



From the moment you know you are expecting,
we are here to take care of you and your
miracle in the making every step of the way.

Mercy 

Your life is our life's work.

joy

first ultrasound photos

starting to show

choosing a girl name

first fluttery kick

choosing a boy name

baby showers

late night cravings

decorating the nursery

shopping for baby clothes

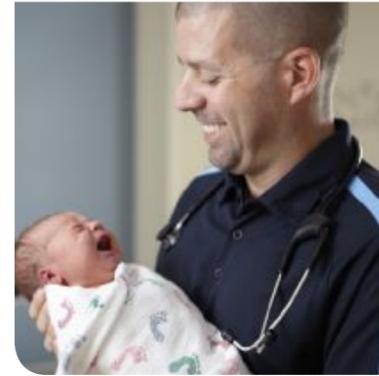
welcome baby!



Each birth is unique, and so is each pregnancy.

From now until the birth of your baby, you'll have lots to consider and do - choosing the perfect name (or names!), installing the safest car seat and preparing for the birth (should I use a birthing ball?) Mercy will help you make this experience everything you want it to be.

The region's childbirth leader, Mercy Maternity will provide the expert care, support and comfort you'll need - before, during and after your baby's birth. We know it's the little things that count for you, such as taming your morning sickness with lemon drops or helping you with your baby's first feeding. There will be many "firsts" for you, such as feeling a fluttery kick, that are as unique as you are. Without one-size-fits-all thinking, our focus is on you, your Mercy birth plan and bringing your baby safely into your waiting arms.



With You Every Step of the Way - from Baby to Toddler to Teenager

Mercy Kids is a network of care for kids across Mercy's four states. It not only represents pediatric hospitals in St. Louis and Springfield, MO, but hundreds of pediatricians, family medicine doctors and specialists focused on caring for kids. Mercy Children's Hospital is St. Louis County's only full-service pediatric hospital, located on the campus of Mercy Hospital St. Louis. It's supported by an integrated network of pediatricians and pediatric specialists in Mercy hospitals and offices around St. Louis and its surrounding communities.

When your child needs medical attention, you want doctors, nurses and an entire care team who are experienced, knowledgeable and fully dedicated to meeting your child's needs. But just as importantly, you want a medical team that cares as much as you do about your child's well-being. Our whole focus is your child's health - body, mind and spirit. It's part of our legacy of faith-based care, more than 150 years strong.

Mercy Kids offers:

- A nationally accredited pediatric hospital
- A dedicated pediatric emergency department
- Pediatric and neonatal intensive care
- Pediatricians and pediatric specialists in critical care, reconstructive surgery, orthopedics, cardiology, cancer, autism and more
- Second to none in providing care for your child

When you choose Mercy, you choose a unique place, where more families have begun and grown for generations than any other hospital in the region. Our professionals are dedicated to providing care in a healing environment where the gift of life unfolds in its own unique way for each mother and baby.

Prenatal Care

Your “estimated due date” (EDD) is based on a 40-week gestational period, starting with the first day of your last menstrual period (LMP). The EDD is either confirmed or changed based on your first ultrasound.

Your prenatal visits are scheduled according to your due date and gestational age. During your pregnancy, diagnostic studies (such as lab work, cultures and pap smears) are done to check your health and check for any potential risks to your baby. If the test results are normal, we’ll discuss them with you at your next visit. If the test results are normal, we’ll discuss them with you at your next visit. If the tests come back abnormal, we’ll notify you of the results, as well as any additional testing or follow-up needed. If you are older, or have a family history of certain disorders, you may want to explore genetic testing for certain birth defects. Ask your doctor or learn more by visiting mercy.net/prenatal.

Please keep your phone number and contact information up-to-date with your OB’s office, so they can reach you if needed. If you have any worries about a test result and don’t want to wait until the next visit, please call your OB’s office during regular office hours.

Prenatal Visits

Please review the chart showing what to expect during prenatal visits with your doctor.

Typical Schedule of Prenatal Visits

Confirmation of pregnancy	Typically done between 6-8 weeks from your last menstrual period. We perform an ultrasound which will help determine your baby’s estimated due date.
First pregnancy visit	Review your medical, surgical, genetic, and family medical history. You will also have a physical exam and lab work drawn.
12 week visit	Listen to the baby’s heart, review your initial prenatal labs. We will also perform a first trimester genetic screen, if desired.
16 week visit	Check your uterus size and baby’s heart rate, offer the AFP screen for spina bifida if desired. We will also schedule a 20 to 21 week ultrasound to check the baby’s development.
20 week visit	Check uterine size and baby’s heart rate. Your ultrasound will be done around this time by our ultrasonographer.
24 week visit	Measure your uterine size and check baby’s heart rate. We will also explain the 28 week labs and give you the glucola drink to take home with you for the next visit.
28 week visit	Measure uterine size, check baby’s heart rate, and draw blood work to check for gestational diabetes and anemia. If you are Rh negative, we will also draw blood for antibodies and give you your Rhogam injection.
30 week visit	Measure uterine size, check baby’s heart rate, and review your 28 week labs.
32 week visit	Measure uterine size and check baby’s heart rate. (Medicaid requires papers to be signed at least 30 days before your due date.)
34 week visit	Measure uterine size and check baby’s heart rate.
36 week visit	Measure uterine size, check baby’s heart rate, and we will collect a vaginal swab to check for GBS (Group Beta Strep test).
37 week visit and weekly until delivery	Measure uterine size and check baby’s heart rate. If you would like us to check your cervix, let us know (although this does not have to be done routinely).

Nutrition and Exercise in Pregnancy



Water

More water is often the solution to many problems and complaints in pregnancy. Pregnant women need to drink at least 10 cups (2.3 liters) of fluids daily. The best fluid to drink is water. Avoid sodas and juices. You have more blood volume in your body when you are pregnant. You need to drink enough water to keep up with this increased volume. If you do not, you will get dehydrated quickly and experience cramping, dizziness, constipation, leg cramps, headaches, low amniotic fluid and many more symptoms. Water also helps flush out waste products from cells so it aids in liver and kidney function for you and your baby. Always carry water with you. If you have trouble drinking water, try adding lemon to flavor the water or drink water in small sips throughout the day.

Pregnant women should drink at least 4.5 bottles of water per day!

Vitamins

We also recommend that you take a daily prenatal vitamin, containing iron, folic acid and DHA. You can buy an over-the-counter brand, or we can prescribe you a prenatal vitamin. If you are too nauseated to take a regular prenatal vitamin in early pregnancy, you can take two chewable children’s vitamins, including Flintstones with iron. Sometimes that is easier on your stomach.

Iron Supplements

Usually your prenatal vitamin with iron is all you need to take in pregnancy. However, some women do develop anemia, or low iron, while pregnant. If you develop this condition, we will recommend an additional iron supplement. If we recommend this, you should take it at a different time than your prenatal vitamin. You can take it about 20 minutes before dinner time, with a small glass of orange juice or another source of vitamin C (which helps your body absorb

the iron). Some women report dark stools, constipation or stomach upset with iron supplements. Be sure to drink plenty of water, eat a diet high in fiber and walk daily to help your bowels move normally. If the iron supplement is causing you problems, some women prefer Floradix brand iron (a liquid iron available at most natural food stores) – it is more expensive but easier on your stomach.

Exercise and Activity

Exercise is good for you and your growing baby. If you are already involved in a regular exercise routine, you may continue as long as you feel comfortable and we haven’t placed you on any specific activity restrictions. We recommend that you avoid contact sports and sports that could be dangerous, including scuba diving, rock climbing, horseback riding, downhill skiing, mountain biking, etc. Low-impact activities such as walking, biking and swimming are highly recommended. also try to limit your soda intake.

Nutrition and Weight

Healthy nutrition is an important part of a successful pregnancy. Everything you eat helps to nourish your body and helps your growing child. If you started out at a normal pre-pregnant weight, we would like to see you gain between 25-35 pounds. Most women gain about a pound per week, on average, during the second half of pregnancy. If you started out your pregnancy overweight, we would like to see you gain about 15 pounds, and if you started out underweight, we would like to see you gain about 30-35 pounds, to ensure your baby gets enough calories and nutrition to thrive. Please discuss your pre-pregnant weight and recommended weight gain with your doctor or midwife, if you have questions. Here is a helpful website: webmd.com/baby/guide/healthy-weight-gain.

Try to eat mostly fresh, unprocessed foods, including fruits, vegetables, whole grains, beans, nuts, legumes, low-fat dairy (good source of calcium) and unprocessed lean meats. Drink mostly water and skim or low-fat milk.

Limit or avoid packaged, high fat, fried, junk food or fast food and also try to limit your soda intake.



Foods to Avoid in Pregnancy

You should only drink small amounts of caffeinated drinks (if at all), as high caffeine consumption is not good for pregnant women. Most women feel better if they drink adequate water. Drinking plenty of water helps prevent constipation, urinary tract infections and swelling in your legs and feet. Your urine should be pale yellow (sometimes bright yellow after taking your prenatal vitamin). If your urine appears very dark yellow or tea-colored or concentrated, you probably need to drink more water.

Foods to avoid in pregnancy include soft, unprocessed or unpasteurized cheeses, such as Brie, Feta, Camembert, blue-veined cheeses and Mexican-style cheeses such as queso fresco, queso blanco and panela.

Listeria is a bacteria found in unpasteurized milk, some luncheon meats and smoked seafood.

Also be cautious when eating hot dogs, luncheon meats or deli meats, unless they are heated to steaming (at least 160 degrees F). Do not eat refrigerated smoked salmon unless it is in a cooked dish, such as a casserole, and avoid cold pâté or meat spreads. Heating the foods listed above to steaming hot will kill any dangerous bacteria, making them safe to eat. Wash all raw foods well before eating.

Semi-soft and hard cheeses including mozzarella are safe. You can safely enjoy any cheese that has been pasteurized and also processed soft cheeses such as cream cheese and cottage cheese.

You may have questions about what fish are safe to eat in pregnancy. We recommend you eat no more than two servings of fish per week. Fish and shellfish do contain omega-3 fatty acids and other important nutrients.

While pregnant, avoid eating shark, grouper, marlin, orange roughy, king mackerel, swordfish and tilefish, as these are known to contain high levels of mercury. Also, eat only three 6 oz. servings a month or less of the following: saltwater bass, croaker, canned white albacore tuna, fresh Bluefin or ahi tuna, sea trout, bluefish and American lobster (Maine lobster).

You can eat a serving of chunk light canned tuna once or twice per week. You can safely enjoy other fish in moderation, once or twice per week (12 oz. per week). Avoid raw fish, found in sushi.

For more information about food safety in pregnancy, go to the FDA website at:
fda.gov/Food/ResourcesForYou/HealthEducators/ucm081785.htm

Medications in Pregnancy

In general, women should avoid most medications in pregnancy. However, some medications have a long history of safe use. If you are on a medication, please discuss it with your doctor. A few medications are dangerous in pregnancy, so be sure all your health care providers, including your dentist, know you are pregnant. Listed below are medications which we feel are safe in pregnancy.

We recommend you try to avoid all medications in the first trimester (first three months) of pregnancy unless absolutely needed.

Safe Medications:

For sleep:

- Benadryl (diphenhydramine), Tylenol PM, or Unisom (doxylamine)

For pain/headache, or muscle soreness:

- Tylenol (acetaminophen) - may take two regular-strength capsules every four hours or two extra-strength every six hours as needed

For morning sickness:

- Vitamin B6 (25mg three times a day) - works best when also taken with Unisom (1/2 tablet once or twice a day)
- Emetrol
- Benadryl (diphenhydramine) 25-50mg
- Motion sickness medication such as Dramamine

For nausea, stomach upset, or gas:

- Emetrol, Mylanta (aluminum hydroxide), or Gas X (simethicone)

For heartburn:

- Tums (calcium carbonate), Zantac (ranitidine), Pepcid AC (famotidine), Mylanta or Maalox

For constipation:

- Fiber source such as Metamucil or Citricel or another source of added fiber
- Stool softener such as Colace (docusate)
- Glycerine suppository, Milk of Magnesia, or Senekot

For hemorrhoids:

- Tucks medicated pads, witch hazel compresses, Anusol or Preparation H

For upper respiratory illnesses (cough, cold, sore throat):

Note: Avoid pseudoephedrine in the first trimester of pregnancy (first three months)

- Nasal saline spray, Benadryl (diphenhydramine), Actifed (chlorpheniramin and phenylephrine), Afrin
- Nasal Spray (oxymetazoline hydrochloride), Zyrtec (cetirizine hydrochloride), Sudafed (pseudoephedrine), Tylenol Cold and Sinus (acetaminophen and pseudoephedrine)

Cough:

- Halls cough drops or other cough drops such as Ricola, Robitussin DM (dextromethorphan and pseudoephedrine), Dimetapp (brompheniramine and pseudoephedrine)

Sore throat:

- Chloraseptic throat spray, Tylenol (acetaminophen) and Luden's throat drops

For diarrhea:

- Imodium AD (loperamide)
- Kaopectate

For yeast infection:

- Monistat or other vaginal yeast creams

Please contact our office if you suspect a vaginal infection, especially if it does not respond to the over-the-counter yeast medications, because other infections can cause itching or vaginal discharge

For allergies:

- Benadryl (diphenhydramine), Claritin (loratadine) or Zyrtec (cetirizine)

For rashes or skin conditions:

- Benadryl cream or ointment, Calamine lotion, hydrocortisone cream 1%, Aveeno oatmeal baths, Neosporin as first aid ointment

Please AVOID taking: *Nyquil, ibuprofen (Motrin or Advil), Pepto Bismol, or Aspirin.*

Medications should be used as a last resort in pregnancy and avoided in the first trimester. Don't use sleep medications on a regular basis.

Unisom and Benadryl can be used for sleep in pregnancy. Avoid melatonin, valerian root and your prescription sleep medications in pregnancy.

Remember, try to avoid sleeping flat on your back, especially in the second half of pregnancy.

Diarrhea or stomach flu:

Diarrhea can cause intense cramping and discomfort and can lead to dehydration.

Begin treatment by consuming only clear liquids, such as Gatorade, ginger ale and broth soups for 24 hours, and then gradually introduce a bland diet for the next 24 hours.

If your diarrhea is not improving over time, or your urine becomes scant and dark, please call us for advice. You can take Imodium AD for diarrhea, if needed.

Cold, flu, sinus problems and allergies:

During pregnancy, women are more susceptible to respiratory ailments like colds and flu, and these illnesses tend to last longer. Most over-the-counter medications are safe to use,

as long as they do not contain aspirin or ibuprofen (see the list in the medication section). If you develop a fever over 100.4 degrees F, green nasal discharge or are coughing up blood or bloody colored sputum, please let us know (or call your primary care provider).

We want to remind you that most colds are viruses that do NOT respond to antibiotic therapy. During the flu season, it is recommended pregnant women get the flu vaccine. It is safe and strongly encouraged for pregnant women and new parents, and you need one each year. We also recommend that you wash your hands frequently, don't touch your face unless you have just washed your hands and try to stay away from people who are sick. Please see the medication section of this booklet for safe allergy medications to take in pregnancy.

Insomnia:

The physical and hormonal changes of pregnancy contribute to the quality of a pregnant woman's sleep. In addition, our minds during pregnancy can be never ending, especially when we attempt to sleep at the end of a long day. Each trimester of pregnancy brings its own unique sleep issues. Most sleep problems occur in the third trimester. You have growing discomfort from the baby and your due date is quickly approaching. It is more common for pregnant women to be able to fall asleep initially, but then wake after a few hours and then remain awake until the morning. This causes a great deal of fatigue throughout the day-time hours.

Here are some suggestions to help you get to sleep in pregnancy:

- Pillows! Pillows! Use as many supportive pillows as you need to support your tummy and back. Also place a pillow or wedge between your knees for low back support. A full-length body pillow is often popular because it can snake around your body entire body in several different ways.
- Eat a light snack before bed. Warm skim milk and turkey contain a natural sleep inducer called L-tryptophan.
- Exercise. Regular exercise promotes physical and mental health. It can help with sleeping more deeply. Avoid exercising 2-4 hours before bedtime.
- Relaxation techniques. Deep breathing, stretching, massage, yoga, soothing music, or a warm bath helps promote relaxation to ease your mind
- Take short naps (15-30 minutes) during the day, if possible.
- Practice good sleep hygiene:
 - Avoid alcohol, caffeine and nicotine (which you should be doing anyway – you are pregnant)
 - Establish a regular bed time and waking time. Do not go to bed when you are wide awake.
 - Take your television and computer out of your bedroom
 - Avoid staying awake in your bed for long periods. If you have not fallen asleep or become drowsier within 20 minutes of lying down, get out of bed and do activities that make you sleepy, such as reading or a warm bath. Once you feel sleepy, try going to bed again.

Common Discomforts and Problems in Pregnancy

Vaginal spotting

Vaginal spotting occurs in half of all pregnancies, especially in the first 12 weeks. Most of the time, this spotting will resolve on its own. It sometimes occurs after intercourse or after straining to use the bathroom when constipated, and is not a sign of miscarriage. There is nothing you can do to prevent or provoke the spotting. If the spotting is light, avoid intercourse for a few days. If the spotting becomes heavy, like a period (with or without cramping), avoid intercourse and please give your doctor a call.

Vaginal discharge

Many women have an increase in vaginal discharge in pregnancy. This discharge is usually white, cloudy, or clear and thin. If the discharge has a foul or fishy odor, causes itching or vaginal pain, or seems to be water instead of mucus, then please call your doctor's office.

Cramping

Some cramping and uterine contractions are normal in pregnancy, as long as they are mild and don't occur every 10 minutes or closer. If you notice cramping pain in your lower abdomen or back that lasts for about a minute then relaxes, especially with pelvic pressure and a hard uterus, it is most likely a contraction. If you have six or more contractions in one hour (every 10 minutes or less), drink two big glasses of water and either lie down or take a warm bath. If the contractions do not stop, please call your doctor.

Swollen feet and ankles

Swelling of the feet and ankles is very common in pregnancy. It is caused by fluid retention and it usually gets worse late in the day. Drinking enough water and limiting your salt intake can help reduce swelling, as can elevating your feet periodically during the day. We also recommend comfortable shoes and full length support hose.

Note: *Rapid onset of swelling in the face and hands can be a sign of complication of pregnancy, if accompanied by a severe headache unrelieved by Tylenol. Please call us if these symptoms occur.*

Hemorrhoids or varicose veins in the vulvar region (near your vagina)

Hemorrhoids are a common problem in pregnancy and many women notice pain, bleeding after bowel movements (BM) and tenderness or irritation at the rectum from this condition. Straining while trying to have a BM can also lead to hemorrhoids. To prevent them, eat a diet high in fiber and stay well hydrated. If you suffer from hemorrhoids, you can use a stool softener daily, if needed. One brand is Colace, which is available over the counter at the pharmacy. You can also buy Tucks pads or witch hazel (make your own compress by soaking a disposable cosmetic pad or small cloth with witch hazel). These can soothe and help shrink hemorrhoids or vulvar varicosities. Some women find that wearing a maternity belt, which lifts the pregnant uterus, can help reduce pelvic varicose veins. This type of garment can be purchased online or at specialty maternity stores.

Varicose veins in the legs

These are also common in pregnancy. Resting frequently with your legs elevated can help reduce the pressure in your leg veins. Consider purchasing support hose and wearing them each time you are up and about. You may find that a maternity support belt also helps.

Back pain

Lower back pain is a common problem in pregnancy. As your uterus grows, it causes your lower back to become more curved. We become concerned if you have an intermittent and regular cramping pain in your lower back (every 10 minutes or more), which can be a sign of preterm labor. We are also concerned if you have a severe pain on one side of your back or over your kidney (especially if accompanied by a fever or urinary tract infection symptoms), which can be a sign of a kidney infection.

Measures that might help lower back pain include taking Tylenol, taking warm baths, having someone massage your back for you and being sure to use correct posture. Try stretching your back muscles in the morning and at night by touching your toes. This often helps your muscles from getting too stiff. Some women find that wearing a maternity belt, which lifts the pregnant uterus, can help, too. This type of garment can be purchased online or at maternity clothing shops. Body work, including chiropractic, massage and acupuncture may also help with back pain.



Morning sickness or nausea/ vomiting in pregnancy

This is a common issue in pregnancy, and luckily for most women, it resolves by about 13 weeks or so. As long as you are able to keep down some food and fluids, it should not cause any long-term problems for you or the baby (except that you might feel miserable). Be sure to stay well hydrated (try drinking about one ounce of Gatorade, water or diluted fruit juice every 15 minutes). Unisom and vitamin B6 together have been shown to be helpful (see *medication section in this booklet*). You can also take Tums, Emetrol, or papaya tablets (which can be found at natural food stores).

Some women find that ginger tea, ginger ale or ginger candy may also be helpful. Some find the scent of fresh-cut lemon or cotton balls soaked in lemon extract provides some relief, as does sucking on sour lemon candies. You can try

using “Sea Bands,” which fit over your wrists and put pressure on an acupressure point. Small, frequent meals and snacks are a good idea, too. Eating a high protein bedtime snack and bland foods (bananas, rice, applesauce, and toast), may help. An empty stomach generally makes you feel worse, so try to eat small amounts every hour. If you do become dehydrated or are losing significant amounts of weight, or are just feeling awful, be sure to call your doctor for a prescription medication. Also call if you are unable to keep down anything for more than 24 hours, or if you are unable to urinate, or your urine becomes scant and dark-colored.

Heartburn

Pregnant women often begin to get heartburn in the third trimester. That’s when your pregnant belly begins to push upwards on your stomach. This pressure causes some of the acids in your stomach to linger

and travel up your esophagus. You then feel a burning sensation in your chest, which can be accompanied by nausea. Preventing heartburn is the best way to deal with it! Try eating five to six smaller meals throughout the day rather than three large meals, waiting one hour or more after eating to lie down, and avoiding spicy, greasy and fatty foods. If you get heartburn, a few natural ways to relieve the symptoms include eating yogurt, drinking a glass of milk or taking a tablespoon of honey in a glass of warm milk. Over-the-counter antacids like Tums may help.. (See medication section in this booklet.) If your heartburn symptoms are severe, your doctor may prescribe medication for you.

Constipation

The hormones of pregnancy as well as other factors tend to increase constipation in pregnant women.

We recommend the following:

- A diet high in fiber (fruits, vegetables and whole grains), including prune juice and dried plums
- Enough water – your urine should be pale yellow in color; if there is a strong odor and dark color, you are most likely not drinking enough water
- Walking every day – this helps your bowels to move and has the added benefit of being good for your pregnancy and your baby, too
- Supplemental fiber, such as Metamucil, Citrucel, Fiber One cereal, high fiber bars, etc. You may also add magnesium 400-600 mg at bedtime to help with constipation. If stools become loose, decrease the amount of magnesium.

Round ligament pain

As your uterus grows, the ligaments that help support it also stretch. The ligaments then might spasm briefly. Some women get fairly sharp pains down low in the abdomen, just above the pubic bone, or on the sides of the uterus, where the ligaments attach. These pains might increase after being more active, especially after activities involving bending and twisting motions. If the pains are short and go away quickly, this is probably normal. Try a warm bath, sleeping with a pillow between your knees, Tylenol, and avoiding twisting motions while you work (turn your entire body versus just twisting your trunk). If your pain is severe, doesn’t go away, is rhythmic- like contractions (regular pains every 10 minutes or less, lasting for a minute, then relaxing) or causes you worry, please call your doctor.

Employment

If you work outside the home, it is your responsibility to take care of yourself and communicate your needs with your employer. While we don’t place any restrictions on healthy pregnant women, we do recommend you consider these sensible tips:

- Limit your work hours to eight hours a day, 40 hours a week, if possible
- Avoid prolonged standing or sitting (you will feel better if you can take a five-minute break at least every two hours)
- Limit lifting heavy items to 25-35 lbs. without additional assistance, unless you were accustomed to this sort of heavy work prior to pregnancy
- Be sure to have adequate ventilation and try to avoid extremes in temperature

If you choose to stop working before your baby is born, it is your responsibility to discuss this with your employer and make the appropriate arrangements. Most FMLA leave begins when you go into labor. If you have employment-associated paperwork you need completed by your doctor’s office, please drop off the forms and give them at least two weeks to complete them.



Giving birth is one of the most life changing events you will ever experience.

A birth plan serves as a communication tool between you, your physician and the nursing staff. It helps you communicate what is most important to you during your baby's birth and hospital stay. The birth process is unique to each woman, and it can be unpredictable. Expect that you may need to alter your birth plan if the health of you or your baby becomes a concern. Rest assured: You can trust our team to honor your wishes while protecting you and your baby.

Your Labor Support Team

You want a strong support system with you as you progress through labor and birth. Expectant moms often include a variety of people including the baby's father, their mother, a sister or a close friend as part of their labor support team. Your physician and the nurses at Mercy are an important part of your team as well. Together they will keep you informed of your labor progress and answer questions or concerns you may have along the way. You may also want to consider hiring a doula to be with you during labor and birth. Doulas are experienced companions who provide women and their partners with emotional, physical and informational support throughout the different phases of pregnancy, labor and the postpartum period.

Comfort Measures

Listen to your body. It will give you signals that help guide you into positions that provide comfort as well as speed up the labor process. We can provide a variety of comfort measures to help create a peaceful, relaxing labor environment. You may adjust the room lighting and temperature to make yourself comfortable. All rooms have a TV with DVD player and auxiliary jack for MP3 players. Please feel free to bring other items for your comfort. You may wear your own clothing if desired.



Monitoring Your Contractions and Baby's Heart Rate

We monitor your baby's heart rate, which is a good indication of how well your baby is tolerating the labor process. We follow the American College of Obstetricians and Gynecologist (ACOG) recommendations for monitoring your contractions and baby's heart rate. This includes a minimum of 30 minutes when you first arrive in labor and birth. Our fetal monitors are wireless, allowing women to be out of bed walking or in the tub while still monitoring the baby's heart rate. Continuous monitoring is appropriate if your baby's heart rate is unstable, if you are receiving medications to stimulate your labor, or if you have pregnancy complications.

Nutrition

We encourage women to sip clear liquids as tolerated during their labor. This includes ice chips, water, soda, broth and gelatin. Women who have a planned cesarean birth will be instructed not to eat or drink for several hours prior to the surgery. Please follow your physician's recommendations regarding food and fluid intake prior to a cesarean birth or labor induction.

Intravenous Access (IV)

For the safety of you and your baby, most physicians prefer IV access to provide fluids, medications or if you plan to have epidural anesthesia. An IV will not limit your ability to move around.

Pain Management

Having a baby is hard work. There are many ways to decrease your pain during labor and birth. Some women prefer to go without or delay receiving pain medicine by trying natural comfort measures first. We offer several pain management options, including epidural anesthesia and nitrous oxide. If you plan to use pain medicine, talk to your doctor about which option might be best for you.

Bag of Water Breaking

Your baby grows inside you in a bag filled with amniotic fluid that provides warmth and protection from the outside world. For some women the bag of water breaks on its own as a first signal that labor has begun. Your physician may recommend artificially breaking your bag of water to help labor progress. Prior to your hospitalization please have a discussion with your physician about when it is appropriate to break your bag of water.

Induction of Labor

The last few weeks of pregnancy can be physically and emotionally draining for some pregnant women. Whenever possible, spontaneous labor - labor that happens on its own without the aid of medications - is the preferred method. Unless medically necessary for the health of mom or baby it is not recommended that labor be induced until you have completed at least 39 weeks of pregnancy. This will help ensure that your baby is mature enough to be born. Some physicians and midwives recommend not inducing until 40 to 41 weeks of pregnancy. If it becomes medically necessary to induce your labor, please have a discussion with your physician about methods of induction.

Pushing Preferences and Birth

Your labor nurse will assist you with a variety of pushing positions. Most women give birth in bed using an upright sitting position.

Episiotomy

Episiotomy refers to an incision that is made between the mother's vaginal opening and rectum to allow more room for the birth of the baby. Although the practice of routine episiotomy is no longer common it may be medically necessary in some cases. Prior to your labor please have a discussion with your physician about episiotomy.

Cutting the Umbilical Cord

Many labor partners enjoy being involved by cutting the baby's umbilical cord immediately following the birth. Your physician will provide guidance when the cord is cut.

Call your doctor (even after usual office hours) if you have the following:

- Decreased fetal movement or no fetal movement (if you are far enough along to expect daily movement)
- Vaginal bleeding like a period
- Leaking or gushing water from your vagina
- Four to six or more contractions per hour before 37 weeks of pregnancy
- Active labor signs
- High fever (101°F) or severe pain
- Any of your body signals that are of concern to you

You may find these websites helpful:

- American Congress of Obstetricians and Gynecologists (acog.org)
- Association of Women's Health, Obstetric and Neonatal Nurses (awhonn.org)
- Childbirth Connection (childbirthconnection.org)
- Doulas of Greater St. Louis (doulasofgreaterstlouis.com)
- Lamaze International (lamaze.org)
- March of Dimes (marchofdimes.org)

This booklet provides information about labor and birth practices at Mercy and includes an optional birth plan that you can complete prior to your baby's birth. Discuss your birth plan with your physician during a prenatal visit and present it to your labor nurse when you arrive at the hospital.

