



Andrea L. Buras, M.D.
Elaine duPlessis, M.D.

Rhonda Maney, M.D.
Nicole McGraw, D.O.

Amber McLean, D.O.
Frank Takyi, M.D.

Irene Baker, NP
Maurica Cox, NP-C

Constance Powe-Watts, CNM

Welcome Expectant Moms!

During your birth experience, our commitment is to provide exceptional care in a safe environment, while being attentive to maintaining your privacy.

The accomplishment of our commitment is supported by the following guidelines for family and friends who will be sharing in your special day:

- A maximum of 3 support people may be in your room in Labor and Delivery
- A maximum of 2 support people may be in your room in triage
- Children who visit must be at least 12 years of age and in good health
- Siblings of the newborn may visit at any age when in good health and accompanied by an adult, as appropriate
- Family and friends will proceed to the waiting room when they are not in your room.
Please do not wait in the hallway.
 - Hallways need to be clear in the event of an emergency
 - The privacy of other Patients is compromised when Visitors are in the hallways

Sparrow Hospital is honored by your choice of their services for this very special event. We look forward to participating in the miracle of your baby's birth.

Sincerely,
The OB Services Staff

SMG OB/GYN

1651 W. Lake Lansing Road
Suite 300
East Lansing, Michigan 48823

T 517.253.3910
F 517.253.3911

901 S. Oakland
Suite 102
St. Johns, Michigan 48879

T 989.227.3435
F 989.227.3436
Sparrow.org

Andrea L. Buras, M.D.
Elaine duPlessis, M.D.

Rhonda Maney, M.D.
Nicole McGraw, D.O.

Amber McLean, D.O.
Frank Takyi, M.D.

Irene Baker, NP
Maurica Cox, NP-C

Constance Powe-Watts, CNM

Am I in Labor?

What is Labor?

Labor is the work your body does to birth your baby. Your uterus, your baby's home during the pregnancy, is made up of muscle. During labor the uterus contracts, which feels like a very intense tightening. This is necessary to open the cervix, or lower portion of the uterus, so the baby can pass through. These contractions generally occur very regularly once labor has begun.

What do contractions feel like?

In early labor, contractions may feel like menstrual cramps or the baby stretching. You may feel pain in your back. Contractions feel like muscles tightening in your abdomen. The contractions may start out every 15/20 minutes, but will get closer and stronger as labor progresses.

You may notice some pink tinged mucus during this time which is a sign that the cervix is beginning to open. **Passing mucus or a mucus plug is not a reason to call or go to the hospital.** This can happen a long time before labor even starts.

How do I time contractions?

Time your contraction by counting the number of minutes from the beginning of one contraction to the beginning of the next contraction.

What should I do when the contractions begin?

If it is night and you are able to sleep you should. You will not sleep throughout active labor. If it is daytime, here are some things to do during early labor:

- Walk around. If the pains you are having are real labor this can help things to move along. If the contractions stop when you walk they were not real labor contractions yet.
- Take a shower or bath to relax unless your water has broken
- Drink water to stay well hydrated
- Eat nutritious food unless you are planning a cesarean delivery. Labor is a big event and takes a lot of energy
- Take a nap if you can. Then you'll be better rested for active labor
- Have your support person give you a back or foot massage

Continued ...

SMG OB/GYN

1651 W. Lake Lansing Road
Suite 300
East Lansing, Michigan 48823

T 517.253.3910
F 517.253.3911

901 S. Oakland
Suite 102
St. Johns, Michigan 48879

T 989.227.3435
F 989.227.3436
Sparrow.org



Andrea L. Buras, M.D.
Elaine duPlessis, M.D.

Rhonda Maney, M.D.
Nicole McGraw, D.O.

Amber McLean, D.O.
Frank Takyi, M.D.

Irene Baker, NP
Maurica Cox, NP-C

Constance Powe-Watts, CNM

When should I go to the Hospital?

- When your contractions are lasting about 1 minute and have been coming every 5 minutes for at least 1 hour
- When your contractions are consistently so intense that you cannot walk and talk during one
- If your water breaks (you may have a big gush of water or just water that runs down your legs when you walk).

Are there other reasons to go to the hospital?

Go to the hospital if you start to bleed like a period or if you are leaking green fluid.

Where do I go and do I call someone first?

Once you are in active labor go to Sparrow Hospital. Go directly to OB triage on the 3rd floor.

You do not need to call the doctor or the office. Once you are evaluated in OB triage, the Nurse will call the doctor on-call for our practice and tell him or her about your labor.

SMG OB/GYN

1651 W. Lake Lansing Road
Suite 300
East Lansing, Michigan 48823

T 517.253.3910
F 517.253.3911

901 S. Oakland
Suite 102
St. Johns, Michigan 48879

T 989.227.3435
F 989.227.3436
Sparrow.org



Andrea L. Buras, M.D.
Elaine duPlessis, M.D.

Rhonda Maney, M.D.
Nicole McGraw, D.O.

Amber McLean, D.O.
Frank Takyi, M.D.

Irene Baker, NP
Maurica Cox, NP-C

Constance Powe-Watts, CNM

Warning Signs

If you experience any of the following problems during office hours please call the Lansing office at 517.253.3910 or the St. Johns office at 989.227.3435. If you experience them after office hours please go to OB Triage on the 3rd floor of Sparrow Hospital.

- Chills or fever over 101 degrees Fahrenheit
- Pain or burning with urination
- Bright red bleeding from the vagina or bloody discharge
- Persistent severe abdominal pain, not relieved by a bowel movement
- Visual disturbances such as blurring or doubling of vision
- Severe or persistent headache, especially if this is an unusual headache for you
- Contractions six or more times in an hour before 36 weeks
- A gush or steady flow of fluid from the vagina even without contractions
- A decrease in your baby's movements once you've begun feeling movement regularly (less than five movements/hour when you are focused on counting and after a meal).
- Severe or persistent vomiting
- Trauma to the abdomen, such as a fall or motor vehicle accident (even minor).

**You do not need to notify us before going to Sparrow.
Sparrow will notify the provider who is on-call for the office.**

SMG OB/GYN

1651 W. Lake Lansing Road
Suite 300
East Lansing, Michigan 48823

T 517.253.3910
F 517.253.3911

901 S. Oakland
Suite 102
St. Johns, Michigan 48879

T 989.227.3435
F 989.227.3436
Sparrow.org



Andrea L. Buras, M.D.
Elaine duPlessis, M.D.

Rhonda Maney, M.D.
Nicole McGraw, D.O.

Amber McLean, D.O.
Frank Takyi, M.D.

Irene Baker, NP
Maurica Cox, NP-C

Constance Powe-Watts, CNM

Instructions for Gestational Diabetes Screening Test

1 Hour Glucose Test:

1. You do not need to be fasting for this test.
2. Drink a 50 gram bottle of glucola within a 5-minute time frame.
3. Note the time when you are done drinking the glucola.
4. You must have your blood drawn EXACTLY ONE HOUR after drinking the glucola.
5. Do not eat or drink anything after drinking the glucola until after your blood is drawn.
6. Please arrive to the lab 10 to 15 minutes before your hour is up, if you see there is a line, let the lab staff know what time your blood needs to be drawn, please be sure to go to any Sparrow Lab.

SMG OB/GYN

1651 W. Lake Lansing Road
Suite 300
East Lansing, Michigan 48823

T 517.253.3910
F 517.253.3911

901 S. Oakland
Suite 102
St. Johns, Michigan 48879

T 989.227.3435
F 989.227.3436
Sparrow.org



Andrea L. Buras, M.D.
Elaine duPlessis, M.D.

Rhonda Maney, M.D.
Nicole McGraw, D.O.

Amber McLean, D.O.
Frank Takyi, M.D.

Irene Baker, NP
Maurica Cox, NP-C

Constance Powe-Watts, CNM

Frequently Asked Questions for Patients Concerning the Tdap Vaccination

What is pertussis?

Pertussis (also called whooping cough) is a highly contagious disease that causes severe coughing. People with pertussis may make a “whooping” sound when they try to breathe and are gasping for air. In newborns (birth to 1 month), pertussis can be a life-threatening illness. Infants who are younger than 3 months are at a very high risk of severe infections.

What is Tdap?

Tdap is a vaccine used to prevent three infections: tetanus, diphtheria and pertussis.

I am pregnant. Should I get a Tdap shot?

YES. All pregnant women should receive a Tdap vaccine preferably between 27 weeks and 36 weeks of gestation. The Tdap vaccine is an effective and safe way to protect you and your baby from serious illness and complications of pertussis. The Tdap vaccine should be given during each pregnancy, even if you had one with a recent pregnancy.

Is it safe to receive the Tdap shot during pregnancy?

YES. The vaccine is safe when given to pregnant women or women in the postpartum period.

During which trimester is it safe to receive the Tdap Shot?

It is safe to get the Tdap vaccine anytime during pregnancy. Ideally, you should get the vaccine during the third trimester of your pregnancy (between 27 and 36 weeks of gestation) to give the best protection to your newborn. The protective antibodies you make after being vaccinated are passed to the fetus and protect your newborn until he or she begins to get the pertussis vaccines at 2 months of age.

What else can I do to protect my baby against pertussis?

Getting your Tdap shot is the most important step in protecting yourself and your baby against pertussis. It is also important to make sure all family members and caregivers are up to date with their vaccines and, if necessary, that they receive the Tdap vaccination at least 2 weeks before having contact with your baby. This creates a safety “cocoon” of vaccinated caregivers around your baby.

Continued ...

SMG OB/GYN

1651 W. Lake Lansing Road
Suite 300
East Lansing, Michigan 48823

T 517.253.3910
F 517.253.3911

901 S. Oakland
Suite 102
St. Johns, Michigan 48879

T 989.227.3435
F 989.227.3436
Sparrow.org



Andrea L. Buras, M.D.
Elaine duPlessis, M.D.

Rhonda Maney, M.D.
Nicole McGraw, D.O.

Amber McLean, D.O.
Frank Takyi, M.D.

Irene Baker, NP
Maurica Cox, NP-C

Constance Powe-Watts, CNM

I am breastfeeding my baby. Is it safe to get vaccinated with Tdap?

YES. The Tdap vaccine can safely be given to breastfeeding mothers.

I received a Tdap shot early in this pregnancy before 27-36 weeks of gestation. Do I need to get another Tdap shot during 27-36 weeks of gestation?

A pregnant woman should not be re-vaccinated later in the same pregnancy if she received the vaccine in the first or second trimester.

I did not receive my Tdap shot during pregnancy. Do I still need to be vaccinated?

YES. If Tdap was not given during pregnancy, it should be given immediately postpartum.

SMG OB/GYN

1651 W. Lake Lansing Road
Suite 300
East Lansing, Michigan 48823

T 517.253.3910
F 517.253.3911

901 S. Oakland
Suite 102
St. Johns, Michigan 48879

T 989.227.3435
F 989.227.3436
Sparrow.org

Andrea L. Buras, M.D.
Elaine duPlessis, M.D.

Rhonda Maney, M.D.
Nicole McGraw, D.O.

Amber McLean, D.O.
Frank Takyi, M.D.

Irene Baker, NP
Maurica Cox, NP-C

Constance Powe-Watts, CNM

Greater Lansing La Leche League

lalecheleague.org

La Leche League is an international **breastfeeding information and support network** made up of women who have successfully nursed their babies and women who wish to do so. An accredited La Leche League Leader is an experienced breastfeeding mother who has received specialized training as a breastfeeding counselor. Leaders provide information and support to nursing mothers over the telephone and at monthly support group meetings. Call a group Leader for meeting place.

Monthly meetings are an excellent source of information, help, and encouragement. An extensive lending library and collection of information sheets dealing with different aspects of breastfeeding, childbirth, child care, nutrition, and family life are available at meetings. Our book, ***The Womanly Art of Breastfeeding***, revised in 2010, can be obtained at the meetings or by calling one of the Leaders listed below.

Discussion at each meeting focuses on one of the topics in a continuing series of four:

- A. Advantages of Breastfeeding to Mother and Baby
- B. Baby Arrives: The Family and the Breast-fed Baby
- C. The Art of Breastfeeding and Avoiding Difficulties
- D. Nutrition and Weaning and Starting Solids

Women interested in learning more about the art of breastfeeding may start attending at any point in a series and attend as many meetings as they like. All women are invited. Mothers with nursing babies are encouraged to bring them along. Memberships are encouraged. Membership for one year is \$25.

Delta Waverly Group

Second Wednesday; series 10 a.m.

Third Tuesday; series 7 p.m.

Fourth Wednesday Q&A 10 a.m.

Mary Ann 517.321.1818

Jamie 517.712.5168

East Lansing Group eastlansing.com

First Wednesday; series 7 p.m.

Laura 517.543.6177

Sara 517.372.8780

DeWitt: Phone Help

Denise 517.230.8157

Fowler/St. Johns: Phone Help

Rebecca 989.593.2527

Charlotte/Olivet: Phone Help

Cathy 517.543.9425

Questions and emails:

Mary Ann mamartin@sprynet.com

Sara sarall@ymail.com

Cathy dcnd@ecoisp.com

Denise denise.gearhart@gmail.com

SMG OB/GYN

1651 W. Lake Lansing Road
Suite 300
East Lansing, Michigan 48823

T 517.253.3910

F 517.253.3911

901 S. Oakland
Suite 102
St. Johns, Michigan 48879

T 989.227.3435

F 989.227.3436

Sparrow.org

Andrea L. Buras, M.D.
Elaine duPlessis, M.D.

Rhonda Maney, M.D.
Nicole McGraw, D.O.

Amber McLean, D.O.
Frank Takyi, M.D.

Irene Baker, NP
Maurica Cox, NP-C

Constance Powe-Watts, CNM

What is anesthesia?

"Anesthesia" means loss of feeling, either by way of "going to sleep" (general anesthesia) or just numbing an area or region of the body (for example, epidural anesthesia).

Will I require anesthesia for normal labor?

Normal labor can be a different experience for each woman. Some women need no anesthesia for labor. Women differ, however, in their ability to tolerate pain and anxiety when labor is long and contractions are stronger than expected. Even if you plan for a "natural" childbirth, the unexpected may sometimes occur, thereby making anesthesia desirable or necessary. Remember, the decision to have anesthesia for labor is yours.

What is a pre-anesthetic visit?

After you arrive in Sparrow Hospital's Labor and Delivery Department and have been examined by your Physician, a Nurse Anesthetist or Anesthesiologist may meet with you and ask questions regarding your medical and surgical history as well as your pregnancy. This is part of our normal routine and does not mean that there is a problem. It is very important for you to tell the Anesthesiologist about past or present medical problems, such as diabetes, high blood pressure, asthma, tendency to bleed or heart problems. A brief physical exam may be performed.

Does pain affect my baby?

Pain may cause very high adrenaline levels in your bloodstream. If you are in great distress and breathing rapidly, your baby may actually suffer from lower than normal blood flow to the uterus. This condition results in decreased oxygen delivery to your baby. This may stress your baby. Making you more comfortable can help to prevent this from happening. By helping you to relax and regain better control over your labor, anesthesia can ensure the lowest levels of stress to your baby.

If needed during labor, your Physician may order pain medication given into a vein or muscle to "take the edge off" contractions. For some mothers, this mild medication may be enough. Others may benefit from another type of pain relief such as epidural anesthesia. In any case, there is never any reason for a woman to feel that she has failed if she needs medication to relieve pain. Your health and the safety of your baby are our chief concerns. At your request, a member of the anesthesia care team will work with your Physician to determine which type of anesthesia, if any, is best for you and your baby.

Continued....

SMG OB/GYN

1651 W. Lake Lansing Road
Suite 300
East Lansing, Michigan 48823

T 517.253.3910
F 517.253.3911

901 S. Oakland
Suite 102
St. Johns, Michigan 48879

T 989.227.3435
F 989.227.3436
Sparrow.org

Andrea L. Buras, M.D.
Elaine duPlessis, M.D.

Rhonda Maney, M.D.
Nicole McGraw, D.O.

Amber McLean, D.O.
Frank Takyi, M.D.

Irene Baker, NP
Maurica Cox, NP-C

Constance Powe-Watts, CNM

What is epidural anesthesia?

Epidural Anesthesia is quite versatile; it can be given for labor and vaginal delivery or cesarean section. It is the preferred type of anesthesia by many pregnant women and their Physicians because of the comfort it provides for you and the safety it offers for your baby.

Epidural refers to the space that lies just outside the covering of the spinal cord. Medicine (local anesthetics like Novocaine) can be put into this area via a small tube inserted through a special needle. The medicine blocks pain sensations from the uterus and cervix much like the dentist blocks pain sensations from your teeth.

How is it given?

A member of the anesthesia team will place the tiny epidural "catheter" or tube after numbing your skin with a local anesthetic. You will be asked to sit up on the side of the bed or lie on your side with your knees drawn up and your back arched. Once correctly positioned, the tiny tube will be taped to your back so that medications can be given when needed for continued pain relief. This tiny plastic tube is so thin and flexible you won't feel it, even when lying on your back.

When can it be given?

Early labor does not usually cause painful contractions. Unless your Physician suggests otherwise, epidural anesthesia is usually placed once labor is well established.

Prior to receiving any anesthesia, an intravenous (IV) line will be started and your blood pressure checked. Once medication is given into the epidural space it will be necessary for you to remain in bed. Fetal monitoring is used whenever an epidural anesthetic is given.

How will I feel?

You will still be able to move your legs but they may feel a bit heavy. It is normal to feel a pressure sensation or awareness with each contraction. In this way, you receive pain relief with only minimal medication.

How long will it last?

The pain relief should last the entire time you are in labor. Medication can be given into the epidural catheter continuously by way of a miniature infusion pump. We utilize a Patient-controlled epidural pump that safely allows you to use more or less of the medication according to your preference.

Continued....

SMG OB/GYN

1651 W. Lake Lansing Road
Suite 300
East Lansing, Michigan 48823

T 517.253.3910
F 517.253.3911

901 S. Oakland
Suite 102
St. Johns, Michigan 48879

T 989.227.3435
F 989.227.3436
Sparrow.org

Andrea L. Buras, M.D.
Elaine duPlessis, M.D.

Rhonda Maney, M.D.
Nicole McGraw, D.O.

Amber McLean, D.O.
Frank Takyi, M.D.

Irene Baker, NP
Maurica Cox, NP-C

Constance Powe-Watts, CNM

What if a cesarean delivery becomes necessary?

If an epidural catheter is already in place from labor, it is easy to give additional medication to increase the area of numbness for your surgery. The anesthesiologist will check the level of numbness to be sure it is high enough before surgery is allowed to begin.

There are several reasons why epidural and spinal anesthesia are preferred for cesarean birth. It allows you to be awake and see your baby just after birth. If the mother wishes, one support person can be present to give you emotional support and see and hold the newborn.

Will epidural medication affect my baby?

The medications used to produce epidural anesthesia are local anesthetics. Unlike most pain medications, they do not make your baby sleepy, depress its breathing, or make it slow to feed. Healthy babies with excellent APGAR (a test used to evaluate the general health of newborns) scores are born every day to mothers who have received epidural anesthesia.

What are the risks to me?

We are very proud of providing safe anesthesia to many thousands of women at Sparrow Hospital. Like any procedure, though, epidural anesthesia has some risks:

1. Your blood pressure may become lower from the epidural. The Nurse will check your blood pressure often, and IV fluids will be given to help maintain normal blood pressure. You should lie on your side to keep your baby from compressing the large blood vessels in your abdomen; this will help to maintain a normal blood pressure.
2. The needle or catheter may go into one of the many blood vessels in the epidural space. While rare, if this happens, the anesthesiologist may have to reinsert the catheter.
3. In approximately 1 percent of epidural and spinal anesthetics, the needle may cause a spinal fluid 'leak' leading to a headache. In most cases, the headaches will go away by themselves; sometimes another procedure may be necessary to eliminate them.
4. Occasionally, a sensation of numbness or tingling may last for a few days or weeks after vaginal delivery even if epidural anesthesia was not given. Sensation usually will return to normal with no treatment necessary.

What is spinal anesthesia?

Spinal anesthesia may be used for forceps delivery, cesarean section, tubal ligation or for labor.

To do a spinal anesthetic you may be asked to lie on your side or sit up, depending on the circumstances. The anesthesiologist or CRNA numbs the skin and inserts a small needle between two of the lower backbones, well below the level of the spinal cord where there is any chance of injury. The needle enters the spinal fluid and medication is placed there.

SMG OB/GYN

1651 W. Lake Lansing Road
Suite 300
East Lansing, Michigan 48823

T 517.253.3910

F 517.253.3911

901 S. Oakland
Suite 102
St. Johns, Michigan 48879

T 989.227.3435

F 989.227.3436

Sparrow.org

Andrea L. Buras, M.D.
Elaine duPlessis, M.D.

Rhonda Maney, M.D.
Nicole McGraw, D.O.

Amber McLean, D.O.
Frank Takyi, M.D.

Irene Baker, NP
Maurica Cox, NP-C

Constance Powe-Watts, CNM

You will soon notice that your legs and hips become numb. You will not be able to move your legs while the anesthesia is working, and any pain from labor contractions will disappear. The numbness will last one to two hours and then wear off.

What is general anesthesia?

Having general anesthesia means that you go completely to sleep. General anesthesia is rarely used for cesarean birth.

If the baby shows signs of distress and an emergency cesarean delivery is required, general anesthesia may be the fastest method for delivering your baby, unless an epidural catheter was placed earlier in labor.

Before you go to sleep, you will receive oxygen to breathe from a face mask for a few minutes. Then you'll receive medication through your vein to make you lose consciousness, and additional anesthesia will be given as needed during the operation. After the baby is delivered, you will be given pain medication so that you will have less discomfort when you wake up after the operation.

What are the risks to me?

A very serious risk of general anesthesia is that you may vomit as you go to sleep. If stomach contents are inhaled into your lungs, you could develop a serious type of pneumonia. That is why we ask that you limit your intake of food and liquids prior to surgery or when in active labor.

Even if you have not eaten for several hours, there is still a chance that you could vomit, since digestion of food is slowed during labor. Also, the pregnant uterus pushes up against the stomach, often causing heartburn and nausea even before labor starts.

To reduce the chance of vomiting and pneumonia, you will receive an antacid (Bicitra) just before the operation. As you go to sleep, we will put pressure on the front of your neck to reduce the risk of vomiting. The anesthesiologist or CRNA will insert a breathing tube to protect your lungs after you go to sleep and remove it just before you awake.

Can I have a support person with me?

Support persons are very welcome to be present at the baby's birth, whether he or she is born vaginally or by cesarean.

If the baby is born by cesarean, the support person will be asked to wait outside the operating room while the mother is prepared for surgery. When ready, he/she will be escorted into the operating room and seated by the mother's head. We will be glad to answer any questions for you during the cesarean section. You will see the baby as soon as it is born, and you will be able to hold your baby as soon as possible.

SMG OB/GYN

1651 W. Lake Lansing Road
Suite 300
East Lansing, Michigan 48823

T 517.253.3910
F 517.253.3911

901 S. Oakland
Suite 102
St. Johns, Michigan 48879

T 989.227.3435
F 989.227.3436
Sparrow.org



Andrea L. Buras, M.D.
Elaine duPlessis, M.D.

Rhonda Maney, M.D.
Nicole McGraw, D.O.

Amber McLean, D.O.
Frank Takyi, M.D.

Irene Baker, NP
Maurica Cox, NP-C

Constance Powe-Watts, CNM

The support person cannot be present when general anesthesia is used so that we can give undivided attention to the mother's anesthetic.

How is anesthesia billed?

Your Physician makes the arrangements for you to receive the anesthetic, but he or she will not charge for it. The hospital will charge for supplies, drugs, and services of the Nurse Anesthetist if one is involved in your case.

A separate bill for the services of the Anesthesiologist will be sent to you sometime after your delivery. Fees are determined by the length of time spent and the difficulty of the type of anesthesia given. Therefore, we are not able to determine the exact charge for anesthesia until the procedure is completed.

Does insurance cover the Anesthesiologist's bill?

Services provided by an Anesthesiologist are covered benefits by most insurance plans. However, some policies do not pay the entire amount, so you would be responsible for paying a portion of the bill. To determine your insurance benefit, contact your program administrator. If you have questions about your bill, please call our billing office at 517.482.7246.

What if I have more questions about anesthesia?

Anesthesia and Pain Management Consultants will be happy to refer particular questions or arrange pre-anesthesia interviews with one of our obstetric anesthesiologists. For more information, call 517.482.7246.

SMG OB/GYN

1651 W. Lake Lansing Road
Suite 300
East Lansing, Michigan 48823

T 517.253.3910
F 517.253.3911

901 S. Oakland
Suite 102
St. Johns, Michigan 48879

T 989.227.3435
F 989.227.3436
Sparrow.org



Andrea L. Buras, M.D.
Elaine duPlessis, M.D.

Rhonda Maney, M.D.
Nicole McGraw, D.O.

Amber McLean, D.O.
Frank Takyi, M.D.

Irene Baker, NP
Maurica Cox, NP-C

Constance Powe-Watts, CNM

Resources for help

BASIC NEEDS

Food

Capital Area Community Services	517.393.7077
Ingham County Food Bank	517.887.4357
WIC (Barry County) Lansing Tel. No.	517.485.7110
WIC (Eaton County)	517.541.2630
WIC (Clinton County)	989.224.7734
WIC (Ingham County)	517.887.4326
WIC (Shiawassee County)	989.743.2383

Housing

Housing Resource Center East Lansing	517.337.9795
--------------------------------------	--------------

Infant Furniture, Clothing, etc.

Cristo Rey Community Center	517.372.4700
Christian Services	517.394.5411
Pregnancy Services	517.332.0633
Shared Pregnancy	517.484.1882

Birth Certificates

Birth in Ingham County	517.364.2703
------------------------	--------------

BREASTFEEDING HELP AND INFORMATION

County Health Departments

Barry-Eaton District Health Dept. Lansing Tel No.	517.485.7110
Clinton County (Mid-Michigan District)	989.224.7772
Public Health Nursing	989.224.7734
WIC	989.224.8393
Maternal and Infant Support Services	

County Health Departments

Eaton County

Public Health Nursing	517.541.2654
WIC	517.541.2630

Continued....

SMG OB/GYN

1651 W. Lake Lansing Road
Suite 300
East Lansing, Michigan 48823

T 517.253.3910
F 517.253.3911

901 S. Oakland
Suite 102
St. Johns, Michigan 48879

T 989.227.3435
F 989.227.3436
Sparrow.org



Andrea L. Buras, M.D.	Rhonda Maney, M.D.	Amber McLean, D.O.	Irene Baker, NP	Constance Powe-Watts, CNM
Elaine duPlessis, M.D.	Nicole McGraw, D.O.	Frank Takyi, M.D.	Maurica Cox, NP-C	

Ingham County

Child Health Services	517.887.4442
Prenatal Nutritionist	517.887.4408
Public Health Nursing	517.887.4322
WIC	517-887-4326

Shiawassee County

Public Health Nursing	989.743.2356
WIC	989.743.2383

Lactation Consultants - Fee for service

Sparrow Lactation Support Services	517.364.2652
Patricia Lutz, RNC, CLE, IBCLC	
Kathy Malone, BA, RN, IBCLC	
Karen Twyman, RN, IBCLC	
Lactation Center of Michigan	517.323.8452
Jane E. McGuffery, BA, IBCLC	
Mother Baby Care	517.694.5290 or 517.285.7997
Debbie Drolett, RN	
Sandy Oleson, RN, IBCLC	
Breastfeeding Support and Counseling	517.339.3038
Tina Brenner, RN, BSN, IBCLC	
Bosom Buddies Lactation Support	810.229.3328
Kathy Malone, BA, RN, IBCLC	

Other Support

La Leche League	517.484.5005
Dawn Derick- Ingham County MSU Extension Breastfeeding Peer Counselor	517.887.4580

Breast Pump Rental and Sales

Sparrow Lactation Support Services	517.364.2652
The Lactation Center of Michigan	517.323.8452
Mother Baby Care	517.694.5290
Sparrow Regional Medical Supply & Pharmacy Lansing	517.371.2115
Fax	517.371.1227
St. Johns	989.224.6730

SMG OB/GYN

1651 W. Lake Lansing Road
Suite 300
East Lansing, Michigan 48823

T 517.253.3910
F 517.253.3911

901 S. Oakland
Suite 102
St. Johns, Michigan 48879

T 989.227.3435
F 989.227.3436
Sparrow.org



Andrea L. Buras, M.D.	Rhonda Maney, M.D.	Amber McLean, D.O.	Irene Baker, NP	Constance Powe-Watts, CNM
Elaine duPlessis, M.D.	Nicole McGraw, D.O.	Frank Takyi, M.D.	Maurica Cox, NP-C	

Medela	Fax	989.224.3245
MSU Clinical Center Pharmacy		800.435.8316
Healthy Mother, Healthy baby/Perinatal Dietician		517.353.4930
Amy Hanover, MS, RD		517.676.4789
Buddle of Joy		517.230.9629
Breast Pump Rental and Sales		
McLaren (Symphony pumps)		517.346.4777
Sobak's Home Medical (Lactina) (Owosso)		989.723.8927
Car Seat Rental and Loan Programs		
Cristo Rey Community Center		517.372.4700
Lansing Area Safety Council		517.482.1583
Family Resource Center		989.224.1173
Family Support Groups & Information		
Black Child and Family		517.487.3775
Building Strong Families		517.887.4590
Expectant Parents Organization		517.337.7365
Family Growth Centers		517.484.2610
Office for Young Children		517.887.4319
Church or Synagogue		
Child Care Referrals and Information		
Office for Young Children		517.887.4319
Infant/Child CPR		
American Red Cross		517.484.7461
Maternal-Infant Outreach Program		517.887.4400
MEDICAL CARE OR QUESTIONS		
Pediatric After-Hours Services		517.364.5420

SMG OB/GYN	1651 W. Lake Lansing Road Suite 300 East Lansing, Michigan 48823	T 517.253.3910 F 517.253.3911
	901 S. Oakland Suite 102 St. Johns, Michigan 48879	T 989.227.3435 F 989.227.3436 Sparrow.org



Andrea L. Buras, M.D.	Rhonda Maney, M.D.	Amber McLean, D.O.	Irene Baker, NP	Constance Powe-Watts, CNM
Elaine duPlessis, M.D.	Nicole McGraw, D.O.	Frank Takyi, M.D.	Maurica Cox, NP-C	

Immunizations

Barry County Health Dept. Lansing Tel. No.	517.485.7110
Clinton County Health Dept.	989.224.7772
Eaton County Health Dept.	517.541.2630
Ingham County Health Dept.	517.887.4300
Shiawassee County Health Dept.	989.743.2356

Public Health Nursing

Barry County Health Dept. Lansing Tel. No.	517.485.7110
Clinton County Health Dept.	989.224.7772
Eaton County Health Dept. Lansing Tel. No.	517.485.7110
Ingham County Health Dept.	517.887.4300

Poison Control Center

1.800.222.1222

Council against Domestic Assault

517.372.5572

SMG OB/GYN

1651 W. Lake Lansing Road
Suite 300
East Lansing, Michigan 48823

T 517.253.3910
F 517.253.3911

901 S. Oakland
Suite 102
St. Johns, Michigan 48879

T 989.227.3435
F 989.227.3436
Sparrow.org

Protect Your Baby for Life

When a Pregnant Woman Has Hepatitis B



Why should pregnant women be concerned about Hepatitis B?

Hepatitis B is a serious liver disease that can be easily passed to others. It is important for a woman to find out if she has Hepatitis B, so she can get medical care. It is also possible for a pregnant woman with Hepatitis B to pass the virus to her baby at birth. Fortunately, there is a vaccine to prevent babies from getting Hepatitis B.

What is Hepatitis B?

“Hepatitis” means inflammation of the liver. Hepatitis B is a contagious liver disease that results from infection with the Hepatitis B virus. When a person becomes infected, the Hepatitis B virus can stay in the person’s body for the rest of his or her life and cause serious liver problems.

Can Hepatitis B be spread to babies?

Yes. The Hepatitis B virus can be spread to a baby during childbirth. This can happen during a vaginal delivery or a c-section.

How else is Hepatitis B spread?

Hepatitis B can also be spread when blood, semen, or other bodily fluids from a person with the virus enter the body of someone who is not infected. The virus is very infectious and is passed easily through breaks in the skin or in soft tissues such as the nose, mouth, and eyes.

This can happen through direct contact with blood from an infected person, even in tiny amounts too small to see. Hepatitis B can also be spread through sex with an infected person.

CDC recommends that babies get the HBIG shot and the first dose of Hepatitis B vaccine within 12 hours of being born.

How serious is Hepatitis B?

When babies become infected with Hepatitis B, they have a 90% chance of developing a lifelong, chronic infection. As many as 1 in 4 people with chronic Hepatitis B develop serious health problems. Hepatitis B can cause liver damage, liver disease, and liver cancer.

How common is Hepatitis B?

About 350 million people worldwide and 1.2 million people in the United States are infected with Hepatitis B.

Can doctors prevent a baby from getting Hepatitis B?

Yes. Babies born to women with Hepatitis B get two shots soon after birth. One is the first dose of the Hepatitis B vaccine and the other shot is called HBIG. The two shots help prevent the baby from getting Hepatitis B. The shots work best when they are given within 12 hours after being born.



What is HBIG?

HBIG is a medicine that gives a baby’s body a “boost” or extra help to fight the virus as soon as he or she is born. The HBIG shot is only given to babies of mothers who have Hepatitis B.



How can I make sure my family is protected from Hepatitis B?

Get everyone tested for Hepatitis B

Your baby's father and everyone else who lives in your house should go to the doctor or clinic to be tested. Testing your family members helps to tell if they have Hepatitis B. If they do not have Hepatitis B, the doctor will talk to them about getting the Hepatitis B vaccine to protect them from getting the infection.

Cover cuts and sores

Since Hepatitis B is spread through blood, people with Hepatitis B should be careful not to expose other people to things that could have their blood on them. It is important not to share personal items such as razors, nail clippers, toothbrushes, or glucose monitors. Cuts and sores should be covered while they are healing.

Do not chew food for your baby

Tiny amounts of blood can sometimes be in a person's mouth. Do not pre-chew food before you feed it to your baby.

How many Hepatitis B shots does my baby need?

Your baby will get 3 or 4 shots, depending on which brand of vaccine is used. After the first dose is given in the hospital, the next dose is given at 1-2 months of age. The last dose is usually given by the time your baby is one year old. Ask your doctor or nurse when your baby needs to come back for each shot.

Does my baby need all the shots?

All the Hepatitis B shots are necessary to help keep your baby from getting Hepatitis B.

**Prevent Hepatitis B.
Get your baby vaccinated.**

How do I know my baby is protected?

After getting all the Hepatitis B shots, your doctor will test your baby's blood. The blood test tells you and your doctor that your baby is protected and does not have Hepatitis B. The blood test is usually done 1-2 months after the last shot. Be sure to bring your baby back to your doctor for this important blood test.

Hepatitis B is not spread by:

Breastfeeding

It is safe for you to breastfeed your baby. You cannot give your baby Hepatitis B from breast milk.



Cooking and eating

It is safe for you to prepare and eat meals with your family. Hepatitis B is not spread by sharing dishes, cooking or eating utensils, or drinking glasses.

Hugging and kissing

You can hug and kiss your baby, family members, or others close to you. You cannot give anyone Hepatitis B from hugging and kissing them. Also, Hepatitis B is not spread through sneezing or coughing.

For more information

Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

Division of Viral Hepatitis



www.cdc.gov/hepatitis

You can start protecting your baby from whooping cough before birth



Information for pregnant women



When you get the whooping cough vaccine during your 3rd trimester, your baby will be born with protection against whooping cough.

Why do I need to get a whooping cough vaccine while I am pregnant?

The whooping cough vaccine is recommended during your third trimester so that your body can create antibodies and pass them to your baby before birth. These antibodies will help protect your newborn right after birth and until your baby gets his own first whooping cough vaccine at 2 months of age. During the first few months of life, your baby is most vulnerable to serious complications from this disease.

Is this vaccine safe for me and my baby?

Yes. The whooping cough vaccine is very safe for you and your baby. The most common side effects are mild, like redness, swelling or pain where the shot is given in the arm. This should go away within a few days. You cannot get whooping cough from the vaccine. The vaccine does not contain any live bacteria.

Doctors and midwives who specialize in caring for pregnant women agree that the whooping cough vaccine is safe and important to get during the third trimester of each pregnancy. Getting the vaccine during pregnancy does not put you at increased risk for pregnancy complications like low birth weight or preterm delivery.

If I recently got this vaccine, why do I need to get it again?

The amount of antibodies in your body is highest about 2 weeks after getting the vaccine, but then starts to decrease over time. That is why the vaccine is recommended during every pregnancy – so that each of your babies gets the greatest number of protective antibodies from you and the best protection possible against this disease.

Are babies even getting whooping cough anymore in the United States?

Yes. In fact, babies are at greatest risk for getting whooping cough. We used to think of this as a disease of the past, but it's making a comeback. Recently, we saw the most cases we had seen in 60 years. Since 2010, we see between 10,000 and 50,000 cases of whooping cough each year in the United States. Cases, which include people of all ages, are reported in every state.



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

www.cdc.gov/whoopingcough



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



AMERICAN COLLEGE
of NURSE-MIDWIVES
with women, for a lifetime®

The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



February 2015

Mom, only you can provide your newborn baby with the best protection possible against whooping cough.

You may have heard that your baby's father, grandparents, and others who will be in contact with your baby will need to get their whooping cough vaccine as well. This strategy of surrounding babies with protection against whooping cough is called "cocooning." However, cocooning might not be enough to prevent whooping cough illness and death. This is because cocooning does not provide any direct protection (antibodies) to your baby, and it can be difficult to make sure **everyone** who is around your baby has gotten their whooping cough vaccine. Since cocooning does not completely protect babies from whooping cough, it is even more important that you get the vaccine while you are pregnant.

How dangerous is whooping cough for babies?

Whooping cough is very serious for babies. Many babies with whooping cough don't cough at all. Instead it can cause them to stop breathing. About half of babies younger than 1 year old who get whooping cough are hospitalized. Since 2010, about 10 to 20 babies die from whooping cough each year in the United States. Most whooping cough deaths are among babies who are too young to be protected by their own vaccination.

How could my baby be exposed to whooping cough?

Whooping cough spreads from person to person when coughing or sneezing or when spending a lot of time near one another where you share breathing space, like when you hold your newborn on your chest. Some people with whooping cough may just have a mild cough or what seems like a common cold. Since symptoms can vary, children and adults may not know they have whooping cough and can end up spreading it to babies they are in close contact with.

Why is the vaccine recommended during pregnancy instead of in the hospital after my baby is born?

When you get the whooping cough vaccine during pregnancy, you will pass protective antibodies to your baby before birth, so both you and your baby have protection.

The whooping cough vaccine used to be recommended for women to get in the hospital after giving birth. This helped prevent moms from getting whooping cough and passing it on to their babies. Unfortunately, the babies did not benefit from the protective antibodies and could still get whooping cough from others.

Is it safe to breastfeed after getting the whooping cough vaccine?

Yes, in fact you can pass some whooping cough protection to your baby by breastfeeding. When you get a whooping cough vaccine during your pregnancy, you will have protective antibodies in your breast milk that you can share with your baby as soon as your milk comes in. However, your baby will not get protective antibodies immediately if you wait to get a whooping cough vaccine until after you give birth. This is because it takes about 2 weeks after getting vaccinated before your body develops antibodies.

Where can I go for more information?

Pregnancy and Whooping Cough website:
www.cdc.gov/pertussis/pregnant

Immunization for Women website:
www.immunizationforwomen.org/immunization_facts/vaccine-preventable_diseases/pertussis

Vaccines during Pregnancy website:
www.midwife.org/omot-vaccines-during-pregnancy

American Academy of Family Physicians website:
www.aafp.org/patient-care/immunizations/disease-population.html

Tdap Vaccine Information Statement (VIS):
www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html

Ask your doctor or midwife
about getting the
whooping cough vaccine
during your 3rd trimester.



SHARE WITH WOMEN

CORD BLOOD BANKING—WHAT'S IT ALL ABOUT?

What is Cord Blood?

After your baby is born and the umbilical cord is cut, the placenta—along with the rest of the cord—is usually thrown away. But there is still blood in the cord. Blood from the cord has lots of stem cells. Stem cells from the cord can be used to treat some serious illnesses that may occur later in the baby's life. For this reason, some people think it is a good idea to save the cord blood stem cells—or "bank" them.

What Illnesses Can Be Treated with Stem Cells?

Stem cells can be used to treat leukemia and other diseases that attack the immune system. Research is being done on using stem cells to treat illnesses like Parkinson's disease, diabetes, or Alzheimer disease, but these uses are still unproven.

How are the Stem Cells Collected from the Cord?

After the cord has been cut, a member of the health care team will insert a needle into the part of the cord that is still attached to the placenta which has not been delivered yet. Blood from the cord is collected in a tube just like when you have blood taken from your arm. This process does not cause you or your baby any pain, because there are no nerves in the umbilical cord. The blood that is collected has thousands of stem cells in it. The stem cells in the cord blood are packaged, frozen, and sent to be stored in a cord blood bank.

Are There Reasons I Wouldn't Want to Bank My Baby's Cord Blood?

- If you choose to bank your baby's cord blood, the cord will be clamped and cut right after the baby is born so the cord blood does not flow back from the placenta to your baby. Many health care providers think that it is best for your baby if you allow most of the cord blood to flow into your baby before cutting the cord. This can prevent anemia and may help your baby fight illness later.
- The chance that your baby will develop a disease that might be treated with cord blood stem cells is very low. Another concern is that if your child develops a disease that can be treated with stem cells, the cells collected and stored from birth may have the same disease and therefore they might not be recommended for use.

If My Child Needs Stem Cells, Can I Donate Some of Mine—Like Donating a Kidney?

Stem cells can be taken from the umbilical cord, from embryos, and also from adult tissues and organs, such as bone. There has been a lot of research done on adult stem cells and they are used to treat many diseases. If you or your child needs stem cells to treat a disease, the National Marrow Donor Program will help you find a donor if there is one available.

What is the Difference Between Public and Private Cord Blood Banks?

- Public cord blood banks like the National Marrow Donor Program offer stored stem cells to anyone who needs them. These banks have stored cord blood donated by parents who want their baby's stem cells to be available to anyone who needs them. There is no fee to donate cord blood to a public bank.
- Private cord blood banks store your baby's cord blood for possible future use for your baby or members of your immediate family. Private banks charge between \$1000 and \$2000 to collect the blood and about \$100 a year to keep stem cells frozen in the "bank."

How Do I Decide?

The reverse side of this sheet has some questions to ask yourself as you decide whether to bank your baby's stem cells in the cord blood bank.

Things to Consider About Banking Cord Blood Stem Cells

At this time, the American Academy of Pediatrics does not recommend cord blood banking for everyone. There isn't a large enough chance that your baby will have an illness that can be treated with stem cells to justify the cost for every family. Below, you'll find some things to consider as you make your decision.

1. Is It Very Likely that Your Child Will Need His Stem Cells in the Future?

Some families have illnesses that “run in the family”—inherited illnesses that can only be cured with stem cells. If you already know that your child is at risk for such an illness, you may want to bank the cord blood stem cells.

2. Do You Have Another Child Who Already Needs Treatment with Stem Cells?

If you have a child who needs a stem cell treatment but does not have his own stem cells available, you may want to bank cord blood stem cells from your next child. This child's stem cells may be a match for the child who needs them.

3. Do You Want to Be Sure Your Baby's Stem Cells Will Always Be Available Only for Her?

Private cord blood banks will store stem cells for future use in your family only. The charges vary from one cord bank to another cord bank. The services provided vary, too. You will want to shop around for the best service and best price.

4. Are You Willing to Donate Your Baby's Stem Cells for Someone Else?

You can donate your baby's cord blood stem cells to one of the public cord blood banks for free if there is one in your area. Another person who matches your baby might use the cells. If your child needs to be treated using stem cells someday, he might be able to get his own cells from the bank, but you run the risk that he might not.

5. Would You Like to Make Your Own Stem Cells Available to Someone Who Might Need Them for Treatment of Illness?

If you would like to donate your own stem cells to help save someone's life, consider signing up as a potential donor with the National Marrow Donor Program. In order to sign up, you will need to get your cells typed. Your type will then be kept in a registry of types. When someone needs a stem cell or bone marrow transplant, his or her type will be checked against the registry. If you are a match, you may be asked to donate. You could save a life!

FOR MORE INFORMATION

The National Marrow Donor Program

This program maintains a national registry of potential stem cell donors as well as some state banks of cord blood stem cells, and can be visited at www.marrow.org

American Academy of Pediatrics

Frequently asked questions about cord blood banking from the American Academy of Pediatrics are available from www.aap.org/advocacy/releases/jan07cordbloodfaq.htm

This page may be reproduced for noncommercial use by health care professionals to share with clients. Any other reproduction is subject to *JMWH* approval. The information and recommendations appearing on this page are appropriate in most instances, but they are not a substitute for medical diagnosis. For specific information concerning your personal medical condition, *JMWH* suggests that you consult your health care provider.

Going Back to Work

Tips for Continued Successful Breastfeeding

The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months. Women everywhere are returning to work and successfully continuing to breastfeed. Advanced planning, family and workplace support, and a high quality breastpump help create success for working moms. The longer babies are breastfed, the greater the health benefits for both mom and baby. Breastfeeding is good for your employer too – it reduces employees' absence from work for baby's illnesses.



Benefits of Breastfeeding

For Baby	For Mom
Breastfed infants have fewer and shorter episodes of illness.	Convenient and always ready for baby.
Nutrition provided by breastmilk benefits your baby's IQ.	Decreases risk of breast and ovarian cancers.
Reduces the risk of obesity and hypertension.	Just the right temperature, and is the healthiest choice at the least cost.
Helps the baby's immune system mature.	Increases the rate of weight loss in most mothers.
Increases the effectiveness of immunizations.	Breastfed babies are healthier, and mothers miss less work and spend less time and money on pediatric care.
Perfect nutrition.	Reduces risk of diabetes, heart attack, high blood pressure and stroke.
Fewer allergies.	
Protects against developing chronic diseases.	Decreases risk of osteoporosis.

*...there are many other benefits to breastfeeding.
Go to www.medela.com to see references and find more.*

You and Your Milk Supply

Your milk supply is established in the first days after birth. Breastfeed your baby frequently to help produce lots of milk. Make use of the time after your baby is born to rest and regain your energy. Avoid giving bottles and/or pacifiers until breastfeeding is well-established.



Breastfeed often in the evenings and learn how to breastfeed lying down while you rest. Nighttime breastfeeding boosts your supply! Remember, pumping takes practice. If you only get a small amount of milk the first few times you pump, don't worry. With practice and patience you'll soon be pumping more milk.

Choosing the Right Pump & Accessories

It is important to select the best breastpump and accessories for your work situation. Many working moms choose Freestyle®, Pump in Style® Advanced or a hospital-grade breastpump, such as Symphony®. These pumps offer superior performance, comfort and convenience. Medela pumps have either a vehicle lighter or battery pack for options. Call 1-800 TELL YOU for a local retail or rental location or visit www.medela.com.



Freestyle

Choosing the correct size breastshield is important for the flow of breastmilk and comfort to moms who are pumping. Medela makes PersonalFit™ breastshields in a variety of sizes to fit your needs. Breastpumping should be comfortable. If pumping is uncomfortable or if you have questions, check with your lactation consultant or healthcare professional to help provide you with the proper fit.

Choosing a Childcare Provider for Your Baby

Choose a childcare provider you trust who is comfortable caring for your breastfed baby. You can also check with your state or county for a list of licensed childcare providers. By choosing a childcare provider that is close to your workplace, you can visit your baby and breastfeed during lunch.

Going Back to Work

Tips for Continued Successful Breastfeeding



First Week of Work

Going back to work can be overwhelming. Start slowly, if possible, by returning to work for only a half-day, or mid-week. It is normal to feel tired at first. On days off, nap with your baby, enjoy your time together, and breastfeed often. Protect your milk supply by pumping often while away and breastfeeding when you are with your baby. Avoid having your breasts become overly full, as engorgement sends a signal to your body to slow down milk production.

Pumping at Work

The milk you pump at work one day may or can be used the next day to feed your baby. After pumping, cool your milk in a refrigerator or cooler. Store your milk in Medela's BPA-free breastmilk collection bottles or storage bags specifically designed for breastmilk, such as Medela Pump & Save™ bags. Freeze milk in 2-4 ounce containers and thaw when needed to use as back-up supply. Use a cooler carrier with frozen ice packs to transport your milk from work or to your daycare provider.

FreshlyExpressed Breastmilk Storage Guidelines <i>(For Healthy Term Babies)</i>				
Room Temperature	Cooler with 3 Frozen Ice Packs	Refrigerator	Freezer	Thawed Breastmilk
4–6 hours at 66–78 °F (19–26 °C)	24 hours at 59 °F (15 °C)	3–8 days at 39 °F or lower (4 °C)	6–12 months 0–4 °F (-18–20 °C)	use within 24 hrs

If your work involves overnight travel, milk can be shipped home packed in dry ice, or shipped on the airlines packed in cooler containers with dry ice packs. Check www.faa.gov for the most recent rules and regulations.

Medela offers breastpumps that are ideal for pumping at work. The Freestyle® and Pump In Style® Advanced include everything you need in convenient carrying bags and feature 2-Phase Expression® technology for more milk in less time.*In addition, Freestyle is uniquely small and lightweight and includes accessories for optional hands-free pumping.

More Tips for Pumping at Work

- Two-piece clothing that opens easily at the waist makes pumping easier.
- If your supply is low, breastfeeding or pumping more often is the simplest way to increase your supply.

*When pumping at Maximum Comfort Vacuum™

- You may find it helpful to have the support of another pumping mom to talk to.
- Two (2) pump kits make pumping more convenient – one (1) for home and one (1) for work.
- Use Medela's Quick Clean™ Micro-Steam™ bags or wipes for easy clean up. Make sure you bring your pump parts home to wash before using the next day.
- Return to work mid-week so you only have 2 or 3 days before the weekend. It makes the first week back to work a short week and easier to handle.

Resources and References

Got to www.medela.com to educate yourself on products and information available for you and your baby.

To locate Medela products or a breastfeeding specialist in your area, go to www.medela.com or call 1-800-TELL YOU, 24 hours a day, 7 days a week.

Some other excellent resources:

- International Lactation Consultant Association – www.ilca.org
- La Leche League International – www.llli.org
- United States Lactation Consultant Association – www.uslcaonline.org
- Federal Aviation Administration – www.faa.org

References

Hamosh M, Ellis L, Pollock D, Henderson T, and Hamosh P: Pediatrics, vol. 97, No. 4, April 1996. pp 492-497.
(4 hours at 77° F/25° C).

Sosa, Roberto; Barnes, Lewis; AJDC, Vol. 141, Jan. 1987.

Lawrence R, and Lawrence R: Breastfeeding: A Guide For the Medical Profession, 1999, p.894.

Arnold L; Recommendations for Collection, Storage and Handling of a Mother's Milk for Her Own Infant in the Hospital Setting, 3rd Edition. The Human Milk Banking Association of North America, Inc. 1999, p.18.

medela 

Medela, Inc., P.O. Box 660, 1101 Corporate Drive, McHenry, IL 60051-0660
Medela Canada, Inc., 4160 Sladeview, Crescent Unit #8, Mississauga, ON L5L 0A1
Phone: (800) 435-8316 or (815) 363-1166 Fax: (815) 363-1246
Email: customer.service@medela.com
www.medela.com

Permission granted by Medela, Inc., to photocopy for non-commercial purpose.

Medela, Freestyle, Symphony, Pump In Style and 2-Phase Expression are registered trademarks and Quick Clean, Micro-Steam, Maximum Comfort Vacuum and Pump & Save are trademarks of Medela, Inc.
© 2010 Medela, Inc. Printed in the USA.

Breast and Nipple Care

Prevention and Treatment of Sore Nipples



Breastfeeding is meant to be a comfortable and pleasant experience. When you are first getting started with breastfeeding, you may feel awkward – that is common. It will take some practice and patience to get relaxed. Remember, both you and your baby are learning a new skill.

Breastfeeding is not supposed to hurt, but many new mothers find that in the first week or two of nursing, they may experience nipple tenderness and soreness. This is normal and will improve as the baby gets better at nursing.

The key to comfortable breastfeeding is getting the baby attached (or latched) to the breast correctly with your nipple deep into his mouth. The way your baby latches and the positions in which you nurse can help prevent sore nipples. If your nipples are already sore, a proper latch and good positioning will help them heal a little bit faster. It is also helpful to contact a lactation consultant or healthcare professional to assist you in comfortable breastfeeding techniques.

Positioning and Latch Technique

- You and your baby should be in a comfortable position.
- You may find it helpful to use some pillows to support your arm.
- Hold your baby so he is facing you and your breast. His ear, shoulder and neck should be in a straight line.

- Hold your breast with your thumb on top of your breast and fingers below, well away from the areola (darker part surrounding the nipple).

- Pointing the nipple upward, tickle his lip until he opens his mouth **wide**. Be patient, sometimes this takes a minute or two.



- Bring baby's chin into your breast and pull him close so he takes in a big mouthful of breast.



- Keep baby's body pressed close to yours. This allows the nipple to stay deep in the baby's mouth. It's OK if baby's nose touches the breast.



- After the first few sucks, you should feel a tug at the breast, but no pain. (In the first few days the latch itself may hurt a bit, but the discomfort should ease over time.)

Signs of a Good Latch

- Baby sucks actively at the breast.
- Mouth is opened wide.
- Lips are flanged outward (like a rosebud).
- You may hear swallowing.
- Baby's chin is touching your breast (nose may also be touching).
- Baby's ear, shoulder and hip are in a straight line and baby's body is facing you.
- You should feel a tugging at the breast but no "toe-curling" pain after the first few sucks.

Breast and Nipple Care

Prevention and Treatment of Sore Nipples



If your Nipples are Already Sore

- You may want to begin the feeding on the side that hurts less.
- Massage your breast for a minute or two before breastfeeding to stimulate the milk flow before baby latches on.
- If your breasts are full or firm, express some milk to soften the breast and make it easier for the baby to get the breast and nipple far back into his mouth.
- Make sure the baby is positioned properly with a wide open mouth and has hold of a large mouthful of breast. If baby is sucking on the nipple only, this can be extremely painful and your nipple may become damaged.
- For pain relief, you can apply Tender Care™ Lanolin on your nipples and areola after feeding to soothe the tender skin.
- If your nipples are very sore or there is a break in the skin, a moist environment is recommended for optimal healing. Tender Care Hydrogel pads provide immediate cool and soothing pain relief and promote tissue healing. The pads are placed over the nipple and worn inside the bra between feedings. Tender Care lanolin can also be used with the Hydrogel pads if needed.
- SoftShells™ for sore nipples can be worn inside your bra between feedings to allow air to circulate and protect the tender nipples from rubbing on the fabric.
- If you have tried these comfort measures for a few days and nipple pain increases or you see bleeding or cracks, call a lactation consultant or healthcare professional for assistance.

Helpful Hints

- When removing baby from the breast, remember to first break the suction by inserting a clean finger into the baby's mouth between the gums and holding it there while pulling him away.
- Breastfeed frequently (8-12 times in 24 hours). Watch for early feeding cues such as gentle stirring, being awake and alert, putting his hand to his mouth, etc. It is a good idea to try to breastfeed when baby is calm and alert, before he is crying and upset.
- Wait until breastfeeding is well established before introducing bottles and pacifiers.
- Keep bras and bra pads clean and dry.



Resources and References

Got to www.medela.com for products and information available for you and your baby.

To locate Medela products or a breastfeeding specialist in your area, go to www.medela.com or call 1-800-TELL YOU, 24 hours a day, 7 days a week.

Some other excellent resources:

- International Lactation Consultant Association – www.ilca.org
- La Leche League International – www.llli.org
- United States Lactation Consultant Association – www.uslcaonline.org

medela 

Medela, Inc., P.O. Box 660, 1101 Corporate Drive, McHenry, IL 60051-0660
Medela Canada, Inc., 4160 Sladeview, Crescent Unit #8, Mississauga, ON L5L 0A1
Phone: (800) 435-8316 or (815) 363-1166 Fax: (815) 363-1246
Email: customer.service@medela.com
www.medela.com

Permission granted by Medela, Inc., to photocopy for non-commercial purpose.

Medela is a registered trademark and Tender Care and SoftShells are trademarks of Medela, Inc.
© 2010 Medela, Inc. Printed in the USA.

Is there anything else I need to do?

ASK

Hospital staff or your midwife if newborn screening was done.

BE SURE

The hospital or midwife and your baby's health care provider have the right phone number and address to reach you.

CHECK

With your baby's health care provider or midwife about the NBS results.

FOLLOW

Directions from your baby's health care provider if more tests or medical appointments are needed.



1965-2015

50 years of saving babies!



Would you like to learn more?

Please talk to your baby's health care provider or contact us by:

Telephone:

1-866-673-9939 (toll-free)

Fax:

517-335-9419

Email

newbornscreening@michigan.gov



P.O. Box 30195
Lansing, MI 48909

www.michigan.gov/newbornscreening



MDHHS is an equal opportunity employer, services and program provider.

100,000 printed at 3.0 cents each with a total cost of \$2,811.40

Michigan Newborn Screening

50 years of saving

BABIES



Learn about blood spot screening...

What is Newborn Screening (NBS)?

NBS is a program that screens all babies at 24-36 hours of age for rare but serious disorders. Michigan law requires newborn screening to make sure that babies who need treatment are found early. As part of newborn screening, your baby is checked for hearing loss and signs of critical congenital heart disease. A few drops of blood are also taken from your baby's heel to fill spots on a filter paper card. The card is sent to the State Newborn Screening Laboratory where blood spots are tested for over 50 different disorders that benefit from early treatment.



This pamphlet describes newborn blood spot screening.

My baby seems really healthy. Is NBS still needed?

YES! Whether your baby is born in a hospital, non-hospital setting or at home, screening should be done. Most babies with these disorders seem healthy at birth but can become very sick in a short time. If not treated early, serious health problems, severe developmental delay and even death can occur. NBS is the best way to find nearly all babies with these disorders as early as possible.



What happens if screening suggests a health problem?

The NBS Follow-up Program will alert your baby's health care provider. You will get a call about what to do next, but it does not always mean your baby will have a problem. A second screening test may be needed.

What are the disorders?

In Michigan, blood spot screening looks for over 50 disorders that may affect:

- Blood cells
- Brain development
- How the body breaks down nutrients from food
- Lungs and breathing
- Hormones
- How the body fights infection

Congenital hypothyroidism, sickle cell disease, and cystic fibrosis are some of the most common disorders. For a complete list, visit:

www.michigan.gov/newbornscreening.

NBS may also find some babies who are healthy carriers of these disorders.

What happens if my baby has one of these disorders?

Help is available if your baby is found to have a disorder. Treatment usually begins early and continues through life. Each year NBS finds about 280 Michigan babies with these medical disorders.



How is the cost of NBS covered?

If your baby is born in a hospital, the cost is part of the hospital charge. If your baby is born in a non-hospital setting, the NBS card must be purchased online at www.michigan.gov/nbsorders or by calling 1-866-673-9939. Some home births may qualify for a free screening.

What happens to my baby's blood spots after screening?

All of the blood spots are not always needed for screening. The lab saves one full blood spot for future use by you or your child, if it is ever needed. The remaining blood spots are sent for permanent storage.

Remaining blood spots from newborn screening may be made available for future medical research with a parent's consent. To learn more, please read the Michigan BioTrust for Health pamphlet or visit www.michigan.gov/biotrust.

State law allows you to ask that a second blood spot sample be taken for your safekeeping. If you would like a second sample, please talk to your health care provider.

Forms are available if you want your child's blood spots destroyed after newborn screening is complete. Please call 1-866-673-9939 for more information or visit www.michigan.gov/newbornscreening.