



*Yeah,  
Baby!*

A trimester-by-trimester guide  
to pregnancy and newborn care

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A close-up photograph of a man and a woman smiling joyfully. The woman is holding a white pregnancy test stick. The man is looking at the woman and smiling. The background is softly blurred.

## First Trimester

### FIRST TRIMESTER: WEEKS 0 TO 13

The first trimester begins the first day of your last menstrual cycle and lasts through the first 3 months of pregnancy.

As your little one grows, remember that taking care of your baby also means taking care of yourself. “This is an important time to eat well, sleep and take vitamins,” says **Susan Brown, MD, an OB/GYN at Atrium Health Women’s Care Eastover OB/GYN.**

From the moment the embryo has implanted, your baby doesn’t waste any time developing. And by the end of the third month, almost all their organs have started to grow, from head to toe.

See what else you can expect in the first trimester.

## FAST FACTS



### Spotting the early signs of pregnancy

You may experience light bleeding in the first month. This is likely implantation bleeding and occurs shortly after conception.



### Scheduling prenatal visits

Try to schedule your first prenatal visit before you're 10 weeks pregnant to get the necessary tests and date the pregnancy as soon as possible.



### Taking vitamins

Take prenatal vitamins with at least 400 micrograms of folic acid or more to help protect your baby against spina bifida. You can also take a prenatal vitamin with omega-3 fatty acids to support your baby's growing brain.

## YOUR BABY



Has a **placenta and umbilical cord** at around 5 weeks



Has a **beating heart**, which you can see on an ultrasound as early as 6 weeks



Is starting to grow **eyes and a brain**



Has the beginnings of **muscles, bones and even teeth**



Is starting to form **hands and feet**

PREGNANCY SYMPTOMS:

# *What's Normal?*

You're in the early weeks of pregnancy and enjoying everything about the miracle of life growing inside you. Except you're nauseous, tired beyond belief and contemplating setting up permanent shop in the bathroom.

The miracle of life is – yes – a miracle. But some of the early symptoms, like swollen breasts and increased urination, can leave you feeling less than miraculous.

According to [Portia Cohens, MD](#), an OB/GYN at [Atrium Health Women's Care North Charlotte OB/GYN](#), it's normal to not feel like yourself during pregnancy. "Pregnancy is a time of immense changes in your body that will feel abnormal but are completely normal," she says.

There are a few expected – and unexpected – symptoms you can prepare for in your first trimester and throughout your pregnancy.



*“Pregnancy is a time of immense changes in your body that will feel abnormal but are completely normal.”*

*- Portia Cohens, MD*



### *Nausea and vomiting*

One of the most recognized early pregnancy symptoms is morning sickness, which is nausea and vomiting during pregnancy. Despite its name, morning sickness isn't always limited to the early part of the day. While its effects are strongest in the morning for most, you can experience it at any time of day – and even later into the pregnancy.

Although morning sickness is a common symptom of early pregnancy, many soon-to-be moms worry about the effects vomiting, lack of appetite and food aversions will have on their baby. But Dr. Cohens says not to stress. “During this time, your baby’s nutritional needs are minimal,” she says. “Think about it this way: Your baby isn’t even the size of a pea at this point. Even if you’re unable to keep any food down, your baby is getting the nutrition they need from what your body has already stored. And you can rest assured you aren’t harming your baby.”

While pregnancy sickness is a common symptom, talk to your doctor if you’re vomiting multiple times a day, dehydrated or losing too much weight. These could be signs of severe pregnancy sickness called hyperemesis gravidarum, which requires medical attention.



### *Bleeding and cramping*

Any time you have spotting or cramping in pregnancy, it’s a good idea to give your doctor a call, especially if you’re having heavy bleeding with cramps or severe lower abdominal pain. But in many cases, mild spotting and cramping are common pregnancy symptoms, especially in the first trimester.

Spotting that occurs in the first couple of weeks of pregnancy after conception can be implantation bleeding, which occurs when the fertilized egg attaches to the uterus. Spotting and cramping can also happen after having sex or getting a pelvic ultrasound, as well as if you have a vaginal or cervical infection.



### *Fatigue*

You’ve been tired, but have you been *pregnancy tired*? If you’re falling asleep at your desk or taking mid-afternoon naps, we have good news: It’s normal.

“Fatigue is very common in the first trimester of pregnancy,” says Dr. Cohens. “During this time, your pregnancy hormone levels are increasing significantly, and your body is supporting a new, developing life.”

In some cases, extreme fatigue can be a sign of anemia, or low iron, which is something your doctor will look for during blood tests. Because you need about 27 milligrams of iron a day when you’re pregnant, Dr. Cohens recommends eating iron-rich foods and taking a prenatal vitamin throughout pregnancy. In addition to being loaded with iron, prenatal vitamins have the daily recommended vitamins and minerals you and your baby need to stay strong.

While eating healthy and staying active will help combat fatigue, remember it’s OK to let your body rest when it needs to. It’s working hard to grow a new life, after all.

• • • • *Pump the iron* • • • •

**Low on iron? Try adding these iron-rich foods to your diet:**

- Green, leafy veggies
- Beans
- Dried fruit
- Quinoa
- Barley
- Lean beef and turkey



### *Heartburn, indigestion and constipation*

Though annoying, these are all common symptoms of pregnancy. “The increased levels of hormones, progesterone and relaxin work together to relax the smooth muscle in your digestive tract, causing it to move slower,” explains Dr. Cohens. “This results in constipation and indigestion, or heartburn.”

To treat constipation, Dr. Cohens recommends drinking lots of water, taking probiotics, exercising, and eating fiber-rich foods, like fruits and vegetables. You should also try to avoid refined foods, like white bread and white rice.

To help with heartburn, Dr. Cohens suggests avoiding foods that trigger the symptoms, eating slowly, and eating smaller, more frequent meals. You can also drink fluids between meals instead of with them, cut off all foods and liquids about 2 hours before bedtime, and try sleeping with your head and shoulders elevated. If you do all these things and nothing works, ask your doctor which over-the-counter antacids are best during pregnancy.





### *Mood changes*

Throughout your pregnancy, you might notice that your emotions are all over the place. In a matter of minutes, you can feel joyful, anxious, excited and overwhelmed. On top of hormonal changes, many soon-to-be moms have fears about parenting and financial stress. Add nausea, fatigue and constipation into the mix, and it's no wonder being pregnant brings so many feelings.

While mood changes are a normal part of pregnancy, talk to your doctor if they feel severe, like anxiety or depression. They might suggest solutions like counseling, behavioral therapy, relaxation techniques, and in some cases, medication. Joining a moms-to-be group or chatting with a pregnant friend are other ways to help give you the support you need and remind you that you're not alone.





### *No symptoms?*

For some women, it's not the symptoms that concern them – it's the lack thereof. “Not having any symptoms can cause just as much stress as having them,” says Dr. Cohens. “The important thing to remember is that pregnancy symptoms will vary from woman to woman, pregnancy to pregnancy, and even trimester to trimester.”

According to Dr. Cohens, a lack of symptoms is not as uncommon as you might think, and it's definitely not a sign that anything is wrong with your pregnancy. “Consider yourself fortunate if you're not experiencing some of the common symptoms,” she says. “But keep in mind that just because you're not having the symptoms early, it doesn't mean you'll never experience them. Some symptoms can start later in pregnancy.”



### *No two pregnancies are the same*

In addition to the better-known pregnancy symptoms, there are plenty of other symptoms that are less common but also completely normal. For instance, some women might experience changes to their breasts and areolas, a heightened sense of smell and warmer-than-usual body temperature. Increased saliva and spitting can also be completely normal, but unexpected, symptoms of pregnancy.

No matter what symptoms you're having, remember that no two pregnancies are the same. “Don't compare your pregnancy to anyone else's – not even to people you're related to or your own previous pregnancy. Every experience will be different,” says Dr. Cohens.

If you have any symptom that concerns you, your OB/GYN is here to help.



*“Don't compare your pregnancy to anyone else's.”*

*- Portia Cohens, MD*

KEEPING UP

# *With the Changes*

When you first found out you were pregnant, you knew changes were coming. Some of these changes are to your body, like a growing belly and tender breasts. Others are to your lifestyle, like what you eat and how you exercise.

From how your body feels to how you keep it healthy, here are a few common changes you can expect when you're pregnant.



*“Exercise will improve your overall health, as well as decrease the risk of gestational diabetes, preeclampsia and C-section.”*

*- Jessica Juhaish, MD*



## Nutrition

There's plenty of advice out there on what to eat during pregnancy and how much. But every body is different, with different requirements. The most important thing is to listen to your body and get essential nutrients from whole foods, like fruits, veggies and lean proteins. Eating a healthy, balanced diet will give your baby the vitamins they need to grow – and what you need to deliver a healthy baby.

Speaking of vitamins, talk to your OB/GYN about how much folic acid you should be taking, as well as if you need additional vitamin D or iron supplements.

Finally, hydration is key to pregnancy. Drinking plenty of water helps reduce cramping, preterm contractions and headaches, while promoting the growth of your baby.



## Fitness

Make time for rest and relaxation, but don't underestimate the benefits of getting up and moving. Unless you've had previous complications or your doctor tells you differently, exercise is highly recommended in every trimester.

“Exercise will improve your overall health, as well as decrease the risk of gestational diabetes, preeclampsia and C-section,” says [\*\*Jessica Juhaish, MD\*\*](#), an OB/GYN at [\*\*Atrium Health Women's Care North Charlotte OB/GYN\*\*](#). In addition to keeping you healthy and feeling great, exercise can also help ease some pregnancy symptoms, like fatigue, back pain and stress. Consistent exercise during pregnancy can even help during labor and delivery, as well as postpartum recovery.

Almost all sports and activities are safe during pregnancy, including yoga, swimming, high-intensity interval training, weightlifting, running and cycling. The only exercises you really want to avoid are

### *Give your baby's brain a boost*

Exercise during pregnancy isn't just good for you – it's good for your baby. Exercise can lead to better blood flow, which leads to an enriched placenta, which helps your baby's brain develop. How 'bout those endorphins?



contact sports or activities that increase your risk of injury or falling. Just don't forget to warm up, hydrate, recover and refuel healthfully after every sweat session, and stop if something hurts or doesn't feel right.

So if you were a fitness lover before getting pregnant, keep it up! And if not, no worries – your doctor can help you come up with a way to stay active that's fun and safe for you and your baby.



### *Breast changes*

Tender breasts are a common first symptom of pregnancy and one of the many ways your breasts and body will change over the next several weeks.

“In the first few months, your breasts might increase in size. Your nipples might become darker, and you might express a yellow fluid called colostrum. These are all normal breast changes during pregnancy,” says Dr. Juhaish.

Changing breasts are just the body's natural response to the increased hormones, fluids and blood flowing through your body during pregnancy. If sore breasts become too uncomfortable, Dr. Juhaish recommends warm showers, ice packs, and a bra that fits and offers good support.



### *Sex drive*

Is it safe to have sex while you're pregnant? Will it hurt you? And more importantly, will it harm the baby?

These are questions almost everyone asks. Unless you're put on pelvic rest, it's almost always safe to have sex during pregnancy. Despite what you might hear, intercourse isn't likely to increase your risk of early labor – your baby is well protected by the amniotic sac and uterus muscles.

That said, just because you can have sex doesn't mean you'll want to. While some women find sex during pregnancy more enjoyable, others find it uncomfortable or simply aren't interested. That's because, like everything else, pregnancy affects everyone's sex drive differently.



### *Change is a beautiful thing*

Watching your body change right in front of you can be both exciting and scary. But you'll learn to love your changing body because it's creating someone very important: your baby.

GENETIC TESTING:

# *Is It Right for You?*

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From what their heart sounds like to when they like to kick, you learn a lot about your baby during pregnancy. Some parents choose to take this a step further, by undergoing genetic testing to learn their baby's sex and risk for genetic diseases. But is genetic testing right for you and your family?

Generally speaking, there are 2 types of genetic tests: screenings and diagnostic testing. Genetic screenings, like ultrasounds and blood tests, are noninvasive but can only measure your baby's risk for certain conditions and don't provide a diagnosis. Diagnostic testing, on the other hand, gives a more definitive answer but can come with risks due to how invasive the tests can be.



*“High-risk factors include the age of the mother being over 35, a family history of abnormalities, a previous child with a genetic disorder, abnormal blood tests, or an irregularity found in the first trimester ultrasound.”*

*- Elizabeth Floyd, MD*

There are many reasons you might choose to undergo – or not undergo – genetic testing, but the most common reason to get tested is if your pregnancy is considered high risk. “High-risk factors include the age of the mother being over 35, a family history of abnormalities, a previous child with a genetic disorder, abnormal blood tests, or an irregularity found in the first trimester ultrasound,” explains [Elizabeth Floyd, MD](#), an OB/GYN at [Atrium Health Women’s Care Piedmont OB/GYN](#).

Keep reading to learn about a few of the most common genetic screenings and tests.



### *Genetic screenings*

Although genetic screenings reveal your baby’s risk for certain conditions, they don’t provide a diagnosis. This means, even if your baby is at increased risk for a disease, they might not end up having it. Even so, genetic screening can be very informative and help you be better prepared for a potential diagnosis.

#### *Genetic carrier screening*

Genetic carrier screenings can be performed before or during pregnancy. Using a sample of your blood, saliva or tissue from the inside of your cheek, these tests assess whether you carry genes for conditions like:

- Spinal muscular atrophy
- Cystic fibrosis
- Sickle cell disease
- Fragile X syndrome

#### *Screenings for chromosomal disorders*

Affecting about 1 in 150 births, chromosomal disorders can happen in any pregnancy. Here are a few tests that detect the risk of chromosomal disorders:

- **Cell-free DNA testing** – This is a blood test that can be performed after 10 weeks of pregnancy. It examines your baby’s DNA, which is found in your blood, to detect some of the most common chromosomal disorders. It can also determine your baby’s sex.

- **First trimester screening** – This uses both a blood test and ultrasound to detect chromosomal abnormalities, as well as possible heart defects.
- **AFP (Alpha-fetoprotein) screening** – This is a blood test ideally performed between 15 and 18 weeks of pregnancy. It identifies your baby's risk for neural tube defects like spina bifida.
- **Quad marker screening** – In this second trimester test, your doctor analyzes the proteins and hormone levels in your blood to estimate your baby's risk of Down syndrome, trisomy 18 and conditions affecting the brain or spine.



### *Diagnostic testing*

Although genetic screenings can be informative, they're not diagnostic. If an abnormality was found in a screening or if a genetic disorder runs in your family, your doctor might recommend further testing to get a firm diagnosis. Because these tests can increase your risk of miscarriage, infection and other complications, your doctor will help you decide if they're right for you.

### *Amniocentesis*

In this test, your doctor uses a long, thin needle to get fluid from the amniotic sac. The cells from the fluid are analyzed for abnormalities and defects. In certain circumstances, this test can also be used to check on your baby's lung development.

Best performed between 15 and 20 weeks, amniocentesis usually takes no more than 30 minutes, with results in about 2 weeks. But in some cases, your doctor might be able to perform a faster version of this test called fluorescence in situ hybridization – or FISH, for short. The FISH technique can deliver results in as little as 48 hours.

### *Chorionic villus sampling (CVS)*

Like amniocentesis, chorionic villus sampling is a test that can diagnose abnormalities before a baby is born and is offered to patients with increased risk factors. But instead of amniotic fluid, CVS tests a small sample of your placenta from either your cervix or abdomen. This test can diagnose the most common chromosomal abnormalities but will not detect neural tube defects, like spina bifida.





### *Do what's best for you*

As you try to decide which – if any – genetic test is right for your pregnancy, talk to your doctor, your partner and people you trust. And make sure you know in advance what you'd do with the results. Genetic testing can give you peace of mind or help you be better prepared for your baby's unique medical needs.

“Understand what you would do before obtaining the test,” says Dr. Floyd. “There is a great benefit to testing because families can learn about the conditions and make the necessary preparations for their child.”

When it comes to genetic screening and testing, all you can do is make the decision that's best for you, your pregnancy and your baby. The important thing to remember is that these tests are optional, and the choice to undergo them is entirely yours.



*“There is a great benefit to testing because families can learn about the conditions and make the necessary preparations for their child.”*

*- Elizabeth Floyd, MD*

DISH IT OUT:

# *What to Eat During Pregnancy*

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Your baby isn't even born yet, and you're already doing everything you can to take care of them. A big part of that is eating a healthy diet and giving both of you the nutrients you need. And fortunately, not many foods are off-limits during pregnancy.

**Ajay Patil, DO**, an OB/GYN at **Atrium Health Women's Care Copperfield OB/GYN**, covers everything from food and drinks to over-the-counter medications – as well as what to do if you eat something you shouldn't. (Hint: Don't panic!)

“

*“You can have cookies and cake – they just shouldn't be major parts of your meals.”*

*- Ajay Patil, DO*

# First Trimester

## FOOD

<i>Enjoy</i>	<i>In moderation</i>	<i>Avoid</i>
 Healthy proteins	 Deep-sea fish	 Raw, undercooked meats
 Vegetables	 Salty, sugary foods	 Cold cuts
 Fruit	 Coffee (1 to 2 cups a day)	 Unpasteurized cheese, milk and juice
 Pasteurized dairy products		 Artificial ingredients
 Whole-grain breads, cereals and pastas		 Alcohol
 Beans, legumes and lentils		
 Nuts		

In general, Dr. Patil recommends following a high-protein, moderate-carbohydrate diet, and focusing on complex carbs, like those found in fruits and vegetables. He also says to avoid foods that are over-processed or high in salt and sugar, as well as artificial sweeteners, flavors and dyes. “Before you eat or drink something, ask yourself if you’d feed it to your baby. If you wouldn’t, you might want to reconsider eating it yourself,” he suggests.

But you don’t have to be overly cautious. “It’s OK to have a good and varied diet,” Dr. Patil adds. “You can have cookies and cake – they just shouldn’t be major parts of your meals.”

While most foods are OK, a few menu items should be avoided during pregnancy. This includes cold cuts (think deli meats) and foods made with unpasteurized milk (like raw cheeses), which can harbor listeria. If you realize mid-bite that your burger’s undercooked or your cheese is unpasteurized, don’t panic – it happens! Just keep track of your symptoms and call your doctor if you have a fever, chills, upset stomach, nausea or vomiting. Although the chances are slim, listeria can be dangerous for a growing baby.

Speaking of meat, avoid raw or undercooked meats, like sushi and steak that aren’t cooked all the way through. “Undercooked meat can cause stomach upset and other issues. You’re more sensitive to that kind of thing when you’re pregnant,” explains Dr. Patil.

Although you might avoid sushi, other fish are safe to eat, including fresh fish like salmon and trout. You can also eat deep-sea fish like tuna, sea bass or halibut, but only in moderation. While all fish are high in omega-3 fatty acids – which is great for you and your baby – larger fish are also high in mercury, which isn’t safe for your baby’s brain development.

And what if your healthy diet is meat-free? Whether it’s a personal choice or the result of a food aversion during pregnancy, there are many reasons pregnant women choose not to eat meat. Rest assured, a vegetarian diet is almost always safe for your baby. “A large portion of the world is vegetarian, and they have perfectly healthy babies,” says Dr. Patil.

If you're following a vegetarian diet during pregnancy, just make sure you're eating plenty of protein and that your diet isn't all carbohydrate-based. You can get protein from beans, legumes and lentils and turn to foods like broccoli, kale and spinach for a boost of iron.



### *Drinks*

Though most fluids are safe during pregnancy, water should be your drink of choice.

But there's one drink almost every pregnant woman wants to know about: coffee.

Pregnant or not, it can be hard to give up

that cup of ambition in the morning. If coffee is part of your routine, you're in luck: Most doctors – including Dr. Patil – say coffee is safe in moderation.

“As long as you keep your caffeine intake to less than 200 milligrams a day, you're OK,” says Dr. Patil. That's about a 12-ounce cup of coffee, which is perfectly safe for your baby and will give you the boost you need.

Though coffee is OK in moderation, the same isn't true for alcohol, which is the leading cause of birth defects in the United States. “We know alcohol can cause potential harm to a fetus throughout pregnancy, so we say there's no alcohol consumption throughout your entire pregnancy,” says Dr. Patil.

In addition, avoid anything unpasteurized, including milk. Although the dairy in pasteurized milk is an excellent source of vitamin D and calcium, drinking unpasteurized milk is risky. The same rule applies to fresh-squeezed juices that you purchase.



*“As long as you keep your caffeine intake to less than 200 milligrams a day, you're OK.”*

*- Ajay Patil, DO*



### *Medications*

Missing out on a few of your favorite foods and drinks is no big deal, but what about medications? Are any safe?

“If you have a cold, you can absolutely take medicine,” says Dr. Patil. Most over-the-counter, acetaminophen-based medications are considered safe, as are many allergy medications. But don’t take nonsteroidal inflammatory drugs (NSAIDs) like ibuprofen, which can cause issues with your baby’s circulation.

However, before taking any medication, talk to your doctor about the best way to continue treatment during pregnancy.



### *Vitamins and supplements*

With so many vitamins on the market, it can be hard to know which is best. As Dr. Patil puts it, you don’t need “designer vitamins” – any prenatal vitamin will give you and your baby the nutrients you need. That’s because prenatal vitamins are FDA-regulated and will have the same recommended amounts of vitamins for pregnant women.

The most important vitamins during pregnancy are iron, calcium and vitamin D. You should also try to increase your intake of folic acid, which is found naturally in beans, lentils, nuts, avocado, broccoli and spinach. Finally, consider adding a docosahexaenoic acid (DHA) supplement to your prenatal vitamin routine. This omega-3 fatty acid can help with your baby’s brain development!



### *So, what’s for lunch?*

For the most part, you can eat whatever you want during pregnancy. While a nutritious diet is ideal, don’t stress if pregnancy sickness or cravings have you occasionally reaching for comfort foods instead of proteins and veggies.

It’s all about balance, and as long as you’re doing your best, your baby will get the nutrients they need.

## *Are my cravings trying to tell me something?*

Salty, sweet, spicy, sour. There are a lot of thoughts around pregnancy cravings and what they mean. See what [Natalie Little, FNP-C](#), a nurse practitioner at [Atrium Health Women's Care Stanly OB/GYN](#), says about 3 common myths.

### *Cravings predict what your baby will like.*

**MYTH.** “Women will report that their infant likes or dislikes food, which coincidentally might be the same as the cravings and aversions they had during pregnancy. This is fun to think about, but unfortunately, there’s no clinical correlation.”

### *Cravings are your body's way of telling you what it needs.*

**MYTH.** “One theory suggests that cravings could be your body telling you it’s missing nutrients. For instance, if a pregnant woman is craving ice cream, what her body might actually need is calcium. But this is only a hypothesis, with no clinical data to support it.”

### *There are no strange cravings.*

**FACT.** “For the most part, there are no strange cravings. But talk to your doctor if you start craving non-food items, like dirt, chalk or ice. It’s not common, but this could be a sign of anemia.”

PREGNANCY COMPLICATIONS:  
*What to Look For*

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Everyone hopes for an easy, low-risk pregnancy. But in rare cases, unexpected conditions and complications can occur. Though factors like genetics and medical history can put you at higher risk for some complications, these conditions are almost always unavoidable, unpredictable and not the result of anything you did.

“A low-risk pregnancy can become high-risk overnight,” says [Kaci Farmer, MD](#), an OB/GYN at [Atrium Health Women’s Care Northeast OB/GYN](#). “The good news is most pregnancies are complication-free. And all you need to do is know what to look for and keep up with prenatal visits, where your OB is likely to catch concerns before they become issues.”



*“The good news is most pregnancies are complication-free.”*

*- Kaci Farmer, MD*





### *Amniotic fluid complications*

Your baby is surrounded by amniotic fluid. In some cases, there can be too much (polyhydramnios) or too little (oligohydramnios), which can be signs of issues with the pregnancy. Too much amniotic fluid can lead to an early birth or placental abruption, while too little can affect your baby's ability to grow and develop.

If your doctor diagnoses you with polyhydramnios or oligohydramnios – often during an ultrasound – they'll track your fluid levels closely and determine the best, safest next step for you and your baby.



### *Anemia*

Anemia is a condition caused by iron deficiency, or low iron. It can happen outside of pregnancy, but due to physical changes, some people have low red blood cell counts during pregnancy, which leads to anemia.

Symptoms include feeling tired, weak or faint and being short of breath. If blood work shows you're anemic, your doctor will likely recommend eating more iron-rich foods, like meat, leafy greens, eggs, beans and oatmeal. They may also prescribe iron and folic acid supplements to get your levels up.



### *Depression and anxiety*

When most people think of anxiety and depression during pregnancy, they think of the postpartum period. But mental health conditions can occur at any point of pregnancy and are just as important to treat as physical conditions.

There's no way to know for sure why one person experiences depression and anxiety during pregnancy, while another doesn't. But hormonal changes can be a contributing factor, as can stress, family history and if you're in a high-risk pregnancy.

Your doctor will ask screening questions at every visit, so let them know if you're experiencing any of the symptoms of anxiety or depression, especially if they begin affecting how you take care of yourself and your growing baby. If mental health conditions are impacting your daily life, your doctor can offer referrals to therapists, as well as pregnancy-safe medication if needed.



### *Gestational diabetes*

Hormonal changes can cause excess glucose in your blood during pregnancy. This is normal, and in most cases, your body can balance it out. But rarely, your body stops using insulin as it should, causing your blood sugar levels to rise. This can lead to what's called gestational diabetes, or high blood sugar levels during pregnancy.

Gestational diabetes is similar to other types of diabetes, except it's usually temporary. "Anyone can get gestational diabetes – even women without risk factors," says [\*\*Brittany Papworth, MD\*\*](#), an OB/GYN at [\*\*Atrium Health Women's Care Shelby OB/GYN\*\*](#).

Symptoms can include feeling thirstier or hungrier than usual and having to urinate more. But most people with gestational diabetes don't know they have it until the glucose screening test. Depending on your risk of gestational diabetes, your doctor may have you take a glucose screening test at your first prenatal visit or at the start of your third trimester, around 28 weeks. During this test, your doctor gives you a sugary drink, then draws blood and measures your blood sugar levels an hour later.

If your blood sugar levels are too high after the 1-hour test, your doctor will have you come back to take a 3-hour test, which requires fasting. If your blood sugar levels are still too high, you'll be diagnosed with gestational diabetes and will have frequent visits with your doctor to make sure you and your baby are doing well. Your doctor will likely ask you to monitor your glucose levels at home with finger pricks and daily tests. Your doctor might also include other specialists in your care, like a diabetic educator, dietitian and high-risk obstetrician.

In some cases, insulin and medication are needed to keep your blood sugar under control. But changes to diet and exercise are almost always the first steps. "Healthy diet and regular exercise are the keys to treating gestational diabetes," says Dr. Papworth.

Gestational diabetes usually goes away on its own after delivery, but it does come with risks of additional complications. For moms, this includes an increased risk of preeclampsia, C-section and Type 2 diabetes. But gestational diabetes also affects your growing baby. Dr. Papworth explains, "When the mother's blood sugar increases, greater glucose levels cross the

placenta.” For newborns, the effects of increased glucose levels include being born with low blood sugar, high birth weight and childhood obesity – rarely, even more serious complications can occur that can impact the safety of the baby. Fortunately, all these risks can be reduced with proper blood sugar control throughout pregnancy.

Changing your lifestyle to treat gestational diabetes isn’t easy, but it’s like Dr. Papworth says: “Pregnancy is a lot like training for an athletic event. Everything you’re doing is to train for a healthy baby and delivery!”

### *Sugar, sugar: 3 tips for the glucose screening test*

You’ve probably heard about the glucose screening test already – maybe you’ve even heard horror stories about how sweet it tastes or how it makes you feel. Rest assured, it’s not that bad! Some people even like the sweet drink, but here are some tips to make it easier:

1. **Ask if you can have it chilled.** Some moms say the drink tastes better from the fridge. Sometimes, you can even pick which flavor you want, like fruit punch or orange.
2. **Schedule the appointment early in the morning.** If you’re taking the 1-hour test, fasting isn’t necessary. But if you’re taking the 3-hour test and need to fast, having an early appointment means you can leave in time for lunch, or even brunch.
3. **Bring entertainment.** You’ll have to wait 1 to 3 hours after your test. Bring a book or tablet as a distraction to help you pass the time.

Despite what friends might tell you, you don’t need to eat anything special the night before to pass the test. Just keep eating a balanced diet, get plenty of rest, and take care of yourself as you usually would.



### *Gestational hypertension*

Gestational hypertension is high blood pressure during pregnancy. We don’t always know why it happens, but factors like preexisting high blood pressure and age can put you at risk. You usually won’t feel it as your blood pressure rises, which is why your doctor will track your levels at every prenatal visit.

If you're diagnosed with gestational hypertension, your doctor might recommend more frequent visits, medication or inducing delivery if you're further along to keep you and your baby safe. Though gestational hypertension can often be managed, if your blood pressure keeps rising and you have protein in your urine, you could have a more serious condition called preeclampsia.



### *Hyperemesis gravidarum*

Nausea and vomiting are uncomfortable but common symptoms of early pregnancy. However, some women experience persistent nausea and vomiting that goes beyond the norm, which is a condition called hyperemesis gravidarum.

The symptoms of hyperemesis gravidarum are impossible to miss and include vomiting more than 3 or 4 times a day, losing more than 10 pounds, dizziness and dehydration. In addition to being incredibly difficult for you, the lack of nutrients and dehydration can become dangerous for both you and your baby if left untreated.

Your doctor can diagnose hyperemesis gravidarum in a clinical evaluation, where they might prescribe rest and anti-nausea medication. In severe cases, hospitalization might be needed to replenish any nutrients or fluids you've lost.



### *Miscarriage*

A miscarriage is the sudden loss of a pregnancy before 20 weeks gestation. Though it's the most common pregnancy complication, it's also the most heartbreaking.

If you have any signs of a miscarriage, like heavy bleeding or cramping, call your doctor right away. Although there's unfortunately nothing that can be done to stop a miscarriage, your doctor will be able to provide you the care and support you need to get through it.

Though we don't always know why a miscarriage occurs, in most cases it's because the fetus wasn't developing properly. Miscarriages are almost always unpreventable – and most importantly, they're not your fault.

We know that doesn't make it any easier, though. If you have a miscarriage, try to remember you're not alone and don't hesitate to reach out to family, friends, your doctor or local support groups for help.



### *Placenta previa*

Typically, the placenta is attached at the top of the uterus. But placenta previa is a condition in which the placenta attaches to the lower part of the uterus and covers your cervix. It often occurs without any signs or symptoms, but some women will experience vaginal bleeding during pregnancy and delivery.

To diagnose and monitor placenta previa, your provider will perform an ultrasound. The best treatment for placenta previa is close monitoring and pelvic rest. Pelvic rest means avoiding having sex and any exercises or activities that might strain the pelvis, including dilation checks.

Nearly all pregnancies affected by placenta previa will be delivered by C-section, but if there's prolonged bleeding, your doctor might call for an emergency delivery.



### *Preeclampsia*

Preeclampsia, a condition characterized by high blood pressure and protein in the urine, is one of the most common pregnancy complications and usually manifests after 20 weeks gestation.

Early signs include elevated blood pressure (140/90 mmHg or higher) and swelling, usually of the hands, feet, arms and legs. Headache, visual disturbances and upper abdominal pain are also associated with severe preeclampsia.

The only treatment available right now is delivery of the placenta and the baby. If you're diagnosed with preeclampsia early in the pregnancy and are stable, you'll be monitored closely and offered blood pressure control, like medication, for as long as is safely possible before delivering your baby.

### *Doctor's orders*

If you're at increased risk of preeclampsia, your doctor might suggest a small dose of aspirin every day after 12 weeks gestation. Ask your doctor if this is an option for you.

Preeclampsia is a serious condition and one of the leading causes of preterm delivery, fetal growth restriction and death during pregnancy. This is why keeping up with routine prenatal visits is crucial, so your doctor can monitor you for early signs of the disease and begin treating it before it becomes serious.



### *You're doing everything right*

The potential for complications is scary, but try to remember that most pregnancies are free of any major issues. Just by knowing your risks and what to look for – and keeping up with prenatal visits – you're doing exactly what you need to do to catch concerns before they become serious.

Lastly, no matter how small it seems, never hesitate to bring any questions or concerns to your care team. They're your guides to a healthy, happy pregnancy, after all. As Dr. Farmer says, "We're your coaches as much as your doctors."



WHAT TO EXPECT AT

# *Each Prenatal Visit*

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You'll see your OB/GYN many times during your pregnancy. This is to make sure you and your baby are healthy.

“The prenatal visit is the core of your care,” says [Tricia Silverton, MD](#), an OB/GYN at [Atrium Health Women's Care Piedmont OB/GYN](#). “I encourage patients to come to each of their prenatal visits, as this allows a platform to ask questions. These visits also ensure you're supported throughout pregnancy and adequately prepared for the birth of your child.”



Though every pregnant person will need prenatal visits, every pregnancy is different. Some require more tests, ultrasounds or appointments than others. But here's a general guide of what to expect at each visit:

### *Every visit*

- Check blood pressure
- Check weight
- Take a urine sample
- Listen to baby's heartbeat (after 12 weeks)
- Check baby's growth (after 24 weeks)
- Talk about any questions, concerns or symptoms you have

### *First Trimester*

- Confirm pregnancy
- Have your first ultrasound to date your pregnancy
- Complete a physical, pelvic exam and routine blood work
- Talk about general pregnancy care
- Discuss genetic screening options and schedule testing for certain birth defects

### *Second Trimester*

- Discuss what to expect in the second trimester
- Hear your baby's heartbeat for the first time
- Undergo optional testing for spinal cord and brain conditions
- Have the anatomy scan, an ultrasound where you'll see your baby's organs and body parts (after 18 weeks)
- Learn your baby's sex, if you'd like
- Get tested for gestational diabetes as well as other routine screening labs



## ***Third Trimester***

### ***Weeks 28 – 36: Prenatal visits occur every two weeks***

- Learn what to expect in the third trimester
- Receive Rhogam shot if needed (patients with negative blood types, at 28 weeks)
- Discuss delivery planning (schedule repeat C-section if needed)
- Go over your preferences for labor, delivery and newborn care
- Talk about picking a pediatrician
- Discuss feeding plans and see lactation consultant if desired
- Go over plans for future pregnancy planning and birth control after delivery, if desired

### ***Weeks 37-40: Prenatal visits occur every week***

- Get tested for group B strep (starting at 36 weeks)
- Check your cervix for effacement (thinning) and dilation (opening) (if you want)
- Confirm the position of your baby (this can be done with the cervical check or sometimes with an ultrasound)
- Count down the days until you meet your baby!

### *Support, in and out of the office*

There's not much you need to do to prepare for these visits, but you can bring a list of questions or concerns to every appointment to go over with your doctor.

You might also consider scheduling each visit with a different provider. This is because, while you can't pick which OB/GYN will be in the delivery room, meeting all of them ensures you'll at least see a familiar face.

Lastly, ask your doctor what's the best way to get in touch if you have additional questions. Many OB/GYNs, including at Atrium Health Women's Care, have a 24/7 nurse phone line and online messaging so patients can reach them easily between visits.

"Patients can always feel supported, in and out of the office," adds Dr. Silverton. "Your OB/GYN is integral in your care, and we are here for you!"



## Second Trimester



### SECOND TRIMESTER: WEEKS 14 TO 27

During the second trimester, many of your first trimester symptoms will (hopefully) improve. This gives you extra energy to get things ready for your baby and enjoy that sweet growing bump.

You can also expect more prenatal visits, screenings and tests. “During every trimester, your doctor’s main focus is keeping you and your baby healthy. It’s just one of the many ways you’re taking care of your baby before they’re born,” says **Joel Yancey, MD**, an OB/GYN at **Atrium Health Women’s Care Charlotte OB/GYN**.

### FAST FACTS



#### Big little changes

Your baby bump might start to show, as your baby's weight jumps from a mere ounce to 2.5 pounds on average. But your little one's not done yet and still has lots of growing to do!



#### Health check

As your prenatal visits become more frequent, your doctor will screen you for everything from gestational diabetes to anemia.



#### It's a ...!

Through ultrasounds and blood tests, your doctor keeps a close eye on how you and your baby are doing. And if you want to know, these tests can also reveal your baby's sex!

### YOUR BABY



Is **moving** more and more



Is starting to **get hair**



Has **eyelids, brows and lashes** – and they can open and **move their eyes**



Can **hear you** and may even respond to your voice



Is **forming fingerprints and footprints**, as well as nails

## WHAT TO INCLUDE IN *Your Birth Plan*

You've probably started thinking about what you want during labor and delivery, like who will be there and how you'll manage contractions. Sometimes it's helpful to compile all your hopes and preferences for childbirth into a written plan, called a birth plan.

"It's never too early to begin learning your options and thinking about your own wishes," says **Jennifer Osborne, CNM**, a certified nurse-midwife at **Atrium Health Women's Care Creek Pointe OB/GYN**. "A birth plan opens the door of communication between you and your provider regarding what you want during labor and delivery."



*"It's never too early to begin learning your options and thinking about your own wishes."*

*- Jennifer Osborne, CNM*

In addition to knowing your options, it's also important to take into consideration whether your pregnancy is high risk, what your hospital offers and what your provider recommends, as these things can all play a factor in your final birth plan.


As you begin creating your birth plan, here are just a few of the things you might consider including.


### *Support people*


Your delivery providers are of course there for you. But sometimes nothing's better than having someone you know and love by your side. As part of your birth plan, think about who you want to be there – whether it's a partner or parent, doula or friend. And check your hospital's visitor policy ahead of time, so you know how many support people are allowed in the room.

### *Atmosphere*

The hospital might not be home, but it can feel like it. Here are some ways to bring a little bit of home to the hospital:

 **Sound** – Some people like the soothing rhythm of instrumentals, while others need some pump-up rock and roll. You can also play guided meditation or have complete silence, if that's best for you.

 **Lighting** – Although your providers will need proper lighting to care for you, you can draw the curtains or dim the lights between their visits.

 **Bedding** – Have a favorite pillow or soft blanket? Bring it with you to labor and recover more comfortably!

### *Labor*

Whether you want to move around or take deep breaths from the comfort of bed, your care team is there to help you labor how you wish. In addition to seeing if there's a laboring position you think might work for you, find out what tools your hospital offers to help you labor most comfortably. For example, many Atrium Health hospitals have exercise balls, showers, birthing bars and more – all to help you labor, your way.

### *Pain management*

For many people, this is the most important part of the birth plan: How will you manage pain and discomfort?

#### *Unmedicated childbirth*

Despite the pain management options available, there are many reasons you might opt for a more natural experience.

“An unmedicated delivery allows you to remain mobile during the labor process and become mobile more quickly after delivery,” says Osborne.

“It also allows for your birth partner to be actively involved with continued support and coaching through painful contractions.”

Because it’s less invasive and unmedicated, this approach to childbirth can make you feel more in control of the process. But it also means there’s a greater chance of pain and discomfort. “Patients can become exhausted quickly due to the continued pain of labor,” says Osborne. “In some, this can prevent labor from progressing and make effective pushing more challenging.”

If you’re leaning toward an unmedicated birth for personal or medical reasons, Osborne recommends taking childbirth preparation courses and learning natural pain management techniques, like breathing exercises, massage and visualization.

### ***Epidural***

An epidural is one of the most common pain management options for childbirth in the U.S. and can help you manage discomfort during labor, delivery and even into recovery. It can also give you time to rest throughout the process. “Pain control during labor allows you to rest and save energy for pushing and delivery,” says Osborne.

Many women find that medicated birth helps them fight fatigue and anxiety, allowing for a more positive and attentive birth experience. “It’s important to be honest with yourself about your pain tolerance and personal desires for pain management during the delivery process,” adds Osborne.

Although medicated birth can make the pain of labor and delivery more manageable, it can make it more difficult to push effectively and delay delivery. Also, you’ll be unable to move too much for several hours after giving birth.

There are different kinds of epidurals, including the regular epidural, walking epidural and epidural block. Your care team will help you decide which is best and safest for you and your baby.

### ***Laughing gas (nitrous oxide)***

They say laughter is the best medicine. And for some women, it can even take the edge off pain and discomfort during labor. Nitrous oxide, or laughing gas, is a newer pain management option now offered at several hospitals, including at

Atrium Health. You can use it during unmedicated birth or paired with an epidural, as an extra way to keep you comfortable. Though its effects don't last as long as an epidural or IV pain medication, it acts quickly and gives you time to regain strength between painful contractions.

### ***Care after delivery***

In addition to your hopes for labor and delivery, your birth plan can include how you'd like you and your baby to be cared for after birth.

For you, this might be letting your care team know which medications and healing methods work best for you. For your baby, you might consider if you want to hold them immediately after birth, if you're donating their cord blood, when their first bath will be and how you'd like to feed them.

### ***Cuddle bug***

Many women include skin-to-skin contact in their birth plan. Skin-to-skin contact or holding your baby on your bare chest right after birth (kangaroo care), has lots of benefits. It can help your little one begin feeding and even encourage early emotional development.



### ***Need help creating your birth plan?***

Talk to a maternity educator. The maternity educators at Atrium Health Women's Care know everything there is to know about childbirth, including what to expect at Atrium Health hospitals.

### ***Plan for the unplanned***

You can (and should!) decide what you want from your experience, but you know what they say about the best-laid birth plans: Your baby doesn't read them anyway.

No matter how much you prepare, birth plans rarely go perfectly to plan, so remember to be flexible. "Labor and

delivery are unpredictable, and the primary goals are to deliver a healthy baby and keep mom healthy," says Osborne.

Even if your birth plan takes an unexpected turn, like having an unplanned C-section or requesting an epidural when you thought you wouldn't, count on your providers to advocate for you and help you change plans safely.



A+ MATERNITY

# Classes & Tours

You may not know it yet, but you're on one of the biggest learning journeys of your life. Even if this isn't your first pregnancy, every experience is different and every child has something to teach us. Although your baby will be your best teacher, attending maternity classes is a great way to feel better prepared for their arrival.

“Maternity classes let you learn from experts about a variety of topics. They can help you feel prepared for pregnancy, childbirth and even life after your baby is born,” says **Mandy Castor, FNP**, a nurse practitioner at **Atrium Health Women's Care Northeast OB/GYN**.

Atrium Health has lots of maternity classes, including online classes that you can attend from the comfort of home. See our **upcoming schedule**, and sign up at the maternity center of your choice.



*“Maternity classes can help you feel prepared for pregnancy, childbirth and even life after your baby is born.”*

*- Mandy Castor, FNP*

## ***Maternity classes at Atrium Health***

All classes are taught by certified educators who are experts in the topic.



### ***Newborn Care, Safety and CPR***

Learn the basics of caring for your newborn, like how to hold them, comfort them and change a diaper. You'll also learn emergency care for infant choking and CPR.



### ***Breastfeeding***

Discover how breastfeeding works, including how to establish a good milk supply, what makes a good latch and how to know your baby is getting enough milk.



### ***Childbirth***

Feel a little more relaxed going into the delivery room by learning what happens during labor, as well as relaxation, massage and positioning techniques.



### ***Infant Massage***

You love massages, and so does your baby! This class teaches massage techniques to help your baby relax, sleep and grow strong.



### ***Parent Bootcamp***

We offer bootcamps for new moms and dads to learn how to prepare for parenthood and caring for a newborn.



### ***Grandparent Class***

Anyone who spends time with your newborn needs to know the basics of care and safety, and we offer a class just for grandparents.



### ***Sibling Class***

Being a big brother or sister is a big promotion! This class helps soon-to-be siblings get ready and learn how to help.

*Don't forget a tour!*

What do I need to bring? Where do I go? Is there Wi-Fi? In addition to questions about pregnancy, childbirth and newborns, you might also have questions about the hospital where you're delivering.

Many hospitals offer facility tours, and Atrium Health takes it a step further by showcasing **virtual tours** of each of our maternity centers. "Taking a tour can help reduce some anxiety when you go into the hospital, and you can see where you'll be staying while you're here," says Castor.

Our virtual tours walk you through where to park and what food options are on-site. You'll also get to see the delivery room and amenities and learn more about the people caring for you and your baby. "Everything is discussed in detail so you feel comfortable and know where you'll be once admitted," says Castor.

*Ready to learn a thing or two?*

Check out **[Atrium Health's maternity class calendar](#)**, and sign up for an upcoming session!



SAY CHEESE!

# *All About Ultrasounds*

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Ultrasounds can be one of the most exciting parts of your pregnancy. In addition to checking on your baby's growth and development, they give you sweet glimpses of your little one before they're born.

"It's such a special moment to share with families and is also an important step to making sure your baby is growing and developing healthily," says **Sara Henry, MD**, an OB/GYN at **Atrium Health Women's Care Northeast OB/GYN**.

If you have any safety concerns about ultrasounds, rest assured these tests are extremely safe. Not only have they been around for years, but they use sound waves, which means there's no risk of exposure to anything that might harm you or your baby.

Keep reading to learn more about the different types of ultrasounds and what to expect at each one.

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*“It’s such a special moment to share with families and is also an important step to making sure your baby is growing and developing healthily.”*

*- Sara Henry, MD*

## *Types of ultrasounds*

### *Transvaginal*

In most cases, a transvaginal ultrasound is the first one you'll get. During this ultrasound, a lubricated, wand-shaped tool is gently inserted into your vagina. Using sound waves, it creates images of your baby, as well as of your pelvic organs. In addition to being the first picture of your little love, transvaginal ultrasounds create clear images and can be used to catch early complications.

### *Transabdominal*

When people think of a prenatal ultrasound, they usually picture a transabdominal ultrasound. During a transabdominal ultrasound, warm gel is applied to your abdomen, and a small tool is lightly swiped across your stomach. Like a transvaginal ultrasound, a transabdominal ultrasound uses sound waves to capture images of your baby. Though transabdominal ultrasound pictures aren't as clear as transvaginal, they're less invasive and let your provider see your entire abdomen.

## *What to expect*

### *At your first ultrasound*

You can expect to have your first ultrasound at around 12 weeks or earlier in your first trimester. These early ultrasounds only take 10 to 30 minutes but are very important.

The first ultrasound will reveal how far along your pregnancy is, helping your doctor determine your baby's gestational age, and they can detect the first signs of problems or miscarriages. It'll also let you know if you're having one baby – or multiple. And you'll even get to hear your baby's heartbeat for the first time!

### *At the anatomy ultrasound*

At around 18 to 22 weeks, you'll receive what's called an anatomy ultrasound, which takes about 20 to 30 minutes.

While your first ultrasound mostly assesses your baby's age and size, your anatomy ultrasound takes an even closer look at your baby's growth and

development. “We look at the placenta and fluid. And we measure the baby’s weight to make sure they’re growing at a healthy pace,” says Dr. Henry.

From the anatomy ultrasound, your doctor will be able to see how your baby is positioned and what their sex is, so let your ultrasound tech know if you want the sex to be a surprise. Your doctor can also diagnose certain congenital defects, like cleft lip and palate and spina bifida, during the anatomy ultrasound.

In addition to looking at your baby, these ultrasounds look at your anatomy, too.

“We can use prenatal ultrasounds to look at your ovaries and uterus and see if there are any abnormalities, like cysts and fibroids,” explains Dr. Henry.

### ***At additional ultrasounds***

Most people only have 2 ultrasounds during pregnancy. But your doctor might call for more if your pregnancy is high risk or they need to get a closer look at something.

One reason your doctor might recommend additional ultrasounds later in pregnancy is to check your amniotic fluid for increases or decreases. Though Dr. Henry says that about 10% of pregnancies will show a decrease in fluid at around 40 weeks, it can sometimes be a sign of problems with the placenta.

### ***From nose to toes***

**Here’s what you’ll be able to see at the anatomy ultrasound:**

- Heart
- Brain
- Arms and legs
- Fingers and toes
- Lungs
- Stomach and intestines
- Kidneys and bladder

***And first glimpses of your baby’s sweet face!***

### ***Is 3D right for me?***

These days, 3D and 4D ultrasounds are all the rage. While they’re perfectly safe, they’re not the same as medical ultrasounds and can’t detect issues. If you want a 3D or 4D ultrasound, Dr. Henry says to get one! But remember they’re just for fun and don’t replace a visit with your doctor.

“In itself, reduced amniotic fluid doesn’t cause any harm. But it can be a symptom that the placenta isn’t functioning well, and the baby isn’t getting enough fluids or blood,” she adds. “There’s nothing you can do to improve it – but we’ll care for it as a sign of potential problems.”

### *A picture is worth a thousand words*

Sit back, relax and enjoy this amazing opportunity to see your baby for the first time.





## Third Trimester

### THIRD TRIMESTER: WEEKS 28 TO 40

You're in the final stretch of your pregnancy, and your focus is on one thing: meeting your baby.

The third trimester can bring new symptoms – and they can be different from what you've had so far. But just like every baby is different, so is every trimester, and so is every pregnancy. "Symptoms that were experienced in one pregnancy may not occur in the other," adds **Cyrita Taylor, MD**, an OB/GYN at **Atrium Health Women's Care Union OB/GYN**.

If you have any questions about the third trimester or childbirth, your doctor and care team are there to help.



## FAST FACTS



### Growth spurt

Your baby is really growing! During the third trimester, most babies gain about half a pound a week. You can expect your baby's weight to go from about 2 pounds to up to 10 pounds by the end of this trimester.



### Check it out

You have even more prenatal visits in the third trimester. At these visits, your doctor checks you for things like high blood pressure and diabetes. They also listen to your baby's heartbeat and make sure they aren't at risk of growth problems or an early birth.



### Your body

Your uterus and cervix begin preparing for labor with practice contractions, called Braxton Hicks. And your cervix might even start to thin and open, or dilate. You might also notice new symptoms, like swollen feet and hands, back and pelvic pain, and changes to vaginal discharge.

## YOUR BABY



Is practicing how **to breathe**



Can tell the difference between **light and dark**



Can **open and close their hands** and suck on their thumbs



Is **moving and changing positions** frequently

JUST THE ESSENTIALS:  
*Your Guide to  
Baby Products*

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You can't wait to welcome your baby home. But there's so much to do before then – starting with making sure everything is ready.

A great goal is to have everything your baby needs by 32 weeks, or the middle of the third trimester. “This lets you decompress in the last few weeks and be prepared if your baby comes early,” says [\*\*Amirah Shareef, MD\*\*](#), a pediatrician at [\*\*Atrium Health Levine Children's Rocky River Pediatrics\*\*](#).

Thanks to online shopping and expedited shipping, shopping for your baby has never been easier or more convenient. But Dr. Shareef cautions against going overboard and getting too much. That's because, though there are a lot of products out there, there's not much your baby needs in those first months of life.

“You don't need to have everything when your baby is born,” she says, adding, “Though loved ones will always tell you ‘must-have’ products that worked for them, you may want to wait to get to know your baby and their unique needs before purchasing.”

Keep reading for more tips on shopping for your baby, and check out our pediatrician-approved list of baby products.

***Hand-me-downs: To use or not to use***

Accepting gently used items from family and friends is a great way to save time and money.

If you do luck into a few used finds, Dr. Shareef says to check the [\*\*Consumer Product Safety Commission\*\*](#) or [\*\*Recalls.gov\*\*](#) to make sure the item is current with today's safety standards. You should also do a quick internet search to ensure the product has not been recalled for safety concerns.



### **Accept used: Clothes and toys**

Clothes, coats, hats and shoes are great items to get used for a newborn, especially since they're often only used for a few weeks before the baby outgrows them. Before putting used clothes on your baby, wash them in a baby-safe laundry detergent and check that zippers, drawstrings and buttons are all secure.

In addition to clothes, recycled toys are just as fun as brand-new ones! Just remember they're often stored in closets, attics and basements, which means they can be dusty. Before putting them in your baby's play rotation, give used toys a good wipe down and check for chipping paint and broken parts, which makes the item unsafe to use.

### **Shop around**

Before buying something, compare prices, read reviews and see if it fits your lifestyle.



### **Proceed with caution: Cribs, mattresses and strollers**

Dr. Shareef recommends purchasing the crib and mattress new if you can, to make sure it passes all updated safety guidelines. If you do get a used crib, keep in mind crib safety guidelines have changed in recent years, so make sure yours is up to date.

The same is true for strollers. Although buying new is your safest bet, you can still accept a used stroller. Just make sure it glides easily and has working brakes and buckles. Also check when it was made. It's best to get strollers made after 2015, since they have the correct harnessing capabilities to keep your baby secure.



### **Buy new if possible: Car seats**

One of the most important items to buy new is a car seat. Though you can accept them used, they have expiration dates and their materials degrade over time, including structural weaknesses that you can't find just by looking. You should also never reuse a car seat that's been in a moderate or severe crash. "If you cannot reliably trust the history, it's best to buy new," adds Dr. Shareef.

### *Disposable or cloth diapers*

Which should you choose? “There’s no 100% universally correct answer,” says Dr. Shareef. “Ultimately, like most parenting decisions, it will be what works best for your family and little one.”

Whatever you decide, Dr. Shareef says the most important thing is to never leave your baby in a soiled diaper for too long, as this can lead to a rash and irritation.

	<i>Pros</i>	<i>Cons</i>
<i>Disposable</i>	<ul style="list-style-type: none"><li>• Convenient</li><li>• More absorbent</li><li>• More breathable</li></ul>	<ul style="list-style-type: none"><li>• Harsher on the environment (though most are partially biodegradable)</li><li>• Dyes and gels can be an irritant for some babies</li></ul>
<i>Cloth</i>	<ul style="list-style-type: none"><li>• Reusable</li><li>• Ecofriendly</li><li>• Gentle on sensitive skin</li><li>• Easily adjustable</li><li>• More affordable in the long-term</li><li>• Can be reused for future babies</li></ul>	<ul style="list-style-type: none"><li>• Requires more handling of feces</li><li>• Uses lots of water and electricity</li><li>• Less absorbent, which means more diaper changes</li></ul>

### *Say no to ...*

Knowing what you shouldn't buy for your baby is just as important as knowing what you should. Here are a few items that are off-limits for safety reasons:



**Crib bumpers** – They can be a suffocation risk and have the potential to increase your baby's risk of sudden infant death syndrome, or SIDS.



**Baby powders with talc** – Talc is known to be toxic for babies and should be avoided.



**Loungers** – Though they're a popular, convenient baby item, loungers can be a suffocation risk, and your baby should never be left unattended or asleep on one.



**Loose blankets and toys** – Swaddle your baby tightly whenever possible, and never put them to sleep with a loose blanket or stuffed animals.

### *Showered with love*

If you're having a baby shower, wait until after the party to buy things yourself. This can help you avoid having duplicates.



### *Just the essentials!*

#### *A pediatrician-approved list of must-have baby products*

- Bottles with breastfeeding-friendly nipples
- Car seat
- Crib or bassinet
- Diapers (in various sizes!)
- Baby beanies
- Healing ointments, creams and pastes, including with zinc oxide
- Onesies and/or sleepers
- Receiving blankets
- Socks
- Stroller
- Swaddle blankets
- Thermometer (preferably rectal)
- Toiletries and grooming kit
- Washcloths and towels
- Wipes

SWEET DREAMS!

# *Tips for Sleeping Safe & Sound*

You know what they say: Sleep when the baby sleeps.

But sleeping when the baby sleeps isn't always as easy as it sounds, and adjusting to less or scattered sleep might be one of the first challenges you face as a new parent.

From setting your baby up for safe sleep to getting into a good routine, **Sharonjit Grewal, MD**, a pediatrician at **Atrium Health Levine Children's Providence Pediatrics**, has tips to help you navigate the night.

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*“Most newborns do not have a sleep routine until closer to 6 months.”*

*- Sharonjit Grewal, MD*



### *Safe sleep*

You'd do anything to protect your baby, even when they're sleeping.

Safe sleep is especially important for newborns due to the risk of sudden infant death syndrome, or SIDS. Dr. Grewal has a few steps you can take to lower your baby's risk of SIDS and keep them safe all night long:

#### ***Room share, but don't bed-share***

Room-sharing is the safest – and only – co-sleeping method recommended by the American Academy of Pediatrics. This means your baby is on a safe sleep surface, like a crib or bassinet, in the same room as you. Not only does room-sharing make it convenient to feed and soothe your baby in the middle of the night, but being nearby significantly reduces your baby's risk of SIDS.



#### ***Place your baby flat on their back***

Back sleeping is the safest sleep position for newborns. So always place your baby to sleep on their back, even during naps.

#### ***Put your baby on a firm surface***

You might like soft, cozy mattresses, but your baby's bassinet or crib mattress should be firm. Also, double-check that it's secured properly and that there aren't any gaps between the mattress and crib walls.

### ***Keep the crib or bassinet empty***

Stuffed animals, bumpers and loveys are cute, but they can pose a suffocation risk for newborns. Stick to a well-fitted sheet for now, and wait until your baby is older to add pillows and blankets.

### ***Avoid overheating***

While you don't want your baby getting too cold, it's most important to make sure they don't get too hot while they sleep. "Put them in one more layer than you'd be comfortable in," says Dr. Grewal.

### ***Don't fall asleep with your baby***

It's easy to do, especially when you're exhausted, but never fall asleep with your baby in your bed or your arms. If you feel yourself dozing off, move them to a safe sleep space right away.



*"Not only are pacifiers OK to use, but they can also decrease the risk of SIDS. But if you're breastfeeding, keep in mind they can lead to nipple confusion if introduced too early."*

*- Sharonjit Grewal, MD*



### ***Sleep routines***

Bath. Book. Lullaby. You might have an idea of what your baby's bedtime will look like, but keep in mind you might not get into a real routine for several months. "Most newborns do not have a sleep routine until closer to 6 months," adds Dr. Grewal.

As a newborn, your baby will likely feed about every 2 to 3 hours, including during the night.

When they're around 6 weeks, you can start helping your baby get into a bedtime routine, even if it takes months to really get into a groove. A bedtime routine can include a consistent bedtime, bath, and quiet, safe sleep environment, as well as a book, lullaby or anything else that relaxes your baby.

Sound machines, blackout curtains and swaddling are all useful tools to encourage sleep. And when you change your baby's diaper in the middle of the night, staying quiet and keeping the lights dim can help them stay in sleep mode.





### *Sleep regressions*

Even when your baby gets into a solid routine, don't panic if they go through phases where bedtime is more challenging. "Sleep regressions often occur when a child is going through a developmental leap. It is important to stay consistent with their routine as best as possible through a sleep regression," says Dr. Grewal.



### *Sweet dreams!*

With time, patience and a soothing routine, you'll be caught up on z's before you know it. Until then, Dr. Grewal says to remember every child is different – and safety is key.

## TIPS FOR

# *Picking a Pediatrician*

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You'll do everything you can to keep your baby healthy. Right now, it's taking prenatal vitamins and fueling your body. As they grow up, it'll be keeping up with checkups and helping them eat veggies.

Your pediatrician will play a big role in your newborn's health throughout childhood. Not only can they diagnose and treat your baby for common illnesses, but they can also catch concerns early and keep them on the recommended immunization schedule. They're even there to help you navigate parenthood and to answer all your questions about feeding, safety, development and more.

Just like choosing a nursery theme or building your registry, picking a pediatrician can feel overwhelming. There are so many wonderful options – how do you pick just one? **Reema Puri, MD**, a pediatrician at **Atrium Health Levine Children's Indian Trail Pediatrics**, has tips to make the search easier. "Every family has different needs, but fortunately, there's a great pediatrician for everyone," says Dr. Puri.

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*“Every family has different needs, but fortunately, there's a great pediatrician for everyone.”*

*- Reema Puri, MD*

### 1. Give yourself enough time

The closer you get to childbirth, the less time you have to find a pediatrician. If you haven't started looking yet, make sure to pick a pediatrician early in the third trimester. But don't wait much longer: You can't leave the hospital after delivery until your baby's first appointment is scheduled.

### 2. Ask friends and family

A great way to find a pediatrician is by asking family, friends and your own doctors who they recommend. People you trust and who live nearby can often point you in the right direction.

### 3. Map it out

Your baby will have a lot of pediatrician visits in the first year. It's nice to know their doctor's office is just down the road, especially for unexpected illnesses.

### 4. Get to know them

Most pediatricians have online bios. That's a great place to start learning about their background and bedside manner. You can also interview potential pediatricians to get to know them better. In fact, most Atrium Health Levine Children's practices give parents-to-be the chance to tour the office, meet the team and see if they're the best fit for your family before your baby is born.

#### *Schedule a tour*

Atrium Health Levine Children's offers tours for expectant parents, so you can meet the pediatrician, see the office and ask questions – all before your baby is born.

To schedule a tour, go to [MyAtriumHealth.org](https://www.myatriumhealth.org) or call the pediatrician's office.

### Questions to ask potential providers

Here are some of the most important things to consider when searching for a pediatrician:

#### *What are your credentials?*

Dr. Puri recommends that families only see board-certified pediatricians, family medicine doctors, nurse practitioners or physician assistants. When a provider is “board certified,” you know they've completed all the educational and board requirements for their field of study.

 ***How do I make appointments?***

Find out how easy it is to schedule appointments, what their office hours are and if they offer weekend sick visits. With Atrium Health Levine Children’s pediatricians, you can book online, by phone or through the patient portal, MyAtriumHealth.

 ***How can I reach you when the office is closed?***

Some pediatricians, like those at Atrium Health Levine Children’s, offer a 24-hour nurse line for their patients. You can call about your baby’s symptoms any time of day – even in the middle of the night – and a nurse will suggest the best course of action. For questions that don’t require an immediate response, you can also send a message to your child’s pediatrician in MyAtriumHealth.

 ***Where should I go for after-hours care?***

See where your pediatrician sends patients for conditions that happen outside office hours. Fortunately, Atrium Health Levine Children’s has lots of options, including 24/7 urgent care video visits, pediatric emergency departments and the region’s only children’s urgent cares.

 ***What children’s hospital are you connected to?***

No one wants to think about their little one getting sick, but it’s always a good idea to find out which hospital your pediatrician is affiliated with.

For example, all Atrium Health Levine Children’s patients are directly connected to award-winning care at Levine Children’s Hospital. It’s the only children’s hospital in the region named a Best Children’s Hospital by U.S. News & World Report, and it’s nationally recognized in multiple pediatric specialties.

***Ready to start your search?***

Go to

**[LevineChildrens.org/  
NewbornCare](https://www.levinechildrens.org/newborn-care)**

to find a pediatrician near you.

Picking the right pediatrician can seem like a big decision – and it is! But you’ll find the best doctor for your baby in no time.

## BREASTFEEDING 101: *Just the Basics*

Breastfeeding is supposed to be natural. But it doesn't always feel that way.

“The truth is: Breastfeeding can take time, practice and patience for you and your baby to become more proficient. But just like everything else, it's something you'll figure out together,” says **Gail Broad, IBCLC**, an international board-certified lactation consultant at **Atrium Health Women's Care Union OB/GYN**.

Keep reading to learn the basics of breastfeeding – from the benefits to the challenges and everything in between.

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*“The truth is: Breastfeeding can take time, practice and patience for you and your baby to become more proficient. But just like everything else, it's something you'll figure out together.”*

*- Gail Broad, IBCLC*

### *Benefits of breastfeeding*

There's a reason the American Academy of Pediatrics and other major health organizations recommend breastfeeding. Lots of reasons, in fact. Many women choose to breastfeed because it:



#### ***Gives your baby the necessary nutrition***

From the fat to the carbohydrates to the lipid components, breastfeeding gives you peace of mind that your baby is getting the exact nutrients they need for healthy growth and development. And as your baby grows, your breastmilk changes to meet their nutritional needs.



#### ***Builds your baby's immune system***

When you breastfeed, you pass on antibodies that protect your baby from getting certain illnesses, like ear infections, respiratory infections and colds. This is one reason you're encouraged to keep breastfeeding when you have a cold or the flu – if you feel up to it, of course.

Breastfeeding also reduces your baby's risk of obesity, asthma, heart disease, SIDS (sudden infant death syndrome) and Type 2 diabetes.



#### ***Offers convenience***

One of the beauties of breastfeeding is you can do it anytime, anywhere. You don't have to worry about packing bottles or mixing formula – you are everything your baby needs.



#### ***Supports your health***

Breastfeeding isn't just good for your baby – it's good for you, too. In addition to its positive mental health benefits, it's been shown to lower your risk for breast and ovarian cancer, heart disease, obesity, osteoporosis and Type 2 diabetes.

### *Start with the basics*

There's too much to say about breastfeeding to fit into one article, but here's a good start:



#### **Position**

Proper positioning is key to successful breastfeeding. You may have to try different positions to learn what feels best for you and your baby.



#### **Timing**

In the first few months, you can typically expect to breastfeed every 2 to 3 hours, or about 8 to 10 times a day, with each feed lasting about half an hour. But every baby is different, and in time, you'll learn how much, how often and even how long your baby likes to feed.



#### **Supplies**

Though breasts might be all you need, there are tools available that make breastfeeding more comfortable and convenient. This includes nursing pillows and nursing-friendly clothes, as well as coconut oil and lanolin to soothe your nipples.

You can also try nipple shields for latch problems – but just temporarily since they can make it more difficult for your baby to get milk. If using a shield, it's a good idea to reach out to a lactation consultant to help you work on establishing or maintaining supply and to help you wean from the shield when you're ready.

Another breastfeeding tool is a breast pump, a device that suctions milk from your breasts. Breast pumps are especially useful for building your supply, storing milk or if you're struggling to feed your baby from your breast. There's not one pump that's better than the others, but the easiest ones are the electric pumps that pump both breasts at the same time. Contact your health insurance provider before your baby is born to see if your policy covers breast pumps and which one.



### **Storage**

Just like any other item in your kitchen, if you're pumping and storing milk, you want to make sure it's stored properly. Visit the [Centers for Disease Control and Prevention's \(CDC\)](#) website for a helpful chart, guidelines and tips for safely storing breast milk.



### **Diet**

Despite what you may hear, studies have not shown that what you eat has a significant impact on your baby. Unless one of you has an allergy or intolerance, you can usually eat whatever you want while breastfeeding. The most important thing is to eat plenty of healthy nutrients, like good protein sources, veggies and healthy carbs – and drink lots of water.



### **Alcohol**

According to the CDC, “moderate alcohol consumption (1 standard drink per day) is not known to be harmful to the infant, especially if the mother waits at least 2 hours after a single drink before nursing.”

One standard drink consists of 5 ounces of wine, 12 ounces of beer or 1.5 ounces of distilled spirits.

The highest alcohol levels in milk occur 30 to 60 minutes after an alcoholic beverage is consumed, and the alcohol level in milk closely parallels the blood alcohol level. So as your blood alcohol level goes down, so does your milk alcohol level.



### **Medication**

Most medications are OK to take while breastfeeding. And if they're not, there's usually a safe substitution available. Make sure your doctor knows everything you're taking before you start breastfeeding, so they can help guide you to breastfeeding-friendly options if needed.



### *Common challenges*

Breastfeeding might be natural, but it isn't always easy. There can be some roadblocks along the way, especially in the beginning. Some of the most common breastfeeding challenges are:

- Pain or discomfort
- Latch difficulties
- Premature infant feeding
- Low milk supply or oversupply of milk
- Sore nipples
- Engorged breasts
- Clogged ducts
- Infection

The good news is, no matter your challenge, there's a way to overcome it and get back on track.



## *Breastfeeding: True or False?*

**I can't breastfeed when I'm sick.**

**FALSE.**

Not only will you keep your baby nourished, you'll give them extra antibodies to fight viruses. To limit your baby's exposure to germs, you can wear a mask or pump milk and have someone else bottle-feed them.

**I can't breastfeed because my breasts are too small or too big.**

**FALSE.**

The size of your breasts hasn't been shown to play a role in how much milk you produce. The only thing breast size might affect is how you position your baby during feedings.

**I can't breastfeed because I've had implants or a breast reduction.**

**FALSE.**

Many moms breastfeed after breast surgery. Just make sure your doctor knows your full health history. If you have implants, you may feel pressure for the first week after delivery. This is the combined result of implants and breast engorgement, but it's usually temporary.

**You can't get pregnant when you're breastfeeding.**

**FALSE.**

This is one of the most common misconceptions. Your menstrual and ovulation cycles can start any time after your baby is born, even if you're breastfeeding.

**I can't get vaccines while breastfeeding.**

**FALSE.**

Except for the smallpox and yellow fever vaccines, it's perfectly safe to get vaccinated while breastfeeding.

**I'm a good mom no matter how I feed my baby.**

**TRUE!**

**There are a lot of misconceptions around breastfeeding, but one thing that's always true: Breastfeeding has its benefits, but the right decision is whatever is best for you and your family.**

### *Help is here*

If breastfeeding isn't going how you thought it would, don't be hard on yourself and don't give up. Instead, ask for help. Your OB/GYN is a great place to start, but even better is a lactation consultant who specializes in helping new moms and babies breastfeed.

For instance, Atrium Health has international board-certified lactation consultants who provide care in the hospital, as well as at OB/GYN and pediatric offices after you've gone home. They offer hands-on guidance to help you get to the root of any challenges and overcome them.

"As much as the internet is part of our society, having someone assist you with positioning techniques and education of typical infant behaviors is an invaluable benefit to all new mothers, even when it's not their first child," says Broad.

And if breastfeeding just isn't working for you, don't let the 'mom guilt' get in the way if you choose formula or combination feeding instead. "A fed baby is a happy baby, so whatever works best for you and your family is ultimately what we strive for," says Broad, adding, "Moms are very hard on themselves with feelings of guilt as they navigate what's best for them and their baby. Enjoy your baby. It's a learning process for both of you. You'll get through, and we're here to help you get there."

### *Need breastfeeding help?*

Atrium Health has board-certified lactation consultants at many OB/GYN and pediatrician offices. You can schedule a visit during pregnancy, in the hospital after delivery, and when you take your baby home. [Learn more.](#)



## GETTING READY FOR *Labor & Delivery*

You can't wait to meet your bundle of joy, but the unknowns of labor and delivery can be nerve-racking for any mom-to-be. How soon is too soon to go to the hospital? What happens during labor? And – gulp – will it hurt?

“Every birth story is different and beautiful. Our goal is always a healthy mom and healthy baby,” says **Jada Fambrough, MD**, an OB/GYN at **Atrium Health Women's Care Eastover OB/GYN**. “We have a wonderful labor and delivery team to guide you through your experience and help you achieve your goals.”

Labor and delivery can be unpredictable, but with information about what to expect, options on how to manage pain, and reassurance that you have a great support team, you can feel a little more prepared.

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*“Every birth story is different and beautiful. Our goal is always a healthy mom and healthy baby.”*

*- Jada Fambrough, MD*

### *How to prepare*

You may never feel fully prepared for childbirth – and that’s OK! Your doctors, nurses and birth partner will all be there to walk you through. But here are a few steps you can take now:

#### ***Share your birth plan***

If you have a birth plan, make sure your doctor knows your wishes well in advance. This will help them better support you during childbirth, though plans may change to keep you and your baby healthy.

#### ***Pack your hospital bag***

Packing your hospital bag early will give you one less thing to worry about when it’s time to go. Dr. Fambrough recommends packing your toiletries, socks, slippers, and comfortable, loose-fitting clothes. You should also pack any special items that will help you relax during labor, as well as going-home outfits for you and your baby.

#### ***Stay healthy and active***

Childbirth is a physical activity. Like other physical activities, there are ways you can train your body. Simply by maintaining a healthy diet and staying as active as possible, you’re doing everything you need to prepare.

### *When to go to the hospital*

The movies make you think that going into labor is a frenzy – that you only have minutes between your first contraction and giving birth right where you are. Though this can happen, the chances are slim.

“Labor has stages that typically progress in intensity. Your body will begin to show signs of labor, and these are the clues that you should call your doctor’s office or head to the hospital. Things to look out for include vaginal bleeding, leaking fluid as if your water has broken, decrease in your baby’s movement and contractions. Contractions may begin

#### ***Time to go***

The general rule of thumb is this: ***If you’re having contractions every 5 minutes, lasting about 1 minute, for more than 1 hour, you’re showing signs of labor.***

This should prompt a call to your doctor and heading to the hospital. Remember: You can always call your doctor’s office or their nurse line to discuss your symptoms and ask any questions!

with the feeling of cramping or tightening of your abdomen, but they become more frequent and more intense as labor evolves,” says Dr. Fambrough.

### *Stages of labor*

#### **Stage 1: Latent and active labor**

The first stage is the longest stage of labor. This is the stage most people think of when they think of labor, and it’s when your contractions become stronger and more frequent. It’s broken into the latent phase and the active phase.

The latent (slower) phase starts at the time of contractions, and it transitions to the active (faster) phase when you’re about 6 centimeters dilated. This stage ends once the cervix is completely dilated at 10 centimeters. It can take anywhere from a few hours to a few days, and there’s no way to predict how long it will take for you.

#### **Stage 2: Childbirth**

The second stage of labor is when your baby moves through the birth canal after your cervix is completely dilated. It’s also when you start pushing, which can take a few minutes to a few hours. You might feel symptoms described as discomfort, pressure or pain. But before you know it, you’ll give the final push and catch the first glimpse of your new favorite person.

During childbirth, you might experience vaginal tears, which are common and easily treated. And if you’re wondering: Yes, you might release your bowels. It happens all the time. Rest assured, your care team is so used to it, they won’t even notice.

#### **Stage 3: Delivery of the placenta**

After your baby is born, you still have to deliver the placenta, which has helped your baby grow throughout pregnancy. You might continue having contractions during this stage, but you’ll have a great distraction: your baby!

#### **Stage 4: Recovery**

Just because your baby is here doesn’t mean your childbirth journey is over, and the recovery stage is just as important as all the others. Your health care team will closely monitor you for bleeding, help you with feeding your baby, and teach you about newborn and postpartum care.

### *Pain management*

Contractions feel different for everyone. For some, it's like intense pressure or back pain, while for others it's the most painful menstrual cramps they've ever had. "There's no denying labor is uncomfortable. Whatever you're experiencing, we have a great care team to help you manage your symptoms," says Dr. Fambrough.

The most common pain management options are:

- **Medication** – An epidural, or regional anesthesia given through the spine, is the most popular, effective pain relief. Pain medicine through an IV is also available as an alternative to the epidural.
- **Laughing gas** – It's not just for the dentist! Also called nitrous oxide, many delivery rooms are starting to offer laughing gas as a less medicated way to take the edge off contractions.
- **Natural techniques** – Either on their own or paired with medication, methods like breathing exercises, massages, a birth ball, and walking or moving around can help you manage pain. You might need to try a few different approaches to see what works best for you.

### *Drink up*

You won't be able to eat during active labor – and you might not even want to. However, staying hydrated is a must! This can be done through water, ice chips and other healthy liquids, or even IV fluids.

### *Tests and procedures*

Certain tests and procedures might be necessary to keep you and your baby healthy. These include:

- **Fetal heart rate monitoring**, to make sure your baby is getting enough oxygen during contractions
- **Vital sign checks**, to check your blood pressure, temperature and heart rate and make sure your body is reacting appropriately
- **Cervical exams**, to monitor the progress of labor and ensure your baby's head is descending at a safe rate
- **Rupturing of the amniotic sac**, if your care team decides it's necessary to help your water break to better listen to your baby's heart rate or move labor along

A major but common procedure that can happen during childbirth is a **cesarean section, or C-section**. This is a procedure that allows your baby to be delivered through the abdomen. It can be planned or unplanned and can be recommended due to pregnancy or labor complications, the size of your baby, or if your baby is in the wrong position. If you and your care team decide a C-section is the best next step, your care team will help you stay comfortable through the whole process, including recovery.

### *Deep breaths*

The most important thing to remember about labor and delivery is that your care team has the same goal as you: a happy, healthy mom and baby.

Feeling nervous is completely normal. In fact, your doctor expects it, says Dr. Fambrough. If you don't understand what's going on at any time during labor or delivery, let your doctors and nurses know. Your team is here to support and cheer you on through this process. So take some deep breaths – because your baby is almost here!





## CARING FOR YOUR *Baby in the Hospital*

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From their little kicks to their spins and twirls, you've spent months getting to know your baby from inside your belly. But nothing compares to meeting them face-to-face for the first time.

Those first few hours with your newborn are precious. But they're also jam-packed, as you start caring for your baby outside the womb. Fortunately, your doctors and nurses are there for you from the start, helping make sure your baby's welcome to the world is as healthy and happy as possible.

"The first few moments after birth are such a beautiful time – it's a time to be proud of yourself!" says [\*\*Erin Straight, MD\*\*](#), an OB/GYN at [\*\*Atrium Health Women's Care Eastover University OB/GYN\*\*](#). "You've worked so hard to take care of yourself and your baby, especially during the delivery, and you finally get to see this human being you've been growing in body for 40 weeks. Now is the time to allow your support team to take care of you both."

“

*“The first few moments after birth are such a beautiful time – it's a time to be proud of yourself!”*

*- Erin Straight, MD*



### *Why does my baby look blue?*

One thing that can be scary for new parents is that new babies may appear purple or blue after delivery. This is common – in fact, feet and hands can remain blue for quite some time! If you have any concerns, talk to your care team. They're there to help and are well-trained in looking at a baby and knowing if they're transitioning well.

### *Newborn care in the delivery room*

Newborn care starts right away. Here's what you can expect your doctors and nurses to do for your baby in the delivery room:

- Measure weight and height
- Clamp and cut the umbilical cord
- Check temperature
- Perform blood, hearing and heart screenings
- Apply antibiotic eye ointment to prevent infection
- Suction mucus from their nose to help them breathe
- Give vitamin K shot to help their blood clot



### *Beginning to bond*

Before your baby is born, you talk to them, sing to them and rub your belly to let them know you're there. Once they're in your arms, you can begin bonding in whole new ways, like:

#### ***Skin-to-skin contact***

Skin-to-skin contact begins when you and your baby are in the recovery room together. Also called kangaroo care, it's where your newborn is placed on your bare chest. It's recommended for at least the first few days of your baby's life and is good for both of you.

"Right after birth is a great time to start the skin-to-skin time – it's what we call the 'golden hour' of bonding," says Dr. Straight. "However, it's also OK to have your nurses take your baby for an initial evaluation if that's what works best for you and your body."

#### ***From womb to room***

Many hospitals, including across Atrium Health, offer 'rooming in' for moms and babies, where your baby stays in the recovery room with you after birth. Like skin-to-skin contact, staying close to your baby helps promote bonding. It also makes it easier for your medical team to evaluate you and your baby at the same time.

#### ***Feeding time***

Another way to bond with your baby is through feeding, and your baby will be ready to eat soon after birth. During feeds, your baby gets your undivided attention, feels the warmth of your body and enjoys your comforting caresses – all of which help you fall in love with each other even more.

Though some parents feel bonded to their babies right away, it can take time for others. "Both feelings are normal and natural, and your relationship with your child will grow and evolve for the rest of your lives," says Dr. Straight.

### *Going home*

Before you can go home, your baby will have one final checkup with a pediatrician in the hospital. Your care team will also help you schedule your baby's first pediatrician appointment and go over any discharge instructions. Most importantly, they'll make sure you have all the info and resources you need to head home feeling ready and confident.

“Going home can be a scary time for both new and seasoned parents,” says Dr. Straight. “Having things ready when you get home can help, and over time, you'll develop a routine that helps alleviate much of the anxiety.”

Though this is an exciting time in life, remember it's OK to not love every second. “Part of bringing home a new baby is the physical and emotional recovery from a major change in your body. There are wonderful moments ahead, but I think we put too much pressure on ourselves to make every moment magical,” says Dr. Straight.

Feeling frustrated or sad can be a normal part of adjusting to life with a new baby. If these feelings become too much to handle or you think they're developing into possible postpartum depression, talk to your care team – they're here to help.

### *Find a pediatrician.*

Before your baby can go home from the hospital, you need to schedule their first pediatrician appointment.

Visit [LevineChildrens.org/NewbornCare](https://LevineChildrens.org/NewbornCare) to find a pediatrician.





## Fourth Trimester

### **BABY'S HERE: THE FOURTH TRIMESTER**

The start of your newborn's life is all about 5 things: eating, peeing, pooping, sleeping and crying. If that's all your baby is doing, they're right on track, says **Anitha Leonard, MD**, a pediatrician at **Atrium Health Levine Children's Arboretum Pediatrics**.

Just as your baby is learning about their new world, Dr. Leonard has an assignment for you, too: Take infant CPR and basic life support classes. Even if you never use them, the lifesaving skills you'll learn are invaluable.

See what you can expect from your baby's first 3 months of life.

## FAST FACTS



### Schedule, what schedule?

Is your baby sleeping all day and partying all night? It's totally normal for newborns to have their days and nights mixed up. It's hard to see the light at the end of the tunnel at 3 a.m., but soon enough, you and your baby will get on a schedule that works for you.



### It's tummy time

In these first 90 days, you'll start putting your baby tummy-down on firm surfaces. This is like if you were doing a plank and will help your baby increase core strength. Only do it for 20 to 30 seconds at a time to start. Your baby's head is heavy, so this isn't easy for them.



### Take care of yourself, too

Newborns are a lot of work. It's easy for parents to forget about their own needs. Remember that your body is still recovering and adjusting to life with a newborn. Drink lots of water. Eat healthy foods. Rest when you can. And reach out when you need help or don't feel like yourself.

## YOUR BABY



Might **lose weight in the first 2 weeks** but should gain it back quickly



Starts responding to what they're seeing and **might even smile** soon



Is **starting to see better** and learning to focus their eyes



Starts getting on a **sleep and meal schedule**



Is getting stronger and **soon will hold their head up**

# GEAR UP FOR *Checkups*

Doctor's visits aren't just for when your baby is sick. By keeping an eye out for concerns and catching issues early, checkups help your little one stay healthy now and as they grow up. That's why your baby goes to the pediatrician so many times in the first 2 years. As they grow and develop, their pediatrician is there at every step to help them stay healthy and happy.

Learn what to expect at each visit, get the nitty-gritty on vaccines, and see why well-baby visits are so important for your newborn and you.

## *Pick a pediatrician*

Learn about our care, scroll through our provider directory and watch provider videos.

[LevineChildrens.org/NewbornCare](https://LevineChildrens.org/NewbornCare)



*“We’re trying to make things as easy for a new parent as we can.”*

*- Lyn Nuse, MD*

### *Starting with the basics*

Each visit is customized for your baby's age, health, and questions or concerns you may have. Here are a few things you can expect your pediatrician to check at every well-baby visit.

#### ***Weight and growth***

Every ounce counts for newborns, so your provider will ask you to remove your baby's diaper or make sure it's dry before weighing them.

If it's your baby's first checkup at just a few days old, don't worry if they've lost a little bit of weight since birth. "We expect some weight loss," says Lyn Nuse, MD, senior medical director of pediatric primary care at Atrium Health Levine Children's. "We often talk with the parents about what's to be expected in that space."

Depending on how much weight your baby lost, or if they're experiencing feeding issues or jaundice, your pediatrician might recommend a follow-up visit just to make sure they're on the right track.

In addition to weight, your pediatrician will check your baby's growth. And by the 1-month visit, they'll also measure how long they are and how big around their head is. "This establishes a baseline for every well visit from there," explains Dr. Nuse.

#### ***Feeding***

From how much to how often, your baby's pediatrician will want to hear how they're feeding. They'll also want to make sure your little one is having plenty of diaper changes during the day – in addition to gaining weight, wet and poopy diapers are a sign your baby is getting enough to eat.

In the blur of sleepless nights, it can be hard to remember how many ounces your baby ate or how many diapers you changed. "Write them down, or track them in an app," suggests [\*\*Arthur Spell, MD\*\*](#), a pediatrician at [\*\*Atrium Health Levine Children's Charlotte Pediatrics\*\*](#). This can help you have the information ready for doctor's visits, without stressing about remembering it all.





If you're breastfeeding and seeking support, ask your pediatrician about lactation consultants. From perfecting the latch to pumping, lactation consultants specialize in all things breastfeeding. That's why Atrium Health has worked to make them available at many pediatric and OB/GYN offices. "We're trying to make things as easy for a new parent as we can," says Dr. Nuse.

***Breastfeeding is natural, but it isn't always easy***

Sometimes you need a little support, and Atrium Health lactation consultants can help.

**[Learn about our classes and services.](#)**

***Development and screenings***

Every baby is different and develops at their own pace. By screening or simply observing, your pediatrician will make sure your baby is reaching age-appropriate milestones – like smiling, making eye contact and making sounds.

In addition to observing your little one's reflexes, hearing and sight, your pediatrician will examine their coordination and strength. They'll also watch how your baby interacts with you and the environment. "Even though you may not notice us actively doing a checklist or asking specific questions, we are constantly watching how your baby is interacting with us," says Dr. Nuse.

***Following a vaccine schedule***

When many parents think of well-baby visits, they think of one thing: shots. Vaccines are one of the safest, most effective ways you can protect your baby from serious diseases. "They're probably one of the most important things – if not the most important thing – we can do for the health of your baby," says Dr. Nuse.

Starting after birth, your baby's pediatrician will put them on the standard vaccine schedule recommended by the American Academy of Pediatrics and the Centers for Disease Control and Prevention. "This schedule is designed to protect infants against dangerous infections as early as possible and at a time when they're at the highest risk," explains Dr. Nuse.

The vaccine schedule exists to make sure your baby is getting the right vaccines at the right time. But don't stress about memorizing it yourself: Your pediatrician is there to walk you through everything and might even give you a written copy of the schedule so you know what's coming up. If your baby gets behind on vaccines, your pediatrician will help them get back on track at their next visit.

In addition to getting your baby vaccinated, you should be caught up on vaccines too. Dr. Spell recommends that parents, family and friends get vaccinated against things like the flu, COVID-19 and whooping cough before seeing your baby to provide an added layer of protection.

### ***When extra care is needed***

One of the main goals of checkups is to help your child manage ongoing conditions and catch new concerns early. If your pediatrician spots something that requires extra attention, they'll refer you to the right specialist for next steps.

At Atrium Health Levine Children's, our pediatricians are connected to a wide range of pediatric care. This includes almost any pediatric specialty your child might need – some that have even earned national recognition from U.S. News & World Report!

### ***Care between visits***

It'd be nice if your questions and concerns timed up perfectly with your pediatrician's office hours. But it rarely works like that. Illnesses and new worries always seem to pop up at the worst time (usually around 3 a.m.).

### ***Why vaccines matter***

These days, there are a lot of questions and concerns about vaccines. But, explains Dr. Nuse, there's also a lot of misinformation. That's why all Atrium Health Levine Children's pediatricians encourage vaccination.

Dr. Nuse says, "Having practiced in areas of the world where vaccines aren't readily available, I can say with absolute confidence: The most important thing any parent can do for their child is vaccinate them and protect them from deadly diseases."

### ***What do vaccines do?***

Vaccines help protect your child from certain severe illnesses – illnesses that can be harmful or even fatal.

### ***Are vaccines safe?***

From decades of research, we know that vaccines continue to be exceedingly safe and effective. And according to Dr. Nuse, "the risks of not getting your child vaccinated are much higher than having a severe side effect from a vaccine."

**If you have any questions or concerns about vaccination, skip the internet and talk to your baby's pediatrician instead.**



That’s why it’s so important to find out how to contact your baby’s pediatrician between visits. “One of the struggles with parenthood is knowing if you’re making the right decisions for your baby. We want to make sure that we’re available to you and open to your questions outside of those well visits,” says Dr. Spell.

Atrium Health Levine Children’s has a few ways to stay in touch with your child’s doctor. For instance, all Atrium Health Levine Children’s offices have a 24-hour nurse phone line. Whether it’s the middle of the day or the middle of the night, just call and they’ll help you decide on next steps for care.

For less urgent matters, Atrium Health Levine Children’s patients can use MyAtriumHealth. It lets you send messages, schedule appointments, request prescription refills and more – all from your phone or computer.

Another option is virtual visits. If your baby has a minor condition – like congestion, a rash or feeding concerns – you can schedule a video visit with their pediatrician or start an urgent care video visit anytime. Virtual care lets your baby get the same level of care they would in person, from the comfort of home.

But if you think your baby is ever experiencing a medical emergency, don't wait. Call 911 or go to the nearest emergency room right away. For your convenience, Atrium Health offers 24-hour emergency care throughout the community. In addition to our locations that treat all ages, we have 2 Atrium Health Levine Children's emergency departments dedicated to pediatrics.

### *It's your visit, too*

Measurements, screenings, vaccines – they're all part of your baby's first checkups. But one of the main goals is to support you as a parent. "Pediatricians are extensively trained in not only providing care to infants but also giving advice and direction to parents," says Dr. Spell.

As a standard part of your baby's visits, your pediatrician will see how you're doing and can even offer screening for postpartum concerns. "This is the time to get to know you, answer your questions, and honestly, check in on you. It's an overwhelming time, and that first night home especially is usually a pretty tough one," says Dr. Nuse.

Whether it's a scheduled checkup or a middle-of-the-night question, one thing is for sure: Your baby's pediatrician is here to help and wants the best for your baby, just like you.



## *Your checkup checklist: 0 to 12 months*

Your baby's exact checkup schedule can vary, depending on their unique health needs. Here's a general idea of what to expect at each visit for the first year.

### *Visit*

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**Newborn**  
(3 to 5 days old)



### *Topics*

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- Breastfeeding, formula feeding or a combination
- Wet diapers and stools
- Safe sleep
- Bathing baby
- Umbilical cord and/or circumcision
- Parent's health

### *Vaccines*

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- Hepatitis B  
(if not done in the hospital)

### *Visit*

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**1 month**



### *Topics*

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- Feeding difficulties
- Wet diapers and stools
- Learning baby's cries
- Safe sleep
- Parent's health

### *Vaccines*

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- None

### *Visit*

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**2 months**



### *Topics*

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- Baby's sight
- Tummy time
- Feeding routine
- Safe sleep

### *Vaccines*

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- Diphtheria, tetanus, whooping cough, polio and subtypes of hepatitis B (combination vaccine)
- Haemophilus influenzae type b disease
- Disease caused by Streptococcus pneumoniae
- Rotavirus

## *Visit*

### **4 months**



## *Topics*

- Feeding and iron supplements if necessary
- Sleep schedule and bedtime routine
- Cleaning baby's gums

## *Vaccines*

- Diphtheria, tetanus, whooping cough, polio and subtypes of hepatitis B (combination vaccine)
- Haemophilus influenzae type b disease
- Disease caused by Streptococcus pneumoniae
- Rotavirus

## *Visit*

### **6 months**



## *Topics*

- Teething and dental health
- Introducing solids
- Rolling over and sitting up
- Language development
- Babyproofing
- Choking and CPR training

## *Vaccines*

- Diphtheria, tetanus, whooping cough, polio and subtypes of hepatitis B (combination vaccine)
- Disease caused by Streptococcus pneumoniae
- Rotavirus
- Annual flu (for 6 months+)

## *Visit*

### **9 months**



## *Topics*

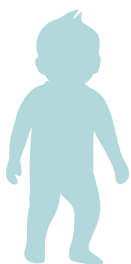
- Developmental screening
- Sight and hearing screening
- Healthy diet
- Bedtime routines
- Pulling to stand
- Weaning off the bottle
- Separation anxiety

## *Vaccines*

- None

## *Visit*

### **12 months**



## *Topics*

- Happy birthday!
- Anemia screening
- Standing and first steps
- Healthy diet and mealtime routines
- Switching to whole milk if formula-fed
- Behavior

## *Vaccines*

- Chicken pox
- Measles, mumps and rubella
- Hepatitis A
- Disease caused by Streptococcus pneumoniae

HOW TO OVERCOME

# *Common Breastfeeding Challenges*

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If you choose to breastfeed your baby, there are bound to be questions and challenges along the way – especially in the beginning. But with the right information and support, you’ll figure out what works best for you and your little one in no time.

“Breastfeeding is much like a rainbow. You may have to encounter a storm or go through some challenges, but on the other side of the rainbow, you’ll find your pot of liquid gold,” says **Ty McClain, IBCLC**, an international board-certified lactation consultant at **Atrium Health Women’s Care Charlotte OB/GYN** and **Atrium Health Levine Children’s Midtown Pediatrics**.

According to McClain, these are 5 common challenges breastfeeding moms face, plus solutions to overcome them.



*“You may have to encounter a storm or go through some challenges, but on the other side of the rainbow, you’ll find your pot of liquid gold.”*

*- Ty McClain, IBCLC*

## ***“It hurts”***

Breastfeeding might not always feel pleasant, but it should never hurt. If you're experiencing pain:

### ***Try different positions***

From the cradle to the football hold, there are lots of ways to hold your baby while breastfeeding. Try them all and see what feels best for you and your baby.

### ***Soothe your nipples***

When you first start breastfeeding, your nipples might be a little sore as your body gets used to it. For relief, you can try applying a little breast milk, coconut oil or soothing gel, as well as ultra-pure lanolin oil if you're not allergic to wool. You can also try refrigerated hydrogel pads for instant cooling relief and nursing cups to protect your nipples while breastfeeding.

### ***Keep your nipples clean and dry***

Sometimes painful breastfeeding can be the result of an infection. To prevent infection, air-dry your nipples and dab them dry with a very clean and soft muslin or flannel cloth. You can also use nursing pads to absorb leakage – just remember to change them regularly.





## ***“There’s not enough milk”***

It can take time after birth for your full milk supply to come in. If you’re still facing low supply after a few days, here are ways to build your supply:

### ***Feed on demand***

If possible, avoid a scheduled feeding pattern and allow your baby to go to the breast as often as they show signs of hunger. This will help boost production and build your milk supply.

### ***Express milk yourself***

Whether you’re separated from your baby or they’re struggling to latch, there may be times when direct breastfeeding isn’t an option. In these cases, hand expression and pumping can help stimulate your breasts, build your supply and give your baby milk, without putting them to your breast.

### ***Take good care of yourself***

While it’s not always easy with a newborn, try to get rest, eat well and accept help whenever possible with chores or caring for your other children. This will make it easier to focus on breastfeeding and building your milk supply.

### ***Things to avoid when building your supply***

- Smoking
- Birth control
- Decongestants
- Antihistamines
- Severe weight loss
- Peppermint\*
- Parsley\*
- Sage

\*avoid in excess



## ***“My breasts are full and hard”***

As your milk supply comes in, it's normal for your breasts to become fuller and firmer. This should get better on its own, as your newborn begins feeding more frequently. But if it doesn't get better and your breasts feel tender, uncomfortable or even painful, you may be facing something called engorgement. If your breasts feel engorged:



### ***Feed your newborn often***

Aim to feed at least 8 to 12 times every 24 hours. Try to listen for swallowing – sustained sucking and audible swallowing are signs that your baby is feeding well and removing milk from your breasts.

### ***Express milk***

When your breasts are engorged, your nipples can flatten, making it hard for your baby to latch. If your breasts get this full, hand express or use a pump to gently release some milk before starting a feeding.

### ***Apply a cold compress***

You can use ice packs over a layer of cloth or frozen vegetables wrapped in a light towel. Place the compress on your breast after feeding or between feedings to reduce swelling. Apply for 20 minutes on, 20 minutes off, and repeat as needed.



## ***“One area of my breast is tender”***

Pain or tenderness in one area of the breast is often a sign of a clogged duct, which happens when the breasts aren't drained fully. If you have a clogged duct, the first step is getting milk to the area by:

- Positioning your baby so their chin points to the tender spot
- Massaging the tender area while your newborn feeds

Clogged ducts are usually harmless and easy to treat, but if your condition gets worse, your nipples are cracked and damaged, or you develop a fever or redness in the breasts, contact your doctor right away. This could be a sign of a breast infection called mastitis, which requires medication to treat.

### ***Got help?***

Atrium Health is here for you. In addition to breastfeeding classes, our international board-certified lactation consultants offer support during pregnancy, in the hospital after delivery, and even once you go home. They'll help you learn proper latch, overcome challenges, and ensure your baby is feeding and gaining appropriately.

## ***Give it time***

The tips above are great first steps to overcoming common breastfeeding challenges. But one of the best things you can do to achieve breastfeeding success is see a lactation consultant. “Breastfeeding might not be easy, but it's worth every drop. And as lactation consultants, we're here to help you achieve your goals,” says McClain.

So don't give up if breastfeeding doesn't come naturally right away. It takes time and patience, but you and your baby will be in the swing of things in no time.



## KEEPING YOUR NEWBORN

# *Safe & Sound*

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Your baby is so little, taking care of them can feel like a big responsibility.

Fortunately, with the proper preparation, you can create a secure environment at home and beyond. Keep reading to see safety tips from [Jennifer Davis Prabhu, MD](#), a pediatrician at [Atrium Health Levine Children's Midtown Pediatrics](#).



*“During this time, it’s important to get the support you need while adjusting to your demanding role as a new parent.”*

*- Jennifer Davis Prabhu, MD*

## *Safe introductions*

After your baby is born, there will be lots of people excited to meet them. How long should you wait?

Though having a newborn is a great excuse to stay in and limit exposure, Dr. Davis Prabhu says it's OK to have a few close visitors – especially those who can help out. “During this time, it's important to get the support you need while adjusting to your demanding role as a new parent,” she says.

Before expanding the introductions to your broader circle, however, Dr. Davis Prabhu recommends waiting for the 2-month mark for larger gatherings or outings. Not only will your baby have some immune protection at this time, thanks to the first series of vaccinations, but it'll be easier to understand their symptoms. “A cold in adults might not be a big deal, but it can be really hard to decipher between serious and mild illness in a newborn,” explains Dr. Davis Prabhu.

That said, if your baby is born near flu season or another high viral season, it may be best to wait until that's over to begin socializing. And always encourage frequent handwashing anytime someone meets your baby, especially before they hold them.



### *Introducing your fur baby to your human baby*

You know how and when to introduce your baby to your human friends. But what about your animal friends? “Pets are curious creatures and are going to want to at least see or smell the tiny new human moving in,” says Dr. Davis Prabhu.

If you can, Dr. Davis Prabhu suggests having a loved one take one of your baby's blankets or hats home from the hospital before you leave. This will give your pet time to get used to your little one's scent before they arrive.

When you get home, every interaction between your pet and newborn should be supervised and when your pet is calm. It might take time, but eventually your pet will be used to – and even in love with – their new little friend.



If you are trying to limit exposure, Dr. Davis Prabhu suggests a picnic, walk or other outdoor option. Just check your weather app before you go. “Make sure to limit time outside when it’s really hot, as babies are not great at temperature regulation or heavy sweating,” she explains.

### *Safe sleep*

When you hear about safe sleep, one of the biggest concerns is sudden infant death syndrome (SIDS), or the unexpected, often unexplained, death of a newborn in their sleep.

Though recent research is helping us better understand SIDS and what causes it, there are some proven steps you can take to help prevent it – including what Dr. Davis Prabhu calls “the ABCs of safe sleep.”

#### *The ABCs of safe sleep*

- A:** Your baby should be **Alone** when they sleep – no blankets, bumpers, stuffed animals or anything else in the crib. If you think they might need an extra layer, a wearable blanket is a safe option to keep them warm.
- B:** Place your baby on their **Back** when you put them down. No matter what anyone tells you, back sleeping is safest.
- C:** Put your baby in a **Crib**, mesh-sided bassinet or another firm surface to sleep. Although your bed is comfy, it’s too soft for newborns and can pose a suffocation risk.





## *Safe at home*

You can start babyproofing before your little one is born and should be well underway by the time they're mobile, between 4 and 6 months.

According to Dr. Davis Prabhu, here are a few key steps you can take to make sure your house is baby-safe:

- Get covers for outlets.
- Put medicines, chemicals and choking hazards in a locked cabinet, out of reach.
- Bolt or secure large pieces of furniture to the wall.
- Keep handguns unloaded and locked in a gun safe at all times.

Babyproofing and childproofing are ongoing processes, and your baby will most likely get into things you never would've expected. But one surefire tip is to get on the floor and crawl around. It might sound silly but will help you see your home through their eyes and spot potential dangers before they do.

***Beware button batteries***

In addition to being a choking hazard, they can cause a chemical reaction if swallowed that can be severely damaging or even deadly.

## *Safe road trips*

Car safety is critical whether you're planning a long trip or just going down the road.

First things first, get the right car seat for your baby's age and weight, and install it according to the product's manual. If you have any questions about how to secure your baby, talk to their health care provider or find a certified child passenger safety technician in your area. In addition, Dr. Davis Prabhu encourages you to keep your baby rear-facing until they're at least 2 years old, since it's the safest position for their growing body.

Though it might be tempting to get additional products for your car seat, like headrests or footrests, many of them aren't proven to be safe. "Remember your car seat is only crash-tested for the items it's sold with," says Dr. Davis Prabhu. "Additional, after-market products are likely better to avoid altogether."

Because your baby's neck is still strengthening, they might not be able to hold it up in the car seat, which can cause their head to fold forward and make it hard to breathe. That's why Dr. Davis Prabhu recommends having one parent sit with them if possible, especially on longer car rides.

And finally, take breaks! Frequent stopping might add travel time, but it'll give you and your baby time to stretch your legs and eat safely.

### *Trust your gut*

Infant safety can feel a little intimidating. Just remember: Nothing's better than your intuition. And there's no one better equipped to protect your baby better than you.





## SELF-CARE

# *After Delivery*

As you transition from pregnancy to postpartum, you'll be healing physically and emotionally, all while figuring out life with a newborn. Even with so much focus on your baby, don't forget to take care of another very important person: you.

"Moms need to prioritize self-care in recovery – you should come first!" says Natasha Adams-Denny, MD, an OB/GYN at [\*\*Atrium Health Women's Care Creek Pointe OB/GYN\*\*](#). "Think of it like the safety measure on an airplane, where you're supposed to put your own oxygen mask on before helping someone else with theirs. By taking care of yourself first, you're putting yourself in the best health and state of mind to take care of your baby and perform all tasks to the best of your ability."



*“By taking care of yourself first, you’re putting yourself in the best health and state of mind to take care of your baby and perform all tasks to the best of your ability.”*

*- Natasha Adams-Denny, MD*

## *Vaginal vs. C-section recovery*

How long recovery takes depends a lot on how you deliver your baby.





Recovering from a vaginal birth – unmedicated, medicated or water birth – tends to be quicker. It usually takes about 2 to 6 weeks to move like your old self, though it can be longer if you have a tear and get stitches.

C-sections take slightly longer to recover from, usually around 6 to 8 weeks. You may also have more frequent visits with your doctor in the postpartum period to check your incision. While your body heals, avoid lifting anything heavier than your baby, and be sure to follow your doctor's orders for caring for your incision.

That said, every woman is different, and your recovery journey is your own, so be patient with yourself at every step.

## *Self-care 101*

No matter how you gave birth, the self-care basics are the same:

-  Rest (when you can).
-  Eat healthy meals.
-  Ask for and accept help.
-  Keep up with prenatal visits.

Lastly, get up and moving as soon as you're comfortable (and with your doctor's OK). Although counterintuitive, getting mobile can help in the recovery period, so start with light walks and build up from there. Just don't overdo it – recovery is your top priority, after all. “If you don't practice self-care and put healing first, there's the risk that you could end up hurting yourself, which can set your recovery backward,” says Dr. Adams-Denny. “Once you have a full recovery, you'll be able to return to life at its highest potential.”

## *What recovery can feel like*

Labor and delivery put your body through a lot. Here are a few things you might experience after giving birth:

### ***Pain and soreness***

For vaginal soreness and hemorrhoids, you can try taking a sitz bath, sitting on a pillow and getting plenty of rest. You can also use a spray bottle to squirt warm water on the perineum – the area between your vagina and anus – to soothe the area and keep it clean. A heating pad on your abdomen can ease afterpains, or cramping as your uterus shrinks back down.

Your doctor might also recommend medication. Usually, an over-the-counter option like ibuprofen is all it takes, though your doctor may call in a prescription if you had a C-section.

### ***Vaginal bleeding***

Also called lochia, vaginal bleeding occurs after delivery, even after a C-section, and can last several weeks. Wearing a pad can make it more bearable, but talk to your doctor if you're bleeding more than a pad an hour or see clots larger than a quarter.

### ***Constipation***

It's regular to be irregular after giving birth. If you're struggling to get things moving, over-the-counter stool softeners can help, as can eating plenty of fiber.

### ***Swelling***

You might notice a little swelling, or postpartum edema, in your feet, ankles, legs and face. Though it'll go down in a few weeks, drinking plenty of water and elevating your feet can help speed up the process. You can also try wearing compression socks and limiting salt. While swelling is normal, call your doctor if the swelling seems extreme or isn't getting better.





## ***Baby blues and postpartum depression***

On top of navigating life with a newborn, your hormones go through major fluctuations after giving birth. You might experience the effects of this through something called ‘the baby blues,’ which are regular mood changes that occur in the postpartum period. But speak to your doctor immediately if these feelings intensify or worsen, as this could be one of the signs of more severe postpartum mental health issues that require medical attention.

### ***Help is here***

Your family and friends. Your OB/GYN and pediatrician. You have a lot of people who care about you and are here to support you. “As the saying goes, it takes a village to raise a child. It’s OK to ask for help, and people are usually quite willing to help – you would do the same for other women in similar positions. Your loved ones will be happy to lend a helping hand knowing you would do the same,” says Dr. Adams-Denny. “And your care team is there to help you be the best mom you can be.”

***Emergency postpartum symptoms***

**Though some pain and bleeding are to be expected, call your doctor or seek emergency care right away if you experience:**

- Fever
- Swelling on one side of the body
- Heavy bleeding
- Chest pain
- Trouble breathing
- Severe headache
- Dizziness or fainting
- Vision changes
- Extreme swelling
- Severe pain
- Nausea and vomiting

In addition to calling a loved one, ask your OB/GYN care team what services they offer in the postpartum period. For instance, Atrium Health Women’s Care has lactation services, postpartum support groups and more – all to help new moms.

But even with all this care and support, remember recovery is different for everyone, and the path is not always linear. So take your time and – most importantly – take care of yourself along the way.



## FEEDING YOUR *Newborn*

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Soon after your baby is born, they'll be sleepy – but they'll also be ready to eat. “Being born is hard work!” says **Stephanie Kwon, MD**, a pediatrician at **Atrium Health Levine Children's Charlotte Pediatrics**.

Whether you're breastfeeding, formula feeding or both, there are a few things to know to get started. Most importantly, help is there if you need it. “Your pediatric care team is there along the way to support you and your newborn during this time,” says Dr. Kwon.

And remember: It's OK to share the responsibility with family and loved ones. “Letting others feed your baby can give you a much-needed break to rest or for normal daily activities, like taking a shower,” says Dr. Kwon. “It can also help your newborn create bonds with other family members and develop early communication skills.”



*“Your pediatric care team is there along the way to support you and your newborn during this time.”*

*- Stephanie Kwon, MD*



## *Know your options*

### **Breastfeeding**

The American Academy of Pediatrics recommends exclusively breastfeeding until your baby is 6 months. Breastfeeding has many benefits, including providing essential nutrients and protecting your baby from illnesses. If you're exclusively breastfeeding, just remember to give your baby a daily vitamin D supplement to ensure they're getting what they need.

It might take time and practice to learn the basics of breastfeeding, so don't give up if it doesn't happen easily or if you face any breastfeeding challenges, like low supply or latch issues. "Both you and your new baby are learning," explains Dr. Kwon. "Your body will be working hard to recover from delivery, and it's normal for it to take a few days for breast milk to come in."

Even if your breast milk takes its time, your baby can get all the nutrients they need from colostrum. It's the first drops of milk your body produces and is a concentrated liquid full of healthy antibodies, fats, sugars and proteins. It's so nutrient-rich, your baby won't need much to be satisfied while you wait for your milk supply to increase.



### **Formula feeding**

Some moms are unable to breastfeed or simply choose not to. There's nothing wrong with that – it's why formula exists. "Formula provides the necessary nutrition for infants and allows parents who aren't breastfeeding to meet their baby's needs," says Dr. Kwon.

As you shop for formulas, there are lots of options, including some

### ***Need breastfeeding help?***

**Atrium Health lactation consultants** are available in the hospital after birth, as well as at many OB/GYN and pediatrician offices.



that target specific issues, like protein allergies, reflux, gas and prematurity. Formulas are also enriched with iron and the recommended daily amount of vitamin D, so your baby won't need those added supplements.

If you have a question about a specific brand, talk to your baby's pediatrician – especially if the formula is made outside the U.S. "European-brand formulas are unregulated by our standards, so check with your pediatrician to make sure the formula has the recommended iron and vitamin D," says Dr. Kwon.

For formula-fed babies, Dr. Kwon recommends a practice called paced-feeding. By holding your baby upright and letting them latch onto a bottle like a breast, paced-feeding mimics breastfeeding and helps your baby feed more slowly.



### **Pumping**

Many moms want to feed their baby breast milk, but sometimes it's not possible to feed your baby directly from the breast. Whether you're returning to work or traveling, pumping is a great way to provide breast milk for your baby until you return home.

In fact, some moms choose pumping as the primary way they feed their baby, often due to concerns with latch or milk supply. Exclusive pumping isn't for everyone, though – just like breastfeeding, it's hard work. So talk to your pediatrician or a lactation consultant to learn how often to pump and for tips to make it work for you.


***Just milk, please***

Right now, your baby is getting all the hydration they need from the breast or bottle. They don't need any extra water or other food – in fact, it could actually be dangerous. Instead, stick to breast milk or formula until your baby is about 6 months old.



### **Combination feeding**

Can't pick just one way to feed your baby? You don't have to! There are many reasons you might choose to combination feed – or feed your baby from both the breast and the bottle. Whether you are concerned your baby isn't gaining enough weight, want your partner involved in feedings or just



need a more flexible option, combination feeding allows you to do all the above, while still giving your baby the benefits of breast milk.

For combination feeding, the bottle can be filled with breast milk or formula – it's up to you and what's best for your family.

### *Time to feed*

No matter how you choose to nourish your baby, expect the first week of their life to be all about feeding, all the time.

Newborns feed about 8 to 12 times a day, which can be tiring for everyone. “Sometimes everyone sleeps through a feed,” says Dr. Kwon. “Don't worry! You need to get rest and let your body recover, too. Just make sure you're getting those frequent feeds in where you left off.”

While sleeping through a feed is totally normal, falling asleep while feeding your baby can be dangerous. Whenever you're feeding your baby, make sure you're fully awake and sitting upright. This will help you stay alert and keep your baby safe.

Rest assured feedings will only get easier as the weeks go on. Your baby will start taking in more ounces per feeding, and as they continue gaining weight, your pediatrician might even guide you to a less frequent feeding schedule.

### *Are they getting enough?*

Over time, you'll get an idea of how much your baby needs to eat in each feeding. For instance, if you're breastfeeding, you'll notice your breasts feel softer or emptier after a feeding, and if you're bottle-feeding, you'll learn how many ounces to put in.

One of the best ways to know if your baby is getting enough nutrients is by watching their weight. Although your baby might lose a little bit of weight during the first couple of weeks, they'll gain it back quickly.

“If your baby isn't gaining weight as we'd like, we may advise you to wake them to feed and not go longer than 3 hours between feedings until they're back to their birth weight,” says Dr. Kwon. “This helps establish your milk supply and gives your baby enough energy to have good feedings and weight gain.”



But weight isn't the only thing your pediatrician wants to know about. "We always ask about pees and poops," adds Dr. Kwon. By around the third day of your baby's life, you can expect about 5 to 8 wet diapers a day and 3 to 4 stools. To help you keep track, Dr. Kwon suggests using an app or a notepad where you can record how often you feed your baby as well as how often you change their diaper.

### *Hunger cues*

Your baby may not use words yet, but they still find ways to communicate. Here are some signs your baby is hungry and full.

<i>Hungry</i>	<i>All done!</i>
Puts hands in their mouth	Closes mouth
"Roots," or turns head toward breast or bottle	Turns head away from breast or bottle
Smacks or licks lips	Relaxes hands
Clenches hands	

***What about crying?*** Crying is usually a late sign of hunger. And if your baby is crying too much, it'll be hard for them to latch. Instead, try to learn those early cues so you can step in before the waterworks.



### *You'll know best*

No matter how you choose to feed your baby, don't feel guilty if you have to change plans along the way. "Parents should have feeding goals but also an open mind if a feeding method doesn't work out as they had planned," says Dr. Kwon. "A fed baby is best!"

So breast, bottle or combination? They all have their benefits, but the right choice is whatever is best for you and your baby.



SPLISH, SPLASH: NEWBORN

# *Hygiene and Baths*

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Bathtime can be fun for babies and parents alike, full of sweet coos, splashing and silliness. But everything on your baby is so teeny-tiny, keeping them clean can feel tricky.

**Harshita Reddy, MD**, a pediatrician at **Atrium Health Levine Children's Charlotte Pediatrics**, has tips for keeping your baby squeaky clean. And it starts with the golden rule: Less is more. She says, "Don't worry about bathing daily, or keeping every nook and cranny of your baby absolutely sparkling clean."



*"Don't worry about bathing daily,  
or keeping every nook and cranny of  
your baby absolutely sparkling clean."*

*- Harshita Reddy, MD*

## *Bathtime safety 101*

Bathtime with a baby can be a lot of fun, as long as you follow these simple steps to keep it safe:

### *Never leave your baby in a bath alone.*

Not even for a second. Babies can drown in an inch of water and half of all bathtub deaths in the U.S. involve infants.

### *Make sure your tub meets current safety standards.*

And don't accept any hand-me-down tubs until you know they're up to date.

### *Keep the water at a safe temperature.*

The water should be lukewarm, about 100°F. Make sure your faucets are set to a max of 120°F – baby skin is very thin and can burn more easily. Test the water on your wrist or elbow to ensure it's not too warm for your baby's skin.

### *Babyproof the sink.*

If you're bathing your baby in the sink, make sure there are no dirty dishes, utensils, cleaning supplies or sharp objects within your baby's reach. And watch their head around the faucet.

## *Bathtime basics*

Once your baby's umbilical cord falls off, you can give them their first bath in a baby tub. (Sponge baths are fine up until then.) If you want to get your baby into a bedtime routine, you can bathe them every night, but you don't have to. One to two baths a week is plenty, and you can use a damp washcloth to keep their skin clean in between.

When it's time for suds, a nickel-sized amount of soap goes a long way and is enough for the whole bath. Although baby-safe soap is safe and recommended, Dr. Reddy says to skip the bubble baths. "They're unnecessary at this age and can make your baby slippery and more difficult to hold," she explains.

After the bath, Dr. Reddy suggests having a towel laid out and ready to wrap around your baby to get them dry and warm – it makes them easier to hold, too. You can then use hypoallergenic lotion or cream to keep their skin soft and moisturized, but don't worry if your baby has some peeling in the first few weeks of life. Newborn skin peels naturally to get rid of old skin cells and make way for new skin.

### ***Diaper rash relief***

Almost every baby will experience diaper rash at some point. Diaper rash occurs when their sensitive skin comes into contact with urine or stool in the diaper. As this contact continues, the skin doesn't get a chance to heal, and a red, sometimes painful rash can result.

Luckily, diaper rash is easily treated with barrier cream. Dr. Reddy recommends something with 40% zinc oxide, which protects the skin from moisture and lets it heal. And don't skimp on the application. "Application of the cream should be thick, like you're icing a cake!" says Dr. Reddy.

If the rash doesn't clear after a day or two, call your baby's pediatrician. This could be a sign of a fungal or bacterial rash that requires extra treatment.

### ***Baby manicures***

As a parent, you're tough as nails. But clipping them? Well, that's another story.


Almost all new parents dread cutting their baby's nails for the first time. They're so tiny! But don't worry. You'll get the hang of it quickly.

During the first few days, you can use a nail file to keep your newborn's nails short, and as you get more comfortable, you can start trimming. "I recommend waiting until the infant is asleep before clipping their nails – there's less movement that way," says Dr. Reddy. Then, you can push their finger pad back and cut the nail straight across with baby-safe nail clippers.

### ***Doctor's orders***

You can give your baby their first bath once their umbilical cord falls off.





While baby mittens are OK at first, plan on retiring them after a few weeks. “Your baby will be developing skills quickly in the first few months, and you want to make sure nothing is impeding their fine motor skill development,” says Dr. Reddy.

### ***Ears, nose and teeth, oh my!***

At some point, you’ll notice waxy buildup in your baby’s ears. As tempting as it may be to dig it out, remember to go easy.

“Have you ever heard the saying, ‘Don’t put anything smaller than your elbow in your ear’?” jokes Dr. Reddy. And this includes cotton swabs, which can actually cause more wax to build and can even rupture your baby’s eardrum. Instead, use a towel to gently remove wax from the outside of your baby’s ears. If your baby has so much wax that it’s impacting their hearing, your pediatrician can remove it during an office visit.

Like the ears, your baby’s nose doesn’t need to be cleaned too frequently. “The only time you really need to clean the nose is if your baby has so much nasal congestion it’s making it hard for them to eat or sleep,” says Dr. Reddy.

Stuffy newborn noses are easily treated with a bulb suction that gently pulls the mucus out. And if the mucus won’t budge, try adding nasal saline drops. “These drops can be used when your baby is lying down. Use 1 to 2 drops in each nostril, and wait a couple of minutes before suctioning out,” says Dr. Reddy.

Last but not least, don’t forget your baby’s teeth. The American Academy of Pediatrics recommends cleaning the teeth twice a day as soon as the first tooth appears. But it doesn’t take much: A tiny amount of fluoride toothpaste (think of a single grain of rice) is plenty to keep your little one’s pearly whites shining bright.

### ***Less really is more***

From how often you bathe to how much soap or toothpaste you use, less really is more when it comes to keeping a baby clean. And although the first bath can be a little intimidating, it might just become your favorite part of the day.



AAACHOO! WHAT TO DO

# When Sickness Strikes



If keeping your newborn healthy feels like an intimidating task, you're not alone.

"Babies are very special gifts to each family. It's normal to be anxious and feel unprepared when you first bring your newborn home. All parents feel that way!" says **Morkor Newman, MD**, a pediatrician at **Atrium Health Levine Children's Shelby Children's Clinic**.

To set your baby up for their best health, Dr. Newman recommends starting with a clean home and reducing exposure to people who are sick, especially in the first 6 weeks of your little one's life. She also says any amount of breast milk you can provide, even if it's just in the first few days, can be an excellent source of immune-boosting antibodies that help your newborn fight off illnesses.



***Call us 24/7/365***

Atrium Health Levine Children's pediatric offices have nurses available 24 hours a day to answer your questions and guide you in caring for your baby.



*"To set your baby up for their best health, start with a clean home and reduce exposure to people who are sick."*

*- Morkor Newman, MD*

That said, despite your best efforts, at some point your baby will get sick, likely sometime in the first year. Keep reading to learn some of the most common newborn conditions and how you can prepare for them.

### ***Common newborn conditions***



#### ***Anemia***

Anemia is another word for low iron and happens when your baby has a lower red blood cell count than usual. Anemia can occur without any symptoms and sometimes even goes away on its own. But if your baby seems low on energy, pale or has a rapid heart rate, it might be a good idea to get their iron checked by the pediatrician.



#### ***Colds and other respiratory infections***

There's a reason it's called the common cold. For most babies, an upper respiratory infection will be their first illness, and most children have 6 to 8 colds every year. Though over-the-counter cold medications aren't advised for kids less than 1 year old, saline drops and suctioning can help relief congestion. Colds usually go away on their own, but call your pediatrician if symptoms get worse or your baby develops a high fever.







### ***Congestion***

A little congestion on its own isn't cause for concern. In fact, it's normal for newborns to have a good bit of mucus, especially if they were born by C-section. Stuffy noses are easily treated with saline drops and by gently suctioning.



### ***Colic***

You might've heard someone say their baby is "colicky." Colic is defined as the uncontrollable crying in an otherwise healthy baby. If your baby cries for many hours a day, for many days in a row, there's a good chance they have colic. Though the cause is unknown, many parents find that soothing their baby and relieving them of gas helps. If it continues, your pediatrician might suggest ruling out allergies and other possible concerns.



### ***Ear infections***

When your child has fluid buildup or inflammation in their ear, it can lead to an ear infection. Ear infections can happen for lots of reasons, but usually occur after a viral infection, like a cold. If your baby is fussy, tugging at their ears, struggling to sleep or has fluid coming from their ears, these are all signs of a possible ear infection and should get checked out by your pediatrician.



### ***Gas***

Newborn toots and hiccups can be cute, but pent-up gas can also be painful for your little one. Gas can occur any time your baby swallows air, like when they feed, cry or suck on a pacifier. The best way to relieve them of gas is to burp them well – over-the-counter products like gas drops can help, too.



### ***Jaundice***

Jaundice is a common condition in newborns that happens when there's a high level of bilirubin in your baby's blood. (Bilirubin is a yellow substance that occurs as the body breaks down red blood cells.) Easily identified by a yellowish tinge to your newborn's skin or eyes, there are a variety of things that can cause jaundice, including poor feeding, dehydration, infection, liver problems and prematurity. Whether it's increasing the number of feedings or using a bilirubin blanket, your pediatrician can help you decide the best solution for your baby.



### ***Skin problems***

Baby acne. Cradle cap. Diaper rash. Even with their soft skin, babies are prone to itchy, flaky, dry skin and rashes. These minor skin conditions usually clear up with the right cream and a little patience, but call the pediatrician if your baby has an ongoing condition or something that seems contagious.



### ***Spitting up***

Spitting up is very common with newborns, and babies who spit up frequently are often called “happy spitters.” But if you feel your baby’s spit-up is excessive or they’re projectile vomiting, call your pediatrician right away, as these could be signs of an allergic reaction or sickness.



### ***Umbilical cord infections***

You can make sure your baby’s umbilical cord stump doesn’t become infected by keeping it clean and dry. If you notice any discharge, wipe the area with alcohol once or twice a day. But call your baby’s pediatrician if the discharge is foul-smelling or bloody.

## ***When to seek emergency care or call 911***

You should call your pediatrician’s office with any questions or concerns. But these are a few things that can’t wait:

- Any breathing difficulties
- Fever of 100.4 in a child younger than 4 weeks
- Vomiting after almost every feeding or projectile vomiting
- Reduced amount of daily wet diapers
- Any fall, especially if associated with a head injury, head swelling or sleepiness



### *Cool as a cucumber*

Over time, every parent learns to know when their child has a fever. But a rectal thermometer is more effective and accurate for newborns than even the back of the most seasoned mom's hand.

When it's time to take your little one's temperature, Dr. Newman suggests following these steps:

- 1.** Place your baby face-up, with their legs bent toward their chest.
- 2.** Apply a small amount of petroleum jelly to the edge of a clean thermometer.
- 3.** Insert it gently, without forcing, less than half an inch into your baby's rectum.
- 4.** Hold the thermometer in place until it beeps.
- 5.** Remove the thermometer gently, and clean it with soap and water.

No matter how well you clean it, never use the same thermometer for taking oral temperatures. The rectal thermometer can pass on germs and bacteria that can be dangerous to your baby.



## *Get well soon*

If you ever have any questions or concerns about your baby's health, don't hesitate to call their pediatrician. All Atrium Health Levine Children's pediatric offices have a 24/7 nurse phone line, so you can talk to a triage nurse anytime – even in the middle of the night. “No concern or question is too small,” adds Dr. Newman.

Seeing your baby sick is never fun. But rest assured that soon they'll get well and might even have antibodies to better fight the sickness next time.

## *Stock the medicine cabinet*

You can't protect your baby from ever getting sick, but you can be prepared when it happens. Here are some basics to have readily available before your baby's first illness or injury:

- Thermometer
- Nasal suction
- Infant acetaminophen and infant ibuprofen
- Infant allergy medicines
- Humidifier
- Saline drops
- Saline spray
- Gas drops or gripe water
- First aid kit
- Petroleum jelly
- Hydrocortisone cream
- Healing ointment
- Vitamin D drops

**Important:** Talk to your baby's pediatrician for guidance and proper dosages before administering any medication.



POSTPARTUM DEPRESSION:

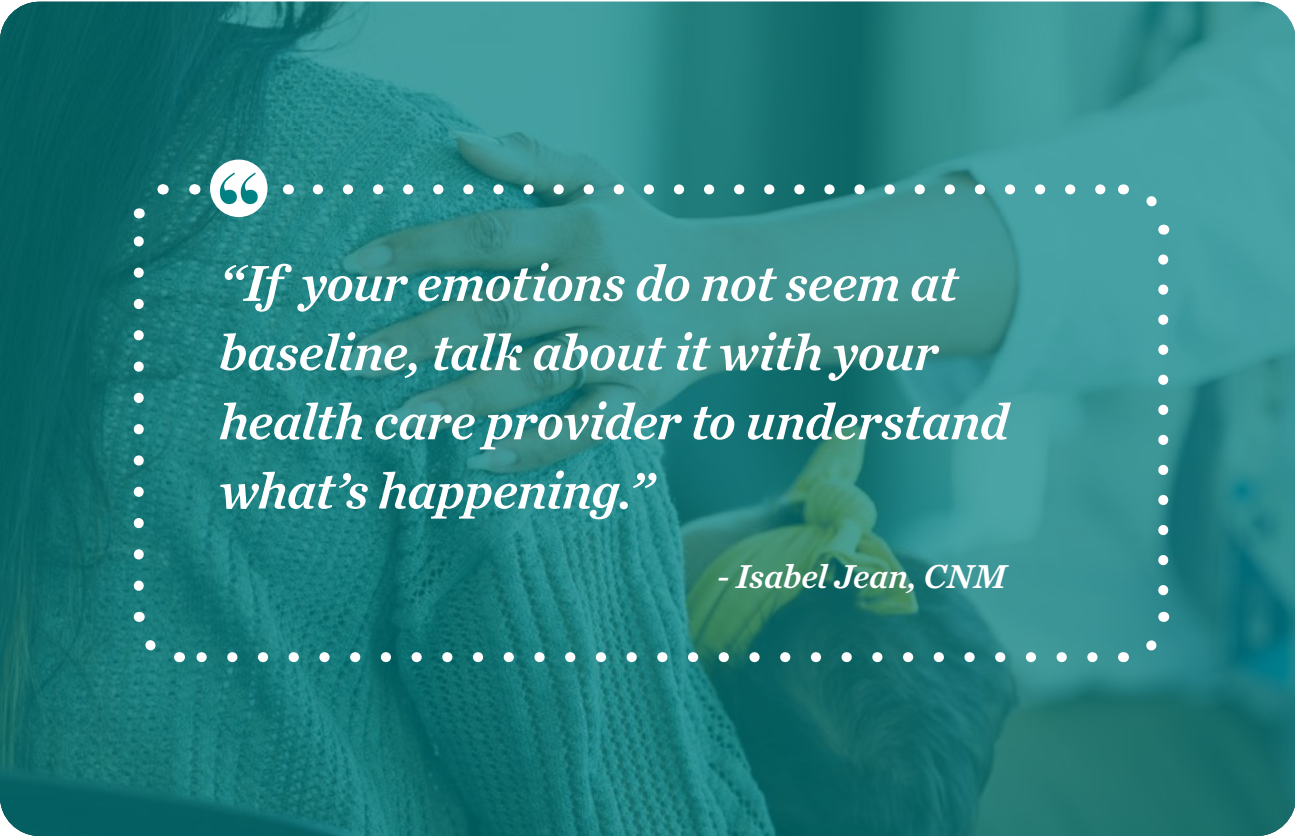
# *You're Not Alone*



You're told the birth of your baby will be the happiest moment of your life. So why aren't you feeling over the moon?


The truth is, having a baby is hard work both physically and mentally, and delivery is just the beginning. After childbirth, almost every woman will experience some degree of baby blues – or short-term sadness or anxiety that happens after birth as your hormones settle back down and you settle into parenthood.

But many women – up to 10% of postpartum patients – will also experience a common but serious condition called postpartum depression (PPD).



*“If your emotions do not seem at baseline, talk about it with your health care provider to understand what’s happening.”*

*- Isabel Jean, CNM*



Postpartum depression can be hard to catch on your own. That’s why, in addition to learning the signs below, share this article with someone who will be around you, so they know what to look for and can help you get the care and support you need to get better.

“Your health care provider and even your child’s pediatrician will screen you for postpartum depression, but the most important aspect is talking about how you’re feeling or talking to your partner about how they’re feeling. If your emotions do not seem at baseline, talk about it with your health care provider to understand what’s happening,” says **Isabel Jean, CNM**, a certified nurse midwife at **Atrium Health Women’s Care Union OB/GYN**.

### ***Risk factors***

Just like any disease, it’s always helpful to know if you have any factors that put you at higher risk. For postpartum depression, these risk factors include:

- History of depression or anxiety, especially during pregnancy
- Family history of postpartum depression
- Stressful life events
- Complicated pregnancy or childbirth
- Fear of childbirth
- Lack of a strong support system

“The cause of postpartum depression is unknown, but there are theories that genetics and hormonal fluctuations after birth could play a role,” says Jean. That said, anyone can get postpartum depression, and there’s little you can do to predict or prevent it – so stay aware and be open with loved ones about how you’re feeling.

### ***Signs and symptoms***

It’s common to feel mild sadness, anxiety or mood swings in the days after birth. But if these symptoms last more than 2 weeks or worsen, you might be experiencing PPD. “Signs of postpartum depression include feelings of sadness, anxiety or regret that persist past the 2-week mark or impact your ability to take care of yourself, your baby or your family,” explains Jean.



According to the Centers for Disease Control and Prevention, common signs of postpartum depression include:

- Crying more often than usual
- Feelings of anger
- Withdrawing from loved ones
- Feeling distant from your baby
- Worrying or feeling overly anxious
- Doubting your ability to care for your baby

Call your doctor if you have any of these symptoms or other related concerns. If you have thoughts of harming yourself or others or hallucinations, go to the emergency room right away.

### ***Treatment***

Postpartum depression is scary and frustrating, but help is here and ready when you need it most.

### ***Self-care***

Though self-care is not usually enough to treat postpartum depression, taking care of yourself will be important as you get through it. “You need to support yourself before you can give to others,” says Jean. “In the early days of postpartum depression, taking care of yourself can look like very basic needs.”

This includes drinking enough water, nourishing your body, going outside for sunshine, and moving your body however feels best. “Most importantly,” adds Jean, “are you getting enough sleep? Getting an uninterrupted 4 to 6 hours of sleep can improve your mood drastically. This may mean going to bed early so another adult can listen out for the baby and switching duties later in the evening.”

If going back to the basics is not enough, Jean says to talk to your health care provider for help. They can discuss therapy, medication or a combination of the two to help you feel like yourself again.



### *Therapy*

Therapy with a psychiatrist, psychologist or mental health professional can be a very beneficial way to express yourself, better understand your feelings, and find realistic ways to set and reach goals.

### *Medication*

In some cases, medication like an antidepressant may be the best way to face your postpartum depression, and most are perfectly safe to take while breastfeeding.

### *You're not alone, and help is here*

If you think you may be experiencing postpartum depression or another postpartum mental health issue, talk to your doctor right away.

In addition to support from your health care provider, there are many resources just for new parents. This includes [\*\*Atrium Health's new-mom support groups\*\*](#), as well as organizations like Postpartum Support International (PSI), which are specially designed to support you through this time.

Most importantly, remember it's not your fault, you're not alone – and help is here. “Many people experience feelings of postpartum depression and anxiety,” says Jean. “You're not alone. You're doing a great job as a parent. And you will get through this.”



## GROSS MOTOR SKILLS: *0 to 12 Months*

Your baby grows and changes a lot over the first year. They also get stronger and develop gross motor skills that help them move and explore the world around them.

Although your baby’s pediatrician will be watching for certain milestones, every baby develops at their own pace. “The most important thing is your baby is progressing,” says **Akilah Grimes, MD**, a pediatrician at **Atrium Health Levine Children’s Suburban Pediatrics**.

Learn more about the gross motor skills you can expect at each stage, as well as how you can best support your baby.



## *Milestones by age*

Every baby develops motor skills at their own rate. These are general milestones you can look for in your baby's first year.



### *Newborn to 3 months*

- Tracking and following sounds
- Turning while on back and lifting head while on belly
- Kicking legs and moving arms
- Developing muscle tone



### *4 to 6 months*

- Rolling over
- Reaching for things
- Putting things in their mouth
- Building good tone and head control
- Rolling from belly to back, then back to belly
- Sitting on their own when placed in a seated position



### *7 to 9 months*

- Getting into a seated position without help
- Crawling
- Pulling to a standing position
- Navigating around furniture
- Clapping, waving and becoming more interactive
- Picking things up with a pincer grip



### *10 to 12 months*

- Standing on their own
- Walking with assistance
- Walking (between 9 and 12 months)



## *How you can help*

There's very little you need to do to help your baby develop gross motor skills. For the most part, they'll figure everything out on their own, in their own time. But there are some things you can do to encourage them to keep learning and exploring.

### *Play*

Playing with your baby isn't just fun – it helps them practice and fine-tune their motor skills.

Dr. Grimes recommends playing with your baby on a playmat on the floor. As they start reaching and rolling, you can use toys to motivate them to reach or roll for them. And as they start crawling or walking, you can encourage them to come to you from across the room.

Some of the best toys are books, toys that make noise, and mirrors. But Dr. Grimes recommends staying away from bouncers, as they can promote toe-walking.

### *Practice*

Just like anything, gross motor skills take practice.

One of the best ways to help your baby build strength is through tummy time, your baby's version of doing planks. It helps them build their core, which they'll need to crawl, stand and walk. Start with 20 seconds when they're born, and slowly build up to at least 10 minutes a day.

As your little one starts sitting, you can pull them into a seated position. Then, around 7 to 12 months, you can help your baby learn to walk by holding their hands and assisting them.

When your baby does start walking on their own, don't worry if their form isn't perfect right away. "When babies first start to walk, they may waddle, walk on their tippy-toes or walk with their feet turned in or out. This is the normal start to walking, and most kiddos will correct it on their own," says Dr. Grimes.



## ***Patience***

Developmental milestones are benchmarks, but don't worry if your baby goes at a different pace from their peers. "It can be easy to compare to siblings or friends' kids, but most children will eventually meet all of their milestones," says Dr. Grimes.

In addition, if your baby was born prematurely or spent time in the NICU, they may reach motor milestones a little later than other children their age. But they usually catch up by age 2.

Dr. Grimes adds that as long as your baby is progressing, it's OK if they're developing skills earlier or later than expected. While one baby might skip crawling and go straight to walking, another might not walk until after their first birthday – and both are still in the normal range.

However, if you notice your child regressing – for instance, they used to do a certain skill and now don't – share your concerns with your child's pediatrician. As Dr. Grimes says, "If you ever have any concerns, no matter what they are, you should feel comfortable reaching out to your pediatrician to discuss. That is what we're here for!"

***The best is just beginning!***

No matter where you are in your journey, we're here for you at every step. Here are some resources to help along the way:

**[Find lactation services](#)**

**[Sign up for maternity classes](#)**

**[Find a pediatrician](#)**



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