A baby on the way!

Your guide to Mercy’s Family Resource Center:
Classes, articles, hospital information, lactation services and more.
Welcome!

We are so pleased you have selected Mercy for the birth of your baby!

We hope the information provided here will help you during the pregnancy journey and assist you throughout the delivery experience and postpartum.

Enclosed in this packet, you will find:

• Helpful tidbits for early pregnancy
• Information about our Family-Centered Maternity Care
• Mercy Prenatal Class Schedule
• Breastfeeding classes and benefits
• Mercy discounts good for savings before and after pregnancy
• Information from your Mercy obstetrician
• Information on Mercy and community resources
• Hospital Maternity Pre-registration information
• Pediatrician list

Visit us online:

Please take time to thoroughly review the information contained in your “Baby on the Way” folder. We also provide this information and more online. Log on to mercy.net/springfieldmoms and peruse through the many subjects available to learn more about what to expect, find answers to your questions, services and resources available at Mercy, class calendars and more.

Again, thank you for selecting Mercy for the birth of your baby. We are so pleased to be a part of this joyous time in your life. Our staff will make every effort to ensure your experience with us goes as well as expected.

Sincerely,

Mercy Women’s Services
Springfield
Congratulations!

This is an exciting time for you and your family as you prepare to welcome a new family member. Pregnancy is a wonderful and sometimes confusing time in a family’s life.

At Mercy we provide Family-Centered Maternity Care. We want to be available for you and your family by answering questions you may have about your pregnancy and the new baby. Our team of experts is available to you during your pregnancy.

Our obstetrician/gynecologist (OB/GYN) physicians specialize in women’s health, specifically reproduction and reproductive organs. They will provide care and counseling before, during and after your pregnancy. They will oversee and assist in your labor and delivery process.

The Family Resource Center education classes offer services from lactation specialists for our inpatient and outpatient guests, as well as reinforces the importance of education for expectant parents, siblings and grandparents. To view a class schedule and register for our Mercy Family Resource Center prenatal education classes, go online to mercy.net/springfieldmoms. For your convenience, there is also a class schedule in the back pocket of this book.

Available to you if the need arises are our maternal fetal medicine specialists (MFM) who specialize in caring for women and babies during high risk or complicated pregnancy.

Mercy offers dedicated 24/7 OB/GYN hospitalists on site at the hospital to care for laboring patients. They work closely with your physician and regional area physicians by providing timely physician care in the form of consultation and emergencies which leads to improved outcomes for our patients.

Once you have delivered, after recovery, you and your baby will enjoy the rest of your hospital stay in one of our beautiful private rooms on the Family-Centered Maternity Care Mother-Baby unit. Our family centered philosophy encourages keeping mothers and babies together. Our specially trained mother and baby nursing staff is committed to excellent nursing care while providing our new moms and families with education and emotional support needed as they become more confident in their new parenthood role.

Occasionally, a newborn needs a more specialized level of care. Mercy has a newly remodeled Level III Newborn Intensive Care Unit (NICU) to meet the special needs of your infant. Our board-certified neonatologists, neonatal nurse practitioner (NNP) and our specially trained nursing staff will be there to take care of your precious little one and answer your questions.

Mercy pediatricians are available to be your child’s doctor. They provide routine preventive health care, as well as medical care when your child is sick or injured. Pediatricians work with families to manage the physical, mental and emotional well-being of their patients from birth to 21 years old. For a list of Mercy pediatricians, refer to the back pocket.

Mercy cares about you and your family and will provide the support you need before, during and after the birth of your newest family member. Thank you for choosing Mercy!
Maternity pre-registration

To pre-register with Mercy Hospital:

**Go online**

Log on to mercy.net/springfieldmoms to pre-register with Mercy Hospital. Our Mercy Central/Pre-registration staff will follow up with you in 7-10 business days after you have registered online.

**Or call**

Call 417-820-9090 or toll free 866-820-9090 between 7 a.m. and 8 p.m., Monday thru Friday. Please have your insurance card available when you call.

**Or mail**

Complete and mail this form if you don’t have access to a telephone or computer.

**MAIL TO:**  
Mercy Hospital  
Attention: Mercy Central/Pre-registration  
1235 E. Cherokee  
Springfield, MO 65804

**ADDRESS CHANGE**

If you have any changes in your address, insurance, etc., please call 417-820-9090 or toll free 866-820-9090 to update your registration form.

**BENEFITS**

Make sure you take advantage of the benefits listed in the “Baby on the Way” book you just received. Many companies, including Mercy, offer maternity benefits. Check with your human resource department.

**FOR MORE INFORMATION**

For additional information about Mercy Family Resource Center, call 417-820-2327.
**Hospital Maternity Pre-Registration Form**

For more information, call 417-820-9090 or 866-820-9090.

Primary Care Physician ___________________________ Obstetrical Physician ___________________________

Due Date ___________________________ LMP Date ___________________________

**I. PATIENT INFORMATION**

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**II. SPOUSE INFORMATION**

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**III. GUARANTOR INFORMATION** *(Person responsible for payment of the account) Not insurance or Medicaid.*

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**IV. EMERGENCY CONTACT INFORMATION** *(Someone to contact in case of an emergency not residing in same household)*

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<th>First Name</th>
<th>Middle Initial</th>
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<th>Zip</th>
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**V. INSURANCE INFORMATION** *(List all insurance plans you will be using to cover your hospital stay)*

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| *NOTE: Claimant Statements must be provided for Commercial Carriers* |

**VI. MISCELLANEOUS INFORMATION**

<table>
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<tr>
<th>Religious Preference</th>
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</table>

Do you have a Durable Power of Attorney for Health Care Choices? ________Yes  ________No

*If your insurance requires precertification, you are responsible for obtaining the precertification number.*

*NOTE: Claimant Statements must be provided for Commercial Carriers.*
What Family-Centered Maternity Care means to you
At Mercy, we recognize that childbirth is a special time in a family’s life. So we’re bringing together our entire team of physicians, nurses and educators to support you and your family as you prepare for the birth of your new family member. We want your family to have the best childbirth experience possible and get off to a healthy start by offering Family-Centered Maternity Care. This approach supports you as parents-to-be by taking into account your preferences and desires, as well as your physical, emotional, cultural and educational needs.

Here’s what you can expect from Family-Centered Maternity Care.

Education before birth and after
Pregnancy and childbirth are natural events, yet most people have questions about the changes they bring. Through Family-Centered Maternity Care, our physicians and their staff, along with our trained childbirth team, will provide guidance for families. From prenatal care, education, labor, birth and newborn care, we want to help moms and dads make informed choices and feel empowered and confident in their new roles.

Support for mom
It’s important for moms to feel supported during their pregnancy and hospital visit, so we encourage you to have a support person throughout your pregnancy. Experiences shared during pregnancy, childbirth and after your baby arrives are cherished memories. We also invite your support person to stay with you during your postpartum care to share in this extraordinary time in your life. The care and safety of our mothers and babies is a priority, and our dedicated staff will guide you with evidence-based practices for safe and sensible care for you and your baby.

Same room, same nurse
Together from the very start. Studies show new moms have greater confidence in their skills when they spend as much time as possible with their babies after birth. Your time spent with us is a very important time to learn and become familiar with your baby’s likes and dislikes, preparing you for their needs once you return home. So from the very start, we’re keeping healthy moms and babies together in the same room with the same nurse, providing assistance, education and encouragement.

If your baby requires care in our NICU, you are encouraged visit as often as possible and to participate in caregiving as your baby’s condition allows.

Learning good feeding habits
Breastfeeding has many evidenced-based benefits for moms and babies. During your hospital stay, our team of nurses, lactation advisors and consultants will help you have a successful breastfeeding experience. Our staff is committed to helping you and your baby establish good feeding habits, whether you are breast or bottle feeding.

At home
After you go home, it’s important to follow up with your baby’s physician as instructed. For Mom, follow up with your OB/GYN for any questions or concerns you may have related to your delivery and recovery. If you choose to breastfeed, our lactation advisor or consultant will follow up with you to make sure nursing is going well and to answer any questions. Mercy Family Resource Outpatient Lactation Services is also available to you.

Contact us
Through Family-Centered Maternity Care, we hope to have a positive and lasting impact on your family’s well-being. If you have any questions, please call the Family Resource Center at 417-820-2327 or visit us on the web at mercy.net/springfieldmoms.

Thank you for allowing Mercy to be a part of your family’s cherished memories!
Morning (or anytime) sickness

While it may be referred to as “morning sickness,” nausea and vomiting are common complaints that can occur at any time of day, especially during the first part of pregnancy. Most cases of nausea and vomiting are not harmful and certainly do not reflect any sickness related to the baby. Only when nausea and vomiting are severe and persistent can it become a health problem. It is then that you need to contact your doctor.

Although no one is certain as to the exact cause of nausea and vomiting, rising levels of hormones during pregnancy seems to play a role. For most, symptoms of this kind are mild and tend to disappear toward the middle of pregnancy. When severe, this condition is known as hyperemesis gravidarium and can lead to loss of weight and fluid imbalance. At times, symptomatic treatment may require intravenous fluids.

Remember that prenatal vitamins and iron may increase or cause nausea. You may need to stop your prenatal vitamins for a time. However, it is generally a good idea to continue some form of folic acid added to your diet.

In an attempt to improve symptoms without medication, ginger, acupuncture, motion sickness bands, or hypnosis may also help. It is best to talk with your doctor before taking or stopping any medication.

May help minimize symptoms:
• When symptoms are milder, you may be able to help minimize symptoms by getting up slowly in the morning and sitting on the side of the bed for a few minutes.
• For others, eating dry toast or crackers before getting out of bed in the morning is helpful.
• Fresh air may benefit some, while herbal teas and bubbly cold drinks may help others.
• Dietary suggestions to help symptoms include smaller, more frequent meals and to avoid letting your stomach get empty.
• Avoid smells that bother you and eat foods low in fat and easier to digest.
• The BRATT diet (bananas, rice, applesauce, toast and tea) may be right for you and replaces those nutrients that are lost.

Seat belt use during pregnancy

**Position your seatbelt correctly.**

It is law that every front seat passenger wears a seat belt when traveling in a motor vehicle, even if you are pregnant. But the seatbelt must be positioned correctly. First, you must sit upright. Place the lap belt under your expanding belly and as low on your hips as possible. The lap belt should pull against your pelvic bones, not your abdomen. The shoulder belt should be used as well. Position is so it crosses your chest between your breasts. If it cuts across your neck or face it may be necessary to adjust the seat itself. The seat belt should be worn as snugly as possible to protect you and your baby from injury in a crash.

**Airbags work along with seatbelts**

Pay attention to the amount of room between your belly and the steering wheel. Airbags are designed to work with the seatbelt and absorb energy during a crash. No one should sit in front of an airbag without wearing a seatbelt! You should allow 11 inches between your chest and the steering wheel or dashboard from where the airbag is deployed. As your belly grows, move the seat back to keep as much distance as possible between the steering wheel and your belly while still allowing you to reach the pedals.

For more information, contact the Mercy Injury Prevention Center at 417-820-7233.
Give your baby a good head start!

The medical care that you receive before you deliver your baby (prenatal care) is important for both you and your baby. Right now, both of you have special needs that deserve special care. Your doctor will schedule regular visits throughout your pregnancy. These visits are important; they allow your physician to monitor your progress throughout your pregnancy and how your baby is growing.

During your pregnancy your doctor may perform physicals and/or pelvic exams. In addition, your doctor will check your weight, blood pressure, and urine on a regular basis. Blood tests and ultrasounds may also be part of your prenatal care. All of this “fuss” is to better insure a healthy outcome for you and your baby.

Your doctor may advise you about diet, exercise and other activities that you should or should not continue. It is often very helpful for you to write down questions or concerns that you want to ask or review with your doctor. This can be very helpful not only for you, but for your doctor who may not anticipate a specific concern that you have. Remember, however, that these questions are helpful only if you remember to bring your list!

Mercy feels strongly that having a baby is a family experience. Your husband or other support person may want to accompany you on some or all of your visits – they often have questions or concerns of their own. Please know that they are most welcome and questions are expected!

Regular prenatal care is good for you and your baby. Keep your regular appointments and use these opportunities to ask your doctor questions that concern you!

What’s “growing on?”

During the first 12 weeks (first trimester) of pregnancy, your baby has undergone a dramatic change. From the union of a single sperm and egg at conception, invisible to the human eye, the fetus has grown to about 6 inches long and weighs about 4 ounces at 16 weeks. Your baby’s limbs, with fingers and toes, and all of the body organs are present. The fetus can open and close its fingers and mouth. Your baby’s muscles are developing and the fetus can move both arms and legs, but these movements are still too subtle to be felt by the mother.

Your baby’s heart is completely formed and pumping blood around the fetal body to the placenta. Your baby’s fingernails, eyebrows, and eyelashes are also starting to grow.

Sex during pregnancy: Is it safe?

One of the most frequently asked questions during pregnancy relates to the safety of sexual activity during pregnancy. Appropriate sexual behavior is an important aspect of human emotions and feelings. There is no medical reason, in general, for this desire to be decreased in pregnancy. However, the range of normal in terms of sexual desire in pregnant couples varies greatly.

Not uncommonly, the expectant couple may worry that the physical responses to sexual intercourse may somehow cause harm to the pregnancy. This concern may be shared by both partners or only one partner. The amount and intensity of sexual activity is an individual decision made by the couple jointly and both should be comfortable with the decision.

It is reassuring, however, to know that sexual activity during pregnancy is not associated with harm and is even encouraged for the positive benefits to a relationship. Should there be special circumstances, it is always appropriate and encouraged to ask your physician.
Avoid alcohol and tobacco
Alcohol and tobacco used during your pregnancy can harm your developing baby. Chemicals in these substances go through your body, into your bloodstream, and to the baby through the placenta.

Because of the baby's small size and developing system, alcohol is much more harmful to the baby than to its mother. There is no known safe level of alcohol use during pregnancy. Babies born to mothers who drink regularly are at risk of Fetal Alcohol Syndrome (FAS). Babies with FAS suffer from poor growth and often have mental deficiencies (low IQ), heart and joint defects, deformities of their face, cerebral palsy, and mental retardation. None of these problems go away as the child grows older. Women who drink only 1 drink per day or "binge" (i.e. several drinks in one day but only on an occasional weekend) may have a less severe form of FAS called Fetal Effect Syndrome (FES). Babies with FAS suffer from poor growth and often have mental deficiencies (low IQ), heart and joint defects, deformities of their face, cerebral palsy, and mental retardation. None of these problems go away as the child grows older. Women who drink only 1 drink per day or "binge" (i.e. several drinks in one day but only on an occasional weekend) may have a less severe form of FAS called Fetal Effect Syndrome (FES) which causes babies to have problems with learning, speech difficulties, poor attention span, and hyperactivity. Since there is no known amount of alcohol that is safe, alcohol consumption in pregnancy should be discouraged.

Avoid second-hand smoke
Pregnant women who do not smoke should avoid exposure to other people’s smoke. Studies suggest that regular exposure to second-hand smoke may interfere with fetal development and cause low birth-weight (poor growth).

Smoking is especially dangerous during pregnancy as it increases the chances of miscarriage, smaller babies, having a baby with birth defects, premature delivery, stillborn birth, and having a baby who requires intensive care after delivery. Children whose mothers smoked during pregnancy have more problems with bronchitis, pneumonia, ear infections, asthma, colic, sudden infant death syndrome (SIDS), behavioral disorders, attention deficit disorder (ADD), and lung disease and cancer later in life.

There’s good news if you quit
The good news is that if a woman stops smoking by the 16th week of pregnancy, her chances of having a baby who is low birth-weight (poor growth) or stillborn is reduced to almost the same rate as if she had never smoked! Even if a woman has not been able to stop smoking until later into her pregnancy, stopping during the third trimester can still improve baby’s growth. Mercy has a program to help smokers quit. "Smoke-Free Babies" is especially designed to meet the needs of pregnant smokers and “Road to Freedom” helps everybody else.

Limit caffeine
Caffeine is a stimulant which may affect the developing fetus causing a greater risk for miscarriage and low birth-weight (poor growth) babies with medical problems. Some studies suggest limiting caffeine intake to 150mg/day (equal to approximately one cup of coffee, OR two to three 8-oz. glasses of tea or three 12-oz. cans of soda pop). Milk chocolate contains 6mg per 1 oz.; dark chocolate 26mg per 1 oz.

Avoid street drugs
Use of illicit street drugs during pregnancy will affect your baby! Miscarriages and stillborn births are common among drug users. Babies exposed to heroin, crack, cocaine, methamphetamines, and many other drugs are often born addicted and must go through withdrawal. Many of these babies become very sick during withdrawal and have to be hospitalized for long periods. Babies whose mothers used marijuana during pregnancy are often low birth-weight (poor growth) with medical problems and have learning and developmental delays in childhood. Those who use injected drugs are at greater risk for HIV/AIDS and can pass the virus to their unborn babies.

If you use street drugs, be honest with your doctor so you can get the special care you and your baby need.

Use over-the-counter medication with caution
Many people believe that because a medication does not require a prescription and is available over-the-counter, that it is safe to use without a physician’s guidance. However, like medications that require a prescription, over-the-counter medications can have side effects and interactions with other medications. Some may have the potential to be harmful to a fetus. Prior to taking any over-the-counter medication, please consult with your physician.
**Could you have high sugar levels?**

**Evaluating for gestational diabetes**
The increase in steroid hormone production in pregnancy, mostly by the placenta, increases insulin resistance at the cellular level. This change could result in higher “sugar levels” in the blood. The result may be a condition known as “gestational diabetes” (GDM).

Gestational diabetics consistently have a higher level of blood sugar than normally pregnant individuals and this can lead to complications for both the mother and the baby. In addition to the increased risk of preeclampsia (pregnancy-induced hypertension) and fetal macrosomia (large babies), individuals with GDM have a marked increase risk of developing diabetes later in life. It is for all of these reasons that all pregnant women should undergo some form of screening during their pregnancy.

The one-time screening consists of taking a good history of risk factors such as a positive family history, obesity, previous adverse pregnancy outcomes, sugar in the urine, and obesity. Some physicians only test those with risk factors. Others feel that everyone should be tested in order to be as sure as possible that few, if any, go undetected. This is why testing blood glucose levels following a “glucose challenge” has become very popular as a screening test for gestational diabetes.

In the U.S., the most common screening test involves a 1-hour “glucose challenge” test generally performed between the 24th and 28th week of pregnancy.

For those whose glucose values are over the threshold, a full 3-hour glucose tolerance test will be ordered. The “glucose challenge” test can be administered even though the patient is not fasting. If the diagnosis of GDM is made, the first line of treatment would involve dietary restrictions while evaluating blood glucose levels throughout the day. If this is unsuccessful, the use of insulin may be required to optimize pregnancy outcomes. Your doctor will guide you through your care.

**The first look at your baby can provide important information**

At some time during your pregnancy, your physician may request that you have an ultrasound. An ultrasound, or sonogram, is a medical imaging test that uses high frequency sound waves to show an image or picture of your baby on a monitor. Ultrasound may be safely performed at any stage of your pregnancy. The timing of an ultrasound is dependent on the information your doctor is seeking.

Since its introduction in 1958, ultrasound has become an effective instrument in the evaluation of pregnancy. This study can provide valuable information regarding the health of your baby. Ultrasound has become widely accepted, and many physicians suggest at least one screening ultrasound during the pregnancy. With over 43 years of clinical use, ultrasound has been shown to be safe in pregnancy. There are many situations in which an ultrasound may provide important information.

**Common examples may include:**
- Determining the gestational (development) age of your baby so that a very accurate due date can be determined;
- Assessing the size and growth pattern of your baby when clinical assessment alone is in doubt;
- Evaluating the placenta and the position of your baby. Ultrasound may also detect problems that may be present.

The examination may be performed by your physician or a maternal-fetal specialist or by a specially trained diagnostic medical sonographer. Your baby’s father is encouraged to join you for your ultrasound examination to view the baby with you for the first time! In most cases, the baby’s gender can be identified. If you do NOT want to know the sex of your baby, be sure to alert the person performing the ultrasound in advance of the procedure. Many doctors’ offices and ultrasound departments will provide you with a picture of your baby as a memento of this special event.

**The woes of digestive troubles**

*During your pregnancy, you may experience some common digestive problems like indigestion, heartburn, constipation or becoming full too quickly.*

- **Indigestion or heartburn**, as well as feeling full quickly, can be caused by pressure from the enlarged uterus on the stomach. If you eat smaller, more frequent meals during the day, and avoid eating just before lying down, you can reduce these problems.

- **Constipation** during pregnancy results from a variety of factors. The hormones of pregnancy reduce the movement of your intestines. Pressure from your enlarged uterus on the large intestine, low fluid consumption, physical inactivity, and a diet low in fiber all contribute to constipation. You can reduce constipation by eating fiber-rich foods such as vegetables, fruits, and whole grains, and by limiting constipating foods such as cheese and refined carbohydrates. Be sure to drink plenty of fluids (at least 6-8 glasses of water per day), and increase physical activity as you are able. Even a short walk around the block can help.

Ask your doctor if you need further guidance or help with these problems.
Born too soon

In most pregnancies, labor starts between 37 and 42 weeks gestation. Babies delivered before the 37th week are considered to be preterm, occurring in about 11 to 13 percent of pregnancies.

- The earlier a baby is born, the greater the chance of health problems.
- Preterm babies tend to grow more slowly than term babies.
- Preterm babies may have problems with their eyes, ears, breathing and nervous system.

Here at Mercy, we have maternal fetal medicine physicians who specialize in “high risk” pregnancies. Should you experience a preterm delivery, we have a family-centered Neonatal Intensive Care Unit (NICU), physicians specializing in premature infants (neonatologist), NICU trained nurses and nurse practitioners to care for your infant.

What can you do to help prevent prematurity?
- Stop smoking and don’t use drugs.
- Have regular prenatal checkups.
- Report previous preterm deliveries to your physician.

Be certain your doctor is aware of your history and the circumstances involved. Familiarize yourself with the signs of premature labor so you can seek care early. Call your doctor if any of these signs are new or severe.

**Warning signs of preterm labor from the March of Dimes**
- Contractions (your belly tightens like a fist) occur every 10 minutes or more often.
- Change in vaginal discharge (leaking fluid or bleeding from your vagina).
- Pelvic pressure – the feeling that your baby is pushing down.
- Low, dull backache.
- Cramps that feel like your period.
- Belly cramps with or without diarrhea.

Will my baby be normal?

Can prenatal screening tests help?

This is difficult to answer, but today there are studies that can help reassure prospective parents. Your prenatal care provider will carefully review with you any history of chromosomal (family genes) or developmental abnormalities that either you, your baby’s father or your families may have experienced.

Women who are 35 or older at delivery have an increased risk of chromosomal abnormalities – mostly Trisomy-21 or Down Syndrome – and will be offered an amniocentesis (special test to withdraw fluid from the uterus) at approximately 15-22 weeks. The risk of amniocentesis harming a pregnancy is about 0.5 percent. Because many women do not want to accept this risk, a first-trimester screening test may be a better choice for some couples. The test is a combination of an ultrasound and blood tests (on the mother) performed between the 11th and 14th week of pregnancy. This test, unlike amniocentesis, is non-invasive (does not involve inserting instruments into the body) and provides important information about your baby regarding the detection of chromosomal abnormalities. While this screening study cannot match the essentially 100 percent accuracy of the amniocentesis, it also does not carry the risks to the pregnancy. Talk with your physician about what is best for you.

Other maternal screening studies (blood tests) can be performed at about 15-20 weeks of pregnancy to estimate the risk of chromosomal abnormality or neural tube defect such as spina bifida. These tests are typically offered to all expectant mothers. Talk to your doctor about the pros and cons of these tests.

The National Institute of Health now recommends all couples planning pregnancy be offered carrier testing for cystic fibrosis, or “CF,” an inherited lung disease. CF carrier testing is a blood test performed on one or both parents, allowing a couple to determine their risk of having a child with CF. Talk with your physician about CF testing and your risk for having a child with CF.

Why you should consider breastfeeding

At some point, you will need to consider meeting the nutritional needs of your baby. The American Academy of Pediatrics recommends breastfeeding as the sole nutrition for babies for the first 6 months. Your baby receives important health benefits when you breastfeed. Perhaps the most important benefit is that mother’s milk protects against infection. Mother’s milk contains antibodies and white blood cells that strengthens your infant’s immunity and lessens the chance of infectious illnesses. Breast milk promotes healthy bacterial growth in your infant’s digestive tract and helps exclude disease-causing bacteria and viruses.

Specifically, breastfeeding has been shown to protect against otitis media (middle ear infection), gastroenteritis (diarrhea), meningitis (spinal cord infection), and upper and lower respiratory infections such as colds, bronchitis and pneumonia. Breastfeeding is also associated with a decrease in long-term health hazards such as allergies, both to foods and to the environment, asthma, and childhood-onset diabetes. Additionally, studies have shown a correlation with improved educational achievement even to early adult years. You should strongly consider breastfeeding your baby! Please take advantage of the breastfeeding classes offered at Mercy.

Visit Mercy Family Resource Center at mercy.net/springfieldmoms to learn more about breastfeeding classes and support.
Eating for two:  
Remember your nutrition basics

**Weight gain**
Women of normal weight should gain 25-35 pounds during pregnancy (28-40 pounds if you’re underweight and 15-25 pounds if you’re overweight. Check with your doctor.)

**Calories**
Add about 300 calories to your daily diet during the second and third trimesters.

**What to avoid**
To reduce the risk of illness from the listeria bacterium, avoid unheated deli meats and unpasteurized cheeses. Never eat raw or undercooked animal foods such as meat, sushi, seafood or eggs. Avoid alcohol and tobacco, and medications that have not been approved by your doctor.

**Vitamins**
Take a prenatal supplement daily, as recommended by your doctor, that supplies 100-150 percent of the Dietary Reference Intake for all vitamins and minerals. Consider calcium supplements if you’re not getting the required 1,000 milligrams a day from foods and beverages.

**Some notes about fish**
Fish is an important part of every healthy diet. However, there are a few safety tips pregnant women should understand. Because of the potential adverse neurologic effects to neonates whose mothers consume large quantities of fish containing mercury, the following guidelines may be helpful:

- According to the EPA and FDA, pregnant women should avoid eating large fish such as shark, swordfish, king mackerel and tilefish.
- Pregnant women may eat 12 ounces per week of fish like salmon, shrimp, canned light tuna and catfish, which are low in mercury.
- Canned light tuna has less mercury than canned albacore (white) tuna, so only six ounces per week of albacore (white) tuna is recommended.
- For more information on mercury in fish and shellfish, visit the FDA at fda.gov. You can also visit the EPA’s Website at epa.gov/mercury.

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**How does your diet compare?**

<table>
<thead>
<tr>
<th>What/why you need it</th>
<th>Where to get it</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calcium</strong>: Helps build strong, dense bones in mother and child; may help prevent high blood pressure in pregnant women. <strong>Daily dose</strong>: 1,000-1,200mg</td>
<td>Dairy foods, dark leafy greens, calcium-fortified soy milk, calcium-fortified juices, cereal</td>
</tr>
<tr>
<td><strong>Carbohydrates</strong>: Keeps the body from using protein for calories; is an energy source. <strong>Daily dose</strong>: 275-330g</td>
<td>Fruit, milk, yogurt, bread, rice, pasta, potatoes, cereal</td>
</tr>
<tr>
<td><strong>DHA (docosahexaenoic acid)</strong>: An essential fatty acid important for brain function and development. <strong>Weekly intake</strong>: About 2,000mg</td>
<td>Salmon (farmed), bluefin tuna, Pacific herring, rainbow trout (farmed), striped bass, tuna (white – canned in water), beef, liver, snapper, yellowfin tuna, crab, Mahi Mahi</td>
</tr>
<tr>
<td><strong>Fiber</strong>: Fights constipation; helps prevent hemorrhoids in Mom. <strong>Daily dose</strong>: 25-30g</td>
<td>Bran flakes, fruit, vegetables, whole-grain bread</td>
</tr>
<tr>
<td><strong>Folate</strong>: Helps protect against neural-tube defects such as spina bifida; helps Mom fight off anemia. Folic acid is the man-made form added to enriched grains and dietary supplements. <strong>Daily dose</strong>: 400-800mcg</td>
<td>Dried beans, peas, lentils, orange juice, oranges, dark leafy greens, soy nuts, avocados, broccoli, asparagus</td>
</tr>
<tr>
<td><strong>Iron</strong>: Ferries oxygen to the baby; prevents anemia in Mom; wards off premature delivery. <strong>Daily dose</strong>: 27mcg</td>
<td>Liver, meat, seafood, prune juice, dry beans, wheat germ, oatmeal, tofu, soy nuts, grains</td>
</tr>
<tr>
<td><strong>Protein</strong>: Provides the raw materials for cells, hormones and enzymes; keeps Mom’s fluid balance in check. <strong>Daily dose</strong>: 80g</td>
<td>Meat, poultry, seafood, dairy foods, beans and legumes, nuts</td>
</tr>
<tr>
<td><strong>Riboflavin</strong>: Necessary for energy production and protein use. <strong>Daily dose</strong>: 1.4mg</td>
<td>Meat, poultry, seafood, dairy products</td>
</tr>
<tr>
<td><strong>Vitamin B6</strong>: Assists in the production of protein to build new cells. <strong>Daily dose</strong>: 1.9mg</td>
<td>Chicken, seafood, pork, eggs, brown rice, oatmeal</td>
</tr>
<tr>
<td><strong>Vitamin B12</strong>: Makes red blood cells; helps the body use fat and carbohydrates for energy. <strong>Daily dose</strong>: 2.6mg</td>
<td>Meat, fish, poultry, milk products</td>
</tr>
<tr>
<td><strong>Vitamin C</strong>: Necessary for strong bones and teeth; boosts immunity; increases iron absorption from food; keeps blood vessels strong, red blood cells healthy, and soft tissues intact. <strong>Daily dose</strong>: 85mg</td>
<td>Citrus fruits and juices, strawberries, bell peppers, tomatoes, dark leafy greens, broccoli, brussels sprouts</td>
</tr>
<tr>
<td><strong>Vitamin D</strong>: Promotes calcium absorption and deposition into bones. <strong>Daily dose</strong>: 600-1,000 IU</td>
<td>Fortified milk products, fortified cereals</td>
</tr>
<tr>
<td><strong>Zinc</strong>: Critical for cell growth and repair, and energy production. <strong>Daily dose</strong>: 11 mg</td>
<td>Meat, eggs, seafood, liver</td>
</tr>
</tbody>
</table>
Exercise during pregnancy

As it is at all stages of life, appropriate exercise can be very beneficial during your pregnancy. Pregnancy often produces fatigue, weight gain and a feeling that you are not at your best. Although these are normal symptoms, exercise may be a way to relieve many of them. Exercising on a regular schedule (preferably daily) can benefit your health in many ways.

Most doctors agree that it is alright, even helpful, to continue with your regular exercise routine during pregnancy, provided you are having a normal pregnancy and the exercise is not too strenuous. Exercise helps you look and feel better during a time when your body is changing.

However, you should probably cut back on some sports activities because of the possibility of injuries that could affect your pregnancy. This is especially true as your pregnancy progresses. Before you participate in sports activities or strenuous exercise, check with your physician.

Your changing weight and shape

Pregnancy leads to many changes in your body and these changes should be understood, as they often affect your ability to exercise. The hormones produced during pregnancy cause relaxation of the ligaments that support joints. Joints become more mobile and flexible, which increases the risk of injury. For this reason, it may be best to avoid bouncy or high-impact exercise.

Also remember that, while pregnant, your center of gravity changes ever so slowly. Not only will you gain weight, but that weight will be positioned mostly in the front of your body. This changes the stress on the joints and muscles that are responsible for your posture. These “new” muscle groups, especially in the lower back and pelvis, may remind you of their new “burden” by causing discomfort. The proper choice of exercise, to reduce strain on your back and avoid loss of balance and falling, is important.

Your changing weight and shape affect your balance, posture and speed. As your baby grows, there will be an increase in the tilt of your pelvis, causing greater reliance on your back muscles to maintain posture. This can certainly affect balance and lead to low-back discomfort. The hormones of pregnancy also cause the ligaments that support your joints to become relaxed, leading to less stable joints and greater risk of injury.

Walking is a wonderful way to exercise and is familiar to everyone. If you are not a regular walker, remember to start slowly and build into your exercise routine. It is important to not overdo it. Avoid becoming overly tired and be sure to drink plenty of fluids while you exercise, especially during the hot months.

Walking is considered the best exercise for the average person. Brisk walking may be defined as walking while still being able to carry on a conversation. This level of intensity is probably best during pregnancy. Other appropriate

Potential benefits of exercise

- Increases energy
- Improves your outlook/mood
- Maintains posture
- Increases muscle strength and tone
- Helps you sleep better at night
- May help reduce backache, bloating and constipation
activities for those so inclined include swimming and stationary biking. Please do yourself a favor and start slowly if it has been some time since you have engaged in exercise. As a rule of thumb, you should be able to walk and talk at the same time. If you cannot, you should slow it down a bit. If you experience discomfort that is out of the ordinary, you should stop your activity.

Participating in a specially-supervised exercise class like Mercy’s Taking Shape program can help motivate you to keep your body in good shape throughout pregnancy. Taking Shape is open to pregnant and postpartum women up to one year following delivery. Mercy Fitness Center offers Baby Steps, a fitness opportunity for expectant moms and dads who are scheduled to deliver at Mercy. During a free trial period, both mom and dad can use the facility.

Feeling good about yourself helps develop a positive mental attitude regarding your pregnancy. This positive attitude will build confidence in so many ways! Make plans now to be part of these classes.

Before you deliver, or when your baby is only a few weeks old, you are invited to begin a self-directed exercise program at Mercy Fitness Center in Springfield (202 E. Walnut Lawn, 887-9868) or Nixa (701 N. Taylor Way, 725-0292).

**Before Delivery:** Stay in shape with easy-paced walking or any other easy-paced exercise Mercy Fitness Center has to offer. Your spouse may walk with you or use the exercise equipment.

**After Delivery:** Start getting back into shape with Baby Steps, a self-directed walking activity designed to allow you to carry your baby in a back-pack or sling. You may even wish to push your baby in a stroller while walking the indoor or outdoor track. Your spouse is invited to exercise with you, too!

Childcare is provided at Mercy Fitness Center (Walnut Lawn and Nixa locations only) to anyone who uses this coupon.

**Water aerobics**

Taking Shape Water Aerobics includes mild to moderate exercise routines designed to keep your muscles toned and strong. Many health benefits are derived from exercise and numerous participants have reported an easier delivery after gentle water exercise! Regular exercise is preferable to intermittent activity.

The classes are at Hammons Heart Institute. It is located next to Mercy Hospital at 1235 E. Cherokee. The pool is on the first floor, northeast side of the building. Parking is available south of the building, across Cherokee St., and also north of the building in the parking garage. A monthly fee applies. Bring this coupon and receive the required orientation free.

**Want to participate?**

Call the pool at 820-2169 for more information and to schedule your orientation.
Nicotine is an addictive drug that causes changes in the brain that make people want to use it more and more. **Smoking is harmful to you, your unborn baby and those around you.** When you smoke, it exposes your unborn baby to dangerous chemicals like nicotine, carbon monoxide and tar. All of these chemicals decrease the amount of oxygen your baby receives while you are pregnant and can potentially damage or reduce your baby’s lung function.

**Women who smoke during pregnancy increase their risk for:**
- Ectopic pregnancy
- Miscarriage
- Still birth
- Placental abruption, where the placenta pulls away from the uterine wall before delivery
- Placenta previa, a low-lying placenta covers part or all of the cervical opening

**Babies born to a mother who smoked during pregnancy are at increased risk for:**
- Birth defects such as cleft lip or palate
- Prematurity
- Low birth weight
- SIDS (Sudden Infant Death Syndrome)
- Asthma, bronchitis and pneumonia
- Ear infections
- Behavioral disorders

**What is second-hand smoke?**
Taking a breath and breathing in someone else’s smoke.

**What is third-hand smoke?**
Toxic gases and particles left behind from smoking. These toxins cling to things like clothes, hair and furniture after the smoke from a cigarette or cigar has cleared the room. Babies or small children breathing these toxins may have devastating health problems.

Refer to these organizations for more information on risk associated with smoking while pregnant and tips on how to stop:
- American Lung Association
- March of Dimes
- American Cancer Society

**Mercy Smoke-Free Babies program includes:**
- Initial one-on-one consultation with a trained smoking cessation counselor to develop an individualized plan of action. Call 417-820-9495 or 888-242-6538.
- Educational assistance with stress management techniques, exercise relaxation, nutrition and follow-up.

It is important for expecting moms to stop smoking and keep away from places where people smoke.
METHAMPHETAMINE
DURING PREGNANCY

Meth is an illegal and dangerous drug often called “meth,” “crystal,” and “ice.” When a pregnant woman uses it, it goes directly to the baby.

RISKS TO BABY WHEN MOM USES METH:
- Baby can be born too early — this increases the chance of baby dying
- Baby can have a stroke before birth
- Baby may be born with short or missing fingers, toes, arms, and legs; and baby boys may have a very small penis
- Baby may be born with other birth defects
- Baby may be slow mentally and have some mental retardation
- Baby can be very fussy, cry a lot, have colic, and not sleep well
- Baby may grow slower than average

OTHER RISKS:
If mom continues to take meth once the baby is born, her baby has a much greater chance of being neglected, not being fed properly, and not growing properly.

www.cafeprevention.com © 2010 COMMUNITY PARTNERSHIP

Substance abuse recovery centers
SOUTHWEST MISSOURI

Carol Jones Recovery Center
417-862-3455
2411 W. Catalpa St.
Springfield, MO 65807
Residential treatment
Accepts pregnant women with or without insurance

Lafayette House
417-782-1772 | 800-416-1772
1809 S. Connor Ave.
Joplin, MO 64804
Residential treatment
Accepts pregnant women with or without insurance
**Immunizations**

*What you can do to protect your infant from pertussis and the flu*

- Keep newborns away from people who are sick.
- Make sure you, your child’s caregivers, siblings and grandparents get their Tdap and flu shots.
- Talk with your health care provider if you have any questions or concerns about getting these immunizations.

**When those around you and your infant are not protected, your infant is at risk.** Make sure you, your family, friends and caregivers are current on all immunizations – especially their flu and Tdap shots – before your baby arrives.

**What is pertussis?**
Commonly known as whooping cough, pertussis is a highly contagious bacterial disease that’s potentially fatal to infants. Babies often catch pertussis from the people who love them most – parents, family and caregivers. You and your loved ones may have received pertussis-containing vaccines as a child, but vaccination may lose its ability to protect after 5-10 years. If those around you are not protected, your baby may not be protected.

- Pertussis can cause serious illness in infants, children and adults and can even be life-threatening, especially in infants.
- More than half of infants less than 1 year of age who get pertussis must be hospitalized.

**What about influenza?**
Flu is unpredictable and certain people are at greater risk for serious complications if they get the flu. This includes older people, young children, pregnant women and people with certain health conditions, such as asthma, diabetes or heart disease and those who live in facilities like nursing homes.

- Each year, an average of 20,000 children under the age of 5 are hospitalized because of influenza complications.
- Severe influenza complications are most common in children under 2 years old.
- The flu vaccine is not approved for infants younger than 6 months; for this reason, the risk of flu complications is higher infants. **The best way to protect your infant is to make sure those around your infant are vaccinated.**

For more information, log on to these sites:

- [cdc.gov/vaccines](https://www.cdc.gov/vaccines)
- Pertussis (whooping cough) – What You Need to Know
- Common Questions Parents Ask About Infant Immunizations
- Vaccines website for parents
- [marchofdimes.com](https://www.marchofdimes.com)
- [aap.org/immunization](https://www.aap.org/immunization)
Have you heard these myths of pregnancy?

With all the advances in medical technology we have today, it’s still amazing to hear some of the myths about pregnancy that have, in many cases, been passed down for generations. While we know these are myths, they are often still spoken of, and “checked out” by some pregnant women and their families. Even with the ultrasound usually being able to determine if it is a boy or a girl, many will still check it out with the Drano test, and/or the needle and thread test. And, they have a 50 percent chance of being right! After the sex is determined, as best as can be, there are still more myths of pregnancy!

Myth #1
Women often think (perhaps hopefully) that when you’re pregnant, you can eat for two. That is correct, but you only need an additional 300 calories a day, not an entire second meal!

Myth #2
A very common myth is that if the mother has a lot of heartburn, the baby will have a lot of hair. Heartburn, not uncommon during pregnancy, is related to the displacement of the stomach and intestines by the enlarging uterus, and the delayed emptying time of the stomach, brought on by mechanical and hormonal factors. The baby’s hair has nothing to do with it!

Myth #3
While the hormones for mom provide many ups and downs emotionally, the myth that only her feelings are important is not true. Dad’s feelings are important also, not only because it is his baby as well, but he has adjustments to make in acknowledging, accepting and preparing for this new baby.

Myth #4
Another myth related to dad is that men don’t know how to care for babies. In today’s world, we just have to look to the many stay-at-home dads, who are committed to not only loving their babies, but also providing excellent care on a full-time basis. It was almost unheard of many years ago to have a dad bring the baby in for a doctor appointment alone! There is no longer just one definition of a “good father.” It is not a fixed ideal but something that each dad crafts for himself.

Myth #5
It was often said that for every baby you lose a tooth. Perhaps this was true in a time when mom was not well nourished and not receiving enough calcium in her diet. The baby takes what it needs from mom, and if her calcium is going to the baby with no reserve for her, it was possible to lose a tooth due to the lack of calcium. Once again, good nutrition for the mother is important.

Myth #6
Although it is not heard as often now, there was a real debate over another wives tale: the child/children would never be content if mom worked outside the home. It was said that mom would feel guilty, the children stressed and torn apart. There is much continuing research on the social phenomena of working mothers, but one thing they know for sure – the child does best when it is well cared for, loved and valued. And, there are many very successful families where both parents work, or where there is a single working mother.

Myth #7
There was a time when it was felt that if a doctor left a cord too long, the baby would have an “outie” belly button. Moms were then told to put a penny on the baby’s belly button followed by bellybands. In fact, the reason for an “outie” belly button has nothing to do with how the long cord was left, or if a penny was placed there, but, in fact, has to do with the abdominal muscle underneath!

It is often interesting and fun to look back at some of these myths. Perhaps it was the looking back that caused these myths – looking for explanations. With today’s medical science, we are fortunate to have answers to many of these questions!
Involving the dad-to-be

Pregnancy can be a mysterious, confusing time for fathers. Unlike mothers-to-be, who experience pregnancy first-hand, expectant fathers watch from the sidelines. They aren’t the center of everyone’s attention, nor do they experience the physical and emotional changes that women do.

Mercy encourages fathers to be present and involved throughout the pregnancy experience, even during childbirth. We believe strongly that having a baby is a family experience – one that is enhanced and made more memorable by the father’s presence.

Following are some things dads-to-be can do to be more involved during the pregnancy:

• Go with your wife or partner to her doctor’s appointments. Ask questions; be engaged. If you're not able to attend the appointment, write down a few questions and have your wife/partner ask the doctor for you.

• Attend prenatal classes with your wife/partner and read books on pregnancy, childbirth and parenthood. Being educated about these subjects will not only help you understand the changes and challenges you’re about to encounter, but you will also be able to better support your wife/partner as she experiences them.

• Participate in planning and preparing the baby’s nursery. Future dads can really get involved in this! Paint the nursery, build shelves or, if you’re a craftsman, a piece of furniture.

• Read to your child while he/she is in the womb. This helps you develop a bond with your baby even before the baby is born. This bond is strengthened as you continue reading to your baby after he/she is born.

• Talk to your wife/partner about your concerns and ask about hers. Expectant mothers and fathers alike experience a range of emotions prior to childbirth. Being open and supportive will not only help prepare both of you for this experience, but it will also strengthen your relationship with each other.

• Exercise together. Exercise is a great way to relieve stress, and exercising together with your wife/partner during her pregnancy helps ensure that she remains healthy. It also gives you quality time together. Of course, pregnant women should always check with their doctors prior to beginning any exercise program.
Preparing the family for a new brother or sister

The thought of a new baby brother or sister may be exciting or may be threatening to a child. Preparation can be crucial for helping the child adjust to the upcoming changes.

When to tell the child is a personal decision. Some things you may want to consider include:

• If you are having morning sickness, it may ease the child’s mind instead of thinking you are sick. Nine months is a long time for us to comprehend, but for a young child, it is incomprehensible. Perhaps consider tying the expected birth date to a season.
• Take your cues from the child and answer the questions they ask. Don’t provide more detail than they wanted.
• Help them understand what an important role a big brother or sister is.
• In the hospital, it is often suggested that Dad hold the baby while mom sees her older child for the first time. It may be easier for the child to visit when there are not a lot of other visitors. They still need plenty of attention from mom and dad.
• After the baby comes home, as well as before the birth, be sure to plan for plenty of “just mom and me” or “just mom and dad and me” time.
• If your older child has difficulty adjusting to the new baby, consider talking with your child/children’s physician.

“Grandparents only” class

Taught by registered nurses, this class is an opportunity for grandparents to re-familiarize themselves with infant care techniques and discuss their special role in the family. Class includes information on infant feeding, safety, changes in the family that occur as a result of the new member, and a tour of Mercy Labor and Delivery. It is our hope this class helps build strong family units by reinforcing the special role grandparents play within the family.

Grandparents Only Class

Reminder: You’ve been registered for a class. We look forward to seeing you on:

Date ______________________
Time ______________________
Location ____________________

For a listing of upcoming classes, refer to the class schedule located in the back pocket of this folder. Or visit us online at mercy.net/springfieldmoms to view class schedules and register.
Additional resources

Mercy Pharmacies
Mercy Family Resource Center members save $5 off any over-the-counter items with a prescription purchase.
Locations include:
• Mercy Pharmacy – SGC 417-841-0116
• Mercy Pharmacy – Fremont 417-820-3577
• Mercy Pharmacy – Lebanon (next to Mercy Hospital Lebanon) 417-533-6770
• Mercy Pharmacy – Licking 573-674-2922
• Mercy Pharmacy – St. James 573-265-8901
• Mercy Pharmacy – St. Robert 573-336-2180

Mercy Behavioral Health
This program can be reached 24 hours a day, seven days a week by calling 417-820-7447.
For questions related to emotional/mental health during pregnancy or postpartum call 417-820-3127. This number is answered Monday-Friday, 8 a.m. to 4 p.m.

Parents as Teachers
The Springfield Parents as Teachers program is free to all families in the Springfield R-12 School District and can begin in pregnancy and continue until the child enters kindergarten. For information, call 417-523-1160.

Parenting Information and Resources
• ParentLink 800-552-8522 education.missouri.edu/orgs/parentlink
• Parenting Life Skills Center (PLSC) 417-831-9596 bgmt.org/plsc
• Missouri State University: Missouri Mentoring Partnership (Young Parent Program up to age 21) 417-836-3134

Clothing Supplies
• Birthright 417-865-3430

Adoption
• Medical social worker, Mercy Hospital 417-820-2000
• Bethany Christian Services 800-754-0909 bethanymissouri.org
• Lutheran Family and Children’s Services of Missouri (LFCS) 417-862-1972 ifcs.mo.org

WIC/ADC
• Springfield Greene County Health Department 417-851-1581

Medicaid
• Greene County Division of Family Services 417-895-6000

Drug and Alcohol Abuse
• Mercy Addiction Recovery Center 417-820-2990
• Greene County Bureau of Special Health Needs 417-895-6000

Physical Abuse
• Family Violence Center or The Victim Center 417-864-7233 or 800-831-6863 (24-hour crisis hotline)

Child Abuse
• Missouri Child Abuse Hotline 800-392-3738
• The Child Advocacy Center 417-831-2327

Infant Safety
Car Seat Checks
For location, hours and more information, call Mercy Injury Prevention Center at 417-820-7233.
• Safe Kids Springfield 417-820-6671

CPR Instruction
• Mercy Corporate Health and Wellness American Heart Association 417-820-9459 wellnesspartner.org
• American Red Cross 417-832-9500 redcross-ozarks.org

Safety Council of the Ozarks
1111 S. Glenstone Ave. Springfield, MO nscozarks.org

Poison Control
• Missouri Regional Poison Control Center 800-366-8888 or 800-392-9111

Safe Sleep
• SIDS Resources Inc. 800-421-3511 sidresources.org

Shaken Baby Syndrome
• Purple Crying Program purpcrying.info

Pregnancy Resources
• Republic Pregnancy Resource Center 417-732-5993 republicprc.org
• Doula Foundation 417-832-9222 doulafoundation.org
• Newborns in Need – Springfield 417-823-9508 newbornsinedgreespringfield.org
• Pregnancy Care Center 866-677-0800 pcchoices.org

Health Information
• Van K. Smith Community Health Library provide health-related information, books, videos and resources. Call 417-820-2539 or 800-432-2273; located in Mercy’s C.H. Chub O’Reilly Cancer Center, 2055 S. Fremont in Springfield. Or visit them online at mercy.net/medical-library-services.
• By visiting this one link, it will connect you to many excellent sources on pregnancy and reproduction: nlm.nih.gov/medlineplus/pregnancyandreproduction
• Springfield-Greene County Libraries thelibrary.org
• Mercy Family Resource Center
  – Main line 417-820-2327
  – Lactation services and support 417-820-2614 or 820-2613
Special offers and discounts

Healing Arts
Therapeutic Massage
1649 S. Enterprise
417-886-4826
greatbackrub.com
One hour prenatal massage for $59
(Regular price $70)

Lamb Portrait Studio
417-823-0700
lambportrait.com
Free pregnancy or infant (3 months-1 year) signature session and 50% off your first portrait order

Other Mothers
Children’s & Maternity Resale Shop
1430 W. Kearney - (417) 831-1363
332 S. Glenstone - (417) 886-3099
$2 off a $10 cash purchase or $5 off a $20 or more cash purchase

Posh Maternity
STYLES BOUTIQUE
1362 E. Republic Rd.
417-889-7674 or 889-2282
stylesmaternity.com
15% off in-store purchase

Ted E. Bear’s Toy Factory
2752 S. Campbell
417-823-7883
TedEBearsToyFactory.com
15% off any purchase

Bella Baby
900 E. Battlefield
417-889-4449
bellababyspringfield.com
Medela breast pumps, supplies and rentals; baby registry; certified bra fitters. Free layaway and gift wrapping; 10% off all the time.

Vaughn Portrait Park
417-581-1331
vaughnportraitpark.com
Call today to schedule your free newborn photo session ($150 value)

Baby Décor-Diaper Cakes
417-559-7538
$5 off first order

Loving Reflections
3107 S. Campbell
417-522-4266
lovingreflectionsscrapbooks.com
Email: orders@lovingreflectionsscrapbooks.com
25% off a photo session or memory book

Bella Baby
900 E. Battlefield
417-889-4449
bellababyspringfield.com
Medela breast pumps, supplies and rentals; baby registry; certified bra fitters. Free layaway and gift wrapping; 10% off all the time.

A baby on the way! | 21
Mercy Hospital Springfield
Main Campus
1235 E. Cherokee St. Springfield, MO 65804
417-820-2000
mercy.net/springfieldmo

For Labor and Delivery, there are two convenient entrances:

1. **Main Entrance/Patient Dropoff**
   5 a.m. to 9 p.m.

2. **Emergency Trauma Center**
   9 p.m. to 5 a.m.

**Labour and Delivery**
is located on the 5th floor. Please use the South elevators (near the main entrance). A detailed map is located in the back pocket of this book.

**Visitor information**
The security of infants and children in our hospital is vitally important to us, and we share this responsibility with the families who come to us for care. All visitors to the 5th floor Family-Centered Maternity Care units will need to use the south elevators located in the main lobby of the hospital. Once on the 5th floor, all visitors are asked to check in at the Visitor Check-in booth. Thank you for your cooperation in helping us keep your newborns safe.
The following is a suggested timeline for reading, class attendance and other suggested preparation activities for you and your partner. As you register, write down the dates and times of your classes on this form. Be sure to look in the back pocket for class information and schedule. Additional information about classes and registration is available online at mercy.net/springfieldmoms.

Our Family Resource Center instructors are all registered nurses.

### 0-20 Weeks

**READ:**
Your Pregnancy and Childbirth – Month to Month, 5th edition: The American College of Obstetricians and Gynecologists

**ATTEND:**

- **Healthy Pregnancy Class** (1 session) ............................
  Call Mercy Communication Center/Class Registration at 888-8888 or 800-909-8326.
  Fee: $10 for you and a guest

- **Nutrition Questions and Answers** ............................
  Call Joan Haworth, RD, at 820-3422 to set up a free phone consult.
  Please leave a message which includes your name and phone number.

- **Baby Steps Fitness Program** ............................
  Mercy Fitness Center (Nixa and Springfield) – To enroll (see coupon)
  at Springfield call 887-9868 or at Nixa call 725-0292.

- **Taking Shape Water Aerobics Fitness Program** ............................
  Mercy Hammons Heart Institute Pool
  First session is an orientation (see coupon).
  Call 820-2169 for more information and to schedule an appointment.

- **Smoke-Free Babies/Road to Freedom Smoking Cessation Program** ............................
  Call 820-9459 or 888-242-6538

Register online at mercy.net/springfieldmoms to attend the following classes before the end of your fourth month.

- Childbirth Preparation Course OR Accelerated Childbirth Preparation Course (These fill quickly)
- Breastfeeding 1: Getting Started
- Breastfeeding 2: Learning More
Class calendar

29-36 Weeks

READ:

ATTEND:

Childbirth Preparation Course (Lamaze) ..................................................
Five weeks. Register early so you can begin at 30-32 weeks.
Fee: $50 for you and a support person

OR

Accelerated Childbirth Preparation Course (2 sessions) ....
Register early so you can begin at 32-36 weeks.
Fee: $50 for you and a support person

Breastfeeding I: Getting Started ..................................................
Fee: $25 for you and a guest

Breastfeeding II: Learning More ..................................................
Fee: $25 for you and a guest

Grandparents Only Class (1 session) .................................
Fee: $10 per grandparent

Sibling Class (1 session). ..................................................
Fee: $20 per family

After You Go Home

CALL:
For breastfeeding questions or appointments, call Mercy Mother and Baby Support at 820-2614
or Mercy Newborn Nursery at 820-2827.

ATTEND:

Baby Steps Fitness Program ..................................................
Mercy Fitness Center (Nixa and Springfield)
To enroll (see coupon on page 13) at Springfield, call 887-9868 or at Nixa, call 725-0292.

Taking Shape Water Aerobics Fitness Program ............
Mercy Hammons Heart Institute Pool
First session is an orientation (see coupon on page 13).
Call 820-2169 for more information and to schedule an appointment.
• Please allow adequate time for parking and registration.
• **If the Springfield Schools are closed due to inclement weather, our classes will also be cancelled.** If the weather is bad (i.e., snow, ice, tornado, etc.), or is predicted to be bad on the weekends, or on days when there is no school, call **417-820-2327**. Your safety is our utmost concern. If you live out of town and your weather is worse than it is in Springfield, it may not be safe to travel to Springfield. If at all possible, we will make every attempt to leave a make-up class date and time when we cancel the class. If we are unable to, please call later the next business day and we will have that information.

Childbirth Preparation (Lamaze) Classes:
• Please bring two pillows and a blanket, sleeping bag or mat to use when on the floor. You will be on the floor for some of the class. The floor is carpeted, but it is still the floor.

Classes are available to all mothers delivering at Mercy Hospital. **Fee will be collected at the first class session.**

Sibling Class:
A parent or guardian must remain in the building while the child is attending class.

Taking Shape and Baby Steps Exercise Programs:
Your Family Resource Center coupon is required at the pool orientation class and at your first visit to the Fitness Centers.
Questions for my doctor

Making a list of questions you want to ask your doctor will ensure that you have a chance to discuss them.

Question ____________________________
Answer ______________________________

Question ____________________________
Answer ______________________________

Question ____________________________
Answer ______________________________

Question ____________________________
Answer ______________________________

Question ____________________________
Answer ______________________________

Question ____________________________
Answer ______________________________

Question ____________________________
Answer ______________________________

Question ____________________________
Answer ______________________________

Question ____________________________
Answer ______________________________
Mercy Birth Plan

Optional

Personal Birth Plan for ___________________________ Date of birth __________________
My Obstetrician ___________________________ Due date __________________

Mercy cares about what is important to you!

Some women choose to create a Birth Plan as a way to communicate her thoughts to her care providers. If you choose to do so (this is not a required activity), after completing your plan, please take it with you to an office visit (by the 32nd week of pregnancy) to discuss with your physician and have it signed. Once approved, tuck it in your purse to present to your nurse when you are admitted to the hospital.

My labor support person will be:

______________________________________________________________

I have the following communication needs

☐ Interpreter (Language ________________________________)
☐ Sign language
☐ Other ________________________________________________
☐ None

Labor support

☐ During my labor, please allow my support person and myself to work alone unless we ask for help.
☐ I welcome the nurse to provide as much support as possible.
☐ Other ________________________________________________

Environment

☐ I plan to bring a CD player and music.
☐ I plan to use aromatherapy and will bring in appropriate supplies (i.e., room freshener spray, perfume sprayed on my pillow, etc.). No open flames.
☐ I relax best in a dimly lit, quiet room with minimal talking. Please help to create this environment.
☐ I would appreciate the nurse’s help in controlling visitors – ask me for details.
☐ Other ________________________________________________
☐ No special requests.

Pain management

☐ I am committed to as natural birth as possible. I will ask for pain medication if needed.

I am interested in the following pain management techniques:

☐ Walking (in room if must be on monitor)
☐ Birthing ball
☐ Rocking chair
☐ IV Medication
☐ Epidural
☐ I am open to all options but prefer to wait and decide at the time.
☐ Other ________________________________________________
**Vaginal birth**
- I prefer to let the membranes rupture spontaneously.
- I would like to avoid an episiotomy and have been preparing my vaginal opening with perineal stretch/massage exercises. Check with your physician first and don’t do prior to your 36th week.
- I would like to view the birth through a mirror.
- I would like to touch the baby’s head as it crowns and delivers.
- Please place the baby on my abdomen/chest (skin-to-skin) after birth.
- My support person would like to cut the cord if baby and I are doing well.
- I plan to breast feed the baby immediately in the recovery room, before visitors come in.
- I have arranged for cord blood banking. I am bringing the kit with me and understand that, after the specimen is collected, care, packaging and delivery of the package are all my own responsibility.
- Other

**Newborn care**
- If a boy, I will discuss circumcision with my baby’s physician.
- Other

**Cesarean section**
- I want to have my support person in surgery with me if I do not have to have general anesthesia.
- Please insert the bladder catheter after I have received my anesthetic.
- Other

**Feeding baby**
- Exclusive breastfeeding.
- If a supplement is needed, I prefer:
  - My expressed breast milk.
  - Pasteurized donor breast milk.
  - Formula
- I plan on bottle feeding with:
  - Pumping and using my breast milk.
  - Pasteurized donor breast milk.
  - Formula

**Visitors following delivery**
- I will need help monitoring my visitors. Please discuss this with me further.
- Other

**Cultural/spiritual beliefs and customs**
- I would like a visit from the hospital chaplain.
- Other

**Additional things I want my caregivers to know**
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

I understand the requests I have indicated above are subject to the pre-approval of my physician and may not be followed exactly due to circumstances that arise at the time.

Patient signature __________________________ Date __________________________

Physician signature __________________________ Date __________________________
A special arrival at Mercy

We are so pleased you have selected Mercy for the birth of your baby! We hope this packet will provide you with all the information you need to have a healthy and stress-free pregnancy and delivery. We are so pleased to be part of this joyous time in your life.

If you have questions or concerns about your pregnancy or are unsure if you should come to the hospital, call either
• Your doctor
• Labor and Delivery Triage, 820-2351

If you have questions about hospital pre-admission, go online or call
• Mercy Call Center/Pre-registration, 820-9090 or 866-820-9090
• mercy.net/springfieldmoms

If you have questions about class content, call
• Family Resource Center administrative assistant, 820-2327

To register for prenatal classes, go online
• mercy.net/springfieldmoms

For breastfeeding information and support, call our lactation specialists
• Family Resource Center, 820-2614 or 820-2613

We appreciate the opportunity to share in your birth experience. If we can be of additional assistance, please feel to contact us.

mercy.net/springfieldmoms