



Community Health Center of Southeast Kansas

Prenatal Care Information Packet

Welcome and congratulations on your new pregnancy! We look forward to serving you with all of your pregnancy needs. Enclosed you will find some tips and suggestions to help with questions you might have. Please do not hesitate to call the office with any other concerns or questions.

CHC/SEK Prenatal Care providers:

Dr. Linda Bean

Dr. Joshua Brueggemann

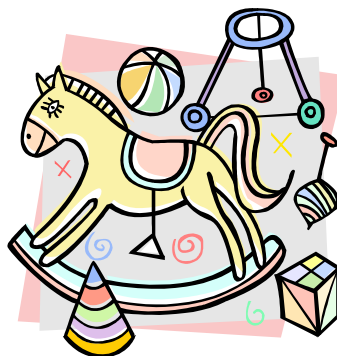
Dr. Michelle Prebyl

Nancy Cashero, ARNP

Cheryl Rajotte, ARNP

Pittsburg Clinic
620-231-9873
3011 N. Michigan

Columbus Clinic
620-429-2101
120 W. Pine



What should I expect from my visits?

Your first two visits will be with a nurse practitioner. She will confirm your pregnancy, answer any questions you might have and perform a pap-smear on your second visit.

You will then be paired with one of our family practice doctors for the remainder of your pregnancy. You can expect:

- to be prepared to give a urine sample at each visit
- initial blood work and a pelvic exam
- to be offered testing for certain birth defects
- a glucose tolerance test at 28 weeks
- at least one ultrasound referral
- a Group B strep test at 36 weeks
- weekly appointments after your 36th week of pregnancy

During your initial visits, you may meet with our **Eligibility Assistance Coordinator**. She will guide you through the process of applying for Medicaid and other programs available to you.

You will also meet with our **Nutritionists**, who will help you make the right choices about healthy eating for two!



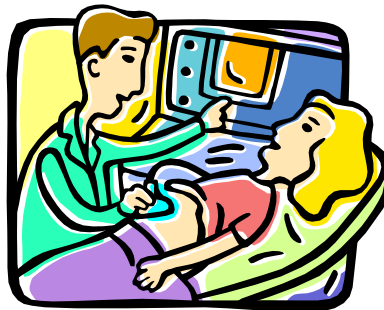
Your doctor will recommend that you see a **Dentist** for a routine checkup of your oral health. Your cleaning should be scheduled in the first trimester of your pregnancy. To make an appointment with the CHCSEK Dental Clinic, call 231-6788.

WIC is a program that provides nutritional food and support for pregnant mothers and their children. For more information on this program, please speak with your doctor, the Nutritionist, the Eligibility Assistance Coordinator or call 231-5411.



Text4baby is a new service available to mothers-to-be. If you would like to participate, text "BABY" to 511411 and you will receive weekly text messages, timed to your due date. The messages, which have been vetted by government and nonprofit health experts, deal with nutrition, immunization and birth defect prevention, among other topics. The messages will continue through the baby's first birthday.

If an **emergency** arises, please call the clinic as soon as possible. If the clinic is closed, you can go directly to the ER.



What will it cost to have my baby?

We accept both Medicaid and commercial insurance. Our Eligibility Assistance Coordinator can explain to you what will be covered through Medicaid. If you have commercial insurance, you will need to check your benefits to learn what will and will not be covered. You can fill out a Financial Assistance application to help cover costs that your insurance does not pay.

If you do not have an insurance plan, we can help you with financial assistance. You will meet with our Patient Navigator and she will help qualify you. The clinic's delivery charge will need to be paid prior to delivery of your baby. Our Patient Navigator can assist you in setting up a payment plan. Hospital visits will not be charged through CHC/SEK, so you will need to meet with the Financial Department of your hospital. We have financial assistance applications for Mt. Carmel Regional Medical Center available if you need one.

Medications you may use during your pregnancy

You should try to avoid taking ANY medication during the first 14 weeks of pregnancy.

The use of generic substitutes is OK.

- **Headaches** Tylenol or Acetaminophen (325 mg 3-4 times a day). Do NOT use aspirin or ibuprofen products.
- **Heartburn** Riopan (liquid low sodium), Mylanta (liquid), Pepcid or TUMS. Take 30-60 minutes after meals or as needed.
- **Constipation** First, you should increase fluid and fiber intake. Then you can try Colace (100 mg 2 times a day), Miralax or Metamucil (as directed 2-3 times a day).
- **Stuffy Nose or Head/Clogged Sinuses or Ears** Saline nose spray, vaporizer or humidifier, Breath Right strips, Mentholatum or Vicks Vapor Rub.
- **Runny Nose, Itchy Eyes** Benadryl (25-50mg)
- **Cough or Congestion** Robitussin DM, Vapor Rub or a humidifier.
- **Body Aches Associated with Cold Symptoms** Tylenol
- **Nausea** Ginger Ale, candy, vitamin B-6 (50 mg three times a day), Unisom (1/2 tablet), syrup from canned fruit or Meclizine

Ask your doctor before taking any medications.



Benefits of Breastfeeding

Breastfeeding is more than a lifestyle choice — it's an important health choice. Any amount of time that you can do it will help both you and your baby. There are many benefits of breast milk for mothers, babies and others. In 1997 The American Academy of Pediatrics significantly strengthened their recommendations regarding breastfeeding.

Benefits for Babies, Moms, and Families

- Breastfeeding is normal and healthy for infants and moms.
- Breast milk has disease-fighting cells called antibodies that help protect infants from germs, illness and even SIDS. Infant formula cannot match the exact chemical makeup of human milk, especially the cells, hormones and antibodies that fight disease.
- Breast milk is different from infant formula. Colostrum, the thick yellow first breast milk that you make during pregnancy and just after birth, will give your baby the best start at life. It is known as "liquid gold." It is very rich in nutrients and antibodies to protect your baby as he or she first enters the world. Although your baby only gets a small amount of colostrum at each feeding, it matches the amount his or her tiny stomach can hold.
- Your milk changes over time to meet your baby's needs. Your breast milk that begins to be made by the third to fifth day after birth has just the right amount of fat, sugar, water, and protein that is needed for a baby's growth. It will be a thinner type of milk, but just as full of all of the nutrients and antibodies for your baby.
- For most babies, breast milk is easier to digest than formula.
- Breastfeeding can save you between \$1,160 and \$3,915 per year, depending on the brand of formula.

Benefits for Society

- Breastfeeding saves on health care costs. Total medical care costs for the nation are lower for fully breastfed infants than never-breastfed infants since breastfed infants typically need fewer sick care visits, prescriptions and hospitalizations.
- Breastfeeding contributes to a more productive workforce. Breastfeeding mothers miss less work, as their infants are sick less often. Employer medical costs also are lower and employee productivity is higher.
- Breastfeeding is better for our environment because there is less trash and plastic waste compared to that produced by formula cans and bottle supplies.

IS IT TIME YET?

Spot the Signs of Labor

As you approach your due date, you will be looking for any little sign that labor is about to start. You might notice that your baby has "dropped" or moved lower into your pelvis. This is called "lightening." If you have a pelvic exam during your prenatal visit, your doctor might report changes in your cervix that you cannot feel, but that suggest your body is getting ready. For some women, a flurry of energy and the impulse to cook or clean, called "nesting," is a sign that labor is approaching.

Some signs suggest that labor will begin very soon. Call your doctor or midwife if you have any of the following signs of labor. Call you doctor even if it's weeks before your due date — you might be going into preterm labor. Your doctor can decide if it's time to go to the hospital or if you should be seen at the office first.

- You have contractions that are stronger at regular and shorter intervals.
- You have lower back pain and cramping that does not go away.
- Your water breaks (can be a large gush or a continuous trickle).
- You have a bloody (brownish or red-tinged) mucus discharge. This is probably the mucus plug that blocks the cervix.

False Labor

Many women, especially first-time mothers-to-be, think they are in labor when they're not. This is called false labor. "Practice" contractions called Braxton Hicks contractions are common in the last weeks of pregnancy or earlier. The tightening of your uterus might startle you. Some might even be painful or take your breath away. It's no wonder that many women mistaken Braxton Hicks contractions for the real thing. So don't feel embarrassed if you go to the hospital thinking you're in labor, only to be sent home.

So, how can you tell if your contractions are true labor? Time them. Use a watch or clock to keep track of the time one contraction starts to the time the next contraction starts, as well as how long each contraction lasts. With true labor, contractions become regular, stronger, and more frequent. Braxton Hicks contractions are not in a regular pattern, and they taper off and go away. Some women find that a change in activity, such as walking or lying down, makes Braxton Hicks contractions go away. This won't happen with true labor. Even with these guidelines, it can be hard to tell if labor is real. *If you ever are unsure if contractions are true labor, call your doctor.*

What do I need to take to the hospital?

- Bathrobe
 - Socks
 - Slippers
- Going home outfit for you and baby
 - Personal Care items
- Nursing bra and pads if breastfeeding
 - Camera
- Infant Car Seat

Preparing Siblings for Baby's Arrival

The relationship between your children and your new baby is very important. Preparing your child or children ahead of time for the birth of their sister or brother will help them adjust when the baby is born. Below are some practical suggestions.

Ways to prepare your older child for the new baby:

- Tell your child about his or her "babyhood" -- how he or she was born and fed, how you rocked him/her and shared many hugs and kisses.
- Show your child photos when he/she was being fed, held and bathed as a baby.
- Give your child a new doll so he or she can practice caring for a "baby" too.
- Make arrangements for your child's care while you are in the hospital. Discuss these arrangements with your child well before the baby's due date.
- Prepare the baby's bedroom or sleeping area in advance, so your child can adjust.
- Talk with your child about what their new sibling will be like. Use books that show pictures of babies and discuss what babies can and cannot do.

Involve your child in preparations for the new baby. Let him or her:

- Help you pack your suitcase for the hospital.
- Help select baby's name.
- Help pick out baby's coming home clothes.







Comforting your baby

- If your baby is crying, he needs you to go to him and care for him.
- You cannot spoil a baby by responding when he is upset.
- In the early months a baby needs to learn that his world is a safe place to be in, and that he can trust his caregivers to meet his needs.
- You may not be able to stop the crying every time, but you need to do what you can to provide comfort, and help your baby learn to cope with his distress.
- Research has shown that when parents give comfort to young crying babies, they may cry less when they are older.

Reasons for crying - a checklist

- Is she hungry?
- Is she uncomfortable? Check if she is too hot or too cold, needs changed, has comfortable loose clothing (not too tight around the tummy).
- Is she in the best place to settle? Some babies sleep better in a quiet dark place, others do better with some noise and activity.
- Is baby gassy? Hold her upright and pat her back for a while, even if she does not burp.
- Check for signs of illness, especially if her crying is different to her usual pattern. Seek help if you are worried.
- Is she overtired? If she has been awake for a while, try wrapping her firmly and rocking or patting her to sleep.
- Does she need a cuddle? Babies need lots of close contact with their parents.
- Baby slings are great to provide the comfort and contact that babies need when you have something else to do.
- Soft music, rhythmic sounds or continuous machine noises (such as the noise made by a washing machine) soothe some babies.
- Most babies settle when taken for a walk, and the exercise helps parents feel better too.
- Some babies only seem to settle when taken for a drive.
- Whispering to babies will sometimes get their attention and stop them crying.



2010 Recommended Immunizations for Babies												
 at birth	HepB											
 2 months	HepB 1-2 mos	+	DTaP	+	PCV	+	Hib	+	Polio	+	RV	
 4 months	DTaP	+	PCV	+	Hib	+	Polio	+	RV			
 6 months	HepB 6-18 mos*	+	DTaP	+	PCV	+	Hib	+	Polio 6-18 mos*	+	RV	(Influenza) 6 mos through 18 years/ seasonal** 2009 H1N1***
 12 months	MMR 12-15 mos*	+	PCV 12-15 mos*	+	Hib 12- 15 mos*	+	Varicella 12-15 mos*	+	HepA 12-23 mos*			(Influenza) 6 mos through 18 years/ seasonal** 2009 H1N1***
 15 months	DTaP 15-18 mos*											(Influenza) 6 mos through 18 years/ seasonal** 2009 H1N1***

Vaccine Descriptions:

- **HepB:** protects against hepatitis
- **DTaP:** a combined vaccine that protects against diphtheria, tetanus, and pertussis (whooping cough)
- **Hib:** protects against *Haemophilus influenzae* Type b
- **PCV:** protects against pneumococcal disease
- **Polio:** protects against polio, the vaccine is also known as IPV
- **RV:** protects against infections caused by the Rotavirus
- **Influenza:** protects against influenza (flu)
- **MMR:** protects against measles, mumps, and rubella (German measles)
- **Varicella:** protects against varicella, also known as chickenpox
- **HepA:** protects against hepatitis A

NOTE: If your children miss a shot, you don't need to start over, just go back to your doctor for the next shot. The doctor will help you keep your children up-to-date on his or her vaccinations.

* This is the age range in which this vaccine should be given.

** Influenza is a seasonal vaccine. All children ages 6 months through 18 years should receive vaccination during the influenza season each year. If this is the first time for flu vaccine, a child should receive two doses, separated by at least 4 weeks. If a child only receives one dose in the first season, he or she should receive two doses the next season.

***In addition to seasonal influenza vaccine, children also are recommended to receive the 2009 H1N1 influenza vaccine. Children younger than ten years should receive two doses of this vaccine separated by approximately 1 month.

For more information, call toll free 1-800-CDC-INFO (1-800-232-4636) or visit <http://www.cdc.gov/vaccines>