Community Healthcare Network

Prenatal Care



Welcome to CHN

Thanks for choosing CHN for your prenatal care (care during pregnancy). You will come to CHN often while you are pregnant. We hope this pamphlet gives you an idea of what to expect during your prenatal care with us.

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What to expect

At every prenatal visit:

- Your prenatal visits will include both in-person visits at our centers and telehealth visits (video visits) with a provider.
- Your vitals will be checked by a nurse or by you if you are having a telehealth visit. For telehealth visits, a nurse will teach you how to check your vitals before your visit. Vitals are things like blood pressure, weight, and temperature.
- Your provider may check your belly to see the size of the baby and to listen to the heartbeat.
- Your provider may also talk to you about any bleeding, contractions, or pain you are experiencing. It is important to talk about these because sometimes it is normal and sometimes it means there is a problem.

Your care team:

- Your prenatal provider might be a doctor, a midwife or a nurse practitioner.
- Your nutritionist can help you with eating healthy and how to deal with morning sickness. They can also help you with breastfeeding and applying for WIC. WIC is a program that can help you pay for things you and your baby need.
- Your prenatal coordinator can teach you about labor and infant feeding options, and tell you about community resources.
- Your social worker can talk to you about your support team and resources.
- Your nurses will check your vitals and ask you questions.
- Your dentist will check your mouth and teeth. A healthy mouth is important for a healthy pregnancy.

Getting ready for prenatal telehealth visits:

CHN will always be here for you. That's why we're providing telehealth visits so that you can receive quality care from the comfort of your own home. Learn how it works and how to prepare for your visit by scanning the QR code below:

Point your phone camera at the QR code to scan it.

Before you visit:

- Check your blood pressure 15-20 minutes before your visit. Write down your numbers – your provider will ask you to tell them your blood pressure. See page 12-13 to learn more about how to take your blood pressure
- Complete a urine dipstick test, just as you were taught by the nurse. Be sure to write down the glucose (sugar level) and protein results.

1st Trimester



In the 1st trimester, most people have a visit every 4 weeks.

What you can expect:

- To learn your due date. Remember the due date is not a set date, and may change as your care continues.
- For your provider to ask you questions about your health and family history.
- To have a full exam. You may get a pap smear, testing for STIs and blood tests.
- To be offered genetic tests. Genetic tests look for health issues that may run in your family.
- To pee in a cup and have your blood drawn.
- To have an HIV test. HIV tests are recommended for all pregnant people at least twice during pregnancy.
- To see the social worker or prenatal coordinator to talk about parenting and support services to help you through your pregnancy.
- To see a nutritionist to talk about healthy eating and morning sickness.
- During your 2nd visit, the nutritionist can help you apply for WIC.

We expect you to keep every appointment, even if you are feeling great!

2nd Trimester

In the 2nd trimester, most people have a visit every 4 weeks.



What you can expect:

- Between 19 and 21 weeks we will send you for an ultrasound (a scan to see the pregnancy). Most people have 1 ultrasound during their pregnancy. Some people need more.
- To find out the sex – but only if you want to! The person doing your ultrasound may be able to tell the sex, but you can ask them to keep it a secret if you don't want to know.
- To be offered genetic tests. Genetic tests are done to look for health issues that may run in your family. Some genetics tests can also tell you the sex of the baby if you want to know.
- The prenatal coordinator to meet with you to start talking about infant feeding options.

Things to start thinking about:

- Where do you want to deliver your baby? If you want, plan to take a tour of a few hospitals near your home.
- Do you want to take any childbirth classes?
- Who do you want with you when you deliver?
- Do you want a doula? A doula is a birth coach and advocate that can help you while you are in labor.
- Do you want to breastfeed? Why or why not?
- Do you want to join Nurse Family Partnership? This is a service that connects you with a nurse for the first 2 years of your baby's life.
- Do you want to use birth control after you deliver? Which one?

Talk to our prenatal coordinators to learn more about all of these topics.

3rd Trimester

In the 3rd trimester, you will come in for visits more often. For most people it looks like this: At 28-36 weeks pregnant, you will have a visit every 2 weeks. After 36 weeks, you will have a visit every week.



What you can expect:

- To get a copy of your chart. Make sure you bring this with you to the hospital when you deliver.
- To see the social worker around 28 weeks to talk about post-partum depression (depression after having your baby), safe sleep, and your plans for future pregnancies.
- To get a glucose test between 24 and 28 weeks. A glucose test is a very important test that looks at how your body uses sugar. It's important to not eat anything for 1 - 2 hours before this test.
- To get the TDAP vaccine (shot) between 27-36 weeks. This vaccine helps to protect your baby against whooping cough.
- Your provider to test you for Strep B (a type of bacteria that can harm your baby).
- To see the prenatal coordinator again to talk about birthing preferences, infant feeding options, and birth control options for after you deliver.
- The prenatal coordinator can help you order a breast pump around 32 weeks.
- To have another HIV test. New York State recommends repeating this test between 28-32 weeks.
- Around 34 weeks you can also meet with the provider that your baby will see after they are born.
- After you deliver, call us to plan visits for you and your new baby.

Morning Sickness

What is morning sickness?

- Morning sickness happens during pregnancy. It is when you feel nauseous, sick to your stomach, or like you are going to throw up.
- Morning sickness can happen at any time of the day. But it is called morning sickness because it is often worse in the morning.
- Morning sickness is a real issue for many pregnant people. It is not just in your head.

What causes morning sickness?

When you are pregnant, your hormones change. These changes can cause morning sickness.

What are some signs of morning sickness?

- You feel sick to your stomach or throw up.
- You aren't hungry.
- Some smells make you feel like you're going to throw up.
- You are more tired than usual.
- You are losing weight.

Morning sickness is common. It is nothing to worry about. But see your provider right away if:

- You throw up almost every time you eat or drink.
- You're not eating or drinking because you feel nauseous.
- You throw up blood.
- You are dizzy or pass out.
- You can't focus.
- Your eyesight is blurry, foggy or you see double.
- You can't keep vitamins down.
- You are peeing less often than usual or your pee is dark yellow.
- Your mouth is very dry.

What can I do about morning sickness?

- Eat as soon as you feel hungry or before you get hungry.
- Eat small meals a few times a day.
- Avoid things or foods that make you feel sick.
- Avoid spicy or fatty foods.
- Drink lots of water to stay hydrated.
- Drink cold, clear drinks that are fizzy or sour, like lemonade or ginger ale.
- Eat ginger or lemon flavored candy.
- Don't lie down right after you eat.
- Try Vitamin B6 from the drugstore. You do not need a prescription.
- Take your vitamins with a snack before you go to bed.
- Brush your teeth right after you eat.
- Rest as much as you can.
- Ask your provider about acupuncture.
- Try wearing Sea Bands on your wrists. These are bands that help fight nausea.
- Weigh yourself once a week to make sure you haven't lost too much. Talk to your provider about how much weight is okay to lose.

Morning sickness should go away. Most people feel better after the first 12 weeks of pregnancy. If your morning sickness gets very bad, talk to your provider about medicines you can take. Don't take any medicines without talking to your provider first.

Prenatal Weight Gain



Weight gain during pregnancy:

- If you have normal weight at the start of your pregnancy, you can expect to gain a total of **25-35 pounds**.
- If you are underweight, you can expect to gain a total of **28-40 pounds**.
- If you are overweight, you can expect to gain a total of **15-25 pounds**.
- If you are obese, you can expect to gain a total of **11-20 pounds**.

Where is the weight going?

- **Breasts**: 1-3 pounds
- **Baby**: 7-8 pounds
- **Placenta**: 1-2 pounds
- **Uterus**: 1-2 pounds
- **Amniotic fluid (fluid around the baby in the womb)**: 2-3 pounds
- **Your blood**: 3-4 pounds
- **Your protein and fat storage:** 6-8 pounds
- **Your body fluids, such as water, urine (pee):** 3-4 pounds

How to stay healthy



Start taking prenatal vitamins every day

- Prenatal vitamins have calcium, folic acid, and iron.
- You can get them by prescription at the drug store or at a CHN health center.



Make sure your vaccines (shots) are up to date

- You may need to get more shots. You can get them at CHN.
- You will be offered a flu shot to keep you from getting the flu while you are pregnant.
- You will be offered the COVID-19 vaccine to protect you against COVID-19 while you are pregnant.



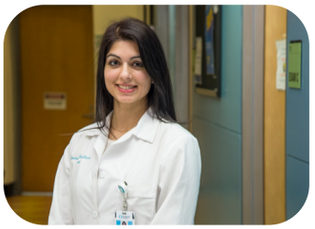
Eat healthy foods

- Eat fruits and veggies, low fat dairy foods, and whole grains.
- Drink lots of water.
- Try to stay away from soda, junk food, and fatty or fried foods.
- Don’t eat unwashed veggies or raw or under-cooked eggs, meat, or seafood.
- Talk with a CHN nutritionist about eating healthy!



Exercise

- Safe exercises: fast walking, swimming and yoga.
- Don’t jump a lot, or do anything where you might fall.



Talk to your provider about your health issues and medicines

- Talk to your provider about health issues such as diabetes, high blood pressure, or asthma.
- Tell your provider about any medicines, vitamins, or herbs you take.
- Talk with a CHN nutritionist about eating healthy!

What to stay away from



Avoid drinking alcohol, smoking cigarettes or hookah, or using drugs

- These can all harm a pregnancy. Talk to your provider at CHN if you need help quitting.



Cat or rodent feces (poop)

- If you have a pet, have someone else clean their litter box or cage.



Lead

- Old paint or pipes may have lead in them. Don't touch paint or old pipes.
- Also, don't eat clay or dirt! These can also have lead. Let your provider know if you are craving paper, clay, ice, starch or other things that are not foods.



Mercury

- Don't touch broken light bulbs or thermometers.
- Avoid eating fish with a lot of mercury like sea bass, marlin, swordfish, mackerel, ahi tuna (yellowtail fish), or grouper. Other fish are safer to eat. You can eat 6 ounces (about the size of your palm) of salmon, tilapia, catfish, shellfish, or 1 can of light tuna per week. Talk to your nutritionist to learn more.



Pesticides and arsenic

- These chemicals are found in bug sprays or cleaning supplies.
- They are also on some fruits and vegetables. To learn more, talk to your CHN provider.

Group B Strep (GBS) and Pregnancy

What is Group B Strep (GBS)?

- Group B Strep (GBS) is a type of bacteria (germ) that lives in the body. GBS can be found in the vagina and rectum. GBS is not a STI (an infection you get from sex).
- GBS usually does not cause serious illness. Some people may have the GBS bacteria in their body, but show no symptoms.



How does GBS affect me if I'm pregnant?

- Most pregnant people with GBS bacteria in their body have no symptoms or health problems. However, GBS can sometimes cause infections in the uterus or urinary tract (organs in the body that produce, store, and get rid of urine (pee).
- If someone has GBS late in pregnancy, there is a chance it can be passed on to the baby during labor.

How does GBS affect my baby?

There are 2 types of GBS infections that can happen in newborns. Both types can be serious.

- **Early-onset infections** happen during the first week of life (usually within the first 24-48 hours). These infections can be passed on to the baby during birth.
  - If a baby is born before 37 weeks, they may have a higher risk of becoming infected.
  - These infections can lead to serious health problems, such as lung and blood infections, and meningitis (an infection that causes swelling of the brain).
- **Late-onset infections** happen after the first 6 days of life. These infections can be passed on to the baby during birth or through contact with someone with GBS.
  - Signs of late-onset infection in your baby include: slowness or not being very active, high fever, poor feeding, and throwing up. Call your baby's provider right away if they have any of these symptoms.
  - These infections can lead to serious health problems, such as meningitis and pneumonia.

Can these infections be prevented?

Testing and treatment can help prevent early-onset infections in your baby.

- You can get tested for GBS late in your pregnancy (between 36 and 38 weeks). Your provider will take a sample from your vagina and rectum to see if you have GBS.
- If the test shows that you have GBS, you will likely get antibiotics (medicines that help treat infections). These medicines will only work if they are given during labor.

Fetal Kick Counts

What are fetal kicks?

- Fetal kicks are when you feel your baby move. Feeling these kicks means your baby is healthy and growing.
- Pregnant people will start feeling kicks at different times during pregnancy. Most people will start feeling kicks between 16-20 weeks.

What is fetal kick counting?

- Fetal kick counting is when you count how many times you feel your baby move in the womb during a certain period of time.

When should I start counting?

- You can do a kick counts at any time to check on your baby's normal movements.
- You should do a kick count any time you stop feeling kicks or you are worried your baby seems "quiet."
- You should do a kick count if your provider recommends it.

How to do daily kick count check-ups:

- **Choose a time to count when your baby tends to be active.** Babies tend to be more active after you've had a meal, after you've exercised, and in the evening.
- **Try to count around the same time each day.** This can help you learn about your baby's usual activity.
- **Before you start counting, lie down on your side or sit in a comfortable chair.** Write down what time you start counting.
- **Make a tally mark each time you feel your baby move.** This could be a kick, wiggle, twist, turn, roll or stretch. When you get to 10 movements, stop counting and write down the time.
- **Your baby may move less if they are sleeping.** If they seem to be sleeping, try going on a short walk and then try the kick counts again in another hour.
- **Remember: every baby is different.** What's important is to learn what is normal for your baby.

If you notice that your baby has not been moving as usual, you should do kick counts right away:

If you stop feeling kicks or the kicking seems "quiet" at any time, don't worry. Your baby may be sleeping. You should do a kick count right away to see if there may be a possible problem:

- Drink a large glass of cold water or juice. Go to a quiet area to count your kicks.
- Set a timer for 2 hours. Write down every movement you feel for 2 hours. You can stop counting if you get to 10 kicks before 2 hours are up. If you feel more than 10 kicks in 2 hours, there is no need to be worried, but keep paying attention.
- **If there has not been any movement for 2 hours, you should contact your provider or go to the emergency room right away. Don't worry about "bothering" your provider. They want to help you and your baby.**
- Contact your prenatal provider right away if you have other concerns about your baby's movement.

Taking Your Blood Pressure

Having good blood pressure control can help you and your baby stay healthy.

Blood pressure is the force of your blood flowing through your blood vessels. Hypertension (also known as high blood pressure) is when your blood pressure is too high. Having high blood pressure while pregnant can sometimes cause problems for you and your baby during and after giving birth, such as:

- Preeclampsia: a problem during pregnancy with high blood pressure and high levels of protein in the urine (pee). Preeclampsia can happen while you are pregnant as well as up to a month after you have the baby.
- Giving birth to your baby preterm (too early)
- Low birth weight (when your baby weighs less than 5 pounds 8 ounces)
- Fetal or maternal death (death of the baby or mother)



- It's **important for pregnant people to check their blood pressure** to make sure it stays in the normal ranges. You can check your blood pressure at home with a blood pressure monitor. Your doctor will tell you how often you need to take your blood pressure.

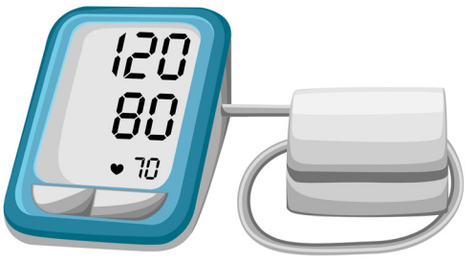
To take your blood pressure, follow these steps below:

1. **Relax.** Don't eat, drink, smoke, or exercise 30 minutes before taking your blood pressure. Sit in a comfortable chair at a table with your monitor next to you. Rest for a few minutes before you take your reading. Keep your feet flat on the floor.
2. **Place your arm on the table at chest height. Wrap the cuff around your upper arm.** You want it just above your elbow. Wrap the cuff over your bare arm, not over clothing. In order to get a correct reading, make sure your cuff fits well.
3. **Inflate the cuff by pushing the start button on your monitor.** The cuff will tighten and loosen on your arm when taking the reading. Once the numbers on the monitor stop changing, your blood pressure reading will show up.
4. **Write down your numbers in a notebook or blood pressure log.** Make sure to write down the date and time when you took your blood pressure. You can also take a picture of the numbers on your monitor with your phone. You will want to have your numbers available when you meet with your doctor during your telehealth visit. If you have the Healow app we can teach you how to enter it there.

Understanding Your Blood Pressure Numbers

Your blood pressure is measured using two numbers:

- The top number is your **systolic blood pressure** or **SBP.** This measures the blood pressure in your arteries when your heart beats.
- The bottom number is your **diastolic blood pressure** or **DBP.** This measures the blood pressure in your arteries between heart beats.



Here is an example of how to read the measurements:

If your monitor reads **120 systolic and 80 diastolic,** you would say your blood pressure is **"120 over 80"**. The way your doctor would write this down is **120/80mmHg.**

When measuring your blood pressure at home, use this helpful chart to understand your blood pressure numbers:

Normal blood pressure	**SBP:** Less than120
	DBP: Less than 80
Elevated blood pressure	**SBP:** Between 120 - 139
	DBP: Between 80 - 89
High blood pressure	**SBP:** 140 or higher
	DBP: 90 or higher

Source: National High Blood Pressure Education Program. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. Bethesda, MD: National Heart, Lung, and Blood Institute; 2004.

When to call the doctor:

- **If your systolic is 140 or more,** sit quietly with your feet on the floor. Practice some deep breathing. Take your blood pressure again after 15 minutes. **If the Systolic is still 140 or more, call 911 so that an ambulance can take you to the nearest hospital.**
- **If your diastolic is 90 or more**, sit quietly with your feet on the floor. Practice some deep breathing. Take your blood pressure again after 15 minutes. **If the Diastolic is still 90 or more, call 911 so that an ambulance can take you to the nearest hospital.**
- Call the clinic to let your doctor know that you went to the hospital to check your blood pressure.

Warning Signs



If you experience any of these signs/symptoms, call your provider right away or go to the emergency room (ER):

Signs of Labor or Preterm Labor (before 37 weeks of pregnancy):

- Abdominal (stomach) pain or contractions that are regular. Regular contractions are ones that happen every 3 to 5 minutes, lasting for 30-60 seconds each, for more than 1 hour.
- Vaginal bleeding
- Fluid loss (when your water breaks)

Preeclampsia is a serious condition that can happen during pregnancy. It is marked by high blood pressure and can lead to serious health problems for you and your baby.

Signs and Symptoms of Preeclampsia:

- Headaches that don't go away with medicine
- Blurred vision/ loss of vision on the sides of your vision field
- Epigastric pain (pain just under the rib cage in the center)
- Right upper quadrant pain (pain just under the rib cage on the right side)

Call your provider right away or go to the emergency room (ER) if you experience any falls or trauma, such as:

- Hit your head from fainting
- Fall on or get hit in the abdomen (stomach) area

Postpartum (after delivery)

CHN can support you after you deliver too! What's next?

- Your baby will come to see us a lot when they are first born. We want to see them when they are:
  - 2 - 3 days old
  - 2 weeks old
  - 4 weeks old
  - 2 months old
  - 3 months old
  - 6 months old
- It is important for you to come to see have a visit with your provider within 3 weeks after you deliver (this might be a Telehealth visit) and again for a complete in-person visit before 12 weeks.
- If you need help with breastfeeding or using your breast pump our prenatal coordinators and nutritionists can all help.
- Things can be really hard after you have a baby. We have social workers and therapists you can talk to if you're feeling sad, stressed or overwhelmed.

- A lot of people think that being a new mom is always a happy and exciting time. But many new parents go through postpartum depression or baby blues.
- If you think you are going through postpartum depression, talk to someone at CHN.
- Warning signs of postpartum depression include having thoughts of harming yourself or others. If you are experiencing these thoughts, call your doctor or social worker right away. You can also call:
- LIFENET at 800-543-3638 to talk to someone right away.
- Depression After Delivery at 800-944-4773 to leave a message.



Breastfeeding



Why breastfeeding is good for your baby:

- Breast milk is filled with vitamins and nutrients that keep your baby healthy.
- It causes less spit up or diarrhea.
- Breastfed babies are less likely to die of SIDS (Sudden Infant Death Syndrome)
- Breastfed babies are less likely to get health problems, such as diabetes, asthma, and some cancers.

Why breastfeeding is good for you:

- It helps your body heal after birth.
- It helps you lose the baby weight faster.
- It can help you bond with your baby.
- It can lower your risk of getting diabetes and some cancers.
- It saves you time! Breast milk is always ready at the right temperature.
- It can save you money...it's free! Formula is expensive.

Breastfeeding is healthy for you and healthy for your baby!

Tips for getting breastfeeding off to a great start:

- Make sure to have skin-to-skin touch with your baby right after birth. This will help you and your baby bond.
- Keep your baby in the room with you instead of the nursery.
- Feed your baby when they are showing signs that they are hungry.

It's normal to struggle when you are breastfeeding for the first time.

- Issues with nipple pain, milk supply, and baby weight gain are normal. You may just need some extra help.
- If you are unable to breastfeed, don't worry. CHN can support you to find the best way to feed your baby.

CHN is here to help! We have nutritionists who can answer your questions and offer support.

FAQ

Can I have sex while I'm pregnant?

Yes, you can have sex until you go into labor. Do not have sex if you are bleeding from your vagina, your water has broken or your provider tells you not to. You can also explore other ways to be intimate with your partner.

How much weight should I gain during pregnancy?

It is healthy to gain weight during pregnancy. You may need to gain anywhere between 11 to 35 pounds. Talk to your provider or nutritionist about how much weight gain is right for your body.

How much more should I eat?

About 250 extra calories per day, which is 1 extra healthy snack per day. You're not actually eating for two!

Is it normal to have vaginal bleeding?

Some people have some light bleeding in the first 12 weeks of pregnancy. If you see any blood, call your provider. They will talk to you about whether or not you need to come in.

Can I exercise?

Yes, talk to your provider about what types of exercise you can do and what you should avoid.

Can I dye my hair?

No one really knows if dying your hair is safe or not.

How will I feel?

Every pregnancy is different. Many people have some, or all, of these symptoms:

- Sore breasts
- Nausea or upset stomach
- Feeling very tired
- Having to pee often

Talk to your provider about any symptoms you're having.
All questions are welcomed.

For free and private support, resources and referrals, contact the National Maternal Mental Health Hotline. **Call or text, 1-833-9-HELP4MOMS (1-833-943-5746)** to connect with a counselor. Help is available 24/7 in both English and Spanish.

COVID-19 Vaccines, Pregnancy, and Breastfeeding:
Get the Vaccine to Protect Yourself and Your Baby

COVID-19 vaccines are now recommended for everyone ages 12 and up. This includes people who are pregnant, breastfeeding, or trying to get pregnant. You may have questions about these new recommendations, and we are here to help answer them!

Why is it important for me to get the COVID-19 vaccine if I'm pregnant?

COVID-19 is a dangerous virus, especially for pregnant people. If you are pregnant or recently pregnant and get COVID-19, you have a higher chance of:

- Getting seriously ill from COVID-19 and needing to go to the hospital for treatment
- Giving birth to your baby preterm (too early)
- Miscarriage (pregnancy loss)

People with COVID-19 who get seriously ill can die. As new variants of COVID-19 arise, it can become easier for the virus to spread and cause more serious illness. That is why it is so important to get the vaccine while you are pregnant, and for those around you to get vaccinated.

Is the COVID-19 vaccine safe for pregnant people?

The vaccine is **safe and works well** at protecting pregnant people from COVID-19. It works to prevent you from getting really sick and experiencing problems during your pregnancy related to COVID-19.

I heard that COVID-19 vaccines can cause miscarriages. Is this true?

No. COVID-19 vaccines do not cause miscarriages. There is no increased risk for miscarriage in pregnant people who got the vaccine. Studies found the vaccine to be safe in pregnant people who were vaccinated at any point in their pregnancy.

Can I get the vaccine if I'm breastfeeding?

Yes. You can get the vaccine if you are breastfeeding. The vaccine helps your body create antibodies, which help fight off the virus and protect you from getting sick. Breastfeeding people who got the vaccine have these antibodies in their breastmilk, which could help protect their baby.

Is it safe for me to get the COVID-19 vaccine if I want to get pregnant in the future?

Yes. It is safe for you to get the vaccine. There is no evidence that the COVID-19 vaccine causes any problems with pregnancy, including a person's fertility (ability to get pregnant).

Getting the vaccine is the best way to protect yourself and your baby from COVID-19. Talk to your CHN provider if you have more questions!

Informat on Adapted from CDC

NIPT

What is NIPT?

NIPT stands for Noninvasive Prenatal Test. It screens for common fetal chromosome conditions. **Chromosomes** are parts found in our cells that have our genes. **Genes** are traits that are passed down parents to children (such as eye color).

There are many names for this type of testing, such as:

- NIPS (Noninvasive Prenatal Screen)
- Cell-free DNA testing

What does this test tell me?

This test tells you if:

- You are at high risk for having a fetus with a higher or lower number of chromosomes (this is known as aneuploidy). If there are extra or missing chromosomes, it can affect their health and development.

- It can tell you the sex of your baby if you want to know.

What does this test screen for?

This test screens for:

- Trisomy 21 (known as Down syndrome)
- Trisomy 18
- Trisomy 13

How is the test done?

- It is a blood test that can be done at your medical provider's office.

- The test can be done as early as 10 weeks into your pregnancy.

How do I know what the results mean?



- We expect to find 23 pairs of chromosomes.
- If the test shows that there might be extra or missing chromosomes, a fetus might have one of those conditions. You may need further testing to know for sure.
- This test is very good at screening for a higher or lower number of chromosomes. However it's important to know that the results may not always be right. The test only looks for certain conditions. There could be other problems at birth that this test doesn't look for.

Who should get this test?

- Anyone can get this test who wants it. People who are high risk are the ones who need this test most.

How do I know if I'm high risk for aneuploidy?

- If you are age 35 and over and are pregnant with one baby.
- If you had an ultrasound that shows possible health conditions the baby could be born with.
- If you or someone in your family has certain chromosome differences.

Where can I get this test?

- You can get this test at any of CHN's centers.

Talk to your CHN provider if you have more questions!

What is an aneuploidy?

Aneuploidy is when someone has 1 or more extra or missing chromosomes. Normally we have 46 chromosomes. They come in pairs of 23. We get 23 chromosomes from each parent. When there are extra or missing chromosomes, it can affect a person's health and development. Below are some of the common conditions that can happen from aneuploidy:

Most common conditions:
Trisomy 21 (Down Syndrome)
Trisomy 18 (Edward Syndrome): This causes very serious health problems at birth. Most babies who are born with this do not live past one year.
Trisomy 13 (Patau Syndrome): This causes very serious health problems at birth. Most babies who are born with this do not live past one year.

What is Down syndrome?

- **Down syndrome is the most common chromosome condition in humans.**
- It is caused by an extra chromosome. People with Down syndrome have an extra copy of chromosome 21. When this happens, it causes the brain and body to develop differently.

What health problems come with Down syndrome?

People with Down syndrome are at a higher risk for having:

- Problems with the heart
- Stomach problems
- Epilepsy
- Trouble with speech, eyesight, or hearing
- Trouble with learning, problem-solving, and social skills
- Some cancers

How can I find out if my child has Down syndrome?

You can find out if your child has Down syndrome before they are born. This can be done with tests like:

- First-trimester screening (early screening that can be done 10-13 weeks into the pregnancy)
- Quad screen (best if screening is done 15-23 weeks into the pregnancy)
- Noninvasive Prenatal Test (NIPT) (test can be done as early as 10 weeks into pregnancy)

Doctors can also tell you if your child has Down syndrome at birth. This is based on what the child looks like (such as having certain facial features).

Is there a cure for Down syndrome?

- There is no cure for Down syndrome. Doctors will treat the health problems that occur with Down syndrome as they come up, such as heart problems.

How long does a person with Down syndrome live?

- People with Down syndrome are expected to live to be about 60 years old.

Many people with Down syndrome go on to college. Many are able to live on their own and have jobs. Many go on to live fulfilling lives with the help of:

- A good home life
- Support from family and friends
- Good educational programs
- Quality healthcare



Talk to your CHN provider if you have more questions!

Cystic Fibrosis Screening Information

What is cystic fibrosis?

- Cystic fibrosis is a serious disease.
- People who have cystic fibrosis have problems with their lungs, bowels, pancreas, and other organs. This is because their organs may be covered in thick, sticky mucus.
- People who have cystic fibrosis often do not live past their 40s.

What causes cystic fibrosis?

- Each person has thousands of genes. You get genes from your parents. Genes play a big role in who you are, how you look, and your health.
- We all have 2 genes called CTFR. People who have cystic fibrosis have the disease because they got abnormal (not normal) CTFR genes from both of their parents.

Why should I take this test?

- This test will let us know if your CTFR genes are abnormal. If your CTFR genes are abnormal, you are a carrier for cystic fibrosis.
- Being a carrier does not mean that you have cystic fibrosis. But your baby may get the disease if the father of your baby is also a carrier.

What do the results tell me?

The results tell you if your CTFR genes are normal.

- **If your CTFR genes are normal,** there is still a low chance that your baby may have cystic fibrosis. This is because the test can only pick up on some CTFR gene problems. The test can't find all CTFR gene problems.
- **If your CTFR genes are abnormal**, you are a carrier for cystic fibrosis. Your baby may get the disease if the father of your baby is also a carrier.

What happens during the test?

We will take some blood. We will send your blood to a lab so that it can be tested.

What happens to my blood after the test?

The lab will throw away your blood after the test. If the results show that you need more testing, the lab will keep your blood for up to 6 months.

How much does this test cost?

Your health insurance will pay for this test. If you do not have health insurance, you may have to pay for this test.

Staying Active During Pregnancy

While pregnant, be active to strengthen your muscles, cope with aches and pains, and get your body ready for childbirth.

Exercising during pregnancy can:

- Lessen back pain, constipation, bloating, and swelling.
- Prevent, or help treat, gestational diabetes (diabetes during pregnancy).
- Boost your energy, mood, and blood flow.
- Help you sleep better.
- Help your body get ready for labor.
- Help you body recover after delivery.

At your prenatal visit, talk to your doctor about exercising. Stay active with:

- **Walking each day.** Walking is gentle on your body. Start slow. Stretch before each walk.
- **Biking** on a stationary bike. A stationary bike lowers your risk of falling as your belly grows and your balance shifts.
- **Yoga** to ease back pain and pressure on your body. Avoid lying flat on your back or stomach. Try not to overstretch.
- **Dance or Zumba** which can be done in your home or at a gym. Avoid spinning and jumping.



It is best for pregnant people to exercise for at least 150 minutes per week. You can exercise for 30 minutes for 5 days a week. You can also do shorter 10-15 minute workouts twice a day. Wear supportive sneakers and drink lots of water.

Avoid high-impact exercise like contact sports, fast changes in direction, or exercising to the point of exhaustion.

Stop exercising if you have vaginal bleeding or leaking, dizziness, chest pain, shortness of breath, contractions, or less fetal movement.

If you take a gym class, tell the teacher you are pregnant before the class starts.

If you feel too sick to work out during your first trimester, don't push yourself. The sickness will pass and you will get time for fitness.

During your pregnancy, try these exercises. You can do these exercises one after another or one at a time throughout your day. Talk to your doctor before starting a new exercise.

First Trimester Exercises

These exercises will help strengthen your muscles and get your body ready to carry more weight. If you have morning sickness, moving will often help you feel better.

Donkey Kicks strengthen your butt and legs.



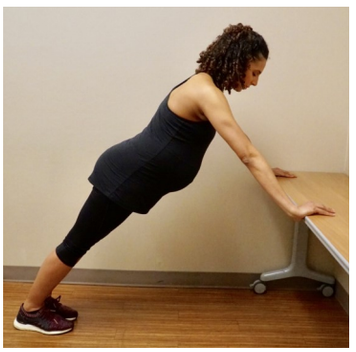
1. Get into a table top position on your hands and knees. Have your wrists be directly under your shoulders and your knees under your hips.
2. Keep your knees bent and squeeze your stomach. Lift one leg up behind you so that the bottom of your foot is facing the ceiling.
3. Lower back down. Repeat 20 times on each side.

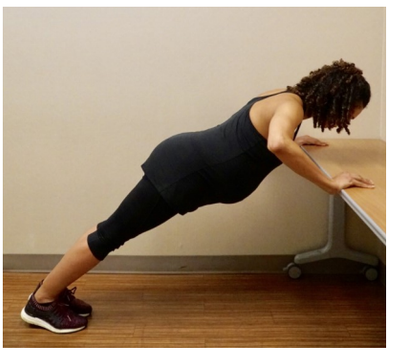
Wall Sits strengthen your thighs and stomach.



1. Stand against a wall with your feet shoulder-width apart.
2. Take a large step forward, keeping your upper back on the wall.
3. Slide down the wall by bending your knees into a 90 degree angle. Make sure your knees do not go past your toes.
4. Hold for 60 seconds and repeat for an extra burn.

Supported Push-Ups strengthen your chest, arms, and lower back.





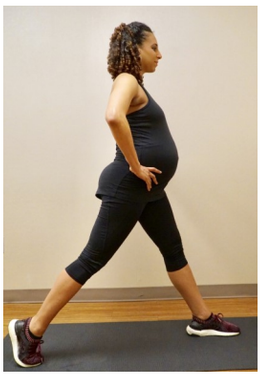
1. Place both hands shoulder-width apart on the edge of a sturdy table.
2. Take a few steps back so that your body is in a straight diagonal line like a plank.
3. With your shoulders over your wrists, bend your elbows and lower your body down slowly.
4. Push off of the table until your arms are straight again.
5. Repeat 10 times.

Second Trimester Exercises

These exercises will help you control your muscles, ease lower back pain, boost your energy, and maintain your balance.

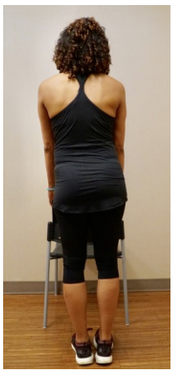
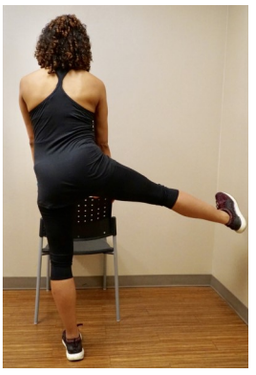
Lunges strengthen your legs and help with hip flexibility.

1. Stand tall.
2. Extend your right leg back behind you.
3. Lower down into a lunge by bending your legs into a 90 degree angle.
4. Bend and straighten your legs 10 times.
5. Repeat on other side.

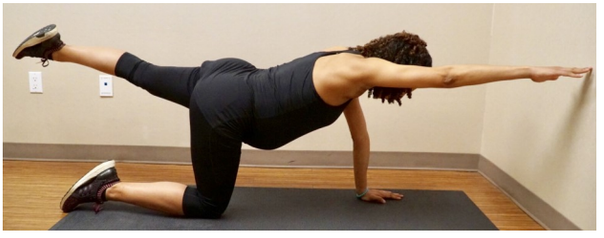
Standing Leg Lifts help strengthen your legs and butt. They also help with hip flexibility and balance.

1. Stand tall and hold the back of a chair for support.
2. Lift your leg straight out to the side as high as you can.
3. Slowly lower it down, but don't let it touch the floor.
4. Repeat 15 times on each leg.

Crossover Reaches help with balance and strengthen the muscles in your belly.

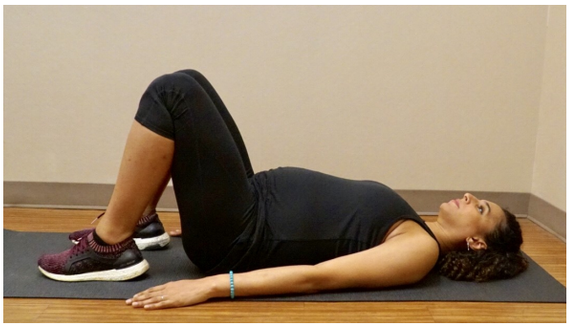
1. Get into a table top position on your hands and knees. Have your wrists be directly under your shoulders and your knees under your hips.
2. Squeeze your stomach muscles.
3. Reach your right arm out in front of you while you kick your left leg straight out behind you until they are in line with your back.
4. Hold for one breath. Lower back down.
5. Repeat with your opposite arm and leg 10 times on each side.

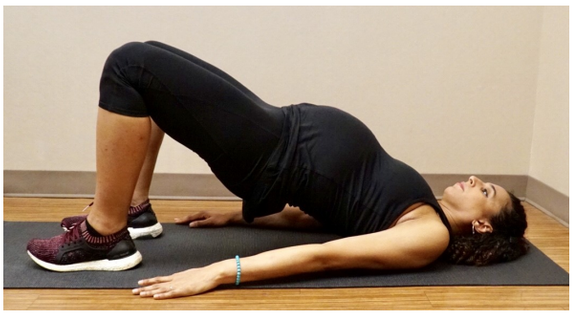



Second Trimester Exercises

Bridges strengthen your butt muscles and hamstrings (back of your thighs).

1. Lie on your back with your knees bent. Keep your feet flat on the floor.
2. Squeeze your butt. Press your feet and arms into the floor. Lift your hips towards the ceiling. Keep your back straight.
3. Hold for 5 seconds.
4. Slowly lower your butt back to the floor.
5. Repeat 15 times. For an extra burn do this exercise with one leg lifted off of the ground.





Supported Back Stretch helps with lower back pain.

1. Start on your hands and knees. Spread your knees and then sit back on your heels.
2. Bend forward. Reach your arms in front of you to rest your hands on the floor or a chair straight out in front of you.
3. Hold for 20 seconds and let your body relax.



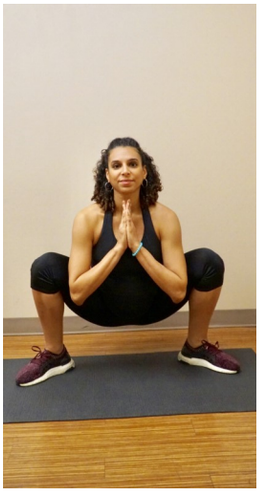


Third Trimester Exercises

These exercises will help your body get ready for childbirth. They will help you control your muscles, and improve hip and pelvic flexibility.

Squats open your birth canal for childbirth.





1. Stand with feet shoulder-width apart. Toes and knees should point slightly outward.
2. Keep your back straight and heels on the floor. Slowly bend your knees and lower you butt toward the floor. Keep your knees in line with your feet.
3. Hold for 20 seconds. You can rest your elbows on your knees. For extra support, try this exercise with your back against a wall.
4. Repeat 10 times.

Pelvic Tilts help with back pain during pregnancy and labor.





1. Get into a table top position on your hands and knees. Have your wrists be directly under your shoulders and your knees under your hips.
2. Bring your belly button in and your chin to your chest. Round your back up toward the ceiling.
3. Stay in this position for 7 seconds.
4. Relax back to table top position.
5. Repeat 10 times.

Kegels strengthen your pelvic muscles, help with bladder control, and prevent hemorrhoids. You can also do this after pregnancy to help with vaginal healing.

1. To do this exercise, pretend you are peeing and then stop by squeezing your pelvic muscles.
2. Squeeze your pelvic muscles for 5 seconds.
3. Rest for 10 seconds.
4. Repeat 20 times a day. Do them anywhere.

Third Trimester Exercises

Butterflies open your pelvis and stretch your lower back.



1. Sit on the floor. Bring the bottom of your feet to touch so that your legs are close together.
2. Gently push down on your thighs with your elbows until you feel a stretch in your legs.
3. For extra support, try this exercise with your back against a wall.
4. Hold this position for 20 seconds. Repeat 5 times.

Figure Four stretches your butt muscles, which are sensitive to the changes in your hips during pregnancy.



1. Stand facing a high chair or stool. Place your left ankle on the seat of the chair. Your knee should be bent and pointing outwards.
2. Lean forward until you feel a stretch in your left butt cheek.
3. Hold for 20 seconds.
4. This exercise can also be done while seated in a chair by placing your left ankle on your right knee.
5. Repeat on other side.

For questions about wellness or to take a free exercise class with CHN, contact 212.432.8494 or wellness@chnnyc.org

Counting your baby's movements (kicks)

What are fetal kicks?

- Fetal kicks are when you feel your baby move. Feeling these kicks means your baby is healthy and growing.
- Pregnant people will start feeling kicks at different times during pregnancy. Most people will start feeling kicks between 16-20 weeks.



What is fetal kick counting?

- Fetal kick counting is when you count how many times you feel your baby move in the womb during a certain period of time.

Why is it important to count?

- Fetal kick counting can help you and your doctor check up on your baby's health.
- Doing kick counts can help you know when your baby's activity is normal. It can also help you bond with your growing baby.
- Seeing a change in your baby's normal movements may help you know if there is a possible problem.

When should I start counting?

- You can do a kick counts at any time to check on your baby's normal movements.
- You should do a kick count any time you stop feeling kicks or you are worried your baby seems "quiet."
- You should do a kick count if your provider recommends it.

How to do daily kick count check-ups:

- **Choose a time to count when your baby tends to be active.** Babies tend to be more active after you've had a meal, after you've exercised, and in the evening.
- **Try to count around the same time each day.** This can help you learn about your baby's usual activity.
- **Before you start counting, lie down on your side or sit in a comfortable chair.** Write down what time you start counting.
- **Make a tally mark each time you feel your baby move.** This could be a kick, wiggle, twist, turn, roll or stretch. When you get to 10 movements, stop counting and write down the time.
- **Your baby may move less if they are sleeping.** If they seem to be sleeping, try going on a short walk and then try the kick counts again in another hour.
- **Remember: every baby is different.** What's important is to learn what is normal for your baby.

If you notice that your baby has not been moving as usual, you should do kick counts right away:

If you stop feeling kicks or the kicking seems "quiet" at any time, don't worry. Your baby may be sleeping. You should do a kick count right away to see if there may be a possible problem:

- Drink a large glass of cold water or juice. Go to a quiet area to count your kicks.
- Set a timer for 2 hours. Write down every movement you feel for 2 hours. You can stop counting if you get to 10 kicks before 2 hours are up. If you feel more than 10 kicks in 2 hours, there is no need to be worried, but keep paying attention.
- **If there has not been any movement for 2 hours, you should contact your provider or go to the emergency room right away. Don't worry about "bothering" your provider. They want to help you and your baby.**
- Contact your prenatal provider right away if you have other concerns about your baby's movement.



For each day you do a kick count, write down the date and the time you start. Make a tally mark each time you feel your baby move. Write down the time you end. Show this chart to your provider at each visit.

Here are some examples:

June 1, 2019

Start time: 7:04 pm

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End time: 7:58 pm

June 3, 2019

Start time: 7:14 pm

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End time: 8:10 pm

June 4, 2019

Start time: 7:30 pm

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End time: 8:24 pm

June 6, 2019

Start time: 7:36 pm

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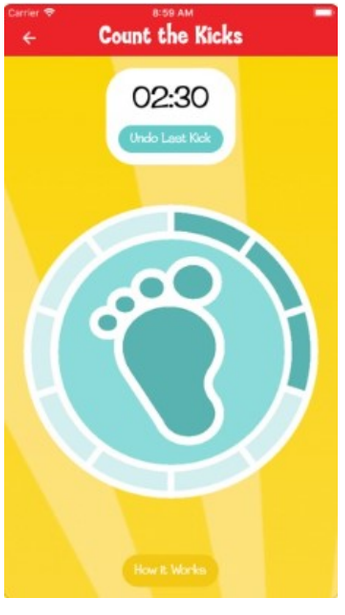
End time: 8:21 pm

You can also use free apps to count your baby's movements and share with your provider at each visit:

Count the Kicks

(Available for download from the Apple App Store or Google Play)

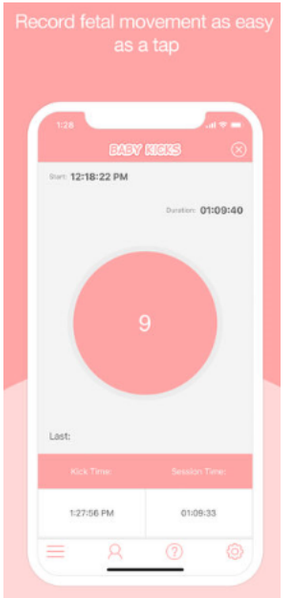
- Set daily reminders for counting kicks.
- Review your counting history.
- Send counting data directly from the app.
- Available in 10 different languages.



Baby Kicks Monitor

(Available for download from the Apple App Store)

- Record your baby's movements with just one tap.
- Track and share kick counts.
- Store other information, such as your last period and your delivery due date.



Talk with your CHN provider or health educator if you have more questions about kick counts.

Safe Sleep

Use these tips to keep your baby safe while they sleep.

Do

- Put baby to sleep on their back
- Put baby in a warm 1 piece to sleep
- Put baby to sleep in an empty crib
- Put baby's crib in the room where you sleep so you can watch them
- Move baby into crib if they fall asleep somewhere else
- Put your baby in their crib at night and for naps
- Breastfeed your baby
- Make sure your baby gets all of their shots



Don't

- Put baby to sleep on their belly or side
- Put blankets, pillows or toys in the crib
- Put baby in your bed or on a sofa
- Let other adults or children sleep in the same crib as your baby
- Smoke in your home or near your baby

Remember the ABCs of Safe Sleep:

Have your baby sleep...

Alone - alone in crib with nobody and nothing else

Back - on their back, not on their belly or side

Crib - in a crib, not in your bed or on a sofa

Reach out to your CHN health educator or provider if you have more questions!

Community
Healthcare Network

We never turn anyone away. 866.246.8259 www.chnnyc.org