

Northern Light Women's Health Patient Guidebook

Pregnancy and Birthing



Northern Light
HealthSM





We're committed to making healthcare work for you by focusing on your needs and guiding you through care.

Welcome.....	4
Northern Light Birthing Locations.....	5
Northern Light Birthing and Women's Health Locations.....	6
Typical Prenatal Visit Schedule	8
Routine Prenatal Labs	8
Optional Genetic Testing and Education	9
Typical Plan of Care	10
Safe Medications	12
Prescription Medication.....	13
Discomforts During Pregnancy	14
Health in Pregnancy	15
Preparation	19
Checklist by Trimester	21
Packing Suggestions.....	22
My Birth Preferences	23
Safe Sleep.....	24
Smoking and Pregnancy.....	26
Breastfeeding.....	27
Resources	28
Questions	30
When to Call.....	31



Thank you for choosing Northern Light Health

Welcome to Northern Light Health!

We hope your pregnancy will be a healthy and happy one, and we thank you for choosing us as your maternal care providers.

This booklet is provided to you to help answer common questions you may have along the way. We encourage you to keep it nearby and bookmark our website as a resource throughout your pregnancy.

We strive to bring you the most advanced medical knowledge available while continuing our commitment to personalized care. If you have any questions regarding this information, please do not hesitate to ask a member of your medical care team.

We look forward to getting to know you over the upcoming months. Thank you again for choosing Northern Light Women's Health as your partner in health and welcome to the Northern Light Health family.



Northern Light HealthSM



 Indicates Northern Light Birthing locations



Northern Light Birthing and Women's Health Locations

Bangor

Northern Light Family Medicine Center
and Residency
895 Union Street, Suite 12
Bangor, ME 04401 | 207-973-7979

Northern Light Maternal Fetal Care
417 State Street
Webber Medical Building West, Suite 442
Northern Light Eastern Maine Medical Center
Bangor, ME 04401-6634 | 207-973-8661

Northern Light Women's Health
417 State Street
Webber Building West, Suite 141
Northern Light Eastern Maine Medical Center
Bangor, ME 04401 | 207-973-4670

Brewer

Northern Light Breast Surgery
33 Whiting Hill Road
Lafayette Family Cancer Institute, Suite 33
Brewer, ME 04412 | 207-973-9700

Blue Hill

Northern Light Women's Health
65 Water Street
Northern Light Sussman Health Center
Blue Hill, ME 04614-5231 | 207-374-3940

Detroit

Northern Light Women's Health
72 North Road
Northern Light Health Center
Detroit, ME 04929 | 207-487-4040

Dover-Foxcroft

Northern Light Birthing
897 West Main Street
Northern Light Mayo Hospital
Dover-Foxcroft, ME 04426 | 207-564-4292

Northern Light Primary Care
891 West Main Street
Dover-Foxcroft, ME 04426

Northern Light Women's Health
891 West Main Street, Suite 500
Dover-Foxcroft, ME 04426 | 207-564-4470

Ellsworth

Northern Light Birthing
50 Union Street
Northern Light Maine Coast Hospital
Ellsworth, ME 04605 | 207-664-5464

Northern Light Breast Care
50 Union Street, Suite 3300
Northern Light Maine Coast Hospital
Ellsworth, ME 04605-1534 | 207-664-5492

Northern Light Women's Health
50 Union Street, Suite 2300
Ellsworth, ME 04605 | 207-664-5650

Milo

Northern Light Primary Care
135 Park Street
Milo, ME 04463 | 207-943-7752

Pittsfield

Northern Light Women's Health
447 North Main Street
Northern Light Sebecook Valley Hospital
Pittsfield, ME 04967 | 207-487-4036

Portland

Northern Light Mercy Birthing
175 Fore River Parkway
Northern Light Mercy Hospital
Portland, ME 04102 | 207-553-6300

Northern Light Mercy Midwives
527 Ocean Avenue
Portland, ME 04103 | 207-871-0666

Northern Light Mercy Women's Health
195 Fore River Parkway
Northern Light Mercy Health Center, Suite 310
Portland, ME 04102-2785 | 207-553-6920

Northern Light Mercy Women's Imaging
195 Fore River Parkway
Northern Light Mercy Health Center, Suite 260
Portland, ME 04102 | 207-553-6600

Presque Isle

Northern Light OB/GYN
140 Academy Street, #3, Suite 4
Northern Light AR Gould Hospital
Presque Isle, ME 04769 | 207-768-5944

Waterville

Northern Light Birthing
200 Kennedy Memorial Drive
Northern Light Inland Hospital
Waterville, ME 04901 | 207-861-3100

Northern Light Women's Health
180 Kennedy Memorial Drive
Medical Arts Building, Suite 104
Waterville, ME 04901 | 207-872-5529

Northern Light Women's Imaging
180 Kennedy Memorial Drive
Medical Arts Building, Suite 104
Waterville, ME 04901 | 207-861-6127



Typical Prenatal Visit Schedule

- An initial/new OB visit between 6-10 weeks
- Routine OB visits every four weeks until 28 weeks
- At 28 weeks, routine OB visits every two weeks until 36 weeks
- At 36 weeks, routine OB visits once a week until delivery

* If your pregnancy is complicated, more frequent visits may be necessary.

At your first visit, please let us know if there are any circumstances that may affect your plan of care. Examples include but are not limited to: a personal history of complicated pregnancies, surrogacy, adoption, substance use, family history of genetic conditions, or a desire for a vaginal birth after cesarean (VBAC), also known as a trial of labor after cesarean (TOLAC).

We value your time and are committed to being punctual during your visits. In emergencies and unplanned deliveries, we will do our best to keep a timely schedule. Please keep us updated with your current telephone number so that we can contact you if an emergency arises that will affect your scheduled appointment.

Routine Prenatal Labs

In the beginning, we need to gather laboratory information to help you have a healthy pregnancy. Labs performed within your first few visits may include: complete blood count, blood type and Rh factor, urine analysis and culture, pap smear, early gestational diabetes screen, immune titers for Varicella, Rubella, and Measles, and infectious screening for Hepatitis B and C, HIV, syphilis, gonorrhea and chlamydia.

HIV Antibody

HIV testing is done each pregnancy. Northern Light Health has a special consent form that will need to be signed to run this test.

Urine Drug Screen

Drug testing is done universally for all pregnant people.

Optional Genetic Testing and Education

A person's risk of having a child with a genetic abnormality may be assessed with genetic testing. Our providers will discuss with you the genetic testing options available to you, so that you may choose the options that make the most sense for you and your family. Ultimately, the patient is empowered to decide if and what genetic tests will be performed. **It is important to remember that although genetic abnormalities are rare; it is not possible to test for all potential problems.** If you are concerned about cost, please check with your insurance company before proceeding with genetic testing.

Some of the more common genetic disorders screened for include cystic fibrosis and spinal muscular atrophy. We screen for these disorders regardless of age, family history, or ethnic background.

An extended panel carrier screening is also available. There are several additional genetic diseases that some patients are at an increased risk for based on their family history or ethnicity. These include tests for sickle cell disease, thalassemia, and a panel of diseases that are more common in people of Ashkenazi Jewish heritage.

Chromosomal Abnormalities - There are several choices available to you:

1. Sequential Screening

First trimester screening involves an ultrasound to measure a specific site on the developing baby called the nuchal fold; along with blood testing between 11 and 14 weeks. The blood test is repeated several weeks later to increase its reliability. If the nuchal fold cannot be accurately measured, the blood tests can be done alone and are still helpful. This testing has two purposes. The first is to look for any Neural Tube Defects (NTD). NTDs occur in approximately one in 1,000 live births.

A NTD is an opening in the spinal cord or brain that occurs very early in human development. The two most common neural tube defects are spina bifida and anencephaly. If the test result is high risk, additional testing is offered. The other conditions screened for are chromosomal abnormalities including Trisomy 21 (Down's Syndrome), Trisomy 18 (Edward's Syndrome), and Trisomy 13 (Patau Syndrome). If the test shows an increased risk, additional testing will be offered.

2. Cell free DNA testing also called *Non-Invasive Prenatal Testing (NIPT)*

NIPT is a screening option for chromosome abnormalities in a pregnancy and is performed using a blood sample. This test is recommended for patients who are 35 years or older or at high risk. Cell free DNA testing can screen for the most common chromosomal abnormalities, including Down Syndrome, trisomy 18, and trisomy 13, as well as Turner syndrome and sex chromosome abnormalities. It can also determine the sex of your baby. This testing does not screen for Neural Tube Defects (NTD).

3. Neural Tube Defect (NTD) Screening

If NTD is a specific concern due to family history or personal situation, the Alpha-Fetoprotein (AFP) test should also be done. Your insurance may not cover this test.

If you are concerned about cost, please check with your insurance company before proceeding with the test.

Typical Plan of Care

0-10 weeks

At an initial OB visit with your provider, you will most likely have a physical exam, pap smear if due, and screening cultures. Both routine and optional testing will be discussed. Prenatal blood work should be completed after your Initial OB visit but before your next visit. Early gestational diabetes screening may be considered by your provider if you have increased risk for this problem or a history of gestational diabetes.

First trimester bleeding/risk of miscarriage Thirty percent of women bleed in the first trimester of pregnancy. Some worry that this indicates a miscarriage but at least 50% of those who bleed do not miscarry. Call us if you have bleeding so that we can determine if you need a visit or an ultrasound. You may also need an injection called Rhogam if your blood type is Rh negative. It is fine to wait to call during regular business hours unless you have one of the following signs, which might require emergency care:

- Bleeding - soaking more than a pad per hour
- Persistent large blood clots
- Severe, intolerable cramping

10-20 weeks

Genetic Screening (Optional)

- See “Optional Genetic testing” section on page 9
- Alpha-Fetoprotein (AFP) - Cannot be done until after 15 weeks

Maternal Fetal Medicine Most pregnancies follow a very predictable course, but some require more attention to give moms and babies the best chance for a safe and happy delivery. Northern Light Women’s Health considers it important to provide services for those whose pregnancies may be regarded as high-risk due to pregnancy-related problems or special health conditions. For these mothers, prenatal care may include frequent visits with our special Maternal Fetal Medicine team. This may be identified at your initial OB intake or anytime throughout the pregnancy.

19-21 weeks

Ultrasound We recommend an ultrasound for everyone between 19 and 21 weeks of pregnancy to check on the baby’s developing anatomy. At this visit, you can usually, but not always, see the gender of the baby. Your provider will discuss the types of ultrasounds available at your first prenatal visit.

Additional ultrasounds are performed based on medical need. Remember that your insurance plan may not cover this service completely.

24-28 weeks

One-hour Glucose Test It is recommended that patients get a blood sugar test during their sixth month of pregnancy to screen for gestational diabetes. DO NOT FAST before this test. We provide you with the glucose solution. If you are at an increased risk for gestational diabetes, this test may be done earlier and then repeated.

Complete Blood Count At the time of your glucose screening, we will also screen your blood to evaluate for possible anemia. If your levels are low, we may start you on iron supplements. This is a common condition in pregnancy.

Rh Immunoglobulin Injection (if Rh-negative) We will test your blood for the Rh factor. If your blood type is Rh-negative, then you may be at risk for Rh disease. Rh disease is a pregnancy complication in which your immune system attacks the baby’s blood cells. Fortunately, it can be prevented with a shot called Rhogam, which is given at 28 weeks or anytime vaginal bleeding occurs. If you are Rh negative, contact our office immediately if you develop bleeding or trauma to your abdomen.

COVID Vaccine The COVID vaccine is safe to administer during any trimester of pregnancy and recommended if not already vaccinated. Per the CDC, the COVID mRNA vaccines utilize the body's own cells to generate the coronavirus spike protein (the relevant antigens), which, similar to all other vaccines, stimulates immune cells to create antibodies against COVID-19. The mRNA vaccines are not live virus vaccines, nor do they use an adjuvant to enhance vaccine efficacy. These vaccines do not enter the nucleus and do not alter human DNA in vaccine recipients. As a result, mRNA vaccines cannot cause any genetic changes. Data have shown that COVID-19 infection during pregnancy can increase the risk of preterm labor, severe complications and even death.

Influenza Immunization During Pregnancy All pregnant people should receive the influenza vaccine; this is particularly important during pregnancy and the postpartum period. The influenza vaccination is an essential element of prenatal care because pregnant people are at an increased risk of serious illness and mortality due to influenza. In addition, maternal vaccination is the most effective strategy to protect newborns because the vaccine is not approved for use in infants younger than six months. Only the inactivated influenza vaccine is recommended during pregnancy. Live, attenuated influenza vaccine, which is given as a nasal spray, is contraindicated for pregnant people. Administration of the live, attenuated influenza vaccine is safe to administer postpartum and to family members.

Tdap Vaccine Tdap is a vaccine that protects against tetanus, diphtheria and pertussis (whooping cough) in people who are 11-64 years of age. The Tdap vaccine is recommended for all pregnant people in their 3rd trimester regardless of their last previous vaccine. This vaccine protects the baby from whooping cough in its first few months of life. While not usually serious in adults, whooping cough can be fatal to newborn babies. Other family members and caregivers should be current in their vaccine (it is due every ten years for non-pregnant adults).

36-38 weeks

Group B Strep Vaginal Culture Group B streptococcus (GBS) is a type of bacteria that may be found in a pregnant person's vagina or rectum. This bacterium is typically found in about 25 percent of all healthy, adult women. Those who test positive for GBS are said to be colonized and require antibiotics in labor. A mother can pass GBS to their baby during delivery and antibiotics can decrease the risk of infection in the baby significantly. GBS is responsible for affecting about 1 in every 2,000 babies annually in the United States and can be fatal. According to the Centers for Disease Control and Prevention, the rate of early-onset infection decreased from 1.7 cases per 1,000 live births (1993) to 0.22 cases per 1,000 live births (2016).

 **Patient Portal Online:** www.MynorthernLightHealth.org



We have a convenient, confidential and secure way to access your medical records and contact your provider with non-urgent questions – all from your computer.

Our patient portal gives you access to:

- **Send secure messages to your provider**
- **Request routine appointments**
- **Request prescription refills, view test results, and other medical records**

Sign up at your first appointment and get connected or ask how to sign up, and we'll help you.

Safe Medications

During pregnancy, you can be more susceptible to ailments like cold, flu, and other conditions. Only certain medications are safe during pregnancy. The following are considered relatively safe, but you should use these very sparingly, especially decongestants of any kind. Prescription medications should be taken exactly as directed, and you should check with us before starting any new prescription. Follow the labels for dosage and directions. Visit www.mothertobaby.org for further information and contact the office with questions.

Condition	Treatment
Acne	<ul style="list-style-type: none"> Any benzoyl peroxide or salicylic acid (no more than 5% topical medication)
Allergy	<ul style="list-style-type: none"> Chlorpheniramine (Chlor-Trimeton) Diphenhydramine (Benadryl) Doxylamine (Unisom) Loratadine (Claritin) Cetirizine (Zyrtec)
Cold/Cough	<ul style="list-style-type: none"> Sucrets or cough drops Vick's Vapor rub Robitussin/Robitussin DM Mucinex/Mucinex DM (only pill form NOT with alcohol) DO NOT USE: products containing phenylephrine
Constipation	<ul style="list-style-type: none"> Polycarbophil (Fibercon) Senna (Senokot) Docusate (Colace) Methylcellulose (Citrucel) Psyllium (Metamucil) Magnesium hydroxide (Milk of Magnesia)
Congestion	<ul style="list-style-type: none"> Saline Nasal Spray (Ocean mist) Clemastine (Tavist) Oxymetazoline Nasal spray (Afrin) - short term use only DO NOT USE: products containing phenylephrine
Diarrhea	<ul style="list-style-type: none"> Loperamide (Imodium) Kaopectate DO NOT USE: Pepto-Bismol
Heartburn/Gas	<ul style="list-style-type: none"> Avoid lying down for at least 1 hour after meals Try first: Tums, Gas-X, Rolaids, Mylanta, Maalox Next, if needed: Cimetidine (Tagamet), Famotidine (Pepcid)
Hemorrhoids	<ul style="list-style-type: none"> Preparation H Anusol Tucks
Insomnia	<ul style="list-style-type: none"> Warm milk- add vanilla (alcohol free) for flavor Tylenol PM Chamomile Tea Diphenhydramine (Benadryl) Doxylamine (Unisom) - 12.5 mg every 8 hours
Lice/Crabs	<ul style="list-style-type: none"> 1st choice- Permethrin (Nix) 2nd choice- Rid DO NOT USE: Lindane (Kwell)
Nausea	<ul style="list-style-type: none"> Small frequent meals Ginger Ale or Ginger Snaps, Ginger (up to 1000mg daily) Vitamin B6 25 mg three times per day (max 100mg) Sea Bands (a form of acupuncture on wrists)
Pain/Headache	<ul style="list-style-type: none"> Cold Compress Acetaminophen (Tylenol) DO NOT USE: Aspirin (unless instructed by your provider) DO NOT USE: Ibuprofen (Motrin) or Naproxen
Smoking Cessation	<ul style="list-style-type: none"> Ask your provider
Toothache/Dental	<ul style="list-style-type: none"> Orajel May see dentist, have filling w/Novocain, dental x-ray with use of a lead shield
Yeast Infection	<ul style="list-style-type: none"> You may use Miconazole vaginal cream over the counter. Call your provider if not better in 2-3 days.



Prescription Medication

If you have been prescribed medication by another provider, do not discontinue it when you become pregnant unless we have advised you to do so. It may be important for you to continue previously prescribed medication during your pregnancy. If a dentist or another provider prescribes medication for you, please be sure to tell them you are pregnant or breastfeeding.

Prescribed and non-prescribed medications or substances may affect the length of stay in the hospital for mom or baby after delivery.

If you receive opioid replacement therapy (also known as Medication Assisted Treatment or MAT) or take opioid medications for other reasons, your newborn may need additional observation. Please talk to your provider if you have questions.

Prescription Refills

To refill your medication, call your pharmacy to see if refills are available, contact your prescribing provider, or visit the Northern Light Health patient portal at www.MyNorthernLightHealth.org.

Our goal is to have medication refill requests processed within three business days. Because it can take longer, please don't wait to contact us until you are down to your last dose. Working together, we can ensure you have the medication you need when you need it to get well and stay well.

If needed, Northern Light Pharmacy provides mail-order service throughout Maine, and has locations in Bangor, Brewer, and Portland. Learn more at northernlighthealth.org/pharmacy.

Discomforts During Pregnancy

You will experience various discomforts during pregnancy; some fleeting, some more persistent. Some may occur in the early weeks, while others emerge closer to the time of delivery. Others may appear early and then go away, only to return later.

Nausea or Vomiting Feeling nauseous during the first three months of pregnancy is very common. For some, it can last longer, while others may not experience it at all. One of the best remedies for nausea is rest. If you can, take extra time to get up and get going, you will experience less nausea. Naps may need to be a priority, not a luxury. Try to eat 5-6 smaller meals a day to keep your stomach full at all times. Try bland food like plain crackers, toast, and dry breakfast cereals as well as carbonated drinks like ginger ale or 7-Up. Ginger and peppermint are also natural treatments for nausea. Try avoiding: strong smells, spicy, greasy, and hard to digest foods. We do not recommend cannabis or CBD products. According to the American Congress of Obstetrics and Gynecology and the American Academy of Pediatrics, no amount of marijuana is definitively safe in pregnancy. If the symptoms become severe or you are unable to keep fluids down without vomiting for more than 12 hours, contact the office.

Constipation Constipation is a common complaint related to hormone changes, low fluid intake, increased iron in your vitamins, or lack of fiber in your diet. Try to include whole grains, fresh fruit, vegetables and plenty of water. There are also safe over the counter medications. If you develop hemorrhoids, try sitz baths 3-4 times per day for 10-15 minutes each time. If the pain persists, call the office.

Dizziness You may feel lightheaded or dizzy at any time during your pregnancy. Try lying down on your left side and drink 1-2 glasses of water and try to rest. Try to eat a small healthy snack. If you faint or the symptoms persist, call the office.

Heartburn You may experience heartburn throughout the pregnancy, especially during the latter part of your pregnancy when your baby is larger. Try to eat 5-6 smaller meals a day, avoid drinking fluids with meals and avoid lying down immediately after eating. Some over the counter medications are also safe for use. Check with your provider.

Swelling Because of the increased production of blood and body fluids, normal swelling, also called edema, can be experienced in the hands, face, legs, ankles, and feet. Elevate your feet, wear comfortable shoes, drink plenty of fluids, and limit sodium. Support/compression stockings can also help. If the swelling comes rapidly, or is accompanied by headache or visual changes, contact us immediately.

Vaginal Discharge An increase in vaginal discharge that is white and milky is common in pregnancy. If the discharge is watery or has a foul odor, call the office.

Braxton-Hicks Contractions Experiencing some cramps and contractions are normal. When they occur, empty your bladder, drink 1-2 glasses of water and try to rest. If you are less than 36 weeks pregnant and having more than six contractions per hour, call the office.

Urinary Frequency Frequency of urination varies throughout the pregnancy; this is normal. If urinary frequency is accompanied by burning, low back pain, blood, or bad odor, call the office to schedule an appointment.

Health in Pregnancy

For a complete list of pregnancy FAQs please visit:

<https://www.acog.org/Patients/Patient-Education-FAQs-List>

Physical Activity Being active is beneficial to both you and your baby. You should avoid high impact activities and keep your breathing and heart rate in an aerobic zone (you can continue to talk without having to catch your breath). If weight lifting, you should lift weights that you can lift relatively easily and don't need to strain to lift. Do not lift more than 20 lbs. Drink plenty of fluids, so you do not get dehydrated.

Other Activities	
Avoid	<ul style="list-style-type: none"> High-Risk Activities including but not limited to: roller coasters, skiing, scuba diving, motor cycle riding, four wheeling, and snowmobiling Extreme Temps: Hot tubs, Saunas Smoking, Drinking, Illicit Drugs: According to the American Congress of Obstetrics and Gynecology and the American Academy of Pediatrics, there is no amount of alcohol or marijuana that is definitively safe in pregnancy
Caution	<ul style="list-style-type: none"> Hair coloring- should always be done in large, well-ventilated areas Nail Care- should always be done in large, well-ventilated areas Painting- should always be done in large, well-ventilated areas
Safe	<ul style="list-style-type: none"> Sex during pregnancy is safe unless you are having bleeding or preterm labor or have been otherwise specifically advised not to by your provider.

Travel Travel during a normal pregnancy is fine up to 34 weeks. After 34 weeks, there is a chance you could go into labor and deliver at the hospital at your destination. remember to take your prenatal records with you when you travel. Consult with one of our providers during your visits before traveling. Drink plenty of fluids so you do not get dehydrated. While traveling (whether by car, plane, train, etc.), get up and stretch your legs at least every 2 hours to decrease the risk of developing a blood clot in your leg or lung. For additional information please visit <https://www.acog.org/Patients/FAQs/Travel-During-Pregnancy?IsMobileSet=false#is>

Emotional Health- Pregnancy is a time of great change physically and emotionally. Hormonal changes in your body during pregnancy can trigger joy, excitement, or even fear and panic. Depression can occur during, as well as after pregnancy. Many people experience mood changes after their delivery. This most commonly starts 2-3 days after delivery and usually goes away by two weeks. It is important to eat properly, get adequate sleep, and reduce stress during this time to help with symptoms. Sometimes these symptoms require treatment, especially if a parent is not bonding with or enjoying their baby; unable to care for themselves or the baby; or feeling excessive sadness, depression, anxiety, or abnormal thoughts. If you ever think you may hurt yourself, the baby, or someone else, you should go to the emergency room right away. If you or your partner have any concerns that you may be depressed, please contact us for evaluation. For more information, please visit <https://www.postpartum.net/>. Northern Light Health also offers the Tree of HOPE perinatal support group in two locations: Bangor & Waterville. The Tree of HOPE postpartum support group provides an honest and safe place to listen, talk, and gain education on perinatal experiences. Many parents experience feelings of anxiety, irritation or just plain sadness after giving birth. This group allows you to be among other moms experiencing the same feeling. Please join us for a session. No registration is required. Dads are welcome too!



Fetal Movement Sometime between 16-22 weeks of pregnancy, mothers will begin to feel movement. Initially, movements will be infrequent and may feel like butterfly flutters. As your baby grows, you will feel movement more often. If you have concerns about feeling movements or notice a decrease in movements, contact the office.

Dental Care Gum disease and bacteria in the gums become more common during pregnancy and can potentially negatively impact your pregnancy. Routine dental care is safe and recommended during pregnancy.

Working/School A pregnant person can usually continue working or attending school until they go into labor. We may be required to restrict your work if you have certain pregnancy complications, depending on your job activities.

Weight Gain Underweight people with a low weight gain during pregnancy appear to have an increased risk of having a low birth weight infant and preterm birth. On the other hand, obese pregnant people have an increased risk of having a large gestational age infant, late birth, and other pregnancy complications.

There is an increased risk of small gestational age births in pregnant people who gain less than the recommended weight, based on pre-pregnancy weight. Those who exceed the weight gain recommendations double their risk of having a very large infant. Excessive weight gain may also increase the chances of childhood obesity and makes your weight loss more difficult after delivery.

Recommendations for weight gain during a singleton (one baby) pregnancy are as follows:

Underweight (BMI less than 18.5)	Normal (BMI 18.5-24.9)	Overweight (BMI 25-29.9)	Obese (BMI greater than 29.9)
30-40 lbs.	25-35 lbs.	15-25 lbs.	Up to 15 lbs.

Healthy Diet The first step toward healthy eating is to look at your daily diet. Having healthy snacks during the day is an excellent way to get the nutrients and extra calories you need. Pregnant people need to eat an additional 100-300 calories per day, equivalent to a small snack such as half of a peanut butter and jelly sandwich and a glass of low-fat milk. You should aim for three meals a day with healthy snacks in between. Visit www.ChooseMyPlate.gov to see how many servings of each food group you need each day.

Key Nutrients During Pregnancy		
Nutrient (amount per day)	Importance	Sources
Calcium (1,000 mg)	Helps build and maintain strong bones and teeth	Milk, cheese, yogurt, sardines
Folate (600 mcg)	Needed to produce blood and protein; helps some enzymes	Green leafy vegetables, liver, orange juice, legumes, and nuts
Iron (27 mg)	Helps create the red blood cells that deliver oxygen to the baby and also prevents fatigue	Lean red meat, dried beans, peas, iron-fortified cereals
Protein (75 gm)	Helps with formation of enzymes, antibodies, muscle, and collagen	Meat, eggs, cheese, whole grains.
Vitamin A (770 mg)	Forms healthy skin, helps eyesight, helps with bone growth	Carrots, dark leafy greens, sweet potatoes
Vitamin B6	Helps form red blood cells, helps the body use protein, fat, and carbohydrates	Beef, liver, pork, ham, whole-grain cereal, bananas
Vitamin B12 (2.6 mcg)	Maintain nervous system, needed to form red blood cells	Liver, meat, fish, poultry, milk (only found in animal foods, vegans should take a supplement)
Vitamin C (85 mg)	Promotes healthy gums, teeth and bones. Helps your body absorb iron.	Oranges, melon, strawberries
Vitamin D (600 IU)	Helps build and maintain strong bones and teeth	Liver, egg yolks, fortified cereal and milk

Prenatal Vitamin We recommend a daily prenatal vitamin to help provide the best balance of nutrition for you and your baby. Either an over-the-counter or prescription vitamin is fine. Your prenatal vitamin should contain at least 800mcg of folic acid per day to help prevent spinal cord defects. If you cannot tolerate a prenatal vitamin, we recommend 2 children’s chewable vitamins a day instead. If vitamins are causing nausea, try taking them at night with a snack. If constipation is an issue, increase the fiber in your diet, drink more fluids, and increase activity. An over the counter stool softener may be added if needed.

Iron Iron supplementation may be necessary in cases where there is profound anemia or where adequate dietary intake is not feasible. The amount of iron supplement necessary will depend on the severity of the anemia. You should be aware that iron poisoning is the most common type of poisoning among children; therefore, iron supplements should be kept out of the reach of children.

Lactose Intolerance During pregnancy, symptoms of lactose intolerance often improve. If you are still having problems after eating or drinking dairy products, talk with us. We may recommend calcium supplements if you cannot get enough calcium from other foods. Remember, calcium can also be found in cheese, yogurt, sardines, and certain salmon, spinach, and fortified orange juice.

Artificial Sweeteners - These are OK to use, but we recommend limiting it to 1-2 servings per day. If you have diabetes, artificial sweeteners are better than sugar to help control your blood sugars.

Food Concerns in Pregnancy	
Meat	Avoid uncooked seafood and undercooked beef, pork, or poultry due to risk of bacterial contamination, toxoplasmosis, and salmonella. Prepared meats or meat spreads including hot dogs and deli meats can contain bacteria and heating may decrease the risk.
Fish	Fish is very good for you and the baby during pregnancy and supports your baby’s brain and eye development. You should try to eat two servings per week (12 oz.) of low mercury fish such as salmon or catfish. You can consume medium mercury fish such as tuna or halibut, but you should have no more than 6 oz. per week. You should altogether avoid high mercury fish which include shark, swordfish, and mackerel. Maine’s fresh-water fish contain local pollutants and should not be consumed by pregnant people or children younger than 8 years old.
Smoked Fish	Refrigerated, smoked seafood should be avoided due to risks of listeria contamination.
Raw Shellfish	Clams, oysters, and mussels can cause bacterial infections. Cooked shrimp is safe.
Soft Cheese	Imported soft cheeses may contain listeria. Soft cheeses made with pasteurized milk are safe.
Unpasteurized Milk	May contain listeria which can lead to miscarriage, preterm labor and should not be consumed.
Caffeine	Pregnant people should consume less than 200mg a day of caffeine which is about 12oz of coffee.
Unwashed Vegetables	Wash all vegetables well to avoid exposure to toxoplasmosis which may contaminate the soil where vegetables are grown.
Special Concerns- Vegan/Vegetarian Diets	Be sure you are getting enough protein, about 75 grams per day. You may need to take supplements, especially iron, B12, and vitamin D.
Alcohol	According to the American College of Obstetrics and Gynecology, no amount of alcohol during pregnancy is definitively safe.

Preparation

Attend educational courses There are educational courses, breastfeeding support groups, infant CPR and baby care courses available. Consider these classes, especially if you are a first-time parent. Northern Light Health offers classes, programs, and support groups throughout the year to help you live a healthier life. See page 28.

Choose a Provider You will need to decide on a medical provider for your baby before you deliver. You will need to contact the provider's office before delivery to make sure they accept your insurance and are taking new patients. Pediatricians, Family Doctors, and some Nurse Practitioners or Physician's Assistants can be your baby's medical provider.

Circumcisions If you are considering circumcision for your newborn baby, we encourage you to discuss further with your providers. This may not be an available service at all birthing locations, so please review with your provider during your visit.

Cord Blood Banking Blood from the umbilical cord can be saved or "banked" to help treat and save children with fatal diseases. This decision has to be made early in pregnancy so that registration can be completed and the collection kit on hand at delivery. To find out more visit the American Academy of Pediatrics at: www.healthychildren.org

Breastfeeding Exclusive breastfeeding is recommended for the first six months of a baby's life because breast milk has the right amount of fat, sugar, water, protein, and minerals needed for a baby's growth and development. As your baby grows, your breast milk changes to adapt to the baby's changing nutritional needs. Breast milk is easier to digest than formula and it contains antibodies that protect infants from certain illnesses, such as ear infections, diarrhea, respiratory illnesses, and allergies. The longer your baby breastfeeds, the greater the health benefits including a lower risk of sudden infant death syndrome (SIDS). Breastfeeding triggers the release of a hormone called oxytocin that causes the uterus to contract. This helps the uterus return to its normal size more quickly and may decrease the amount of bleeding you have after giving birth. Breastfeeding may reduce the risk of breast cancer and ovarian cancer. Some mothers may not be able to, or desire to breastfeed. The staff can assist you in reviewing the alternatives. Through education, assistance, and support, our Lactation Consultants can help you be successful in providing your baby with the best nutrition.

The website www.womenshealth.gov/breastfeeding has beneficial information.

Breast Pumps Breast Pumps are now available to patients with most insurances at no-cost through the Affordable Care Act. Your provider can send orders. The website <https://www.womenshealth.gov/blog/breast-pumps-insurance> has beneficial information.

When you go into Labor, Your provider will give you individual guidelines as to when to call. The guidelines will depend upon where you live and how fast your labor is expected to progress. In general, signs of labor include painful or strong contractions every five minutes for more than one hour, a large gush of fluid or continuous leakage of fluid, or if you have vaginal bleeding that is more than spotting. If you lose your mucous plug (thick mucus discharge), you do NOT need to call. If you are more than three weeks before your due date, call immediately if your bag of water breaks or if you have evidence of labor.

Delivery Once you are admitted to the labor and delivery unit, your baby's heart rate and your contractions will be monitored intermittently or continuously; your amniotic bag may be broken or will break on its own if it has not already broken before you arrive. If you desire, you will be able to walk or be in the shower/tub if there are no other medical issues that your provider is concerned about. If continuous fetal monitoring is necessary, a portable monitor will be used if available. Pain medication is available if you desire; however, you will generally be in bed once you receive an epidural or intrathecal.

Scheduled Cesarean Section If you and your provider have decided to schedule a C-Section prior to labor, it is important to register at the hospital as soon as possible. You will be given a date for your delivery at an office visit or receive a telephone call with this information from a triage nurse. Before your C-Section, you will typically have a pre-operative visit. During this visit, you will sign your surgical consent and be given a special wipe, sponge, or antibacterial soap to use the night before and morning of your surgery to decrease the chance of infection. Please dispose of these wipes when finished. They resemble a baby wipe but should not be used as one. On the day of your C-Section, do not eat or drink anything for 8 hours before surgery (no gum, hard candy, or water). If you think you are going into labor before your scheduled C-Section date, do not eat or drink, and report immediately to the hospital.

How long will I be in the hospital after my delivery? If you have a normal, uncomplicated labor and delivery and postpartum course, you will usually go home between 24-48 hours after delivery. Your insurance company often dictates the hospital length of stay. It is your responsibility to know the length of hospital coverage your insurance provides before you deliver. In the event of any complications, a longer stay may be indicated and your provider will discuss this with you at that time. Make sure you notify your insurance company of your admission to the hospital as soon as possible. The routine length of stay after a cesarean section is 2-4 days. Prescribed and non-prescribed medications or substances may also affect the length of stay for mom or baby after delivery.

Neonatal Intensive Care Unit (NICU) If your baby needs extra specialized care, we will ensure transfer to the appropriate level of care. We have a Level 3 Neonatal Intensive Care Unit at Northern Light Eastern Maine Medical Center, and a Level 2 at Northern Light Mercy Hospital with advanced technology and personalized attention for your baby's needs.

Insurance Information Most insurance plans have a global maternity fee that includes your prenatal office visits, the delivery, and postpartum exam. Ultrasounds, injections, lab work, and Fetal Non-Stress Tests (NSTs) are billed separately and are not included in the global fee. These items will be billed to your insurance company, and you may be responsible for a portion of these services. Global maternity care includes 13 office visits; any additional visits will be billed to your insurance and may be your responsibility.

If any of your insurance information or coverage changes, please let us know right away. Failure to do so may cause you to be financially responsible for the entire delivery fee.

FMLA or Short-Term Disability Papers You will need to check with your employer regarding eligibility for Family Medical Leave and/or Short-Term Disability. Submit all paperwork to the office prior to your due date to avoid any delays receiving your paperwork. Please allow 7 to 10 business days for the forms to be completed. Paternity leave may also be available through the father's employer.

Newborn insurance Once you give birth, your newborn will automatically be eligible for coverage from your insurance provider under the Health Insurance Portability and Accountability Act (HIPAA). You must notify your insurance company within 30 days to enroll your new child into your family's plan.



Checklist by Trimester

1st Trimester

- Schedule your OB intake, complete labs and dating ultrasound

2nd Trimester

- Enroll in pregnancy education classes
- Review your healthcare coverage and setup a time to speak with a financial counselor if needed
- Make childcare preparations
- Attend all prenatal appointments and advised testing, and don't be afraid to ask questions

3rd Trimester

- Submit Family Medical Leave Act (FMLA) paperwork at your job
- Select a health care provider or practice for the baby
- Attend all prenatal appointments and don't be afraid to ask questions
- Make childcare preparations
- Order breast pump
- Consider meeting with lactation consultant
- Install a rear-facing car seat before your due date (please note that this is mandatory before going home after delivery)

Packing Suggestions

Plan to pack your suitcase a month or so before your due date so it will be ready when it's time for you to go to the hospital. Below is a list of packing suggestions.

For you

- Your insurance card
- A list of people to call and their phone numbers
- Your cell phone and charger
- Toiletries including toothbrush and toothpaste, deodorant, lotion, shampoo and conditioner, hairbrush
- Lip balm
- Hair band, pony-tail holder, or barrettes
- Eyeglasses, contacts, and solution
- Warm robe or sweater
- Nightgowns if you don't want to wear the ones the hospital provides
- Slippers
- Warm non-skid socks
- Comfortable nursing bras or supportive regular bras
- A going-home outfit that is roomy and easy to put on
- Healthy snacks like granola bars and anything with fiber
- Whatever will help you relax and feel comfortable

Other Items:

- _____
- _____
- _____
- _____
- _____

For your partner

- A camera, video camera, batteries, charger, and memory cards
- Toiletries
- Comfortable shoes and a change of comfortable clothes
- Snacks and something to read
- Money for meals, change for vending machines

For your baby

- An installed rear-facing car seat
- A going-home outfit including socks or booties (if the clothing doesn't have feet). Make sure the legs on your baby's clothes are separate so the car seat strap can fit between them.
- A blanket, especially if it is cold outside

What NOT to bring:

- Valuables
- Diapers and diaper wipes- the hospital will provide these during your stay
- Candles- hospitals won't allow you to burn them

My Birth Preferences

Please use this tool to let us know how we can work together to help you and your family have a positive birth experience. We encourage you to ask questions throughout your care and be involved in decision making. Please keep in mind we may not be able to follow every wish as your birth unfolds, and you have the right to change options as labor progresses.

Your Name: _____

Due Date: _____

Support Person: _____

Your OB Provider: _____

Your Baby's Provider: _____

Labor Comfort Measures

Positions

- Standing
- Sitting
- Squatting
- Kneeling
- Side-lying
- Walking
- Birthing Ball
- Peanut ball
- Tub/Shower

Pain Preferences

- I plan to use natural pain relief methods.
- I would like staff to discuss options with me throughout labor.
- I will decide whether to use pain medicine as my labor progresses.
- I would like an epidural.

Relaxation Techniques

- Deep breathing
- Dim lighting
- Focal Points
- Quiet atmosphere
- Soft music

Specific requests or concerns: _____

Pushing Preferences

- I would like to use a variety of positions for pushing.
- I would like a mirror placed at the foot of the bed so I can watch my baby's birth.
- I would like _____ to announce the sex of my baby.

Specific Requests or concerns: _____

In Case of Cesarean Birth

- I would like music and dim lights.
- I would like a mirror and/or clear drape to watch the birth of my baby.
- I would like my birth partner to cut the cord at the warmer.
- I would like to hold my baby skin-to-skin in the operating room.
- I would like to breastfeed as soon as possible.

Specific Requests or concerns: _____

Newborn Care

The American Academy of Pediatrics recommends healthy infants be placed in direct skin-to-skin contact with their mothers immediately after birth and stay there until the first feeding is finished. Skin-to-skin is also recommended throughout your stay and once home. You can expect skin-to-skin to be supported during your stay at Northern Light Health.

- I would like my birth partner to cut the umbilical cord.
- I prefer my provider trims the cord.
- I prefer newborns procedures (i.e. newborn exam, vitamin K eye ointment, and vital signs) be done with my baby in the room.
- I would like my baby boy to have a circumcision.

Specific Requests or concerns: _____

Feeding Your Baby

- I would like to breastfeed my baby exclusively.
- I would like to pump and feed milk through a bottle.
- I would like to feed my baby a combination of breast milk and formula.
- I would not like my baby given pacifiers, bottles, or formula.
- I would like to feed my baby formula. I understand breast milk is the healthiest option for my baby.

Specific Requests or concerns: _____

SAFESLEEP

- M A I N E -

PARENTS

Guide to Safe Sleep

Every baby needs their own Safe Sleep Space. A Safe Sleep Space is a crib, bassinet or pack & play that meets current guidelines, has a firm surface (mattress meant for that item) with nothing in the crib but a fitted sheet for that mattress. It is recommended that the crib be in the same room as the parents, but a baby should NEVER share a sleep surface with anyone else. This is very dangerous for the baby and increases the risk for SIDS. This guidance should be followed until the baby's first birthday.

START WITH THE ABCs



ALONE

Stay Close.
Sleep Apart.



BACK

On Their Back
for Nights and Naps.



CRIB

Clean, Clear Crib.



DRUG-FREE

Be Aware, Not Impaired.
Keep Your Home Drug-Free.

ALONE: Babies should always sleep alone. There should never be anything else in a baby's sleep space except for the baby. A pacifier is permissible if the baby uses one, but if breastfeeding, please wait until breastfeeding is well established. Pacifiers should not be attached to a string, cord, stuffed animal, or anything else.

BACK: A baby should always sleep on his/her back for every sleep time both nights and naps. Back sleeping on a firm surface decreases the risk of SIDS.

CRIB: Babies should sleep in a clean, clear crib. A baby's crib should contain a fitted sheet only; no blankets, toys, pillows, bumpers, or other items that could cover a baby's face and suffocate them. Cribs, bassinets and pack & plays with firm mattresses are the only safe places for babies to sleep.

DRUG-FREE: Drinking and drug use can impair your ability to care for a baby, making bed-sharing and other unsafe sleep even more dangerous for the baby.

If you do not have a crib, bassinet or pack & play for your baby and cannot afford one, please check with Cribs for Kids at www.cribsforkids.org/find-a-chapter.

Visit SafeSleepForME.org for more information



IMPORTANT THINGS TO REMEMBER

- Do not overheat a baby. If you are comfortable in light clothing, the baby will be too. Keep the room temperature at a comfortable setting for you.
- If your baby does require an extra layer for warmth, dress him/her in layers such as a onesie and a footed sleeper, or use a sleep sack over their clothing. Blankets should not be used in the bed for warmth.
- Keep a baby away from cigarette smoke, including e-cigarettes and vaping devices. This is a good time to make your home and car smoke-free.
- A baby should never sleep in a car seat, swing, infant seat, adult bed, couch or chair, or any other item not designated for infant sleep.
- Provide “Tummy Time” for the baby every day, while they are awake and an adult is watching. This helps with muscle development.
- Be Aware, not Impaired. Drinking or drug use, even use of prescription drugs, can impair your ability to parent and increase the danger of SIDS for your baby. Always follow the ABC’s (alone, on their back, in a crib) to keep your baby safe.
- Just as “designated drivers” protect people from the dangers of driving “under the influence,” if you have to take a medication that you know can impair your judgment or reaction time, consider finding a “designated, dependable adult” to help you protect the baby from the dangers of unsafe sleep. Always follow the ABCs of Safe Sleep for your baby.

IF YOUR BABY WON’T SLEEP AND CRIES CONTINUOUSLY

- Check to see if your baby is hungry, tired or needs changing.
- Cuddle the baby in your arms.
- Walk and sing with your baby.
- Take your baby outside for a walk (weather permitting).
- Give your baby a warm bath.
- Call a friend or family member to come watch the baby.
- Talk to your baby’s doctor.
- NEVER, NEVER shake a baby.

Remember: Babies rely totally on adults for their safe care. A baby may not stop crying no matter what you try. No matter how frustrated you get, NEVER shake a baby. If you need to take time to calm yourself, place your baby in a safe sleep space (alone, on their back and in their crib) and check on them every 15 minutes.

Learn more at, **PurpleCrying.info**.

Visit **SafeSleepForME.org** for more information



From the Centers for Disease Control and Prevention: **Pregnancy and Smoking**

Smoking during pregnancy can cause babies to be born too small or too early (preterm birth), certain birth defects, and stillbirth. Quitting smoking can be hard, but it is one of the best ways a pregnant person can protect themselves and their developing baby.

For free help, call 1-800-QUIT-NOW (1-800-784-8669)

Many people know that smoking causes cancer, heart disease, and stroke. But those who smoke during pregnancy put themselves and their developing babies at risk for other health problems. Even being around tobacco smoke puts a person and their developing baby at risk for health problems.

Smoking during Pregnancy Affects Your Developing Baby's Health

Smoking during pregnancy can cause babies to be born too small or too early. Those who smoke during pregnancy are more likely to have a baby with a congenital disability of the mouth and lip called an orofacial cleft.

Babies who breathe in other people's tobacco smoke are more likely to have ear infections and lung infections, like bronchitis and pneumonia; if they have asthma, breathing in other people's tobacco smoke can trigger asthma attacks. These babies are also more likely to die from Sudden Infant Death Syndrome (SIDS), a sudden and unexpected infant death that has no immediately obvious cause after investigation.

It Is Never “Too Late” to Quit Smoking During Pregnancy!

Quitting smoking before getting pregnant is best. But for those who are already pregnant, quitting as early as possible can still help protect against some health problems for their developing babies, such as being born too small or too early. It is never too late to quit smoking.

It is important to quit smoking for good. Some might think it is safe to start smoking again after their baby is born. But babies of mothers who smoke may breathe in secondhand tobacco smoke that can harm their health. Although quitting for good can be challenging, the benefits are worth it—a healthy baby and many more years of good health to enjoy with him or her.

If you or someone you know wants to quit smoking, talk to your healthcare provider about strategies. For support in quitting, including free quit coaching, a free quit plan, free educational materials, and referrals to local resources, please call 1-800-QUIT-NOW (1-800-784-8669); TTY 1-800-332-8615.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention
[CDC.gov/tips](https://www.cdc.gov/tips)

From The Joint Commission: **Breastfeeding**

As a parent, one of the most important things you will decide is how to feed your baby. The many health benefits of breastfeeding include:

- Natural source of the nutrients your baby needs
- Less risk of Sudden Infant Death Syndrome (SIDS)
- Fewer ear and respiratory infections for your baby
- Enhances newborn brain development
- Less risk your baby will be overweight
- Less risk of diabetes for your baby and you
- Less risk of postpartum depression for you
- Less risk of breast and ovarian cancer for you
- Faster recovery for you

Breastfeeding is natural for you and your baby, but it is a skill that needs to be learned. Speak up and ask questions about breastfeeding before your baby is born and while you are in the hospital. This will help you continue to breastfeed after you go home. Remember, you should always talk to your provider or nurse about any tips or advice given to you about your health.

Before giving birth

- Learn about breastfeeding. Go online, read books, take a class and talk with other moms who have reached their breastfeeding goals.
- Get the support of your partner. Go to breastfeeding classes and read the materials together.
- Gather a support team. Ask friends or relatives who have breastfed if you can call them whenever you need help or support.
- Ask your provider or nurse about birthing choices and how they affect breastfeeding.
- If you have written down your birth preferences, include that you want to breastfeed.
- Ask if the hospital has a lactation consultant. They are trained to provide additional help if you have problems breastfeeding. Ask how you can contact the lactation consultant.
- Visit your new baby's provider or nurse. Ask how they can help you and your baby get started breastfeeding. Ask if they work with a lactation consultant.

After giving birth

- Ask your nurse to help you breastfeed. The nurse should watch you breastfeed several times before you leave the hospital. The nurse can tell if your baby is latching on and getting milk.
- If you have trouble breastfeeding, ask your nurse for help. Ask to talk to a lactation consultant if you continue to have trouble.
- Wash your hands often, especially before touching your baby. Watch to see that caregivers wash their hands. Do not be afraid to speak up if they do not. Ask visitors to wash their hands.
- You and your baby need to recover. Plan to spend a lot of time resting, holding your baby skin-to-skin and breastfeeding. During the early weeks, your baby should not go more than three or four hours between feedings.
- If you get sick, keep breastfeeding. Be sure to tell your provider or nurse that you are breastfeeding. You can safely breastfeed even while you are taking most medicines.
- If you have questions, call an expert. Do not feel embarrassed if you need to ask for help. Even if you have breastfed before, every baby is different. There are people who want to help you breastfeed.

Resources

Northern Light Health has a Community Health Navigator willing to do the leg work to help you find needed resources in your community. Please reach our Community Health Navigator at 861-6091.

American College of Obstetrics and Gynecology <https://www.acog.org/Patients/FAQs>

The American College of Obstetricians and Gynecologists is the specialty's premier professional membership organization dedicated to improving women's health.

American College of Nurse Midwives <https://www.midwife.org/>

The American College of Nurse-Midwives sets the standard of excellence in midwifery education and practice in the United States and strengthens the capacity of midwives in developing countries.

Aspire/TANF <https://www.maine.gov/dhhs/ofi/>

CAP Programs Maine Housing

<https://www.mainehousing.org/charts/maine-community-action-agency-contacts>

Maine Housing administers several federal housing-related programs, including the Low-Income Housing Tax Credit Program, the Section 8 Rental Assistance programs, the Emergency Solutions Grant Program, the Weatherization Program, the Low-Income Home Energy Assistance Program, and others. Such programs reduce the costs associated with housing for Maine people.

Car Seat Inspection Locations

<https://www.maine.gov/dps/bhs/child-passenger-safety/general/inspection-locations.html>

The Bureau of Highway Safety has partner locations around the State of Maine where people can make an appointment with a certified car seat technician for car seat installation assistance, education, and guidance. Services that Technicians may provide include, but are not limited to, inspecting your car seat to see if you have it installed correctly, providing education when to transition to another car seat type, re-inspecting your car seat when you have moved it to another vehicle, or car seat placement in a vehicle where all the seats need to be occupied.

Car Seat Distribution Program

<https://www.maine.gov/dps/bhs/child-passenger-safety/general/distribution-locations.html>

The Bureau of Highway Safety has partner locations around the State of Maine where income-eligible families can make an appointment with a certified car seat technician to obtain a car seat.

Childbirth Education Classes

Bangor: 207.973.8742 or online at

<https://northernlighthealth.org/Our-System/Eastern-Maine-Medical-Center/Forms/EMMC-ChildbirthEducation>

Blue Hill/Ellsworth: 207.664.5464

Portland: 207-553-6300

Presque Isle: 207-768-5944

Waterville: 207-861-3100

Cribs for Kids <https://cribsforkids.org/>

The mission of Cribs for Kids® is to prevent infant sleep-related deaths by educating parents and caregivers on the importance of practicing safe sleep for their babies and by providing portable cribs to families who, otherwise, cannot afford a safe place for their babies to sleep.

Cradle Me <http://cradleme.org/>

If you are pregnant or have a new baby, CradleME services are available for free. CradleME helps connect you with the right home-based services for you and your baby. CradleME is a partnership between two programs: Public Health Nursing and Maine Families. You can sign up today for a nurse or a family visitor to give you a call and tell you more about what they can offer your family. Then, if you choose, you can set up a time to meet in your home when it works for you. Maine Families visitors provide caring support and reliable information on the topics that matter to you. Whether it's how to soothe your

crying baby, how to manage sleep (yours included!), or how to deal with the stresses of parenting, a Maine Families visitor can listen to your needs and concerns and empower you to make your own decisions about what is best for you and your baby. Every Maine Families Visitor is certified in the evidence-based program Parents as Teachers – A parent is the most important teacher that a child will ever have. For more information, visit www.mainefamilies.org

Maine CDC Public Health Nurses are registered professional nurses who provide in-home health services for families. All prenatal and postpartum people and all newborns and infants up to 12 months of age may receive a Public Health Nurse visit. If you have questions about your health or your baby's health, you may request a nurse at any time by calling the CradleME number. For more information, visit the <https://www1.maine.gov/dhhs/mecdc/public-health-nursing/>.

The Lactation Warmline Do you have a question about breastfeeding? Our Certified Lactation Counselors are just a phone call away. Call us any time for professional advice or support. Lactation clinic visits are also available.

Maine Care <https://www.maine.gov/dhhs/ofi/services/cubcare/CubCare.htm>
If you or your children need health insurance, MaineCare may be the answer.

Maine Families <http://mainefamilies.org/>

Maine Families is a statewide network of community teams serving the needs of pregnant people and parents with newborns. The Maine Families Program understands that all parents want the best for their babies. No matter what you need to give your family a great start, we are here to help you. If you are expecting a new baby or have a baby less than three months old, let us know how we can help. Coming to your own home at a time that works for you takes the worry away about transportation or time traveling with your child. Maine Families support with parenting is free and just a phone call away. Find a Maine Families location near you to get started <http://mainefamilies.org/>.

Maine Tobacco Helpline <https://ctimaine.org/about-us/>

The MaineHealth Center for Tobacco Independence (CTI) works across Maine to address tobacco use and exposure through education, prevention, policy, treatment, and training initiatives.

Mother to Baby (Pregnancy Exposure Line 1-800-322-5014) <https://mothertobaby.org/>

MotherToBaby is dedicated to providing evidence-based information to mothers, health care professionals, and the general public about medications and other exposures during pregnancy and while breastfeeding. Talk directly to the experts behind the most up-to-date research!

Office of Family Independence <https://www1.maine.gov/dhhs/mecdc/public-health-nursing/>

Listing of all Maine services: child support, disability, emergency assistance, food supplements, fraud, general assistance, medical assistance, TANF, ASPIRE, Higher Opportunity for Pathways to Employment (HOPE), and parents as scholars programs.

Postpartum Support International <https://www.postpartum.net/>

The purpose of Postpartum Support International (PSI) is to increase awareness among public and professional communities about the emotional changes that people experience during pregnancy and postpartum. PSI disseminates information and resources through its volunteer coordinators, website and annual conference. Its goal is to provide current information, support groups, resources, education, and advocate for further research and legislation to support perinatal mental health.

SNAP <https://www.benefits.gov/benefit/1272>

Supplemental Nutrition Assistance Program (SNAP) provides food assistance benefits that help low income households buy the food they need for good health.

Tree of HOPE Postpartum Support Group

Tree of HOPE is a postpartum support group that offers an honest and safe place to listen, talk, and gain education on postpartum experiences. Many parents experience feelings of anxiety, irritation, or just plain sadness after giving birth. This group allows you to be among other moms experiencing the same feeling. Please join us for a session. No registration is required. Dads are welcome too! If you need assistance please call **Waterville at 861-6091** or **Bangor at 973-8673**.

WIC <https://www.maine.gov/dhhs/mecdc/population-health/wic/>

WIC is a nutrition program for Maine families, helping Maine kids to grow up strong and healthy. WIC seeks to serve all Maine families with free nutrition advice, tips for staying healthy, and resources for growing families.



Questions

We welcome your questions.

Write down routine questions and bring them to your regular prenatal visits. If you have questions that need to be addressed sooner, please call our office during regular office hours. Our clinical staff can answer many of your questions or find out the necessary information from one of our providers and relay the information. If your questions require that you speak directly to a provider, please be aware, we generally return calls during the late afternoon when we have finished seeing patients. If you have an emergency, please tell our receptionist the nature of your problem, and it will be handled immediately.

Although you are seen regularly during your pregnancy, you may have some questions or issues that occur between your visits to the provider's office.

When to Call

Notify your provider or nurse if any of the following conditions outlined below should occur during pregnancy:

- **Vaginal bleeding or bloody discharge**
- **Severe pain**
- **Severe nausea or vomiting**
- **Fainting**
- **Severe or persistent headache**
- **Blurred vision**
- **Sharp or continuous abdominal pain**
- **Swelling of the face, hands, feet, or ankles with sudden excessive weight gain**
- **Persistent uterine cramping, backaches, or contractions of any frequency before 36 weeks (one month before your due date or earlier).**
- **You do not feel your baby move for several hours after 28 weeks or if you think there is a significant decrease in your baby's activity**
- **Regular painful contractions every five minutes or less for one hour and are more than 36 weeks.**
- **Your water breaks, regardless of the presence/absence of contractions. Repetitive leakage or a gush of fluid from the vagina.**
- **Fever: Temperature greater than 100.4, chills, sweats**
- **Abdominal trauma, falls (after 23 weeks), or a car accident**



Northern Light Health

- Acadia Hospital
- AR Gould Hospital
- Beacon Health
- Blue Hill Hospital
- CA Dean Hospital
- Eastern Maine Medical Center
- Home Care & Hospice
- Inland Hospital
- Maine Coast Hospital
- Mayo Hospital
- Mercy Hospital
- Northern Light Health Foundation
- Northern Light Medical Transport
- Northern Light Pharmacy
- Sebasticook Valley Hospital

S E E
 Y O U
 S O O N

northernlighthouse.org

