CARTER HAYS POWERS & ASSOCIATES, LLP

OBSTETRICS GYNECOLOGY INFERTILITY

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Safe Medication during Pregnancy

Symptoms:	Medications:
Headaches, Fever, Mild Pain	Regular Strength Tylenol, Acetaminophen
Cold, Stuffy Head, Congestion	Nasal Saline Spray, Mucinex
Stuffy, Runny Nose	Claritin, Zyrtec, Benadryl, Mucinex, Ocean Nasal Spray-Day Time
Cough	Mucinex DM, Robitussin DM, Cough Drops
Sore Throat	Throat Lozenges, Cepacol, Warm Salt Water Gargle
Heartburn, Gas, Sour Stomach	Maalox, Mylanta, Tums, Pepcid
Constipation	Metamucil, Benefiber, Milk of Magnesia, Stool Softener's (Colace, Surfak or Peri-Colace)
Diarrhea	Imodium (If recommended by Physician)
Nausea, Vomiting	Small frequent meals, Vitamin B6
Hemorrhoids, Rectal Pain	Warm Sitz Bath, Preparation H, Tucks
Flu/ Flu Prevention	Call Office if you experience symptoms/ Flu vaccine given in the fall

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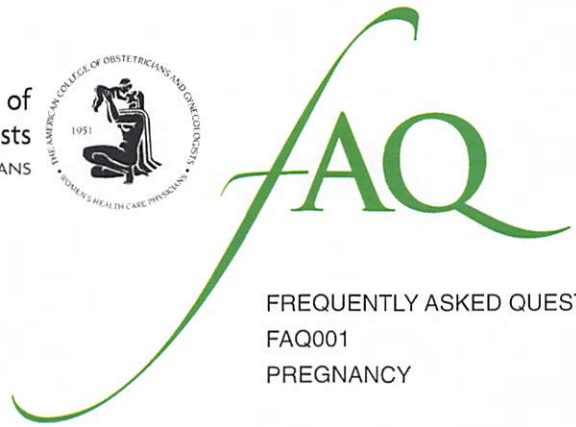
The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



FREQUENTLY ASKED QUESTIONS
FAQ001
PREGNANCY

Nutrition During Pregnancy

- How can I plan healthy meals during pregnancy?
- How does MyPlate work?
- What are the five food groups?
- Are oils and fats part of healthy eating?
- Why are vitamins and minerals important in my diet?
- How can I get the extra amounts of vitamins and minerals I need during pregnancy?
- What is folic acid and how much do I need daily?
- Why is iron important during pregnancy and how much do I need daily?
- Why is calcium important during pregnancy and how much do I need daily?
- Why is vitamin D important during pregnancy and how much do I need daily?
- How much weight should I gain during pregnancy?
- Can being overweight or obese affect my pregnancy?
- Can caffeine in my diet affect my pregnancy?
- What are the benefits of including fish and shellfish in my diet during pregnancy?
- What should I know about eating fish during pregnancy?
- How can food poisoning affect my pregnancy?
- What is listeriosis and how can it affect my pregnancy?
- Glossary

How can I plan healthy meals during pregnancy?

Planning healthy meals during pregnancy is not hard. The United States Department of Agriculture has made it easier by creating www.choosemyplate.gov. This web site helps everyone from dieters and children to pregnant women learn how to make healthy food choices at each mealtime.

How does MyPlate work?

With MyPlate, you can get a personalized nutrition and physical activity plan by using the "SuperTracker" program. This program is based on five food groups and shows you the amounts that you need to eat each day from each group during each ***trimester*** of pregnancy. The amounts are calculated according to your height, prepregnancy weight, due date, and how much you exercise during the week. The amounts of food are given in standard sizes that most people are familiar with, such as cups and ounces.

What are the five food groups?

1. Grains—Bread, pasta, oatmeal, cereal, and tortillas are all grains.
2. Fruits—Fruits can be fresh, canned, frozen, or dried. Juice that is 100% fruit juice also counts.
3. Vegetables—Vegetables can be raw or cooked, frozen, canned, dried, or 100% vegetable juice.

4. Protein foods—Protein foods include meat, poultry, seafood, beans and peas, eggs, processed soy products, nuts, and seeds.
5. Dairy—Milk and products made from milk, such as cheese, yogurt, and ice cream, make up the dairy group.

Are oils and fats part of healthy eating?

Although they are not a food group, oils and fats do give you important ***nutrients***. During pregnancy, the fats that you eat provide energy and help build many fetal organs and the placenta. Most of the fats and oils in your diet should come from plant sources. Limit solid fats, such as those from animal sources. Solid fats also can be found in processed foods.

Why are vitamins and minerals important in my diet?

Vitamins and minerals play important roles in all of your body functions. During pregnancy, you need more folic acid and iron than a woman who is not pregnant.

How can I get the extra amounts of vitamins and minerals I need during pregnancy?

Taking a prenatal vitamin supplement can ensure that you are getting these extra amounts. A well-rounded diet should supply all of the other vitamins and minerals you need during pregnancy.

What is folic acid and how much do I need daily?

Folic acid, also known as folate, is a B vitamin that is important for pregnant women. Before pregnancy and during pregnancy, you need 400 micrograms of folic acid daily to help prevent major birth defects of the baby's brain and spine called ***neural tube defects***. Current dietary guidelines recommend that pregnant women get at least 600 micrograms of folic acid daily from all sources. It may be hard to get the recommended amount of folic acid from food alone. For this reason, all pregnant women and all women who may become pregnant should take a daily vitamin supplement that contains folic acid.

Why is iron important during pregnancy and how much do I need daily?

Iron is used by your body to make a substance in red blood cells that carries oxygen to your organs and tissues. During pregnancy, you need extra iron—about double the amount that a nonpregnant woman needs. This extra iron helps your body make more blood to supply oxygen to your baby. The daily recommended dose of iron during pregnancy is 27 mg, which is found in most prenatal vitamin supplements. You also can eat iron-rich foods, including lean red meat, poultry, fish, dried beans and peas, iron-fortified cereals, and prune juice. Iron also can be absorbed more easily if iron-rich foods are eaten with vitamin C-rich foods, such as citrus fruits and tomatoes.

Why is calcium important during pregnancy and how much do I need daily?

Calcium is used to build your baby's bones and teeth. All women, including pregnant women, aged 19 years and older should get 1,000 mg of calcium daily; those aged 14–18 years should get 1,300 mg daily. Milk and other dairy products, such as cheese and yogurt, are the best sources of calcium. If you have trouble digesting milk products, you can get calcium from other sources, such as broccoli; dark, leafy greens; sardines; or a calcium supplement.

Why is vitamin D important during pregnancy and how much do I need daily?

Vitamin D works with calcium to help the baby's bones and teeth develop. It also is essential for healthy skin and eyesight. All women, including those who are pregnant, need 600 international units of vitamin D a day. Good sources are milk fortified with vitamin D and fatty fish such as salmon. Exposure to sunlight also converts a chemical in the skin to vitamin D.

How much weight should I gain during pregnancy?

The amount of weight gain that is recommended depends on your health and your ***body mass index*** before you were pregnant. If you were a normal weight before pregnancy, you should gain between 25 pounds and 35 pounds during pregnancy. If you were underweight before pregnancy, you should gain more weight than a woman who was a normal weight before pregnancy. If you were overweight or obese before pregnancy, you should gain less weight.

Can being overweight or obese affect my pregnancy?

Overweight and obese women are at an increased risk of several pregnancy problems. These problems include ***gestational diabetes***, high blood pressure, ***preeclampsia***, ***preterm*** birth, and ***cesarean delivery***. Babies of overweight and obese mothers also are at greater risk of certain problems, such as birth defects, ***macrosomia*** with possible birth injury, and childhood obesity.

Can caffeine in my diet affect my pregnancy?

Although there have been many studies on whether caffeine increases the risk of ***miscarriage***, the results are unclear. Most experts state that consuming fewer than 200 mg of caffeine (one 12-ounce cup of coffee) a day during pregnancy is safe.

What are the benefits of including fish and shellfish in my diet during pregnancy?

Omega-3 fatty acids are a type of fat found naturally in many kinds of fish. They may be important factors in your baby's brain development both before and after birth. To get the most benefits from omega-3 fatty acids, women should eat at least two servings of fish or shellfish (about 8–12 ounces) per week and while pregnant or breastfeeding.

What should I know about eating fish during pregnancy?

Some types of fish have higher levels of a metal called mercury than others. Mercury has been linked to birth defects. To limit your exposure to mercury, follow a few simple guidelines. Choose fish and shellfish such as shrimp, salmon, catfish, and pollock. Do not eat shark, swordfish, king mackerel, or tilefish. Limit white (albacore) tuna to 6 ounces a week. You also should check advisories about fish caught in local waters.

How can food poisoning affect my pregnancy?

Food poisoning in a pregnant woman can cause serious problems for both her and her baby. Vomiting and diarrhea can cause your body to lose too much water and can disrupt your body's chemical balance. To prevent food poisoning, follow these general guidelines:

- Wash food. Rinse all raw produce thoroughly under running tap water before eating, cutting, or cooking.
- Keep your kitchen clean. Wash your hands, knives, countertops, and cutting boards after handling and preparing uncooked foods.
- Avoid all raw and undercooked seafood, eggs, and meat. Do not eat sushi made with raw fish (cooked sushi is safe). Food such as beef, pork, or poultry should be cooked to a safe internal temperature.

What is listeriosis and how can it affect my pregnancy?

Listeriosis is a type of food-borne illness caused by bacteria. Pregnant women are 13 times more likely to get listeriosis than the general population. Listeriosis can cause mild, flu-like symptoms such as fever, muscle aches, and diarrhea, but it also may not cause any symptoms. Listeriosis can lead to miscarriage, stillbirth, and premature delivery. ***Antibiotics*** can be given to treat the infection and to protect your unborn baby. To help prevent listeriosis, avoid eating the following foods during pregnancy:

- Unpasteurized milk and foods made with unpasteurized milk
- Hot dogs, luncheon meats, and cold cuts unless they are heated until steaming hot just before serving
- Refrigerated pate and meat spreads
- Refrigerated smoked seafood
- Raw and undercooked seafood, eggs, and meat

Glossary

Antibiotics: Drugs that treat certain types of infections.

Body Mass Index: A number calculated from height and weight that is used to determine whether a person is underweight, normal weight, overweight, or obese.

Cesarean Delivery: Delivery of a baby through surgical incisions made in the mother's abdomen and uterus.

Gestational Diabetes: Diabetes that arises during pregnancy.

Macrosomia: A condition in which a fetus grows very large.

Miscarriage: Loss of a pregnancy that occurs before 20 weeks of pregnancy.

Neural Tube Defects: Birth defects that result from incomplete development of the brain, spinal cord, or their coverings.

Nutrients: Nourishing substances supplied through food, such as vitamins and minerals.

Preeclampsia: A condition of pregnancy in which there is high blood pressure and protein in the urine.

Preterm: Born before 37 weeks of pregnancy.

Trimester: Any of the three 3-month periods into which pregnancy is divided.

If you have further questions, contact your obstetrician–gynecologist.

FAQ001: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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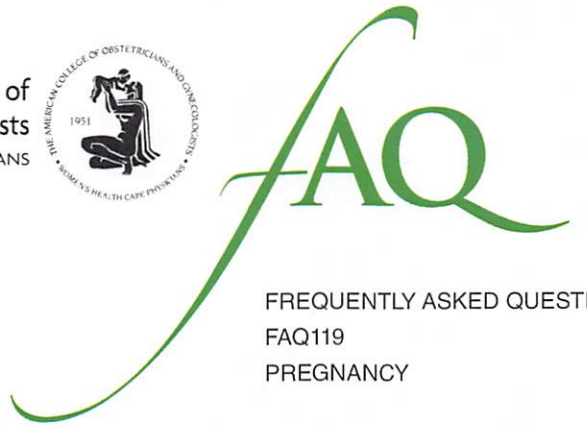
WOMEN'S HEALTH CARE PHYSICIANS



FREQUENTLY ASKED QUESTIONS
FAQ119
PREGNANCY

Exercise During Pregnancy

- Is it safe to exercise during pregnancy?
- Are there certain conditions that make exercise during pregnancy unsafe?
- What are the benefits of exercise during pregnancy?
- How much should I exercise during pregnancy?
- What changes occur in the body during pregnancy that can affect my exercise routine?
- What precautions should I take when exercising during pregnancy?
- What are some safe exercises I can do during pregnancy?
- What exercises should I avoid during pregnancy?
- What are warning signs that I should stop exercising?
- Why is it important to keep exercising after my baby is born?
- Glossary

Is it safe to exercise during pregnancy?

If you are healthy and your pregnancy is normal, it is safe to continue or start most types of exercise, but you may need to make a few changes. Physical activity does not increase your risk of miscarriage, low birth weight, or early delivery. However, it is important to discuss exercise with your obstetrician or other member of your health care team during your early prenatal visits. If your health care professional gives you the OK to exercise, you can decide together on an exercise routine that fits your needs and is safe during pregnancy.

Are there certain conditions that make exercise during pregnancy unsafe?

Women with the following conditions or pregnancy ***complications*** should not exercise during pregnancy:

- Certain types of heart and lung diseases
- ***Cervical insufficiency*** or ***cerclage***
- Being pregnant with twins or triplets (or more) with risk factors for ***preterm*** labor
- ***Placenta previa*** after 26 weeks of pregnancy
- Preterm labor or ruptured membranes (your water has broken) during this pregnancy
- ***Preeclampsia*** or pregnancy-induced high blood pressure
- Severe ***anemia***

What are the benefits of exercise during pregnancy?

Regular exercise during pregnancy benefits you and your fetus in these key ways:

- Reduces back pain
- Eases constipation
- May decrease your risk of ***gestational diabetes***, preeclampsia, and ***cesarean delivery***
- Promotes healthy weight gain during pregnancy

- Improves your overall general fitness and strengthens your heart and blood vessels
- Helps you to lose the baby weight after your baby is born

How much should I exercise during pregnancy?

The Centers for Disease Control and Prevention recommend that pregnant women get at least 150 minutes of moderate-intensity aerobic activity every week. An aerobic activity is one in which you move large muscles of the body (like those in the legs and arms) in a rhythmic way. Moderate intensity means you are moving enough to raise your heart rate and start sweating. You still can talk normally, but you cannot sing.

Examples of moderate-intensity aerobic activity include brisk walking and general gardening (raking, weeding, or digging). You can divide the 150 minutes into 30-minute workouts on 5 days of the week or into smaller 10-minute workouts throughout each day.

If you are new to exercise, start out slowly and gradually increase your activity. Begin with as little as 5 minutes a day. Add 5 minutes each week until you can stay active for 30 minutes a day.

If you were very active before pregnancy, you can keep doing the same workouts with your health care professional's approval. However, if you start to lose weight, you may need to increase the number of calories that you eat.

What changes occur in the body during pregnancy that can affect my exercise routine?

Your body goes through many changes during pregnancy. It is important to choose exercises that take these changes into account:

- Joints—The ***hormones*** made during pregnancy cause the ligaments that support your joints to become relaxed. This makes the joints more mobile and at risk of injury. Avoid jerky, bouncy, or high-impact motions that can increase your risk of being hurt.
- Balance—During pregnancy, the extra weight in the front of your body shifts your center of gravity. This places stress on joints and muscles, especially those in your pelvis and low back. Because you are less stable and more likely to lose your balance, you are at greater risk of falling.
- Breathing—When you exercise, ***oxygen*** and blood flow are directed to your muscles and away from other areas of your body. While you are pregnant, your need for oxygen increases. As your belly grows, you may become short of breath more easily because of increased pressure of the ***uterus*** on the diaphragm (a muscle that aids in breathing). These changes may affect your ability to do strenuous exercise, especially if you are overweight or obese.

What precautions should I take when exercising during pregnancy?

There are a few precautions that pregnant women should keep in mind during exercise:

- Drink plenty of water before, during, and after your workout. Signs of ***dehydration*** include dizziness, a racing or pounding heart, and urinating only small amounts or having urine that is dark yellow.
- Wear a sports bra that gives lots of support to help protect your breasts. Later in pregnancy, a belly support belt may reduce discomfort while walking or running.
- Avoid becoming overheated, especially in the first trimester. Drink plenty of water, wear loose-fitting clothing, and exercise in a temperature-controlled room. Do not exercise outside when it is very hot or humid.
- Avoid standing still or lying flat on your back as much as possible. When you lie on your back, your uterus presses on a large vein that returns blood to the heart. Standing motionless can cause blood to pool in your legs and feet. Both of these positions can decrease the amount of blood returning to your heart and may cause your blood pressure to decrease for a short time.

What are some safe exercises I can do during pregnancy?

Whether you are new to exercise or it already is part of your weekly routine, choose activities that experts agree are safest for pregnant women:

- Walking—Brisk walking gives a total body workout and is easy on the joints and muscles.
- Swimming and water workouts—Water workouts use many of the body's muscles. The water supports your weight so you avoid injury and muscle strain. If you find brisk walking difficult because of low back pain, water exercise is a good way to stay active.
- Stationary bicycling—Because your growing belly can affect your balance and make you more prone to falls, riding a standard bicycle during pregnancy can be risky. Cycling on a stationary bike is a better choice.
- Modified yoga and modified Pilates—Yoga reduces stress, improves flexibility, and encourages stretching and focused breathing. There are even prenatal yoga and Pilates classes designed for pregnant women. These classes often teach modified poses that accommodate a pregnant woman's shifting balance. You also should avoid poses that require you to be still or lie on your back for long periods.

If you are an experienced runner, jogger, or racquet-sports player, you may be able to keep doing these activities during pregnancy. Discuss these activities with your health care professional.

What exercises should I avoid during pregnancy?

While pregnant, avoid activities that put you at increased risk of injury, such as the following:

- Contact sports and sports that put you at risk of getting hit in the abdomen, including ice hockey, boxing, soccer, and basketball
- Skydiving
- Activities that may result in a fall, such as downhill snow skiing, water skiing, surfing, off-road cycling, gymnastics, and horseback riding
- "Hot yoga" or "hot Pilates," which may cause you to become overheated
- Scuba diving
- Activities performed above 6,000 feet (if you do not already live at a high altitude)

What are warning signs that I should stop exercising?

Stop exercising and call your obstetrician or other member of your health care team if you have any of these signs or symptoms:

- Bleeding from the vagina
- Feeling dizzy or faint
- Shortness of breath before starting exercise
- Chest pain
- Headache
- Muscle weakness
- Calf pain or swelling
- Regular, painful contractions of the uterus
- Fluid leaking from the vagina

Why is it important to keep exercising after my baby is born?

Exercising after your baby is born may help improve mood and decreases the risk of ***deep vein thrombosis***, a condition that can occur more frequently in women in the weeks after childbirth. In addition to these health benefits, exercise after pregnancy can help you lose the extra pounds that you may have gained during pregnancy.

Glossary

Anemia: Abnormally low levels of blood or red blood cells in the bloodstream. Most cases are caused by iron deficiency or lack of iron.

Cerclage: A procedure in which the cervical opening is closed with stitches in order to prevent or delay preterm birth.

Cervical Insufficiency: Inability of the cervix to retain a pregnancy in the second trimester.

Cesarean Delivery: Delivery of a baby through surgical incisions made in the mother's abdomen and uterus.

Complications: Diseases or conditions that occur as a result of another disease or condition. An example is pneumonia that occurs as a result of the flu. A complication also can occur as a result of a condition, such as pregnancy. An example of a pregnancy complication is preterm labor.

Deep Vein Thrombosis: A condition in which a blood clot forms in a vein in the leg or other area of the body.

Dehydration: A condition that results from loss of water from the body.

Gestational Diabetes: Diabetes that arises during pregnancy.

Hormones: Substances made in the body by cells or organs that control the function of other cells or organs. An example is estrogen, which controls the function of female reproductive organs.

Oxygen: A gas that is necessary to sustain life.

Placenta Previa: A condition in which the placenta lies very low in the uterus, so that the opening of the uterus is partially or completely covered.

Preeclampsia: A disorder that can occur during pregnancy or after childbirth in which there is high blood pressure and other signs of organ injury, such as an abnormal amount of protein in the urine, a low number of platelets, abnormal kidney or liver function, pain over the upper abdomen, fluid in the lungs, or a severe headache or changes in vision.

Preterm: Born before 37 completed weeks of pregnancy.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Toxoplasmosis

When should I be concerned about toxoplasmosis?

Generally if you have been infected with *Toxoplasma* before becoming pregnant your unborn child is protected by your immunity. Some experts suggest waiting for 6 months after a recent infection to become pregnant.

How do I know if I have been infected with *Toxoplasma*?

Your health care provider may suggest a blood test to check for antibodies to *Toxoplasma* if you are pregnant.

How can *Toxoplasma* affect my unborn child?

If you are newly infected with *Toxoplasma* while you are pregnant, or just before pregnancy, then you can pass the infection on to your baby. You may not have any symptoms from the infection. Most infected infants do not have symptoms at birth but can develop serious symptoms later in life, such as blindness or mental disability. Occasionally infected newborns have serious eye or brain damage at birth.

How is toxoplasmosis spread?

Cats play an important role in the spread of toxoplasmosis. They become infected by eating infected rodents, birds, or other small animals. The parasite is then passed in the cat's feces. Kittens and cats can shed millions of parasites in their feces for as long as 3 weeks after infection. Mature cats are less likely to shed *Toxoplasma*. Cats and kittens prefer litter boxes, garden soils, and sandboxes for elimination and you may be exposed unintentionally by touching your mouth after changing a litter box, or while gardening without gloves. Fruits and vegetables may have contact with contaminated soil or water also, and you can be infected by eating fruits and vegetables if they are not cooked, washed, or peeled.

Do I have to give up my cat if I'm pregnant or planning on becoming pregnant?

No. You should follow these helpful tips to reduce your risk of environmental exposure to *Toxoplasma*.

- Avoid changing cat litter if possible. If no one else can perform the task, wear disposable gloves and wash your hands with soap and water afterwards.
- Ensure that the cat litter box is changed daily. The *Toxoplasma* parasite does not become infectious until 1 to 5 days after it is shed in a cat's feces.
- Feed your cat commercial dry or canned food, not raw or undercooked meats.
- Keep cats indoors.
- Avoid stray cats, especially kittens. Do not get a new cat while you are pregnant.
- Keep outdoor sandboxes covered.
- Wear gloves when gardening and during contact with soil or sand because it might be contaminated with cat feces that contain *Toxoplasma*. Wash hands with soap and water after gardening or contact with soil or sand.

Is treatment available?

Toxoplasmosis

If you are infected during pregnancy, medication is available. You and your baby should be closely monitored during your pregnancy and after your baby is born.

What are the best ways to protect myself or my unborn child against toxoplasmosis?

Cat owners and women who are exposed to cats should follow the tips above regarding reducing expose to *Toxoplasma*.

You should also:

Cook food to safe temperatures. A food thermometer should be used to measure the internal temperature of cooked meat. Do not sample meat until it is cooked. USDA recommends the following for meat preparation.

For Whole Cuts of Meat (excluding poultry)

Cook to at least 145° F (63° C) as measured with a food thermometer placed in the thickest part of the meat, then allow the meat to rest* for three minutes before carving or consuming.

For Ground Meat (excluding poultry)

Cook to at least 160° F (71° C); ground meats do not require a rest* time.

For All Poultry (whole cuts and ground)

Cook to at least 165° F (74° C), and for whole poultry allow the meat to rest* for three minutes before carving or consuming.

*According to USDA, "A 'rest time' is the amount of time the product remains at the final temperature, after it has been removed from a grill, oven, or other heat source. During the three minutes after meat is removed from the heat source, its temperature remains constant or continues to rise, which destroys pathogens."

- Freeze meat for several days at sub-zero (0° F) temperatures before cooking to greatly reduce chance of infection.
- Peel or wash fruits and vegetables thoroughly before eating.
- Wash cutting boards, dishes, counters, utensils, and hands with hot soapy water after contact with raw meat, poultry, seafood, or unwashed fruits or vegetables.
- Avoid drinking untreated water.

Should a woman breastfeed her infant if she had contracted a *Toxoplasma* infection during her pregnancy?

Yes. Among healthy women, the possibility of breast milk transmission of *Toxoplasma* infection is not likely. While *Toxoplasma* infection has been associated with infants who consumed unpasteurized goat's milk, there are no studies documenting breast milk transmission of *Toxoplasma gondii* in humans. In the event that a nursing woman experiences cracked and bleeding nipples or breast inflammation within several weeks immediately following an acute *Toxoplasma* infection (when the organism is still circulating in her bloodstream), it is theoretically possible that she could transmit *Toxoplasma gondii* to the infant through her breast milk. Immune suppressed women could have circulating *Toxoplasma* for even longer periods of time. However, the likelihood of human milk transmission is very small.

KEEP YOUR BABY HEALTHY AND SAFE TAKE THESE STEPS DURING THE COVID-19 PANDEMIC

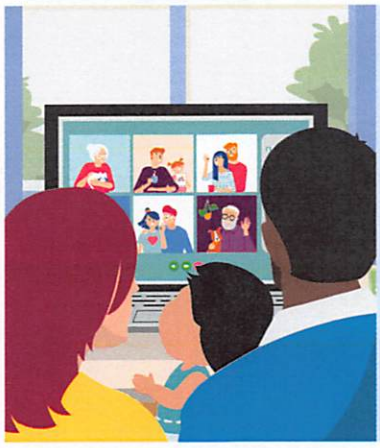
Get vaccinated.

- COVID-19 vaccines reduce the risk of people getting COVID-19 and can also reduce the risk of spreading it.
- Be sure to get everyone in your family who is 5 years of age or older vaccinated against COVID-19.
- Everyone who is ages 18 and older should also get a booster shot.

Do not put a mask or face shield on your baby

Babies move frequently. Their movement may cause the plastic face shield or mask to block their nose and mouth, or cause the strap to strangle them.

- Children younger than two should not wear masks or face shields.
- Putting a face shield or mask on your baby could increase the risk of sudden infant death syndrome (SIDS) or could strangle or suffocate your baby.



Limit visitors to see your new baby

The birth of a new baby typically brings families together to celebrate. Before allowing visitors into your home:

- Consider the risk of COVID-19 to yourself, your baby, people who live with you, and visitors, like grandparents or other people at increased risk of severe illness from COVID-19.
  - » Bringing people who do not live with you into your home can increase the risk of spreading COVID-19.
  - » Some people without symptoms can spread the virus.
- Limit in-person gatherings and consider other options, like celebrating virtually, for people who want to see your new baby.

Keep 6 feet between your baby and people who do not live in your household and between your baby and those who are sick

- Consider the risks of COVID-19 to you and your baby before you decide whether to go out for activities other than healthcare visits or child care.
- Ask your child care program about the plans they have in place to protect your baby, family, and their staff.

cdc.gov/coronavirus

Know possible signs and symptoms of COVID-19 infection in babies

Babies under 1 year old might be more likely to have severe illness from COVID-19 than older children, but most babies who test positive for COVID-19 have mild or no symptoms.

- Reported symptoms in newborns with COVID-19 include fever, being overly tired or inactive, runny nose, cough, vomiting, diarrhea, poor feeding, and trouble breathing or shallow breathing.
- If your baby develops symptoms or you think your baby may have been exposed to COVID-19:
  - » Get in touch with your baby's healthcare provider within 24 hours and follow steps for caring for children with COVID-19.
  - » **If your baby has emergency warning signs (such as trouble breathing), get emergency care immediately. Call 911.**

Take your baby for well-baby checkups

Don't skip your baby's healthcare appointments. Newborn visits should be done in person, if possible. That way your baby's healthcare provider can:

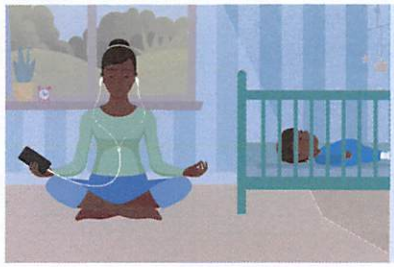
- Check how you and your baby are doing overall.
- Check your baby's growth and feeding.
- Check your baby for jaundice.
- Make sure your baby's newborn screening tests were done and do any repeat or follow-up testing.

If you think you or your baby might have COVID-19 or might have been exposed to someone with COVID-19, call your baby's healthcare provider before visiting.

Make sure your baby sleeps safely

Safe sleep is an important part of keeping babies healthy. Take steps to help your baby sleep safely and reduce the risk of sleep-related infant death, including sudden infant death syndrome (SIDS):

- Place your baby on their back for all sleep times – naps and at night.
- Use a firm, flat sleep surface, such as a mattress in a crib covered by a fitted sheet. Your baby shouldn't sleep on an adult bed, cot, air mattress, couch, or chair.
- Have the baby share your room but not your bed. Your baby should sleep on their own surface, separate from you and other adults or children.
- Keep soft bedding – such as blankets, pillows, bumper pads, and soft toys – out of your baby's sleep area.
- Do not cover your baby's head or allow your baby to get too hot. Signs your baby may be getting too hot include sweating or their chest feeling hot.
- Don't smoke or allow anyone to smoke around your baby.



Ensure your own social, emotional, and mental health

During the COVID-19 pandemic, parents may be extra stressed and tired.

- Learn about ways to cope with stress and tips for caring for yourself during the COVID-19 pandemic.
- Call your healthcare provider if you think you are experiencing depression after pregnancy.

Benefits of Breastfeeding

There are many benefits to breastfeeding. Even if you are able to do it for only a short time, your baby's immune system can benefit from breast milk.

Aim to feed your baby only breast milk for the first six months, and try to breastfeed through your baby's first birthday. Ask your provider for information on how to continue to breastfeed if you return to work or school.

Benefits of Breastfeeding for Baby

- Breast milk is the most complete form of nutrition for infants. A mother's milk has just the right amount of fat, sugar, water, and protein needed for a baby's growth and development. Most babies find it easier to digest breast milk than they do formula.
- Breast milk has disease-fighting cells called antibodies that help protect infants from germs, illness, and even SIDS. Infant formula cannot match the exact chemical makeup of human milk, especially the cells, hormones, and antibodies that fight disease.
- When you breastfeed, there are no bottles and nipples to sterilize. Unlike human milk straight from the breast, infant formula has a chance of being contaminated.

Benefits for Mom

- Breastfeeding uses up extra calories, making it easier to lose the pounds of pregnancy. It also helps the uterus to get back to its original size and lessens any bleeding a woman may have after giving birth.
- Breastfeeding, especially exclusive breastfeeding (no supplementing with formula), delays the return of normal ovulation and menstrual cycles. (However, you should still talk with your doctor or nurse about birth control choices.)
- Breastfeeding lowers the risk of breast and ovarian cancers, and possibly the risk of hip fractures and osteoporosis after menopause.
- Breastfeeding can save money. Depending on the brand of formula, new mothers can save between $1,160 and $3,915 per year by breastfeeding instead of using formula.
- Breastfeeding mothers may have increased self-confidence and feelings of closeness and bonding with their infants.

Resources

- African-American Breastfeeding Alliance, 1-877-532-8535 or www.aabaonline.com
- La Leche League, www.lalecheleague.org. To find a La Leche League leader in Massachusetts, visit http://www.lllusa.org/MARIVT/Massachusetts.html
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC), USDA, 1-800-WIC-1007 or www.fns.usda.gov/wic. For Massachusetts eligibility information or to find a local WIC office, see www.mass.gov/wic

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Adapted from The National Women's Health Information Center, US Department of Health and Human Services. Available in English and Spanish on-line at http://www.4woman.gov/breastfeeding/index.cfm?page=227

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Breast and Nipple Care

Prevention and Treatment of Sore Nipples

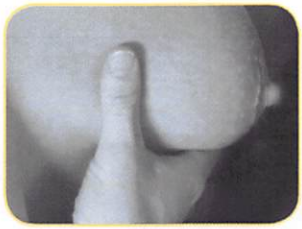
Breastfeeding is meant to be a comfortable and pleasant experience. When you are first getting started with breastfeeding, you may feel awkward – that is common. It will take some practice and patience to get relaxed. Remember, both you and your baby are learning a new skill.

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

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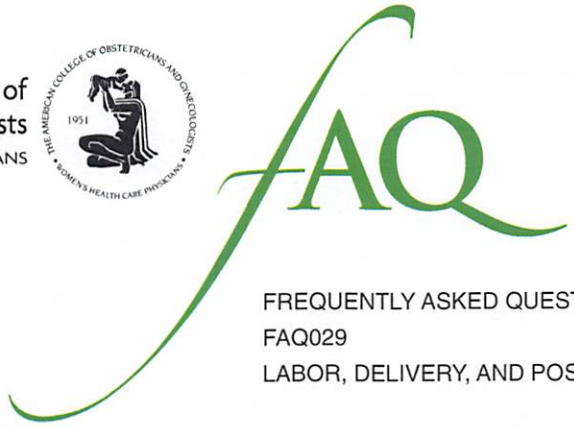
WOMEN'S HEALTH CARE PHYSICIANS



FREQUENTLY ASKED QUESTIONS
FAQ029
LABOR, DELIVERY, AND POSTPARTUM CARE

Breastfeeding Your Baby

- How long should I breastfeed my baby?
- How does breastfeeding benefit my baby?
- How does breastfeeding benefit me?
- How do I get my baby to latch on to my breast?
- How can I tell if my baby is hungry?
- How often should I breastfeed my baby?
- What should I do if I am having trouble breastfeeding?
- What kinds of foods should I eat while breastfeeding?
- Can I drink caffeine while breastfeeding?
- Can I drink alcohol while breastfeeding?
- How do I know if a medication is safe to take while breastfeeding?
- Why is it important to avoid smoking and drug use while breastfeeding?
- What birth control methods can I use while breastfeeding?
- Glossary

How long should I breastfeed my baby?

Exclusive breastfeeding is recommended for the first 6 months of a baby's life. Breastfeeding should continue up to the baby's first birthday as new foods are introduced. You can keep breastfeeding after the baby's first birthday for as long as you and your baby would like.

How does breastfeeding benefit my baby?

Breastfeeding is best for your baby for the following reasons:

- Breast milk has the right amount of fat, sugar, water, protein, and minerals needed for a baby's growth and development. As your baby grows, your breast milk changes to adapt to the baby's changing nutritional needs.
- Breast milk is easier to digest than formula.
- Breast milk contains ***antibodies*** that protect infants from certain illnesses, such as ear infections, diarrhea, respiratory illnesses, and allergies. The longer your baby breastfeeds, the greater the health benefits.
- Breastfed infants have a lower risk of ***sudden infant death syndrome (SIDS)***.
- Breast milk can help reduce the risk of many of the short-term and long-term health problems that ***preterm*** babies face.

How does breastfeeding benefit me?

Breastfeeding is good for you for the following reasons:

- Breastfeeding triggers the release of a ***hormone*** called ***oxytocin*** that causes the ***uterus*** to contract. This helps the uterus return to its normal size more quickly and may decrease the amount of bleeding you have after giving birth.

- Breastfeeding may make it easier to lose the weight you gained during pregnancy.
- Breastfeeding may reduce the risk of breast cancer and ovarian cancer.

How do I get my baby to latch on to my breast?

Holding your baby directly against your bare skin right after birth triggers reflexes that help the baby to attach or "latch on" to your breast. Cup your breast in your hand and stroke your baby's lower lip with your nipple. The baby will open his or her mouth wide, like a yawn. Pull the baby close to you, aiming the nipple toward the roof of the baby's mouth. Remember to bring your baby to your breast—not your breast to your baby.

How can I tell if my baby is hungry?

When babies are hungry, they look alert, bend their arms, close their fists, and bring their fingers to their mouths. Offer your baby your breast when he or she first starts bringing fingers to his or her mouth. Crying is a late sign of hunger, and an unhappy baby will find it harder to latch. When full, babies relax their arms and legs and close their eyes.

How often should I breastfeed my baby?

Let your baby set his or her own schedule. During the first weeks of life, most babies feed at least 8–12 times in 24 hours, or at least every 2–3 hours (timed from the start time of one feeding to the start time of the next feeding). Many newborns breastfeed for 10–15 minutes on each breast. But they also can nurse for much longer periods (sometimes 60–120 minutes at a time) or feed very frequently (every 30 minutes, which is called "cluster feeding"). Some babies feed from one breast per feeding, while others feed from both breasts. When your baby releases one breast, offer the other. If your baby is not interested, plan to start on the other side for the next feeding.

What should I do if I am having trouble breastfeeding?

Breastfeeding is a natural process, but it can take some time for you and your baby to learn. Most women are able to breastfeed. A few women cannot breastfeed because of medical conditions or other problems.

Lots of breastfeeding help is available. Peer counselors, nurses, doctors, and certified lactation consultants can teach you what you need to know to get started. They also can give advice if you run into challenges.

What kinds of foods should I eat while breastfeeding?

The following tips will help you meet the nutritional goals needed for breastfeeding:

- Your body needs about 450–500 extra calories a day to make breast milk for your baby. If your weight is in the normal range, you need about 2,500 total calories per day.
- Eat fish and seafood 2–3 times a week, but avoid eating fish with high mercury levels. Do not eat shark, swordfish, king mackerel, or tilefish, and limit albacore tuna to 6 ounces a week. If you eat fish caught in local waters, check for advisories about mercury or other pollutants. If no information is available, limit your intake of such fish to 6 ounces a week, and do not eat any other fish that week.
- Your health care professional may recommend that you continue to take your prenatal multivitamin supplement while you are breastfeeding.
- Drink plenty of fluids, and drink more if your urine is dark yellow.

Can I drink caffeine while breastfeeding?

Drinking caffeine in moderate amounts (200 mg a day) most likely will not affect your baby. Newborns and preterm infants are more sensitive to caffeine's effects. You may want to consume a lower amount of caffeine in the first few days after your baby is born or if your infant is preterm.

Can I drink alcohol while breastfeeding?

If you want to have an occasional alcoholic drink, wait at least 2 hours after a single drink to breastfeed. The alcohol will leave your milk as it leaves your bloodstream—there is no need to express and discard your milk. Drinking more than two drinks per day on a regular basis may be harmful to your baby and may cause drowsiness, weakness, and abnormal weight gain.

How do I know if a medication is safe to take while breastfeeding?

Most medications are safe to take while breastfeeding. Although medications can be passed to your baby in breast milk, levels are usually much lower than the level in your bloodstream. The latest information about medications and their effects on breastfed babies can be found at LactMed, a database of scientific information, at www.toxnet.nlm.nih.gov/newtoxnet/lactmed.htm. If you are breastfeeding and need to take a prescription medication to manage a health condition, discuss this with your health care team and the health care professional caring for your baby.

Why is it important to avoid smoking and drug use while breastfeeding?

Secondhand smoke from cigarettes is harmful to infants and children. It increases the risk of allergies, asthma, and SIDS. Smoking can decrease your milk supply and can make it harder for the baby to gain weight. Be sure not to smoke around the baby.

Using illegal drugs, such as cocaine, heroin, and methamphetamines, and taking prescription drugs for nonmedical reasons can harm your baby if you use them while breastfeeding. And although marijuana is now legal in several states, its use is discouraged during breastfeeding. If you need help stopping drug use, talk with your obstetrician, lactation consultant, or other health care professional.

What birth control methods can I use while breastfeeding?

Many birth control methods are available that can be used while breastfeeding, including nonhormonal methods (copper ***intrauterine device***, condoms, and diaphragms) and hormonal methods. There are some concerns that hormonal methods of birth control can affect milk supply, especially when you first start breastfeeding. If you start using a hormonal method and your milk supply decreases, talk with your obstetrician or other member of your health care team about other options for preventing pregnancy.

Glossary

Antibodies: Proteins in the blood produced in reaction to foreign substances, such as bacteria and viruses that cause infection.

Exclusive Breastfeeding: Feeding a baby only breast milk and no other foods or liquids unless advised by the baby's health care professional.

Hormone: A substance made in the body by cells or organs that controls the function of cells or organs. An example is estrogen, which controls the function of female reproductive organs.

Intrauterine Device: A small device that is inserted and left inside the uterus to prevent pregnancy.

Oxytocin: A hormone made in a part of the brain called the hypothalamus that causes the uterus to contract and milk to be released into the milk ducts of the breast during breastfeeding. A synthetic form of oxytocin can be given as a drug to induce labor contractions or make them stronger.

Preterm: Born before 37 weeks of pregnancy.

Sudden Infant Death Syndrome (SIDS): The unexpected death of an infant and in which the cause is unknown.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

FAQ029: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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FREQUENTLY ASKED QUESTIONS
FAQ091
LABOR, DELIVERY, AND POSTPARTUM CARE

Postpartum Depression

- What are the postpartum blues?
- How long do the postpartum blues usually last?
- What is postpartum depression?
- When does postpartum depression occur?
- What causes postpartum depression?
- If I think I have postpartum depression, when should I see my health care provider?
- How is postpartum depression treated?
- What are antidepressants?
- Can antidepressants cause side effects?
- Can antidepressants be passed to my baby through my breast milk?
- What happens in talk therapy?
- What are the types of talk therapy?
- What can be done to help prevent postpartum depression in women with a history of depression?
- What support is available to help me cope with postpartum depression?
- Glossary

What are the postpartum blues?

About 2–3 days after childbirth, some women begin to feel depressed, anxious, and upset. They may feel angry with the new baby, their partners, or their other children. They also may

- cry for no clear reason
- have trouble sleeping, eating, and making choices
- question whether they can handle caring for a baby

These feelings, often called the ***postpartum blues***, may come and go in the first few days after childbirth.

How long do the postpartum blues usually last?

The postpartum blues usually get better within a few days or 1–2 weeks without any treatment.

What is postpartum depression?

Women with ***postpartum depression*** have intense feelings of sadness, anxiety, or despair that prevent them from being able to do their daily tasks.

When does postpartum depression occur?

Postpartum depression can occur up to 1 year after having a baby, but it most commonly starts about 1–3 weeks after childbirth.

What causes postpartum depression?

Postpartum depression probably is caused by a combination of factors. These factors include the following:

- Changes in ***hormone*** levels—Levels of ***estrogen*** and ***progesterone*** decrease sharply in the hours after childbirth. These changes may trigger depression in the same way that smaller changes in hormone levels trigger mood swings and tension before menstrual periods.
- History of depression—Women who have had depression at any time—before, during, or after pregnancy—or who currently are being treated for depression have an increased risk of developing postpartum depression.
- Emotional factors—Feelings of doubt about pregnancy are common. If the pregnancy is not planned or is not wanted, this can affect the way a woman feels about her pregnancy and her unborn baby. Even when a pregnancy is planned, it can take a long time to adjust to the idea of having a new baby. Parents of babies who are sick or who need to stay in the hospital may feel sad, angry, or guilty. These emotions can affect a woman's self-esteem and how she deals with stress.
- Fatigue—Many women feel very tired after giving birth. It can take weeks for a woman to regain her normal strength and energy. For women who have had their babies by ***cesarean birth***, it may take even longer.
- Lifestyle factors—Lack of support from others and stressful life events, such as a recent death of a loved one, a family illness, or moving to a new city, can greatly increase the risk of postpartum depression.

If I think I have postpartum depression, when should I see my health care provider?

If you think you may have postpartum depression, or if your partner or family members are concerned that you do, it is important to see your health care provider as soon as possible. Do not wait until your postpartum checkup.

How is postpartum depression treated?

Postpartum depression can be treated with medications called ***antidepressants***. Talk therapy also is used to treat depression, often in combination with medications.

What are antidepressants?

Antidepressants are medications that work to balance the chemicals in the brain that control moods. There are many types of antidepressants. Drugs sometimes are combined when needed to get the best results. It may take 3–4 weeks of taking the medication before you start to feel better.

Can antidepressants cause side effects?

Antidepressants can cause side effects, but most are temporary and go away after a short time. If you have severe or unusual side effects that get in the way of your normal daily habits, notify your health care provider. You may need to try another type of antidepressant. If your depression worsens soon after starting medication or if you have thoughts of hurting yourself or others, contact your health care provider or emergency medical services right away.

Can antidepressants be passed to my baby through my breast milk?

If a woman takes antidepressants, they can be transferred to her baby during breastfeeding. The levels found in breast milk generally are very low. Breastfeeding has many benefits for both you and your baby. Deciding to take an antidepressant while breastfeeding involves weighing these benefits against the potential risks of your baby being exposed to the medication in your breast milk. It is best to discuss this decision with your health care provider.

What happens in talk therapy?

In talk therapy (also called psychotherapy), you and a mental health professional talk about your feelings and discuss how to manage them. Sometimes, therapy is needed for only a few weeks, but it may be needed for a few months or longer.

What are the types of talk therapy?

You may have one-on-one therapy with just you and the therapist or group therapy where you meet with a therapist and other people with problems similar to yours. Another option is family or couples therapy, in which you and your family members or your partner may work with a therapist.

What can be done to help prevent postpartum depression in women with a history of depression?

If you have a history of depression at any time in your life or if you are taking an antidepressant, tell your health care provider early in your prenatal care. Ideally, you should tell your health care provider before you become pregnant. Your health care provider may suggest that you begin treatment right after you give birth to prevent postpartum depression. If you were taking antidepressants before pregnancy, your health care provider can assess your situation and help you decide whether to continue taking medication during your pregnancy.

What support is available to help me cope with postpartum depression?

Support groups can be found at local hospitals, family planning clinics, or community centers. The hospital where you gave birth or your health care provider may be able to assist you in finding a support group. Useful information about postpartum depression can be found on the following web sites:

- National Women's Health Information Center
  http://www.womenshealth.gov/mental-health/illnesses/postpartum-depression.html
- Postpartum Support International
  www.postpartumsupport.net
- Medline Plus
  http://www.nlm.nih.gov/medlineplus/postpartumdepression.html

Glossary

Antidepressants: Medications that are used to treat depression.

Cesarean Birth: Birth of a baby through surgical incisions made in the mother's abdomen and uterus.

Estrogen: A female hormone produced in the ovaries.

Hormone: A substance made in the body by cells or organs that controls the function of cells or organs. An example is estrogen, which controls the function of female reproductive organs.

Postpartum Blues: Feelings of sadness, fear, anger, or anxiety occurring about 3 days after childbirth and usually ending within 1–2 weeks.

Postpartum Depression: Intense feelings of sadness, anxiety, or despair after childbirth that interfere with a new mother's ability to function and that do not go away after 2 weeks.

Progesterone: A female hormone that is produced in the ovaries and that prepares the lining of the uterus for pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

FAQ091: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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CDC's Response to **Zika**

PREGNANT? READ THIS BEFORE YOU TRAVEL

What we know about Zika

- Zika can be passed from a pregnant woman to her fetus.
- Zika infection during pregnancy can cause certain birth defects.
- Zika is spread mostly by the bite of an infected *Aedes aegypti or Aedes albopictus mosquito.*
  - » These mosquitoes bite during the day and night.
- There is no vaccine to prevent or medicine to treat Zika.
- Zika can be passed through sex from a person who has Zika to his or her sex partners.

What we don't know about Zika

- If there's a safe time during your pregnancy to travel to an area with risk of Zika.
- If you do travel and are infected, how likely it is that the virus will infect your fetus and if your baby will have birth defects from the infection.

Travel Notice

CDC has issued a travel notice (Level 2-Practice Enhanced Precautions) for people traveling to areas where Zika virus is spreading.

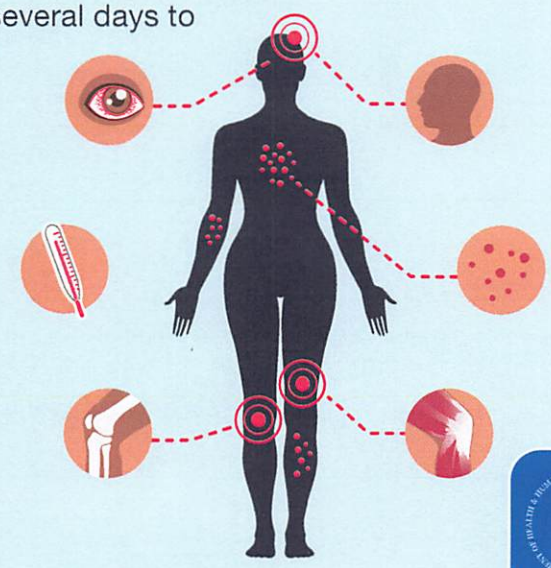
- For a current list of places with Zika outbreaks, see CDC's Travel Health Notices: http://wwwnc.cdc.gov/travel/page/zika-travel-information

Symptoms of Zika

Most people with Zika won't even know they have it. The illness is usually mild with symptoms lasting for several days to a week.

The most common symptoms of Zika are

- Fever
- Rash
- Headache
- Joint pain
- Red eyes
- Muscle pain



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

CS263062-B October3,2016

CDC recommends special precautions for pregnant women and women trying to become pregnant

Pregnant?

Pregnant women should not travel to areas with risk of Zika.

Pregnant women and their sex partners should strictly follow steps to prevent mosquito bites.

If you have a sex partner who lives in or travels to an area with risk of Zika, you should use condoms from start to finish every time you have sex, or do not have sex during the pregnancy.

If you develop the symptoms of Zika, see a healthcare provider right away for testing.

Trying to become pregnant?

Women trying to become pregnant and their male partners should consider avoiding nonessential travel to areas with risk of Zika.

Strictly follow steps to prevent mosquito bites.

Talk to your healthcare provider about plans to become pregnant.

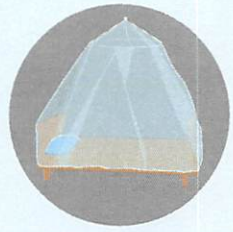
Your Best Protection: Prevent Mosquito Bites

Clothing

- Wear long-sleeved shirts and long pants.
- Treat clothing and gear with permethrin or purchase permethrin-treated items.
  - » Treated clothing remains protective after multiple washings. See product information to learn how long the protection will last.
  - » If treating items yourself, follow the product instructions carefully.
- Do NOT use permethrin products directly on skin. They are intended to treat clothing.

Indoor Protection

- Stay in places with air conditioning or that use window and door screens to keep mosquitoes outside.
- Sleep under a mosquito bed net if air conditioned or screened rooms are not available or if sleeping outdoors.



Repellent

Use Environmental Protection Agency (EPA)-registered insect repellents. When used as directed, these insect repellents are safe and effective for pregnant and breastfeeding women.

- Always follow the product label instructions.
- Reapply as directed.
- Do not spray repellent on the skin under clothing.
- If you are also using sunscreen, apply sunscreen before applying insect repellent.
- Use a repellent with one of the following active ingredients: DEET, picaridin, IR3535, oil of lemon eucalyptus or para-menthane-diol, or 2-undecanone.

FMLA Forms

All FMLA forms will need to be hand delivered or emailed to frontoffice@chmd-docs.com. ***Please DO NOT complete any of the physician's portion of the paperwork.*** If any information needs to be relayed regarding a return date, please attach that to your FMLA upon submitting.

Our office charges a fee of $25 for the completion of FMLA forms. Please allow 2 weeks for completion of the forms.

Expedition of FMLA forms is available for a fee of $100.