

Preparing for your baby



**Ascension
Sacred Heart**



Ascension Medical Group Sacred Heart

Miramar Beach
 7720 U.S. 98 #310
 Miramar Beach, FL 32550
 t 850-267-2961

Watersound Origins
 180 N. Watersound Parkway
 Watersound, FL 32461
 t 850-608-6405

Bluewater Bay
 4586 Florida 20
 Niceville, FL 32578
 t 850-897-0110

Labor and delivery

Use the Family Birth Place entrance, next to the Main Entrance. Take the elevator to the second floor.

Emergencies or after-hours care

If you are fewer than 16 weeks along, please go to the adult Emergency Room. Find ER care near you at GetSacredHeartCare.com

If you are 16 weeks pregnant or more, please go to the OB Emergency Care Center on the Ninth Avenue campus.

Tips for when to utilize the emergency room are on page 12.

Table of contents

Prenatal care.....4

Things to avoid during your pregnancy..... 7

Shots you may receive during pregnancy.....8

Medications safe to take in pregnancy8

Labs you will have during pregnancy..... 9

Pregnancy-related conditions..... 9

Your body during pregnancy..... 10

Your baby’s development 11

When to go to the hospital.....12

Childbirth preparation13

Epidural and anesthesia13

Types of deliveries13

Breastfeeding information..... 14

Postpartum period..... 16

Adding your baby to your health insurance plan..... 18

Billing..... 18

What to pack for your hospital stay..... 19

Neighborhood resources 21

Prenatal care

Throughout your pregnancy, routine prenatal care is important. Visits will occur every four weeks until you are 28 weeks pregnant. Then, visits will be every two weeks until you are 36 weeks pregnant. Visits will then be weekly until delivery. Our practice also includes nurse practitioners, who may see you between routine visits with your provider.

8-13 weeks: You will have your initial ultrasound at this point to confirm gestational dating. The nurse or medical assistant will review your past medical history and family history. The provider will do a Pap smear, if not up to date, and screen for sexually transmitted infections. They will also order your first trimester blood work.

14-27 weeks: We will review your first trimester lab results. A fetal well-being check is done with a handheld Doppler to measure baby's heart rate. The anatomy ultrasound is done between 19-22 weeks. Third trimester lab work is ordered between 24-28 weeks. If you'd like to schedule an appointment with the Ascension Sacred Heart birth designer to help customize your birth experience, please call 850-416-6378.

28-35 weeks: Fetal well-being check will be done with a handheld Doppler. Fundal height will be done by measuring your abdomen to check baby's growth. A pelvic exam may be done, if the provider deems one necessary. RhoGAM will be administered if you have an Rh negative blood type. Tdap vaccine will be offered. Third trimester lab results will be reviewed. Fetal kick counts will be discussed at this appointment, so you should begin monitoring them earlier. Visits will now be every two weeks.

36-40 weeks: A fetal well-being check is performed with a handheld Doppler. Fundal height will be taken to measure baby's growth. Testing for Group B strep will be performed. Your cervix will be checked weekly for dilation and effacement. Visits from this point will occur weekly.

40-41 weeks: You will have an ultrasound to check for fetal well-being. Fundal height will be taken to measure baby's growth. A cervical check will be performed to check for dilation and effacement. Discussion regarding induction of labor will be initiated by your provider.

We know that you will have many questions during your pregnancy. Please know that we are here to help in any way we can. This booklet is a valuable resource for you during your pregnancy, so you should take the time to read the tips it contains regarding the health of both you and your baby. If you need any additional information or have any questions at any time during your pregnancy, please feel free to contact the office via phone or via your patient portal, available at ascension.org.

Exercise

Exercise can be beneficial in pregnancy as it helps to reduce back pain, ease constipation, and promote healthy weight gain. It can also decrease risk of preeclampsia, gestational diabetes, and delivery by cesarean section. If you currently exercise, you may continue to do so unless directed otherwise by your provider. Please note that you may need to modify your workouts to avoid risk of injury to yourself or your baby. Start slowly, exercising five minutes a day and gradually increasing each week until you can exercise for 30 minutes. A great way to start exercising during pregnancy is by walking and stretching. Other safe exercises include swimming, stationary bicycling, yoga and low-impact aerobics.

We recommend that you avoid high-risk activity such as horseback riding, rock climbing, gymnastics or scuba diving. Pregnancy shifts your center of gravity as your belly grows, so make sure to avoid exercises that may cause you to fall. We advise that you exercise for at least 30 minutes a day, five times a week.

During pregnancy, you may notice that you sweat more, so be sure that you drink plenty of water to avoid dehydration. Signs of dehydration may include dizziness, cramping and urinating small amounts of dark-color urine. After your 20th week, we advise that you do not sleep on your back, or perform exercises that require you to lie flat on your back.

Sex

Sex is safe unless directed otherwise by your provider. You will not harm your baby. Do not have sex if you are bleeding or have any fluid leaking from your vagina, or if you experience vaginal or abdominal pain.

Travel

Traveling (by car, bus or airplane) is safe up to 34 weeks of pregnancy unless otherwise directed by your provider. If you go on any trips requiring you to sit for long periods of time, plan to get up and walk around every two hours to keep the blood in your legs moving and decrease risk of blood clots. If flying on an airplane, request an aisle seat. Each airline has specific guidelines for flying while pregnant, so refer to the airline for their policy. You may need to have a doctor's note if you plan to fly during your third trimester. If planning to travel after 35 weeks of pregnancy, please consult with your provider. Plan to take copies of your medical records in case of emergency.

Seat belts

Seat belts should be worn at all times while traveling. As your stomach grows, the lap belt should be worn resting under your stomach, not across or on top.

Nausea and vomiting

Nausea is a common symptom in early pregnancy, and it can come and go at any point during the day. This symptom is a result of rapidly increasing pregnancy hormones during the first trimester, and will usually start to subside around 12 weeks. Try drinking fluids and eating small snacks frequently throughout the day. Ginger cookies, ginger ale or ginger tablets (500mg, one tablet twice daily) have shown to help with symptoms. You can also try over-the-counter medications: vitamin B6 tablets (25mg, one tablet three times a day) and Unisom (doxylamine) at night (this will cause drowsiness). If you start vomiting, prescription medications can be prescribed by your provider. If you experience no relief and continue to vomit, or are unable to hold down oral fluids even with prescription medications, you should contact your provider.

Dental work

Routine cleanings and dental work are safe in pregnancy with modifications. X-rays are permitted with abdominal shielding. If an X-ray is not medically necessary, consider one after delivery. Local anesthesia without nitrous oxide may be used if indicated. Some narcotics are safe to use in pregnancy for a short duration. If antibiotics are indicated, Keflex is safe unless you have a penicillin-based allergy. Some dentists may require a written note from your OB-GYN to provide certain services. We can provide this note for you.

Weight gain

Most women will gain around 15-25 pounds during their pregnancy. Your provider will discuss recommended weight gain based on your pre-pregnancy weight.





Things to avoid during your pregnancy

Avoid	Risks and recommendations
Smoking, drinking alcohol and recreational drug use	These increase your risk of bleeding, miscarriage, reduced birth weight, premature labor and other serious complications.
Hot tubs, hot baths and saunas	If it's too hot for you, it's too hot for the baby. High temperature exposures constrict blood flow and oxygenation to the placenta and baby.
Caffeine	Limit to 1-2 cups per day. Caffeine increases a baby's heart rate and also dehydrates you faster.
Raw meats and raw fish	Raw foods pose risk of infection from bacteria found in raw meats. All meat should be fully cooked. Red meat should be well done.
Deli meats	Listeria is a bacteria that may be found in deli meats and other food products that sit out. Avoid all deli meats unless they are heated to steaming prior to eating.
Soft cheeses	Unpasteurized soft cheeses can cause illness and abdominal upset. Read packaging inserts to make sure they are pasteurized.
Fish that may be high in mercury	Visit FDA.gov/fishadvice Avoid fish that are high in mercury such as the following: king mackerel, marlin, orange roughy, shark, swordfish, tilefish and bigeye tuna. Best fish choices (2-3 servings a week): Atlantic mackerel, black sea bass, butterfish, catfish, cod, clam, crab, crawfish, flounder, hake, herring, American lobster, mullet, oyster, perch, salmon, sardine, scallop, shrimp, squid, tilapia, trout, whitefish, whiting and canned light (including skipjack) tuna.
Nitrates (bacon, hot dogs and deli meats)	Read package inserts for nitrate-free options.

Nutrition

It is important to take your prenatal vitamins/folic acid. They are essential to supplying both you and your baby with the nutrients you need. Make sure the prenatal vitamin you choose has the recommended dose of folic acid (at least 400mcg/4mg). Make sure to increase your fluid intake and focus on getting a balanced diet. Carbohydrates make up 45%-65% of one's diet, with fats taking up 20%-35% of calories. Balanced diet recommendations are listed as follows:

- 70 grams of protein (chicken, meat, fish, eggs, nuts, beans)
- 1,000mg of calcium-rich foods (milk, yogurt, cheese, green leafy vegetables, almonds)
- If you cannot tolerate dairy, you can take a supplement or a calcium-fortified juice.
- 2-4 servings of fruits and vegetables a day
- 175-200 grams of carbohydrates, which make up 45%-65% of one's diet (bread, rice or pasta)

Shots you may receive during pregnancy

Pertussis (whooping cough) and Tdap vaccine

Pertussis, also known as “whooping cough,” can be life-threatening to babies. The most effective way to decrease pertussis is for mothers to receive the Tdap vaccine during pregnancy. This will be offered to you after 28 weeks. The vaccination is beneficial in passing the antibodies you develop on to your baby through the placenta and breast milk. The most likely place for your baby to be exposed to pertussis is in your home. Some babies with pertussis may not produce a cough, the absence of which can make it difficult to tell if they have it. Pertussis antibodies decrease over time. Therefore, it is important to get the vaccine with each pregnancy.

Influenza and the flu vaccine

Influenza (flu) is more likely to cause severe illness in pregnant women because pregnancy compromises your immune system, and causes changes in your heart and lungs. Influenza may also be harmful to the developing baby. Receiving the flu vaccine is the most important way to protect you from contracting the virus. The vaccine will also create antibodies that will pass to the baby for protection for the first few months after delivery. The annual flu vaccine can be administered at any time during pregnancy.

RhoGAM and Rh-negative mother

As part of your first trimester lab work, your doctor will identify your blood type using two factors: blood group (O, A, B or AB) and Rhesus status (Rh positive or negative). The majority of people are Rh positive; however, when a woman is Rh negative and her baby is Rh positive, they are termed Rh incompatible. For this, a medication called RhoGAM is given at 28 weeks in pregnancy to protect blood sharing between mother and baby. Normally, a mother and baby would not share blood; however, blood can be transferred if trauma occurs or during delivery. If an Rh-positive baby’s blood does mix with the blood of an Rh-negative mother, her body will develop anti-Rh antibodies, possibly affecting future pregnancies by causing her blood to attack the blood of any future babies. These antibodies can cause severe health issues for the baby. Receiving RhoGAM helps prevent antibodies from forming if any blood sharing were to occur. You may also receive RhoGAM with Rh-negative blood type if you have any bleeding during your pregnancy; after an ectopic pregnancy; after miscarriage or abortion; or prior to any invasive procedures. You may also receive RhoGAM if there is any trauma to the abdomen during pregnancy, or following an attempt to manually turn the baby from a breech presentation.

Medications safe to take in pregnancy

For any questions or if you are unsure about a medication, please contact your OB-GYN office, especially during your first trimester.

For minor discomfort: Tylenol® or Extra-Strength Tylenol®. Take aspirin only as directed by your doctor.

For sinusitis/nasal congestion: Sudafed®, any Tylenol® products, regular Mucinex®, saline/sea-salt spray, Chloraseptic Throat Spray® or Zicam®.

For constipation: Colace®, Miralax®, magnesium citrate, Mylanta® for gas, Fiber-Con®, Benefiber®, Dialose®, Dialose Plus® or Surfak®.

For indigestion: Most over-the-counter antacids such as Prilosec®, Nexium®, Tums®, Zantac®, Pepcid®.

Do not use Alka Seltzer®, sodium bicarbonate or Tagamet®.

For cough: Robitussin®, Robitussin DM® or Delsym®.

For diarrhea or hemorrhoids: Imodium AD®, Preparation H® or Anusol®. If itching persists, call your doctor’s office.

For allergies: Benadryl®, Zyrtec®, Allegra®, Claritin® or Xyzal®.

For sleep: Benadryl®, Unisom®, Tylenol Simply Sleep® or melatonin.

For minor itching: Benadryl®, Benadryl® cream, Caladryl® lotion.

For nausea and vomiting: Emetrol®, Dramamine®, vitamin B6, ginger.

Do not use Pepto Bismol®, floxins (for ear infections or swimmer’s ear) or any type of tetracyclines.

Labs you will have during pregnancy

Multiple blood tests will be performed during pregnancy to monitor the health of mom and baby. It is important to have all orders completed.

Name of test	When	Description
First trimester labs	1-12 weeks	Blood type and Rh factor, CBC, RPR, HIV, hepatitis B, hepatitis C, rubella, urinalysis, and drug screen.
Genetic prenatal screening (optional)	Greater than 10 weeks	A blood-based genetic test that screens for chromosomal abnormalities that affect the baby’s health. Results usually take 7-10 business days. (Not always covered by insurance)
AFP/quad screen	15-21 weeks	Blood test to determine the chances your baby could have Down syndrome, trisomy 13, trisomy 18, or spina bifida.
Third trimester labs	28 weeks	Diabetic screening and repeat CBC, HIV, RPR, hepatitis B and hepatitis C.
Group B strep	36 weeks	Vaginal/rectal swab testing for common bacteria present in 30% of women. It is asymptomatic and harmless to you. You will be treated with antibiotics prior to your delivery to protect the baby as it passes through the birth canal.

Pregnancy-related conditions

Preeclampsia and high blood pressure during pregnancy

Blood pressure will be monitored at each appointment. Normal blood pressure varies. Long-term high blood pressure could increase risk of complications for mom and baby by causing extra stress on the body with an increased blood supply. Treatment will vary depending on how elevated one’s blood pressure is. (More on elevated blood pressures and when to contact your provider or go to the hospital on page 12.)

Gestational diabetes

Gestational diabetes is a result of the way the body produces insulin. During pregnancy, the body can have higher glucose levels when there is a resistance to insulin production. Normally, your body will decrease insulin production during pregnancy. Women at higher risk of developing gestational diabetes include those who are over the age of 25, are overweight, have a family history of diabetes, or are of African American, American Indian, Asian American or Hispanic descent. You will be tested for gestational diabetes around 24-28 weeks of pregnancy, and treatment will vary.

Your body during pregnancy



First trimester (1-14 weeks)

- Common symptoms are fatigue, bloating, constipation, indigestion, cramping (this is normal, unless accompanied by bleeding or back pain), pelvic pain, and tender/swollen breasts.
- Some may also experience decreased appetite, food aversion, or enhanced sense of smell.
- Increased vaginal discharge is normal, but if you experience itching, irritation or foul odor, please call your doctor.



Second trimester (14-28 weeks)

- Some may experience shortness of breath as the stomach grows with the baby's growth; this is normal and caused by the baby pushing organs up into the lung space.
- Skin changes also occur, such as acne, varicose veins and itching. If itching should become excessive, please contact your provider.
- Ligament pain is a common result of the uterus' expansion. The pain is typically located around the sides of your stomach and can radiate into the pelvis.
- Braxton Hicks contractions may start. These are practice contractions and are normal, but if you start having 3-4 contractions in an hour, contact the office.



Third trimester (28-delivery)

- Symptoms such as heartburn, constipation, hemorrhoids, leg cramping, swelling in the feet and ankles, and tingling or numbness in your hands may occur.
- Some may start to leak colostrum, or breast milk, from their breasts.
- Vaginal discharge may become heavier or change in texture, and frequent urination is most common. This is normal.
- If you should notice significant swelling in your hands, face or feet accompanied by other symptoms such as a headache, visual disturbances, or increased blood pressure greater than 140/90 mm/Hg, you should contact your provider immediately.

Your baby's development

6 weeks	Baby's nose, mouth and ears are starting to form.
10 weeks	Organs and structures are in place and growing.
12 weeks	Fingers and toes have separated; genitals have formed; and the kidneys now excrete urine.
16 weeks	Baby has a growth spurt and will double in size! Ears, eyelashes and fingernails develop. Baby's fingers open and close.
20 weeks	Baby is covered in fine hair, can swallow, and practices sucking. Anatomy ultrasound can now determine a baby's gender. The digestive system is producing meconium, which will pass with the baby's first bowel movement.
24 weeks	Eye movement begins. Lungs continue to develop and produce surfactant, which helps with breathing. Baby can recognize some noises outside the womb.
28 weeks	Baby can now see light filtering through the womb. Baby can blink and has eyelashes.
31 weeks	Baby's kicks are now strong. Baby can now turn its head from side to side.
34 weeks	Baby's nervous system and lungs are maturing.
37 weeks	Baby's lungs and brain continue to mature. Kidneys are now fully developed.
39 weeks	Baby is now full-term and ready for delivery!

When to go to the hospital

Please do not hesitate to go to the OB Emergency Care Center at Ascension Sacred Heart Pensacola if you feel there is an emergency. Use the Maternity and Women's Center entrance, next door to the Studer Family Children's Hospital off Ninth Avenue. Take Elevator B to the second floor. Follow the red signs to the OB Emergency Care Center.

If you are fewer than 16 weeks along, please go to the adult emergency room. Find ER care near you at ascension.org/SacredHeartCare.

If you are 16 weeks pregnant or more, please go to the OB Emergency Care Center on the Ninth Avenue campus.

Any of the conditions or symptoms below require evaluation in the emergency room, not a doctor's office.

- Any falls, especially if you land on your stomach.
- Motor vehicle accidents or any other trauma/violent assault, no matter how minor you think it may be. Evaluation is recommended to ensure the health of you and your baby.
- Any vaginal bleeding (not spotting) that may occur with or without abdominal pain.
- Intense abdominal pain with or without vaginal bleeding.
- Contractions that are five minutes apart or less, lasting 60 seconds or longer, especially if you are in pain with these contractions or have increasing pelvic pressure.

- If you think you are leaking fluid or that your water has broken. You may leak fluid with certain changes in position. When your water breaks, you may feel a "gush" of fluid from the vagina, followed by a continuous small trickle.
- Elevated blood pressures greater than or equal to 140/90, especially with symptoms of headaches not relieved with Tylenol, hydration or caffeine; if you have visual disturbances, and/or abdominal pain.
- Vomiting and/or diarrhea that persists and is not alleviated with medications recommended by your provider or mentioned on your medication list. You may require IV hydration and/or fetal monitoring.
- In your third trimester, you should feel your baby move a minimum of 2-10 times in two hours, depending on gestational age. If you are not feeling the baby move during your third trimester, or if there is a significant decrease in movement, proceed to the hospital immediately for evaluation.

At any time, you can call the office and speak with the clinical staff about any concerns. If you are calling after hours, proceed directly to the OB Emergency Care Center. Be sure to inform your provider of any emergency room visits.

Childbirth preparation

The Family Birth Place offers a variety of childbirth and parenting education classes. We recommend moms-to-be complete childbirth classes between their 28-36th week of pregnancy. Each program is designed to help you prepare for the big arrival of your bundle of joy and the days that follow back home. To sign up, please pre-register (a requirement for all classes). Classes and tours fill up quickly. For your convenience, some programs are accessible as an online class.

For assistance with class registration, to reschedule for a different class, or to request a refund due to scheduling conflicts, please call our childbirth educator at 850-278-3995 before the date of the class.

To schedule a tour, please contact Volunteer Services at 850-278-3676.

Epidural and anesthesia

Ascension Sacred Heart provides 24/7 on-site anesthesia dedicated solely to our maternity patients. Having an anesthesia team dedicated to our maternity patients helps us provide you with timely pain relief measures at all hours. This is especially important in the event of an emergency when minutes can make a difference in outcomes. Our team provides epidurals to ease your pain and make you more comfortable during the labor process, as well as anesthesia for cesarean sections and emergency surgeries. IV pain medications are also available. Talk to your doctor about your preferences for pain management. If you plan to use anesthesia during the birth of your child, you will need to view a mandatory film on the procedure and complete paperwork prior to your seventh month of pregnancy.



Scan the QR code to watch a video regarding epidurals during labor and delivery.

Types of deliveries

Vaginal

Labor begins with regular, consistent contractions. The cervix thins out (effaces) and opens up (dilates) so the baby can make its way into the birth canal. Dilation (amount of the cervix that is open) is measured in centimeters, from 0-10 centimeters.

There are three stages of labor:

Stage 1: In early labor, you may feel contractions every 5-15 minutes, lasting 60-90 seconds. The contractions will gradually come more frequently, and the pain will usually wrap from around your back into your abdomen, with your stomach tightening up. You are considered in active labor when your cervix has dilated to 3 cm and you are having regular contractions coming as often as every minute, lasting greater than 45 seconds. Your water may break during this time. If you have not already, it is time to come to the hospital.

Stage 2: This is delivery of your baby.

Stage 3: This is delivery of the placenta.

Cesarean delivery

Most babies are delivered vaginally, but sometimes under certain conditions, a cesarean section may be required to deliver babies safely. A cesarean section is a delivery by an incision made in the abdomen and through the uterus. Factors that may result in the need for cesarean delivery include labor's failing to progress; abnormal fetal heart rate; multiple babies; large babies; or other medical conditions that may put mom or baby at risk during a vaginal delivery. Following delivery, the placenta is removed from the uterus, and both incisions are closed. The incision in the uterus will be closed with sutures that will dissolve on their own over time. The abdominal incision will be closed with staples, sutures or surgical glue.

Vaginal birth after a cesarean delivery

Many women may wish to try to give birth vaginally after a cesarean delivery. This is known as a VBAC. Approximately 60%-80% of women can successfully have a VBAC. You should have a discussion with your doctor in detail to decide if you meet criteria for VBAC delivery. These criteria include the following: type of prior uterine incision; number of previous deliveries; and any other medical history the mother may have.



Breastfeeding information

First trimester breastfeeding basics

Benefits

- **For baby:** Lower risk of ear infections, diarrheal diseases, childhood cancers, juvenile diabetes, obesity, rheumatoid arthritis, allergies, SIDS. Provides antibodies for general wellness, specially designed nutrition.
- **For mom:** Less postpartum hemorrhage, positive effect on mental health, lower rates of osteoporosis, lower rates of breast/ovarian/uterine cancers, lower heart disease.

Risks of formula

- Harder on newborn gut, higher risk of infant infections, allergies, obesity, childhood cancers and diabetes.

Sacred hour

- **Skin-to-skin:** The baby is placed naked on mom's chest at delivery for one hour or until after first feeding. This contact sends signals between mom and baby, increasing immune protection and allergy protection; increases and prolongs breastfeeding; calms mom and baby; regulates blood sugar, heart rate, temperature, and respiratory rate in newborn.

Rooming-in

- Moms are encouraged to keep their baby with them at all times for safety, security, and getting to know one another. Mothers will be more in tune with baby's cues and signals than anyone else. This also facilitates better breastfeeding relationships.



Scan the QR code for more first trimester breastfeeding information.

Second trimester breastfeeding basics

- **Colostrum:** Baby's first milk! Begins production around 14 weeks of pregnancy. It's very thick and sticky to help pass the first sticky meconium stools. The baby only needs small amounts at a time. This milk is made specifically for each mother's baby. It helps to promote immunity and seals the gut to ensure good gut health.
- **Feeding "on cue":** Watch baby for feeding cues (sucking hands/fists, smacking lips, turning head side to side, "rooting"). Aim for 8-12 feedings per day. First day, the baby will be super sleepy with cluster feeding on the second day.
- **Hand expression:** Learn proper technique! This is a learned skill and can be very helpful in removing milk from the breast immediately after birth.



Scan the QR code for more second trimester breastfeeding information.

Third trimester breastfeeding basics

- **Latch:** The proper attachment to the breast is necessary for the baby to get the milk that is available and to prevent nipple pain and soreness. Baby's chin should be touching the breast and lips flanged out like fish lips.
- **Positioning:** Football hold, cradle hold, cross cradle hold, laid back breastfeeding, side-lying. Tummy to tummy, nipple to nose. Baby's head should be aligned with his body so that his head is not turned sideways.
- **Risks of formula supplementation:** Engorgement of the breasts, mastitis, nipple confusion, poor latch to the breast, decreased milk supply, potential for cow's milk allergy; increased risk of diabetes, infant infection and allergies, obesity, childhood cancers.



Scan the QR code for more third trimester breastfeeding information.

Additional resources

Breastfeeding: Breastfeeding offers multiple benefits to a baby. In the first feedings, colostrum coats and seals the newborn's intestines. It also passes numerous antibodies that benefit the baby by lowering the risk of respiratory illnesses and ear infections, childhood diabetes, obesity, asthma, cancer and multiple other conditions. To talk with a lactation consultant, call 850-278-3995.

Breast pumps: Most insurances will help pay for breast pumps or pay for them in full. If you are interested in a breast pump, start by reaching out to your insurance company to see if they have a preferred vendor to use. Your provider's office will place the order for you around week 28 in your pregnancy upon request.

The following websites have more information regarding the services/supplies offered:

- Edgeparkbreastpumps.com
- aeroflowbreastpumps.com/qualify-through-insurance
- 1naturalway.com
- Ashlandbreastpumps.com
- Spectrababyusa.com
- babypavilion.com



Scan the QR code to download the Ascension Sacred Heart guide to breastfeeding.

Postpartum period

The first week after delivery

Before you are discharged from the hospital, a nurse will review all discharge instructions with you. Your provider will want to see you for follow-up about 2-6 weeks after delivery. Your baby will need to see a pediatrician 1-2 weeks after delivery unless otherwise directed.

Bleeding: Following delivery, your body will be shedding the tissues that line your uterus during pregnancy. In the first several days following delivery, you will have bright red vaginal discharge; it will be heavy and you will likely notice blood clots. This is normal. It is recommended you wear maxi sanitary pads, but absolutely no tampons are to be worn. In the weeks to follow, the bleeding should decrease gradually and should become lighter in color. Everyone heals differently. Some may have bleeding resolved within 4-6 weeks, but others may take longer. If at any time during your postpartum period you are saturating one or more maxi pads an hour, please contact the office.

Perineal pain: This is the area located between your vagina and anus. Stretching of this area during labor and childbirth can sometimes result in tears that require stitching. You will likely have discomfort and pain in the area for 1-2 weeks. Applying cold packs, applying chilled witch-hazel pads, or sitting in warm water just deep enough to cover your hips will aid in relieving discomfort. You might also be sent home with a numbing spray that can be used following delivery. Sitting on a cushion or pillow may also help if sitting is uncomfortable. Make sure to use your perineal bottle with warm water after using the restroom and frequently throughout the day to keep the area clean. Dab, do not wipe, after using the restroom.

Uterine contractions: You will likely still experience contractions following delivery. This is the uterus' way of returning to normal size. You will be provided pain medications at discharge to help with this discomfort, but over-the-counter ibuprofen or Tylenol will also assist with pain relief.

Painful urination: This is common following delivery because of swelling in the area after the baby passes through the birth canal. Sitting in warm water just deep enough to cover the hips and using your perineal bottle with warm water to cleanse the area will help with pain and discomfort. Swelling will improve in the coming weeks after delivery and these symptoms should subside. You may also likely experience some involuntary leakage of urine. Kegel exercises will help re-strengthen pelvic floor muscles and aid in faster healing.

Hemorrhoids: Hemorrhoids may appear during pregnancy, but can worsen following delivery because of straining that occurs during labor and delivery. Warm sitz baths, chilled witch hazel pads, and dry heat all work to alleviate discomfort. You may also be sent home from the hospital with medicated ointment or spray. Try not to strain during bowel movements as straining will make hemorrhoids worse. Take stool softeners as advised following delivery. If you have constipation or painful gas, try to take walks, eat food high in fiber, and drink plenty of fluids. If you are still having problems after attempting these solutions, please contact the office.

Weeks 8-12 after delivery

It is important to focus on your physical and mental well-being. Your breasts may be tender and full. Make sure to wear a well-fitting bra for support. Ice packs can help with pain relief and swelling. As a new mom, you are going to be tired. Try to get as much rest as you can, and sleep when the baby sleeps. Limit visitors, eat a healthy diet, and ask for help if you need it. If you are breastfeeding, your menstrual period may not return for months, but it is possible your menstrual cycle could return as soon as 6-8 weeks.

Please call the office if you should have any of the following symptoms:

- Fever greater than 100.4 degrees Fahrenheit
- Severe abdominal pain
- Swelling or tenderness in legs
- Red or foul-smelling discharge from your episiotomy, perineal tear or around cesarean incision
- Red streaks or painful lumps on breast
- Bleeding heavier than a normal menstrual period
- Foul-smelling vaginal discharge
- Any feeling of hopelessness or feeling of detachment lasting more than 10 days

Postpartum depression: The “baby blues” are feelings of sadness after delivery. These are normal and caused by the sudden change in hormones in the body. If these feelings do not start to subside, or you start to feel like you have lost the feeling of enjoyment in life, this could be a more serious condition: postpartum depression. Postpartum depression is classified as feelings of despair, hopelessness or anxiety, and loss of attachment to things you enjoyed before giving birth. You can develop these symptoms up to one year following delivery, but symptom development is most common in the first three weeks. Postpartum depression occurs in 10% of mothers. Always know you can call and talk to your healthcare providers. We are here to help you.

Postpartum office visits: Your provider will discuss with you when to expect follow-up appointments with the office. Most women have 1-2 visits, falling between 2-6 weeks after delivery. These are important appointments to keep. At these appointments, your provider will make sure you're recovering well. Family planning and sex after childbirth will be discussed at the six-week postpartum appointment. Discuss any issues with your postpartum mental health with your provider.

Some important things to look out for:

- Trouble doing tasks at home or work
- Anxiety or panic attacks
- Strong feelings of depression or anger
- Appetite changes
- Increasing feelings of sadness, doubt, guilt or helplessness
- Extreme concern about the baby or severely lacking concern
- Fears or thoughts of harm to yourself or baby



Adding your baby to your health insurance plan

Important information

- Your newborn is not automatically covered at birth by your employer's health insurance plan.
- Your newborn's hospital bill will be covered once you've added your baby to your health insurance plan.
- After your baby is discharged home from the hospital, any healthcare for your baby will not be covered by your insurance if you do not follow the needed steps.
- Call your insurance company to add your baby to your health insurance plan. You should also contact and/or visit your employer's human resources department to complete needed paperwork, or ask questions about adding your baby to your health insurance plan. Calling your insurance company is not always enough to get your baby added to an employer's group health insurance plan.
- Even if your baby is healthy, you will want your baby covered by your health insurance plans so that costs from future checkups and doctor's visits are covered, as well as any medical emergencies that come up.

For any questions, please call registration at 850-278-3500.

Billing

Our team includes in-house professionals who are here to assist you with any of your billing questions or needs if necessary. Please remember the best way to get information regarding your insurance benefits is to contact your insurance company directly.

After your first obstetric appointment, we will send notification to your insurance for an outline of benefits to get an estimated out-of-pocket cost for your care. Your estimated out-of-pocket cost will be divided into monthly payments, or a pre-payment plan, to be paid in full before your 28-week visit (unless you are a late transfer to our care). If an overpayment occurs, you will be refunded. If you are unable to make payments or need financial assistance, please let our staff know, and we will get you in contact with the financial-assistance department.

We will bill your insurance for all routine obstetrical care throughout your pregnancy. Most commercial insurances are billed out as a "global charge." This means we will not bill out for services until after you deliver. This includes all prenatal, delivery and postpartum care through six weeks after delivery. Most insurances cover the first ultrasound as a global charge. However, all ultrasounds, including the anatomy ultrasound, are subject to individual insurance benefits. All blood work will be billed from the facility where the labs are performed. If you transfer care during your pregnancy or deliver elsewhere, the prenatal care is no longer billed as global charge and will be billed for each visit/service we have provided. If any additional tests or referrals (including high-risk referrals to Regional Perinatal Center) are needed, these services will not fall under the global charge.

Medical records

A patient care summary of each visit will be provided to you following your appointments, or will be published to your secure patient portal upon request. If requested, you can also receive a copy of all lab work published to your portal free of charge. If you request a hard copy or fax copy of records, there will be an additional fee.

FMLA

There is no charge for the completion of your FMLA paperwork. However, there is a fee for any additional family member FMLA paperwork to be completed.

What to pack for your hospital stay

Having your bags packed several weeks before your hospital stay will help reduce stress on delivery day, because you'll be ready to go as soon as labor begins. For your convenience and peace of mind, we've provided the following sample checklist of items to make sure you've got everything you need for your time at Ascension Sacred Heart.

You may want to pack two bags — a small overnight bag for the items you'll need during labor, and a larger bag for everything else that you'll need later after your baby arrives.

For labor and delivery

Your birth preferences: Bring three copies — one for you, one for your nurse and one for your doctor. Our Monogram Maternity birth designer is available to meet with you during your pregnancy to help you build your birth preferences and provide education about what to expect in labor and delivery.

- Picture ID
- Your insurance card
- Your pediatrician's name



Scan the QR code to schedule an appointment or call 850-416-6378 (NEST).

To give your baby the healthiest start possible, we recommend that, prior to your baby's birth, you choose the doctor who will care for your little one during your hospital stay and beyond. Before you deliver, visit your pediatrician so you can ask questions regarding breastfeeding, checkups and immunizations. For assistance choosing a pediatrician, please visit SacredHeartBaby.com.



Labor and delivery outfit: Some mothers choose to wear their own clothes during labor, rather than the traditional hospital gown. Choose something loose and comfortable that you don't mind getting soiled. You'll need to wear a loose skirt or dress instead of pants so that your practitioner can check your cervix. Tops should have short, loose sleeves so you can have an IV placed and your blood pressure can be checked easily.

- Slippers for walking around the hospital during early labor or after delivery
- Socks to keep your feet warm
- Eyeglasses (Even if you usually wear contacts, you'll probably need or want to take them out at some point during your stay.)
- Hair clip or band to keep hair out of the way during delivery
- Lip balm
- Pillow from home (Choose a patterned pillowcase so it won't get mixed up with hospital pillows.)
- Magazines or book for downtime while you're waiting for baby to arrive
- Music player for soothing music to help you relax before and after delivery
- Massage oils, tennis balls or rolling pin for massage to relieve pain from back labor
- Toiletries such as toothbrush, toothpaste, deodorant, lip balm, makeup, hairbrush, shampoo and body wash
- Fresh nightgown and robe
- Maternity underwear, something that fit during your sixth month of pregnancy
- Breast pads, to stop messy leaks by absorbing milk
- Nursing bra or tank top to support swollen breasts, keep breast pads in place, and make breastfeeding easier
- Nursing pillow to reduce the strain on your arms, neck and back while nursing
- Sanitary pads, provided for your use after delivery, but you may prefer your favorite brand
- Going-home outfit, something loose and easy to get into that fit during your sixth month of pregnancy, along with a pair of flat shoes

For your baby

- Infant car seat to keep your baby safe on the ride home. You can't leave the hospital without one. It's the law!
- Going-home outfit — an adorable outfit for your baby's homecoming
- Hat to prevent heat loss by covering your baby's head
- Booties/socks to keep little feet snug and warm
- Receiving blankets for swaddling newborns

For your partner/labor coach

- Toiletries such as toothbrush, toothpaste, shampoo, deodorant
- Change of clothes
- Snacks and reading material for downtime while you're waiting for baby to arrive
- Money is needed for the vending machine snacks and hospital cafe. If you would like, you can pre-arrange for a meal tray from our hospital cafe to be delivered to your room for your partner while your meal is served.
- Phone/charger to alert your loved ones of your baby's progress and photograph those precious first moments of your baby's life. Don't forget your charger!

Find neighborhood resources all in one place

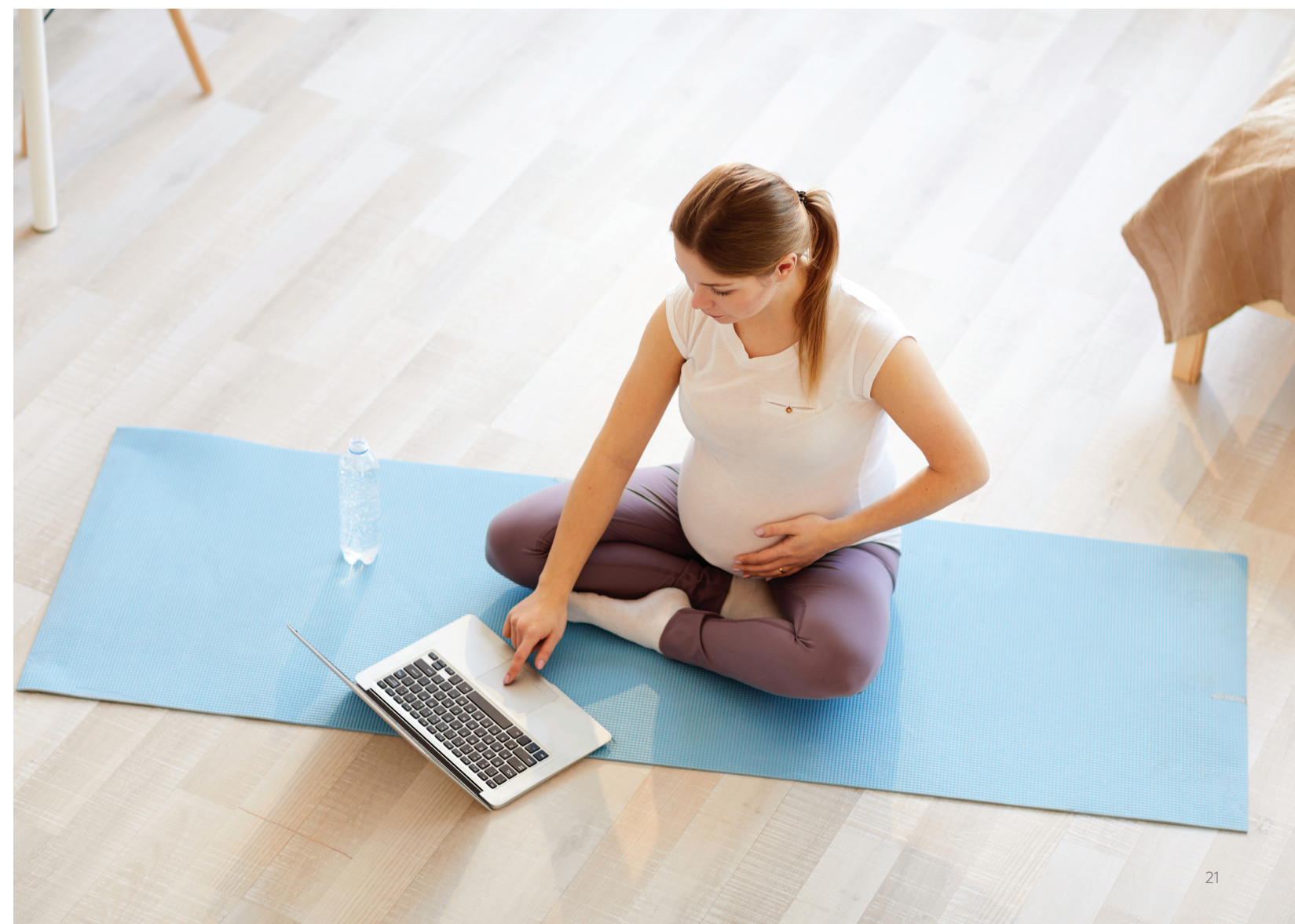
Free or reduced-cost services like healthcare, housing, transportation, job training and more

Neighborhood Resource is an easy-to-use online platform that connects you to social services and resources in your community. Simply enter your ZIP code into the Neighborhood Resource page to find verified, free and reduced-cost services in your community.



Scan the QR code to learn more at
NeighborhoodResource.FindHelp.com

- **Healthcare:** Look for services like medical care, health insurance, dental care, counseling and more.
- **Food:** Find a food pantry in your community, or see what food delivery options are near you.
- **Housing:** Learn more about government housing aid that is available.
- **Transit:** Get information to help pay for gas, bus passes and even assistance with transportation.
- **Work:** Access job placement assistance and get help finding work, even learn a new skill or trade.
- **Financial assistance:** Get help with financial aid, loans, disability benefits, and child care.



My questions

List here any notes or questions you have for any member of your care team.



Ascension Sacred Heart

SacredHeartBaby.com

© Ascension 2024. All images, photos, text and other materials are subject to copyrights owned by Ascension, or other individuals or entities which are used with their permission, and are protected by United States copyright laws. Any reproduction, retransmission, distribution or republication of all or part of any images, photos, text, and other materials is expressly prohibited without the express written approval and under the approved format of Ascension.

MASCPEN-0056EC 635388