CARING FOR YOU
and Your Baby

CareSource®

PRENATAL BOOKLET 2

You are getting closer to meeting your new little one!

We hope you are enjoying this time and preparing for a healthy delivery. We have included some helpful information on labor and delivery, and what to expect once you have your baby.

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GO THE FULL 40 WEEKS

Don't rush your baby. Babies need the full 40 weeks of pregnancy to grow and develop. Inducing (starting) labor for convenience is not the best for you or your baby. Forcing labor before you are ready can increase risks such as having your baby too early or having a cesarean section delivery.

Here are a few reasons to wait until 40 weeks:

- At 35 weeks, the baby's brain is only 2/3 of the size it will be at your due date. It needs more time to grow.
- Your baby may not be ready for labor and delivery. This will increase your risk of having a C-Section. Recovery will be faster with a vaginal birth.
- You get to eat for two for a bit longer.
- At term, your baby is better able to control his or her temperature.
- Lungs need more time to mature. Having a baby even two weeks early doubles the chances of him having breathing problems.
- Babies who wait until they are due usually eat better. Full term babies know how to more effectively suck and swallow than babies born earlier.
- Induction is not more convenient when you consider that it could cause a longer, more painful labor.
- More time in the womb usually means less time in the hospital.
- Enjoy those final weeks of carrying your baby. It truly is a miracle and you may just miss those little kicks and flips.

Source:

http://www.health4mom.org/wp-content/uploads/2015/03/Gofull40Poster_English-2012_FINAL-1.pdf

http://www.health4mom.org/wp-content/uploads/2014/06/GoTheFull40-2014.pdf

WHAT TO TAKE TO THE HOSPITAL

For you:

- ✓ A picture ID and your insurance card
- ✓ Cell phone and charger
- ✓ Eyeglasses, even if you wear contacts
- ✓ Nightgown, bathrobe and slippers – You may want to change into your own gown after delivery. It is best if your gown is sleeveless, short sleeved or has loose sleeves so that your blood pressure can be checked easily. Slippers and a robe will be handy to walk in the halls.
- ✓ Whatever will help you relax – Pillows, music, a picture or something that is calming to you. If you are being induced, you may want to bring a book or movie to watch.
- ✓ Toiletries (shampoo, toothbrush, etc.)
- ✓ Comfortable bra or nursing bra, if you choose to nurse
- ✓ Maternity underwear or some that you don't mind getting dirty
- ✓ A roomy outfit to wear home, something that you could wear when you were five to six months pregnant. Your shoes may be snug so wear a comfortable shoes.

For your partner:

- ✓ Camera with SD card and batteries or a charger
- ✓ Change of clothing
- ✓ Snacks
- ✓ Change or small bills for vending machines

For your baby:

- ✓ A car seat that is installed in your car ahead of time
- ✓ A going home outfit – It is better to have an outfit with legs instead of a gown so that the care seat strap can fit between them.
- ✓ A receiving blanket or heavier blanket if it's cold outside
- ✓ Baby book to get footprints or to record birth details

Don't bring:

- ✓ Jewelry or valuables
- ✓ Large amounts of cash
- ✓ Medications
- ✓ Diapers/Formula — These will be provided by the hospital while you are there
- ✓ Breast pump

Source:

https://www.babycenter.com/packing-for-the-hospital-or-birth-center

PRETERM LABOR

What are preterm labor and premature birth?

Preterm and premature mean the same thing — early. Preterm labor is labor that begins early, before 37 weeks of pregnancy. Labor is the process your body goes through to give birth to your baby. Preterm labor can lead to premature birth. Premature birth is when your baby is born early, before 37 weeks of pregnancy. Your baby needs about 40 weeks in the womb to grow and develop before birth.

Babies born before 37 weeks of pregnancy are called premature. Premature babies can have serious health problems at birth and later in life. About one in 10 babies is born prematurely each year in the United States.

If I have preterm labor, will I have a premature birth?

It is difficult for doctors to predict which women with preterm labor will go on to have a premature birth. Only about 10 percent of women in preterm labor will give birth within the next seven days. For about 30 percent of women, preterm labor stops on its own.

Am I at risk for preterm labor and premature birth?

We don't always know what causes preterm labor and premature birth. Sometimes labor starts on its own without warning. Even if you do everything right during pregnancy, you can still give birth early.

We do know some things may make you more likely than others to have preterm labor and premature birth. These are called risk factors. Having a risk factor doesn't mean for sure that you'll have preterm labor or give birth early, but it may increase your chances. Talk to your doctor about what you can do to help reduce your risk.

Because many premature babies are born with low birthweight, many risk factors for preterm labor and premature birth are the same as for having a low-birthweight baby. Low birthweight is when a baby is born weighing less than five pounds, eight ounces.

These three risk factors put you at risk for preterm labor and giving birth early:

1. You've had a premature baby in the past.
2. You're pregnant with multiples (twins, triplets or more).
3. You have problems with your uterus (where the baby grows in your body) or cervix (the opening of the uterus which allows baby to enter birth canal) now or in the past.

Medical risk factors BEFORE pregnancy for preterm labor and premature birth

- Being underweight or overweight before pregnancy.
- Having a family member who has had a premature birth – If your mother, grandmother or sister has had a premature baby, this increases your chances of having a baby early, too. If you were born prematurely, you're more likely than others to give birth early.
- Getting pregnant again too soon after having a baby – For most women it's best to wait at least 18 months before getting pregnant again. Talk to your doctor about the right amount of time for you.

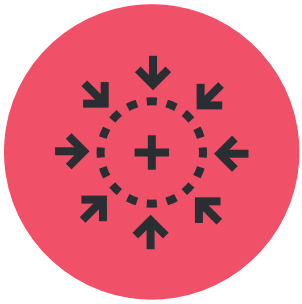
Medical risk factors DURING pregnancy for preterm labor and premature birth

- Getting late or no prenatal care – Prenatal care is medical care you get during pregnancy.
- Not gaining enough weight during pregnancy
- Bleeding from the vagina in the second or third trimester
- Having certain health conditions or infections – Health conditions that can affect pregnancy include high blood pressure, preeclampsia, diabetes, thrombophilia or infections. High blood pressure (also called hypertension) can stress your heart and cause problems during pregnancy. Preeclampsia is a kind of high blood pressure some women get during pregnancy. Diabetes is when your body has too much sugar in your blood. Thrombophilias are blood clotting disorders. Infections that can affect pregnancy include sexually transmitted infections (also called STIs) and infections of the uterus, urinary tract or vagina.

- Your water breaks before 37 weeks of pregnancy – If you have any fluid leaking from your vagina, call your doctor and go to the hospital.
- Being pregnant after some infertility treatments used to help women get pregnant
- Being pregnant with a baby who has certain birth defects, like heart defects or spinal defects – Birth defects are health conditions that are present at birth. They change the shape or function of one or more parts of the body. Birth defects can cause problems in overall health, how the body develops or how the body works. For example, spina bifida is a birth defect of the spine.

Risk factors in your everyday life for preterm labor and premature birth

- Smoking, drinking alcohol, using street drugs or abusing prescription drugs
- Having a lot of stress in your life, including low income, being unemployed or having little support from family and friends
- Being single
- Domestic violence – This is when your partner hurts or abuses you. It includes physical, sexual and emotional abuse.



- Working long hours or having to stand a lot
- Being exposed to harmful chemicals, like radiation and chemicals in things like paint, plastics and secondhand smoke. Secondhand smoke is smoke from someone else's cigarette, cigar or pipe.

Age and race as risk factors for preterm labor and premature birth

- Being younger than 17 or older than 35 makes you more likely than other women to give birth early. In the United States, black women are more likely to give birth early. Almost 17 percent of black babies are born prematurely each year. Just more than 10 percent of Native American and Hispanic babies are born early, and less than 10 percent of white and Asian babies.

Can I reduce my risk for preterm labor and premature birth?

Some risk factors are things you can't change, like having a premature birth in a previous pregnancy. Others are things you can do something about, like quitting smoking.

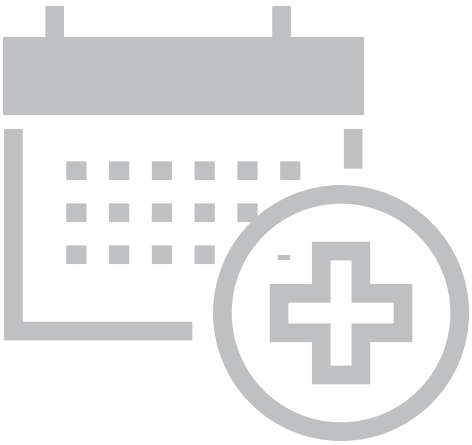
Here's what you can do to reduce your risk for preterm labor and premature birth:

- Don't smoke, drink alcohol use street drugs or abuse prescription drugs. Ask your provider about programs that can help you quit.
- Go to your first prenatal care checkup as soon as you think you're pregnant. During pregnancy, go to all your prenatal appointments, even if you're feeling fine. Prenatal care helps your doctor make sure you and your baby are healthy.
- Talk to your doctor about your weight. Ask how much weight you should gain during pregnancy. Try to get to a healthy weight before your next pregnancy.
- Get treated for chronic health conditions, like high blood pressure, diabetes, depression and thyroid problems. Depression is a medical condition in which strong feelings of sadness last for a long time and interfere with your daily life. It needs treatment to get better. The thyroid is a gland in your neck that makes hormones that help your body store and use energy from food.
- Protect yourself from infections. Talk to your doctor about vaccinations that can help protect you from certain infections. Wash your hands with soap and water after using the bathroom or blowing your nose. Don't eat raw meat, fish or eggs. Have safe sex. Don't change cat litter boxes or handle reptiles.
- Reduce your stress. Eat healthy foods and do something active every day. Ask family and friends for help around the house or taking care of other children. Get help if your partner abuses you. Talk to your boss about how to lower your stress at work.

- Wait at least 18 months between giving birth and getting pregnant again. Use birth control until you're ready to get pregnant again. If you're older than 35 or you've had a miscarriage or stillbirth, talk to your provider about how long to wait between pregnancies. Miscarriage is the death of a baby in the womb before 20 weeks of pregnancy. Stillbirth is the death of a baby in the womb after 20 weeks of pregnancy.

How do I know if I'm having preterm labor?

If you have any of these signs or symptoms before 37 weeks of pregnancy, you may be having preterm labor. **Call your doctor right away if you have even one of these signs or symptoms:**



- Change in your vaginal discharge (watery, mucus or bloody) or more vaginal discharge than usual
- Pressure in your pelvis or lower belly, like your baby is pushing down
- Constant or rhythmic low, dull backache
- Belly cramps with or without diarrhea
- Regular or frequent contractions that make your belly tighten up – The contractions may or may not be painful. These may feel like menstrual cramps.
- Your water breaks

When you see your doctor, he or she may do a pelvic exam or an ultrasound to see if your cervix has started to thin out and open for labor. If you're having contractions, your doctor will monitor them to see how strong and far apart they are. You may have other tests to help your provider find out if you really are in labor.

If you're having preterm labor, your doctor may give you treatment to help stop it. Or you may get treatment to help improve your baby's health before birth. Talk to your doctor about which treatment is best for you.

Why is it important to watch for preterm labor?

A full term pregnancy is 40 weeks. A premature baby is one who is born before the 37th week. Premature babies may have health problems that will require them to stay longer in the hospital than those born later. The earlier in pregnancy that a baby is born, the more likely he or she is to have health problems. These conditions may require a stay in the neonatal intensive care unit (NICU).

What should I do if I think I'm having preterm labor?

If you have any of these symptoms or think you're having preterm labor, call your doctor. Call even if you have just one sign or symptom. Your doctor may tell you to:

- Go to the office or hospital for a checkup
- Stop what you're doing
- Rest on your left side for one hour
- Drink two to three glasses of water or juice (not coffee or soda)

Are there treatments that can help stop preterm labor?

Yes. There are medications that may help slow or stop preterm labor. Steroids may be given to help the baby's organs mature faster which may help with some of the risks associated with early birth. Talk with your doctor to find out if treatments for preterm labor are right for you.

Sources:

https://www.acog.org/Patients/FAQs/Preterm-Premature-Labor-and-Birth

http://www.marchofdimes.org/complications/signs-and-symptoms-of-preterm-labor.aspx

http://www.marchofdimes.org/complications/preterm-labor-and-premature-birth-are-you-at-risk.aspx

https://www.babycenter.com/0_preterm-labor-and-birth_1055.bc

TRUE VS. FALSE LABOR

Is it really labor? Sometimes it's difficult to tell. Here are some signs to help you tell the difference:

False Labor (Braxton Hicks)	True Labor
Usually felt as a tightening in the abdomen (stomach)	Usually starts in the lower back and moves to the front
Stops when you walk or rest	Will not stop no matter what you do
Usually irregular	Become regular and more frequent
Do not change in intensity, frequency or length	Become longer, stronger and closer together
No change to your cervix	Your cervix will open and thin out
No bloody discharge	You will have a bloody discharge

Source:

https://www.acog.org/Patients/FAQs/How-to-Tell-When-Labor-Begins

LABOR AND DELIVERY BASICS

One question is asked more than any other when a woman nears her due date: “How will I know if I’m in labor?” While there are a few exceptions, most babies don’t come into the world as quickly and dramatically as the movies show.

Here are some subtle signs that you may be getting ready for labor:

- You have an increase in vaginal discharge and may lose the mucus plug that blocks the opening to your womb. This can happen several days before labor begins or at the start of labor.
- Feeling a burst of energy or the need to “nest”
- Feeling that the baby has “dropped”

What is labor?

The uterus, where your baby has been growing, is made up of muscle tissue. The muscle contracts and relaxes which is what you feel as contractions. Contractions help to push the baby down and cause the cervix (opening to the uterus) to open. To time these contractions, note how long it is from the start of one contraction to the start of the next one. Please note that your water can break (or be broken by the doctor or midwife) at any time before or during the labor process. Vaginal exams will be done throughout the labor process to determine your progress.

Labor is broken down into three phases: early, active and transition.

- **Early labor** is usually the longest and the least intense phase. Your cervix will begin to open and thin out.
- **Active labor** lasts about two to four hours. You will usually be in the hospital by this time. The contractions will become longer and more intense.
- **Transition** is the last and most intense phase of labor. This phase ends when it’s time to push the baby out.

What happens during delivery*?

Once you are completely dilated, delivery is the next step in the birthing process. You may feel relieved that it’s time to start pushing. You will be instructed on pushing by the hospital staff and they will assist you to get into the best position. Pushing uses the same muscles as having a bowel

movement so you may empty your bowels or bladder when you push. Don't worry if this happens. Those helping you know that this is a normal part of delivery.

The pushing stage can last from a few minutes to a few hours. Once the baby's head is showing (crowning), you will be prepared for delivery. Your doctor or midwife will instruct you on what to do as the baby is delivered. You will be asked to stop pushing once the head is out so that the doctor can remove fluids/mucus from the baby's nose and mouth. Once that is done, a small push will usually deliver the baby's body. The umbilical cord will be cut and the baby will placed on your stomach or chest.

Once the placenta detaches, you will be asked for one more small push to deliver the placenta. The doctor or midwife will check you to see if you got any tears during delivery and then will repair with stitches. These stitches don't need to be removed. Your body will absorb them as you heal.

What happens to the baby after delivery*?

Your baby will be dried off so that he does not get too cold and a knit hat will be placed on his head. Your baby may be placed on your chest or abdomen with his bare skin against yours to help keep him warm and to start the bonding process. This practice has been shown to reduce crying and to increase mom-baby interaction. Ointment will be placed in his eyes to prevent infection and he will receive an injection of vitamin K. Identification bracelets will be placed on both you and your baby. If you have chosen to breastfeed, you will be given the opportunity to do so. Your baby will be checked over and will get his first bath when his temperature stabilizes.

**The following is general information and may vary based on your hospital or the health of you and your baby.*

Sources:

https://www.uptodate.com/contents/overview-of-the-routine-management-of-the-healthy-newborn-infant?source=search_result&search=vitamin%20k%20newborn&selectedTitle=6~150

https://www.acog.org/Patients/FAQs/How-to-Tell-When-Labor-Begins

http://www.mayoclinic.org/healthy-lifestyle/labor-and-delivery/in-depth/signs-of-labor/art-20046184?pg=1

https://www.cdc.gov/vaccines/parents/diseases/child/hepb.html

https://www.babycenter.com

https://www.womenshealth.gov/pregnancy

PAIN MEDICATIONS FOR LABOR AND DELIVERY

There are three main types of ways to deal with pain for labor and delivery:

1. Epidural Anesthesia
2. Pain medications
3. Other types of Anesthesia

Epidurals are the most common type of pain relief used for childbirth in the United States. A tube is placed in the lower back and medication is injected through it. You will lose some of the feeling in the lower part of your body, but you will be awake and alert. You may still be able to move your legs, but probably won't be able to walk. You will be more comfortable and should feel enough sensation to be able to push your baby through the birth canal. If you are unable to sense when it's time to push, the staff will help you with pushing at the correct times. Because the medications aren't getting into your bloodstream, the baby should not be affected by the epidural. If you have a C-Section, the medicine will be adjusted so that you don't feel anything.

Pain medications are usually given through your IV, but can also be given as a shot in the buttocks. These may make you feel more relaxed or drowsy.

Since these medications enter your bloodstream, the baby can be affected. Depending when the medication is given, baby may be sleepy or need a little extra oxygen after birth.

Local anesthesia is a type of pain relief used during delivery and is injected into the vaginal area where the baby's head is crowning. You will still feel contractions, but will be numbed in case you tear or need to be cut during delivery.

Spinal anesthesia is a type of anesthesia rarely used for vaginal deliveries, but may be used for a C-Section. It involves a single shot of numbing medication into the back. You are completely numb and cannot move the lower half of your body.

General anesthesia is a type of pain relief rarely used when having a baby. It is only used for emergency situations during childbirth. It can be given through the IV or through a breathing mask.

Sources:

https://www.acog.org/Patients/FAQs/Medications-for-Pain-Relief-During-Labor-and-Delivery#risks

https://www.whattoexpect.com/pregnancy/labor-pain/

C-SECTION BASICS

What is a C-Section?

A C-Section, short for cesarean section, is having your baby through an incision in your abdomen and uterus.

Why would I need a C-section?

In general, there are two types of C-Sections, scheduled and unscheduled.

Some common reasons for a scheduled C-Section include:

- You've had a C-Section in the past
- Your baby is expected to be very large
- Your baby is not in the "head down" position
- The placenta is covering the cervix (baby's exit from the womb)

Some reasons for an unscheduled C-Section include:

- You have a genital herpes outbreak when you go into labor or when your water breaks
- You stop dilating or your baby stops moving down the birth canal
- It is considered an **emergency** if your baby shows signs that he/she cannot withstand labor or continuing in labor is dangerous to you.

Can I decide to have a scheduled C-Section?

It is important to remember that a C-Section is major surgery and has more risks than a vaginal delivery. You should talk with your doctor or midwife about any questions you have.

What happens during a C-Section?

The process described is for a scheduled C-Section. Generally, you will have an IV placed in your arm so that medication can be given. You will be taken to an operating room and you will be numbed from the waist down with an epidural or spinal block, but you will stay awake. The staff will wash and possibly shave your belly. A tube will be placed in your bladder to drain the urine during surgery and sterile sheets will be placed on your belly. This is usually the time that your partner, who is now in scrubs, will be allowed in to sit next to you. There will be a doctor or nurse anesthetist sitting at your head to monitor your blood pressure and make sure you are comfortable during the surgery.

Once you are totally numb, the doctor will usually make a small incision (cut) just below the pubic hair line. There will be another incision into the uterus (womb) and the amniotic fluid will be suctioned out. You may feel some tugging as your baby is delivered. Baby's nose and mouth will be suctioned and the cord will be cut.

Most of the time you are given a peek at your little one before they are taken to a warmer to be dried off and checked over. Once checked over, the baby may be handed over to your partner who can hold him right next to you. The doctor will deliver the placenta and do a quick check of your internal female organs. You will be stitched up layer by layer with stitches that will dissolve. When the doctor gets to the skin incision, he may use staples to close the skin. You will have to see the doctor or a nurse to have these staples removed in about one week. Once this is complete, you will be cleaned up and rolled to the recovery room to be closely monitored for about two hours. If all is well with you and baby, you will have a chance to hold and breastfeed your baby.

In an emergency, you may be put to sleep and your partner may not be able to stay with you.

How long does all of this take?

The procedure may vary depending on whether it's an emergency or a scheduled procedure. Usually the entire surgery takes about 45-60 minutes. You can expect to see your baby within the first 10-15 minutes of the procedure, with the rest of the time spent stitching you back up.

How is recovery different from a vaginal delivery?

Your hospital stay after a C-Section is usually three to four days compared to one to two days after a vaginal delivery. You will have all of the normal postpartum symptoms like fatigue, vaginal bleeding, cramping, and breast engorgement in addition to a surgical incision. You can expect to be sore around the incision for a few weeks and will need keep the area clean. You may notice gas build up due to a slow down related to having anesthesia and this may cause pressure on your incision. Walking around will often help you to relieve this pressure. Be sure to check with your doctor or nurse before getting out of bed.

Resources:

https://www.whattoexpect.com/pregnancy/c-section

https://www.babycenter.com/birth

https://www.acog.org/Patients/FAQs/Cesarean-Birth-C-Section

AFTER DELIVERY

Congratulations on your new baby! You'll be back to normal now, right? Not exactly…it took nine months to grow your baby and your body went through lots of changes. For the first six weeks right after delivery, you will be in the final stage of pregnancy and childbirth, called the postpartum recovery period. Your body is now busy recovering and healing from making a human and pushing it out.

After delivery, you may notice:

- You still have a belly and it feels like jelly – The skin has been stretched and will take some time for it to shrink back down.
- That you didn't lose a huge amount of weight – You will hold onto some fluids for a few days until the body starts to rid itself of the extra fluid through extra sweating, night sweats, and extra bathroom trips. Eat well and check with your doctor or midwife about when it is safe to exercise.
- That you have vaginal bleeding, even with a C-Section – Your uterus has extra lining and other pregnancy leftovers to get rid of after delivery. This bleeding can be like a period to start with but will lessen over the next few weeks. It will start out red like a period, change to pink and end up being yellowish. Stock up on pads and don't use tampons until you get the doctor's okay.
- Cramping as your uterus is shrinking back down to its pre-pregnancy size – They will be most noticeable right after delivery and when you breastfeed your baby.

- Soreness in the vaginal area – No surprise since this area is stretched and may be swollen, cut, torn, or bruised during the birth process. You may also have stitches to repair the cut or tear. Cold packs or sitz baths can help.
- Problems urinating/constipation – Swelling in the vaginal area, having a tube in your bladder, or having anesthesia may make it painful to push out urine or stool after delivery. Pouring warm water over your perineum may help you to urinate. Drink lots of fluids and increase fresh fruits and veggies to help with constipation.
- Hemorrhoids – You may develop these in pregnancy or while pushing. Avoid constipation or straining on the toilet. Sitz baths and witch hazel pads can help.
- Leaky, tender breasts – Your body is prepared for breastfeeding and has made baby's first milk called colostrum. Regular breast milk will come in around the third or fourth day after delivery. Wear a supportive bra to help with the tenderness and breast pads will help absorb the leaks. If you don't breast feed, the milk will dry up on its own over the next couple of weeks.
- Feeling tired – You probably weren't sleeping well before having the baby and labor and delivery is hard work. Sleep when the baby sleeps, eat well and focus on getting to know your baby.
- Mood swings – This may be the happiest time of your life, but hormonal changes, discomfort, and lack of sleep may trigger some highs and lows. These mood changes usually get better on their own within a couple of weeks. Make sure to ask for help so that you can focus on caring for yourself and bonding with your new baby. Resting and eating well will help you to recover both physically and emotionally. If you feel down for longer than two weeks, call your doctor.

DANGER SIGNS THAT WARRANT A 911 CALL:

- You have chest pains or gasping for air
- Seizures
- Thoughts of hurting yourself or your baby

Warning Signs to call your doctor about:

- Heavy bleeding, soaking one pad an hour or you are passing clots the size of an egg or bigger
- Incision that isn't healing
- Red or swollen leg, that is painful or warm to touch
- Temperature of 100° or higher
- Headache that does not get better, even after taking medication or a bad headache with vision changes
- Your bleeding has a foul odor
- Pain or burning with urination
- Lower abdominal pain
- Red streaks or painful new bumps on your breasts
- Redness, discharge or worsening pain from episiotomy, tear or C-Section incision
- Feelings of sadness or hopelessness that lasts more than 10 days after delivery

Sources:

https://www.whattoexpect.com/pregnancy

http://www.health4mom.org/learn-these-post-birth-warning-signs

ACOG "Your Pregnancy and Childbirth Month to Month", 6th edition, 2015

NEWBORN APPEARANCE

The baby may look a little different than the chubby, pink babies you see in the movies. He has been curled up tightly in a fluid filled uterus for the last few months. His trip into this world involved squeezing through small spaces. All of these things can affect his appearance.

Skin

To protect his skin while he is floating in amniotic fluid, the baby is covered in a creamy, white substance called vernix. The vernix decreases as the baby gets closer to his due date and may only be visible in some body creases. There may be fine hair over the back and shoulders. These will disappear over the next few weeks. You may notice that his skin is dry and peels, this is normal and requires no special treatment.

There may be bruises, red spots or scratches on the baby's skin from monitoring during labor or from delivery process. Birthmarks may be present as well.

You may notice that the baby's hands and feet may look bluish. This is normal and will improve as the baby's circulation adjusts after delivery.

Head

The newborn's head may look large in comparison to his body. The head may be cone shaped or bruised from the delivery process. The baby's head will return to its normal shape in a few days. There are several soft spots where the bones have not grown completely together on the head yet. Ears may be misshaped from the position in the uterus.

Face

Your baby's face may look swollen right after birth. Sometimes the baby's nose will look flattened or uneven due to his position in the womb. The mouth and nose may be filled with mucus.

Neck

Newborns have short necks that are unable to completely support their heads right after birth.

Chest and Belly

Breast area may appear swollen. This is normal and will go away within a few days or weeks. Your newborn's belly will likely look round and stick out a bit. A portion of the umbilical cord will be attached to the belly button. This will fall off on its own in one to two weeks. You will be given instructions on how to care for the umbilical cord stump while you are in the hospital.

Buttocks

In some darker skinned babies, you may notice flat, gray-blue areas that look like bruises over the lower back and buttocks. These are called Mongolian spots and they are normal. They are harmless and will fade away over time.

Genitals

The genitals of both boys and girls will look swollen or puffy after birth. Baby girls may have a white or bloody discharge. This is normal and is caused by mom's hormones.

Baby boys will have skin covering the head of the penis that is tight and should not be forced back. This is called the foreskin and can be removed if you chose to have your baby circumcised.

Arms/Legs

Your baby may keep his arms and legs curled up close to his body, much like he was in the womb. The arms and legs should move equally on both sides of the body. Again, the hands and feet may look bluish as compared to the rest of the body. This is normal and will improve as his circulation adjusts to life outside the womb.

Source:

https://www.uptodate.com/contents/newborn-appearance-the-basics

CIRCUMCISION

What is circumcision?

Circumcision is the surgical removal of the skin covering the tip of the penis. Sometimes a numbing medication is given before the procedure.
The circumcision is usually done before the baby leaves the hospital.

Who does the circumcision?

This procedure is usually done by the pediatrician, obstetrician or family practice doctor. In some cultures, circumcision can be done by a specially trained person as a part of a ceremony or ritual.

Does my baby boy have to be circumcised?

No, circumcision is an optional procedure and the doctor has to have your permission to do it.

Why is circumcision done?

Some parents choose to have this done due to cultural or religious reasons. Many times parents choose to have it done because other men in the family have had it done and they don't want their son to "feel different."

Are there any health benefits to having a circumcision?

Yes. These benefits* include:

- Lower risk of sexually transmitted diseases such as herpes, syphilis and HPV
- Lower risk of acquiring HIV
- Lower risk of urinary tract infections
- Lower risk of getting cancer of the penis
- Prevention of foreskin infections and phimosis – a condition that makes it impossible to pull back the foreskin
- Easier genital hygiene

** Centers for Disease Control and Prevention*

Are there any risks with having a circumcision?

There are risks associated with any surgical procedure. Minor bleeding and swelling are the most common complications of circumcision. Some of the less common complications are:

- Adhesions (where the remaining skin sticks to head of the penis)
- Infection
- Injury to the head of the penis

Is there any special care needed after the circumcision is done?

Yes, you will need to keep the area as clean as possible while it is healing. The physician may recommend that you apply Vaseline to the area to keep it from sticking to the diaper. You will be given instructions on how to care for the circumcision by the hospital staff.

Sources:

https://www.babycenter.com/0_circumcision-in-newborn-boys_10419911.bc

https://www.healthychildren.org/English/ages-stages/prenatal/decisions-to-make/Pages/Circumcision.aspx

https://www.whattoexpect.com/first-year/circumcision-care

BREAST VS. BOTTLE FEEDING

There are pros and cons to breastfeeding or bottle feeing your baby. Look over the chart below and think about which way you want to feed your baby. Talk to your doctor about any questions you have.

	BREAST	BOTTLE
COST	• Free • Nursing pads, bras • Breast pump (optional) is usually provided by your insurance carrier.	• Formula costs range from $54-198 per month depending on brand • Bottles, nipples
ADVANTAGES	• Always the perfect temperature • No prep time • Always available anytime or any place • Perfect nutrients for your baby • Mom burns calories making breast milk	• Anyone can feed the baby • No worries that mom's diet or medication will be passed to baby
DISADVANTAGES	• Mom has to be available for feeding or provide pumped milk. • Mom will need to watch what she eats and drinks since it is passed to baby through breastmilk	• Formula requires warming • No added protection against infections for baby • Baby may have more gas/ constipation
NUTRITION	• Milk content varies to meet babies needs • Easily digested and absorbed • Infant decides amount he eats	• Formula doesn't change and nutrition depends on proper preparation • Doctor or caregivers decide how much formula baby should have
HEALTH IMPLICATIONS	• Lowers risks for breast cancer, high blood pressure, diabetes and some female cancers for mom • Lower chances of baby's getting infections • May protect baby from allergies, diabetes, obesity, SIDS, asthma	• Don't breastfeed if you are HIV positive • Don't breastfeed if you are abusing illegal drugs or alcohol • Some prescription medications aren't safe for baby. Check with your doctor.

Sources:

http://kidshealth.org/en/parents/breast-bottle-feeding.html#

https://healthychildren.org/English/ages-stages/baby/feeding-nutrition/Pages/Bottle-Feeding.aspx

http://americanpregnancy.org/breastfeeding/breastfeeding-and-bottle-feeding

PREPARING TO BREASTFEED

Before your baby arrives:

- **Speak with your doctor about any concerns you may have, like:**
  - Medication use
  - Benefits of breastfeeding
- **Attend classes and events at your local WIC clinic or local hospital to learn:**
  - How to hold and position baby
  - How to get a good latch
  - Recognize when baby is hungry
  - How to pump and store breastmilk
- **Tell people who are important to you that you are going to breastfeed:**
  - Family and friends
  - Health care provider
  - WIC clinic
  - Child care providers
- **Get items ready for breastfeeding:**
  - Nursing bras
  - Nursing pads to absorb leaks
  - A breast pump – CareSource can assist with getting a breast pump upon request
  - Bottles, nipples and storage bags

Once your baby is here:

- **Speak with the nursing staff to ask about:**
  - Placing your baby skin-to-skin with you right after birth
  - Helping you to breastfeed within the first hour after birth
  - Helping you to recognize when your baby is hungry
  - Showing you how to pump and feed breastmilk if baby is premature or needs extra care
  - Delaying bottles until you have had the opportunity to put baby to breast
  - Allowing you and baby to remain together as much as possible
  - Educating you on early signs of breastfeeding trouble and when to call for help

Sources:

https://lovingsupport.fns.usda.gov/content/ready-set-breastfeed

http://www.health4mom.org/wp-content/uploads/2015/07/Preparing-for-and-beginning-breastfeeding_parent-pages_2015-2.pdf

BREAST PUMP AND LACTATION SERVICES PROGRAM FAQ

Why does CareSource provide breast pumps to its members?

Breast milk is considered the optimal source of nutrition for infants for the first 6 months of life. If you chose to breastfeed, we want to provide you with tools and resources to help you succeed.

Who is eligible?

All eligible Medicaid members.

Do I need to get prior authorization prior to ordering?

A prior authorization is not required.

Is there a cost to me?

No.

How do I get a breast pump?

Once you decide that you would like a breast pump, ask your physician to write a prescription for a breast pump. You can also call the member services number on the back of your card to request a pump. If you choose one of our vendors, they will contact your provider to get the prescription for your pump.

When should I order my pump?

If you decide to breastfeed prior to delivery, you can start the process as soon as the last month of your pregnancy or you can wait until after you deliver.

What will I get?

There are several pumps available to you and you can get more information about them through member services. Regardless of which pump you choose, there are breastfeeding resources to help you along the way.

What won't be covered?

Convenience items such as storage or freezer bags/containers, bottles and nipples are not covered by your plan.

Where can I get more information on breastfeeding?

https://www.caresource.com/healthy-living/healthy-family/healthy-pregnancy/breastfeeding/

http://www.llli.org/

http://www.zipmilk.org/

BATHING YOUR BABY

Preparation is the key! Have everything you need within reach before you begin. **NEVER leave your baby alone during a sponge or tub bath... even if you are using a bath seat or sling.**

- Gather a basin of warm water, baby soap, soft clean washcloth and a towel.
- Bathe baby in a warm room that is free of drafts.
- Start by washing hands.
- Use warm not hot water. Check the temperature with the inside of your wrist or elbow.
- When sponge bathing, keep baby wrapped in a towel and only expose the area that you are bathing.
- Use mild, gentle soap that is made for baby's skin.
- Using a clean soft wash cloth, start with the baby's face, then the body and finally the diaper area. Make sure to clean the creases under his or her neck, behind the ears, between the fingers and toes and the underarms.
- Rinse with soft cloth, making sure that no soap remains.
- Pat dry, diaper and dress your baby.
- To shampoo, wet baby's hair then apply baby shampoo and lightly massage with hand or soft brush. Make sure you are fully supporting the baby's head and neck throughout this process. Do not put pressure on the baby's soft spots on his head. Rinse with warm water, making sure water is flowing back and away from the face.

Cradle Cap Care

You may notice thick, crusty, yellowish patches on your baby's scalp. This is usually known as "cradle cap" and is a buildup of body oil and old skin on the scalp. You can eliminate it over time by:

- Washing your baby's scalp daily
- Gently loosen scales with a soft baby brush or infant comb when you are shampooing hair. Remember to avoid putting pressure on the soft spots.
- For stubborn cradle cap, apply infant safe lotion or oil directly on the scales for about an hour prior to bathing to help soften the scales.
- If cradle cap does not get better with treatment, talk to your baby's doctor or nurse.

Sources:

http://www.health4mom.org/wp-content/uploads/2015/06/Bathing-Baby_parent-pages-2015.pdf

https://healthychildren.org/English/ages-stages/baby/bathing-skin-care/Pages/Bathing-Your-Newborn.aspx

DIAPERING YOUR BABY

Follow these steps to keep baby's diaper area as clean and healthy as possible:

- Wash your hands before and after changing your baby's diaper to prevent the spread of germs.
- Clean your baby's genital area with warm water and a soft cloth or mild baby wipes. Always wipe from front to back
- Don't use baby or talcum powder. The fine dust can irritate your baby's skin and lungs.
- Every time your baby eats or breastfeeds, check the diaper and change if needed. This will help prevent diaper rash.
- Avoid using diaper wipes that contain alcohol.

Caring for your baby's umbilical cord stump:

- Unless your doctor tells you differently, your baby should only be sponge bathed and not placed in water until the umbilical cord falls off.
- Always wash your hands before touching the cord.
- Wipe the cord and area around it with warm water and a soft cloth.
- Keep the area around the cord dry.
- Fold down the top part of the diaper so that the cord stump is not covered.
- Don't pull on the cord or remove it before it is ready.
- Don't put alcohol or creams on the cord.
- Don't cover it with a bandage.
- Once it falls off, clean the navel with warm water and a soft cloth.
- Call the doctor if the area looks red, has drainage, smells bad or hasn't fallen off by the third week of life.

Sources:

http://www.health4mom.org/wp-content/uploads/2015/06/Bathing-Baby_parent-pages-2015.pdf

https://healthychildren.org/English/ages-stages/baby/bathing-skin-care/Pages/Bathing-Your-Newborn.aspx

CAR SEAT RECOMMENDATIONS

Reduce the risk of death and injury by properly securing your child. Keep your child in a car seat for as long as possible. All age ranges are estimates and will vary based on the size of your child. Always follow manufacturer's height and weight recommendations.

Rear Facing Car Seat (Birth – 3 years)

Children under age one should ***ALWAYS*** ride in a rear facing car seat in the back seat. For the best protection, keep your baby in a rear-facing car seat for as long as possible — usually until about 2 years old. You can find the exact height and weight limit on the side or back of your car seat. It prevents stress to your child's fragile neck and spinal cord. There are three different types of rear-facing car seats:

- Infant car seat — This seat is designed for newborns and small babies. It can only be used rear facing. Babies usually outgrow in eight to nine months.
- Combination seat — As your child grows, the seat transitions from a forward facing seat with a harness and tether into a booster.
- All-in-one seat — This seat can change from rear facing to forward facing (with harness and tether) to a booster seat as your child grows. It also allows for more time in the rear facing position since it can be used with children of various sizes.

Forward Facing Car Seat (2 – 7 years)

Once your child reaches the maximum height and weight limits of the rear facing car seat, it is time to switch him to a forward facing seat in the back seat with a harness and tether. A harness and tether limits the child's forward movement in the event of a crash.

- Convertible seat — As your baby grows, this seat can change from rear to forward facing with a harness and tether.
- Combination seat — As your child grows, the seat transitions from a forward facing seat with a harness and tether into a booster.
- All-in-one seat — This seat can change from rear facing to forward facing (with harness and tether) to a booster seat as your child grows. It also allows for more time in the rear facing position since it can be used with children of various sizes.

Booster Seat (4 – 12 years)

Keep your child in a forward facing car seat with a harness until he or she reaches the top height and weight limit of the seat. Now it is time for a booster seat which will position the seat belt so that it fits properly over the stronger parts of your child's body. Your child should still ride in the back seat.

- Booster seat with high backs — Boosts your child's height so that the seat belt will fit properly. It also provides neck and head support.
- Backless booster seat — Boosts your child's height so that the seat belt will fit properly. It does not provide head support (best with seats that have head rests).
- Combination seat — As your child grows, the seat transitions from a forward facing seat with a harness and tether into a booster.
- All-in-one seat — This seat can change from rear facing to forward facing (with harness and tether) to a booster seat as your child grows. It also allows for more time in the rear facing position since it can be used with children of various sizes.

Seat Belt (8+ years)

Should lie across the upper thighs and be snug across the shoulder and chest to restrain your child safely in a crash. It should not rest on the stomach or across the neck or face.

Sources:

https://www.nhtsa.gov/equipment/car-seats-and-booster-seats#car-seat-types

If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-855-202-0729 (TTY: 1-800-255-0056 or 711)

ARABIC
إذا كان لديك، أو لدى أي شخص تساعده، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجانًا وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، اتصل على
1-855-202-0729 (TTY: 1-800-255-0056 or 711)

AMHARIC
እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላቸሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላቸሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-855-202-0729 (TTY: 1-800-255-0056 or 711) ይደውሉ።

BURMESE
CareSource အကြောင်း သင် သို့မဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား စကားပြောဆိုရန် 1-855-202-0729 (TTY: 1-800-255-0056 or 711) ကျေးဇူးပြု၍ ခေါ်ဆိုပါ။

CHINESE
如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。 如果您需要与一位翻译交谈，请致电 1-855-202-0729 (TTY: 1-800-255-0056 or 711)。

CUSHITE – OROMO
Isin yookan namni biraa isin deeggartan CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-855-202-0729 (TTY: 1-800-255-0056 or 711) tiin bilbilaa.

DUTCH
Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk, bel dan naar 1-855-202-0729 (TTY: 1-800-255-0056 or 711)

FRENCH (CANADA)
Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète, veuillez téléphoner au 1-855-202-0729 (TTY: 1-800-255-0056 or 711)

GERMAN
Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, rufen Sie die Nummer 1-855-202-0729 (TTY: 1-800-255-0056 or 711) an.

GUJARATI જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તેમ ાંથી કોઈને CareSource વિશે પ્રશ્નો હોય તો તમને મદદ અને મ હતી મેળિ નો અવિક ર છે. તે ખર્ચ વિન તમ રી ભ ષ મ ાં પ્ર ્ન કરી શક ર છે. ટ ભ વપરો િત કરિ મ ટે,આ1-855-202-0729 (TTY: 1-800-255-0056 or 711) પર કોલ કરો.

HINDI
यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल हैं तो आपके पास बग़ैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिए से बात करने के लिए कॉल करें, 1-855-202-0729 (TTY: 1-800-255-0056 or 711)

ITALIAN
Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete, chiami il 1-855-202-0729 (TTY: 1-800-255-0056 or 711)

JAPANESE
ご本人様、または身の回りの方で、CareSource に関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます（無償）。 通訳をご利用の場合は、1-855-202-0729 (TTY: 1-800-255-0056 or 711) にご連絡ください。

KOREAN
귀하 본인이나 귀하께서 돕고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받으실 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 주십시오: 1-855-202-0729 (TTY: 1-800-255-0056 or 711)

PENNSYLVANIA DUTCH
Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-855-202-0729 (TTY: 1-800-255-0056 or 711) uffrufe.

RUSSIAN
Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком, позвоните по номеру 1-855-202-0729 (TTY: 1-800-255-0056 or 711).

SPANISH
Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-855-202-0729 (TTY: 1-800-255-0056 or 711)

UKRAINIAN
Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, зателефонуйте за номером 1-855-202-0729 (TTY: 1-800-255-0056 or 711)

VIETNAMESE
Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, vui lòng gọi số 1-855-202-0729 (TTY: 1-800-255-0056 or 711)
.

CareSource®

Notice of Non-Discrimination

CareSource

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please contact CareSource at 1-855-202-0729 (TTY: 1-800-255-0056 or 711)

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
1-844-539-1732, TTY: 711
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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