

Your Journey through Pregnancy

One trimester at a time

*Caring for moms and babies in every trimester,
including the 4th trimester, is #LivingProof.*



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Important Contact Information

Physicians and Other Practice Staff

Names

Office Locations

Office Hours

Phone Number Fax Number

Email Address

Pharmacy

Name

Location

Hours

Phone Number Fax Number

Other

Insurance

Name of Plan and Account Number

Subscriber's Name

Phone Number Fax Number

Other

Emergency Contacts

Name Phone

Name Phone



Introduction



Congratulations on Your Pregnancy!

Whether this is your first pregnancy or your second or third, this guide is designed to help answer some of your questions. You will be going through some changes during the next several months — both physically and emotionally. Sometimes you may wonder, “Is this normal?”

While your most important source of information and guidance will come directly from your physician, we believe the information contained in this guide can be a helpful reference, providing an overall picture of what you will experience throughout the coming months. It covers everything from pregnancy and breastfeeding to creating a safe home environment for your baby. It can also serve as a keepsake of your journey to motherhood, with plenty of space for you to record memories and take notes about this special time in your life.

Our heartfelt thanks to the Heinz Foundation for its financial support of this guide with a generous grant, and to the Women for a Healthy Environment for the use of their materials.

Every Woman Is Unique. Her Health Care Should Be, Too.

At Allegheny Health Network, we understand each woman has unique health care needs. That's why we offer compassionate and comprehensive care through our network of more than 100 obstetricians and gynecologists and hundreds of other specialists who work together to care for women. With more than 50 women's health office locations close to home and in comfortable surroundings, we treat women through every life stage, from prevention and wellness to state-of-the-art labor and delivery services to advanced gynecologic surgery capabilities to mid-life care and beyond!

Allegheny Health Network is proud to offer exceptional facilities and programs to enhance and support the health of expectant women, their newborns, and their children. We offer obstetrics at four of our hospitals:

- Forbes Hospital in Monroeville
- Saint Vincent Hospital in Erie
- West Penn Hospital in Pittsburgh
- Jefferson Hospital in Pittsburgh's southern region



Among the AHN capabilities are:

- All-inclusive educational programs in childbirth education, baby and infant care, sibling classes, and more — offered at convenient times and locations for working parents.
- Newly designed, light-filled birthing suites where the mother labors and delivers and the parents may room-in with their newborn in comfortable, quiet, family-centered surroundings.
- Certified lactation consultants to assist you in successfully beginning — and sustaining — your breastfeeding experience.
- Behavioral health specialists to support your emotional well-being before and after you give birth.
- Board-certified pediatricians and pediatric subspecialists to address the health needs of your newborn.
- Two Level III neonatal intensive care units (NICU) — the highest and most sophisticated level of care possible — available at West Penn Hospital and Saint Vincent Hospital, and two Level II nurseries at Forbes Hospital and Jefferson Hospital.

With nearly 7,500 babies born at AHN hospitals each year, patients have confidence in our women's and infants' care. For generations, our goal has been to ensure that every mother and child is treated like one in a million, not one of a million.



Let's Get Started!

Please look through the materials, as there are quick tips and a wealth of information for you and your baby! Know that by attending ALL of your visits, taking the prescribed medications and vitamins, and following through with the tests that are ordered, you will be using the building blocks that create the strongest foundation for a healthy you and a healthy baby.

We also want to provide you with information on several resources you may not know about.

- You may qualify for WIC (Women's, Infants and Children) food voucher program.
- You may become eligible for Medical Assistance while you are pregnant, even if you were not before. Some programs offer mother and baby incentives (e.g., Gateway Mom Matters, UPMC for You New Beginnings).
- You can often get transportation assistance to get to OB appointments from Mobile Moms, regardless of your income. Other programs are available that do have income guidelines.
- AHN inpatient and outpatient teams work together to provide individualized care during your delivery experience, as you're ready to leave the hospital, during your first few months with baby, and beyond.

Thank you for choosing Allegheny Health Network Women's Health care team.

We encourage you to journal your thoughts and write down questions you may have for your upcoming doctors' appointments so that you don't forget to ask them when you meet with your doctor or midwife. As always, if your question feels urgent, please call the office. We are here for you!

In this Guide

This guide focuses on Obstetrical care — through pregnancy and newborn services — and the life-changing journey that begins with the birth of your child.

From thoughtful care of a woman before she conceives to attentive, personalized care of mother and unborn child before birth, through the birthing experience, and afterward, we're giving mothers and babies the best start possible on a rewarding and healthy journey together.

To find a doctor or to learn more call or visit:



(412) DOCTORS (Pittsburgh)

814-452-7864 (Erie)

AHN.org



1ST

Trimester

Getting Started

Notes to Mom ... It's All About Me

What's Happening to My Body?

Month One	Month Two	Month Three
Body is making lots of hormones; mood changes; may feel anxious or worried	Moods fluctuate — ups and downs	Clothes may start to feel tight around your waist
Breasts may get larger and tender	Increased blood volume	Fingers may retain water, so drink lots of fluids
Nausea and some cravings could begin	Eating patterns increase and fluctuate	Thin white vaginal discharge may occur
Foods you once loved may be unpleasant now	Nausea and fatigue decrease	Inability to concentrate and possibly some memory issues
Tiredness, heartburn, gas, bloating, and moodiness could occur	Internal organs adjusting and possibly pressing on your bladder	Bra is feeling snug and you may need new size*
Increase in urination and constipation	Acne may develop	Hair and nails grow nicely
Some headaches and dizziness	Certain smells may cause nausea (e.g., perfume, flowers, coffee)	You may feel less sexy
Darkening around nipples	May be temperamental at times	Minor back aches

Consider adding your own experiences — especially if you want to discuss them further with your caregiver

This guide is not a substitute for the advice of a qualified physician. Consult your physicians as needed.
* Complimentary bra fittings are available at West Penn Hospital Lactation Center.

Notes to Mom ... It's All About My Baby!

What's Happening to My Baby?

Month One	Month Two	Month Three
Structure is half an inch long and called an "embryo"	Arms and legs start to form	Embryo is now called a "fetus"
Circulatory system and other organs begin to form	Elbows form; embryo starts to bend and flex	Fetus is about four inches long and growing rapidly
Heart, lungs, eyes, and ears begin to form	At the end of this month, embryo is about one inch long	Fingernails and toenails are growing
The gender of the embryo is determined at conception	Eyes are formed and eyelids develop	Fetus may start growing hair
Brain and spinal cord begin to form	Sex organs begin to form	Genitalia start to form
Hair color and eye color are determined	Heart beats with a regular rhythm	Heartbeat may be detected at end of the month
Arm and leg buds appear	Umbilical cord is clearly visible	Fetus is moving, shifting, and dancing around
Embryo is getting settled in	Embryo weighs about half an ounce	Eyelids stay closed and will reopen at about 28 weeks
Nerve cells are forming throughout the embryo	Embryo is looking like a "little human"	Internal organs of the fetus are formed

Consider adding your own experiences — especially if you want to discuss them further with your caregiver

Your Body: Your Baby's First Environment

Because your body is the very first place your baby will live, it's important to take good care of yourself throughout your pregnancy.

Here are some helpful tips:

- Eliminate smoking and the use of drugs and alcohol.
- Avoid personal care products that contain the ingredient "fragrance."
- Avoid nail polish and hair dyes that may contain harmful chemicals, such as toluene, formaldehyde, diethyl phthalate, and quaternium-15.
- Use natural stretch mark creams, such as cocoa or shea butter.
- Keep you and your baby hydrated by drinking filtered water.
- Ask your doctor or midwife about which prenatal vitamins are best for you.
- Protect yourself from the sun by wearing protective clothing, a wide-brim hat, and sunglasses. Use sunscreen with zinc oxide and remember to reapply frequently.
- Avoid aerosol sunscreen sprays and eliminate the use of tanning beds.
- Avoid changing cat litter, due to risk of toxoplasma. If you must change the litter, wear disposable gloves and wash hands with soap and water afterward.
- Deal with stress appropriately, through yoga, breathing exercises, or prenatal massage.
- Eat healthy; eat from a variety of food groups, including fruits and vegetables, breads and grains, protein sources, and dairy products.
- Eliminate or minimize caffeine consumption. Experts say between 150 mg and 300 mg should be the daily maximum.
- Talk to your doctor about any prescription drugs you are taking to determine if they are safe for your baby.





What Should I Be Doing?*

- See your doctor regularly.
- Continue to take vitamins with folic acid throughout your pregnancy.
- Live a healthy lifestyle. If you smoke or take drugs — **quit now!**
- Eat a variety of healthy foods. Include fruits, vegetables, whole grains, calcium-rich foods, lean meats, and a variety of cooked seafood.
- Get all essential nutrients — including iron — every day. Getting enough iron prevents anemia, which is linked to preterm birth and low-birth-weight babies.
- Drink extra fluids, especially plenty of water.
- Get moving. Unless your doctor tells you otherwise, physical activity is good for you and your baby.
- Gain a healthy amount of weight. Check with your doctor to find out how much weight you should gain during your pregnancy.
- Wash your hands carefully — especially after handling raw meat or poultry.
- Get enough sleep. Aim for 7-9 hours every night. Resting on your left side helps blood flow and often prevents swelling.
- Set limits. If you can, avoid the stresses in your life. Say “no” when appropriate.
- Make sure health problems are treated and kept under control.
- If you have diabetes, control your blood sugar levels.
- If you have high blood pressure, monitor it closely.
- If you are depressed or have a personal or family history of depression, tell your doctor or midwife.
- Ask your doctor before stopping any medications you take or before taking new medicines. Some prescriptions, over-the-counter, and herbal medicines can harm your baby.
- Get a flu shot.
- Always wear a seatbelt. The lap strap should always go under your belly and across your hips. The shoulder strap should go between your breasts and to the side of your belly. Be sure both fit snugly.
- If you are in an abusive relationship, seek help to rectify the situation and ensure you are no longer at risk.
- Join a childbirth and/or parenting class.
- Start checking out baby names at babycenter.com.

* From womenshealth.gov

Medications that Are Approved for Pregnancy

Pain/Fever	Acetaminophen (Tylenol) only. You may use 2 regular strength tablets every 6 hours or 2 extra strength tablets every 8 hours. NO ibuprofen, aspirin, or naproxen.
Indigestion	Tums. Liquid antacids (e.g., Mylanta, Gaviscon). If no relief, you may use Pepcid AC or Zantac. NO Pepto-Bismol, Alka-Seltzer, or other products containing aspirin.
Hemorrhoids	Anusol, Tucks, or Preparation-H are available over the counter.
Constipation	Stool softeners (e.g., Colace); avoid laxatives. May use Dulocolax suppositories if no relief from stool softener.
Allergies	Claritin, Zyrtec, or Chlor-Trimeton are okay. Avoid products with “D” or “decongestant” added. May also use Benadryl.
Colds	(See Pain/Fever and Allergies above) May also use Robitussin (plain) and nasal spray. Avoid multi-symptom medications (e.g., Nyquil, Dayquil, Tylenol Cold and Flu).
Cough	Robitussin (plain) and non-menthol lozenges.
Antibiotics	Penicillin and derivatives (e.g., ampicillin, amoxicillin), cephalosporin (e.g. Keflex), most erythromycins including Z-pack. NO quinolones (e.g., Cipro, Floxin) and NO tetracyclines.
Prenatal Vitamins	Prescription or over-the-counter brands are OK to use.
Anti-depressants	If you are taking anti-depressants, do not stop taking your anti-depressant medication without first talking with your physician. Please also refer to the helpful information on page 15.
If you are still experiencing problems after trying these medications, please contact your physician.	

What Should I Avoid Doing?

- Don't smoke tobacco. Smoking during pregnancy passes nicotine and cancer-causing drugs to your baby. Smoking also keeps your baby from getting needed nourishment and raises the risk of miscarriage, preterm birth, and infant death. Ask your doctors for ways to quit. Or contact:
 - **800-QUIT-NOW** or **412-322-8321** or tobaccofreeallegheny.org
 - **877-724-1090** Free Pennsylvania Tobacco Quitline
- Do not use alcohol or illegal drugs. If you are doing so, please talk with your physician immediately.
- Avoid exposure to toxic substances and chemicals such as cleaning solvents, lead and mercury, some insecticides, and paint. Avoid paint fumes. Have your partner clean the cat's litter box to reduce risk of exposure to illness.
- Eliminate some luncheon meats (e.g., bologna and others high in nitrates) and sushi (raw fish) from your diet during pregnancy.
- Avoid too much caffeine. Discuss what is a reasonable amount with your doctor.



Why Breastfeed?

Preparing for the birth of your baby is an exciting and busy time. One of the most important decisions you need to consider is how to feed your baby. Today, most women in the United States — including right here in Pittsburgh, Erie, and surrounding areas — are choosing to breastfeed. The decision to breastfeed is a very special gift you can give your baby, offering benefits for you and your baby that will last your baby's lifetime.

All women undergo breast changes beginning early in their pregnancy, and this includes starting to make milk! This typically happens during the first 10 to 12 weeks of pregnancy. There are also changes in the breasts as pregnancy progresses. Breasts become larger, and the area around the nipple called the areola will become larger and darker. The nipple itself may start to leak a thick, clear, or yellow-to-brown-colored special milk known as colostrum at any time during the pregnancy.

Almost all women are physically able to breastfeed, but that doesn't mean that breastfeeding will come naturally. It is a skill every mother needs to learn and practice. It happens more quickly for some mothers than others, but nearly all mothers can produce the amount of milk their baby needs. Allegheny Health Network strives to help nursing mothers achieve breastfeeding success by providing skilled, supportive, and personalized education for you and your support person, based on your needs and the needs of your baby, both **before and after** your baby is born.

The gift of breastfeeding and providing breast milk for your baby is the healthiest feeding choice.

- Breast milk is the most complete food for babies and contains all the nutrients a baby will need for the first six months of life.
- Most mothers can provide all the milk their baby needs for at least the first year of life, so there is no need for formula.
- Breastfed infants are more likely to gain the right amount of weight as they grow, avoiding the risk of becoming overweight children.
- Breast milk is more easily digested than formula and results in fewer spit-ups and fewer episodes of constipation.
- Breast milk changes over time as your baby grows, so it provides exactly what your baby needs, as long as you are breastfeeding.

Breastfeeding

The gift of breastfeeding is also a wonderful bonding experience for you and your baby. There is a physical closeness, skin-to-skin touching, and eye contact — all of which support maternal-infant bonding in one of the most critical times for you and your baby following delivery. In your arms or snuggled alongside you, your baby is nurtured by the warmth of your body and comforted by your familiar scent. Your baby hears the beat of your heart and the sound of your voice. Breastfeeding also encourages time for your baby to study your face, exchange expressions with you, and share verbal cues. Not only does this deepen the attachment between the two of you, but much of your baby's early verbal, emotional, and social learning is meant to occur during this focused time.

Benefits of Breast Milk for Baby

Breast milk provides your baby with more than just good nutrition and bonding time.

- Breast milk contains antibodies (special proteins that fight off infections) that formula does not contain. That is why early breast milk (known as “colostrum”) is sometimes called “baby’s first immunization.”
- Breastfed babies have fewer chest and ear infections and fewer visits to the doctor’s office and hospital as a result.
- Breastfed babies are less likely to develop diarrhea, constipation, asthma, and some cancers.
- Breastfed babies are also less likely to die from Sudden Infant Death Syndrome (SIDS).
- Breastfed babies are less likely to become obese and therefore less likely to develop type 2 diabetes and other obesity-related illnesses later in life.
- Breastfed babies are healthier than formula-fed babies.

Benefits of Breastfeeding for Mom

Breastfeeding doesn’t only benefit your baby. It benefits your health too!

- Helps your body recover from pregnancy and labor; helps to shrink your uterus back to normal size.
- Helps to reduce bleeding after childbirth.
- Lowers your risk of getting diabetes, ovarian cancer, and some forms of breast cancer.
- Saves you money — infant formula and other supplies needed for formula feeding can be very costly. Breastfeeding is free!





Helping You Make the Decision to Breastfeed

Become well-informed about breastfeeding through information from a lactation consultant, your health care provider, and prenatal breastfeeding classes. Our expert staff would be happy to provide you with a prenatal consultation, an in-hospital lactation visit, access to a breastfeeding phone line for concerns or questions, and the emotional support you may need.

Find out how to contact a lactation consultant to answer questions you may have or to help you with your concerns about your decision to breastfeed. If you schedule a meeting with a lactation consultant, bring your support person or family members who may have questions about breastfeeding with you.

Attend a community-based breastfeeding support group, such as La Leche League. There, you can see other women breastfeeding their babies and can get answers to your questions. You can make new friends and find support from other moms and lactation consultants as well, which can be valuable as you begin your breastfeeding journey.

Talk with other mothers you know who have successfully breastfed their babies.

If you belong to online pregnancy forums or discussion boards, keep your eyes open for a breastfeeding thread or group. Read what breastfeeding moms are talking about. It can help to listen in on conversations about what other moms are going through. Often, moms only post when there are problems or issues, but it can be extremely helpful to see how a mom works out a latching problem or to see how she handles other difficulties related to breastfeeding.

Reasons NOT to Breastfeed

Every mother's body makes breast milk to feed her baby, but there are a few medical reasons NOT to breastfeed your baby. These conditions include:

- HIV or HTLV diseases.
- Undergoing treatment for cancer, including chemotherapy.
- Having active HSV (herpes viruses) with lesions on the breast (you can most likely continue to nurse from the unaffected breast).
- Have untreated chicken pox or untreated active tuberculosis (TB).

Your Emotional Health: Depression During Pregnancy

Perinatal depression, which includes the more widely known postpartum depression, is a serious medical condition. “Perinatal” refers to the period of time during and after pregnancy when there are many changes taking place in your life and in your body. It is a time that women are particularly at risk for developing depression, especially if it runs in your family or you have a previous history of depression.

While it’s perfectly normal for your moods to change along with all the other changes going on with your body, perinatal depression feels like emotional hopelessness that is persistent and noticeable most days. Worst of all, perinatal depression — which is surprisingly common and can arise in anyone — can be even harder to defeat without help.

Your physician can determine if your symptoms are caused by depression or something else. As always, call 911 if you have thoughts of harming yourself or your baby.

Please contact your doctor or nurse if you are experiencing any of the following symptoms for more than two weeks:

- Excessive crying
- Feeling sad, hopeless, and overwhelmed
- Having no energy or motivation
- Sleeping too little or too much
- Having trouble focusing or making decisions
- Feeling worthless or guilty
- Losing interest or pleasure in activities you used to enjoy
- Withdrawing from friends and family
- Feeling restless or moody

Source: womenshealth.gov





Warning Signs of Preterm Labor — What to Look For

If you experience ANY of the following warning signs, please call your doctor immediately:

- Vaginal bleeding
- Cramping that doesn't go away with moving your bowels or resting
- Painful or bloody urination
- Leakage of fluid from the vagina
- Persistent vomiting
- Fever over 100 degrees Fahrenheit
- Persistent abdominal pain
- Severe headache not relieved by Tylenol and rest
- Swelling of hands or face that is noticeable by others
- Blurry or dim vision
- Low, dull backache that's constant or comes and goes, and different from what you normally experience
- Increase or new onset of pressure — if it feels like baby is pushing down and feels heavy in your lower abdomen, back, or thighs
- Increase or change in vaginal discharge — watery, light bloody discharge with mucus

Fitness and Pregnancy

Engaging in physical activity throughout pregnancy can help you stay healthy and feel your best. Regular exercise can improve posture and decrease some of the common discomforts of pregnancy, such as backaches, constipation, bloating, and fatigue. It can also help relieve stress, improve your sleep, and build more stamina needed for labor and delivery. Research has also suggested that exercise during pregnancy can reduce the risk of gestational diabetes. Here are some suggested exercises and tips to help you focus on the importance of fitness for you — and your baby — during this exciting time.

Smart Tips for Safe Fitness

- 30 minutes of moderate intensity activity each day is sufficient. Break it up into smaller increments, if necessary (e.g., 10 minutes, three times a day).
- Start slowly and progress gradually.
- Wear loose fitting, comfortable clothes as well as a good support bra. Choose proper shoes for the activity you will be doing.
- Stay hydrated. Drink water before, during, and after the activity.
- Always begin by warming up for five minutes and stretching. Follow activity with a cool down.
- Never exercise to the point of exhaustion.
- Avoid exercising outdoors in very hot, humid weather.
- Consult your health care provider before beginning an exercise program, especially if you did not exercise regularly before pregnancy.
- Listen to your body. Stop exercising and call your doctor if you have pain, vaginal bleeding or discharge, rapid heartbeat, uterine contractions, chest pain, dizziness, fainting, shortness of breath, or difficulty walking.

Exercises to be Avoided

Certain exercises and activities can be harmful during pregnancy. They include:

- Holding your breath during any activity.
- Activities where falling is likely (e.g., skiing, horseback riding, gymnastics).
- Contact sports (e.g., football, volleyball).
- Any exercise with jarring motions or rapid changes in direction.
- Extensive jumping, hopping, skipping, bouncing, or running.
- Deep knee bends, full sit-ups, double leg raises, and straight leg toe touches.
- Waist twisting movements while standing.



What Tests Will I Need and When Will I Need Them?

Weeks Gestation	Test	Rationale	Risk of Miscarriage
4-10	Prenatal Lab Work	Obtain blood type, blood count, immunity status, etc.	None
4-10	Cystic Fibrosis Screen, Jewish Genetic Screen, and Sickle Cell Trait ¹	Determine carrier status of parents	None
10-13	CVS (Chorionic Villus Sampling) ²	Tests placental tissue for chromosome/genetic disorders	1/1000
After 10	Maternity 21 ^{1,2}	Genetic Testing for Down Syndrome and Trisomy 18	None
11-14	First Trimester Screen ¹	Determine risk for Down Syndrome and Trisomy 18	None
16-18	MSAFP (Maternal Serum Alpha-Feto Protein) ¹	Determine risk for neural tube defect	None
16-18	MMS (Multiple Marker Screen)	Determine risk for Down Syndrome and neural tube defect	None
16-18	Amniocentesis	Tests amniotic fluid for chromosome/genetic disorder	1/1000
18-20	Anatomy Ultrasound	Check anatomy for growth of the baby; may detect some congenital malformations	None
24-26	Glucose Screening	Determine risk of gestational diabetes	None
35-37	Group B Strep Test	Vaginal/rectal swab to detect bacteria prior to delivery	None

At your first prenatal visit, you will most likely be screened for perinatal depression, using both the Edinburgh Postnatal Depression Scale and the Mood Disorder Questionnaire (MDN). This screening is very important to manage both your health and your baby's health.

¹Testing may not be covered by health insurance. Please check with your insurance provider prior to testing.

²Discuss if this test is necessary with your provider.

Questions I Need to Ask

My Family

1. What's my genetic history?

2. Are there multiples (twins or triplets) in our family?

3. Are there miscarriages or stillbirths in our family?

4. Is there a family history of anemia or bleeding? Blood clotting?

5. Is there a family history of pre-eclampsia or diabetes?

6. Has my mother or sister ever had a bad reaction to anesthesia? A C-section?

7. Is there a family history of bipolar or manic depressive disorders?

My Doctors or Nurses

1. If I have a question, who do I call and when?

2. Who can I call at night or on the weekend?

3. My family has a history of ... what does that mean for me?

4. I previously had episodes of depression (or postpartum depression with a previous pregnancy).
What should I do or be aware of?

Questions I Need to Ask

5. Can I keep working or going to school?

6. How much sleep do I need?

7. There is a familial history of bipolar disease. What should I do or be aware of?

8. What can I do to lessen or stop the feeling of nausea?

9. Can I have sex?

10. When should I tell my other children that I'm expecting?

11. How much weight should I expect to gain during pregnancy?

12. Am I gaining the right amount of weight? Am I gaining weight at a healthy pace?

13. If I can't eat, does it hurt the baby?

14. Why am I so tired?

15. I think my prenatal vitamins make me ill. What should I do?

16. When will the baby begin to move?

Questions I Need to Ask

17. The veins in my legs are getting bigger. What does that mean?

18. When I'm sitting or standing all day, my back hurts. What should I do?

19. How much caffeine can I safely drink while pregnant?

20. I'm having pain/headaches. Is there something I can safely take?

21. How do I manage my allergies now that I am pregnant?

22. How do I make my home environment safe for me and my baby?

23. Who should I talk with about my depression?

24. I am currently using, or have in the past, used drugs. What are my options to assure the best outcome for my baby?

25. How do I handle my cat litter box while pregnant?

26. How do I find out if there is lead-based paint in my home and, if so, how do I address it?

Community Resources

There are many resources available in the community for you and your family. A resource guide detailing local and national information for children birth to age 21 can be found by visiting familyresourceguide.org/index.aspx. The United Way offers additional resource support, dial 2-1-1 or 888-553-5778 or 7-1-1 if hearing impaired, or visit Pa211sw.org

Resource	Contact
To find physicians, dentists, specialists, and other ancillary services throughout Allegheny Health Network.	(412) DOCTORS (In Pittsburgh)
To find physicians, dentists, specialists, and other providers.	814-452-7864 (In Erie)
Information on the range of women's health services at Allegheny Health Network.	AHN.org/Womens
To obtain supplemental foods, nutrition education, and breastfeeding information.	1-800-WIC-WINS
For information on finding a doctor, getting health care coverage, immunizations, tests for baby.	1-800-986-BABY
24-hour crisis hotline to offer support, information, and referrals on coping with a crying baby and preventing child abuse.	1-800-4ACHILD
24-hour behavioral health emergency service — Allegheny County	911 or 412-350-4457
Non-emergency drug and alcohol questions (8 a.m. to 4 p.m.)	412-350-3328
After-hours non-emergency drug and alcohol questions	1-800-553-7499
Allegheny County Health Department (assistance with medication and immunizations) or achd.net	412-687-2243

Resource	Contact
Alle-Kiski Area HOPE Center-Tarentum (30-day shelter for women and children, 24 hours) or visit http://akhopecenter.org	888-299-4673
Womansplace – McKeesport (30-day shelter for women and children, 24 hours)	412-678-4616
Women's Center and Shelter of Greater Pittsburgh wcpittsburgh.org	877-338-8255
Womansplace — McKeesport (30-day shelter for women and children, 24 hours)	412-687-8005
Women's Shelter — Bellevue	412-766-2693
Women's Shelter — Washington County	724-223-9190
Maternity, infant, and toddler clothing, parenting classes, and other baby supplies genesispgh.org	Genesis Center
Tri-City for Life Center — Earn baby items such as a car seat, crib, diapers, baby clothes, etc., and educational classes about pregnancy, parenting, and child development tri-citylifecenter.org	724.339.9399

Other Important Resources

Financial Resources	Contact
Allegheny County Assistance Office Headquarters	412-565-2146
Apply for health insurance assistance for children	800-986-KIDS
Transportation assistance	888-547-6287
Mobile Moms – Transportation for maternity appointments	412-281-5474
Health Care for the Homeless	412-244-4775
Dollar Energy Fund for heating assistance dollarenergy.org	888-282-6816
Emergency Food Assistance Hotline, 24-hour hotline	412-681-1121
SafeLink Wireless Cell Phone (free cell phone and service up to 250 minutes per month, income guidelines apply) safelinkwireless.com	800-977-3768
Cash assistance, childcare, health care coverage, home heating assistance, school meals, etc.	

Tobacco Cessation	Contact
Tobacco Free Allegheny tobaccofreeallegheny.org	800-QUIT-NOW 412-322-8321
Free Pennsylvania Tobacco Quitline	877-724-1090

Educational Books
What to Expect When You're Expecting by Heidi Murkoff & Sharon Mazel
Mayo Clinic Guide to a Healthy Pregnancy by Roger W. Harms and The Mayo Clinic Staff
The Girlfriends Guide to Pregnancy by Vicki Iovine
Countdown to Baby by Susan Wahus, MD
The Expectant Father by Armin Brott

Helpful Websites	
babycenter.com	whattoexpect.com
thebump.com	marchofdimes.com
womenshealth.gov	fitpregnancy.com

Futher Resources or Questions

If you need information regarding how to obtain birth certificates, driver's license, immigration records, Social Security card, or childcare, please see an AHN doctor's office staff member, as they have many resources to help you.

2ND

Trimester

Changes Underway

How Breastfeeding Works

During the 2nd trimester, you are getting used to your new body and growing baby. Your body is also preparing for your baby's birth by getting ready to produce breast milk, the best possible nutrition for your baby. You've probably already noticed changes in your breasts. They may be tender and/or swollen. You may notice darkening of nipples and the areolas (the skin around your nipples). Another signal that your breasts are getting ready for breastfeeding is when the bumps around your areola get bigger and more noticeable. These bumps are called glands of Montgomery or Montgomery's tubercles. The oil they secrete lubricates your nipples and helps prevent drying, cracking, and infections when you're breastfeeding.

Every mother's body will make breast milk to feed her baby. Size does not matter. No breasts are too large or too small to breastfeed. There is no perfect nipple shape or size for breastfeeding. Babies can latch onto many types of breast nipples. Small breasts can produce a full milk supply, and babies can breastfeed fine on larger breasts too. If you have widely spaced or very unusual breasts, a history of breast surgery, or are concerned you don't have enough breast tissue, please contact your health care provider or a lactation consultant for an evaluation.



Your Breast Milk

Your breasts already contain and will continue to produce hundreds of nutrients for your baby in the form of colostrum and breast milk. Scientists are only beginning to discover the parts of breast milk that protect against infection, inflammation, and the development of healthy bacteria in your baby's body. Don't be fooled by commercials for infant formula. Just because formula is expensive, doesn't mean it is better. Breast milk contains many nutrients that are essential for your baby's health and development, and most of these nutrients cannot be reproduced. As a matter of fact, your breast milk is far better than any formula available on the market today!

Colostrum, the earliest breast milk, is like "liquid gold." It is full of ingredients to keep your baby healthy. It is so concentrated your baby only needs a teaspoon or two at a time for the first few days after delivery until your milk comes in. The many health benefits of human milk are "dose-related" which means the more breast milk your baby gets, the greater the health benefits. Doctors and midwives recommend that babies be given only breast milk for the first six months. Babies who take only breast milk are much healthier than babies who receive any amount of formula. Most full-term babies will not need anything but mom's milk.

Common Questions You May Have About Breastfeeding

Do I need to prepare my breasts/nipples ahead of time to get them ready for breastfeeding?

There is very little you need to do to prepare your breasts for breastfeeding. In the past, some pregnant mothers were told to “toughen” their nipples. “Toughening” or “roughing up” the nipples by rubbing them with a towel or wash cloth is no longer recommended. It has been found that doing so can remove the protective substances produced by the breast during pregnancy and afterwards.

Won't breastfeeding hurt?

It's possible that you have heard that breastfeeding will make your nipples sore. Breastfeeding should be comfortable and should NOT hurt. Nipples can get sore if your baby isn't latched well to the breast. If your nipples or breasts hurt while you are breastfeeding, ask for help to fix the problem so both you and your baby can breastfeed comfortably. Your nurse or breastfeeding support specialist can help you with latching the baby.

Should I take a class about breastfeeding?

Like any new skill, breastfeeding takes knowledge and practice to be successful. Pregnant women who learn about how to breastfeed are more likely to be successful than those who do not. Breastfeeding classes offer pregnant women and their support person the chance to prepare and ask questions before the baby's arrival. Classes may be offered through hospitals, breastfeeding centers, La Leche League, or local lactation consultants.

How long should I plan to breastfeed?

This is a personal decision for each family to make. A mother and her baby should breastfeed for as long as they wish to. The World Health Organization and the American Academy of Pediatrics recommend exclusive breastfeeding (no other fluids or solids) for six months and then continued breastfeeding combined with solid foods for a year or longer.

The longer the baby receives human milk, the greater the health benefits. Whether you breastfeed for a day, a month, a year, or even longer, remember that even one feeding of breast milk provides important benefits to both you and your baby. Given how very much you and your baby stand to gain, it makes good sense to breastfeed for at least a few days or weeks, even if you plan to formula feed after that.



Breastfeeding Classes at AHN

The prenatal breastfeeding classes at AHN are taught by internationally board-certified lactation (breastfeeding) consultants and highly recommended for any mother considering or planning to breastfeed.

Prenatal breastfeeding classes may include:

- Benefits of breastfeeding
- The mechanics of milk supply, latch, and positioning
- Promoting a good milk supply
- How to tell if baby is getting enough milk
- Managing the early weeks and nighttime breastfeeding
- Pumping and breast milk storage
- Preparing to return back to school or work

Expectant fathers/partners/support persons are also encouraged to attend. For schedule/fee/location information for any of the classes about breastfeeding offered through AHN, please view the complete listing of Prenatal Classes at [AHN.org](https://www.ahn.org) or ask your health care provider.

Other Breastfeeding Concerns

Returning to School or Work

You CAN return to work or school AND continue to feed your baby only your milk. You can express your milk and store it for later use. Many women successfully use pumps or their hands to remove their milk for others to feed when they are away from their infants. If you know that you will need to return to school or work, check to see if your school or employer provides childcare. If you have a Human Resources (HR) department, they may be able to help you prepare for your return to work.

It may be possible to give you a private room where you can express your milk and/or breastfeed your baby. Many employers are now required by law to provide a private area for pumping (NOT a bathroom) as well as reasonable break times to express breast milk under the Fair Labor Standard Act (FLSA).

You can find more information about this law on the U.S. Department of Labor web site or by calling their toll-free helpline at **1-866-4-USWAGE**.

Breastfeeding in Public

Mothers can legally breastfeed in public in every state. You have the right to breastfeed your baby wherever and whenever your baby is hungry. Some women are uncomfortable with the idea of breastfeeding in public. However, with a bit of practice, you can learn ways to feed your baby comfortably anywhere. For more information and tips on breastfeeding in public, speak to a lactation consultant.





Things to Do During the 2nd Trimester

Get the House Ready!

Focus on safety...before the little one arrives and you get too busy!

- Install carbon monoxide detectors or replace batteries for existing detectors.
- Install or replace batteries for smoke detectors.
- Obtain a fire extinguisher.
- Plan your fire escape route.
- Ensure night lights are not near curtains or flammable materials.
- Post emergency numbers on the refrigerator and have a family contact number list in your purse or programmed in your cell phone.
- Childproof the cabinets; store chemicals/cleaning fluids out of reach.
- Place non-slip pads under throw rugs.
- Ensure your water heater is <120 degrees F or 48 degrees C.
- Obtain window guards or locks; check window screens.
- Cut window blind cords to prevent choking hazards.
- Install outlet covers.
- Register for childbirth education classes (if you haven't already done so)!

Safety Tip: Pregnant Women and Seat Belts

Doctors recommend that pregnant women wear seat belts in order to protect themselves and the unborn child. Since you are pregnant, move the seat as far back as possible.

For more information, please visit safercar.gov/parents.

Things to Think About or to Do

1. Research where and when prenatal classes are offered.
2. Determine whether you want to know the baby's gender.
3. Book a few prenatal appointments ahead of time, so they are already scheduled.
4. Start organizing the house, clean out closets, do some "nesting."
5. Learn infant CPR so that you're prepared for an emergency.
6. Research car seat options, making sure your vehicle can accommodate (see Car Seat Checkup list on page 34).
7. Take naps, get them while you can. It's ok to take care of yourself!
8. Jot down these funny dreams you're having so that you remember them later.
9. Review and consolidate your finances. Get your checkbook ready to buy diapers!
10. Arrange or discuss childcare and interview babysitters or daycare centers. If you have an older child, invest in babysitting classes offered by Allegheny Health Network.
11. Pets are important as well. Get them updated with vaccines and get them ready for baby too.
12. Share your address book for those who may be planning a baby shower for you and give them your food preferences.
13. To follow up on number 12, consider setting up a baby registry — soon!
14. Talk to your employer and arrange to take a family leave. Find out what papers you need.
15. After childbirth, you could leak urine, ask your doctor about Kegel exercises now.
16. It's a good idea to get the other children in the house ready for baby (including dad!). Sit down with them and talk. Get their feelings to make baby feel welcomed by all.
17. Keep up with dental appointments, since pregnancy can cause dental changes.
18. Look into having a doula and discuss it with your doctor.
19. Continue to exercise, eat healthy, attend all appointments, and wear a seat belt.
20. Continue to avoid things that are harmful to you and baby: drugs, alcohol, smoking, street drugs, harmful chemicals or insecticides, saunas or hot tubs, domestic violence, medications not prescribed or approved by your physician, caffeine, and X-rays (limit).



What Tests Do I Need in the 2nd Trimester?

If you haven't already, make sure all of your first trimester lab work and cultures have been done. You can reference the list in the 1st Trimester packet you received.

Additionally, in the 2nd trimester, your physician may order the following:

- Genetic Screening (if applicable)
- Glucose Screening
- Amniocentesis if indicated
- Ultrasound
- Office visits every four weeks (unless instructed otherwise by physician)

Remember to immunize! Ask your physician for a flu shot and Tdap immunization!

Healthy Foods On-the-Go!



Convenience foods that taste good are fun, but often they are full of preservatives. Listed below are a number of quick and easy foods that are good for you and baby when you're on the go:

- **Fruit** – An apple, banana, pear, orange, or any other fruit. If you prefer, use the handy 4-oz fruit cups (packed in the fruit's own juices).
- **Raisins** – A small 1.5-oz box contains a boost of fiber, iron, and potassium.
- **Yogurt** – One 6-oz container can provide 25 percent of your daily calcium requirement as well as protein and vitamins.
- **Salad bars** – Local grocery stores or restaurants have salad bars where you can load up on your vitamins and required proteins.
- **Trail mix** – Make it yourself with one cup of whole grain cereal with your favorite dried fruits and nuts. Keep trail mix in a resealable bag in your car or desk.
- **Orange juice fortified with calcium and vitamin D** – Half a cup of juice provides 50 percent of the daily requirement of vitamin C and about 15 percent of your calcium needs. Grab a juice box (read labels) when you're on the go.
- **String cheese** – Low-fat mozzarella sticks are full of calcium; one stick provides the same amount of protein as an 8-oz glass of milk.
- **Whole grain cereal or instant oatmeal** – Stash a few single-serving packages in your desk or car for a filling snack.
- **Fat-free or low-fat cottage cheese** – A good source of protein. Top with fruit to make it more interesting.
- **Baby carrots** – Full of vitamin A and fiber, carrots are easily portable snacks.

Foods to Avoid During Pregnancy

- **Packaged Ramen noodles** – These are packed with salt, fat, and little else.
- **Soda** – Do not fill up on empty calories. Instead, leave room for nutritious drinks such as low-fat milk, water, or a nutritious juice.
- **“Shelf-stable” commercial lunches** – While nice and quick, these lunches have tons of preservatives, salt, and fat. There are some healthy ones, though, just check the labels.
- **Too many frozen or prepared meals** – Some are good choices, but most contain too much salt and fat. Instead, microwave a potato and top with cheese or broccoli for a fast meal.
- **Iceberg lettuce** – When choosing lettuce, choose greens such as romaine that are full of fiber, vitamins A and C, folic acid, calcium, and potassium. Iceberg only has traces of these nutrients.
- **Fish containing high levels of methyl mercury** – Swordfish, tilefish, king mackerel, and shark.
- **Meats and dairy products containing added hormones, antibiotics, and other chemicals** – Trim fat on meat and remove skin from fish and poultry.
- **Canned food** – The lining contains BPA. Instead, opt for fresh or frozen foods packaged in glass or TetraPak® containers.

**Recommended by Heidi Reichenberger, a spokesperson for the American Dietetic Association, and Elizabeth Somer, a registered dietitian and the author of *Nutrition for a Healthy Pregnancy. The Complete Guide to Eating Before, During and After Your Pregnancy.*



Car Seat Tips

For the best protection, keep your baby in a rear-facing car seat for as long as possible — usually until about 2 years old. You can find the exact height and weight limit on the side or back of your car seat. Kids who ride in rear-facing seats have the maximum protection for the head, neck, and spine. It is especially important for rear-facing children to ride in a back seat away from the airbag.

When your children outgrow a rear-facing seat around age 2, move them to a forward-facing car seat. Keep the seat in the back and make sure to attach the top tether after you tighten and lock the seat belt or lower anchors. Use the top tether until your child weighs 40 pounds. After February 2014, your car seat labels will tell you exactly how much your child can weigh and still use the lower anchors and top tether. Until then, check both your child restraint and vehicle manuals to see if you can go beyond the weight limit for the top tether. If they both allow a higher weight, it is fine to follow their directions.

Kids can remain in some forward-facing car seats until they're 65 to 80 pounds, depending on the car seat limits. Check the seat label to find the exact measurements. Discontinue use of the lower anchors or top tether when your child reaches the limits set by your car seat and car manufacturers. You must read the manual to know about those limits. Not to worry: You will then switch to a seat belt that goes through the car seat. Seat belts are made to protect very heavy adults as well as children who have outgrown a booster seat.

Car Seat Checkup

Prior to your 3rd trimester, start planning and installing your child restraint before your belly gets in the way!

Three things to remember:

1. Find a car seat that fits your child.
2. Make sure the car seat will fit your vehicle.
3. Buy a car seat that can be installed and used correctly every time.

Make Sure Your Car Seat Is Installed Correctly

Check Your Car Seat

Seventy-three percent of car seats are not used or installed correctly, so before you hit the road, check your car seat. Here's a quick car seat checklist to help you out. It takes only 15 minutes.

- Look at the label on your car seat to make sure it's appropriate for your child's age, weight, and height.
- Your car seat has an expiration date — usually around six years. Find and double-check the label to make sure it's still safe.
- Inch Test – Once your car seat is installed, give it a good tug at the base where the seat belt goes through it. Can you move it more than an inch side to side or front to back? A properly installed seat will not move more than an inch.
- Pinch Test – Make sure the harness is tightly buckled and coming from the correct slots (check your car seat manual). With the chest clip placed at armpit level, pinch the strap at your child's shoulder. If you are unable to pinch any excess webbing, you're good to go.
- For both rear- and forward-facing child safety seats, use either the car's seat belt or the lower anchors, and for forward-facing, the top tether to lock the car seat in place. Don't use both the lower anchors and seat belt at the same time. They are equally safe, so pick the one that gives you the best fit.

If you are having even the slightest trouble, questions or concerns, certified child passenger safety technicians are able to help or even double-check your work. Visit a certified technician to make sure your car seat is properly installed. Find a technician or car seat checkup event near you.

Learn how to install your car seat for free. Safe Kids hosts car seat inspection events across the country where certified technicians can help make sure your car seat is properly installed. They also have inspection stations during specific days and times in some communities. You may find an inspection station with certified technicians at a GM dealership, a hospital, or even a firehouse. They will teach you how to always be sure your car seat is used correctly. Find a Safe Kids car seat checkup event near you.

Be Wary of Toys

Toys can injure your child in a crash, so be extra careful to choose ones that are soft and will not hurt your child. A small, loose toy can be dangerous and injure your baby in a crash. Secure loose objects and toys to protect everyone in the car.

Buckle Up

- We know that when adults wear seat belts, kids wear seat belts. So be a good example and buckle up for every ride. Be sure everyone in the vehicle buckles up, too.
- Buckling up the right way on every ride is the single most important thing a family can do to stay safe in the car.



Know Your Car Seat's History

Buy a used car seat only if you know its full crash history. That means you must buy it from someone you know, not from a thrift store or over the internet. Once a car seat has been in a crash, it needs to be replaced.

Understanding When It Is Time for a Booster Seat

Take the next step to a booster seat when you answer “yes” to any of these questions:

- Does your child exceed the car seat’s height or weight limits?
- Are your child’s shoulders above the car seat’s top harness slots?
- Are the tops of your child’s ears above the top of the car seat?

If the car seat with a harness still fits and your child is within the weight and height limits, continue to use it until it is outgrown. It provides more protection than a booster seat or seat belt for a small child.

Prevent Heatstroke

Never leave your child alone in a car, not even for a minute. While it may be tempting to dash out for a quick errand while your babies are sleeping peacefully in their car seats, the temperature inside your car can rise 20 degrees and cause heatstroke in the time it takes for you to run in and out of the store.

Heatstroke happens even on cloudy days and in outside temperatures below 70 degrees. Even at an outside temperature of 60 degrees, your car’s inside temperature can reach 110 degrees.

Additional Child Passenger Safety Resources

Keeping kids safe: [safercar.gov/parents](https://www.safercar.gov/parents)

Child safety: [nhtsa.gov](https://www.nhtsa.gov)

Ease of use rating system: [nhtsa.gov](https://www.nhtsa.gov)

Spanish resources: [safercar.gov/protegidos](https://www.safercar.gov/protegidos)



Further Considerations

Choosing a Pediatrician

You may or may not already have a pediatrician in mind. Oftentimes, you can reach out to your obstetrician for their referral to one they know and trust. You should also visit Allegheny Health Network's website to find a doctor and learn more about our pediatricians at ahn.org.

Prenatal Yoga

This class provides a holistic approach to pregnancy and birth. Classes will include asana (physical postures), pranayama (breath work), meditation, and relaxation. You will become more confident in your own abilities as you celebrate your pregnancy, prepare for the work of labor and birth, and work toward a healthy postpartum recovery. This class will help you connect with other expectant mothers and build a support network. Check with your doctor before starting class. No prior yoga experience is needed!

Ways to Celebrate Your Baby's Gender

Let's celebrate baby! Should you choose to find out your baby's gender in advance, here are some ideas...

Balloons in a Box – Have a florist blow up pink or blue balloons (according to your ultrasound report which has been sealed in an envelope) and stuff them into a box, seal the box up, and open it at your party!

Mystery Balloon – Have a florist or party store insert pink or blue confetti inside a black balloon, and pop it in front of your loved ones!

Pink and Blue Party – Invite your friends to either wear pink or blue to your party. Separate the guests into team blue vs team pink. Put on plastic mustaches or other silly apparel and then reveal which team wins.

Cake Pop Fest – Prepare cake pops for your guests, but have just one cake pop with a colored center — either pink or blue — to show the baby's gender.

Egg Hunt or Fortune Cookies – Have an Easter egg hunt/fortune cookies with a secret message inside one egg/cookie.

Many more ideas can be found through social media, including Facebook and Pinterest. Have fun!



3RD

Trimester

Ready For Baby

Notes to Mom ... It's All About Me

What's Happening to My Body?

Month Seven	Month Eight	Month Nine
Weight gain more evident	Mom's immunity transfers to baby to protect them at birth	Difficulty sleeping due to the size of the baby
Ankles and feet may swell	You may feel stronger contractions this month	Frequent urination due to baby pressing on your bladder
Stretch marks may start appearing	Colostrum may leak from your breasts, preparing for breastfeeding	Your belly button may start to stick out due to pressure
As your belly gets bigger, it may be harder to keep your balance	You may have trouble breathing as the baby pushes on your lungs	Your cervix starts to open and dilate, preparing for birth
You may have trouble sleeping due to baby's movement	You may gain a pound a week this month	You might not gain any weight this month; in fact, you might even lose a pound or two
Sweating may increase	As baby pushes on your stomach, you may need to eat smaller meals	You may feel uncomfortable with the pressure of the baby; take time and rest

Consider adding your own experiences – especially if you want to discuss them further with your caregiver

Notes to Mom ... It's All about My Baby

What's Happening to My Baby?

Month Seven	Month Eight	Month Nine
Baby is up to 14 inches long	Baby is about 17 inches long	Baby develops sleep patterns that will continue after birth
Baby kicks, stretches, and responds to sound	Baby can weigh up to 4.5 pounds	Baby gains about half a pound per week
Eyelids and nostrils have opened	Bones and fingernails begin to harden	Baby starts storing iron in his/her liver to prepare for life outside the womb
Baby can perceive light, smell, and taste	Fat starts to develop under the baby's skin	Vernix, a greasy white material, coats the baby's skin to prepare for delivery
Baby begins primitive breathing movements; lungs are forming tiny air sacs	All vital organs except lungs are mature now	Lungs are fully mature now and ready to function
Skin is thickening	Baby is moving into position	Baby's kicks are more powerful and strong as he/she positions
Structures of the spine are forming	Brain is developing significantly	Baby takes comfort in sucking its thumb
Baby's hearing is developing; baby may begin to recognize you and your partner's voice	Baby's skull remains soft and flexible for the birth	At full term, the baby can weigh about 7.5 pounds and measure approximately 20 inches in length

Consider adding your own experiences — especially if you want to discuss them further with your caregiver

Breast Changes

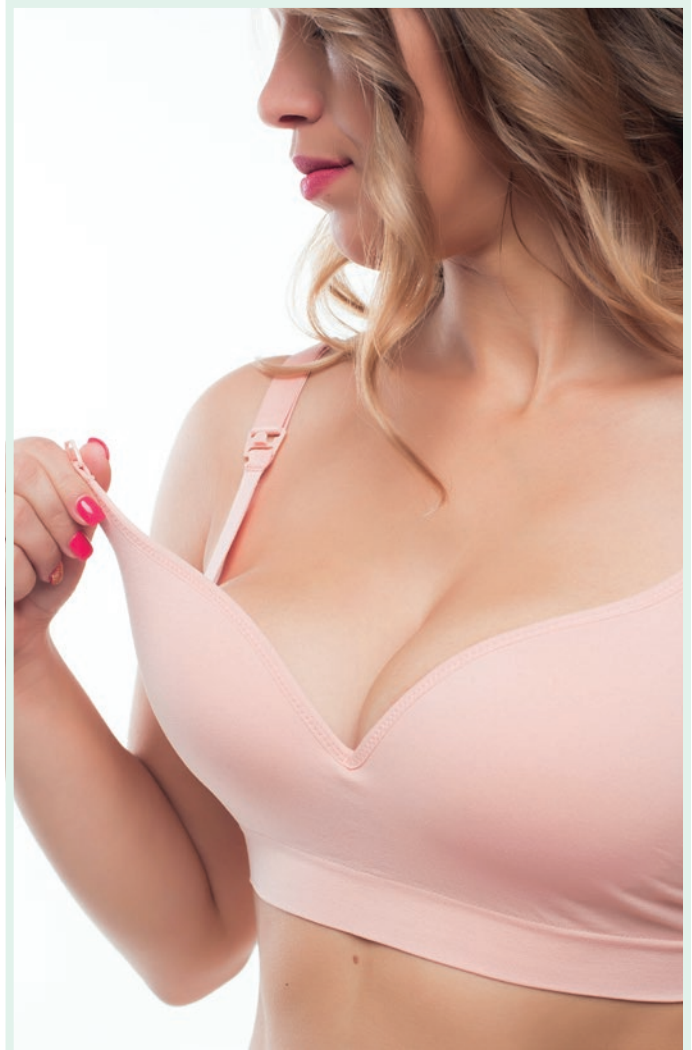
Changes happen to your breasts during pregnancy to prepare them to produce milk and feed a baby. These changes are caused by the increase in the hormones estrogen, progesterone, and prolactin. Prolactin is the hormone that triggers the production of milk. During the 3rd trimester, particularly in the last few weeks of pregnancy, your nipples become larger and your breasts will continue to expand as the milk-producing cells get bigger. It is not unusual for the nipples to leak small amounts of the early milk known as colostrum. This is normal and not something to be concerned about. If you are leaking colostrum and are worried that it may be noticeable on your clothes you can put a disposable or washable fabric breast pad inside your bra.

What About Nursing Bras?

The growth of the breasts in the last trimester can cause discomfort and sometimes pain. It is fine to sleep in your bra if this helps to reduce the discomfort. The discomfort can also be helped by wearing a well-fitting bra. As your breasts grow, you will need to make sure that the bra you are currently wearing isn't too tight.

You may have heard that pregnant women shouldn't wear underwire bras because the wires could cause blockages in the milk ducts. There is no evidence to support this. As long as the bra fits you well and the wires of the bra aren't digging in, there is no reason to stop wearing an underwire bra.

This last trimester is also a good time to make an appointment with an experienced fitter for nursing bras so you can be properly measured. Go to a specialized maternity or bra store or to a lactation center that does bra fittings. The fitter will take into account the fact that your breasts will get even bigger when you start producing milk, and may suggest going up one or two cup sizes. The best time to be fitted for a nursing bra is four to six weeks before your due date when your breasts will have experienced the majority of their growth.



Bra Buying Tips:

- Select a bra with convenient, easy access to the breast that allows for skin-to-skin contact when you nurse your baby.
- Wear breastfeeding bras before the baby is born to get used to them and to be able to practice opening and closing the hooks.
- Buy enough bras to use in between laundry days, remembering that, because of leaks, breastfeeding bras will need to be washed more often.

Questions You May Have About Breastfeeding

Will I be able to get an epidural when I am in labor?

Talk to your health care providers about your options for pain relief during labor. Medications and anesthesia can prolong your labor, negatively affect your newborn, and delay successful breastfeeding. A non-medicated vaginal birth with immediate skin-to-skin contact is the best choice for getting breastfeeding off to a good start, but is not the only choice. Mothers who get an epidural or other pain relief medication during labor can be successful with breastfeeding. Know the risks and benefits for each method.

Will I be able to take pain medications after delivery?

Many medications ordered in the hospital after delivery do not pass into breast milk or pass in very small amounts that are not harmful to your baby when taken short-term while you recover from having your baby. Always check with your doctor or midwife, and be sure to let any doctor you see know that you are breastfeeding. Be assured that your health care providers will be able to prescribe pain medications to keep you comfortable after delivery without affecting breastfeeding.

What if I have a cesarean section?

Studies show that women whose babies are born by cesarean surgery (C-section) are just as successful at breastfeeding as mothers who deliver vaginally. In the first few hours after your baby's birth, you may need extra assistance. Having a person in your room to assist you can allow unrestricted breastfeeding of your baby. Positioning of the baby at the breast might be a challenge; however, your postpartum nursing staff can offer assistance in trying various positions to see what will work for you so that you can breastfeed comfortably.

Who will be available in the hospital to help me with breastfeeding after I deliver?

Nurses in the labor and delivery area and on the postpartum units of each AHN hospital have received education and training in breastfeeding support. Plus, internationally board-certified lactation (breastfeeding) consultants can help you with specific breastfeeding problems such as separation of mother and baby, latch-on difficulty, sore/damaged nipples, engorgement, need for supplemental feedings, or milk supply concerns. For more information about specific services, visit ahn.org or contact your local hospital.

Is breastfeeding different for premature babies?

If you deliver prematurely, one of the best medicines you can give your baby is breast milk. Breast milk is very important for premature babies and can help prevent serious infections and illnesses. The hormones for breastfeeding will allow you to make milk, even if you deliver early. Your hospital team will help you pump the milk until your baby is able to breastfeed. We will teach you how to store it and transport it to the hospital if needed.

Where Can I Get a Breast Pump?

You may need a pump if:

- Your baby is not able to directly breastfeed.
- You will be separated from your baby because of hospital admission to the Special Care Nursery (SCN), Continuing Care Nursery (CCN), or Neonatal Intensive Care Unit (NICU).
- You plan to return to work or schooling.
- Under certain circumstances, if you need to increase your milk production.

With current federal health care law, your health insurance plan **MUST** cover the cost of a breast pump. It may be either a rental unit or a new one that you'll keep. Your plan may have guidelines on whether the covered pump is manual or electric, the length of the rental, and when you'll receive it (before or after birth). Check with your insurance company and ask your obstetrician or midwife to write a prescription for your breast pump. You can contact your delivering hospital to see if breast pumps are provided at the hospital and/or how to get the breast pump. Your hospital, employer, or local WIC office may have pumps for rent.

Can I Use My Friend's Breast Pump?

Using a previously owned pump that has not been approved for multiple users is like using somebody else's toothbrush and is not recommended.

Questions You May Have About Breastfeeding

What if I want to breastfeed and bottlefeed my baby?

Breastfeeding early and often is what makes a good milk supply. Early formula feeding, even in small amounts, can decrease your milk supply. In addition, your baby may get used to the fast flow from the bottle. Formula is also harder for your baby to digest and could make your baby uncomfortable. Please ask a lactation consultant or breastfeeding support specialist in your hospital for assistance before offering any infant formula to your baby. Try to delay offering a bottle, even if it is expressed breast milk, until breastfeeding has been well established. This typically occurs around 3 to 4 weeks after an uncomplicated delivery.

What about contraception after I deliver? Will it affect my milk supply?

Non-hormonal methods or permanent methods of birth control, such as condoms, diaphragms, IUD's or tubal ligation will not affect your milk supply. If you choose to use a hormonal method of birth control, talk to your doctor about a progestin-only method, such as Norplant (implants), mini-pills, or injectables (Depo-Provera). Still, we recommend that progestin-only hormones be delayed for at least six weeks after delivery due to the possibility of the hormones interfering with the early establishment of lactation. Combination oral contraceptives, which contain estrogen, are very effective but often decrease milk supply, lead to early weaning from breastfeeding. These should be avoided.

Tips for Breastfeeding While in the Hospital

- Ask for support from your nurse or a lactation consultant in the hospital after you deliver.
- Breastfeed as soon as possible after birth.
- Have skin-to-skin contact as often as possible with your baby while you are awake.
- Nurse your baby often and on demand. This will be at least 8-to-12 times in 24 hours.
- Watch your baby for signs of readiness to feed — not the clock.
- Massaging and compressing the breast while feeding helps the milk to flow and keeps the baby feeding.
- Room-in with your baby.
- Plan to limit visitors after birth so you have time to get to know your baby, have some quiet time and are able to learn and practice the art of breastfeeding with expert support from hospital staff.
- Learn hand expression.
- If there is a medical need to supplement, remember that it is always best to supplement with your own milk. Babies require very small amounts of milk in the early days, which can be hand expressed or pumped.
- Avoid giving pacifiers or bottles for the first three to four weeks.

Ask for help if you are having any problems with breastfeeding!

Breastfeeding is not easy for every mother and baby. Breastfeeding is a new skill, and it takes practice and support. Be patient with yourself and with your baby as you both learn how to make breastfeeding work. Get support from friends, family, and your health care team. Remember to take it day by day. It gets *much easier* after the first days and early weeks! And remember, at AHN we are here to help you and support you with your breastfeeding goals.

Skin-to-Skin Contact (also referred to as Kangaroo Care)

After your baby is delivered and the cord is clamped and cut, your baby will be dried. If the baby has an uncomplicated delivery and is vigorous and crying, he or she will be placed on your chest and covered with a warmed blanket or towel. This is known as the skin-to-skin position. Skin-to-skin position means your baby's bare skin (diaper and stocking cap OK) touches your bare belly or chest as much as possible. This is recommended in the first days and weeks of life. Skin-to-skin positioning helps a baby's adjustment to life outside the womb go much smoother.

During skin-to-skin a baby will:

- Be better able to maintain a normal body temperature.
- Be better able to normalize and maintain his/her heart rate, respiratory rate, and blood pressure.
- Have a higher blood sugar than babies who do not have skin-to-skin contact.
- Be less likely to cry.

Additional benefits if planning to breastfeed:

- Be more likely to latch on.
- Be more likely to latch on well.
- Be more likely to breastfeed exclusively and breastfeed longer.
- Indicate to you when they are ready to feed.

Skin-to-skin position also has benefits for the mother, including:

- Lower risk for postpartum bleeding.
- Decreased need for pain medications.
- Better rest periods and sleep.

Both formula-feeding and breastfeeding mothers and their babies are encouraged to do skin-to-skin positioning. From the point of view of breastfeeding, babies who are kept in uninterrupted skin-to-skin contact with the mother immediately after birth for at least an hour are more likely to latch on without any help and they are more likely to latch on well, especially if the mother did not receive medication during the labor or birth.

Regardless of feeding choice, skin-to-skin contact helps with bonding and helps to calm a baby when he or she is upset. During skin-to-skin time, anything that is not necessary for the immediate well-being of the mother and the baby can be completed while the baby is in skin-to-skin position or can be delayed until after the first breastfeeding. This includes newborn medications, foot and hand printing, weighing, and measurements. If your baby requires glucose monitoring due to size or gestational age, this can be done with your baby in the skin-to-skin position.

If your baby is delivered by cesarean section, skin-to-skin time will begin as soon as it is determined that both you and your baby are stable. This may occur in the operating room or may occur shortly after. In situations of non-emergent cesarean section, you may want to discuss with your health care team your personal goals for skin-to-skin time with your baby after delivery so that we can try to achieve these goals safely.



Rooming In

Rooming in is highly recommended for all healthy newborns. Rooming in means that you and your baby are together 24 hours/day. Plan to room in with your baby during your hospital stay. When you room in, your baby remains with you in your room throughout your entire maternity stay, unless a medical procedure requires separation. Your baby needs to know you are close by smelling your scent, feeling you, hearing your heartbeat, and hearing your voice. This means less crying and faster weight gain for your baby and more rest and sleep for both of you. Rooming in will also help you and your partner recognize feeding cues such as the baby sucking on hands and moving his or her mouth. Be sure to plan to have your partner or adult support person with you in your room at all times to help out!

Benefits of Rooming In

- Babies cry less and are easier to calm.
- Babies gain weight faster and have more stable blood sugar.
- Mom and baby get more rest and establish a routine.
- Mom and partner start to recognize baby's cues (sleepy, stressed, in need of quiet time, or hungry).
- Mom and partner start to recognize feeding cues, such as sucking on hands and certain mouth movements.
- Mom is able to make more breast milk, and faster.
- Parents ensure the care they want for their baby, such as pacifiers, bottles, and tests.

Waiting for Baby

Most babies need a full 40 weeks of pregnancy to grow and develop. While being done with pregnancy may seem tempting, especially during those last few weeks, inducing labor is associated with increased risks, including prematurity, cesarean surgery, hemorrhage, and infection.

Labor should only be induced for medical reasons — not for convenience or scheduling concerns. Baby will let you know when he/she is ready to emerge.

Learn the Importance of Reaching a Full-Term Pregnancy

Go to gothefull40.com for 40 reasons to reach at least the full 40 weeks of pregnancy.

What if the baby comes early?

- If you deliver prematurely, one of the best medicines you can give your baby is breast milk. Breast milk is very important for premature babies and can help prevent serious infections and illnesses.
- If you deliver early, you will need a hospital-grade rental breast pump to help you build and maintain your milk supply for your baby.

What Tests Do I Need in the 3rd Trimester?

28 Weeks

- Glucose testing is recommended by your physician, and may be ordered earlier if indicated.
- If you are Rh negative, a Rhogam injection may be required at 28 weeks.

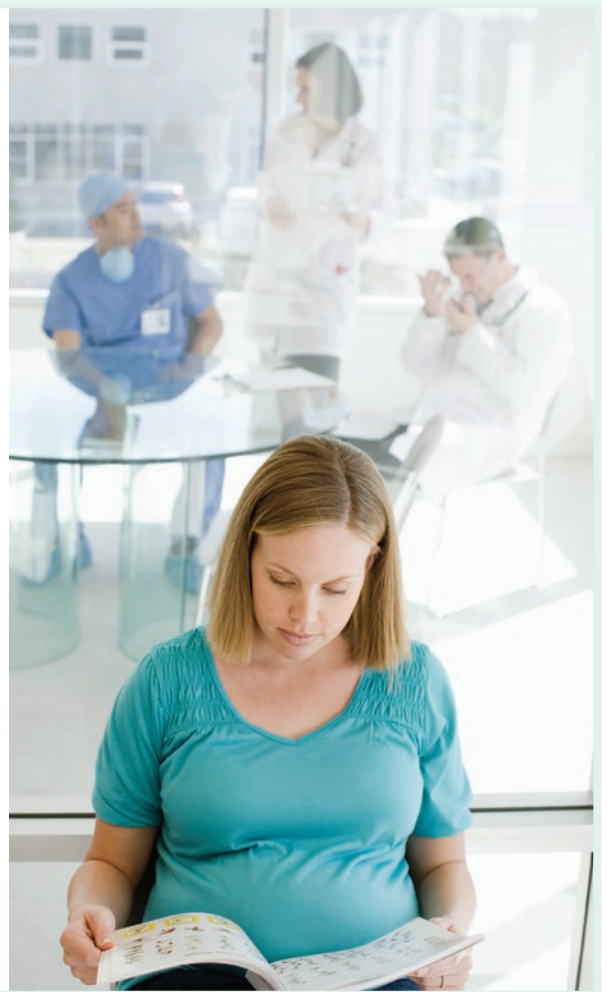
28 – 36 Weeks

- Your physician may recommend a Tdap vaccination.

35 – 36 Weeks

- Your physician will collect a genital swab testing for Group B Strep.

Influenza vaccines are recommended for all pregnant patients. Be sure to get one if you haven't already.





Things to Do During the 3rd Trimester

- Select a physician for your baby. Call (412) DOCTORS if you need assistance.
- Think about child care — interview babysitters, day-care facilities, etc.
- Make sure you tour the hospital and are familiar with where to go when it's time to deliver.
- Discuss breastfeeding with your provider or contact the lactation office if you have specific questions.
- Watch for signs of depression (see Getting Started section, page 15).
- Discuss your leave of absence with your employer; complete forms.
- Pack for the hospital.
- Get siblings of the baby ready for your family's new arrival. Consider registering for a prenatal sibling preparation class.
- Discuss the birthing plan with your physician.
- Discuss the benefits of skin-to-skin time after the birth of your baby. Let the nursing staff know that you are interested in skin-to-skin time, and you can start this right in the delivery room.
- Discuss postpartum contraceptives. If you are contemplating a tubal ligation ("tubes tied"), make sure to discuss in advance with your physician and sign the consent prior to delivery.
- Keep all of your appointments. This is a critical time to ensure the health of you and baby.
- Prepare bassinet or crib; check it over for safety.
- Review the manual you received with your infant car seat and make sure you understand how to properly install into your vehicle.
- Plan ahead for a breast pump. Your physician needs to write you a prescription for this prior to discharge from the hospital.
- Prepare your pet for the arrival of your baby.
- Child proof your home.

Healthy Intake Tip: Calories, Vitamins, and Minerals

Continue your healthy nutrition habits, keeping in mind to add extra calories (at least 300 additional calories per day) during the last few weeks of pregnancy, in addition to drinking lots of fluids to prepare for breastfeeding. Ask your physician if you might need extra folic acid and iron.



Things to Pack for the Hospital (For Me!)

<input type="checkbox"/>	Insurance card
<input type="checkbox"/>	Bathrobe
<input type="checkbox"/>	Socks
<input type="checkbox"/>	Lip balm
<input type="checkbox"/>	Slippers
<input type="checkbox"/>	Flip flops (for the shower)
<input type="checkbox"/>	Thank you cards and a tablet/pen to jot down incoming gifts and visitors
<input type="checkbox"/>	Going home outfit (loose fitting recommended)
<input type="checkbox"/>	Nursing bra, nursing pads, and maternity underwear
<input type="checkbox"/>	Toiletries such as toothbrush, toothpaste, deodorant, shampoo, conditioner, contact lens solution, hairbrush and clip/bands, eye glasses

<input type="checkbox"/>	Something to read or keep you entertained (e.g., crossword puzzles or magazines)
<input type="checkbox"/>	Don't forget your phone charger or tablet charger!
<input type="checkbox"/>	Camera with extra batteries and additional memory card. Get lots of pictures!
<input type="checkbox"/>	Snacks for you and your partner (or for your other children when they visit), gum, mints
<input type="checkbox"/>	Phone numbers of your friends and family
<input type="checkbox"/>	If you have other children, pack a little gift for them from the baby, so that they continue to feel important



Things to Pack for the Hospital (For Baby!)

<input type="checkbox"/>	Undershirt
<input type="checkbox"/>	Going home outfit
<input type="checkbox"/>	Socks or booties
<input type="checkbox"/>	Receiving blanket, cap, and heavier blanket if cold weather
<input type="checkbox"/>	Pack a diaper bag ahead of time
<input type="checkbox"/>	Rear-facing car seat — properly installed and appropriate for baby's weight

What NOT to Pack

Leave your diamonds and jewelry at home. Your eyes will glitter brighter than any diamond when your baby comes!

Leave credit cards and cash at home, along with your purse. Ask your partner to carry those items for you.

Making Your Home Safe for Your Baby (Before You Deliver)

This information is provided by Women for a Healthy Environment. Special thanks to the Heinz Foundation for its generous funding.

Preparing the Crib for Infant Safety:

- The mattress should be a firm and flat surface.
- No wedges, pillows, fluffy blankets, bumper pads, or toys should be in the crib when the infant is sleeping.
- Do not use a crib with drop-sides.
- Do not use baby clothes with drawstrings.
- On June 28, 2011, the Consumer Product Safety Commission (CPSC) updated crib safety standards. Know the manufacture date if you are borrowing a crib.



Water Safety

- Never leave a baby unsupervised in water not even for a few seconds. Assure that all items needed for the bath are within reaching distance.
- Bathtub ring for babies to sit in can be very useful but is not a substitute for supervision.
- Consider a soft cover for the bathtub faucet and knobs to avoid bumps or injury.

Baby Toys

- Assure that the toys are appropriate for baby's age.
- Have no strings or cords longer than 12 inches.
- Have no pieces that can be removed or pulled off by the baby — such as buttons, eyes, beads, ribbons, etc. — and become a choking hazard.
- Baby Toys — Be cautious of hand-me-downs. Toys manufactured prior to February 2009 may not meet updated safety requirements. Avoid peeling or chipped toys; instead, choose toys made of cloth or wood.

General Home Safety

- Use safety plugs or outlet covers for all unused outlets.
- Check batteries in smoke detectors monthly.
- Check batteries in carbon monoxide detector twice a year or more frequently. The easiest way to remember to do this check is with the time change in the spring and fall.
- Develop a fire escape plan for all members in the family to follow.

Every mother delivering at an AHN facility will receive a safe sleep sack for their newborn.

Make Your Own Green Cleaning Products

All Purpose Cleaner

- 2 cups white vinegar
- 2 cups water
- 20-30 drops of Essential Oil (optional)

Use on hard surfaces like countertops, kitchen floors, windows, and mirrors.

Tip: Warm in the microwave using a glass container until barely hot to boost cleaning power for tougher jobs.

Laundry Detergent

3 cups washing soda

2.5 ounces of soap flakes

- Soap flakes can be created by grating favorite soap against cheese grater. Blend ingredients together in a food processor and store in a glass container.
- For every load, use 2 tbsp. (3 tbsp. for heavily soiled loads).
- Suitable for HE and non-HE machines.

More Tips for a Healthy Home for You and Your Baby

- Avoid using air fresheners and seek natural scents such as cinnamon and cloves. Choose candles made from beeswax or soy.
- Get back to basics when cleaning by using safe products such as baking soda and vinegar. Choose ecofriendly cleaning products that display the Green Seal, Eco Logo, or Safer Choice logo.
- Replace plastic food containers with glass and avoid plastic containers labeled with a #3, 6 or 7 on the bottom.
- Avoid using non-stick and Teflon coated cookware. Choose stainless steel, cast iron, or ceramic instead.
- Test for lead if your house was built before 1978. It's a good idea to also test for radon and fix water leaks to avoid mold.
- Avoid using pesticides, herbicides, and fertilizers in your home or in your lawn and garden.
- Use microfiber cloths and mops to pick up dust instead of aerosols and wipes. Wet mopping is best.
- Leave your shoes at the door. You'll avoid bringing in the dust, pesticides, and other outdoor pollutants.

Green Nursery Tips

- When painting the nursery, select paints with low or no volatile organic compounds (VOCs), an element found in many paints.
- Because carpeting can be a breeding ground for bacteria, consider hardwood flooring with a natural finish to avoid formaldehyde or VOCs. Bamboo, cork, and wool carpeting are other healthy alternatives. Laminate flooring is not a good alternative as it can contain toxic glues.
- The crib, changing table, and other furniture should be made of natural woods and have natural finishes, not chemical finishes.
- Seek blankets and sheets that are made from natural materials such as cotton, silk, bamboo, and hemp.
- Seek crib mattresses that are made from organic cotton or wool, a plastic cover made from a food-grade polyethylene, and a natural mattress cover.

Questions I Need to Ask

My Doctors or Nurses

1. What is cord blood banking?

2. What kind of anesthesia will be given during delivery or during a C-section?

3. What does skin-to-skin mean after my baby arrives?

4. Is it too late to take childbirth classes?

5. How will I pump and store my breast milk once I return to work?

6. If I am on medication, can I still breastfeed?

7. If I am feeling a little sad that I won't be carrying my baby much longer, is that a sign of depression?

8. How can I tell the difference between postpartum blues and postpartum depression?

9. When, how, and by whom is it decided if I need a cesarean delivery?

10. What is an episiotomy?

11. Can I prevent an episiotomy?

Questions I Need to Ask

12. How long will my hospital stay be?

13. If I am using drugs, is it true that my baby may stay in the hospital for several weeks?

14. How many people can I have in the delivery room?

15. Is my partner allowed to videotape or record the delivery?

16. Is it normal that I feel scared to deliver my baby?

17. What if my partner passes out during delivery or cesarean?

18. How long do I have to push before a vaginal delivery ends up a cesarean?

19. What if I forget everything I learned in my prenatal class?

20. Should I keep working up until I deliver?

21. Do I have to have an enema or shave my pubic hair prior to delivery?



The Lowdown on Labor

“Labor” — a series of continuous progressive contractions of the uterus which help the cervix open and thin, allowing the baby to move through the birth canal. Nobody knows exactly what triggers the onset of labor.

Signs of Labor

- **Bloody show** — A small amount of mucus, slightly mixed with blood that may be expelled from the vagina indicating that you are possibly starting labor.
- **Contractions** — Muscle spasms from the uterus.
- **Rupture of amniotic sac** — When your water breaks or membranes rupture, the amniotic fluid leaks from the vagina.

When to Call the Doctor

Call the office or the Labor and Delivery unit any time your membranes rupture (water breaks). This may be a sudden gush of fluid or a slow leak of fluid. Amniotic fluid may be colorless or even blood-tinged. If you are in doubt, **always call**. Do not walk around or travel in this condition.

Start timing your contractions from the beginning of one contraction to the beginning of the next contraction. The duration is how long the contraction lasts (usually 25–60 seconds). You may feel other symptoms such as:

- Tightening in the abdomen
- Pressure in your back
- Sensation in your upper thighs

Contractions during true labor have three important characteristics: **they get longer, stronger, and closer together**. False labor goes away with activity such as walking. **Call the doctor when your contractions are 5 minutes apart and last approximately 60 seconds**. However, if you have a history of a fast labor or live a distance from your delivering hospital, discuss the plan with your physician during your 3rd trimester visits so you know when to call for your specific situation.

After labor begins, **do not eat** any solid food. You may have water.



Stages of Labor

Although each experience is different, there are typically three stages of labor:

- **First Stage** — Latent phase, in which contractions are slowly gaining in strength; cervix starts to open. This stage is usually the longest and least intense.
- **Second Stage** — Active phase in which the cervix continues to dilate (open); contractions are stronger, more severe, and more frequent.
- **Third Stage** — Transition phase is the last stage. The cervix dilates from 8-10 centimeters; contractions are very strong. Most women feel the urge to push.

Induction

In some cases, labor has to be “induced,” which means labor needs to be stimulated. Some of the reasons may be that the mother and/or baby are at risk, the pregnancy is far past the due date, the mother has a medical condition, and/or the baby has had poor growth. Your doctor will discuss induction with you, should it be necessary.

Electronic Fetal Monitoring and Other Tests

This is when two belts are placed around mom’s abdomen to hold instruments that measure baby’s heart rate and the timing of uterine contractions. This test helps the physician monitor the baby’s well-being. A non-stress test may also be ordered, where mom pushes a button when she feels the baby move. This causes a mark to be placed on the paper recording the test. A biophysical profile is a test that combines the electronic fetal monitoring and an ultrasound exam. It checks the baby’s heart rate and estimates the amount of amniotic fluid.

What You Need to Know About Pain Control During Labor

Again, each pregnancy and each mom is unique. You and your physician should discuss pain control — along with an anesthesiologist — so you understand all of the possible benefits, risks, and alternatives.

Family-Centered Care During Delivery and Thereafter

Mothers, fathers, and significant others are encouraged to spend as much time as possible bonding with their infants. Our obstetric departments employ state-of-the-art infant security systems, equipped with monitors and infant sensor tags (which are placed on your infant immediately after birth). The nursing staff will review the security measures with you.

Additional services and/or education available at Allegheny Health Network before and after the birth of your baby include:

- Childbirth education
- Lactation Center/breastfeeding support
- Neonatal Intensive Care
- Pediatric care
- Infant Apnea Center
- Newborn nutrition
- Shaken Baby Syndrome education
- Car seat safety
- Newborn photographs
- Social services
- Postpartum depression and anxiety

What Tests or Immunizations Will My Baby Have?

All of the tests below and consents for testing your newborn should be fully discussed with your nursing team at the delivering hospital:

- Hepatitis B vaccine
- Hearing screenings
- Newborn screening test (an array of bloodwork performed by a simple heel stick), which includes screening for Critical Congenital Heart Defects (CCHD).
- Vitamin K injection given so that the baby's blood clots properly. This is standard procedure for all newborns. The American Academy of Pediatrics first started making this recommendation in 1961.
- Erythromycin ointment is placed in the baby's eyes to rid of all germs obtained during exit of the birth canal.



Moms can provide their baby with the “first immunization” by electing to breastfeed — a baby’s best defense against germs and illness.

Prepare to Welcome the Baby Home

As you prepare for homecoming, your anxieties may increase and your list of needs will grow. You will find many lists and may be given an array of advice regarding how to take care of your baby. Keep in mind, you will do fine, and that the baby is only seeking love, food, and shelter. All the other trinkets and toys can come later!

There are some essentials, of course: diapers, bottles, blankets, baby thermometer, crib or bassinet, breastfeeding supplies, diaper rash ointments, baby powder, and clean baby clothes.

Grandmothers and in-laws love to give advice! Although you may not agree with them, since times have changed, try to let them take a small part of raising the baby and listen to what they tell you.

You might find it useful down the road!



Oh Boy! Concerns About Circumcision Care?

No worries. During your stay at the hospital, nurses and physicians will provide you with the requisite education and will demonstrate proper cleaning techniques for your baby.

Some basics for you to know right now:

A circumcision is a simple procedure in which the skin covering the tip of the penis, or foreskin, is removed.

Until the baby's penis heals, which can take up to 7-10 days, you just need to keep it clean and covered (instructions will be given by your physician).



You and your partner should discuss whether you will elect for your boy baby to have a circumcision — particularly if you want the procedure completed in the hospital.



Safe Sleep for Your New Baby

There's nothing more precious than watching your newborn smile as they sleep! And remember, that's when you are to get your rest too, Mom! Make sure to put your baby to sleep in a safe environment.

To reduce the risk of Sudden Infant Death Syndrome (SIDS), always place babies to sleep on their backs, even for a quick nap. You also might think it's best to have fluffy, comfy bedding for your infant, but it's the exact opposite! Babies should always sleep on firm, flat surfaces with no wedges, pillows, or crib bumper fluff. Keep it simple and safe, and cuddle your baby in a fluffy blanket after they are rested and awake.

For more information on the Safe to Sleep Campaign, please visit or call:



nichd.nih.gov/SIDS

1-800-505-CRIB (2742)

Choosing a Doctor for Your Baby

Questions to Think About:

- Do I wish to have a pediatrician or family practitioner care for our baby? What are the advantages of each?
- Should I ask my friends why they chose the doctor they use?
- Does the office have evening or Saturday hours? Do they have various locations? Do the doctors practice from multiple locations? If so, how do they handle continuity of care?
- Is the office clean and friendly? Is there a separate area for sick versus well kids?
- Does the office support breastfeeding? Do they have a nurse or lactation consultant in the office?
- Does the practice take all insurances? Can I arrange to meet the physician, nurses, and the rest of the team prior to delivery?
- What is their protocol for after-hours care? Do I get an answering service? Should I expect a call back from the doctor or do they wait until their offices reopen? Is there a fee for weekend or after-hours advice?
- Will the office allow designated caregivers to bring my baby to appointments when I am not able to get off work? Will they allow immunizations to take place without my direct consent?
- Consider AHN Pediatrics Services — Call (412)DOCTORS for more information.



Decisions, Decisions... Child Care Alternatives

Questions to Consider:

Where do I want my baby to receive care? Do I want someone to come into my home to watch my baby? Do I want to find child care that is on my way to work?

- Should I find a caregiver who provides child care out of his/her home?
- Do I want regulated or certified caregivers or to trust a friend of a friend?
- Do the caregivers have background checks?
- What safety measures are established at the facility or home? Does the caregiver know CPR?
- If a child has a contagious condition, are parents called immediately?
- Are different caregivers assigned to different ages of children?
- How does the facility handle staff call-offs while managing the appropriate ratio of caregivers to children?
- If I have other children, how will I arrange child care for my baby and for someone to be at the bus stop in time?

Things to look for:

- A safe, stimulating environment
- Qualified caregivers
- Low ratio of children to staff
- Consistent, warm relationship between my child and the caregiver

Make arrangements to interview potential caregivers. Make surprise visits to tour the facility or home. Interview other parents who use that caregiver's services.

Childbirth Education Classes at Allegheny Health Network

First-time mothers-to-be have lots of questions and even some worries: How will I know I'm in labor? Will my baby know how to breastfeed? How do I care for a newborn? And many experienced mothers have similar and additional concerns.

Allegheny Health Network has information available on its website about classes to prepare you for childbirth, breastfeeding, infant care, and parenting. These classes are great confidence builders and will help lessen any anxiety you may feel as your baby's birth approaches.

Our programs are designed to prepare you physically and mentally for childbirth and parenting and to acquaint you with our staff and facilities. Classes are taught by certified childbirth educators and registered nurses experienced in the field of obstetrics, lactation, and infant care.

** Note: Not all classes will be offered at each location.*



To learn more or to register for classes, contact:

Forbes Hospital: **412-330-4469**

Jefferson Hospital: **412-469-7100**

Saint Vincent Hospital: **814-452-5000**

West Penn Hospital or
Wexford Health + Wellness Pavilion: **412-578-7030**

Classes offered throughout Allegheny Health Network

- Childbirth Preparation and Birthing Skills
- Baby 911 – Infant CPR and Safety
- Getting Ready for Breastfeeding
- Newborn Basics
- Pregnancy /Birthing Primer
- Talk with Anesthesia
- Prenatal Yoga “Zen Mama”
- Prenatal Breastfeeding Preparation
- Childbirth Express
- Maternity Unit Tours
- All in One Day – Childbirth Class
- I’m a Big Sister/Big Brother
- Choosing a Vaginal Birth After a Cesarean Section
- Everything You Always Wanted to Know About Labor But Were Afraid to Ask!
- Early Pregnancy Class
- The ABCs of CPR (Erie)
- Dads Make a Difference
- Dogs and Storks
- So You’re Going to Be a Grandparent!
- The Young and the Sleepless
- We’re a Bigger Family Now



You are going to be a wonderful mother!

You have prepared for this special time for more than nine months.

You are ready.

Allegheny Health Network is here for you every step along the way.

Enjoy this important time in your life!

4TH

Trimester

Your Family Has Expanded



Congratulations — You Did It!

You prepared. You rested. You delivered. And now you're officially a mom! All of us at Allegheny Health Network want to welcome your new little one into the world and send our warmest congratulations to you for the work and patience you put in to make it happen. We also want to remind you and your family that even though your pregnancy has officially ended, we're still here with you for the months to come.

Pregnancy is normally measured in the three trimesters that lead up to birth. But in many ways, the months following birth are just as important in making sure you and your baby are healthy — that's why we're calling it the 4th trimester. During these next few months, your health is our focus as it was during the last nine months. And we're here to help when you need us!

As you cuddle, feed, change, and get to know your new bundle, please remember that you have access to continued support and resources that can help you get the hang of breastfeeding, make sure your new baby questions are answered, and keep your mind and body feeling as good as possible during this challenging and exciting time.

You've got this!

Notes to Mom ... It's All About Me

What's Happening to My Body?

Month Ten	Month Eleven	Month Twelve
Breasts feel enlarged as milk comes in	Menstrual cycle may resume 7-12 weeks after birth if not breastfeeding	Sleep may be sparse, but important
Back and shoulders may hurt from carrying baby	Tears and incisions may take 6 weeks to heal	With good nutrition and exercise, weight loss continues
Episiotomy may take 4 weeks to heal	The uterus takes up to 6 weeks to return to normal size	Postpartum depression signs should be discussed with doctor
Swelling in the face, hands, ankles, and neck start to reduce	Sex may be painful for a few weeks	
Mild incontinence may begin	Exercise may resume	
Shifts in mood may become obvious; watch for signs of postpartum depression	Continue to monitor for changes in mood or behavior	
Vaginal discharged called lochia is present		

Consider adding your own experiences – especially if you want to discuss them further with your caregiver

Good Positioning and Attachment for Breastfeeding

During the early days and weeks of breastfeeding, you want the best possible positioning and attachment so that your baby can feed most efficiently. This will help you avoid many of the problems that arise from poor positioning, such as sore nipples. When your baby is well attached, the breast drains well, which helps to assure a good milk supply.

There are many different positions you can use to breastfeed such as cradle, cross-cradle, football hold, or side-lying. Your hospital nurses can help you decide which ones work best for you.

To assure you are in the best position, ask yourself these questions each time you breastfeed:

- **Am I comfortable?** Your shoulders and arms should be relaxed. You may need to adjust your position to support your back or use pillows. Always bring your baby to your breast. Leaning forward to put your breast into your baby's mouth can lead to poor attachment for the baby and discomfort for you.

- **Are my baby's head and body in a straight line?** If your baby is in an awkward position it may be hard for him or her to latch properly and to swallow, especially if the head and neck are twisted.
- **Is my baby close to me and facing my breast?** Support the baby's neck, shoulders, and back so the head can tilt back and the baby can swallow easily.

Is my baby latched well?

Look for these signs:

- Chin is pressed into the breast and nose is clear or only just touching the breast.
- Lips are flanged (turned out) over the breast.
- Your baby has much of the areola (darkened area around the nipple) in his or her mouth, more so on the "chin side."
- Your baby moves the whole jaw when sucking — not just moving his or her lips.
- You do not feel any pain.



Are Pacifiers OK for a Breastfed Baby?

Mothers often ask about whether it is OK to use a pacifier to calm their baby, others are afraid to. While they can be a useful tool for crying babies and frazzled parents, there are some new insights into the use of pacifiers for breastfeeding babies. Here are some things to consider:

Pacifiers can...

Affect the baby's ability to suckle if introduced too early

If given to a newborn before two weeks of age, a pacifier may affect the baby's suckling ability. Wait until after good breastfeeding habits have been established to introduce a pacifier.

Cause missed feedings if overused

When a baby suckles, a hormone that causes the baby to feel full, calm, and sleepy called cholecystokinin is released in the infant's gut. This release comes in two waves: the first, about 10 minutes into the feeding, is thought to be initiated by the act of suckling, and the second, about 30 minutes into the feeding, is stimulated by the presence of milk (fat) in the baby's digestive system. Because this response happens when the infant is feeding at the breast and can also happen while sucking on a pacifier, parents should be cautioned about the over-use of pacifiers resulting in missed feedings and failure to gain weight.

Shorten the duration of breastfeeding if used too often

Research has also shown that infants who use pacifiers may breastfeed for a shorter period of time, possibly because less breast stimulation can lead to lowered breastmilk production or because frequent pacifier use might signal other breastfeeding difficulties.

Reduce the risk of Sudden Infant Death Syndrome (SIDS)

For this reason, the American Academy of Pediatrics has recommended using a pacifier while the baby is going to sleep. Parents should wait a few weeks until breastfeeding is well established before giving a pacifier at bedtime. The risk of SIDS is highest in the second and third months of life. If the pacifier falls out of the mouth once the baby is asleep, it does not need to be replaced.



Infant Hunger Cues

Babies show several cues in readiness for breastfeeding. Tuning into your baby's cues will make your feeding more successful and satisfying for both your baby and for you.

Your baby does not have to cry to let you know he is hungry. Crying is the last hunger cue!

- Awakening
- Soft sounds
- Mouthing (licking lips, sticking tongue out)
- Rooting towards the breast (turning the head and opening the mouth)
- Hand to mouth activity
- Crying beginning softly and gradually growing in intensity

Try to catch your baby's feeding cues early in the cycle — avoid crying — and begin breastfeeding!



Lactation Support Contact Numbers



Forbes Hospital
412-858-2155

Jefferson Hospital
412-469-7100

Saint Vincent Hospital
814-452-7732

West Penn Hospital
412-578-7030



Postpartum Doctor Visits

For you

A nurse will call you two weeks after delivery just to see how things are going, how you're feeling, and if you have any questions. As always, don't hesitate to pick up the phone and call your doctor if you're not feeling well!

Your OB/GYN will want to see you 6–8 weeks after you give birth, unless there is concern to be seen sooner. **Some of the things they'll cover during that visit include:**

- An evaluation for postpartum depression.
- A physical exam.
- Contraception options.
- Breastfeeding comfort and concerns.
- Anything else you'd like to discuss.

For baby

Following birth, your baby's doctor will want to schedule appointments:

- 2-3 days after getting discharged from the hospital
- Around 2 weeks of age
- 1 month old
- 2 months old
- 4 months old
- 6 months old

At these visits, the doctor will:

- Weigh and measure baby to monitor his or her growth.
- Ask about sleeping (how long and where), eating (how much and how often), and wet/dirty diapers.
- Administer vaccines during certain visits starting at the 1 or 2 month appointment.
- Check mom for signs of postpartum depression.

When to Call the Baby's Doctor

Trust Your Instincts!

If you suspect something is not right, you should always call your baby's doctor. Even small changes in eating, sleeping, and/or crying can be signs of serious problems for newborns.

Call your baby's doctor if your baby has any of the following symptoms:

- No urine in first 24 hours at home
- No bowel movement in the first 48 hours at home
- Trouble breathing, very rapid breathing (more than 60 breaths per minute), blue lips, or fingernails
- Pulling of the ribs when breathing
- Wheezing, grunting, or whistling sounds when breathing
- Rectal temperature above 100.4 degrees F or below 97.8 degrees F
- Persistent cough
- Nosebleeds
- Yellow or greenish mucus in the eyes
- Pus or red skin at the base of the umbilical cord stump
- Yellow color in whites of the eye and/or skin (jaundice) that gets worse three days after birth
- Circumcision problems - Worrisome bleeding at the circumcision site, bloodstains on diaper, or wound dressing larger than the size of a grape
- Vomiting
- Diarrhea — This can be hard to detect, especially in breastfed newborns. Diarrhea often has a foul smell and can be streaked with blood or mucus. Diarrhea is usually more watery or looser than normal stool. Any significant increase in the number or appearance of your newborn's regular bowel movements may suggest diarrhea.
- Fewer than six wet diapers in 24 hours
- A sunken soft spot (fontanel) on the baby's head
- Refuses several feedings or eats poorly
- Hard to wake up or unusually sleepy
- Extreme floppiness, lethargy, or jitters
- Crying more than usual and very hard to console

Sources: American Academy of Pediatrics, American Medical Association, and March of Dimes



For more information,
visit [WomensHealth.gov](https://www.womenshealth.gov)



The Importance of Sleep

Sleep is an essential part of our physical and mental health — it allows the body to heal itself and function on a day-to-day basis. But many new moms don't get enough sleep as babies may wake frequently during the night for feeding, changing, and fussing. Sleep deprivation can take a toll over time and can lead to irritability, illness, stress, and forgetfulness. But hang in there — it does get better!

While some days will be easier than others to get the rest you need, it's important to try to sleep whenever you can. Here are some helpful tips to sneak in periods of rest:

Sleep when your baby sleeps.

Silence your phone, hide the laundry basket, and ignore the dishes in the kitchen sink. Calls and chores can wait.

Set aside social graces.

When friends and loved ones visit, don't offer to be the host. Instead, ask if they could watch the baby while you take a nap.

Don't "bed share" during sleep.

It's OK to bring your baby into your bed for nursing or comforting — but return your baby to the crib or bassinet when you're ready to go back to sleep.

Split duties.

If possible, work out a schedule with your partner that allows each of you alternately to rest and care for the baby.

Give watchful waiting a try.

Sometimes, you might need to let your baby cry himself or herself to sleep. Unless you suspect that your baby is hungry or uncomfortable, it's OK to encourage self-soothing. If the crying doesn't stop, check on your baby, offer comforting words and leave the room. Your reassuring presence might be all your baby needs to fall asleep.

Food as Fuel: Good Nutrition After Delivery

Eating a healthy, balanced diet is always important. But in the months following pregnancy, your body really needs that fuel to recover from pregnancy and delivery, boost energy, fight fatigue, and maintain a healthy weight. If you're breastfeeding, eating well enables your body to produce wholesome milk for your baby. **Some of the nutrients that are especially important in the 4th trimester are:**

Protein: Foods like beans, seafood, lean meats, eggs, and soy products are rich in protein, which help your body recover from childbirth. Aim for five servings each day, or seven if you're breastfeeding.

Calcium: You'll need 1,000 milligrams — about three servings of low-fat dairy — each day.

Iron: This nutrient helps your body make new blood cells, which is especially important if you lost a lot of blood during your delivery. Red meat and poultry are high in iron. So are tofu and beans. Whether you eat meat or go vegetarian, 15 milligrams daily should be your goal.

Source: WebMD



While it might be challenging to shop for and prepare healthy food while caring for a newborn, there are tips and tricks to make good nutrition possible:

1. Snack when your baby snacks.

Sneak in small bites of fruit, yogurt, low-fat cheese, or whole-grain bread or muffins whenever you feed your baby. Stash healthy snacks within arm's reach of your go-to nursing spots.

2. Accept help.

When friends offer to help, ask them to bring versatile, prepared foods like a roast chicken, prewashed bags of salad greens, fruit salad, veggies and dip, or whole-wheat bagels.

3. Befriend your freezer.

Now's the time to defrost any homemade goodies you pre-made or had friends bring and enjoy them. Also, stock up on frozen dinners and snacks (look for healthy ones).

4. Dial up a delivery.

You've earned a break. Don't be shy about opting for deliveries from grocery stores and restaurants. Consider ordering ahead a few meals to reheat later.

5. Plan ahead.

If you're cooking, make extra for later. Boil six eggs instead of one, make the whole box of brown rice, bake a few potatoes, and cut up extra veggies.

6. Drink, drink, drink.

Keep bottles of water in every room of the house, so no matter where you and baby are, you can grab a quick drink. To keep yourself hydrated (dehydration can lead to fatigue), make sure you have a drink every time baby does.

Adapted from whattoexpect.com

Exercise and Stress Management to Keep You Going

The idea of physical activity probably sounds overwhelming when you're coping with the added responsibilities of a new baby, but it's important to be active when you can. Even just a little bit of light exercise each day is helpful in reducing stress, improving self-esteem, increasing energy, regulating moods, getting your body back to its pre-baby shape, and sleeping more soundly when you do have the chance to rest.

If you had a healthy pregnancy and a normal vaginal delivery, you should be able to start exercising again soon after the baby is born. Usually, it is safe to begin exercising a few days after giving birth — or as soon as you feel ready. If you had a C-section or other complications, ask your health care provider when it is safe to begin exercising again.

The best exercise is the one you can do safely and regularly. You know your body better than anyone — listen to it! When you are ready to start exercising, here are some ideas for getting the recommended 20–30 minutes of movement each day:

- Walking is a great way to get back in shape. Walking outside has an added bonus because you can push your baby in a stroller.
- Check out fitness DVDs and online exercise programs you can do right at home. Many are designed for women who have just had a baby. Some even show you how to involve your baby in the exercise routines.
- Check with your local fitness clubs or community centers for classes that interest you, such as yoga, Pilates, spinning, and dance. Some gyms even offer special postpartum exercise classes and classes you can take with your baby. You get the added benefit of social time, and workout buddies that keep you motivated!

Adapted from the American College of Obstetricians and Gynecologists

Starting Motherhood with Less Stress

Having a baby is a big life change, and stress is to be expected. There are so many new responsibilities, an unpredictable schedule, less sleep, hormonal changes, wondering if you're doing it right — it's enough to make even the coolest cucumber sweat sometimes!

Self-care and stress management are an essential parts of adjusting to motherhood, and each day offers a new opportunity for renewal and moments of calm. Here are some ways to re-frame stressful situations and restore a little peace to these next few months:

Identify what's causing the stress.

Then determine what might be done to minimize that stressor — or how you react to it. Give yourself permission to adjust your standards and accept that it's OK if things aren't as they've always been.

Recognize what you can control, and what you can't.

Newborns have their own quirks, schedules, preferences, and agendas — and that unpredictability is part of what makes them cute!

Take care of your body.

Good sleep, nutrition, and exercise are essential parts of coping with stress and anxiety.

Make time for daily relaxation.

Even if it's just a few minutes while baby is sleeping or with another caregiver, treat yourself to gentle music, focused breathing, reflection, yoga, or meditation.

Give yourself a pep talk.

Positive self-talk may feel silly, but putting a positive spin on things can make them seem less daunting.

Accept help from your partner, friends, and family.

They're eager to lend a hand with things like running errands, dropping off meals, watching an older child, keeping you company, holding the baby while you take some time for yourself, and so on.

Know there will be setbacks. Be kind to yourself when they happen!

Your Emotional Health: Baby Blues and Postpartum Depression

There's a preconceived idea that the weeks and months after giving birth is supposed to be the happiest time for a woman. And that makes it extra hard to admit to yourself or tell someone if you're actually struggling and feeling sad during the 4th trimester. You may have heard about the "baby blues," or feeling a little down after you have a baby. But postpartum depression is something more.

Postpartum depression, or PPD, is more persistent and lasts longer than the blues, and it's a lot more common than people think. About one in every seven new moms will experience postpartum depression — it's so common that it's considered the number one complication of pregnancy. PPD isn't just about the situation. It's a mix of significant changes in your body with the added pressure of becoming responsible for a baby. Giving birth creates waves of rapidly changing hormones, sometimes giving way to sad and hopeless thoughts. For many, this period of 'baby blues' doesn't last long. For others, these feelings just won't stop. It can affect anyone, even if you don't have a history of depression. And it absolutely does not mean you're a bad mom.

What are some of the signs of PPD?

- Loss of pleasure or interest in activities you once enjoyed
- Feeling of sadness most of the time
- Change in appetite
- Feeling guilty about not being a good enough mother
- Feeling irritable or having a low frustration tolerance
- Feeling indecisive or angry
- Lack of focus or having feelings that you don't care about anything
- Struggling to interact or connect with your baby
- Struggling to engage with family and friends
- Feeling like a whole different person

What to Do

Fortunately, postpartum depression is a treatable medical condition, but it's urgent and help is necessary right away. At Allegheny Health Network, we build a personalized plan based on your specific experience. We stress the importance of early detection and emphasize the need to watch for warning signs of PPD — not only by yourself, but by your loved ones, family, and friends. Postpartum depression is real, and it's not your fault.



Postpartum anxiety

Most new moms feel stress and worry, but sometimes it can be worse than that. Postpartum anxiety is a lesser-known but still serious medical condition that affects about 10 percent of new moms. Symptoms include constantly feeling on edge, irritability, sleeplessness, rapid heartbeat, nausea, racing or irrational thoughts, and lack of focus. If you feel these things more often than not, please call your doctor.

Please reach out to your obstetrician, midwife, or primary care physician and share your concerns. If you feel that those already helping are not doing so aggressively enough, please reach out to a therapist or psychiatrist.

You can also call us, or have someone call with you, at any time. Contact AHN Women's Behavioral Health at **412-578-4030** or visit ahn.org/hope. We'll get you in for an appointment right away and find out how we can help you feel better. Our innovative outpatient program is one of the first of its kind in the region for mother-baby care, and one of only a few in the country.

Caring for moms and babies in every trimester, even the 4th trimester, is #LivingProof.

If you feel like you're deep in depression and you fear that there is immediate danger, such as self-harm or harm to the baby, please call 911 or 1-800-SUICIDE for help.

Resources

National Suicide Prevention

1-800-273-8255 (hotline)

suicidepreventionlifeline.org

Call for yourself or someone you care about; free and confidential network of more than 140 crisis centers nationwide; available 24/7

Local Hotline

Resolve Crisis Network 1-888-796-8226

24 hr/365 day access by phone, in-home, or walk-in

postpartumdads.org

ppdsupportpage.com

postpartumexperience.com

Allegheny Health Network and Alexis Joy Foundation

In 2015, AHN and the Alexis Joy Foundation forged a partnership to fuel research and spread knowledge about perinatal depression. Today, the organizations are working together to develop a triage program in AHN hospitals designed to more effectively screen women for perinatal depression. They have also transformed the perinatal depression treatment experience, focusing on keeping mothers physically and emotionally connected to their children throughout the healing process.

Allegheny Health Network Women's Behavioral Health

AHN Women's Behavioral Health is dedicated to addressing the emotional health of women throughout their lifetime. Our team is comprised of clinicians who provide comprehensive evaluation of and specialized treatment for perinatal depression and anxiety. Please refer to the region-specific materials enclosed in this booklet for specific contact information in your area or call **412-578-4030** for more information.

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 412-330-2400.

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 412-330-2400。

French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 412-330-2400.

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 412-330-2400.

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 412-330-2400.

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 412-330-2400.

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 412-330-2400.

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 번으로 전화해 주십시오. 412-330-2400.

Mon-Khmer

ប្រយ័ត្ន: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, ស្នើសុំជំនួយជូនក្រុមភាសា ដោយមិនគិតលុយឡើយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 412-330-2400.

Pennsylvania Dutch

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schpooch. Ruf selli Nummer uff: call 412-330-2400.

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 412-330-2400.

Portugese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 412-330-2400.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 412-330-2400.

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 412-330-2400.

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 412-330-2400.

Forbes Hospital

2570 Haymaker Road
Monroeville, PA 15146

412-858-2000

Jefferson Hospital

565 Coal Valley Road,
Jefferson Hills, PA 15025

412-469-5000

Saint Vincent Hospital

232 West 25 Street
Erie, PA 16544

814-452-5000

West Penn Hospital

4800 Friendship Avenue
Pittsburgh, PA 15224

412-578-5000



Allegheny
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AHN.org