



Obstetrical Care Information

*A selection of information to further educate
and assist you during your pregnancy.*

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If you have any questions or concerns at **any time**,
please contact the OB/GYN Department
Monday through Friday: 8:00 a.m. to 5:00 p.m.
563-584-4435 or 800-648-6868

After regular business hours, patients are provided
24-hour coverage, 7 days a week
563-556-4357 or 800-325-7442

www.mahealthcare.com



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ROUTINE OB VISITS

***New OB visit – between 11 and 12 weeks**

- Full physical with breast exam, Pap, pelvic, and labs
- Optional Maternal Genetic Screening
- Listen to fetal heart tones with doppler

16 weeks

- Routine OB visit and listen to fetal heart tones with doppler
- Optional MSAFP (best to do between 16 and 18 weeks)

*** 20 weeks**

- Routine ultrasound scan
- Routine OB visit

24 weeks

- Routine OB visit and listen to fetal heart tones with doppler

***28 weeks**

- Routine OB visit and listen to fetal heart tones with doppler
- Glucola drink
- Lab work (CBC and glucose)

31 weeks

- Routine OB visit and listen to fetal heart tones with doppler

34 weeks

- Routine OB visit and listen to fetal heart tones with doppler

***36 weeks**

- Routine OB visit and listen to fetal heart tones with doppler
- GBS culture (vaginal / rectal culture)

***37 weeks**

- Routine OB visit and listen to fetal heart tones with doppler

***38 weeks**

- Routine OB visit and listen to fetal heart tones with doppler
- Pelvic exam

***39 weeks**

- Routine OB visit and listen to fetal heart tones with doppler
- Pelvic exam

***40 weeks**

- Routine OB visit and listen to fetal heart tones with doppler
- Pelvic exam

APPOINTMENT RESPONSIBILITIES

The physicians caring for obstetric patients have a responsibility to see patients on a regular appointment schedule. These visits include initial history and physician appointment, up to 11 obstetric appointments, delivery, and the 6-week postpartum exam. Additional appointments may be necessary if the uncomplicated pregnancy becomes a high-risk pregnancy.



Patients have a responsibility to keep these recommended obstetric appointments. Failure to keep appointments or to follow physician's recommendations may result in physicians terminating care.

MATERNITY LEAVE

The obstetricians at Medical Associates Clinic follow the standards for obstetrics and gynecologic services recommended by ACOG (American College of Obstetricians and Gynecologists).

A period of six weeks following delivery is generally required for a woman's physiologic condition to return to normal. Therefore, all patients are given a standard maternity leave of six weeks following delivery. This leave will only be extended past six weeks if there is a medical reason for a longer leave of absence.

MATERNAL GENETIC SCREENING TABLE

		SCREENING FOR:					TEST REQUIREMENTS	COMMENTS	DETECTION RATE
		DOWN SYNDROME	Trisomy 13	Trisomy 18	Neural Tube Defects				
TEST NAME	MaterniT21 PLUS Core	YES	YES	YES	NO	Baseline ultrasound for dating, viability, and number of fetuses. Test to be done anytime after 9.0 weeks gestation.	MaterniT21 will result Trisomy 13, 16, 18, 21, 22, select (7) CNVs, and fetal sex chromosome aneuploidy. Since MaterniT21 does not screen for neural tube defects, it is recommended to order Alpha-Fetoprotein in to screen for neural tube defects.	99% Down Syndrome (Trisomy 21) 99.9% Trisomy 18 91% Trisomy 13 96% Sex Chromosome Aneuploidy	
	msAFP	NO	NO	NO	YES	Baseline ultrasound for dating, viability, and number of fetuses.	Serum sample drawn in second trimester between 15.0 - 23.6 weeks.	80% Neural Tube Defect	
	Inherited Cystic Fibrosis	NO	NO	NO	NO	Test to be completed anytime before or during pregnancy.	Mother and father both need to test positive for fetus to carry Cystic Fibrosis.	88% Cystic Fibrosis	
	Spinal Muscular Atrophy	NO	NO	NO	NO	Test to be completed anytime before or during pregnancy.	Autosomal recessive disease characterized by degeneration of spinal cord motor neurons that leads to atrophy of skeletal muscle and overall weakness.	95% Spinal Muscular Atrophy	
	Fragile X	NO	NO	NO	NO	Test to be completed anytime before or during pregnancy.	The most common inherited form of intellectual disability. Fragile X syndrome is a common known cause of autism or autism spectrum disorder behaviors with intellectual disability.	99% Fragile X	
	Integrated Screen	YES	NO	YES	YES	Serum samples drawn in BOTH 1st and 2nd trimester. First sample drawn 10.0 - 14.0 weeks gestation. Second sample drawn between 15.0 - 21.6 weeks gestation.	Results are available after the second serum sample is processed. Results trisomy 21, 18, open neural tube defects.	92% Trisomy 21 90% Trisomy 18 80% Neural Tube Defects	



MaterniT 21 PLUS is the only NIPT to offer GENOME-Flex™¹

If a second NIPT is required later in pregnancy, your previously sequenced sample can be re-sequenced using the deeper screening power of MaterniT GENOME which screens all 23 pairs of chromosomes, often without an additional blood draw.

Pioneering science, personalized service



Understand your cost options
Visit our website for your cost estimate and personalized payment options and the opportunity to learn about our Moms Helping Moms of Tomorrow initiative. Visit www.integratedgenetics.com/transparency 844.799.3243



Convenient blood draws
Getting your blood drawn is easier than ever. As a LabCorp company, we have a nationwide network of patient service centers, allowing for convenient access to sample collection. Visit www.LabCorp.com to find your nearest location.



Genetic counseling
Patients with a positive test result may be offered counseling, and Integrated Genetics offers the largest national commercial network of genetic counselors to help inform and support patients.



Every Mom Pledge
We believe every mom should have access to the best possible care. That's why we work directly with you to make sure our testing services are accessible and out-of-pocket costs are transparent.

We are ready to help!
www.integratedgenetics.com

General questions?

Call toll-free within the US

877.821.7266

Billing and cost questions?

Call toll-free within the US

844.799.3243

Every Mom Pledge team is ready to answer questions about your insurance coverage and cost options. integratedgenetics.com/transparency



Watch a short video to learn about the test:
integratedgenetics.com/videos

Sequenom Laboratories
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San Diego, CA 92121



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REFERENCES

1. Practice Bulletin No. 163 Synovial (2016). <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC477794/>
2. Ponzio RF, Gatta TJ, Murali K et al. Noninvasive prenatal screening for fetal trisomy 21, 18, 13 and the common sex chromosome aneuploidies: non-invasive fetal chromosomal analysis using cell-free fetal DNA. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4021360/>
3. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4488188/>



LabCorp Specialty Testing Group

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MaterniT[®]
21 PLUS

Insights into your baby's health as early as nine weeks into your pregnancy



The pioneering NIPT-safe, accurate, and ordered more than 1 million times to date



LabCorp Specialty Testing Group



With a blood draw from you as early as nine weeks into your pregnancy, the **MaterniT® 21 PLUS** test can screen for certain chromosomal abnormalities that could affect your baby's health and development, providing you with more information earlier in your pregnancy.

What it screens for—and why

Like most noninvasive prenatal tests (NIPT), **MaterniT 21 PLUS** screens for certain chromosomal abnormalities called trisomies, including trisomy 21 (Down syndrome), trisomy 18 (Edwards syndrome), and trisomy 13 (Patau syndrome).

But it digs deeper, screening for certain sex chromosome aneuploidies (SCAs, abnormal numbers of X or Y chromosomes) and select microdeletions (missing parts of chromosomes).

While rare, these chromosomal abnormalities can have profound consequences in the life and health of your child. Detecting this information early can help your doctor recommend specialized care for you and your baby, before and after delivery.

The **MaterniT 21 PLUS** test detects the following chromosomal abnormalities:

TRISOMIES
Trisomy 21 (Down syndrome)
Trisomy 18 (Edwards syndrome)
Trisomy 13 (Patau syndrome)
Trisomy 16*
Trisomy 22*

SCAS*
45,X (Turner syndrome)
47,XXY (Klinefelter syndrome)
47,XXX (Triple X syndrome)
47,XYY (XYY syndrome)

MICRODELETIONS	
22q (DiGeorge syndrome)*	11q (Jacobsen syndrome)*
5p (Cri-du-chat syndrome)*	8q (Langer-Giedion syndrome)*
1p36 deletion syndrome*	4p (Wolf-Hirschhorn syndrome)*
15q (Prader-Willi syndrome; Angelman syndrome)*	

* Reported as an additional finding. Talk to your doctor about your options.

Why “noninvasive?”

There are many ways to get this information, including methods such as serum screens and diagnostic procedures such as amniocentesis.

As a noninvasive prenatal test, **MaterniT 21 PLUS** is different from both. It has higher detection rates than serum screening (determined to be 97.9% positive predictive value for trisomy 21 in a high-risk cohort¹), and requires only a blood draw from the mother; amniocentesis requires withdrawing fluid from around the developing baby.

Most women who get the **MaterniT 21 PLUS** will screen negative for chromosomal abnormalities and may not require further testing.

However, any patient with a positive test result may be offered genetic counseling and/or diagnostic testing for confirmation of test results.

Clear results, delivered quickly

The test delivers clear positive or negative results for well known chromosomal abnormalities, such as trisomy 21 (Down syndrome), typically returned in about five days from the receipt of your blood draw at our lab in California.

Also, if you're carrying twins, **MaterniT 21 PLUS** can detect common chromosomal abnormalities in multiple gestation pregnancies.

Obstetrics Screening Options

Integrated Screening: 017100 for Part 1, 017170* for Part 2

- CPT Codes: Part 1 = 84163, Part 2 = 82105, 82677, 84702, 86336
 - In rare cases some insurances want MAA code 81511 for part 2
- Patient Financial Responsibility: Part 1: \$42.00. Part 2: \$162.00

MaterniT21 PLUS Core: 451937, 452122 for no gender

- Trisomy 22, 21, 18, 16, 13, select (7) CNVs, fetal sex and sex chromosome aneuploidy (SCA)
- CPT Codes: 81420
- Patient Financial Responsibility: \$375.00

msAFP: 010801

- CPT Code: 82105
- Patient Financial Responsibility: \$26.00

Inherited CF/SMA Panel: 481758

- CPT Codes: 81220, 81329
- Patient Financial Responsibility: \$1,460.00

Inherited Core CF/SMA/Fragile X: 481776

- CPT Codes: 81220, 81329, 81243
- Patient Financial Responsibility: \$1,723.00

CF: 480533

- CPT Code: 81220
- Patient Financial Responsibility: \$835.00

SMA: 481630

- CPT Code: 81329
- Patient Financial Responsibility: \$625.00

Fragile X: 511919

- CPT Code: 81243
- Patient Financial Responsibility: \$263.00

Frequently Used Diagnosis Codes:

- Genetic Screening: Z13.79
- Advance Maternal Age (35 and older), first pregnancy: 009.519
- Advance Maternal Age (35 and older), second or more pregnancy: 009.529

Please contact your insurance company and provide them with the CPT Code of the test you wish to have performed along with the diagnosis code that best fits you for patient financial responsibility with/without insurance coverage.

COMMON CONCERNS DURING PREGNANCY AND HOW TO DEAL WITH THEM

Throughout your pregnancy some situations or circumstances may arise where you are unsure how to proceed. The following are some questions that are frequently asked by our pregnant patients. Keep this sheet in a handy place for easy reference throughout your pregnancy.

**If you are not clear on the instructions, do not hesitate to call us at our office.

At any time during the pregnancy, you can take Tylenol (generic acetaminophen) - regular or extra strength. Do not take Motrin, Advil (generic ibuprofen), or Aleve (generic naproxen), unless advised by your physician.

Don't use any drugs that are not listed below without checking with your physician. If you have a known allergy to any medication, do not take it.

Alcohol and Tobacco Use

- Avoid all alcohol, cigarettes, and other tobacco products during your pregnancy.
- If you smoke, now is the time to stop. Ask about help to stop smoking.
- It is important to avoid all alcohol during your pregnancy; no one knows exactly how much alcohol is dangerous for your baby.
- No illicit drug use.

Back Pain

- Try Tylenol or Extra Strength Tylenol 650-1000mg every 4-6 hours as needed (see package directions).
- Prenatal cradle-a-belt used to support the uterus and relieve the strain on the back after 18 weeks.
- Heating pad on back.
- If not better, call.

Colds

Before you are 12 weeks pregnant:

- Try Tylenol or Extra Strength Tylenol 650-1000mg every 4-6 hours as needed.
- Humidifier
- Warm saltwater gargles for sore throat
- Lemon drops
- Force fluids
- Rest
- Mix equal amounts of honey and lemon to use as a decongestant
- Vick's VapoRub
- Ocean Nasal Spray
- Cepacol, Chloraseptic, Sucrets, Halls throat lozenges for sore throat
- Robitussin as directed on label for cough

After 12 weeks you may use any of the suggestions above plus:

- **Plain** Sudafed as directed on the label for congestion
- Zyrtec as directed
- Claritin as directed

Constipation

- Drink at least 8-10 glasses of fluids daily, preferably water. This not only helps constipation but also flushes the kidneys and helps decrease fluid retention (swelling of feet and hands)
- Eat increased fiber-fruit, vegetables, grain (bran), and apricot or prune juice. See previous page - Helping Constipation with Diet.
- Metamucil, Fibercon, MiraLAX, Colace (100mg twice a day), Citrucel, Milk of Magnesia, or Senokot per instructions.
- Daily exercise - Walk 15-30 minutes daily unless you have been told by your doctor to avoid exercise/increased activity.

Dental Care

- It is important that your teeth and mouth are healthy during pregnancy; continue your check-ups with your dentist.
- If dental work or x-rays need to be done, be sure your dentist knows you are pregnant.

Diarrhea

- Clear liquids - advance diet as tolerated
- Crackers, dry toast, flat soda
- Change vitamin to one without stool softener, if available
- Rice and mashed/baked potatoes plain to eat will help
- Avoid dairy products
- No Pepto Bismol
- Imodium AD 2 every 6 hours
- Kao-Con

Edema

- A common symptom and usually harmless, if symmetric and not associated with high blood pressure (BP) or headache.
- Edema only on one side, or associated with high BP or headache, patient needs to call in.
- Rest with feet elevated above level of heart
- Decrease salt intake
- Eight glasses of water daily
- Add 1 tsp. lemon juice or squeeze ¼ lemon's juice into water

Exercise

- For women with uncomplicated pregnancies, exercise has demonstrated benefits for most pregnant women.
- Exercise is ok in moderation unless your physician has told you not to because of your past or present pregnancy (s).
- Any exercise program designed specifically for prenatal is acceptable unless this pregnancy is high-risk.
- Listen to your body during exercise – never exercise until you are exhausted or overheated.
- Drink plenty of fluids before, during and after exercise.

- Avoid standing in one place or being on your back for too long.
- Avoid abdominal exercises that might cause loss of balance.
- Avoid sports / exercise where there is a potential of physical contact (being hit, kicked, falling, etc.)
- Heavy weightlifting is not recommended although 3-5 pound weights for arm toning are ok.
- Listen to your body and use good sense.

Falls

- Call physician

Hair Permed or Colored

- Perms and hair coloring have been shown to be safe in pregnancy.

Heartburn

- Tums, Roloids, Mylanta, Maalox, or Titrilac (low sodium) per package directions.
- Tagamet or Pepcid Complete may be used if others not successful after 12 weeks.
- Avoid smoking and chocolate.
- Avoid eating or drinking (even water) 2 hours before bedtime.
- Don't lie down right after eating or eat late in the evening before bedtime; keeping head slightly elevated may be helpful.
- Drink at least 8-10 glasses of fluid daily, preferably water.
- Eat 5-6 meals a day, rather than three large ones; eat slowly, take small bites and chewing well.
- Eliminate foods from your diet that cause discomfort, for example, spicy foods, fried or fatty foods, processed meats (bologna, hot dogs, sausage, bacon), chocolate, coffee, carbonated beverages, spearmint, or peppermint (even in gum).

Hemorrhoids

- Try Preparation H or Anusol; use as directed on the package.
- Sit in a warm tub bath 2-3 times a day.
- Avoid constipation or diarrhea; avoid irritation to the area.
- Apply cold compresses or to decrease swelling / discomfort.
- If you have no relief or an increase in symptoms such as pain or bleeding, call your doctor.

Herpes Outbreak

- For Oral Herpes, use Valtrex 1g tablets. Take 2 tablets every 12 hours. (2g every 12 hours, complete treatment in 1 day.)
- For Genital Herpes, notify your physician.

Hot Tubs or Saunas

- This is not advised during pregnancy

Itching

- Outside vaginal itching without discharge - Cortaid three times a day until examined by physician.
- Internal itching with white curdled discharge - Monistat 7 suppository at bedtime, only after 12 weeks.

Leg Cramps

- Straighten muscle
- Caltrate, one twice a day for calcium supplementation
- Stretch before going to bed
- Magnesium supplement 400mg daily

Nausea / Vomiting

- Vitamin B6, 50mg, take one tablet two times daily to help with nausea.
- May add Unisom (Doxylamine). 12.5mg in the morning and noon, 25mg in the evenings. Works best with vitamin B6, may cause drowsiness.
- Refer to "Feeling Good!" page for tips for controlling nausea.

Nutrition / Food Safety

When you are expecting, it is natural to be concerned about your health and that of your unborn baby. Maintaining a healthful diet, drinking plenty of liquids, and taking prenatal vitamins are all important for the health of you and your baby. Food safety is also important. When preparing meals for yourself and your family it is important to wash your hands and surfaces often, do not allow cross-contamination between raw and cooked foods, cook foods to proper temperature (use a food thermometer if necessary), refrigerate or freeze foods promptly when they require it. Sometimes what we eat can make us sick; food contaminated by bacteria can cause serious illness.

The USDA Food and Inspection Service and the FDA provide the following advice for pregnant women:

- Avoid hot dogs, non-packaged luncheon or deli meats unless they are reheated until steaming hot.
- Limit pre-packed / processed deli meats to 1-2 servings (3 oz.) per week due to nitrate levels.
- Avoid soft cheeses, such as feta, Brie, Camembert, Blue, or Mexican- style cheese (queso blanco and queso fresco) unless it is made with pasteurized milk as indicated on the label.
- Semi-hard cheeses such as mozzarella pasteurized processed cheese slices and spreads, cream cheese and cottage cheese are ok.
- Avoid refrigerated pate or meat spreads. Canned or shelf-stable meats spreads can be eaten.
- Avoid refrigerated smoked sea foods found in the refrigerated section or deli, unless used as an ingredient in a cooked dish such as a casserole.
- Choose fish that are low in methylmercury, including shrimp, canned light tuna, salmon, Pollock, and catfish. Limit fish to 2 servings (6 oz.) a week.
- Limit canned albacore "white" tuna and tuna steaks to just one of your two fish meals a week. Albacore tuna and tuna steaks contain more methylmercury than canned light tuna.
- Avoid shark, swordfish, king mackerel, and tilefish.
- Wash raw vegetables and fruit well before eating; avoid raw sprouts.
- Do not drink unpasteurized milk or foods that contain unpasteurized milk. Avoid other unpasteurized drinks such as apple cider, fruit juices, etc.
- Avoid raw eggs (eggnog), raw fish (sushi).
- Avoid herbal teas /herbal supplements without discussing with your doctor.

Pain or Fever

- Try Tylenol or extra strength Tylenol 650-1000mg every 4-6 hours as needed (see package directions).
- Wrist splint for Carpal Tunnel Syndrome; available at most drug stores.

Pest Control

- Follow the specific instructions on the label of the product regarding use during pregnancy. If there are no instructions, leave the area for 4-6 hours after fumigating. Ventilate the area well before returning.

Pets

- Avoid cleaning your cat's litter box.
- Do not handle hamsters, gerbils, guinea pigs or similar pets, "rodents".

Rash

- Consult physician

Tanning Bed or Self-Tanning Products

- Caution should be taken as research shows a connection between tanning and skin cancer.
- Check with provider

Varicose Veins

- Elevate legs above the level of the heart
- Support stockings or ace bandage wrap
- Low, flat heeled shoes

If you have questions or concerns anytime, contact the OB/GYN Department at 563-584-4435 from 8:00 a.m. to 5:00 p.m. After regular business hours, you may contact Patient Services at 563-556-4357 for assistance.

THINGS TO AVOID DURING PREGNANCY

- ALCOHOL** If you drink so does your baby! In large amounts it may damage the nerve cells of the brain. It also interferes with the absorption and utilization of other nutrients. In a recent report from the Surgeon General, alcohol was linked with decreased birth weight and spontaneous abortions (even in small amounts). We are recommending, along with the Surgeon General, no drinking of **any** alcoholic beverages and to be aware of alcoholic content of foods and drugs.
- BATHS** Baths are safe as long as the membranes have not ruptured. Avoid excessive temperatures such as hot tubs, etc.
- CAFFEINE** Try to drink coffee and tea as little as possible; 1-2 servings per day maximum. Caffeine is contained in analgesics (such as some pain medications), colas, and other soda pops (watch the labels - even in white sodas).
- DOUCHING** Avoid.
- DRUGS** Do not take **any** drugs or medicines unless prescribed by your doctor. This includes aspirin, diet pills, diuretics (water pills), sleeping pills, antihistamines, and laxatives. If antacids needed for heartburn, use Tums, Mylanta, or Maalox.
- PAINTS** Use paint without lead or toxic vapors (most latex paints are safe). Do not strip or sand old paint. Do not even be around when old paint is sanded because it gets in the air. This also applies to old plaster, putty, and refinishing old furniture.
- SMOKING** When a mother smokes, she is cutting down the oxygen and blood supply to her baby. Smoking is linked to impaired fetal growth and development, increase risk of miscarriage, complications (such as placenta previa and abruptio placenta). Ideally, you should stop smoking entirely. If not, try to reduce cigarette smoking as much as possible during pregnancy. You should not be around passive smoke either.
- TOXIC PRODUCTS** Should also not be inhaled. Read the label of any material you use during pregnancy. (Examples: cleaning fluids, contact cements, volatile paints, lacquer thinner, some glues, various household cleaning agents, oven cleaners, etc.)
- TOXOPLASMOSIS** To avoid this disease, stay away from eating raw or uncooked meat. Be sure your meat is cooked to at least 140°F. Also, do not feed raw meat to your cat and do not clean the cat box. (Cat feces carry the disease). Stay away from other peoples' cats, particularly outdoor cats that may have eaten raw mice, birds, etc. You may already have the disease if you have always had cats and/ or eaten raw meat. A blood test can tell you. Toxoplasmosis has at one time or another struck 25% of U.S. adults, who carry antibodies and are thus immune from further attacks.

TRAVEL

Limited travel after 30 weeks. Discuss with provider if travel is necessary. Limit car traveling to 300 miles a day, making sure you get out at least every 100 miles and have a short walk to insure good circulation. Seat belts should be fastened low across the bony pelvis, not around the abdominal area.

At 36 weeks and above, avoid travel more than 1 hour away from MercyOne Dubuque Medical Center.

VITAMINS

If used in **excess** can be harmful. Use vitamins only as prescribed by your doctor.

X-RAYS

Particularly of the abdominal area should be strictly avoided during pregnancy. However, dental X-rays are safe as long as you wear a lead apron.

TIPS FOR CONTROLLING NAUSEA

The queasy feeling of nausea, sometimes called “morning sickness,” can occur at any time of the day throughout pregnancy. It can be caused by hormonal changes or not eating often enough. Usually, nausea will go away after 12 weeks gestation. If you are nauseated, try the following tips.

Eat dry cereal, toast, or soda crackers before you get out of bed in the morning.

Get out of bed slowly. Avoid sudden movements.

Eat 5 or 6 small meals a day. Long periods of time without food may cause nausea to become more intense. If you are on the go, take food along.

When you feel like eating a regular meal, be sure not to overeat.

Drink fluids between meals rather than with them. Water, low fat milk, unsweetened fruit juices, tea, broth, and carbonated beverages such as club soda or ginger ale are good choices.

Eat lightly seasoned foods. Avoid cooking with spices that cause you to have an upset stomach.

Eat starchy foods like bread, pastas, potatoes, rice, and crackers.

Avoid greasy and fried foods, such as butter, margarine, mayonnaise, bacon, gravies, pie crusts, pastries, fried meats, and French fries.

Open windows and use the exhaust fan to remove cooking odors.

Allow plenty of fresh air in your sleeping room.

Do not use medications unless approved by your doctor.

Do not smoke. Avoid smoke filled rooms.

Be sure to eat a variety of foods daily including fresh fruits and vegetables, whole grains, lean meats and beans, and low-fat milk.

Vitamin B6, 50mg, take one tablet two times daily to help with nausea.

May add Unisom (Doxylamine). 12.5mg in the morning and noon, 25mg in the evenings. Works best with vitamin B6, may cause drowsiness.

10 SIMPLE RULES TO HELP YOU SLEEP



- ✓ Before you go to bed, make sure you are pleasantly tired.
- ✓ You may have difficulty sleeping if you are in pain, hungry, too full from a heavy meal, or have been dozing or physically inactive during the day. If you nap in the evening, you may wake up restless halfway through the night.
- ✓ Gentle exercise (like a short walk) can help you relax and feel genuinely tired. Do not overdo it but do make it regular. (Exercise need not be taken just before retiring.)
- ✓ Try to establish a simple routine about going to bed. Habit helps you sleep.
- ✓ A warm drink, a warm bath, and a good book (not too exciting) can work.
- ✓ Watch your diet. Coffee, cola, tea, and chocolate all contain the stimulant caffeine.
- ✓ Once in bed, *comfort* is the word-not too hot or too cold, with a firm (not hard) mattress.
- ✓ Fresh air and as little noise as possible can create a conducive environment.
- ✓ If you do not sleep well for a long time (weeks), or if you feel tired every morning in spite of this advice, see your doctor.
- ✓ Above all, don't worry about the amount of sleep you need. You can manage on surprisingly little, and you may be sleeping more than you think.

PREGNANCY AND WEIGHT GAIN

Eating a healthy, balanced diet during pregnancy is the best way to ensure you are going to gain an appropriate amount of weight. Eating foods that are more dense in nutrients is helpful in keeping calorie consumption and weight gain in check.

It is not necessary to “eat for two” during pregnancy. It is true that you need extra calories from nutrient-rich foods to help your baby grow, but you generally need to consume only 100 to 300 more calories a day than you did before you became pregnant to meet the needs of your growing baby.

Where Does the Extra Weight Go During Pregnancy?

Baby	8 pounds
Placenta	2 to 3 pounds
Amniotic fluid	2 to 3 pounds
Breast tissue	2 to 3 pounds
Blood supply	4 pounds
Fat stores for delivery and breastfeeding	5 to 9 pounds
Uterus increase	2 to 5 pounds
Total	25 to 35 pounds

How Much Weight Should I Gain?

In general, you should gain about 2 to 4 pounds during your first 12 weeks of pregnancy and 1 pound a week for the remainder of your pregnancy. If you are expecting twins, you should gain 35 to 45 pounds during your pregnancy. This would be an average of 1½ pounds per week after the usual weight gain in the first 12 weeks.

New Recommendations for Weight Gain During Pregnancy

Prepregnancy BMI	BMI+ (kg/m ²)	Total Weight Gain (lbs)	Rates of Weight Gain 2nd and 3rd Trimester (lbs/week)
Underweight	<18.5	28-40	1 (1-1.3)
Normal weight	18.5-24.9	25-35	1 (0.8-1)
Overweight	25.0-29.9	15-25	0.6 (0.5-0.7)
Obese (includes all classes)	≥30.0	11-20	0.5 (0.4-0.6)

Why is Proper Weight Gain Important?

There are many reasons why you should avoid excessive weight gain in pregnancy. Being overweight or too much weight gain during pregnancy can put you and your baby at risk for complications. Excess weight puts further strain on your body, apart from the work it must do to help the baby develop. Too much weight gain can cause extra strain on your circulatory and digestive systems. This increases discomfort, as well as causes your blood pressure to rise since the heart has to work harder to pump blood to various parts of the body, increasing the risk of pre-eclampsia. Other risks of excessive weight gain can include the baby getting too big, or mom developing gestational diabetes. Higher weight gain may also lower your chances of having a problem-free delivery. This can make you more prone to require a cesarean section. Furthermore, the more weight you gain, the tougher it is to shed that weight after the baby is born.

Patients with a BMI of 46 or greater will need to be managed through Iowa City. Delivery will need to take place in Iowa City because of the high risk to mom and baby.

Calculating Your Health Risk Using Your Body Mass Index

Find your body mass index (BMI) on the chart below. Your body mass index uses your height and weight to estimate how much fat is on your body. Find your height on the left. Then find your weight on the row at the top. Your BMI is the number on the chart at the intersection between your height and weight.

Weight	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	
Height																								
5'0"	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
5'1"	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40		
5'2"	19	20	21	22	22	23	24	25	26	27	28	29	30	31	32	33	33	34	35	36	37	38	39	
5'3"	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	32	32	33	34	35	36	37	38	
5'4"	18	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	31	32	33	34	35	36	37	
5'5"	17	18	19	20	20	21	22	23	24	25	25	26	27	28	29	30	30	31	32	33	34	35	35	
5'6"	17	17	18	19	20	21	21	22	23	24	25	25	26	27	28	29	29	30	31	32	33	34	34	
5'7"	16	17	18	18	19	20	21	22	22	23	24	25	25	26	27	28	29	29	30	31	32	33	33	
5'8"	16	16	17	18	19	19	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	32	32	
5'9"	15	16	17	17	18	19	20	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	31	
5'10"	15	15	16	17	18	18	19	20	20	21	22	23	23	24	25	25	26	27	28	28	29	30	30	
5'11"	14	15	16	16	17	18	18	19	20	21	21	22	23	23	24	25	25	26	27	28	28	29	30	
6'0"	14	14	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28	29	
6'1"	13	14	15	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28	
6'2"	13	14	14	15	16	16	17	18	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	
6'3"	13	13	14	15	15	16	16	17	18	18	19	20	20	21	21	22	23	23	24	25	25	26	26	
6'4"	12	13	14	14	15	15	16	17	17	18	18	19	20	20	21	22	22	23	23	24	25	25	26	

GESTATIONAL DIABETES

What is gestational diabetes?

Some women develop gestational diabetes while they are pregnant. Gestational diabetes is usually found between 27 and 31 weeks of pregnancy, often during a special blood sugar test that all pregnant women have at that time to screen for diabetes. Women who are older, are overweight, or who have a family history of diabetes are at risk for getting gestational diabetes.

Finding out that you have gestational diabetes while you are pregnant is very scary for most women. But by keeping your blood sugar near the normal range, you have a very good chance to have a safe pregnancy and a healthy baby.

What causes high blood sugar during pregnancy?

Gestational diabetes is diabetes that happens during gestation (pregnancy). During pregnancy, the placenta makes hormones. These hormones cause the insulin made by the mother's body not to work as well. This happens during every pregnancy. In most women, the pancreas makes enough insulin to keep the blood sugar level normal. In some women, the pancreas is not able to make enough to keep up. When there is not enough insulin, sugar from the food you eat stays in the blood and cannot be used for energy. The blood sugar level becomes too high.

How can I lower my blood sugar?

Because high blood sugar puts both the mother and baby at risk, keeping your blood sugar near the normal range is essential. While you are pregnant, the goal blood sugar is less than 95 mg/dl before breakfast and less than 140 mg/dl one hour after eating. You can keep your blood sugar levels in this range by balancing your food, exercise, and insulin, if needed. Testing your blood sugar tells you how well these things are balanced.

What should I eat?

Good nutrition is important for you and your unborn baby. Your meals need to include foods from the basic food groups. Vitamins with iron are often suggested, in addition to your meals. If needed, a dietitian will work with you to plan meals that meet your calorie needs and help to lower your blood sugar level. This plan is not for weight loss, but to spread out your food during the day so your blood sugar levels are more even.

Twenty to twenty-five pounds is the usual amount of weight to gain during pregnancy. You should not go on a weight loss diet on your own. Your unborn child needs energy to grow.

Is it safe to exercise?

Exercise is important during pregnancy. It burns calories and blood sugar and helps you to feel good about yourself. You can walk, swim, or do gentle prenatal exercises. Avoid high-impact exercises. Talk to your doctor about your current exercise program, or before you begin a new exercise program. Your diabetes plan may need to be changed. A good time to exercise is after you eat when your blood sugar is at its highest.

How can I find out my blood sugar level?

Testing your own blood sugar is a very important part of your care. Your nurse will show you how to test and record your blood sugar level and will also tell you the times of day testing will be most helpful.

Your blood sugar level needs to stay near the normal range at all times. If your test shows a blood sugar of less than 60, you need to treat it as a low blood sugar reaction (hypoglycemia). If your blood sugar is greater than 180, you need to call your nurse or doctor for a change in your treatment plan. Remember that high blood sugar levels put both you and your baby at risk.

If people in your family had diabetes in the past, they may have tested the sugar in their urine. Urine tests can only show if the blood sugar is high. You need to know more that this while you are pregnant. Testing your blood is the only way to find out your actual blood sugar levels.

Will I need to take insulin?

Using your meal plan is usually enough to keep your blood sugar in the target range. However, insulin may also be needed to help lower the blood sugar level to the normal range and keep it there. Your nurse will teach you how to give your insulin shot. It may help you to know that you will probably not have to take insulin after your baby is born.

When you take insulin, the blood sugar can sometimes go too low. This is called hypoglycemia or low blood sugar. Low blood sugars usually happen when your insulin is most active. It can occur when a meal is skipped or late, or if you get more exercise than usual. Insulin reactions need to be treated right away. If not treated, you can pass out. When you are taking insulin, you need to balance it with your food and exercise very carefully to prevent reactions.

Why is keeping my blood sugar near normal so important?

The sugar in the mother's blood crosses the placenta and goes to the baby. When the mother's blood sugar is high, the baby's blood sugar is high, and the baby's pancreas makes extra insulin to help lower the baby's blood sugar level. The extra blood sugar goes into the baby's cells, so the baby puts on weight. Babies who are born to mothers with high blood sugar levels are often very large at birth. Giving birth to a large baby (more than nine to ten pounds) can lead to a longer labor, a harder delivery, or delivery by surgery (caesarean section).

While having a big baby may seem as though it is a good thing, babies that are too large from high blood sugar can have problems. After the baby is born, its pancreas still keeps making extra insulin. This can cause the baby's blood sugar to go too low. Sometimes, the baby will need IV (intravenous) glucose and will be in an intensive care nursery (ICU) for a few days until the blood sugar becomes normal.

Babies born to mothers with high blood sugar can have other problems. These babies are more likely to get yellowish skin (jaundice). This is treated by having the baby lie under special lights. The baby's eyes are covered during this treatment to protect them. The baby usually gets better in a few days. Sometimes the baby may be weak and sleepy (lethargic), be shaky, and have a weak cry right after it is born. This will usually go away after the baby has had some time to adjust to life outside of the womb.

One concern that mothers often have is that their child will be born with diabetes. This will most likely not happen. Because Type II diabetes tends to run in families, your child has an increased risk of getting diabetes as an adult. You can work to prevent this by helping your child have a normal body weight and stay active as he or she grows up. Gestational diabetes does not increase the risk of juvenile onset diabetes (Type I diabetes).

High blood sugar levels can cause problems for the mother also. One problem is that too much fluid collects around the baby inside the womb. This can cause the uterus to stretch and the baby to be born too early. High blood pressure and severe swelling of the hands and feet can occur and are signs of a problem called preeclampsia. This needs to be treated right away.

Do I need special medical care?

You will be asked to visit your doctor often. You may be seen by more than one doctor, including an obstetrician (an expert in pregnancy, labor, and delivery), an endocrinologist or diabetic educator (an expert in diabetes care), and a perinatologist (an expert in the care of high-risk mothers and their unborn babies). You may also work closely with a nurse, nurse specialist, and a dietitian. All these health care workers are there for you during your pregnancy. Ask questions about your care and make sure you understand what is asked of you before you leave. Call between visits with any questions or write them down for the next time.

At each visit, your weight, blood pressure, general health, and growth of the baby will be checked. Your urine will be checked for glucose and protein. A blood test called a glycated hemoglobin will be done when gestational diabetes is first found, and then monthly. This tests what your average blood sugar level has been. (This is not the same as the test for iron).

Will I need any special tests?

During your pregnancy you may have some special tests:

- An ultrasound test is used to monitor your baby's progress. It is used to find the size, position, and growth of your baby. During this test, you lie on your back as the ultrasound instrument is passed over your womb. Pulses of light are shown on a screen and make a picture of your baby and the placenta. You will be able to see your baby on the screen. A full bladder is needed for enhancement, so you will be asked to drink a lot of water before the test. This test is not painful, but your bladder will feel full.
- Starting at about 28 weeks gestation, you may be asked to do fetal kick counts.
- Another test that may be done at your clinic visits is a nonstress test. A monitor will be put on your abdomen to record your baby's heart rate and each time the baby moves. Normally, a baby's heart rate is faster while it is moving. This test may be done several times during the last 4 weeks of pregnancy.
- A biophysical profile may be done if more information is needed. This is an ultrasound test to observe your baby's activity, muscle tone, breathing movements, and the amount of amniotic fluid.

What can I expect during labor and delivery?

During your labor and delivery, you and your baby will be closely monitored. A caesarean delivery will be done only if needed. Your partner is encouraged to be present during labor and delivery. There may be classes in your area on childbirth, childcare and breast feeding. It is a good idea to go to these classes to prepare for the birth of your baby.

Some deliveries require little or no insulin treatment. Some deliveries require insulin to be given with an IV line into the veins. Insulin given this way can be quickly adjusted to prevent high and low glucoses.

Will I still have diabetes after the baby is born?

Most women with gestational diabetes no longer have diabetes after their babies are born. You will need to have a blood test 6-8 weeks after delivery to be sure. It is important to know that you are at risk for gestational diabetes during any future pregnancies. It is important to have a fasting blood sugar checked annually for the rest of your life.

Women who have gestational diabetes are at higher risk for getting Type II diabetes later in life. One of the best ways to reduce the risk for diabetes is to lose the weight you gain during your pregnancy and maintain a healthy weight. Your dietitian or nurse can help you make a weight loss and exercise plan that will work for you. It is one of the most important things you can do for your health.

TREATMENT OF LOW BLOOD SUGAR REACTIONS DURING PREGNANCY GESTATIONAL DIABETES

Low blood sugar (hypoglycemia) can happen to anyone with diabetes who uses medication—even if diabetes has only occurred during pregnancy. A hypoglycemic reaction is also called low blood sugar. A low blood sugar reaction is easily treated. If it is not treated, a reaction usually will *not* go away. It can become more serious, and you may pass out.

The symptoms and signs of a reaction are caused by the body's response to a low level of sugar in the blood. This is most likely to happen:

- At the time insulin has its peak effect (for example, late in the afternoon for person using intermediate-acting insulins in the morning).
- During exercise, or up to 24 to 48 hours following vigorous exercise.
- If too much insulin has been taken.
- If a meal or snack is late or has been missed.
- If you are more active than usual.

How can I tell if I am having a low blood sugar reaction?

You can learn to feel the early signs and symptoms of a low blood sugar reaction. Some signs are:

- Sweating
- Sudden mood changes
- Nervousness
- Anxiousness
- Heart beating rapidly, forcefully, or irregularly
- Excess hunger
- Fast pulse
- Shakiness
- Irritability
- Weakness / lightheadedness

If a reaction is more severe, you may notice other symptoms:

- Slurred speech
- Blurred vision
- Nightmares
- Tingling or numbness around your mouth
- Headaches
- Impaired thinking
- Mental confusion

Not everyone has the same symptoms. Sometimes you may have no symptoms at all. When your blood sugar is low, you may feel other signs than those listed here. Whatever your symptoms are, you will probably have the same ones each time you have a reaction. You may not notice these signs yourself. Instead, others may notice sudden mood changes or confusion.

How do I treat a low blood sugar reaction?

Treatment for a low blood sugar reaction during pregnancy is slightly different than for a person with diabetes who is not pregnant. Skim or low-fat milk is used instead of juice or other simple sugars. Milk is used because it has both protein and carbohydrate. This raises the blood sugar level and then keeps it at a level so that another reaction does not occur. If you think that you are having a reaction:

1. Check your blood sugar level. If you are not able to do this, yet you are fairly sure that you are having a reaction begin with Step 2.
2. Treat the reaction if the blood sugar level is less than 60. Drink 8 ounces (1 cup) skim or 2% milk.
3. Wait 15 minutes, then check your blood sugar again. If it is still less than 60, drink another 8 ounces of milk.
4. Wait 15 minutes, then check your blood sugar level again.
5. If the blood sugar level is still less than 60, eat 15 grams of carbohydrate (1 slice of bread or 4 crackers) *and* drink 8 ounces of milk.
6. After blood sugar level is above 60, check it again in one hour to be sure it is still above 60.
7. Write down the steps you took to treat the reaction. Think about and write down what may have caused it to happen. This will help you and our health care team to learn how to avoid low blood sugar reactions in the future.
8. Call your nurse or doctor.

FETAL MOVEMENT COUNTS

What Are Fetal Movement Counts (FMCS)?

Fetal movements are an expression of your baby's wellbeing. Each move or kick felt by you may be counted for one hour each day. It is felt that a fetal movement count of ten or more over 2 hours indicates wellness in your child. This test is simple, harmless and painless.

Where Are FMC's Done?

FMC's can be done in the privacy of your own home or in your hospital bed. There is no specific place you must do this test.

How Often Should I Do This Test?

We strongly encourage you to do FMC's once a day after you reach 28 weeks gestation. Do not become alarmed if you forgot to do the count for one day. Simply count the next day.

What Do I Need To Do To Prepare For Fetal Movement Counts?

No preparation is necessary. Try choosing a time when your baby is most active (perhaps after a meal or during a rest period). You may choose any position that is comfortable for you. You may find that it is most convenient for you to lie down.

How Do I Do Fetal Movement Counts?

Simply relax. Count each time your baby kicks or moves for one hour. If you find it impossible to keep track of moves or kicks for the full hour, you may stop counting after the baby has moved or kicked four times within that hour.

What Should I Do If My Baby Does Not Move Four Times In One Hour?

If your baby does not move four times in one hour, you can drink a couple glasses of water, lay down on your left side and count. If your baby does not move four times within the next one-hour period, or if your baby is much less active and is not moving much at all, please call the OB/GYN Department at 563-584-4435 or 800-648-6868 between 8:00 a.m. and 5:00 p.m. Monday through Friday. After office hours, you may contact Patient Services Department at 563-556-4357 for assistance.

What Further Testing May Be Necessary?

Your doctor may ask that a nonstress test be done. A nonstress test is an additional way to check your baby's well-being and health using an external fetal monitor. An external fetal monitor counts and records your baby's heartbeat continuously on paper. The recording device is held in place on your abdomen by elastic straps that fit snugly but should cause you no discomfort. A specially trained nurse will be observing your baby's heart rate and movements. This test will last from twenty minutes to one hour.

AM I IN LABOR?

Labor is a normal process that occurs for most pregnant women after the 37th week of pregnancy. 6-8% of pregnant women will develop labor between the 20th and 36th weeks. This is called early labor (premature labor).

Women who develop early labor are at risk for early delivery. Their babies may be small and may have many problems. One of the most common problems is trouble with breathing. The cause of early labor is not known. Many factors can increase your chance of having early labor such as being pregnant with twins or having a large amount of amniotic fluid. (Ask your doctor or nurse if you have questions).

Listed below are signs and symptoms of true labor and false labor.

True Labor

- Uterine contractions or tightening of the abdomen. Usually comes and goes and eventually will be consistent every 3-5 minutes and hard to walk or talk through.
- Contractions may start in the lower back and move to the abdomen.
- Some women will feel either back or abdominal labor, but not both.
- Contractions will increase in how long they last, how often they occur, and how strong they feel.
- Walking may cause the contractions to come more often.
- Rupture of membranes (leakage of fluid from the vagina).
- Increase or change in vaginal discharge-with or without diarrhea.
- Bloody mucous.

False Labor

- Uterine contractions or tightening of the abdomen that comes and goes. Are not constant or regular in timing.
- Contractions are felt in the right or left lower abdomen and pelvic region.
- Contractions do not increase with walking.
- No rupture of membranes.
- Contractions do not increase in how long they last, how often they occur, or how strong they are.

**If you have any of these signs/symptoms of labor,
please call your doctor or nurse immediately.**

WHAT SHOULD I EAT?

When you are pregnant, you have special nutritional needs. Follow the “My Plate Plan” below to help you and your baby stay healthy. The plan shows different amounts of food for different trimesters, to meet your changing nutritional needs.

Food Group	1 st Trimester (1-12 weeks)	2 nd and 3 rd Trimesters (13-40 weeks)	What counts as 1 cup or 1 ounce?	Remember to...
	Eat this amount from each group daily.*			
Fruits	2 cups	2 cups	1 cup fruit or juice ½ cup dried fruit	<i>Focus on fruits – Eat a variety of fruits</i>
Vegetables	2½ cups	3 cups	1 cup raw or cooked vegetables or juice 2 cups raw leafy vegetables	<i>Vary your veggies – Eat more dark-green and orange vegetables and cooked dry beans</i>
Grains	6 ounces	8 ounces	1 slice bread 1 ounce ready-to-eat cereal ½ cup cooked pasta, rice, or cereal	<i>Make half your grains whole – Choose whole instead of refined grains</i>
Meat & Beans	5½ ounces	6½ ounces	1 ounce lean meat, poultry, or fish ½ cup cooked dry beans ½ ounce nuts or 1 egg	<i>Go lean with protein – Choose low-fat or lean meats and poultry</i>
Milk	3 cups	3 cups	1 cup milk 8 ounces yogurt 1½ ounces cheese 2 ounces processed cheese	<i>Get your calcium-rich food – Go low-fat or fat-free when you choose milk, yogurt, and cheese</i>

*** These amounts are for an average pregnant woman. You may need more or less than average. Check with your doctor to make sure you are gaining weight as you should.**

In each food group, choose foods that are low in “extras” – solid fats and added sugars.

Pregnant women and women who may become pregnant should not drink alcohol. Any amount of alcohol during pregnancy could cause problems for your baby.

Most doctors recommend that pregnant women take a prenatal vitamin and mineral supplement every day **in addition to** eating a healthy diet. This is so you and your baby get enough folic acid, iron, and other nutrients. But don’t overdo it. Taking too much can be harmful.

Get a MyPyramid Plan for Moms designed just for you. Go to www.MyPyramid.gov for your Plan and more. Click on “Pregnancy and Breastfeeding.”

Source: U.S. Department of Agriculture, Center for Nutrition Policy and Promotion

INDIGESTION

Indigestion, which can lead to more serious problems, can be easily prevented or overcome the natural way. Our modern, low-roughage diet is an important cause of serious disorders, including heart disease, cancer, hemorrhoids, and digestive ailments.

Food-induced ailments, even simple heartburn or slight nausea, can be avoided if people are willing to return to healthier eating habits. Dietary fiber is very important.

Here are some suggestions:

Chew slowly.

Avoid hot and cold foods - room temperature is best.

Avoid hot spices.

Eat frequent, small meals, about two to three hours apart.

Avoid stimulants like coffee, tea, tobacco, and alcohol.

Learn to cope with stress.

Eat wholesome, fresh, unprocessed foods.

Don't overeat.

Try natural remedies first. If you do develop indigestion, you can control your stomach discomfort with peppermint tea. It effectively reduces stomach distress, improves digestion, and relieves nausea.

HELPING CONSTIPATION WITH DIET

There are scores of advertisements on radio and television about the use of laxatives to handle constipation, but many people find help for their problems by using simple guidelines about their diets. Constipation may be related to your diet if you answer “no” to more than one of these questions.

Do you eat fruit at least one time a day?

Do you drink a glass of fluid at each meal and at least one in between meals?

Do you eat raw vegetables more than once a week?

Do you use whole grain bread or cereal products frequently?

Do you eat some regularly spaced meals in a relaxed atmosphere?

Here are some suggestions:

- Eat at least two servings of fruit a day with one of them being in a raw form, including skins and seeds.
- Eat two servings of vegetables a day and have raw vegetables at least every other day. Use raw vegetables for snacks. Some tasty vegetables include raw carrots, tomatoes, celery, cauliflower, summer squash, turnips, rutabagas, radishes, and cabbage.
- Check your fluid intake. You should be getting at least 8 cups of some fluid, including milk and water.
- Use whole grain breads and cereals rather than the more finely-ground white breads or highly milled cereals. Examples of such cereals would be all bran cereals, shredded wheat, whole grain cereals, oatmeal, and granola.
- Use baked potatoes, either sweet or white, rather than mashed potatoes. The potato skins are a good source of fiber.
- Use fruit or fruit-based foods rather than pastries, pies, cookies, or cake for dessert.
- Include prune juice or prunes.
- Use popcorn, nuts, and dried fruit rather than potato chips or french fries for snacks.
- Plan regular meal hours, allowing sufficient time for meals.
- Eat food slowly.
- Get some form of daily exercise.
- Set aside a regular time daily to have access to the bathroom when there is no rush or disruption.
- Get adequate rest.

CAFFEINE DURING PREGNANCY

There is no human requirement for caffeine in the diet. An average or moderate amount of caffeine is considered 250mg of caffeine per day. Avoiding caffeine as much as possible is your safest course of action. The March of Dimes recommends that women who are pregnant or trying to become pregnant should consume no more than 200mg of caffeine per day (equal to about one 12 oz. cup of coffee a day.)

Caffeine is a stimulant and a diuretic. Because caffeine is a stimulant, it makes people more alert, and it increases your blood pressure, heart rate, and decreases respiration (all of which are not recommended during pregnancy). The diuretic effect increases urine production, and this causes reduction in your body fluid levels and can lead to dehydration. When you drink a can of soda, you may be temporarily quenching your thirst, but you are actually losing more fluids than your intake. When you are pregnant your body needs extra fluids to supply your baby with amniotic fluid, which constantly refreshes itself, and your baby's ever-building blood supply. Besides the risk of miscarriage, researchers have found that heavy caffeine consumption during pregnancy can significantly increase the baby's risk of Sudden Infant Death Syndrome (SIDS). Caffeine depresses the baby's respiratory system, and this effect can last throughout infancy, even after the baby is no longer receiving all of its nourishment from you.

Abrupt withdrawal of caffeine may cause headaches, drowsiness, irritability, and other symptoms. Reduce caffeine intake gradually to prevent any symptoms of withdrawal.

Because caffeine flushes calcium out of your body, it has been linked with osteoporosis.

Caffeine crosses the placenta to your baby. Although you may be able to handle the amounts of caffeine you feed your body, your baby cannot. Your baby's metabolism is still maturing and cannot fully metabolize the caffeine. Any amount of caffeine can also cause changes in your baby's sleep pattern or normal movement pattern in the later stages of pregnancy. Remember, caffeine is a stimulant and can keep both you and your baby awake.

Another common side effect caused by caffeine is digestive discomfort. Caffeine stimulates the secretion of acid, which can irritate the lining of the gastrointestinal tract. Pregnant women are especially prone to heartburn, so it's important to avoid further aggravation from caffeine.

Caffeine is found in coffee, tea, soft drinks, sport drinks, chocolate, and even some over-the-counter medications that relieve headaches. Caffeine is naturally produced by a variety of plants and is added to some foods and beverages for flavor. Be aware of what you consume.

PRODUCTS CONTAINING CAFFEINE

DRUGS	CAFFEINE	SOFT DRINKS	CAFFEINE
Cafegot	100mg	Mountain Dew, regular or diet (12oz)	54mg
Esgic	40mg	Mountain Dew MDX, reg or diet (12oz)	71mg
Darvon Compound	32.5mg	Code Red, reg or diet (12oz)	54mg
		Mello Yello (12oz)	53mg
PAIN RELIEVERS	CAFFEINE	Coke (12oz)	34mg
Excedrin	65mg	Diet Coke (12oz)	47mg
Anacin (maximum strength)	32mg	Pepsi, regular or diet (12oz)	37mg
Fiorinal	40mg	Mug Root Beer (12oz)	0mg
		Barq's Root Beer (12oz)	23mg
MISCELLANEOUS	CAFFEINE	Sunkist Orange (12oz)	42mg
Hershey's Chocolate bar (1.55oz)	9mg	Orange Crush (12oz)	0mg
Hershey's Kisses (9 pieces)	9mg	Mr. Pibb (12oz)	40mg
Chocolate syrup (2 tablespoons)	5mg	Dr. Pepper, regular or diet (12oz)	41mg
Semi-sweet chocolate chips (¼ cup)	26-28mg	Doc	100mg
Nestle Crunch (1.55oz)	12mg	7-Up, regular or diet (12oz)	0mg
KitKat	5mg	All white (clear) sodas (12oz)	0mg
Whatchamacallit	4mg	Vault (12oz)	71mg
		Red Bull (8.3oz)	80mg
BEVERAGES	CAFFEINE	STIMULANTS	CAFFEINE
Nestea (12oz)	26mg	NoDoz	100mg
Arizona Iced Tea, green (16oz)	15mg	Vivarin	200mg
Espresso (1.5-2oz)	150mg		
Hot Chocolate (12oz)	5-8mg		
Lipton Diet Green Tea (8oz)	15mg		
Cappuccino (4oz)	35mg		
Coffee, brewed (8oz)	133mg		
Coffee, decaf-brewed (8oz)	2mg		

TOXOPLASMOSIS: AN IMPORTANT MESSAGE FOR WOMEN

What is Toxoplasmosis?

Toxoplasmosis (Tox-o-plaz-mo-sis) is an infection caused by the parasite *Toxoplasma gondii*. More than 60 million people in the United States probably carry the *Toxoplasma* parasite, but very few have symptoms because the immune system usually keeps the parasite from causing illness. However, expectant mothers should be cautious because an infection can cause problems in pregnancy.

How can it affect my unborn child?

If you are pregnant and become infected with the parasite for the first time during or just before your pregnancy, you can pass the infection to your unborn child even if you do not have any symptoms. Most infants who are infected while in the womb have no symptoms at birth but later in life may develop serious symptoms, such as blindness or mental retardation. A small percentage of infected newborns have serious eye or brain damage at birth.

How is toxoplasmosis spread?

Cats play an important role in the spread of toxoplasmosis. They become infected by eating infected rodents, birds, or other small animals. The parasite is then passed in the cat's feces. Kittens and young cats can shed millions of parasites in their feces for as long as 3 weeks after infection. Mature cats are less likely to shed *Toxoplasma*. Cats and kittens prefer litter boxes, garden soils, and sand boxes for elimination, and you may be exposed unintentionally by touching your mouth after changing a litter box, or while gardening without gloves. Fruits and vegetables can be contaminated with soil or water, and you can be infected by eating them if they are not washed or peeled. Animals such as pig, sheep, and deer become infected with *Toxoplasma* by eating feed contaminated with cat feces. The parasite forms cysts in the muscle of food animals. People can be infected by eating under-cooked meat and even by handling raw meat that contains the cysts and not washing their hands afterwards.

How do I know if I have been infected?

Your health care provider may suggest a blood test to check for antibodies to *Toxoplasma* if you are pregnant or have a weakened immune system.

When should I be concerned?

Generally, if a woman has been infected with *Toxoplasma* before becoming pregnant, the infant will be protected because the mother is immune. Some experts suggest waiting for 6 months after a recent infection to become pregnant. See your health care provider if you have questions about *Toxoplasma* and pregnancy.

Is treatment available?

Women who become infected during pregnancy can be treated with medications. Mother and baby should be monitored closely during the pregnancy and after the baby is born. See your health care provider if you have questions about toxoplasmosis.

The best way to protect your unborn child is by protecting yourself against toxoplasmosis.

- Wash your hands with soap and water after any exposure to soil, sand, raw meat, or unwashed vegetables.
- Cook your meat completely (no pink should be seen, and the juices should be clear). The internal temperature of the meat should reach 160°F for ground meats, 165°F for poultry, and 145°F for steaks, chops, and roasts.
- Do not sample meat until it is cooked.
- Freeze meat for several days before cooking to greatly reduce the chance of infection.
- Wash all cutting boards and knives thoroughly with hot soapy water after each use.
- Wash and/or peel all fruits and vegetables before eating them.
- Wear gloves when gardening or handling sand from a sandbox. Wash hands well afterward.
- Avoid drinking untreated water, particularly when traveling in less developed countries.

Do I have to give up my cat if I am pregnant or planning on becoming pregnant?

No, you do not have to give up your cat if you are pregnant or planning on becoming pregnant. Follow these helpful tips to help you reduce your risk of exposing yourself to *Toxoplasma*:

- Have someone else change the litter box if possible. If you have to change it, wear disposable gloves and wash your hands thoroughly with soap and water afterwards.
- Change the litter box daily because the parasite does not become infectious until 1 to 5 days after it is shed in the feces.
- Feed your cat commercial dry or canned food.
- Never feed cats raw meat because this can be a source of *Toxoplasma* infection.
- Keep indoor cats indoors.
- Avoid stray cats, especially kittens.
- Cover your outdoor sandboxes.
- Do not get a new cat while you are pregnant.

How you can get toxoplasmosis

- Feces from a cat shedding *Toxoplasma*.
- Pigs, sheep, deer, and other animals eat contaminated feed or soil.
- Eating unwashed fruits and vegetables grown in contaminated soil.
- Changing litter box of infected cat and accidentally touching unwashed hands to mouth.
- Gardening without gloves or other exposure to soil or sand that has been contaminated with infected cat feces.
- Eating or handling raw or undercooked meat.

Toxoplasmosis also affects persons with weakened immune systems. For more information about toxoplasmosis, contact your health care provider, veterinarian, or local health department. Also, visit the CDC website www.cdc.gov/ncidod/dpd/parasites/toxoplasmosis.

This was developed by the Centers for Disease Control and Prevention and in collaboration with the Minnesota Department of Health. February 2003.

PARVOVIRUS B19 INFECTION / FIFTH DISEASE

What is parvovirus B19?

Parvovirus B19 is a virus that commonly infects humans; about 50% of all adults have been infected sometime during childhood or adolescence.

What illnesses does the parvovirus B19 infection cause?

Fifth Disease is the most common illness caused by parvovirus B19, a mild rash illness that occurs most often in children. The child typically has a “slapped-cheek” rash on the face and a lacy red rash on the trunk and limbs. Occasionally, the rash may itch. The child is usually not very ill, and the rash resolves in 7 to 10 days. Once a child recovers from parvovirus infection, he or she develops lasting immunity, which means that the child is protected against future infection.

An adult who has not previously been infected with parvovirus B19 can be infected and become ill, and develop a rash, or joint pain or swelling, or both. The joint symptoms usually resolve in a week or two, but they may last several months.

Is this illness serious?

Fifth Disease is usually a mild illness. It resolves without medical treatment among children and adults who are otherwise healthy. Joint pain and swelling in adults usually resolve without long term disability. During outbreaks of Fifth Disease, about 20% of adults and children are infected without getting any symptoms at all.

I've recently been exposed to a child with Fifth Disease. How will this affect my pregnancy?

Usually, there is no serious complication for a pregnant woman or her baby because of exposure to a person with Fifth Disease. About 50% of women are already immune to parvovirus B19, and these women and their babies are protected from infection and illness. Even if a woman is susceptible and gets infected with parvovirus B19, she usually experiences only a mild illness. Likewise, her unborn baby usually does not have any problems attributable to parvovirus B19 infection.

Sometimes, however, parvovirus B19 infection will cause the unborn baby to have a severe anemia and the woman may have a miscarriage. This occurs in less than 5% of all pregnant women who are infected with parvovirus B19 and occurs more commonly during the first half of pregnancy. There is no evidence that parvovirus B19 infection causes birth defects or mental retardation.

If I have been exposed to someone with Fifth Disease, what should I do?

If you have been in contact with someone who has Fifth Disease, or if you have an illness that might be caused by parvovirus B19, you may wish to discuss your situation with your personal physician. Your physician may wish to perform a blood test to see if you have become infected with parvovirus B19.

I have had a blood test for parvovirus B19. What do the results of the blood test mean?

A blood test for parvovirus B19 may show 1) that you are immune to parvovirus B19 and have no sign of recent infection, 2) that you are not immune and have not yet been infected, or 3) that you have had a recent infection. If you are immune, then you have nothing further to be concerned about. If you are not immune and not yet infected, then you may wish to avoid further exposure during your pregnancy. If you have had a recent infection, you should discuss with your physician what to do to monitor your pregnancy.

If I'm infected, what do I need to do about my pregnancy?

There is no universally recommended approach to monitor a pregnant woman who has a documented parvovirus B19 infection. Some physicians treat a parvovirus B19 infection in a pregnant woman as a low-risk condition and continue to provide routine prenatal care. Other physicians may increase the frequency of doctor visits and perform blood tests and ultrasound examinations to monitor the health of the unborn baby. The benefit of these tests in this situation, however, is not clear. If the baby appears to be ill, there are special diagnostic and treatment options available, and your obstetrician will discuss these options with you and their potential benefits and risks.

Is there a way I can keep from being infected with parvovirus B19 during my pregnancy?

There is no vaccine or medicine that prevents parvovirus B19 infection. Frequent hand washing is recommended as a practical and probably effective method to reduce the spread of parvovirus.

CDC does not recommend that pregnant women should routinely be excluded from a workplace where a Fifth Disease outbreak is occurring, because ill persons are contagious before they develop the characteristic rash. Rather, CDC considers that the decision to stay away from a workplace where there are cases of Fifth Disease is a personal decision for a woman to make, after discussion with her family, physician, and employer.

How soon after infection parvovirus B19 does a person become ill?

A susceptible person usually becomes ill 4 to 14 days after being infected with the virus but may become ill for as long as 20 days after infection.

HIV (AIDS)

If you are pregnant or planning a pregnancy, there is important new information for you. Doctors can now help you protect your baby from HIV, the virus that causes **AIDS**.

Knowing if you have **HIV** can help your baby and you.

- If you have **HIV**, there is a one in four chance that your baby will get the virus. But now, there are special medicines that you can take while pregnant that will reduce your infant's chance of being infected with **HIV**.
- If you have **HIV**, you can protect your baby by not breast feeding. If you have **HIV**, your breast milk can infect your child.
- If you have **HIV**, your doctor can test your baby to find out if he or she is infected, and if so, give the special medical care your baby needs.
- If you have **HIV**, you can begin getting the care you need to stay healthy longer.

Blood for an HIV test can be drawn.

A small amount of blood will be taken for testing. This is a routine part of the OB panel drawn in the 1st Trimester.

HIV test results are confidential.

It is against the law for any health provider to tell anyone not involved in your medical care, about your test without your permission.

Talk to your doctor.

Learn the facts about **HIV** and pregnancy to protect your baby. Your doctor can answer your questions so you can decide what is best for you and your baby.

WHAT IS AN HIV TEST?

The HIV antibody test is a way to tell whether you are infected with HIV. When HIV enters your body, your immune system responds by making proteins called antibodies. The HIV antibody test detects HIV antibodies in your blood. The test does not tell you if you have AIDS or when you will get AIDS.

WHAT IS HIV?

HIV, the human immunodeficiency virus, can be found in the blood, semen, or vaginal secretions of infected people. The HIV infected person can infect others, even if no symptoms are present.

Being infected with HIV does not always mean you have AIDS. Being infected does not mean that the virus is in your body for the rest of your life. Therefore, you can infect others when you engage in behaviors that transmit HIV, even if you feel fine and have no symptoms of illness.

You can infect others even if you do not know if you are infected.

HIV weakens your body's immune system. This means that HIV infections make your body more vulnerable to other infections.

HOW IS THE VIRUS SPREAD?

HIV is transmitted by:

- Having sex - vaginal, anal, or oral - with an infected person.
- Using or being stuck with a needle or syringe that has been used by or for an infected person.
- Giving birth - women with HIV infection can pass the virus to their baby during pregnancy or childbirth. In some cases, they can also pass it to their baby during breast-feeding.
- Receiving blood - some people have been infected by receiving blood transfusions.

The risk of infection from blood transfusions has been practically eliminated since 1985 when careful and widespread testing of the blood supply for evidence of HIV became standard practice. However, there is still a very small chance of infection.

Human Immunodeficiency Virus (HIV) is NOT transmitted through casual contact, such as touching, through mosquito bites, or through the air.

WHO SHOULD TAKE THE TEST?

There is evidence that HIV, the virus that causes AIDS, has been in the U.S. at least since 1978. The following are known risk factors for HIV. If you can answer yes to any of the following questions, you may be at increased risk of infection and you should seek counseling and testing.

- Have you shared needles or syringes to inject drugs or steroids?
- Have you had sex with someone who you know, or suspect was infected with HIV?
- Have you had a sexually transmitted disease (STD)?
- Have you received blood transfusions or blood products between 1978 and 1985?
- Have you had multiple sex partners?
- Have you had sex with someone who would answer yes to any of the above questions?

If you are a woman with any of the above risks and you plan to become pregnant, counseling and testing is important. You should talk to your doctor about being tested. HIV-infected women have about one-in-four chance of infecting their baby during pregnancy or delivery. There are medicines you can take while pregnant that may reduce your baby's chance of being infected with HIV.

HOME WATER TESTING



Should I Have My Water Tested?

The answer to this question depends on several factors. It concerns your health and the health of your family, so you need to know some basic facts.

In addition to illness, a variety of less serious problems such as taste, color, odor and staining of clothes or fixtures are signs of possible water quality problems. Other things to think about include the nearness of your water well to septic systems and the composition of your home's plumbing materials.

This fact sheet provides information to help you decide whether to have your water tested, and if so, suggested tests for your situation.

Public Water Systems

When you turn on the tap, where does the water come from? If you pay a water bill, you are purchasing water from a public water system, where your water is monitored, tested, and the results reported to the federal, state, or tribal drinking water agencies responsible for making sure it meets the National Primary Drinking Water Standards. Your water company must notify you when contaminants are in the water they provide that may cause illness or other problems.

Most people in the United States receive water from a community water system that provides its customers with an annual water quality report, also known as Consumer Confidence Report. Normally, you will receive it with your water bill once a year in July. The report contains information on contaminants found, possible health effects, and the water's source. If you do not receive a report, contact your water company for this information.

Private Water Supplies

If your drinking water does not come from a public water system, or you get your drinking water from a household well, you alone are responsible for assuring that it is safe.

For this reason, routine testing for a few of the most common contaminants is highly recommended. Even if you currently have a safe, pure water supply, regular testing can be valuable because it establishes a record of water quality. This record is helpful in solving any future problems and in obtaining compensation if someone damages your water supply.

Regardless of your water source, here are two situations that may require testing:

Do you suspect lead may be in some of your household plumbing materials and water service lines?

Most water systems test for lead as a regular part of water monitoring. These tests give a system-wide picture, but do not reflect conditions at a specific household faucet. If you want to know if your home's drinking water contains unsafe levels of lead, have your water tested. Testing is the only way to confirm if lead is present or absent.

Some faucet and pitcher filters can remove lead from drinking water. If you use a filter to remove lead, be sure you get one that is certified to remove lead by NSF International.

Are you considering buying a home water treatment unit?

Find out what is in your water and what you might want to remove before contacting potential dealers. Be informed so you can make the right decisions. To help you, please visit: www.epa.gov/safewater/faq/faq.html#hwtu and www.epa.gov/safewater/wot.

The following items will help you determine when to test your private drinking water supply.

How frequently should I test? Test water every year for total coliform bacteria, nitrates, total dissolved solids, and pH levels, especially if you have a new well, or have replaced or repaired pipes, pumps, or the well casing.

Do you expect to have a new baby in the household? Test for nitrate in the early months of a pregnancy, before bringing an infant home, and again during the first six months of the baby's life. It is best to test for nitrate during the spring or summer following a rainy period.

Do you have taste, odor, and staining issues? Test for sulfate, chloride, iron, manganese, hardness and corrosion, every three years. If you suspect contaminants, test for these also.

Have you had a chemical or fuel spill or leak near your water supply? Test your well for chemical contaminants, such as volatile organic compounds. Tests can be expensive; limit them to possible problems specific to your situation. Local experts can tell you about possible impurities in your area.

Is someone in your household pregnant or nursing an infant? Are there unexplained illnesses in your family? Do you notice a change in water taste, odor, color, or clarity? You may need to test more than once a year.

Do you know who can test your water? Often county health departments will help you test for bacteria or nitrates. If not, you can have your water tested by a state certified laboratory. You can find one in your area by calling the Safe Drinking Water Hotline at 800-426-4791 or visiting www.epa.gov/safewater/labs.

Collecting Samples

Most test laboratories or services supply their own sample containers. Use the containers provided and carefully follow the instructions given for collecting, preserving, and handling water samples. Samples for coliform bacteria testing must be collected using sterile containers and under sterile conditions. Some procedures require that water runs from an outside tap for several minutes before filling the sample containers. Laboratories may sometimes send a trained technician to collect the sample or to analyze the sample directly in your home. Ask if this service is available, since you may obtain better samples and more reliable test results.

WHEN TO TEST YOUR WATER

Conditions or nearby activities	Recommended Test
Recurrent gastro-intestinal illness	Coliform bacteria
Household plumbing contains lead	pH, lead, copper
Radon in indoor air or region is radon rich	Radon
Scaly residues, soaps don't lather	Hardness
Water softener needed to treat hardness	Manganese, iron
Stained plumbing fixtures, laundry	Iron, copper, manganese
Objectionable taste or smell	Hydrogen sulfide, corrosion, metals
Water appears cloudy, frothy, or colored	Color, detergents
Corrosion of pipes, plumbing	Corrosion, pH, lead
Rapid wear of water treatment equipment	pH, corrosion
Nearby areas of intensive agriculture	Nitrate, pesticides, coliform bacteria
Coal or other mining operation nearby	Metals, pH, corrosion
Gas drilling operation nearby	Chloride, sodium, barium, strontium
Odor of gasoline or fuel oil, and near gas station or buried fuel tanks	Volatile organic compounds (VOC)
Dump, junkyard, landfill, factory, or dry-cleaning operation nearby	VOC, Total dissolved solids (TDS), pH, sulfate, chloride, metals
Salty taste and seawater, or a heavily salted roadway nearby	Chloride, TDS, sodium

Making an Informed Choice about Your Baby's Feeding

What you choose to feed your baby is one of the first important decisions you will make as a parent. This information will help you make an informed choice about feeding your baby.

Health experts and doctors recommend giving only breast milk for the first 6 months of your baby's life. After that, continue to feed breast milk while your baby is learning to take solid foods.

These health experts include: American Academy of Pediatrics, American Congress of Obstetrics and Gynecologists, World Health Organization, Centers for Disease Control, and the U.S. Surgeon General.

Why should my baby get only breast milk?

- Human milk is made for babies. Breast milk has everything that your new baby needs to grow and be healthy.
- Breast milk gives your baby nutrients and infection fighting antibodies not found in formula.
- Breast milk is better for your baby's stomach and your baby may have fewer problems with spitting up and constipation.
- Breastfed children do better in reading, math, and learning test scores.



As a mother, what are my benefits of breastfeeding?

- Breastfeeding gives you a special closeness with your baby
- You may have less bleeding, and lower risk of infections after birth
- Your family will save money!
- Feeding supplies and formula cost thousands of dollars in the first year
- Fewer medical bills
- Fewer lost days at work due to infant illness
- Creates less waste – Breastfeeding is friendly to our Earth.



Are there health risks to not feeding my baby breast milk?

Infants who are fed formula have higher rates of:

- Sudden Infant Death Syndrome (SIDS)
- Obesity as a child or an adult
- Serious illness needing hospital care
- Serious infections of the lung, ear, throat, kidneys, and bowels
- Serious lifetime diseases, such as asthma, diabetes, childhood cancers, bowel diseases (*Crohn's*, *ulcerative colitis* and *Celiac disease*)
- Heart disease and high blood pressure
- Allergies
- Skin diseases (eczema)



Talk with your OB Provider/Lactation Consultant if you have:

- Active untreated chickenpox/shingles
- Active herpes sores on your breast
- Active TB infection (tuberculosis)
- Had previous breast surgery

Deciding how to feed your baby is a personal choice. Health care staff can assist you in helping you to make this important decision.

For more information about breastfeeding:

- American Academy of Pediatrics
<http://www2.aap.org/breastfeeding/>
- Black Breastfeeding Mothers Association
<http://blackbreastfeedingmothers.org>
- International Lactation Consultant Association www.ilca.org
- La Leche League International www.llli.org
- Stanford University – Breastfeeding
<http://newborns.stanford.edu/breastfeeding>
- U.S. Department of Health and Human Services. Office on Women's Health www.womenshealth.gov

Do I have health risks if I do not breastfeed?

Breastfeeding offers health benefits for women. Women who do not breastfeed have a higher risk for chronic disease later in life, such as:

- Diabetes
- High Blood Pressure
- Heart Disease
- Breast Cancer
- Cancer of the womb (uterus) and ovaries
- Bone disease (osteoporosis)
- Arthritis

Breast milk is important for developing a healthy immune system. Feeding formula can take away some of the benefits that breast milk gives and put your baby's health at risk.

- Formula can change how your baby's immune system develops. The immune system protects us from infections and diseases.
- Giving formula can decrease your milk supply. The more you nurse, the more milk you will make.

Are there any health reasons why I should not feed my breast milk to my baby?

There are only a few health reasons you should not give your breast milk:

- HIV infection
- Use of street drugs and/or alcohol abuse
- Receiving certain radiation treatments for cancer
- Taking certain medicines such as cancer medicines, and some others where the risks to the baby are worse than the benefits of breast milk feeding



References:

- American Academy of Pediatrics (2012) Breastfeeding and the Use of Human Milk *Pediatrics* 2012;129:e827–e841
- ACOG Committee Opinion No. 361 (2013) Breastfeeding: Maternal and Newborn Aspects
- AWHONN Breastfeeding Position Statement 2015 *JOGNN* 44 (1) 145-150
- CDC (2011) The Surgeon General's Call to Action to Support Breastfeeding www.cdc.gov
- Specifications Manual for Joint Commission (v2015A) Perinatal Care Measure: Exclusive Breast Milk Feeding
- World Health Organization (2014) Global Nutrition Report <http://www.who.int/nutrition>

MercyOne Dubuque Lactation Support

250 Mercy Drive, Dubuque, IA 52001 563-589-8553
Monday through Friday, 8:00 a.m. – 4:30 p.m.

About MercyOne Dubuque Lactation Support

At MercyOne Dubuque Birth Center, lactation support care provides support to all breastfeeding parents in the tri-state area. With certified lactation consultants, resources in both English and Spanish, home medical equipment and a milk collection depot, MercyOne Lactation Support provides excellent, personalized care as you welcome your new bundle of joy into your family.

Lactation Consultants

You can get to know our lactation consultants by visiting their profile pages. Our lactation consultants will help work with you on breastfeeding, issues with milk supply, sore nipples and breastfeeding positions.

MercyOne also helps you make an informed choice about your baby's feeding.

Breastfeeding Support Group

If you're looking for a community of breastfeeding parents to connect with, MercyOne offers a breastfeeding support group that covers common concerns and interests, back-to-work issues and offers group problem-solving and personalized care as needed. This support group is facilitated by certified lactation consultants and breastfeeding instructors. Participants are given the opportunity to ask questions and share concerns. Feel free to drop in with your baby and attend as often as needed. This group meets on Wednesdays, 1:00-3:00 p.m., at MercyOne and is free of charge.

Breastfeeding Supplies

For your breastfeeding supplies, MercyOne Home Medical Equipment Store carries a variety of breast pumps and supplies that you may need. You can visit the store located on the first floor of MercyOne Dubuque Medical Center or contact them at 563-589-8118 or dbqhme@mercyhealth.com.

Milk Dispensary

The MercyOne Dubuque Birth Center has opened a Milk Dispensary in collaboration with University of Iowa Hospitals and Clinics. Local parents who need to supplement their breast milk supply can purchase donated milk with a prescription from their pediatrician.

Services / Specialties

Breastfeeding care

- Difficulty feeding
- Lactation support
- Latching, tongue-tie or sucking
- Nursing positions
- Pumping

Conditions

- Breast engorgement
- Infant weight gain
- Painful nipples
- Plugged ducts or breast infections



Our professional staff will assist you with questions or concerns about your newest family member. Our goal is to provide a friendly, non-threatening environment where you and your child receive the care and information you need!

Pediatrics Dubuque

Pediatrics East Campus

563-584-3440

John Callahan, MD
 Heather Menezes, DO
 Lisa Meyer, ARNP
 Karen Scott, MD
 Sarah Thibadeau, ARNP
 Kris Tiernan, ARNP
 Meghan Wendland, MD

Pediatrics West Campus

563-584-4440

Thomas Callahan, DO
 Mitchell Edwards, MD
 Kevin Mullen, MD

Family Medicine Dubuque

Family Medicine East Campus

563-584-3226

Sara Loetscher, MD
 Larissa Mormann, PA-C
 Chadwick Nachtman, MD
 Bridget Schmidt, ARNP
 Christopher Stille, MD
 Ryan Stille, MD

Family Medicine West Campus

563-584-4450

Jared Freiburger, DO
 Matthew Kraciun, DO
 Jennifer Mohr, DO
 Kenneth Steffen, DO

Regional Clinics

Bellevue Clinic

563-872-4008

Jeffrey Hunter, MD
 Angela Vervoort, PA-C

Cascade Clinic

563-852-7756

Sherry Kelchen, ARNP
 Angela Vervoort, PA-C

Cuba City Clinic

608-744-2115

Jacob Hiatt, DO
 Christy Willis, PA-C

Dyersville Clinic

563-875-2776

Haley Hoffmann, DNP
 Olivia Salter, PA-C
 Joseph Snyder, DO

Elizabeth Clinic

815-858-2642

G. Allen Crist, DO
 Mary Koenigs, MD
 Gregory Vandigo, MD

Galena Clinic

815-777-0900

G. Allen Crist, DO
 Maria Hernandez, MD
 Mary Koenigs, MD
 Gregory Vandigo, MD

Platteville Clinic

608-348-6266

Dianna Bearse, DO
 Alison Ragatz, PA-C
 Elizabeth Straub, PA-C
 Candy Temperly, PA-C
 Jeffrey White, DO