



KALISPELL MIDWIVES & **WOMEN'S HEALTH**

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ABOUT US

Personalized Women's Healthcare **with practitioners who listen.**

Every patient matters at our clinic. We care about you and take the time to listen and support your choices.

OUR TEAM



CERTIFIED NURSE MIDWIFE

Jana Sund

Jana has been a Nurse Midwife in the Flathead Valley for the past 15 years. In 2021 she decided to open a private practice to continue to provide personalized care at the high level she feels women deserve. It's always been her passion to provide quality personalized healthcare for women of all ages.

Jana is a mother of 3 daughters. She is also a Postpartum Mood disorder & Perinatal Loss survivor. Jana founded the Postpartum Resource Group in 2016 to put in place a local resource for mothers and families struggling through mood disorders.

CERTIFIED NURSE MIDWIFE

Molly Nicholson

Molly grew up in Helena MT and joined Kalispell Midwives in November of 2024. She completed her Doctor of Nursing Practice in Midwifery in June of 2023 at Seattle University. Molly is compassionate and strives to deliver trauma-informed, culturally competent and evidence based healthcare. She has additional training in Spinning Babies and mental health care.



FAMILY NURSE PRACTICIONER

Haley Peters

Haley Peters, born and raised in Kalispell, MT, has strived to bring great care in medicine. After 7 years as a RN, Haley decided to move onto the next step in her career. Once she graduated with her Family Nurse Practitioner Degree she was fortunate to go down a path that she is passionate about - Women's Health. At Kalispell Midwives she is able to work with moms, women in need and people wanting another option outside of traditional western medicine. Haley uses a holistic approach to overall human health. In navigating her new career, she strives to take the time to get to know her patients in order to make sure that all people are getting the care they deserve.



WHAT IS A NURSE MIDWIFE?

We are Nurses who hold Masters or Doctorate Degrees in Midwifery. In simple terms, we are Nurse Practitioners specializing in Women's Health and Obstetrics.

Kalispell Midwives and Women's Health

PREGNANCY CHEAT SHEET

165 Commons Loop Suite A

Kalispell MT 59901

406-858-8009



SAFE OVER-THE-COUNTER MEDICATIONS in PREGNANCY

Follow the directions on the package unless otherwise noted. For more information and remedies see page 9 and 10 of the booklet

Nausea/Vomiting

- Vitamin B6 (100mg twice a day)
- Unisom (0.5-1 tab nightly)

Allergies

- Claritin
- Benadryl
- Zyrtec

Cold/Flu

- Mucinex or Mucinex-DM
- Robitussin or Robitussin-DM
- Flonase
- Benadryl
- Sudafed (2nd or 3rd trimester only)
- Tylenol Cold (2nd or 3rd trimester only)

Sleep

- Unisom
- Benadryl

Pain

- Tylenol (no more than 4000mg in 24hrs)
- Headache: Tylenol 1000mg and caffeine (1 cup of coffee or black tea)

Heartburn

- TUMS or Wonder Belly
- Papaya Enzymes
- Pepcid
- Zantac
- Prilosec

Constipation

- Miralax
- Psyllium Husk
- Colace
- Metamucil
- Milk of Magnesia

Diarrhea

- Immodium (Loperamide)

Immunity

- Zinc
- Elderberry
- Vitamin C

Kalispell Midwives and Women's Health

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406-858-8009

We are available 24/7 for emergencies or urgent questions. After clinic hours, the office number is forwarded to the on-call midwife.

Call us right away if you experience any of the following symptoms:

- Vaginal bleeding, spotting, or unusual discharge
- Severe abdominal pain or cramping
- Gushing or leaking fluid from your vagina
- Pain or burning when you urinate
- Severe vomiting and inability to eat or drink
- Sudden noticeable decrease in fetal movement
- Severe headache unrelieved by rest, eating, and Tylenol
- Persistent change in vision such as seeing spots/stars or blurry vision

Potential Signs of Preterm Labor (before 37 weeks)

- Contractions that come more often than every 10 minutes
- Clear, pink, or brownish fluid leaking from your vagina
- Cramps that feel like your period
- Persistent intestinal cramping or diarrhea

Signs of Labor (after 37 weeks)

- Contractions that continue to increase in frequency and intensity after resting, eating something, hydrating and taking a bath or shower

For more information and our full prenatal booklet please visit
kalispellmidwives.clinic

PRENATAL VISITS

First Visit: Your first visit is usually scheduled when you are about 7 to 10 weeks along. At this visit we will introduce you to the clinic and you will get to meet one of our midwives. We will draw blood for initial OB labs (see pg XX), gather your health history, do a bedside ultrasound and discuss genetic screening.

APPOINTMENTS EVERY 4 WEEKS UNTIL ~30 WEEKS

11-14 WEEKS

Your second visit will be about 4 weeks after your first one. This visit is primarily a check in. We will look at and/or listen to baby, address any questions or concerns and get a urine sample. If you have opted for genetic screening (see pg 11-12), you will have an appointment with Maternal Fetal Medicine (MFM) during this time frame.

26-28 WEEKS

This visit is when we screen you for gestational diabetes (see pg 14). We will also check your iron level

37-40 WEEKS

APPOINTMENTS EVERY WEEK

We will listen to and measure baby at each visit and check your BP. We do not do cervical checks with each visit unless requested but may suggest one if you are nearing your due date or if we are preparing for an induction.

41 WEEKS

At ~41 weeks we will send you to the labor and delivery unit to get an NST and an ultrasound to check your amniotic fluid levels. At your clinic appointment, we may want to check your cervix and will offer a membrane sweep. We will discuss and likely schedule an induction for sometime in the 41st week.

15-18 WEEKS

These visits are primarily a check in. We will look at and/or listen to baby and address any questions or concerns. We will help get you scheduled with MFM for the anatomy scan

19-22 WEEKS

Anatomy scan at MFM (see pg 6) and preparation for glucose screening at next visit

30-36 WEEKS

APPOINTMENTS EVERY 2 WEEKS

At these appointments we will listen to the baby and measure your belly. We will discuss your birth plan, newborn medications and breastfeeding. At 34-36 weeks we do a GBS swab (see pg 17) and a bedside ultrasound to confirm that your baby is head down

40 WEEKS 3 DAYS

If you are still pregnant, we start to do additional fetal monitoring after 40 weeks to make sure your baby is well and your placenta is still functioning adequately. At ~40.3 we will have you come to the clinic for an NST (see pg 7).

41 WEEKS 3 DAYS

At ~41.3 weeks we will have you come to the clinic for another NST. For the safety and health of you and your baby, we do not like our patients to go much past 41.3 weeks. If we have not yet scheduled an induction we would discuss that during this visit.

LABS IN PREGNANCY

Initial OB Labs

Complete Blood Count (CBC): Gives us baseline numbers for your hemoglobin, hematocrit and platelets. The results tells us if you are anemic and can be used as a screening for clotting issues.

Blood type and Rh testing: The positive or negative piece of a blood type refers to a protein called the Rh factor. Unless both you and your partner have an Rh- blood type, your baby will be Rh+. During delivery or if you have bleeding during your pregnancy, your baby's blood can mix with yours. If you are Rh-, exposure to the Rh+ proteins in your baby's blood can trigger an immune response. This immune response can harm your baby. To prevent this interaction, we give an injection called Rhogam which prevents your immune system from reacting to the Rh+ proteins. If you are Rh- and have bleeding during the first or second trimester we may recommend rhogam. Otherwise, we will give you the rhogam shot at ~28 weeks.

Ferritin-during pregnancy your blood volume increases and your body uses up more iron. Most prenatal vitamins have iron in them but we may suggest adding an additional supplement. We will check your iron levels at your first visit and re-check your iron levels at 24-28 weeks. If your levels are below 20 when we re-check, we may recommend IV iron infusions.

Vitamin D- In the flathead valley, vitamin D deficiency is very common. Low Vitamin D is linked to decreased energy levels and depression symptoms. We check this level at your first appointment and will recommend you start a vitamin D supplement if your levels are low.

Disease and Immunity Screening: We routinely screen for the below conditions in pregnancy because they can affect the baby and early detection allows early treatment.

HIV
Hepatitis B
Hepatitis C
Rubella
Syphilis
Chlamydia and Ghonorrhea

24-28 weeks

Glucose Tolerance Test (GTT): this lab is a screening for gestational diabetes. For more information see page 14

Ferritin: Recheck iron levels. If your ferritin is <20 we will likely recommend iron infusions. It is difficult to increase iron stores with oral medication in late pregnancy and it is best to go into delivery with a ferritin >20. Blood loss during birth will further deplete iron stores and your body will have a harder time recovering if your iron levels are low.

36 Weeks

Group Beta Strep (GBS) swab: this is self collected unless you request otherwise. For more information see page 17.

ULTRASOUNDS IN PREGNANCY

BEFORE 12 WEEKS

THE DATING ULTRASOUND

This scan is most accurate when done in the first trimester. Measuring the baby via ultrasound can either confirm a due date calculated by the date of your last menstrual period (LMP) or determine a due date if your LMP is unknown or your periods are irregular.

18-22 WEEKS

THE ANATOMY SCAN

The anatomy scan takes measurements of your baby's organs and body parts to make sure your baby is growing and developing appropriately. The scan also looks for signs of specific congenital disabilities or structural issues with certain organs.

The ultrasound technician will also:

- Listen to your baby's heart rate for abnormal rhythms.
- Check the umbilical cord for blood flow and where it attaches to the placenta.
- Look at your placenta to make sure it's not covering your cervix (placenta previa).
- Check your uterus, ovaries and cervix.
- Measure the amount of amniotic fluid.

41 WEEKS

POST-TERM TESTING

This ultrasound is done to assess amniotic fluid levels if you are still pregnant at 41 weeks. A normal fluid level paired with a reactive NST or normal BPP reassures us that the placenta is still able to provide your baby with the nutrients and oxygen it needs.

11-14 WEEKS

THE GENETICS ULTRASOUND

This scan is done at MFM if you elect to have genetic screening for your baby. They will confirm the gestational age, measure markers of genetic conditions and visualize the basic anatomical structures of the fetus.



20-40 WEEKS

GROWTH SCANS AND FOLLOW-UP ULTRASOUNDS

These scans are done when recommended by your midwives or MFM. They are used to monitor the pregnancy more closely if there is concern for abnormalities or complications or if you have a condition that requires close monitoring.

Between 34 and 36 weeks we will do a brief US in office to confirm baby is head down

FETAL MONITORING & REASSURANCE



We will listen to your baby with the doppler or look at baby with our ultrasound at every visit. If at any time you are feeling anxious or worried about your baby, please call us and we can meet you at the clinic if needed.

Fetal NON-STRESS TEST (NST)

If you are past 28 weeks and there is any concern for baby, we may suggest an NST for reassurance. This can be done either at our clinic or at the Labor and Delivery unit in the hospital. During an NST we place 2 monitors on your belly, one for the baby's heart rate and the other for contractions. We watch the tracing for at least 20 min and it tells us if the placenta is providing the baby with enough oxygen.

A reactive NST will show heart rate variability (a squiggly line), accelerations (increases in baby's HR) and no recurrent decelerations (drops in baby's HR). A reactive NST tells us that baby is well oxygenated and that the placenta is functioning well.

Amniotic Fluid Index (AFI)

The amniotic fluid index is calculated using ultrasound measurements and is done either at labor and delivery or at the MFM clinic. We may recommend checking the fluid level if you are measuring small in the office or if you are overdue. Maternal-fetal medicine may recommend more frequent checking if there is something else going on with your baby or your pregnancy.

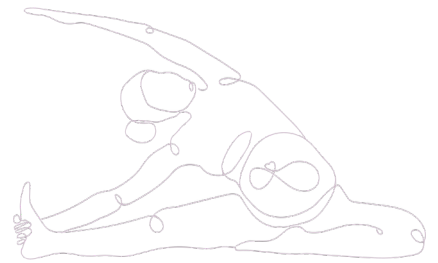
Biophysical Profile (BPP)

This is done when recommended by MFM or your midwives. The BPP is part of an ultrasound and is calculated either out of 8 or out of 10. The criteria include fetal movement (2 points), fetal breathing movement (2 points), fetal muscle tone (2 points), amniotic fluid volume (2 points) and an NST (2 points). A score of 8/8 excludes the NST component. A normal BPP predicts fetal wellbeing for about 1 week.

SAFETY IN PREGNANCY

THINGS TO AVOID

- Smoking, Alcohol
- Hot dogs, lunch meats, or deli meats *(unless heated to steaming hot)*
- Sushi, raw fish
- Liver
- Unpasteurized milk or dairy products
- Caffeine in large amounts
- Aspirin or ibuprofen unless recommended by a provider (Tylenol is OK)
- Contact with bird or cat feces
- Prolonged hot tub or sauna use



EXERCISING SAFELY

Pregnant women can and should continue to take advantage of the physical and psychological benefits of regular exercise.

It should be noted that sports with a high potential for rough contact or significant risk of falls may increase the risk of abdominal trauma and damage to the placenta or injury to the baby.

Warning signs to stop exercising may include: Vaginal bleeding, shortness of breath, dizziness, headache, chest pain, muscle weakness, calf pain or swelling, preterm contractions or decreased fetal movement.

CAR SAFETY

Seat Belts: In the first three months of pregnancy, the stomach muscles and pelvic bones protect the growing uterus and baby from injury. In the later months, as the uterus grows bigger, the baby has less protection from injury.

Correct placement of the seatbelt around your abdomen is important. Keep the lap belt under your belly, low and across your hips. The shoulder harness should come down over your shoulder, between your breasts, and over the top and side of our belly to fasten at the side.

ORAL HEALTH

Pregnancy, and the changing hormone levels that occur with it, can make some dental problems worse.

Visit your dentist at least once during your pregnancy. Have your teeth cleaned and schedule any needed treatment. It is generally safe to have dental care during pregnancy.

COMFORT MEASURES

AND OVER-THE-COUNTER MEDICATIONS

If the remedies below are not working, please call us so we can discuss other solutions or prescription medications to manage your symptoms.

MORNING SICKNESS

About half of pregnant women have some nausea and vomiting. Although it is usually in the morning, it can happen at any time of day or night. It typically starts between weeks two and six, and usually subsides by week 14.

Potential Remedies: Eat frequent, small meals of easily-digested foods. Eat dry toast or crackers before you get out of bed in the morning.

Safe OTC Medications/Supplements:

- B6 & Unisom: 100 mg Vitamin B6 twice a day plus 0.5-1 tablet Unisom at bedtime.
- Ginger
- Peppermint

HEARTBURN

Heartburn is a burning sensation in the throat and chest. It is caused by stomach acid backing up into the esophagus. The hormones of pregnancy relax the valve between the stomach and esophagus, and later in the pregnancy the growing uterus crowds the stomach.

Potential Remedies: Eat small meals. Avoid high-fat foods. Avoid drinking liquid with meals. Chew your food well, and remain upright for at least one hour after eating. Elevate the head of your bed a few inches to help keep stomach acid in your stomach when you lie down.

Safe OTC Medications/Supplements:

- TUMS or Wonder Belly
- Papaya Enzymes
- Apple Cider Vinegar
- Kefir
- Pepcid
- Zantac
- Prilosec

CONSTIPATION

Potential Remedies: Drink at least eight glasses of liquids everyday. Eat high-fiber foods. Raw fruits, vegetables, beans, whole grains, and bran cereal are good choices.

Safe OTC Medications/Supplements:

- Miralax
- Psyllium Husk
- Docusate
- Magnesium
- Smooth Move Tea

COMFORT MEASURES

AND OVER-THE-COUNTER MEDICATIONS

If the remedies below are not working, please call us so we can discuss other solutions or prescription medications to manage your symptoms.



COLD AND FLU / ALLERGIES

Potential Remedies: humidifier, netipot, rest, hydrate

Safe Medications/Supplements:

- claritin
- zyrtec
- benadryl
- Immune System Boosters
 - Zinc
 - Elderberry
 - Vitamin C

PAIN

Aches and Pains are unfortunately a very normal part of pregnancy

Potential Remedies: Gentle stretching, massage, belly bands or kinesiology tape, warm packs, warm baths, physical therapy, chiropractic, acupuncture

Safe OTC Medications/Supplements:

- Tylenol
- Headaches:
 - Tylenol/caffeine
 - Magnesium

GENETIC SCREENING

What is genetic screening and when in pregnancy is it done?

Genetic screening tells us the likelihood that your baby will have a genetic condition or defect. If the screening test shows a high likelihood, you will be offered options for diagnostic testing which can confirm or contradict the results of your screening.

These screening tests are typically done between 11 and 14 weeks and usually include an ultrasound and maternal blood draw. At this point in pregnancy there is enough fetal DNA in the mother's circulation to complete the testing and the baby is at the correct developmental stage to measure for physical markers.

Why is it offered?

The genetic diseases we test for can cause developmental and physical abnormalities that may have a significant impact on the length and quality of a baby's life. Severe genetic or congenital abnormalities may not be compatible with life. This information can allow parents to prepare ahead of time for a baby with special needs or may be a factor in the difficult decision to terminate a pregnancy.

What does it look for?

The blood test looks for Down's Syndrome (Trisomy 21), Edwards Syndrome (Trisomy 18) and Patau Syndrome (Trisomy 13). The Ultrasound looks for physical markers that may be associated with one of these syndromes or with other congenital abnormalities.

We do not perform genetic screening directly through our clinic. If you decide to have genetic testing done we will help you set an appointment with the Maternal Fetal Medicine (MFM) doctors between 11 and 14 weeks.

What if my screening is positive?

If your blood test or Ultrasound results as "high risk" you will have a follow-up appointment at MFM. A positive screening does not always mean that your baby has a genetic issue. You will be offered diagnostic testing which is more in depth and can give definitive answers about whether your baby has a genetic problem.

GENETIC SCREENING

FOUR METHODS FOR FETAL TESTING

METHOD	ULTRASOUND	AMNIOCENTESIS	CHORIONIC VILLUS SAMPLING (CVS)	MATERNAL BLOOD TESTS
USED SINCE	1960's	1960's	1980's	2011
SCREENING OR DIAGNOSTIC TEST?	Screening	Diagnostic Test	Diagnostic Test	Screening
WHAT IT DOES	Allows doctors to identify physical signs of genetic problems	Identifies chromosomal abnormalities, inherited diseases and spinal column and brain defects	Identifies chromosomal abnormalities and inherited diseases	Allows doctors to assess the risk of chromosomal abnormalities
PROCEDURE METHOD	A probe transmits high-pitched sound waves into the belly	A needle through the belly extracts amniotic fluid	A needle through the belly or a catheter through the cervix suctions cells from the placenta	A blood sample is taken from the mother
HOW IT WORKS	Visible fluid buildup on the back of a fetus' neck may be an early sign of a disorder	Amniotic fluid contains fetal cells, which are extracted, grown in a lab and analyzed	Placental tissue contains the same genetic material as the fetus	Maternal blood contains fetal DNA, which passes through the placenta
PERFORMED AT	11 to 14 weeks	15 to 20 weeks	10 to 12 weeks	10 weeks or later
RISKS	Non invasive. Effects of repeating ultrasounds on the fetus are unknown	Miscarriage occurs about 1 out of every 1,000 procedures	Miscarriage occurs about 1 out of every 500 procedures	Non invasive
GENETIC RESULTS ACCURACY	Abnormal results must be confirmed with diagnostic test	99%	98-99%	Detects 99% of Down syndrome cases; up to 50% of positive tests are false positives

SOURCES: ACOG; AMERICAN PREGNANCY ASSOCIATION; CDC; HUMAN REPRODUCTIVE UPDATE; JOHNS HOPKINS UNIVERSITY; MAYO CLINIC; NEW ENGLAND JOURNAL OF MEDICINE; NIH; NSGC

FETAL KICK COUNT

THE IMPORTANCE OF KICK COUNTS

Most mothers-to-be eagerly await that first reassuring baby kick, just to know their baby is growing and developing. **For first-time moms, it may occur closer to 25 weeks, and for second or third-time moms, it may occur closer to 18 weeks.**

Don't panic if you're not sure what you're feeling. For a couple of weeks, it may be difficult to distinguish between gas and the real thing, but very soon, you will notice a pattern. You will gradually learn your baby's sleeping and waking cycles when he or she is most active, and what seems to trigger activity.

Being attentive to your baby's movements will help you notice any significant changes. Setting aside time every day when you know your baby is active to count kicks, swishes, rolls, and jabs may help identify potential problems and can help prevent stillbirth. Though strongly recommended for high-risk pregnancies, counting fetal movements beginning at 32 weeks may be beneficial for all pregnancies.

Generally, moms find their babies are most active after eating a meal or something sweet, drinking something very cold, or after physical activity. You may also find your baby to be more active between 9:00 pm and 1:00 am, as your blood sugar level is declining.

At 32+ weeks, ideally you want to feel at least 10 movements within 2 hours.

If you are worried your baby is moving less than normal, sit or lay down and put your hands on your belly. You want to feel at least 10 movements in a 2 hour period. You can try drinking something cold or eating something sweet to encourage them to be more active.

WHEN SHOULD I CALL MY MIDWIFE?

If you have followed the above recommendations and have not felt 10 kicks by the end of the second hour

If you notice a significant deviation from the pattern over the course of 1-2 days.

GESTATIONAL DIABETES

During pregnancy, a woman's sugar metabolism shifts to provide higher blood sugar levels in order to meet the growing baby's needs. Her own cells become more resistant to the effects of insulin under the influence of hormones secreted by the placenta. In about 7% of pregnant women, **gestational diabetes** occurs when the pancreas is unable to meet this increased demand for insulin the body is unable to adequately control blood sugars..



Gestational diabetes increases the risk of developing several problems, including:

- Pregnancy-induced hypertension or pre-eclampsia
- Babies who are abnormally large
- Cesarean, forceps, or vacuum delivery
- Birth injury for mother or baby
- Stillbirth
- Newborn jaundice, inability to maintain normal blood sugar, or low blood calcium
- Future development of type 2 diabetes

SCREENING

We screen all pregnant people at ~24 to 28 weeks. We will give you a drink with 50g of sugar at your previous visit with instructions on when and how to drink it. We draw your blood 1hr after you finish it.

On the morning of your scheduled test, you may eat a breakfast that contains protein (eggs, meat) before drinking the glucola. **Avoid toast, cereal, milk, yogurt, fruit, or juice (no carbohydrates or sugar).** These can make your test more likely to be inaccurate and abnormal.

You may want to bring a snack with you, to eat after we draw your blood.

GESTATIONAL HYPERTENSION & PRE-ECLAMPSIA



Gestational hypertension occurs when a pregnant woman develops high blood pressure during her pregnancy. GHTN typically develops after 20 weeks of pregnancy in a woman who previously had a normal blood pressure. It is more likely to develop in the third trimester which is one of the reasons we see you more frequently towards the end of pregnancy. **Pre-Eclampsia** occurs when a pregnant woman has high blood pressure along with neurological symptoms or changes in lab values.

What are the health risks of Gestational Hypertension (GHTN) and Pre-Eclampsia?

GHTN can decrease the amount of blood and oxygen the baby receives, and can cause low birthweight and premature birth. In the mother, GHTN can damage the liver, kidneys, and brain and if it progresses to Pre-Eclampsia, can cause seizures or a stroke. GHTN often progresses to pre-eclampsia over time so we may recommend delivery before 40 weeks to prevent this progression.

What are the warning signs?

- High blood pressure
 - Multiple readings: SBP (top number) > 140 AND/OR DBP (bottom number) > 90
 - ONE or more readings: SBP (top number) > 160 AND/OR DBP (bottom number) > 110
- Neurological Symptoms:
 - Severe Headache not relieved by Tylenol, hydration or rest
 - New, Persistent Vision changes: blurred or double vision, seeing spots or flashes of light
 - Severe, persistent right upper quadrant pain under the ribs.

IF YOU NOTICE ANY OF THESE WARNING SIGNS, YOU SHOULD CALL YOUR MIDWIVES RIGHT AWAY.

What is might be done if I have these warning signs?

- Repeat blood pressures and fetal monitoring at labor and delivery
- Lab work to monitor your organ function and differentiate between GHTN and Pre-Eclampsia
- More frequent fetal monitoring which may include growth scans at MFM and/or regular BPPs
- Induction and delivery before 40 weeks may be recommended

Your midwives will talk with you about your specific situation and what, if any, further monitoring or testing is needed to keep you and your baby safe.

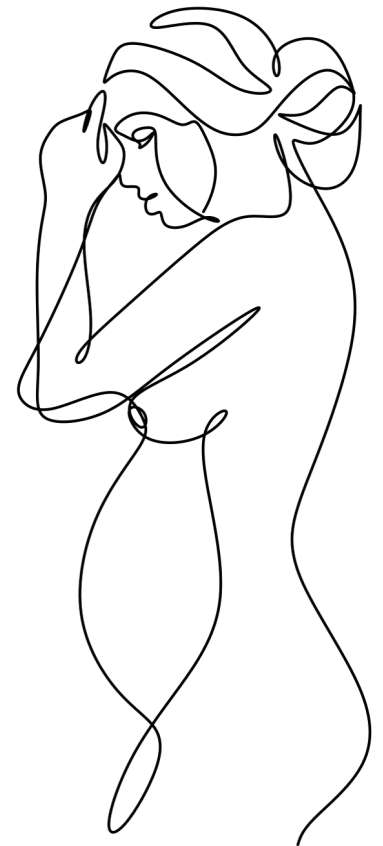
SIGNS OF PRETERM LABOR

Call your midwife right away if you are less than 37 weeks and you have any of the following warning signs:

- Contractions that come more often than every 6 to 10 minutes for more than 2hrs
- Large gush or persistent trickle of clear, pink, or brownish fluid from your vagina
- Cramps that feel like your period
- Persistent intestinal cramping or diarrhea

KNOW WHAT TO DO

- **Call** your midwife or the hospital right away if you think you are having preterm labor, or if you have any of the warning signs. Call even if you have only one sign.
- **Stop** what you are doing, **lie down**, take a **warm bath** and **rest**.
- **Drink** 2-3 glasses of water or juice (not coffee, tea, or soda) and eat a small snack
- If the above interventions cause your symptoms to subside, you can be reassured you are likely not in labor



BABIES WHO ARE BORN TOO EARLY CAN HAVE SERIOUS AND LONG-TERM HEALTH PROBLEMS, BUT PRETERM LABOR CAN OFTEN BE STOPPED IF IT IS RECOGNIZED AND TREATED EARLY.

GROUP B STREP

What is Group B Strep (GBS)?

GBS is one of many common bacteria that normally live in the human body. GBS does not usually cause problems in healthy people. GBS is found in the intestine (gut), vagina, and rectum (bottom). About 2 in every 10 pregnant women have GBS in their normal bacteria. Some women have GBS in their vagina all the time. In others, GBS is in the vagina for a while then goes away and comes back later. GBS is not a sexually transmitted infection.



How can GBS affect babies?

Pregnant women who carry GBS can pass on the bacteria to their newborns, and some of those babies become infected with GBS. Although this is relatively rare, (~1 in 200) the consequences can be serious. Newborns who are infected with GBS can develop pneumonia (lung infection), septicemia (blood infection), or meningitis (infection of the lining of the brain and spinal cord).

How can newborn infection from GBS be prevented?

GBS is easily removed in the vagina and urine if you take an antibiotic. It is not easy to get rid of GBS in your intestine because antibiotics do not work well in that part of the body. If you take the antibiotic before you are in labor, GBS that lives in the intestine goes back to the vagina as soon as you stop taking the antibiotic. It is best to take the antibiotic only during labor. This will get rid of the GBS in your vagina quickly at the only time that you need it to be gone.

What if I give birth before I get 4 hours of antibiotic?

The antibiotics that get rid of GBS work by being in your body for a period of time. The antibiotic starts working right away, but 4 hours of antibiotic is the best for getting rid of all the GBS in your vagina. Even a short time of getting an antibiotic in labor lowers the amount of GBS in your vagina and lowers the risk of your baby getting sick.

VACCINES IN PREGNANCY

TDAP

TDAP stands for Tetanus, Diphtheria and Pertussis. Pertussis, also known as whooping cough, is a highly contagious respiratory disease. It is spread from person to person, usually by coughing or sneezing while in close contact with others. Pertussis can cause uncontrollable, violent coughing which often makes it hard to breathe. Pertussis can affect people of all ages, but can be very serious, even deadly, for babies less than a year old. We recommend this vaccine in each pregnancy not only to protect you, but also to protect your baby.

After receiving the whooping cough vaccine, your body will create antibodies (proteins produced by the body to fight off diseases) and pass some of them to your baby before birth through the placenta. These antibodies provide your baby some protection against whooping cough in early life.

We have this vaccine available in the clinic and usually offer it sometime between 28 and 32 weeks



RSV

RSV stands for Respiratory Syncytial Virus. In adults and older children symptoms are similar to the common cold. However in young children and infants it can more easily progress to pneumonia and lung inflammation. RSV is the most common cause of hospitalization in infants. Similar to the TDAP vaccine, receiving the RSV vaccine in pregnancy allows your body to create antibodies which are transmitted to your baby provide them with protection for up to 6 months after birth. The ideal time to get this vaccine is between 32 and 36 weeks and is available at the Flathead City-County Health Department. At this time the RSV vaccine is a one time dose and not recommended each pregnancy. Similar to the flu, RSV season is September- April.

FLU

Normal changes in the immune system that occur during pregnancy can increase your risk of flu complications. You also have a higher risk of pregnancy complications, such as preterm labor and preterm birth, if you get the flu. You are more likely to be hospitalized if you get the flu while you are pregnant than when you are not pregnant.

The flu shot is safe to get at any point in pregnancy. It can protect you from getting the flu and can also protect your baby. When you get a flu shot during pregnancy, the protective antibodies made in your body are transferred to your baby via the placenta. These antibodies will protect your baby against the flu until they can get the vaccine at 6 months of age.

During flu season (September-April) we will have vaccines available in the clinic.

SIGNS OF LABOR

Every labor is different. We encourage you to be in close contact with us when you think you are in labor. We can decide together when you should head to the hospital.

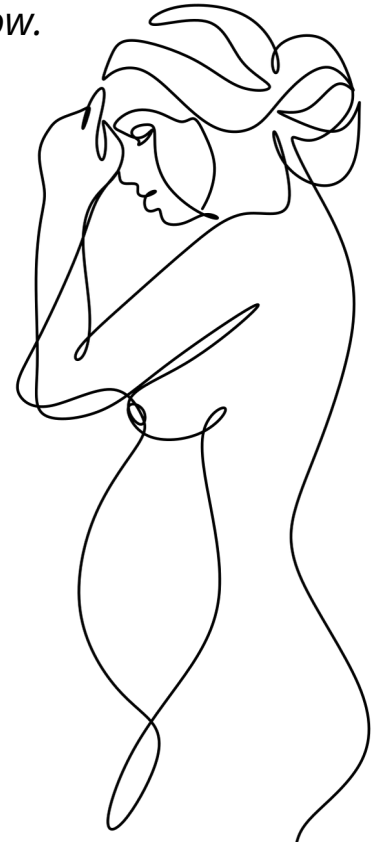
You know your body best, so trust your instincts and call when you feel you need to, even if you are not experiencing labor as it is described below.

Signs that your body may be getting ready for labor:

- *cramping and more frequent braxton hicks*
- *Loosing your mucous plug*
- *blood tinged discharge (bloody show)*

Signs of labor:

- *Contractions that continue to increase in frequency and intensity after resting, eating something, hydrating and taking a bath or shower*



When to call

- **Contractions**
 - *Timing and Strength: contractions you are unable to walk or talk through, lasting 45-60 seconds, occurring every 3-5 minutes for an hour or more*
 - *Coping: you need more support*
- **Water Breaking:**
 - *You think your water is broken- this can be a large gush or a persistent trickle*
- **Bleeding- more than blood tinged discharge**

BIRTH PLANNING

Nurse-midwives are committed to a philosophy that supports labor and birth as YOUR experience.

We do not routinely perform interventions to affect the normal process of labor and birth such as enemas, shaving pubic hair, or episiotomies. During normal labor and birth you will be encouraged to do whatever makes you feel most comfortable. Our main goal is to help you have the best birth possible while keeping both you and your baby safe.

Your labor and delivery experience can be significantly different depending upon the location of your birth and what provider is caring for you.

At Kalispell Midwives our labor and birth practices include:

- Pain Relief options: positions, counter pressure, massage, bath, nitrous oxide (laughing gas), IV narcotics, epidural.
- Frequent position changes even if you have an epidural
- Bedside support during labor and pushing
- Eat and drink as needed in labor
- Delayed cord clamping- usually ~2 min, if you would like us to wait until the cord stops pulsing please let us know
- Active management of the placenta- this includes gentle traction on the cord and Pitocin administration after your baby is born to prevent postpartum hemorrhage.
- Immediate skin to skin and newborn assessment on your chest
- Delayed newborn medications and measurements- the nurses usually wait to weigh/measure and give any newborn medications for at least an hour after birth unless you request otherwise

Although a birth plan is not necessary, some find it helpful to write down their preferences. There are many online templates or you can make your own.

Things to include in a birth plan or discuss with your midwives:

- Who will be your main support?
- Who would you like to cut the cord?
- How would you like us to communicate with you during labor?
- Is there anything in particular we can do to make you feel safe and supported?
- What is most important to you when thinking about your labor and birth experience?

MILES CIRCUIT

"I named this "circuit" after my friend Megan Miles, who shared and discussed it with me when I was working with a client whose labor seemed to be stalled out and no longer progressing. This circuit is useful to help get the baby lined up, ideally, in the "Left Occiput Anterior" (LOA) Position, both before labor begins and when some corrections need to be done during labor. Prenatally, this position set can help to rotate a baby. As a natural method of induction, this can help get things going if baby just needed a gentle nudge of position to set things off. To the best of my knowledge, this group of positions will not "hurt" a baby that is already lined up correctly."

- Sharon Muza

BEFORE YOU BEGIN



- This circuit takes at least 90 minutes to complete so clear your schedule and make mental preparations so you can relax in your environment.
- The second step requires a lot of pillows so gather them up before beginning
- Before starting, you should empty your bladder!
- Have a nice drink nearby, and make sure it has a straw!
- If you are having contractions, this circuit should be done through contractions, try not to change positions between steps

STEP ONE: OPEN-KNEE CHEST

Stay in this position for 30 minutes, start in cat/cow, then drop your chest as low as you can to the bed or the floor and your bottom as high as you can. Knees should be fairly wide apart, and the angle between the torso/thighs should be wider than 90 degrees. Wiggle around, prop with lots of pillows and use this time to get totally relaxed. This position allows the baby to scoot out of the pelvis a bit and gives them room to rotate, shift their head position, etc. If the pregnant person finds it helpful, careful positioning with a rebozo under the belly, with gentle tension from a support person behind can help maintain this position for the full 30 minutes.



MILES CIRCUIT

STEP TWO: EXAGGERATED LEFT SIDE LYING



Roll to your left side, bringing your top leg as high as possible and keeping your bottom leg straight. Roll forward as much as possible, again using a lot of pillows. Sink into the bed and relax some more. If you fall asleep, that's totally okay and you can stay there! If not, stay here for at least another half an hour. Try and get your top right leg up towards your head and get as rolled over onto your belly as much as possible. If you repeat the circuit during labor, try alternating left and right sides.

STEP THREE: MOVING & LUNGES

Lunge, walk stairs facing sideways, 2 at a time, (have a spotter downstairs of you!), take a walk outside with one foot on the curb and the other on the street, sit on a birth ball and hula- anything that's upright and putting your pelvis in open, asymmetrical positions. Spend at least 30 minutes doing this one as well to give your baby a chance to move down. If you are lunging or stair or curb walking, you should lunge/walk/go up stairs in the direction that feels better to you. The key with the lunge is that the toes of the higher leg and mom's belly button should be at right angles. Do not lunge over your knee, that closes the pelvis.



MILES CIRCUIT MASTERMINDS

Megan Hamilton Miles: Circuit Creator - www.northsoundbirthcollective.com

Sharon Muza, CD, BDT (DONA), LCCE, FACCE:

Supporting Content - www.sharonmuza.com

Emily Weaver Brown: Photography - www.emilyweaverbrownphoto.com

Kate Dewey CD/CDT (BAI): Print and Webmaster - www.letitbebirth.com

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NEWBORN MEDICATIONS

VITAMIN K

What is vitamin K? Vitamin K is a vital nutrient that our body needs for blood to clot and stop bleeding. We get some vitamin K from the food we eat and it is also made by the good bacteria that live in our intestines. Without enough vitamin K, blood cannot clot well. As a result, bleeding can occur anywhere in the body. This means not only that bleeding from a clot or bruise may continue for a long time, but that uncontrolled bleeding into the brain or organs may occur. In infants this is called Vitamin K Deficiency Bleeding (VKDB).

Why does my baby need a vitamin K shot?

- Vitamin K from the mom is not easily shared with the baby during the pregnancy or through breastmilk
- The intestine of the newborn baby does not have enough bacteria to make the necessary amount of vitamin K.

*** Vitamin K shots are required for circumcision.**

Why don't they offer oral vitamin K?

- The shot is absorbed more easily and reliably than the oral version.
- The shot has a delayed release effect that protects against both classic and late bleeding.
- There is no approved oral version of Vitamin K available, so the shot is the only regulated option

HEPATITIS B VACCINE

What is Hepatitis B? Hepatitis B is an infectious liver disease caused by the hepatitis B virus. Some people are able to fight the infection and clear the virus. For others, the infection remains and is "chronic," or lifelong. Over time, the chronic hepatitis B can cause serious health problems, and even liver cancer. There is no cure for hepatitis B.

Mothers can pass the hepatitis B virus to their baby during childbirth without knowing it, since it is passed through blood and bodily fluids. People can spread the virus even when they have no symptoms.

Although Hepatitis B is an uncommon condition, the consequences of potential infection are such that we routinely give the Hepatitis B vaccine to all newborns. Some parents choose to decline this vaccine or delay administration until a later pediatrician appointment.

ERYTHROMYCIN EYE OINTMENT

What is Erythromycin eye ointment? Erythromycin eye ointment is given to your newborn to protect your baby from an infection called gonococcal ophthalmia neonatorum (GCON), an eye infection newborns can contract when they are born if you are infected with gonorrhea at the time of birth. If left untreated, this eye infection can cause serious eye problems, including vision impairment and even blindness, as early as 24 hours after birth. Due to the seriousness of these complications, it is routinely given to all newborns unless declined by the parents.

POSTPARTUM PLAN



Who is in your inner circle? (close friends, close family, counselor)

Who is your support network? (church, co-workers, family, friends)

Who could help out during the day? Who could help out during the night?

Ideas for adequate sleep:

- Family/friend helps me nap during the day
- Call my provider if unable to sleep
- Sleep/rest when baby sleeps

Who could help with my older children and when?

Who can help with housekeeping?

What is my greatest concern with bringing baby home?

What is my partner's greatest concern with bringing baby home?

What meals can I prepare before the baby is born (and who can bring meals)?

What are some self-care and partner self-care ideas?

What are some ways to connect to my partner?

- If you do not have a partner, who else could you lean on for support?

PMADS

POSTPARTUM MOOD & ANXIETY DISORDERS

What is a PMAD? It stands for “Perinatal Mood and Anxiety Disorder”, and it encompasses the time period from conception up to one year after birth.

Why is there an increased risk of mood disorders during the perinatal time period? There is an increased risk due to hormonal changes, physical changes related to pregnancy, stress related to role and relationship shifts, and numerous other individual factors.

How is a Perinatal Mood Disorder different from the “baby blues”? “Baby Blues” occurs 3-5 days after birth and lasts approximately 2 days-2 weeks and symptoms include tearfulness, exhaustion, and mood lability. Overall the patient is still happy and self-esteem is unchanged. Perinatal Mood Disorder symptoms are more severe, affect self-esteem, endure for a longer time period, and often don't resolve without some level of intervention.

Who is at risk for having a Perinatal Mood Disorder? Anyone that conceives a pregnancy has potential for developing a Perinatal Mood Disorder. 1 in 5-7 women are affected. 1 in 10 Fathers are diagnosed with a Mood Disorder in the Perinatal Period. Women who had a PMAD previously are much more likely to have it again, and possibly worse, in future pregnancies. However, with preparation and adequate treatment this is manageable.

How are Perinatal Mood Disorders treated? Perinatal Mood Disorders require individualized treatment which may include social support, community support, therapy, medication, resource assistance, physical activity, and other holistic and complementary modalities.

What is the risk of PMADs if left untreated? The risks include but are not limited to: relationship issues, exacerbation of medical conditions, poor adherence to medical advice, child neglect or abuse, childhood developmental delays, drug use, infanticide, homicide, suicide. However, if the mood disorder is noticed and treated, many of these risks can be averted or minimized.



CHOOSING A PEDIATRICIAN

Consider if you would like to choose a Pediatrician or a Family Doctor.

While both types of doctors are fully equipped to care for and treat patients, pediatricians specialize in children and have more in-depth knowledge about the growth, development, and behavior of small kids. On the other hand, family doctors are equipped to care for a patient throughout their entire adult life.

Search your health plan network. Look up providers in your health plan's network. Because you will likely see your PCP often, using a doctor within your plan's network will save you money. Plus, it may be easier to locate somebody close by.

Consider medical background. Note that some providers are board-certified in a field of medicine. This means that they have completed training in a specialty and passed an exam that assesses their knowledge and skill in a particular area, such as diabetes or pediatrics.

Get referrals. Talk to friends, neighbors and relatives and see if they can refer you to a quality doctor. Nothing is more reliable than the experience of people similar to you.



Local Pediatricians (this is not an exhaustive list)

Glacier Medical Associates- Whitefish MT

Logan Health Primary Care - Bigfork, Kalispell, Eureka, Lakeside, Polson, Columbia falls

Logan Health Children's Primary Care- Kalispell MT

Heart and Hands Midwifery and Family Healthcare- Kalispell MT

CALMING FUSSY BABIES

THE FIVE S'S

Swaddling

- Swaddling recreates the snug packaging inside the womb and is the cornerstone of calming. It decreases startling and increases sleep. To swaddle correctly, wrap arms
- snug—straight at the side—but let the hips be loose and flexed. Be careful not to overheat, cover your baby's head or allow unraveling.

Side/Stomach

- The back is the only safe position for sleeping, but it's the worst position for calming fussiness. This S can be activated by holding a baby on her side, on her stomach or over your shoulder.

Shushing

- Rhythmic auditory stimulus. The best way to imitate the sound of the womb is white noise.
- Shush as loud as baby is crying

Swinging

- Dance with baby - Always support the head/neck, keep your motions small; and move no more than 1 inch back and forth.

Sucking

- Breast, finger, pacifier



BREASTFEEDING

BABY'S SECOND NIGHT

It is common that on baby's second night, they begin to become more alert and may be more fussy. They may have been sleepy and quiet the night before but now they are only consoled by being held by you. This is normal. They are looking for the familiar feelings and sounds of the womb. Snuggled up to you, listening to your heart, at your breast is the closest they can be to that. They also often begin to cluster feed which cues your body for your milk to come in.

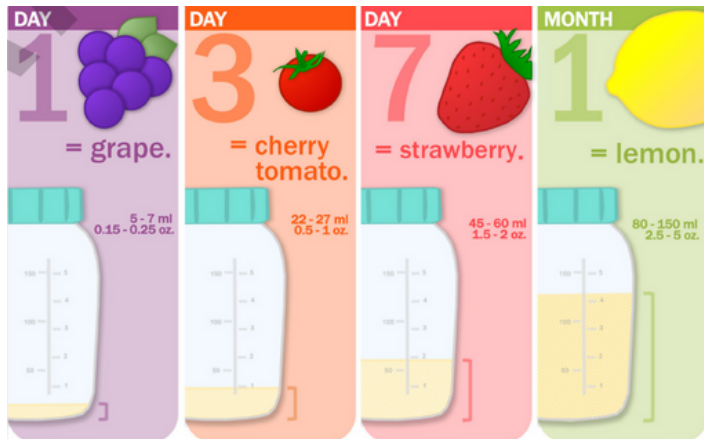
LATCH

No matter what latch and positioning look like, the true measure is in the answers to these two questions:

1. ***Is it effective?***
2. ***Is it comfortable?***

Even if latch and positioning look perfect (and, yes, even if a lactation consultant told you they were fine), pain (particularly after the first two weeks) and/or ineffective milk transfer indicate that something needs to change, and the first suspect is ineffective latch/positioning.

If baby is transferring milk and gaining weight well, and mom is not hurting, then latch and positioning are – by definition – good, even if they look nothing like the “textbook” latch and positioning that you’ve seen in books.



A common concern that new mothers have is whether or not their baby is eating enough or if they themselves are producing enough milk. Mothers tend to breastfeed their newborns on average 8 to 12 (or more) times in a full 24 hour period.

This frequent nursing schedule helps to regulate your body's breast milk supply to your child's appetite and specific hunger needs. As time progresses and your baby continues to frequently nurse, they should begin to gain weight (approximately 5.5 to 8.5 ounces per week of weight gain until four months of age).

Being aware of your baby's stomach capacity will help to set realistic feeding expectations and create an overall much more enjoyable postpartum experience.

HAAKAA

Once attached, the Haakaa breast pump provides secure and soft suction. The pump uses suction to draw milk out. It allows you to collect the letdown which would be otherwise wasted to your nursing pad, bra or shirt. By keeping the pump on for longer, you can collect more milk than the natural letdown to build a stash effortlessly.



HOW TO USE THE HAAKAA

METHOD A

Fold back the flange - Wipe your breast to remove any moisturizer and to clean the skin. Squeeze the bottom of the pump and fold the flange back. Hold the flange back and place the center of the pump over your nipple. Make sure your nipple is centered comfortably in the neck of the pump. Gently release the flange to get a good seal between the flange and the skin around the nipple, creating a suction. Many moms find this method the most effective to get good suction.

METHOD B

Attach directly - Wipe your breast to remove any moisturizer and to clean the skin. Squeeze the bottom of the pump and place the center of the pump over your nipple. Make sure your nipple is centered comfortably in the neck of the pump. Once comfortable release your grip from the pump. The suction should secure the Haakaa to your breast. This is the simplest way to attach your Haakaa pumps.

PREGNANCY RESOURCES

*This is not a comprehensive list and resources are listed in no particular order

PELVIC FLOOR PHYSICAL THERAPY

Pelvis, Spine & Sport Physical Therapy

35 Main St, Ste C, Kalispell, MT 59901

Phone: (406) 471-0464

The Core Physical Therapy

1077 Whitefish Stage Road, Kalispell, MT 59901

Phone: (406) 201-7250

Glacier Peaks Mobile Physical Therapy (will travel to patients in Kalispell, CFalls & Bigfork)

5068 US 93 South , Unit 1 Whitefish, MT 59937

Phone: (406) 426-1560

First Focus Physical Therapy

14 3rd Street East, Suite 220, Kalispell, MT 59901

Phone: (406) 407-2077

Precision Physical Therapy

100 Westview Park Place, Kalispell, MT 59901

Phone: (406) 393-2474

Snow Ghost Physical Therapy

940 Spokane Ave suite 2, Whitefish, MT 59937

Phone: (406) 862-4540

PTA - Whitefish Location

The Wave, 1250 Baker Ave, Whitefish, MT 59937

Phone: (406) 862-5033

CHIROPRACTIC

Compass Chiropractic

704 13th St E Ste E, Whitefish, MT 59937

Phone: (406) 863-2658

Sprout Chiropractic

267 1st Ave E N, Kalispell, MT 59901

Phone: (406) 607-1892

Basler Family Chiropractic

410 1st Avenue West, Kalispell, Montana 59901

Phone: (406) 257-3004

MT Spine and Neurodevelopment Center

2593 Hwy 2 East, Suite 1, Kalispell MT 59901

Phone: (406) 890-2212

ACUPUNCTURE

Stillpoint Acupuncture

244 Spokane Ave # 7, Whitefish, MT 59937

Phone: (406) 260-5806

Montana Acupuncture

44 Village Loop, Kalispell, MT 59901

Phone: (406) 250-5467

Purity Health

165 Commons Loop, Suite B, Kalispell, MT 59901

(406) 890-2277

Whitefish Acupuncture

110 East Second Street, Whitefish, MT, 59937

Phone: (406) 863-6001

AcuLibrium Acupuncture

24 1st Ave E STE C, Kalispell, MT 59901

Phone: (406) 209-9706

PREGNANCY RESOURCES

*This is not a comprehensive list and resources are listed in no particular order

CLASSES and INFORMATION

Logan Health Whitefish and Logan Health Kalispell- Childbirth and Breastfeeding classes [*logan.org/classes*](http://logan.org/classes)

Flathead Valley Breastfeeding Coalition- Local and Online Breastfeeding Resources
[*https://www.flatheadvalleybreastfeeding.org*](https://www.flatheadvalleybreastfeeding.org)

The Bump- Information about Pregnancy, Birth, Breastfeeding and Postpartum
[*thebump.com*](http://thebump.com)

Evidence Based Birth- Pregnancy and Childbirth podcast, fact sheets and class
[*evidencebasedbirth.com*](http://evidencebasedbirth.com)

Spinning Babies- Body Balancing, Encouraging best baby positions for Birth, Childbirth Class [*spinningbabies.com*](http://spinningbabies.com)

Lamaze-Online Childbirth and Breastfeeding classes [*learn.lamaze.org*](http://learn.lamaze.org)

Mommy Labor Nurse- Pregnancy resources and Childbirth Education classes
[*mommylabornurse.com*](http://mommylabornurse.com)

DOULAS

Flathead Valley Doulas- [*flatheadvalleydoulas.com*](http://flatheadvalleydoulas.com)

POSTPARTUM RESOURCES

FOR BUILDING COMMUNITY

- **The Circle by Postpartum Resource Group:** Support group for all moms in all stages of life, from pregnancy through the parenting of young ones.
[postpartumresourcegroup.org/peer-support-meetings](https://www.postpartumresourcegroup.org/peer-support-meetings)
- **Flathead Moms for Moms (FB group):** Local activities and events posted.
- **Flathead Valley Moms Club and Playgroup (FB group)** Support from other moms and families as well as activities and meet-ups
- **MomCo:** International Christian organization with groups in several local cities. Monthly meetings for moms to connect, learn, and eat together. Childcare provided. You have to sign up in advance for the year themom.co

FOR FAMILY

- **The Nurturing Center:** A local resource for families needing diapers, wipes, formula, assistance with signing up for Medicaid, subsidized childcare, etc. nurturingcenter.org
- **Flathead County Resource Guide:** Contact info for local resources including child and family services, housing, food, transportation, legal, health, etc.
courts.mt.gov/External/selfhelp/resources/Flathead.pdf
- **LIFTS:** Connecting families to local resources, events, health care, and other families. Searchable database based on location. hmhb-lifts.org
- **Montana Pediatrics:** A tele-health system to connect families with pediatric providers. Montana Pediatrics is working to ensure that there is never a time when Montana families are alone with a worry about their child's health. We embrace collaboration and the use of technology to offer after-hours telemedicine visits with Montana pediatricians who value continuity of care and supporting your child's own doctor. montanapediatrics.org

FOR POSTPARTUM INFORMATION and NEWBORN CARE

- **Postpartum Resource Group:**
<https://www.postpartumresourcegroup.org/flathead-valley-resource-gilde>
- **4th Trimester Project:** Resources for making a postpartum support plan, warning signs to look for and information about healing and recovery newmomhealth.com
- **AAP Healthy Children:** Information on baby sleep, feeding, soothing, and general care healthychildren.org
- **Parenting Book by DHHS, NIH and NICHD**
www.nichd.nih.gov/sites/default/files/publications/pubs/Documents/adventures_in_parenting_rev.pdf

