



Prenatal Handbook



90 Libbey Parkway, Suite 105

Weymouth, MA 02189

689 Bedford Street

Whitman, MA 02382

118 Long Pond Road, Suite
200

Plymouth, MA 02360

www.southshorewomenshealth.com

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SOUTH SHORE WOMEN'S HEALTH
Weymouth 339-201-4120 Whitman 781-447-4001 Plymouth 774-773-9976

Dear Patient,

Congratulations on your pregnancy and welcome to South Shore Women's Health!

It is our privilege to share this exciting time with you.

At South Shore Women's Health, we provide progressive and comprehensive Obstetric and Gynecologic care. Our practice is unique, consisting of six OB/GYNs, four Certified Women's Health Nurse Practitioners, three Physician Assistants and one Certified Nurse Midwife. We enjoy working together to provide you with the best possible care through your pregnancy.

Our philosophy is one of patient education and provider-patient teamwork to reach our common goal (a healthy mother and baby!). We are all committed to helping you have a safe pregnancy and satisfying childbirth experience.

We are affiliated with South Shore Hospital in South Weymouth. South Shore Hospital is known for its dedication to families in providing family centered care in its new maternity center. The obstetric care is state of the art and the nursing care is second to none. The hospital provides 24-hour in-house anesthesia services and optional certified nurse midwife labor management. The hospital is also the only community hospital in the Commonwealth to offer 24-hour in-house neonatology services and a Level III neonatal intensive care unit. We encourage all clients to take full advantage of the innovative and informative childbirth education series offered at South Shore Hospital.

South Shore Women's Health has offices in Weymouth, Whitman and Plymouth for the convenience of our patients. Patients may see one provider primarily during their pregnancy, or may schedule appointments with different providers. Evening appointments are available.

We hope this booklet will provide you with basic information about our practice and what to expect during your pregnancy. For more information regarding our practice, visit our web site at southshorewomenshealth.com.

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OFFICE LOCATIONS

90 Libbey Parkway Suite 105
Weymouth, MA 02189
339-201-4120

689 Bedford Street
Whitman, MA 02382
781-447-4001

118 Long Pond Road
Plymouth, MA 02360
774-773-9976

DIRECTIONS

Weymouth: 90 Libbey Parkway, Suite 105

From South Shore Hospital, take Route 18 north for .9 miles. At set of lights (Stetson building is on the left) take right onto Middle Street. Go .5 miles and turn right onto Libbey Parkway. 90 Libbey Parkway is .2 miles down on left.

Whitman: 689 Bedford Street

From South Shore Hospital, take Route 18 south. The Whitman office is 6.2 miles down Route 18 on the left, just after the intersection of Routes 18 and 27.

Plymouth: 118 Long Pond Road

From South Shore Hospital, take Route 3 south to exit 5. Keep right to take the Long Pond Road ramp. The Plymouth office is .8 miles on the left.

SERVICES AT SOUTH SHORE WOMEN'S HEALTH

It is our privilege to provide obstetrical care throughout pregnancy and birth. We care for women with low risk and high risk factors such as multiples (twins, triplets), diabetes, or preterm labor. We support women who hope to deliver vaginally after a previous cesarean section (VBAC) or who choose a repeat cesarean.

At South Shore Women's Health, we provide a full range of gynecologic care. This includes, but is not limited, to routine exams, pre-conceptual counseling, pap smear evaluation, STD screening, birth control counseling, infertility evaluation, PMS treatment, minimally invasive surgery, treatment of abnormal menstrual cycles and menopause care.

OUR PHYSICIANS

DARLYNE A. JOHNSON, M.D. is a graduate of Yale University School of Medicine. She completed her internship in surgery at Mt. Sinai Medical Center in New York, and her residency in obstetrics and gynecology at Pennsylvania Hospital. Dr. Johnson is certified by the American Board of Obstetrics and Gynecology. In her spare time, she enjoys doing many different crafts. Dr. Johnson specializes in gynecology.

CHRISTINE DAILEY HIRSEMANN, M.D. is a graduate of Harvard University and the University of Massachusetts Medical School. She completed her internship and residency at Tufts-New England Medical Center and then practiced in Connecticut. Dr. Dailey Hirsemann is board certified in Obstetrics and Gynecology. Her free time is spent enjoying the outdoors and her family and friends.

KAREN M. TOUJOUSE, M.D. is a graduate of Tulane University and Louisiana State University School of Medicine. She completed her residency at Boston Medical Center. Dr. Toujouse is certified by the American Board of Obstetrics and Gynecology. She previously practiced in the Plymouth area and prior to that she was practicing obstetrics and gynecology in New Orleans, LA. She is married with two children.

CAROLYN M. MCNULTY, D.O. is a graduate of Denison University and The University of New England College of Osteopathic Medicine. She completed her residency in obstetrics and gynecology at Christiana Care Hospital in Newark, Delaware. Dr. McNulty is certified by the American Board of Obstetrics and Gynecology. In her free time, Dr. McNulty enjoys traveling and spending time with her family.

TIMOTHY JOHNSON, D.O. is a graduate of University of New Hampshire and University of New England College of Osteopathic Medicine. He completed the obstetrics & gynecology residency at University of Connecticut Health Center and practiced for four years in New Bedford, MA. Since, Dr. Johnson has returned back home to the South Shore. He is board certified in OB/GYN and is a fellow of the American College of Obstetrics and Gynecology. He enjoys spending time with his wife and daughter, listening to music, traveling, golfing and appreciating the changing seasons of New England.

HOLLY LEEMAN, M.D. is a graduate of The University of Rhode Island and St. George's University School of Medicine. She completed her residency in Obstetrics and Gynecology at Boston University Medical Center. Dr. Leeman is board certified and is a fellow of the American Congress of Obstetricians and Gynecologists. She previously practiced in California before returning back to New England. She enjoys cooking, traveling, photography and spending time with her family

OLEG DOLGHI, M.D. did his medical training and received his PhD in the Eastern Europe and practiced medicine overseas before moving to the U.S. He completed his residency in Obstetrics and Gynecology at the Maimonides Medical Center in New York. Dr. Dolghi is a Junior Fellow in the American Congress of Obstetricians and Gynecologists. He enjoys history, travel and is pursuing his pilot's license.

OUR NURSE PRACTITIONERS

CYNTHIA MACLACHLAN, M.S.N., W.H.N.P., A.N.P. is a graduate of MGH Institute of Health Professions. She previously practiced as a nurse practitioner at Boston University Student Health Services providing gyn and adult primary care. Prior to working as a nurse practitioner, she worked as a gynecology oncology nurse at Massachusetts General Hospital.

JANELLE MURPHY, NP-C, M.S.N., F.N.P. is a graduate of Regis College in Weston, MA. She practiced in OB/GYN in Plymouth for three years and most recently worked for Minute Clinic. Prior to working as a nurse practitioner, she worked at Brockton Neighborhood Health Center as an R.N. She has two children and enjoys sewing, cooking, traveling, skiing and spending time with family and friends in her free time.

DIANE RUTAN, M.S.N., W.H.N.P, A.N.P. is a graduate of Simmons College in Boston, MA. She has been practicing in women's health since 1998 and previously worked in OB/GYN as a nurse practitioner in the Plymouth area. Prior to working as a nurse practitioner, she worked at Children's Hospital in Boston as a psychiatric nurse and as an RN at Massachusetts General Hospital. She has 2 children and loves to travel.

KATHLEEN ALEXANDER, M.S.N., R.N.P. is a graduate of Crouse-Irving Memorial School of Nursing in Syracuse, N.Y. She holds a Master's of Science degree in Nursing from Simmons College in Boston, MA. She obtained dual certifications as a Women's Health and Adult Health Nurse Practitioner. Kathleen is certified in High-Risk Obstetrics, In-Patient Obstetrics, Electronic Fetal Monitoring from NCC, Corp. and also has specialized in Pregnancy Loss and Grief. Her interests are obstetric, adolescent health and pregnancy loss. She has been published in the Journal of Maternal-Child Nursing.

OUR CERTIFIED PHYSICIAN ASSISTANTS

DEBRA PALFREY, PA-C is a graduate with a B.S. in Medical Science from the PA program of Alderson Broaddus College in Philippi, West Virginia. She is board certified by the National Commission of Certification of Physician Assistants. She has been practicing in the Plymouth and Duxbury area since 1979, previously associated with Court Street OB/GYN Associates, Pilgrim Shores OB/GYN, and Jordan OB/GYN where she was the first midlevel provider. She has 3 grown children and a new granddaughter, and loves to spend time with her extended family, especially at the beach.

DONNA TOCCI, PA-C, M.H.S. is a graduate of Quinnipiac College's Physician Assistant program, in Hamden, Connecticut. She is board certified by the National Commission on Certification of Physician Assistants. She has been practicing in the field of women's health since 1999. She has three children and enjoys spending time with them watching their soccer games.

KRISTIN ADAMS, M.S. PA-C is a graduate of the University of New England Physician Assistant program in Portland, Maine. She is board certified by the National Commission of the Certification of Physician Assistants and an affiliate member of the American Congress of Obstetricians and Gynecologists. She has been practicing in the field of OB/GYN since 2008. She enjoys spending time with her family and friends, running hiking and snowboarding.

OUR MIDWIFE

SUSAN SCOTTI-SMITH, C.N.M., M.S. is a graduate of the Nurse Midwifery program at Columbia University in New York City. She has been practicing midwifery since 2000, initially in Los Angeles and more recently at Massachusetts General Hospital prior to joining the group of laborist midwives at South Shore Hospital. Susan is certified by the American Midwifery Certification Board and is a member of the American College of Nurse-Midwives. She is a native of the South Shore and a mother of four small children. She enjoys beach days and skiing with her family.

YOUR PRENATAL VISITS

The first prenatal visit

Your first visit is the “intake visit” and is usually at 6-8 weeks of pregnancy. (You may need to be seen earlier if you have problems such as bleeding or pain, or have a history of problems early in another pregnancy.) The first visit is usually the longest visit. A Nurse or provider will take a detailed medical history, do a physical exam (including a pelvic exam, Pap smear and culture) and evaluate each family for risk factors. She/he will also review general pregnancy information (such as diet, weight gain, exercise and precautions) and answer any questions. Routine blood work will be drawn and your next appointment will be scheduled with your choice of provider.

Other prenatal visits

You may make your prenatal appointments with the provider of your choice. Your visits will be every four weeks until 28-30 weeks (about 7 months), every two weeks until 36 weeks, and then every week during the month before your due date. If you have any problems, we may ask you to come more frequently. After the first visit, your appointments will be shorter. Your blood pressure, weight (optional), urine (for sugar and protein), and growth of the uterus will be checked. After the first trimester, we will also listen to the baby’s heartbeat. Usually internal exams are not done until the last two weeks. Of course, bring your questions!

Further testing:

1. First trimester screen/Harmony test, 12-13 weeks. This is an optional test and is explained in more detail later in this booklet.

2. 24-28 weeks:
 - a. Glucose drink followed in one hour by a blood test for diabetes
 - b. Complete blood count (CBC) to check your iron.
 - c. Rhogam shot if your blood type is Rh negative

2. 36 weeks: a culture is done for group B strep. Women who test positive will be given antibiotics in labor.

Ultrasounds

We do an ultrasound before or at the time of your first OB visit, and also when indications arise. The best time to do an ultrasound to ‘make sure everything looks normal’ is between 18-20 weeks. Please remember that while an ultrasound is a wonderful test, it is not a perfect test. An ultrasound cannot detect all fetal abnormalities or the exact due date or weight of the baby. Ultrasound services are offered in each of our offices, and many obstetrical ultrasounds are performed at the Maternal Fetal Medicine Center at South Shore Hospital, even in low-risk pregnancies.

SUGGESTIONS FOR MORNING SICKNESS

Nausea and vomiting occur in 75% of all pregnancies. It can be mild or severe, morning only or all day long. Luckily, the symptoms usually subside by the third month of pregnancy. Generally, morning sickness is not dangerous for the baby. It is of course uncomfortable and disruptive for the mother and family. Severe nausea and vomiting occurs in 1% of pregnancies and can lead to dehydration and hospitalization.

Different things work for different women. Through trial and error, you can find some relief. You can worry about specific nutritional requirements when you are feeling better. Remember that most women do feel better as pregnancy progresses past 12-14 weeks!

Here are some suggestions for relief:

- Never let your stomach get too empty or too full.
- Try either a high carbohydrate or high protein diet
- Eat small amounts and sip fluids. For example, try a bite of toast and a spoonful of water or other liquid every 15 minutes or so. Some women cannot tolerate full meals.
- Ginger: tablets (250 mg., 3x day), tea and /or cookies
- Lemon: smelling lemon wedges, sipping lemonade, sour lemon drops
- Motion sickness wrist bands or pressure on acupressure point for 10 minutes, 3 times per day (inner wrist, 2 inches above crease, between tendons)
- Avoid strong odors
- Acupuncture
- Emetrol: as directed on bottle
- Vit B6 (10-25 mg. 3x day). This often does well combined with doxylamine
- Doxylamine: i.e. Unisom 12.5 mg. 2x day and 25 mg. before bed.
- Prenatal or multivitamin taken from preconception on (some women cannot tolerate vitamins if nausea occurs. Once you are feeling better, begin taking your prenatal vitamins again.)
- Some women require prescription nausea medication.

Books:

Take 2 Crackers; Call Me in the Morning

No More Morning Sickness: A Survival Guide for Pregnant Women

Helplines:

1-800-436-8477 M-F 9-5

Call us if you are unable to keep down fluids for more than 24 hours. You may need IV fluids in the hospital.

DIET IN PREGNANCY

We encourage you to eat well and grow a healthy baby. Recommended weight gain is about 25-35 pounds, with about 5 to 10 pounds the first half of pregnancy and 15 to 20 pounds during the second half. Women who are overweight prior to pregnancy do not need to gain as much. You do not need to “eat for two.”

Take a vitamin supplement with iron, 1 mg. of folic acid (folate), and at least 300 mg of DHA each day. Try to get 1,200 mg. of calcium by including three servings of dairy in your diet.

Eat frequent small amounts with three meals and two snacks each day.

Meal ideas:

Breakfast – whole wheat bread with cheese, banana, and low fat milk or
cereal with fruit, low fat milk or
egg, toast, fruit or juice, low fat milk

Lunch – salad with pita bread or
turkey sandwich with lettuce
low fat milk

Dinner – one serving lean meat, poultry or fish
two servings vegetable plus potato or rice
low fat milk

Snack ideas – fruit, yogurt, granola bar, raw vegetables, plain popcorn

Avoid – candy, desserts, junk food, donuts, pastries
* peanuts – (?) exposure in utero might increase chance of
allergic problems in child, especially if family history.

Drink 8-10 glasses of fluid per day. Avoid too much juice which will put on unnecessary weight. Water is best. Try with ice and a slice of lemon. Limit caffeine to not more than one cup per day. This includes coffee, tea, soda and chocolates. Limit artificial sweeteners, and avoid saccharin.

Avoid alcohol totally.

DIETARY PRECAUTIONS

Seafood

Some fish contain high levels of mercury that can injure the nervous system of the developing baby. Larger fish such as swordfish and tuna that feed on other fish contain the highest amount of mercury and they should be avoided by pregnant women, nursing mothers and children under age 12. Other fish can be contaminated with harmful bacteria such as listeria. The Massachusetts Department of Public Health recommends the following:

- Do not eat freshwater fish caught in streams, rivers, lakes or ponds
- Do not eat lobster from New Bedford Harbor or Boston Harbor
- Do not eat swordfish, shark, king mackerel, tilefish or tuna steak
- Do not eat bluefish caught off of the Massachusetts coast
- Do not eat fish or shellfish from Boston Harbor or New Bedford Harbor

It is safe to eat cod, haddock or flounder other than as mentioned above. Properly prepare the fish by removing the skin, fatty material and dark meat and then broil. You can safely eat 12 ounces of cooked fish or canned tuna per week. (Light tuna is best). Remember that fish is a good source of protein and other nutrients. For more information call 617-624-5757 or visit www.state.ma.us/dph/beha

Listeria

Listeriosis is a potentially serious infection caused by eating contaminated food. It is most dangerous to pregnant women, newborns and the elderly. Listeria is found in soil and water. It is killed by pasteurization and cooking. However, in certain ready-to-eat foods such as hot dogs and deli meats, contamination may occur after cooking but before packaging. You can reduce your risk by the following recommendations:

- Thoroughly cook all meats
- Wash raw vegetables before eating
- Keep uncooked meats separate from other foods
- Thaw frozen foods in the refrigerator or microwave, not on the countertop
- Thoroughly reheat leftovers
- Use ready to eat food as soon as possible
- Clean out the refrigerator regularly
- Keep refrigerator below 40 degrees
- Do not eat refrigerated pate or meat spreads
- Avoid soft cheeses such as brie, feta, camembert unless pasteurized
- Do not eat refrigerated smoked seafood such as lox
- Cook hot dogs until steaming before eating
- The risk of getting listeria from deli meats is low but heating until steaming decreases this risk. Call 617-983-6800 for further information.

PRENATAL TESTING

Birth defects occur in about 3% of pregnancies. Luckily, most of these are not serious abnormalities. While it is not possible to detect all abnormalities, certain tests are available. Please discuss with your OB provider which test (s) are most appropriate for you.

Genetic counseling – Please inform us of any diseases or birth defect in either family. Couples with specific risk factors may be referred for genetic counseling at South Shore Hospital. Also let us know your ethnic backgrounds, since certain ethnic groups such as Ashkenazi Jews, African Americans and French Canadians may be at increased risk for certain disorders. Additional testing may be indicated.

Cystic Fibrosis Testing (CF) – this is an optional blood test which screens for 98% of the cystic fibrosis strains. Cystic fibrosis is a severe lung disease that occurs in about one out of every 3,000 children. In order for a child to have CF, both parents must be carriers. There may or may not be a family history of CF, but carrier status (with no symptoms) can be passed on. Please inform your OB provider if there is any family history of cystic fibrosis. If a woman tests positive, we offer testing to the baby's father. If he is negative, there is very little risk. Testing need only be done once in a lifetime. Pre-pregnancy testing can be done, but may not be covered by insurance.

First Trimester Screening – This is an optional two-part test typically performed in the 12-13 week range at all ages, to determine whether or not there is an increased likelihood of certain chromosomal disorders including Down syndrome (trisomy 21). The test is performed at South Shore Hospital and consists of an ultrasound to measure the thickness of the tissue and at the back of the baby's neck (nuchal translucency), and a blood test (Harmony) which assesses the risk of the three most common chromosomal disorders. If the risk of a chromosomal disorder is elevated, counseling from a genetic specialist will be arranged, and invasive testing (chorionic villus sampling or amniocentesis) will be offered. (see below for details).

Quad Screen (AFP) Test – The quad screen (previously known as the AFP test) is an optional blood test offered at 16-18 weeks of pregnancy and is usually performed in women who are interested in screening for chromosomal disorders, but missed the 1st trimester screening test, which is somewhat more accurate, but doesn't assess for a neural tube defect. This test screens for risk of Down syndrome (trisomy 21), trisomy 18 or neural tube defects (certain problems in the fetal spine or brain). *It is important to remember that this is not a yes or no test.* The test merely tells you your chances of having a baby with one of these problems. While a normal result is very reassuring, it does not totally rule out a problem. Conversely, increased risk does not necessarily mean there is an abnormality. With an increased risk, we will suggest genetic counseling and a very detailed (level II) ultrasound. Additional testing (amniocentesis) can be done if indicated and/or desired. Some women prefer to decline quad testing. Women with certain risks (such as age greater than 35) use the quad test to help them decide if they want an amniocentesis. Please discuss your decision with your OB provider. The quad test results are available in 3-7 days.

Ultrasound – a noninvasive tool used at various stages of pregnancy to evaluate fetal age, anatomy and well being. An ultrasound is commonly done at 18-20 weeks. While a normal ultrasound is certainly reassuring and reduces the likelihood of a problem, a normal ultrasound does not rule out Down syndrome or other abnormalities.

PRENATAL TESTING

Chronic Villi Sampling (CVS) – a procedure performed between 10 and 12 weeks to obtain developing placental cells. These are identical to the fetal cells/chromosomes, so can be screened for abnormalities as discussed above. It is usually done in a similar manner to the amniocentesis, with ultrasound visualization and a fine needle inserted through the lower abdomen. An alternate method may be used in which a thin catheter is inserted through the cervix and into the placenta to obtain the cells. CVS testing can be done earlier in pregnancy and has about 2% risk of cramping or miscarriage.

Amniocentesis – a procedure in which a small amount of amniotic fluid is obtained. It is done by inserting a thin needle through the abdomen into the uterus and drawing out some amniotic fluid for testing. It is usually done between 15-19 weeks. The fluid contains fetal cells and AFP. The fetal cells are screened for the most common chromosomal abnormalities, such as Down syndrome. The AFP level in the fluid is checked to screen for neural tube defects (i.e. spina bifida or anencephaly). Chromosome analysis is 99.9% accurate. No matter how expertly the test is done, there is still a 1/200 chance of complications such as bleeding, severe cramping, rupture of membranes or pregnancy loss (miscarriage) after an amniocentesis. This test is most frequently done in women with an increased risk, such as an abnormal ultrasound or Quad screen, an unusual family history or age greater than 35. The results take about 10 days.

CALL THE OBSTETRICAL PROVIDER

We are available 24 hours a day, 7 days a week for patients in labor and for emergencies. Please call us immediately if you have:

Abdominal pain

Vaginal bleeding

A gush, flow, or persistent trickle of fluid from the vagina

A fever over 100.2

Any other symptoms which are unusual or worrisome to you

Later in pregnancy add to the list:

Signs of preterm labor (see “preterm labor”)

Decrease in fetal movements after 26 weeks (see “fetal movements counts”)

Headache or upper abdominal discomfort/queasiness associated with fluid retention.

Preterm labor

Preterm labor is labor that occurs three weeks or more before your due date. Warning signs may include:

Uterine contractions, rhythmic cramping, gas pains or tightening that occurs more than every ten to fifteen minutes (four to six times an hour).

Low, dull backache, pelvic pressure, heaviness in the thighs

Leaking fluid from the vagina

Vaginal bleeding

Change in vaginal discharge – mucousy, watery or blood tinged

Fetal movement counts (very important!) – During the third trimester (after about 26 weeks), your baby should have at least three active periods (each with about ten movements) every day. You may notice that your baby is already on a schedule with predictable active times. If your baby is less active than usual, have something cold to drink or a snack and lie down on your side. If you do not feel good movements over the next half-hour, you should call us right away so we can monitor your baby. Never wait until the baby has been quiet all day to call.

Labor at full term (after 37 weeks)

You are now ready to have your baby. Call if you have:

Regular painful contractions every four to five minutes that have persisted for an hour (if you are already dilated or live far from the hospital you may need to call sooner)

Rupture of membranes

Bleeding that is more than just staining

Decrease in fetal movements

Headaches or upper abdominal discomfort/queasiness associated with fluid retention.

EXERCISE IN PREGNANCY

Unless there are medical reasons to avoid it, pregnant women can and should exercise moderately for at least 30 minutes on most, if not all days.

Exercise helps women feel better physically and emotionally. Exercise burns calories and may prevent excessive weight gain. It helps to relieve stress and build the stamina needed for birth.

Before doing any exercise, check with your health care provider.

Exercise to consider includes brisk walking, dancing, swimming, aerobics or yoga. Avoid activities that can put you at risk for injury such as horseback riding or downhill skiing. Pick something you will enjoy. Start slowly. Pay attention to how you feel and don't overdo it. Drink lots of water when you exercise. If you have problems such as vaginal bleeding, dizziness, headaches, chest pain or contractions or decreased fetal movement, stop exercising and contact your health care provider immediately.

PREGNANCY DO'S AND DON'TS

DO:

- Eat a healthy diet and drink plenty of water
- Get regular exercise such as walking, swimming or a prenatal exercise class
- Wear your seat belt, placed low under your abdomen (always!)
- When traveling, take breaks to walk and stretch your legs (to avoid blood clots)
- Use gloves if gardening
- Wash your hands frequently
- Avoid exposure to chemicals such as solvents, paints and pesticides
- Continue normal sexual activity, if comfortable, unless your provider suggests otherwise
- Take childbirth education classes and read books
- Ask questions and voice any concerns
- Have confidence in yourself and your providers
- Enjoy this special time in your life!

DO NOT:

- Drink alcohol, smoke cigarettes or use recreational drugs
- Eat too much fast food, sugars, junk food
- Take medications unless approved by OB provider
- Get overheated in hot tubs or by over exercising
- Participate in activities that put you at risk of injury such as skiing
- Change kitty litter if you have an outdoor cat
- Eat under cooked meat
- Use permanent hair color or acrylic nails
- Use electric blankets
- Travel after 36 weeks or if you have complications such as bleeding or preterm labor

Listen to all the horror stories people may want to share with you!

ADVANTAGES OF BREASTFEEDING

Breastfeeding is one way to give your baby the very best start in life. Mother's milk contains all of the nutrients needed by your baby and in the right amounts.

Breastfeeding creates a special bond between mother and child

Breastfed babies have fewer allergies and eczema.

Studies have shown that breastfed babies have higher IQs.

Breastfeeding helps strengthen the baby's muscles in the mouth and tongue.

Breast milk contains antibodies to fight off infections, so breastfed babies have fewer illnesses.

Breastfeeding is economical.

Breastfeeding mothers have less bleeding postpartum.

Breastfeeding may help you lose weight after you deliver.

Breastfeeding mothers have lower rate of certain cancers and lower rates of osteoporosis.

Breastfeeding is usually enjoyable for both mother and baby.

We encourage you to breastfeed your baby. It may be helpful to take the prenatal breastfeeding class offered by the lactation consultants at South Shore Hospital. They are also available to help you in the hospital after delivery and/or after discharge if you are having difficulties with breastfeeding (see references). We can also give you advice on breastfeeding and returning to work.

Despite all the benefits, breastfeeding may not be the best choice for every mom and baby. You should not feel guilty if it is not right for you. Evaluate your options, give it a try and decide what is best for your family. We will always support your decision.

POSTPARTUM CARE

When you come home from the hospital, you will most likely be sore, tired and emotional. Give yourself some time to recover. Try to eat well, drink plenty of fluids, and get rest whenever possible. Accept help from friends and relatives, but also protect your private time so that you are not overwhelmed with visitors.

Stitches – You may have an episiotomy or stitches in the vaginal area. Acetaminophen (Tylenol) or ibuprofen (Motrin) can be helpful for the pain. Let the OB provider know if you feel you need something stronger. There are also topical medications such as Arnica oil to help with the pain and swelling. Keep the area clean by using a sitz bath or by soaking in a tub. Your pain should get better each day. Please call if the pain or swelling is worsening.

Vaginal bleeding – When you go home, your flow will probably be like a moderate period. The flow should gradually lessen and change color from red to brown to orangish-yellow. Most women have some bleeding for up to one month. You should call us if the flow is increasing or if you are passing clots larger than a plum.

Abdominal incision – If you had a cesarean birth, you will probably need pain medication at home for at least several days. Your incision can be left open to the air. Try to keep the incision clean and dry. When you shower, let warm, soapy water run over the incision then pat it dry. When you are less sore, you may use a wash cloth to wash the incision with soap and water. Wear loose clothes. Call if you have incision problems such as increasing pain, redness or drainage.

Breast engorgement – Your milk will come in on about day three postpartum. This can be painful and may give you a low-grade fever. If you are bottle-feeding, wear a tight bra and do not encourage the milk to come out. If you are breastfeeding your baby, continue to nurse and the pain from engorgement should slowly subside. If you have increasing pain, fever or redness in the breast, please call because you might have mastitis (breast infection). If you have difficulties with breastfeeding, seek lactation assistance before you decide to stop! (See “Resources”)

Activities – It is good to be up and about during the postpartum period to decrease your chances of phlebitis (blood clots in the legs). Ambulate in your house and in the yard (weather permitting). During the first two weeks, stay close to bathroom facilities and places to sit down and rest. Limit stairs and lifting. After two weeks, you may gradually increase your activities, just try not to over do it. If your bleeding increases or if you are too tired, you have done too much. You can begin driving if you are off of pain medication and feel you can drive safely. Call if you have leg swelling or tenderness, shortness of breath or chest pressure, as these can be signs of phlebitis. Wait until after your six-week appointment to start heavy exercise. Sexual activity can be resumed when you are not sore, not bleeding, have the desire AND are using some type of contraception (unless another pregnancy is desired!)

Emotions – It is normal to be emotional and at times tearful and overwhelmed. Try to get some sleep and try to enjoy your baby. If you feel sad most of the time, have trouble functioning, or feel like you could be harmful to yourself or to your baby, call us immediately. Most women begin to feel better by 2 weeks. If you still feel low most of the time, please check in with us. There is help available through counseling, support groups and medication if needed.

Follow up – Please call our office to make an appointment to see the OB provider six weeks post partum. (Of course we will want to see you earlier if you have any problems or concerns.)

Questions or concerns – It is important to us that you let us know if you have any questions or concerns about your care during labor and delivery (or any time during your pregnancy). If there are things that you do not understand or that upset you, we would like to review them with you. It is our goal that every woman (couple) have a safe and satisfying birth experience.

RESOURCES

SOUTH SHORE HOSPITAL:

southshorehospital.org
Parenting/childbirth education: 781-340-8332
Pregnancy exercise: 781-340-8177
Nutrition consult: 781-340-8809
Maternal/Child Social Worker: 781-340-8423

BREASTFEEDING:

SSH support 781-340-3438, 781-340-8602
Lalecheleague.org
Midwife.org and go to GotMOM.org
Breastfeeding.com

PARENTING:

New Mom support, SSH 781-340-8332
Parentsplace.com
Parenting.com
Parental stress line 800-632-8188

PREGNANCY WEB SITES:

modimes.org
parentsplace.com
babycenter.com
midwife.org
Acog.org
southshorehospital.org
sswomenshealth.com

PREGNANCY COMPLICATIONS:

modimes.org
parentsplace.com
Babycenter.com
Geocities.com/incompetentcervix/
Kanalen.org/prom/

PREGNANCY LOSS:

Emily Lazar: 617-669-6573
modimes.org
Parentsplace.com
miscarriagesupport.org.nz

POST PARTUM DEPRESSION:

South Shore Women's Health
339-201-4120
SSH support 781-340-3704
Dr. S. Kelly 617-847-1909

MATERNITY LEAVE, DISABILITY AND INSURANCE

Maternity Leave

Please check with your employer concerning the policy for maternity leave at your place of employment. Please remember that “leave” does not necessarily mean with pay.

The Massachusetts Maternity Leave Act (“MMLA”), M.G.L. c. 149, § 105D, entitles an eligible employee that has completed a specified probationary period with their employer to an eight-week maternity leave. The provision covers full-time employees.

Maternity leave is extended to 16 weeks after giving birth to twins. (Eight weeks of maternity leave for each child.) (“MMLA”) M.G.L. c. 149, § 105D.

The Federal **Family and Medical Leave Act** (FMLA), entitles an eligible employee to take up to 12 workweeks of a job-protected unpaid leave for the birth or placement of a son or daughter or to care for a son or daughter with a serious health condition.

FMLA applies to all:

- Public agencies, including state, local and federal employer, and local education agencies (schools), and,
- Private sector employers who employ 50 or more employees in the current or preceding calendar year, including joint employers and successors of covered employers.

Additional information on the FMLA may be found on the Department of Labor website at www.dol.gov.

Disability

Pregnancy is a completely normal and healthy state. It is not a sickness. Although you may encounter occasional fatigue, nausea, back pain, or minor swelling, during your pregnancy, you should be able to carry on with the normal activities that you were accustomed to performing before becoming pregnant. We cannot certify to your employer or to your insurance company that you are disabled for any of these reasons.

To certify either partial or complete disability, we must find a definite medical indication that either your health or your baby’s health would be endangered by your continuing your normal activities. Such indications might be, for example: hypertension, excessive edema, a previous history of complications during pregnancy, such as premature rupture or membranes, or premature onset of labor. If these or other such signs are not clearly indicated, then we cannot state that you are disabled.

Insurance

It is your responsibility to contact your insurance company during your pregnancy to verify your coverage and to see if “pre-certification” is required. Massachusetts insurance companies allow a 48-hour hospital stay after a vaginal delivery and a 96- hour hospital stay after a cesarean section.

FROM OUR PATIENTS

*To the entire team at South Shore Women's Health,
Thank you for your wonderful care of me during my pregnancy. Everyone on the team was friendly, calming, knowledgeable and willing to answer all of my questions. What a wonderful practice you have and a gift of helping so many women and babies. Rick and I can't imagine life without Elizabeth Grace! Your support and tender loving care meant the world to us all. – L.M.*

To all at SSWH:

Thank you for the care and support you and all your staff provided. What a great group and the midwives are wonderful. Thank you Anne-Marie for getting me through my delivery and to Dr. Johnson for helping with the delivery of Jesse. He's a joy and our family has been blessed. Again, thank you for all your caring and support. – L.N.

To All of the Beautiful Women at SSWH:

*Thank you so much for all of your help during my pregnancy. You kept me safe, comfortable, and most of all sane. Now I have a wonderful baby boy Tyler – Thank you!
Fondly, S.G.*

To all the staff at SSWH:

*Thank you for making my birthing experience so wonderful. I am thrilled that I discovered your practice and look forward to seeing you in the future. Your kindness is so much appreciated.
Fondly, M.R.*

South Shore Women's Health Doctors,

We can not thank you enough for the superb care I received from you all – especially under the circumstances. The care I received was first rate from the start. It was the scariest, most unexpected thing that has happened in my life and you made it easier by showing such compassion and professionalism at the same time. Everything was explained to me step by step in terms that I could understand. Thank you for taking such good care of me and my new daughter, Haley. Sincerely, L.N.

NOTES