

Your Guide to Pregnancy

What you need to know to give your baby a healthy start.

A baby changes everything, and it all starts with pregnancy — a time that's filled with as many questions and concerns as it is anticipation and joy. Each trimester (the three 'segments' of pregnancy) brings with it new questions and worries about your health, the tests you might need and what the results mean, the baby's growth and the impending birth.

Whether you're in the planning stages, newly expecting, it's your first time or you've been pregnant before, this guide is for you.

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the nest

BAPTIST HEALTH SYSTEM

Maternal • Neonate • Pediatrics



The Three Trimesters

Pregnancy is divided into three segments called trimesters, during which your baby develops from an embryo into an infant ready to be born. Though all pregnancies are unique, there are certain symptoms, tests or scans and growth benchmarks that are common to each. Here's what you need to know:

FIRST TRIMESTER

In this first 12 weeks, your baby is developing his or her major organs. It's also when your pregnancy is at its most vulnerable; most miscarriages happen now, as do most birth defects.

Common symptoms: Morning sickness rears its head, and you may find the word "morning" a misnomer, since many women feel it at any time of day. Caused by the fluctuating hormones of early pregnancy, morning sickness can usually be managed by avoiding spicy, greasy foods and opting for protein, complex carbs and plenty of fluids, all in smaller, more frequent meals. Call your doctor if you cannot keep food or liquids down. Fatigue is also common now, as your body gears up for the job of growing a baby. Get as much rest as you can, and be sure to ask your doctor about taking iron vitamins (anemia is often a cause of fatigue). Hormonal changes may also give you headaches, and you may have sore, tender breasts, mood swings and cravings.

Even though it's still early in your pregnancy, it's a good time to start learning more about breastfeeding and the various health benefits it offers for both mothers and babies. The American Academy of Pediatrics recommends that babies be breastfed for at least one year.

Tests you may need: You'll likely have an early ultrasound to have a look at the fetus.

Your baby's development: By week four, your baby's brain, spinal cord and heart have begun to form. By mid-trimester, the baby will have developed all the major organ systems; legs and arms are growing, the heart beats and nerves and muscles start working. By 12 weeks, your baby has working eyelids — and visible sex organs.

SECOND TRIMESTER

Many women report feeling much better in this trimester, when they're no longer feeling queasy (in most cases). That said, your baby is still growing, and before long, you'll be able to feel the baby move inside you.

Common symptoms: As your abdomen grows, you may feel achy, especially in your back. Your skin is stretching, which can cause annoying itchiness, and may trigger the appearance of stretch marks. Swelling of the fingers, face and feet are normal, but if you have extreme swelling and/or gain a lot of weight quickly, tell your doctor, as this can be a sign of preeclampsia.

Tests you may need: During your second trimester, you may need a glucose screening that indicates if you have gestational diabetes, which is done between 4-28 weeks.

Your baby's development: Bones and muscles continue to form, and early in this trimester, your baby develops a sucking reflex. At around 20 weeks, baby becomes more active. Baby can hear and swallow, and has developed a coating called vernix and fine hair (lanugo) that protect baby's brand new skin. By the end of this trimester, the baby's bone marrow is busy making red blood cells. The baby will also begin to develop regular sleep/wake cycles.



THIRD TRIMESTER

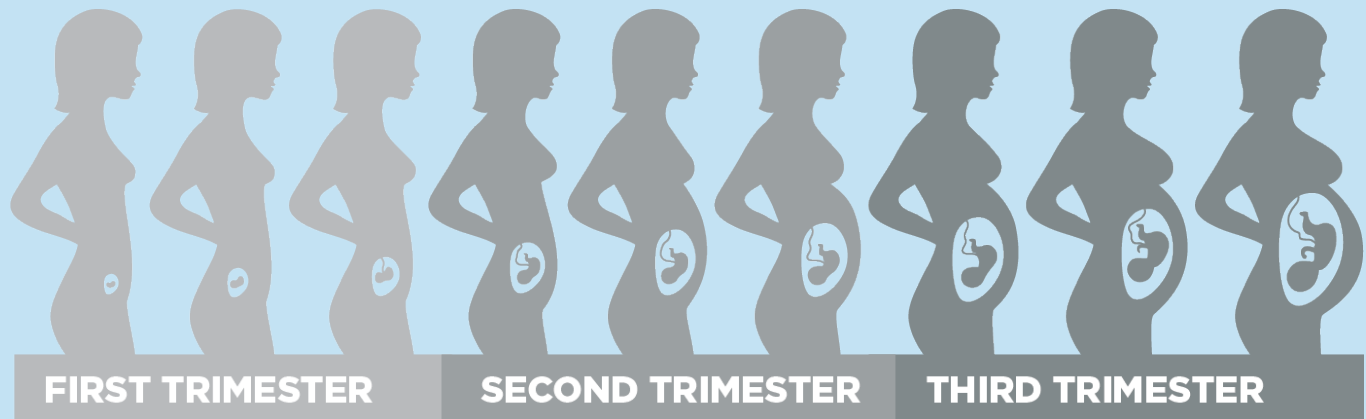
The home-stretch trimester is, in some ways, more relaxing (because it's all about baby putting on weight to get ready for birth). But in other ways, it's far less relaxing because it's harder to move around easily and sleep well. But you're almost there!

Common symptoms: Oh, the pressure! Your baby's weight pressing on your rectum and perineum, plus increased blood volume, leaves you more likely to become constipated, and that can lead to hemorrhoids. The baby's also pressing on your bladder, making you need to pee more often. You may have heartburn, or even feel labor contractions (often false, but call your doctor to be sure).

Tests you may need: Late in pregnancy—usually 35-37 weeks—you'll have a test for group B strep (GBS), a common infection that, if you have it, can be passed to your baby during childbirth. The test looks at fluid taken from your cervix.

Your baby's development: Baby is putting on weight now, and you'll feel more forceful movements (and kicks!). After about 37 weeks, baby is ready to be born!

Your Baby's Development Month by Month



High-Risk Pregnancy

A pregnancy can be considered high risk due to pre-existing conditions, something found through an ultrasound or other reasons; ***If your pregnancy is considered high risk, you may need the following tests.***

First trimester - You may get a cell-free DNA test, also known as CfDNA. CfDNA is a blood test that detects fragments of the baby's DNA in the mother's blood. It's an early pregnancy screening that is noninvasive and may detect chromosomal normalities. CfDNA is a blood test that detects fragments of the baby's DNA in the mother's blood.

Second trimester - You may have another test called amniocentesis. Done at 15-20 weeks, it involves extracting

(via a needle) and testing a sample of amniotic fluid for chromosomal abnormalities. You may also have a blood test called a quad screen, which tests four substances in your blood: alpha-fetoprotein (AFP); estriol; human chorionic gonadotropin (hCG) and inhibin A. Levels of these substances indicate possible birth defects. The blood test is done at 15-20 weeks.

Third trimester - You might need a test called a biophysical profile (BPP), which takes a look at the overall health and size of your baby (via ultrasound and a nonstress test) to assess how well he's doing as labor approaches (and to determine if he might need an earlier delivery).

Having a Baby After 35

Thirty-five and up and contemplating your first baby? The medical community considers that to be "advanced maternal age." While many women easily get pregnant in their 30s and beyond, fertility does decline as you age, which may make it harder to conceive. There are also health risks associated with later-in-life pregnancy, such as high blood pressure, diabetes, the greater chance of multiple pregnancy or preterm birth, and birth defects. You'll likely get more tests and screenings at 35-plus than you would otherwise to assess your baby for possible chromosomal disorders (such as Down's syndrome). The news is not all dire; many women over 35 and beyond can and do have perfectly normal, healthy pregnancies and babies. The key is to take good care of yourself and get good prenatal care.

Services for High Risk Pregnancies

Maternal Fetal Medicine

A maternal fetal medicine specialist provides advanced care for high-risk pregnancies, including closely monitoring mom and baby prior to delivery. You may be referred to a Baptist Health maternal fetal medicine specialist if you have serious medical conditions, such as asthma, high blood pressure or diabetes or are over the age of 35.

Maternal Transfer Services

For patients with pregnancy, pre-term labor, fetal growth issues or other conditions, we have maternal transport services. Perinatology consults, patient navigators, laborists and hospitalists are all available. An OB-registered nurse will monitor mom and baby en route. Maternal transfer services are available to our patients to transport both mom and baby to receive further care.

NICU Transfer

NICU transfer services are available for all newborns that require critical care. The transport team is comprised of NICU-registered nurses, respiratory therapists and more. We have experienced neonatal and pediatric support.

Preparing For Your Newborn

What you can do now to make those first days at home go more smoothly.

The first few weeks of new parenthood can be challenging and overwhelming. Here's what you can do to get ready for those early days at home with your baby.

1. PRE-REGISTER. We highly encourage you to pre-register for your hospital stay as soon as possible. By completing the required paperwork ahead of time, you will have one less thing to worry about when your big day arrives. A pre-admission form is included with this Women's Services guide. Upon pre-registration, you'll be given an estimate based on your insurance. You can register in person at the hospital or online at www.BaptistHealthSystem.com/preadmissions.

2. TAKE THE CHILDBIRTH EDUCATION HOSPITAL CLASSES. Our hospitals offer many classes for expectant parents, such as childbirth preparation, infant breastfeeding, newborn care and even car seat safety. The more you know ahead of time, the more in control you'll feel once the baby arrives. Classes are available online and in person. www.BaptistHealthSystem.com/events

3. SELECT A PEDIATRICIAN. We recommend that you select a pediatrician or family practice physician before you come to the hospital for the birth of your baby. Please check with your insurance company for a list of providers as you make your selection. If you have not selected a physician prior to delivery, or if your physician does not have privileges at Baptist

Health System, the hospital's on-call pediatrician will provide care for your baby while you are in the hospital. Find a pediatrician in our system here: www.BaptistHealthSystem.com/find-a-doctor

4. TAKE A HOSPITAL TOUR. Baptist Health System offers tours to help parents know in advance where they will deliver and what to expect. Please visit our website BaptistHealthSystem.com/TheNest or call **866-309-2873** to schedule your tour and classes.



Labor and Delivery Numbers:

Mission Trail Baptist Hospital
210-297-3066

North Central Baptist Hospital
210-297-4075

St. Luke's Baptist Hospital
210-297-5075

Resolute Health Hospital
830-500-6088



Packing For Your Hospital Stay

Use this list as a guide in packing for your hospital stay. These items may be useful or provide comfort during your labor.

Items for Parents

- Photo ID and insurance cards
- Focal point (meaningful small object or picture to focus on during labor)
- Lotion or massage oil
- Chapstick or lip balm for dry lips
- Tennis ball or back massager (for back labor)
- Relaxing music
- Hairbrush, hair clips or hair ties to hold long hair away from neck and face
- Comfortable pillows
- Colored pillowcases so they aren't confused with the hospital's white pillow cases
- Snacks for partner
- Childbirth class handbook
- Phone, camera, charger and extra batteries (some procedures or actual birth may not be photographed/filmed)
- Pen and paper

Postpartum Stay

- Nursing gowns or nursing shirt and comfortable pants
- Robe and nonskid slippers
- Nursing pillow and 1-2 nursing bras
- Toiletries for support person if they wish to stay overnight
- Loose-fitting clothes to change into

The hospital will provide mothers, with gowns, socks, pads, panties, ice packs and pericare supplies during your hospital stay.

Items for Baby

- Baby book for guests to sign and for baby's footprints
- Outfit for baby to wear in baby photos taken at hospital
- Clothes and blanket for baby to wear home
- Car seat-You must install your car seat prior to leaving the hospital.

The hospital will provide diapers, wipes, blankets, hats and bathing supplies while you and baby are in the hospital.

Keep your baby healthy!

While friends and family will be eager to visit and meet your new baby, you'll want to make sure that everyone who comes in close contact with your newborn has been vaccinated. Important vaccinations include whooping cough, flu and COVID. Encourage friends and family to get their vaccines at least two weeks before meeting your baby if they are not up-to-date.



Labor and Delivery



In movies and on TV, pregnant women always know when it's time! Real life is less neat, but there are definite signs of labor you can watch for as you get close to your due date. One is called lightening or the feeling that the baby has "dropped" lower into your pelvis. Another sign is the release of the mucous plug, which is when the plug of mucus that has blocked your cervix until now is pushed out. Then, of course, there are contractions.

You should know that false labor—irregular uterine contractions that aren't the true start of labor—are fairly common. In true labor, contractions start in the back and "move" to the front, get stronger and closer together over time, and don't stop when you move around. False labor contractions (also called Braxton Hicks contractions) are usually only felt in the front, and may stop if you change position.

DURING LABOR & DELIVERY

- A nurse will monitor your labor, your baby's heart rate and keep your physician informed of your progress.

Our Labor and Delivery (L&D) nursing staff are certified in fetal monitoring.

- If an emergency arises, the on-call obstetrician will be notified immediately. Your physician group has someone on call 24 hours a day.
- We ask that no more than two people be in the L&D Room during pushing and delivery.
- Cameras are welcome, and we encourage you to photograph nonmedical activities before and after the delivery of the baby. Medical procedures such as cesarean section and active delivery may not be photographed or videotaped. If you have questions about what you and your visitors can or cannot photograph/videotape, please ask your nurse.

THE THREE STAGES

Once labor is underway, it tends to progress in stages—three in all. How long you spend in each stage is unique to each mother. Here's what happens:

Stage One: This has two steps. Early labor is when you start feeling contractions that get closer and

stronger. The contractions are gradually opening up your cervix. Then there's active labor. Now, your contractions will be even stronger, often with little to no space in between. You'll reach 10 cm dilation of your cervix now, which is when your baby's ready to be born.

Stage Two: You'll feel the urge to push now, which feels like a lot of pressure in your rectum and perineum. Your healthcare provider will guide you on pushing, timed to your contractions. Once your baby's head "crowns," which is when it's visible at the entrance to your vagina, you're nearly there. Soon your baby will be born!

Stage Three: Usually within 5 to 10 minutes after the birth, you'll have more contractions that help you deliver the placenta, which is what your baby was attached to in your uterus. As soon as possible after your baby is born, he or she can go straight into your arms so you can lie skin-to-skin and start breastfeeding right away.

PAIN MANAGEMENT

No one can or should tell you how much pain you'll be in during labor, or how much of it you can handle. Every woman's experience with childbirth pain is different. Though you can't predict what will happen when you do go into labor, you can make certain decisions beforehand about what, if any, pain relief you want to use. That plan may well change, but at the very least you'll know what your options are, and will have talked to your healthcare provider about your wishes and concerns. Here are your options:

Natural remedies: Planning for a drug-free childbirth? There are a few ways to cope with and relieve pain without drugs, such as various breathing techniques, warm baths or showers, changing positions (sitting, walking, squatting, using an exercise ball) and massage. The idea here is to help you relax, distract you from pain and help your body release endorphins, which are natural painkillers. You also might want to consider hiring a doula, a support person (in addition to your partner and healthcare provider) who stays with you throughout the process.

Narcotics: These are drugs that dull pain. You can get a narcotic through an IV or by an injection. The pros of narcotic pain relief are that they may allow you to rest without making you lose feeling entirely. Among the cons are that it may affect baby's breathing at birth and therefore cannot be given too close to delivery. They may also make you groggy or upset your stomach.

Epidural: In this pain-relief procedure, a catheter is inserted into your epidural space, and medication that decreases feeling in your lower body is continuously delivered directly into your epidural space where nerves live. It takes about 20 minutes to take full effect, and can be left in place for hours. While you're awake and aware of contractions, you can't usually walk around once you have an epidural.

Spinal block: A spinal block decreases feeling in the lower half of your body. But unlike an epidural, it's a single injection, put directly into your spinal column that works immediately, but that only lasts 1 to 2 hours. A spinal block is something you may have if you have a C-section.

WHEN YOU NEED A C-SECTION

Sometimes, a cesarean section (C-section), or surgical birth, is necessary. Reasons for a C-section include:

- A breech presentation
- You fail to dilate
- A very large baby
- Fetal distress (your baby doesn't get enough oxygen or his heart rate slows too much)
- Placenta problems
- A maternal infection or active herpes outbreak
- Multiple birth

Most C-sections are done with an epidural or spinal block.



What Happens After Delivery

If you have a vaginal delivery, you can expect to stay in the hospital for about two days. If you have a C-section, your stay will be a day or two longer to allow you to recover from surgery.

You and your baby will be well cared for post-birth. Expect contractions as your uterus returns to normal size, vaginal tenderness, breast soreness, vaginal bleeding and overall soreness and tiredness. Get as much rest as you can during your hospital stay. Try to limit visitors and take advantage of scheduled "quiet" times.

Your baby, after being cleaned and weighed and measured, will get an APGAR test, which assesses the following and assigns a score of 0, 1 or 2:

- Breathing effort
- Heart rate
- Muscle tone
- Reflexes
- Skin color

The higher the score, the better.

Delayed Cord Clamping - After birth, your baby's belly button is still connected to the placenta by the umbilical cord, which retains the nutrient-rich blood. Studies have found that not clamping and cutting the umbilical cord immediately could be good for your baby. Why? Allowing your newborn to get more of your iron-rich blood may help avoid possible iron deficiency.

We recommend "rooming in" which means you and your baby are together around the clock. This is the a great way for you to learn how to respond to your baby's needs and get breastfeeding off to a good start.

If Your Baby is Premature

Any baby born before 37 weeks gestation is considered premature. Every effort will be made to avoid delivery before that time, but if your baby is a preemie, here's what is likely to happen: Your baby will likely be cared for in the NICU (neonatal intensive care unit) and be monitored for health issues common to premature babies, such as breathing problems and difficulty feeding and regulating body temperature. How long he or she stays depends on how early he or she was born. In general, preemies can go home when they can breathe on their own, are feeding well and can stay warm without an incubator.

Notes

The Golden Hour

Getting To Know Your Baby

The Golden Hour is a bonding time for you and your baby. It is a once in a lifetime event and needs to be celebrated!

It is the first time mommy and baby get to meet and is full of laughter and tears, 'oohs and ahs,' and the counting of fingers and toes. It is important for you to have this Golden Hour with your baby to begin the bonding process. We encourage you to wait until after this time to introduce your baby to family and friends.

During the Golden Hour, your nurse will hang a sign outside your door to encourage visitors to allow private bonding and feeding time for you and your baby. They will be asked to return at a later time.

SKIN-TO-SKIN

We promote skin-to-skin in the first hours and days of your baby's life to help the two of you get to know each other better. Studies show that the mother-child bond is critical for your baby's ongoing growth and development. Skin-to-skin can have the following benefits:

- Regulates temperature
- Reduces stress for mom and baby
- Improves relaxation
- Teaches recognition of cues

This bonding time is one of the best ways for you to learn about your baby and begin the important process of connecting with your newborn.

After all the months of waiting and dreaming, it is exciting when your baby is finally born. But it takes time and effort for parents to get to know their newborn, and time for the newborn to adjust to the new world.



Getting to know your new baby is part of a fascinating but relatively simple process called bonding, in which you essentially "fall in love" with each other. Bonding is a natural process, and is easier when moms and babies are kept together. Some ways to help make this process easier include skin to skin and rooming-in with your baby.

BONDING

From the moment they learn they are expecting a baby, the process of bonding begins for many parents. This is an ongoing process of intimacy, understanding and nurturing that is all part of falling in love with their baby.

It was once thought that bonding occurred as a distinct time frame immediately after birth, when the baby was held in the mother's arms and eye contact was established. However, bonding has been identified more as a process, not an event.

With more frequent use of ultrasound examinations, parents are actually seeing their babies earlier than ever before. This seems to enhance bonding during pregnancy. The kicks and movements of the baby during pregnancy are also ways that a mother and father bond with the baby. Bonding continues when the baby is born and the parents and baby spend time getting to know each other.

As a process, bonding is not "missed out on" if a baby needs to leave the mother's side for special care. Bonding may be different for mothers than for fathers. And, some mothers may react differently than other mothers. Some mothers feel an immediate deep emotional bond at first sight, while others find their feelings develop more slowly, as they spend time with the baby. Babies do not "forget" parents if separated from them at first. They show a unique preference for a mother's smell and voice.

***BONDING HAS BEEN IDENTIFIED
MORE AS A PROCESS, NOT AN EVENT.***

Newborn Tests and Care

Our mission is to provide excellent care to newborns with standards established by the American Academy of Pediatrics and the Texas Department of Health. Therefore, Baptist Health System would like to make you aware of the procedures recommended for newborns. Your pediatrician is a great resource for your questions concerning procedures during the newborn period.



STANDARD REQUIREMENTS: As per the American Academy of Pediatrics

Vitamin K: Administered at birth, Vitamin K is part of the mechanism needed for blood to clot. Low levels of Vitamin K can cause rare but serious bleeding problems. This is especially a concern if you have a male child and plan a circumcision.

Eye Care: The State of Texas recommends that all newborns receive erythromycin eye ointment shortly after delivery. In order to be effective, the ointment is applied within the first hour of birth, as certain eye infections can cause blindness if left untreated.

Hearing Test: A hearing test is administered to all newborns before discharge to screen for hearing deficits. If reduced hearing is identified, newborns will be referred for further diagnostic testing or to a specialist for further evaluation.

Newborn Metabolic Screen: This screening test is done prior to discharge and repeated in 7-14 days to check for several diseases which may be treated if detected early. Most of these disorders have no visible signs at birth. Your pediatrician or family physician will call if results are abnormal.

BAPTIST HEALTH SYSTEM RECOMMENDED PROCEDURES

Hepatitis B Vaccine: The American Academy of Pediatrics recommends that your baby receive this vaccine at birth or shortly after to protect against the Hepatitis B virus. Hepatitis B can cause lifelong infection, serious liver damage and even death.

Your newborn may also undergo monitoring and/or testing for low or high blood sugar, feeding issues, infection, elevated bilirubin (jaundice) or other medical concerns.



Your pediatrician is a great resource for your questions concerning procedures done in the newborn period.

Baptist Health System hopes the explanation of our newborn policies is helpful to you. We encourage you to discuss any concerns with your pediatrician.

Notes

Postpartum Care For You and Your Baby

We encourage you to spend as much time as possible with your newborn by keeping them in the room with you.

All Baptist hospitals offer the Golden Hour period, which is time for special bonding between you and your baby during the first hour of life. We encourage skin-to-skin contact during the Golden Hour. Your nurse will be available to help with your new baby and answer any questions you may have.

- You will receive regular visits by your obstetrician. Many mothers find it helpful to prepare a list of questions to ask, including options for birth control.
- Prior to your discharge from the hospital, your nurse will give you home care instructions and follow-up appointment information.

NEWBORN SECURITY MEASURES

The safety and protection of your baby are of the utmost importance to us. The following measures have been put into place to help keep your baby safe. Our staff will review these with you when your baby arrives.

BABY IDENTIFICATION

- As soon as your baby is born, a nurse will place **IDENTIFYING BANDS** on his/her wrist and ankle. Mother and her support person are also given wristband that match those placed on baby's wrist and ankle.

Each time your baby is moved from or returned to your room, the identification bands will be checked to make sure they match. Please **DO NOT REMOVE** any of these bands. They are important for your baby's safety during the hospital stay. These bands are checked again prior to discharge.

SECURITY

- When your baby is born, a **SENSOR** is attached to his/her ankle or umbilical cord. This device sets off an alarm if your baby is moved near any of the exits, stairs or elevators in our area.
- The Labor & Delivery and the Postpartum areas are always on "lock-down" mode. To enter these areas, visitors must identify themselves and the door must be unlocked by the staff inside.
- Check for an official staff ID badge. Release your infant only to staff members wearing the appropriate name tags. During your hospital tour, you will be told how to identify these badges. Otherwise, the baby should not leave your room. Security cameras are located at elevators, stairways and exits for your baby's safety.



TRANSPORT

- If you have concerns about who is trying to transport your baby, contact your nurse or go with your baby.
- If your baby leaves your room for any reason, he/she must be in a crib. No infants are to be carried in the hallways by staff, parents or guests.

While in your room, keep your baby in sight at all times. Whether you are taking a nap or just going to shower, ask a family member to watch the baby for you, or call a nurse.

SAFETY AT HOME

For information about how to prepare your home for your new baby's arrival, visit the website for National Safe Kids Campaign at safekids.com.

NURSERY SERVICES

Your baby's heart rate, breathing and color will be checked often during the first couple of hours after birth. Weight, measurements and footprints will also be taken. Before discharge nursery staff will provide the state-mandated hearing and Texas Newborn Screening.

NICU

If your baby needs special care or treatments, Baptist Health System has Neonatal Intensive Care Units (NICUs) staffed by nurses with technologically advanced equipment to care for your newborn. Neonatologists and neonatal practitioners are also readily available. The NICU multidisciplinary team is available 24 hours a day, seven days a week and embraces a family-centered approach to patient care. During your baby's stay, we will work closely with you in planning developmentally appropriate care based upon the needs of your baby and family.

PHOTOGRAPHY WHILE IN THE HOSPITAL

Photography services are available through an outside vendor. The photographer will bring you information regarding pictures. You may want to dress your baby in an outfit brought from home. Photos are taken in your room with your permission. You have the option to purchase pictures.

CIRCUMCISION

Many pediatricians are available to perform circumcisions during your son's initial hospitalization. If you wish for your son to be circumcised before you are discharged from the hospital, please discuss this when you select a pediatrician.

DISCHARGE

The following details need to be taken care of once you and your baby are ready for discharge. If you have any questions, please feel free to ask your nurse.

- Both your obstetrician and pediatrician must write your discharge orders before you and baby can go home.
- Your discharge instructions will include information on follow-up appointments and prescriptions.
- Arrange transportation in advance to avoid delays.
- Notify your nurse when you and your baby are dressed and ready to leave the hospital.
- Please check your room carefully for personal belongings before leaving the hospital.
- You will need to sign the baby's identification form.
- You will be escorted in a wheelchair, or you can walk to your vehicle with a staff member or volunteer if you prefer.

- **You must have an infant car seat securely placed in your vehicle.**

Due to the variety of car seats available, the nursing staff will depend on you to secure your infant in the car seat according to the manufacturer's instructions.



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POSTPARTUM MEDICAL CONDITIONS

“Baby Blues”: Are you experiencing mood swings or feeling sad? Do you just start crying and don’t know why? You may be experiencing “baby blues”—an emotional response associated with hormonal changes, typically occurring within the first few weeks after delivery. “Baby blues” are very common and usually fades quickly.

Postpartum Depression: Are you feeling worthless and guilty? Do you fear you will hurt your baby, yourself or someone else? Perhaps you have withdrawn from your family, or your eating and sleeping patterns have changed, or you are no longer interested in caring for your baby.

You may be experiencing postpartum depression — a serious medical condition that can develop within the first few months after delivery and last as long as a year. Moms suffering with postpartum depression may also experience reduced libido, fatigue, sadness and anxiety. Studies show hormonal changes are the likely cause. Most women recover with the help of support groups and counseling. For assistance, call your medical provider.

DOCUMENTATION

Birth Certificate Information

After the birth of your baby, a representative from the Birth Registrar’s Office will visit with you to obtain the information necessary to complete the birth certificate.

A birth certificate is a legal document, which by law, must be completed and submitted to the State of Texas Bureau of Vital Statistics. This certificate is required for registering your child for school, proof of citizenship, obtaining



a social security card, etc. It is important to provide complete and accurate information, as errors are difficult and expensive to correct after the certificate is filed.

You will receive a complimentary hospital birth certificate during your stay as well as Verification of Birth Facts for insurance purposes. **Please note this is not the official, legal birth certificate.** You will need to purchase the official birth certificate from the San Antonio Metropolitan Health District. During your hospital stay, you will receive a form explaining how to purchase a birth certificate.

OTHER DOCUMENTS

A social security card can be requested as part of the Birth Certificate worksheet process if you choose to receive one. The card will be mailed to the address provided on the birth certificate. A Certification of Birth Facts can be provided upon request for insurance purposes.

You may receive a follow-up phone call and/or a patient satisfaction survey from Baptist Health System. We are very interested in finding out if your doctors and nurses always communicated well with you, if the hospital was clean and quiet at night during your stay, if your pain was managed well and if your needs were met quickly. Please let us know if there are any areas we can improve upon and/or if you would like to recognize any of your caregivers.

Notes

Breastfeeding

At the Baptist Health System, all of our nursing staff are qualified to support breastfeeding during your hospital stay. For more complicated breastfeeding situations, most Baptist facilities have lactation consultants on staff to offer additional breastfeeding support.

THE HEALTH BENEFITS FOR MOM

- Breastfeeding is one way to bond with baby.
- Breastfeeding helps mother's uterus return to its regular size more quickly and can also decrease postpartum bleeding.
- Breastfeeding often induces a feeling of peace and relaxation for mother while she is nursing her baby.
- Breastfeeding may help a mother lose weight quicker.
- Some studies have found that breastfeeding may reduce mother's risks of:
 - Type 2 diabetes
 - Rheumatoid arthritis
 - Cardiovascular disease, including high cholesterol and high blood pressure
 - Breast and ovarian cancer



THE HEALTH BENEFITS FOR BABY

Infants who are fed breast milk have a reduced chance of the following diseases since breast milk contains many protective ingredients that are not found in artificial baby milk:

- Asthma
- Childhood leukemia
- Childhood obesity
- Ear infections
- Eczema, also known as atopic dermatitis
- Diarrhea and vomiting
- Lower respiratory infections
- Necrotizing enterocolitis— a disease that affects the gastrointestinal tract in pre-term infants
- Sudden infant death syndrome, also known as SIDS
- Type 1 and Type 2 diabetes

Breastmilk contains natural ingredients that help with baby's brain growth as well as oral and facial development. It is ever-changing to meet the needs of a growing body.

BREASTFEEDING TIPS

- To start breastfeeding, wash your hands and cradle your baby close to your breast in a comfortable position.
- Use pillows for support if necessary.
- Make sure your baby's mouth is wide open and he or she takes in part of the area around the nipple. Your baby is latched correctly if you feel a gentle pulling sensation on your breast and hear a rhythmic sucking and swallowing pattern.
- Newborns typically nurse every two to three hours in the first few weeks. Watch for signs that your baby is getting hungry—stirring, stretching, lip movements or sucking motions.
- Let your baby set the pace and thoroughly nurse from one breast until it feels soft (about 15-20 min). Try burping your baby before offering the second breast. If your baby is not hungry, start the next breast feeding session with the second breast.
- You may feel some tenderness at first, but breastfeeding should not be painful. To prevent soreness, let the milk dry naturally on the nipples. Change bra pads often and apply

lanolin after feedings to help prevent dry or cracked nipples. Remember to wash lanolin off before feeding your baby.

- Your baby eats what you eat, so avoid alcohol and caffeine, eat a healthy diet and drink lots of fluids. Get plenty of rest and don't smoke. Take medications only with your doctor's approval.

WHAT IS COLOSTRUM

Colostrum is mother's first breast milk and is often called 'liquid gold' because of its unusually bright yellow color and high value for baby (it can be clear or white in color as well).

Colostrum:

- Is produced during pregnancy and is available just after birth in just the right amounts for baby's small stomach
- Is very high in protein and contains all the nutrients baby needs in the first few days of life
- Is very easy for baby to digest and protects baby's gut from allergens and bacteria
- Contains antibodies which protect your baby against infection and disease
- Has a laxative effect on the baby's gut which helps baby to pass the early meconium stools
- Starts to change into transitional milk by the third to fifth day after birth as it turns to mature milk, colostrum provides all the protein, sugar and fat baby needs to be healthy

Mother's Milk First Lactation Center

The Mother's Milk First Lactation Center offers a warm, comfortable and supportive environment where breastfeeding families can discuss their goals, concerns and their baby's needs. Our board-certified lactation consultants have advanced training in breastfeeding management. They assess mom and baby to help evaluate lactation concerns and help make a plan to overcome difficulties. We can also refer new moms to other health care providers, if needed.

All of our nursing staff are qualified to support breastfeeding during your entire hospital stay.



Pediatric Care



Nothing is more important than the health and wellbeing of a child. That's why the Baptist Children's Hospital at North Central provides comprehensive and compassionate pediatric care led by physicians with experience working with infants and children.

At the Baptist Children's Hospital at North Central, we offer quality inpatient care with intensive care and hospitalists, a ChildLife unit and pediatric transportation. We also offer dedicated pediatric surgery and anesthesia for procedures such as orthopedic surgery, spine, cardiology, ENT, GI, urology and general surgery.

Pediatric Emergency Room

In an emergency, minutes matter. That's why parents trust the Baptist Children's Hospital at North Central. North Central offers a dedicated pediatric emergency room with doctors and nurses trained to deliver the best care for your child.

Sedation Services

Both inpatient and outpatient pediatric sedation services are provided by the Pediatric Sedation and Procedural Clinic at North Central Baptist Hospital. Sedation is administered by a dedicated team of highly-trained physicians and

nurses. Imaging studies and many minor procedures can be performed on children under mild sedation with one-on-one attention from our staff in a safe and comforting environment.

Hospitalist Services

Pediatric hospitalists are available for inpatient pediatric care at the Baptist Children's Hospital at North Central. Our pediatric hospitalists are dedicated to providing patient-focused education for families and facilitating clinical collaboration for a seamless transition from the ER or pediatric intensive care unit (PICU) to the general pediatric unit. Pediatric Hospitalists work with your regular pediatrician and other specialists involved in your child's care. Pediatric specialists are available 24/7.

Pedi-Q Outpatient Testing and Treatment

Pedi-Q offers outpatient diagnostic tests, newborn screenings and treatment for children. A kid-friendly atmosphere helps make Pedi-Q quick and easy. Pedi-Q is staffed by pediatric nurses, technicians and aides. To schedule a test, call 210-619-8800. Walk-ins are welcome with a physician order.

Pediatric Transport

Your child is our priority, especially when they are sick, critically ill, injured and need to be admitted to the hospital. That's why we have a pediatric transport team dedicated to safely getting children to a place where they can get back to health: The Children's Hospital at North Central Baptist. Our team is composed of pediatricians, registered nurses and therapists who are passionate about providing comprehensive healthcare for children.

