



Before Your Baby is Born

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Register for Your Hospital Stay

You are required to pre-register before you come to the hospital to have your baby. You may pre-register anytime during your pregnancy. There are three ways to pre-register - over the phone, by mail or in person. Please contact Pre-registration prior to your due date; have your insurance and social security number available before pre-registering.

- Call Pre-registration at **425.899.2722**, M-F, 7am-5pm to register over the phone.

~ or ~

- Complete the pre-registration form (on the following page) and mail to:
Evergreen Hospital Medical Center
Attn: Pre-registration, MS 22
12040 NE 128th Street
Kirkland, WA 98034

~ or ~

- Complete the pre-registration form and deliver to Inpatient Registration (at the bottom of the escalators in the Evergreen Hospital Blue Zone)

You may be asked to complete pre-registration forms at your physician's office. Following up with Registration is the essential next step. Please contact Registration prior to your due date.

Other consent forms and birth certificate forms are provided to you when you arrive at the hospital to have your baby.

If you have questions, please contact Registration at 425.899.2722.



FAMILY MATERNITY CENTER

Pre-registration Worksheet

MOTHER INFORMATION				Estimated Due Date:	
Last Name:		First Name:		MI:	
Physical Address:				Apt #:	
City:		State:	Zip:	Home Phone:	
Mailing Address				Apt #:	
City:		State:	Zip:		
Work Status: (circle one) Full Time Part Time Retired Unemployed Self Employed					
Employer:			Occupation:		
Address				Work Phone	
City:		State:	Zip:		
Date of Birth:		SSN:		Religion:	
Race/Ethnicity:			Do you have a Living Will or an AD? YES NO		
Marital Status: (circle one) Single Married Divorced Widowed Other:					
Mother's Family Doctor			OB/GYN		
Primary Language			Interpreter Required? YES NO		
Baby's Physician					

EMERGENCY CONTACT			
Last Name:		First Name:	Phone Number
Relationship to Mother:		Second Phone:	

MOTHER'S INSURANCE INFORMATION		<i>If possible, please attach a copy (front and back) of insurance card</i>			
Subscriber Last Name:		First Name:		MI:	
Address:		City/State/Zip:			
Home Phone:		Birthdate:		SSN:	
Employer:			Occupation:		
Address				Work Phone	
City:		State:	Zip:		
Insurance Co Name:			Customer Svc Phone:		
Insurance Address/City/State/Zip:					
Policy Number:			Group Number:		

BABY'S INSURANCE INFORMATION		<i>If possible, please attach a copy (front and back) of insurance card () Same as Mother</i>			
Subscriber Last Name:		First Name:		MI:	
Address:		City/State/Zip:			
Home Phone:		Birthdate:		SSN:	
Employer:			Occupation:		
Address				Work Phone	
City:		State:	Zip:		
Insurance Co Name:			Customer Svc Phone:		
Insurance Address/City/State/Zip:					
Policy Number:			Group Number:		

OTHER INFORMATION					
Are you entitled to Medicare based on (circle one) Disability Renal ESRD					
Are you employed? YES NO			If NO, what year did you retire?		
If married, is your spouse working? YES NO			If NO, what year did they retire?		

COMMENTS/NOTES

Mail completed form to: Evergreen Hospital / Attn: Pre-registration MS-22 / 12040 NE 128th St, / Kirkland, WA 98034

What to Bring to the Hospital?

Things will get exciting once contractions begin. It's best to get packed for the trip to the hospital while you're relaxed and thinking clearly. Here are suggested items to have ready to go once the big day arrives.

For Mom

- Copies of the birth plan
- Bathrobe/nightgown (if you want to wear your own)
- Slippers, socks - footwear is required by health regulations
- Personal grooming items and hair dryer
- Massagers, tennis balls or rolling pin for back labor massage
- Lotions/oils for massage
- Lip balm and breath freshener
- Snacks
- Camera and film/media cards/tape
- Relaxation aids: tapes, games, books, magazines
- Inspiring photographs (of your other children, your pets, a favorite place)
- Going-home clothing
- Nursing bra and nursing pads
- Sanitary napkins (not tampons)
- Address book and prepaid phone card to call family and friends
- PDA/laptop if desired

For Coach

- Personal grooming items
- Change of clothes
- Swimsuit/swim trunks (optional) for sharing tub/shower during labor
- Bring your own pillow and a sleeping bag/comforter for covers at night (our window seat beds can be cool!)
- Snacks

Continued on the next page

What to Bring to the Hospital? (continued)

For Baby

- Infant car seat. *Please have your car seat “baby-ready” – free of packaging with the harness straps positioned in the lowest slots. Practice installing the seat and adjusting the harness straps before your baby’s birth. We strongly recommend attendance to our free car safety offerings, the Car Safe Kids Class and our Car Seat Inspection Clinics. For more information, contact Healthline Registration at 425.899.3000.*
- Undershirt and gown or stretch suit
- Receiving blankets (2)
- Socks or booties
- Hat or cap
- Snowsuit, outdoor wear or heavy blanket (in winter)
- Several diapers, plastic pants or waterproof diaper wrap, if using cloth diapers
- Breastfeeding (automatically provided!) A lactation consultant will visit during your hospital stay.
- Bottles and formula. If formula feeding, you will receive bedside instruction - bring your own bottles if desired and a bottle brush for cleaning. It is very helpful to bring some of the formula you plan to use at home with you.
- Pacifier, if you wish to use one (*not recommended for breastfeeding babies during the first weeks*)
- Calendar - Before going home, an appointment will be scheduled for 3-5 days after birth at the Postpartum Care Center. The timeframe of this essential health follow-up for mother and baby is very important so please bring your calendar and make this appointment for a time you can confirm. Fathers, partners, and family are welcome (and encouraged!) at the Postpartum Care Center visit.

Birth Plan: Your Approach to Birth

The birth of your child is one of life's most special occasions. Some expectant parents find it helpful to create a birth plan while others do not. Whatever you decide, we will help you to make the event as fulfilling and memorable as possible. Just be sure to let us know if there is something important you would like us to know. We are there to support you and guide you as needed.

At the Family Maternity Center, we are committed to supporting your personal approach to birth. Your birth plan will help you convey your hopes for your childbirth experience to your care providers. Birth plan options are described in detail in the birth plan chapter of *Pregnancy, Childbirth and the Newborn*.

Please include any information that will help us enhance your family's birth experience.

Name: _____

Partner's Name: _____

Physician/Midwife: _____

Remember to discuss your expectations with your physician/midwife often during your pregnancy, and review a copy of your birth plan with your care provider before your due date. Bring this birth plan in your notebook with you to the hospital, and pack extra copies in your suitcase to give to the staff caring for you. During your hospital stay, your nurse will be checking in with you to assure that your needs and expectations are met.

1. What are your hopes for your childbirth experience?

2. Who will be with you in labor?

3. Please share anything important you would like us to know about you, your likes and dislikes or anything you would like for us to help you accomplish.

(It is important to share with your care provider if you have any history of sexual assault, rape, or a past frightening hospitalization.)

4. As you think about your upcoming experience, what concerns you most/what occupies your thoughts much of the time?

5. There are many comfort therapies for pain. Which of the following do you hope to use?

(Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Patterned breathing | <input type="checkbox"/> Birth ball |
| <input type="checkbox"/> Beverages / ice chips | <input type="checkbox"/> Squatting |
| <input type="checkbox"/> Walking / position changes | <input type="checkbox"/> Sterile water injections |
| <input type="checkbox"/> Jacuzzi / shower | <input type="checkbox"/> Narcotic analgesics |
| <input type="checkbox"/> Heat and cold | <input type="checkbox"/> Local / pudendal |
| <input type="checkbox"/> Music / attention focusing | <input type="checkbox"/> Epidural |
| <input type="checkbox"/> Massager | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bean bag | |

6. How can your caregivers care for you in ways that are most helpful to you? For instance, do you want a lot of information about your labor progress? How do you feel about touch?

7. After your baby is born, we wish to support you in greeting your newborn and caring for yourself and your baby. We support baby-friendly, family-centered care as follows:

- Initiate parent-baby contact and optimal newborn feeding methods soon after baby is born
- 24-hour rooming-in for learning and family time before you go home with your baby
- Exams and procedures are done in your birthing suite to minimize separation from baby
- Nurses and lactation consultants can help you get a good start with feeding and baby care

Please indicate any other ways you'd like us to support your family's first moments together.

8. Who will be your baby's doctor? _____

9. If your baby is a boy, do you plan to have him circumcised and if so, by whom?

10. What is important to you regarding feeding your baby? _____

11. In the event of something unexpected or an emergency, you will want to think about whom you would wish to contact. It will help your caregivers to know whom you depend on for help.

Who can you depend on for personal support and help for yourself and your family?

Name _____

Phone _____

Name _____

Phone _____

Doulas and You

Evergreen Healthcare Position Paper

We at Evergreen Healthcare believe that birth is one of the most powerful moments in a Woman's life, our philosophy is one that promotes choice, empowering you to obtain the birth of your dreams. You may have chosen to partner with a doula to support you during your labor process, meeting and preparing with her to work as part of your team.

It is also our belief that each person involved in the care of the laboring woman contributes to her emotional well-being. However, your medical provider is responsible for the health of you and your baby. Your medical provider must be able to assess, diagnose and treat complications or concerns as they arise, focusing on a safe delivery for you and your baby. These priorities take precedence over non-medical needs. Your doula may provide communication, confirming what your medical provider's concerns may be. The doula you have chosen may not perform any medical tests, give medical advice, or project her goals for your birth experience.

PER DOULAS OF NORTH AMERICA (DONA) GUIDELINES:

- **Services rendered:** The doulas accompanying a woman in labor provide emotional and physical support. They suggest comfort measures to the partner to support the patient. Doulas do not prescribe treatment. Any suggestions or information provided within the role of the doula must be done with the provision that the doula advises her client to check with her primary care provider before applications.
- **Limits of practice:** DONA standards and certification apply to emotional and physical support only. The DONA certified doula does not perform clinical or medical tasks or give clinical advice. A labor doula will not give medical advice or second opinions and will not project her own goals onto the laboring woman.
- **Certification from DONA** should be provided to the patient and hospital staff.
- **Clarification of training** for each doula must be provided to the nursing staff and patient.
- **Grievance policy and procedure:** If a doula's behavior violates the hospital standards of practice for labor doulas the hospital and its staff will request that the doula leave the labor and delivery unit. This will especially be applied when the doula is interfering with common nursing practice and care. It will also be applied if the physician feels the doula has practiced beyond her scope of her certification or there is interference in medical care provided to the patient by the medical staff.

Labor Checklist

BEFORE LABOR: *Learn As Much As You Can*

- Complete and print out the birth plan and review with your physician or midwife; or tell them what you most want them to know about your hopes and expectations.
- Select a physician for your baby (see “*Choosing a Physician for Your Baby*” in this section).
- Choose and bring the music (CD's and/or DVD's) that you want to have during labor.
- Pack your bags and do as much as you can during the last month. Make a list of things you may need to add at the last minute. Review the list “*What to Bring to the Hospital,*” included in this section.
- Have a car seat ready to take your baby home. See “*Car Seat Safety*” in this section.

Be familiar with signs of labor:

1. Contractions are usually at regular intervals increasing in frequency, intensity, and length. If this is your first baby and you are not sure this is labor, try distraction. *When active labor is under way, there will be little question in your mind.*
2. Mucous plug (bloody show) is not very significant and there is no need to call your physician/midwife or go to the hospital. Be pleased something is happening.
3. If membranes rupture or start to leak, make a note of time, amount, color, and odor. Contact your physician/midwife and the hospital right away (*Evergreen Family Maternity Center's phone number is 425.899.3501*). Ask your physician/midwife for instructions; some physicians/midwives prefer to see you, others may ask you to go to the hospital.

EARLY LABOR: *Stay Patient!*

- Promote rest and relaxation (put class information to good use).
- Provide a quiet, calm atmosphere: use massage, music, and warm water baths as directed.
- Between contractions, rest and go on with your life. Go shopping, walking, or visit friends. *Don't* try to make things happen.
- Try to stay patient. We guarantee that you will not stay pregnant forever!

ACTIVE LABOR

- Partners can help you keep perspective by timing your contractions. Time from the beginning of one contraction to the beginning of the next. Keeping a record of the duration of contractions may help determine changes in the labor pattern. Partners can also help by listening and encouraging your efforts.
- Try counting off 15-second intervals during a contraction if it helps.
- Call the hospital **(425.899.3501)**:
 - If membranes rupture (usually 10-15% of all labors), it is important to call soon, especially if you are Group B strep positive.
 - If you are a first-time mom with contractions at regular 5-minute intervals or less (requiring total concentration) and can't walk or talk through them any longer.
 - If you have had a baby before and contractions are “feeling like labor,” do not wait at home until a strong active labor pattern is established. This labor may progress much more quickly than the last labor.
 - Go over your birth plan with your nurse after arriving at the hospital.
 - Ask the nurse to help you locate the Jacuzzi bathtub, emesis basin, washcloths, ice chips, rocking chair, bean bag chair, birthing ball, extra pillows, extra blankets, tape/CD player, and VCR and/or DVD player.
 - Make yourself as comfortable as possible by dimming the lights, playing music, adjusting the bed, and exploring the Family Maternity Center, if you feel like walking.
 - Continue to relax. If you have twitching, wriggling, frowns, grimaces, or curled toes, try climbing in the shower, concentrating on breathing, and changing your position.

TRANSITION: *When the Going Gets Tough*

- Partners can help you with encouragement, praise, reassurance, and love. Remember that labor is a healthy process.
- Know the signs and symptoms of transition and what you can do to help. Your nurse will be there to help.
- Don't give up on your ideas for comfort and coping just because they don't always work the first time. Repetition can be helpful.
- Shallow, more rapid breathing may be helpful. Quiet, slow breathing is best for relaxation but may not provide enough concentration at this time in labor.

- Blowing may be needed if you begin to push and have not recently been checked for dilation. Your nurse will help you.
- **DO NOT PANIC!**

SECOND STAGE OF LABOR: *Bearing Down*

- Ask your nurse for warm compresses and a mirror, if they aren't in the room.
- Review the two types of bearing down: spontaneous and directed. Your legs will be put in a position of comfort during pushing.
- Partners can help by reminding you:
 1. To go with your body's urges
 2. To relax the perineum (pelvic floor muscles)
 3. That making noise is okay
 4. To open your eyes and look in the mirror
 5. To touch the baby's head if you wish
 6. To blow if the physician/midwife asks you to stop pushing
- Remind the physician/midwife of any special requests you may have discussed earlier, such as having your partner help catch the baby, discover the sex of the baby, and cut the cord.

Eastside Maternal Fetal Medicine

Drs. Kevin Case, Robin de Regt, Daniel Gavrila, Carolyn Kline, Martin Walker, Peter Wall, Vivienne Souter & Bettina Paek
Phone: 425.899.2200 (Evergreen/Kirkland office)
Phone: 425.688.8111 (Bellevue office)
Web site: www.eastsidemfm.com

The Eastside Maternal Fetal Medicine (EMFM) Program at Evergreen provides comprehensive prenatal diagnosis, high level pregnancy ultrasound, perinatal medical consultation, and antepartum testing. We combine the latest in technology with a commitment to making every woman a well-informed and active partner in her health care decisions. Our physicians at Evergreen are all perinatologists, also known as Maternal Fetal Medicine specialists; they are Obstetrician Gynecologists with extra training in pregnancy complications and obstetrical ultrasound. The EMFM team includes genetics counselors, diabetic nurse practitioners, perinatal ultrasonographers, specialized nurses, medical assistants, nurse educators and a dedicated clerical staff. We are affiliated with Obstetrix Medical Group of Washington and have our main office at Evergreen and second site in Bellevue.

Prenatal Diagnosis Program

Prenatal diagnosis may include an education session with a genetic counselor, first and second trimester biochemical screening, obstetrical ultrasound, chorionic villus sampling (CVS), genetic amniocentesis, invasive fetal therapy, and consultation with the Maternal Fetal Medicine physician. Targeted ultrasound is our major area of expertise. We are among the first of the few first trimester screening centers in Washington State.

Diabetes Program

Our multidisciplinary diabetes program focuses on the individual needs of each patient, whether they have gestational, Type 1 or Type 2 diabetes. Our nurse practitioner, Joni Longthorpe, works closely with the physicians and patients providing specialized education and management of diabetes. Individualized guidelines for glucose monitoring, nutritional interventions, exercise, medications and fetal monitoring are created for each patient. Women with the pre-pregnancy Type 1 and Type 2 diabetes receive additional monitoring by the physicians. Postpartum diabetes and screening and education are also offered.

Multiples Program

The EMFM Multiples Program provides comprehensive, consistent care for the complex needs of families with twin, triplet, or quadruplet pregnancies. The perinatologists, in combination with highly-trained sonographers and specially-skilled nurses, provide detailed

ultrasounds to assess fetal health and cervical change, educational materials, community resource information and specific nutritional/weight gain recommendations for the unique needs of women with multiples. Private educational sessions will help to keep the family's education, psychosocial and physical needs on target.

Fetal Therapy Program

The Fetal Therapy Program at EMFM is one of only a handful of programs in the United States to offer treatment options for pregnancies requiring interventions such as fetal blood transfusions or fetal shunt placements. Dr. Martin Walker has the expertise to perform the most effective treatment for Twin to Twin Transfusion Syndrome; laser photocoagulation of the communicating vessels. *Melissa Dorn, a clinical nurse specialist, coordinates our program (mldorn@evergreenhealthcare.org).*

Prematurity Prevention Program

Women at high risk for preterm delivery include those with multiple pregnancies, a prior preterm delivery, preterm labor during this pregnancy, certain pre-existing medical problems or a uterine abnormality. These women receive a customized management plan with frequent biochemical and/or ultrasound screening of the cervix. Our team works closely with the referring physician and the family to provide information regarding community resources and individualized recommendations regarding activity, physical therapy and medication as needed.

Pregnancy and Hypertension Program

EMFM provides highly specialized care to pregnant women who are at increased risk for hypertensive complications during pregnancy. Women with chronic hypertension or who are found to have high blood pressures early in pregnancy are at particular risk for preeclampsia and placental problems. We therefore offer highly specialized ultrasounds for fetal and placental assessment at each stage of pregnancy. Our treatment plans also involve nutrition, exercise and medications, such as blood pressure medications, as needed.

Primary Obstetrical Care

Most often patients are referred by their obstetrician for consultation and the perinatologists will co-manage the pregnancy complication. Our physicians do have a small private practice of high risk obstetrical patients. If there are multiple complications during a pregnancy, then the total transfer of care to our physicians is considered following discussions with the patient and their provider.

Antepartum Testing

Fetal monitoring through the use of Non Stress Testing (NST) as well as ultrasound based obstetrical tests like Biophysical Profile (BPP), amniotic fluid volume evaluation and fetal blood flow tests (called Dopplers) are performed after referral by the primary OB/Gyn or midwife.

Choosing a Physician for Your Baby

If you haven't chosen a physician for your baby, you can ask your obstetrician/midwife, friends, and neighbors for recommendations. You can also call the Evergreen Healthline at **425.899.3000**. They can match your location preference and verify your insurance coverage and help you find a physician for your infant. You may also contact your insurance company for assistance. A visit to "meet and greet" the doctor you are considering during the pregnancy is recommended, preferably when both parents can attend (*please note: some physicians may not offer this service*).



The purpose of a "meet and greet" visit is to help you choose a physician for your baby and to establish a long-term supportive relationship. Physicians will introduce themselves and their staff to you and outline their child care practices and philosophy. While individual styles may vary, most are personal and emphasize family-centered care, continuity, and accessibility. Physicians will outline schedules for well-child visits and immunizations. They will also ask for a detailed family medical history.

Please feel comfortable discussing your concerns, anxieties, and expectations for pregnancy, labor, delivery, and the newborn baby. You may wish to take this time to discuss:

- The advantages of breastfeeding and your feeding plan
- Whether or not to circumcise your male infant
- When the physician would be at the delivery
- How to reach the physician if your baby is ill or if you have questions about the baby's care
- Physician's office hours, after-hours arrangements, fees, etc.
- Timing and frequency of office visits and immunizations

Physicians caring for infants emphasize preventive healthcare. They will discuss ways to prepare older children for the new baby. They can also recommend books and community resources to help you gather information for your challenging new role as parents.

Instructions For Fetal Movement Counting

One of the best ways to keep track of a healthy baby is to notice its movements. Healthy babies are generally very active, particularly in the evening after supper. However, some perfectly normal babies may sleep quietly for as long as 60 minutes without moving. Babies who are having problems may be sluggish and move less. Counting your baby's movements may provide your physician/midwife with a warning of developing problems.

You should begin this counting routine at the beginning of the 7th month of your pregnancy (28 weeks) and continue daily until delivery. The instructions below are to help you and your physician/midwife be sure that your baby is doing well.

Instructions:

1. You may count any time of the day, when you feel the baby is most active. For most women, this will be in the evening after dinner when you are lying down and quiet. Lying on your side is best. Record the time that you start counting.
2. Count 10 separate times that the baby moves. A movement may be a kick, turn, a flip of the baby, or a combination of movements.
3. Record the time when you feel the 10th movement. If you feel 10 movements in less than 2 hours stop counting until tomorrow.
4. If 2 hours pass with less than 10 movements, contact your physician/midwife or the Family Maternity Center at **425.899.3501**.

Remember:

- The baby may move all 10 times in a half hour or less.
- The baby may take up to 2 hours to move 10 times.
- The important thing is to know what is normal for your baby so you can tell your physician/midwife when something different is happening.

Call your physician/midwife or the Family Maternity Center at 425.899.3501 if:

- You do not feel 10 movements in 2 hours.
- You have not felt the baby move all day.
- It is taking longer and longer each day to get to the 10th movement.

Fetal Movement Record

Name _____ Start Date _____

Instructions:

1. Note the time that you start counting.
2. Count until you feel 10 movements.
3. Record the time that you stop counting.
4. If it takes longer than 2 hours to count 10 movements, call your physician/midwife.
5. If the baby is moving less or taking longer and longer each day to move 10 times, call your physician/midwife or the Family Maternity Center **(425.899.3501)**.
6. Bring this record with you to your obstetric appointments.

	Sun.	Mon.	Tues.	Wed.	Th.	Fri.	Sat.
Start Time							
Stop Time							

	Sun.	Mon.	Tues.	Wed.	Th.	Fri.	Sat.
Start Time							
Stop Time							

	Sun.	Mon.	Tues.	Wed.	Th.	Fri.	Sat.
Start Time							
Stop Time							

	Sun.	Mon.	Tues.	Wed.	Th.	Fri.	Sat.
Start Time							
Stop Time							

	Sun.	Mon.	Tues.	Wed.	Th.	Fri.	Sat.
Start Time							
Stop Time							

	Sun.	Mon.	Tues.	Wed.	Th.	Fri.	Sat.
Start Time							
Stop Time							

	Sun.	Mon.	Tues.	Wed.	Th.	Fri.	Sat.
Start Time							
Stop Time							

Physical Therapy for Maternity Patients

Evergreen Hospital Medical Center's Physical Therapy Department offers specialized services for maternity and postpartum patients.

- **Prenatal**

Therapists are able to evaluate and treat musculoskeletal conditions such as low back pain and other orthopedic conditions. They utilize manual therapy, massage, soft tissue techniques, heat, cold, and exercise to correct malalignments and postural problems, treat muscle imbalances, and manage pain.

- **Bedrest**

If you are placed on bedrest during your pregnancy, either in the hospital or at home, physical therapists can help with instruction in movement and body mechanics as well as exercise in bed. You will also be provided with a specialized manual, *The Bedrest Book*.

- **During Labor**

Women who are interested in using TENS (transcutaneous electrical nerve stimulation) for pain management during labor can be seen for one visit to assist with rental of a unit and instruction in its use. (A prescription from your physician or midwife is required for TENS rental.) An appointment should be scheduled approximately two weeks prior to your due date.

- **Post Partum**

During the postpartum time you may continue to experience back pain or other musculoskeletal problems. Therapists can evaluate and treat this pain and help you establish an exercise program to strengthen abdominal and pelvic floor muscles, decrease scar restrictions, and promote proper posture and body mechanics to prevent re-injury.

Goals of a Physical Therapy Program

- Improve body mechanics and body awareness
- Educate patient about musculoskeletal changes of pregnancy
- Increase overall body strength and fitness through safe progression of exercise during pregnancy
- Improve relaxation skills to ease the birthing process
- Decrease risk of pregnancy-associated problems: low back pain, pelvic floor dysfunction, foot or lower extremity pain, neck and shoulder pain

*Physical therapy is covered by most insurance plans with a referral from a physician/midwife or nurse practitioner. You can make an appointment or get further information by calling **425.899.1960**.*

The Physical Therapy department is located on the first floor of the hospital in room Green 1-248 or you may ask your physician/midwife for a referral to a physical therapist.

Protecting Yourself From Injury During Pregnancy

Many women may experience pain or discomfort at some point during their pregnancy due to the constant changes in their bodies. Many factors, including hormonal effects, can contribute to potential injury during and after pregnancy. While everyone is different, it is important to try to follow some simple guidelines to help protect your body.

Body Mechanics

Proper body mechanics refers to the way you use or position your body during lifting, carrying, and other daily activities. It is important to follow the guidelines whether picking up a small object or lifting something heavy.

- Keep your feet wide apart: the wider your stance, the more stable you are.
- Keep your back straight while keeping the normal curves of the spine supported.
- Bend your knees while lifting.
- Avoid twisting your back while lifting or carrying. Take small steps with your feet toward the direction you are heading before rotating your spine.
- Keep the load you are lifting close to your body.
- Avoid always carrying things on one side; carry things evenly in front whenever possible. As your pregnancy progresses, alternate sides as able.
- When getting out of bed, roll onto your side slowly, moving your hips and shoulders at the same time (to limit twisting), and gently prop yourself on one elbow before sitting up.

Posture

Maintaining good postural support can get increasingly difficult due to the natural changes that occur as your pregnancy progresses. However, there are some things you can do to support your spine at this time:

- Sit with your feet supported and your hips and knees at 90 degrees whenever possible.
- Use a small rolled up towel in your low back area to support your spine while sitting.
- Pay attention to your head position—if your head is forward and shoulders are rounded, you may be stressing your neck and back.
- If you are working in the office or at home, make sure that your work area is comfortable. Your needs may change as your body does, so make changes as needed.

Other Tips:

Sleeping: Sleep with the curves of your spine supported—try to support the natural curves of your neck and back while resting. If you are still able to sleep on your back, a small pillow under your neck and two pillows under your knees may be comfortable. If you are a side sleeper, one to two pillows between your knees may feel best. Some physicians prefer that you avoid back-sleeping as your pregnancy progresses or after 24 weeks. Consult your provider.

Pay attention to your body. If you are feeling discomfort with a certain activity or position, take a break for a while. Some activities might normally cause some muscle soreness. However, if painful symptoms persist or worsen, follow up with your physician. In some cases, physical therapy may be helpful in teaching you to manage and reduce your pain so you can continue your usual activities.



Domestic Violence Information

LOVE SHOULDN'T HURT

Are you being controlled, criticized, or hurt by anyone?

If your answer is **YES** or **MAYBE**, you might be experiencing domestic violence. Domestic violence is abuse by one person in a current or former intimate relationship in order to maintain power and control over the other person. The abuse can take many forms, including economic, emotional, environmental, physical, psychological, sexual, social, and verbal. It is a learned behavior; often repeats and gets worse over time; coercive and targeted; present in all ages, cultures, economic levels, education levels, ethnicities, races, religions, and sexual orientations; and it creates an environment of fear and intimidation.

Domestic violence frequently begins or gets worse during pregnancy. Complications of pregnancy, including low weight gain, anemia, infections, and first and second trimester bleeding are significantly higher for abused women, as are maternal rates of depression, suicide attempts, tobacco, alcohol, and illicit drug use.

Ask yourself these questions. Does your partner:

- Regularly criticize you, call you names, or put you down?
- Make you feel afraid or unsafe?
- Use intimidation or manipulation to control you or your children?
- Isolate you from friends, family, or community?
- Threaten to “out” you or criticize your sexual identity?
- Threaten to deport you or change your immigration status?
- Deny you food, clothing, sleep, or medical care?

If any of these things are happening to you, think about getting help.

- You are not alone. Every 15 seconds a woman is abused by her intimate partner.
- Go to people who care about you; trustworthy friends and family, your physician/midwife or care provider, or other people who will listen and not judge. Talk to them in a private and safe place.
- Call a 24-hour Crisis Line.
- Plan to protect yourself and your children. You might need to leave in a hurry.

Help is available . . . make a confidential call to a 24-hour Crisis Line:

Eastside Domestic Violence Program 24-hour Crisis Line

Call **425.746.1940** or **1.800.827.8840**

(V/TTY 8:00 a.m. – 6:00 p.m., Monday – Friday)

Washington State Domestic Violence 24-hour Crisis Line

Call **1.800.562.6025**

The Baby & Family Boutique *at Evergreen Breastfeeding Center*

Hours:	9:00 a.m. – 4:00 p.m., Monday – Friday
Location:	Breastfeeding Center – Suite Coral 225
Phone:	425.899.3603
Payment:	Check, debit card, Visa, or MasterCard

The Baby & Family Boutique is now offering fitting of bras in the convenience and privacy of our Breastfeeding Center clinic. We carry nursing bras by Le Mystere, Medela, Bravado, and Anita.

We know it is hard to get that “just right fit.” Our staff has been trained to fit bras for nursing women. We carry sizes from 32B-46H in both under-wire and soft-cup styles. A bra that fits well not only gives you the support and comfort you need, but may also help to prevent lactation related complications such as plugged ducts.

Fittings are by appointment, Monday through Friday, 9:00 a.m.-4:00 p.m. It is best to arrange your fitting before or after your Postpartum Care Center appointment, since your milk will have come in by then and we can get a much better fit. To arrange a fitting please call **425.899.3603**.

- Certified bra fitters on staff for individualized assessment of your nursing bra needs, offering internationally recognized brands
- Breast pump sales and rentals, specializing in Medela products (for details refer to the “Your Postpartum Guide” section in this notebook)
- Breast care supplies
- Nursing pillows and pregnancy support pillows
- Nursing stools
- Baby slings—Baby Bjorn, Rosado, The New Native
- Large selection of books on pregnancy, childbirth, and breastfeeding
- Gift certificates
- Nursing tops
- Special orders

Newborn Supplies List

This list is provided to help you prepare for the coming of your baby. Keep in mind that there are just a few “essentials”—regardless of what advertisers want you to believe. One of our favorite pearls of wisdom: “Nurture your baby with your love, not your checkbook.”

Essential Supplies for Baby

1. Breast (already provided!) or bottles and formula
2. Car seat
3. Your arms, sling, or pack to carry baby
4. Sleep space
5. Basic layette, with these suggestions:
 - **Diapers.** *If using cloth diapers, 4-5 dozen (you will use 80-100 per week)
If using disposable diapers, 350 for the first month. Consider buying a dozen cloth diapers for use as burp cloths.*
 - **Receiving Blankets.** *4-6 blankets; the thermal type stretch and tend to fit baby longer.*
 - **Undershirts.** *6 shirts or “onesies;” for winter babies, consider long sleeves*
 - **Sleepers/Gowns.** *4-6, footed; for winter babies, consider 1-2 “blanket sleepers.”*
 - **Outerwear.** *Depending on time of year, bunting or sweater; make sure bunting or outer garment is split for the legs to ensure proper fit in the baby's car seat.*
 - **Hat or Cap** *(Simple and comfortable)*
 - **Towels/Washcloths.** *Use your own; older ones are softer*
 - **Soap/Shampoo.** *Babies need very little soap on skin, if any. Use only a small amount of mild or baby soap or mild shampoo, if needed*
 - **Cord Care** *plain water and cotton swabs*
 - **Baby Care.** *Comb, brush, nail scissors (clippers not recommended), fever thermometer (ear thermometer not recommended until six months of age)*
 - **If Formula Feeding:** *8-10 bottles, nipples, caps, bottle, nipple brush and Iron-fortified formula (consult your baby's physician).*

Car Seat Safety Information

Evergreen employees are available to assist you with fitting your infant to his or her car seat harness inside the hospital. Please note, however, that **nursing staff and employees are not able to certify your car seat installation.** Evergreen Hospital Medical Center recommends that families have their car seats inspected by a trained facility or technician. We highly recommended the following resources:

- **Safety Restraint Coalition** keeps abreast of the latest information about car seats and will also know the schedule for car seat inspections in your area. Their number is **425.828.8975** or toll-free **1.800.BUCKLUP**; www.800buckleup.org.
- **Car Safe Kids** is a monthly class at Evergreen, teaches how to choose, install, and use a car seat. If you have not yet been to this class, you may want to consider doing so. Car Safe Kids consistently receives the highest praise from attendees. *Call Evergreen Healthline at 425.899.3000 for schedule information and to register for the next available class.* This class is provided for you at no cost, but you do need to pre-register.

Evergreen hosts **Car Seat Inspection Clinics**. At these inspections, your child's car seat is checked for proper installation by a certified child passenger safety technician. For a complete or "full" seat check, have baby and car seat on board. Without baby, a doll is used to demonstrate the safety harnessing features of your car seat. Registration is required for this FREE inspection. Call Evergreen Healthline to register at 425.899.3000. Register early as the clinics fill quickly.

To learn more about car safety for babies:

National Auto Safety Hotline, basic information, reporting defects:
888.DASH.2.DOT (327.4236), 800.424.9153 (TTY), www.nhtsa.dot.gov.

SafetyBeltSafe U.S.A. Helpline, answers to specific questions:
800.745.SAFE (7233), www.carseat.org.

Finding a local car seat inspection station:
1.800.SEAT.CHECK, www.seatcheck.org.

Other useful Web sites:

Safety Restraint Coalition, answers about kids and car seats
425.828.8975 or 1-800-BUCK-L-UP www.800buckleup.org

www.aap.org/family/cps.htm

1.800.403.1424, www.saferidenews.com

Your Patient Information Card

Your personal **Patient Information Card** will be given to you by your physician/midwife. The card will contain important medical information that is needed by your care providers during your pregnancy. If you are being seen by a family physician in addition to your OB care provider, or if you are admitted into the hospital during your pregnancy, the information on this card will be an important part of your care. **This may come in handy if you are out of the area and are in need of medical care.** You will have your important information on the card with you.

The information will be updated during your prenatal visits with your physician/midwife. Keep this card with you and present it to your care providers at each appointment or when admitted to the hospital for testing or inpatient care. It is your personal medical record that includes your blood type and Rh factor, as well as results of other tests you have had. It also includes important phone numbers and has room to include your physician/midwife and pediatrician phone numbers.

Please remember to keep this card with you and present it to your care providers at appointments and when you are admitted to the hospital.

Evergreen Healthcare

After hours phone number for OB Provider: _____
Pediatrician: _____ Phone: _____

Important phone numbers:

Family Maternity Center: 425.899.3501
Healthline/ Classes: 425.899.3000
Postpartum Care Center: 425.899.3602
Breast Feeding Center: 425.899.3494
Maternal Fetal Medicine: 425.899.2200

Blood Type ___ **Rh** ___ **Ab** ___ **RhoGAM** ___ **Date** ___

Hct ___ **HBsAg** ___ **Rubella** ___ **RPR** ___ **GC/CT** ___

GBS in urine? ___ no ___ yes **GDM** ___ no ___ yes

GBS ___ **Date** ___ **GBS** ___ **Date** ___

Other _____

Evergreen Healthcare

Name: _____

OB Provider: _____

LMP _____ EDD _____ Corrected EDD _____

Earliest U/S: GA _____ on Date _____

Significant U/S Findings: _____

Allergies: _____

Medications _____

Problem List

Mother:

Fetus/ Neonate:

1. _____
2. _____
3. _____
4. _____

Group B Streptococcus: What You Need To Know

1. What is Group B Strep?

Group B strep (streptococcus) is a type of bacteria that can cause serious illness and death in newborns. Until recent prevention efforts, hundreds of babies died from Group B strep every year. This type of bacteria can also cause illness in adults, especially the elderly, but it is most common in newborns.

2. Why Do I Need to Get Tested for Group B Strep During Each Pregnancy?

Group B strep bacteria can be passed from a mom who is a carrier for the bacteria (tests positive) to her baby during labor. Since the bacteria can come and go in your body, you need to be tested for Group B strep every time you are pregnant, whether you tested negative or positive during the last pregnancy.

Toward the end of pregnancy (35-37 weeks), your healthcare provider will swab your vagina and rectum. This is sent to a lab, where they test for Group B strep bacteria. The bacteria take a few days to grow, and the results are sent to your healthcare provider.

3. What Happens to Babies Born with Group B Strep Bacteria?

Group B strep is the most common cause of sepsis (blood infection) and meningitis (infection of the fluid and lining around the brain) in newborns. Most newborn disease happens within the first week of life, called "early-onset" disease. In the year 2002, there were 2,117 early-onset cases in the U.S.

4. How Can Group B Strep Disease in Babies be Prevented?

Most early-onset Group B strep disease in newborns can be prevented by giving antibiotics (medicine) through the vein (IV) during labor to women who tested positive during their pregnancy. Because the bacteria can grow quickly, giving antibiotics before labor has started does not prevent the problem. Any woman who has a positive test for Group B strep during this pregnancy should get antibiotics. Also, any pregnant woman who has had a baby in the past with Group B strep disease, or who now has a bladder (urinary tract) infection caused by Group B strep, should get antibiotics during labor.

5. What if I'm Allergic to Some Antibiotics?

Women who are allergic to some antibiotics, such as penicillin, can still get other types of antibiotics. If you think you are allergic to penicillin, talk with your healthcare provider.

6. How Does Someone Get Group B Strep?

Anyone can be a “carrier” for Group B strep. The bacteria are found in the gastrointestinal tract and may move into the vagina and/or rectum. It is not a sexually transmitted disease (STD). About 1 in 4 women carry these bacteria. Most women would never have symptoms or know that they had these bacteria without a test during pregnancy.

7. If I Know I'm a Group B Strep Carrier, Why Can't I Just Take Some Antibiotics Now?

For women who are Group B strep carriers, antibiotics before labor are not a good way to get rid of Group B strep. Because they naturally live in the gastro-intestinal tract, the bacteria often come back after antibiotic treatment. Antibiotics during labor are effective at protecting your baby because they greatly reduce the amount of bacteria the baby is exposed to during labor. Even if you had IV antibiotics for your last baby, you may not need them for this pregnancy if you are not a carrier now. That's why it's important to get tested during *every* pregnancy.

8. What Do I Need to Do During Pregnancy or Labor if I'm Group B Strep Positive?

Talk with your healthcare provider and create a labor plan that includes getting antibiotics for Group B strep prevention in your newborn. When your water breaks, or when you go into labor, make sure to get to the hospital at least four hours before delivery to make sure there is enough time for the antibiotics to work. When you get to the hospital, remind the staff that you are Group B strep positive.

For more information, go to the Centers for Disease Control and Prevention (CDC) website at www.cdc.gov/groupbstrep, or ask your healthcare provider.

Group B Streptococcus Infection in Newborns

Group B strep (GBS) is a type of bacteria carried by some women that can be passed on to the newborn during the birthing process. The bacteria are found in the gastrointestinal tract and can move into the vagina and rectum at any time. Group B strep is not a sexually transmitted disease.

Group B strep is the most common cause of sepsis (blood infection) and meningitis (infection of the lining surrounding the brain) in newborns. The bacteria can cause serious illness and even death in newborns. Most newborn disease happens in the first week of life, called "early-onset" disease. On average, approximately 2,000 (of the estimated 4 millions births per year nationally) experience "early onset" disease.

Most early-onset disease can be prevented by giving antibiotics (usually penicillin) intravenously during labor to women who test positive for Group B strep (GBS+) on vaginal-rectal cultures taken at 35-37 weeks of the pregnancy. If antibiotics are given at least 4 hours prior to delivery, the baby will be almost completely protected from developing early-onset disease. The risk of disease in infants of GBS+ mothers who have been partially treated (antibiotics less than four hours prior to delivery) is not known.

Given these risks, babies born to GBS+ mothers who are not fully treated with antibiotics 4 hours prior to delivery will be watched closely in the hospital for 24-48 hours for signs of infection. The physician seeing your baby may decide to do certain lab tests to evaluate for the possibility of infection and may even start antibiotics depending on the situation.

Babies who are born to GBS+ mothers who are not fully treated need to be watched closely at home as well. If any newborn less than 6 weeks of age has any of the following signs, the baby's physician should be notified immediately:

1. Axillary (under the arm) temperature greater than 99.5 degrees F
2. Signs of lethargy (increased sleepiness or unresponsiveness) or poor feeding
3. Signs of irritability (baby is crying excessively and inconsolable)

For more information about Group B strep, please ask your baby's physician or refer to the Centers for Disease Control and Prevention (CDC) website www.cdc.gov/groupbstrep.

Umbilical Cord Blood Donation and Banking

What is cord blood?

Umbilical cord blood is the blood remaining in the placenta after your baby has been delivered. Normally, this blood is discarded with the placenta.

Why is cord blood needed?

Cord blood is rich in stem cells. Stem cells generate all of the blood cells and immune system cells needed in the human body. Stem cells found within cord blood can be used to treat cancers such as leukemia and other disorders such as sickle cell anemia.

How is cord blood collected?

After a baby is born, the umbilical cord is clamped and cut. While waiting for the placenta to be delivered, hospital staff collects the blood from the cord. This is a completely safe and painless procedure. No additional people come into the delivery room.



What is the difference between “public” donation or “private” donation?

Public cord blood donation costs nothing. The cord blood is collected and used much the same way as publicly donating your own blood to a blood bank. Evergreen Hospital, along with other hospitals in the Puget Sound area, is now collecting cord blood for public donation for the Puget Sound Blood Center. For information, go to www.psbcc.org/cordblood.

A number of commercial organizations offer private cord blood banking. These organizations do charge for their services. To privately bank your baby's stem cells costs approximately \$1,000-\$2,000 initially. This fee stores and reserves the stem cells you donate exclusively for your use. For specific disorders, especially some inherited diseases, your individual stem cells may be of great value. For more information, go to www.cordblood.com.