Pregnant & Prepared
your guide to a healthy pregnancy

Spartanburg Regional Healthcare System
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your pregnancy
your pregnancy

These two words conjure up a wealth of emotion in the hearts and minds of women everywhere. No matter the circumstances of your pregnancy, the choices that you make from now on affect not only you but also the life of the child that is forming inside your body.

The two main things to remember from the start are to always consult your doctor when in doubt about anything concerning your pregnancy and that it is futile to worry about the past. Instead, you should concentrate on doing everything to give your baby the best start in life. To help ensure that the next months pass as smoothly as possible, Spartanburg Regional Women’s Health has put together this handbook of guidelines for expectant mothers. Again, be sure to always keep open lines of communication between you and your doctor. Your physician is your best resource for good health during this exciting time.
nutrition

General Do's and Don’t’s

Now that you’re eating for two, it’s more important than ever to eat a healthy diet. Since everything that you put into your body directly affects the growth and development of your child, it is essential that you eat the right foods. This fact could not be evidenced more clearly than in a study conducted by the Harvard School of Public Health. According to this study, 95 percent of the women who followed good-to-excellent diets throughout their pregnancies had babies with good-to-excellent health. In contrast, only 8 percent of the women who followed diets composed mainly of junk food had healthy babies. The majority of this group had stillborn, premature or functionally immature babies, or babies with congenital defects.

While there are many other factors that could affect a woman’s pregnancy, diet is one that can be completely controlled. By listening to your doctor and following some basic principles of healthy eating, your baby will start with the best chance he or she could have to develop into a healthy child.
Nine Basic Principles of Healthy Eating

1. Make every bite count
   You have only nine months to nourish your baby and give him or her the best chance at good health. With every bite you take, you should ask yourself if what you are eating is beneficial to your baby or just something that tastes good at the moment.

2. Choose quality over quantity
   While pregnant, you have to eat a certain number of calories in a day to properly nourish yourself and your baby. Make sure you are filling up with calories that are nutritional and not empty. The 150 calories in a whole-grain, juice-sweetened bran muffin are much more beneficial than the 150 calories in a doughnut.

3. Don’t starve yourself or your baby
   NEVER fast or skip even one meal. Your baby constantly needs nourishment, and even though you think you can sometimes go for a longer period of time without having a substantial meal, it is not good for the baby or for you. If three big meals a day cause you to feel bloated and have constant heartburn, consider dividing up your daily nutritional requirements into six small meals instead.

4. Eat efficiently
   Eating six tablespoons of peanut butter at 600 calories is an inefficient way to fulfill your 60-gram, daily requirement of protein.
Always eat foods that will give you the most benefit with the least calories. Also try to eat foods that fulfill more than one requirement at a time. For example, broccoli will provide vitamin C and calcium, and yogurt is a good source of calcium and protein.

5 Complexity over simplicity

Be sure not to drop complex carbohydrates if you are worried about too much weight gain. The simple and/or refined carbohydrates, like white bread, refined flour, white rice, cakes, cookies, etc., should be limited. Complex carbohydrates, like whole-grain breads or cereals, brown rice, fruits and vegetables, dried beans and peas and potatoes in their skins, supply essential vitamins, minerals, proteins and fiber and should not be eliminated from your diet.

6 Sugar is not so sweet

Sugar not only supplies empty calories but it also could be harmful during pregnancy. Research shows that sugar could be linked to diabetes, heart disease, depression and hyperactivity.

Try substituting fruit juices as sweeteners in recipes instead of sugar.

7 Fresh is best

Fresh or fresh-frozen vegetables and fruit are much more nutritionally complete than processed, canned or preserved food. Essential vitamins and nutrients are lost in the preservation process. Try to eat some raw vegetables and fruit every day.
8 Make it a family affair

Any nutritional program is easier to follow when you’re not doing it alone. Try to encourage your significant other and other children to watch how they eat as well. Take all foods that are devoid of real nutritional value out of the house and help your entire family move toward healthier eating.

9 No alcohol, tobacco or drugs

No matter how well you are eating, bad habits can quickly reverse the positive effects of good nutrition. The first step you should take when beginning to take care of yourself and your baby is to eliminate alcohol, tobacco and drugs from your lifestyle. Research shows that breathing second-hand smoke can be harmful to your health and your baby’s health.
What You Need Every day

Calories

While pregnant, a woman should be sure to eat enough calories to maintain her pre-pregnancy weight, plus about 300 more calories for the growing baby. To determine the number of calories you should be taking in, multiply your pre-pregnancy weight by 12 if you are sedentary, 15 if you are moderately active, and 22 if you are extremely active, then add 300. Since every woman’s metabolism is different, even during pregnancy, calorie requirements vary also, so this number is just an estimate. What’s more important than counting calories is watching your weight. You should gain about a pound a week during the second and third trimesters. If you monitor your weight at the same time of day, wearing the same type of clothes, once a week, and find that you are gaining too much or not enough, then adjust your eating accordingly.
Protein

Amino acids are the body’s building blocks, and they are essential to your baby’s growth and development. To provide your baby with enough amino acids, you must have four servings of protein daily for a total of 60 grams. Each of the following suggested servings contains approximately 10-15 grams of protein.

Suggested servings of protein
(four servings per day):
1 (8-ounce) glass of skim or low-fat milk or low-fat buttermilk
3/4 cup low-fat cottage cheese
1 3/4 cups low-fat yogurt
1 3/4 ounces (1/2 cup) Parmesan cheese
3 ounces Swiss or cheddar cheese or low-fat cheese
5 large egg whites
2 large whole eggs plus 2 egg whites
2 1/2 ounces white-meat chicken or turkey, without skin
3 1/2 ounces fish or shrimp
5 ounces clams, crab or lobster meat
3 ounces lean beef, lamb, pork or dark meat chicken
4 ounces fatty beef or lamb
5 - 6 ounces tofu (bean curd)
Vitamin C

Two daily servings of foods rich in vitamin C will help you and your baby with various metabolic processes like tissue repair and wound healing. In addition, vitamin C is needed for the formation of hemoglobin and red blood cells. Eating vitamin C-rich foods fresh and uncooked is the best way to acquire the most vitamin C possible.

Suggested servings of vitamin C (two servings per day):

- 1/2 grapefruit
- 1/2 cup grapefruit juice
- 2 small oranges
- 1/2 cup orange juice
- 2 tablespoons orange juice concentrate
- 1/4 small cantaloupe
- 1/2 cup strawberries
- 1 1/3 cup blackberries or raspberries
- 1 1/2 large tomatoes
- 1 cup tomato juice
- 3/4 cup vegetable juice (V-8)
- 1 1/2 cups shredded raw cabbage or coleslaw
- 1/2 small red or green pepper
- 2/3 cup cooked broccoli
- 3/4 cup cooked cauliflower
- 1 cup collard greens
- 3 cups raw spinach
Calcium

Four servings of calcium-rich foods daily will help your baby develop strong bones, teeth and muscles, as well as a healthy, strong heart and nervous system. Calcium is important for you also. If you do not get enough, your placenta will draw what the baby needs from your own bones, leading to osteoporosis later in life. Women in their 20s and 30s should be mindful of their body’s need for 1,500 mg of calcium daily. Consuming calcium from food sources and supplementing with calcium products, if needed, will help prevent osteoporosis in later years.

Suggested servings of calcium
(four servings per day):
- 8 ounces skim or low-fat milk or low-fat buttermilk
- ½ cup evaporated skim or low-fat milk
- 1 ¾ cups low-fat cottage cheese
- 1 ½ ounces cheddar or American cheese
- 1 ¼ ounces Swiss cheese
- 1 cup low-fat or nonfat yogurt
- ¼ cup nonfat dry milk
- 6 ounces calcium-added milk or orange juice
- 2 - 3 tablespoons ground sesame seeds
- Soy milk and soy protein
- 1 cup collard greens
- 1 ½ cups cooked kale, mustard or turnip greens
- 1 ¾ cups broccoli
- 2 corn tortillas
- 3 cups cooked dried beans (Great Northern, navy, pinto)
Green Leafy, Yellow and Orange Vegetables and Fruits

Vitamin A is essential for cell growth, healthy skin, bones and eyes; it helps reduce some forms of cancer and is a good source of fiber. To ensure you get the necessary amounts of vitamin A, you must eat at least three servings daily of green leafy, yellow and orange vegetables and fruits.

Suggested servings of green and yellow fruits and vegetables (three servings per day):

- ⅛ cantaloupe (about five inches long)
- 2 large fresh or dried apricots
- 1 large nectarine or yellow peach
- 1 tablespoon canned unsweetened pumpkin
- ⅔ cup cooked broccoli or turnip greens
- ½ raw carrot or ⅓ cup cooked
- ½ cup cooked collard greens
- ⅓ cup cooked kale or mustard greens
- 8 to 10 large leaves dark green, leafy lettuce
- ½ cup raw spinach or ¼ cup cooked
- ¼ cup cooked winter squash
- ¼ small sweet potato or yam
Other Fruits and Vegetables

At least two servings of other types of fruits and vegetables are needed each day to provide extra fiber, vitamins and minerals. The potassium and/or magnesium found in these foods are important for a healthy pregnancy.

Suggested servings of other fruits and vegetables (two servings per day):

- 1 apple or $\frac{1}{2}$ cup unsweetened applesauce
- 6 - 7 asparagus spears
- 1 small banana
- 1 cup bean sprouts
- $\frac{3}{4}$ cup green beans
- $\frac{2}{3}$ cup blueberries
- $\frac{2}{3}$ cup Brussels sprouts
- $\frac{2}{3}$ cup pitted, fresh cherries
- $\frac{2}{3}$ cup grapes
- 1 cup fresh mushrooms
- 1 medium white peach
- 9 pods okra
- 1 medium pear
- 1 medium slice fresh or unsweetened, canned pineapple
- 1 medium potato
- $\frac{2}{3}$ cup zucchini
Whole Grains and Legumes

Five or more servings daily of whole grains and legumes provide B vitamins and some trace minerals such as zinc, magnesium and selenium, as well as many other nutrients that are vital to just about every part of your baby’s developing body. In addition, starchy foods may help reduce morning sickness.

Suggested servings of whole grains and legumes (5 - 9 servings per day):

1 slice whole-wheat, whole-rye, other whole-grain or soy bread
1/2 cup cooked brown rice
1/2 cup cooked wild rice
1/2 cup cooked whole-grain cereal (oatmeal, Wheatena, Ralston)
1 ounce whole-grain, ready-to-eat cereal with no added sugar (shredded wheat, Nutri-Grain, Bran Flakes)
2 tablespoons wheat germ
1/2 cup cooked whole-grain, soy or high-protein-type pasta
2x2x1-inch piece of cornbread
1/2 cup cooked beans or peas
1 corn or whole-wheat tortilla
Iron-Rich Foods

Including some iron-rich foods in your diet daily is important for your baby’s developing blood supply, as well as your own expanding blood supply. To help your body absorb the iron efficiently, eat these foods with vitamin C. Because the iron requirement is often difficult to fill by diet alone, a 30-mg iron supplement, or more if prescribed by your doctor, is also recommended from week 12 on.

Suggested servings of iron-rich foods:
- Duck
- Beef
- Oysters (cooked; don’t eat raw)
- Collards, kale and turnip greens
- Jerusalem artichokes
- Pumpkin
- Potatoes with skins
- Spinach
- Legumes (green peas, chick-peas, lentils, kidney and lima beans, for example)
- Soybeans and soy products
- Carob flour and carob powder
- Dried fruits
High-Fat Foods

No more than 30 percent of an adult’s calories should come from fat. The same is true for pregnant women. Be sure to keep the fat intake moderate; however, cutting fat totally out of your diet is also dangerous because it deprives your baby of the essential fatty acids that are needed for his or her growth. Four full or eight half servings of high-fat foods a day should be just the right amount for you to get your requirement without going too far. Continue to monitor your weight, and if you are not gaining enough by increasing your intake of other nutritious foods, one extra serving of fat each day should help.

Suggested half servings of high-fat foods:
1 ounce cheese (Swiss, cheddar, provolone, mozzarella)
1 1/2 ounces skim-milk mozzarella
2 tablespoons grated Parmesan cheese
1 1/2 tablespoons light cream
1 tablespoon heavy or whipping cream
2 tablespoons whipped cream
2 rounded tablespoons sour cream
1 tablespoon cream cheese
1 cup whole milk
1 1/2 cups 2% milk
2/3 cup whole, evaporated milk
1/2 cup regular ice cream
1 cup whole-milk yogurt
1 tablespoon light margarine
1 tablespoon peanut butter
1/2 cup white sauce
$\frac{1}{3}$ cup hollandaise sauce
1 egg or 1 egg yolk
$\frac{1}{4}$ small avocado
6 ounces tofu
3 ounces light-meat turkey or chicken, no skin
3 $\frac{1}{2}$ ounces dark-meat turkey or chicken, no skin

Whole servings:
1 tablespoon vegetable oil
1 tablespoon regular margarine or butter
1 tablespoon regular mayonnaise
2 tablespoons regular salad dressing
3 - 6 ounces lean meat (varies with cut)

**Salty Food**

In the past, doctors recommended that pregnant women severely limit their intake of salt because of its contribution to water retention and bloating. Physicians now believe, however, that a small amount of sodium is needed to help pregnant women maintain their fluid level. The body’s tendency to hold water while pregnant is a natural and normal reaction to the developing child’s need for sustenance. However, salt is only good in moderation. High sodium intake is closely linked to high blood pressure, a potentially dangerous condition for the mother and child during pregnancy. Rather than adding salt while cooking, it is generally a good idea to just add a little for taste at the table.
**Fluids**

At least eight 8-ounce glasses of fluid are required daily. Your baby’s body, like yours, is made mostly of water and therefore needs fluids to ensure proper development. Keeping yourself hydrated will also keep your skin soft, reduce the likelihood of constipation, rid your body of toxins and waste products, and reduce excess swelling and the risk of urinary tract infection. You can fulfill your fluid requirements from sources other than just the tap; milk, fruit and vegetable juices, naturally decaffeinated coffee and teas, soup and plain soda water all provide the same essential fluids as tap water.

**Nutritional Supplements**

No matter how closely you count your calories and watch what you eat, it is almost impossible for you to get exactly the right amount of daily nutritional requirements just at the kitchen table. Therefore, a pregnancy formula nutritional supplement may be a good idea. As with any form of vitamins or drugs, however, take only what your doctor recommends and only the minimum dose suggested. Remember that a supplement is just that — a “supplement” — and should never be taken to replace a meal.
medications

The only medications you should take during your pregnancy are the ones that have been prescribed to you by a doctor who knows you are pregnant. Some drugs have been proven to pose serious threats to a developing fetus. These should be strictly avoided. There are some cases, however, when the benefit of a drug far outweighs the risk. Sometimes delaying treatment of a health condition is worse for you and your baby than taking the drug would be.

Since no drug is totally safe for everyone all the time, the best advice is not to take anything without consulting your doctor. If you are taking medication under a physician’s direction, make sure you take only the required dosage and follow all directions from your doctor and pharmacist. Treat medicinal herbs just like drugs, and do not take them without direction from your doctor. Also be sure to avoid herbal teas, since you can never be absolutely sure what is in them.
The pregnant body works harder when resting than the non-pregnant body does when mountain climbing. Therefore, taking care of your body and keeping it energized is extremely important, especially during the first trimester, when the placenta is being formed to nourish your baby and provide him or her with the healthiest environment possible. After the first trimester, when the placenta is complete, you will have more energy.

In general, you should try to get at least one or two extra hours of sleep each night. If you are carrying twins or multiple fetuses, you will need even more rest, since your body is working twice as hard. Do not sleep all of the time, however. Try to remain moderately active, exercising every now and then, since fatigue can be heightened by too much rest. Make sure you don’t overexert yourself. The most important thing to do is to listen to your body. When you feel tired, you should slow down and take a nap if possible. Your body knows what’s best for you and for your baby during this time.
exercise and activities

Most women with normal pregnancies should exercise. It is usually very safe and beneficial to you and your baby. Moderate exercise will keep your body in shape so that you will be able to deal with the rigors of childbirth and motherhood. It also will help keep stress under control and make you feel better about yourself. Once again, however, the most important thing to do before you begin an exercise program is consult your doctor.

Four Forms of Beneficial Pregnancy Exercise

1. **Aerobics**
   To effectively stimulate your heart, lungs, muscles and joints, light aerobics periodically is imperative. Aerobic exercises increase your ability to process and use oxygen, improve circulation, increase muscle tone and strength, build endurance, burn calories, lessen fatigue, and promote confidence, well-being and a better night’s sleep. Walking is an excellent aerobic activity.

2. **Calisthenics**
   Calisthenics help to tone and develop muscles. Practicing calisthenics that are specifically designed for pregnant women will benefit you by helping relieve backaches, improve your physical and mental well-being, and prepare your body for labor. More strenuous calisthenics designed for athletes or the general population may be unsafe. Be sure to consult your doctor.
Relaxation techniques
Breathing and concentration exercises help to relax the mind and body. These techniques will help your body conserve energy and help your mind focus on the joy of what’s happening to you and your family. Your body awareness will increase, and you will be more able to meet the physical and mental challenges of childbirth.

Kegel exercises
These very specific pelvic toning exercises are concentrated on your vaginal and perineal muscles. They are used to strengthen the pelvic area in preparation for delivery. To identify the correct muscle, sit on the toilet with your legs spread apart. Begin to urinate, then contract the muscle necessary to stop the flow of urine; hold; release. Repeat until you learn to control the muscle. Once you have found the correct muscle, only stop and start your urine flow as an occasional check. Practice 10 Kegel exercises four times daily. Practicing Kegel contractions can be easily incorporated into daily routines such as talking on the phone, driving, standing in line, etc. This exercise also is helpful in preventing urinary incontinence during pregnancy and thereafter.
Some Exercise Tips to Remember

Get started
It’s never too late to start an exercise program. Whenever you exercise, it will benefit your baby. Starting earlier is better; however, it is best to be fit before conception.

Start slowly
Don’t be overly ambitious about your exercise program. If you start slowly and realistically, you will be more apt to stick to it than if you overexert yourself on the first day.

Warm up and cool down
Always give your muscles a chance to get warmed up to reduce injury and cramping. Just as important is giving your body a chance to cool down, thereby releasing the blood supply from your muscles.

Don’t overdo it
Exercise long enough to get your heart rate up but not so long that you exhaust yourself and possibly harm your baby.

Be consistent
Maintain a consistent, regular routine so your body can truly benefit from the effort.

Make time for it
Make sure you exercise even when you think you don’t have the time. If you have to go to a friend’s house for lunch, walk. Vacuum at a brisk, steady pace with some
peppy music on and turn housework into exercise. Take the stairs to your office instead of the elevator.

**Don’t forget nutrition**

Be sure to compensate for the calories you burn and for the fluid you lose when working out. Also be sure not to work out on an empty stomach. Drink four to eight ounces of liquid before and after exercise.

**Exercise with others**

Just like any exercise program, it’s easier to stay motivated when you have someone to do it with you and to keep you focused. Just remember, if you choose to go to an exercise class, pick one designed for pregnant women, and make sure your instructor is trained to work with pregnant women.

**Wear the right clothes**

Make sure your workout clothes are loose and breathable and that you have well-fitting athletic shoes.

**Always exercise in moderation**

Make sure you quit exercising before you are absolutely exhausted. The chemical by-products of overexertion are bad for your baby. Slow down whenever you feel pain or strain, and never work up to a drenching sweat. Continually monitor your heart rate, and never let it get above 140 beats per minute. If your heart rate stays above 100 beats per minute, five minutes after you stop working out, you’ve worked too hard. You should feel exhilarated, not exhausted, after a good workout.

**Know when to stop**
If you ever experience pain, cramps, stitches, lightheadedness, heart palpitations, severe breathlessness, difficulty in walking, loss of muscle control or headaches, you have overexerted yourself. If these symptoms are not relieved by a short rest, you should contact your doctor immediately. Also, if you have swelling of extremities, amniotic fluid leakage, vaginal bleeding or significant slowing of fetal movement after the 28th week, notify your doctor and lie down with your feet elevated.

Stay cool
Do not exercise in extreme heat. Keep yourself cool and hydrated throughout your workout.

Be careful of falls
Recognize that you are less graceful while pregnant than you might be normally. Do not try to do complicated exercise maneuvers or play contact sports that could lead to dangerous falls or injuries.

Talk to your doctor
There are many reasons for a doctor to restrict activity to keep mother and baby healthy, so make sure to check with your doctor before starting an exercise program and continually keep him or her up to date on how you’re feeling.
sexual activity

Just as in other aspects of pregnancy, there are no set guidelines or standards to follow when it comes to sexual activity during pregnancy. No matter what, there will be some change in your sexual activity. It could be nonexistent because of physical or mental barriers, it could be a little uncomfortable, or it could be the best you’ve ever experienced. It depends on the individual couple. Since every situation is different, and some women have health conditions or high-risk pregnancies that cause sexual activity to be restricted, it is once again imperative to consult your doctor on this matter.

In general, there is a down-up-down pattern of sexual activity during pregnancy, coinciding with the trimesters. In the first trimester, a high percentage of women experience a reduced libido because of the fatigue, nausea, vomiting and tender breasts, which are common during this time. None of those symptoms help to make a woman feel very sexy, and they can make sexual relations quite uncomfortable. Interest usually picks up in the second trimester, when the woman is physically and psychologically better adjusted to the enormous changes going on in her body and in her life. By the third trimester, however, sexual activity has usually waned again. The emotional stress of impending delivery — as well as the physical impediment of a larger abdomen and more uncomfortable aches and pains — contribute to the lessening of the libido in the last three months.

This pattern is just a generalization, however, and not the rule. There are some women who do not experience a
change during this time, and there are those who report an increased level of desire in the first trimester and throughout pregnancy because of hormonal changes that leave the vulva engorged and sensitive and the breasts more pleasurably sensitive than before. Some women are capable of experiencing orgasm for the first time ever during pregnancy. The main thing to remember is that you must continue to communicate with your partner and try to understand together the physical and psychological changes that are occurring.

**Physical Changes that Affect Sexual Relations**

**Morning sickness**

Nausea and vomiting during pregnancy definitely make you feel less sexy and attractive. To get beyond this problem, make sure you take advantage of the times you feel good and don’t feel pressured when you aren’t feeling well. Remember, sexual relations means more than sexual intercourse. Talking, touching and cuddling is a form of sexual activity and may be just what you need. Partners need to continually discuss their feelings and needs.

**Fatigue**

Fatigue should pass (along with morning sickness) by the fourth month. Until then, take advantage of your more energetic periods in the daytime. Have an afternoon session of lovemaking when you’re wide awake or cap off a weekend nap with some snuggling.
Changing shape
Your enlarged belly could be not only a turn-off to your partner but also a big obstacle to comfortable coupling. Try experimenting with different positions to make sex easier and more comfortable.

Increasing hormones
An increased level of hormones can cause the genitalia to become more engorged than normal, which could heighten pleasure for both parties or lessen it considerably. Once again, it depends on the couple.

Leakage of colostrum
Colostrum, also called pre-milk, is the substance that can leak from the breasts during stimulation late in pregnancy. This can be easily avoided simply by refraining from breast play.

Breast tenderness
Early in pregnancy, the tenderness of the breasts can be extremely uncomfortable. If so, the best way to overcome this problem is to communicate openly with your partner and let him know what feels good and what doesn’t. Later on, your breast sensitivity could enhance physical pleasure.
Alterations in vaginal secretions
The volume, consistency, odor and taste of vaginal secretions change during pregnancy, sometimes making sex more pleasurable or making it more messy and uncomfortable. Once again, the best way to get beyond this issue is to keep open lines of communication and make sure you both feel comfortable expressing what you like and don’t like.

Sensitivity of the cervix
The increased blood flow to the uterus during pregnancy causes the cervix to become softer, with more blood vessels near the surface. This “ripening” of the cervix for delivery could cause increased sensitivity, and you may bleed with deep penetration.

Psychological Barriers that Affect Sexual Relations

Fear of miscarriage
In a normal pregnancy, intercourse will neither cause a miscarriage nor hurt the baby in any way. The fetus is protected by the amniotic sac, and the uterus is sealed off from your vagina by a mucous plug. Some women fear that the muscle contractions of orgasm will trigger early labor or miscarriage, but these contractions are not a sign of labor and should pose no threat to a normal pregnancy. As with everything else, consult your doctor if you suspect your pregnancy may be high-risk or abnormal in any way.
Fear that fetus is “watching”

The baby does enjoy the gentle rocking of the uterine contractions during orgasm, and fetal movement will increase after orgasm due to hormonal and uterine activity. However, he or she is not aware of what is going on and will have no memory of it at all.

Fear of infection

Unless your partner has a sexually transmitted disease like gonorrhea, syphilis, HIV or AIDS, there should be no threat of intercourse causing infection during the first seven to eight months of pregnancy. During this time, the baby is totally protected by the amniotic sac. In the last month of pregnancy, the amniotic sac could rupture at any time. Therefore, if you have a concern about infection, your partner can wear a condom during intercourse in the last month as an added precaution.

Anxiety about becoming parents

The anxiety that comes with imminent parenthood can sometimes put a kink in a couple’s sexual relationship. The best way to avoid this strain is to talk openly about the upcoming responsibilities of being a mother and a father. Talk about how your lifestyles are going to change, but don’t bring those anxieties to bed with you.
Changing relationship

Becoming a mother and a father instead of just lovers or husband and wife is a difficult adjustment for a relationship. But it is a normal stage of growth for a relationship, and it happens every day. It could make your sex life awkward and strained, or it could bring new intimacy to it, depending on how well you talk about it and discuss your feelings outside of the bedroom.

Subconscious hostility

Your partner could feel subconsciously jealous of you, since you are all of a sudden the center of everyone’s attention when it is his child as well as yours. You also could feel hostility toward him for not having to bear the discomforts of pregnancy that you do when he has as much to do with what’s inside your body as you do. Again, these feelings can be overcome if you are open and honest with one another and keep the hostilities out of the bedroom.

Overall, sex during pregnancy is safe and good for you, your husband and the baby. Not only does it exercise your pelvic muscles and help strengthen them for delivery, but it will help keep you relaxed and keep you and your husband feeling close and comfortable throughout this exciting, stressful time in your lives.
旅行

旅行实际上可以是一个好的中间 trimester 的减压方法。有时，它会很惬意拥有“最后一次的狂欢”在宝宝到来之前和父母身份完全降临之前。再次，有必要在计划一次远行之前咨询你的医疗保健提供者。他或她可能会限制你的旅行，如果你有任何特定的并发症或健康问题。

### 一些需要考虑的事情:

**不要去非常远的地方**

特别是在第一和最后一个 trimester，当你的身体最敏感，而且发生并发症的风险最高时，你不应该去非常远的地方。如果你必须去，一定要和你的医疗保健提供者讨论你的旅行计划，以便你能够为可能在你不在时出现的问题做好准备。

**没有高海拔**

由于氧气的耗尽可能会伤害你的宝宝，所以去一个比你通常更高海拔的地区不是一个好主意。空气更稀薄，你的身体必须更努力地获取适当的氧气到你的发育中的胎儿。

**没有发展中国家**

去需要接种可能对有害的疫苗，以防止危险、不可治愈的感染的国家或地区不是一个好主意。

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特别是在第一和最后一个 trimester，当你的身体最敏感，而且发生并发症的风险最高时，你不应该去非常远的地方。如果你必须去，一定要和你的医疗保健提供者讨论你的旅行计划，以便你能够为可能在你不在时出现的问题做好准备。

**没有高海拔**

由于氧气的耗尽可能会伤害你的宝宝，所以去一个比你通常更高海拔的地区不是一个好主意。空气更稀薄，你的身体必须更努力地获取适当的氧气到你的发育中的胎儿。

**没有发展中国家**

去需要接种可能对有害的疫苗，以防止危险、不可治愈的感染的国家或地区不是一个好主意。

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Make it relaxing
Take a trip to one destination where you can stay and relax for a while, rather than going on a whirlwind grand tour during which you have to be on your feet and active most of the time.

Set your own pace
Try to avoid group trips that are so heavily scheduled that you don’t have time to rest. Go with just a friend or your partner, so you can stop when you need to without worrying about holding up other tourists.

Stick to your diet
Order carefully when traveling, and try to eat what you know is best for you and your baby’s nutritional needs. Be sure not to skip any meals just because you are on the go or trying to save money.

Don’t drink the water
Not every country has a good, reliable water source, so it is always a good idea to have bottled water and/or fruit juices with you.

Take a pregnancy kit
Make sure you’re always carrying enough vitamins, healthy snacks, dried milk, correctly prescribed motion sickness medication, your favorite pregnancy book, comfortable shoes and spray disinfectant for public bathrooms while you’re traveling.
**Know a local doctor**
Get your doctor to give you the name of a local doctor where you’re going, in case of emergency. Also be sure to carry your medical records with you, as well as extra prescriptions in a separate, carry-on bag in case your luggage is lost or stolen.

**Watch out for irregularity**
Get plenty of fiber, fluids and exercise to help ward off traveler’s irregularity.

**When you’ve got to go, go**
Don’t let the hectic pace of traveling increase your risk of urinary tract infection, which could harm your baby. Be sure to stop whatever you are doing and find a restroom when you need one.

**Avoid sitting or standing for long periods of time**
If you have to take a long plane, train or boat trip, get up often to walk around and stretch your legs. If you have to be in the car for an extended period of time, stop at least every two hours to walk around. Be sure to wear support hose to ward off varicose veins if you know you are going to do a lot of sitting or standing.
Tips for Plane Travel
Be sure to check with the airline in advance to see if they have any special seating regulations for pregnant women. If they do not place you in specific seating, ask for an aisle seat near the front. Also ask about special meals with a high protein content and whole-grain bread. Drink plenty of fluids before and during air travel to counter dehydration. Rest in advance of your trip to counter the effects of jet lag. Gradually shift bed and meal times to set your body to a new time zone, if you are traveling that far.

Tips for Car Travel
Bring healthy snacks and drinks so you are not tempted to stop for fast food during a long trip. Have a comfortable seat or bring along a cushion for your back. Try to give your legs maximum stretching-out space, if you’re not driving. Be sure to wear your seat belt. The risks to you and your baby of not wearing it are much, much higher than the slight risk of the seat belt harming your baby in any way.
working

Exactly how a woman’s pregnancy is affected by continuing to work or quitting early is unclear at this point. There have been studies suggesting that steady strenuous, or stressful activity, or long hours of standing during the last half of pregnancy, may increase the risk of the mother’s developing high blood pressure, as well as the risk of a damaged placenta and a low-birth-weight baby. There also have been studies, however, involving women who delivered perfectly normal, healthy babies and remained in fine condition after working high-pressure jobs right up to the delivery date.

As a general rule, be sure to discuss your working conditions and how you are feeling with your doctor, and he or she can recommend the best course of action. It is usually best to limit the amount of time you are on your feet, if possible.

danger signs

Creating a baby is a very complicated and miraculous process. While most women go through pregnancy and childbirth without any complications at all, occasionally something can go wrong. On the opposite page is a list of symptoms, which could signify an obstetrical complication.
• Frequent and severe nausea and vomiting
• Lingering nausea and vomiting
• Spasmodic, cramping pain with tenderness, starting on one side and often spreading throughout the abdomen
• Brown vaginal spotting or light bleeding
• Severe, lingering dizziness or weakness
• Shoulder pain
• Rectal pressure
• Heavy vaginal bleeding
• Bleeding from nipples, rectum or bladder
• Coughing blood
• Gush or steady leaking of fluid from vagina
• Painful or burning urination
• Chills and fever over 100 degrees
• Passing clots of grayish matter
• Pink discharge for several days
• Abdomen larger than expected for that stage of pregnancy
• Abdomen feels doughy or soft rather than firm
• Lack of fetal movement for more than 24 hours after the 20th week
• Sudden loss of weight
• Unusual thirst
• Very frequent or heavy urination
• Very rapid heartbeat
• Uterine tenderness
• Foul-smelling vaginal discharge
• Pronounced swelling of hands and feet with sudden excessive weight gain
• High blood pressure
• Blurred vision
• Frequent headaches
• Irritability and/or confusion
• Convulsions
Call your doctor immediately if you experience any of the conditions listed previously.

Your doctor’s phone number:

_____________________________________

_____________________________________

_____________________________________

Emergency numbers:

_____________________________________

_____________________________________

_____________________________________

_____________________________________

_____________________________________
the trimesters

Your body will be changing drastically over the next nine months as your baby grows within your womb. These nine months are divided into three trimesters, each consisting of three months. Each trimester is a different stage of growth and change, and there are certain things that you can expect from each stage.

First Trimester

How baby grows:

During the first month, your baby is a tiny, tadpole-like embryo, smaller than a grain of rice. In the next two weeks, the neural tube (which becomes the brain and spinal cord), heart, digestive tract, sensory organs, and arm and leg buds begin to form.

The embryo is about 1 ¼ inches long from head to buttocks and is more human-looking by the end of the second month. Its head takes up one-third of its body. It has a beating heart and the beginnings of fingers and toes on its arms and legs. Bone begins to replace cartilage at this point.

During the third month, more organs begin to develop. The circulatory and urinary systems are operating, and the liver is producing bile. While the gender of the embryo is still difficult to distinguish, its reproductive organs are developed. By the end of the first trimester, this tiny human, now a fetus, is 2 ½ - 3 inches long and weighs about ½ ounce.
Throughout the first trimester, your body is creating the placenta from which your baby will be nourished during the second and third trimesters. By the end of the first trimester, this placenta is fully formed and can begin to sustain your baby’s remaining development.

**How mom changes:**

**Physical**
- Absence of menstruation
- Fatigue and sleepiness
- Frequent urination
- Nausea with or without vomiting
- Excessive salivation
- Heartburn, indigestion and flatulence
- Bloating
- Food aversions and cravings
- Breast changes: fullness, heaviness, tenderness, tingling, darkening of areola, prominence of sweat glands in areola, network of bluish lines appearing under skin
- Constipation
- Occasional headaches
- Occasional faintness or dizziness
- Tightness of clothing around waist and bust
- Enlarging of abdomen by end of first trimester
- Increasing appetite

**Emotional**
- Instability
- Irritability
- Mood swings
- Irrationality
- Weeping
- Feelings of misgiving, fear, joy and elation
- New sense of calm
Second Trimester

How baby grows:
During the fourth month, the four-inch fetus, now nourished by the placenta, begins to develop sucking and swallowing reflexes. The growth of the body begins to catch up with that of the head. Tooth buds appear at this time, and fingers and toes are well defined. It is more human-looking at this point, but it cannot survive outside the uterus.

By the end of the fifth month, the activity of this eight to 10-inch fetus is strong enough to be felt by its mother. Hair is beginning to grow on the head, and a soft, downy layer of hair covers its body. Brows and white eyelashes also appear.

By the end of the second trimester, the fetus is about 13 inches long and weighs about 1\(\frac{3}{4}\) pounds. Its finger and toe prints are visible in its thin and shiny skin. There is no underlying fat. Eyelids begin to part and the eyes open. With very intensive care, the fetus could survive if born at this point.

How mom changes:
Physical
• Continued fatigue
• Decreased urinary frequency
• End of or decrease in nausea and vomiting
• Constipation
• Heartburn, indigestion and flatulence
• Bloating
• Continued breast enlargement but decreased tenderness and swelling
• Occasional headaches
• Occasional faintness or dizziness
• Nasal congestion, occasional nosebleeds and ear stuffiness
• Bleeding gums
• Mild swelling of ankles and feet and occasionally of hands and face
• Hearty appetite
• Varicose veins of legs and/or hemorrhoids
• Whitish vaginal discharge
• Fetal movement
• Lower abdominal achiness
• Leg cramps
• Increased heart rate
• Easier (or more difficult) orgasm
• Backache
• Skin pigmentation changes on abdomen and/or face
• Itchy abdomen

Emotional
• Occasional irritability but fewer mood swings
• Joy and/or apprehension about finally feeling pregnant
• Eventual boredom with the pregnancy
• Feeling clumsy and scatterbrained
• Anxiety about the future
Third Trimester

How baby grows:

Fat begins to be deposited on the fetus during the seventh month. It may suck its thumb, hiccup and cry. The taste buds have begun to develop so that it can taste sweet or sour. The fetus can now respond to stimuli, including pain, light and sound. As the third trimester begins and the baby reaches three pounds, placental function diminishes, as does the volume of amniotic fluid.

There is great growth during the eighth month, especially of the brain, and the fetus can now see and hear. It is approximately 18 inches long and weighs about five pounds. Most systems are well developed, but the lungs may still be immature.

During the ninth month, final preparations are being made for birth. The baby’s lungs are now mature, and the average baby will be 20 inches long and weigh 7 1/2 pounds when born.

How mom changes:

Physical

- Increasingly heavy whitish vaginal discharge (sometimes streaked with red or brown) and containing mucous in the ninth month
- Strong, regular fetal activity; more squirming and less kicking in the ninth month
- Lower abdominal achiness
- Buttocks and pelvic discomfort and achiness
- Increased constipation
- Heartburn, indigestion and flatulence
- Bloating
• Occasional headaches
• Occasional faintness or dizziness
• Nasal congestion, occasional nosebleeds and ear stuffiness
• Bleeding gums
• Leg cramps
• Backache
• Mild swelling of ankles, feet and occasionally of hands and face
• Varicose veins of the legs
• Hemorrhoids
• Itchy abdomen
• Increasing shortness of breath as uterus crowds the lungs, which eases when the baby drops
• Frequent urination after the baby drops
• Difficulty sleeping
• Scattered Braxton Hicks contractions, usually painless (the uterus hardens for about a minute, then returns to normal), increasing in frequency and intensity toward the end
• Clumsiness, which increases risk of falling
• Colostrum, either leaking or expressed, from enlarged breasts
• Fatigue, extra energy or alternate periods of each
• Increase or loss of appetite

Emotional
• Increasing apprehension about motherhood, baby’s health, and about labor and delivery
• Continued absentmindedness
• Increased dreaming and fantasizing about the baby
• Increased boredom and weariness with the pregnancy
• Eagerness for the pregnancy to be over
• Increasing excitement as the day draws closer
• Increasing impatience, restlessness and irritability
prenatal program
Spartanburg Regional is recognized for its outstanding prenatal care program, featuring in-house obstetricians, residents and certified nurse-midwives who are prepared to provide the exact level of prenatal care needed for high- and low-risk patients. These professionals are armed with the world’s safest and most advanced prenatal technologies, and they continue to lead the way in providing even more specialized counseling and treatment. For example, Spartanburg Regional’s full-time perinatologists give us the ability to help couples with problem pregnancies to address specific challenges.
your first exam

What to Expect

Your first prenatal doctor’s visit is the most comprehensive. While specific procedure varies from doctor to doctor, there are general things you can expect to happen during this exam:

Confirmation of pregnancy

Since there is always some degree of error in home pregnancy tests, the first thing your doctor will do is confirm that you are indeed pregnant. He or she will want to check the following: your pregnancy symptoms; the date of your last normal menstrual cycle (for estimating your date of delivery or due date); and your cervix and uterus (for signs and approximate age of the pregnancy).

A complete medical history

To give you the best possible care, your doctor will want to know everything about your medical history. Be sure to come prepared by checking your home records for details on the following:

- Chronic illnesses, major illnesses or surgeries you have had
- Medications you are presently taking or have taken since conception
- Information on any known allergies (especially drug allergies) you may have
- Your family medical history, including genetic disorders and chronic diseases
- Your social history
• Your gynecologic and obstetric history
• Any other factors in your personal life that might affect your pregnancy

**A complete physical exam**

This is an assessment of your general health by examining the heart, lungs, breasts, abdomen, external and internal genitalia and pelvis; measuring blood pressure and weight for basis of comparison at later visits; and inspecting extremities for edema (swelling) and varicose veins for comparison at later visits.

**A battery of tests**

**The most common prenatal tests include:**
- Blood tests to check for anemia and determine blood type
- Urinalysis to screen for sugar, protein, white blood cells, blood and bacteria
- Blood screens to determine immunity to diseases, such as rubella
- Tests to disclose the presence of such infections as syphilis, gonorrhea, hepatitis, chlamydia and AIDS
- Genetic tests for sickle-cell anemia or Tay-Sachs disease
- Pap smear for the detection of cervical cancer
- Gestational diabetic screening test to check for any tendency toward diabetes

**An opportunity for discussion**

As with all subsequent visits, you should take the opportunity to discuss any and all concerns you may have with your doctor. Your doctor is your most valuable resource, and there is never a question or concern that is too small or insignificant to bring up, if it is something that will cause you unnecessary stress and worry.
subsequent visits

Description of tests and their purpose

Sugar (glucose) in urine
This test is performed at each visit. A specially treated stick, dipped in a specimen of your urine, shows the presence of sugar. Persistent high levels of sugar in the urine could indicate hyperglycemia. Further tests will determine if gestational diabetes is present, requiring special diet and care.

Albumin (protein) in urine
This test is performed at each visit. A special strip, dipped in a urine specimen, shows the presence of protein. High protein levels could be related to pregnancy-induced hypertension.

Blood pressure
Your blood pressure is measured at each visit with cuff and stethoscope or with an electronic device. A sudden rise in your normal blood pressure of more than 30 points in the upper (systolic) range or 15 in the lower (diastolic) range, could be warning of a complication like preeclampsia.

Fetal heartbeat
Starting in the third month, the doctor will listen for a fetal heartbeat at every visit.
**Size of uterus and fetus**

From the third month until delivery, the doctor will manually palpate (feel) your abdomen to ascertain the size and position of your uterus and the fetus. Toward the end of the last trimester, this test will be very important in determining whether or not you will have a breech birth.

**Height of fundus**

At every visit, the doctor will measure the height of the fundus, or the top of the uterus, which is helpful in pinpointing the age of the pregnancy and in making a more accurate estimate of your due date.

**Feet and hands for swelling**

Your extremities will be examined at each visit to check for edema (swelling).

**Discussion of questions and unusual symptoms**

At every visit, your doctor will ask you to describe any unusual symptoms you may be experiencing, and you should always take the time in the office as an opportunity to ask him or her any questions you may have concerning your pregnancy.
final visits

After your 36th week of pregnancy, you should begin to see your doctor weekly. In addition to the regular tests and procedures described above, your doctor will also check on a couple of extra concerns. He or she will examine your cervix for effacement (thinning) and dilation.

You will also be asked about the frequency and duration of Braxton-Hicks contractions. During these final visits, you can also expect to receive instructions from your doctor as to when to call if you think you are in labor. If you don’t receive these instructions, ask for them. Generally, if your contractions occur five minutes apart and you are uncomfortable, your “water breaks,” or you experience vaginal bleeding, you need to call your doctor or other healthcare provider.
finding a doctor for your newborn

Before the birth of your baby, you will want to find a physician who will provide quality healthcare while meeting the needs of your newborn. Spartanburg Regional can help through our Physician Referral Line at 864-591-7999. Call for information on doctors, locations and specialties. The Physician Referral Line can assist you in finding the right doctor for both you and your family. To find a doctor in your area visit spartanburgregional.com
prenatal classes

Prenatal education is much more than childbirth classes. After all, a new baby can affect the lives of people other than mom. That’s why Spartanburg Regional Women’s Health offers such a wide array of prenatal classes. We want to ensure the health and happiness of mother, baby and the entire family, and the best way to do that is through education.

Parents and families-to-be can choose from a long list of classes and seminars to prepare them for the big day. Our certified educators teach classes on an ongoing basis, and they’re here to answer any question you have, no matter how small. Our objective is to provide you with the information you need to ease your anxieties and uncertainties.

Here are brief descriptions on just some of the classes the Center for Women offers as part of our comprehensive approach to prenatal care:

**Prepared childbirth series**

A six- to eight-hour course to prepare you and your support person for the birth of your baby. Includes relaxation and breathing, birth video and a tour.

**Cesarean birth class**

This class includes surgical preparation and procedures, postpartum care and participation of support person.
Sibling class
This class for three to 12-year-old children helps them deal with the arrival of a new brother or sister. It includes video, hands-on practice and a tour.

Breastfeeding
This class teaches how to make breastfeeding a positive experience for both you and your baby. Topics include early breastfeeding, returning to work and weaning. A support person is encouraged to attend. A nursing mother’s support group also is available for new and expectant mothers who are interested in learning about the art of breastfeeding before and after delivery.

Infant care class
Infant Care class is 1.5-2 hours, which includes practicing diapering, swaddling, holding, burping, etc.

Infant CPR
This one-hour class familiarizes you and your support person with basic CPR for infants under one year of age. It includes safety tips for your home.

New Mother’s Support Group—Table for Two
Join other mothers as they discuss their adjustment to motherhood and ways they deal with day-to-day activities. It is a great opportunity to meet other mothers who are experiencing the same questions and concerns you may have.
As interest indicates, we also offer additional classes and support gatherings for expectant and new mothers, such as maternity and postpartum fitness/exercise classes, yoga, walking and support groups. Please visit regionalwomenshealth.com for additional class listings.

**HypnoBirthing Relaxation**

This 12-hour class teaches techniques for achieving a satisfying, relaxing and stress-free birthing experience through physical and emotional relaxation. Learn to be totally relaxed but fully in control. Using techniques learned, you will experience your birthing in a calm and relaxed atmosphere without fear and tension. The five-week series has a minimal fee. Please attend after your first trimester.

**Car seat installation**

Nine out of 10 car seats are installed incorrectly! All parents are encouraged to learn the proper infant safety seat installation techniques for their individual car seat and vehicle. Call SAFE KIDS, 560-6845, to schedule an individual car seat check or for dates and locations of community car seat, check-up events.

*To register or for more information, please call us at 864-560-BABY, or visit regionalwomenshealth.com to view current class offerings.*
your birthing experience

Everything about the Center for Women was designed with you in mind. We’ve gone above and beyond the expected when it comes to providing a safe, comfortable environment for you and your baby, from your first day of pregnancy, throughout your nine months of preparation. When the time comes, no one provides a better surrounding with a higher level of one-on-one care.
Delivering your baby

Arrival/check-in (where to go, where to park)

Getting into the hospital quickly should be your last concern when you arrive to deliver your baby. So we made the Center for Women as accessible and convenient as possible.

When you arrive, you’ll see a maternity parking area adjacent to the hospital main entrance. Just inside the maternity entrance is elevator F that will take you to the Labor & Delivery Unit on the second floor.

LDR Room (Labor/Delivery/Recovery)

Feelings of comfort and assurance are incredibly important during your time of delivery. With this in mind, the Center for Women has created a birthing atmosphere that is pleasant, supportive and inviting. Our labor/delivery/recovery (LDR) rooms offer the following amenities especially for you:

- A birthing bed to accommodate a variety of birthing positions
- Comfortable seating for your support person
- Private bath
- Free phone calls within 864 area code
- Free wireless Internet

While you’re in labor, you’ll be cared for by a registered nurse, one who is trained in maternity care and who will be by your side every step of the way.
**Mother-Baby Unit**

After delivery, you and your baby can rest in the comfort of one of 28 spacious, private rooms in the Center for Women’s Mother/Baby Unit. Ours are among the newest maternity rooms in the region, and no detail has been spared in creating an environment that caters to your every need. Also, all new mothers are offered a foot massage after delivery by one of our certified massage therapists.

With all the privacy and convenience of home, you can rest assured that your experience here will be memorable. There’s even a sleeping area for your support person.

All the while, you’ll be cared for by a registered nurse who is dedicated to meeting your personal needs in addition to caring for your baby. In fact, Spartanburg Regional has a team of registered nurses who are recognized for their experience and expertise.
neonatal intensive care unit (NICU)

Neonatal Services

You might wonder what we mean when we talk about neonatal services and neonatology. Neonatology is the field of medicine dedicated to the care of newborn babies, particularly those who need a little extra help, such as premature babies or those born with medical complications. A neonatologist is a physician who has received special training in the care of newborn babies.

If Your Baby Needs a Neonatologist

Spartanburg Regional has doctors on staff who are specially trained in neonatology, as well as a Level III Neonatal Intensive Care Unit that can care for the tiniest babies. We know that sometimes a baby might need a neonatologist’s help. When a mother has experienced complications during pregnancy or suffers from certain illnesses, we have a neonatologist standing by at the delivery to ensure that the child receives the best possible care from the start. Our neonatologists also attend cesarean births as needed, as well as births where the mother has experienced a difficult labor.
If Your Baby Needs Intensive Care

Our Neonatal Intensive Care Unit ranks among the best in the state. Its Level III designation means that we care for the smallest babies with the most serious complications. This designation is made possible by our caring and highly trained staff. Nurse practitioners with special neonatology training help the physicians care for the babies in the Neonatal Intensive Care Unit, which is staffed 24 hours a day by nurses and respiratory therapists, highly trained in neonatal care. If your child requires time in intensive care, it doesn’t mean that you’ll be separated from him or her. You can visit your baby every day. In fact, we encourage you to do so. Parents will receive instructions regarding equipment and care if your baby needs extra help when he or she gets home.
The Center for Women offers a variety of birthing options to ensure that you and your baby are cared for in the manner that you prefer and that is clinically appropriate for your pregnancy. Whether it’s natural childbirth supported by Lamaze techniques, a delivery with local anesthetic or cesarean section, our obstetrical team is here to help you safely deliver. We’re prepared to follow your wishes and the instructions of your obstetrician, in addition to responding with any alternate course should the need arise.

How to Prepare for Each Option
There are several choices that you need to make, with the help of your obstetrician, to ensure that this most important moment in your life will be exactly the way you want it to be for your baby and your family. The following are some of the choices you may want to discuss with your doctor during prenatal visits, so you can plan together for an optimal birth experience:

A Birthing Room/LDR (Labor, Delivery, Recovery) Room
The Center for Women offers you the opportunity to go through labor and delivery in a comfortable room furnished to make you feel at home during this exciting time. This home-like environment is intended to enhance relaxation by allowing the couple to labor, deliver and get acquainted with their newborn all in the same room. Doctors, nurses and other staff come
to you, during each stage of labor you are experiencing, rather than your having to move to different areas of the hospital.

**Anesthesia vs. Nonmedicated**

An epidural, or spinal block, can be administered to block the mother’s feeling from the waist down. Many women opt for this procedure, especially if they are particularly afraid of the discomfort or pain that can accompany childbirth. Others, however, choose to be fully conscious to feel every part of childbirth.

**Induction**

The process of starting labor by artificial means, or induction, is something that should not be done just as a convenience for doctor and mother but only when medical indications call for it. Some of these indications are prolonged rupture of the membranes without contractions, a pregnancy that has lasted longer than 42 weeks or severely elevated blood pressure in the mother.

**Non-Stress Test**

This is a test that some physicians perform before inducing labor. It consists of an external fetal monitor attached to the mother’s abdomen that enables the doctor to evaluate the quality of the baby’s heartbeat when the baby is moving. If the heartbeat is fine, the mother is allowed to go home; if the heartbeat indicates that the baby should be born as soon as possible, then labor will be induced or a cesarean section will be performed.
**Biophysical Profile**

An ultrasound is combined with the non-stress test if the mother is considered to be at higher risk for complications. This evaluation of the baby’s breathing movements, muscle tone, body movement and the amount of amniotic fluid is called a biophysical profile.

**Stress Test**

During a stress test, contractions are induced with a small amount of oxytocin while the baby’s heartbeat is monitored with an external fetal monitor. If the heartbeat is normal, the mother goes home to wait for spontaneous labor to begin. If the doctor believes there is some sort of complication, or that your baby’s heart beat is not normal, he or she will continue to administer oxytocin in order to induce labor or perform a cesarean section.

**Enema**

An enema, or the emptying of the lower bowel, is sometimes recommended to give the baby more room to move down the birth canal. It can also help ensure that fecal material is not expelled during the pushing motions of childbirth.

**Intravenous Infusion**

To prevent dehydration and to facilitate the possible need for administering medication during labor and delivery, an IV may be required. If not, it is recommended that the mother eat ice chips and/or popsicles and drink plenty of water to prevent dehydration during labor.
**Electronic Fetal Heart Monitor**

It is sometimes beneficial, especially during induction, to have the baby’s heartbeat monitored during uterine contractions. This can be done by an external monitor strapped to the mother’s abdomen or by an internal monitor attached to the baby’s head through the vagina.

**Amniotomy**

Manually rupturing the bag of water by using an amnihook is sometimes done to allow the physician to assess the color of the amniotic fluid or to induce and/or augment labor. Once this has been done, delivery usually happens within 24 hours.

**Episiotomy**

An episiotomy is a surgical incision of the perineum made to enlarge the vaginal opening at the time of birth. This is needed in some instances if the baby is large or if forceps are going to be used. A local anesthetic is administered to reduce pain of the episiotomy repair, but most women report discomfort after the anesthetic wears off. Perineal massage, during pregnancy and/or birth, can help stretch the muscle so that an episiotomy can be avoided.

**Forceps/Vacuum Extractor**

Forceps or a vacuum extractor may be used to aid a difficult delivery. If the baby needs to be delivered quickly due to complications or if the mother cannot push effectively due to anesthesia, exhaustion or the size of the baby, one of these procedures may be used. Forceps may bruise the baby’s head slightly, but the marks generally
fade within 48 hours. The vacuum extractor may cause slight swelling, but this also should disappear quickly.

**Mother-Baby Care**

Rooming-in, or having the baby stay in the same room with the mother, is an option that allows mother and father to immediately begin bonding with their child.

**Questions to consider in making your decisions**

- How will this influence my safety? The baby’s safety?
- How will this influence my level of comfort?
- How will this influence my satisfaction with my birth experience? My partner’s satisfaction?
- How will this make my baby’s birth and first hours of life better?
- How will this influence my adjustment to my new role as a parent?
hospital information

Accreditation
Spartanburg Regional is fully accredited by the Healthcare Facilities Accreditation Program and licensed by the South Carolina Department of Health and Environmental Control.

It also is approved for intern and residency training by the Council on Medical Education and the American Medical Association and accredited for clinical excellence by a variety of professional groups.

Payment & Insurance
All patients should familiarize themselves with the terms of their insurance coverage. This knowledge will help you understand the hospital’s billing procedures and charges.

If you have health insurance
We will need a copy of your insurance identification card. Depending on the extent of your coverage and deductible requirements, you may be asked to pay a deposit. We also may need the insurance forms that are supplied by your employer or the insurance company. You will be asked to assign benefits from insurance companies directly to the hospital.
If you are a member of an HMO or PPO

Your plan may have special requirements such as second surgical opinions or pre-certification for certain tests or procedures. It is your responsibility to make sure the requirements of your plan have been met. If your plan’s requirements are not followed, you may be financially responsible for all or part of the services provided by the hospital. Some physicians may not participate in your healthcare plan, so their services may not be covered.

If you are covered by Medicaid

We will need a copy of your Medicaid card. Medicaid also has payment limitations on a number of services and items.

If you don’t have insurance

A financial counselor from the Patient Accounts Department will discuss financial arrangements with you.

Billing

Spartanburg Regional is responsible for submitting bills to your insurance company and will do everything possible to expedite your claim. But you should remember that your policy is a contract between you and your insurance company, and you have the final responsibility for payment of your hospital bill.

Your hospital bill reflects all of the services you receive during your stay. Charges fall into two categories: a basic daily rate, which includes your room, meals, nursing care, housekeeping, telephone and television; and
charges for special services, which include items your physician orders for you, such as X-rays or laboratory tests.

If you have certain tests or treatments in the hospital, you may receive bills from physicians whom you did not see in person. These bills are for professional services provided by these doctors in diagnosing and interpreting test results while you were a patient. Pathologists, radiologists, cardiologists, anesthesiologists and other specialists perform these services and are required to submit separate bills. If you have questions about these bills, please call the number printed on the statement you receive from them.
hospital amenities

Visiting hours
To enhance your recovery, we ask that your friends and relatives adhere to the suggested visiting hours. Suggested visiting hours are from 8 a.m. until 9 p.m. One adult (18yo & older) may stay with mother through the night.

Neonatal Intensive Care Unit (NICU)
Special visiting guidelines apply to this unit. Please ask your nurse for details.

Valuables
Please do not leave items of value in your room. Spartanburg Regional will not take responsibility in case of loss or damage unless your valuables are placed in the hospital’s safe during your stay. You will be given a written receipt of all items placed in the safe, and you must present this receipt at the Cashier’s Office to claim your items.

Telephones
Telephones are provided in each room in the Center for Women. Local and toll-free calls are free and may be made at any time from the room by dialing 9 and the number. Long-distance calls can be made collect or charged to your telephone credit card by dialing 9, then 0 and the number. Long-distance calls cannot be charged to your room.

Your family and friends can call your room by dialing 560-2 and then your room number.
Wireless Internet Access

Spartanburg Regional offers patients and visitors the ability to access the Internet via your own computer and wireless access card from anywhere in our facilities. As always, public wireless networks are not secure. Please do not use a public wireless network to send any sensitive information, as it may be able to be seen by others.

Instructions for Accessing Free Wireless Internet

1. Turn on your wireless device
2. Activate your wireless card, if applicable
3. Launch your Web browser (e.g. Internet Explorer)
4. Review the “Terms and Conditions.” If you agree, select “I Agree”
5. Once you agree to the Terms and Conditions, you will be able to browse the Internet.

Mail

Letters and packages for patients are delivered each morning. Every effort is made to forward letters and parcels if they are received after you leave the hospital. Outgoing mail may be left at the nurses’ station.

Flowers

Flowers are delivered by volunteers as soon as they are received. After 3 p.m., florists deliver the flowers directly to your room.

Parking

Maternity Parking is available for expectant mothers who need to be examined in Labor & Delivery for any reason. Maternity parking area is accessible from East Wood Street (adjacent to the hospital main entrance);
a large sign “Maternity Parking” is above the gated entrance. We ask that only the car driving mom-to-be park in this area. Visitors and other family members may park in the parking garage on East Wood Street. Enter the hospital through the maternity entrance doorway in this parking area; take elevator F (on your left) to the 2nd floor. Labor & Delivery Unit entrance is on the right.

**Food services**

The Tower Cafe is open daily from 6:30 a.m. to 10:30 p.m. and serves hot meals, sandwiches, hamburgers, salads, drinks and desserts. The cafe is located directly off the Main Lobby on the first floor.

Vending machines are located near the Tower Cafe on the first floor of the main building. Additional vending machines are located on the ground floor of the Heart Center and outside the cafeteria.

**Cafeteria**

The Spartanburg Regional Cafeteria, on the second floor of the main building, is open for lunch 11 a.m.-1:30 p.m.

The Tower Cafe, located in the Montgomery Tower lobby, is open daily from 6:30 a.m. - 10:30 p.m.

**Gift Shop**

Cuddly stuffed animals, greeting cards, candy, picture frames, stationery, toiletries, flowers and plants are available in the Corner 101 Gift Shop directly off the Main Lobby on the first floor. You may want to visit the “Mother’s Corner” in this shop for a variety of items, including buttons, shirts, banners, yard signs, lotions, scented sprays, etc.
preparing for the big day

What to Pack

For labor:

- Robe and slippers for walking during labor
- Focal point(s)
- Comforting music
- Stopwatch or watch with second hand
- Sour candy on a stick
- Flavorings for ice chips
- Colored washcloths
- Powder, lotion or oil for massage
- Chapstick/lipstick
- Mouthwash and/or toothbrush and toothpaste
- Deck of cards, magazine, book
- Nutritious snack for partner
- Contact lens case and eyeglasses
- Warm socks
- One or more items for back massage
- Vibrating pillow and/or massager
- List of phone numbers and people to notify of the birth
- Change for phone or vending machines
- Band for long hair
- Fan - hand held
- Hand mirror to view pushing in the labor room
- Pen, paper, journal or notebook
- Camera and/or video recorder with extra film and batteries
- Extra pillows with colored pillowcases
After the delivery:

- Two or three nightgowns. If you are planning to breastfeed, it is nice to have gowns with hidden openings in front.
- Robe and slippers
- Two or three bras. If you are planning to nurse, it is nice to have nursing bras.
- If you are planning to nurse: nursing pads (cloth or disposable) and a breastfeeding book
- Toiletry items
- Hair-care items
- Cosmetics
- Going-home outfit for mom — early pregnancy size or you may wear your gown and robe home
- Going-home outfit and blanket for baby
- A good book
- Baby book (for footprints)
- Birth announcements, if desired
- Change for vending machines

signs of labor

Prelabor:

- Lightening and engagement; fetus descends into pelvis
- Sensations of increasing pressure in pelvis and rectum
- Loss of weight or cessation of weight gain
- Change in energy levels
- Change in vaginal discharge
- Loss of mucous plug: “cork” of mucous that seals the opening of the uterus becomes dislodged and is passed through vagina
- Pink or blood-streaked discharge
- Intensification of Braxton-Hicks contractions (“practice” contractions)
- Diarrhea or loose bowel movement
Labor:
- Contractions are more intense and unrelieved by change in position
- Pain begins in lower back and spreads to the lower abdomen, sometimes radiating to legs as well; pain may begin in the abdomen
- Contractions more frequent and painful and generally more regular
- Pinkish or bloody discharge
- Membranes rupture, and amniotic fluid or “water” breaks in either a gush or a trickle

True labor/false labor

False labor:
- Contractions generally tighten only portions of the uterus, rarely with back pressure
- Usually of short duration (15 to 45 seconds)
- May not become closer together
- Do not increase in intensity
- Usually irregular in occurrence
- Changing activity or position may make them stop
- Walking does not make them stronger

True labor:
- Contractions generally tighten entire uterus and may be felt as back or low-abdomen pressure
- Become progressively longer in duration (up to 60 seconds)
- Become closer together
- Become progressively stronger in intensity
- Most often become regular in occurrence
- Changing activity or position does not make them stop
- Walking may make them stronger
stages of labor

Stage 1: Early or latent labor

This is usually the longest and least intense phase of labor during which the cervix opens about three centimeters and thins out. Contractions during this phase usually last 30 to 45 seconds. They are mild to moderately strong and may be regular or irregular. As this phase progresses, the contractions should come closer together but not necessarily in a consistent pattern.

The most common symptoms of this phase include backache, menstrual-like cramps, indigestion, diarrhea, a sensation of warmth in the abdomen and a blood-tinged, mucousy discharge. You may feel all of these symptoms or just a few. Your bag of water may have already ruptured, but normally it doesn’t rupture until the onset of active labor.

Depending on what your doctor has told you to do, you may or may not want to call him or her at this time. Women are usually not instructed to call until more active labor sets in. Continue to go about your business until things progress beyond this point, and try to remain calm and relaxed. Make yourself comfortable by taking a warm bath (if your membranes haven’t ruptured) or shower, or use a heating pad if your back is aching. DO NOT take aspirin or lie on your back. Don’t eat heavily at this point and avoid hard-to-digest foods, such as meats, dairy products and fats. A full stomach can cause complications if you have to go under anesthesia later on. Time your contractions for a half-hour span if
they seem to be getting closer than 10 minutes apart. Use relaxation techniques if they help. Don’t start your breathing exercises yet, or you will become bored and exhausted long before you really need them.

**Stage 2: Active Labor**

During this second, shorter phase of labor, the uterine efforts are more concentrated and accomplish more in less time. Your contractions will become stronger, longer and more frequent. They are generally three to four minutes apart and last 40 to 60 seconds each, dilating the cervix to seven centimeters. The contractions still may not be perfectly regular. Each will have a distinct peak, and there will be less time to rest between them.

The most common symptoms of this stage include increasing discomfort with contractions, increasing backache, leg discomfort, fatigue, increasing bloody discharge. Again, you may experience all of these symptoms or just a few. Rupture of the membranes should occur soon, if it hasn’t already happened. You should probably be at the hospital by the beginning of this stage.

Start your breathing exercises, if you plan to use them, as soon as your contractions become too strong to talk through. Begin drinking clear beverages regularly (if you are not on any medications and if your doctor allows it) to keep yourself hydrated during this taxing stage of labor. If the doctor prohibits anything by mouth, sucking on ice chips can be refreshing. Try to relax as much as possible and walk around or change positions.
frequently, seeking those that make you most comfortable. If you feel you need some pain relief, discuss this request with your nurse or doctor, and he/she can tell you the possible options. You may want to wait about 20 minutes to see if you can adjust to the discomfort without medications.

**Stage 3: Advanced Active or Transitional Labor**

This is the most demanding and exhausting phase of labor. The intensity of your contractions will pick up dramatically, becoming very strong. They will last 60 to 90 seconds and be only about two to three minutes apart. The final three centimeters of dilatation, to a full 10 centimeters, will take place in a very short amount of time (approximately 30 minutes to two hours).

During this transitional stage, you are likely to feel strong pressure in the lower back and/or perineum. Rectal pressure, with or without an urge to push or move your bowels, may cause you to grunt involuntarily. You will probably alternate between feeling very warm and sweaty to chilled and shaky. Your bloody vaginal discharge will increase as more capillaries in the cervix rupture. You may experience nausea and/or vomiting, and drowsiness may overcome you between contractions as oxygen is diverted from your brain to the site of the delivery.

You are almost finished as the end of this stage nears. It will be time to push your baby out very soon, so hang in there. Unless you have already been instructed to push,
try to resist the urge and just pant or blow instead. If the once-comforting touch of your coach is now irritating, be sure to tell him or her. If breathing techniques are helpful to you, now is the best time to put them to practice. Try to relax between contractions, as much as possible, with slow, rhythmic chest breathing.

**Labor partner’s role**

Throughout each stage of labor, the role of the labor partner is very important. Try to be as much of a calming influence as you can, and be there to support her as she goes through the rigors of bringing a child into the world for your family.

During the first stage of labor, take the opportunity to practice timing contractions. The interval is timed from the beginning of one to the beginning of the next. When they begin to come more quickly than every 10 minutes, time them more frequently. Keep your sense of humor, and help her keep hers. Help distract the expectant mother by suggesting activities that will help keep both your minds off her labor: reading aloud, playing board games or cards, viewing engrossing (and preferably light) television shows and taking short walks.

When the second, more intense stage of labor begins, the first thing to do is make sure the expectant mother gets to the hospital safely. Once there, keep the door of the birthing room closed, the room quiet with only soft music and the lights low to promote a restful atmosphere. Help her with her relaxation techniques, while trying to stay as calm and relaxed as possible yourself.
Keep track of the contractions, and if she is on a fetal monitor, ask the nurse how to read it. This way you can both monitor when the next contraction is coming, once they start to come more frequently. Breathe with her as the contractions happen, but don’t pressure her into doing breathing exercises if they are not helpful. Watch that she does not become hyperventilated, and give her a bag to breathe into if she does. Offer constant support and praise her for what she is doing. Do not take her possible irritation personally, and just try to do anything and everything that she may want to keep her comfortable.

During the final stage of labor, there may not be much for you to physically do to help the expectant mother, and she may not want your help anymore. Do not take this personally, but continue to give her words of praise and encouragement. This may be the best means of support at this time. When she begins to feel the overwhelming urge to push and the baby is about to be born, make sure to inform the doctor. Offer her ice chips frequently, if allowed, and wipe her brow with a cool, damp cloth often.
patient rights and responsibilities

All Patients at Spartanburg Regional have the following basic rights:

**Advance directives**
To receive information about advance directives and to have a completed directive placed on your chart beforehand that expresses your choices for treatment in the event you become unable to do so.

**Application of rights**
To know that all your rights will be maintained by the person who may have legal responsibility to make decisions regarding medical care on your behalf.

**Communication**
To request a foreign language or sign interpreter, if needed.

**Consent**
To reasonable, informed participation in decisions involving your healthcare. This should be based on a clear understanding of your condition and of all proposed treatments and alternatives.
Consultation
To consult with a specialist at your own request and expense.

Ethical issues
To know that the medical treatment issues may be resolved through the Ethics Committee process.

Hospital charges
To request and receive an explanation of the total bill for services provided and to be notified prior to termination of benefits as mandated by federal regulations.

Hospital rules and regulations
To know the hospital’s process for receiving and resolving patient complaints.

Identity
To know the identity and professional status of the individuals caring for you. You also have the right to know if the hospital proposes to engage in research projects affecting your care, and you have the right to refuse any experimental treatment.

Information
To obtain from your primary physician complete and current information concerning your diagnosis, treatment and any known prognosis.

Personal safety
To expect reasonable safety as to hospital practices and the environment. You may be held in protective privacy when necessary for your personal safety.
**Privacy and confidentiality**

To refuse to talk with or see anyone not officially connected with the hospital or directly involved in your care. Your medical records will be read only by individuals directly involved in your treatment or the monitoring of its quality.

**Refusal of treatment**

To refuse treatment, to the extent permitted by law.

**Respect and dignity**

To considerate, respectful care at all times and under all circumstances, with recognition of your personal dignity.

**Transfer and continuity of care**

To not be transferred to another facility unless you have received a complete explanation of the needs for the transfer and the alternative to the transfer.

The medical staff and healthcare professionals within Spartanburg Regional always seek to treat our patients with fairness and concern, recognizing their needs and wishes and attempting to anticipate and exceed their expectations.

If at any time during your stay you feel you are not being treated in a fair manner and with the level of attention and respect you deserve, please notify Guest Services at 560-6600 for an investigation of your concern.
friends and family
to call on the big day

Name ________________________________
Phone number ______________________

Name ________________________________
Phone number ______________________

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Phone number ______________________

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Phone number ______________________

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community resources

Spartanburg Safe Kids  560-6845

Health Departments
  Spartanburg County  596-3337
  Union County  429-1690
  Cherokee County  487-2705

WIC of Spartanburg  596-3305

SMC Lactation Consultant  560-2297

Mother-Baby Unit  560-2528

Well Baby Nursery  560-2596

Safe Homes  1-800-273-5066

NICU  560-6297

Open Arms Infant Loss /
SHARING Support Group  560-2220

Regional Nurse On-Call  591-7999

Emergency  911
Pediatrician___________________________________

Obstetrician/Gynecologist______________________

Fire___________________________________________

Police_________________________________________

Ambulance 911_________________________________

Center for Women 864-560-2528

To speak with a registered nurse 24 hours a day, 864-560-BABY

Spartanburg Regional Healthcare System 864-560-6000

Poison Control Center 1-800-922-1117

At Spartanburg Regional, we want to develop a relationship with you and your family that lasts a lifetime. We hope this guide is helpful to you during and after your pregnancy.

Be sure to keep open the lines of communication between you and your healthcare providers, who are the best resource for maintaining good health.