



# Expecting Mother

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Indiana University Health Arnett Hospital



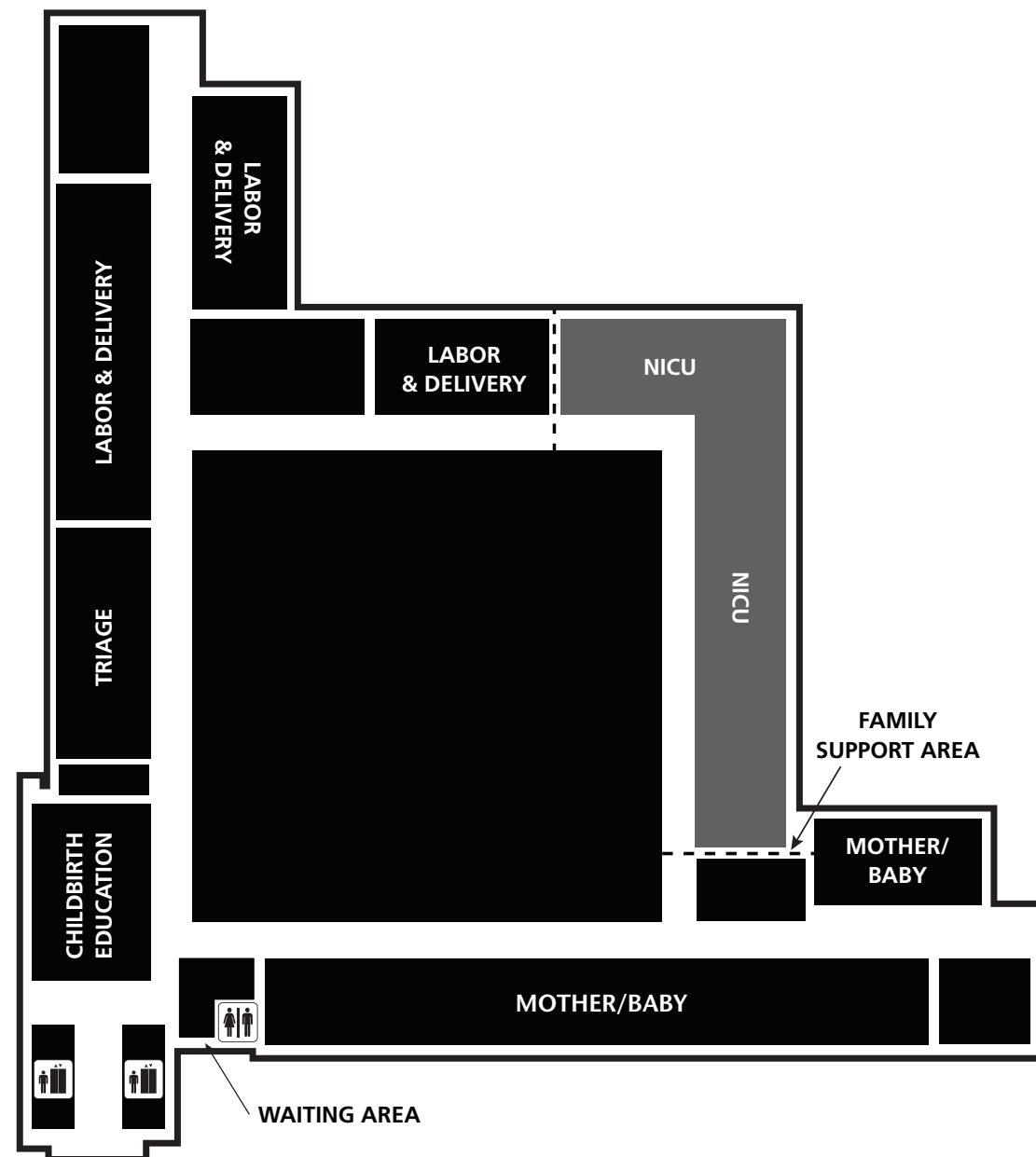
Indiana University Health

## Labor & delivery

The maternity suites at IU Health Arnett Hospital celebrate life and provide the support and resources you need to have a wonderful birth experience. The labor and delivery unit consists of seven spacious, private birthing rooms and four antenatal rooms.

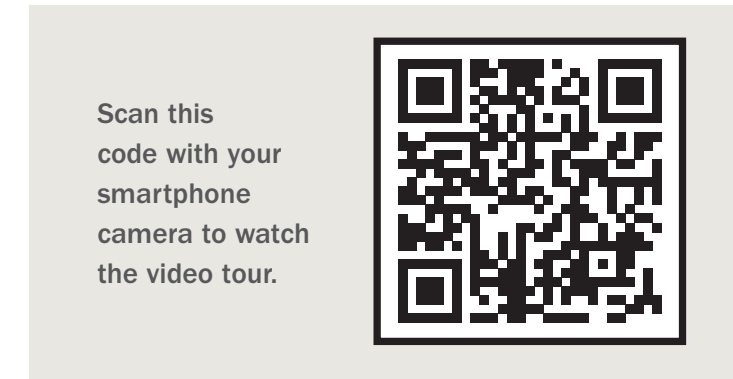
This unit is staffed with registered nurses who are certified in neonatal resuscitation, advanced cardiac life support and CPR. We also offer 24-hour anesthesia coverage and on-site operating rooms.

## Mother Baby Unit



## What to expect when you deliver services tour

Take a tour of our delivery suites and see why IU Health Arnett Hospital is the right choice for you and your family.



## Office information & important numbers

### IU Health Arnett OB/GYN Office Locations:

5177 McCarty Lane    253 Sagamore Pkwy.    550 S. Hoke Ave.  
Lafayette, IN, 47905    West Lafayette, IN, 47906    Frankfort, IN, 46041

### Phone numbers:

IU Health Switchboard: **765.448.8000** after office hours, emergency only  
IU Health Arnett Hospital Medical Office Building, Nurse Line: **765.838.6300**  
OB/GYN Scheduling: **765.838.4880**

## Typical length of stay after delivery

- Vaginal Delivery: approximately 48 hours
- Cesarean Section: approximately 72 hours

## Key points to remember

- Call physician before coming to the hospital.
- Choose a physician for your baby before you deliver.

# Over-the-counter medications safe in pregnancy

ALLERGY	COUGH/COLD/ CONGESTION/SORE THROAT/FEVER	CONSTIPATION
<ul style="list-style-type: none"> <li>▪ Allegra</li> <li>▪ Benadryl (Diphenhydramine)</li> <li>▪ Claritin (loratidine)</li> <li>▪ Zyrtec (cetirizine)</li> <li>▪ Afrin Nasal Spray(do not use more than 3 days)</li> <li>▪ Flonase Nasal Spray(do not use more than 3 days)</li> <li>▪ Saline Nasal Spray</li> </ul>	<ul style="list-style-type: none"> <li>▪ Allegra</li> <li>▪ Robitussin (Regular or DM)</li> <li>▪ Mucinex (guaifenesin)</li> <li>▪ Cepacol/Halls Throat Lozenges</li> <li>▪ Chloraseptic Spray</li> <li>▪ Saline Nasal Spray</li> <li>▪ Vicks Vapor Rub</li> <li>▪ Bedside Humidifier</li> <li>▪ Tylenol (acetaminophen avoid going over 4,000 milligrams in 24 hours)</li> <li>▪ Tylenol Extra Strength (acetaminophen, avoid going over 4,000 milligrams in 24 hours)</li> <li>▪ <b>AVOID: NSAIDS</b> Ibuprofen (Motrin, Advil), Naproxen (Aleve)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Colace (docusate sodium)</li> <li>▪ Citrucel</li> <li>▪ Fibercon</li> <li>▪ Metamucil</li> <li>▪ Milk of Magnesia</li> <li>▪ Miralax</li> <li>▪ Culturelle Chewable Probiotic</li> </ul>
DIARRHEA	GAS	HEADACHE
<ul style="list-style-type: none"> <li>▪ Imodium AD</li> <li>▪ Culturelle Chewable Probiotics</li> </ul>	<ul style="list-style-type: none"> <li>▪ Gas-X (simethicone)</li> <li>▪ Phazyme (simethicone)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tylenol (acetaminophen avoid going over 4,000 milligrams in 24 hours)</li> <li>▪ Tylenol Extra Strength (acetaminophen, avoid going over 4,000 milligrams in 24 hours)</li> <li>▪ Cold Compresses</li> <li>▪ Increase Water Intake</li> <li>▪ Peppermint Essential Oil applied to Temples (avoid with high blood pressure)</li> <li>▪ <b>AVOID: NSAIDS</b> Ibuprofen (Motrin, Advil), Naproxen (Aleve)</li> </ul>

If any symptoms persist or worsen please call the OBGYN Triage Office at **765.838.6300**.

If you feel you need Ibuprofen, please discuss with your doctor.

HEARTBURN/UPSET STOMACH	HEMORRHOIDS	LICE
<ul style="list-style-type: none"> <li>▪ Gaviscon</li> <li>▪ Maalox</li> <li>▪ Mylanta</li> <li>▪ Pepcid AC or Complete</li> <li>▪ Rolaids</li> <li>▪ Tums</li> <li>▪ Prilosec</li> <li>▪ Avoid lying down for at least 1 hour after meals, avoid high fatty greasy foods, and eat frequent smalls meals with snacks in between</li> </ul>	<ul style="list-style-type: none"> <li>▪ Preparation H</li> <li>▪ Tucks (Witch Hazel) Pads</li> <li>▪ Hydrocortisone Cream/Ointment</li> </ul>	<ul style="list-style-type: none"> <li>▪ Rid</li> </ul>
LEG CRAMPS/RESTLESS LEG SYNDROME	NAUSEA AND VOMITING	PAIN/ACHES
<ul style="list-style-type: none"> <li>▪ Increase Water Intake</li> <li>▪ Potassium Rich Foods</li> <li>▪ Tums</li> <li>▪ Magnesium Supplement</li> </ul>	<ul style="list-style-type: none"> <li>▪ Bonine</li> <li>▪ Emetrol</li> <li>▪ ½ tablet of Unisom (doxylamine) with a Vitamin B6 tablet. Take this together every 8 hours as needed.</li> <li>▪ Avoid lying down for at least 1 hour after meals, avoid high fatty greasy foods, and eat frequent smalls meals with snacks in between</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tylenol (acetaminophen avoid going over 4,000 milligrams in 24 hours)</li> <li>▪ Tylenol Extra Strength (acetaminophen, avoid going over 4,000 milligrams in 24 hours)</li> <li>▪ Oragel (Tooth Pain)</li> <li>▪ Warm Bath/Warm Compresses</li> <li>▪ <b>AVOID: NSAIDS</b> Ibuprofen (Motrin, Advil), Naproxen (Aleve)</li> </ul>
RASH/ITCHING	SLEEP ISSUES	YEAST INFECTION (7 -Day creams preferred)
<ul style="list-style-type: none"> <li>▪ Benadryl Oral Tablet/Liquid</li> <li>▪ Benadryl Cream</li> <li>▪ Hydrocortisone Cream</li> </ul>	<ul style="list-style-type: none"> <li>▪ Benadryl</li> <li>▪ Unisom</li> <li>▪ Tylenol PM</li> <li>▪ Lavender Essential Oil</li> <li>▪ Avoid Caffeine 3-4 hours prior to bedtime</li> </ul>	<ul style="list-style-type: none"> <li>▪ Monistat Cream</li> <li>▪ Gyne-Lotrimin (clotrimazole)</li> </ul>

## OB ultrasound



If pregnancy is uncomplicated, you will have one ultrasound when you are 20 weeks. We do not prefer to do it earlier than 20 weeks because it is difficult to get all views of the baby's anatomy. Insurance may not cover a repeat ultrasound if your 20 week scan was done too early.

The 20 week ultrasound is an anatomy scan. It allows the doctor to view the baby's anatomy to ensure it is growing appropriately. It allows the doctor to look for any abnormalities and make appropriate recommendations if necessary. Gender may be revealed at this ultrasound, depending on the baby's position.

### Preparing for your Ultrasound

Wear loose, comfortable clothing to your ultrasound exam. You may be asked to remove your jewelry and change into a gown.

This ultrasound is a diagnostic test. Video recording and taking pictures with your phone or camera are strictly prohibited. We ask that you only bring two family members with you to your ultrasound. We understand that you may have other children that want to come to the ultrasound and encourage their inclusion. However, we ask that there is someone available to help manage the children during the ultrasound, as our staff will not be able to assist.

We try to schedule your ultrasound before an appointment with your OB provider so that they can discuss the results with you at your appointment.

If further ultrasounds are needed, we will discuss them directly with you and assist in scheduling them.

If you have any questions, please contact your provider's office prior to your appointment.

## Prenatal labs

Throughout your pregnancy, you will have different labs performed for various reasons. Below is the schedule of your lab work:

### New OB labs

- Complete blood count
- Urinalysis and urine culture
- Blood type and screen
- Rubella
- STD screening (HIV, Hepatitis B, Hepatitis C, Syphilis, Gonorrhea, Chlamydia)
- sPAP (if due)
- Ferritin
- A1C (patients with BMI > 30)

### 28 Week pregnancy labs

- Complete blood count
- Antibody screen (only if Rh negative)
- Glucose
  - Plan on being here for an hour
  - You may come an hour before your scheduled appointment or at the time of your appointment to drink the glucola
  - You do NOT need to fast prior to the test, but please avoid foods high in sugars or carbs
- Syphilis

### 36 week pregnancy lab

- Group B swab (vaginal)

### Routine OB appointment lab

- At every appointment, you will need to leave a urine sample. Please ensure that you arrive to your appointment 15 minutes early so that you can use the bathroom prior to your scheduled appointment time.

**TB test:** We do not routinely offer this in our office. However, if it is required by a job or school, it is safe to receive this while pregnant. You can receive this through your employer if necessary.



## Immunizations during pregnancy

Certain immunizations are encouraged during pregnancy, and are offered through our office (excluding the COVID Vaccine).

**Tdap** - The Tdap vaccine is offered to all pregnant women at about 28 weeks in their pregnancy. It protects against tetanus, diphtheria and pertussis (whooping cough). We encourage women to get this vaccine with each pregnancy to boost the antibodies and protect the baby.

**Flu Vaccine** - We offer the flu vaccine to all pregnant women during flu season (typically October through March). This helps to protect women against many of the flu strains.

**RSV Vaccine** - We offer the vaccine during pregnancy at 32 weeks to prevent severe RSV disease in infants.

### **COVID-19 Vaccine**

The American College of Obstetricians and Gynecologists (ACOG) strongly recommends that pregnant individuals be vaccinated against COVID-19. ACOG continues to recommend that all pregnant and lactating individuals receive an updated COVID-19 vaccine or “booster.”



## Genetic testing

At IU Health Arnett OB/GYN, we offer a variety of options for genetic testing. Below are brief descriptions of each test we offered. It is recommended that if you are interested in having genetic testing done, you should contact your insurance company prior to see if any of the genetic tests below are covered under your plan.

Please let your OB providers know by your **second appointment** if you are wanting any genetic testing. This will ensure the office as enough time to obtain any necessary prior authorizations from your insurance company.

### **MaterniT21 Plus:**

MaterniT21 Plus is a high risk genetic test that is intended to detect the common fetal trisomies (13, 18 & 21) in pregnancies. The results are individualized by extracting fetal DNA from maternal blood. This allows for a 99.5% accuracy. It can be done any time after 10 weeks. In addition to detecting trisomy abnormalities, MaterniT21 Plus has the capability of determining the gender of your baby. Results are available approximately 7 business days after you have it drawn, and the office will contact you with the results.

### **Prenatal Risk Assessment:**

This is a screening test that looks at specific risk factors to determine a ratio of the likelihood your baby will have down syndrome, neural tube defect, trisomy 18 and alpha-fetoprotein. Because it takes into account risk factors, it is not as accurate as the MaterniT21 Plus test and can have the possibility of resulting in a false positive. It is time sensitive and must be done between 15 week and 21 week, 6 day. Results are available approximately 7 business days after you have it drawn, and the office will contact you with the results.

### **Cystic Fibrosis Carrier Screening:**

Cystic Fibrosis (CF) is a progressive and genetic disease that causes persistent lung infections. It also limits the ability to breathe over time. If you are a CF carrier, it means that one of your Cystic Fibrosis Transmembrane Regulator (CFTR) genes is normal, and the other contains the mutation known to cause CF. People that are carriers of the CF genes can pass the gene onto their children. However, if both parents are carriers of the CF gene, their children have the potential of developing CF. The test can be performed at any time in the pregnancy and takes approximately 2-3 weeks to get the results back. The office will contact you with the results. If the mother is found to be a carrier, testing of the baby's father is recommended and can be done through our office.

### **Spinal Muscular Atrophy (SMA)**

Spinal muscular Atrophy (SMA) is an inherited disease taht affects nerves adn muscles, causing muscles to become increasingly weak. It mostly affects infants and children but can also develop in adults. Symptoms and prognosis vary depending on SMA type. Gene replacement and disease-modifying therapies offer hope.

## Genetic testing *(continued)*

### Neural Tube Defect Screening:

Neural Tube Defects (NTD) are defects of the brain, spine and spinal cord. The two most common NTDs are spina bifida and anencephaly. The screening test can be done at any time during the pregnancy. Results are available approximately 7 business days after you have it drawn, and the office will contact you with the result

### Procedure Codes:

When contacting your insurance company, please have the following procedure codes available to determine if the test is covered under your specific insurance plan.

#### Prenatal Risk Assessment

82677  
86336  
84702  
82105

#### Neural Tube Defect

725500

### Diagnosis Codes:

- Supervision of normal first pregnancy, first trimester Z34.01
- Supervision of normal first pregnancy, second trimester Z34.02
- Supervision of normal first pregnancy, third trimester Z34.03
- Supervision of other normal pregnancy, first trimester Z34.81
- Supervision of other normal pregnancy, second trimester Z34.82
- Supervision of other normal pregnancy, third trimester Z34.83
- Family history of other congenital malformations, deformation or chromosomal abnormalities Z82.79\*
- Family history of carrier of genetic disease Z84.81\*
- Abnormal ultrasonic finding on antenatal screening of the mother O28.3\*
- Advanced maternal age (>35yr old), first pregnancy O09.519\*
- Advanced maternal age (>35yr old), other pregnancy O09.529\*
- Other: \_\_\_\_\_

\*indicates a medical indication for genetic testing

Please note, unless there is a medical indication for any genetic test, insurance may not approve or cover the test.

## Smoking cessation

### Reasons to Quit

The tobacco and tar in cigarettes affect your lungs, heart and blood vessels, eyes, bones and skin, can cause flare-ups of autoimmune diseases and can cause cancer almost anywhere in the body. One in five deaths in the U.S. is caused by smoking.

### Get Support

Identify friends and family members who can support you in your decision to quit. When you crave a cigarette, your support team can keep you on track. National quitlines like **1.800.QUIT.NOW** from the CDC offer free support from others quickly.

## Midwifery

### What is a certified nurse-midwife?

A certified nurse-midwife (CNM) is a licensed healthcare provider with advanced nursing training and credentials. Certified nurse-midwives are registered nurses who have graduated from an accredited nurse-midwifery program and have passed a national certification exam. They are a trusted and recognized member of our healthcare team and provide healthcare services in our outpatient offices. Certified nurse-midwives specialize in caring for women with uncomplicated pregnancies and provide women's healthcare within the specialty of Obstetrics and Gynecology (OB/GYN).

### What do midwives do?

Certified nurse-midwives provide of services within the specialty of OB/GYN. Some of the healthcare services offered to women by certified nurse-midwives include preconception care, prenatal care in pregnancy, postpartum care, and gynecological services such as annual exams and family planning services, including IUD and Nexplanon placements and removals.

### Pregnancy & Birth

Certified nurse-midwives view pregnancy and childbirth as a natural and healthy event in a woman's life. They monitor your pregnancy and manage the birth of your baby, ensuring your concerns and wishes are addressed. Certified nurse-midwives respect the diversity of women's needs and the variety of personal and cultural meanings that women and their families bring to pregnancy and birth. All certified nurse-midwives specialize in understanding the normal aspects of the childbearing cycle and are trained to recognize deviations from the normal. If there are complications that develop in pregnancy or childbirth, the certified nurse-midwife will work in collaboration with an OB/GYN physician to provide the highest quality of care. They welcome questions and strive to educate you of your options during childbirth.

During labor, certified nurse-midwives promote continuous and compassionate partnership with patients and their family. They monitor the health of both you and your baby, collaborate with you in making decisions regarding the birth and offer emotional support.

After birth, certified nurse-midwives are a great resource for the adjustment of your new role as a mother.



# Planning for baby's arrival

## Choosing a Pediatrician

Choosing a doctor to care for your child is one of the biggest decisions you'll make. We offer 'Get-to-Know-You' visits with our highly skilled pediatricians and primary care providers for expecting parents looking for a provider for their children. Please review the form provided and call **765.448.8100** to schedule an appointment with one of our highly-skilled Riley Physicians at IU Health Arnett.

## Pack Your Hospital Bag

### For you:

- Your ID card
- Your insurance card
- Something to read or watch
- Something to help you relax
- Phone
- Phone charger
- Hair ties
- Hair brush
- Toothbrush
- Toothpaste
- Shampoo
- Deodorant
- Chapstick/Lipbalm
- Other toiletries

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- Special pillow if you have one
- Breastfeeding bra or sports bras
- Nursing pads
- Maxi pads
- Large underwear
- A robe or pajamas
- Comfortable clothes
- Socks
- An extra bag/backpack to take things home
- Slippers

### For your partner/family:

- Change of clothes
- Toothbrush
- Deodorant
- Camera
- Phone
- Phone charger
- Cash and/or change
- ID
- Car keys

### For your baby:

- Infant car seat
- Baby blanket
- Burp cloth
- One outfit for the trip home
- One pair of socks or booties
- Mittens (to prevent nail scratches)
- Hat
- Extra cover or blanket for carseat if cold
- Pacifiers, if you want

### Other items:

- ---
- ---
- ---
- ---

## Pre Term Labor & When to Call

### What is premature labor?

Premature labor is labor that begins three weeks or more before your due date (<37 weeks). The cervix, or mouth of the womb, opens earlier than expected due to uterine contractions (a tightening of the womb).

Your doctor or IU Health Arnett Hospital personnel experienced in diagnosing signs of premature labor can help you identify symptoms, allowing early intervention, and increasing the likelihood of carrying your baby full term.

### When do I call my doctor for help?

Call right now if you experience:

- Fluid from your vagina
- Blood from your vagina
- A sudden increase in vaginal discharge

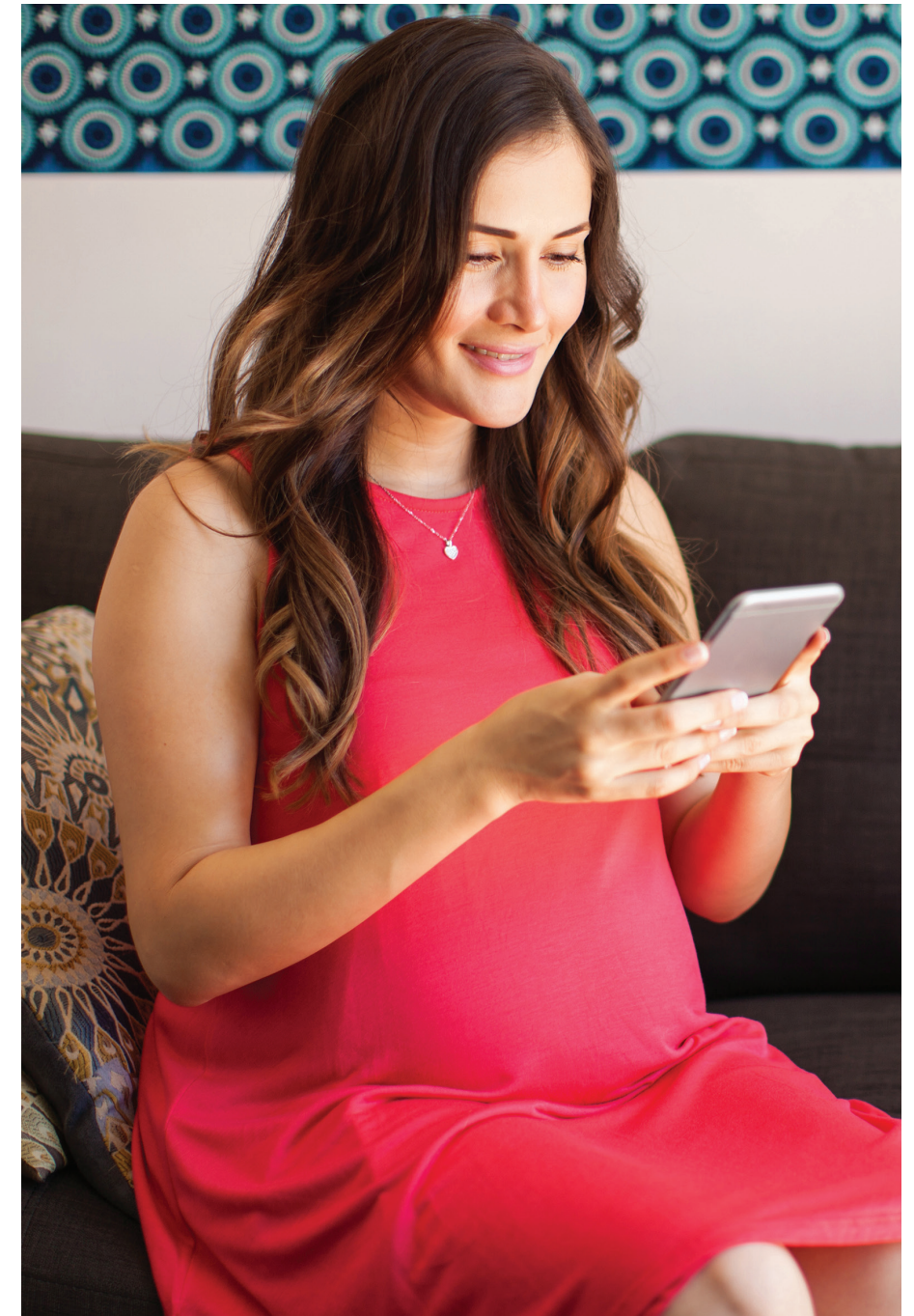
If you have any of these warning signs:

- Menstral-like cramps
- Low dull back pain
- Pelvic pressure
- Abdominal cramps
- Vaginal discharge changes

You should:

- Lie down on your left side for one hour
- Drink 3 to 4 glasses of water
- Check for contractions

If these symptoms do not go away or if contractions continue to come 6 or more times in 1 hour, call your doctor. The faster premature labor is detected, the sooner it can be treated and possibly stopped.



# Fetal kick counts

## What are kick counts?

Counting the number of times your baby moves in 1 hour. When the baby kicks, twists or turns you count this.

## When do I begin kick counts?

Kick counts should begin around the 28th week of pregnancy. You may feel your baby move or kick starting at 24 weeks. Movements are most noticeable starting week 26. Your baby will often move after you have eaten so try to do kick counts after a meal.



## What does not count?

Do not count hiccups as a movement.

## How do I keep track of kick counts?

After eating, lie on your left side and place your hand on your stomach where you can feel the baby. Count how many times the baby moves, kicks or turns.

## What do I do next?

After you have felt 5 movements check to see how long this took. If 5 movements takes longer than 1 hour count until you have felt 10 movements. If 10 movements takes longer than 2 hours, call your doctor.

## How do fetal movements change?

As the baby grows, movements may change. At the 6th month mark, the baby will move a lot. At 8 months, the baby is much bigger and may not move around as much. Pay close attention to movement changes.

## When should I stop kick counts?

You should keep doing kick counts until delivery. The baby should be moving 5 times in 1 hour or 10 times in 2 hours from 28 weeks until delivery.

## Why are my baby's movements important?

If the movements slow down it may be a sign that something is wrong with the baby. This is why it is important to do kick counts until delivery.

# Mood Disorders in Pregnancy

Many women say they have mood problems and mood changes while pregnant. Nearly 1 out of 5 women will have signs of depression or anxiety during pregnancy or after delivery. Women with previous mood behaviors may suffer from worsening mood symptoms and should always talk to their doctor before stopping a mood medicine they were stable on.

## Signs and Symptoms:

- Sad moods
- Crying
- Easily annoyed
- Lonely/hopeless
- Loss of interest
- Worry/fear
- Anger/Irritable
- Loss of focus
- Trouble with daily activities
- Trouble sleeping or sleeping too much
- Trouble eating or eating too much
- Intrusive thoughts of something happening to your baby
- Overwhelming need to have things in just the right place

## Risk:

You may be more likely to have mood problems while pregnant if you have:

- A stressful event take place
- A family history of mood problems
- A past history of depression/anxiety/bipolar/OCD
- Lack of support from loved ones
- An unplanned pregnancy
- Problems with getting pregnant

## Health Outcomes:

If you do not get help for these mood problems it could have a bad outcome for you and your baby. It could result in:

- Preterm birth
- Low birth weight
- Post-partum depression and anxiety
- Decrease bonding with your baby
- Difficulty with breastfeeding

## Ask for help:

There are many things to help you get through this time. You are not alone. You are not to blame. With help, you will be well. In order to get mood problems under control you can:

- Make time for yourself
- Improve sleep habits
- Increase exercise
- Eat a healthy plate
- Go to a support group or a mom's group
- Work closely with your doctor to choose a medicine that can help
- Meet with a counselor regularly

## Numbers to Call For Help:

- Call **1.800.944.4PPD (4773)** to reach a trained support sperson at Postpartum Support International or visit **www.postpartum.net**
- Crisis Line: **crisiscallcenter.org/crisisservices.html** or **1.800.273.8255** or text "ANSWER" to 839863 (A 24/7 crisis hotline that provides free emotional support and referral assistance for any type of crisis.)
- National Domestic Violence Hotline: **www.thehotline.org** or **1.800.799.7233**  
Highly trained people are available 24/7 to talk with anyone having problems with domestic violence, seeking resources or information, or questioning unhealthy aspects of their relationship.

## Is it Just Baby Blues or Something More?



The baby blues are very common and can begin soon after birth. Lots of new moms (around 50-80%) will have feelings of sadness, anger, and nervousness. Some women have lots of ups and downs—like a roller coaster.

The baby blues should go away in about 2-3 weeks. Take good care of yourself. Ask for and accept help from others. The symptoms should get better with time. Let your doctor know if the blues last more than two weeks or if you feel you are getting worse.

### Postpartum Depression and Anxiety

Postpartum depression and anxiety and other mood disorders should be considered if your mood symptoms last longer than 2-3 weeks after you have delivered. They can be treated with caring support, medication, and by talking with a counselor. About 1 in 7 women will have depression and anxiety during pregnancy, soon after pregnancy or any time in the year after birth. No one knows for sure what causes postpartum depression and anxiety, but there are some factors that increase your risk.

#### These include:

- A past history of depression
- Any other mental health issue
- An unplanned or unwanted pregnancy
- Lack of support from loved ones
- History of infertility

Let your doctor know if you have any signs of depression or anxiety. Together, you can decide the best treatment to help you feel better.

### Signs of Depression and Anxiety

- Crying
- Counting, cleaning or checking things
- Feeling anxious or worried
- Sleeping problems
- Feeling irritable or easily angered
- Loneliness
- Rapid mood swings
- Frightening thoughts
- Hopelessness
- Thoughts of hurting self or baby
- Feelings of guilt
- Headaches
- Sadness
- Lack of energy
- Feeling speeded up
- Loss of or change in appetite
- Odd or unusual thoughts
- Feeling overwhelmed

## Unhealthy Relationships in Pregnancy

### What is domestic violence?

Domestic violence is the use of power and control within an intimate relationship that threatens a person's well-being. It affects people of all socioeconomic backgrounds and education levels.

### How can domestic violence effect your baby?

If you are hurt or threatened by your partner during pregnancy, you have a high risk of miscarriage and low birth weight in baby. You may also be at risk for first and second trimester bleeding. Babies may cry more or have a harder time calming. They are often fussier babies and have trouble taking a bottle. They may experience lasting emotional trauma.

### Do you feel safe in your relationship?

Does your partner:

1. Hit/hurt/threaten you?
2. Tell you that you are stupid, ugly, worthless?
3. Make you feel afraid?
4. Track your every move?
5. Limit your access to money/resources?

If you answer yes to ANY of these questions you may be experiencing domestic violence.

### Facts about domestic violence during pregnancy

- Pregnant women are 60% more likely to be beaten than non-pregnant women
- Women are two to four times more likely to suffer increased abuse when pregnant with unwanted/unplanned pregnancy
- Murder is the second most common cause of injury related death for pregnant women after car accidents.

### Resources

Indiana Coalition Against Domestic Violence  
**800.332.7385**

Connect2Help  
**211**

National Domestic Violence Hotline  
**800.799.SAFE (7233) or [www.ndvh.org](http://www.ndvh.org)**

Rape Abuse and Incest National Network  
**800.656.HOPE (4673) or [www.rainnn.org](http://www.rainnn.org)**

A Better Way  
**765.288.HELP (4357)**

## Second trimester

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### Weeks 15-27

Congratulations! You have made it to the second trimester and have rejoined the world! Your energy will increase and you will be more comfortable because the baby is still small enough not to cause a lot of discomfort. Your baby moves up and will not be sitting on your bladder as much, so you should not have to go to the bathroom as often. Remember your choices of healthy foods have a lifelong impact on your baby.

### Weeks 15-17

#### Your Baby:

- The baby moves, kicks and swallows.
- The skin is pink and you can see through the skin.
- The umbilical cord continues to carry food from mom to baby- but it also can pass along dangers like alcohol, nicotine and other drugs.
- By the end of the fourth month, your baby is 5 to 6 inches long and weighs about 4 to 5 ounces. This makes baby about the size of a pear.

#### Your Body:

- You will see many changes in your body this month.
- Your breasts may become larger so that they can make milk for your baby. They may also remain tender with increased tenderness in the nipple area.
- Tiredness and headaches are common. Rest when you can.
- Your morning sickness should end soon. You should feel more like eating.

### Weeks 18-20

#### Your Baby:

- This month your baby is getting bigger very fast. They are 6-8 inches long and 8 -10 ounces so about the size of a large banana.
- Your baby's brain cells and organs are growing very fast.
- They may have started to grow some hair as well.
- Your baby is becoming more active by turning, moving, stretching and kicking. Your baby can sleep and be awake every 20 to 40 minutes.
- Your baby will drink and pee fluids around him/her. Your body makes new fluid every 3 hours. Your baby needs fluids and can only get them from you so remember to drink lots of water.



#### Your Body:

- You may feel flutters in your lower stomach. This is the baby moving. Some women describe it as feeling like they have gas.
- Your breast size will increase. A good sports bra or a bra for nursing later on is great because they provide extra support for the weight of your breasts. Bras should have wide straps. Stay away from underwire bras especially later when you are nursing your baby.
- Dramatic mood swings can happen at any time. You may have tears one minute then giggles the next. The same hormones that cause this are the same hormones that are helping your baby grow.
- Backaches are common due to the weight of the baby as he/she grows. Good posture when sitting or standing is very important now.
- You may start sweating more even when you are not active.

### Weeks 21-24

#### Your Baby:

- Vernix (oil and cells) starts to appear on skin. Fingerprints are starting to form.
- The legs are getting longer.
- Baby weighs about 1 1/2-1 3/4 pounds, is about 10-12 inches long, and is about the size of a large ear of corn.
- Teeth are starting to form. The ears and nose now have cartilage.
- Nostrils are open and baby is starting to have movements that look like breathing.
- The brain is mostly developed. The backbone is forming.
- Baby starts swallowing.

#### Your Body:

- Baby continues to move more and you may feel more than just flutters now.
- You may notice a bulge up to your belly button. This is your growing uterus.
- You may feel your heart beating in your throat area. This is normal as your pregnancy continues.
- You may start having swelling in your feet and legs. 75% of all pregnant women have this. Prop your feet up several times during the day to keep swelling down. Wear pregnancy support stockings when possible. If the swelling does not go down with rest, let your doctor know.
- You may start feeling tired. You may not be able to sleep through the night. Take frequent naps if you can.
- You may start noticing that your underwear feels wet at times. Your uterus is getting bigger and putting more pressure on your bladder. This may cause your bladder to leak uncontrollably. Call our office if your underwear is staying wet all the time.
- Remove any jewelry in your navel, nipples or clitoris. The stretching of your skin can rip or tear your skin. Nipple piercings can cause scar tissue to form and may prevent you from breastfeeding. Please let the doctor know if you have these. Getting piercings during pregnancy is not recommended due to the risk of infections.
- Tattoos on your abdomen and chest can get stretched during pregnancy. They may not look the same after you deliver. You may notice stretch marks in the tattoo also. Getting tattoos in pregnancy is not recommended due to the risk of infections.
- You may feel more of a sex drive. This is a normal hormonal change you are going through. It is ok to have sex as long as you are not having problems with vaginal bleeding or are at risk for preterm delivery. You may be more comfortable using different positions.
- You may notice more nasal congestion. You can take meds listed on the Medication Sheet for congestion. Using a humidifier may help.

# Prepare for 28-week appointment

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There are many things that will happen at your 28-week appointment:

## 1 hr glucose test

You do not need to fast for this. When your appointment begins, you will be given the glucose drink. Your blood will be drawn 1 hour after completion of the drink. Plan on this appointment lasting at least an hour.

Lab Work – along with your glucose, you will also have a Complete Blood Count drawn

You will be offered the Tdap vaccine. See the vaccine section of this book for more information. If any questions, please ask your provider.

If your blood type is Rh negative, you will be receiving a Rhogam injection. Please ask your provider if you have any questions regarding the Rhogam injection.

You should visit the Obstetrics Scheduler at this appointment to schedule the remainder of your appointments.

# Third trimester

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## Weeks 28-41

You are in the home stretch now! Your baby is growing larger and getting stronger so he/she is ready for delivery. This is still an important time in your pregnancy to eat healthy, stay active, and get as much rest as possible to help you get ready for your baby.

## Week 28-32

### Your Baby:

- Rapid brain growth continues.
- The baby is too big to move around much, but can kick strongly and roll around.
- You may notice an elbow or knee against your tummy.
- The baby can open and close his/her eyes.
- Hair is growing on the baby's head.
- Your baby can grab things now.
- Baby weighs 2 – 3 pounds and may be 15 inches long; about the size of a butternut squash.
- The lungs are not ready for breathing outside of mommy's tummy.

### Your Body:

- You may feel your heart pounding at times or be short of breath as the baby pushes on your lungs. The amount of blood you have increases during pregnancy to help feed the baby causing your heart to work harder. If you feel short of breath, try to relax and take some slow breaths. If the feeling goes away and only happens once in a while, do not worry. If this happens more often, and you have trouble breathing, call your doctor or go to the emergency room.

- Women at this stage of pregnancy also may have leg cramps usually in the calf of their legs. Stretch your legs by pointing and flexing your toes. Make sure you are getting lots of milk and foods high in calcium. A calcium supplement from the drug store may also help.
- As your tummy gets bigger, large blood vessels may be squeezed and you may feel dizzy. Try to not lay on your back and move your weight to one side if you are sitting. Put a small pillow or blanket under one of your hips if you are lying down. Becoming comfortable is more difficult now. Pillows and extra blankets to put against your stomach or back may help you sleep.
- Your breasts may leak at this time as your body is getting ready to breastfeed. Contractions can occur irregularly. You should gain about a pound a week. Be sure to look at your checklist for getting ready for baby.

## Weeks 33-36

### Your Baby:

- Baby weighs about 4 ½ – 6 pounds. Baby is gaining weight fast now!
- Baby is about 19-21 inches long. This is about the length of your arm from your shoulder to your wrist.
- The baby's brain is developing fast now.
- Lungs are maturing during this stage of your pregnancy. Baby may still have problems breathing outside of your tummy. Baby still needs time to grow.
- Baby will drop into the pelvis, preparing for labor towards the end of this month.
- Baby is practicing breathing, sucking, swallowing and kicking in the uterus.
- Fat is starting to gather under baby's skin.
- Male baby's testicles drop down into the scrotum during this time.
- Baby's fingernails are growing. Make sure you have some baby nail clippers for home!

### Your Body:

- Due to baby dropping into the pelvis, you may be feeling more pelvic pressure.
- There is less fluid around baby now because of size. You may be feeling more of the kicking and pulling as baby moves



## Third trimester *(continued)*

- You may be having increased vaginal discharge. Call the doctor if your discharge is foul-smelling or a greenish color. You may be having problems with constipation. Follow the instructions on the medication section. Call our office if you get no relief.
- You may notice certain positions make you feel light headed or faint. This is baby putting pressure on blood vessels behind the uterus. Changing position will help make this feeling go away. Drink plenty of water.
- Headaches may continue. Follow your instructions on the medication sheet. Call the office if you get no relief.
- You may notice hemorrhoids. Varicose veins may show up on your legs. Raising your legs and bottom higher than your heart allows congested blood to get back to the heart. Call the office if your hemorrhoid pain is unrelieved by medications on the medication section.
- You may notice stretch marks appearing on your stomach or thighs. Lotions sometimes help with the itching feeling.
- You may find it hard to do activities without getting short of breath. This may ease up some when baby drops into the pelvis towards the end of this month.

### Weeks 37-41

#### Your Baby:

It probably feels like you are carrying a large watermelon around by now! This is very normal. You are now at the point when your baby will not move around as much as before because of his/her size. You will still feel plenty of kicks and pokes from the baby. It is a fun time to watch for the outline of a heel or an elbow against your tummy. Has it seemed like the baby has had hiccups lately? This is normal and it is easier to feel at this time. The time baby is spending in mommy's tummy right now is very important! The baby is learning how to fight off being sick. This will help the baby stay healthy after he/she is born.

#### Your Body:

Talk to your baby. They can hear your voice and will be able to hear music. You are doing a great job, and it will not be much longer! Rock and massage your baby by gently rubbing your belly. This is a great time to read to your baby.

Make sure that you take breaks often giving your feet and ankles a rest. RELAX and let the stress rest on other co-workers or family members.

There is no way to know when labor will start, but here are some things you can do ahead of time to be ready.

- Pack your suitcase for the hospital.
- Plan your way to drive to the hospital. Know how long it will take to get there. Think about the time of year, time of day and who will take you. Never drive yourself to the hospital!
- Ask your doctor when he wants you to come to the hospital.
- Don't forget the car seat!
- If you have other children, plan for friends and family that can help watch them at any hour of the day so you are ready for the big day.

## Am I in Labor?

### What is labor?

Labor is the work that your body does to birth your baby. Your uterus (the womb) contracts (tightens). The contractions (labor pains) push your baby down onto your cervix (the opening of your uterus). This pressure causes your cervix to open. When your cervix is completely open, ten centimeters dilated, you will push your baby through your vagina and out into the world.

### What do contractions feel like?

When contractions first start, they usually feel like cramps during your period. Sometimes you feel pain in your back. Most often, contractions feel like muscles pulling painfully in your lower belly. At first, the contractions will probably be fifteen to twenty minutes apart. They may be irregular and will not feel too painful. As labor goes on, the contractions get stronger, closer together, more consistent and more painful.

### How do I time the contractions?

When the contractions seem to be coming regularly, you should start to time them. You time your contractions by counting the number of minutes from the start of one contraction to the start of the next contraction.

### When should I call my healthcare provider if I think I am in labor?

- Your contractions have been five minutes or less apart for at least an hour.
- Your contractions are becoming so painful you cannot walk or talk during one.
- You think your amniotic sac or water breaks. You may have a big gush of amniotic fluid, water or just fluid that runs down your legs when you walk or move or change position.

### Are there other reasons to call my healthcare provider?

If you are concerned about anything, don't hesitate to call your healthcare provider. You should call your healthcare provider or go to the hospital if:

- It is three weeks or more before your due date, and you are having contractions.
- You have vaginal bleeding that is more than your period, soaks your underwear, or runs down your legs.
- You have sudden severe pain that does not go away with rest.
- Your baby has not moved for several hours.
- You are leaking greenish fluid.



# Planning to take care of yourself

## Be easy on yourself

- Don't feel greedy; self-care makes you a better parent for baby.
- Don't expect too much of yourself; it will take time to find a routine and learn.
- Mistakes have happened since the first baby was born, and we are still here today. Don't beat yourself up.

## Ask for help

If possible, ask for help before baby arrives. Be clear about which exact tasks you would like your helpers to do when the baby comes. Some things you may ask certain people to help with are:

- cooking
- cleaning
- laundry
- grocery shopping
- caring for other children

## Make a plan with your partner

If you have a partner, it may be helpful to make a plan before baby arrives about:

- Making time for your relationship together
- Your family planning method after the baby
- Going back to school or work

## Tips about getting rest

- When your baby arrives, try to make your two priorities feeding the baby and taking care of yourself. If possible have family help with the other tasks.
- Sleep in short amounts when the baby sleeps; this may be many times a day.
- Place the baby's crib or bassinet near yours for night feedings to save steps.
- It is ok to excuse yourself during a visit from friends and family to nap.
- If breastfeeding, after 3-4 wks make one of the night feedings a bottle of breastmilk so someone else can feed the baby.

## Nutrition

- After delivery, all mothers need to eat well to heal and to be able to care for the baby. Many mothers want to lose their pregnancy weight fast, but extreme dieting can be bad for you. It is okay for losing weight to take many months.
- **ChooseMyPlate.gov** can be a guide to help you eat a variety of foods with the right amount of calories and fat. Try to limit high fat and high sugar snacks.
- It is important to drink at least 64 ounces of water, especially if you are breastfeeding. Try keeping a pitcher of water near you throughout the day and night.

## Exercise

Start with very small goals! For example, you may decide to be active for 10 minutes each day, or 15 minutes just 3 times a week. This might mean walking in place to music or an exercise video, walking around the block, or lifting hand weights. Both exercise and being outside briefly can boost your mood, your energy, and your body.

## Signals that you need self-care

- Shakes/jitters
- Pain
- Headaches
- Slamming doors
- Raised voices
- Excessive sarcasm
- Refusal for help
- Distressing thoughts
- Irritability that lasts
- Low confidence
- Isolation

# Safe sleep

Your baby's safety is very important to us. We are working together with parents and families to encourage safe sleep and decrease Indiana's high rate of infant deaths. On average, at least one infant dies each week in Indiana because of bed-sharing or sleeping in an unsafe environment.

## The ABCs of Safe Sleep

How your baby sleeps affects his or her risk of sleep-related death. The ABCs of safe sleep can help you to understand and remember the most important things to do to keep your baby safe. The ABCs of safe sleep are:

**A**

### ALL BY MYSELF

The safest way for babies to sleep is by themselves. Your baby should never share a sleep space or bed with another person, including on the couch or in a chair. Keeping the crib clear of all blankets, stuffed animals and toys can help to prevent smothering. To keep your baby close, put his or her crib or bassinet next to your bed.

**B**

### ON MY BACK

When babies sleep on their tummies, they have more trouble breathing and are at higher risk of sleep-related death. Babies are also less likely to choke when lying on their backs (there is less of a risk of spit up getting into the windpipe in this position). Putting your baby on his or her tummy during waking hours can often help prevent a flat spot from forming on the back of the head. You should always supervise your baby closely during tummy time, making sure he or she is awake for safety.

**C**

### IN MY CRIB

Sleeping flat in a crib, bassinet or playpen is the safest place for your baby. This keeps your baby from slumping, which can block his or her airway. Keep the crib empty so your baby does not suffocate.



# Child Passenger Safety for Newborns

## Car Seat Safety for Expecting Parents

IU Health offers a virtual class that provides information about safe car seat use and installation, the importance of using car seats and how to select the best car seat for your family. This class includes a PowerPoint lecture and Q&A session. Register online at [iuhealth.org/childbirth](http://iuhealth.org/childbirth) and click 'View Available Classes' in the Riley Maternity Tower section. Please call **317.688.2465** with any questions or concerns.

1. Read vehicle owner's manual and Child Restraint manufacturer's instructions.

2. Complete child restraint registration form or registration on the manufacturer's website.

3. **Never** place a rear facing child restraint in a front vehicle seat with an active airbag.

4. Keep child rear facing until they reach the upper weight or height limit of the car seat – per the manufacturer's instructions.



5. All children under 13 should ride in the back seat.



6. Avoid after-market product use with child restraints. Use only those provided by the manufacturer. Avoid heavy coats and snowsuits in the child restraint.



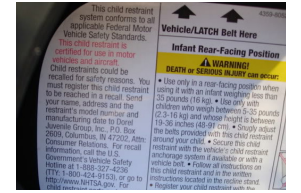
7. Never leave infant unattended in a child restraint.

8. Child restraints should be used only for travel. Extended use for other purposes may delay your infant's development.

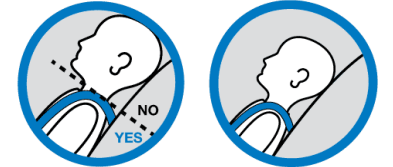
9. Do not feed infant while traveling in a car safety seat.

## Positioning your child in a car safety seat

1. Be sure child meets weight/height requirements of child restraint. These are printed on the side of the restraint.



2. Harness straps should be in slots at or below the shoulders when rear-facing.



3. Harness straps should be snug and lie flat without any excess webbing.



4. Chest clip should be positioned at armpit level.



5. Proper use of crotch/side rolls - not under infant.



## Proper installation in a vehicle

1. Identify correct seat belt path or LATCH path, (check owner's manual - don't use both).



2. Identify proper installation angle, (check owner's manual).



3. Store LATCH belt if not used, (check owner's manual).

4. Identify how seat belt locks, (at retractor or LATCH plate).

5. Install tight enough that child restraint does not move more than **one inch side to side or front to back** at belt path.

6. Secure all medical equipment on floorboard under seat.

## Breast pumps

Many insurance companies will cover breast pumps at one hundred percent of the cost. We encourage patients to contact their insurance company regarding coverage. Insurance companies are usually contracted with specific medical supply companies, and you must go through them to obtain your breast pump.

The steps are as follows:

- Call your insurance company and ask them which medical supply company they require you to use to obtain a breast pump
- Contact the medical supply company to set up an account
- The medical supply company will fax us a prescription form that we will sign and fax back
- The medical supply company will then contact you to set up delivery of the breast pump

We do not keep breast pumps in the office. We will also not contact the insurance company for you. Most insurance companies will not approve a breast pump order until close to the due date. We recommend that you contact your insurance company between 32-34 weeks, which still allows for enough time to process your request.



## Lactation services

### What can a mother expect while breastfeeding?

- 8 – 12 nursings in a 24-hour period
- At least six wet diapers (after day six) in a 24-hour period
- Four yellow seedy stools per day
- Breastfeeding should feel comfortable
- Pain should be investigated
- By week two baby should regain his/her birth weight
- Baby's need to be held and can be expected to cry if left alone
- You can't hold your baby too much or nurse too much – ever

### When is a lactation visit indicated?

- Latch on and/or positioning difficulties
- Sore, cracked or bleeding nipples
- Engorgement or painful breast(s)
- Baby has low output, less than six wet diapers and four stools after day six
- Concern about babies weight gain
- Feedings lasting more than one hour
- Feeding your baby more than 12 times in a 24 hour period
- Feelings of anxiousness
- Mother's intuition – “Something just isn't right”
- Special circumstances, such as a premature birth, twins, anomalies or maternal health concerns

Under no circumstances should you try and force the baby to take your breast. Battles at the breast are not pleasant for the mother or the baby and often reinforce the baby's refusal of the breast. If your baby will not latch, hold your baby for at least three hours each day. This does NOT include the time you hold your baby for feedings. As much as possible make this skin-to-skin contact. Express your milk at least eight times in a 24-hour period and feed the expressed milk to the baby. Please contact a lactation consultant for assistance as soon as possible.

### Initial Office Visit – What to Expect

Our lactation consultant will gather a health history on the mother and baby and complete an assessment and evaluation of a feeding session, infant oral anatomy, the mother's breast and care path to improve the effectiveness and comfort of breastfeeding.

This session also includes age appropriate (baby's age) teaching of breastfeeding and infant development in order for the mother to have a better understanding of her baby.

### Subsequent Office Visits – What to Expect

Though most breastfeeding problems can be greatly improved with only one visit, some more challenging problems may require more than one visit. New challenges can also surface later in the breastfeeding relationship.

## Breastfeeding Support Group

This group is open to all breastfeeding mothers and is a great opportunity to meet other breastfeeding mothers who have invaluable information and support to share. All meetings are led by a Lactation Consultant. Reservations are not needed. Siblings are welcome. You are encouraged to attend the meetings as long as you desire at no cost.

Under no circumstances should you try and force the baby to take your breast. Battles at the breast are not pleasant for the mother or the baby and often reinforce the baby's refusal of the breast. If your baby will not latch, hold your baby for at least three hours each day. This does NOT include the time you hold your baby for feedings. As much as possible make this skin-to-skin contact. Express your milk at least eight times in a 24-hour period and feed the expressed milk to the baby. Please contact a lactation consultant for assistance as soon as possible.

For more information or to set up an appointment please contact: **765.838.5353**

## Childbirth Education Class

To help prepare for this experience, IU Health offers among its maternity services a variety of childbirth programs designed to educate and enlighten those waiting to welcome new life into the world.

Register online at [iuhealth.org/childbirth](http://iuhealth.org/childbirth) or scan the code to the right. The IU Health Arnett Childbirth Education office will be happy to answer questions or assist with registration. Please call **765.838.4670**.



## Journal

Weekly Appointments	Weight	Blood Pressure	Concerns
12 week date:	_____	_____	_____
16 week date:	_____	_____	_____
20 week date:	_____	_____	_____
24 week date:	_____	_____	_____
28 week date:	_____	_____	_____
30 week date:	_____	_____	_____
32 week date:	_____	_____	_____
34 week date:	_____	_____	_____
36 week date:	_____	_____	_____
37 week date:	_____	_____	_____
38 week date:	_____	_____	_____
39 week date:	_____	_____	_____
40 week date:	_____	_____	_____
40+ week date:	_____	_____	_____

## Notes

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