



Atrium Health

YOUR GUIDE TO
*Pregnancy &
Motherhood*

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TRIMESTER

1



FIRST TRIMESTER: WEEKS 0 TO 13

The first trimester starts the first day of your last menstrual cycle and lasts for the first three months of your pregnancy.

In these early stages – and throughout your pregnancy – taking care of your baby means taking care of yourself, too. “This is an important time to eat well, sleep and take vitamins,” says Susan Brown, MD, an OB/GYN at Eastover OB/GYN. “It’s also a time to avoid alcohol, drugs and certain medicines that can cause birth defects.”

From the moment the embryo has implanted, your baby doesn’t waste any time developing. And by the end of the third month, almost all your baby’s organs have started to grow, from head to toe.

FAST FACTS



Early signs of pregnancy

You may experience light bleeding in the first month, as your baby starts to form. Because many women don’t yet know they’re pregnant, they mistake this as a menstrual cycle – but it’s actually implantation bleeding.



Frequent visits

It’s recommended that pregnant women start their prenatal visits before 10 weeks to run all the necessary tests and date the pregnancy.



Taking vitamins

Dr. Brown recommends taking prenatal vitamins with at least 400 micrograms of folic acid or more to help protect your baby against spina bifida.

YOUR BABY



Your baby’s heart starts developing right away – and at 6 weeks, you can see it beat on an ultrasound.



Your baby’s eyes and brain begin to develop, and you can help by taking a prenatal vitamin with omega-3 fatty acids.



The placenta and umbilical cord appear early – at around 5 weeks.



Already, your baby has the beginnings of muscles, bones and even teeth.



From their fingers to their toes, your baby’s hands and feet are in the early stages of development.

The Expected and Not-So-Expected Symptoms of Pregnancy

You're in the early weeks of pregnancy and enjoying everything about this miracle of life growing inside of you. Except you're nauseous, tired beyond belief and contemplating setting up permanent shop in the bathroom.

The miracle of life is – yes – a miracle. But some of the early symptoms – like tender, swollen breasts and increased urination – can leave you feeling a little less than miraculous.

According to Portia Cohens, MD, an OB/GYN at Greater Carolinas Women's Center - University, feeling different is just a normal part of pregnancy. "Pregnancy is a time of immense changes in your body that will feel abnormal but are completely normal," says Dr. Cohens.

There are a few expected – and unexpected – symptoms you can prepare for in your first trimester and throughout your pregnancy.



You're nauseous

One of the most familiar early symptoms of pregnancy is morning sickness, which causes nausea and vomiting. According to Dr. Cohens, morning sickness typically starts around the sixth week of pregnancy and may last until around the fifteenth week. Despite what its name implies, morning sickness isn't always limited to the early part of the day. While its effects are strongest in the morning for most, you can experience it at any time of day – and even later into the pregnancy.

Although morning sickness is a common symptom of early pregnancy, many soon-to-be moms might worry about the effects vomiting, lack of appetite and even food aversions will have on their baby. But Dr. Cohens says not to sweat it. "During this time, your baby's nutritional needs are minimal," she says. "Think about it this way: Your baby isn't even the size of a pea at this point. Even if you're unable to keep any food down, your baby is getting the nutrition it needs from your body's own stores. And you can rest assured you aren't harming your baby."

While Dr. Cohens says that morning sickness is a completely normal pregnancy symptom, it's always a good idea to talk to your doctor if you're vomiting throughout the day, dehydrated or losing too much weight.

You have bleeding or cramping

Spotting and cramping raise flags in any pregnancy, but these symptoms aren't always cause for alarm. According to Dr. Cohens, 1 in 5 women will have some bleeding during her first trimester.

"Bleeding or spotting is not always a sign that something's wrong," she says. Although bleeding can be a symptom of a miscarriage, Dr. Cohens says that 20 to 30 percent of women will experience implantation bleeding up to 10 days after conception. Implantation bleeding occurs when the fertilized egg attaches to the uterus.

Spotting during the first trimester can also be caused by having sex, from a pelvic ultrasound, or might indicate a vaginal or cervical infection. "Most

of these resolve spontaneously and don't cause any issue for the pregnancy," says Dr. Cohens.

Although bleeding, spotting and cramping can be totally normal, Dr. Cohens says to err on the side of caution. "Women who experience heavy bleeding with cramps or severe lower abdominal pain – like a period or worse – should contact their doctor's office for further recommendations and evaluation."

You're so tired

If you're falling asleep at your desk or taking mid-afternoon naps, we have good news: You're normal. "Fatigue is very common in the first trimester of pregnancy," says Dr. Cohens. "During this time, your pregnancy hormone levels are increasing significantly, and your body is supporting a new, developing life."

As your body changes and does everything it can to help your baby grow, it's normal to feel symptoms like low blood sugar, low blood pressure or heightened fatigue. And while healthy eating and staying active will help, it's important to remember it's okay to take care of yourself and give your body what it wants: rest.

In some cases, extreme fatigue can be a sign of anemia, or low iron, which is something your doctor will look for when you have your complete blood count checked. Pregnant women need around 27 milligrams of iron a day, says Dr. Cohens. She recommends continuing to take a prenatal vitamin during pregnancy, as they're full of the daily recommended amounts of vitamins and minerals, including iron.

"It's also a good idea to incorporate good sources of iron in your diet," says Dr. Cohens, who lists green, leafy vegetables; beans; dried fruit; quinoa; barley; and lean beef and turkey as good sources of iron.

You have tummy troubles

Heartburn, indigestion, constipation and flatulence. Though annoying – and sometimes embarrassing – these are all completely normal symptoms of pregnancy. “The increased levels of hormones, progesterone and relaxin work together to relax the smooth muscle in your digestive tract, causing it to move slower,” says Dr. Cohens. “This results in constipation and indigestion, or heartburn.”

While there’s a perfectly good explanation for constipation and indigestion, they’re hardly enjoyable. To treat constipation, Dr. Cohens recommends drinking lots of water, using probiotics, exercising, and eating fiber-rich foods – like fruits and vegetables. Avoiding refined foods – like white bread and white rice – can help, too.

As far as indigestion is concerned, Dr. Cohens suggests eating smaller, more frequent meals – and eating them slowly. She also says to drink fluids between meals instead of with them and to cut off all foods and liquids about two hours before bedtime. Avoid foods that trigger heartburn, and try sleeping with your head and shoulders elevated. If you do these things and nothing works, Dr. Cohens says that most over-the-counter antacids are safe to use during pregnancy.

You’re full of emotions

Throughout your pregnancy, you might notice that your emotions are all over the place. In a matter of minutes, you can feel joyful, anxious, excited and overwhelmed. On top of hormonal changes, many soon-to-be moms have fears about parenting and financial stress. Add nausea, fatigue and constipation into the mix – and it’s no wonder being pregnant brings such a slew of emotions.

While changes in mood are a perfectly normal part of pregnancy, there are ways to cope and keep your mind as healthy as your body. “If left untreated or unaddressed, depression, anxiety and stress during pregnancy can cause expectant moms to use unhealthy behaviors to cope,” warns Dr. Cohens. “These in turn can lead to other pregnancy problems.”

If you’re battling anxiety or depression during pregnancy, Dr. Cohens recommends talking to your doctor, counseling, behavioral therapy, relaxation techniques, and in some cases, medication. Joining a mom’s support group or just spending time with a pregnant friend can also help assure you that other women are feeling the same way. And remember to go easy on yourself and try to make time to relax.

Lesser known – but still normal – symptoms

Though symptoms like morning sickness and fatigue might be more common, there are plenty of other pregnancy symptoms that are less common but also completely normal. Some women might experience changes to their breasts and areolas, a heightened sense of smell and warmer-than-usual body temperature. Increased saliva and spitting can also be completely normal symptoms of pregnancy.

For some women, it’s not the symptoms that concern them – it’s the lack thereof.

“Not having any symptoms can cause just as much stress as having them,” says Dr. Cohens. “The important thing to remember is that pregnancy symptoms will vary from woman to woman, pregnancy to pregnancy, and even trimester to trimester.”

According to Dr. Cohens, a lack of symptoms is not as uncommon as you might think – and it’s definitely not a sign that anything is wrong with your pregnancy. “Consider yourself fortunate if you’re not experiencing some of the common symptoms,” she says. “But keep in mind that just because you’re not having the symptoms early, it doesn’t mean you’ll never experience them. Some symptoms can start later in pregnancy.”

No two pregnancies are the same

The most important thing, says Dr. Cohens, is to remember that no two pregnancies will be the same. "Don't compare your pregnancy to anyone else's – not even to people you're related to or your own previous pregnancy. Every woman's experience will be different," she says.

If you ever experience heavy bleeding with cramping, severe lower abdominal pain, fever or other symptoms that concern you, talk to your doctor. Your OB/GYN care team is there to guide you through all the knowns – and unknowns of your pregnancy.



Changes to Your Body, Exercise, Sex Drive and More

You know your body will change during pregnancy, but you might not know exactly how – or where. Whether it's your growing belly, tender breasts, or concerns about exercise and sex drive, Jessica Juhaish, MD, an OB/GYN at McAlister OB/GYN Associates - Lincolnton, has some great advice to help you thrive in your ever-changing body.



Celebrate the scale

A few extra pounds aren't just to be expected – they're to be celebrated! That's because a healthy amount of weight gain during pregnancy is not just normal – it's a wonderful sign that your baby is growing and developing.

"How much weight you should gain depends on your weight at the time of getting pregnant and is based on your BMI, or your body mass index," says Dr. Juhaish.

There are plenty of free, easy-to-use BMI calculators online, but according to Dr. Juhaish, these are the general guidelines for weight gain:

- If your BMI is less than 18.5, you should gain around 28 to 40 pounds.
- If your BMI is between 18.5 and 24.9, you should gain around 25 to 35 pounds.
- If your BMI is between 25 and 29.9, you should gain around 15 to 25 pounds.
- If your BMI is over 30, you should gain around 11 to 20 pounds.

"Women who gain too much weight during pregnancy have an increased risk of large babies, as well as weight retention after the baby is born," says Dr. Juhaish.

While most pregnant women are focusing on gaining the right amount of weight, others might notice the scale going in the opposite direction, especially early in the pregnancy. "If you have nausea and vomiting, you may lose weight in the beginning of the pregnancy," says Dr. Juhaish. "This should improve during the second trimester. You should be weighed at every doctor's visit to check for weight gain or loss."

According to Dr. Juhaish, most women will need about 300 extra calories each day – or 600 extra calories if you're having twins. So while you might not need to eat for two, you do need to focus on eating a healthy, balanced diet and on giving your baby plenty of the right nutrients. This is the time to focus on being healthy, so be sure to talk to your doctor before making any drastic changes to your diet.

Break a sweat

While rest and relaxation are both important parts of pregnancy, don't underestimate the benefits of getting up and moving. Unless you've had previous conditions, complications or your doctor tells you differently, exercise is almost always safe and highly recommended during pregnancy.

Exercise can keep you healthy and feeling great – and it can also help ease some of the symptoms, like fatigue and stress. "Exercise will improve your overall health, as well as ease back pain and decrease the risk of gestational diabetes, preeclampsia and cesarean section," says Dr. Juhaish.

If you were a fitness lover before getting pregnant, you're usually okay to continue a modified version of your workout routine throughout pregnancy. If you weren't much of a sweater, no worries – your doctor can help you come up with a workout routine that's safe for you and your baby.

Aim for 30 minutes of exercise, 5 days a week – but don't overdo it. Stick to moderate intensity aerobic exercises – like walking and swimming. And try to avoid contact sports or activities that increase your chance of falling or injury – like soccer and horseback riding. As a rule of thumb, moderate intensity workouts mean your heart rate increases, but you're still able to talk normally.

Most importantly, don't push yourself too hard. Save the personal records and fitness milestones for after your baby is born. For now, listen to your body and stop if something hurts. And don't forget to warm up, hydrate, recover and refuel healthfully after every sweat session.



The best of the breast changes

Tender breasts are a common first symptom of pregnancy – and one of the first of many ways your breasts and body will change over the next several months.

“It’s normal to have breast tenderness early in pregnancy,” says Dr. Juhaish. “In the first few months, your breasts might increase in size. Your nipples might become darker, and you might express a yellow fluid called colostrum. These are all normal breast changes that can occur during pregnancy.”

Sore, tender breasts are just the body’s natural response to the increased hormones, fluids and blood flowing through your body during pregnancy. To treat your achy chest, Dr. Juhaish recommends warm showers, ice packs, and a bra that fits and offers good support. Sleeping with sore breasts can be especially painful, so for the time being, you might need to find a sleeping position that’s more comfortable.

A quickie word on pregnancy sex

So, is it safe to have sex while you’re pregnant? Will it hurt you – and more importantly, will it hurt the baby?

This is a question everyone asks, but you can relax – it’s almost always safe to have sex during pregnancy. With the amniotic sac and uterus muscles for protection, your baby is safe and sound and isn’t likely to be affected during intercourse. In fact, some women will have sex up to the day they go into labor, but don’t worry: Sex isn’t likely to cause early labor. “Sex is safe and won’t increase your risk of delivery,” says Dr. Juhaish. “You may have mild bleeding or cramps after having sex, but these should resolve on their own.”

Like everything else, sex drive and frequency and even how it feels will vary from person to person. Some women find sex during pregnancy to be more enjoyable, while others experience discomfort. And although sex is generally safe to have while pregnant, here’s something else to keep in mind: You might not want to. “It’s common to have sex less frequently during pregnancy,” says Dr. Juhaish. “This can be due to a decreased desire to have intercourse, but it’s often due to discomfort or the fear that it’s not safe.”

Watching your body change right in front of you can be both exciting and scary. But things like a few extra pounds, breast changes and even stretch marks all mean one thing – that you’re healthy. These are all normal parts of being pregnant, and you’ll learn to love your changing body because it’s supporting someone very important: your baby.

Is Genetic Testing Right for You?

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Most babies are born healthy, without any problems. But sometimes, babies are born with genetic disorders or syndromes. Many of the most common disorders – like Down syndrome, Trisomy 18 and spina bifida – can be detected before your baby is born. But is genetic testing right for you? And if so, do you know which test you'll choose?

Genetic testing typically falls into two categories: screening and diagnostic testing. Screening, which includes ultrasounds and blood tests, brings no risk of miscarriage and can only measure your baby's risk for certain disorders. Diagnostic testing, which includes chorionic villus sampling (CVS) and amniocentesis, gives you a more definite answer – but at a greater risk of miscarriage and complications because these tests are more invasive.

According to Warren Overbey, MD, an OB/GYN at Greater Carolinas Women's Center - University, the moms most likely to undergo any form of genetic testing are those with high risk factors. "High risk factors include the age of the mother, a family history of abnormalities, a previous child with a genetic disorder, abnormal blood tests, or an irregularity found in the first trimester ultrasound," he says.

Although high-risk moms are more likely to consider genetic screening, all pregnant women can be tested for genetic defects and disorders.

Keep reading to learn about a few of the most common genetic screenings and diagnostic tests.



First trimester screen: ultrasound and blood test

A special ultrasound and blood test make up what's known as the first trimester screen.

From figuring out how old your newborn is to checking on their growth and development, ultrasounds can also reveal your baby's risk of having certain genetic abnormalities. And the second part of the first trimester screen – a blood test – is used to measure your protein and hormone levels. The results of both tests are combined to determine your baby's overall risk.

"This test is about 85 percent accurate for Down syndrome and Trisomy 18 – two of the most common genetic abnormalities," says Dr. Overbey. The first trimester screen can also reveal your baby's risk for heart, skeletal and developmental defects.

Quad marker screen: blood test only

The quad marker screen is a blood test that's usually offered in the second trimester – between 15 and 22 weeks. Although Dr. Overbey says the first trimester screen tends to offer more precise results, the quad marker screen is still fairly accurate. "Like the first trimester screen, the quad marker screen will not give a diagnosis," says Dr. Overbey. "But it will reveal how likely it is that your baby will be affected."

In this test, your blood's proteins and hormone levels are analyzed. And using a mathematical algorithm, your doctor calculates your baby's risk of genetic abnormalities.

Noninvasive prenatal testing: blood test only

As your baby develops, small fragments of their DNA begin floating in your bloodstream. In noninvasive prenatal testing, these tiny fragments are analyzed, with no risk to your little one. This same test not only detects your baby's risk of certain chromosomal conditions but can also determine your baby's sex and blood type.

Noninvasive prenatal testing can be used as a primary screening or as a backup screening if you've received abnormal results on previous genetic screenings. "Noninvasive prenatal testing is 99 percent accurate for detecting Down syndrome and other chromosomal abnormalities," says Dr. Overbey.

But there's one thing to consider before making the decision to undergo noninvasive prenatal testing: the cost. "This is an optional test offered to pregnant women, but it's expensive," says Dr. Overbey. "Make sure your insurance will cover it."

The important thing to remember about the first trimester screen, quad marker screen and noninvasive prenatal testing is that abnormal results are not the same thing as a diagnosis. And in many cases, even when results reveal an increased risk, these results aren't always as accurate as diagnostic testing.

Get a diagnosis with amniotic fluid testing and placenta testing

Currently, amniocentesis and chorionic villus sampling (CVS) are the only genetic tests available that give a firm diagnosis. Unfortunately, because these tests are more invasive, both come with risks of their own. "Amniocentesis and CVS are more invasive tests with risks of miscarriage, infection, and a small risk of causing the water to break too soon," says Dr. Overbey.

These tests offer clarity, but the risks are something that mothers should keep in mind before making the decision to have them done.

During amniocentesis, your doctor uses a long, thin needle to get fluid from the amniotic sac. "The cells from the fluid are analyzed, and we can tell if the baby has certain abnormalities and defects," says Dr. Overbey, "In certain circumstances, this test can also be used to check on the baby's lung development."

Best performed between 15 and 17 weeks, amniocentesis usually takes no more than 30 minutes, with results in about two weeks. But in some cases, your doctor might be able to perform a faster version of this test called fluorescence in situ hybridization – or FISH, for short. This test can deliver results in as little as 48 hours.

Like amniocentesis, chorionic villus sampling is a test that can diagnose abnormalities before a baby is born and is offered to moms with increased risk factors. But instead of amniotic fluid, CVS tests a small sample of your placenta, from either your cervix or abdomen.

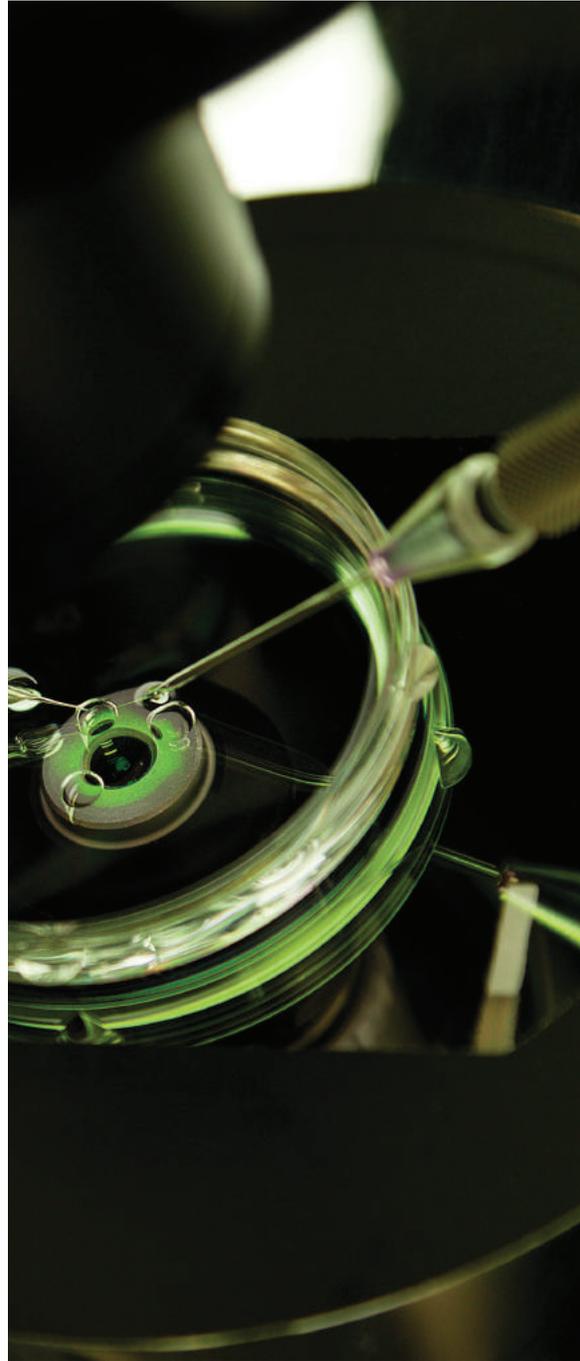
Chorionic villus sampling should be performed between 10 and 14 weeks and also brings with it the risks of miscarriage, infection and other complications. Though similar to amniocentesis in some ways, CVS will not detect neural tube defects, like spina bifida.

So, is genetic testing right for you?

As you try to decide which – if any – genetic test is right for your pregnancy, take the time to talk to your doctor, your partner and your loved ones. And make sure you know in advance what you'd do with the results. Genetic testing can give you peace of mind or help you be better prepared for your baby's unique medical needs.

"Understand what you would do before obtaining the test," says Dr. Overbey. "There is a great benefit to testing in the sense that families can learn about the conditions and make the necessary preparations for their child."

When it comes to genetic screening and testing, all you can do is make the decision that's best for you, your pregnancy and your baby. The important thing to remember is that these tests are optional, and the choice to undergo them is completely yours.



What You Can – And Can't – Eat During Pregnancy

The last thing you want to do is eat something that'll hurt your baby. Before you agonize over everything you put in your mouth, there's good news: When it comes to what you can and can't eat during pregnancy, there are only a few restrictions. And for the most part, they're common sense.

In the sections below, Ajay Patil, DO, an OB/GYN at Copperfield OB/GYN, gives the dish on what you can – and can't – eat during pregnancy. He covers everything from food to drink to over-the-counter medications, as well as what to do if you accidentally eat something you shouldn't.

(Hint: Don't panic!)



Keep it real at mealtime

While there aren't many foods you can't eat during pregnancy, a few menu items are off-limits. You should avoid raw or undercooked meats – like sushi and steak that's not cooked through. "Undercooked meat can cause stomach upset and other issues," says Dr. Patil. "When you're pregnant, you're more sensitive to that kind of thing."

Speaking of meat, meats stored cold – like deli meat – have a higher risk of harboring listeria. And so do foods made with unpasteurized milk – like raw cheeses. Although the chances of coming across listeria are slim, Dr. Patil says you're better off avoiding potentially contaminated foods altogether. "Listeria is a bacterium that can cause a miscarriage," he says. "Although most women who get listeria will have a slight response, it has the potential to be disastrous."

Your favorite sushi dish might not be allowed, but other fish options are safe to eat, including fresh fish like salmon and trout. You can also eat deep sea fish like tuna, sea bass or halibut – but only in moderation. While all fish are high in omega-3 fatty acids – which is great for you and your baby – larger fish are also high in mercury, which isn't safe for your baby's brain development.

In general, Dr. Patil also says that pregnant women should stay away from foods that are over-processed and high in salt and sugar. "There's no specific harm this will cause, but it's not recommended for your baby's growth," he adds. "You can increase your risk for gestational diabetes and high blood pressure just by eating these foods."

The most important thing for your diet is to keep it real! This means saying no to all things artificial, including sweeteners, dyes and flavorings. Try to follow a high protein, low carbohydrate diet, and focus on complex carbohydrates, like the ones found in fruits and vegetables.

And what if your healthy diet is meat-free? Whether it's a personal choice or the result of a food aversion during pregnancy, there are many reasons pregnant women choose not to eat meat. Rest assured, a vegetarian diet is almost always safe for your baby. "A large portion of the world is vegetarian, and they have perfectly healthy babies," says Dr. Patil.

If you're following a vegetarian diet during your pregnancy, just make sure you're eating enough protein and that your diet isn't all carbohydrate-based. You can get plenty of protein from beans, legumes and lentils. And you can turn to foods like broccoli, kale and spinach for a boost of iron.

Here's to happy hydrating

Just like foods, there are a few things you need to know to hydrate healthfully. In addition to drinking enough water, it's important to avoid anything that's unpasteurized, including milk. Although the dairy in milk is a great source of vitamin D and calcium, drinking unpasteurized milk is risky.

And if you love juicing, the same rules apply. "If you're into juicing, and you buy freshly squeezed juices, make sure they're pasteurized," says Dr. Patil.

Past the pasteurization, there's one drink every pregnant woman wants to know about – and that's coffee. Pregnant or not, it can be hard to go without that hot cup of joe in the morning.

If coffee is part of your routine, you're in luck: Most doctors – including Dr. Patil – say coffee is safe, in moderation. "As long as you keep your caffeine intake to less than 200 milligrams a day, you're okay. That's about a 12-ounce cup of coffee," says Dr. Patil. "It's safe and won't increase your risk of miscarriage, smaller babies or anything like that."

A little bit of coffee might be safe, but the same isn't true for alcohol, which is the leading cause of birth defects in the United States. "We know alcohol can cause potential harm to a fetus throughout pregnancy, so we say there's no alcohol consumption throughout your entire pregnancy," says Dr. Patil.

Though most fluids are safe during pregnancy, make sure water is your drink of choice.

Keeping your immune system strong

Missing out on a few of your favorite foods and drinks is no big deal, but what about medications? Are any safe?

According to Dr. Patil, most over-the-counter, acetaminophen-based medications are considered safe. "If you have a cold, you can absolutely take medicine," says Dr. Patil. "The only thing you really need to avoid are medications that have nonsteroidal inflammatory drugs, like ibuprofen."

Those nonsteroidal inflammatory drugs – or NSAIDs – can cause issues with your baby's circulation and should be avoided altogether. But when your nose is running and just won't stop, don't worry: Acetaminophen-based cold medications are totally fine. If you're breastfeeding, just keep in mind that some decongestants can dry out breast milk. Oh, and your allergy medication? It's probably safe, too, but make it a point to talk to your doctor about any medications you might be taking.

To avoid getting sick, you can keep your immune system strong by feeding your body right – and that means getting all your vitamins. The most important vitamins during pregnancy are iron, calcium and vitamin D. You should also try to increase your intake of folic acid, which is found naturally in beans, lentils, nuts, avocado, broccoli and spinach.

Docosahexaenoic acid – or DHA, for short – is another important nutrient. A supplement that can be taken with your prenatal vitamin, DHA is an omega-3 fatty acid that can help with your baby's brain development.

With so many vitamins on the market, it can be hard to know which is best. All prenatal vitamins are FDA-regulated and are going to have the same recommended amounts of vitamins for pregnant

women. So, as Dr. Patil says, you don't need "designer vitamins" – any prenatal vitamin will give you the nutrients you need.

Always pick solid prenatal vitamins over gummy vitamins, which don't contain iron. While gummy vitamins are okay to take early in your pregnancy – when you're really nauseous – switch to solid prenatal vitamins when you start feeling better. This will help prevent iron deficiency and keep you healthy and feeling great.

So, what's for lunch?

The rules around what you can and can't eat during pregnancy are pretty straightforward and easy to follow. The most important thing is to eat healthily, regularly and practice moderation. "You don't have to be overly cautious," says Dr. Patil. "It's okay to have a good and varied diet. You can have cookies and cake, but they shouldn't be major parts of your diet."

Before you eat or drink something, ask yourself one question: Would I feed this to my baby? "That's what you're doing when you're eating it," says Dr. Patil. "When you're going to pick up an energy drink, ask yourself if you would give that to your newborn in their baby bottle. You wouldn't, so you shouldn't be drinking it, either."

If you realize mid-meal that your burger's undercooked or that your juice is unpasteurized, don't panic – but do keep track of your symptoms. And to stay informed on the latest listeria contaminations, Dr. Patil suggests checking [cdc.gov](https://www.cdc.gov) for products that have been recalled. If you think you've eaten a contaminated item – or if you have a fever, chills, upset stomach, nausea or vomiting – call your doctor right away. Because while the chances of encountering listeria are rare, it's not a risk worth taking.



What You Need to Know About Pregnancy Complications

When you're pregnant, the last thing you want to worry about is what can go wrong.

But unfortunately, some pregnancies will face complications. Although improving your health before pregnancy and taking prenatal vitamins during pregnancy can help prevent some things, complications often happen without warning.

"Many medical problems that exist before pregnancy can increase the risk for complications," says Kaci Farmer, MD, an OB/GYN at NorthEast Women's Health and Obstetrics - Davidson.

A few of the most common pre-existing risk factors include hypertension, diabetes, obesity and thyroid disease. If you've had a history of pregnancy complications or multiple cesarean deliveries, you might also have a greater risk for complications in future pregnancies.

If you're worried about pregnancy complications, the best thing you can do is know what to watch for – and see your doctor regularly throughout your entire pregnancy.



Advanced maternal age

You might've heard the term 'advanced maternal age,' which refers to any pregnancy in a woman over the age of 35.

While your 30s and 40s are hardly elderly, getting pregnant at what's considered an advanced maternal age can put you at an increased risk of pregnancy complications. "As women age, their risk for having a genetically abnormal pregnancy increases. And the risk continues to increase each year," says Dr. Farmer.

Miscarriages are one of the most common age-related complications. And older women are more likely to have pre-existing medical problems, which can pose additional risks.

But Dr. Farmer has good news: Despite the increased risk, most women over 35 years old go on to have normal, healthy pregnancies.

Gestational diabetes

Caused by hormonal increases at the end of the second trimester, gestational diabetes affects about 5 to 6 percent of pregnancies. And while this is almost always a manageable complication, women diagnosed with gestational diabetes are at a higher risk of preeclampsia, C-section and low blood sugar.

"Maintaining tight control of blood sugar throughout pregnancy is critical in preventing complications from gestational diabetes," says Dr. Farmer. "Some women will be able to control their blood sugar with diet alone – but most will require medication."

There are certain factors that put you at a higher risk of gestational diabetes – like a history of gestational diabetes and obesity. But it can happen to anyone, and your doctor will screen you to be safe, performing a one-hour glucose tolerance test to check for gestational diabetes.

"This includes drinking a sugary liquid, followed by a blood test an hour later," says Dr. Farmer. "If the blood test shows elevated blood sugar, your doctor will perform a three-hour glucose tolerance test next to diagnose."

If you think you might be at a higher risk for gestational diabetes, there are ways to prevent it, including maintaining a healthy weight and staying active throughout your pregnancy. And if you're diagnosed with gestational diabetes during your pregnancy, just know that it usually goes away on its own after delivery.

Placenta previa

Typically, the placenta is attached at the top of the uterus. But placenta previa is a condition in which the placenta attaches to the lower part of the uterus and covers the mother's cervix. "It often occurs without any signs or symptoms, but some women will experience vaginal bleeding during pregnancy and delivery," says Dr. Farmer.

To diagnose and monitor placenta previa, your doctor will perform an ultrasound. The best treatment for placenta previa, says Dr. Farmer, is close monitoring and pelvic rest. Pelvic rest means avoiding having sex and any exercises that might strain the pelvis, as well as even avoiding dilation checks.

All pregnancies affected by placenta previa will be delivered by C-section, but if there's prolonged bleeding, your doctor might call for an emergency delivery.

Ectopic pregnancy

In an ectopic pregnancy – or tubal pregnancy – the fertilized egg attaches itself in an area outside of the uterus, like the fallopian tube, where it can't develop. Unfortunately, the egg can't survive an ectopic pregnancy, and treatment is focused on keeping the mother healthy and saving the fallopian tube. Ectopic pregnancy can usually be treated with medication, but in some cases, surgery is the best, safest option.

Most ectopic pregnancies occur during the first trimester, usually before 8 weeks. Although you might not have any signs outside of the normal pregnancy symptoms, abdominal pain and spotting in the first trimester can be signs of an ectopic pregnancy.

Certain factors can put you at greater risk for an ectopic pregnancy, including smoking, preexisting STDs, age and endometriosis. If you think you might be at risk or are showing any signs or symptoms, call your doctor immediately.

Preeclampsia

Preeclampsia is a complication related to high blood pressure that usually occurs after 20 weeks, but it can occur even earlier in some cases.

Symptoms of preeclampsia include high blood pressure, headache, decreased urination, vision changes and shortness of breath. Women in their first pregnancy or who have a history of high blood pressure or diabetes might be at a higher risk of preeclampsia, as well as women who have undergone invitro fertilization.

Preeclampsia can restrict an unborn baby's growth, and it also puts the mother at an increased risk of seizures, stroke and heart attack. The severity of preeclampsia can vary from pregnancy to pregnancy, and in the most severe cases, the only treatment is delivery.

Preeclampsia can be unpredictable – and prevention isn't always successful. But Dr. Farmer says that one way you can decrease your risk is by taking 81 milligrams of aspirin every day after 12 weeks.

Miscarriage

Miscarriages, or the loss of pregnancy, affect 1 in 3 pregnancies and are one of the most common pregnancy complications. They usually occur in the first trimester, almost always in the first 8 weeks.

Signs of a miscarriage include heavy bleeding and cramping. If you're having these symptoms, call your doctor right away. "Unfortunately, once a miscarriage is in progress, there's nothing that can be done to halt the process or prevent it," says Dr. Farmer.

And if there's significant bleeding or symptoms of anemia – like shortness of breath, dizziness, weakness or fast heartbeat – Dr. Farmer says to seek emergency care right away.

Although certain factors can put you at a higher risk of miscarriage – including genetic problems, uterine abnormalities and pre-existing medical conditions – miscarriages are almost always spontaneous. And they're never your fault.

"For women experiencing a miscarriage, I want them to know they've done nothing wrong to cause this," says Dr. Farmer. "The majority of the time, miscarriages are unpreventable."

If you have a miscarriage, remember you aren't alone. Whether it's your family and friends or your doctor and local support groups, don't be afraid to reach out for help.

Keep up with your OB/GYN visits

Although certain factors can put women at a higher risk, pregnancy complications can happen to anyone – and can happen without warning. "Pregnancy complications are often unpredictable and can occur in patients with no risk factors," says Dr. Farmer. "A low-risk pregnancy can become high-risk overnight, so regular prenatal care is very important."

Something to remember is that most pregnancies are free of any serious complications. Understanding your risks, knowing the warning signs and keeping up with your regular OB/GYN visits are just normal parts of maintaining a healthy pregnancy.

TRIMESTER

2



SECOND TRIMESTER: WEEKS 14 TO 27

It's the second trimester, and you can expect to see your OB/GYN for regular checkups and routine tests.

"During every trimester, your doctor's main focus is on keeping you and your baby healthy," says Joel Yancey, MD, an OB/GYN at Charlotte OB/GYN - Huntersville.

This might mean a lot of visits to the doctor, but it's just one of the many ways you're taking care of your baby, before they're even born.

FAST FACTS



Big little changes

Your baby bump is really starting to show, as your baby's weight jumps from a mere ounce to 2.5 pounds on average. But your little one's not done growing yet and still has much developing to do!



Staying on schedule

As your prenatal visits become more frequent, your doctor will screen you for everything from gestational diabetes to anemia. Your doctor will also make sure you're gaining the right amount of weight to keep you and your baby healthy.



It's a...!

Through ultrasounds and other testing, your doctor will keep a close eye on your baby's anatomy, as well as your own. And if you want to know, these tests can also reveal your baby's sex!

YOUR BABY



We like to move it, move it! Your baby's movement becomes stronger and more frequent.



Your baby's first hairs begin to appear.



Your baby has eyelids, brows and lashes – and they can open and move their eyes.



Talk to your baby! Not only can they hear you, but they might even respond to your voice.



Your baby's fingerprints and footprints are starting to form – and so are their nails.

Creating a Birth Plan by Knowing Your Options



Second Trimester

The birth of your baby will be an exciting moment, as you meet your little one face-to-face for the first time.

If this is your first pregnancy – and even if it's not – giving birth can be full of unknowns. From creating your birth plan to understanding your options, deciding what you want for your baby can be overwhelming.

"It's never too early to begin learning about your options and thinking about your own wishes," says Hannah Steele, MD, an OB/GYN at Piedmont GYN/OB - Steele Creek. "A plan opens the door of communication between you and your provider regarding what you want during the labor process and delivery."

Dr. Steele says you should start writing down your desires for labor and delivery between the end of your second trimester and the beginning of your third trimester. As you develop your birth plan, make sure to consider whether your pregnancy is high risk, which hospital you'll go to, and what your doctor offers and recommends, as these things can all make an impact on your birth plan.

"Women should consider if they want pain medication during labor, how much they want to move around and who they want to be involved," says Dr. Steele. You'll also want to think about how you want your baby cared for after birth, which might include skin-to-skin contact, delayed cord cutting and even how your baby should be fed.

As you begin developing your birth plan, take the time to understand the most common birth options. You can – and should – decide which experience you prefer, but be flexible: Your birth plan might change to keep you and your baby safe and healthy.



Natural birth

Despite the pain management medications available, many women opt for a more natural labor. Natural birth can be less invasive than many of the other birth options, and a lot of women choose it in hopes of feeling more in control of their labor and delivery process.

“An unmedicated delivery allows the patient to remain mobile during the labor process and become mobile more quickly after delivery,” says Dr. Steele. “It also allows for active involvement of the significant other with continued support and coaching through painful contractions.”

Natural birth can be empowering, and it’s unmedicated, which is a main reason many women choose it. But this also means there’s a greater chance of pain and discomfort. “Patients can become exhausted quickly due to the continued pain of labor,” says Dr. Steele. “In some, this can prevent labor from progressing and make effective pushing more challenging.”

If you think you’re leaning toward a natural birth for personal or medical reasons, the most important thing you can do is surround yourself with a supportive labor team. And take the time to learn everything you can about natural delivery, either through child birth preparation courses or Doula support. You’ll also want to learn about coping techniques and pain management, like breathing exercises and visualization.

Medicated birth

Medicated birth is one of the most common birth options in the United States. It involves the use of an epidural to manage pain and discomfort during labor, delivery and even into recovery.

“Pain control during labor allows the mother to rest during the labor and save energy for pushing and delivery,” says Dr. Steele.

Although medicated birth can make the pain of labor and delivery more manageable, it can make it more difficult to effectively push, which can ultimately delay delivery. Also, patients will be unable to move too much for several hours after giving birth.

That said, many women find that medicated birth helps them fight fatigue and anxiety, allowing for a more positive and attentive birth experience. “It’s important for each woman to be honest with herself regarding her pain tolerance and personal desires for pain management during the delivery process,” says Dr. Steele.

There are different kinds of epidurals, including the regular epidural, walking epidural and epidural block. Your care team will help you decide which is best and safest for you and your baby.



C-section

In a cesarean section, or C-section, the baby is delivered through an incision in the abdomen and uterus.

In some cases, a C-section is a planned procedure. “There are several medical conditions – such as previous pelvic floor disorders, rectal surgery or suspected large babies – that might warrant a C-section,” says Dr. Steele, adding that a woman with a history of cesarean delivery might choose to do it again for future pregnancies. Women with previous extensive vaginal tearing during delivery or who have had other difficulties delivering vaginally might also plan for a C-section.

There are times when the decision to undergo a C-section is completely unexpected and sudden. Some cases that might demand an unplanned C-section include if the baby is breeched, or incorrectly positioned, or if the baby is too large for the mother’s pelvis.

If you and your doctor decide a C-section is the best birth option for your baby, you’ll receive an epidural. This will ease the pain while also allowing you to stay awake and alert for the birth. Once the incision has been made, your doctor will be able to reach in for your infant. You’ll hardly notice being stitched up as you savor those first few moments with your baby, who will either be placed on your chest or held close to you. Most mothers can expect to be in the hospital for about three days following a C-section.

Induced labor

For as natural as the labor and delivery process might seem, sometimes your body needs a little help getting started. If labor isn’t happening on its own, induced labor can help encourage contractions.

“There are many conditions in both the baby and mom that warrant induction of labor,” says Dr. Steele. For example, if you’re diagnosed with preeclampsia or gestational diabetes during pregnancy, or if your baby is past their due date, your doctor might recommend inducing labor.

How labor is induced can vary from medications to artificially rupturing the amniotic membrane – but your doctor will make this decision based on your body and your pregnancy. “Different strategies can be used during the induction process,” says Dr. Steele. “The method chosen is generally based on how thin or dilated a woman’s cervix is at the start of the induction.”

According to Dr. Steele, there’s no significant rush once induction has started, especially if mom and baby are both healthy. “As long as mom and baby are both doing well, we’re patient with the induction process to increase the chance of a successful vaginal delivery,” she says.

Most moms can expect the induced labor process to take up to two to three days and can prepare for the procedure just as they would for any other delivery.

Plan to change plans

You know what they say about the best-laid birth plans: Your baby doesn’t read them anyway.

No matter how much you prepare, babies rarely stick to the birth plan perfectly. And even the best plans can go completely out the window during labor and delivery. “It’s important to realize and remember that labor and delivery are unpredictable, and the primary goals are to deliver a healthy baby and keep mom healthy,” says Dr. Steele.

Remember that your care team and providers are your biggest advocates. They want your labor and delivery process to go just as you planned it – but sometimes the plan must change! They’ll be there to guide you when the labor process takes an unexpected turn and will help you adjust the plan as necessary to keep you and your baby healthy.

Everything You Need to Know About Maternity Classes

You're trying to learn everything you can about pregnancy and motherhood. But no matter how much you research and read, there's always more to learn – and the advice is always changing. How can you keep up? For one, you can go to a maternity class at the hospital where you'll be delivering.

"Expectant families can attend classes and learn from experts about a variety of topics," says Mandy Castor, FNP, a nurse practitioner at NorthEast Women's Health & Obstetrics - Concord. "These classes can help families feel prepared for pregnancy, childbirth and even for life after the baby is born."

Especially if you're a first-time mom – but even if you're not – the unknowns of labor and delivery can be a little unnerving. Luckily, Atrium Health offers plenty of classes and tours to help prepare you for everything to come.

And the best part? These classes are taught by the experts and other members of your hospital's care team.



Classes you won't want to cut

Maternity classes can be very helpful for soon-to-be parents and are held in group settings – so not only will you get to learn from experts, but you'll also get to talk to expectant families just like yours.

Here are a few of the classes Castor recommends for growing families:

- **Prepared Parent Childbirth:** This class prepares you for labor and delivery, and a tour of the maternity center is also included. Take this class once a week for 5 weeks, or knock it out in a single Saturday session.
- **Taking Care of Baby:** This class teaches you everything you need to know about taking care of your newborn. Learn how you can best keep your baby happy and healthy from day one.
- **Infant Safety:** You might be ready for your baby, but is your home? This class helps you prepare your home before your baby is born.
- **Infant Massage:** You love massages, and so does your baby! This class teaches massage techniques that can help your baby relax, sleep and grow properly. Sounds nice, right? You can take this class starting when your baby is a newborn and all the way up to 12 months.
- **Breastfeeding:** This class covers the basics of breastfeeding and nutrition for moms. Taught by a licensed lactation consultant, you'll be better prepared to breastfeed your newborn.

Most maternity classes are open to everyone: moms, dads and other members of your support system. But Castor says some classes are exclusively for other members of your family – meaning no moms allowed!

- **Boot Camp for New Dads:** This class is led by an experienced dad who helps prepare expectant dads. Dads will get to learn how to handle the challenges of parenthood, and they'll also get to talk to and meet other expectant dads.
- **Sibling Tour (Big Brother/Big Sister Program):** Offered for children between the ages of 3 and 10, this class teaches your older kids how to care for their new little brother or sister. Kids can also get a tour of the facility, but here's the cutest part: They're asked to bring a stuffed animal or doll to help them learn!

Needless to say, maternity classes offer a variety of benefits for expectant moms and their families. "You can learn a lot in these classes," says Castor. "And that knowledge can take away some of the anxiety of labor and delivery and of being a new mom."

Take the grand tour

What do I bring to the hospital?

Where do I go?

Is there Wi-Fi at the hospital?

When it comes to labor and delivery, expectant parents have lots of questions. According to Castor, facility tours can help answer these questions and more. "The family can see where the mom and baby will be staying while at the hospital," says Castor. "Taking a tour can help prevent some anxiety when moms go into labor."

Starting in the lobby, a facility tour will walk you and your family through everything you need to know about the maternity center's processes. You'll learn where to register, see the delivery room, and even get to check out where you and your baby will be staying until you go home.

"The entire process is discussed in detail so the family feels comfortable and knows the different phases and rooms they'll be in when the mom is admitted," says Castor.

Invite your support system on the tour, too! They'll learn where to park, where to wait, and, of course, where to find the gift shop.

Ready to learn a thing or two?

If you're ready to sign up for your first maternity class, just visit [AtriumHealth.org/MaternityClasses](https://www.AtriumHealth.org/MaternityClasses).

Some classes have a small fee, but many are available in bundles. And the sibling class and facility tour are both free! All classes are taught by certified educators or experts who want to make your experience wonderful.

Maternity classes are meant to be enjoyable and interactive. This means no tests and no pressure – just learning everything you can about being a new mom in a super fun environment.

Gestational Diabetes: Who's at Risk?

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Gestational diabetes is one of the most common complications that can occur during pregnancy, affecting up to 14 percent of women in the United States. Just like other types of diabetes, it affects how your body processes and uses sugar and can lead to high blood sugar levels. But unlike those other types, gestational diabetes is usually temporary and will almost always go away on its own after your baby is born.

Michael Keeley, MD, an OB/GYN at Shelby Women's Care, provides some insight into gestational diabetes and how you can deal if you're diagnosed.



Knowing if you're at risk

The truth is, no one really knows exactly why some women get gestational diabetes and others don't. "Anyone can get gestational diabetes – even women without risk factors," says Dr. Keeley. "And usually, there are no symptoms."

In the rare case that symptoms do appear, some pregnant women might experience fatigue, frequent urination and excessive thirst as a result of gestational diabetes.

Though there's still much to learn about the whys of gestational diabetes, certain factors can put you at greater risk. "You're at higher risk if you have a family history of diabetes or are overweight," says Dr. Keeley. "Your age and if you've had gestational diabetes in a previous pregnancy can also put you at risk."

The test for gestational diabetes is easy and given to all pregnant women, including those without risk factors. Your doctor will give you a sugary tasting drink and take a look at your blood sugar levels an hour later. The results reveal how your body responds to carbohydrates, letting your doctor know whether you have gestational diabetes or not.

Understanding the diagnosis

Complications in pregnancy are scary. But even if you're diagnosed with gestational diabetes, the chances of it harming your baby are minimal.

According to Dr. Keeley, the most common impact gestational diabetes might have on your baby is macrosomia, a term that describes a larger-than-average newborn. "When the mother's blood sugar increases, greater levels of glucose cross the placenta," he explains. "This causes the baby to become larger and can cause problems with delivery. It may also increase the baby's risk of developing diabetes as an adult."

If your baby does experience macrosomia or any other condition related to gestational diabetes, your doctor might recommend a C-section or induced labor to keep you and your baby safe and healthy.

Dr. Keeley offers some tips for managing gestational diabetes and controlling your blood sugar levels, such as staying active and sticking to a low sugar, low carbohydrate diet. "Healthy diet and regular exercise are the keys to treating gestational diabetes," he says.

If diagnosed, frequent visits to your doctor will be necessary to make sure you and your baby are doing well. Your doctor might also ask you to monitor your glucose levels at home with finger pricks and daily tests. And in some cases, your doctor might refer you to experts who specialize in the management of diabetes, including a diabetic educator and dietitian.

Life after delivery

Although gestational diabetes usually goes away after the baby is born, you'll likely be tested again after delivery to make sure. "Gestational diabetes can put you at a higher risk of developing adult onset diabetes – or Type 2 diabetes – after pregnancy," says Dr. Keeley.

Because gestational diabetes can occur even without risk factors, it can't always be prevented. But Dr. Keeley says there are certain measures you can take to reduce your risk, like having a healthy, balanced diet, staying active and maintaining a healthy weight. Pregnancy, he adds, is like training for an athletic event. "Moms need to eat healthy and exercise to train for a healthy baby and a normal delivery," explains Dr. Keeley.

If you think you might be at risk for gestational diabetes, the important thing is to let your doctor know your concerns early in the pregnancy. Although all pregnant women are screened, women at higher risk are checked earlier and more frequently. Never hesitate to bring any questions or concerns to your care team – they're your guides to a healthy, happy pregnancy. As Dr. Keeley says, "We're your coaches as much as your doctors."

Ultrasounds: Seeing Your Baby for the Very First Time

For many women, prenatal ultrasounds – also known as sonograms – are the first ultrasounds they've ever received. Rest assured, these tests have been around for decades and are completely safe for you and your baby. Prenatal ultrasounds use sound waves to detect your baby's image and let your doctor analyze their size, position and movements.

Not only will the images produced show your doctor how your baby is developing, but they'll also give you sweet glimpses of your little one before they're even born. In fact, Clara Croce, MD, an OB/GYN at NorthEast Women's Health & Obstetrics - Concord, says ultrasounds can be one of the most exciting parts of any pregnancy!



What to expect at your first ultrasound

Sometime around your twelfth week – or even earlier in some cases – you’ll head to the doctor for your very first prenatal ultrasound. There are two kinds of prenatal ultrasounds: transvaginal and transabdominal.

During a transvaginal ultrasound, a lubricated, wand-shaped tool is gently inserted into your vagina and uses sound waves to get images of your baby. During a transabdominal ultrasound, warm gel is applied to your abdomen; also through sound waves, images of your baby are produced when a small tool is lightly swiped across your abdomen.

One of the biggest differences between the two types of ultrasounds is image quality: Transvaginal ultrasounds tend to create clearer, more detailed images and can better detect any complications. But transabdominal ultrasounds have benefits of their own, like being slightly less invasive and giving you a big picture look at your abdomen as a whole. “Almost always, you’ll have a transvaginal ultrasound in the early scans, but some sonographers will choose transabdominal,” says Dr. Croce.

The early ultrasounds only take 10 to 30 minutes but are very important. They’ll reveal how far along your pregnancy is, helping your doctor determine your baby’s gestational age, and they can detect the first signs of problems or miscarriages. These early tests will let you know if you’re having one baby – or multiple. And you’ll even get the chance to hear your baby’s heartbeat for the very first time!

What to expect at later ultrasounds

At around 18 to 22 weeks, you’ll receive what’s called an anatomy ultrasound, which takes about 20 to 30 minutes.

While your first ultrasound mostly assesses your baby’s age and size, your anatomy ultrasound takes a closer look at your baby’s growth and development to make sure everything is normal. “We look at the placenta and fluid. And we measure the baby’s weight to make sure they’re growing at a healthy pace,” says Dr. Croce.

From the anatomy ultrasound, your doctor will also be able to see how your baby is positioned and what their sex is. “You could possibly see the sex a little earlier, but it’s only a guess,” says Dr. Croce. “Your baby’s sex is best evaluated during the anatomy ultrasound.”

While many moms choose to find out their baby’s sex during their anatomy ultrasound, Dr. Croce adds that a few will choose to wait. “Some people just want a surprise, which is perfectly fine,” she says.

There are many sex-guessing myths out there. For instance, some believe that if you have a low baby bump, you’re having a boy, while a high baby bump means it’s a girl. But Dr. Croce says to take these myths for a grain of salt. If you do want an accurate answer on your baby’s sex, rely on the medical ultrasound instead. “I think it’s fun to speculate and listen to myths around sex, but there’s no scientific proof that any of them are real,” she explains.

During the second and third trimesters, you’ll learn more about your baby’s anatomy – as well as your own. “We can also use prenatal ultrasounds to look at the mother’s ovaries and uterus to see if there are any abnormalities, like cysts and fibroids,” says Dr. Croce.

Especially late in the pregnancy, your doctor will track any increases or decreases in amniotic fluid. These changes most often occur late in the third trimester and can point to problems with the placenta. Dr. Croce says that about 10 percent of pregnancies will show a decrease in fluid at around 40 weeks. “In itself, this doesn’t cause any harm. But it can be a symptom that the placenta isn’t functioning well, and the baby isn’t getting enough fluids or blood,” she says. “There’s nothing you can do to improve it – but we’ll care for it as a sign of potential problems.”

Your care team will also watch closely for any other genetic abnormalities, including cleft lip and palate and spina bifida.

One last thing on ultrasounds

These days, 3-dimensional and 4-dimensional ultrasounds are all the rage. And while they're fun and perfectly safe, they should never take the place of medical ultrasounds from your doctor. "If you want to get a 3D or 4D ultrasound for fun, you can," says Dr. Croce. "But these aren't medical ultrasounds. They won't be able to detect any issues with your newborn."

Most importantly, just remember that ultrasounds have been around for years and are extremely safe. And because they use sound waves, there's no risk of exposure to anything that might harm you or your baby. So, as you prepare for your first ultrasound, don't worry – just enjoy this amazing opportunity to see and get to know your baby as they continue to grow.



What Your Food Cravings and Aversions Really Mean

From pickles to chocolate to crunchy, cheesy snacks, you might crave a whole variety of foods during pregnancy. On the other hand, you might find yourself completely grossed out by your favorite foods – and even the thought of your go-to snacks might be enough to make you gag. So what gives?

We can only guess what causes food cravings and aversions during pregnancy, but most bets are on hormones. “There’s a number of theories about food cravings and aversions – and many are hormone-based,” says Natalie Little, FNP, MSN, a nurse practitioner at NorthEast Women’s Health & Obstetrics - Concord.

One thing is certain: Pregnancy cravings and aversions can be overwhelming. But what do they mean – and how can you manage them?





Is your baby telling you something?

From your baby's sex to what foods they'll like and dislike after they're born, there are a lot of myths behind pregnancy cravings and aversions. But that's just what they are: myths. "There's no correlation," says Little. "But women will report that their infant likes or dislikes foods, which coincidentally might have been what they craved – or couldn't stand – during pregnancy."

One theory suggests that cravings could be your body telling you it's missing nutrients. For instance, if a pregnant woman is craving ice cream, what her body might actually need is calcium. But this type of thinking is only a hypothesis, says Little, with no clinical data to support it.

Although there's no clear reason why they occur, rest assured: That middle-of-the-night craving for french fries with ice cream might be overpowering – but it's also very normal. "There's no strange craving," says Little. "Every pregnancy is unique, and everyone is unique in what they might crave."

Salty, sweet, spicy, sour – these are the most commonly craved flavors. But less commonly, women might crave non-food items, like dirt, chalk and ice. Talk to your doctor if you have these kinds of cravings. This is a condition called pica and could be a sign of anemia, or low iron counts.

Treat yourself – in moderation

Not all pregnant women crave fruits and veggies – especially when salty snacks and sour candies are so tasty and accessible. But maintaining a balanced, nutrient-rich diet is critical, especially during pregnancy. In addition to feeding your body and baby the nutrients they both need, a healthy diet will also help you avoid the risk of gaining too much weight, too quickly.

Maintaining a healthy weight during pregnancy can help prevent certain complications, including preeclampsia, gestational hypertension, gestational diabetes and issues with labor and delivery.

When it comes to managing your cravings for junk food, try to choose healthy alternatives, like fresh fruit, light cheese and yogurt. "It's okay to splurge or indulge, but moderation is key," says Little. "Take your prenatal vitamins, drink plenty of water, and limit your intake of sugary drinks and foods."

All in all, cravings and aversions are completely normal pregnancy symptoms. But do your best to focus on healthy foods, like fruits and veggies. They might not always sound the best, but they'll be the best for you and your baby.

TRIMESTER

3



THIRD TRIMESTER: WEEKS 28 TO 40

You're in the final stretch of your pregnancy, and your focus is on one thing: meeting your baby.

As you prepare for labor and delivery, keep reminding yourself that just like every baby is different, so is every pregnancy. "Symptoms that were experienced in one pregnancy may not occur in the other," says Tamara Meekins, MD, an OB/GYN at Union Obstetrics and Gynecology.

If you have any questions about childbirth or concerns about symptoms, your doctor and care team are there to help.

FAST FACTS



Growth spurt

Your baby is really growing! During the third trimester, most babies gain about half a pound every week. You can expect your baby's weight to go from about 2 pounds to up to 10 pounds by the end of this trimester.



Check it out

At this point, your prenatal appointments are focused on making sure you and your baby are healthy. Your doctor checks you for things like high blood pressure and diabetes. They also listen to your baby's heartrate and make sure they aren't at risk of growth problems or an early birth.



Your body

Just like your baby, your own body undergoes some changes in the third trimester. Your uterus and cervix begin preparing for labor with practice contractions, called Braxton Hicks. And your cervix might even start to thin and open, or dilate. You also might have completely normal symptoms, like swollen feet and hands, back and pelvic pain, and changes to vaginal discharge.

YOUR BABY



Your baby starts practicing how to breathe.



Your baby can tell the difference between light and dark.



Your baby can open and close their hands and suck on their thumbs.



Your baby is moving and changing positions frequently.



The amniotic fluid consists mostly of your baby's urine.

A Pediatrician's Guide to Baby Products

You can't wait to welcome your baby home – but there's so much to do before then!

According to Elaine Porter, MD, a pediatrician at Shelby Children's Clinic, moms should get a head start on getting their home baby-ready. Not only will it help ease the stress, but it'll keep you prepared in case of an unexpected early arrival. "Your mind will be more at ease knowing you have some items ready for your newborn," says Dr. Porter.

Thanks to online stores and expedited shipping, shopping for your baby has never been easier or more convenient. But when it comes to baby products, Dr. Porter recommends sticking to what you need and staying savvy against marketing ploys trying to get you to buy more. "Your goal is to get what's necessary," she says.

Keep reading for more tips from Dr. Porter, plus a full list of must-have baby products to help get your shopping started.





Shopping around

Shopping wisely will do more than help you compare prices and score discounts. You can also confirm the safety of a product by checking if there have been any recalls, reading up on the safety guidelines and learning more about its durability.

And here's one piece of shopping advice we can't emphasize enough: Read product reviews. Reviews from moms like you will give you some honest feedback before you buy. In addition to online reviews, get real-life feedback on products from friends and family members who have been there, done that. "Trust other moms and family members who have used certain products," says Dr. Porter. "You don't have to decide based on their recommendations, but they can be useful guides in shopping for your baby."

Online shopping is easy, but some products are better bought in person – such as cribs, car seats and strollers, to name a few. "As a general rule, most furniture items for the nursery are best when purchased in-store," says Dr. Porter. "It's less hassle to put together, and you get a better feel for what you're buying."

As your due date gets closer, you might have family and friends offering hand-me-down baby products. It's a generous gesture – but should you accept them? If you know and trust the source well, Dr. Porter says accepting certain used items is okay, as long as they're in good condition. Just be sure to wash used clothes, and if you do accept a previously owned crib, make sure it's sturdy and safe.

"As a general rule, don't accept items that have been in the mouth before," says Dr. Porter. This includes pacifiers, nipples and bottles. Car seats and breast pumps are other items best purchased new.

If you're starting a baby registry, include a wide assortment of sure-to-last items with reasonable prices. It's also a good idea to register for products you'll need down the road – your baby will grow quickly over the first few years, so you may only use some products for a short time.

Tackling the diaper dilemma

While cloth diapers are cheaper and more environmentally friendly, disposable diapers offer more convenience, especially when traveling. So, cloth or disposable: Which will you choose? Or – maybe the bigger question – which should you choose?

"The choice of diapers is actually a personal preference," says Dr. Porter. "The reality is there are pros and cons of each. Most families will end up choosing the diaper that fits their lifestyle best. In fact, some may opt to use both in different settings."

That's because it's not which diaper is best – but which diaper is best for your baby.

Though cloth diapers have traditionally been better for babies with sensitive skin who are more prone to diaper rash, disposable diapers are introducing new moisture-wicking technology.

"Some infants may be very sensitive to certain ingredients in different brands of disposable diapers, but you won't know until you've tried that specific brand," says Dr. Porter. "The best advice I can give here is that when you find one that works for your baby's skin – stick to it!"

Knowing what to avoid

Knowing what you shouldn't buy for your baby is just as important as knowing what you should – and it can be twice as difficult because even common baby products can pose big risks for your little one.

Take crib bumpers, for instance. Though popular and well-intentioned, they have the potential to cause sudden infant death syndrome, or SIDS. If you must have crib bumpers, make sure they're breathable and thin. "This way, you'll prevent your baby's arms and legs from getting stuck between the bars on the crib, while allowing air to easily flow," says Dr. Porter. And be sure to check the fastenings every day – when not secured properly, crib bumpers can potentially fall over and into the crib.

Also, be wary of co-sleepers and nursing pillows used to prop a sleeping infant – both of which can make it hard for your baby to breathe. Dr. Porter recommends co-sleepers that are kept close to the bed, but still give babies their own sleep space.

As you shop around, steer clear of products known to be toxic, including baby powders with talc. And when it's time for your baby to eat solid foods, Dr. Porter recommends sticking to organic varieties whenever possible.

Getting your home baby-ready

As you get all the products your baby needs, you'll also be getting your home ready, starting with the nursery. The focus in the nursery should be all about comfort for you and your baby, as well as safety. "Focus on a sleep space for the baby and a comfortable place for mom to sit and nurse," says Dr. Porter. She recommends placing the crib or bassinet away from vents and windows to avoid rapid changes in temperature or drafts.

And before you pick out paint, here's something to remember: Keep it simple. "Simplicity is best," says Dr. Porter. "Use calming, neutral colors."

The nursery isn't the only room in your home you'll need to get ready for baby. Your entire house needs to be baby-proofed, especially as your little one gets up and moving. "Once your baby starts to get mobile, breakable items need to be placed higher, and you may need to consider bumpers for sharp edges," advises Dr. Porter.

How else can you make sure your home is safe for baby? Put gates on stairways, make sure medicine is locked away, and put small objects like coins and beads out of reach.

Bringing a newborn home can be overwhelming, and that's without all the checklists, must-haves and things to avoid. When your house is ready and your baby is home, Dr. Porter offers this final bit of advice: "You'll still need time to yourself," she says. "Take the time when given."

A Pediatrician-Approved Shopping List for Your Baby

Not sure where to start on shopping for your baby? Here's a list of must-haves from Dr. Porter!

- Bottles
- Breastfeeding-friendly nipples
- Car seat
- Crib
- Diapers (lots of them!)
- Hats
- Healing ointments, creams and pastes
- Onesies/sleepers
- Pack and play
- Receiving blankets
- Socks
- Stroller
- Swaddle blankets
- Thermometer (preferably rectal for more accurate readings)
- Toiletries/grooming kit
- Wash cloths
- Wipes
- Zinc oxide diaper rash ointment

Is Co-Sleeping Ever a Good Idea?

After your infant is born, they're sure to sleep like a baby – which means they'll be restless, crying and up every three hours. That is how babies sleep, after all.

Jokes aside, as you enter the early, fatigue-filled days of parenthood, you'll do whatever you can to help your newborn get the best, safest sleep possible – and this might include some form of co-sleeping. Co-sleeping is the practice of having your baby sleep close to you, instead of in a different room. As a practice, it's been on the rise for over two decades, with no signs of slowing down anytime soon.

Research and evidence have proven that co-sleeping can keep your baby's sleep environment safe and sound – but only when done correctly. There are a few different co-sleeping methods out there, but the most well-known are room-sharing and bed-sharing. In room-sharing, the infant sleeps in the same room as the parents but in their own crib or bassinet. But in bed-sharing – which is the more dangerous, controversial option – the infant and parents sleep together in one, adult-sized bed.

According to Amanda Lanier, MD, a pediatrician at Charlotte Pediatric Clinic - SouthPark, there's only one proven-safe way to co-sleep with your baby. And that's room-sharing. "In 2016, the American Academy of Pediatrics endorsed room-sharing in their safe sleep recommendations," says Dr. Lanier. "But they firmly warned parents not to place infants to sleep on an adult-sized bed due to suffocation risks."

While other co-sleeping methods do exist – like attachable bassinets and putting multiple infants in the same sleep space – be careful: Dr. Lanier says there hasn't been enough research on these other methods to appropriately determine how safe they are.



Co-sleeping, the safe way

Room-sharing is the safest – and only – co-sleeping option currently recommended by the American Academy of Pediatrics (AAP). Keeping your sleeping baby close but separate is ideal for the first year of life and is recommended for at least the first 6 months. “Not only is room-sharing convenient for breastfeeding moms, but it can make it easier to bond with your baby and can even reduce the risk of sudden infant death syndrome by 50 percent,” says Dr. Lanier.

If you, your family and your pediatrician decide that room-sharing is the best option for your baby, the first thing you need to do is choose a safe sleep space. Dr. Lanier recommends choosing a separate crib or bassinette that meets the U.S. Consumer Product Safety Commission’s safety standards. You can learn more at cpsc.gov.

As you shop around, keep in mind that your baby’s mattress should be firm, not soft. And when you put the crib or bassinet together, make sure it’s secured properly and that there aren’t any gaps between the mattress and the walls.

While you put all this preparation into helping your baby sleep, don’t forget to get a good night’s rest yourself. Whether you’re breastfeeding or just holding your baby, make sure you’re fully alert and sitting upright to avoid dozing off.

It’s easy to do, but falling asleep with your baby in your bed or even in your arms can be disastrous – and even fatal. Unlike room-sharing, bed-sharing significantly increases your baby’s risk of sudden infant death syndrome (SIDS). In fact, the biggest safety concerns surrounding co-sleeping have to do with the dangers of bed-sharing specifically.

Although bed-sharing is always potentially disastrous, these circumstances have proven to make the risk of SIDS even greater for your newborn:

- Bed-sharing with an infant who’s younger than 4 months old

- Bed-sharing with an infant who was born early or is underweight
- Bed-sharing with someone who smokes
- Bed-sharing with someone who is impaired or who might be difficult to wake up, whether due to fatigue or substance use
- Bed-sharing with anyone who is not the parent
- Bed-sharing on a soft surface or with soft bedding accessories

Wherever your baby sleeps, it’s also important to make sure their space is free of any pillows, sheets, blankets and other items that could potentially lead to suffocation. For more information, Dr. Lanier recommends following the safe sleep instructions listed by the American Academy of Pediatrics at aap.org.

Is co-sleeping good or bad?

So, is co-sleeping ever a good idea? If you’re talking about room-sharing, the answer is a resounding yes.

Room-sharing continues to be the safest – and only – recommended form of co-sleeping. But you’ll be hard-pressed to find a pediatrician who can say the same about bed-sharing. “While bed-sharing might seem convenient and comforting, the safest place for your baby is on a separate sleep surface in your room,” says Dr. Lanier.

As a parent, you almost always know best – but this might be a good time to take your pediatrician’s advice and co-sleep the safe way, by room-sharing. After all, you’re going to lose sleep as a parent, but you could lose so much more if you don’t take the right precautions.

Tips for Finding the Right Pediatrician

From eating the right foods to getting enough sleep and exercise, you're doing everything you can to make sure your baby is healthy – but have you found a pediatrician yet?

You should start looking for the pediatrician that's best for your family during the second and third trimesters. Choosing a pediatrician while you're still pregnant is important, and you can't leave the hospital after delivery until your baby's first appointment is scheduled. Plus, by researching and choosing a pediatrician early, you'll have peace of mind that your baby's care is in the best hands from the start.

With so many wonderful pediatricians out there, how will you know you've found the right one for your baby? And what should you be looking for? Reema Puri, MD, a pediatrician at Indian Trail Pediatrics, has some tips that are sure to make your search for the right pediatrician a lot easier.



Knowing what to look for

Your pediatrician will play a big role in keeping your newborn healthy. Not only can they diagnose and treat your baby for common illnesses, but they'll also manage immunizations and monitor things like growth and development. Your pediatrician will even guide you through your new role as a parent and can answer all your questions about feeding, safety, breastfeeding and more.

A great place to start your search for a pediatrician is by asking family, friends and your own doctors for advice and recommendations. As you research and learn more, you should also consider the qualities that are most important to you in a pediatrician – and keep in mind that this can vary from one family to the next.

For many families, location is one of the biggest deciding factors. "Since there will be many visits in the first two years, it helps to choose a pediatrician who's close by," says Dr. Puri.

In some cases, your parenting style – or at least what you think it'll be – can help you decide which pediatrician is the best fit. "Parenting style can play a role in the pediatrician a mom chooses," says Dr. Puri. "For instance, a first-time mom will have many questions and may need more time and support from her pediatrician than a more experienced mom."

Another thing to consider is whether or not your pediatrician's office is connected to a pediatric urgent care, pediatric emergency department and other key children's care services. No one wants to think about their little one getting sick, but it's always a good idea to check out which hospital your pediatrician is affiliated with.

At Atrium Health, all your baby's care is part of Levine Children's – a network of neighborhood pediatric offices, urgent cares, hospital programs and award-winning specialty care. And it's backed by the expertise of Levine Children's Hospital, named a Best Children's Hospital in multiple specialties by U.S. News & World Report.

Whether you want someone with the most credentials, who shares your beliefs, or even who's a parent themselves, the most important thing is to find a pediatrician that you connect with and trust to care for your child.

Go to [AtriumHealth.org/FindAPediatrician](https://www.AtriumHealth.org/FindAPediatrician) to find top-reviewed pediatricians near you.

The parent-pediatrician relationship

Your pediatrician is an important member of your parenting team, and like you, they're committed to keeping your child safe and healthy for the rest of their life. The relationship your pediatrician has with your newborn and your family is long-term – and most pediatricians see patients from birth through adolescence and even into early adulthood.

Meeting potential pediatricians in person will let you learn things about your child's future doctor that you can't from online searches and phone calls. In fact, most pediatric offices offer tours for new families to meet their care team and see the facility. "Families should meet potential pediatricians face-to-face before their baby is born," says Dr. Puri. "This provides a relaxed atmosphere where you can easily talk."

Whether it's a one-on-one meeting or through a group tour, visiting your pediatrician's office will let you learn more about your child's doctor and the care they provide, as well as how their office communicates and schedules appointments. It's also a great time to get all your questions answered – so don't hold back! From how each pediatrician's office handles after-hours care to their policies on things like vaccines and antibiotics, Dr. Puri says that moms should feel free to ask any and all questions during these meetings.

"The parent-pediatrician relationship is vital to your baby's health," says Dr. Puri. "You need to feel like you can communicate freely about any of your questions or concerns."

Picking the right pediatrician can seem like a big decision – and it is! – but don't let it overwhelm you. Just take your time, do your research and ask plenty of questions. You'll find the best doctor for your baby in no time.

The Basics of Breastfeeding

Breastfeeding is one of the most natural parts of being a new mom. So, why doesn't it always come more naturally?

For as easy as it might look or seem, here's the truth: Breastfeeding can be difficult – for you and your baby. But just like everything else with motherhood, it's something you'll figure out together.



Why breastfeed?

Breastfeeding is supported by all medical organizations, and for good reason: From improving digestion to strengthening the respiratory system, the benefits of breastfeeding go far beyond just keeping your baby fed.

Breastfeeding also helps build your baby's immune system, with many studies showing that it can keep your little one from getting sick. "We think the white blood cells in breast milk play a huge role in protecting your newborn," says Stephanie Barbadora-Froelich, DO, an OB/GYN at Copperfield OB/GYN - Concord.

When you breastfeed, you pass on immune system properties that keep your baby healthy. So, while many moms think they need to stop breastfeeding when they're sick, the opposite is true.

In fact, the Centers for Disease Control and Prevention (CDC) even encourages moms to breastfeed when they have the flu. This is advice that Jan Ellen Brown, IBCLC, RLC, a lactation consultant at Charlotte Pediatric Clinic, gives her own clients. "Your breast milk makes antibodies for your baby that can protect them," adds Brown, who has more than 29 years of experience helping new moms learn to breastfeed.

According to the CDC, flu vaccinations are a perfectly safe way for breastfeeding moms to fight off the flu. To see what else the CDC says about breastfeeding, visit [cdc.gov/breastfeeding](https://www.cdc.gov/breastfeeding).

Breastfeeding is good for your baby, but Dr. Barbadora-Froelich says it can be good for you, too – especially when it comes to your mental health. "They haven't really been able to study this long-term, but if you look at postpartum depression scores, a lot of them are better in breastfeeding moms than non-breastfeeding moms," she adds.

From the fat to the carbohydrates to the lipid components, breastfeeding gives you peace of mind that your baby is getting exactly what they need to grow healthy and strong. Plus, unlike formula, you don't have to worry about your breast milk getting recalled at the grocery store.

From latch to leakage: Here are some common challenges

Although breastfeeding can be a completely new experience, there are certain things you can learn now that will prepare you for later.

For one, there's the latch. The latch refers to the moment your baby latches onto your nipple – and it's perhaps the most important part of breastfeeding your baby comfortably.

When it comes to latching and positioning, here's a rule of thumb: If it hurts, it's time to reposition. "Breastfeeding has some level of discomfort, especially when the infant is first figuring things out," says Dr. Barbadora-Froelich. "But immediate, sharp-shooting pain is a sign they're not latching properly."

Like with anything else, practice makes perfect, so be sure to practice latching and positioning before you leave the hospital. "Get out of the hospital bed and into a chair," advises Brown. "Simulate your positioning for when you get home."

The latch isn't the only breastfeeding challenge to prepare for. For the first month or so after giving birth, you might notice that your breasts are producing milk even when you aren't feeding your baby. This is normal, natural and varies from woman to woman. "Some mothers will leak when it's time to feed their baby, and others will leak if they've gone too long between feeding and pumping," says Brown.

Whether your leaking is profuse or just an annoyance, Brown says nursing pads can make breast milk leakage – which she fondly calls "Mother Nature's escape valve" – a little more manageable. These pads go directly on your nipples and can help keep milk in your breasts while you're out and about.

Just as pregnancy can change your body, so can breastfeeding – but the changes aren't the same for everyone. Breastfeeding can affect everything from your weight to your bone density – but any bone density loss is only temporary.

In addition to all the other parts of your body that can be affected by breastfeeding, there's one more: your breasts. "When you're pregnant, your body prepares your breasts for breastfeeding," says Brown. "Some mothers notice this early in pregnancy and will increase a few breast sizes. Others won't notice any change. And changes to shape vary for everyone."

You might also notice that your breasts are swollen and sore. This is called engorgement and can happen when your breasts continue producing milk between pumping and feeding your baby.

But for any breastfeeding mom, the biggest concern isn't the latch, the leaking or even the changes to her breasts: It's whether her baby is getting enough to eat. "A lot of unexpected challenges stem from not knowing how much milk your infant is actually getting," says Dr. Barbadora-Froelich. "And you might feel concerned because you don't know if your infant is hungry or if they just want the comfort of your breast."

We all think that newborns should know what to do when it's time to breastfeed, says Dr. Barbadora-Froelich. But this isn't always the case. And just like it can be hard to tell what they want, it can be even harder to tell when they've had enough. Wet, poopy diapers are certainly signs that your baby is fed – and so is weight gain, which is tracked by your pediatrician at every newborn wellness exam.

As Dr. Barbadora-Froelich puts it, breastfeeding can be a leap of faith at times – but it's almost always a leap worth taking.

Whether formula or breast, fed is best

There are a number of reasons a mom might not be able to breastfeed – or simply might choose not to. Nipple abnormalities, for example, can pose a challenge and make breastfeeding painful.

One of the most common reasons moms choose not to breastfeed is because they aren't producing enough milk. "Especially if failure to thrive or weight gain are issues for the baby, many women choose not to breastfeed due to inadequate milk supply, which can cause the infant to not grow as well," says Dr. Barbadora-Froelich.

If you're concerned your baby isn't getting enough milk – or are worried that you might have a nipple abnormality – don't hesitate to talk to your doctor, your baby's doctor or a lactation consultant. They'll help ease your fears and guide you to a solution that's best for you and your baby.

Though your body might be a major factor in whether or not you choose to breastfeed, there's one other thing many moms consider – and that's convenience. "Especially if a woman has another child at home and needs a little more sleep, she might choose formula," says Dr. Barbadora-Froelich.

Because formula-fed infants aren't fed as frequently as breastfed infants, they tend to sleep a little longer between meals.

Although breastfeeding can help you bond with your baby, Dr. Barbadora-Froelich wants you to know: Formula feeding won't stop you from getting close to your baby. "There are other ways you can bond with your infant," she says. "You can feed your baby their bottle with formula and put them on your chest, so they know your warmth and contact are still there."

If you're still trying to decide between breastfeeding and formula feeding, Brown says it's okay to make a decision – or even change your mind – after your baby is born. "Many mothers will partially breastfeed and offer formula bottles, too," says Brown. "It's not all or nothing."

But do keep in mind that most doctors recommend that you exclusively breastfeed for the first 6 months, if possible.

Whatever the reason might be, if you find that breastfeeding just isn't working for you and your baby, don't worry – your baby will still be taken care of. "A fed baby is a happy baby, so whatever works best for you and your family is ultimately what we strive for," says Dr. Barbadora-Froelich. "Surrounding yourself with a really good support system of positivity is really what allows you to best succeed in whatever you decide to do."

And as the science community continues to analyze and understand what's in breast milk, formula companies continue to improve their products. Formulas are made to mimic breast milk as closely as possible, and there are plenty of high-quality formulas out there that will feed your baby healthfully.

Ask for help when you need it

Dr. Barbadora-Froelich and Brown agree: Breastfeeding is a work in progress – and no two experiences are alike.

If you're facing some breastfeeding challenges, don't be afraid to ask for help. Your care team is there to assist you, but Dr. Barbadora-Froelich and Brown both suggest turning to a lactation consultant for expert support. Like Brown, these board-certified breastfeeding consultants can give you guidance on everything, from the first latch to any feeding issues your infant might be having.

"As much as the internet is part of our society, it's an added benefit to have someone there physically showing you what the correct placement is and guiding you to what's normal and what's not normal," says Dr. Barbadora-Froelich.

To learn more about Atrium Health's lactation consultants – or to schedule an appointment – visit [AtriumHealth.org/BreastfeedingSupport](https://www.AtriumHealth.org/BreastfeedingSupport).

And one last word of advice: The most natural thing about breastfeeding is that it doesn't always come naturally. "Breastfeeding itself is challenging and hard, despite how natural it is," says Dr. Barbadora-Froelich.

So don't be hard on yourself if breastfeeding is harder than you thought or if you decide not to breastfeed at all. "Moms are very hard on themselves and impose guilt and 'should haves' as they figure out what's best for them and their baby," says Brown. "Relax and enjoy. As the saying goes, 'The days are long, but the years are short.'"

Need more answers? Start by checking out some frequently asked questions on the next page.



FAQs About Breastfeeding

Here are a few of the most common questions new moms have when it comes to breastfeeding.

- **How long does breastfeeding take?**

Breastfeeding typically takes around 30 to 40 minutes. Your baby will get much of the milk in the first 10 minutes, and it'll be a slow draw after that. For the first few months, you can expect to breastfeed every 2 to 3 hours – so about eight times a day. That said, how often your baby feeds – and even how long it takes – can vary from baby to baby.

- **What kind of pump should I get?**

The good news is that most pumps work for most women. But the best pumps are electric and can pump both breasts at the same time. Contact your health insurance company before your baby is born to see if your policy covers breast pumps per the Affordable Care Act.

- **In addition to a pump, what else should I buy?**

Nursing pillows make breastfeeding more comfortable. Coconut oil and lanolin help soothe nipple pain, cracks and stretch marks. Nursing tank tops offer coverage while breastfeeding, and nipple shields can be a temporary fix if your baby has ongoing latch problems.

But be aware: Nipple shields can make it more difficult for you to transfer milk to your baby, and they should only be used under your health provider's guidance.

- **How should breast milk be stored?**

You can store breast milk in the refrigerator or freezer. It'll have a shorter shelf life in the refrigerator and will be good for about 6 months in the freezer. Most breast pump companies sell their own bags, but you can also store the milk in your own bottles in the refrigerator or in milk storage bags in the freezer.

- **Will I need to change my diet while breastfeeding?**

While it might seem like the broccoli cheese soup you had for lunch is making your infant gassy, studies haven't shown that what you eat has a major impact on your baby.

Unless you think your baby might have a food allergy or intolerance, you can generally eat whatever you want while breastfeeding. Make sure your diet is healthy and full of good nutrients, and enjoy junk foods only in moderation. If your baby does show signs of a food allergy – like diarrhea and vomiting – talk to their pediatrician right away.

And one more thing: Breastfeeding moms will burn about 500 extra calories each day, so you'll need to increase your caloric intake with good sources of protein and healthy carbs.

- **Do I have to stop taking medications while breastfeeding?**

Most medications are safe – and if they aren't, there's usually a substitution you can take. Make sure your doctor knows all the medications you're taking before you start breastfeeding.

- **I have a cold. Can I breastfeed?**

Not only can you breastfeed when you're sick, but you're advised to do so. Your breast milk has properties that can help build your baby's immune system. Plus, if you have a cold, chances are your baby has already been exposed to the symptoms.

While your breast milk isn't likely to pass on illnesses, don't be so sure about your hands. Wash your hands frequently, and wear a mask if you're coughing.

- **Does breast size affect breastfeeding?**

A lot of moms assume that larger breasts mean more milk – but this just isn't true. The size of your breasts hasn't been shown to play a role in how much milk you produce. The only thing breast size might affect is how you position your baby during feeding.

- **I have breast implants/had a breast reduction. Will this make it hard to breastfeed?**

Many moms breastfeed after breast surgery – but make sure your doctor knows your full health history. If you have implants, you may feel pressure for the first week after delivery. This is the combined result of implants and breast engorgement, but it's usually temporary.

- **Can I get pregnant while breastfeeding?**

Yes! It's a common misconception that you can't get pregnant while breastfeeding, but your menstrual and ovulation cycles can start at any time after delivery.

- **Is it true that one breast will produce more milk than the other?**

This one is up for debate, though many women do report having one breast that has more milk than the other. This can be due to milk production and supply or even which breast mom or baby prefer.

Deep Breaths: Getting Ready for Labor and Delivery

You can't wait to meet your bundle of joy, but the unknowns of labor and delivery can be nerve-racking for any mom-to-be. How soon is too soon to go to the hospital? What happens during labor? And – *gulp* – will it hurt?

"It's important to have an open mind when approaching labor and delivery. It's a different experience for everyone," says Stephen Blaha, MD, an OB/GYN at Eastover OB/GYN. "It can be unpredictable, and plans can change from moment to moment. Flexibility is key."



Are you ready for this?

Especially if this is your first pregnancy, you might never feel fully prepared for childbirth. But there are some things you can do that'll help you prepare before the contractions take action.

One of the best ways to get ready for labor and delivery is to do your best to stay healthy and active throughout your entire pregnancy. This means keeping your weight as close to the recommended guidelines as possible and following your doctor's advice on regular exercise.

Packing early for your hospital stay is another way to put your mind at ease. Dr. Blaha recommends packing your hospital bag around 32 weeks, if you can.

You can include your toiletries, slippers, a favorite pillow and comfortable, loose-fitting clothes. If you think you'll be taking newborn pictures before heading home, you might also want to pack an outfit change for you and a going-home outfit for your baby. "If you have any special items to help you relax during labor, you should pack those as well," adds Dr. Blaha.

If you have a birth plan, make sure your doctor knows your wishes well in advance. But just remember that birth plans can change as your care team works to deliver your baby safely.

It's time to go to the hospital

When contractions occur every 3 to 5 minutes for more than 2 hours, it's considered active labor. But contractions feel different for everyone. For some women, they feel like intense pressure or back pain – and for others, they feel like the most painful menstrual cramps they've ever had.

The movies make you think going into labor is a frenzy – that from the moment you start having contractions, you're left with mere minutes before giving birth right where you are. But you can relax: The chances of that happening are slim.

In fact, unless you've had a high-risk pregnancy or your water has already broken, there's usually no need to rush to the hospital right away. "How soon you need to get to the hospital depends on a variety of things," says Dr. Blaha. "But if your baby is full-term, head down and you've had an uncomplicated pregnancy, it's usually okay to labor at home for several hours before hurrying to the hospital."

Before you grab your hospital bag and head out the door, just be sure to call your doctor to let them know you're on your way. And if you're unsure, you can talk to one of the nurses who will be happy to help.

It's a labor of love

Labor can take anywhere from a few hours to a few days – and there's no great way to predict how long it'll take for you. It might feel like a lot of waiting, but there's so much to do before you meet your baby!

Your doctor is going to perform a variety of tests. Through fetal heart rate monitoring, they'll make sure your baby is receiving enough oxygen during contractions. Cervical exams monitor the progress of labor to make sure your cervix is dilating and that your baby's head is descending at a safe rate.

And sometimes, if your care team wants to listen to your baby's heart rate more closely or move labor along, they'll help your water break. They do this by artificially rupturing the amniotic sac, which is the bag of fluid around your baby.

Whether it's pain or just pressure, labor can be an uncomfortable process, and your care team will do whatever they can to help you manage that discomfort. "Almost all women will request some form of pain relief during labor," says Dr. Blaha.

The most popular, effective pain relief during labor is an epidural, which is a regional anesthesia given through the spine. Though it's rare, epidurals can fail – if this happens, your anesthesiologist can add an extra dose or try and replace it. Pain medicine through IV is also available as an alternative to the epidural.

There are plenty of other non-medical ways to manage the discomfort. Dr. Blaha suggests methods of distraction, like breathing exercises, massages, a birth ball and walking or moving around.

When it comes to how you manage pain during labor, Dr. Blaha says the best thing is whatever is most comfortable for you and safest for your baby.

You won't be able to eat during labor, but Dr. Blaha says that most women in active labor don't want to eat anyway. Staying hydrated is a must, though, and IV fluid can easily be given, along with ice chips and water.

Your special delivery is almost here

If you're delivering vaginally and your cervix has reached 10 centimeters in diameter, it's time to start pushing. Although you might have had a few family members and friends in the room during labor, this is the time to kick them out. "It's best to not have more than two people in the delivery room with you," says Dr. Blaha.

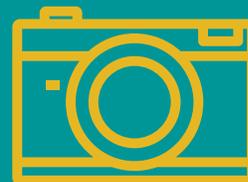
And put the video camera down! Many hospitals allow videos to be taken during labor and after the baby is born – but not during the actual birth. (See below for more information about taking photos during labor and delivery.)

During childbirth, you might feel everything – from pain to pressure to general discomfort – but before you know it, you'll be pushing one last time and catching the first glimpse of your new favorite person.

Shortly after a vaginal birth, you'll deliver the placenta, which kept your baby safe for the last 9 months. Cervix and vaginal tears are also normal and are almost always easily treated. And if you're wondering: Yes, you might release your bowels during delivery. It happens all the time. Rest assured your care team is so used to it, they won't even notice.

The most important thing to remember about labor and delivery is that your care team has the same goal as you: a happy, healthy mom and baby. So don't be afraid to ask questions. If at any time during labor or delivery you don't understand what's going on, let your doctor know. Feeling nervous is completely normal. In fact, your doctor expects it, says Dr. Blaha. So take some deep breaths – because your baby is almost here!

Say cheese!



The first moments with your baby are so precious, you're sure to want to capture them. But before you snap that picture or take that video, we ask that you follow just a few basic guidelines.

You can find them here:

[AtriumHealth.org/NewbornPhotos](https://www.AtriumHealth.org/NewbornPhotos)

Meeting Your Baby for the First Time

Nothing compares to meeting your baby. The first few hours with your newborn are precious. But they're also jam-packed, as your baby starts learning about this whole new world for the very first time.

"We all have ideas about how the experience will be," says Devon Millard, MD, an OB/GYN at NorthCross OB/GYN. "But even when the unexpected happens, your entire care team works hard to make sure you and your baby are safe and happy."



What to expect after delivery

Life outside the womb is cold for a newborn, so it's important to warm them up right away.

One of the best ways to regulate your baby's body temperature is through skin-to-skin contact, and immediately following an uncomplicated vaginal delivery, your baby will be placed on your bare chest. If you've had a C-section, skin-to-skin contact will begin when you and your baby are in the recovery room together.

Skin-to-skin contact is recommended for at least the first few days of your baby's life – and it's good for you and your baby. "There are many benefits of skin-to-skin contact, including warmth, bonding, soothing and happiness," says Dr. Millard. "It even helps with the mom's pain."

In addition to skin-to-skin contact, moms with uncomplicated pregnancies share a hospital room with their newborns at Atrium Health. Rooming with your baby has similar benefits as skin-to-skin contact, including making feeding easier. "It also helps your medical team evaluate you and your baby at the same time," adds Dr. Millard.

Another way to bond with your baby is through breastfeeding. For many moms, breastfeeding can be an unexpected challenge, but there are a variety of resources that can offer support and help make it easier. "The lactation team will teach you to nurse more effectively," says Dr. Millard. "You can take breastfeeding classes, and there are many excellent books and websites. It also helps if the rest of the family is educated about breastfeeding and comfortable with it."

Outside of bonding and breastfeeding, your care team's biggest focus is keeping your bundle of joy healthy and happy. Shortly after delivery, your baby will be weighed and measured and will undergo a few basic health screenings, including for hearing and disorders.

Your newborn will also receive antibiotic eye ointment to prevent infection, as well as necessary vitamins – like vitamin K, which helps the blood clot. And when your baby has maintained a healthy temperature for a few hours, they'll get their very first sponge bath in the nursery!

Whether you know what to expect after delivery or not, Dr. Millard has answers to three common questions:

- **Is my baby okay?** "Most babies are fine! If we have any worries, we'll work with the nursery team to figure things out."
- **When will the cramps stop?** "Cramping can be intense in the hours after delivery and with nursing. It's easily managed with different medications."
- **When can I eat?** "As soon as you're okay and cleaned up, your family can bring you food or the hospital can provide a meal."

Ready to go home?

If you've had an uncomplicated vaginal delivery, you can expect to go home after a day or two. If you've had a C-section, you'll usually go home after two to four days.

Before you can leave the hospital, your care team will go over discharge instructions for you and your baby. This includes scheduling your baby's first pediatrician appointment, which you can do at [AtriumHealth.org/FindAPediatrician](https://www.AtriumHealth.org/FindAPediatrician). Your care team will also help you properly install your baby's car seat for a safe drive home.

To make the transition home a little easier, Dr. Millard recommends limiting visitors until you and your baby are settled in. And be sure other kids and even pets are ready and included in your baby's arrival.

"This is a special time!" says Dr. Millard. "Remember there will be pain, bleeding, crying and stress. But that all gets better and your care team will help you through it all."

TRIMESTER

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BABY'S HERE: YOUR BABY'S FIRST 3 MONTHS OF LIFE

The start of your baby's life is all about 5 things: eating, peeing, pooping, sleeping and crying. If that's all your baby is doing, then they're right on track, says Anitha Leonard, MD, a pediatrician at Arboretum Pediatrics.

Just as your baby is beginning to learn about their new world, Dr. Leonard also has an assignment for new parents: Take infant CPR and basic life support classes. Even if you never use them, the life-saving skills you'll learn are invaluable.

FAST FACTS



Everyday gains

The biggest changes during your baby's first few months are to their weight. During this time, expect your baby to gain about an ounce a day. And if you're breastfeeding, remember it can take a couple of days for the milk to come in – and a couple of weeks for you and your baby to figure things out.



It's tummy time

In these first 90 days, you'll start putting your baby tummy-down on firm surfaces. This is like if you were doing a plank and will help your baby increase core strength. Only do it for 20 to 30 seconds at a time. Your baby's head is heavy, so this isn't easy for them.



Every baby is different

From how much your baby is sleeping to how much they're growing, the most important thing to remember is that every baby is different. If your baby hasn't reached a certain milestone, don't panic. Instead, talk to your pediatrician about your concerns, and they'll give you the guidance you need.

YOUR BABY



Your baby starts responding to what they're seeing – and might even smile.



Your baby's vision is improving, and they're learning to focus their eyes.



Your baby starts getting on a meal schedule – and a sleep schedule, too.



Your baby might lose weight in the first 2 weeks, but they'll gain it back quickly.



Your baby's neck is getting stronger – and soon, they'll be able to hold their head up.

Gear Up for Your Baby's First Checkup

Well-baby visits are important – so important that you can't leave the hospital until you've scheduled your baby's very first pediatrician appointment. Most pediatricians offer appointment spots just for newborns, so if you haven't yet, find the best pediatrician for your baby. Get started at [AtriumHealth.org/FindAPediatrician](https://www.AtriumHealth.org/FindAPediatrician).

"Well-visits are an important way for parents and pediatricians to develop the trusting relationship needed to keep the baby physically, mentally and socially healthy," says Arthur Spell, MD, a pediatrician at Charlotte Pediatric Clinic - Blakeney.

With visits starting just 3 to 5 days after birth, you can expect to see your pediatrician a lot during your baby's first few months. After the first newborn visit, most babies will see their pediatrician again at 1 month, 2 months and 4 months of age. Of course, more frequent appointments can be made for specific concerns, such as weight loss or slow weight gain, feeding issues and jaundice.



What to expect

You can expect your baby's first pediatrician visits to start kind of like your own wellness visits. After checking in at the front desk, you and your baby will be taken to an exam room, where their little bodies will be weighed and measured. Just make sure their diaper is dry for weighing because accurate measurements are crucial for newborns.

Your baby's pediatrician will perform a full physical examination of your newborn and will take a look at everything from how they're growing to how the two of you interact. They'll see how your baby reacts to the environment and will make sure they're meeting the right milestones for development either by screening or simply by observation.

"As babies approach 2 months, they typically have developed a social smile, can calm themselves – at least temporarily – and begin to recognize their parents' faces," says Dr. Spell. At around that time, your pediatrician will observe your baby's reflexes, hearing and sight, as well as their coordination and strength.

Your baby's pediatrician will also want to hear how they're sleeping, eating and pooping – how often and how much. "Write these things down, or track them on an app," suggests Dr. Spell. Be ready to discuss your pregnancy, family history and your baby's nursery stay, as these things can provide many details that'll be important in caring for your child.

Oh, and one more thing: Plan ahead.

"Everything takes longer with a newborn," says Dr. Spell. "Give yourself extra time to get to the office. Bring a diaper bag, along with an extra change of clothes, and have a plan to feed your baby away from home."

Following a vaccine schedule

In addition to your baby's health and development, your well-visits will also focus on prevention, and your pediatrician will talk to you about the next steps for vaccines. Just looking at the list of vaccines can be overwhelming, but your pediatrician will help guide you through the standardized schedule to make sure your baby stays healthy and happy.

"Vaccines are very safe and very effective," says Dr. Spell. "The standard vaccine schedule recommended by the American Academy of Pediatrics and the U.S. Centers for Disease Control and Prevention (CDC) is designed to protect infants against dangerous infections as early as possible and at a time when they're at the highest risk."

Your baby's vaccine schedule exists to make sure they're getting the right vaccines at the right time. But don't stress: Your pediatrician is there to walk you through everything and will most likely give you a printed copy of the schedule so you know what's coming up.

It's your visit, too!

Believe it or not, visits to your baby's pediatrician aren't just about your baby – they're about you, too. And your baby isn't the only one who needs protection against dangerous diseases. To help protect your baby from other contagious infections, Dr. Spell recommends parents get vaccinated against things like whooping cough and influenza during flu season. As a standard part of your baby's visits, your pediatrician will also offer screening for things like postpartum depression.

In addition to monitoring your baby's growth and development and focusing on prevention, well-baby visits are the perfect opportunity to ask questions and address any concerns you might have about caring for your newborn.

"It's the internet age," says Dr. Spell. "There's a plethora of information out there – and much of it is unreliable. Pediatricians are extensively trained in not only providing care to infants but also giving advice and direction to parents."

The most important thing to remember, says Dr. Spell, is that your pediatrician is here for you and your child and so are pediatric nurses. Even if it's the middle of the night, you can call your pediatrician's office and talk to a nurse about your questions or concerns. You don't have to wait between visits to talk to your baby's healthcare team – after all, they want the best for your baby, just like you.

Safe and Sound: Keeping Your Newborn Out of Harm's Way

Whether you think you'll be a helicopter parent or hope to take a more laid-back approach, we all want to keep our kids safe. When your baby is first born, they seem so little in your arms – and taking care of someone so tiny can be a big responsibility.

From traveling with your baby to introducing them to loved ones, Diep Nguyen, MD, a pediatrician at Charlotte Pediatric Clinic - Steele Creek has some tips to keep your baby safe, sound and out of harm's way.



Make your home a safe place

Advice on when you should start babyproofing can vary. While it's better – and easier for you – to babyproof before your little one is born, the rule of thumb is just to make sure your home is babyproofed before they're mobile, which is usually around 4 to 6 months. "When your baby starts crawling, you'll be so busy trying to keep up with them, it might be hard to babyproof," says Dr. Nguyen.

Get plugs for the outlets, locks for the cabinets, and secure heavy things that could be pulled down on your baby, like bookcases or dressers. Move chemicals and unsafe products out of reach, put gates on your stairs, and always have the number for your local poison control close at hand.

The Carolinas Poison Center's phone number is 1-800-222-1222. You can also find helpful information about different types of poison on their website: ncpoisoncenter.org

Want to make sure you haven't missed anything? Look at your home from the eyes of an infant. "Sometimes it's good to just get on the floor and crawl around. You'll see things at your baby's eye level that you might not see otherwise," says Dr. Nguyen. "Look under furniture, too. You might find coins and other small objects that your baby could put in their mouth."

In addition to babyproofing your home, it's also important to keep things clean – and that includes your baby's bottles and pacifiers. Although it might make you feel better to sterilize these things, Dr. Nguyen says this isn't necessary. "As long as you wash bottles and pacifiers in hot, soapy water – or even in the top rack of the dishwasher – they'll be clean enough for your baby," she says.

Put your baby in the safest, cleanest hands

In the first few days, weeks and maybe even months with your newborn, you might try to enjoy getting to know your baby with only your closest loved ones present. But chances are, there are going to be lots of people excited to meet the newest member of your family.

When you're introducing your newborn to new people, the key is to make sure everyone washes their hands well – especially young kids, who tend to carry more germs. And don't let anyone who is sick or has a fever come by until they're fully well. "Minimize visitors during flu season, and wait until any high viral season is over," says Dr. Nguyen.

No one – not even you – should kiss your baby around the eyes, nose or mouth. We have germs before we even know we're sick that can transfer to the baby. But that doesn't mean you can't love on your baby – you can still give them plenty of kisses on the forehead, tummy and toes!

And what about your furry family members? For many, those four-legged pals are just as much a part of the family as anyone else, and you should absolutely include your pets in the initial introductions. "While the baby is still in the hospital, bring a blanket or hat home that has their scent," says Dr. Nguyen. "This will help your dog or cat acclimate before you bring your newborn home."

Dr. Nguyen also advises against letting pets into the nursery, as their paws can carry germs. And, of course, always make sure an adult is present. Unfortunately, although your pet might not be aggressive, even well-intentioned cuddling could be dangerous for your infant.

How to have a safe trip

You know you can't keep your baby in the safe bubble of your home forever – but wouldn't that be nice! At some point, you'll be ready to take your newborn out to explore the world, but how soon is too soon? The answer, of course, depends entirely on what's best for you and your baby.

Though it's usually okay to take a newborn out in public as early as 6 weeks, Dr. Nguyen says to wait a little longer. "I usually recommend waiting until around 8 weeks, after the first set of shots," she explains. "At this time, your baby will be on a better schedule with naps and is able to handle stimulation and time away from home."

If your child has any underlying medical conditions or was born early, Dr. Nguyen recommends waiting even longer just to be safe.

Whether you're taking a short drive down the road or planning a longer road trip (good luck!), it's crucial to use the right size car seat for your baby's weight. Also, rear-facing car seats are now recommended until age 2. "New studies show that rear-facing car seats are safer and better protect the neck and head if there were an accident," says Dr. Nguyen.

In addition to getting the right car seat, you also need to make sure your baby is fastened tightly and correctly. Check that your baby's neck isn't slumped forward in the car seat and that the harness is well-positioned.

For help fastening your baby into their car seat, just ask the nursery and staff to take a look before you leave the hospital. They'll be happy to help make sure your baby is secured properly!

Tips for preventing SIDS

Sudden infant death syndrome – or SIDS – is the unexpected, often unexplained death of a newborn. As you can imagine, it's a big concern for parents, especially when their baby is sleeping because this is when SIDS usually occurs. Dr. Nguyen has a few tips to help prevent SIDS, starting with how your baby sleeps. "The most important thing you can do to prevent SIDS is make sure your baby is sleeping on their back," she says.

Your baby should also sleep on a firm mattress, with only a fitted sheet. If you think your baby might need an extra layer, a wearable blanket is a safe option to keep them warm. "Don't overheat your baby or bundle them too much," says Dr. Nguyen. "A baby's body temperature tends to run high in general. A good rule of thumb is that babies only need one more layer of clothing than what's comfortable for you."

Although putting blankets, bumpers and stuffed animals in your baby's crib might seem like a good idea, these three things can all increase a newborn's risk of SIDS. Dr. Nguyen also advises against bed-sharing, which can be incredibly dangerous. Not only can the baby get caught under a blanket or pillow and suffocate, but the parent could accidentally roll over their infant while they sleep.

But Dr. Nguyen says that room-sharing can be a safe alternative to prevent SIDS. "The newest recommendation is to have your baby in your room until at least 6 months and even up to a full year," she says. "Room-sharing has been shown to reduce the risk of SIDS, perhaps because parents are present and more aware."

Another interesting thing to note is that infants who breastfeed or use a pacifier tend to have a smaller chance of SIDS. According to Dr. Nguyen, the reason for this is that these babies tend to control their breathing better, are better able to self-startle, and can wake themselves up if their oxygen levels go down.

Playing it safe

There are certain products out there that might be popular – but aren't particularly safe. Here are Dr. Nguyen's thoughts on a few of those products:

- **Baby bumpers:** "They're pretty, but they aren't safe and can increase a baby's risk of SIDS."
- **Pacifier clips:** "These are okay to use when the baby is awake. But if the baby falls asleep, the clips can potentially go around their neck."
- **Teething rings/necklaces:** "These can be a choking hazard if the amber beads are too long, or if a bead breaks away."
- **Heart monitors:** "They haven't been proven to help and aren't always accurate. They could either provide a false sense of security or beep every 5 seconds and make parents anxious for no reason."

No such thing as a silly question

When it comes to keeping your baby safe, you probably have lots of questions – don't be afraid to ask them. "No question is a dumb question for your provider," says Dr. Nguyen. "We welcome these kinds of questions, especially for new parents and families."

If you'd like to keep learning, Dr. Nguyen recommends evidence-based resources, like the book by the American Academy of Pediatrics, *Your Baby's First Year*, as well as their website, [aap.org](https://www.aap.org). Baby classes and maternity classes can also prepare you for caring for your baby.



Taking Care of Yourself After Delivery

You've waited several months to meet your baby and they're finally here! Every new memory, every tender moment and even every dirty diaper – you're soaking it all in. As you're learning to take care of your newborn, don't forget to take care of another important person: yourself.

The postpartum period begins the moment your baby enters the world and ends 6 to 8 weeks after birth. During this period, you'll be healing physically, as well as emotionally, as you encounter lots of changes in life with a newborn.

Bleeding, discharge, pain in your uterus and even mood swings are all normal parts of life after delivery. Keep reading to learn more about what to expect – and how to take care of yourself – after your baby is born.



The road to recovery is how long?

"Traditionally, the first 6 weeks after childbirth are the postpartum period," says Mitchell Alvarez, MD, an OB/GYN at Piedmont GYN/OB - Steele Creek. "But the true postpartum period can vary from woman to woman in when it starts and even how long it lasts."

More recently, guidelines from the American College of Obstetrics and Gynecology suggest that women should see their doctor more often than was previously directed during the postpartum period. They also say that the first postpartum visit can actually be earlier than the traditional 6-week checkup.

According to Dr. Alvarez, there are two different types of birth in terms of recovery: vaginal and C-section.

Recovery after vaginal births – which include natural, medicated and water births – tends to be quicker, explains Dr. Alvarez. "You can expect to be mobile and moving and back to your regular self somewhere between 2 and 6 weeks," he says, adding that recovery is going to be different for everyone.

C-sections, on the other hand, tend to require slightly longer recovery times. And there's also a higher risk of complications, which can mean more frequent visits to the doctor in the postpartum period. "We suggest limiting heavy lifting for those first 6 to 8 weeks," advises Dr. Alvarez. "But you'll be slowly getting back into your normal activities within that time."

Whether you have a vaginal birth or a C-section, Dr. Alvarez has one piece of advice: "Get up and moving. Although counterintuitive, it can help the recovery period." Gentle exercises like walking are a great place to start. Let comfort dictate what you do, and build up slowly from there.

What to expect as your body recovers

Hemorrhoids and vaginal tears are common after pregnancy and childbirth. Both can be treated with warm baths, ice packs, and by avoiding excessive sitting, which can irritate the area. Dr. Alvarez also suggests taking a sitz bath, where only your bottom and hips are immersed in the water.

One thing Dr. Alvarez says women can prepare for is something called lochia, which is vaginal bleeding that occurs after delivery and lasts a couple of weeks. Having plenty of maxi pads in stock can help make this more bearable – and, yes, lochia can occur even if you've undergone a C-section!

If you're having trouble getting things 'moving' after childbirth, Dr. Alvarez has good news: It's normal to be irregular. "Constipation is a big deal for many women, especially if you've been receiving pain medication after a C-section or even after a vaginal delivery," says Dr. Alvarez. "And it can lead to a lot of discomfort."

You can treat constipation by drinking more water, taking over-the-counter stool softeners and eating plenty of fiber. Other common things that can happen after delivery include vaginal dryness, which is more common with breastfeeding, and bodily swelling, which happens when fluid shifts during pregnancy and in the immediate postpartum period.

But do any symptoms demand a visit to the doctor? "In the immediate postpartum period, we counsel our patients on normal lochia. But we suggest talking to your doctor if you're bleeding more than a pad an hour," says Dr. Alvarez.

Other postpartum symptoms to bring to your doctor include fevers over 101 degrees and swelling that affects only one side, which can be a sign of a blood clot.

Feeding your body what it needs

From breastfeeding to just giving your body what it needs to heal, vitamins and good nutrition play a crucial role in your postpartum health.

"You can take a once-a-day multivitamin or a prenatal vitamin – either one is fine," says Dr. Alvarez. "But generally speaking, a good, healthy diet is adequate."

Just as you made sure to give your baby plenty of nutrients during pregnancy, the same rules apply after birth. Focus on maintaining a balanced diet, and make sure you're getting plenty of folic acid, vitamin D and iron.

Understanding the signs of postpartum depression

Taking care of your mental health is just as important as your physical health during the postpartum period. "Postpartum depression is more common than most think," says Dr. Alvarez. "Symptoms can start at any time during the first year, but most women will notice them in the first few months."

While many women will feel overwhelmed, tired and stressed within the first couple of days – and even weeks – of having their baby, these 'baby blues' are usually fleeting. Postpartum depression, on the other hand, is more severe.

Postpartum depression lasts longer and really affects normal daily activities. Signs can include depressed mood, loss of interest, weight changes, insomnia, fatigue and difficulty concentrating, just to name a few.

"The causes of postpartum depression are mostly unclear," says Dr. Alvarez. "But it's probably some combination of drastic hormone changes and the obvious added stressor of a newborn."

Although postpartum depression can affect anyone, some known risk factors include a history of depression, abuse and body image issues.

"The mainstay treatment is counseling with a therapist or psychiatrist," says Dr. Alvarez. "Some women need medication. We also encourage exercise and yoga and things that help reduce stress and help with coping."

And Dr. Alvarez has one more piece of advice for battling the baby blues: Get off social media! "Especially now, social media can make the symptoms of postpartum depression worse. Everyone shares the highlights, but no one sees the dirty diapers and major messes happening at 2 a.m.," he says.

Dr. Alvarez adds that it's normal to feel overwhelmed at some point, so don't be afraid to reach out to friends and family when you need help.

Your baby's pediatrician is there for you, too

You know your care team's top players – like your OB/GYN doctor, primary care doctor and nurse practitioners – but did you know that your baby's pediatrician is also a key member of your own care team?

After you give birth, you might not see your own doctors right away – but you will see your baby's pediatrician for several well-baby visits. According to Kavi Gnanasekaran, MD, a pediatrician at Gastonia Children's Clinic, your baby's doctor will want to talk about your own health just as much as your baby's.

"In order to care for your new baby, you must make sure you're getting plenty of fluids and nutrition, resting whenever you can and relying on your support system to help you through the first year," says Dr. Gnanasekaran.

During well-baby visits, be prepared to talk about your health history, prenatal history and any medications you're currently taking. Not only will the pediatrician use this information to care for your baby, they can also help point you in the right direction if you're having any concerns. "The pediatrician can be a source of support and is always available to help," says Dr. Gnanasekaran.

Your baby is your top priority, but remember: Even though all your focus is on your newborn, it's still important to take care of yourself. Whether you're talking to your own doctor or in a visit with your baby's pediatrician, always feel free to ask questions or call the after-hours numbers to address any other concerns as they come up.

How Much and How Often: Feeding Your Baby

Whether by breast, bottle or both, deciding what you'll feed your baby is only the beginning.

From how much to how often, a baby's feeding schedule can be as unpredictable as babies themselves. But with the right preparation – and a little bit of patience – you'll learn to love mealtime with your newborn.



It's time to eat – all the time

Shortly after birth, your care team will guide you and your baby through the first few feedings, helping your newborn latch every 2 to 3 hours. But don't be surprised if your baby has a hard time staying awake. "While you're in the hospital, your baby will be sleepy," says Stephanie Kwon, MD, a pediatrician at Charlotte Pediatric Clinic - SouthPark. "Being born is hard work!"

As you navigate through these first feedings, don't worry if you aren't producing much breastmilk yet. It usually takes a few days for a mom's milk supply to come in – and your baby is still getting vital nutrition in the form of colostrum, a concentrated liquid full of healthy antibodies, fats, sugars and proteins.

Whether you're breastfeeding or formula-feeding, expect the first week of your baby's life to be all about eating, all the time. Most newborns should be fed often, about every 1 to 3 hours, which can be exhausting for both mom and baby. "Sometimes everyone sleeps through a feed," says Dr. Kwon. "Don't worry! Moms need to get rest and let their bodies recover, too. Just make sure you're getting those frequent feeds in where you left off."

While sleeping through a feed is totally normal, falling asleep while feeding your baby can be incredibly dangerous. Whenever you're feeding your baby, make sure you're fully awake and sitting upright. This will help you stay alert and keep your baby safe.

Around your baby's third week of life, they're usually taking in about 2 to 3 ounces of milk at a feeding. And while breastfeeding takes longer, formula-fed babies take in more ounces in a shorter period of time. For formula-fed babies, Dr. Kwon recommends a practice called paced-feeding. By holding the baby upright and letting them latch onto the bottle like a breast, paced-feeding mimics breastfeeding and feeds your baby more slowly.

Whether your baby is breastfed or formula fed, feedings will only get easier as the weeks go on. Your baby will start taking in more ounces per feeding, and as they continue gaining weight, your pediatrician might even guide you to a less frequent feeding schedule.

"The first month can be tough," says Dr. Kwon. "But it will also be so rewarding, as your family starts to get into the flow of feeding your newborn."

Your baby is trying to tell you something

Your newborn might not use words to tell you what they want, but they'll tell you in other ways. By recognizing the signs, you'll start to learn when your baby is hungry – and when they've had enough.

Crying might seem like an obvious sign your baby needs to eat – but it might not be the best. "Crying can be a late sign of hunger. Look for initial cues before your baby is crying so much they can't latch," says Renu Doshi, MD, a pediatrician at Waxhaw Pediatrics.

So, what are those initial cues? If your baby is putting their hands in their mouth, smacking or licking their lips, or getting fussy, it might be time to eat. Another way newborns show they're hungry is by rooting, or turning their head toward the food source.

You're so focused on making sure your baby is fed, it can be hard to know when they've had enough. "Typically, when a baby is full, they'll turn away, close their mouths and relax their hands," says Dr. Doshi. "You might also notice long pauses between sucking."

One way pediatricians make sure babies are well-fed is by watching their weight. Although your baby might lose a little bit of weight during the first couple of weeks, they'll quickly gain it back. And by the second week, you can expect your baby to start gaining about 1.5 to 2 pounds every month.

But weight isn't the only thing your pediatrician wants to know about. "We always ask about pees and poops!" says Dr. Kwon.

Dr. Kwon suggests using an app or a notepad to keep track of how often you feed your baby, as well as how often you change their diaper. "By at least day 3, we want them to have 5 to 8 wet diapers and 3 to 4 stools every day," adds Dr. Doshi.

In addition to when your baby is hungry and when they're full, there are also signs to look for that might demand a visit to the pediatrician. If your baby is spitting up excessively, projectile vomiting between meals or has watery stools with blood and mucus, call your pediatric care team right away. And if you're formula feeding, talk to your pediatrician before changing to a new formula, as this could upset your little one's stomach.

Everything's going to be okay

If getting on a feeding schedule isn't as easy as you thought it would be, don't let the new-mom guilt take over. It can take time to get into a rhythm with your baby.

And if you need help sticking to your newborn's feeding schedule, it's okay to share the responsibility with family and loved ones. "Letting others feed your baby can give you a much-needed break to rest or for normal daily activities, like taking a bath," says Dr. Doshi. "It can also help your newborn create bonds with other family members and can develop early communication skills."

In addition to your support team at home, always remember your pediatric care team is there to offer support and guidance. "You're not alone on this new adventure," says Dr. Doshi. "Your pediatric care team is there along the way to help support you and your new, little cutie pie."

You and your bundle of joy will never stop learning about each other. And even when you think you've got it all figured out, things might not always go as planned. Because here's the thing: Motherhood is full of wonderful surprises, and babies can be unpredictable – even at mealtime.



Bath Time: Less is More

From the first sweet snuggles to the first all-nighter, you and your newborn are about to experience a lot of firsts together. But before their first word and even their first laugh, there's one other first you can look forward to: the first bath.

From that button nose to those little toes, everything on your baby is so teeny-tiny that bathing can seem tricky. Harshita Reddy, MD, a pediatrician at Charlotte Pediatric Clinic - Blakeney, has one piece of advice for keeping your baby squeaky clean: Less is more.



Baby's first bath

You don't need to bathe your baby much during the first few months. One or two baths a week is plenty, and you can use baby wipes between baths to keep their skin clean.

The first few baths will be sponge baths, but when your baby's umbilical cord falls off, you can start giving them baths in a baby tub. Around this time, you can also start using hypoallergenic lotion or cream, which will keep their skin soft and moisturized. But don't worry about applying lotion before then; your baby's skin needs to peel naturally at first to get rid of old skin cells and make way for new skin.

Dr. Reddy recommends keeping the bath water lukewarm, less than 120 degrees Fahrenheit. Test the water on your wrist or elbow to make sure it's okay for your baby's sensitive skin. And have the towels laid out and ready to wrap around your baby once the bath is over. A nickel-sized amount of baby-safe soap is enough for the whole bath and is sensitive enough for your little one's delicate skin.

And one more thing: "Bubble baths are unnecessary and scary at this age," warns Dr. Reddy.

Not only can bubble baths irritate your newborn's skin, they can also make your baby slippery and more difficult to hold. So while they might seem cute and fun, say no to suds for a few more years.

Relieving diaper rash

When your baby's skin comes into contact with urine or stool in the diaper, it can become irritated. When this contact continues, the skin doesn't get a chance to heal all the way and forms a red, bumpy rash.

Luckily, diaper rash is completely normal and easily treated with a barrier cream; Dr. Reddy recommends something with 40 percent zinc oxide, which protects the skin from moisture and lets it heal at the same time. "Application of the cream should be thick – like you're icing a cake!" she advises.

It can be hard to distinguish a fungal or bacterial rash from other types of rashes. If the rash doesn't clear after a day or two – even with the thick layer of barrier cream – your pediatrician can diagnose and treat if needed.

Not a nail-biter

As a mom, you might be tough as nails – but clipping them? Well, that's another story.

Almost all new parents dread cutting their baby's nails for the first time – they're so tiny! But don't worry. You'll get the hang of it quickly.

During the first few days, you can use a nail file to keep your newborn's nails short, and as you get more comfortable, you can start using baby-safe nail clippers. "I recommend waiting until the infant is asleep before clipping their nails – there's less movement that way," says Dr. Reddy. "Then you can push the finger pad back and cut the nail straight across."

While baby mittens are okay at first, Dr. Reddy advises against them as a long-term solution. "Your baby will be developing skills quickly in the first few months, and you want to make sure nothing is impeding their fine motor skill development," she says.

Plan on retiring the baby mittens after a few weeks, and just keep a close eye on your infant's nail length, filing and clipping them regularly.

Ears, nose and teeth, oh my!

It doesn't take much to bathe your baby, and the same is true of their ears, nose and teeth.

During bath time, remember to be easy on the ears. "Have you ever heard the saying, 'Don't put anything smaller than your elbow in your ear?'" jokes Dr. Reddy.

And she's right. Although many adults use cotton swabs to clean their ears, these actually cause more wax buildup and can even rupture your baby's eardrum. Forget the cotton swabs, and wipe the outside of your baby's ears with a towel instead.

If your baby has so much wax that it's impacting their hearing, your pediatrician can remove it during an office visit.

Like the ears, your baby's nose doesn't need to be cleaned too frequently. "The only time you really need to clean the nose is if your baby has so much nasal congestion it's making it hard for them to eat or sleep," says Dr. Reddy.

Stuffy newborn noses are easily treated with a bulb suction that gently pulls the mucus out. And if the mucus won't budge, try adding nasal saline drops. "These drops can be used when your baby is lying down. Use one to two drops in

each nostril, and wait a couple of minutes before suctioning out," says Dr. Reddy. "If you suction out immediately, all you get are the drops you just put in."

Last but not least, don't forget your baby's teeth. The American Academy of Pediatrics recommends cleaning the teeth twice daily as soon as the first tooth appears. But it doesn't take much: A rice-sized amount of fluoride toothpaste is plenty to keep your little one's pearly whites shining bright.

Less soap, less stress

When it comes to bathing your baby, less really is more. "Don't worry about bathing daily, or keeping every nook and cranny of your baby absolutely sparkling clean," says Dr. Reddy.

And it's not just about less soap, but less stress, too. The first few weeks with a newborn can be as overwhelming as they are joyous. Whether you're giving your baby a bath or just need a nap, don't be afraid to ask for help whenever you need it most.



Everyday Advice for Keeping Your Baby Healthy

If making sure your newborn is healthy – and keeping them that way – feels like an intimidating task, you're not alone.

"Babies are very special gifts to each family. It's normal to be anxious and feel unprepared the first day you bring your newborn home," says Morkor Newman, MD, a pediatrician at Shelby Children's Clinic. "All parents feel that way!"

And as your baby grows and develops right in front of your eyes, you might find yourself saying those three little words more and more – *Is this normal?* It'll take time, but whether it's colic and mucus or stools and spit up, you'll learn to know when your baby needs care – and when they're just fine.



Some of the most common conditions

Most babies have healthy habits: They usually feed frequently, have a normal body temperature, breathe comfortably, sleep between feedings and are able to self-soothe while crying.

That said, there are a few common conditions that can affect even the healthiest of babies:

- **Mucus:** If your baby's nose seems stuffed and full of mucus, don't panic. "It's normal for newborns to have a good bit of mucus – especially if the baby was born by C-section," says Dr. Newman. "This is because they don't get the natural squeezing through the birth canal."

Mucus can last up to one month and is easily treated with normal saline drops and by gently suctioning.

- **Umbilical cord infections:** You can make sure your baby's umbilical cord stump doesn't become infected by keeping it clean and dry.

If you notice any discharge, Dr. Newman recommends wiping the area with alcohol once or twice a day. "If discharge is foul-smelling or bloody, it needs to be seen by a doctor," she adds.

- **Colic:** Colic is defined as uncontrollable crying in an otherwise healthy baby. "Your baby is colicky if they're less than 5 months old and cry for more than 3 hours in a row, on 3 or more days of the week, for at least 3 weeks," says Dr. Newman.

While the diagnosis of colic might seem specific, the exact causes are unknown. But you can start by relieving your baby of gas and making sure they don't have any food allergies. You can also talk to your pediatrician about other soothing techniques that can help calm your colicky newborn.

- **Jaundice:** Jaundice is a common condition in newborns that happens when there's a high level of bilirubin in the baby's blood. Bilirubin is a yellow substance that occurs as the body breaks down red blood cells.

Easily identified by a yellowish tinge to a newborn's skin or eyes, there are a variety of things that can cause jaundice, including poor feeding, dehydration, infection, liver problems and prematurity. Whether it's increasing the number of feedings or using a bilirubin blanket, your pediatrician can help you decide the best solution for your baby.

If you ever have any questions or concerns about your baby's health, call your pediatrician's office right away. Just like you, your baby's health is their top priority, and they'll make sure all your questions are answered and concerns are addressed.



Cool as a cucumber

Over time, every parent learns to know when their child has a fever. But for newborns, a rectal thermometer is more effective – and more accurate – than the back of even the most seasoned mom’s hand.

When it’s time to take your little one’s temperature, Dr. Newman suggests following these steps:

1. Place your baby face-up, with their legs bent toward their chest.
2. Apply a small amount of petroleum jelly or other lubricant to the edge of a clean thermometer.
3. Insert it gently, without forcing, into your baby’s rectum – about .6 to 1.5 centimeters.
4. Hold the thermometer in place until it beeps.
5. Remove the thermometer gently, and clean it with soap and water.

No matter how well you clean it, never use the same thermometer for taking oral temperatures. The rectal thermometer can pass on germs and bacteria that can be dangerous to your baby!

It's tummy time

While pediatricians advise that babies sleep on their backs, your baby shouldn't spend all their time like that. In fact, tummy time is a great way to help your baby grow healthy and strong.

"Placing babies on their tummies while they're awake and under your supervision helps them develop strength in the neck, shoulders and back," says Dr. Newman. "They need this to help them learn how to roll over and eventually to move around."

Your baby can do tummy time on a mat or even on your chest, where you can make eye contact and talk to them. Start with just a few minutes at a time, two to three times a day. As your baby gets stronger, you can slowly increase tummy time to 30 to 45 minutes daily.

But remember: Tummy time is hard for your baby. It's a workout! And like any exercise, there are ways to encourage your newborn and keep things fun. Dr. Newman suggests placing small, colorful toys around your baby during tummy time. This will keep them happy and motivated, while also encouraging them to reach for the toys, scoot around – and maybe even crawl.

From stools to spit up

Your baby's belly health can tell you a lot about how they're doing – and this includes stools and spit up.

In your newborn's first 24 to 48 hours of life, it's normal for their stools to be dark, tarry and green. As their feedings become more regular, their stools will be brownish in color, then yellowish. Moms of breastfed babies can expect their baby's stools to be seedy, while formula-fed babies will have stools that are pasty in consistency.

At first, your baby will have a stool multiple times each day. But as they continue to grow, the stools can occur anywhere from daily to three times a week. "If your baby's stools are soft and passed easily, they're probably not constipated," adds Dr. Newman.

You can learn a lot from your baby's stools – as well as their spit up, which is usually less than three tablespoons, has the same color and consistency as the feeding and comes out gently after burping.

While Dr. Newman says that most spit up is normal in newborns, she adds that there are signs something is wrong. For instance, if your baby is forcefully spitting up after feeding or seems uncomfortable during feeds, call your pediatrician; these could be signs of a food allergy or intolerance.

So, is this normal?

You're going to have a lot of questions about your baby's health for the first few months – and maybe even years – of their life.

Just never forget: Whether it's for advice, care or just reassurance, your pediatrician is always there to help and to answer the question: *Is this normal?* Plus, all Atrium Health Levine Children's pediatric offices have a 24/7 phone line, so you can talk to a triage nurse anytime – even in the middle of the night.