TODAY’S APPOINTMENT

Today your practitioner will:

• Check your blood pressure and weight.
• Check your baby’s growth by measuring the size of your abdomen.
• Listen to your baby’s heartbeat.
• Check your baby’s movements.

Because it’s important that your baby isn’t born too early, we’ll also talk about how to recognize and prevent preterm (premature) labor.

NEXT APPOINTMENT

Date:     Time:     Day:     Practitioner:     Notes:     

Please arrive for your appointment on time. If you need to cancel, call at least 24 hours in advance.

Your next prenatal appointment and tests

NEXT APPOINTMENT

Congratulations! You are getting closer to the birth of your baby as you enter the final months of your pregnancy. We hope that your prenatal appointments and the tips in this newsletter help you to better address the discomforts you may feel and any concerns you may have in the last several weeks before your baby arrives.

Your next visit is scheduled to take place at about 36 weeks. At that time, your practitioner will:

• Review the warning signs of preterm (premature) labor or signs that regular labor is beginning.
• Check your baby’s position.
• Check your baby’s activity and your Kick Count Card.

GROUP B STREPTOCOCCUS

Also at the next visit, you’ll have a test for Group B streptococcus (GBS). GBS is a common type of bacteria found in many women. Although it’s not a sexually transmitted disease, it can cause illness in newborn babies if transmitted at the time of delivery. We’ll check for the presence of GBS in the vagina and the rectum. If your test comes back positive, you’ll be treated with antibiotics during labor to prevent GBS from being transmitted to your baby. Your baby may be kept under observation for at least 24 hours after birth.

PREADMISSION PREPARATIONS

We realize that this is a busy time in your life, but it’s also important to think ahead. The closer you get to giving birth, the less time you’ll have to make the following arrangements. Make sure to complete the birth plan, if your facility provides one. A birth plan allows you to communicate your preferences for childbirth with the labor and delivery staff.

PREADMISSION FORM

Your admission to Labor and Delivery will go more smoothly if you complete your pre-admission form. If you haven’t already filled out the form before or at your first prenatal group visit, you can get the form in the Ob/Gyn Department. After you fill it out and return it, we will forward it to the Admitting Office.

HOSPITAL TOUR

Check with the hospital where you will be giving birth to find out if they offer tours of the Labor and Delivery Unit. This will give you and your support person the chance to see the Labor and Delivery areas, Postpartum Unit, and Nursery. The tour guide will give you an overview of what to expect when you get to the hospital and will review hospital policies. Tours are sometimes a part of childbirth preparation classes, which cover what to expect during labor.

Ask your practitioner about the preadmission procedure at your hospital. He or she should be able to answer your questions or connect you with someone who can. Contact your Health Education Center for more information about classes and hospital tours.

Your baby: at 32 weeks

Your baby’s appearance is more “baby-like” now. He or she probably weighs 3 to 4 pounds and is about 16 to 17 inches long. At birth, your baby will likely weigh between 6 to 9 pounds and measure 19 to 21 inches long. At this point, the skin is still pink and slightly wrinkled but is becoming smoother as “baby fat” fills in the wrinkles. The lanugo, a soft, fine downy hair, is decreasing, but the hair on the head is growing. Vernix caseosa, a white creamy substance that is thought to protect the skin from long exposure to amniotic fluid, is also decreasing. The lungs are maturing, the nervous system is perfecting itself, and the brain is growing especially rapidly. For these reasons, calcium, iron, and protein continue to be very important parts of your diet. Your baby is probably in the head-down position, so you might notice less rolling over and more kicks in your ribs.

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you don’t want to see your partner in pain, or maybe you’re afraid that you’ll simply “fall apart” during labor and delivery. There are a few things you can do to decrease anxiety:

• Take a childbirth preparation class. Once you know what to expect, much of the fear and anxiety should go away.

• In the classes, you’ll learn how to actively support your partner by using relaxation techniques, such as massage and deep breathing. Practice these techniques with your partner to become comfortable doing them.

• Trust yourself. Most labor support people rise to the occasion. For example, in a study of more than 200 expectant fathers, not a single one “fell apart” during his partner’s labor.

GET YOUR PERTUSSIS VACCINATION

Whooping cough (also called pertussis) is a highly contagious disease that spreads from person to person by coughing. When babies get whooping cough, it can be life-threatening. To protect your newborn, make sure you are up to date on your Tdap vaccination. Since pertussis spreads so easily between people, it is important that family members and anyone who cares for the baby be up to date on their Tdap vaccination as well.

We also recommend that women receive the Tdap vaccine during each pregnancy, preferably between 27 and 36 weeks. Talk to your doctor if you have questions about protecting your family from pertussis.

HEARTBURN

You may experience heartburn along with a sour taste in your mouth. Heartburn is caused when stomach acids bubble back into the esophagus. It’s not for cancours, but it’s unpleasant and uncomfortable. Follow these suggestions for relief:

• Eat small, frequent meals.
• Avoid fatty, fried, or spicy foods.
• Avoid beverages that contain caffeine, such as coffee, tea, or sodas.
• Avoid bending over or lying down after meals. Take a walk instead.
• Avoid tight clothes and waistbands.
• If heartburn is a problem at night, avoid eating just before bedtime, and sleep propped up with pillows.
• Try natural remedies for heartburn before antacids. You can try milk or yogurt. These may help soothe your stomach.
• Take an antacid, such as Mylanta, Maalox, or Tums, for instant relief. If your heartburn does not respond to these antacids, you may use over the counter acid blockers such as cimetidine (Tagamet) or ranitidine (Zantac).
• Don’t take high-sodium antacids such as Alka-Seltzer or baking soda.

VARICOSE VEINS

Varicose veins are enlarged, bulging blood vessels in your legs. Your calves may ache or throb, even when the veins aren’t visible. Most varicose veins shrink or disappear after birth. Until then:

• Try not to stand for long periods of time.
• When sitting, avoid crossing your legs at the knees.
• Elevate your feet.
• Avoid tight clothing or stockings that squeeze your legs.
• Wear support hose, this may help prevent acheing calves.
• Exercise regularly. Try walking for at least 30 minutes on most days.

HEMORRHOIDS

Hemorrhoids (dilated, twisted blood vessels in and around the rectum) are common, especially in the last months of pregnancy when the uterus is pushing constantly on the rectal veins. Hemorrhoids can cause pain, itching, and bleeding during a bowel movement, but usually improve without treatment shortly after birth. Here are some tips that might help:

• Keep your stools soft by increasing your intake of liquids, fruits, vegetables, and fiber. (See the section on constipation on page 4)
• Avoid sitting for long periods of time. Lie on your side several times a day.
• Cleanse the area with soft, moist toilet paper, Witch Hazel pads, or Tucks pads.
• Try applying ice pads to relieve discomfort.
• Take a “sitz” bath (a warm-water bath taken in the sitting position. The area from the hips and buttocks are covered) for 20 minutes, several times a day.
• Use Preparation H, Anusol, or 1% hydrocortisone cream to help relieve the pain.

If possible, try to rest during your lunch hour.

CENTER OF GRAVITY CHANGES

You’ve probably noticed how easy it is to get “off balance” and feel uncoordinated. This is due partly to a pregnancy hormone called relaxin. You may also notice how easily you can feel cramped in your uterus when your partner touches your belly or if you have questions about protecting your family from pertussis.

FEELING MORE CONFIDENT ABOUT CHILDBIRTH

You’re supposed to be strong and supportive, especially while your partner is pregnant—right? Actually, you might feel a little worried as labor approaches. Perhaps it’s because

• Your due date.

STAYING HEALTHY DURING PREGNANCY AND BEYOND

The decision to work during your last trimester is an individual one. It’s up to you and any other woman you may have with them in your workplace. If you do continue working, here are some tips that may help:

• Take frequent breaks.
• Change positions often. If you’ve been sitting for a long time, stand up and walk around; if you’ve been standing a lot, sit down and rest your feet.
• Don’t take high-sodium antacids such as Alka-Seltzer or baking soda.

When you need urgent advice, call Labor and Delivery (or the Member Service Center). When needed, the medical professional at the Call Center can arrange for you to see a practitioner the same day. Refer to your important phone number list.

When you call, please be ready to provide:

• Your name.
• Your Kaiser Permanente medical record number.
• Your practitioner’s name.
• Your due date.

When working, here are some tips that may help:

• Avoid sitting for long periods of time.
• Change positions often. If you’ve been sitting for a long time, stand up and walk around; if you’ve been standing a lot, sit down and rest your feet.
• Don’t take high-sodium antacids such as Alka-Seltzer or baking soda.

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Getting ready for your new baby

ORGANIZING YOUR HOME

As your pregnancy enters its final weeks, actually having a new baby and bringing this tiny person home becomes a reality. When you find that first you want to use your pregnant, 9 months may seem like a long time, but with so much to do and think about, it’s not too early to plan ahead. You’re preparing for labor and delivery, adjusting to the idea of becoming a parent, and getting your home ready for your newborn baby. If you can get your household in order before delivery, you’ll be able to focus on caring for and enjoying your new baby.

Have these supplies on hand:
- 1 box of large sanitary pads. It’s normal to have vaginal bleeding for a few weeks following delivery and you may have some blood-tined discharge for up to 6 weeks. Don’t use tampons during this time.
- Digital thermometers.
- Acetaminophen (such as Tylenol) for pain.
- Diapers or diaper service.
- Basic layette (see below).
- Nursing pads (1 box) and nursing bra (3) for breastfeeding mothers. (Breastfeeding class at your local Health Education Department to prepare yourself for breastfeeding your baby.)
- Bottles (6), nipples (6), and a bottle brush.

There are many cute and convenient baby items on the market today, babies really need very few things to keep them happy and healthy in the first few weeks.

DIAPER PAILS
Diaper pails are dangerous targets for curious babies. Choose pails with protective lids, and keep the pails out of reach.

PACIFIERS
Pacifiers must be strong enough so that they won’t tear into pieces and cause your baby to choke or aspirate. Pacifier guards or shields must have holes that allow breathing and must be large enough to prevent the pacifier from entering the baby’s throat. Pacifiers cannot be sold with ribbon, string, yarn, or a cord attached. Don’t put a pacifier on a string around your baby’s neck. The American Academy of Pediatrics recommends that pacifiers not be introduced until two to four weeks post partum for the full-term, breastfeeding baby, since early use of pacifiers may interfere with breastfeeding.

HIGH CHAIRS
More than 800 children are treated in emergency departments every year because of accidents involving high chairs. Most of these injuries are due to falls because adults are not watching or because the baby is not strapped into the chair. Restraining straps should be strong, and the high chair should have a wide base for stability.

TOYS
An infant’s mouth is extremely flexible and can stretch to hold larger items than you might expect. Remove all toys and other small objects from the crib when your baby sleeps. If a toy has a part smaller than 1½ inch, throw it away. Teethers, such as pacifiers, should never be fastened around a baby’s neck.

WARNING SIGNS OF PRETERM (PREMATURE) LABOR

Waring signs of preterm (premature) labor may be subtle. (See "Preterm (premature) birth" in Healthy Beginnings, Issue 4). Warning to call for help could result in the preterm birth of your baby. Call Labor and Delivery (or your Member Service Center) if you have:
- Menstrual-like cramps (usually in the lower abdomen) that may come and go or remain constant. They may also occur with or without nausea, diarrhea, or indigestion.
- Contractions that feel like a tightening of your abdomen every 10 minutes or more frequent.
- Low, dull backache below the waist that does not go away when you change position or rest on your side, or a rhythmic backache that comes and goes in a pattern (back labor).
- Palpable pressure or pain that comes and goes in a rhythmic pattern in the lower abdomen, back, and/or thighs (described as a “heaviness in the pelvis”).
- Intestinal cramping or flu-like symptoms, with or without diarrhea.
- Increase or change in vaginal discharge (heavy or mucous-like discharge, watery discharge, or a light bloody discharge).
- Rupture of membranes (bag of waters breaks).

Newborn tests and treatment

Soon after birth, your baby will have a blood test. State law requires that your baby have this Newborn Screening Test for metabolic, endocrine, and hemoglobin diseases.

If these diseases are discovered early, this test can save your baby’s life and prevent serious brain damage. Early detection and treatment can prevent mental retardation and/or life-threatening illness. Note: Not all states require all of these tests. Check with your practitioner to find out if the tests are required in your state.

METABOLIC DISEASES
These affect the baby’s body’s ability to use certain parts of food for growth, energy, and repair. Some of the diseases can harm the baby’s eyes, liver, and/or brain. Treatment with a special diet can help prevent these problems and protect your baby from serious health problems.

ENDOCRINE DISEASES
Babies with these diseases make too much or too little of certain hormones, which can affect body functions. If detected early, these problems can be prevented if the baby is given special medicine every day.

HEMOLGLOBIN DISEASES
These diseases affect the type and amount of hemoglobin in the red blood cells, which carries oxygen to all parts of the body. Babies with these diseases can get very sick and even die from common infections. Most infections can be prevented with daily antibiotics.

HEARING SCREENING
Before going home from the hospital, you can have your baby’s hearing tested. Hearing loss can be “invisible”, so your decision to have your baby’s hearing screened is important. A baby who has hearing loss or deafness may have difficulty in developing language skills or may not do well in school. It’s important to identify hearing loss early so that your baby receives special services if needed.

For a baby with hearing loss, hearing aids can be fitted as soon as the hearing loss is identified. It’s important to start treatment as soon as possible to get the maximum benefit. The hearing screening takes only a few minutes and is done while your baby is sleeping. You will receive the results before you leave the hospital.

Your baby will also need regular well-baby care to check for other health problems.

Newborn immunizations

Help your baby stay healthy by keeping up with all recommended immunizations. Immunizations, or vaccinations, protect your newborn, your family, and your community from serious and life-threatening diseases that still pose a health risk today.

Many parents have questions about immunizations. At Kaiser Permanente, we have carefully reviewed the research on all the individual vaccines, and we want you to have the facts. Studies show that immunizations are safe and effective, and that the health benefits far outweigh the risks.

Some babies have mild reactions to vaccines, such as a sore leg, mild swelling at the site of the shot, fussiness or a low grade temperature, or even a fever. However, serious reactions are very rare. It’s important to keep in mind that the risks of having mild reactions, such as redness, are minimal compared to the risk of getting seriously ill from the disease.

We know that immunizations save lives. One of the very best ways to keep your baby healthy is by keeping up with all recommended immunizations, starting with Hepatitis B when your baby is born. Hepatitis B is a serious preventable disease that affects the liver. It is caused by the hepatitis B virus (HBV). By giving the vaccine at birth, babies have some protection against getting infected and developing major liver problems.

If you have questions, concerns, or want to learn more, please talk to your doctor.

What to do about common discomforts

(continued from page 2)

SHORTNESS OF BREATH

During pregnancy, you breathe more air in and out of your lungs. Sometimes you may feel as if you can’t catch your breath. This feeling comes from your uterus pressing up on your diaphragm and reducing your lung capacity. Relief usually comes when your baby settles into the pelvis. Until then, try these suggestions:
- Sit up straight.
- Sleep with your shoulders propped up.
- Rest frequently.
- Drink more fluids (keep water near you all day).
- Eat small, frequent meals.
- Avoid beverages that contain caffeine, such as coffee, tea, and soda.
- Wear clothes that fit loosely around the waist.
- If you experience sudden, severe shortness of breath with rapid breathing, a rapid pulse, and chest pain, or if you have any blue color around your lips or fingernails, get medical help immediately.
Choosing child care

Many mothers return to work soon after the birth of their baby. Finding quality child care can be quite a challenge, but there are many good resources that can help you get started.

- Ask friends for referrals.
- Visit your local Health Education Center.
- Call the Child Care Council in your area.
- You’ll want to find someone who genuinely cares about your child, rather than someone who simply watches children. You may choose to:
  - Have someone come into your home.
  - Take your baby to someone’s home (family child care) or a child care center.
  - If you choose the child care center option, visit the location at least twice when there are other babies and children present. You’ll see how the caregiver talks to and plays with the children. Make a visit without calling first to see what “everyday” care is like.

Questions to ask when considering a caregiver:

- Do you see warm, positive interactions between the caregiver and the children? Do they smile at each other and hug?
- How much experience does the caregiver have with young infants?
- How quickly is a crying baby comforted? Are there baby monitors if the caregiver is not in the room with a sleeping baby? Are babies left to “cry it out” at times?
- How many other infants or children will be cared for, along with your baby?
- Have staff members been there for a year or more? Are there different staff members in the mornings and afternoons or on different days of the week?
- Have children been there for a year or more?
- At the end of the day, how will the caregiver share information with the parents about the child’s day?
- Are parents welcome at any time?
- What happens if your child or other children become sick? Where do sick children stay until parents arrive?
- Are infants fed and diapered according to their own schedules and needs, or are all fed and diapered at the same time?
- If meals are served, are they well balanced (protein, carbohydrates, and fat, and low in sugar)? Are meals sensitive to a child’s cultural and individual preferences?
- Is the room child-centered, child-proofed, and comfortable? Is there anything that would be dangerous for babies (such as small toys, heaters, electrical outlets, open windows, or hanging strings from shades)?
- Are there toys for children of various ages to enjoy?
- Are children allowed to watch TV or videos? Children under 2 should not be allowed to watch any TV.
- Is there space for toddlers to run around and play? Are there indoor climbing structures?
- How structured is the situation? What rules must children follow? What happens if rules are broken?
- What happens if one child hits or bites another child?
- Do you see some child-directed activities (where the child gets to choose what to do next) as well as some teacher-directed?
- Is there outdoor play space? Are there climbing structures? Do children take walks with caregivers? How are they kept out of the street during the walk?
- Is there a car seat in case anyone will be dropped off or picked up? Is there a car seat in case anyone will be dropped off or picked up?
- Are infants fed and diapered at the same time?
- What happens if your child or other children become sick? Where do sick children stay until parents arrive?

Circumcision

Choosing a pediatrician or pediatric nurse practitioner

As you get ready to take your baby home from the hospital, we’ll give you home care instructions. You’ll also schedule a well-baby checkup appointment. You may want to bring a list of questions to ask at the visit. Your baby will be assessed, weighed, measured, and immunized as needed. Your next appointment will also be scheduled at that time.

Most practitioners are able to accept new patients. If you have other children who see a particular pediatrician or nurse practitioner, your new baby should be able to see the same one. If you don’t have a preference, someone in the Pediatrics Department can help you select a practitioner and arrange your baby’s first appointments.

Health plan benefits for your newborn

Check with a representative in your region to learn more about coverage for and enrollment of your baby.

Be prepared to name your baby before you leave the hospital because your baby’s name is needed for the birth certificate. (See “Partner’s corner” on page 2.)

- Is there a car seat in case anyone will be driving with your child? Will you be notified before car trips or walks?
- Does the caregiver have training in first aid and CPR? For instance, California requires child caregivers to participate in 15 hours of health and safety training.
- Is the caregiver prepared for emergencies such as an earthquake or a fire? How will he or she contact you if there is an emergency?
- Can the caregiver provide you with references and child care licensing?
- Does everyone follow health and safety rules, or are there signs of carelessness? (For example, are hands and surfaces cleaned after diapering?)
- Does the caregiver or anyone else in the facility smoke?

Things to keep in mind if you’re working and breastfeeding:

- How supportive is the caregiver of your plans to continue breastfeeding your baby when you return to work?
- Is the caregiver willing to bottle-feed your expressed milk to your baby or willing to call or bring your baby to you for a feeding?
- Is the caregiver willing to hold your baby during bottle-feeding (no propped bottles)? Holding the baby during feeding helps increase socialization skills and attachment.
- Does the caregiver have refrigeration to store your expressed milk?
  - Always go by your “gut” feeling. If it doesn’t feel right, look elsewhere. If you start to feel uneasy even after choosing a caregiver, drop in for an unannounced visit.
  - For more information on choosing quality child care, call or visit your local Health Education Center.

Circumcision

Circumcision is the removal of the foreskin that covers the tip of the penis. After circumcision, the tip of the penis is always uncovered. Originally, this procedure was done for religious and cultural purposes. Later, it was believed that the procedure allowed for better hygiene, helped prevent cancer, and improved sexual performance. None of these reasons have been scientifically proven. Now, the choice to have an infant circumcised is purely a social decision, not a medical one. Currently, about 65 percent of baby boys born each year in the United States are circumcised.

If you choose to have your son circumcised, the procedure is usually performed prior to discharge from the hospital. It’s a minor surgical procedure, but there is still a small chance of bleeding, infection, and injury to the penis. Many practitioners use local anesthesia to help reduce pain during the circumcision. Chronic diaper rash or frequent irritation to the end of the circumcised penis may result in painful urination and, rarely, scarring and reduction of the size of the opening. Small amounts of Vaseline may be applied to the penis so that it does not stick to the diaper. (If a Plastibell method is used, the Plastibell device will fall off in 3 to 8 days.) The incision usually heals within a week. If you notice any signs of infection, contact your practitioner immediately.

The information in Healthy Beginnings is not intended to diagnose health problems or to take the place of medical advice or care you receive from your practitioner. If you have persistent health problems, or if you have further questions, please consult your practitioner. If you have questions or need additional information about your medication, please speak to your pharmacist. Kaiser Permanente does not endorse any brand names; any similar product may be used.