potatoes give your baby vitamin A, which helps her eyes develop. Baked potatoes are vegetables too—and they're much healthier than French fries! For an afternoon snack, try baby carrots or other sliced raw vegetables. Vegetable soup or lettuce and tomato toppings on sandwiches are great ways to get lots of vitamins for your baby.

## ***Meats and protein foods***

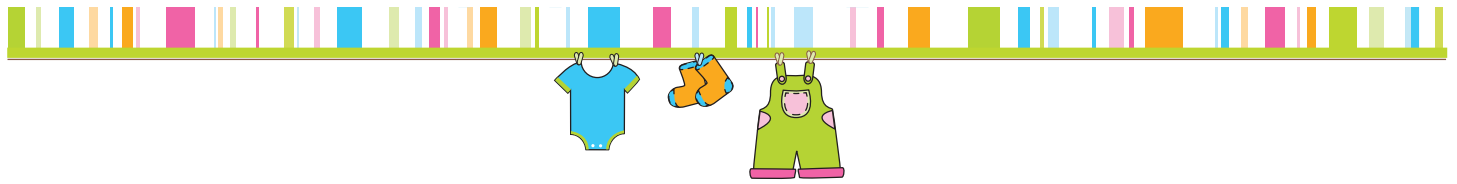
Protein helps your baby grow and develop. You'll need about three or four servings every day to help your baby grow strong. Good protein foods include lean chicken, hamburger, tuna fish and eggs as well as dried beans, peanut butter, nuts, tofu and dairy products like milk and cheese. For a high-protein snack, try peanut butter on crackers or apple slices.



## ***Milk & milk products***

Milk and other dairy products provide calcium, the mineral your baby needs to build strong bones. You need at least 3 servings of milk products a day. Try drinking milk, eating foods like cheese, yogurt, and cottage cheese, or eating enriched breakfast or drinking calcium-enriched fruit juices. Put plenty of milk on your cereal in the mornings, and try frozen yogurt for dessert. For a super-healthy snack, eat yogurt with fresh fruit on top.





## ***Exercise during pregnancy***

Keeping active during your pregnancy is great for you and your baby.

For a healthy pregnancy workout, try walking at a brisk pace for about half an hour, three or four times a week. Regular walking helps relieve pregnancy symptoms like backache and gas, and it helps you get in shape for labor.

Check your pulse once you get going—if your heart is beating more than 140 times a minute, slow down so that you and baby don't overdo it. Your body is making a new person, and heavy exercise can make it hard for you to deliver nutrients and oxygen to your baby and your hard-working muscles.

When you exercise, try to avoid lying on your back after your fourth month—it can decrease blood flow to your baby.



## ***What to avoid when you're pregnant***

Eating the right foods and exercising can get your baby off to a terrific start in life. For the best beginning, you also need to avoid certain activities while you're pregnant.

The most important thing you can do is to **avoid cigarettes, drugs and alcohol**. Everything you put in your body—whether you swallow, inhale or inject it—goes directly to your growing baby. And just as drugs and alcohol affect the way you feel and think, they change your baby's growing body and brain.

- **Alcohol** can cause babies to be born too small. They may have very small heads, and their faces can be deformed. Babies whose moms drank when they were pregnant also have behavior problems at home and in school.
- Babies whose mothers **smoke cigarettes** can also be born too small or too early. They're also at increased risk of sudden infant death syndrome, a condition where a healthy baby dies suddenly for no known reason.
- **Marijuana** can cause babies to be born too early and too small. After they're born, they may be shaky and irritable. They may also have trouble with learning in school.
- Babies exposed to **crack or cocaine** are often born with small heads. They don't grow as well as other babies, and they may be hard to take care of. These babies cry more than normal, and they have trouble eating and sleeping. As they get older, they may also have problems learning in school. Moms who use crack or cocaine are also more likely to have a miscarriage.
- Babies whose mothers used **heroin** may be born addicted to the drug. They may have drug withdrawal symptoms, just like an adult who is addicted. Heroin causes babies to be born too small, and they often cry more than normal and have trouble eating and sleeping.
- **PCP and LSD** also cause problems for babies. They are often hard to take care of, and they can have violent temper tantrums when they get older.

Drugs and alcohol also stay in your baby's system longer than they stay in yours. It's important to stop using as soon as you can to protect your baby from anymore damage.

## ***Other things to avoid***

Some normal, everyday activities are less safe for pregnant women. To give your baby the best shot in life, take these simple steps:

- **Don't change the kitty litter.** Cats carry bacteria called Toxoplasmosis that is very dangerous for pregnant women. It's okay to be around cats, but stay away from cat poop.



- **Don't take any medicine without asking your caregiver.** Check with your caregiver before you take any pills, even medicine you can buy without a prescription.
- **Stay out of hot tubs.** High temperatures can affect your baby's development—avoid hot tubs, saunas and steam rooms while you're pregnant. A warm bath, however, is fine.
- **Avoid infections.** Nobody wants to get sick, but it's especially important to stay germ-free when you're pregnant. Wash your hands regularly, and try to avoid sick children and adults.
- **Don't eat raw meat.** Rare or raw meat, under cooked eggs, and raw fish are all no-no's during pregnancy, because they can cause infections.
- **Tell any doctor or dentist you see that you're pregnant.** If you have any questions or concerns about what's safe while you're pregnant, be sure to ask your caregiver.

## Sex during—and after—pregnancy

If you're battling morning sickness in your first trimester, sex may be the last thing on your mind. Other moms feel uncomfortable having sex while they're pregnant, or worry that they can hurt the baby. Sex is dangerous if you go into labor too soon (preterm labor), if your bag of water has broken, or if you have a condition called placenta previa. Ask your caregiver if you're concerned. For most women, though, intercourse is completely safe during pregnancy—and some say it's better.

### Teen Moms Talk!

*"I enjoy having sex now [that I'm in my 2nd trimester] because I know I can't get pregnant again, but in the 1st trimester I was not interested because I was always too nauseous afterwards."*

*"I was not interested at all [in sex] because I thought it would hurt the baby."*

If you feel comfortable having sex when you're pregnant, take a few simple steps to protect yourself and your baby:

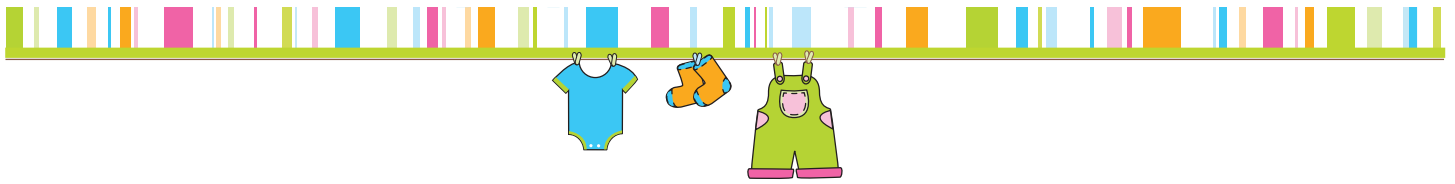
- **Use a condom.** You can't get pregnant while you're pregnant, but you can get a sexually transmitted infection that could hurt you and your baby. The best way to protect yourself is to use a condom every time you have sex.
- **Take it slow.** Some women are much more sensitive when they're pregnant. Encourage your partner to go slowly, and let him know if you're uncomfortable.
- **Experiment with positions.** By the second half of your pregnancy, your belly may get in the way during sex. Try different positions, like being on top, so that your partner doesn't crush your belly.
- **Feel free to say "NO."** Whether or not you're pregnant, you are the one who decides if and when you want to have sex. Don't let your partner pressure you into doing something you don't want to do.

## After your baby is born

For the first six weeks after you deliver, your caregivers will recommend pelvic rest. That means no sex until your post-partum checkup. You'll need that time to let your vagina get back to normal after you deliver, avoid infections, and you'll probably be pretty tired from taking care of your baby too.

Keep in mind that you can get pregnant *right after* you have a baby, so if you do have sex, make sure to use birth control.

When you feel ready to have sex again, take it slowly. If you had any tears during your delivery, you may still be sore, even after they've healed. Consider using a lubricant, like Astroglide, to decrease irritation.



## ***Sexually transmitted diseases***

If you have intercourse when you're pregnant, you don't have to worry about birth control—but you do have to worry about sexually transmitted diseases (STDs).

STDs are infections that you get from having sex. The bacteria and viruses that cause STDs live in semen and in vaginal discharge. They spread from person to person during intercourse or oral sex. Using a condom helps prevent STDs because it keeps semen from entering your body. The only way to be sure you don't catch an infection is not to have sex.

It's especially important to be careful when you're pregnant, because STDs can affect your growing baby. Some infections travel to the baby through your bloodstream. Your baby may come in contact with other infections during delivery, as she squeezes through your vagina and into the outside world. Syphilis can also be transmitted to your baby through your blood during pregnancy and cause deformities.

**Chlamydia** and **gonorrhea** can cause severe infections that make you sterile, so you can't have babies in the future. Babies born to moms with Chlamydia can get serious lung infections. The **herpes** virus can cause sores in your genital area that never go away completely—and if your baby catches herpes during delivery, it can kill her. Another virus, called **HPV**, causes warts to form in and around your vagina. They lead to cancer of the cervix. And **HIV**, the virus that causes AIDS, can kill you. You can also pass HIV to your baby.



## ***How do I know if my partner has an STD?***

The only way to know for sure is to have your partner tested. The county and city health departments have free STD screening clinics that can check for infections.

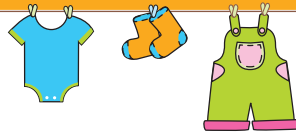
## ***How do I know if I have an STD?***

As part of your prenatal care, your caregiver will test you for several STDs, including gonorrhea, Chlamydia, and, if it's okay with you, HIV. Tell your caregiver if you've had any sores or warts around your genital area so you can be checked for herpes or genital warts.

## ***How are STDs treated?***

Some STDs are treated with antibiotic medicine. If you need to take antibiotics, make sure you finish all the medicine so that the infection goes away completely. Your partner will also need to be treated, because he'll have the same STD. Be sure to use condoms until both of you have been treated completely—otherwise, one of you can reinfect the other.

Other STDs won't go away with medicine. Your caregiver can tell you about medicines to reduce symptoms and decrease the chances that your baby will get an infection. If you have HIV, you'll need to take special medicines to keep you healthy and to keep your baby from getting infected. Your baby will need to take medicine for several months after she is born.



# Prenatal Care—What to Expect



## Your first visit

During your first visit to the doctor's office, you'll spend time getting to know the doctors and staff who will be helping you have a safe and healthy pregnancy. They'll be asking lots of questions—and they'll want to answer any questions that you may have about your pregnancy and your baby.

As part of your first visit, your caregiver will go over a long list of questions about your health and about any illnesses that run in your family or in your baby's father's family. Your caregiver will also listen to your heart and lungs and perform a pelvic exam, to check to see how your baby is growing and to make sure you don't have any infections that you could pass to your baby.



## The pelvic exam

First, your caregiver will ask you to undress completely and change into a gown. After having a regular exam, you'll be asked to lie on your back and put your feet into holders called stirrups, which are attached to the end of the exam table. You'll be asked to slide down to the end of the table, and your caregiver will shine a light onto the outside of your vagina to check for any bumps or rashes.

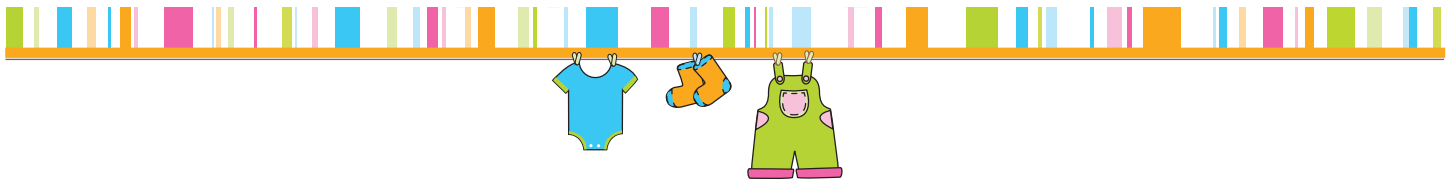
Then, your caregiver will insert a speculum into your vagina. A speculum is a small instrument a little bigger than a tampon. It's used to look at your cervix, which is the opening of your uterus. The speculum can feel uncomfortable. It may help to take a deep breath and relax the muscles around your bottom to make it easier to insert.

After the speculum is in place, your caregiver will collect some samples to make sure you don't have any infection or any changes in the tissue around your cervix. Then, he or she will take out the speculum.

Now, it will be time for the last step of the pelvic exam. Your caregiver will gently put two fingers into your vagina to feel how big your uterus is. This is an important test to see how big your baby is, and it's used to help figure out your due date. Your caregiver will also check the size and shape of the bones in your pelvis to see whether there's enough space for your baby to come out.

The whole pelvic exam takes about two minutes. Make sure to ask questions any questions that you have, and let your caregiver know if you feel uncomfortable.





## Tests for every visit

Every time you go to the doctor's office, they'll do a few simple tests to see how you and your baby are doing.

**Urine sample**—You'll be asked to pee in a sterile cup to check and make sure you don't have a bladder infection. We'll also check your urine for sugar and protein. Sugar and protein in a pregnant woman's urine can be signs of problems for her or her baby.

**Blood pressure**—High blood pressure during pregnancy can be dangerous for mom and baby. They'll check yours every time you come to the doctor's office.

**Weight**—Gaining weight is an important part of growing a healthy baby. Most women gain about 25 to 35 pounds while they're pregnant. You may need to gain 40 pounds to have a healthy baby since you're still growing too!

**Measuring your belly**—After you're about 5 months pregnant, your caregiver will measure your belly at every visit to see how your baby is growing.

**Checking baby's heartbeat**—After you're about 3 months, your caregiver will be able to listen to your baby's heartbeat. Feel free to invite friends and family to come in and listen too!

## Special tests

In addition to weekly tests, you'll have several special blood tests during your pregnancy to make sure you and your baby are both healthy.

**Pap smear**—to look for problems in your cervix, the opening to your uterus.

**Cervical culture**—to check for gonorrhea and chlamydia, two sexually transmitted infections that can hurt you and your baby.

**Blood tests for infections**—to check for HIV, the virus that causes AIDS, syphilis, and Hepatitis B.

**Blood count**—to check to make sure that you have enough blood cells to deliver oxygen to your baby. Moms with low blood counts need to take iron pills.

**Glucose Loading Test (GLT)**—For this test, you'll be asked to drink a cup of very sweet liquid. An hour later, we'll draw your blood to see if your body is doing a good job absorbing sugar.

**Ultrasound**—An ultrasound test lets you see your baby moving inside of you. It's used to check your baby's due date, and to see if your baby is growing and developing normally. Sometimes, you'll also be able to find out if you baby is a boy or a girl.

**Alpha-fetoprotein (MSAFP) screen**—This blood test checks if your baby might have a spinal cord problem, or a condition like Down Syndrome. If your MSAFP test is not normal, you will have an additional test, such as an ultrasound or an amniocentesis, where some liquid from your uterus is taken out to see if the baby might have Down Syndrome or other problems. Many babies with an abnormal MSAPF test turn out to be perfectly healthy.





## Warning Signs

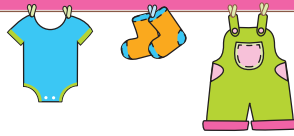


Lots of aches and pains during pregnancy are normal and even healthy for you and your baby—but some are danger signs that you need to tell your caregiver about right away. If you notice any of these problems, call the doctor's office right away!

### Call Your Healthcare Provider Right Away if:

- you see bleeding or bloody discharge from your vagina;
- you are throwing up so much that you can't keep down any liquid;
- your underwear is wet and you don't know why, or if you have a sudden gush of fluid from your vagina;
- you feel burning when you urinate;
- you have a fever higher than 100.3 F, or you have chills;
- you feel severe pain in your belly;
- you notice the baby isn't moving as much during your last three months of pregnancy;
- your feet or hands swell up suddenly;
- you have a severe headache;
- things look blurry, or you see stars in front of your eyes; or
- you feel more than four contractions in an hour before your last month of pregnancy.

Remember, you are the expert on you. If “something just isn't right,” trust your feelings and talk to your health care provider! Call the doctor's office or the hospital if you think something's wrong.



## Preterm labor

Preterm labor is labor that starts more than 3 weeks before your due date. Babies that come more than 3 weeks early can have health problems and may have to stay in the hospital longer than babies who come on time.



## Are You in Labor Too Soon?

Call your caregiver right away for:

1. **Contractions:** Every 15 minutes (more than 4 in an hour), or contractions that get closer together.

### Contractions may feel like:

- menstrual cramps
- low back ache
- pelvic pressure
- stomach cramps
- heaviness, “dragging” feeling in your pelvis
- a general feeling that something isn’t right
- contractions can also be painless

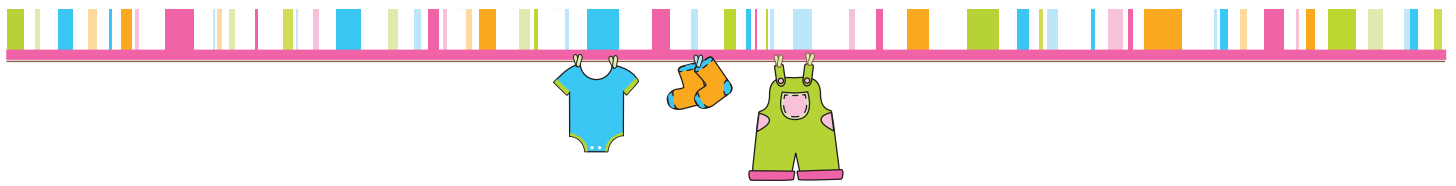
2. **Water breaks:**

- a gush of fluid from your vagina
- a slow trickle (your panties are wet and you don’t know why)
- an increase or change in discharge from your vagina

3. **Vaginal bleeding:**

- may be red, brown or pink tinged discharge
- may be red, pink or brown spots

**If you have these symptoms BEFORE 37 weeks of pregnancy, either call the doctor’s office or go to the hospital emergency room**



## **How do I know if I'm having a contraction?**

Contractions during preterm labor may not hurt. The best way to tell if you're having a contraction is to put your hands on your belly and press in. If your uterus feels soft, like your nose, you are probably not having a contraction. If your uterus feels hard, like your forehead, you probably are having a contraction.

If you think you are in preterm labor:

- Empty your bladder.
- Drink two big glasses of water or juice.
- Lie down on your left side and try to relax.
- Feel your uterus to see if you are having contractions.

If you have more than four contractions in an hour, or if you notice spots in your underwear, call the doctor's office or go to the hospital emergency room. They may ask you to come into the hospital so that someone can check to make sure your baby isn't starting to come too early. It's important that you call right away. The longer you wait, the harder it will be to stop your baby from coming too soon.

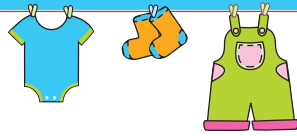
## **Problems during pregnancy**

### ***Gestational Diabetes***

Some moms have problems controlling the amount of sugar in their blood when they are pregnant. High sugar levels affect how a baby grows and develops. A mom-to-be with gestational diabetes has to be very careful what she eats. A nutritionist will help her pick foods that will keep her sugar levels low enough for her baby. She may have to check her blood sugar several times a day. Some women also have to inject a medicine, called insulin.

### ***Preeclampsia***

Your caregiver checks your blood pressure at every visit to make sure you're not developing preeclampsia. In this condition, a pregnant woman's blood pressure goes up, and she and her baby may have problems. A mom-to-be with preeclampsia may have to stay in bed for a few days, or she may have to be admitted to the hospital. Sometimes, her caregivers will decide to go ahead and deliver her baby early, before preeclampsia can cause serious problems for her and for her baby, because preeclampsia goes away after delivery.



## Getting Ready



### Childbirth classes

You'll learn a lot about childbirth during your doctors appointments, but you may still have questions. There are often free or low-cost childbirth and prenatal breastfeeding classes, some of which are especially for teens. Ask your doctor or another member of the healthcare staff for more information or to sign up.

### Choosing a pediatrician

Start shopping for a pediatrician two to three months before your baby's due date. Get names for good doctors from friends and relatives, or think about whether you'd like to take your baby to your own pediatrician. A nurse practitioner or pediatrician will check to make sure your baby is healthy before you go home and will help you make your first well-baby appointment.



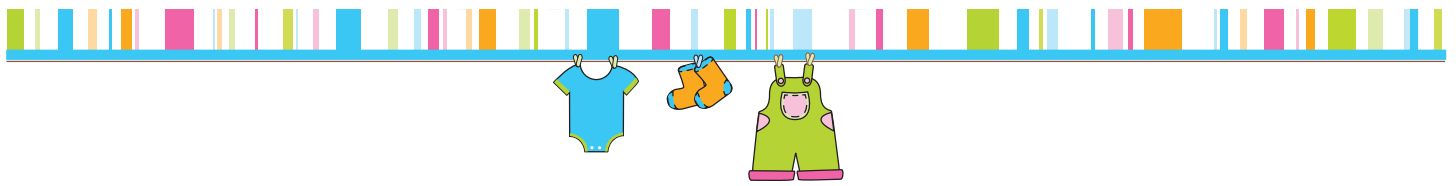
## PLAN AHEAD

### Choosing a Pediatrician

For a list of pediatricians near your home, call \_\_\_\_\_. Before you call, have this information ready:  
Hello, my name is \_\_\_\_\_. I am looking for pediatricians near my home.  
I live at \_\_\_\_\_ (your home address)  
and my insurance is \_\_\_\_\_.

*Write down a list of pediatricians near you:*

Name	Phone	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Once you have a list of names, it's a good idea to talk with two or three different doctors and decide which one will be best for your baby. Call and ask for a good time to talk to the doctor or to one of the nurses. It's a good idea to make your baby's first pediatric appointment before you leave the hospital.

## ***Questions to ask***

### ***After delivery and in the hospital***

- Will you examine my baby in the hospital?
- What happens to a newborn during the hospital stay?
- Do you recommend circumcision?

### ***Office visits***

- When is our baby's first check-up?
- How often should we bring in our baby for well-baby visits?
- How far in advance should we call to make an appointment?
- What are your fees? TRICARE? (Determine if you have any TRICARE copayments)
- How do we make an appointment if our baby gets sick?
- Will we be able to speak to you or to a nurse if we call during office hours?
- What is the schedule and cost of immunizations?

### ***Emergencies***

- What hospitals are you affiliated with?
- How do we contact you in an emergency or when the office is closed?
- Who covers when you are not available?

### ***Home***

- Do you have a list of equipment we may need for our baby at home?
- Do you have a list of recommended day-care centers or babysitters?
- What child-care books do you recommend?

### ***Feeding***

- Do you support patients with breastfeeding? Is there a breastfeeding nurse or other specialist who is available to answer questions or help me if I have problems?
- When do you usually advise patients to start solid foods?
- When if ever do you recommend patients use formula?



## What you really need for your baby

There are tons of baby clothes, toys and supplies for sale—but what do you really need for your baby? We've put together a list, with help from teen moms, of what you need to have before your baby comes home from the hospital.

Before you go on a shopping spree, remember that you'll probably get lots of presents from friends and family, especially if you're having a baby shower. And if you really want to buy clothes for your baby, aim for bigger sizes, at least 3-6 months. You'll get lots of newborn-sized clothes as gifts, and your baby will outgrow them quickly.



### Teen Moms Talk!

*"I got stuff at my baby shower and sometimes I bought things when I had the money. The most important things to get are diapers, wipes, and size 1 socks and pajamas because they grow into them so fast."*

*"Toys are a waste of money. He can sit in his car seat and I throw him a towel, and he plays with it, he laughs at it, he puts it over his head, he chews on it. His grandmother bought him 18 month plus toys—he is scared to death of those things."*

## Essentials

### A car seat

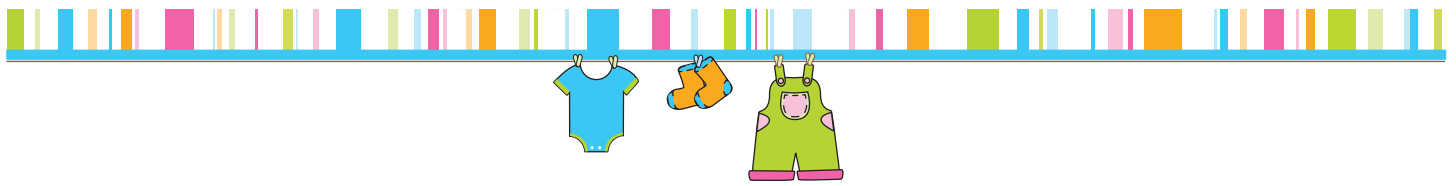
You won't be able to take your baby home from the hospital unless you have a car seat, so this is something you need to get ahead of time. If you get a car seat from a friend, make sure to get the instructions so you can install it correctly. Most car seats have the manufacturer's name and phone number printed on them so that you can request a copy of the instruction booklet.

If you don't already have a car seat, you can call your local WIC office for assistance. If you are already signed up with WIC then your local office likely has a program where you can get a free car seat. If you are not signed up with WIC, you can learn more about the program and how to apply at [www.fns.usda.gov/WIC](http://www.fns.usda.gov/WIC). *Always* put your baby's car seat in the back seat, facing the back of the car. And *never* put a car seat in front of an airbag—in an accident, the airbag could kill your baby.

### A place to sleep

Your baby will need a safe place to sleep when she comes home from the hospital. A crib or a bassinet is fine, but she does need her own bed, with a firm, flat, tight-fitting mattress. Babies can suffocate sleeping on soft comforters, quilts and pillows.





If you get a hand-me-down crib, make sure to check to see if it is safe (See “Is My Baby’s Crib Safe?” on page 51). Never put your baby in a crib with loose screws or missing parts. ***If you can fit a soda can between the crib slats, they are too far apart!***

### *Clothes*

You’ll probably get lots of cute outfits as gifts, but you’ll want to have some essentials at home too. Babies go through lots of laundry, so it’s worth having a bunch of simple outfits, like t-shirts, onesies and sleepers, for the first few months. You’ll also need some receiving blankets to bundle him up, as well as a few hats and pairs of socks. Don’t buy too much in advance, until you know how big your baby is and what kinds of clothes he likes to wear.

### *Diaper supplies*

You’ll be spending a lot of time changing diapers during your baby’s first few years. Before your baby arrives, it’s a good idea to stock up on newborn or size one diapers, as well as basic changing table supplies. You’ll need some A&D ointment, and some cream with zinc oxide in it, like Desitin or Balmex. You’ll also want some Q-tips and cotton balls, for cleaning his umbilical cord, and lots of cotton balls to wipe his bottom. Hold off on diaper wipes until he’s a few weeks old—they can be too harsh for his delicate skin. If you’re having a boy baby and plan to have him circumcised, you’ll also need some Vaseline for dressing as the area heals.

For diaper bargains, look for coupons in baby magazines, and try stores like Babies‘R‘Us and warehouse clubs. Small packages of diapers at the grocery store tend to be the most expensive.

### *Feeding*

You’ll need different feeding supplies depending on whether you decide to breastfeed or bottle-feed. If you breastfeed, you’ll need nursing bras and pads for you. If you plan to pump, you’ll also need a breast pump, breast milk storage bags, and a supply of bottles.

For bottle-fed babies, start with 4 to 6 oz bottles—she won’t be able to take more than that at one feeding for a few weeks. Bottle systems can be disposable or reusable. The reusable systems have a sterile plastic lining inside of a plastic bottle. You’ll also need to buy nipples. Don’t invest in a bunch of nipples until you find out what kind your baby likes—if she’s picky, you may have to try several brands.

For bottle-fed babies, you’ll also need to purchase formula. Hold off until you come home from the hospital—you’ll get a small supply when you leave, and you’ll want to know what type your baby likes before you buy a whole case. You’ll also need supplies to mix formula—a pot to boil water, as well as measuring cups and spoons.

### *Shopping Tips*

Baby supplies are expensive! Teen moms recommend Target and Babies‘R‘Us, as well as used clothing stores. Resale stores offer clothes, toys and supplies at bargain prices, plus they’ll sell your used clothes for you as your baby outgrows them.



## PLAN AHEAD



### Baby Shopping List

#### NURSERY

- ☐ crib
- ☐ crib Mattress
- ☐ crib Sheets, 2
- ☐ diaper pail
- ☐ lamp or nightlight
- ☐ waterproof mattress pad, 2
- ☐ receiving blanket, 2

#### BABY CLOTHING

- ☐ onesies, 3
- ☐ undershirts, 6
- ☐ footed sleepers, 6
- ☐ rompers, 2-4
- ☐ hats, 2
- ☐ booties / socks, 3-4 pairs
- ☐ cloth diapers, 12 (2 packs of 6)
- ☐ receiving blanket, 4-6

#### BABY GEAR

- ☐ car seat
- ☐ stroller

#### BREAST FEEDING GEAR

- ☐ nursing pads, 3-6 pairs
- ☐ nursing bra, 2

#### BOTTLE FEEDING GEAR

- ☐ 4 oz or 6 oz bottles, 6
- ☐ nipples, 1 or 2 in several styles

#### KEEPING BABY CLEAN

- ☐ baby bath tub (or wash baby in the sink)
- ☐ hooded towels, 2
- ☐ washcloths, 3-4
- ☐ gentle soap
- ☐ baby shampoo

#### DAILY CARE

- ☐ diapers
- ☐ baby wipes
- ☐ infant acetaminophen (Tylenol)
- ☐ diaper-rash ointment with zinc oxide (Desitin or Balmex)
- ☐ petroleum jelly (Vaseline)
- ☐ cotton balls and swabs
- ☐ brush & comb
- ☐ infant nail clippers

#### WHAT YOU'LL GET IN THE HOSPITAL

thermometer  
Vaseline  
diapers  
breast pads  
pacifier

#### WAIT TO BUY (or keep receipts!)

- ☐ formula

*You'll get samples in the hospital if you're bottle feeding; wait to see what kind your baby likes before buying a case.*

- ☐ pacifiers

*See if your baby likes the kind she gets in the hospital first.*

#### OTHER

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

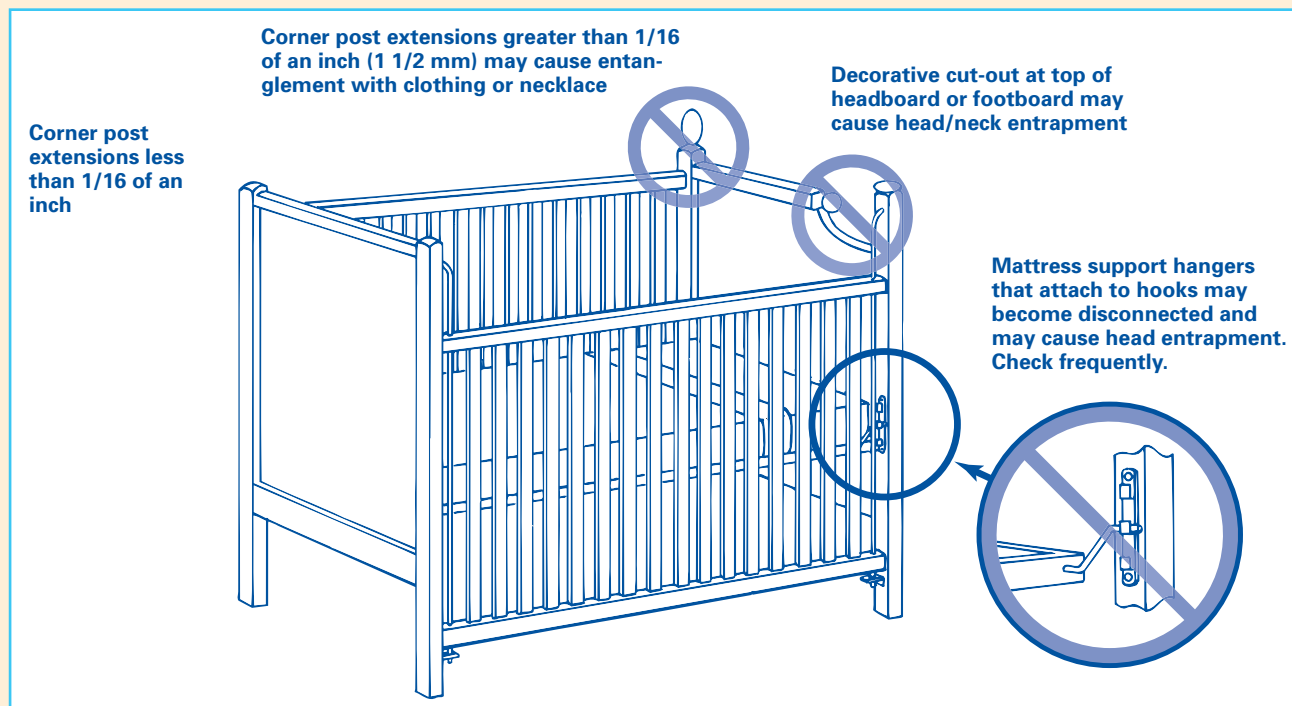


## Is My Baby's Crib Safe?

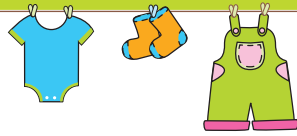
***More infants die every year in accidents involving cribs than with any other nursery product. Thousands of infants are injured seriously enough to require treatment in hospital emergency rooms.***

### ***If You Have a Hand-Me-Down Crib***

1. Used cribs can be dangerous. Check to make sure your crib meets Federal safety regulations and industry voluntary standards (ASTM) and make sure it has a tight fitting mattress.
2. Check the crib and replace any missing parts, such as screws, bolts or mattress support hangers, before placing your child in it. Make sure all screws or bolts are securely tightened. On cribs where the mattress support is suspended by hangers attached to hooks on the end panels, check frequently to be sure they have not become disconnected. Never use a crib with broken or missing parts.
3. Use a mattress that fits tightly. If you can fit more than two fingers between the edge of the mattress and crib side, the mattress is too small. An infant can suffocate if its head or body gets stuck between the mattress and the crib sides.
4. Avoid older cribs with headboard and footboard designs that may allow an infant's head to get stuck in the openings between the corner post and the top rail, or in other openings in the top edge of the headboard structure.
5. Corner posts should be less than 1/16 inches high. (1-1/2 mm) unless the crib has a canopy. Do not use a crib that has decorative knobs on corner posts. If you already have a crib with such knobs, the knobs should be unscrewed or sawed off flush with the headboard or footboard.
6. Never use a crib that has loose or missing slats. Be sure that all slats are securely fastened in place and the space between slats is no more than 2-3/8 inches (60 mm)—about the width of a soda can—to make sure your baby's head doesn't get stuck.



Adapted from "The Safe Nursery," U.S. Consumer Product Safety Commission



## The Big Event



### Packing for the hospital

Babies are unpredictable—some come early, some come late. It's a good idea to pack a suitcase about a month before your due date.

#### *What to bring*

It's best to bring a small bag with your supplies for labor when you first get to the hospital. For a list of what to include, see the box on this page.

Don't bring your purse, suitcase, money or any other items you might want later in the hospital. Leave them at home or locked in the trunk of your car. Someone can bring them to you after the birth of the baby. And don't bring radios, TV's or valuables such as jewelry or credit cards to the hospital. Your room will have a TV in it.



## PLAN AHEAD

### Pack Your Suitcase

#### *For during labor*

- ☐ lollipops (sour flavors are best)
- ☐ books, magazines, cards, music or videos to help you relax
- ☐ mouthwash or toothbrush and toothpaste
- ☐ lip moisturizer
- ☐ bathrobe
- ☐ socks and slippers
- ☐ hair band
- ☐ camera and film
- ☐ birth plan

#### *For Your Labor Coach*

- ☐ toiletries
- ☐ change of clothes
- ☐ lunch or a snack

#### *For after baby arrives*

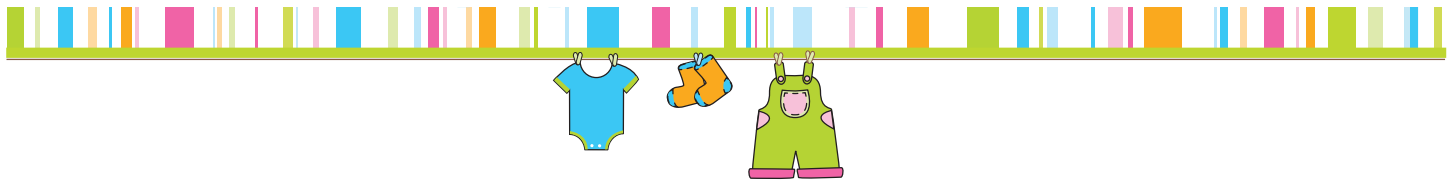
- ☐ a nursing bra, if you're planning to breastfeed, or a supportive bra
- ☐ toothbrush, toothpaste, deodorant, shampoo, comb/brush
- ☐ nightgown or pajamas
- ☐ clothes to wear home
- ☐ sanitary napkins

#### *Baby Things*

- ☐ car seat (It's a state law that babies cannot leave the hospital without a car seat.)
- ☐ baby undershirt
- ☐ sleeper or outfit, with hat, to wear home
- ☐ receiving blanket
- ☐ sweater set and/or bunting blanket during cold weather

#### *Insurance Card*

- ☐ Be sure to bring your insurance card with you when you come to the hospital



## Waiting...

For most moms-to-be, the last few weeks of pregnancy drag on forever. Most babies will come between two weeks before and two weeks after their due date, and there's no way to tell when your baby is going to arrive.

While you're waiting, you may notice the baby "balling up" as your uterus practices the squeezing movements it will make to push the baby out. These practice contractions can be uncomfortable, and they will gradually get stronger as it gets closer for the time for the baby to come.

As the baby snuggles down into your pelvis to get ready to come out, you may notice some other changes:

- You may go to the bathroom more often than ever.
- Your back may ache.
- Your pelvis and your buttocks may feel uncomfortable.
- You may notice more mucus coming out of your vagina, sometimes with red or brown bloody streaks.
- The baby may "drop" down into your pelvis, making it easier for you to breathe.
- Your contractions may come closer together, and they may hurt more.

### Teen Moms Talk!

*"They told me to walk around, do exercises, and climb steps so I could go ahead and have my baby. I kept going to the doctor every day the week before I had him. They kept telling me to walk around and stuff because I was dilated three centimeters."*

*"It felt like it took forever for the baby to come because time goes by so slow especially when you are so heavy and tired all the time. I used to walk every day so that the baby would come faster."*

## When to go to the hospital

So you're getting close to your due date. You wake up five times a night to go to the bathroom. People you meet on the street say, "Haven't you had your baby yet???" When is it time to go to the hospital?

### ***If you have heavy, bright red bleeding***

If you notice red or brown spots in your underwear, call the doctor's office during regular business hours or go to the hospital emergency room. If you are bleeding like a period, go directly to the Labor & Delivery ward at the hospital. DO NOT wait for contractions.

### ***If your water breaks***

While your baby has been growing in your uterus, he or she has been floating in a bag of liquid called amniotic fluid. As the baby gets ready to be born, the bag of water can pop, like a water balloon, and the fluid will leak out.

Some women know exactly when their water breaks, because they feel a big gush of liquid coming out of their vagina as the bag breaks.



Other women notice that their underwear is wet, and they don't know why. Lots of pregnant women leak urine when they laugh or cough. A broken bag of water is different—the fluid keeps coming, even when the woman's bladder is empty and she hasn't laughed or coughed.

The only way to tell for sure if your bag of water has broken is to come to the hospital and have the fluid in your vagina checked.

*If your bag of water breaks, DO NOT wait to begin having contractions. Call the doctor's office during regular business hours or go to the hospital emergency room.*

### **When you are in “True Labor” and your contractions are strong enough**

Your body may start “practicing” for labor several weeks before your baby's birthday. You may feel your baby “balling up” as your uterus squeezes, or contracts, getting ready to push the baby out when you go into labor.

So how can you tell the difference between “practice” contractions and the real thing? There are several differences between “false labor” and “true labor.” It may help to keep track of your contractions on a piece of paper, and use a watch to see how far apart they are.

If you think you are in true labor, it may not be time to go to the hospital yet. Your body has a lot of work to do before the baby can come out. In general, it's time to go to the hospital if:

- your contractions come every five minutes for an hour
- AND you cannot walk or talk during a contraction
- AND between contractions you are not laughing any more.

*If you think it's time, call the doctor's office during regular business hours or go to the hospital emergency room.*



“Practice” or False Labor	True Labor
Your contractions come and go, and they don't get closer together .	True contractions usually come at regular intervals, and, over time, they get closer together. When you have a contraction, it lasts 30-70 seconds.
Your contractions may stop when you walk, or when you rest.	Your contractions continue, even when you lie down or walk.
Your contractions are weak, and they don't get much stronger over a few hours.	Your contractions get steadily stronger over time.
You feel the contractions mostly in the front of your belly.	Your contractions start in your back and wrap around to the front.

### **If it turns out it's not time...**

Lots and lots of moms-to-be go to the hospital only to find out that the baby isn't quite ready to come yet. So don't be embarrassed if you come to the hospital before your baby is ready. Go back home, relax, and try to be patient—you're almost there!





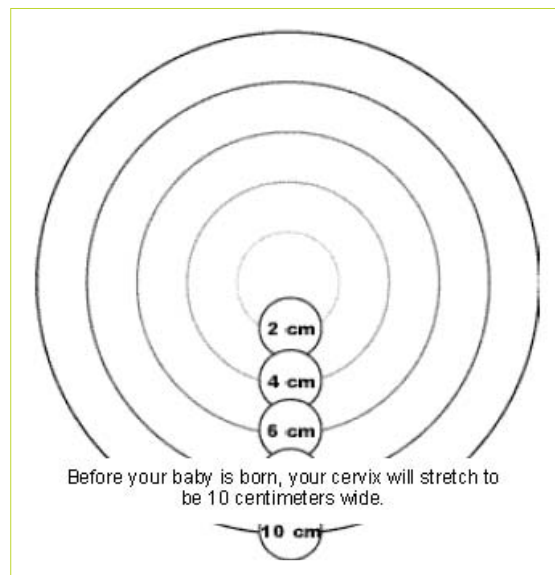
## All about labor

### What happens during labor

Every woman's labor is different—by now, you've probably heard plenty of stories from your Mom, your aunts, sisters and friends about their experience. For some moms, labor lasts four to five hours, and they say it hurts as much as cramps when they're on their period. For others, labor lasts for days, and leaves them with barely enough energy to look at their newborn baby.

Your experience will probably be somewhere in between. During labor, your body's job is to open your cervix, the opening of your uterus, wide enough to push your baby out.

Normally, your cervix is the shape of a clenched fist, with a tiny passageway through the middle. During labor, your uterus squeezes your baby's head against your cervix, slowly flattening it out and stretching open the passageway until it's 10 centimeters wide—big enough for your baby to squeeze through.



When caregivers check your cervix to see how your labor is going, they'll tell you how many centimeters you are dilated.

Once you've reached 10 centimeters, your baby's head needs to move down into your vagina and out into the world. As your baby moves through your vagina, it stretches open like an accordion. For this part of labor, you'll be doing a lot of work, pushing your baby out into the world.

And after baby is out, you'll push a little longer, helping your caregiver deliver the afterbirth, called the placenta, which nourished your baby through your whole pregnancy. Once your placenta is delivered, you'll continue to have some bleeding, called lochia.

For the first two to three days, you'll have a lot of lochia—more than a normal period. After that, the lochia will slow down to be about like a period. It may take several weeks for it to stop, as it gradually changes to a brown discharge, and then clear fluid. If you notice bright red blood after your lochia has changed to a brown discharge, call the doctor's office.

### What to expect

#### Teen Moms Talk!

*It was like 12 am, and I went to go get my mother, and I said, 'My stomach hurts so bad.' And she said, 'Do you want to go back to the hospital?' and I was like, 'I'm tired of being in that hospital, I'm not going back.' My contractions were two minutes apart. I was just going to go to sleep. I woke up that morning and took my nephew to school, and I came back, and I was like, 'These contractions are hurting me even worse.' My mother said to go to the hospital, but I said I wasn't going to go, I was going to lie back down. And then I jumped up, because I felt this hard movement and it was hurting me so bad, and I screamed. Then I was leaking and I was screaming, and I was running around the house with my pants down, and that's when I realized I guess was in labor that whole time.*



## Teen Moms Talk!

*I was in labor and just didn't know it. And my baby's daddy was yelling at me, and I went upstairs, and I realized I was in labor. I got to the hospital, and he just missed it—they had just cut the cord and he walked in. I went so fast that nobody was there. It was like 3 hours and 46 minutes. I got to the hospital and he just came right out.*

When you come to the hospital, a medical professional will talk to you and do some tests to measure your contractions and see how your baby is doing. They'll place two monitors with cool gel on your belly. They'll also perform a pelvic exam to see how well your cervix is flattening out and stretching. Usually, your cervix will need to be stretched to 3 or 4 centimeters before you'll be admitted.

If you're in labor, you will be admitted to the hospital to have your baby. You and your family will move down the hall to a room on labor and delivery, where you'll be until it's time for your baby to be born.

Over the next several hours, medical staff will stop by your room to see how your labor is going. They'll look at the monitor strip, ask you questions, and do pelvic exams to see how much your cervix is changing. Make sure to ask if you have any questions about what they're doing.

Once your cervix is 10 centimeters dilated, it'll be time for you to push. Your doctor or nurse will help you get into position to have your baby.

There are lots of different positions for pushing. You can lie on your back, with your feet out to the side, and your bed propped up so that you're almost in a sitting position. Other women lie on their side with their legs apart. Finally, if you don't have an epidural, you may want to squat. Your nurse and your caregiver can help you shift positions and see what works best for you.

Once you begin to have a contraction, you'll take a deep breath in, and let it out. Then take another deep breath and push, like you're having a bowel movement. It may help if your coach, nurse, or midwife counts to ten while you push, to help you focus. You'll usually be able to get in three solid pushes before your contraction ends.

Pushing out your baby is hard work—try to rest between contractions, and tell the people around you how they can help. Your coach may want to rub your back or wipe your forehead with a cool washcloth.

Gradually, your baby's head will start to peek out of your vagina. If you'd like to see it, ask for a mirror so you can watch. When your baby is almost ready to come out, your caregivers will get everything all ready to deliver your baby. Just a few more pushes to go—you're almost there!

Finally, your baby's head will come out, and, with another push, his shoulders and the rest of his body. The caregiver that delivers your baby will suck out his nose and mouth, and clamp the umbilical cord. If your baby is doing well, you or your labor coach may want to cut the cord.

### If you're having trouble pushing...

Sometimes, your baby's head may need a little extra help to get out. The person delivering your baby may cut the opening of your vagina to make it bigger. This is called an **episiotomy**. Cutting helps the baby's head fit through, but it takes time to heal.

The person delivering your baby can also offer some extra help with tools called **forceps**. These metal holders, which look a little like salad tongs, fit on either side of the baby's head. The doctor uses them to pull out your baby if you're having trouble pushing. Babies delivered with forceps may have bruises on the sides of their head when they're first born.

Finally, the doctor can also use a **vacuum cup**, a small suction cup that's placed on the baby's head. The doctor uses the suction cup to help pull the baby out if you're having trouble pushing.

Make a note in your birth plan about how you feel about each of these tools, and let your caregivers know what you'd prefer for them to do. If your baby is in trouble, your caregiver may have to use one of these tools to make sure he is delivered safely.



## Teen Moms Talk!

*"When I first saw my baby, I thought 'oh my god, I can't believe that I had a baby.' I was shocked, and I just kept staring at the baby."*

*"It's a feeling that's just indescribable. When she first came out, she wasn't doing anything, and I was like, 'Why is she not crying?' And then they took this little suction thing and they put it on both sides of her mouth or whatever they do, and then she started crying, and I just started crying."*

In a few seconds, you'll hear your baby's first cry. If he's doing well, the person delivering your baby can put him on your belly for a few moments, so you can hold him right away. Then, he'll be moved over to a special warming table where nurses and doctors can dry him off and make sure that he's doing okay.

Meanwhile, you have a little more pushing to do. Your caregiver will massage your belly to help your uterus stop bleeding. In a few minutes, you'll give one more push to deliver the afterbirth, or the placenta.

Once your placenta is delivered, your caregiver will check to make sure your baby didn't tear your vagina on the way out. If there are any tears, they'll be stitched up in the next few minutes. Then, your nurse will clean you up and put your bed back together so you can sit up and hold your baby.

If you're breastfeeding, you can give your baby her first meal right away. Ask your nurse to help you get comfortable and show your baby how to latch on to your breast. Congratulations! You're a mom!

## My Pregnancy Journal

I knew I was in labor when: \_\_\_\_\_

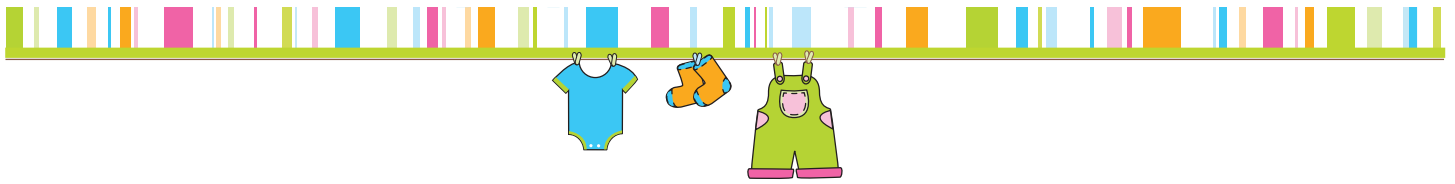
I got to the hospital at: \_\_\_\_\_

I started to push at: \_\_\_\_\_

The hardest part of labor was: \_\_\_\_\_

When I first heard my baby cry, \_\_\_\_\_

When I first held my baby; \_\_\_\_\_



## All About My Baby...

My Baby's Name: \_\_\_\_\_

Why we chose this name: \_\_\_\_\_

\_\_\_\_\_

Weight: \_\_\_\_\_

Length: \_\_\_\_\_

Birthday: \_\_\_\_\_

Birth Time: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

First Visitors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



\_\_\_\_\_

First Day Memories: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When we went home from the hospital, \_\_\_\_\_

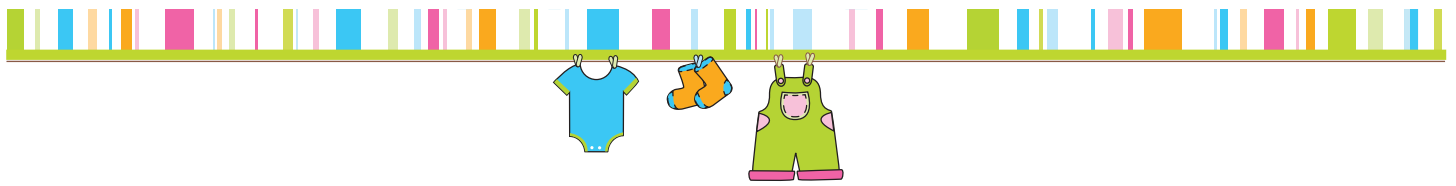
\_\_\_\_\_

\_\_\_\_\_

My baby's first day home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## ***Staying comfortable***

Most moms agree that labor is uncomfortable, but there are lots of ways to help. Breathing techniques and relaxation, as well as support from friends and family, can make you much more comfortable.

Many moms-to-be find it helps to walk during labor, use a rocking chair, take a shower, or listen to music. Sitting on a birthing ball can also help relax your muscles as your labor. Your labor coach can help by massaging your back, holding your hand, and helping you relax.

There are also pain medicines that can help make labor more comfortable. Pain medicines come in two basic types: analgesia and anesthesia. Analgesia medicines decrease pain, but you can still feel some things, and you remain awake. Anesthesia medicines get rid of all feeling in part of your body. With some types of anesthesia, you also go to sleep.

### ***Teen Moms Talk!***

*"When you are in labor, breathe. Breathe slowly and breathe deeply and control your own breathing, because that's the only way you can help yourself. And listen to your body—that's why I like natural childbirth, because you know what you have to do for yourself." "I had natural birth. I was scared of the epidural thing—and I don't like needles anyway."*

*"I refused to push, because I thought he was going to tear me apart. Once I got over the fear he was going to rip me, I was determined to push his little head out. He ripped me coming out—I didn't even feel it. When you start pushing, when you want to push, you numb yourself."*

## ***Pain medicine for before you start pushing***

### ***Systemic Analgesia***

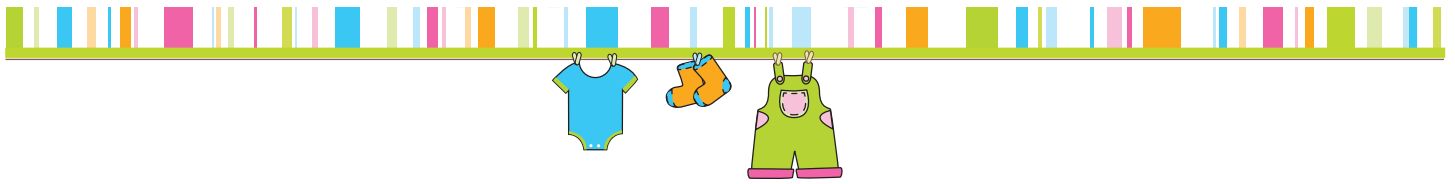
These are medicines that you take through your IV that decrease pain throughout your body. Having systemic analgesia is a little like taking Tylenol for a headache—the medicine affects all of you, not just the area that hurts. These medicines are usually used early in labor, because if they're given close to birth, they can affect your baby and make him sluggish and sleepy.

### ***Epidural Block***

An epidural block gives numbing medicine to the lower half of your body, decreasing the pain of contractions. It doesn't make you sleepy.

A doctor gives the numbing medicine by inserting a needle into your back, into the area near your spinal cord. You'll be asked to sit on the side of the bed and curl your back out. Then, a doctor will clean off your back with some antiseptic and then insert a small needle between the bones in your spine.

After the medicine starts working, you'll still be able to feel your contractions, but they will be less intense. You'll also be able to move around, but you probably won't be allowed to get out of bed and walk.



An epidural block can cause side effects. In some women, their blood pressure goes down after getting the medicine, and they need to get fluids through their IV. If the needle pierces the covering of your spinal cord, you may get a bad headache and need to stay lying flat for several hours after your baby is born.

### ***Spinal Block***

A spinal block is similar to an epidural block—numbing medicine is injected into the area around your spinal cord. The difference is that a spinal block gives a one-time dose of medicine, which usually lasts for about two hours, and then goes away. With an epidural, doctors can continue to give more medicine.

### ***Combined Spinal-Epidural (CSE) Block***

With a combined spinal-epidural (CSE) block, your doctor will put the medicine into the area around your spinal cord just like with an epidural or spinal, but will give you one dose of medicine (like a spinal block), which will help right away with the contractions. Then, the doctor will leave a small, thin needle in between the bones in your spine which will keep giving you medicine later on after the spinal block has worn off.

### ***Pain medicine for after you start pushing***

#### ***Local Anesthesia***

Local anesthesia is just like the medicine you get at the dentist's office—it makes the area where it's injected numb. Your caregiver may use local anesthesia after delivery, if he or she has to repair any tears. You'll feel a stick and a mild burning feeling, and then you won't be able to feel any pain in the area.

### ***Pain medicine for emergency surgery***

#### ***General Anesthesia***

General anesthesia puts your entire body to sleep. It's only used when doctors need to deliver your baby right away, and there isn't time for an epidural. Some women get nauseated when they receive general anesthesia. If they throw up, they may get vomit stuck in their lungs. To avoid this problem, you'll be asked to keep your stomach empty during labor, except for ice chips.

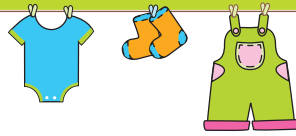
### ***About Cesarean Births***

Sometimes, your caregivers won't be able to delivery your baby through your vagina. Instead, they'll do an operation called a Cesarean section, or C-section, and your baby will be born through a small cut in your belly.

Your caregivers may decide you need to have a Cesarean birth if your baby is too big and your pelvis is too small, or if your baby's head isn't pointing down when you go into labor. Babies who are bottom-first are called "breech." Your caregivers may also choose a Cesarean birth if you or your baby are having problems and it's not safe to go through labor.

If you need to have a Cesarean birth, you'll get an epidural block, so you won't feel the operation. Then, you'll be taken to the operating room and moved onto the operating table. Your labor coach will be allowed to come with you and sit next to you during the procedure.





The doctors will clean off your belly with antiseptic solution and cover you up with blue paper sheets. There will be a sheet hanging in front of you, so you won't be able to see the doctors as they work. When everyone is ready to go, the doctors will make a cut in your belly, just above your pubic bone. Then, they'll make a cut in your uterus. In a few minutes, you'll hear your baby's first cry.

Caregivers will take your baby over to a warming table to dry her off and wrap her in a warm blanket. Your labor coach will probably be able to go over and say hello while your doctors sew up your belly. After the operation is done, you'll go back to the labor room to hold your new baby. Congratulations! You're a mom!

Most moms who've had Cesarean births stay in the hospital for 3 or 4 days before they go home. It may take you a little while to get your appetite back, because the operation can slow down your digestive system. You'll also have some vaginal bleeding, called lochia. Let your caregivers know if it's heavier than a normal period. It may last for several weeks after your baby is born.

For the first week after surgery, you should take it easy. Ask other people to bring your baby to you, and don't plan on driving or doing any heavy housework.

### ***After your baby is born***

Whether you have a Cesarean birth or a regular vaginal delivery, there will be nurses and pediatricians nearby to make sure your baby is healthy. Right after she's born, they'll take her to a warming table to check on her breathing and dry her off.

That's when they'll give your baby her first test, called an APGAR score. The APGAR score is a number, between 1 and 10, that measures whether your baby may need a little extra help in her first few minutes. Babies with high scores are usually crying loudly and doing well; babies with low scores may need a little oxygen to get used to being in the outside world.



Your baby's caregivers will also give her a shot of medicine called vitamin K, and put antibiotic ointment in her eyes to make sure she doesn't get an eye infection. After a few minutes, they'll also measure her and find out how much she weighs.

Then, as long as your baby isn't having any problems, you'll get to hold her, talk to her and breastfeed her. Sometimes between one and three hours after birth, you and your new baby may be moved to another room for recovery.

You and your baby will stay on the postpartum floors for at least 2 days (4 days for a Cesarean section birth) to recover from labor. Your nurse will give you lots of information about your baby, as well as information to take home.

If you've chosen your pediatrician, he or she may come to the hospital to give your baby her first check-up. Otherwise, one of the hospital doctors will check her over and talk to you about how she's doing. This is a great time for you to ask any questions you have about how to take care of her once you get home.

Your doctor will also check to see how you're recovering from labor. They'll listen to your heart and lungs, feel your belly, and ask how you're feeling. They'll also ask what you plan to do for birth control. If you've decided to use the shot (Depo Provera), you'll be able to get your first dose before you leave the hospital.



## PLAN AHEAD

### Making a Birth Plan

Use your birth plan to decide how you would like your baby's delivery to go. Bring it to the hospital and show it to your caregivers so that they know how you'd like your baby's birth to go. Keep in mind that, if you or your baby is having problems during labor, some things may need to change.



### During labor

Who will be your support person? \_\_\_\_\_

	yes	no		yes	no
Walk during labor	_____	_____	Use music during labor	_____	_____
Use a rocker during labor	_____	_____	Have coach massage/touch	_____	_____
Shower during labor	_____	_____	Use birthing ball during labor	_____	_____
Labor in bed or out of bed	_____	_____	Epidural	_____	_____

### For birth

Who do I want with me during the delivery (max: 2 people)? \_\_\_\_\_

Pushing positions? Back \_\_\_\_\_ Side-lying \_\_\_\_\_ Squatting \_\_\_\_\_

Episiotomy? yes \_\_\_\_\_ no \_\_\_\_\_

Forceps? yes \_\_\_\_\_ no \_\_\_\_\_

Vacuum cup? yes \_\_\_\_\_ no \_\_\_\_\_

Baby on tummy after delivery? yes \_\_\_\_\_ no \_\_\_\_\_

Who will cut the cord? \_\_\_\_\_

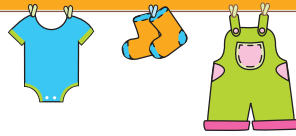
Should the support person go with the baby to the nursery? yes \_\_\_\_\_ no \_\_\_\_\_

### After delivery

Breast feeding or Bottle-feeding? \_\_\_\_\_

If my baby is a boy, should he be circumcised? \_\_\_\_\_

Pediatrician \_\_\_\_\_ Phone number \_\_\_\_\_



## After Delivery



After your baby is born, you'll spend a few days in the hospital—usually two days for a vaginal birth, and three or four for a cesarean birth. Get as much rest as you can. You'll be busy when you get home. Coming home from the hospital is exciting. It also can be overwhelming. You may still be tired from labor, and you may be nervous about taking care of a whole new person.

It's very normal to feel tired when you get home—and it's important to get plenty of help. Ask your family, and your baby's father's family, to do laundry, clean up the house, and help change diapers, give baths, and fix meals. And if you have any questions about how to take care of your baby, ask! Call your doctor's or your pediatrician's office.



### Newborn care

#### *Umbilical cord care*

Your baby's umbilical cord will usually fall off when she is about one week old.

- Wipe the base of the cord with warm water every time you change her diaper. Your baby might cry, but the water does not hurt her.
- Until the cord falls off, don't put your baby under water. Use a sponge to bathe your baby, and try to keep the cord dry.
- Keep your baby's diaper folded down from the cord, so it doesn't irritate the area.
- Call your baby's doctor if the skin around the cord gets red, warm or tender, or if the cord has yellow or green discharge around its base.
- Call your baby's doctor if, after the cord falls off, the area continues to be moist and swollen.

#### *Breastfeeding*

Babies are born to breast-feed! They are happiest when they are getting lots of mom's milk and attention by nursing. Moms who breastfeed are often happiest too, because it helps your body recover from pregnancy and labor, and breastfeeding moms often have an especially close relationship with their baby.

Breastfeeding has lots and lots of benefits compared to formula feeding, and the longer you breastfeed, the greater the benefits. If you're not sure whether or not to breastfeed, think about trying it right after the baby is born. You can always change your mind later, and nursing for the first 3 days is especially important for your baby and you too. Right after birth your body makes very special milk for your baby called colostrum that helps them stay healthy and fight off infection, and nursing while you are in the hospital helps you recover from childbirth better too.



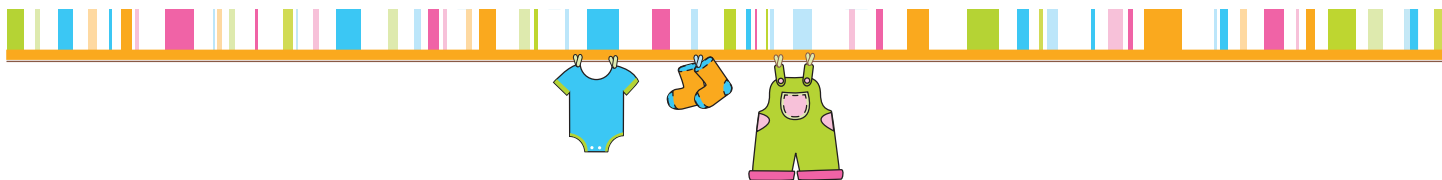
### *Benefits for baby*

- Breast milk is gentle on your baby's stomach and may help your baby have less gas and colic, especially when they are just born.
- Your breast milk provides all the nutrients your baby needs to grow.
- Breastfed babies grow up smarter! Breast milk contains special building blocks for the brain that babies can't get from formula.
- Breastfeeding helps you bond with your baby.
- Breast milk helps your baby fight infections, so your baby will have fewer ear infections, colds, diarrhea and other illnesses.
- Breastfeeding protects against asthma, eczema, allergies and sudden infant death syndrome (SIDS).
- Breastfed babies are less likely to have low blood counts (anemia).
- An early start with breast milk protects your baby far into the future, making him or her less likely to have diseases like diabetes and cancer.



### *Benefits for mom*

- Breastfeeding is a natural way for moms to relax.
- Making breast milk for your baby helps you get back into shape and lose weight after delivery; nursing a newborn burns 500 calories a day—the same as running 5 miles!
- It's easier! In the middle of the night, just pick up your baby and put him or her on the breast. You can lie down and rest while your baby is nursing—no need to heat up formula, boil nipples, or wash out bottles.
- It's cheaper! All you need is a good nursing bra and some pads and you can give your baby most of the food they'll need for the first year. If you give formula, you'll spend about \$1800 for the first year's formula alone. WIC only covers about half of that at most, so you'd have to spend at least \$900 to feed your baby. Also, if you are nursing, WIC will give you extra food vouchers just for you, which will help with your grocery bill too—and you won't have to pay for clean baby bottles and supplies.
- Breastfeeding moms go longer after delivery without getting their period, and breastfeeding helps your uterus recover from childbirth much faster.
- Breastfeeding helps your health long after your baby has grown up, decreasing your chances of developing weak bones or breast cancer when you get older.



## Teen Moms Talk!

*I didn't want to breastfeed at first, because when I was in the hospital, she acted like she didn't want me to breastfeed. So I tried to bottle feed. But when I took her home, I tried again, and she did it!*

### How to breastfeed

#### How often do I feed a newborn?

Nurse your baby every 1½ to 2 hours (about 8 to 12 times a day) for at least 10 minutes at each breast. Let your baby nurse until they are sleepy, and then burp them; if they wake back up, put them on the other breast. Otherwise, put them down for a nap and get some rest yourself!

#### How do I know the baby is getting enough breast milk?

- Watch your baby's diapers

If the baby is getting enough liquid, he or she will have about 6 to 8 wet diapers a day. When babies are getting enough breast milk, they usually have about 4-6 golden, seedy-appearing stools each day.

- Look and listen while you breastfeed

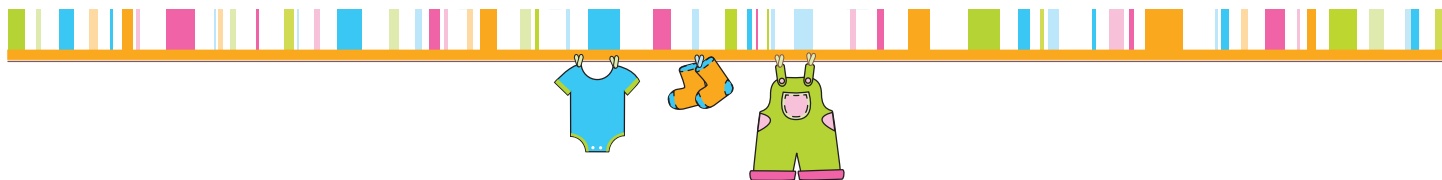
By the time your baby is about three days old, you should be able to hear swallowing when your baby is eating. Your breasts should also feel less full after you nurse.

- Watch your baby!

Your baby should gain 0.5 to 1.0 ounces a day for the first month of life; he or she should be back at their birth weight by the time they are about two weeks old. Also, your baby should seem satisfied or sleepy after eating, and will often sleep for a little bit. A well-fed baby is a growing and happy baby. Some babies are still fussy even though they are breastfeeding very well—this is normal!—every baby has a different personality. If you are worried if your baby is “getting enough,” call your pediatrician's office.

#### How long should I breastfeed?

As long as possible, but any amount of breastfeeding, whether it is 1 day, 1 month, or 10 months, provides much better nutrition and protection from diseases than formula can. The American Academy of Pediatrics says breast milk is the best nutrition for your baby until he or she is a year old and encourages moms to keep nursing for at least the first year.



### *Making Milk is easy!*

Some moms have trouble breastfeeding in the first few weeks of their baby's life. Some moms have sore nipples, or are worried that their babies aren't eating enough, or worry that they don't have enough milk. If you have any questions or problems with breastfeeding while you are in the hospital, ask your nurse to help you and/or ask to see a breastfeeding specialist (lactation consultant). If you have problems after you go home from the hospital, call the doctor's office or call the nearest La Leche League. You can look in the phone book or at the website **[www.LLLI.usa.org](http://www.LLLI.usa.org)**. Someone at La Leche League is generally available 24 hrs a day. You will get your questions answered and any referrals for more help or support that you might need.

Most problems that moms have with breastfeeding their babies can be prevented if you do some basic things to help you and your baby start off on the right foot with breastfeeding. To have a smooth start, try to do the following:

- Avoid pacifiers and bottles at first (i.e., in the hospital) to prevent nipple confusion and help your baby learn how to nurse correctly.
- Feed your baby in a relaxed, quiet environment—have someone help you position your baby with pillows for support—or feed your baby lying down on your side so you can rest while your baby is eating. This helps you and your baby get the energy you both need those first few months.
- Make sure your baby takes the entire areola (the dark area around the nipple) into his mouth. The tip of your baby's nose should be touching your breast, and his mouth should be flipped out wide, like he is shouting. A latch that isn't correct will hurt your nipples—if you're not sure if your latch is correct, get help!
- Take your baby with you wherever you go the first couple of weeks so that you can nurse her whenever she's hungry. Later, your baby will be able to go longer between feedings, but for the first month or so, she'll need to be with you as much as possible.
- Don't give your baby formula! Giving formula will make your baby nurse less which will tell your body not to make as much milk for your baby. Even if you plan to give your baby some formula, plan to only breastfeed your baby the first month or so in order to have enough milk for your baby for later on.
- Wash your breasts with water—avoid soap or alcohol—and use a little bit of your own milk to cover your nipples and areolas after you nurse, then air-dry your nipples for at least 5 minutes.
- Wash your bra twice a week and change your nursing pads daily to keep your nipples healthy.

*If you develop soreness or other problems, call the doctor's office!*

### *Who shouldn't breastfeed?*

- Mothers who use street drugs or certain prescription medicines should not breastfeed. Check with your caregiver about what kinds of medications are safe for you to take while breastfeeding your baby.
- Mothers with HIV shouldn't breastfeed.
- Mothers with active tuberculosis or herpes lesions on their breasts should not breastfeed. Ask your caregiver if you're uncertain if you should nurse.





## ***Bottle feeding?***

Some moms want to give some formula as well as breast milk to their babies, or plan to give formula when their babies go to daycare or to the babysitter's. Other moms choose to pump their breast milk and put it into a bottle to freeze or refrigerate to take to daycare or to the sitter's. If you'd like to give some formula, though, keep in mind the following questions:

### ***How do I pick a formula?***

- Talk to your pediatrician or family doctor. Be sure to tell them if there is a strong family history of allergies, eczema or cow milk protein allergy. If anyone in your family has allergies, breast milk is the best option.
- In general, it is safe to start with a cow's milk based formula such as Enfamil with Iron or Carnation Good Start.
- Other formulas, such as soy-based formulas, like Isomil, should be used in certain situations. Talk to your pediatrician if you have questions.

### ***How often should I feed my baby?***

Age	Servings	Amount
0-1 month	6-8 times a day	2-5 oz per feeding
1-2 months	5-7 times a day	3-6 oz per feeding
2-3 months	4-7 times a day	4-7 oz per feeding
3-4 months	4-6 times a day	6-8 oz per feeding
4-6 months	4-6 times a day	6-8 oz per feeding
6-8 months	3-5 times a day	6-8 oz per feeding
8-12 months	3-4 times a day	6-8 oz per feeding

### ***How do I know they are drinking enough formula?***

- Babies that get enough to eat have about 6 to 8 wet diapers a day.
- A newborn that eats formula poops about four times a day.
- A well-fed baby is a happy, growing baby.

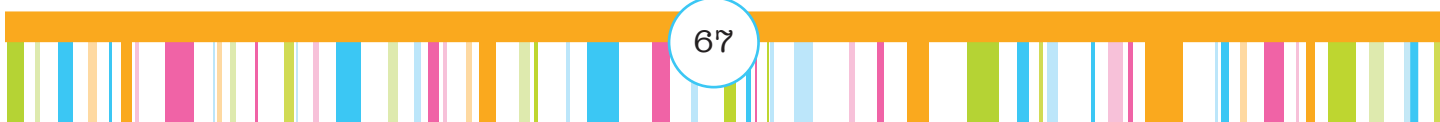
### ***How do I know if I am giving the baby too much formula?***

- During the first month of life, a baby should not drink more than 2-4 ounces per feeding.

### ***Babies who are fed too much often:***

- Vomit most or all of the feeding.
- Have loose, watery stools eight or more times a day.

If your baby has these symptoms, he or she may have another medical problem. Talk to your baby's pediatrician.





## When should I worry about feeding?

### *How do I know if the baby is not eating often enough?*

If your baby isn't getting enough to eat, or if your baby is throwing up too much, he may become *dehydrated*. Dehydration happens when your baby doesn't have enough fluid in his system. Call your baby's pediatrician if you notice any of the following problems:

- If your baby is breastfed, he or she stops feeding after ten minutes or less at every feed.
- If your baby has less than 4 wet diapers a day.
- If your baby has not had a wet diaper in 8 hours or more.
- If your baby's skin looks wrinkled after he or she is one week old.
- If your baby seems hungry right after a feeding.
- If your baby doesn't weigh as much as he or she did at birth after two weeks.
- If your baby looks more yellow, not less yellow, when he or she is one week old.
- If your baby is sleeping more than usual—for a newborn, if your baby is sleeping more than four hours at a time.

Call your baby's doctor right away if you notice any of these symptoms. *Don't give a dehydrated baby plain water.* You should **keep breastfeeding** your baby if they have diarrhea or are ill—they don't need any extra water or other fluids unless they are too tired to suck. You may be able to give your baby Pedialyte if he is refusing formula, or isn't breastfeeding well when they are sick.

### *"Babies Spit" When should I worry about it when my baby spits?*

- If your baby is working harder to breathe or if her color is changing.
- If the spit is green, yellow or bloody.
- If your baby spits up most or all of the feed after eating.
- If your baby is not growing well.
- If your baby has signs or symptoms of dehydration (see above).

### *"Babies Poop": When do I worry about diarrhea?*

Newborn babies typically stool 4 to 5 times a day. By the time they are three weeks old, some breast-fed babies slow down to about one stool per week. Formula fed babies should continue to have at least one stool per day. Healthy stools are about as thick as peanut butter.

## When should I worry about pooping?

- If stool is bloody or watery.
- If stooling is more than 8 times a day (more often than after every feed).
- If your baby is straining to pass stool.
- If your baby has hard or dry stools.

***If you are ever worried, call your baby's doctor!***



## Feeding solid food

### *When do I introduce solids?*

Most babies are able to start solid food when they are four to six months old. Look for these signs:

- Your baby has doubled his birth weight.
- Your baby has good head and neck control, and can sit up without help.
- Your baby is interested in food when you are eating.
- Your baby will turn his head away to let you know when he's not hungry any more.



### *Tips for introducing solids*

- Let your baby control how much and what she eats.
- Watch to see what she likes and doesn't like!
- Make sure your baby is paying attention to each spoonful.
- Feed your baby at her own speed—never force food into her mouth.
- Stop feeding your baby when she closes her mouth or turns her head away when you offer her more food.

### *What solid foods can I feed my baby?*

At four to six months, start with cereal, mixed with breast milk or formula. Start with thin, soupy cereal, and then make it thicker if your baby can eat it. Start with a few teaspoons, and work up to half a cup a day.

- Try one new food, such as baby cereals, peas, applesauce or pears, every five days.
- After you try a new food, watch to see if your baby has a reaction. Check for a rash, diarrhea, vomiting, constipation or fussiness.
- Don't give your baby bananas, green beans, squash or carrots before he is six months old.
- Don't heat baby food in the microwave—uneven heating could burn your baby's mouth.
- Take baby food out of the jar and feed your baby from a bowl. Store the rest of the food in the refrigerator. Don't feed your baby straight from the jar, because leftover food will have your baby's saliva in it. Leftovers mixed with saliva will spoil.
- Don't feed your baby HONEY or KARO SYRUP! These foods may have a bacterial poison in them that can make your baby sick. Babies who eat honey or Karo Syrup can get infant botulism, which can cause your baby to stop breathing.



### *At 6-8 months of age*

- Feed your baby in a high chair.
- Give two meals a day—two servings of cereal, and one fruit and one vegetable.
- Now, your baby is old enough for bananas, squash, green beans and carrots.
- Your baby can also try teething biscuits and large raw fruits and vegetables, like apples.
- Always watch your baby eat.
- Don't feed your baby eggs, peanut butter or small bits of food.
- Don't give your baby more than 4 ounces of juice or water a day.



### *At 9-12 months of age*

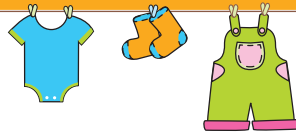
- Feed your baby three meals a day.
- Try finger foods, once your baby can pick up food between his fingers and thumb. Try Cheerios, small pieces of cheese, peas, noodles, or soft fruit.
- Your baby is old enough for egg yolks, but not egg whites.
- Offer your baby ground meats. NO PROCESSED MEATS such as bologna, hot dogs or bacon.
- Let your baby feed herself, if she wants to.
- Continue breast milk or formula until your baby is one year old.
- Don't let your baby choke! Avoid foods like nuts, popcorn, grapes, or carrots cut in round slices. ANYTHING BIGGER THAN A PEA can block your baby's windpipe and cause her TO CHOKE.

### *At 12-15 months of age*

- Feed your baby three meals a day with two snacks.
- Start whole cow's milk. Give your baby 16-24 ounces of milk a day.
- Your baby is old enough to eat whole eggs, including egg whites.

### *Supplements*

- Always ask your pediatrician or family doctor before starting your baby on any medicine, including vitamins.
- If you are breastfeeding, keep taking your prenatal vitamins; this gives your baby very good nutrition, especially iron and calcium, and helps protect your health too.
- Most babies don't need a supplement for any kind of vitamin, but dark-skinned babies may need a Vitamin D supplement because of the lack of sun in the winter in some states. Ask your pediatrician about giving Vitamin D or other supplements to your baby.



## Keeping baby clean

Baby skin is very sensitive, and babies can have all sorts of rashes. Keeping your baby clean—but not too clean—can help protect her skin.

### Bathing

- For a safe bath, **set the hot water heater to 120 degrees or less.**
- **Stay with your baby every second when he or she is around the bathtub!**
- Until your baby's umbilical cord falls off, she should have sponge baths.
- After the cord falls off, it's safe to wash your baby in a tub. During the winter, your baby needs a bath one to three times a week, if you keep the diaper area clean. During the summer, give your baby a bath every other day.
- Use plain, lukewarm water with a mild tear-free soap. Avoid soaps with fragrances or dyes, because they can irritate your baby's skin.
- Give your baby a bath in a warm room, so he doesn't get chilled.
- Fill the sink or bathtub to about two inches of water.



### Between baths

To keep your baby's bottom clean, change his diaper as soon and as often as he needs it. When you change his diaper, rinse off his bottom with lukewarm water or baby wipes.

After feeding, wipe your baby's face and neck. This will keep her skin from being irritated by formula or spit.

### Diapering

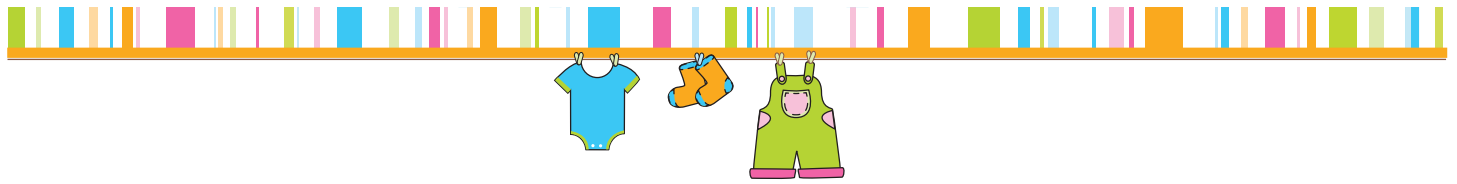
Most newborns use about 10 diapers a day. Both urine and poop can irritate your baby's skin. If your baby's skin is irritated, bacteria and yeast can grow there.

To protect your baby's bottom:

- Change your baby's diaper as soon as she needs it.
- Use super-absorbent diapers.
- Wipe the diaper area with baby-wipes or rinse with lukewarm water after diaper changes. Then pat her bottom dry before you put on a new diaper.
- **DON'T USE BABY POWDERS!** Powders get in the air and can hurt your baby's lungs.
- There's no need for diaper creams unless your baby has a rash or mild irritation (redness). For a rash, you can use zinc oxide or petroleum jelly creams.
- If you are concerned about a rash, **CALL YOUR DOCTOR!**







## ***For boy babies***

### ***Foreskin care***

Baby boys have an area of skin at the tip of his penis called the foreskin. Don't try to pull the foreskin back—it takes 5 to 10 years for the foreskin to naturally separate from the head of the penis. By the time your son is one or two years old, the foreskin will have separated enough that you can clean the part of the penis that's exposed with water. Do this once a week to keep the area clean. Call your doctor if your son's urine stream is weak or if he has trouble peeing.

### ***Circumcision care***

If you decide to circumcise your baby boy, a doctor will cut off the foreskin. You'll need to pay special attention to his penis until the area heals. That means keeping it as clean as possible. Wash his penis with soap and water if he has poop in his diaper. Watch out for redness that doesn't go away or gets worse, yellow discharge, swelling, or sores or fever. Until the area heals, keep it moist with a clean dressing and petroleum jelly.

## ***Sleeping***

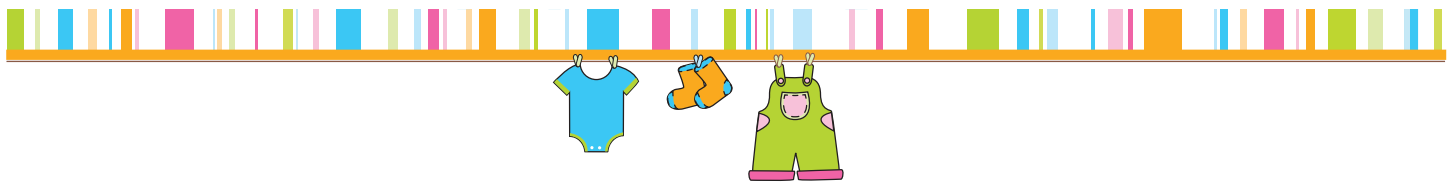
Babies sleep about 16 hours a day. They usually take naps that are three to four hours long.

### ***Remember:***

- Put your baby on her back to sleep. Babies who sleep on their backs have lower rates of SIDS (Sudden Infant Death Syndrome).
- Your baby should sleep on a firm mattress with well-fitted sheets. ***Do not put any pillows, stuffed animals or other soft objects in her crib.*** If they get stuck over her face, she may not be able to breathe.
- Remember to wake your baby to feed him every three or four hours during the newborn period.
- When you feed your baby at night, keep things as “business-like” as possible. Don't play with him, just change his diaper and feed him. This will help him learn that daytime is for playing and nighttime is for sleeping.
- **Good News!** Ninety percent of infants sleep six to eight hours each night by the time they are three months old. When babies sleep through the night, they usually weigh about 12 or 13 pounds. They sleep well because they are eating enough during the day to make up for less frequent feeding at night.







## ***Reduce the risk of Sudden Infant Death Syndrome (SIDS)***

Sudden Infant Death Syndrome (SIDS) is the sudden and unexplained death of an infant under one year of age. SIDS, sometimes known as crib death, strikes nearly 5,000 babies in the United States every year. Doctors and nurses don't know what causes SIDS, but they have found some things you can do to make your baby safer.

### ***Healthy babies should sleep on their back***

One of the most important things you can do to help reduce the risk of SIDS is to put your healthy baby on his or her back to sleep. Do this when your baby is being put down for a nap or to bed for the night.

This is new. Your mother was told and, if you have other children, you may have been told that babies should sleep on their tummy. Now, doctors and nurses believe that fewer babies will die of SIDS if most infants sleep on their back.

### ***Check with your doctor or nurse***

Most babies should sleep on their back. But a few babies have health conditions that might require them to sleep on their tummy. If your baby was born with a birth defect, often spits up after eating, or has a breathing, lung or heart problem, be sure to talk to a doctor or nurse about which sleep position to use.

Some mothers worry that babies sleeping on their back may choke on spit-up or vomit during sleep. There is no evidence that sleeping on the back causes choking. Millions of babies around the world now sleep on their back and doctors have not found an increase in choking or other problems.

Some babies at first don't like sleeping on their back, but most get used to it and this is the best sleep position for your baby.

Although back sleeping is the best sleep position, your baby can be placed on his or her side. Side position does not provide as much protection against SIDS as back sleeping, but it is much better than placing your baby on his or her tummy.

Your baby can be placed on his or her stomach when awake. Some "tummy time" during awake hours is good for your baby.

Talk to your doctor or nurse if you have questions about your baby's sleep position.

### ***Other things you can do to help reduce the risk of SIDS***

- ***Bedding.*** Make sure that your baby sleeps on a firm mattress or other firm surface. Don't use fluffy blankets or comforters under the baby. Don't let the baby sleep on a water bed, sheepskin, a pillow, or other soft materials. When your baby is very young, don't place soft stuffed toys or pillows in the crib with him or her. Some babies have smothered with these soft materials in the crib.
- ***Temperature.*** Babies should be kept warm, but they should not be allowed to get too warm. Keep the temperature in your baby's room so that it feels comfortable to you.
- ***Smoke-free.*** Create a smoke-free zone around your baby. No one should smoke around your baby. Babies and young children exposed to smoke have more colds and other diseases, as well as an increased risk of SIDS.

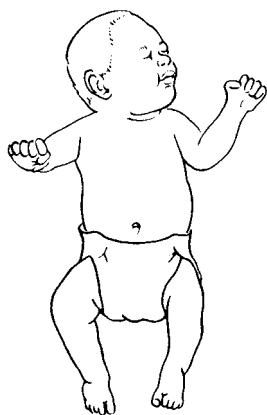


- **Doctor or clinic visits.** If your baby seems sick, call your doctor. Make sure your baby receives his or her shots on schedule.
- **Prenatal care.** Early and regular prenatal care can also help reduce the risk of SIDS. The risk of SIDS is higher for babies whose mothers smoked during pregnancy. For your baby's well being, you should not use alcohol or drugs during pregnancy unless prescribed by a doctor.
- **Breastfeeding.** Breastfeed your baby. Breast milk helps to keep your baby healthy.

Enjoy your baby! Remember, most babies are born healthy and most stay that way. Don't let the fear of SIDS spoil your joy and enjoyment of having a new baby.

### Best Sleep Position

Make sure your baby goes to sleep on his or her back. This provides the best protection against SIDS.



### Alternative Sleep Position

If you choose to use the side sleep position, make sure your baby's lower arm is forward to stop him or her from rolling over onto the stomach.



If you have any questions about your baby's sleep position or health, first talk to your doctor or nurse. For more information about the Back to Sleep campaign, call free of charge, 1-800-505-2742. Or you can write to: Back to Sleep, 31 Center Drive, Rm. 2A32, Bethesda, MD 20892-2425.

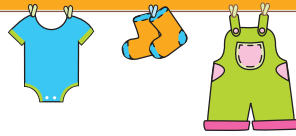
*This information is from the U.S. Public Health Service, American Academy of Pediatricians, SIDS Alliance, and the Association of SIDS and Infant Mortality Programs.*

### Crying

All babies cry. The average newborn cries one to four hours every day. Part of your job as a new mom is to learn your baby's cries. Your baby will have a special cry when she is hungry, when she is uncomfortable, when she is sleepy, etc.

Here are some simple steps for helping your baby stop crying:

- Go to your baby right away when he is crying. You cannot spoil a baby by responding to his cries for help!
- When you hear a panicked cry, make sure your baby doesn't have a hair wrapped around her finger or toe, or a tag or a pin sticking her.
- Check for a wet or dirty diaper, and change it.
- Feed your baby.



*If your baby isn't in pain, wet, or hungry, there are lots of ways to try to soothe him:*

- Rock your baby.
- Go for a short walk with your baby in the stroller or in your arms.
- Sing or talk to your baby.
- Stroke your baby's head or back.
- Wrap your baby snugly in a blanket.
- Give your baby a warm bath.
- Go for a short drive in the car.
- Burp your baby.
- Breastfeed your baby, even if he just ate.



And if your baby is still crying... sometimes, babies just need some time alone to figure out how to calm themselves. Wrap your baby tightly in a blanket, put your baby in his crib, put his hand in or near his mouth, and let him cry to 10 to 15 minutes. If he is really tired, he'll fall asleep.

YIKES! Baby is still crying? Maybe she is sick—check her temperature.

If she is still crying and you think something is wrong, call your baby's doctor.

### *Coping with a crying baby*

#### **Teen Moms Talk!**

*I remember one day, I was half-asleep, and he was just crying and crying, and I woke up, and I just wanted to say, 'Chris, just shut up! Please! Please!' I was starting to cry with him. A couple times I had to leave him in the room. Sometimes, I just say, 'You know what, you are too cute for me to hurt you! I have to put you down now so I don't do anything crazy!'*

*I am like that every night—he just cries from 10 to 1 am. He'll just cry and cry. And I'll say, 'Why don't you go to sleep? Your mom's sleepy.' And I'm thinking, 'Oh my God,' just going crazy. I'll be sitting there, trying to hold him and rock him, and I'll have to sit him down. I get mad, and I'll call his father, and I'll say, 'Why don't you come and get him? Don't you hear he's crying?' I'm trying my best, but sometimes, I'll just have to give him to my mother, and just let her deal with him when I get like that. I get so mad— I'm not hurting him or anything like that, but sometimes, I just have to put him down and say, 'You're just going to have to sit there and cry, because I'm not going to do anything to you.'*



Remember to stay calm and relaxed. The baby is not complaining about you. If you need a break, put your baby in his crib, and then walk into another room or call someone to help you. Crying can be frustrating, and tired, frustrated parents need a break. If there's no one to talk with at home, call the 24-hour-a-day Parental Stress Hotline, 1-800-632-8188.

***Never, ever shake your baby!*** Shaking a baby can cause permanent brain damage, blindness, and even death.

### ***Does my baby have a fever?***

There are lots of ways to take your baby's temperature, including rectal thermometers, axillary (armpit) thermometers and digital ear thermometers. The digital ear thermometers shouldn't be used until your baby is two months old. Once your child is four years old, you can use an oral (mouth) thermometer.

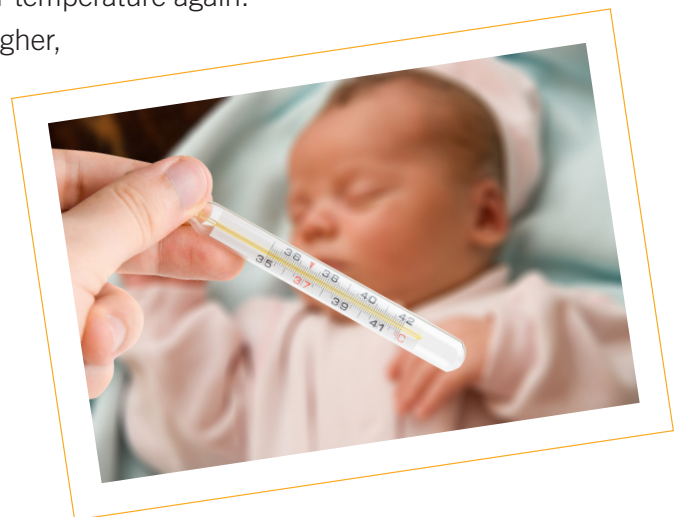
## **REMEMBER!**

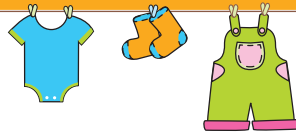
A temperature of 100 degrees Fahrenheit (or higher) **is** a fever. CALL YOUR DOCTOR!

### ***How to take a rectal temperature***

First, make sure you're using a rectal thermometer. Rectal thermometers have short, round bulbs.

- Shake the thermometer so that it reads below 96 degrees. Be careful not to hit the thermometer on anything. Thermometers can break easily, and glass and mercury (the shiny liquid inside) are dangerous.
- Clean the thermometer with rubbing alcohol or soap and water. Then rinse it with cool water.
- Place a little lubricant, like petroleum jelly, on the metal bulb end.
- Place your baby belly-down on a firm surface. Hold him firmly in place.
- Insert the lubricated end of the thermometer 1/2 to one inch inside the anus. DO NOT INSERT IT ANY FARTHER. You could hurt your baby.
- Hold the thermometer in place for two minutes.
- If your baby's temperature is 100 degrees Fahrenheit or higher, she has a fever. She could be too warm because she is wrapped up too tightly, or because she has been crying. Uncover her, or, if she has been crying, let her calm down. After 30 minutes, check her temperature again.
- If her temperature is still 100 degrees Fahrenheit or higher, call your doctor right away.





## Should I call the doctor?

Parents can tell if something is wrong with their baby. If you or your baby's daddy is worried, call the doctor. You should also call if:

- Your newborn baby has a temperature of 100 degrees Fahrenheit or more.
- Your baby has not had a wet diaper for 8 hours or more.
- Your baby has diarrhea—more than eight loose, watery stools a day.
- Your baby is vomiting a lot, or the vomit is yellow, green or bloody.
- Your baby is not eating well.
- Your baby is breathing fast, breathing hard, grunting, or coughing.
- Your baby can't stop coughing.
- Your baby looks blue.
- Your baby is crying and you can't get him to stop.
- Your baby looks more yellow, not less yellow, at one week of age.
- Your baby seems too sleepy. Babies sleep a lot, but they should wake up for feeding, eat well, and be alert between naps. If your baby is sleeping more often, not eating as well, or is hard to wake up, call your doctor.
- If your baby's belly is swollen and hard.

### ***Simple safety tips that could save your baby's life***

- Put your baby on her back to sleep.
- Never, ever let your baby use a walker.
- Keep a fire extinguisher in your house, and have a smoke alarm in your baby's room.
- Set your hot water heater to 120 degrees Fahrenheit.
- NEVER shake your baby!
- Never prop your baby's bottle. Stay with your baby whenever he is eating.
- Don't keep guns anywhere in your house.



## The Baby Blues

### Teen Moms Talk!

*"I know I had the baby blues because I was tired and I felt like I had no one to help me, I was crying over nothing and wishing I had never gotten pregnant. My mother noticed first, because I would always ask her if I'm doing a good job and crying because I didn't think so."*

In the weeks after their babies are born, most new moms feel tired and overwhelmed. That's partly because they suddenly have to take care of a new person, who demands to be fed 8 to 12 times a day. At the same time, your body is adjusting to no longer being pregnant. "The Baby Blues" affect more than 70 percent of new moms, so if you're not feeling a little tired and cranky, you're the exception.

For some new moms, though, it's more than just being tired. About one in ten moms suffers from post-partum depression. If you find that you're unable to sleep, or need to sleep all the time, if you're irritable, having severe mood swings, or if you feel so bad that you can't eat or don't want to take care of your baby, contact your caregiver right away. You may need to talk with a trained therapist or take medications to help you feel better.

A small number of moms feel so terrible that they start thinking about hurting themselves or their babies. These moms may think about walking into the middle of a busy street with their babies, or throwing themselves out a window.

For help coping with the baby blues, call the clinic; we can help you find a social worker or therapist to talk to about your feelings. You can also call Depression after Delivery, 1-800-944-4PPD, a national hotline for helping new moms who are struggling with the Baby Blues. The most important thing to do is to ask someone for help—you and your new baby deserve it!

## Going back to school or work

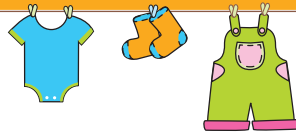
Most new moms need at least four to six weeks to recover from labor and delivery. During that time, your body slowly returns to normal, and you and your baby get to know one another.

Before your baby is born, talk to your guidance counselor or your teachers to find out if you can keep up with your classes through a homebound program. Even if you're not able to keep up in every subject, you may be able to finish some courses on time, and then catch up during summer school.

Then, choose a date for when you plan to go back to school. Aim for somewhere between 6–12 weeks after your baby is born. A few weeks before your "back to school" date, call your guidance counselor and let them know if your plans have changed. Ask whether you need any special papers, like a medical release, before you can come back.







## Am I at risk for Postpartum Depression?

In the section below, read each statement and circle the one that best applies to you. Instructions for scoring are at the end of the quiz.

1. ☐ 0 I do not get easily frustrated.  
☐ 1 I get frustrated easily when things don't go as I have planned.  
☐ 2 When things don't go as I have planned, it ruins my entire day.  
☐ 3 When things don't go as I have planned, I feel like giving up.
2. ☐ 0 I rarely get depressed or "down."  
☐ 1 I sometimes get depressed or "down."  
☐ 2 I get depressed easily, but I can usually handle it.  
☐ 3 I sometimes get so depressed that I wonder if I can go on.
3. ☐ 0 Being a good mother is difficult, and we all make mistakes.  
☐ 1 Good mothers make some mistakes.  
☐ 2 Good mothers make few mistakes.  
☐ 3 Good mothers never make mistakes.
4. ☐ 0 Good fathers share equally in raising the kids.  
☐ 1 A good father offers to help mom out.  
☐ 2 Good fathers help when they are asked.  
☐ 3 Good fathers have a steady job.
5. ☐ 0 When I've made mistakes in the past, I feel bad at the time, but I get over it.  
☐ 1 When I've made mistakes in the past, it bothered me for a few days.  
☐ 2 When I've made mistakes in the past, I tended to dwell on them for a long time.  
☐ 3 I have never forgiven myself for the mistakes I made in the past.
6. ☐ 0 I am looking forward to having this baby.  
☐ 1 I have mixed feelings about having this baby.  
☐ 2 I am not looking forward to having this baby.  
☐ 3 I wish I were not having this baby.
7. ☐ 0 I think I will be a good mother to my baby.  
☐ 1 I am uncertain that I will be a good mother to my baby.  
☐ 2 I am very frightened that I will not be a good mother to my baby.  
☐ 3 I think that I will not be a good mother to my baby.
8. ☐ 0 I feel I am a successful person.  
☐ 1 I feel I succeed at most of the things that I do.  
☐ 2 I feel I have been less successful than most people.  
☐ 3 I feel I am a failure as a person.



## Am I at risk for Postpartum Depression? continued

In the following section, read each question carefully and circle the response that best describes the degree to which each of these apply to you and your family.

- Someone in my family has had depression or some other psychiatric problem.  
(0) Not at all      (1) A little      (2) Some      (3) Very much
- I have had depression or some other psychiatric problem.  
(0) Not at all      (1) A little      (2) Some      (3) Very much
- I have experienced depression after having children before.  
(0) Not at all      (1) A little      (2) Some      (3) Very much
- I have a good relationship with the father of my baby.  
(0) Not at all      (1) A little      (2) Some      (3) Very much
- I learned from my mother how to be a good mother.  
(0) Not at all      (1) A little      (2) Some      (3) Very much
- Becoming a parent is going to mean making a lot of changes in my life.  
(0) Not at all      (1) A little      (2) Some      (3) Very much
- I have experienced a lot of changes in my life recently.  
(0) Not at all      (1) A little      (2) Some      (3) Very much
- I am close to my friends and family.  
(0) Not at all      (1) A little      (2) Some      (3) Very much

### Scoring

This quiz is designed to help you assess your risk for postpartum depression. It's not supposed to be used for you to diagnose yourself. As always, if you are having problems, or think you will have problems after your baby is born, talk with your caregiver.

Add up the number of points for each answer to figure out your score.

### ***If your total is... Then...***

0-20	You're at low risk for postpartum depression, but let your caregiver know if you notice changes in your mood or behavior.
21-40	You're at moderate risk for postpartum depression. It would be a good idea to talk with your caregiver now so you can plan ways to help after your baby is born.
41-60	You're at high risk for postpartum depression. You should definitely talk with your caregiver now so you can plan ways to cope after your baby is born.



## Changing Relationships

Becoming a mom means new responsibilities for you as you learn to take care of another person—and it also changes your relationship with your baby's father. Some dads are excited to become parents and eager to help take care of their new baby, while others may disappear completely when they learn you're pregnant.

It's important to find ways to keep your baby's dad involved, when you're pregnant and after your baby is born.



### During pregnancy

- Invite your baby's father to come with you to clinic visits. He may want to tag along to hear the baby's heartbeat or ask questions of your caregiver.
- Bring him along for your ultrasound. Seeing your baby, even in scratchy black-and-white, is exciting for everyone. Let him have copies of the pictures to show off to his friends and family.
- Ask him to help you improve your diet or quit smoking. It'll be easier for you to eat and act healthy if he's doing it too, at least when you're together.
- Invite him along to help shop for baby supplies. He may not want to spend hours comparing baby clothes, but he can help pick out a crib or a car seat.
- Give him something to read. Offer him a copy of this book, of your pregnancy calendar, or other pregnancy and childcare resources. He may want to follow along as your baby grows and develops.
- Let him get to know his baby in your belly. Your baby will be able to hear, and react to a gentle poke, by your sixth month. Let dad feel your baby's kicks and read a bedtime story, so your baby will know his voice.

### At the delivery

- Encourage dad to come to your delivery, if you want him to be there, and be one of your coaches.
- Ask dad to cut the cord.
- Have dad go to the nursery when the baby has blood drawn.
- Ask the nurse to let dad help with the first bath, and encourage dad to go to the bath classes offered on the postpartum floor; this will give him something that *he* can always do to help take care of the baby.
- Have dad help you position the baby and place pillows around the bed so that you can breastfeed the baby. Have him burp and change the baby when she's done eating. Ask him to come with you to the breastfeeding classes so that he can help you out with feeding the baby.
- Get dad's help picking a name.

### At home

Lots of moms take over all the baby care once they get home, and leave dads feeling like they can't do anything right. That makes dads less eager to help, and moms more tired from having to do all the work. To keep dad involved:

- Make sure dad gets his turn at holding, burping, changing, and rocking baby to sleep; ask him to help you get comfortable and position the baby for each feeding, and to change and burp the baby afterwards.
- Lots of dads are nervous about taking care of babies—let him know if he's doing a good job, saying things like, "You're so good with her" or "He loves it when you hold him."
- Put dad in charge of certain tasks, like giving your baby a bath. Even if he doesn't live with you, he can come over for bath time three or four days a week, and he'll be the expert.



## If you and your baby's father aren't getting along...

### Teen Moms Talk!

*"After I had the baby we got into a lot of arguments because it feels like I'm doing all of the work while he gets to go hang out with his friends. I am always getting up at night, while he is sleeping. But now the baby is older, we take turns getting up and feeding her, especially if I'm sleeping."*

*"They don't understand what you go through. They don't realize that it's not easy having a baby—you just want to sleep."*

*"They're jealous of the baby."*

It can take time for dads to adjust to their new role as fathers—and to no longer being your number one priority. You may need to take a break from each other for a few days, or at least share your frustrations with other new mothers.

Try coming to post-partum support group and talk with other teen moms about how they're dealing with their baby's fathers. Talk to friends who've had kids. And try to be patient. Once your baby is sleeping for more than two hours at a time, once your body adjusts to not being pregnant, and once your baby starts to smile and play with you, this all will get a little easier.

## PLAN AHEAD

### Jobs for Dad

During pregnancy, my baby's father wants to: \_\_\_\_\_

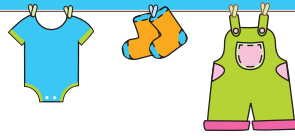
\_\_\_\_\_  
\_\_\_\_\_

At the delivery, my baby's father wants to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

After our baby is born, my baby's father wants to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Special thanks to...



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*Caring for Your Baby and Young Child: Birth to Age 5.* Steven P. Shelov, ed. New York: Bantam Books, 1998.

*Conception, Pregnancy & Birth.* Dr. Miriam Stoppard. New York: Dorling Kindersley, 2000.

*Judging Healthy Relationships: A Teen's Guide to Doing Dating Right.* A publication of the Women's Crisis Center of Metro East, printed with funds from the Illinois Violence Prevention Authority.

*Mama: Your Guide to a Healthy Pregnancy.* A publication of the March of Dimes Resource Center.

*Myself, My Baby Health Diary.* U.S. Department of Health and Human Services.

*Eat, Drink, and Be Healthy.* Walter C.W. Hett, MD, DrPH, Harvard School of Public Health, Simon & Schuster, NY, 2001.

*Eating Expectantly.* Bridget Swinney, MS, RD, Meadowbrook Press, 2000.

*The Safe Nursery.* U.S. Consumer Product Safety Commission

*What to Expect When You're Expecting.* Arlene Eisenberg, Heidi E. Murkoff, and Sandee E. Hathaway. New York: Workman Publishing, 1996.

*Your Contraceptive Choices For Now, For Later.* US Department of Health and Human Services, Public Health Service, Office of Population Affairs. Updated Spring 1998.



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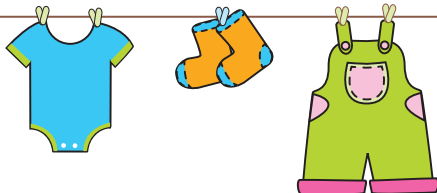
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