



**VON VOIGTLANDER
WOMEN'S HOSPITAL**
UNIVERSITY OF MICHIGAN
HEALTH SYSTEM

Moms & Babies

Preparing to Become Parents

Car Seat Safety— Things you

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- Keep babies rear-facing until at least 2 years of age. The American Academy of Pediatrics suggests keeping children rear-facing as long as possible; up to the highest weight or height allowed by your seat. This protects a child's weak neck and spine during an impact.
- The harness straps should come out of the slot even with or just below the baby's shoulders. This will help ride down a crash. Harness straps should be snug around the baby so that you cannot pinch any slack. The plastic chest clip should be level with baby's armpits so it rests on their sternum.
- Most car seat manufacturers do not want products that are sold separately to be added to the seat, as they are not crash tested and can affect crash protection. This includes extra headrests and thick coats or snowsuits. During cold weather, cover the baby with a blanket after they are harnessed snugly.
- Rear-facing seats should be installed at a recline between 30 and 45 degrees. Rear-facing car seats will



- have an angle indicator on the side of the seat. Check the owner's manual if you are not sure where to look.
- The car seat should be tightly installed with less than an inch of movement at the side where it is buckled in.
- Car seats are for travel only. If baby falls asleep in the car, make sure you take her out when you get home to lay her flat on her back in a crib, bassinet or pack and play.

**Call for a FREE Appointment!
Mott Buckle UP! Program
734-763-2251**

Maternity Leave 101



The University
of Michigan
Department of
Obstetrics and
Gynecology

recommends that women with normal, uncomplicated deliveries of a healthy baby should have 12 weeks of maternity leave.

This is based on medical and psychosocial literature and findings, and the federal Family Medical Leave Act of 1993.

This is a recommendation. Each employer has their own policy.

We encourage you to get to know your company's policy, and get to know the federal Family Medical Leave Act. Some employers will give you the time off as unpaid with completed forms.

We can complete medical and disability forms.

You can ask for a copy of our maternity leave recommendations at your next appointment.

Count those kicks— Fetal Movement Counting

What is Fetal Movement Counting?

It is normal for your healthy, growing fetus to move frequently in your womb (uterus). You can help look out for the health of your baby by recording the number of times your baby kicks, twists, or turns. Doing this is called fetal movement counting, or “kick counts”. You will usually feel your baby move by the 20th week of pregnancy.

When do I do Kick Counts?

Your pregnancy care provider may ask you to keep a record of how long it takes your baby to move ten times. Count fetal movements twice each day at the baby's “busy times”. This is usually in the evening, at bedtime, after meals or after exercise.

What do I do if I don't feel ten movements in two hours?

If the baby does not move ten times in two hours:

Family Medicine patients please call your doctor's office. After business hours the on-call coverage team will answer.

OB and midwife patients please call Birth Center Triage at 734-764-8134.

You will be instructed to come to Triage for testing. Remember that most often when a woman comes to Triage for testing, her baby is fine.

How do I do “kick counts”?

- Get relaxed and comfortable. Loosen tight clothing. Lay down on your side or sit with your feet propped up. Many women find it easier to concentrate with the TV off.
- Note the time you start. Count movements until you reach 10. Each roll, kick, punch or twist counts as 1 fetal movement. Note the time when you finish counting.
- If the baby is quiet, drink a glass of cold juice and start over.

Time to consider—Birth Control

It's probably been awhile since birth control has crossed your mind, but now is a good time to start planning for birth control after your delivery. It is best to consider birth control before you are fertile again. **MAKE A PLAN!**

In general, there is data to suggest that waiting 12-18 months before attempting pregnancy again has shown to reduce complications in the

next pregnancy. This time allows the mother's body to heal and prepare for another pregnancy.

There are many forms of birth control or contraception, and there are conditions that must be considered when choosing a form of birth control. Chronic illnesses and breast feeding are two variables that should be considered when making birth control plans.



Talk to your provider about what birth control may be right for you!

IN THE BOOK: Check out pages 296-297 of your “Our Bodies, Ourselves: Pregnancy and Birth,” book for more useful information about birth control selection.



Breastfeeding and birth control— Can you have both?

Breastfeeding for birth control can be used in certain times; however, it is difficult to predict when the return of fertility will occur.

There are several forms of birth control that can be used while breastfeeding.

- LARCs (Long Acting Reversible Contraception) are the most effective form of contraception and are reversible if you desire another pregnancy. IUDs (intrauterine devices) and implantable devices are examples of LARCs.
- Progesterin-only birth control pills (the mini pill).
- Injectable birth control.
- Barrier forms of birth control, such as condoms or diaphragms. Diaphragms that were used prior to pregnancy should be refitted at your postpartum appointment. Bring it with you to your appointment.

Talk to your provider about what is right for you.

Breastfeeding—

Simply the Healthiest Choice!

Breastfeeding is more than a lifestyle choice; it is an important health decision that provides benefits to you and your baby. These benefits increase as breastfeeding continues. Breastfeeding for a short time does provide some benefit.

Human breastmilk provides the nutrients your baby needs to grow healthy and strong. It also has cells, hormones and antibodies that help protect your baby from illness. Breastfeeding benefits your health by reducing your risk of type 2 diabetes, breast cancer and ovarian cancer.

Research suggests that breastfed babies have lower risk of:

- Asthma, allergies and type 2 diabetes
- Skin problems like eczema
- Childhood leukemia
- Childhood obesity
- Ear infections
- Diarrhea and vomiting
- Lower respiratory infections
- Necrotizing enterocolitis
- Sudden infant death syndrome (SIDS)



Signs to call your pregnancy and childbirth care provider— Call when these symptoms happen, not the next day!

- Blood or leaking fluid from your vagina
- Severe menstrual like cramping or backache
- Continuous pain, particularly in the abdomen
- Sudden swelling in hands or face
- Burning with urination
- Continuous headache
- Blurry vision
- Persistent vomiting
- 5 or more uterine contractions in 1 hour
- Decreased fetal movement
- Falls
- Motor Vehicle Crashes

NUMBERS TO REMEMBER:

Birth Center Triage—734-764-8134

Family Medicine patients—please call your physician's office for the MD on-call



Protect Your Newborn— Vaccinate!

For MOMS:

Influenza and Pertussis—Pregnant women are more likely to be hospitalized for pneumonia if they get the flu during pregnancy. The CDC and UMHS both recommend flu vaccination for all pregnant women. The TDAP vaccine for pertussis (whooping cough) is offered to women during the third trimester of pregnancy. Vaccinations in pregnancy may be of benefit to the baby because the mother’s antibody passes through the placenta to the baby.

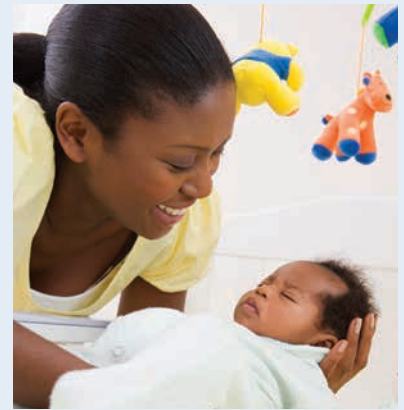
For FAMILIES:

Influenza and Pertussis—Anyone who shares the air with your new baby should be vaccinated. This includes baby’s parents, grandparents, siblings, and child care providers. Babies cannot receive these vaccinations as a newborn. Protect them by keeping the people who share the air with your baby healthy.

For BABIES:

Hepatitis B—The CDC and UMHS both recommend that all children receive their first dose of hepatitis B vaccine at birth.

The vaccination schedule will be discussed with you at your baby’s first health care appointment.



Safe Sleep Rules to Follow

- Back to Sleep – place your baby on his or her back during sleep time
- Use a firm mattress or pad
- Keep soft objects and loose bedding out of the crib
- No smoking during pregnancy or near baby
- Place baby in a nearby but separate sleep environment such as a crib, bassinet or pack and play
- Consider a pacifier when putting baby to sleep at bedtime or naptime
- Avoid overheating
- Avoid commercial products marketed to reduce the incidence of sudden infant death syndrome (SIDS)
- Avoid development of positional plagiocephaly (flat head) by giving baby lots of “tummy time” while he or she is awake and under careful supervision
- Talk to child care providers, grandparents and babysitters about these recommendations



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**Von Voigtlander Women's
Hospital Birth Center Triage**
734-764-8134

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Parking at the Hospital

- Please use **Parking Structure P4** or **Valet Parking** at the front entrance of C.S. Mott Children's Hospital & Von Voigtlander Women's Hospital.
- There is a fee at both parking locations

Notes

IMPORTANT PHONE NUMBERS:

Your pregnancy care provider's office:

Birth Center Triage: 734-764-8134 **Birth Certificates: 734-936-7481**
Lactation Services: 1-844-200-8894 **Women's Health Resource Center:**
Outpatient Lactation Services **734-936-8886**
Appointment line: 734-232-2600 **Injury Prevention: 734-763-2251**