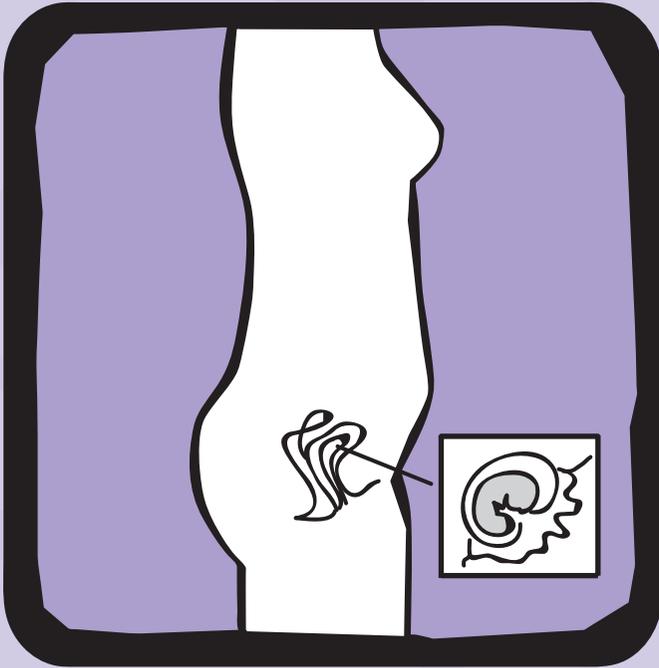


# 6-8 Week Visit Prenatal Information Sheet

6-8 Week Visit



Goal: Exchange information and identify existing risk factors that may impact the pregnancy



# Prenatal Information Sheet: 6–8 Week Visit

*Goal: Exchange information and identify existing risk factors that may impact the pregnancy*

## Your baby's growth

- Your baby (embryo) is probably an inch long and likely weighs 1/30 of an ounce.
- Your baby's face and body are fairly well formed.
- Your baby's bones have appeared. Internal organs are beginning to work and the baby's heart has been beating since the third week.
- The placenta is attached to the uterine (womb) wall on the mother's side and the umbilical cord going to the baby on the other. The placenta acts as an "almost" perfect filtering system between mother's blood and baby's blood. The placenta has a fetal (baby) circulation side and a maternal circulation side. A membrane barrier separates these sides. The placenta and umbilical cord provide the way for nutrients (food and oxygen) to get to your baby and for waste products to be removed. Unfortunately, it also allows some harmful substances, such as alcohol and drugs, if in the mother's blood, to get to the baby.



Your baby's growth

## Your body's changes

- Your uterus has grown from the size of a pear to the size of a large orange.
- You are probably beginning to notice changes in your body as a result of your pregnancy.
- Your breasts may become larger and tender.
- The area around your nipples may darken.
- You may have to go to the bathroom more frequently to urinate.
- You may have morning sickness that lasts beyond morning.
- Your bowel habits may change with increased constipation.



Your body's changes

## Your family's changes

- The hormone changes that affect your body may also affect your emotions, causing mood swings.
- Your partner may have concerns about your health, the baby, and your family's financial state.
- Coping with the discomforts of pregnancy may change household and work routines.
- You and your partner both need time to adjust and accept your upcoming role as new or repeat parents.
- It is important to share these feelings with someone you trust.
- Talk with your spouse/partner regarding his reaction to the pregnancy.



Your family's changes



Thoughts  
&  
Feelings

Thoughts  
&  
Feelings

## Your thoughts and feelings

- You may have some new feelings - maybe you stopped doing things you enjoy or felt sad some days in the past couple weeks.
- Accept how you are feeling, even if it is that you are very fatigued, and remember that these changes are temporary.
- Discuss your feelings with someone you trust and your healthcare provider, especially if you have been very sad or depressed.
- If you have experienced depression at another point in your life, you are at much higher risk for pregnancy-related depression. In fact, one in three mothers with a history of Major Depressive Disorder will experience depression during or after pregnancy. Please discuss any history of depression or any mental health concerns with your provider as soon as possible.
- In early pregnancy you may find that your desire for sexual intercourse changes especially if you have nausea, vomiting, fatigue and/or breast tenderness. Since the amniotic sac protects and cushions the fetus, intercourse normally does not hurt the developing baby or cause a miscarriage. Ask your healthcare provider if you have concerns.
- Hormone changes and weight gain can make it easy to become frustrated with yourself and others. Physical discomforts, like not sleeping well, nausea and fatigue, can make it hard to deal with the demands of life even when you are not pregnant! Also, if you are a parent, your challenge may be even greater.
- Pregnancy is both exciting and scary. Pregnancy is different for a military spouse in that military life is demanding for the active duty member, as well as for the family. Adapting to a new pregnancy as a Veteran transitioning to civilian life, as an Active Duty member or as a military spouse can be challenging. For pregnant spouses of deployed military members there is anxiety about the timing of the pregnancy and birth. Planning an upcoming PCS/move can be especially challenging when you are pregnant. A strong support system helps decrease anxiety that may come with pregnancy and military/veteran transitions.



Signs to report  
immediately

## Signs to report immediately

- When in doubt, call the clinic or your healthcare provider or go to the Emergency Department!
- Bright red vaginal bleeding or painful cramping.
- Persistent severe headaches, severe nausea, and vomiting.
- Fever at or over 100.4° F or 38° C.
- Inability to keep liquids down (due to nausea and/or vomiting) resulting in a reduced amount of urine.

## Today's visit

- If possible, prior to this visit, fill out questionnaire about your history that is relevant to this pregnancy.
- The nurse will screen for potential risk factors such as:
  - Social risks: alcohol/drug/tobacco/domestic abuse
  - Medical risks: immunization status, exposure to sexually transmitted infections, current health status, and family history of specific diseases
  - Nutritional risks: weight and dietary intake
  - Obstetrical risks: problems in previous pregnancies and risks for preterm labor
- If you are struggling with nausea and vomiting, refer to Common Discomforts & Annoyances of Pregnancy in the Resource Section for things you can do. Now is the time to think about avoiding too much weight gain. For tips about weight gain, refer to Nutrition in Pregnancy in the Resource Section.
- Receive and discuss information on exercise, benefits of breast-feeding, and other health related behaviors.
- Discuss initial information regarding options for screening for birth defects including chromosomal abnormalities. More detailed counseling will be arranged at later visits. See Resource Section for further information.
- Receive needed immunizations and information on ways to decrease chance of getting various diseases.
- Have recommended blood work and urine screen completed.
- Discuss your anticipated due date which may change when more information is known and further testing is done. Knowing your last menstrual cycle date will help determine your due date.



Today's Visit

Normal is same as pre-pregnant BP or slightly less than pre-pregnant BP

My BP:

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### Your blood pressure

- We will measure blood pressure (BP) at every prenatal visit. Rapidly increasing or abnormally high blood pressure can be a sign of Gestational Hypertension.
- High blood pressure can cause serious complications such decreased in the blood and oxygen supply to the baby and mother.



Your Blood Pressure

My weight:

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### Your weight

- You are likely to gain 2 to 4 pounds in the first three months. Record any weight gain in the space provided in the Resource Section.
- Total weight gain should be about 25 pounds unless you are over or underweight. Your weight gain is not all fat. It is mostly water in your body and the weight of the growing baby.



Your Weight



Your Weight

### Your weight

- Normal pregnancy weight gain:  
(if pre-pregnant BMI is normal)
 

breast . . . . .	1.0 - 1.5 lbs.
blood . . . . .	3.0 - 4.5 lbs.
extra water . . . . .	4.0 - 6.0 lbs.
uterus . . . . .	2.5 - 3.0 lbs.
placenta/amniotic fluid . . . . .	3.5 lbs.
baby . . . . .	7.0 - 8.0 lbs.
fat stores . . . . .	4.0 - 6.5 lbs.
<b>TOTAL . . . . .</b>	<b>25 - 35 lbs.</b>

- Gaining the right amount of weight by eating the right type of food is an extremely important part of a healthy pregnancy.



Your exercise routine

### Your exercise routine

- Regular exercise helps you to keep fit during your pregnancy and to feel better during a time when your body is changing.
- Before beginning a new type of exercise, check with your healthcare provider.

Reference:  
Prenatal  
Fitness and  
Exercise



Consider breastfeeding

### Breastfeeding - a great start

- Now is the time to think about how you want to feed your baby.
- The American Academy of Pediatrics, the American College of Nurse-Midwives, the American College of OB/GYN, and the American Dietetic Association all strongly recommend breastfeeding for at least your baby's first 12 months of life.
- See Breastfeeding in Resource Section for further information.

**Notes:**

**Discussion:**

	<p><b>Take only medications approved by your healthcare provider</b></p> <ul style="list-style-type: none"><li>• Discuss any prescription medication with your provider.</li><li>• Safe over-the-counter drugs for common discomforts:<ul style="list-style-type: none"><li>– Headaches: Tylenol®, Tylenol PM®, Datriil®</li><li>– Cold: Tylenol®, saline nose spray/rinses, Robitussin® (no alcohol), Benadryl®</li><li>– Allergies: Claritin®, Zyrtec®, Allegra®</li><li>– Constipation: Metamucil®, Fiber-All®, Miralax®, Milk of Magnesia®</li><li>– Indigestion: Tums®, Roloids®, Maalox®, Mylanta II®, Simethicone</li><li>– Reflux: Zantac®, Pepcid®, Prilosec®</li><li>– Hemorrhoids: Preparation H®, Anusol®</li><li>– Nausea/Vomiting: Vitamin B6, Emetrol®, Unisom®, ginger, sea sickness bands</li></ul></li></ul>	 <p><b>Take only medications approved by your provider</b></p>
	<p><b>Drugs to avoid</b></p> <ul style="list-style-type: none"><li>• Aspirin®, Motrin®/Ibuprofen, Tetracycline, Accutane®</li><li>• Caffeine may cause problems with your pregnancy.</li><li>• Alcohol, tobacco, and any illicit drugs are harmful to your baby, avoidance helps decrease risks.</li></ul> <p>NOTE: If you are using any drugs or substances that may be harmful to your baby, ask about strategies to quit and approaches to lifestyle behavior changes.</p>	 <p><b>Drugs to avoid</b></p>
	<p><b>Work and household activities</b></p> <ul style="list-style-type: none"><li>• AVOID:<ul style="list-style-type: none"><li>– Cat litter</li><li>– X-rays (may be necessary after discussion with your OB healthcare provider)</li><li>– Use of dry cleaning solutions</li><li>– Children’s sandboxes (cats may use as a litter box)</li><li>– Working around radiation or radioisotopes</li><li>– Working with lead or mercury</li><li>– Gardening without gloves</li></ul></li><li>• If in doubt about your potential exposures, ask your health care provider.</li></ul>	 <p><b>Work and household activities</b></p>



Contact with  
certain diseases  
or  
infections

## Avoiding infections

- Practice behaviors that prevent infection: Wash hands often, especially after using the toilet or changing a diaper, before food preparation, and before and after you eat.
- Cover your cough and encourage your family members to do the same.
- Avoid contact with people who have known infectious conditions, such as a cold, the flu or a childhood disease such as chicken pox.
- It is important that you be open with your healthcare provider regarding exposure to any of the Sexually Transmitted Infections (STIs). Sexually Transmitted Infections (STIs) are viruses, bacteria, or parasites that pose risks or possible death to your baby. These STIs include:
  - HIV(AIDS)
  - Gonorrhea
  - Syphilis
  - Chlamydia
  - Genital Herpes
  - Genital warts



Immunization  
status

## Immunization status

- Your immunizations should be up-to-date. We will review your immunization and/or past exposure history for the following:
  - Varicella (Chicken Pox)
  - Rubella (German Measles)
  - Hepatitis B
  - Tetanus (Lockjaw)
  - Pertussis (Whooping Cough)
  - Diphtheria
  - Influenza (Flu) (seasonal-related)
- No live virus vaccines are recommended during pregnancy.
- Please make sure your flu vaccines are up-to-date during your pregnancy and after delivery.
- Receive immunizations as needed.
- If you are pregnant during the flu season, influenza vaccinations are recommended (but not the flu mist because it is a live vaccine).
- You can avoid many infections by following good hand washing practices.

**Notes:**

**Discussion:**

	<p><b>Domestic abuse</b></p> <ul style="list-style-type: none"><li>• Domestic abuse often increases during pregnancy. Please do not hesitate to seek help from your healthcare provider, counselor, or a close friend if you are experiencing physical, sexual, or emotional abuse.</li><li>• Let your healthcare provider know if within the last year, or since you have been pregnant, you have been hit, slapped, kicked, otherwise physically hurt, forced to have sexual activities or verbally abused.</li><li>• National Domestic Abuse Hotline: 1-800-799-7233</li></ul>	 <p><b>Domestic abuse screen</b></p>
	<p><b>Summary of visit</b></p> <p>Due date: _____ Date of next visit: _____</p> <p>Date for lab work/other medical tests: _____</p> <p>Date for any other scheduled appointments: _____</p> <p>_____</p>	 <p><b>Summary of visit</b></p>
	<p><b>Your next visit</b></p> <p>At your 10-12 week visit we will:</p> <ul style="list-style-type: none"><li>• Measure your uterine growth, blood pressure, and weight, and listen to the fetal heart tone (may not be heard this early in pregnancy) and discuss any concerns/questions you may have.</li><li>• Complete a head-to-toe physical and pelvic exam, Sexually Transmitted Infection (STI) screening and possibly a Pap smear.</li><li>• Discuss lab test results from first visit and have additional labs, if needed.</li><li>• Discuss lifestyle changes if needed.</li><li>• Provide further education on Cystic Fibrosis Carrier risk and discuss your options to be screened with a blood test if not done on first visit.</li><li>• You should plan on at least 30 minutes for this visit.</li><li>• You should bring: any copies of your outpatient medical record you may have and your immunization record for your provider to review and complete your medical history.</li></ul>	 <p><b>Your next visit</b></p> <p><b>ALWAYS BRING YOUR PURPLE BOOK AND PREGNANCY PASSPORT TO EVERY VISIT</b></p>

**My reaction when I learned I was pregnant:**

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**My partners reaction to my pregnancy:**

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**Goals for my pregnancy:**

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**Questions for my next visit:**

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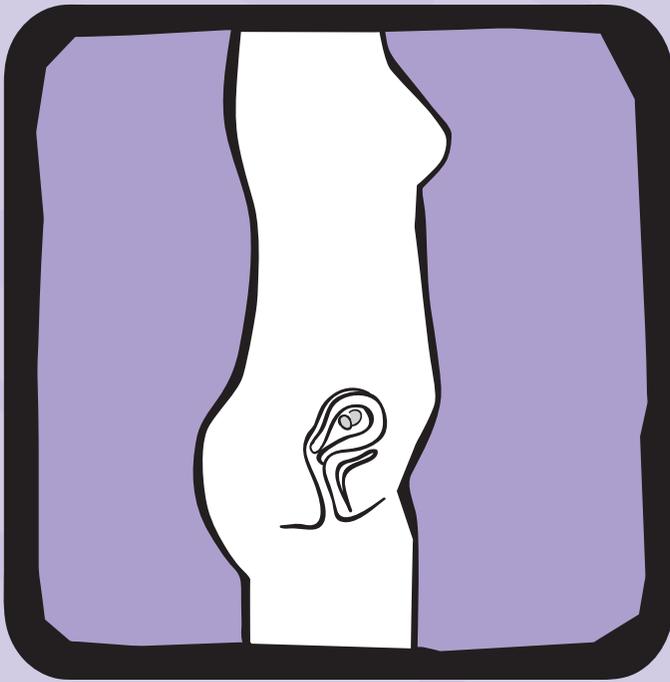
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# 10–12 Week Visit Prenatal Information Sheet



Goal: Determine your current health status  
and work toward a healthy pregnancy



# Prenatal Information Sheet: 10–12 Week Visit

*Goal: Determine your current health status and work toward a healthy pregnancy*

## Your baby's growth

- Your baby is now about 2.5 to 3.0 inches long and likely weighs about 0.5 ounces. The head is about twice the size of the body.
- During this time, your baby's body and organ tissues grow rapidly.
- The eyes and ears are moving into normal positions.
- Intestines move from the umbilical cord into the stomach area.
- We may be able to hear your baby's heartbeat with a Doppler.



**Your baby's growth**

## Your body's changes

- Your uterus is now the size of a grapefruit.
- We may be able to feel the upper edge of your uterus (the fundus) a little bit above your pubic bone.
- Wear comfortable clothing that provides room to grow.
- Morning sickness often diminishes by the end of this month (but not always).
- If you haven't already started, slowly add healthier food choices and change unhealthy eating habits.
- Your teeth and gums are affected by pregnancy, just as other tissues in your body. Routine dental care and exams are important to maintaining your dental health. Check when your last dental cleaning was and schedule an appointment with your dental provider if it has been more than six months. Dental x-rays with the proper precautions are not harmful during pregnancy.



**Your body's changes**

## Your family's changes

- You may be moody, irritable, tearful, disorganized, have trouble concentrating, or have irrational thoughts. These feelings are normal. It may be helpful to talk about them with your family.
- Your sexual desire may increase or decrease - both are normal.



**Your family's changes**

## Your thoughts and feelings

- You may find you are more moody or "stressed out" than you have been in the past. This is in part due to hormonal changes as your body adjusts to pregnancy. Just planning for your baby's arrival can be challenging.
- Most expectant mothers have concerns, whether it is body changes/discomforts, their health or the baby's, fear of labor or changes to their personal or work situation.



**Thoughts & Feelings**



Thoughts & Feelings

### Your thoughts and feelings

- Discuss your feelings with someone you trust and your healthcare provider, especially if you have been very sad or depressed.
- Discuss any concerns about past traumatic events with your provider. There are options to help you cope with this if it becomes a problem.



Signs to report immediately

### Signs to report immediately

- When in doubt, call the clinic or your healthcare provider or the Emergency Department!
- Bright red vaginal bleeding, or painful cramping.
- Persistent severe headaches, severe nausea, and vomiting.
- Fever at or over 100.4° F or 38° C.
- Inability to keep liquids down (due to nausea and/or vomiting) resulting in a reduced amount of urine.



Today's visit

### Today's visit

- Review your medical and mental health history with your healthcare provider.
- Receive a complete head-to-toe physical and pelvic exam which may include a Pap smear and STI screening.
- Obtain height and weight to determine amount of fat in your body - called the Body Mass Index (BMI).
- Review and discuss initial lab results.
- Identify and discuss with your healthcare provider any additional advanced care you may need.
- Discuss with your provider information regarding options for screening for birth defects including chromosomal abnormalities.
  - If you have chosen to undergo screening for birth defects with a first trimester result, your provider will review any tests completed.
  - If you have chosen to do a testing strategy with results in the first trimester but have not yet had testing, and you are still within the appropriate gestational age, testing will be arranged.



Your blood pressure

### Your blood pressure

- Blood pressure is measured at every prenatal visit because high blood pressure can cause serious complications for baby and mother if not controlled.

My BP:

\_\_\_\_\_

**Notes:****Discussion:**

<p>My weight: _____</p> <p>Total weight change: _____</p> <p>My optimal weight gain: _____</p>	<p><b>Your weight and nutrition</b></p> <ul style="list-style-type: none"> <li>• Weight gain by now is usually 2 to 4 pounds. Monitor/review your weight gain regularly.</li> <li>• Your baby is likely to be healthier if you eat nutritious foods.</li> <li>• Try small, frequent meals to provide needed nutrition and to decrease nausea and vomiting.</li> <li>• Choose your calories wisely—make sure each one is good for both the baby and you.</li> <li>• If you are currently taking a multivitamin, you may continue taking it. Discuss your decision with your provider.</li> <li>• If you are taking specific nutritional supplements (such as vitamins) or if you are on a special diet, you should discuss with your provider the need for ongoing supplementation or additional nutritional consultation.</li> <li>• Whether you are underweight (BMI &lt;18.5), overweight (BMI &gt;30), or normal weight, you should discuss your optimal weight gain with your healthcare provider.</li> <li>• Track your weight gain in the Resource Section of this book.</li> </ul>	 <p><b>Your weight</b></p>
<p>Reference: Prenatal Fitness and Exercise</p>	<p><b>Your exercise routine</b></p> <ul style="list-style-type: none"> <li>• You may find it more difficult to “catch your breath” even when walking up stairs. Take it slowly. If this continues, discuss it with your provider.</li> <li>• It is best to never exercise to the point of exhaustion or breathlessness. This is a sign that your body cannot get the oxygen supply it needs, which affects the oxygen supply to the baby as well.</li> <li>• Certain activities should be avoided. For further information, see Exercise in the Resource Section.</li> </ul>	 <p><b>Your exercise</b></p>
<p><b>Breastfeeding - a great start</b></p> <ul style="list-style-type: none"> <li>• Get to know other breastfeeding moms and get involved in community breastfeeding groups, such as La Leche League.</li> <li>• Human breast milk contains more than 100 protective ingredients not found in a cow’s milk-based formula. Breast milk can’t be duplicated.</li> <li>• Learn as much about breastfeeding as you can head of time.</li> <li>• I plan to _____ feed my baby. I want to do this for _____ weeks.</li> </ul>		 <p><b>Consider breastfeeding</b></p>

**Key points:****Discussion:****Notes:****Fetal heart rate****Fetal heart rate**

- You may be able to hear your baby's heartbeat at this visit with a Doppler.

Fetal heart rate:  

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**Uterine size****Uterine size**

- At 10-12 weeks your uterus is at the top of your pubic bone.

Uterine size:  

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**Initial lab results****Initial lab results**

- If any of your test results are abnormal, your provider will discuss life-style changes, treatments, and possible outcomes.

**Blood type testing****Blood type testing**

- Blood typing and antibody testing will be done to tell if you are Rh (D) negative or positive.
- If you are found to be Rh (D) negative:
  - You will receive a D-immunoglobulin (RhoGAM) injection at 28 weeks to prevent your blood from building up antibodies that can harm your baby.
  - The D-immunoglobulin (RhoGAM) injection will be given if you have certain procedures, such as amniocentesis, or if you are experiencing vaginal bleeding during the pregnancy.
  - The D-immunoglobulin (RhoGAM) injection is repeated after delivery if baby's blood is Rh positive.

**Rubella and Varicella results****Rubella and Varicella results**

- If screening shows no immunity (tests negative), we will discuss precautions to protect against these infections.

**Notes:**

**Discussion:**

**Key points:**

	<p><b>Asymptomatic Bacteruria (ASB) Screen</b></p> <ul style="list-style-type: none"><li>• ASB is an increased growth of bacteria in the urine that can only be found through laboratory analysis of a urine sample. There are no symptoms, but ASB can result in a serious kidney infection if left untreated.</li><li>• Antibiotic treatment may be prescribed. It is important to take as directed and finish the whole prescription or the bacteria can return.</li><li>• To reduce the chance of getting ASB, wear cotton panties and wipe from front to back.</li></ul>	 <p><b>Asymptomatic Bacteruria (ASB) screen</b></p>
	<p><b>Cystic Fibrosis (CF) Carrier Screen</b></p> <ul style="list-style-type: none"><li>• We offer this test to determine if you are a carrier for CF and your baby's chances of having the disease. If you test positive, then the next step is to test the baby's father.</li><li>• If you and your partner are carriers, your unborn baby will have a 1 in 4 (25%) chance of having CF.</li><li>• You will be given additional information and the option for further counseling.</li><li>• This information allows couples to decide on their options.</li><li>• This test is optional. The chances of having CF vary with ethnic groups. See Cystic Fibrosis Testing in the Resource Section for further information.</li></ul>	 <p><b>Cystic Fibrosis (CF) carrier screen</b></p>
	<p><b>Summary of visit</b></p> <p>Due date: _____ Date of next visit: _____</p> <p>Date for lab work/other medical tests: _____</p> <p>Date for dental cleaning if needed: _____</p> <p>Date for any other scheduled appointments: _____</p> <p>_____</p>	 <p><b>Summary of Visit</b></p>



Your next visit

**Your next visit**

At your 16-20 week visit we will:

- Measure your uterine growth, blood pressure, weight, listen to your baby’s heart rate, and discuss concerns/questions you may have.
- Follow-up regarding results from birth defect and fetal abnormality screening tests which you elected to do.
- Discuss the potential benefit, limitation and safety of prenatal obstetric ultrasound.

ALWAYS BRING  
YOUR  
**PURPLE BOOK**  
AND  
**PREGNANCY**  
**PASSPORT**  
TO EVERY VISIT

**Differences I have noticed recently in my body:**

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**How pregnancy has impacted my relationship with my partner:**

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**Questions for next visit:**

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# 16–20 Week Visit Prenatal Information Sheet



Goal: Work toward a more comfortable  
and safer pregnancy



# Prenatal Information Sheet: 16–20 Week Visit

*Goal: Work toward a more comfortable and safer pregnancy*

## Your baby's growth

- Your baby (fetus) is now about 4.4 to 5.5 inches long and may weigh about 4 ounces.
- Fine hair, called “lanugo,” is growing on your baby’s head and is starting to cover the body. Fingernails are well-formed.
- The arms and legs are moving and you may start feeling this movement. This movement is called “quickening.” You may not feel movement everyday at this point, but the movements will become stronger and more frequent as your pregnancy progresses.



**Your baby's growth**

## Your body's changes

- Your uterus is about the size of a cantaloupe.
- Your center of gravity changes as your uterus grows. This change may affect your balance and your ability to move.
- There is an increase in the mobility of your joints that can affect your posture and cause discomfort in your lower back. As your uterus grows, the round ligaments supporting the uterus can stretch and pull. This ligament pain feels like a sharp pulling sensation on either or both sides of the lower abdomen.
- You may have difficulty sleeping.
- You may have some head stiffness or frequent nose bleeds. These symptoms may occur because of changes in your circulatory system due to hormonal changes.
- Constipation may be a problem. Refer to Common Discomforts & Annoyances of Pregnancy in the Resource Section for things you can do.
- You may notice a whitish, vaginal discharge.
- You may feel Braxton-Hicks contractions which are usually painless, irregular uterine contractions or tightening of the uterus that begin as early as your sixth week of pregnancy in preparation for labor.
- Most women, especially if it's their first pregnancy, will not feel Braxton-Hicks contractions until after 20 weeks.



**Your body's changes**



### Your family's changes

## Your family's changes

- Open communication is important to developing a strong relationship that will be the foundation for your family. This is especially important if military operations or transitions require family separation.
- Now is the time to begin discussing birth control with your partner and healthcare provider. There are many effective birth control options available for you after baby's birth.
- Keep in mind that breastfeeding alone may not prevent a pregnancy and that many birth control methods can be used safely while breastfeeding.



### Thoughts & Feelings

### Thoughts & Feelings

## Your thoughts and feelings

- You may still feel somewhat emotional at times. This will likely continue through your pregnancy as you and your partner prepare for changes now and after baby arrives. You will likely feel more rested which will help you be more positive. As much as you are excited about planning for your baby's birth, you may be worried about how you will adjust to motherhood, labor and delivery, expenses, work and the changes that are coming.
- Pregnant women deal with many changes. Hormone changes and weight gain may make you more likely to become frustrated with yourself and others. Physical discomforts such as not sleeping well, pain, nausea or heartburn may add to your frustration.
- Discuss your feelings with someone you trust and your healthcare provider especially if you have been sad or depressed.
- Consider taking time to talk to your mother or mothers who you admire to help you identify important characteristics of a mother.



### Signs to report immediately

## Signs to report immediately

- When in doubt, call the clinic, your healthcare provider or Labor and Delivery!
- Bright red vaginal bleeding
- Gush of fluid from the vagina
- Severe nausea and vomiting
  - Inability to keep fluids down
  - Persistent small amount of dark urine
- Sudden weight gain
- Fever at or over 100.4° F or 38° C

**Notes:**

**Discussion:**

**Key points:**

	<p><b>Today's visit</b></p> <ul style="list-style-type: none"><li>• We will measure your uterine growth, blood pressure, weight, listen to baby's heart rate, and discuss any concerns/questions you may have.</li><li>• If you have chosen to undergo screening for birth defects, your provider will review any test results. Your chosen strategy may necessitate that additional blood be drawn or an ultrasound arranged after this visit.</li><li>• Your provider will discuss with you the risks, benefits, and indications for an obstetrical ultrasound. If an ultrasound is indicated, it will be ordered but not performed during this visit.</li><li>• Discuss how to identify differences in preterm labor versus false labor.</li></ul>	 <p><b>Today's visit</b></p>
<p>My weight: _____</p> <p>Total weight change: _____</p>	<p><b>Your weight</b></p> <ul style="list-style-type: none"><li>• The usual weight gain is approximately one pound a week during the rest of the pregnancy.</li><li>• Water contributes to 62% of the weight gain, fat is about 30% and protein is about 8%.</li><li>• Slow and steady weight gain is best.</li><li>• Use your chart to monitor your rate of weight gain as recommended by your provider at your first visit.</li><li>• No amount of alcohol is safe for your baby.</li></ul>	 <p><b>Your weight</b></p>
<p>Reference: Prenatal Fitness and Exercise</p>	<p><b>Your exercise routine</b></p> <ul style="list-style-type: none"><li>• Stay off your back while exercising from now on.</li><li>• Mental, emotional and social benefits of exercise include:<ul style="list-style-type: none"><li>– Helping to prevent depression</li><li>– Promoting relaxation and restful sleep</li><li>– Encouraging concentration and improving problem solving</li><li>– Helping prepare for childbirth and parenting</li><li>– Helping prevent excess weight gain</li><li>– Improving self-esteem and well being</li></ul></li></ul>	 <p><b>Your exercise</b></p>

**Key points:**

**Discussion:**

**Notes:**



**Consider breastfeeding**

**Breastfeeding - a great start**

- Some advantages to baby include:
  - Easier digestion of breast milk
  - No allergy problems to breast milk
  - Less likely to cause overweight babies
  - Less constipation for baby
  - Easier on baby's kidneys
  - Fewer illnesses in the first year of life
  - Less SIDS (Sudden Infant Death Syndrome)
  - Close infant contact with mom



**Fetal heart rate**

**Fetal heart rate**

- Usually your baby's heartbeat is easier to locate and hear at this time in your pregnancy.

Fetal heart rate:  
\_\_\_\_\_



**Fundal height**

**Uterine size/Fundal height**

- At 16 weeks, your uterus is usually midway between the belly button and the pubic bone or 16 cm above the pubic bone.
- Beginning at 20 weeks, the fundal height in centimeters will be about equal to the number of weeks you are pregnant.

Fundal height:  
\_\_\_\_\_



**Maternal Serum Analyte Screen**

**Screening for Birth Defects**

- After a discussion and counseling with your provider you will make the decision about which other test, if any, you will be scheduled for to assess for risk of birth defects.



**Your blood pressure**

**Your blood pressure**

- Blood pressure is measured at every prenatal visit. High blood pressure can cause serious complications for baby and mother if left unchecked.

My BP:  
\_\_\_\_\_

## Ultrasound



Ultrasound

- If an ultrasound is indicated, it will be ordered but not performed at this visit.
- An obstetrical ultrasound exam uses sound waves to “see” your baby in the womb. This exam provides information about your baby’s health and well being.
- Indications for ultrasound evaluation include the following: known or suspected complications of pregnancy, screening for possible fetal birth defects, pregnancy dating, or evaluation of fetal growth and well being.
- The result of an ultrasound can be exciting and reassuring, or it can detect abnormalities in your pregnancy that are not anticipated. Ultrasound exam provides much information about your pregnancy, but it is not an exam that can detect all birth defects. An ultrasound provides information about your baby’s health and well being inside the womb such as:
  - Gestational age and size
  - The number of babies
  - Rate of growth
  - Placenta position
  - Baby’s heart rate
  - Amount of amniotic fluid
  - Some birth defects
  - Gender, if readily visible

NOTE: Gender identification is not 100% accurate nor is it usually medically necessary. It is not routinely put in the ultrasound report. Lengthy or repeated ultrasound exams, just to assess gender, are not indicated.

- We receive many questions about 3D/4D ultrasounds for entertainment or curiosity. The American College of OB/GYN and the Food and Drug Administration do not support this technology for these purposes. Ultrasound use, when medically indicated, has not been shown to produce any harm. If there is a medical indication for 3D/4D ultrasound, your provider will perform or order the procedure.
- Typically a trained technician will perform the ultrasound exams. The technician is not authorized to discuss the findings with you at the time of your exam. Your provider will discuss the result of this exam with you after this visit.
- On the day of your ultrasound, wear clothes that allow your abdomen to be exposed easily.

**Discussion:**

**Notes:**

 <p>Summary of visit</p>	<p><b>Summary of visit</b></p> <p>Due date: _____ Date of next visit: _____</p> <p>Date for lab work/other medical tests: _____</p> <p>Date for any other scheduled appointments: _____</p>	
 <p>Your next visit</p>	<p><b>Your next visit</b></p> <p>At your 24 week visit we will:</p> <ul style="list-style-type: none"><li>• Measure your uterine growth, blood pressure, weight, listen to your baby’s heart rate, and discuss any concerns/questions you may have.</li><li>• Discuss signs and symptoms of preterm labor.</li><li>• Discuss the importance of the test for gestational diabetes and how this test is done at your 28 week visit.</li></ul>	<p>ALWAYS BRING YOUR <b>PURPLE BOOK</b> AND <b>PREGNANCY</b> <b>PASSPORT</b> TO EVERY VISIT</p>

**What do you feel is the role of a mother?**

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**What concerns do you have about becoming a mother?**

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**Things I will need to know to breastfeed:**

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# 24 Week Visit Prenatal Information Sheet



Goal: Prevent preterm labor for a safe  
and healthy baby



# Prenatal Information Sheet: 24 Week Visit

Goal: Prevent preterm labor for a safe and healthy baby

## Your baby's growth

- Your baby is now about 8.4 inches long and weighs about 1.2 pounds.
- Your baby is resting and growing inside your uterus, inside of an amniotic sac filled with fluid. This sac provides the perfect environment for your baby. Movement is easy and the sac serves as a cushion for the fetus against injury. The fluid in the sac also regulates the temperature. The fluid level should now begin to increase steadily.



Your baby's growth

## Your body's changes

- Your uterus is now an inch or two above the belly button and is about the size of a small soccer ball.
- You may feel an occasional tightening of your abdomen (Braxton-Hicks), which is normal.
- You may develop varicose veins, increasing heartburn, and skin changes due to the fluctuation in hormones.
- If you have any of the signs of preterm labor, such as cramping or contractions that do not go away within an hour of rest, call your provider immediately.



Your body's changes

## Your family's changes

- Talk to your family about ways to help each other adjust to the many changes you are all facing. Encourage their involvement by inviting them to your clinic visits. Jointly plan for the future and share the many emotions, fears, and joys you are all going through. The more your family is involved now, the easier they will bond with the new baby and participate in his/her care.
- If the father of the baby is not available, find someone you trust and who is willing to be your support person.



Your family's changes

Who is that person? \_\_\_\_\_

## Your thoughts and feelings

- You may still feel somewhat emotional at times. This will likely continue through your pregnancy as you and your partner prepare for changes now and after baby arrives. As much as you are excited about planning for your baby's birth, you may be worried about how you will adjust to motherhood, labor and delivery, expenses, work and the changes that are coming.
- Discuss your feelings with someone you trust, and your healthcare provider, especially if you have been very sad or depressed.



Thoughts & Feelings



**Signs to report immediately**

**Signs to report immediately**

- When in doubt, call the clinic, your healthcare provider or Labor and Delivery!
- Bright red vaginal bleeding
- Gush of fluid from the vagina
- Four or more painful cramping contractions within an hour (after resting and emptying bladder)
- Severe nausea and vomiting
  - Inability to keep fluids down
  - Persistent small amount of dark urine
- Persistent headache (unrelieved by taking Tylenol®)
- Loss of vision
- Sudden weight gain
- Rapid swelling of hands and face
- Constant right upper belly pain
- Fever at or over 100.4° F or 38° C



**Today's visit**

**Today's visit**

- We will measure your uterine growth, blood pressure, weight, listen to your baby's heart rate, and discuss any concerns/questions you may have.
- Schedule lab tests.
- Sign up for breastfeeding and other prenatal classes.
- Check to see if you are having any preterm contractions.
- Learn the signs of preterm labor and what to do if it occurs.
- If you had a cesarean delivery for a prior birth, discuss your birth options for this pregnancy. See Cesarean Delivery in Resource Section for further information.



Your weight:

\_\_\_\_\_

Your total weight change:

\_\_\_\_\_

**Your weight**

- Your weight gain will average close to one pound per week.
- Many common discomforts of pregnancy (constipation, nausea, heartburn) can be reduced through a change in diet.
- Record your weight on the Weight Chart in the Resource Section.

**Notes:****Discussion:****Key points:**

Reference: Prenatal Fitness and Exercise	<p><b>Your exercise routine</b></p> <ul style="list-style-type: none"> <li>• We recommend you drink a full glass of water for every 30 minutes of exercise you do.</li> <li>• The American College of OB/GYN advises women to avoid bouncing, jumping, jarring or high-impact motions.</li> <li>• Always check with your healthcare provider before beginning a new exercise.</li> </ul>	 <p><b>Your exercise</b></p>
	<p><b>Breastfeeding - a great start</b></p> <ul style="list-style-type: none"> <li>• Some advantages of breastfeeding to you include:           <ul style="list-style-type: none"> <li>– Burns about the same number of calories as one hour of exercise and allows you to use some of the extra fat you have stored during your pregnancy.</li> <li>– Helps your uterus get back to its normal size faster.</li> <li>– Saves time, money and extra trips to the store for formula and supplies.</li> <li>– There are no special foods you have to eat; however, you should eat a well-balanced diet, and limit alcohol and caffeine.</li> </ul> </li> <li>• For further information see Breastfeeding in Resource Section.</li> </ul>	 <p><b>Consider breast-feeding</b></p>
Fetal heart rate: <hr/>	<p><b>Fetal heart rate</b></p> <ul style="list-style-type: none"> <li>• Baby's heartbeat is getting much easier to hear.</li> </ul>	 <p><b>Fetal heart rate</b></p>
Fundal height: <hr/>	<p><b>Fundal height</b></p> <ul style="list-style-type: none"> <li>• Fundal height is about 24 cm or 2 inches above the belly button.</li> </ul>	 <p><b>Fundal height</b></p>
My BP: <hr/>	<p><b>Your blood pressure</b></p> <ul style="list-style-type: none"> <li>• Blood pressure is measured at every prenatal visit. High blood pressure can cause serious complications for baby and mother if left unchecked.</li> </ul>	 <p><b>Your blood pressure</b></p>



**Preterm labor  
guidelines**

**Preterm labor**

- Your baby needs to continue to grow inside you for the full term of your pregnancy. Labor earlier than three weeks before your due date can lead to a premature (preemie) baby with many associated risks.
- As always, when in doubt call your healthcare provider or Labor and Delivery.
- **Report any of the following symptoms to your health care provider:**
  - Low, dull backache
  - Four or more uterine contractions per hour. Uterine contractions may feel like:
    - Menstrual cramps
    - Sensation of “baby rolling up in a ball”
    - Abdominal cramping (may also have diarrhea)
    - Increased uterine activity compared to previous patterns
  - Increased pelvic pressure (may be with thigh cramps)
  - Sensation that “something feels different” (e.g., agitation, flu-like syndrome, and sensation that baby has “dropped”)
- **If you experience any of the above symptoms you should:**
  - Stop what you are doing and empty your bladder.
  - Drink 3-4 glasses of water.
  - Lie down on your side for one hour and place your hands on your abdomen and feel for tightening/hardening and relaxing of your uterus.
  - Count how many contractions you have in an hour.
  - If you have more than four contractions for more than one hour call either the clinic or Labor & Delivery immediately.
- **You should report immediately:**
  - Change in vaginal discharge such as change in color of mucus, leaking of clear fluid, spotting or bleeding, or a vaginal discharge with a fish-like odor (may be more notable after intercourse).

## Gestational Diabetes (GD) testing

- Gestational diabetes is high sugar levels in your blood during your pregnancy. It usually goes away after delivery. If your results are high, this does not mean you have diabetes, it just means further testing is needed.
- You will have a blood test for gestational diabetes. This blood test will tell how your body is responding to your sugar levels.
- To prepare for the test at your next visit, eat your usual dinner the night before the test and your normal breakfast the day of the test.
- At the lab, you will be given a very sweet drink (glucola) that has a specific amount of sugar in it.
- During the hour between drinking the glucola and having your blood drawn, do not eat or drink anything, including gum and candy, because it may affect the test results. You may drink plain water during this time while you are waiting.



**Gestational  
Diabetes  
(GD) testing**

## Summary of visit

Due date: \_\_\_\_\_ Date of next visit: \_\_\_\_\_  
Date for lab work/other medical tests: \_\_\_\_\_  
Date for any other scheduled appointments: \_\_\_\_\_  
\_\_\_\_\_



**Summary  
of visit**

## Your next visit

At your 28 week visit we will:

- Measure your uterine growth, blood pressure, weight, listen to your baby's heart rate, and discuss any concerns/questions you may have.
- Provide instructions on counting fetal movement.
- Provide RhoGAM® (D-immunoglobulin) if your blood is Rh negative (D-) and you are not sensitized.
- Have blood work for gestational diabetes and other labs if needed. You will have to wait one hour between drinking the glucola and having your blood drawn.
- Sign up for breastfeeding and other available classes.



**Your next visit**

**ALWAYS  
BRING YOUR  
PURPLE BOOK  
AND  
PREGNANCY  
PASSPORT  
TO EVERY VISIT**

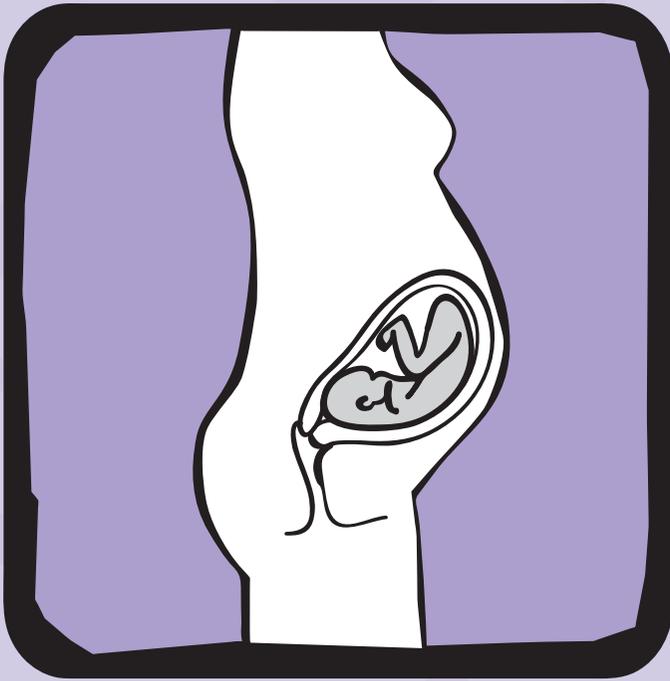






# 28 Week Visit Prenatal Information Sheet

28 Week Visit



Goal: Monitor baby and your progress and  
learn to count fetal movements



# Prenatal Information Sheet: 28 Week Visit

*Goal: Monitor baby and your progress and learn to count fetal movements*

## Your baby's growth

- Your baby's weight has probably doubled since your last visit! Your baby weighs about 2.5 lbs and is about 10 inches long.
- The baby starts to lose the lanugo (fine hair), especially from the face. The baby has a large amount of cheesy-like substance (vernix) covering the body that protects the skin while the baby is living in the amniotic fluid. This vernix decreases on the skin as the baby grows.
- Your baby's eyebrows and eyelashes may be present now.
- The brain tissue also increases during this time.
- Now that you are 28 weeks, you should be feeling your baby move (kicks, rolls, twists, turns, and jabs) on a regular basis.



**Your baby's growth**

## Your body's changes

- You've probably gained about 18 pounds.
- You may also start experiencing some swelling, and/or numbness or pain in your hands and wrists (Carpal Tunnel Syndrome). Avoid sleeping on your hands or bending your wrists for long periods of time. Discuss persistent pain, numbness or weakness with your provider.



**Your body's changes**

## Your family's changes

- Everyone needs help with child care options whether on a full, part-time, or occasional basis.
- Active duty moms should be prepared to list their child care providers upon return to work/duty.
- If you will be returning to work after baby's birth, now is the time to explore the various child care options in your community.



**Your family's changes**

## Your thoughts and feelings

- Stress may begin to surface. If it seems uncontrollable, talk to your provider about this.
- Remember to give yourself a break! You may need to adjust the expectations you have for yourself at this time. Focus on what is important to you and your family. Sometimes going for a walk or doing something you enjoy will help you prioritize what is important or help you relax.
- About 15% of women experience depression during pregnancy or after delivery. Discuss any concerns with your provider.
- Discuss your feelings with someone you trust, and your healthcare provider, especially if you have been very sad or depressed.



**Thoughts & Feelings**



**Signs to report immediately**

**Signs to report immediately**

- When in doubt, call the clinic, your healthcare provider or Labor and Delivery!
- Bright red bleeding or gush of fluid from the vagina
- The baby is not moving as much as you expect
- Four or more painful cramping contractions within an hour (after resting and emptying bladder)
- Severe nausea and vomiting
  - Inability to keep fluids down
  - Persistent small amount of dark urine
- Persistent headache (unrelieved by taking Tylenol®)
- Loss of vision
- Sudden weight gain
- Rapid swelling of hands and face
- Constant right upper belly pain (not related to baby movement)
- Fever at or over 100.4° F or 38° C



**Today's visit**

**Today's visit**

- We will measure your uterine growth, blood pressure, and weight, listen to your baby's heart rate, and discuss any concerns/questions you may have.
- Check for preterm labor.
- Review signs of preterm and what to do if they occur.
- You will receive blood test for gestational diabetes.
- You will learn how to do Fetal Movement Counts.
- Discuss Domestic Abuse.
- Discuss and be screened for depression in pregnancy.
- If you are Rh negative, you will have an additional blood test before receiving RhoGAM® (D-immunoglobulin) shot.
- Register for Breastfeeding class, Childbirth classes and Labor & Delivery tour.



**Your weight**

**Your weight and nutrition**

- Try to eat a variety of foods.
- If needed, extra nutrients such as iron, vitamins B-6 and B-12, and calcium may be prescribed.
- Record your weight on the weight chart in the Resource Section.
- For further information see Nutrition in Resource section.

Your weight:

\_\_\_\_\_

Your total weight change:

\_\_\_\_\_

**Notes:****Discussion:****Key points:**

<p>Reference: Prenatal Fitness and Exercise</p>	<p><b>Your exercise routine</b></p> <ul style="list-style-type: none"> <li>• Now that your uterus is getting larger, you need to avoid exercises that require a lot of balance, to prevent a fall.</li> <li>• Make sure the calories you eat are nutritious for both you and your baby and that you stay well hydrated.</li> </ul>	 <p><b>Your exercise</b></p>
	<p><b>Breastfeeding - a great start</b></p> <ul style="list-style-type: none"> <li>• Classes on breastfeeding will: <ul style="list-style-type: none"> <li>– Help answer many questions</li> <li>– Give you confidence in your ability to breast-feed</li> <li>– Introduce you to other breastfeeding moms</li> <li>– Reassure you that what you are doing is best for both you, your baby and your family</li> </ul> </li> </ul>	 <p><b>Consider breastfeeding</b></p>
	<p><b>Domestic abuse</b></p> <ul style="list-style-type: none"> <li>• Domestic abuse often increases during pregnancy. Please do not hesitate to seek help from your healthcare provider, counselor or a close friend if you are experiencing physical, sexual, emotional, or verbal abuse.</li> <li>• Let your healthcare provider know if within the last year, or since you have been pregnant, you have been hit, slapped, kicked, otherwise physically hurt, or forced to have sexual activities.</li> <li>• National Domestic Abuse Hotline: 1-800-799-7233</li> </ul>	 <p><b>Domestic abuse screen</b></p>
<p>Fetal heart rate:  _____</p>	<p><b>Fetal heart rate</b></p> <ul style="list-style-type: none"> <li>• This measurement will be done at each visit to monitor your baby's well-being.</li> </ul>	 <p><b>Fetal heart rate</b></p>
<p>Fundal height:  _____</p>	<p><b>Fundal height</b></p> <ul style="list-style-type: none"> <li>• The top of your uterus measures about 28 cm from your pubic bone.</li> </ul>	 <p><b>Fundal height</b></p>

**Key points:**

**Discussion:**

**Notes:**



**Your blood pressure**

**Your blood pressure**

- Blood pressure is measured at every prenatal visit. High blood pressure can cause serious complications for baby and mother if left unchecked.

My BP: \_\_\_\_\_



**Fetal Movement Count**

**Fetal movement count**

- One very reassuring way to determine the baby's overall health and wellness is to record your baby's movements daily.
- By now, you probably know when your baby is most active. This may be before or after a meal, early in the morning, or at night when you go to bed. Each baby is unique.
- You should count your baby's movements whenever he or she is most active. This count should occur about the same time each day. After 10 times, you can stop counting for the day. You will need to record the time it takes for your baby to move 10 times. See Fetal Movement Counting Chart in Resource Section.
- You should be able to feel at least 10 movements within two hours.
- If you do not get 10 movements within two hours, you should call or go to Labor & Delivery immediately with your baby's movement chart. Don't wait until the next day or next appointment.

Fetal Movement Count  
\_\_\_\_\_



**Preterm labor guidelines**

**Preterm labor**

- Your baby needs to continue to grow inside you for the full term of your pregnancy. Labor earlier than three weeks before your due date can lead to a premature (preemie) baby with many associated risks.
- As always, when in doubt call your healthcare provider or Labor and Delivery.
- **Report any of the following symptoms to your healthcare provider:**
  - Low, dull backache
  - Four or more uterine contractions per hour. Uterine contractions may feel like:
    - Menstrual cramps
    - Sensation of the "baby rolling up in a ball"
    - Abdominal cramping (may also have diarrhea)
    - Increased uterine activity compared to previous patterns

## Preterm labor

- Increased pelvic pressure (may be with thigh cramps)
- Sensation that "something feels different" (e.g., agitation, flu-like syndrome, and sensation that baby has "dropped")
- **If you experience any of the above symptoms you should:**
  - Stop what you are doing and empty your bladder.
  - Drink 3-4 glasses of water.
  - Lie down on your side for one hour and place your hands on your abdomen and feel for tightening/hardening and relaxing of your uterus.
  - Count how many contractions you have in an hour.
  - If you have more than four contractions for more than one hour call either the clinic or Labor & Delivery immediately.
- **You should report immediately:**
  - Change in vaginal discharge such as change in color of mucus, leaking of clear fluid, spotting or bleeding, or a vaginal discharge with a fish-like odor (may be more notable after intercourse).



Preterm labor guidelines

## Gestational Diabetes (GD) testing

High blood sugar puts your baby at risk for complications.

- High blood sugar usually develops towards the middle of your pregnancy.
- Risk factors include: being over age 25, overweight, family history of diabetes, ethnic background (Hispanic, African American, Native American, Asian), previous delivery of a baby weighing over nine pounds.
- This test will determine if you have a normal response to a sugar load (glucola).
- If your blood sugar levels are high, further testing will be ordered.
- Often this condition can be controlled through special diet.



Gestational Diabetes (GD) testing

## Rh (D) negative (Anti-D) prophylaxis

- Earlier in your pregnancy, you had a test to tell what your Rh (D) status was.
- Rh (D) negative women will have an additional blood test (antibody screen) and will usually receive RhoGAM® (D-Immunoglobulin) injection at this appointment.
- This injection will be repeated after delivery if baby is not also Rh negative.



Rh prophylaxis

**Key points:**

**Discussion:**

**Notes:**



**Summary of visit**

Date of next visit: \_\_\_\_\_

Date for lab work/other medical tests: \_\_\_\_\_

Date of Breastfeeding Class: \_\_\_\_\_

Date of Childbirth Class: \_\_\_\_\_

Date of Other Classes: \_\_\_\_\_

Summary of visit



**Your next visit**

At your 32 week visit we will:

- Measure your uterine growth, blood pressure, weight, listen to your baby’s heart rate, review fetal movement record, and discuss any concerns/questions you may have.
- You will sign up for classes (if not done already).
- You will review preterm labor signs.

Your next visit

**ALWAYS BRING YOUR PURPLE BOOK AND PREGNANCY PASSPORT TO EVERY VISIT**

**Review the goals you noted for yourself early in your pregnancy. Is there something you need to do to meet your goals? What?**

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**Differences I have noticed recently:**

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**How has the pregnancy effected your family/relationships?**

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**Other things I need to do/get ready in the next four weeks:**

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**Questions for next visit:**

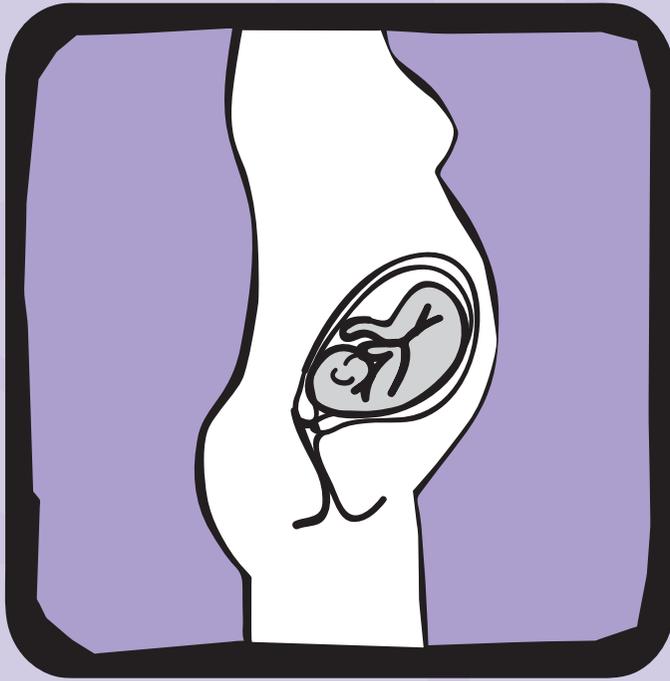
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# 32 Week Visit Prenatal Information Sheet



Goal: Prepare for your baby's arrival



# Prenatal Information Sheet: 32 Week Visit

Goal: Prepare for your baby's arrival

## Your baby's growth

- Your baby weighs almost 4 pounds, and the length is 18-19 inches!
- Organ systems are now adequately developed.
- Most likely, your baby is in the "head down" position so you may feel most of his/her kicks and jabs under your ribs.
- If your baby is in the breech or "butt down" or transverse (sideways) position you may feel the movements in different areas.



Your baby's growth

## Your body's changes

- The top of your uterus is about 4-5 inches above your belly button by now.
- You may also notice that your back and pelvic area may feel different. The bones in your pelvis are moving and shifting to make room for the baby's head to pass through.
- As this happens, the ligaments around the pelvis also stretch, which can cause some discomfort in the hip joints, back, and front of the pelvis.



Your body's changes

## Your family's changes

- You and your partner may become more anxious as the "big day" approaches.
- You may become more irritable and find that this can put a strain on your relationship.
- You'll probably find that it is harder to do all the things that you are used to doing, such as sleeping and moving quickly. As possible, schedule rest periods and avoid quick movements.
- Make sure you have a plan for getting to the hospital no matter when you need to go! This plan needs to include transportation, child and pet care options, and phone numbers.



Your family's changes

## Your thoughts and feelings

- You may still feel somewhat emotional at times. You may feel increasingly fatigued which will impact how you respond to the people around you.
- Signs of pregnancy-related depression may include: loss of interest in activities you enjoy, feelings of guilt or hopelessness, changes in appetite or sleep patterns, or thoughts of harming yourself or others. If you experience any of these symptoms, please contact your provider immediately.
- Discuss your feelings with someone you trust, and your healthcare provider, especially if you have been very sad or depressed.



Thoughts & Feelings



**Signs to report immediately**

**Signs to report immediately**

- When in doubt, call the clinic, your provider or Labor and Delivery!
- Bright red bleeding or gush of fluid from the vagina
- The baby is not moving as much as you expect
- Four or more painful cramping contractions within an hour (after resting and emptying bladder)
- Severe nausea and vomiting
  - Inability to keep fluids down
  - Persistent small amount of dark urine
- Persistent headache (unrelieved by taking Tylenol®)
- Loss of vision
- Sudden weight gain
- Rapid swelling of hands and face
- Constant right upper belly pain (not related to baby movement)
- Fever at or over 100.4° F or 38° C



**Today's visit**

**Today's visit**

- We will measure your uterine growth, blood pressure, and weight, listen to your baby's heart rate, check your baby's position, review the fetal movement record, and discuss any concerns/questions you may have.
- Check for preterm labor.
- Discuss birth control options for after you deliver.
- Receive a domestic abuse screening.
- Sign up for classes such as Breastfeeding, Childbirth, Labor and Delivery, Postpartum and Newborn tour if not done yet.



**Your weight**

**Your weight and nutrition**

- Continue to monitor/record your weight gain.
- Pregnancy increases your requirements for iron, calcium, folate, protein, and water.
- Make sure to read food labels carefully.
- Try to limit your refined sugars (honey, maple syrup, white, and brown sugars).

My weight: \_\_\_\_\_

Total weight change: \_\_\_\_\_



**Your exercise**

**Your exercise routine**

- You can continue to exercise right up to delivery and this may even help the delivery go more easily. Discuss your exercise routine with your provider.
- Don't exercise on an empty stomach and make sure you replace any fluids lost during exercise.
- Avoid exercising in very hot and/or humid weather.
- You may need to modify the intensity of your exercise routine according to your symptoms. Now is not the time to exercise to exhaustion or fatigue.

Reference:  
Prenatal  
Fitness and  
Exercise

**Notes:****Discussion:****Key points:**

	<p><b>Breastfeeding - a great start</b></p> <ul style="list-style-type: none"> <li>• The American Academy of Pediatrics, the American Academy of Family Practice and many other professional organizations recommend breastfeeding for the first 12 months, but any amount of breastfeeding is beneficial to your baby.</li> <li>• If you have any doubts or concerns about breastfeeding, let your provider know. We have many excellent resources to help you feel more comfortable and confident with breastfeeding.</li> </ul>	 <p><b>Consider breastfeeding</b></p>
<p>Fetal heart rate:</p> <p>_____</p>	<p><b>Fetal heart rate</b></p> <ul style="list-style-type: none"> <li>• This measurement will be done at each visit to monitor your baby's well-being.</li> </ul>	 <p><b>Fetal heart rate</b></p>
<p>Fundal height:</p> <p>_____</p>	<p><b>Fundal height</b></p> <ul style="list-style-type: none"> <li>• The top of your uterus is 32 cm above your pubic bone or 4-5 inches above your belly button.</li> </ul>	 <p><b>Fundal height</b></p>
<p>Fetal Movement Count:</p> <p>_____</p>	<p><b>Fetal movement count</b></p> <ul style="list-style-type: none"> <li>• Review fetal movement count record.</li> </ul>	 <p><b>Fetal Movement Count</b></p>
	<p><b>Family planning</b></p> <ul style="list-style-type: none"> <li>• Even though it may seem early to discuss birth control when you are still pregnant, now is an excellent time to plan for what you and your partner will use for birth control after baby arrives.</li> <li>• You can get pregnant the first time you have sexual intercourse following delivery. Prior to discharge from the hospital, your provider will discuss birth control with you. See Family Planning in Resource Section.</li> <li>• Talk with your provider about plans for your next pregnancy.</li> </ul>	 <p><b>Family Planning</b></p>



### Preparing for baby's arrival

## Preparing for baby's arrival

- Most women go through the “nesting” phase a week or two before delivery. You’ll probably clean everything in sight, so take it as a blessing in disguise.
- Plan, cook, and freeze some meals ahead of time. Keep a stock of basic staples, so you won’t have to go to the store for basic food items.
- If friends offer to help, suggest that they cook a meal or two for you and your family.
- Baby’s living area: Whether the baby has his or her own room, or is sharing a room with a sibling or with you, be sure that the area is clean and safe. Wash your baby’s new sheets, blankets, and clothes in a mild detergent (or, if your machine has this feature, run them through an extra rinse) before you bring the baby home.
- After the baby comes home, you will have many new duties, a lot less sleep, and a lot less energy. So, our best advice, plan ahead.



### Preterm labor guidelines

## Preterm labor

- Your baby needs to continue to grow inside you for the full term of your pregnancy. Labor earlier than three weeks before your due date can lead to a premature (preemie) baby with many associated risks.
- As always, when in doubt call your healthcare provider or Labor and Delivery.
- **Report any of the following symptoms to your health care provider:**
  - Low, dull backache
  - Four or more uterine contractions per hour. Uterine contractions may feel like:
    - Menstrual cramps
    - Sensation of the “baby rolling up in a ball”
    - Abdominal cramping (may have diarrhea)
    - Increased uterine activity compared to previous patterns
  - Increased pelvic pressure (may be with thigh cramps)
  - Sensation that “something feels different” (e.g., agitation, flu-like syndrome, and sensation that baby has “dropped”)
- **If you experience any of the above symptoms you should:**
  - Stop what you are doing and empty your bladder.
  - Drink 3-4 glasses of water.
  - Lie down on your side for one hour and place your hands on your abdomen and feel for tightening/hardening and relaxing of your uterus.

## Preterm labor

### • If you experience any of the above symptoms you should:

- Count how many contractions you have in an hour.
- If you have more than four contractions for more than one hour call either the clinic or Labor & Delivery immediately.

### • You should report immediately:

- Change in vaginal discharge such as change in color of mucus, leaking of clear fluid, spotting or bleeding, or a vaginal discharge with a fish-like odor (may be more notable after intercourse).

Weight

today:

\_\_\_\_\_

### Summary of visit

Date of next visit: \_\_\_\_\_

Date for lab work/other medical tests: \_\_\_\_\_



Summary of visit

ALWAYS  
BRING YOUR  
PURPLE BOOK  
AND  
PREGNANCY  
PASSPORT  
TO EVERY  
VISIT

### Your next visit

At your 36 week visit we will:

- Measure your uterine growth, blood pressure, weight, listen to the baby's heart rate, check your baby's position, review the fetal movement record, and discuss concerns/questions you may have.
- Discuss your birth plan with you.
- Do a Group B Streptococcus (GBS) test.



Your next visit

## Right now, I am concerned/worried about:

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## My spouse/partner is concerned/worried about:

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**Preparation for labor:**

**Who will be in the labor/birth room with you?**

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**Questions/concerns since taking classes:**

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**Plan for pain relief during labor:**

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I am planning to use \_\_\_\_\_ method of family planning to prevent/delay another pregnancy.

**Questions for next visit:**

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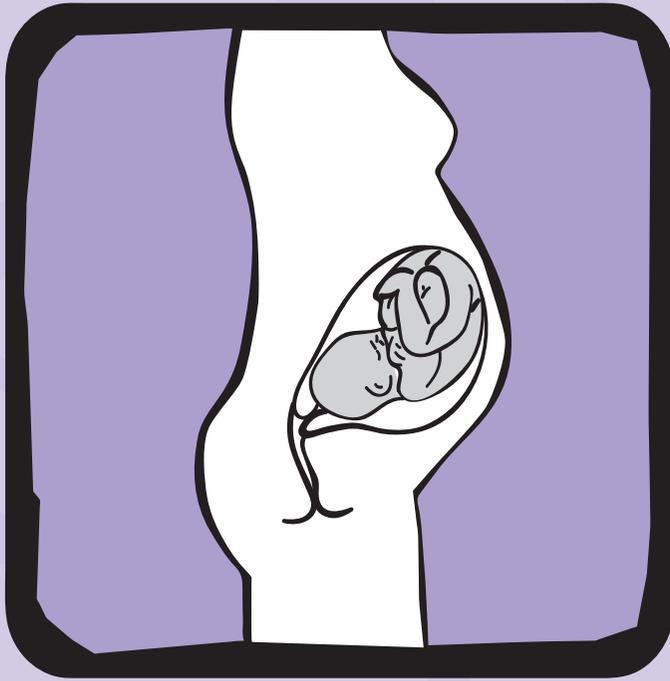
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# 36 Week Visit Prenatal Information Sheet



Goal: Begin preparations for your hospital  
experience



# Prenatal Information Sheet: 36 Week Visit

Goal: Begin preparations for your hospital experience

## Your baby's growth

- Your baby probably weighs around 6 pounds now and is about 20 inches in length.
- Most likely, your baby is in the "head down" position. However, some babies settle into the head down position only a few days before delivery. If baby is in the breech (or butt down) position, your provider will discuss options to turn the baby to head down position.



Your baby's growth

## Your body's changes

- Easier breathing after the baby "drops" or moves down into pelvis. Some babies don't "drop" until after labor begins.
- More frequent urination after the baby "drops" down.
- Increased backache and heaviness.
- Pelvic and buttock discomfort.
- Increased swelling of the ankles and feet and occasionally the hand.
- More frequent and more intense Braxton-Hicks (non-painful) contractions.



Your body's changes

## Your family's changes

- More excitement and anxiety but also more impatience and restlessness as the delivery date nears are common – for both you and the baby's father. Many parents feel a renewed desire this month to tie up loose ends at work or home, organize the home, or catch up on social obligations. While you may think you have more energy now than in the last two months, don't overdo it. Involve your partner in carrying out the tasks to be done.
- Apprehension about the baby's health and labor and delivery is common.
- Share your concerns about the changes you anticipate with your partner and those around you.



Your family's changes



Thoughts  
&  
Feelings

Thoughts  
&  
Feelings

### Your thoughts and feelings

- Some women find that as the due date approaches they become very anxious about labor and delivery or their ability to care for a newborn. You may experience mood swings, anxiety, or be very short-tempered and emotional in these last few weeks of your pregnancy. These feelings are common.
- If at any time you believe you are close to hurting yourself or someone else, due to anger, contact your provider immediately. If you cannot reach your provider, seek help at the hospital Emergency Department.
- Discuss your feelings with someone you trust, and your healthcare provider, especially if you have been very sad or depressed in the last couple of weeks.



Signs to report  
immediately

### Signs to report immediately

- When in doubt, call the clinic, your healthcare provider or Labor and Delivery!
- Bright red bleeding or gush of fluid from the vagina
- The baby is not moving as much as you expect
- Four or more painful cramping contractions within an hour (after resting and emptying bladder)
- Severe nausea and vomiting:
  - Inability to keep fluids down
  - Persistent small amount of dark urine
- Persistent headache (unrelieved by taking Tylenol®)
- Loss of vision
- Sudden weight gain
- Rapid swelling of hands and face
- Constant right upper belly pain (not related to baby movement)
- Fever at or over 100.4° F or 38° C



Today's visit

### Today's visit

- We will measure your uterine growth, blood pressure, weight, listen to baby's heart rate, review the fetal movement record, check baby's position, do a test for Group B Streptococcus (GBS) and discuss any concerns/questions you may have.
- Discuss any specific plans you have for your birth experience.
- You will complete necessary forms from your healthcare provider and take them to the Admissions Office.
- **Homework** - Prior to going into labor and being admitted to the hospital, make sure you have made arrangements for childcare and pet care.

**Notes:****Discussion:****Key points:**

<p>My weight: _____</p> <p>Total weight change: _____</p>	<p><b>Your weight and nutrition</b></p> <ul style="list-style-type: none"> <li>• When making your choices from each food group, pick those that are low in fat and high in fiber and iron.</li> <li>• With your enlarging uterus, you may need to eat smaller, more frequent meals.</li> <li>• Track your weight gain in the Resource Section of this book.</li> </ul>	 <p>Your weight</p>
<p>Reference: Prenatal Fitness and Exercise</p>	<p><b>Your exercise routine</b></p> <ul style="list-style-type: none"> <li>• Regular exercise helps you keep fit during your pregnancy and feeling better during a time when your body is changing.</li> <li>• Avoid overheating by drinking adequate amounts of fluids and wearing appropriate clothing.</li> </ul>	 <p>Your exercise</p>
	<p><b>Breastfeeding - a great start</b></p> <ul style="list-style-type: none"> <li>• Breast milk is the ideal food for a baby and is easily digested.</li> </ul>	 <p>Consider breastfeeding</p>
<p>Fetal heart rate: _____</p>	<p><b>Fetal heart rate</b></p> <ul style="list-style-type: none"> <li>• This measurement will be done at each visit to monitor your baby's well-being.</li> </ul>	 <p>Fetal heart rate</p>
<p>Fundal height: _____</p>	<p><b>Fundal height</b></p> <ul style="list-style-type: none"> <li>• This measurement will be done at each visit to monitor the progress of your pregnancy.</li> </ul>	 <p>Fundal height</p>
<p>My BP: _____</p>	<p><b>Your blood pressure</b></p> <ul style="list-style-type: none"> <li>• Blood pressure is measured at every prenatal visit because high blood pressure can cause serious complications for baby and mother if not controlled.</li> </ul>	 <p>Your blood pressure</p>

**Key points:**

**Discussion:**

**Notes:**



**Fetal Movement Count**

**Fetal movement count**

- Review fetal movement count record.

Fetal Movement Count:  

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**Fetal presentation**

**Fetal presentation**

- The location of the baby's heartbeat in the lower half of your abdomen is a clue to your baby being in the head down position.
- If the baby's position is not head-down, your healthcare provider will discuss with you what may need to occur.



**Group B Streptococcus**

**Group B Streptococcus (GBS)**

- GBS, bacteria commonly found in the vagina or rectum, can sometimes be passed on to the baby during labor and delivery.
- Testing will determine if you have GBS.
- Your provider will wipe the vaginal and rectal area and send the specimen to the lab.
- Once completed, test results will be discussed with you at your next visit.
- If the test is positive, you will receive antibiotics during labor. See GBS in Resource Section for further information.



**Birth plan**

**Birth plan**

- It is anticipated that most women will have spontaneous onset of labor and deliver vaginally. However, induction of labor with medications may be required if you have premature rupture of membranes and labor did not start spontaneously, or if you developed medical problems that required delivery.
- At times, operative delivery is required (forceps, vacuum, or cesarean section) to assist in the delivery of your baby. Your provider will discuss with you if operative delivery is required.
- If you have a birth plan or any special requests, please let your nurse or healthcare provider know and we will do whatever we can to accommodate you and your family while also providing an optimal and healthy outcome.

## Preparing for baby's arrival

- Pack two bags, one for you and one for the baby. The baby's bag can stay in the car until after the baby is born. This way your partner will have less to carry while helping you to Labor & Delivery.
- Bring things to make you comfortable: washcloths, extra socks, lip balm, hair items, basic toiletries. If you wear contact lenses, be sure to bring your case and a pair of glasses.
- Bring phone numbers of those you want to call immediately after the baby is born.
- Don't forget the camera! Bring extra film and batteries as back-up. You don't want to miss this! This is a once-in-a-lifetime opportunity!
- Bring several pair of your oldest panties as you'll be bleeding quite a bit for a few days after you give birth.
- If breastfeeding, be sure to bring a nursing bra or two.
- Feel free to bring your own nightgowns or pajamas, slippers, and robe, but we can also provide these items for your use while in the hospital.
- You will need clothes to go home in. Make sure they are comfortable, and, yes, you may still be wearing maternity clothes for awhile.
- For baby: bring an outfit to go home in, a blanket, and a car seat. You won't need these until the day of discharge. Now is a good time to install the car seat in your car and have the installation inspected by a certified car seat technician.
- Feel free to bring a tape/CD player. Your tastes/preferences may change as you move through the different stages of labor, so you may want a variety of music options.



Preparing  
for  
baby's arrival

## Preterm/Labor signs

- Technically, this is the last week you need to report preterm labor symptoms. Most providers will not attempt to stop labor at this time in your pregnancy. If your baby is born prior to 39 weeks, it may require an extended stay in a special nursery for monitoring of temperature, heart rate, and respiratory status.
- Go to Labor & Delivery if you're having:
  - More than 4 contractions per hour that do not ease up with drinking 3-4 glasses of water, emptying your bladder, and lying on your side for an hour
  - Leaking of clear fluid, spotting or bleeding
  - Or other preterm labor symptoms previously discussed
- For further information, see Labor in Resource Section.



Preterm  
labor guidelines

**Key points:**

**Discussion:**

**Notes:**



**Summary of visit**

Date of next visit: \_\_\_\_\_

Date for lab work/other medical tests: \_\_\_\_\_

Summary of visit



**Your next visit**

At your 38-41 week visit we will:

- Measure your uterine growth, blood pressure, and weight, listen to your baby's heart rate, review the fetal movement record, assess baby's position, and discuss any concerns/questions you may have.
- Discuss results of Group B Streptococcus (GBS) culture.
- Complete a vaginal exam to check for any changes in the cervix.

Your next visit

ALWAYS BRING  
YOUR  
**PURPLE BOOK**  
AND  
**PREGNANCY**  
**PASSPORT**  
TO EVERY VISIT

**Questions to ask at next visit:**

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**Things to do before baby arrives:**

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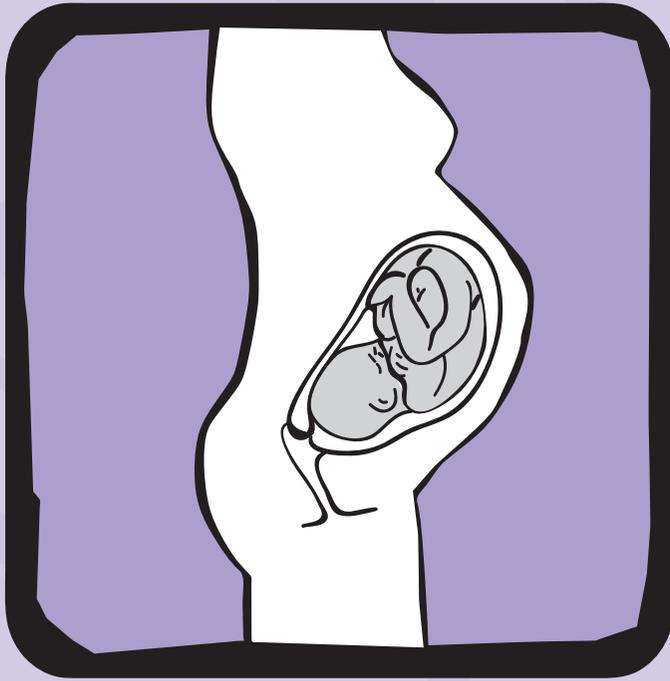
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# 38–41 Week Visit Prenatal Information Sheet



Goal: Preparing for the delivery and  
baby's arrival at home



# Prenatal Information Sheet: 38–41 Week Visit

Goal: Preparing for the delivery and baby's arrival at home

## Your baby's growth

- Your baby probably weighs around 7 pounds now and is about 21 inches in total length.
- Most likely, your baby is in the “head down into the pelvis” position, but some babies won't drop into position until a few days before delivery or not until labor begins.
- We know babies are usually mature enough to do very well on the outside beginning at 37 weeks. We also know babies continue to grow well within mom as long as everything is functioning normally. This functioning is what we will be watching closely with additional fetal testing beginning at 41 weeks.
- If you are still pregnant, labor will be induced between 41<sup>0/7</sup> and 42<sup>0/7</sup>. Keep in mind that a majority of pregnancies are anywhere from 37 to 42 weeks long.



Your baby's growth

## Your body's changes

- While baby's type of movement may change as he or she takes up more room in the uterus, it is still important to count and report any decrease in the number of movements.
- Baby is getting big and you are getting tired. Avoid over-exhaustion; take frequent breaks and prop your feet up.
- If you have trouble sleeping, try a warm bath before bed, a soothing massage, pillows between your legs, or sleeping on your side.
- You will be seen by your provider more frequently as your due date nears to promote a safe delivery for both you and your baby.



Your body's changes

## Your family's changes

- Keep in mind that you can deliver anytime from today until 42 weeks of pregnancy. Few babies are born on their due date.
- You and your family may become more frightened and/or frustrated if you have not delivered. Tips on conquering these fears and frustrations include:
  - Talking them over with your partner, friends, or healthcare provider
  - Using relaxation techniques such as deep breathing, music, quiet walks, afternoon naps, and quiet time alone
- Enjoy this time with your family and try to rest up for the big event.
- Review your labor and delivery plans/wishes and coping techniques with your support person and provider.



Your family's changes



### Thoughts & Feelings

## Your thoughts and feelings

- Some women find that as the due date approaches they become very anxious about labor and delivery or their ability to care for a newborn. You may experience mood swings, anxiety, or be very short-tempered and emotional in these last few weeks of your pregnancy. These feelings are common.
- It is important to notice how you are feeling and coping. Do not hesitate to ask loved ones or professionals for assistance.
- Discuss your feelings with someone you trust, and your healthcare provider, especially if you have been very sad or depressed in the last couple weeks.



### Signs to report immediately

## Signs to report immediately

- When in doubt, call the clinic, your healthcare provider or Labor and Delivery!
- Bright red bleeding or gush of fluid from the vagina
- The baby is not moving as much as you expect
- Four or more painful cramping contractions within an hour (after resting and emptying bladder)
- Severe nausea and vomiting:
  - Inability to keep fluids down
  - Persistent small amount of dark urine
- Persistent headache (unrelieved by taking Tylenol®)
- Loss of vision
- Sudden weight gain
- Rapid swelling of hands and face
- Constant right upper belly pain (not related to baby movement)
- Fever at or over 100.4° F or 38° C



### Today's visit

## Today's visit

- We will measure your uterine growth, blood pressure, weight, listen to your baby's heart rate, review the fetal movement record, assess baby's position, and discuss any concerns/questions you may have.
- With a vaginal exam, your provider may check for any cervical opening or thinning.
- Discuss Group B Streptococcus (GBS) results.

### You will:

- Sign up for any missed classes or tours.
- Make sure all necessary forms are completed and are at the Admissions Office.

**Notes:****Discussion:****Key points:**

<p>My BP/date:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Your blood pressure</b></p> <ul style="list-style-type: none"> <li>• It is still important to report to your healthcare provider any severe headache, loss of vision, sudden weight gain, or rapid swelling of hands and face.</li> </ul>	 <p><b>Your blood pressure</b></p>
<p>My weight/date:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Your weight and nutrition</b></p> <ul style="list-style-type: none"> <li>• Total weight gain should be about 25 pounds unless you are over or underweight. Your weight gain is not all fat. It is mostly water in your body and the weight of the growing baby.</li> <li>• Weight gain generally slows down or ceases towards the end of your pregnancy.</li> </ul>	 <p><b>Your weight</b></p>
<p>Reference: Prenatal Fitness and Exercise</p>	<p><b>Your exercise routine</b></p> <ul style="list-style-type: none"> <li>• Continue your exercises but modify intensity to avoid fatigue.</li> <li>• Don't forget to finish your exercise with an adequate cool down and relaxation period.</li> <li>• See Exercise in Resource Section for further information.</li> </ul>	 <p><b>Your exercise</b></p>
	<p><b>Breastfeeding - a great start</b></p> <ul style="list-style-type: none"> <li>• Breastfeeding for even a few weeks has long term health benefits for the baby and mom.</li> <li>• Drinking plenty of water will help maintain your milk supply.</li> <li>• Breastfeeding is not for every mother. Your decision will depend on life-style, desire, time and support.</li> </ul>	 <p><b>Consider breastfeeding</b></p>
<p>Fetal heart rate/date:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Fetal heart rate</b></p> <ul style="list-style-type: none"> <li>• This measurement will be done at each visit to monitor your baby's well-being.</li> </ul>	 <p><b>Fetal heart rate</b></p>
	<p><b>Fundal height</b></p> <ul style="list-style-type: none"> <li>• Measure uterine growth, and check to see if baby is dropping into the pelvis. You may feel this "drop" as an increase in frequency of urination and easier breathing.</li> </ul>	 <p><b>Fundal height</b></p>



Fetal Movement  
Count

### Fetal movement count

- See Fetal Movement Count record. Complete Fetal Movement Count daily.



Weekly cervical  
sweeping

### Weekly cervical sweeping

- Towards the end of pregnancy, the cervix will start to prepare itself for going into labor. This preparation or "ripening" results in cervical softening (effacement) and opening (dilatation). The part of the membranes that was over the cervical opening can now usually be felt by a vaginal exam.
- If indicated, your provider may examine your cervix at this visit. Some providers may offer you cervical "sweeping". This is done by your provider inserting a gloved finger between the membranes and the inner wall of the cervix. The finger is then swept in a circular motion around the inner cervix to separate the membranes from the cervical wall.
- Most women will find this process uncomfortable. Some women, but not many, will get some contractions and some vaginal spotting as a result of this procedure. Some (but not many) will actually go into labor!



Postdate  
pregnancy plan

### Postdate pregnancy plan

- If you have not delivered by the end of your 40th week, you will begin a "postdate pregnancy plan."
- This plan may include:
  - Non-stress tests twice a week
  - Weekly ultrasound measurement of amniotic fluid levels
  - Continued daily fetal movement recording
  - Continued weekly clinic visits

**Notes:****Discussion:****Key points:****Labor and Delivery**

- Hopefully, by now, you have toured the Labor & Delivery area, are pre-admitted, have transportation and child/pet care arranged, and have camera and film in your bag.
- Expect to be a little nervous. The big event is about to happen!
- Prior to admission, you will probably be given a vaginal exam to determine where you are in labor. Your vital signs will be taken and the baby will be monitored.
- If you are in active labor or your bag of water broke or you need close observation, you will be admitted and taken to a labor room where your baby's heart rate and your contractions will be monitored by an external fetal monitor (same monitor as used for the non-stress test you may have had). You will have your blood drawn and possibly an IV started at this time.
- Now you and your partner get to put all that practice to work! Remember each contraction puts you one contraction closer to holding your baby.
- If you have any special requests, such as having the father cut the cord, or you want to breast feed immediately after delivery, let the staff know now. Don't forget the camera for your baby's very first pictures.
- After the baby is born is a good time to put your baby to breast. This serves two functions: helps you bond with your new baby and decreases your blood loss by contracting your uterus.
- Your placenta usually delivers within 30 minutes after the baby is born. You may be too occupied with baby to take much notice.



**When you are  
admitted**



**Postpartum  
(after the  
delivery)**

### **Postpartum (after the delivery)**

- Even though you have worked hard and long to bring about this birth, most mothers are too excited to sleep. Enjoy this time but sleep when you can. Getting enough rest will decrease your irritability, help you feel better, and help in your recovery.
- The staff will be checking on both you and your baby frequently during this postpartum period. These checks are done to ensure both of you are doing well.
- If your baby is a male, you will need to decide on whether or not to have him circumcised. This procedure is usually done prior to hospital discharge. While there may be potential health benefits, at present, there is not enough medical evidence to recommend routine circumcision. Circumcision is a personal decision based on cultural, health, and religious beliefs.
- If you are having any problems caring for your newborn, let the staff know immediately. They are there to help you feel more comfortable and secure in your new role.
- The nursing staff will go over the basics of self and infant care. Ask questions and make sure you understand the information you are given.



**Going home**

### **Going home**

- **Appointments:** At the time of discharge, you will be given information regarding follow-up appointments to be made for you and your baby.
- **Car seat:** Before leaving the hospital, your car seat will be evaluated and instructions given. The safest place for a newborn car seat is in the middle of the back seat facing the rear.
- **Family Planning:** If you need a prescription for birth control, get it before leaving the hospital.
- **Immunizations:**
  - If your chicken pox and rubella titers indicate you have not had these diseases you will be given the vaccines to prevent these diseases in the future.
  - If you have not received the flu vaccine, you may receive it prior to hospital discharge.
  - If you are less than 26 years old, we recommend that you receive the series of three immunizations of the Human Papilloma Virus (HPV) vaccine. If you have not had it, the first dose is after your delivery before discharge from the hospital, with follow-up repeat immunizations at 2 months and at 6 months after the first immunization.
- **DEERS:** Soon after discharge, you must stop by the Military Personnel Office or the nearest DEERS office to enroll your baby in DEERS. At this time you should receive the forms to enroll your baby in TRICARE. Complete these forms and forward them to your local TRICARE office.

- **Shaken Baby Syndrome:** Going home with a newborn is an exciting but challenging time. Babies cry for many reasons: when they are hungry, feel uncomfortable, have pain, or when they just want to be held. At times, no matter what you do, the baby will not stop crying. This can be very frustrating for parents and caregivers. It is important that no one taking care of your baby shakes your infant out of frustration due to your baby's behavior. If you or your partner are having trouble calming your infant, put your baby in the crib, take a deep breath and call for help from a friend or contact your baby's provider as soon as possible to receive help with this. Additional help may be obtained from the local New Parent Support Program, telephone number: \_\_\_\_\_
- **Domestic Abuse:** Domestic abuse may increase during the postpartum period as the family adjusts to the changes of adding a baby. Please do not hesitate to seek help from your healthcare provider, counselor or a close friend if you are experiencing physical, sexual, or emotional abuse. The National Domestic Abuse Hotline: 1-800-799-7233.
- **Postpartum:** Many new mothers experience the "baby blues". This is a very common reaction during the first few days after delivery. The "baby blues" may include crying, worrying, sadness, anxiety, mood swings, difficulty sleeping and not feeling like yourself.  
The "baby blues" is not the same as postpartum depression and does not require medical attention. With time, patience, and the support of family and friends, "baby blues" will usually disappear within a few days. If "baby blues" persist or worsen it may be a sign of a bigger problem. You should contact your provider prior to your scheduled postpartum visit.



Going home



**Post delivery appointments**

**Post delivery appointment for newborn**

- At the baby’s first appointments, your baby will be measured, weighed, and receive a complete physical exam.
- Parenting concerns such as feeding, bowel movements, sleep, and number of wet diapers will be discussed.
- Be sure to write down questions you have and bring them with you to this visit.
- If you, your baby, or your family are having problems adjusting, be sure to let your health care provider know.



**Additional signs to report**

**Additional signs to report**

- **Prior to your six week check-up, call your healthcare provider if you experience:**
  - Fever greater than 100.4° F or 38° C
  - Burning on urination
  - Increased pain near your vagina or surgical site
  - Foul smelling vaginal discharge
  - Swollen, painful, hot, red area on your leg or breast
  - Extended periods of hopelessness or depression (more than 2-3 days a week)



**Your next visit**

**Your post delivery appointment**

Prior to when you leave the hospital, you will be instructed to schedule a post-delivery appointment for 6-8 weeks after you gave birth.

- You will receive a complete physical exam, possibly including a Pap smear.
- During this visit, your healthcare provider will review the following with you:
  - Family planning
  - Your adjustment to parenthood
  - Signs of postpartum depression
- You may receive an HPV immunization.

## Your post delivery appointment

- If you are especially sad or “blue” in the weeks after the birth of your baby, contact your provider to discuss this prior to this visit. Many new mothers get the baby “blues” for a few days after delivery but it usually doesn’t last very long. Postpartum depression is more intense and lasts longer. With postpartum depression, signs and symptoms such as overwhelming fatigue, insomnia, loss of appetite, lack of joy in life or thoughts of harming yourself or your baby may actually interfere with your ability for care for yourself and your baby.



Your next visit

## Your next visit

If you have another visit prior to delivery, we will:

- Measure your uterine growth, blood pressure, and weight, listen to fetal heart tone, review fetal movement record, assess baby’s position, and discuss any concerns/questions you may have.
- Discuss Postdate Pregnancy Plan if you have not delivered by 41 weeks.
- Schedule you for twice a week Non-Stress Tests and weekly, ultrasound-amniotic fluid measurements beginning at your 41st week.
- Schedule weekly prenatal visits.

ALWAYS  
BRING YOUR  
**PURPLE BOOK**  
AND  
**PREGNANCY  
PASSPORT**  
TO EVERY VISIT

**Do you think you will be like your mother or different when you consider what kind of parent you will be?**

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**How do you visualize yourself as a mother (warm, caring, strict, etc.)?**

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**Write a few words to describe how you feel as a new mother:**

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# 6-8 Weeks After Delivery Information Sheet



Goal: Determine health status and promote adjustment to being a mother and parent



## Post Delivery Information Sheet: 6-8 Weeks after Delivery

Goal: Determine health status and promote adjustment to being a mother and parent

### Your body's changes

- As soon as the baby is born your uterus starts to get smaller. By the time of your postpartum check it should be almost back to the size it was when you became pregnant.
- Your body will gradually return to your pre-delivery weight over time. Combining a healthy diet with exercise will help you lose weight and get back in shape "safely" after delivery.
- It is difficult to predict when you will ovulate after you deliver. (This is why it is very important that you always use birth control whenever you have sexual intercourse.)



Your body's changes

### Your family's changes

- Your baby is here! What an exciting and challenging time for everyone as you each adjust to the changes of a growing family.
- You and the baby's father may both have moments when you feel anxious or sad. You may both worry about money, your relationship or the future – not to mention being good parents. Make time to talk with one another about your concerns. Let your partner know he is still very important to you. Involve him in your activities. And set aside time for the two of you to be alone together.
- Your baby's father may feel "left out" because of all the attention you are giving to the baby. Involve him in activities to care for the baby. Make time for the two of you to be alone together.



Your family's changes

### Your thoughts and feelings

- You may find you have less interest than you expected in having sexual intercourse with your partner. There are several reasons for this. One is that the demands of a baby leave you exhausted. Additionally, your body is still adjusting to changing hormone levels and the birthing process.
- Discuss your feelings with someone you trust and your healthcare provider, especially if you have been very sad or depressed.
- Remember to make time for yourself. If you are feeling especially tired or stressed leave your baby with someone you trust and take time to do something relaxing such as going for a walk, going for a pedicure or just taking a long bath.



Thoughts & Feelings

Thoughts & Feelings



### Consider breastfeeding

## Breastfeeding - a great start

- The American Academy of Pediatrics, the American College of Nurse-Midwives, the American College of OB/GYN, and the American Dietetic Association all strongly recommend breastfeeding for at least your baby's first 12 months of life.
- Consider exploring community breastfeeding groups such as La Leche League. This is an excellent opportunity to get to know other breastfeeding mothers.
- Discuss any breastfeeding concerns with your provider at this visit.
- See "Breastfeeding" in Resource Section for further information.



### Today's visit

## At this visit

- A complete physical exam with a pelvic and breast examination will be done to see if your body has returned to normal.
- Pre-existing medical conditions will be reviewed to help you determine a follow-up plan.
- If you had gestational diabetes in your pregnancy, additional lab work will be ordered.
- Your birth control method will be reviewed and revised as needed.
- A post delivery depression screening and a domestic violence screening will be completed.
- If you have not already completed the HPV services, your next immunization will be given.
- If you are going back to work or need a release from your healthcare provider to return to duty, be sure to let them know during this visit.
- This is likely the last time you will see your healthcare provider for a year or so. Do not hesitate to ask any questions you have about your recovery or concerns you have.
- Your newborn is usually welcomed to accompany you to this visit. Check with your clinic and if you are bringing your newborn, bring a carriage or car seat for him/her to use during the exam.

**My baby's name:**

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**Date of birth:**

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**Weight:**

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**My labor was: as expected/different than expected:**

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**My support person/coach was:**

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**Notes / Thoughts / Feelings. . .**

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