Choosing a Physician for Your Baby

There are many excellent Pediatricians and Family Practice Physicians in the metropolitan and surrounding areas. Family Practice doctors have general training caring for all ages. Pediatricians specialize in the care of children and adolescents. Some considerations in making your choice include:

1. Which doctors are covered by my insurance plan?
2. What do I expect from this doctor? Is she or he someone to rely on only when baby is truly sick? Or due to my lack of experience or close family, do I need much advice and parenting support?
3. Word of mouth is an excellent referral. From work associates to church friends and neighbors, everyone is eager to give out the name of their great doctor. Also, your OB doctor may be able to suggest someone.
4. Decide if location is important. Sometimes it’s worth traveling a few extra miles to see someone you have confidence in.

Some doctors will grant “get acquainted” appointments. Some are just too busy. If you do meet the physician, ask him/her some pointed questions that are important to you. Their
• opinion regarding feeding methods and schedule
• attitudes about sleeping arrangements
• opinion of working mothers and daycare
• parenting & discipline philosophy

Do the responses compare to your mind set? Be open and express your needs.

If the doctor is not available, visit with the nurse. She also may be the person you may be communicating with often. Is she friendly, easy to talk to, and open to your questions? Don’t hesitate in changing doctors if time proves your decision was wrong. In being a new parent, peace of mind and confidence are a definite must!

Well Baby Care

Each Doctor has his or her own calendar for check-ups but the recommended schedule runs like this.

1. An initial newborn visit within a week of delivery.
2. Every 2 month check-ups for six months.
3. Visits at 9,12,15,18, & 24 months.

During these appointments, the doctor and nurse will:

1. Administer immunizations.
2. Examine baby to evaluate baby’s physical, motor & cognitive developments.
3. Measure height, weight, and head circumference.
4. Order periodic tests if needed.
5. Evaluate vision and hearing.
6. Discuss any problems that have arisen and answer questions.

A little one, completely dependent on you can be overwhelming. Sleep when your baby sleeps. Ask for help from family and friends. Relax and enjoy this special time. Make this time as calm, uncomplicated, uncluttered as possible. Of course, if this is your 2nd, 3rd, or 4th child, all the above information may be “out the window.”
Baby’s Growth & Development

At 8 months baby weighs 2 1/2 to 3 pounds and will continue to gain about one-half pound a week. Also, baby grows from 16 1/2 to 18 inches long. The fetal lungs are maturing and the baby practicing breathing.

At this time, the baby is often in the head-down position; you will feel most of the kicks and jabs under your ribs. Since there is little room remaining in the uterus, you may notice more arm and leg movements, but fewer rolling over and other whole body movements.

Diet and Digestion

The enlarged, growing uterus presses on the intestines and slows the digestion and movement of food; the hormones of pregnancy cause the digestive tract to relax and to function more slowly. Constipation is likely to occur and get worse as pregnancy progresses.

Recommendations:

- Establish a regular time for bowel movements and exercise to aid regularity.
- Avoid gas-forming foods such as cabbage, beans, and fatty fried foods. Chew your food slowly and thoroughly to minimize swallowing air which can cause gas to form in the intestines.
- Increase your fluid intake.
- Try a non-caffeine hot drink first thing in the morning to ease constipation: e.g. herbal tea, or lemon water.
- Add whole grains such as bran, fresh and dried fruits, and raw vegetables in your diet to create bulk and to stimulate the digestive tract.

If the above measures do not work, you can purchase an over-the-counter stool softener such as Colace® (also called DOSS or DSS), Metamucil®, or Citrucel® that may be safely taken during pregnancy.

Difficulty Sleeping

Leg cramps, breathlessness, painless contractions, a pressing need to urinate, and a kicking baby may all interfere with sleep. With your increased size, it may be hard to find a comfortable position; but try using extra pillows to support your back and legs. Sleeping pills are not recommended.

Prenatal Tests

An external vulvar/anal culture for Group B Strep will be performed at 35-37 weeks. If the culture is positive, you will receive antibiotics in labor to protect the baby from this bacteria.

Feel Faint? Sit Down

If you become overly hot, tired, or fatigued, you may feel faint. Sit down and put your head as low as possible. The feeling should not last long and it is usually not serious.

Leaking Urine

Stress incontinence, leaking urine when you laugh, sneeze or cough, is caused by the increased pressure on the bladder. Kegel’s pelvic floor exercises may help this problem. Firmly tighten the muscles of the pelvic floor as you would to stop urinating midstream. Hold for a slow count of three, then slowly release the muscles, relax, and repeat. Breathe slowly; do not hold your breath. Repeat 25 times, 2 to 3 times a day. Kegel exercises can be done anytime, standing or sitting.

Decreasing your fluid intake will not keep you from leaking urine or help you sleep through the night. It is important to drink enough fluids when you are pregnant.

If you need a sanitary pad to keep your panties dry, you may have a leak in your bag of waters, which should be evaluated by your physician.

Shortness of Breath

Though you breathe more air in and out of your lungs during pregnancy, you may sometimes feel as if you can’t get your breath. This feeling comes from the uterus pressing up on the diaphragm and crowding the lungs. Relief comes when the baby settles low in the pelvis. Until then, sit up straight (just like your Mom told you to), and sleep with your shoulders propped up. Avoid exerting yourself too much.

Baby’s Activity and Position

At this point in pregnancy your baby’s kicks and twists are noticeably strong and sometimes painful and you may find that your baby settles in a position that is uncomfortable for you. At times you may obtain relief by changing your position; also the baby may change position too and give relief. In the last month of pregnancy, you may notice fewer kicks and more squirmy movements as your baby runs out of room. You may even notice rhythmic jerking motions - like hiccups-that can
last several minutes. (Yes, your baby has the hiccups!) There is nothing you need to do. It will stop shortly and won’t hurt either of you.

**Pelvic Pressure and Pain**

Groin discomfort can be due to the stretching of the round ligaments that help support the uterus; pelvic pressure can be caused by the baby’s head being low in the pelvis. The stretching and movement of the *symphysis pubis*, the joint at the front of the pelvis, may produce sharp lower midline pain.

**Heartburn**

Heartburn along with a sour taste in your mouth is common in pregnancy. It is caused by the regurgitation of acidic stomach contents into the esophagus.

- Avoid overfilling the stomach by eating frequent small meals.
- Avoid fatty, fried, or spicy foods.
- Decrease beverages with meals; they inhibit digestion.
- Avoid cold foods; they inhibit the flow of gastric juices.
- Avoid bending over or lying down after meals; try a walk.
- Try chewing gum after meals to increase the flow of gastric juices.
- If heartburn is bad at night, avoid eating just before bedtime and sleep propped up with pillows.
- Do not take baking soda; it has a very high sodium content.
- Antacids like Tums®, Rolaids®, or Mylanta® may help.

**Hemorrhoids**

Hemorrhoids are dilated, twisted blood vessels in and around the rectum. They are more noticeable in the last month of pregnancy when the uterus is pushing constantly on the veins. Hemorrhoids can cause pain, itching, and bleeding during a bowel movement.

Recommended remedies:

- Lie on your side with your hips on a pillow.
- Keep soothing Witch Hazel compresses, ice packs, or Tucks® in the refrigerator and use them when needed.
- Keep your stools soft: increase liquids, and add fruits, vegetables, and fiber to your diet. If your stools remain hard, use an over-the-counter stool softener (e.g. DSS, DOSS, Colace® or Metamucil®), and take as directed.

Fortunately, hemorrhoids usually subside without treatment shortly after birth.

**Backache**

As your pregnancy progresses, your posture changes to accommodate your expanding uterus. The pelvic joints loosen under the influence of hormones, so they are less supportive; and your lower spine takes on an exaggerated curve (lordosis) which may strain the lower back muscles, making lower backache common.

To alleviate the problem:

- Squat rather than bend to lift objects.
- Wear low-heeled supportive shoes.
- Always roll to your side before sitting up from a lying position.
- Try applying heat or cold to your back to relieve the ache.
- Enlist your partner in a nightly back rub.
- A maternity belt may provide added support and shift your weight.
- A rigid bed board under the mattress will make a firm sleeping surface and provide support to your back.
- Do the pelvic rock which helps strengthen your lower back muscles and may relieve discomfort. Start on your hands and knees with your back flat and straight, knees comfortably apart. Be sure your hands are directly under your shoulder. Rock your pelvis and arch your lower back. As you do this, tighten your abdominal muscles and tuck your buttocks in like a dog tucking its tail between its legs. Hold for a count of five; and release. Repeat 5 to 10 times.
Sexuality/Making love

Many couples have concerns about having sex in late pregnancy. Unless you are at high risk for preterm labor or your placenta is over your cervix, there is no medical reason why you cannot enjoy a close relationship with your partner. It is up to you. If, however, you suspect your bag of waters is broken, you should not have intercourse; you should be checked immediately, so call the office at (360) 882-2778.

You may notice a slight, bloody vaginal discharge or have mild contractions after making love. This is normal if the contractions or the discharge do not continue for more than one hour. If your contractions continue past one hour after sexual activity, please follow the instructions for preterm labor.

Your enlarging uterus may make intercourse awkward and uncomfortable for both you and your partner, while stimulation of the breast may produce uterine cramping. Accordingly, you may find that sexual interest and desire lessens. On the other hand, you may have as much sexual interest as ever and, unless your provider indicates otherwise, intercourse and activities that you both find pleasurable are fine. Experiment with different positions for greater comfort. A back rub will relieve the cramps or backache that may follow orgasm.

Weeks Gestation: ____________________
Weight: ____________________________

The goal of our obstetricians and nurse midwives is to provide you with the best prenatal care possible.