

PREGNANCY GUIDE: WHAT TO EXPECT



**OBSTETRICS &
GYNECOLOGY**

HATTIESBURG CLINIC

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MEET OUR TEAM

GET TO KNOW OUR PHYSICIANS AND PROVIDERS

Jennifer C. Bailey, MD, received her medical degree from the Texas A&M University System Health Science Center College of Medicine in Temple, Texas, and completed her residency in obstetrics and gynecology at Scott & White Memorial Hospital in Temple. Dr. Bailey is board certified and a fellow of the American College of Obstetricians and Gynecologists.

Lauren E. Barry, MD, received her medical degree from the University of Mississippi School of Medicine in Jackson, Miss., and completed her residency in obstetrics and gynecology at the University of Mississippi Medical Center in Jackson. Dr. Barry is board certified and a fellow of the American College of Obstetricians and Gynecologists.

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Lauren A. Bethea, MD, received her medical degree from the University of Mississippi School of Medicine in Jackson, Miss., and completed her residency in obstetrics and gynecology at the University of Mississippi Medical Center in Jackson. Dr. Bethea is board certified and a fellow of the American College of Obstetricians and Gynecologists.

Brittney J. Brown, DO, received her medical degree from the William Carey University College of Osteopathic Medicine in Hattiesburg, Miss., and completed her internship and residency in obstetrics and gynecology at the University of Central Florida in Orlando, Fla. Dr. Brown is board certified and a fellow of the American Osteopathic Board of Obstetricians and Gynecologists.

John G. Holland, MD, received his medical degree from the University of Mississippi School of Medicine in Jackson, Miss., and completed his residency in obstetrics and gynecology at the University of Mississippi Medical Center in Jackson. Dr. Holland is board certified and a fellow of the American College of Obstetricians and Gynecologists.

Jeffrey L. Hudson, MD, received his medical degree from the University of Mississippi School of Medicine in Jackson, Miss., and completed his residency in obstetrics and gynecology at the University of Mississippi Medical Center in Jackson. Dr. Hudson is board certified and a fellow of the American College of Obstetricians and Gynecologists.

Libby Y. C. Kot, MD, received her medical degree from the Medical College of Virginia in Richmond, Va., and completed her residency in obstetrics and gynecology at Charity Hospital in New Orleans, La., through the Louisiana State University School of Medicine. Dr. Kot is board certified and a fellow of the American College of Obstetricians and Gynecologists.

MEET OUR TEAM

GET TO KNOW OUR PHYSICIANS AND PROVIDERS

Benjamin C. Moore, MD, received his medical degree from the University of Mississippi School of Medicine in Jackson, Miss., and completed his residency in obstetrics and gynecology at the University of Tennessee College of Medicine in Chattanooga, Tenn. Dr. Moore is board certified and a fellow of the American College of Obstetricians and Gynecologists.

Amanda S. Sellers, DO, received her medical degree from the Edward Via College of Osteopathic Medicine at Virginia Tech in Blacksburg, Va., and completed her residency in obstetrics and gynecology at the University of Mississippi Medical Center in Jackson, Miss. Dr. Sellers is board certified and a fellow of the American College of Obstetricians and Gynecologists.

Deanna K. Stewart, MD, received her medical degree from the University of Mississippi School of Medicine in Jackson, Miss., and completed her residency in obstetrics and gynecology at the University of Mississippi Medical Center in Jackson. Dr. Stewart is board certified and a fellow of the American College of Obstetricians and Gynecologists. She also has a Focused Practice Designation in Pediatric and Adolescent Gynecology (PAG) from the American Board of Obstetrics and Gynecology.

Marlena B. Mims, WHNP, received her Bachelor of Science in nursing from The University of Southern Mississippi in Hattiesburg, Miss., and her Master of Science in nursing from the University of South Alabama in Mobile, Ala. She is board certified as a women's health nurse practitioner by the National Certification Corporation.

Traci D. Suber, WHNP, received her Bachelor of Science in nursing from The University of Southern Mississippi in Hattiesburg, Miss., and her Master of Science in nursing from Emory University in Atlanta, Ga. She is board certified as a women's health nurse practitioner by the National Certification Corporation.

PLEASE CONTACT US WITH ANY QUESTIONS:

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Obstetrics & Gynecology
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Hattiesburg, MS 39401
(601) 268-5640

Hattiesburg Clinic
Obstetrics & Gynecology –
Lake Serene
6813 Hwy. 98 W.
Hattiesburg, MS 39402
(601) 268-5640

Forrest General Hospital
Labor & Delivery Unit
6051 Hwy. 49
Hattiesburg, MS 39401
(601) 288-4600

Also available on weekends, holidays and after hours

PATIENT INFORMATION

WHAT TO KNOW BEFORE, DURING AND AFTER YOUR VISIT

The physicians and staff welcome you to Hattiesburg Clinic Obstetrics & Gynecology. It is our goal to provide quality health care in an efficient and cost-effective manner. We appreciate the confidence you have shown in selecting us for your care.

Appointments

Obstetrics & Gynecology is open at both locations from 8 a.m. to 5 p.m., Monday through Friday, except for traditional holidays. Office hours for our outreach locations may vary.

To schedule an appointment at any of our locations, please call (601) 268-5640. You can schedule routine examinations at a time that is convenient for you, based on your physician's availability. If you have an urgent problem and need to be seen sooner, please inform the receptionist.

If you need to cancel an appointment, please contact our office as soon as possible so the receptionist can reschedule your appointment.

Labor and Delivery

It is common for patients to want their own physician to care for them during delivery. Fortunately, the close proximity of our main location at 28th Place to Forrest General Hospital Labor and Delivery allows physicians to care for their own patients. However, our physicians cannot all be available 24 hours every day, so your physician may share calls with other Obstetrics & Gynecology physicians to ensure that round-the-clock coverage is available. Each physician has access to your medical records and is available to help with high-risk deliveries, consult in unusual cases and assist with complicated surgeries.

While we strive to accommodate all patient preferences, we are unable to guarantee your preferred physician will be available at the time of your delivery.

Telephone Calls During Clinic Hours

We encourage you to contact us if you have any questions regarding your care. Our office staff is highly trained and capable of answering many of your questions. In case you need advice from a physician, your call will be returned at the earliest possible time. If you are experiencing an emergency, please inform the receptionist immediately. We kindly request you limit non-urgent phone calls, such as routine medication refills, to clinic hours so your physician can access your medical records.

PATIENT INFORMATION (cont.)

WHAT TO KNOW BEFORE, DURING AND AFTER YOUR VISIT

Telephone Calls After Hours

Our team of physicians is available 24 hours a day to provide urgent gynecologic and obstetric care. If you have a problem that requires immediate attention during weekends or after hours, please call (601) 268-5640, and the answering service will assist you. The physician on call will get in touch with you as soon as possible. There is always a physician available, but if you do not hear back promptly, you can also contact Forrest General Hospital Labor and Delivery at (601) 288-4600 for assistance in reaching your physician.

Emergency Services

If an emergency does arise, go to Forrest General Hospital's emergency room. If you are pregnant and think you are in labor, go to Forrest General Hospital's Family Birthplace Entrance (located on the upper deck of the parking garage), and they will escort you to Labor and Delivery.

Financial Matters

During your first office visit, you will be required to pay for the services rendered. The office staff will provide you with an estimate of the initial charge. If you have any questions regarding your account or if special financial arrangements are required, please contact our office.

For hospital charges, we can put you in touch with a representative who can assist you in making advance arrangements, filing insurance claims and informing you of any costs that are not covered by insurance.

Insurance Filing

At Hattiesburg Clinic, we are happy to file your insurance claims upon request. However, please note that despite the filing of insurance claims, you are responsible for the payment of your account. For us to file claims accurately, please provide our patient account representative with your current insurance information.

If you are an established patient of Hattiesburg Clinic, you may choose to have your insurance claims automatically filed by signing an annual authorization form. This will allow us to send each charge you incur to your insurance company for consideration of payment.

PREGNANCY CARE COMPANION

TRACK YOUR PREGNANCY AND STAY INFORMED

Pregnancy Care Companion, a feature available through the MyChart® Mobile App, is a digital prenatal education and pregnancy progress tracking app. It offers pregnant patients and their families a simple way to keep track of your baby's development and guide you through the countdown to your baby's due date.

Pregnancy Care Companion features:

- **Health Reminders:** Pregnancy planning and organization. Stay on track and receive notifications for things like upcoming medical appointments, health insights, vaccinations and other tasks or screenings assigned by your provider.
- **Pregnancy Progress:** Week-by-week pregnancy tracker. The app is synced with your electronic medical record, so it automatically updates your pregnancy progress. No need to input or adjust dates. The app does the work for you and comes straight from your doctor. You can also see the size of your baby during each month of your pregnancy.
- **Educational Materials:** Personalized content and expert advice. Stay informed and learn what to expect throughout each trimester. Articles are tailored for your pregnancy and baby, offering daily tips on how to manage symptoms, nutritional advice and other healthy habits.

To learn more about the Pregnancy Care Companion or how to sign up, talk to your OB-GYN provider.



EATING FISH

WHAT PREGNANT WOMEN & PARENTS SHOULD KNOW

Fish and other protein-rich foods have nutrients that can help your child's growth and development. However, it is important to choose fish that are low in mercury to support your baby's development and protect your own health. The following guidelines can help you safely enjoy fish while pregnant and when serving it to young children.

Aim to eat two to three servings of fish each week from the "Best Choices" list, or one serving from the "Good Choices" list. Be sure to include a variety of fish in your meals to get a range of nutrients. For children starting at age two, offer one to two servings of fish each week. If you eat fish caught by family or friends, always check for local fish advisories.* If no advisory is available, limit your intake to one serving of that fish and avoid eating any other fish that week.

What is a serving?

To find out, use the palm of your hand. An adult hand holds approximately four ounces. For children ages four to seven, a serving is approximately two ounces.

Best Choices (Eat two to three servings per week)

- Anchovy
- Atlantic croaker
- Atlantic mackerel
- Black sea bass
- Butterfish
- Catfish
- Clam
- Cod
- Crab
- Crawfish
- Flounder
- Haddock
- Hake
- Herring
- Lobster (American and spiny)
- Mullet
- Oyster
- Pacific chub mackerel
- Perch (freshwater and ocean)
- Pickerel
- Plaice
- Pollock
- Salmon
- Sardine
- Scallop
- Shad
- Shrimp
- Skate
- Smelt
- Sole
- Squid
- Tilapia
- Trout (freshwater)
- Tuna, canned light (includes skipjack)
- Whitefish/Whiting

Good Choices (Eat one serving per week)

- Bluefish
- Buffalofish
- Carp
- Chilean sea bass/
Patagonian toothfish
- Grouper
- Halibut
- Mahi mahi/Dolphinfish
- Monkfish
- Rockfish
- Sablefish
- Sheepshead
- Snapper/Spanish mackerel
- Striped bass (ocean)
- Tilefish (Atlantic Ocean)
- Tuna (albacore/white tuna, canned and fresh/frozen)
- Tuna (yellowfin)
- Weakfish/Seatrout
- White croaker/Pacific croaker

**Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants. State advisories will tell you how often you can safely eat those fish.*

EATING FISH (*continued*):

WHAT PREGNANT WOMEN & PARENTS SHOULD KNOW

Choices to Avoid (Highest mercury levels)

- King mackerel
- Marlin
- Orange roughy
- Shark
- Swordfish
- Tilefish (Gulf of Mexico)
- Tuna (bigeye)

For more information, see one of the following resources:

- FDA: www.FDA.gov/fishadvice
- EPA: www.EPA.gov/fishadvice

This advice refers to fish and shellfish collectively as “fish.” Check the above websites for updates.



PREGNANCY AND MEDICATION

SAFE OPTIONS FOR COMMON PREGNANCY SYMPTOMS

During pregnancy, it is best to limit the use of medications whenever possible. However, if you are experiencing moderate to severe symptoms that require treatment, certain over-the-counter options are considered safe to use. Below is a list of recommended medications and remedies for common pregnancy-related symptoms. Always consult your provider before starting any new medication.

- Nausea/Vomiting: [See page 6](#)
- Indigestion: Maalox[®], Mylanta[®], Prevacid[®], Prilosec[®], Protonix[®], TUMS[®]
- Cold or Congestion: Benadryl[®], Claritin[®], Mucinex[®], Saline Nasal Spray, Zyrtec[®]
- Cough: Robitussin DM[®]
- Headache or Pain: Heating pad, warm bath/shower, stretching
- Diarrhea: Imodium A-D[®]
- Constipation Treatment: Magnesium Citrate, Milk of Magnesia, MiraLAX[®]
- Constipation Prevention/Stool Softener: Surfak[®], Colace[®], Fibercon[®], Metamucil[®], Benefiber[®]
- Hemorrhoids: Anusol[®], Preparation H[®], Proctofoam[®], Tucks[®]
- Yeast: Monistat 7[®]



NAUSEA AND VOMITING

MANAGING MORNING SICKNESS

Nausea and vomiting during pregnancy, also called “morning sickness”, is a common condition that often occurs in early pregnancy. In most cases, it is mild and usually limited to the first three months of pregnancy. Experiencing morning sickness does not mean your baby is sick. No one is certain of the exact cause of nausea and vomiting, but rising levels of hormones do play a role. In most cases, by 14 weeks of pregnancy you will begin to feel better.

Morning Sickness Relief

We have several suggestions to help relieve the severity of morning sickness without prescription medications.

- Eat frequent bland, high protein meals and snacks.
- Avoid foods that are spicy or high in fat.
- Temporarily stop taking iron tablets or vitamins if they seem to worsen the nausea and vomiting.
- Use supplements and medications to help alleviate symptoms.

Available at most pharmacies, health food stores and Vital Care Compounders:

- Ginger capsules (250 mg every six hours, as needed)
- Acupressure wrist bands (Sea-band®)
- Vitamin B6/Pyridoxine (10 to 25 mg every six to eight hours, as needed)
- Unisom/Doxylamine (25 mg or one-half tablet every six to eight hours, as needed)
- Dramamine (50 mg or one to two tablets every four to six hours, as needed)
- A combination of Vitamin B6 (10 mg) and Unisom/Doxylamine (10 mg)

When to Call Us

- If you cannot keep down liquids
- If you are dizzy or faint when standing up
- If you have a racing or pounding heart
- If you have only a small amount of urine that is dark in color
- If you vomit blood
- If you are losing weight
- If the non-prescription methods are not working and you need a prescription medication

SOCIAL ULTRASOUNDS

GENDER REVEALS AND 4-D IMAGING

Social ultrasounds have become very popular for mothers wishing to discover the baby's gender at an early age or have pictures made of their baby in 4-D. Obstetrics & Gynecology offers expecting mothers this option. If you are interested in having a gender reveal or a 4-D ultrasound performed, there are several things we ask that you consider:

- Social ultrasounds performed at Hattiesburg Clinic are not for diagnostic purposes. They are elective and do not add any medical value to your pregnancy care. They do not adversely affect your pregnancy care if you do not have them performed.
- Gender reveal ultrasounds should be performed at 16 weeks or greater. Results can be placed in a sealed envelope revealing the baby's gender to be opened at a later date and time, if you prefer.
- 4-D ultrasounds should be performed between 26 and 32 weeks in order to see the baby clearly. The ideal time for 4-D ultrasounds is between 28 and 30 weeks. Though it may vary, you can usually expect a short recording and several images with your 4-D scan. A secure link with the images will be sent to your email or text to your phone for easy sharing and unlimited viewing. Please call for an appointment two to three weeks in advance.
- How well you see the baby by ultrasound varies from pregnancy to pregnancy depending on multiple factors such as the position of the baby, the stage of pregnancy and the size of the mother. We cannot reimburse the ultrasound fee in the event you did not see your baby as well as you thought you would. However, we can attempt a second ultrasound at a later date.
- The fee for a gender reveal ultrasound is \$75. There is a \$25 charge for each additional baby. The fee for a 4-D ultrasound is \$150 with a \$50 charge for each additional baby. All fees are payable before the ultrasound is performed. Social ultrasounds are not covered by insurance, including Medicaid, and we will not attempt to bill them.
- Please arrive 15 minutes before your appointment time to sign forms and pay for the ultrasound. If you are more than 15 minutes late for your social ultrasound appointment, you may be asked to reschedule. If you plan on a family member observing the ultrasound, make sure they are here at the scheduled appointment time.

To schedule a social ultrasound, contact our office. Social ultrasounds are available at both 28th Place and Lake Serene locations.

KICK COUNTS

MONITORING YOUR BABY'S MOVEMENT

It is a good sign that your baby is doing well when he/she kicks and moves. Starting at 28 weeks, we recommend that you do a daily “kick count.”

Pick a time each day you can devote to checking your baby's movement. Lie on your side and rest your hands on your baby. See how long it takes to feel your baby move 10 times. After 10 movements have been felt, you can stop counting for the day.

A healthy baby usually moves at least 10 times within two hours. If you do not feel 10 movements within two hours, you should contact your physician's office that day for further instructions.



BIRTH PLANS

PLANNING FOR YOUR IDEAL LABOR AND DELIVERY

We are pleased that you have chosen Obstetrics & Gynecology to care for you during your pregnancy and the birth of your baby. We want to assist you in having a wonderful experience through the course of your labor and delivery. Many women have some type of “birth plan,” whether it is a written plan or simply an idea of how they would like their labor experience to be. Our goal is that you have the best experience possible with the safe delivery of a healthy baby.

While we respect your wishes for your labor experience and birth of your baby, occasionally unforeseen challenges arise, and we may not be able to accommodate all preferences. We ask that you discuss your thoughts with your physician during your pregnancy. If you have a written birth plan, please bring it to one of your visits so we can review and discuss your preferences before labor begins.

As you create your plan, please keep in mind the following **five minimal requirements** that are necessary for the safety of you and your baby.

- **Consent for Treatment:** You will be required to sign several hospital consents upon admission. These are required legal documents regarding your preferences for things, such as blood transfusion, epidural, C-Section, etc.
- **Fetal Monitoring:** It is imperative that we monitor your baby’s heart rate continuously during the labor process. This provides an ongoing record that we can read to determine the wellbeing of your baby. This fetal record can be viewed at the nurses’ station and physicians’ office, allowing for quick response, if needed. Some of our monitors allow you to get out of bed, sit in a bedside chair, walk in the room and labor on a birthing ball. We require continuous fetal monitoring. Intermittent monitoring is not an option.
- **Vaginal Exams:** Vaginal exams are necessary to determine if you are in true labor, are having cervical change and to determine if the baby is in the correct position for delivery. Typically, a vaginal exam is performed to diagnose labor upon arrival to the Forrest General Hospital Labor and Delivery unit. Once labor has begun, vaginal exams are kept to a minimum, checking periodically to assess the progress of your labor.
- **IV Access:** Once admitted, you are required to have IV access. This allows easy access to administer medications needed should an emergency arise. It should not hinder your mobility during labor.

BIRTH PLANS (cont.)

PLANNING FOR YOUR IDEAL LABOR AND DELIVERY

- **Antibiotics:** If you are diagnosed with Group B Strep during your pregnancy, it is imperative that IV antibiotics be administered prior to delivery to protect your baby from a potentially serious infection.

While we have listed several requirements above, there are numerous things you are able to choose.

- **Attendants During Labor/Delivery:** You can choose who you want to be with you during the labor process as well as the delivery. (If a C-Section is required, you are limited to two support persons in the surgery room).
- **Comfort Measures:** You may choose to walk, sit in a chair, stand, sway, rock, use a birthing ball, have someone provide a massage, listen to music or use aromatherapy as ways to provide comfort during labor, as long as continuous monitoring can be done.
- **Medication:** IV pain medication is available, as well as epidural.
- **Position for Delivery:** As long as the physician is able to physically assist with the delivery, you may choose to deliver in one of several positions: sitting, squatting, side-lying, hands and knees, or the traditional position using leg rests. However, regardless of the position desired for delivery, delivery must be consistent with Forrest General Hospital's obstetrical policies and procedures (no water birth, delivery on the floor, etc.)
- **Welcoming Your Baby:**
 - Unless medical problems arise, you may choose to have a family member cut the umbilical cord (after a vaginal delivery).
 - We encourage immediate skin-to-skin contact between baby and mother. After delivery, the baby is laid on mother's chest for contact. The nurse will dry the baby and wrap him/her in a blanket to provide warmth. If you are breastfeeding, we encourage you to start breastfeeding immediately. Staff is available to assist you in any way with your initial bonding experience.
 - You choose when you are ready for family and friends to visit you and your baby.

We would also like to inform you of a few things that will take place with your newborn. Please discuss these with your pediatrician if you have questions.

- **Vitamin K Injection:** All newborns are administered vitamin K. This helps the blood to clot properly and prevent uncontrolled bleeding.

BIRTH PLANS (cont.)

PLANNING FOR YOUR IDEAL LABOR AND DELIVERY

- **Antibiotic Ointment for Eyes:** This is a state law. This ointment helps decrease the risk for eye infections that could potentially cause eye damage.
- **Hematocrit:** This is to check the baby's blood count to avoid the risk of undiagnosed severe anemia that could lead to heart failure.
- **Glucose:** We check the baby's glucose level to avoid the risk of undiagnosed low blood sugar that could result in seizures or coma.
- **Newborn Hearing Screening:** This is to avoid the risk of undiagnosed deafness that would not be known until much later in life.
- **Newborn Genetic Screening:** This is done to avoid the risk of undiagnosed genetic issues that may not be evident at birth.
- **Hepatitis B Vaccine:** This is administered to protect your baby against Hepatitis B.



AM I IN LABOR?

KNOW THE SIGNS AND WHEN TO TAKE ACTION

You have been given an approximate date when your baby is due. This is only an estimate since it is impossible to tell exactly when your baby will be born.

As you get closer to the time for your baby to be born, you may notice that your body has “practice contractions” called Braxton Hicks contractions. This may happen for several weeks before true labor begins.

Timing Contractions

To time contractions, count from the beginning of one contraction to the beginning of the next. In normal labor, true contractions rarely last longer than 90 seconds.

False Labor:

- No bloody show occurs with false labor.
- Contractions may feel like low gas pains, a backache or a tightening around your midsection.
- Contractions are irregular and not strong or lasting.
- Contractions are often brought on by activity.
- Walking or changing positions alters the contractions.

True Labor:

- A bloody show may occur.
- Contractions often begin as a nagging backache.
- Contractions get stronger, come more often, last longer and come with a regular pattern.
- Contractions begin in the back and move to the front.
- A change in position or walking will not alter the contractions.

When should you notify your doctor or go to the hospital?

- If you have heavy bleeding (spotting after intercourse or a pelvic exam is normal)
- If your water breaks (any leaking of fluid that cannot be controlled)
- If your contractions are regular and strong

If you live in the Hattiesburg area, you may wait until your contractions are consistently five minutes apart for an hour. If you live an hour or more away from Hattiesburg, you may wait until your contractions are consistently 10 minutes apart for an hour.

If you previously experienced “quick labor” with your other children, we suggest you discuss your contraction patterns with your physician prior to labor.

When you think you are in labor, go to Forrest General Hospital’s Family Birthplace (entrance located on 4th floor of parking garage). Someone will be available to escort you to Labor and Delivery.

SKIN-TO-SKIN CONTACT

MAKING A POWERFUL FIRST CONNECTION

What is skin-to-skin?

The first hours after birth are a very important time for you and your baby to get to know each other. Skin-to-skin contact has been known to help with this bonding process.

Skin-to-skin means your baby is placed belly-down, directly onto your chest right after he/she is born. Before skin-to-skin contact begins, your baby will be dried off and covered with warm blankets, a hat and a diaper, then settled onto your bare chest beneath your hospital gown. If your baby needs to visit the pediatrician first, or if you deliver by c-section, he/she will be brought back to you as soon as possible, and you can start skin-to-skin time shortly after birth. All newborns crave skin-to-skin contact.

What are the benefits of skin-to-skin?

Numerous studies have proven there are many health benefits to immediate skin-to-skin contact for newborns. Some of these benefits include:

- Baby is able to maintain a warmer body temperature.
- Baby is able to stabilize heart rate, respiratory rate, blood sugar and blood pressure faster.
- Baby is less likely to cry.

Just remember, as soon as your baby is born, their temperature is very unstable. You are your baby's most perfect heat source, so please allow them to stay skin-to-skin with you uninterrupted for at least one to two hours after birth for their temperature and vital signs to stabilize.

If you are breastfeeding, it is important you allow your baby to remain skin-to-skin until the first feeding is attempted and/or completed. The first two hours are the best time to try to breastfeed your newborn. Dads, partners, grandparents and loved ones will have plenty of time to snuggle and hug baby after this very important time with mom.

After skin-to-skin time is complete and the baby's temperature and vital signs are stable, the nurse will get your baby bundled so they can begin visiting with the rest of the family.

Bonding

Skin-to-skin contact will help you bond with your baby. Research has shown that moms who practice skin-to-skin care at delivery and after touch and cuddle their babies more. They are also better able to respond to their baby's cues and needs. Even a year later, skin-to-skin moms snuggled more with their babies.

SKIN-TO-SKIN CONTACT *(cont.)*

MAKING A POWERFUL FIRST CONNECTION

Breastfeeding

Snuggling gives you and your baby the best start for breastfeeding. Research has proven that babies placed skin-to-skin after birth breastfeed better and longer. The American Academy of Pediatrics recommends that all breastfeeding babies spend time skin-to-skin right after birth.

Skin-to-Skin Beyond Delivery

Snuggling gives you and your baby the best start for breastfeeding. Research has proven that babies placed skin-to-skin after birth breastfeed better and longer. The American Academy of Pediatrics recommends that all breastfeeding babies spend time skin-to-skin right after birth. Keeping your baby close, especially during the first days after delivery, makes it easier to know when and how often to feed them.

Hugs from Dads/Partners

Babies also benefit from skin-to-skin time with dads/partners. So, if mom needs some time to rest, they can take over. Fathers/partners and mothers who hold their baby skin-to-skin help keep their baby calm and content.

If you have questions, be sure to speak to your nurse, obstetrician or pediatrician.



PREGNANCY FAQS

GET ANSWERS TO COMMON QUESTIONS

How much weight should I expect to gain during pregnancy?

Weight gain varies for each person and depends on factors such as pre-pregnancy weight and overall health. In general, moderate weight gain is typical and expected as the baby grows. Your physician can help you monitor and understand what is appropriate for you.

Is it safe to exercise while pregnant?

In most cases, moderate exercise is safe and beneficial during pregnancy. Activities such as walking, swimming and prenatal yoga are often recommended. However, it is important to consult with your health care provider before starting or continuing an exercise routine.

Should I take prenatal vitamins during pregnancy?

Yes, most OBGYNs recommend taking prenatal vitamins to help support the baby's growth and development. These vitamins typically contain folic acid, iron and other essential nutrients that may be difficult to get through diet alone. It is best to consult with your doctor to determine which prenatal vitamin is right for you.

Is it safe to consume caffeine while pregnant?

Moderate caffeine intake (up to 200 milligrams per day) is generally considered safe, but excessive intake may be discouraged. It is best to discuss safe caffeine limits with your health care provider.

Can I travel during pregnancy?

Travel is generally safe during most stages of pregnancy but timing and method of travel matter. Many health care providers recommend avoiding travel, especially by air, in the final weeks. It is also helpful to consider access to medical care at your destination.

Can I take medications during pregnancy?

Discuss all medications, including over-the-counter drugs, with your doctor to ensure they are safe for both you and your baby.

What foods should I avoid while pregnant?

Pregnant individuals are often advised to avoid raw or undercooked meats, unpasteurized dairy products, certain types of fish with high mercury levels and foods that may carry a higher risk of contamination. See our guide to eating fish on [page eight](#) of this booklet. Following safe food handling practices is also important.

PREGNANCY FAQs (cont.)

GET ANSWERS TO COMMON QUESTIONS

How often should I have prenatal checkups?

Regular prenatal visits are essential to monitor both maternal and fetal health. The typical schedule involves monthly visits during the first and second trimesters with more frequent visits in the third trimester. Your OBGYN provider will determine the appropriate schedule for you.

Is it normal to feel emotional or have mood swings during pregnancy?

Yes, hormonal changes, physical discomfort and the emotional adjustments of pregnancy can contribute to mood swings. It is common to experience a range of emotions but if you feel overwhelmed or consistently down, it is important to discuss it with your health care provider.

How is my due date determined?

Due dates are typically calculated based on the last menstrual period. Your OBGYN will use this date to estimate a full-term pregnancy, which is approximately 40 weeks. Ultrasounds performed early in pregnancy can also help confirm or adjust the due date based on the baby's development.





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