

Oahu

What to expect when having your baby

with Kaiser Permanente



Welcome to Kaiser Permanente's family-centered maternity services

This booklet will give you information on what to expect when having your baby with Kaiser Permanente Hawaii. From pregnancy resources to newborn care, you will find all the information you need as you plan for your baby's arrival.

During your pregnancy, a team of health care professionals will care for you. We are committed to providing you with healthy prenatal care and a safe birth experience.

Our services include:

- A dedicated team of clinicians, including obstetricians, midwives, pediatricians, and/or family practitioners.
- A variety of classes before and after birth (such as birthing, newborn care, and more).
- Family-centered care: We encourage participation from your partner or support person, and involve siblings through classes, tours, and visits.
- Obstetrically-trained advice nurses to answer questions.
- Open visiting hours for your support system.
- 24-hour "rooming-in" for mother/baby care.
- Lactation services for complete breastfeeding education and support.



- Neonatal Intensive Care Unit (NICU) for babies with special needs.
- Intensive Care Unit (ICU) for mothers with special needs.
- Mom and Newborn Center visits for early follow-up of mothers and newborns after discharge.

We look forward to caring for you and are here to discuss any questions or concerns you may have.

Remember, it is very important for your health and for your baby's health that you make and keep all appointments.

Congratulations! We look forward to caring for you.

Sincerely,

Kaiser Permanente Departments of:

- Obstetrics and Gynecology
- Family Practice
- Pediatrics
- Perinatal Services

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Our philosophy

Kaiser Permanente is committed to providing all mothers, babies, and families with a healthy and safe birth experience.

At Kaiser Permanente Hawaii, we respect every member's individuality and personal preferences.

- We support those who would like a birth that is unmedicated, and advocate for having persons present to help and support this decision.
- We support those who prefer a birth that is as pain-free as possible by using medicine for pain or epidural anesthesia at a suitable time in labor.
- We strongly recommend childbirth preparation classes. Childbirth classes help develop the skills necessary to deal with early labor. We recommend classes even if you plan on using pain medication during delivery.
- We support movement while in labor as it often helps labor to progress.
- We do not order routine enemas, shaves, or episiotomies.
- We recommend that you attend a tour of the Labor and Delivery unit to familiarize yourself with the hospital.
- We support skin-to-skin contact for mothers and babies during the first hour after birth to help babies transition to life outside the womb.
- We promote breastfeeding, providing education and lactation support to every new mother and baby.

Clinic and clinicians

Obstetrical Clinics

For pregnancy care, you may choose an obstetrics-gynecology (ob-gyn) clinician at these locations:

Honolulu Medical Office

1010 Pensacola Street
Honolulu, HI 96814

Koolau Medical Office

45-602 Kamehameha Highway
Kaneohe, HI 96744

Waipio Medical Office

94-1480 Moaniani Street
Waipahu, HI 96797

For appointments, call **1-833-833-3333 (TTY 711)**. Most locations are open Monday through Friday, from 8 a.m. to 5 p.m.

The ob-gyn clinician team is made up of a partnership between doctors, midwives, and nurse practitioners. Nutritionists, social workers, and other specialists may also play a part in your care. For more information about our doctors, go to kp.org/searchdoctors.

Pediatric and family medicine clinicians

For your baby's care, you may choose a pediatric or family medicine doctor at these locations:

Hawaii Kai Clinic

6700 Kalaniana'ole Highway, #111
Honolulu, HI 96825

Honolulu Medical Office

1010 Pensacola Street
Honolulu, HI 96814

Kahuku Clinic

(Family Medicine only)
56-565 Kamehameha Highway
Kahuku, HI 96731

Kailua Clinic

201 Hamakua Drive, Building B
Kailua, HI 96734

Koolau Medical Office

45-602 Kamehameha Highway
Kaneohe, HI 96744

Waipio Medical Office

94-1480 Moaniani Street
Waipahu, HI 96797

West Oahu Medical Office at Kapolei

401 Kamokila Blvd
Kapolei, HI 96707

For appointments, call **1-833-833-3333 (TTY 711)**. Most locations are open Monday through Friday, from 8 a.m. to 5 p.m.

Start thinking about your baby's doctor early in your pregnancy. We recommend that you choose your baby's doctor by your seventh month of pregnancy. For more information about our doctors for keiki and families, go to kp.org/searchdoctors. You may want to make an appointment and meet with the doctor before your baby is born. And make sure to inform your obstetrical clinic about your choice.



Certified nurse-midwives

Our team of certified nurse-midwives works with the ob-gyn doctors to provide you and your baby with the safest and most satisfying “birth day” experience possible.

Q: What is a Certified Nurse-Midwife?

A: Certified Nurse-Midwives (CNMs) are registered nurses with master’s degrees in nursing. The philosophy of the maternity team is to listen to patients and respect their choices. Our CNMs are committed to providing you with a safe and healthy birth experience that meets your personal goals and expectations.

Q: What services do CNMs provide?

A: CNMs are highly trained professionals who provide a full range of primary health care services for women – from adolescence through and beyond menopause. This includes gynecologic, family planning, and obstetric care services. Obstetric services include:

comprehensive prenatal care, managing and delivery of pregnancies, and providing postpartum follow-up. CNMs are also licensed to write prescriptions for certain medications and health care products.

Q: Will I also see a doctor?

A: Our ob-gyn doctors and CNMs are part of a fully integrated team and will help provide high quality care for you and your baby. The CNMs work side-by-side with ob-gyn doctors together as a maternity care team. An ob-gyn is always available at the Moanalua Medical Center to assist if complications should occur.

Q: Is there an additional copayment or fee for a CNM?

A: If you have a routine pregnancy, there is no charge for midwifery care.

Q: How do I make an appointment to see a CNM?

A: Call your clinic to schedule a prenatal or ob-gyn appointment any time with one of our CNMs.

Pregnancy resources

Routine tests and tips for having a healthy baby

Various tests may be ordered depending on your condition. Talk with your clinician, and go to kp.org/pregnancy for more information. Let your clinician know if you have questions or concerns.

| When | Routine tests | Tips for having a healthy baby |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Early Pregnancy | <ul style="list-style-type: none"> • Blood type, Rh, antibody screen • CBC, VDRL/syphilis IgG • Rubella screen • Hepatitis B screen • Hepatitis C screen • HIV screen (optional) • Urinalysis • Genital cultures • Pap test • TB test as needed • Urine drug screen • Early glucose screening (as determined by your clinician) • Early genetic screening (as determined by your clinician) | <ul style="list-style-type: none"> • Take a prenatal vitamin containing folic acid 0.4 mg (400 mcg) daily to lower the risk of having a baby with spine or brain problems. • Eat a variety of healthy foods. • Limit caffeine intake. • Quit tobacco. Support and medicines are available. Ask your clinician or call 808-643-4622. • Do not drink alcohol or use illegal drugs. • Do not take any medicines or over-the-counter drugs without the advice of a clinician who knows you are pregnant. • Get plenty of rest. • Try eating smaller meals 4 to 6 times a day throughout your pregnancy |
| 15 to 18 Weeks | <ul style="list-style-type: none"> • Early genetic screening (as determined by your clinician) • Perinatal ultrasound: Fetal anatomy scan | <ul style="list-style-type: none"> • Drink 8 to 10 glasses of fluids a day. Water is recommended. • Exercise. • Get regular prenatal care. |
| 19 to 25 Weeks | <ul style="list-style-type: none"> • Perinatal ultrasound: Fetal anatomy scan • Hemoglobin/hematocrit | <ul style="list-style-type: none"> • Wear low-heeled shoes or flats with arch support. • If you must stand for long periods of time, wear comfortable shoes and make sure to take rest breaks. • Tell your clinician about any travel plans. • Attend pregnancy and childbirth classes. |
| 26 to 28 Weeks | <ul style="list-style-type: none"> • Glucose screening • Blood test if Rh negative • RhoGAM injection if Rh negative | <ul style="list-style-type: none"> • Do not skip meals; keep healthy snacks around to eat during the day. • Average weight gain is about 1 pound per week. • Minimize stressful situations in your life. |
| 29 to 40 Weeks | <ul style="list-style-type: none"> • Group B strep culture • Tdap vaccine • Influenza (at any time during flu season) • RSV vaccine | <ul style="list-style-type: none"> • Get extra rest. Don't push yourself. • Take a break every few hours during the day. • Do fetal kick counts daily. • Watch for signs of preterm labor and pregnancy warning signs before 37 weeks. |

Healthy weight gain during your pregnancy

How much weight should I gain during pregnancy?

Healthy weight gain varies depending on your body mass index (BMI) before you became pregnant. BMI helps to determine if your weight is appropriate according to your height. Find an online BMI calculator at kp.org/calculators.

The information in the following sections is not intended to diagnose health problems or to take the place of medical advice or care you receive from your clinician. If you have existing health problems or special concerns, please consult with your clinician.

| Pre-Pregnancy BMI | Recommended Total Weight Gain (lbs.) | Rate of Weight Gain in 2 nd and 3 rd Trimesters (lbs. per week)* |
|-------------------|--------------------------------------|----------------------------------------------------------------------------------------|
| Lower than 18.5 | 28 to 40 | 1 |
| 18.5 to 24.9 | 25 to 35 | 1 |
| 25 to 29.5 | 15 to 25 | 0.6 |
| 30 or higher | 11 to 20 | 0.5 |

* This assumes a gain of less than 5 lbs. during the first trimester.

Your target weight gain

Your pre-pregnancy weight _____

Your BMI _____

Weight gain so far _____

Target total weight gain _____
(for entire pregnancy)

What "eating for 2" really means

- You may have heard the term "eating for 2," but in calorie terms, it's probably more accurate to say that a pregnant woman is eating for 1.15 people.
- During pregnancy, your body only needs 200 to 300 extra calories a day, which is about an extra half of a peanut butter sandwich and a glass of skim milk.
- Gaining more weight than recommended increases your risk of having a larger baby.
- This can lead to serious complications during vaginal delivery and an increased risk of C-section.
- Excess weight gain can also lead to additional health conditions. These include gestational diabetes and high blood pressure, which can cause complications.
- If you have a BMI of 30 or higher, eating additional calories is not necessary for the health of your baby.

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How to achieve a healthy weight during your pregnancy

- Try walking, swimming, or yoga to give you energy and help control your weight gain.
- Avoid sweetened drinks (juice, soda, coffee drinks), fried foods, and desserts.

Watch our prenatal nutrition video at kp.org/mydoctor/prenatalnutrition.

Healthy weight pregnancy meal plan

- During your pregnancy, eat 5 to 6 small, balanced meals per day.
- Try eating a meal or snack every 3 or 4 hours.
- This meal plan is designed to keep your blood sugar levels from going too high, which is one of the most important things you can do to manage your weight gain and prevent gestational diabetes for a safe pregnancy and a healthy baby.



Nutrition During Pregnancy

Healthy Pregnancy Plate

A healthy pregnancy depends on a healthy lifestyle. This includes:

- eating a balanced diet
- staying well hydrated
- and getting physical activity most days of the week.

Strive to build a plate like this at every meal. Select a 9-inch plate and use this guide to help keep your portions in control.

Grains and starches

Make a little more than $\frac{1}{4}$ of your plate whole grains or starches.

Protein

Make a little less than $\frac{1}{4}$ of your plate lean meat or other protein foods.

Fruits and vegetables

Make $\frac{1}{2}$ of your plate fruits and vegetables.

Healthy Habits

Practice mindful eating

- Choose food that is satisfying and nourishing
- Sit at the table in a relaxed environment
- Tune into your hunger and fullness levels.

Stay hydrated

Aim for 64 ounces of water per day.

Move more

Exercise daily or most days of the week. The benefits are endless.

Choose fruit as your sweet treat

Limit foods and beverages with added sugars.



Healthy Food Choices

Thinking for 2, versus eating for 1

In general, most women need 1600 to 2000 calories per day. During the second and third trimester of pregnancy, your calorie needs go up by only 200 to 300 calories per day.

Eating a meal or snack every 3 to 4 hours can help:

- Prevent nausea
- Control appetite
- Keep your energy levels up:
 - Throughout pregnancy
 - During labor and delivery
 - After you have your baby

Examples of mini-meals and snacks with approximately 200 to 300 calories

- 1 piece of fruit with 1 to 2 tablespoons peanut butter
- 1 slice whole-grain toast with avocado
- ¼ cup nuts or seeds with a piece of fruit
- Carrot sticks with ½ cup hummus
- ½ of PB&J or tuna fish sandwich
- Handful of tortilla chips with ½ cup cottage cheese and salsa
- Smoothie – blend 1 cup yogurt with ½ cup berries
- 4 to 6 whole-grain crackers with 1 ounce cheese
- Carton of Greek yogurt with ¼ cup granola and berries

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| Fruits and vegetables | Protein-rich foods | Starches (grains and starchy vegetables) | Calcium-rich foods | Fats |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Choose 6 or more servings per day</p> | <p>Choose 7 to 11 servings per day</p> | <p>Choose 5 to 8 servings per day</p> | <p>Choose 3 servings per day to get the recommended 1000 milligrams of calcium</p> | <p>Choose 4 to 7 servings per day</p> |
| <p>One serving is:</p> <ul style="list-style-type: none"> • 1 cup raw vegetables • ½ cup cooked vegetables • 1 medium fruit • 1 cup fruit • 3 to 4 ounces juice <p>Choose 2 to 3 fruits and 4 or more vegetables for optimal nutrition and fewer calories</p> | <p>One serving is:</p> <ul style="list-style-type: none"> • ½ cup beans, split peas, or lentils • ½ cup tofu or tempeh • ¼ cup nuts or seeds • 2 tablespoons peanut or almond butter, or tahini • 1 ounce pasteurized cheese (Swiss, mozzarella, queso fresco, cheddar) • ¼ cup cottage or ricotta cheese • ½ cup Greek yogurt • 1 cup regular yogurt • 1 egg • 1 ounce fish, seafood,* skinless chicken or turkey, or lean cuts of beef or pork | <p>One serving is:</p> <ul style="list-style-type: none"> • ½ cup beans, corn, peas, taro, or potatoes (Yukon gold, red, sweet) • 1 cup winter squash • 1/3 cup cooked brown rice, quinoa, buckwheat, millet, or pasta/noodles (1 cup cooked = 3 servings) • 1 slice whole-wheat or sourdough bread • ½ cup cooked cereal (oatmeal) • 4 to 6 whole grain crackers • 2 to 3 corn tortillas • 1 whole-wheat tortilla • 3 cups popped popcorn | <p>One serving is:</p> <ul style="list-style-type: none"> • 1 cup (8 ounces) milk • 1½ ounces cheese • 8 ounces yogurt • 1 cup calcium-fortified soy, rice, or almond milk • ½ cup calcium-set tofu • 1½ cups cooked kale, bok choy, turnip greens, mustard greens, beet greens, or broccoli • 1/3 cup soy nuts • 2 cups white beans | <p>One serving is:</p> <ul style="list-style-type: none"> • 2 tablespoons avocado • 1 teaspoon olive, canola, or peanut oil • 5 olives • 1 tablespoon nuts or seeds • 1 teaspoon peanut, almond, sunflower seed butter, or tahini • 1 tablespoon salad dressing • 1 teaspoon butter • 2 tablespoons cream, half and half, or sour cream • 1 tablespoon cream cheese |

* Seafoods that are rich sources of omega-3 fatty acids include mackerel, salmon, albacore tuna, sardines, and lake trout. For more information on safe and healthy seafood choices, visit seafoodwatch.org.

This chart provides healthy ideas and serving sizes for snacks and meals. When you're deciding what to eat for your meals and snacks, be sure to choose a variety of items – and include plenty of vegetables and fruit. Try to limit excessive sugar, carbohydrates, and packaged food items. And as always, check with your clinician if you have special health or dietary needs.

| | Protein group | Vegetable group † | Fruit group |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Breakfast | 1 egg OR 2 egg whites OR 1 cup nuts OR 1 to 2 Tbsp. peanut butter OR 1 oz. lean meat OR 1 to 2 oz. cheese | As desired | |
| Morning snack | 1 oz. lean meat, chicken, or fish OR ¼ cup cottage cheese OR 1 oz. cheese OR ¼ cup paneer (Indian cheese) | As desired | ½ large banana OR ½ cup mango OR 1 small piece fresh fruit (tennis ball size) OR 1 cup diced cantaloupe OR ½ large grapefruit |
| Lunch | 2 oz. meat, chicken, fish, or shellfish (crab, clams, lobster, or shrimp) OR ½ cup cottage cheese OR 2 oz. light tuna canned in water OR 1 cup tofu OR 2 oz. cheese | 2 cups raw leafy vegetables (lettuce, spinach, kale) OR 1 cup raw or cooked non-starchy † vegetables | |
| Afternoon snack | 1 egg OR 2 egg whites OR 1 oz. lean meat OR 1 oz. cheese OR ¼ cup nuts OR ¼ cup cottage cheese | 2 cups raw leafy vegetables (lettuce, spinach, kale) OR 1 cup raw or cooked non-starchy † vegetables | 1 small piece fresh fruit (tennis ball size) OR 17 small grapes OR 1¼ cups cubed watermelon |
| Dinner | 3 oz. chicken, turkey, beef or lamb OR 3 oz. cooked fish OR 1½ cups tofu OR ¾ cup tempeh OR ¾ cup paneer OR 4 medium sardines OR 2 Tbsp. grated parmesan cheese | 2 cups raw leafy vegetables (lettuce, spinach, kale) OR 1 cup raw or cooked non-starchy † vegetables | |
| Evening snack | 1 oz. cheese OR 1 oz. lean meat OR 1 to 2 Tbsp. peanut butter OR ¼ cup cottage cheese | As desired | |



| | Milk group | Starch group |
|-----------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Breakfast | 1 cup milk OR 1 cup low-fat plain or light soy milk with calcium OR 6 oz. plain yogurt | 1 slice whole grain bread OR ½ cup cooked oatmeal OR 1 (6") corn or wheat tortilla OR ½ whole-wheat English muffin |
| Morning snack | | 1 slice whole grain bread OR 6 (2") whole-wheat crackers OR 1 (6") corn or wheat tortilla OR 1 (6") chapatti OR ½ (6") pita OR 1 cup poha (rice flakes) |
| Lunch | | 1 cup starchy vegetables* OR 2 slices whole grain bread OR 2 (6") corn or wheat tortillas OR 2/3 cup cooked pasta, cooked rice, or baked beans OR 1 medium potato OR ½ (8x2") naan OR 2 (6") chapattis OR 1 cup cooked beans or lentils OR 1/3 cup cooked taro or lotus root |
| Afternoon snack | | 1 slice whole grain bread OR 6 (2") whole-wheat crackers OR 1 (6") corn or wheat tortilla OR 1 (6") chapatti OR 1½ cups puffed rice OR ½ (6") pita |
| Dinner | 1 cup milk OR 1 cup low-fat plain or light soy milk with calcium OR 6 oz. plain yogurt | 2/3 cup cooked pasta, cooked rice, or baked beans OR 1 whole-wheat dinner roll and ½ cup cooked corn, peas, or winter squash* OR 1 small potato (tennis ball size) and ½ cup cooked starchy vegetables* OR 1 cup cooked dhal (lentils) or legumes |
| Evening snack | 1 cup milk OR 1 cup low-fat plain or light soy milk with calcium | 1 slice whole grain bread OR 6 (2") whole-wheat crackers OR ½ cup cooked oatmeal |

* Starchy vegetables: corn, peas, winter squash, potatoes, beans, plantains, and yams.

† Non-starchy vegetables: lettuce, cucumber, cabbage, radishes, celery, mushrooms, zucchini, bell peppers, chili peppers, bok choy, broccoli, spinach, eggplant, and okra

Guide to eating fish safely

Advice about eating fish

What you should know

Fish and other protein-rich foods have nutrients that can help your child's growth and development.

For those who are of childbearing age (about 16 to 49 years old), especially those who are pregnant and breastfeeding, and for parents and care givers of young children:

- Eat 2 to 3 servings of fish a week from the "Best Choices" list OR 1 serving from the "Good Choices" list.
- Eat a variety of fish.
- Serve 1 to 2 servings of fish a week to children, starting at age 2.
- If you eat fish caught by family or friends, check for fish advisories. If there is no advisory, eat only 1 serving and no other fish that week.*

Use this chart

You can use the chart below to help you choose which fish to eat, and how often to eat them, based on their mercury levels. The "Best Choices" have the lowest levels of mercury.

What is a serving?

To find out, use the palm of your hand!



For an adult
4 ounces



For children
(ages 4 to 7) 2 ounces

Additional guidelines:

- Eat healthy fats such as avocado, nuts, olive oil, and canola oil in moderation. Stay away from foods that have unhealthy saturated or trans fats.
- Avoid sugary foods such as jam, honey, syrup, regular sodas, Kool-Aid, lemonade, flavored milk, and all juices (including orange, apple, cranberry, grape, etc.).
- Do not eat swordfish, shark, king mackerel, tile fish, or raw fish. Limit canned white albacore tuna to 6 oz. per week only. These fish may contain dangerous levels of mercury, which may be harmful to your baby. Eat up to 12 oz. per week of a variety of fish and shellfish that are lower in mercury. See the fish guide below.

| Best Choices <small>Eat 2 to 3 servings a week</small> | | | Good Choices <small>Eat 1 serving a week</small> | | |
|--------------------------------------------------------|--------------------------------|-------------------------------------------|--------------------------------------------------------|-------------------------|-----------------------------------------------------------|
| Anchovy | Herring | Scallop | Bluefish | Monkfish | Tilefish (Atlantic Ocean) |
| Atlantic croaker | Lobster, | Shad | Buffalofish | Rockfish | Tuna, albacore/ white tuna, canned and fresh/frozen |
| Atlantic mackerel | American and spiny | Shrimp | Carp | Sablefish | Tuna, yellowfin |
| Black sea bass | Mullet | Skate | Chilean sea bass/ Patagonian toothfish | Sheepshead | Weakfish/seatrout |
| Butterfish | Oyster | Smelt | Grouper | Snapper | White croaker/ Pacific croaker |
| Catfish | Pacific chub mackerel | Sole | Halibut | Spanish mackerel | |
| Clam | Perch, freshwater and ocean | Squid | Mahi mahi/ dolphinfish | Striped bass (ocean) | |
| Cod | Pickering | Tilapia | | | |
| Crab | Plaice | Trout, freshwater | | | |
| Crawfish | Pollock | Tuna, canned light (includes skipjack) | | | |
| Flounder | Salmon | Whitefish | | | |
| Haddock | Sardine | Whiting | | | |
| Hake | | | | | |
| | | | Choices to Avoid <small>Highest mercury levels</small> | | |
| | | | King mackerel | Shark | Tilefish (Gulf of Mexico) |
| | | | Marlin | Swordfish | Tuna, bigeye |
| | | | Orange roughy | | |

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

Support for a healthy pregnancy

We're here for you before, during, and after the birth of your baby.

Go to kp.org/maternity for in-depth resources for every stage of pregnancy, labor and delivery, and your baby's first few weeks at home. Come back often for articles, checklists, videos, and more.

Visit kpfamilybirthcenter.org to take a virtual tour of our Moanalua Medical Center Family Birth Center, learn more on what to expect on delivery day, meet your Family Birth Center team, share maps and visitor information with your friends and family, and more.

Family Birth Center Tour (In-Person)

Tour Kaiser Permanente's Family Birth Center at Moanalua Medical Center. This tour is for members only. Partners are welcome. No children allowed. Pre-registration is required. Call **808-432-2260** for more information or to register.

Recommended Classes

CenteringPregnancy® This special program offers prenatal care along with support. Connect with other pregnant members who are due during the same month. Meet as a group over a 10-week period to talk about pregnancy, birth, postpartum care, newborn care, and experience a hospital tour. Appointments are preset, group based, and with one clinician. Partners welcomed. No fee. For more information, talk to your clinician.

Visit kp.org/classes to explore classes and programs for expecting parents including:

- Understanding Breastfeeding
- Childbirth Education
- Newborn Care
- Welcome to Pregnancy Care
- Perinatal Depression Prevention: ROSE Program

Making important decisions

Things to consider in your second trimester

14 to 27 weeks

- Choose a doctor for your baby's care.
 - Review the list of available keiki doctors. Look for detailed information about each clinician at kp.org/searchdoctors.
 - It is important to choose a doctor before your baby is born.
 - You may want to make an appointment and meet with the doctor before your baby is born.
- Register for childbirth and early parenting classes. Visit kp.org/classes for more information.
- Choose a method of infant feeding.
 - Learn all you can about breastfeeding.
 - Find out why breastfeeding is a healthy choice for you and your baby.
- Decide if you want to have your baby boy circumcised. Talk with your clinician if you have questions.
- Decide if you want to donate your baby's cord blood to a cord blood bank.
- Start thinking about a name for your baby – some parents prefer to wait until after the baby's birth to decide upon a name.
- Decide on what type of birth control to use after you give birth.
- If you have had a C-section, find out if you can have a vaginal birth after cesarean (VBAC). Discuss benefits and concerns with your clinician.

Things to consider in your third trimester

28 to 40 weeks

- Plan for the birth.
 - Choose your support person.
 - Create a birth plan based on your wishes and preferences (see page 19).
 - Share your birth plan with your clinician.
- Plan what you will do when you go into labor.
 - How will you get to the hospital? How long will it take?
 - Who will take care of your other children?
 - What do you do when you arrive at the hospital?
- Have the necessary information for your baby's birth certificate.
 - Practice writing out your baby's full first, middle, and last name.
 - You do not have to decide on your baby's name before you and your baby go home from the hospital, although it may be more convenient to complete it before you go home.
 - Find out the father's birth date and birthplace.
 - Call Vital Statistics at **808-432-8554** if there are any concerns about putting the name of the baby's father on the birth certificate.
- Include your child or children in getting ready for the new baby.
 - Go through your child's baby pictures and talk about when they were a baby.
 - Let them feel the baby kick.
 - Visit friends or family with a baby and talk about life with a new baby.
 - Invite them to think of potential baby names.
 - Have them help you set up the baby's room or pick out clothes for the baby.

- Arrange for help at home after birth.
 - Practice installing the car safety seat in your car.
 - You must have a car seat to take your baby home from the hospital.
 - Set up a safe nursery.
 - Go to **kp.org/maternity** for more information on how to care for your baby once you're home from the hospital.

Cord Blood Banking

Donating cord blood is a generous gift from you and your baby. Before your baby is born, the umbilical cord is a lifeline. After birth, your baby no longer needs the umbilical cord. The blood that remains in the umbilical cord and placenta could serve as a lifeline for someone else. Your decision about what to do with your baby's umbilical cord blood is a personal one. If you would like information about donating to a public cord blood bank, contact the Hawaii Cord Blood Bank at **808-983-2265** or go online at **hccb.org**. There is no charge to donate a baby's cord blood.

Vaginal Birth After Cesarean Section (C-Section)

Even if you've had a C-section before, you may be able to deliver your next vaginally.

VBAC delivery is a safe choice for most women. Talk with your clinician about whether it is right for you. Get information about the benefits and risks of a VBAC compared to a repeat C-section.

Remember, the decision to have a vaginal birth versus a repeat C-section is made on an individual basis.

You can also learn more about VBAC by going to **kp.org/maternity** and entering "VBAC" into the search field.

Working During Pregnancy

Most people can continue to work until labor starts and return to work several weeks after giving birth. Talk to your clinician about your plan. You may need to make some changes if:

- You have certain pre-existing health conditions (for example, high blood pressure, diabetes)
- You have a history of difficult pregnancies, labor, or birth
- You are having multiple births (for example, twins)
- You have certain health conditions since becoming pregnant (for example, high blood pressure, diabetes, vaginal bleeding)

Maternity Leave and Temporary Disability Insurance (TDI)

It is always best to check early with your employer because maternity leave policies and disability pay vary widely. Many employers are required by law to offer qualified employees unpaid leave due to birth or adoption. Some companies choose to offer more time, pay you during your leave, and/or let you use sick or vacation time.

It is always best to provide your employer with notice before your leave. Here are a few steps to help you request leave and apply for TDI.

Step 1

Work with your employer to initiate leave. This may be a verbal or written notice. You should:

- Provide the reason for and the expected length of time you will be on leave.
- Discuss your qualification for the leave, options for leave and pay, and when you would return to work.

Step 2

Obtain a certification form (leave documentation) from your employer. Bring this form to your clinician's visit around week 34 of gestation.

This form is a clinician certification of your medical condition and the dates your condition requires you to stop and allows you to return to work.

- Pre-labor – For normal pregnancies, your clinician can certify and allow you to be off from work up to 2 weeks before your due date. A request for leave more than 2 weeks before your due date would require a medical reason or complication that can be certified by your clinician.
- Post-labor – Normal childbirth with vaginal delivery provides for a 6-week medical leave. C-section will require an 8-week medical leave. Additional time beyond this period needs to be discussed with your employer.
- TDI allows you to get partial payment of your current salary, if you qualify. This certification form is the document needed to apply for TDI.

Step 3

Submit the necessary forms to your employer.

Your employer will process your leave request and provide you with the details of your leave and any documents needed after the birth of your child.





Your Birth Plan

As the day of your delivery approaches, you may be thinking about what labor will be like and how you can have a good experience. One way to communicate your preferences to the Labor and Delivery staff who will care for you is to create a birth plan.

A birth plan is not a contract. You can change your plan at any time. Since we don't know exactly what the birth of your baby will be like beforehand, we can't guarantee that all your preferences will be appropriate for your labor.

We will work with you to keep your birth experience as close to what you want as possible, and the safety of your baby and you our top priority.

Fill out "Your Birth Plan" on the following page, or create your own to share with our Labor and Delivery staff.

Birth planning takes time. Think about what parts of your upcoming delivery are most important to you.

- What are your most important goals for this birth?
- What are your plans for pain relief?
- What are your concerns or fears about this birth?
- What do you want your labor environment to be like?
- What will happen if you face unexpected complications?
- What will happen if a C-section or other medical intervention is necessary?
- What is important to you right after your baby is born?

Your birth plan

MRN _____

Name _____

Instructions

Check off all of your preferences for childbirth. Once you have completed your birth plan, bring it to your next prenatal appointment so you can discuss it with your medical professional. Then you may bring your birth plan with you to the hospital so the medical and hospital staff can review it when you are admitted to labor and delivery.

Please realize that certain circumstances that arise during labor may limit the number and kinds of choices you will have. Your doctor or nurse-midwife will discuss them with you during labor.

My doctor, nurse practitioner, or nurse-midwife is:

Environment

- I would like to limit the number of guests and phone calls while I am in labor by disconnecting my phone and by having a sign posted on my door.
- I would like the lights in the room to be lowered.

Labor

- I would like to be out of bed as much as possible during labor (such as walking and rocking).
- I prefer to have intermittent fetal monitoring.
- If I need to have an IV, I would prefer to have a saline lock (a plug for your IV needle).
- I would prefer that the amniotic membrane ("bag of waters") rupture naturally.

Pain management

- I plan on using alternative pain relief options (such as breathing exercises, visualization/relaxation, massage, shower, position changes). I will ask for pain medication if I need it.
- I would like to use water therapy for labor pain relief. This may include use of the shower or labor tub.
- I would like to be offered pain medication if you see I am uncomfortable.
- I would like to have an epidural as soon as possible.
- I am considering having an epidural or using pain medication, but will decide when I am actually in labor.
- I do not wish to be offered pain medication or epidural anesthesia. I am aware of these options and will request for them if needed.

Delivery

- I would like the option to be in a position other than lying on my back when I give birth if possible (such as semi-sitting, squatting, lying on my side, or on my hands and knees).
- I would like a mirror available to view the birth.
- I would like to touch my baby's head as it crowns.
- I would like to hold my baby skin-to-skin immediately after delivery.
- I would prefer that the baby be "lightly" dried off before being brought to me.
- I would like to have _____ cut the cord, if possible.
- I would like to donate the umbilical cord blood to the cord blood bank.

Postpartum

- I would like to delay newborn procedures (such as bathing, measuring, physical exam, eye medication, vitamin K injection) during the first hour so that I have a chance to feed and bond with my baby.
- I want all procedures that are done and all medications that are given to my baby explained to me before they are carried out by the medical staff.
- I would like to have the baby evaluated and bathed in my presence.
- If the baby must be taken from me to receive medical treatment, I would like _____ to accompany the baby.
- I plan to exclusively breastfeed my baby while in the hospital.
- I would like to meet with a specialist who can help me learn to breastfeed effectively.
- I would like to be consulted before my baby is given water, formula, sugar water, or a pacifier.

If I have a boy, I do/do not (choose one) plan on having him circumcised at Kaiser Permanente.:

- I DO
- I DO NOT

My baby's pediatrician will be _____

Other

| | |
|--|--|
| | |
|--|--|

Patient signature

Date

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other medical professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor. If you have questions or need more information about your medication, please speak to your pharmacist.

For additional copies of the "Your Birth Plan" form go to kpfamilybirthcenter.org/birth-plan.pdf.

Important safety information

Counting your baby's kicks

Counting your baby's kicks helps to keep track of how well your baby is doing. You should check for and count your baby's kicks every day beginning at 28 weeks.

How do I count my baby's kicks?

1. Pick the baby's most active time of day.
2. Lie down on your left side, recline, or sit in a comfortable position.
3. Check the clock when you feel the first baby movement.
4. Count movements of any kind – kicks, flutters, or rolls.
5. Stop counting when you reach 10 and note the time. Ten movements in 1 hour are normal.
6. If you have not counted 10 movements by the end of an hour, have a snack; then lie down and continue counting for another hour.

By counting your baby's kicks, you will be the first one to notice any changes in your baby's movement. Although a baby who is relatively inactive in the womb can be perfectly healthy, inactivity sometimes indicates a problem. Noticing this early may prevent serious consequences. Tell your clinician if it takes longer and longer each day for your baby to move 10 times.

Non-stress test

A non-stress test tells how your baby is doing in the womb. You might have this test done if you have diabetes, high blood pressure, or if your baby is moving less. This test is not harmful to either you or your baby.

Before your non-stress test, try to eat a good meal or snack. Wear a two-piece outfit to your appointment. During this test, elastic belts are placed around your stomach to hold fetal monitor attachments in place. The monitor records your baby's heart rate when your baby is resting and when your baby moves. The length of testing time varies so please arrange childcare for your other children.



When should you call for help?

Call Labor and Delivery at **808-432-8550** right away if you experience any of the following:

- You feel less than 10 movements in a 2-hour period.
- You are concerned that something may be wrong.



Pregnancy danger signs

Call your clinic or Labor and Delivery immediately if you have any of the following danger signs:

- Sudden gush of fluid from the vagina
- Vaginal bleeding
- Abdominal pain
- Temperature above 101°F (38.3°C) and chills
- Dizziness, blurred vision, double vision, seeing spots before eyes
- Persistent vomiting
- Severe headache, dizziness
- Sudden swelling of the face or hands
- Convulsions or seizures
- Pain in the upper abdomen that does not go away
- Painful or decreased urination
- Absent or decreased fetal movement

If you think you may be experiencing a medical emergency, please call **911**.

Preterm labor warning signs

One of the most common problems during pregnancy is that a baby can be born too soon. Call Labor and Delivery at **808-432-8550** if you are less than 37 weeks and have:

- Menstrual-like cramps in the lower stomach
- Four or more contractions in 1 hour
- Low, dull backache which may come and go
- Pelvic pressure that comes and goes
- Abdominal cramps or discomfort
- Any spotting of blood from the vagina
- Changes in your vaginal discharge: slightly bloody, mucus-like, watery, or an increased amount
- Any leaking of fluid or your water bag breaks

You may also call your obstetrics clinic for advice during office hours. Waiting to call for help could result in your baby being born too soon.

All Kaiser Permanente members on Oahu deliver at the Kaiser Permanente Moanalua Medical Center.

The hospital experience

Preparing to go to Kaiser Permanente Moanalua Medical Center

What to bring

Please leave all valuables at home.

Pack your bag at least 3 weeks before your due date. Here are some items you can bring to feel more at home during your labor and recovery.

For labor

- Photographs, flowers, or familiar objects that might be comforting to you, such as a special blanket, pillow, or something that might serve as a focal point while you breathe through your contractions. Your labor room is your bedroom – make it cozy!
- Music you find enjoyable or relaxing.
- Cooler with food and drink for your birth coach. You may also bring clear liquid drinks for yourself. Your preferred drink may not be available at the hospital.
- Camera to capture your baby's first moments.

For recovery

- Supportive bra or nursing bra with nursing pads.
- Toiletries such as toothpaste, toothbrush, brush, cosmetics, and shampoo.
- Underwear, your favorite brand of sanitary pad if desired.
- Eyeglasses/contact lens supplies.
- Telephone numbers of friends and relatives you plan to call.
- A comfortable, loose-fitting outfit for going home.
- A small amount of cash for vending machines.

For baby

- Car seat and manual (must be installed prior to going home).
- Receiving blankets.
- Going-home outfits.
- Mittens – many babies have long fingernails and can scratch their faces.

When to go to the hospital

You should go to the hospital when one of the following occurs:

- Regular contractions 5 to 7 minutes apart lasting 45 to 60 seconds, for 1 hour.
 - If you have had a previous C-section or if this is not your first baby, call when you have contractions that are 10 minutes apart for 1 hour.
- If your bag of water breaks or trickles, or if you think you might be leaking fluid, call immediately. Do not wait for contractions to start. The chances of infection increase if the bag of water has been broken for too long.
- Bleeding like a menstrual period (bright red). This is different from the normal “bloody show” which is the pink or blood-tinged mucus plug you might see before labor begins. This is also different from the dark brown discharge you may notice after a vaginal exam to check your cervix for dilation and effacement.
- If you are earlier than 36 weeks, go to the hospital immediately if you have any signs of labor.
- Anytime you have questions about your labor pattern, call Labor and Delivery.
- If possible, call Labor and Delivery at **808-432-8550** to let them know you are on the way to the hospital.

It is not true that you must stop eating as soon as your contractions start. Light foods and plenty of fruit juices will keep your energy level up. Small amounts of fluids taken frequently will help you feel better. It is best not to eat large amounts.

Where to go

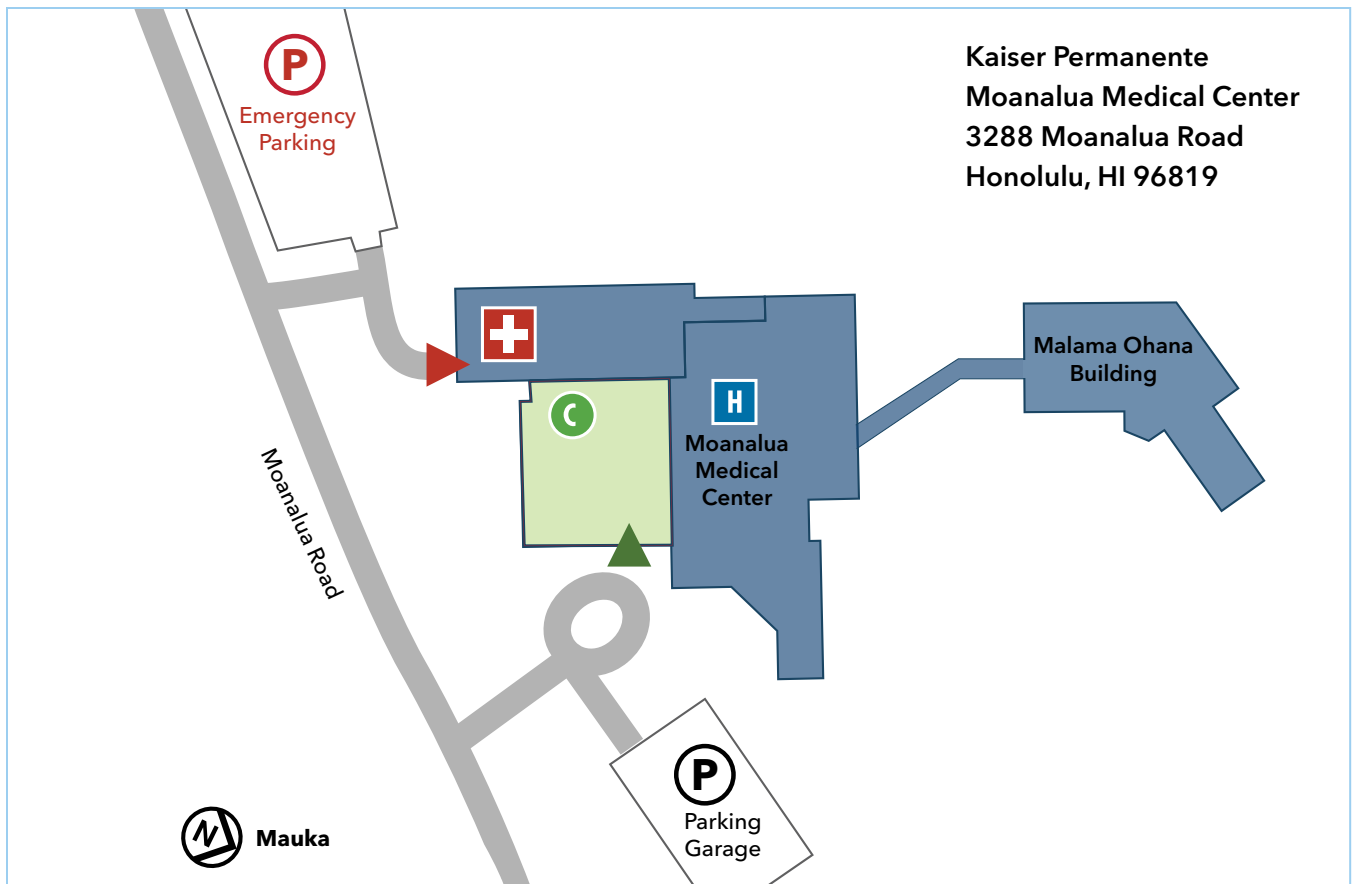
Kaiser Permanente Moanalua Medical Center **3288 Moanalua Road, Honolulu, HI 96819**

You may go directly to: **Labor and Delivery Floor 6, in the Ewa Wing**

When you arrive at the medical center:

1. Park in the visitor parking garage – **P**
2. Enter through the main entrance – **▲**
If needed, wheelchairs are at the front door of the lobby or in the wheelchair alcove in the lobby.
3. Notify the security officer at the front entrance if you need any assistance. They will alert the Labor and Delivery staff.

If you are about to deliver or are experiencing an emergency, drive past the main entrance. Enter through the Emergency driveway – the Emergency Department ramp is on the right. Staff will escort you to Labor and Delivery after a brief evaluation. Temporary parking is available in marked stalls. After your partner or support person helps you inside, they will need to move the car to the main visitor parking structure on the Diamond Head side of the hospital.





Labor and delivery

What you can expect

Labor, delivery, and recovery (LDR) rooms

LDR rooms are available for all maternity patients. You will go through labor, delivery, and recovery in the same room. You may have visitors during this time. If children are present, other adults must be responsible for them. Your partner and/or labor coach needs to give their full attention to you.

There are 2 operating rooms equipped to handle C-sections and some high-risk births. Because these rooms are used for high-risk situations, only your partner or coach may be present with you in the operating room.

Labor and Delivery Routines

When you arrive, you can expect to have:

- A brief interview
- Weight check
- Urine sample check
- Temperature, pulse, respirations, and blood pressure check

- Periodic vaginal exams by the clinician, nurse, or midwife to check for cervical changes
- Physical assessments
- Fetal monitoring

For fetal monitoring, we will place 2 elastic belts around your stomach to hold a small device in place. One senses contractions and the other tracks your baby's heart rate.

Continuous monitoring is not necessary unless your condition or the baby's warrants it. At least 10 minutes of monitoring is required every hour to check on your progress and the well-being of the baby. However, if you are remaining in bed, you will most likely have continuous monitoring.

Many mothers choose to use the monitor as an aide in managing their contractions. Applying breathing and relaxation techniques from the onset of the contractions and seeing the decreasing intensity of the contractions can help you to cope better.

If you would like to walk around during labor, we have remote devices that can continuously monitor your baby.

Procedures and your birth experience

Labor and delivery procedures

You may have one or more of the following:

- IV fluids
- Antibiotics (in certain situations)
- Pain medication
- Epidural anesthesia

Patient-Directed Pushing

Patient-directed pushing is in response to your body's natural urge to push the baby out. It is also known as uncoached pushing or spontaneous pushing.

- You follow cues from your own body.
- When you feel the urge to push, tell your clinician.
- You may push in any position you find comfortable, for example while laying on your side.
- You push only as strongly as your body says is needed and only when your body gives you the urge to push.

At this special time, we want to meet your wishes. Please share your concerns, needs, and questions with us. We want this event to be as fulfilling and satisfying as possible.

Partner Involvement

Partners are encouraged to take part in the birth.

No special clothes are required unless your delivery occurs in the operating room for a C-section or other high-risk birth. In this case, we will provide your partner with the required clothing.

Your care team and the NICU

Obstetricians are present at the Moanalua Medical Center 24 hours a day.

Kaiser Permanente doctors and CNMs take turns covering the Labor and Delivery Unit; therefore, the doctor or CNM who provided your prenatal care might not be "on-call" when you deliver.

Rest assured that every clinician has access to your records through our electronic medical record system. Every effort is made to follow any special plans you and your clinician have discussed.

Some babies may be at risk for problems due to events during labor or delivery, or because they were born too early. In this case, your baby may need to go to the Neonatal Intensive Care Unit (NICU) for closer observation and examination.

If this happens, we'll talk to you about why your baby needs extra care, and make sure you know what to expect. Our dedicated and experienced NICU team at Moanalua Medical Center includes neonatologists and neonatal nurse practitioners.



Mother/baby care

The first few hours after birth

Most mothers want to touch their new baby right after birth. We encourage you to do this through skin-to-skin holding. During skin-to-skin holding, the baby's skin is in direct contact with his or her mother's skin.

At birth, the clinician will place your baby on your chest in direct contact with your skin and cover the baby with warm blankets. As you hold your baby against your skin, he/she will be gently wiped with warm towels and blankets until the baby is clean and dry. If needed, mucous may be cleared from your baby's mouth or nose. Babies born by C-section are also supported with skin-to-skin holding if mom and newborn are stable.

We encourage skin-to-skin holding because of the following benefits:

- Mother and baby attachment is promoted
- Helps get breastfeeding started
- Allows you to touch and interact with your baby
- Your warm skin helps to keep your baby warm
- Helps babies adapt to life outside the womb

If you do not want to have your baby placed skin-to-skin right after birth, note this on your birth plan, and tell your care team. We can place your baby on your covered chest draped with warm blankets or wrap your baby in warm blankets for you to hold.

We support bonding and family time together during recovery in your LDR room. Immediately after birth, you will have your vital signs checked frequently and be checked for bleeding.

Your baby will have:

- A physical exam.
- A weight check.
- With your consent, an antibiotic eye ointment will be placed in your baby's eyes within the first few hours after birth. This eye treatment will help to prevent infection.
- With your consent, a vitamin K injection will be given to your baby to prevent bleeding and help with blood clotting.
- With your consent, a Hepatitis B vaccine will be given to your baby.

Mother/Baby care means your baby stays in the same room with you while you are in the hospital. The same nurse will be caring for both of you. All the Mother/Baby rooms are private rooms. Your partner or other support person is welcome and encouraged to stay with you and your baby, even overnight. Having your baby stay with you offers several benefits:

- Promotes attachment and bonding
- Helps with successful breastfeeding
- Allows family members to be involved with the early care of the baby
- Lessens the risk of newborn infection from other patients
- Gives you the opportunity to learn about your baby. Even if you have other children, every child is unique and this is your special time together to learn about each other.

Mother/Baby nurses will teach and support you. We want you to feel confident and comfortable in caring for your baby. We encourage you to ask questions so we can provide you with the best care possible. If you have any problems or concerns, your nurse will help you or refer you to the right person who can help.

During your recovery time, we encourage you to begin breastfeeding. Your baby is very alert with strong rooting and sucking reflexes during the first 2 hours after birth.

Breastfeeding

Experts recommend feeding your baby nothing but breast milk for the first 6 months. Learning to breastfeed can be difficult and frustrating- many new moms struggle at first.

If you choose to nurse your baby, you'll get plenty of support from us. Board-certified lactation consultants are available to give you one-on-one support - both in the hospital and after you go home.

Breastfeeding assistance

Call our Lactation Department:

- Mapunapuna Medical Office at **808-432-5608**
- Moanalua Medical Center at **808-432-8518**

You can speak with, or make an appointment with, a lactation consultant to answer questions or concerns. If you would like more information prior to delivery, you can attend the "Newborn Care" class (see page 15) or ask your clinician.



Welcoming visitors

We support patient- and family-centered maternity care. For the safety and healing of all our patients, please share this with your visitors:

- Family and friends are welcome 24 hours a day.
- Guests should not visit if they're not feeling well (for example, coughing, rashes, runny nose, fever, or cold). If visitors are not feeling well, they may visit by phone by calling **808-432-0000**.
- Guests should wash their hands each time they enter and leave the room.
- Parent partners are encouraged to visit at any time to help with the care of baby and mom.
- During labor and delivery, limit additional guests in the room to 2 at a time.
- Latex balloons are not allowed at the medical center, due to allergic reactions.
- For the safety and health of our moms and babies, smoking is not allowed at the medical center.
- Please keep noise to a minimum so our babies can rest.
- Guests may be asked to step out so care can be provided to mom or baby.
- Children:
 - Must be older than one year of age.
 - Need to be watched by a responsible adult.
 - Should not be left with recovering moms.
- Family and siblings of infants in the nursery may visit by checking with their baby's nurse.

Caring for baby while in the hospital

During your stay on the Mother/Baby Unit, your baby will receive the following care measures:

- **Newborn screening blood test**

State law requires every baby have a newborn screening blood test. This test screens for disorders that can cause serious health problems, developmental problems, and even death, if not treated early. For more information about this test, refer to the pamphlet Newborn Screening Tests Hawaii, available at your OB clinic and at the Mother/Baby Unit.

- **Newborn hearing screening**

Most babies can hear well at birth, but a few do not. It is important for all babies to have a hearing screen. Most babies will have this done before discharge. Some babies may have to come back for their hearing screen or have further screening done.

- **Hepatitis B vaccine**

Your baby will also receive the first dose of the hepatitis B vaccine with your consent. Hepatitis B is a serious liver disease caused by a virus that may lead to long-lasting infection or even death. The best way to protect your baby is to vaccinate him or her. The American Academy of Pediatrics recommends vaccination of all infants against hepatitis B at birth. A consent form must be signed before your baby gets the first dose of this vaccine in the hospital. Your baby will have protection from hepatitis B after 3 doses of the vaccine. Learn more about this vaccine and vaccination schedule from your clinician.

ELECTIVE PROCEDURE: Circumcision

Before your baby is born, discuss with your partner whether you want to have your baby boy circumcised or not. The decision is up to you. Some parents choose not to circumcise their baby boy.

In its natural state, a fold of skin covers the end of the penis. Circumcision is a surgical procedure to remove that skin, called foreskin. Minor complications may include bleeding or infection. Circumcision is usually done before going home from the hospital.





Preparing to go home

Health plan coverage for your baby

The business office reviews your benefits with you at the beginning of your pregnancy. Review the maternity information you receive and call the business office if you have any questions.

Newborn babies of subscribers to the Kaiser Permanente Health Plan are eligible for coverage.

How to enroll your newborn:

- **Employer (Group plan) members**
Contact your employer immediately.
- **Federal "Family" Plan members**
Submit enrollment form to Kaiser Permanente immediately.
- **Federal "Self" Plan members**
Contact your employer immediately.
- **Individual members**
Contact Member Services immediately at **1-800-966-5955**.

We must receive the proper enrollment form from the employer group or individual within 31 days of the newborn's birth in order to have the coverage continue beyond the first 31 days.

If you're pregnant and enrolled in a QUEST (Medicaid) health plan on the date you deliver your child, your newborn will automatically be enrolled in your health plan for a minimum of 30 days from the date of birth. Med-QUEST will mail you an enrollment packet and give the option to change your newborn's health plan after the first 30 days.

If you are a pregnant teen covered under your parent's health plan, your infant is not eligible for benefits. You must obtain a separate plan for your baby. The only exception to this is when a grandparent becomes the legal guardian for the baby or adopts the baby. Then the baby has coverage under the grandparent's plan. Be sure to discuss your situation with a Kaiser Permanente financial counselor before the baby is born.

For questions about membership, benefits, or eligibility, call Member Services at **1-800-966-5955**.

For other financial questions, call a financial counselor at Moanalua Medical Center at **808-432-5340**.

Infant car seat

You must have a car seat to take your baby home.

All car seats sold in the U.S. meet or exceed the Federal Motor Vehicle Safety Standard for crash test performance. The safest place for your baby is in the back seat using a rear-facing car seat. The American Academy of Pediatrics recommends that all infants should ride facing toward the back of the car starting with their first ride home from the hospital. Never place a rear-facing car safety seat in the front seat of a vehicle that has a front passenger air bag. If the air bag inflates, it could cause serious injury or even death.

There are different types of rear-facing car safety seats: for example, infant-only seats, and convertible seats. First, decide which seat you prefer and which will fit in your car properly.

- The infant-only seat is small and has a carrying handle. Install it in the car so the baby rides facing the rear. Check the manual for height and weight requirements.
- A convertible seat can be used from birth until the child reaches the height and weight limits allowed by the manufacturer. For newborns, the seat is placed in the car with the baby facing the rear. It is recommended to keep your child rear facing as long as possible according to height and weight requirements of the seat. This prevents serious neck injuries in case of an accident. Once your child reaches the age and weight requirement, then you can install the seat facing forward.

For help choosing the right car seat, the National Highway Traffic Safety Administration (NHTSA) has a rating system for parents. See www.nhtsa.gov. Consider the following questions when choosing a car seat:

- Are the instructions clear and easy to follow?
- Will the seat fit in your car(s) according to the instructions?
- Will the harness and/or shield be easy to fasten and unfasten while putting the baby in and out several times per day?
- Are harness straps easy to adjust?

Never accept a hand-me-down seat, or purchase a used seat. Do not use a seat that has been in a crash, has any visible cracks, or one that does not come with instructions. Car/booster seats have an expiration date of 6 years from the date of manufacturer. Always check the labels on the seat for the date of manufacture and model numbers. Avoid recalled models by checking recalls.gov.

Safety seats are installed using the LATCH system (in vehicles made in 2002 or later) or seat belts. As many as 3 out of 4 car seats are not installed correctly. **Make sure you know how to install your car seat properly.** Have it checked at an inspection station or by a certified child passenger safety technician. Call our Health Education Department at **808-432-2260** for an appointment. Find other car seat check locations on the Keiki Injury Prevention Coalition website at KIPCHawaii.org.

At Kaiser Permanente, our focus is on family-centered maternity care. We want to give you all the support you need to feel comfortable in caring for yourself and your baby.



Discharge from the hospital and support at home

Most new mothers are ready to go home at 24 to 36 hours after an uncomplicated vaginal birth and 3 days after a C-section. Mothers find:

- They sleep and rest better at home.
- They want to return home as soon as possible to be with their family.
- Family members can get to know and bond with the baby earlier at home.

To ease the transition from hospital to home, we will set up a mother/baby appointment 1 to 3 days after discharge from the hospital. (See the "Mom and Newborn Center Visit" section on page 34).

To get ready and prepare you and your family for bringing a new baby home:

Learn as much as you can about:

- Basic infant care
- Feeding your baby
- Taking the baby's temperature
- Signs of illness in baby

Arrange for assistance and support at home for the first 1 to 2 weeks to help with:

- Care of other children
- Preparing meals
- Shopping
- Housework

This will allow you time to concentrate on breastfeeding, get to know your new baby, get enough rest, and recuperate from childbirth.



Your first month as a new parent

Postpartum and newborn visits

Mom and newborn center visit

The first week after birth is filled with many new experiences and physical and emotional changes. You may have questions and concerns about yourself, your baby, and your family.

All moms and babies will have a follow-up appointment with the Mom and Newborn Center 1 to 3 days after discharge. Registered nurses and nurse practitioners at the Mom and Newborn Center will help support you through this time. The Mom and Newborn Center follow-up visit may include:

Newborns

- Weight checks and physical exam
- Jaundice screening
- Breastfeeding assessment

Moms

- Postpartum depression screening
- Blood pressure and hypertension follow-up
- Breastfeeding assessment
- C-section assessment
- Assistance with scheduling your newborn's well-baby visits

Postpartum follow-up

Call to make a follow-up appointment as soon as possible after you get home. If an appointment is not already scheduled, refer to page 5 of this booklet for your clinic locations.

- If you had a vaginal birth, make an appointment for your 4-week postpartum checkup at your ob-gyn clinic. If you had a C-section, make a follow-up appointment in 3 weeks.

Newborn clinic follow-up

- Make your baby's well-baby checkup at approximately 3 weeks of age with your baby's doctor.

Birth control and family planning

It is important to think about what kind of birth control you and your partner will use after your baby's birth. Talk with your clinician to find the method that is best for you. When choosing your birth control method, it is important to consider:

- How effective is it?
- How will it affect my sexual activity?
- How will it affect my daily life?
- How much does it cost?
- Will I use it correctly every time I have intercourse?
- Is my partner willing to participate in its correct use every time?
- Do I want more children?

The following birth control methods are over 97% effective in preventing pregnancy when used properly.

- Depo-Provera™ injections
- Intrauterine device (IUD)
- Birth control pills
- Vaginal ring
- Skin patch
- Subdermal contraceptive implant

Other methods that are less effective include:

- Condoms (male or female)
- Spermicidal jelly, foam, suppositories, film, sponge
- Diaphragms and cervical caps

Permanent birth control procedures:

- Essure – micro insert
- Tubal ligation*
- Vasectomy



Not using a birth control method “just one time” can result in a pregnancy. If you do not want to be pregnant and do not have a birth control method available, do not have sexual intercourse.

* Note that if you are going to have a procedure done while you are still in the hospital, plan to have your support person stay. They will help care for your baby while you are away from your room.

Emergency Contraception – Plan B®

Plan B® prevents a pregnancy from starting after unprotected sex or birth control failure (for example, broken condom). The sooner you take the pills after unprotected sex, the more likely they are to prevent pregnancy. You may take the first dose up to 120 hours, or 5 days after unprotected sex. Plan B® should not be used as a regular form of birth control. A prescription is not needed. You can buy Plan B® in all Kaiser Permanente pharmacies by asking at the pharmacy counter.†

† If you are 18 years of age or older, you must have a government issued ID. to purchase Plan B®. If you are younger than 18 years of age, come to the counter and ask to speak to our pharmacist. This information is subject to change. Please speak to a pharmacist if you have any questions.



Important contact information

Phone Numbers

Labor and Delivery Unit **808-432-8550**
(available 24 hours a day, 7 days a week)

Lactation Services

Mapunapuna Medical Office **808-432-5608**

Moanalua Medical Center **808-432-8518**

Maternal Fetal Medicine **808-432-7404**

Mother/Baby Unit **808-432-8525**

Appointments **1-833-833-3333** (TTY 711)

Nurse Advice Line **1-833-833-3333** (TTY 711)
(available 24 hours a day, 7 days a week)

Obstetrical Clinic Locations

For appointments, call **1-833-833-3333** (TTY 711)
See page 5 for more information about choosing a provider.

Honolulu Medical Office

1010 Pensacola Street
Honolulu, HI 96814

Koolau Medical Office

45-602 Kamehameha Highway
Kaneohe, HI 96744

Waipio Medical Office

94-1480 Moaniani Street
Waipahu, HI 96797

Labor and Delivery Unit Location

Kaiser Permanente Moanalua Medical Center
3288 Moanalua Road
Honolulu, HI 96819

