

# **Baby Steps to Parenthood**

Quality pregnancy care is important for a happy and healthy pregnancy. Thank you for trusting The University of Kansas Health System with your care and for allowing us to be a part of your pregnancy journey. Our team is here to help guide you through this wonderful and sometimes challenging time in life.

As a committed and experienced obstetrics and gynecology team, we pride ourselves on providing quality patient care and have dedicated our careers to improving the health of our patients.

We hope this guide offers helpful information and support as we partner together in your care.



## Pregnancy planner

### First trimester (weeks 0-13)

- Make first prenatal care appointment with your OB-GYN office.
- Take prenatal vitamins that include 600 micrograms of folic acid each day.
- Avoid smoking/secondhand smoke, taking drugs and drinking alcohol throughout pregnancy.
- Investigate insurance coverage and length of hospital stay for maternity and infant care.
- Start reading about pregnancy, childbirth and parenting.

### Second trimester (weeks 14-26)

- Plan to take a CPR class.
- Explore classes in infant care, breastfeeding and sibling preparation.
- Make decisions on how you'll feed your baby and whether to circumcise your son.
- Investigate your options for maternity leave and complete Family Medical Leave Act (FMLA) paperwork (obtained from your employer).

### Third trimester (weeks 27-40)

- Take childbirth preparation classes.
- Choose a physician for your baby by 30 weeks.
- Practice putting the car seat in your vehicles and make appointment to have it checked by a technician.
- Contact your insurance carrier about a breast pump.
- Make delivery day plans and pack your hospital bag.

## Your care team

We have a team of expert obstetrical providers who are dedicated to caring for you during pregnancy, labor and delivery. As part of an academic medical center, our hospital offers teaching opportunities. During your care, you may encounter members of the team with varying specialties and at different levels of training.

### **Obstetrical physicians and residents**

Obstetrical physicians have completed college, medical school and a residency program and have a license to practice medicine from the Kansas State Board of Healing Arts. Many of these doctors also serve as professors in the University of Kansas School of Medicine where they supervise and teach resident physicians. Residents have completed college and 4 years of medical school and are continuing their specialty training.

### **Perinatal physicians and fellows**

Perinatal physicians specialize in high-risk pregnancy. They read and interpret ultrasounds. They have completed college, medical school, residency and a fellowship program. They have a license to practice medicine from the Kansas State Board of Healing Arts, and they have been certified by the American Board of Medical Specialists. Fellows have completed college, medical school and a residency program and have chosen to gain 3 years of more advanced training in high-risk obstetrics.

### **Physician assistants**

Physician assistants have graduate-level education, have completed training from an accredited physician assistant program, have national certification and are licensed by the Kansas State Board of Healing Arts. Physician assistants work with physicians to provide comprehensive medical plans of patient care.

### **Nurse practitioners and midwives**

Nurse practitioners and nurse midwives are advanced practice registered nurses (APRNs). They are educated at the master's or doctoral level, are licensed by the Kansas State Board of Nursing and have national board certification to practice as an APRN.

### **Genetic counselors**

Genetic counselors have earned a master's degree in genetic counseling and have been certified through the American Board of Genetic Counseling. These professionals may help you understand your genetic risks, explore testing and explain what genetic test results may mean for you or your family.

### **Medical students**

Medical students have completed college and competed with several hundred applicants to become a medical student at the University of Kansas School of Medicine. They are in the 4-year process of earning their MD.



## Pregnancy care

During your pregnancy, regularly scheduled appointments with your care team are important and necessary. It is vital to keep each prenatal appointment so your provider can give you important information and monitor your pregnancy progress. In addition, this allows you an opportunity to discuss any concerns or questions you may have.

### Summary of prenatal visits

- Up to 32 weeks of pregnancy, visits are scheduled approximately every 4 weeks.
- From 32 weeks to 36 weeks, visits are scheduled approximately every 2 weeks.
- From 36 weeks to delivery, appointments are scheduled every week.

At each visit, your weight and blood pressure will be checked. Your provider will also measure your abdomen, check the fetal heart rate and discuss your pregnancy progress. The frequency of your visits may vary based on your needs. You will have laboratory and ultrasound tests ordered at various gestational ages.

Approximately 2 weeks after delivery, you will receive a follow-up call from a nurse to speak about any concerns you may have and, if interested, contraception options. An assessment will also be taken using a postpartum screening tool, and your 6-week postpartum visit will be scheduled.

### Prenatal laboratory tests

#### *First trimester*

##### Routine testing:

- Blood type and antibody screen
- CBC (blood count)
- Gonorrhea and chlamydia
- Hemoglobin A1C
- Hepatitis B
- Hepatitis C
- HIV
- Rubella
- Syphilis
- Ultrasound (11-13 weeks)
- Urine culture

##### Optional testing:

- Screenings for chromosome abnormalities and genetic carrier screening

#### *Second trimester*

##### Routine testing:

- Maternal serum alpha-fetoprotein (MSAFP) screen for neonatal tube defects (15-19 weeks)
- Ultrasound/anatomy scan (20-22 weeks)
- Blood type and antibody screen (24-28 weeks)
- CBC (24-28 weeks)
- Glucose challenge test (24-28 weeks)
- HIV and syphilis screen (24-28 weeks)

#### *Third trimester*

##### Routine testing:

- Group B strep (GBS) testing (36-37 weeks)

### Optional genetic screening

#### *Noninvasive prenatal screening*

Noninvasive prenatal screening (NIPS) screens for chromosomal disorders such as Down syndrome, trisomy 13 and trisomy 18. This test may also screen for sex chromosome anomalies such as Turner syndrome. A maternal blood sample is drawn at 12 weeks gestation.

#### *First trimester screening*

First trimester ultrasound also is used to screen for chromosomal disorders such as Down syndrome, trisomy 13 and trisomy 18 and may show if a baby is at increased risk for heart defects. Conducted at 11-14 weeks gestation, this test is completed by ultrasound. Maternal blood screening may also be offered.

#### *Second trimester screening*

Second trimester screening tests are completed at 15-22 weeks gestation to detect neural tube defects and chromosomal birth defects. If abnormalities are found, a detailed ultrasound evaluation will be performed, and diagnostic testing, such as amniocentesis, may be offered.

*Additional testing and screening may be offered for high-risk patients.*

## Vaccinations during pregnancy

Recommended vaccines include:

- COVID-19 (any time)
- Flu (October-April)
- Rhogam (for patients with Rh negative blood type at 28 weeks or as needed)
- RSV (at 32-36 weeks from September through January)
- Tdap (at 27-36 weeks)

## Coping with common discomforts

Pregnancy produces many physical changes. Aside from weight and body shape, changes in body chemistry and function also occur. The heart works harder, your temperature registers slightly higher, body secretions increase, joints and ligaments are more flexible and hormones are altered. Mood changes are common, resulting from a combination of hormonal changes and increased fatigue. Additionally, anxiety over body image, sexuality, finances, relationship roles and impending parenthood may occur. The following are the most common discomforts of pregnancy with helpful suggestions and safe medications for coping with them.

### Breast tenderness

- During pregnancy, breasts enlarge and can be tender.
- This is most pronounced during the first 3 months.
- Wear a good support bra.

### Constipation

- This is caused by the slowing of the gastrointestinal tract and a growing uterus.
- Irregular eating, stress and environment changes can contribute to constipation, too.
- Increase intake of high-fiber foods.
- Drink plenty of fluids.
- Safe over-the-counter medications are Colace, Metamucil, Milk of Magnesia, MiraLAX and Senna.

### Dizziness/lightheadedness

- This can be caused by low blood sugar or low blood pressure.
- Move slowly when standing from a sitting or lying position.
- Drink plenty of fluids.
- Eat well and frequently, including foods high in iron.

## Fatigue

- This is common during the first trimester and may recur in the last months of pregnancy.
- Get as much sleep and rest as possible, including short naps.
- Try a warm bath, massage or hot drink before bed.

## Frequent urination

- This is most pronounced during the first trimester and at the end of pregnancy.
- Do not restrict fluid intake to try to decrease urination frequency.

## Headache

- This can be caused by increased blood volume and hormonal changes.
- Nasal congestion, fatigue, eyestrain, anxiety or stress may also contribute to headaches.
- Try to identify the triggers to help avoid them.
- Apply a cool, wet washcloth or ice pack to forehead and back of neck.
- Eat healthy snacks every few hours, and drink plenty of fluids.
- It is safe to take Tylenol (acetaminophen) over the counter; take regular or extra strength, following instructions on the package, not to exceed 4 grams in 24 hours.
- DO NOT TAKE ibuprofen, Aleve, Advil, Motrin or Goody's powders unless directed by your care team.

*If headaches are severe, frequent, long-lasting or accompanied by blurred vision, spots, lights, flashing or swelling, contact your healthcare provider.*

## Heartburn

- The stomach produces more acid during pregnancy, and your growing baby will begin to press your stomach, forcing acid upward.
- Eat smaller, more frequent meals.
- Avoid highly seasoned, rich and fatty foods, as well as citrus, tomatoes, red peppers, chocolate and spicy foods.
- Safe over-the-counter medications are Maalox, Mylanta, Pepcid AC (famotidine) taken daily or twice daily and TUMS.

*Contact your obstetrician if heartburn symptoms present with a headache or blurry vision.*

## Hemorrhoids

- These are varicose veins in the rectal area caused by increased blood volume and weight gain, and can be exacerbated by constipation.
- They may itch or burn during bowel movements and may bleed slightly.
- Maintain a diet high in fluids and fiber.
- Avoid sitting on the toilet for long periods of time or straining while having a bowel movement.
- Take a 15–20-minute warm sitz bath 3 or 4 times a day.
- Safe over-the-counter medications are Anusol, Preparation H, Tucks and witch hazel.
- Make sure to keep stools soft.

## Leg cramps

- These are common during pregnancy and the cause is uncertain.
- Ensure your diet contains enough calcium and magnesium.
- Exercise to increase circulation and elevate legs when possible.
- While in bed, stretch with your heels pointed (not your toes).

*Contact your obstetrician if your lower left or right extremities are swollen, warm, red or painful.*

## Nausea and vomiting

- Often called “morning sickness,” it can occur any time of day.
- This is very common during the first months of pregnancy.
- It usually reduces by 12-16 weeks gestation.
- Mild to moderate nausea and vomiting will not hurt you or your baby.
- Call your provider if you cannot keep food or liquids down for 24 hours, are vomiting multiple times a day or vomiting after every meal.
- Drink plenty of fluids.
- Eat plain crackers or dry toast; eat small meals every few hours.
- Avoid dairy (except for yogurt) and foods that are greasy, spicy or fried.
- Prenatal vitamins may make nausea worse. If you stop taking a prenatal multivitamin, you should take 2 tablets of folic acid daily (which is 600 micrograms per day) during the first trimester.

- Try ginger root tea, ginger gum, gingersnaps, ginger ale or ginger syrup added to water.
- Safe over-the-counter medications are vitamin B6, 50 milligrams twice daily; Unisom, 25 milligrams nightly (1/2-1 tablet); 2 tablets folic acid daily, 600 micrograms per day if nausea prevents you from taking prenatal vitamins; and Peggie Pops.

## Pelvic discomfort

- Pelvic joints relax during pregnancy, which can cause pressure on the sciatic nerve.
- The onset of pain may be sudden and may be felt in one or both sides of lower abdomen or groin.
- You may also feel a spasm in vagina or rectum.
- Use a heating pad or hot water bottle.
- Sleep on your side with one leg forward, supported on a pillow, and the other leg back, as if running.
- A maternity support belt may help with discomfort.

## Shortness of breath

- A growing uterus puts pressure on internal organs and diaphragm, leaving less room for the lungs to expand. Contact your provider if you are in distress trying to catch your breath.

## Stretch marks

- About 90 percent of pregnant people experience these.
- They appear most frequently on the abdomen, but can appear on thighs, upper arms and breasts.
- There’s no proven remedy, but marks will fade to light silver color.
- Ensure your diet contains sufficient protein and drink plenty of fluids.

## Swelling of hands and feet

- This is especially common in the later stages of pregnancy and during hot weather.
- Reduce salt intake, including from canned, packaged or fast food.
- Wear support hose or compression stockings when planning to stand or walk for long periods of time.
- Soak your feet in cold or ice water for increased comfort.
- Elevate your legs when possible.

## Trouble sleeping

- Normal sleeping positions may become uncomfortable.
- Baby's kicking and increased bladder pressure may cause frequent waking during the night.
- Avoid screen time 30-60 minutes before bedtime.
- Take a warm, relaxing bath before bed.
- Reduce any noise or lighting.
- Safe over-the-counter medications are Benadryl and Doxylamine.

## Vaginal discharge

- Normal vaginal discharge during pregnancy (called leukorrhea) is thin, white, milky and mild smelling.
- It is normal and no cause for worry.
- If discharge is green or yellowish, strong-smelling and/or accompanied by redness or itching, it may be a vaginal infection. These are easily treated.
- Do not use tampons or douche during pregnancy.
- Wear panty liners and 100% cotton underwear.

Additional common ailments may be treated as described during pregnancy.

Concern	Remedies and tips	Safe medication/treatment
Acne	<ul style="list-style-type: none"> <li>• Avoid use of retinoids, Retin-A.</li> </ul>	<ul style="list-style-type: none"> <li>• Use mild skin cleanser.</li> </ul>
Cold/allergies/ congestion	<ul style="list-style-type: none"> <li>• Try a cool mist humidifier.</li> </ul>	<ul style="list-style-type: none"> <li>• Actifed</li> <li>• Benadryl</li> <li>• Claritin</li> <li>• Dimetapp</li> <li>• Flonase</li> <li>• Mucinex (plain)</li> <li>• Tylenol Sinus</li> <li>• Vick's Vapor Rub</li> <li>• Zyrtec</li> </ul>
Cough		<ul style="list-style-type: none"> <li>• Robitussin (plain)</li> <li>• Lozenges</li> </ul>
Diarrhea	<ul style="list-style-type: none"> <li>• Try clear liquids, like Sprite, ginger ale, Propel, Gatorade, tea or broth.</li> <li>• Avoid dairy products.</li> </ul>	<ul style="list-style-type: none"> <li>• Imodium</li> </ul>
Fever		<ul style="list-style-type: none"> <li>• Tylenol</li> <li>• Acetaminophen</li> </ul> <p><i>Take regular or extra strength, following instructions on the package, not to exceed 4 grams in 24 hours.</i></p>
Gas		<ul style="list-style-type: none"> <li>• Gas-X</li> <li>• Mylicon</li> <li>• Simethicone</li> </ul>
Pain		<ul style="list-style-type: none"> <li>• Tylenol</li> <li>• Acetaminophen</li> </ul> <p><i>Take regular or extra strength, following instructions on the package, not to exceed 4 grams in 24 hours.</i></p> <p><b>Do not use ibuprofen, Aleve, Advil, Motrin or Goody's powders unless directed by your care team.</b></p>
Rashes/bug bites		<ul style="list-style-type: none"> <li>• Benadryl cream or tablets</li> <li>• Calamine lotion</li> <li>• Cortaid, Lanacort or other hydrocortisone cream</li> </ul>
Sore throat	<ul style="list-style-type: none"> <li>• Try gargling with warm salt water.</li> </ul>	<ul style="list-style-type: none"> <li>• Chloraseptic spray or lozenges</li> <li>• Sucrets</li> </ul>

## Staying healthy

### Preventing toxoplasmosis

Pregnant people should be cautious when handling cats or working with garden soil, as these may be sources of toxoplasmosis, an infection caused by a parasite.

- Wear gloves if working in a garden or cleaning a cat's litter box.
- Thoroughly wash vegetables and fruits that have contact with the soil.
- Take care if cleaning a cat's litter box or touching dirt where an infected cat may have been.
- Also avoid eating undercooked meat, especially pork, lamb or deer meat, which also can be sources of toxoplasmosis.

### Painting

There are no studies that document the effects of household paint on pregnancy and the developing baby. The recommendation is to avoid exposure to oil-based, lead-based and mercury-based paints and to minimize exposure to latex paints that contain ethylene glycol ethers and biocides.

Ensure the area being painted is well-ventilated. If you feel lightheaded or nauseated, leave the area immediately and seek fresh air. In addition, pregnant people should not take part in removing old paint, as lead-based paint was commonly used prior to the 1970s.

### Seat belts

Experts agree that everyone, including pregnant people, should wear a seat belt when riding in a car. When used properly, seat belts save lives and lower the chances of severe injury. Depending on the severity of an accident, pregnant people could be at risk for miscarriage, preterm labor and other serious complications. If you are involved in an accident, please contact your healthcare provider.

Always wear both the lap and shoulder belt. Buckle the lap strap under your belly and over your hips. Never place the lap belt across your belly. Rest the shoulder belt between your breasts and off to the side of your belly.

### Eat smart

To support a baby's growth, most pregnant people need 100 to 300 extra calories per day. Expectant parents should consume foods from each of the 5 food groups every day; they provide important nutrients that both you and your baby need. Also, be aware of your serving sizes; you do not need to eat for 2!

- Meals: To help relieve heartburn and discomfort, eat 4-6 smaller meals a day instead of 3 big ones.
- Snacks: Eat healthy snacks such as cheese, yogurt, fruit and vegetables. If not allergic, peanut butter and nuts are also a good choice.
- Liquids: Drink at least 8-10 glasses of water, juice (limit to 6 ounces a day) or milk (nonfat or 1 percent is best) every day.

### Eating safely during pregnancy

Food	Eat or avoid	Guidelines
Unpasteurized (raw) milk	Avoid	
Cheese made with unpasteurized (raw) milk	Avoid	
Shark, swordfish, king mackerel, tile fish and orange roughy	Avoid	
Tuna steaks	Eat	Up to 6 ounces per week
White tuna (albacore)	Eat	Up to 1 time per week
Raw or undercooked seafood	Avoid	
Refrigerated smoked seafood	Eat	Eat only if reheated to steaming hot
Meat spread	Avoid	
Hot dogs, lunch meat, deli meat	Eat	Eat only if reheated to steaming hot
Raw or rotten meat	Avoid	
Raw eggs	Avoid	

## Preventing anemia

You can help prevent anemia by following these suggestions:

- Eat foods rich in iron, such as meat, chicken, fish, eggs, dried beans and fortified grains.
- If you are anemic and ordinarily eat meat, increasing the amount of meat you consume is the easiest way to increase the iron your body receives.
- If you are a vegetarian and anemic, please discuss supplements with your provider.
- Eat foods high in folic acid, such as dried beans, dark-green leafy vegetables, wheat germ and orange juice.
- Eat foods high in vitamin C, such as citrus fruits and fresh, raw vegetables.
- Take prenatal multivitamins.
- If taking an iron supplement, it is a good practice to take iron pills with orange juice or vitamin C.

## Weight gain

Most pregnant people need to gain 25 to 30 pounds during pregnancy. How much weight you should gain depends on your prepregnancy weight. If you are very slim, you need to gain more. If you are heavy, you need to gain less. The chart below can help guide you.

Your baby will gain most of his or her weight during the last 2 months of your pregnancy. Therefore, you will gain weight accordingly, with less weight gain in the first half of your pregnancy and more in the last months.

## The National Institutes of Medicine offer these weight gain guidelines.

Prepregnancy weight	Body mass index	Recommended range of total weight	Recommended rates of weight gain in the second and third trimesters (mean range lb./week)
Underweight	Less than 18.5	28 – 40 lbs.	1 (1-1.3)
Normal weight	18-24.9	25 – 35 lbs.	1 (0.8-1)
Overweight	25-29.9	15 – 25 lbs.	0.6 (0.5-0.7)
Obese	30 and greater	11 – 20 lbs.	0.5 (0.4-0.6)

## Pregnancy and exercise

Most people can, and should, engage in mild to moderate exercise during pregnancy. Exercise can help you stay in shape as well as prepare your body for labor and delivery. The U.S. Department of Health and Human Services recommends that healthy pregnant people get at least 2.5 hours of aerobic exercise every week, or 30 minutes of aerobic exercise per day.

## Bump2Baby360: Your guide on the parenthood journey

Welcoming a new baby brings joys and challenges. Your care team is here to help, and so is Bump2Baby360. Bump2Baby360 is a valuable source of educational materials to help you take care of yourself and your newborn with confidence – before delivery, in the hospital and beyond. It covers topics from pregnancy, a gestational-development calendar, labor, birth and postpartum care to breastfeeding, newborn and NICU care and more.

To register for Bump2Baby360:

- Download the free app from the App Store or Google Play.
- Scan the QR code below.

When you reach the registration page, complete and submit the form. You'll receive a confirmation email from [NoReply@Bump2Baby360.com](mailto:NoReply@Bump2Baby360.com). It will contain your login details and a temporary password.



## Postpregnancy

### Feeding your baby

One of the most important decisions new parents make is how to feed your baby. As partners in your care, we want to ensure you have accurate information when making this decision. Breastfeeding is an investment in health for both you and your baby. It is not just a lifestyle decision. Breast milk is a living food and immune support system that provides protection from many diseases. Breastfed babies have lower risks of asthma, childhood leukemia, childhood obesity, ear infections, respiratory infections, sudden infant death syndrome (SIDS) and type 1 and type 2 diabetes. Lactating parents also benefit from reduced risk of breast and ovarian

cancer, diabetes, osteoporosis, high blood pressure and postpartum depression. For these reasons, most health organizations and medical groups recommend feeding only breast milk for the first 6 months of life and continued breastfeeding, in addition to solid foods, for 2 years or more.

Although breastfeeding is a natural process, it takes patience, guidance and support to get off to a good start. Our nurses are specially trained to support you and help you reach your goals. The decision to breastfeed is a personal one. If breastfeeding is not for you, we will support you in your informed choice. If you are unsure, your nurse can help you choose a feeding option that is right for you.



## Practices you can expect in the hospital

### Skin-to-skin contact

- Baby will be placed on your chest right after birth and will stay skin-to-skin with you until the end of the first feeding.
- Skin-to-skin keeps your baby warm and secure. It helps support baby's blood sugars and breathing too.
- Skin-to-skin helps set you up for a successful breastfeeding relationship right from the start.

### Rooming in: Baby stays with you 24/7

- Staying together makes it easier to learn and respond to your baby's feeding cues.
- This also helps you learn to care for your baby.
- It encourages milk production.
- Baby sleeps better and cries less, which means more rest for you!

### Getting a good latch

- Prevents nipple pain or damage.
- Helps baby get more milk.
- Improves milk supply.

### Feeding on cue 8 or more times per day

- Look for feeding cues such as rooting (turning the head and opening the mouth), licking/smacking and sucking on hands.
- Feeding on cue helps baby get just the right amount to eat and helps bring in a good milk supply.

### In most cases, your milk is all your baby will need for the first 6 months.

- Supplementing may lead to breast fullness (engorgement), which will lower your milk supply.
- Even after starting complementary (table) foods, babies benefit from breast milk for 2 years or more.

**Learning to feed your baby takes practice and patience. The good news is that it can get easier, and support is available both in the hospital and beyond.**



## I wish someone had told me ...

### **Take a breastfeeding class before delivery.**

Although breastfeeding is natural, it doesn't always come naturally. Before your baby arrives, it seems like all you need to do is put your baby to the breast, let them latch on and away you go. While some babies do go straight to the breast/chest and their parents never experience any problems, many of us need some help. Attending a breastfeeding class will help you build confidence and gain practical skills before your baby arrives, making the early days less stressful. You'll learn how breastfeeding works, how to avoid common challenges and when to seek further support.

### **Start breastfeeding right in the delivery room.**

Your baby will be interested in feeding within a few minutes of birth. Keep baby skin-to-skin and enjoy an early feeding.

### **It's all about the latch.**

How your baby holds your nipple and areola in their mouth is the key to comfortable breastfeeding. Make sure baby opens their mouth wide and gets a big mouthful. If it hurts, get help ASAP!

### **Plan for nighttime feedings too.**

No matter how tired you are, expect your baby to need nighttime feedings. Feeding around the clock helps bring in an ample milk supply and helps ensure your baby is getting enough.

### **Babies cry more on the second day of life.**

After the rigors of labor and birth, babies are often more settled in the first 12-24 hours outside the womb. In the second day babies are more wakeful and cry more. Many new parents are caught off guard by this pattern and might assume their babies are starving. But it is more likely they are just awakening to the fact that their world is now very different! Crying doesn't always mean hunger. Hold your baby skin-to-skin and offer the breast with any cues. Cluster feeding is common and does not last forever.

### **In most cases, you don't need a breast pump right away.**

Your newborn is the best pump, and frequent feedings get breastfeeding off to a good start. If a breast pump does become necessary for a medical reason, a lactation consultant (IBCLC) can give you advice about the best kind for your situation.

### **Use it or lose it.**

An empty breast makes milk faster than a full breast. The best way to make more milk is to feed the baby. Avoid skipping breastfeeding sessions in the early days.

### **Don't wait too long to try a bottle.**

Breastfeeding exclusively gets breastfeeding off to a good start. But if you are planning on going back to work or will need to give a bottle for another reason, start between 3 or 4 weeks, and offer it weekly to keep the baby in practice. The best milk to use in the bottle is your pumped breastmilk.

### **Responsive feeding helps your body know how much milk your baby needs.**

Feed often in the early days to get a good start. If your baby is not gaining weight well or you are overflowing with milk, get advice from a lactation consultant.

### **Attend a breastfeeding support group.**

Just seeing other parents breastfeed and chatting with them can be reassuring. The leader will likely be a lactation consultant who can answer questions and help you troubleshoot problems.

### **If you are told to pump and dump breast milk, get a second opinion.**

Although many medications pass into breast milk, most have little or no effect on milk supply or infant well-being. A few medications should be avoided, so always let your healthcare provider know you are breastfeeding. Ask them to review the latest information from LactMed®, the Infant Risk Center or other reputable source, or call an IBCLC for more information.

## Postpartum depression and anxiety

Transitioning to parenthood can be a stressful time, and many parents experience some difficulty adjusting to their new role. This is true even for the experienced parent. Within the first 2 weeks of childbirth, about 80% of new parents experience the baby blues. New parents with the baby blues have mild sadness and emotional ups and downs. However, if these symptoms persist in duration or worsen in severity, they may be symptoms of postpartum depression.

Postpartum depression is a mood disorder that arises following the birth of a baby and is characterized by persistent sadness and/or loss of pleasure in normally enjoyable activities. It can also include changes in eating and/or sleeping habits (more or less), difficulty concentrating or making decisions, feelings of hopelessness, guilt or worthlessness, or thoughts of suicide or harm to others.

Call your provider's office if your signs and symptoms of depression have any of these features:

- Don't fade after 2 weeks.
- Are getting worse.
- Make it hard for you to care for your baby.
- Make it hard to complete everyday tasks.
- Include thoughts of harming yourself or your baby.

Additional resources:

- Postpartum Support International HelpLine: 800-944-4773
- Wyandot Center 24/7 Crisis Line: 913-788-4200
- Johnson County Mental Health Crisis Hotline: 913-268-0156
- National websites:
  - o [PostpartumProgress.com](http://PostpartumProgress.com)
  - o [Postpartum.net](http://Postpartum.net)

## Back pain, pelvic pain and rehabilitation

Research shows:

- 75% of all pregnant people experience back pain.
- More than 50% of people with pelvic pain report limiting their daily activities 1 or more days of the month, and 90% of them report pain with intercourse.
- 80% of people with urinary incontinence can get improvement or a cure with conservative treatment, including physical therapy.

These issues are not uncommon after pregnancy and delivery. For pelvic issues, physical therapists treat:

- Incontinence of bowel/bladder
- Overactive bladder
- Painful bladder syndrome (interstitial cystitis)
- Bowel dysfunction (constipation, outlet obstruction)
- Pelvic pain (including vaginal/rectal conditions)
- Dyspareunia (painful intercourse)
- Vulvodynia (including vaginismus)
- Coccydynia (tailbone pain)
- Pregnancy/postpartum musculoskeletal pain
- Pelvic organ prolapse
- Back pain/sacroiliac joint dysfunction

If you experience these issues, contact your care team for a referral to therapy.









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