

## Anna Jaques Hospital Birth Center FAQs

### What is the visitation policy?

- During labor and delivery only the patient's designated support people are allowed into the unit.
- We have a waiting area for other visitors.
- Beginning two hours after delivery, visitors are welcome at the mother's discretion.
- During flu season visitors and children may be restricted per Center for Disease Control guidelines.
- For the health of our newborns, we may ask visitors with a cough to wear a mask. We request that people who are sick do not visit the Birth Center.



**Tip!** Have visitors text before entering your room to ensure privacy or enable you to rest!

### What is “Family Rest Time”? Can I still have visitors during that time?

- Family Rest Time is designated on the Birth Center between 2–4 p.m. daily to encourage the family to rest or nap. We encourage no visitors during this time but it is up to you whether you allow visitors at this time.

### Is my husband or partner considered a visitor?

- No, he/she is considered your primary support person unless you choose someone else.

### Where will my support person sleep?

- All rooms are equipped with either a sleeper chair or couch.
- Your partner/support person is encouraged to stay with you overnight; however, we are unable to accommodate other visitors, including siblings or other children.

### What will my support person eat?

- He or she may bring food from home, purchase food from the cafeteria, or purchase meal tickets in the Gift Shop to use with the patient's room service menu. All rooms are equipped with a refrigerator and freezer.
- The Birth Center has a Nourishment Center with items such as bread, crackers, peanut butter, cereal, milk, juice, ginger ale, Jell-O, ice cream, popsicles, and Italian ice. You and your support person are welcome to help yourselves.
- A folder of take-out menus is also available at the Nurses' Station and our staff are happy to make recommendations!

**Tip!** Your support person will be given one celebratory meal ticket!

### How will my pain be relieved during labor?

- The Birth Center offers medical and non-medical options, including 24/7 anesthesia, nitrous oxide, a hydrotherapy tub, birthing balls, and massage and breathing techniques.
- The tub is available on a first-come, first-serve basis. All rooms are equipped with private showers.
- An in-house anesthesiologist is available 24/7 to provide epidural pain relief.

### Are there any rules for using the hydrotherapy tub?

- We have guidelines for using the tub to ensure safety. The use of epidurals and some high risk conditions will prohibit mothers from using the tub. At this time we do not offer water births.

## Anna Jaques Hospital Birth Center FAQs

### How does the Birth Center keep my family and me safe?

- The Birth Center is a locked unit. An electronic band linked to our infant security system will be placed on your baby.
- Nurses, doctors, and midwives can see your baby's heartbeat and your contraction pattern from multiple locations on the unit with our central fetal monitoring.
- The Birth Center's nurse-to-patient ratio follows national recommendations. In active labor the ratio is one nurse to one patient. During delivery, two nurses are present in addition to your obstetric provider. Following birth, one nurse cares for two to four mother-baby couplets.
- All nurses are certified in fetal monitoring, baby resuscitation, attend mock drills on a regular basis, and receive continuing education specific to maternal child nursing.
- We have 24/7 neonatology coverage and a level 1B nursery staffed with nurses experienced in caring for sick babies.



### What if I need a C-section?

- Birth Center staff is experienced in providing care to mothers who deliver via Caesarean section.
- Our operating room is conveniently located on our unit, close to the labor and delivery rooms.
- After you are prepped for the procedure your support person may stay with you. After your baby is born he/she can be placed skin-to-skin with you while the surgeon completes the procedure.
- Patients recover in a special recovery area for 1-2 hours following a C-section. After that you will be brought back to a postpartum room. You may have visitors when you feel up to it.
- You will stay in the hospital for four days if you have a C-section. You may eat and drink as soon as you feel able. The staff will help you get out of bed within 12 hours of delivery.

### May I keep the baby with me at all times?

- Yes! In fact, we encourage it. Mothers and babies who spend time together, especially skin-to-skin, have an easier transition to home. Our staff are here to help you get to know your baby and learn techniques for caring for your baby.

**Tip!** Research shows that moms and babies who sleep near each other get more rest than moms and babies who are separated!

### How does Anna Jaques Hospital help mothers who choose to breastfeed?

- In addition to staff trained in the latest advances in breastfeeding, we offer assistance from certified lactation consultants. If you have any difficulty during your stay we encourage you to let us know so we can arrange a consultation.
- There is a breastfeeding class for expectant mothers on the first Monday of every month.
- After discharge there are free Mother & Baby groups on Tuesdays, Wednesdays, and Thursdays run by our lactation nurses. This is an excellent way to get support at home as well as meet other mothers in the community.
- The lactation consultant also sees patients on an outpatient basis after they go home if needed. Most insurance plans will cover this service.
- For babies that need supplementation for a medical reason we offer donor human breast milk.

# Anna Jaques Hospital Birth Center FAQs

## Education Opportunities

Anna Jaques offers a variety of prenatal and family education classes, including: Childbirth Education, Infant CPR, Newborn Care, Infant Massage and Breastfeeding.

Visit [ajh.org/birthcenter](http://ajh.org/birthcenter) to learn more and register.



## When is the best time to introduce a pacifier to my baby?

The American Academy of Pediatrics recommends that pacifier use be delayed until after breastfeeding is going really well, or around one month of age. This is because frequent suckling at the breast helps to stimulate your body to build a strong milk supply. The more stimulation from your baby, the more milk you produce, and the faster your milk will come in.

Early use of a pacifier can cause the following problems:

- Interruption of the signals your body needs in order to produce a good supply of milk for your baby.
- Missed feeding cues and missed opportunities for breastfeeding.
- The baby to latch onto the breast like a pacifier, leading to sore and broken down nipples for mom.
- A delay in breastmilk fully coming in, leading to a tired mom and hungry baby.

## What should I bring to the hospital?

- For the mother, the Birth Center has basic toiletries, pads, disposable underwear, and linens. For breastfeeding mothers, we provide bra pads and lanolin cream. We also have breast pumps available. If you prefer your own items from home you are welcome to bring them. You may want to pack the following: deodorant, hair dryer, hairbrush, a comfortable wireless bra, snacks, music, camera, cell phone, charging cables for your phone and camera, flip flops or slippers, and an outfit to wear home. Most mothers find maternity clothing from when they were 5-6 months pregnant fits comfortably.
- For baby, the Birth Center provides diapers, wipes, linens, baby wash, and combs. You are welcome to bring your own items from home. Please make sure you have an outfit for the baby to wear home and your car seat ready to go. The car seat base should be installed and/or checked by a certified car seat technician.

**Tip!** Bring a sleep sack/swaddler from home so the staff can show you how to properly use them!

## Is it okay to use my cell phone/tablet/lap top?

- Yes, you are welcome to bring your personal electronics from home and use them. The Birth Center asks that you do not leave them unattended in your room.
- The hospital has free Wi-Fi access that does not require a password.

**Tip!** The Birth Center staff are happy to take your first family photo and help you capture special moments. Just ask!

## Neonatal Care Center at Anna Jaques

*Specialized care for babies – and their families – who need extra support*



Every parent plans to have a healthy baby who arrives on his or her due date. But sometimes babies arrive early or develop health issues. The Neonatal Care Center at Anna Jaques is staffed around-the-clock by specially-trained nurses who are experts in caring for these newborns. Neonatologists are available 24/7 as needs arise.

The Neonatal Care Center is a Level 1B nursery that can care for premature babies, low birth weight newborns, and babies with unexpected medical complications that arise during delivery, such as jaundice, low blood sugar, and infection.

### Our Team

You can take comfort in knowing your newborn will be in experienced hands if your baby arrives early or has a medical complication. Should the unexpected happen, a neonatologist is available to care for your baby 24 hours a day, 7 days a week, along with a team of skilled neonatal nurses. It's reassuring to know that most babies don't have to leave the community and be separated from their families while receiving the care they need.

### Feeding...Growing...Going Home

Some premature babies require the care of a Level III Neonatal Intensive Care Unit (NICU) at a Boston hospital during their first days or weeks. Once they are medically stable, the baby will be transferred back to where he/she can be cared for in a nurturing environment, and learn to feed and grow before they go home. Our highly trained team of doctors and nurses – can provide that extra level of care needed in this phase while supporting the family with this transition. Skin-to-skin or kangaroo care are encouraged. Parents are encouraged to participate as much as possible.

There are many advantages to receiving “step-down” care at Anna Jaques. While the care for babies remains the same, families save time and money on commuting and parking downtown, giving you more precious minutes with your baby. In fact, parents are welcome to visit at any time of day or night. Instead of a bustling NICU, you'll find a soothing, nurturing environment with nurturing environment for your family. Privacy curtains allow mom to pump breast milk at the bedside rather than in a nursing room. We also offer lactation support.

When it's almost time for your baby to go home, we offer a “rooming in” with your baby so that you become comfortable caring for him or her, knowing that our expert nurses are just down the hall. Although your baby may not be ready to go home right away, we'll help you feel as “at home” as possible in the Neonatal Care Center.

Beth Israel Lahey Health   
Anna Jaques Hospital

# A Parent's Guide to Hospital Birth Registration in Massachusetts

Your baby's birth certificate is a legal document that proves the facts of birth and makes a birth a permanent record in Massachusetts' vital records. Birth certificates must be completed before mother and baby are discharged home from the hospital. The Birth Registrar is required to record births with City Hall within 10 days of the birth.

Hospitals obtain birth certificate information by means of a worksheet. It is very important that you answer every question completely. Information needed to record a birth in Massachusetts include: name of the baby and birth place, social security numbers and home address of the parents'

You will need to make the birth registrar aware if you are: married or were married anytime within 300 days before delivery, married but your husband is not the father, divorced and date of divorce. Your current status is important to process your baby's birth certificate. The birth registrar needs to complete the appropriate documents required by the state.

You will also be asked statistical questions such as race, education, ethnicity, etc. The information helps the Department of Public Health follow the trends of mothers and babies. Statistical information is kept strictly confidential and is sent directly to the Department of Public Health (DPH), separate from the legal record that is sent to the City Clerk.

At the hospital, during the birth certificate process, you will have the option of applying for a social security card for your child. If you apply, you will receive the social security card in the mail within 6 weeks.

The birth certificate is completed by the birth registrar, signed by the mother/parents and sent to the Newburyport City Hall to be recorded. It is the parent's responsibility to pick up a certified copy of the birth certificate after 10 days or whenever needed.

**Acknowledgement of Paternity:** In Massachusetts, Unmarried parents can legally acknowledge paternity at the hospital delivery. The acknowledgement of parentage for allows the birth registrar to list the father on you or baby's birth certificate at the time the baby is born. The mother must be unmarried. Both parents must sign the acknowledgement of parentage and provide a valid form of identification for the birth registrar/notary.

**Denial of paternity:** Massachusetts law requires that mothers, who are married at any time within 300 days of the birth, list the husband as the father unless a denial of paternity form is completed and signed by the husband and mother.

For more information on Paternity laws, please refer to the Massachusetts Department of Revenue website:

<http://www.mass.gov/dor/child-support/resources/brochures-and-information/>

Please feel free to contact me with any questions or concerns.

Melissa J. Cotter  
Birth Registrar  
mcotter@ajh.org  
978 463 1357

# Breastfeeding Basics

## Tips to Successful Breastfeeding

- Initiate breastfeeding within 1 hour of birth.
- Latch baby whenever hunger cues are seen (on demand) and at least every 2-3 hours (always wake baby to feed if not cueing.)
- The benefits of on demand feeding are content babies, less breastfeeding complications and a good milk supply.
- Ensure at least 8-12 successful feedings in 24 hours.
- The American Academy of Pediatrics recommends to avoid giving your breastfed baby a pacifier until baby is about 3-4 weeks old and feeding is well established. Using a pacifier beforehand can mean baby gets less breast milk, and therefore does not gain enough weight and can decrease milk supply and cause latch difficulties.
- Spend as much time as possible skin-to-skin (holding your naked baby against your bare chest).
- Breast milk provides all of the nutrients that a baby needs for good growth and development.
- Supplementing with formula can make a baby less content at the breast, more susceptible to illness, and can reduce milk supply.

Spending time skin-to-skin with baby has many benefits including keeping the baby warm, helping baby to breathe well, increasing bonding, initiating breastfeeding, and is calming for both mother and baby.

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### HUNGER CUES

- Licking lips and moving tongue out over bottom lip
- Turning head side to side
- Fists/fingers to mouth
- Sucking motions
- Rapid eye movements seen beneath the eyelids when baby is asleep
- Crying (a late sign of hunger)

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The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of life. No other foods or supplements are needed unless medically necessary. Beyond 6 months, breastfeeding should be maintained along with nutritious complementary foods until age 2 and beyond.

There is no needed prenatal preparation for breastfeeding, other than taking a breastfeeding class for knowledge and expectations.

# Prenatal Education Offerings

Beth Israel Lahey Health   
Anna Jaques Hospital

## **in-person classes:**

- Hybrid Prepared Childbirth (Online education followed by 3 hour in-person class): \$150
- Newborn Care: \$50
- Infant Safety - CPR/Car Seat Safety: \$25 per person
- Breastfeeding: \$20

To see upcoming available dates/times visit:

[www.ajh.org/services-and-departments/birth-center-and-neonatal-care-center/support-resources](http://www.ajh.org/services-and-departments/birth-center-and-neonatal-care-center/support-resources)

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## **Online classes:**

- Online Prepared Childbirth: \$75
  - Online Infant Safety: \$50
  - Online Breastfeeding: \$50
  - Online Newborn Care: \$50
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## **To register:**

- Email [birthcenter@ajh.org](mailto:birthcenter@ajh.org) with a list of the classes you would like to partake in
- Make payment by calling the Cashier's Office at 978-463-1390 (Mon-Fri, 9-3)
- The registration link(s) will be emailed to you within 72 hours of your payment



Take a Virtual Tour of the  
Anna Jaques Birth Center

[Visit ajh.org/birthcenter](http://www.ajh.org/birthcenter)

# Nitrous Oxide, commonly called “Laughing Gas,” for Labor

## **What is it exactly?**

Nitrous oxide used for labor pain is a mixture of 50% nitrous gas and 50% oxygen that is inhaled through a mask. It is used widely in dental offices, where most people know of it as “laughing gas.” It has been, and still is, widely used in Europe for labor.

## **How does it work?**

You hold your own mask and begin to inhale the gas mixture about 30 seconds before a contraction begins. Starting to inhale before a contraction begins helps the gas reach its peak effect at about the same time as the contraction reaches its peak, providing the greatest relief.

## **Will the midwife or doctor be administering nitrous?**

No. The nitrous is self-administered by the laboring woman, breathing it in as you feel the need. Once you decide you want to use it, your midwife or obstetrician will order it. Then your nurse will set it up and review how to use it.

## **Does it have any side effects?**

Some women have reported nausea after prolonged use. Medication is available to help ease the nausea if that happens. It can also cause some unsteadiness when standing up. There should always be a support person or staff member in the room when you would like to get out of the chair or bed in case you need assistance.

## **Can I still be out of bed and use nitrous?**

Yes. You may be out of bed and use the nitrous as long as you are steady on your feet and your support person or staff is present.

## **Is there any extra monitoring required?**

No. If you are eligible to have intermittent fetal monitoring, there is no extra monitoring required for nitrous to be used.

## **Can I use nitrous and have intravenous narcotics at the same time?**

No. The combination of narcotics and nitrous can slow your breathing so they would not be used together.

## **Can I use nitrous in the tub?**

No. You will not use nitrous oxide while also sitting in the tub. However, you may use it just prior to getting into the tub or just after getting out of the tub.

## **Are there any reasons I could not use nitrous?**

Yes. You cannot use it if you:

- Cannot hold your own facemask
- Have received a dose of narcotic in the past 2 hours
- Have pernicious anemia or a B12 deficiency for which you take B12 supplements
- Have one of a very few other rare medical conditions which your midwife or obstetrician will speak with you about

## **Are there any effects on the baby?**

No. There are no known effects on the baby. Nitrous is the only pain relief method used for labor that is cleared from the body through the lungs, so as soon as you pull the mask away, the nitrous effect is gone within a breath or two.

## **Do I have to choose between either using nitrous oxide OR having an epidural?**

No. Some women may use nitrous prior to having an epidural placed. Though they would not be used together (the epidural and nitrous), it is perfectly fine to use nitrous first and then move on to a different type of pain relief if you find you need to change to something else.



# Am I In Labor?

## **What is labor?**

Labor is the work that your body does to birth your baby. Your uterus (the womb) contracts. Your baby then descends and your cervix (the mouth of the uterus) opens. You will push your baby out into the world.

## **What do contractions (labor pains) feel like?**

When they first start, contractions usually feel like cramps during your period. Sometimes you feel pain in your back. Most often, contractions feel like muscles pulling painfully in your lower belly. At first, the contractions will probably be 15 to 20 minutes apart. They will not feel too painful. As labor goes on, the contractions get stronger, closer together, and more painful.

## **How do I time the contractions?**

Time your contractions by counting the number of minutes from the start of one contraction to the start of the next contraction.

## **What should I do when the contractions start?**

If it is night and you can sleep, sleep. If it happens during the day, here are some things you can do to take care of yourself at home:

- Walk. If the pains you are having are real labor, walking will make the contractions come faster and harder. If the contractions are not going to continue and be real labor, walking will make the contractions slow down.
- Take a shower or a bath. This will help you relax.
- Eat. Labor is a big event. It takes a lot of energy.
- Drink water. Not drinking enough water can cause false labor (contractions that hurt but do not open your cervix). If this is true labor, drinking water will help you have the strength to get through your labor.

# Am I In Labor?

- Take a nap. Get all the rest you can.
- Get a massage. If your baby is in your back, a strong massage on your lower back may feel very good. Getting a foot massage is always good.
- Don't panic. You can do this. Your body was made for this. You are strong!

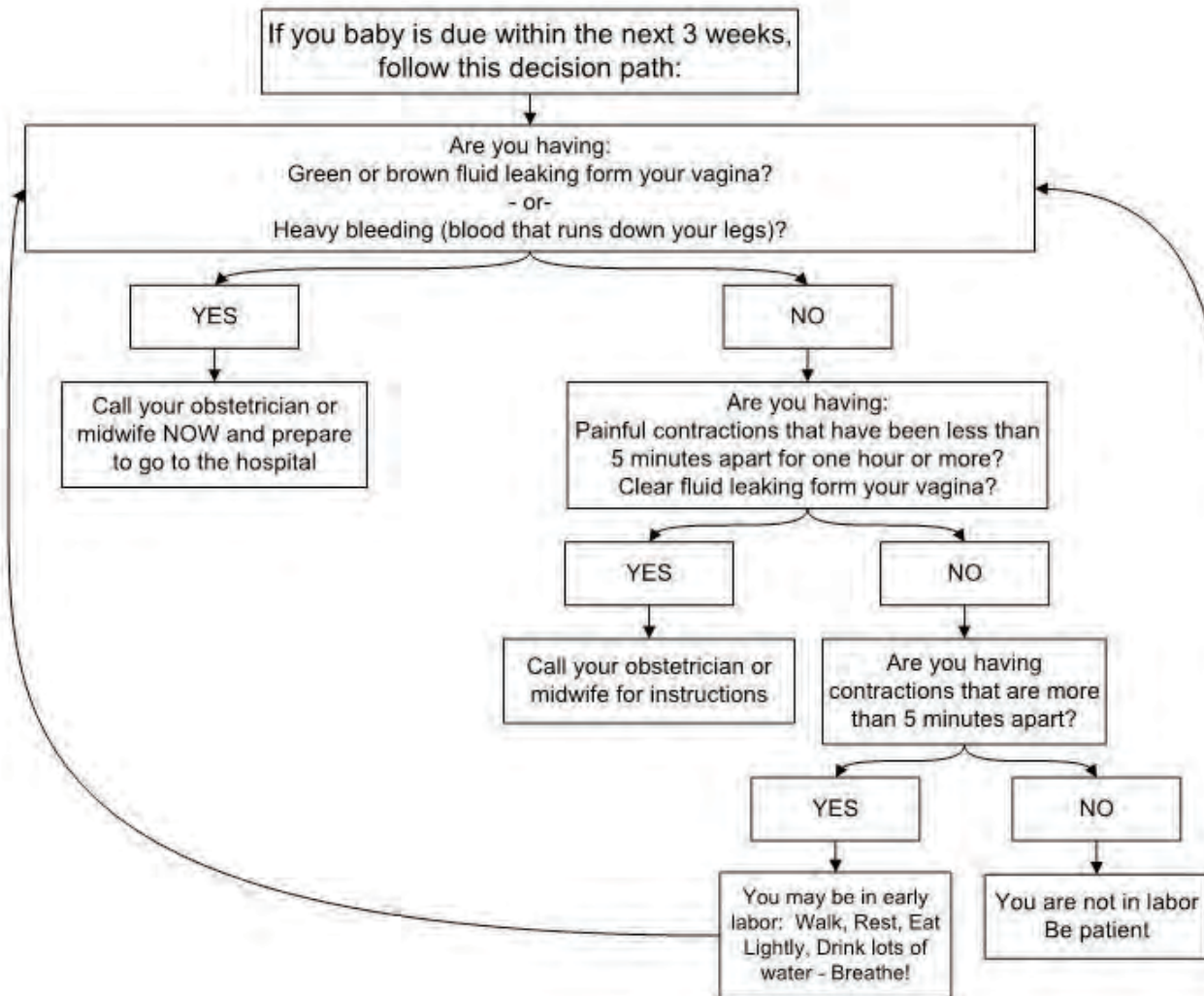
When should I go to the hospital or call my health care provider?

- Your contractions have been 5 minutes apart or less for at least 1 hour.
- If several contractions are so painful you cannot walk or talk during one.
- Your bag of waters breaks. (You may have a big gush of water or just water that runs down your legs when you walk).

## **Are there other reasons to call my health care provider?**

Yes, you should call your health care provider or go to the hospital if you start to bleed like you are having a period—blood that soaks through your underwear or runs down your legs, if you have sudden severe pain, if your baby has not moved for several hours, or if you are leaking green fluid. The rule is as follows: if you are very concerned about something, call.

# Am I In Labor?



# Easier Birth Preparations

When there is a balance of muscle and ligament tension; gravity and movement will have a greater success at achieving fetal repositioning and/or a progression of labor.

- **Balance:** needs to be throughout the entire reproductive system in the muscles, fascia and ligaments. This is accomplished by the utilization of: The 3 Sisters maneuvers; bodyworkers; and daily essential exercises.
- **Gravity:** gravity friendly maternal positions help achieve optimal fetal position.
- **Movement:** is helpful especially after practicing ones balancing maneuvers. Movements include activities such as; walking, yoga, lunges, and swimming.

## Balance

### *The Three Sisters*

#### 1. Rebozo sifting:

Using a long scarf or bed sheet around 70 inches in length, mother is on her hands and knees with her head resting on a ball or couch. The assistant wraps the scarf (rebozo) around the mother's belly so the bottom of the scarf tucks under her baby close to the mother's hips with the top of the scarf stretching over the top of her belly.

The assistant stands behind the mother holding both ends of the scarf, positioning your hands with your thumbs up and wrists straight. Knees are slightly bent. The assistant then gently lifts the mother belly upward and rotates their hands in a circular motion (just like a bicycle). Keep the lift and circular motion steady and slow. **Avoid jerky movements and be sure the scarf does not slide from side to side. Rebozo sifting is all about the rhythm.**



# Easier Birth Preparations

**2. Forward-leaning inversion** *(Do not do this balance technique if the mother has high blood pressure, any risks factors for a stroke, or a history of glaucoma and or a recent back, head or shoulder injury): Consult with your provider before inverting.*

Start by kneeling at the edge of a firm surface such as a bed, couch or stairs. **You may want to use an assistant to avoid a fall.** Walk down with one hand at a time with your assistant guarding you. Bend down to your elbows and gently rest your head on the floor with your bottom tipped upward into the air. **Tuck in your chin and do not rest the weight on your head.**

Hold this position for 3 breaths.

Walk back up with your hands and push up to a kneeling position for at least one breath. **You may feel your head pounding the first few times you start forward-leaning inversion, however, this is not a problem by itself.**



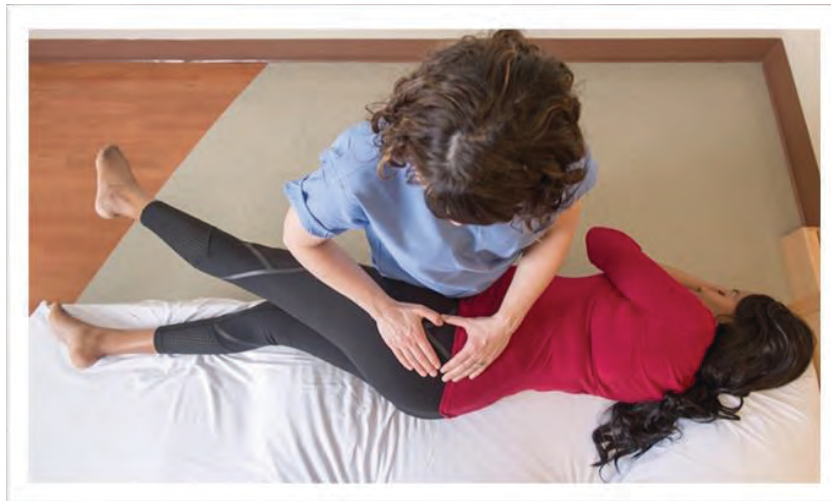
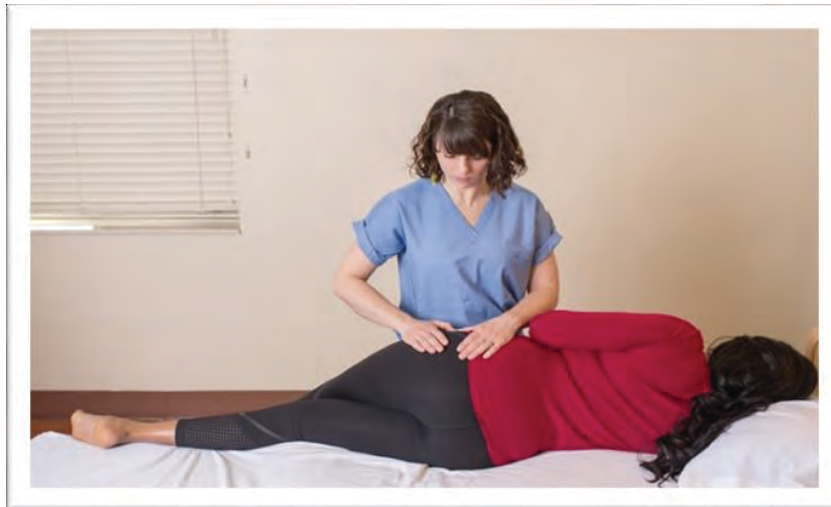
### **3. Side-lying release:**

Start on the side of your choice, however, both sides need to be released for success. Mother comes to the edge of the bed or couch in the side-lying position. **The assistant presses their hip firmly against the edge of the mother's hip to keep her from falling off the bed or couch. Mother can also hold a chair or table near the bed or couch.**

# Easier Birth Preparations

Pay close attention to the mother's alignment. This is a key element for success. Her head should be level on a pillow and not tilted. Shoulders are to remain straight. The lower leg is also to remain straight with a flexed foot while the top leg hangs loosely over the bed or couch. **The mother's assistants must help prevent the mother's hip from leaning forward once her leg is hanging.**

The assistant presses down on the hip and back just enough to keep the hips in line with each other. A slight rocking motion with your hands will help relax the muscles. Mother can rest her upper arms over her head or near her ears.



# Easier Birth Preparations

## Gravity

### *Daily maternal recommended positions*

Always sit with your hips higher than your knees (don't slouch).

- Always keep your belly lower than your hips.
- Let your belly be a hammock for your baby.
- Sit on a kitchen chair **backwards**.
- When using an exercise ball, make sure your hips are not lower than your knees. Keep an upright posture by sitting on the front of your sitting bones and not on the back of your tail bone.
- In the car: Sitting on a cushion puts you and the baby at risk if there is a sudden stop; instead, sit on a small slo-mo ball using only one puff of air (see photo below). Place the ball in between your tuberosity's (between both sides of your buttock).
- **Rest Smart.** Let your baby's back settle into your "hammock." Make a little pillow nest to lie near or under your belly. With one hip over the other forming a right angle, and placing a pillow between your legs. You may want to change sides now and then to add evenness and comfort. Remember not to lean back without support because it may cause muscle cramps. ***If your health care provider asks you to avoid a position ask them why. It may be because that position is not good for either you and/or the baby.***

## Movement

### *Beneficial activities which help make room for your baby.*

1. **Calf stretches:** Step with one foot onto a rolled towel or a foam tube. Make sure your heel is grounded onto the floor. Stand straight with a slight bend of the knee. Straighten and bend the knee slightly. Change sides to the other foot. Then do both feet at the same time. Repeat this exercise 5-10 times daily to help the sacrum and buttocks muscles become more mobile. This helps the pelvis open easier for baby's arrival.
2. **Forward Lunges:** Follow the calf stretches with lunges to help loosen the sacrum.
3. **Squats:** Do 3 squats. Only go down as far as you can, keeping your heels down with your toes pointing forward. Be sure to brace yourself on a trusted surface and be mindful of your abilities.
4. **Walking:** 1-3 miles if permitted by your provider.
5. **Daily stretching:** Side to side bends; neck rolls; etc.

# Helpful Apps for New Parents



**Coffactive** - Get information about how to support a pregnant and/or new parent. Topics cover normal expected growth milestones and



**Text4baby** - Sign up to receive free weekly texts including information about developmental milestones, appointment reminders and available hotline resources.



**LactFacts** - Read through interesting lactation facts



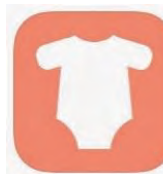
**LactMed:** Look up medications and dietary supplements for their possible effects on lactation, breastmilk and breastfeeding babies.



**Infant Risk** - Search the safety of medications while breastfeeding.



**Hatch Baby** - Track your baby's feedings, growth, diapers, sleep and more.



**The Nursing Log** - Track nursing session details such as duration, time started and side latched onto.



# Helpful Apps for New Parents



**My Medela** - Track breastfeeding, pumping, weight, growth, sleep, diapers and more.



**Pump Log** - Tracks frequency, duration and volumes collected. Great for exclusively pumping and/or back to work parents.



**Sleepy Sounds** - Search for sounds such as lullabies, white noise, and nature sounds that will help your baby and/or you to relax while breastfeeding.



**Growth** - Track more than one child's growth on the WHO and/or CDC growth charts. Also provides adjusted charts for preterm babies.

# Then & Now

*A helpful tool for grandparents and other caregivers*

## Pregnancy & Birth

| Then   | Now   |
|--|---|
| 37 weeks considered full term  | Although babies look full term at 37 weeks, their brains are not done developing. Unless mother nature or a medical reason says otherwise, babies should come after 39 weeks. |
| Cesarean section or induction are options if mom uncomfortable   | Labor is not induced before 41 weeks without a medical reason. Cesarean Sections are not done before 39 weeks without a medical reason  |
| If you wait too long for an epidural you will miss your “window” and you won’t be able to get one.         | Every woman is different and there are no cut-offs for women. We will always try and there are different pain options.  |
| Breaking the bag of waters can cause a dry birth   | Amniotic fluid is produced by the baby and continues to be made throughout labor.   |
| You could call the labor & delivery unit to find out how the mother was doing or if the baby had come yet. | Privacy laws (HIPAA) prevents staff from giving out patient information. But we are happy to get a message to mom and dad to call you when they are able!                     |

## Babies

| Then  | Now   |
|---|---|
| The baby went to a warmer immediately after he/she was born.  | The baby stays skin-to-skin on mom unless there is a medical reason to be separated.  |
| Baby went to the nursery at the hospital for care.  | Baby stays with mom, it is the safest place for them. Babies who stay near their mothers cry less, breath better, feed better, and maintain their blood sugar better. Babies go the nursery if there is a medical indication. |
| Baby slept on his/her stomach or side   | Baby sleeps flat on back to reduce risk of Sudden Infant Death Syndrome (SIDS)  |
| Keep the baby warm with lots of blankets  | Keep the baby warm with extra layers of clothing and a sleep swaddler for safety  |
| Baby slept in a crib with bumpers and stuffed animals   | Baby sleeps in a crib on a flat surface and a tight fitted sheet – nothing else in the crib for safety!   |
| Give the baby sterile water or glucose water. If you put rice cereal in the baby’s bottle they will sleep longer. | Breastmilk is all a baby needs for the first 6 months of life.  |
| Feed the baby on a schedule.  | Feed the baby on demand – at least 8 feedings in 24 hours.  |
| If the baby is jaundiced (yellow) put him/her in front of a sunny window.   | Windows filter out the light that helps with jaundice. Make sure baby is feeding well as well as peeing and pooping. Any concerns call the pediatrician.  |
| Holding a baby too much will spoil them.  | Holding a baby helps them feel secure and less stressed.  |

# You can start protecting your baby from whooping cough before birth



Information for pregnant women



*When you get the whooping cough vaccine during your 3<sup>rd</sup> trimester, your baby will be born with protection against whooping cough.*

## Why do I need to get a whooping cough vaccine while I am pregnant?

The whooping cough vaccine is recommended during your third trimester so that your body can create antibodies and pass them to your baby before birth. These antibodies will help protect your newborn right after birth and until your baby gets his own first whooping cough vaccine at 2 months of age. During the first few months of life, your baby is most vulnerable to serious complications from this disease.

## Is this vaccine safe for me and my baby?

Yes. The whooping cough vaccine is very safe for you and your baby. The most common side effects are mild, like redness, swelling or pain where the shot is given in the arm. This should go away within a few days. You cannot get whooping cough from the vaccine. The vaccine does not contain any live bacteria.

Doctors and midwives who specialize in caring for pregnant women agree that the whooping cough vaccine is safe and important to get during the third trimester of each pregnancy. Getting the vaccine during pregnancy does not put you at increased risk for pregnancy complications like low birth weight or preterm delivery.

## If I recently got this vaccine, why do I need to get it again?

The amount of antibodies in your body is highest about 2 weeks after getting the vaccine, but then starts to decrease over time. That is why the vaccine is recommended during every pregnancy – so that each of your babies gets the greatest number of protective antibodies from you and the best protection possible against this disease.

## Are babies even getting whooping cough anymore in the United States?

Yes. In fact, babies are at greatest risk for getting whooping cough. We used to think of this as a disease of the past, but it's making a comeback. Recently, we saw the most cases we had seen in 60 years. Since 2010, we see between 10,000 and 50,000 cases of whooping cough each year in the United States. Cases, which include people of all ages, are reported in every state.

**W**hooping cough (sometimes called pertussis) is a serious disease that can cause babies to stop breathing. Unfortunately, babies must be 2 months old before they can start getting their whooping cough vaccine. The good news is you can avoid this gap in protection by getting the whooping cough vaccine (also called the Tdap shot because it protects against tetanus, diphtheria, and pertussis) in your third trimester, preferably between your 27<sup>th</sup> and 36<sup>th</sup> week of pregnancy. By getting vaccinated, you will pass antibodies to your baby so she is born with protection against whooping cough.



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

[www.cdc.gov/whoopingcough](http://www.cdc.gov/whoopingcough)



American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™



February 2015

## **Mom, only you can provide your newborn baby with the best protection possible against whooping cough.**

*You may have heard that your baby's father, grandparents, and others who will be in contact with your baby will need to get their whooping cough vaccine as well. This strategy of surrounding babies with protection against whooping cough is called "cocooning." However, cocooning might not be enough to prevent whooping cough illness and death. This is because cocooning does not provide any direct protection (antibodies) to your baby, and it can be difficult to make sure **everyone** who is around your baby has gotten their whooping cough vaccine. Since cocooning does not completely protect babies from whooping cough, it is even more important that you get the vaccine while you are pregnant.*

### **How dangerous is whooping cough for babies?**

Whooping cough is very serious for babies. Many babies with whooping cough don't cough at all. Instead it can cause them to stop breathing. About half of babies younger than 1 year old who get whooping cough are hospitalized. Since 2010, about 10 to 20 babies die from whooping cough each year in the United States. Most whooping cough deaths are among babies who are too young to be protected by their own vaccination.

### **How could my baby be exposed to whooping cough?**

Whooping cough spreads from person to person when coughing or sneezing or when spending a lot of time near one another where you share breathing space, like when you hold your newborn on your chest. Some people with whooping cough may just have a mild cough or what seems like a common cold. Since symptoms can vary, children and adults may not know they have whooping cough and can end up spreading it to babies they are in close contact with.

### **Why is the vaccine recommended during pregnancy instead of in the hospital after my baby is born?**

When you get the whooping cough vaccine during pregnancy, you will pass protective antibodies to your baby before birth, so both you and your baby have protection.

The whooping cough vaccine used to be recommended for women to get in the hospital after giving birth. This helped prevent moms from getting whooping cough and passing it on to their babies. Unfortunately, the babies did not benefit from the protective antibodies and could still get whooping cough from others.

### **Is it safe to breastfeed after getting the whooping cough vaccine?**

Yes, in fact you can pass some whooping cough protection to your baby by breastfeeding. When you get a whooping cough vaccine during your pregnancy, you will have protective antibodies in your breast milk that you can share with your baby as soon as your milk comes in. However, your baby will not get protective antibodies immediately if you wait to get a whooping cough vaccine until after you give birth. This is because it takes about 2 weeks after getting vaccinated before your body develops antibodies.

### **Where can I go for more information?**

Pregnancy and Whooping Cough website:  
[www.cdc.gov/pertussis/pregnant](http://www.cdc.gov/pertussis/pregnant)

Immunization for Women website:  
[www.immunizationforwomen.org/immunization\\_facts/vaccine-preventable\\_diseases/pertussis](http://www.immunizationforwomen.org/immunization_facts/vaccine-preventable_diseases/pertussis)

Vaccines during Pregnancy website:  
[www.midwife.org/omot-vaccines-during-pregnancy](http://www.midwife.org/omot-vaccines-during-pregnancy)

American Academy of Family Physicians website:  
[www.aafp.org/patient-care/immunizations/disease-population.html](http://www.aafp.org/patient-care/immunizations/disease-population.html)

Tdap Vaccine Information Statement (VIS):  
[www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html](http://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html)

Ask your doctor or midwife about getting the **whooping cough vaccine** during your 3<sup>rd</sup> trimester.

# Circumcision - Information for Parents

Parents have different opinions about newborn circumcision based on medical, religious, cultural, and ethnic traditions, and personal reasons. Some parents choose circumcision. Parents who are undecided should talk with the child's doctor before their child is born. They can learn about the benefits and risks of circumcision to help them choose what is best for their son. Read on for more information from the American College of Obstetricians and Gynecologists (ACOG) about circumcision.

## What is circumcision?

Circumcision is the surgical removal of the layer of skin, called the foreskin, which covers the glans (head) of the penis.

## When is circumcision performed?

Circumcision on infants may be performed before or after the mother and baby leave the hospital. It only is performed if the baby is healthy. If the baby has a medical condition, circumcision may be postponed. Circumcision also can be performed on older children or adults. However, recovery may take longer when circumcision is done on an older child or adult. The risks of complications also are increased.

## Is circumcision a required procedure?

Circumcision is an elective procedure. That means that it is the parents' choice whether to have their infant sons circumcised. It is not required by law or by hospital policy. Because it is an elective procedure, circumcision may not be covered by your insurance policy. To find out, call your insurance provider or check your policy.

## Is circumcision a common practice?

Although many newborn boys in the United States are circumcised, the number of circumcisions has decreased in recent years. It is less common in other parts of the world.

## Why do some parents choose to have their sons circumcised?

There are hygienic reasons for circumcision. *Smegma* is a thick white discharge containing dead cells. It can build up under the foreskin of males who are not circumcised. This can lead to odor or infection. However, a boy who has not been circumcised can be taught to wash his penis to get rid of smegma as a part of his bathing routine. For some people, circumcision is a part of certain religious practices. Muslims and Jews, for example, have circumcised their male newborns for centuries. Others may choose circumcision so that the child does not look different from his father or other boys.

# Circumcision - Information for Parents

## **Why do some parents choose not to have their sons circumcised?**

Some parents choose not to circumcise their sons because they are worried about the pain the baby may feel or the risks involved with the surgery. Others believe it is a decision a boy should make himself when he is older.

## **Are there any health benefits associated with circumcision?**

Circumcised infants appear to have less risk of urinary tract infections than uncircumcised infants. The risk of urinary tract infection in both groups is low. It may help prevent cancer of the penis, a rare condition. Some research suggests that circumcision may decrease the risk of a man getting human immunodeficiency virus (HIV) from an infected female partner. It is possible that circumcision may decrease the risk of passing HIV and other sexually transmitted diseases from an infected man to a female partner. At the present time, there is not enough information to recommend routine newborn circumcision for health reasons.

## **Are there any risks associated with circumcision?**

Possible complications include bleeding, infection, and scarring. In rare cases, too much of the foreskin or not enough foreskin is removed. More surgery sometimes is needed to correct these problems.

## **How is circumcision performed?**

Circumcision takes only a few minutes. During the procedure, the baby is placed on a special table. It is recommended that an anesthetic be used for pain relief. Various surgical techniques are used, but they follow the same steps:

- The penis and foreskin are cleaned.
- A special clamp is attached to the penis and the foreskin is removed.
- After the procedure, a bandage and petroleum jelly are placed over the wound to protect it from rubbing against the diaper.

## **What should I expect after my baby boy has been circumcised?**

If your baby boy has been circumcised, a bandage with petroleum jelly may be placed over the head of the penis after surgery. The bandage typically falls off the next time the baby urinates. Some health care providers recommend keeping a clean bandage on until the penis is healed, while others recommend leaving it off. In most cases, the skin will heal in 7–10 days. You may notice that the tip of the penis is red and there may be a small amount of yellow fluid. This usually is normal.

# Circumcision - Information for Parents

## How do I keep the circumcised area clean?

Use a mild soap and water to clean off any stool that gets on the penis. Change the diapers often so that urine and stool do not cause infection. Signs of infection include redness that does not go away, swelling, or fluid that looks cloudy and forms a crust.

## If I decide not to have my son circumcised, how do I clean his penis and foreskin?

If your baby boy has not been circumcised, washing the baby's penis and foreskin properly is important. The outside of the penis should be washed with a mild soap and water. Do not attempt to pull back the infant's foreskin. The foreskin may not be able to pull back completely until the child is about 3–5 years old. This is normal. As your child gets older, teach your son how to wash his penis. He should pull back the foreskin and clean the area with soap and water. The foreskin then should be pushed back into place.

## Glossary

- **Anesthetic:** A drug used to relieve pain.
- **Foreskin:** A layer of skin covering the end of the penis.
- **Glans:** The head of the penis.
- **Human Immunodeficiency Virus (HIV):** A virus that attacks certain cells of the body's immune system and causes acquired immunodeficiency syndrome (AIDS).
- **Sexually Transmitted Diseases:** Diseases that are spread by sexual contact, including chlamydia, gonorrhea, genital warts, herpes, syphilis, and infection with human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).
- **Smegma:** A whitish, cheesy substance normally built up and shed from under the male foreskin.

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

# Selecting the Right Car Seat

## Keep Your Child Safe in Stages

Child  
Safety  
Facts  
2021

The SAFEST car seat for your child is the one that . . .

### Fits your child

Children are safest when they stay in each of the stages shown below for as long as possible. Make sure your child meets the car seat weight and height guidelines. Check labels, instructions, and state laws.

### Fits your car

Make sure the car seat fits correctly in your car. Not every car seat can be installed correctly in every car. Someone trained to help with car seats can help. (See *Resources* on page 2.)

### Is easy for YOU to use

Find a car seat that is easy for you to use the right way every time. The easier it is for you to use, the more likely you will use it correctly—so your child will ride safely every time you travel.

## Stage 1: Your child rides rear facing



... from birth until baby meets the rear-facing height or weight limit. Look for these car seat types:

**Rear-facing-only (shown):** A car seat, with a handle, that has a weight limit of 22, 30, 32, or 35 pounds.

**Convertible:** A larger car seat with no handle. This type allows babies and toddlers to ride rear facing longer (up to 30 to 50 pounds). Later, it can be used facing forward.

## Stage 2: Your child rides forward facing in a harness



... after he no longer fits in a rear-facing car seat. Use the forward-facing harness until he no longer fits it by height or weight. Look for these car seat types:

**Convertible:** This type adjusts from rear to forward facing for children who weigh up to 40 to 85 pounds.

**Combination or all-in-1:** This car seat type has a harness for children who weigh up to 40 to 65 pounds. When the child is too heavy or tall for the harness, remove or stow the harness to use the seat as a booster.

**Vest:** This type has no plastic seat. Some vests allow use by children who weigh over 100 pounds.

## Stage 3: Your child rides in a booster seat



... when she has grown too big for a harness. She should use a booster until a seat belt fits properly, when she is about 10 to 12 years old. One without a back is okay to use in cars that have head restraints and for children who do not nap while riding. Otherwise, one with a high back (shown) is better, and this type might also protect better in side crashes.

**A booster must be used with a lap-shoulder belt.** If the car has only lap belts, don't use a booster. Instead, find a car seat with a harness that fits the child (see *Resources*). A car seat is also better for a child who can't sit still in a booster.

## Stage 4: Your child rides in a lap-shoulder belt

... when the belt fits well, usually when he is 10 to 12 years old. To check the fit, use the 5-Step Belt Fit Test (see *Resources*).

## Crash testing and ratings

Every kind of child safety seat (car seat) sold in the United States or Canada is required by law to pass tough crash tests. These tests show what would happen if a car was driven into a brick wall at high speed. This is a much more serious kind of crash than most people will ever be in. Car seats that pass these tests are safe to use.

Most car seat manufacturers do more testing than is required. They do these tougher crash tests to make sure their car seats are safe.

There are also several rating programs for car seats, such as *Consumer Reports*, *BabyGearLab*, IIHS booster fit ratings, and the NHTSA Ease-of-Use Ratings. Most reviews are based on how easy the testers think the car seats are to use, but some raters also do crash testing.

Rating programs can be helpful. Be aware, though, that a "best pick" may not be the best car seat to fit *your* child and *your* car. No car seat can be best for every family situation. Pick the car seat that works well for your child.

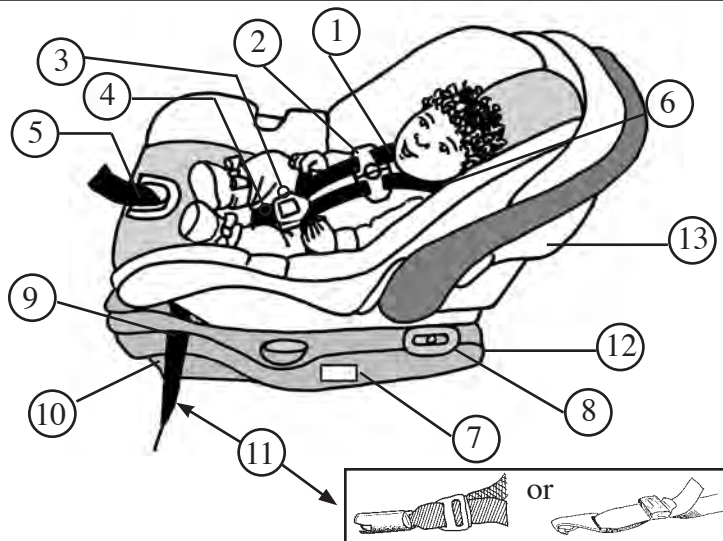
See page 2 for more information on choosing a car seat.

Beth Israel Lahey Health   
Anna Jaques Hospital



## Car seat features to check

- **Size limits:** Check labels and instructions for height and weight limits that allow your child to use the car seat for a long time.
  - **For preemies and tiny babies:** A seat that can be used rear facing by babies who weigh less than 5 pounds.
  - **For growing babies:** A car seat that can be used rear facing until baby weighs at least 30 pounds.
  - **For preschoolers:** A convertible or forward-facing-only car seat with a harness that can be used until the child weighs 50 or more pounds and is more than 45 inches tall.
  - **For young school-age children:** A booster that can be used until the child weighs at least 100 pounds and is up to 57 inches tall.
- **Five-point harness:** This type has straps that go over a child's shoulders and hips and between the legs. Do not use a three-point harness or one with a shield. These are no longer made, and any that exist are too old to use.
- **Harness buckle:** Buckles come in many styles. The buttons are stiff so children cannot unbuckle them. But, make sure you and other caregivers are comfortable buckling and unbuckling the one you select.
- **Harness adjuster:** A harness that snugs by pulling a strap at the front of the car seat is usually easier to use than one that adjusts by pulling straps on the back of the car seat.
- **Chest clip:** Check that this clip on the harness is easy to open, close, and adjust.
- **Belt path:** The opening for the seat belt or LATCH belt should be easy to fit a hand into. It is easier to reach into the belt path if you can easily lift the padding off the front of the car seat.
- **Seat belt lock-off:** Some car seats have a lock-off, which clamps the car seat onto the seat belt. Check the instructions to make sure this part is easy to use correctly.
- **LATCH connectors:** Check your car manual to learn about LATCH. Look for car seats with LATCH parts that are easy to use. Many people feel connectors that push onto the LATCH bars and release by pushing a button are the easiest to use.
- **Angle adjuster foot:** Some rear-facing car seats stay reclined, as needed, using an adjuster foot. For others, you may need to place a rolled towel or foam roll under the front of the car seat to make it recline properly.
- **Recline guide:** This part tells if a rear-facing car seat is reclined properly. Make sure it is easy to see and read.



### Parts of a car seat:

- |                      |                                       |  |
|----------------------|---------------------------------------|--|
| 1. Harness (5-point) | 6. Shoulder harness slot (one of two) | 11. Lower anchor belt(s) (detail shows connectors) |
| 2. Chest clip        | 7. Label(s)                           | 12. Base (rear-facing-only car seats)              |
| 3. Buckle            | 8. Recline guide                      | 13. Shell/carrier                                  |
| 4. Buckle strap      | 9. Belt path                          |  |
| 5. Harness adjuster  | 10. Angle adjuster foot               |  |

## Try before you buy

If possible, take the car seat to your car and try installing it before buying it. *Always* follow the instructions for the car seat and the car. Make sure the car seat can be installed tightly. To check this, hold the car seat at the belt path and pull side to side and forward. The car seat should not move more than 1 inch.

## Check a second-hand car seat carefully

Whenever possible, use a new car seat. It will be safer and easier to use. If you do use a second-hand car seat, check it for problems. Make sure it has all its parts and instructions. Check it for recalls. Any car seat that has been in a crash should not be used again. And follow a car seat's "do not use after" date—many should not be used more than six years. If you are unsure about any of this, it is not a good car seat for your child!

## Don't rush to the next stage!

Keep your child in each stage listed on page 1 as long as possible. Moving too soon is a common mistake. Move to the next stage when your child has grown too tall or heavy to ride in his current stage.

## Resources

**National Vehicle Safety Hotline:** Car seat information, recalls, ratings: 888-327-4236, 800-424-9153 (tty), [www.safercar.gov](http://www.safercar.gov)

**SafetyBeltSafe U.S.A.:** 5-Step Safety Belt Fit Test, recall list, handouts: 800-745-7233, [www.carseat.org](http://www.carseat.org)

**Children's Hospital of Philadelphia:** [www.chop.edu/carseat](http://www.chop.edu/carseat)





**American Academy of Pediatrics (AAP):** [www.healthychildren.org](http://www.healthychildren.org) (See AAP's product listing to find car seats with high weight limits.)

**Find someone to help:** 866-732-8243, or look online:





- [www.seatcheck.org](http://www.seatcheck.org) (select Inspection under Installation Help)
- <http://cert.safekids.org> (select Find a Tech)

**Child occupant laws:** Go to [www.ghsa.org](http://www.ghsa.org) (State Laws/By Issue)






# Your Birth Control Choices

| Method   | How to Use   | Impact on Bleeding  | Things to Know  | How well does it work?* |
|--|--|---|---|-------------------------|
| <b>External Condom</b><br>  | <ul style="list-style-type: none"> <li>Use a new condom each time you have sex</li> <li>Use a polyurethane condom if allergic to latex</li> </ul>  | None  | <ul style="list-style-type: none"> <li>Can buy at many stores</li> <li>Can put on as part of sex play/foreplay</li> <li>Can help prevent early ejaculation</li> <li>Can be used for oral, vaginal, and anal sex</li> <li>Protects against HIV and other STIs</li> <li>Can decrease penile sensation</li> <li>Can cause loss of erection</li> <li>Can break or slip off</li> <li>Does not need a prescription</li> </ul>   | 87%                     |
| <b>Internal Condom</b><br>   | <ul style="list-style-type: none"> <li>Use a new condom each time you have sex</li> <li>Use extra lubrication as needed</li> </ul>   | None  | <ul style="list-style-type: none"> <li>Can put in as part of sex play/foreplay</li> <li>Can be used for anal and vaginal sex</li> <li>May increase vaginal/anal pleasure</li> <li>Good for people with latex allergy</li> <li>Protects against HIV and other STIs</li> <li>Can decrease penile sensation</li> <li>May be noisy</li> <li>May be hard to insert</li> <li>May slip out of place during sex</li> <li>May require a prescription from your health care provider</li> </ul>   | 79%                     |
| <b>Diaphragm</b><br>Caya® and Milex®<br>  | <ul style="list-style-type: none"> <li>Put in vagina each time you have sex</li> <li>Use with spermicide every time</li> </ul>   | None  | <ul style="list-style-type: none"> <li>Can last several years</li> <li>Costs very little to use</li> <li>May protect against some infections, but not HIV</li> <li>Using spermicide may raise the risk of getting HIV</li> <li>Should not be used with vaginal bleeding or infection</li> <li>Raises risk of bladder infection</li> </ul>   | 83%                     |
| <b>Emergency Contraception Pills</b><br>Progestin EC (Plan B® One-Step and others) and ulipristal acetate (ella®)<br> | <ul style="list-style-type: none"> <li>Works best the sooner you take it after unprotected sex</li> <li>You can take EC up to 5 days after unprotected sex</li> <li>If pack contains 2 pills, take both at once</li> </ul> | <ul style="list-style-type: none"> <li>Your next monthly bleeding may come early or late</li> <li>May cause spotting</li> </ul> | <ul style="list-style-type: none"> <li>Available at pharmacies, health centers, or health care providers: call ahead to see if they have it</li> <li>People of any age can get progestin EC without a prescription</li> <li>May cause stomach upset or nausea</li> <li>Progestin EC does not interact with testosterone, but we don't know whether Ulipristal acetate EC does or not</li> <li>Ulipristal acetate EC requires a prescription</li> <li>May cost a lot</li> <li>Ulipristal acetate EC works better than progestin EC if your body mass index (BMI) is over 26.</li> <li>Ulipristal acetate EC works better than progestin EC 3-5 days after sex</li> </ul> | 58 - 94%                |

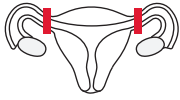



\*Typical Use

| Method  | How to Use  | Impact on Bleeding  | Things to Know  | How well does it work?* |
|---|---|---|---|-------------------------|
| <p><b>Fertility Awareness</b><br/>Natural Family Planning</p>           | <ul style="list-style-type: none"> <li>• Predict fertile days by: taking temperature daily, checking vaginal mucus for changes, and/or keeping a record of your monthly bleeding</li> <li>• It works best if you use more than one of these methods</li> <li>• Avoid sex or use condoms/spermicide on fertile days</li> </ul> | <ul style="list-style-type: none"> <li>• Does not work well if your monthly bleeding is irregular</li> </ul>  | <ul style="list-style-type: none"> <li>• Costs little</li> <li>• Can help with avoiding or trying to become pregnant</li> <li>• Use a different method on fertile days</li> <li>• This method requires a lot of effort</li> <li>• Does not require a prescription</li> </ul>  | 85%                     |
| <p><b>The Implant</b><br/>Nexplanon®</p>                                | <ul style="list-style-type: none"> <li>• A clinician places it under the skin of the upper arm</li> <li>• It must be removed by a clinician</li> </ul>  | <ul style="list-style-type: none"> <li>• Can cause irregular bleeding and spotting</li> <li>• After 1 year, you may have no monthly bleeding at all</li> <li>• Cramps often improve</li> </ul>              | <ul style="list-style-type: none"> <li>• Long lasting (up to 5 years)</li> <li>• You can become pregnant right after it is removed</li> <li>• It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS)</li> <li>• May cause mood changes</li> </ul>   | > 99%                   |
| <p><b>Copper IUD</b><br/>ParaGard®</p>                                | <ul style="list-style-type: none"> <li>• Must be placed in uterus by a clinician</li> <li>• Usually removed by a clinician</li> </ul>   | <ul style="list-style-type: none"> <li>• May cause cramps and heavy monthly bleeding</li> <li>• May cause spotting between monthly bleeding (if you take testosterone, this may not be an issue)</li> </ul> | <ul style="list-style-type: none"> <li>• May be left in place for up to 12 years</li> <li>• You can become pregnant right after removal</li> <li>• It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS)</li> <li>• Rarely, uterus is injured during placement</li> </ul>                              | > 99%                   |
| <p><b>Progestin IUD</b><br/>Liletta®, Mirena®, Skyla® and others</p>  | <ul style="list-style-type: none"> <li>• Must be placed in uterus by a clinician</li> <li>• Usually removed by a clinician</li> </ul>   | <ul style="list-style-type: none"> <li>• May improve cramps</li> <li>• May cause lighter monthly bleeding, spotting, or no monthly bleeding at all</li> </ul>   | <ul style="list-style-type: none"> <li>• May be left in place 3 to 7 years, depending on which IUD you choose</li> <li>• You can become pregnant right after removal</li> <li>• It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS)</li> <li>• Rarely, uterus is injured during placement</li> </ul> | > 99%                   |

\*Typical Use

| Method   | How to Use  | Impact on Bleeding   | Things to Know   | How well does it work?* |
|--|---|--|--|-------------------------|
| <b>The Patch</b><br>Ortho Evra®<br>             | <ul style="list-style-type: none"> <li>Apply a new patch once a week for three weeks</li> <li>No patch in week 4</li> </ul>   | <ul style="list-style-type: none"> <li>Can make monthly bleeding more regular and less painful</li> <li>May cause spotting the first few months</li> </ul>   | <ul style="list-style-type: none"> <li>You can become pregnant right after stopping patch</li> <li>Can irritate skin under the patch</li> <li>This method contains estrogen - it is unclear if estrogen interacts with testosterone</li> </ul>   | 93%                     |
| <b>The Pill</b><br>                              | <ul style="list-style-type: none"> <li>Take the pill daily</li> </ul>   | <ul style="list-style-type: none"> <li>Often causes spotting, which may last for many months</li> </ul>  | <ul style="list-style-type: none"> <li>Can improve PMS symptoms</li> <li>Can improve acne</li> <li>Helps prevent cancer of the ovaries</li> <li>This method contains estrogen - it is unclear if estrogen interacts with testosterone</li> <li>You can become pregnant right after stopping the pills</li> <li>May cause nausea, weight gain, headaches, change in sex drive - some of these can be relieved by changing to a new brand</li> </ul> | 93%                     |
| <b>Progestin-Only Pills</b><br>                | <ul style="list-style-type: none"> <li>Take the pill daily</li> </ul>   | <ul style="list-style-type: none"> <li>Can make monthly bleeding more regular and less painful</li> <li>May cause spotting the first few months</li> </ul>   | <ul style="list-style-type: none"> <li>You can become pregnant right after stopping the pills</li> <li>It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS)</li> <li>May cause depression, hair or skin changes, change in sex drive</li> </ul>  | 93%                     |
| <b>The Ring</b><br>ANNOVERA®<br>Nuvaring®<br> | <ul style="list-style-type: none"> <li>Insert a small ring into the vagina</li> <li>Monthly Ring: Change ring each month</li> <li>Yearly Ring: Change ring each year</li> </ul> | <ul style="list-style-type: none"> <li>Can make monthly bleeding more regular and less painful</li> <li>May cause spotting the first few months</li> <li>Can increase vaginal discharge</li> </ul> | <ul style="list-style-type: none"> <li>There are two types: a monthly ring and a yearly ring.</li> <li>One size fits all</li> <li>Private</li> <li>You can become pregnant right after stopping the ring</li> <li>This method contains estrogen - it is unclear if estrogen interacts with testosterone</li> </ul>   | 93%                     |
| <b>The Shot</b><br>Depo-Provera®<br>          | <ul style="list-style-type: none"> <li>Get a shot every 3 months (13 weeks)</li> <li>Give yourself the shot or get it in a medical office</li> </ul>                            | <ul style="list-style-type: none"> <li>Often decreases monthly bleeding</li> <li>May cause spotting or no monthly bleeding</li> </ul>  | <ul style="list-style-type: none"> <li>Each shot works for up to 15 weeks</li> <li>Private for user</li> <li>Helps prevent cancer of the uterus</li> <li>May cause weight gain, depression, hair or skin changes, change in sex drive</li> <li>It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS)</li> <li>Side effects may last up to 6 months after you stop the shots</li> </ul>              | 96%                     |

\*Typical Use

| Method   | How to Use   | Impact on Bleeding | Things to Know  | How well does it work?* |
|--|--|--------------------|---|-------------------------|
| <b>Sterilization: Tubal Methods</b><br>                                    | <ul style="list-style-type: none"> <li>• These methods block or cut the Fallopian tubes</li> <li>• A clinician reaches the tubes through your belly</li> </ul> | None               | <ul style="list-style-type: none"> <li>• These methods are permanent and highly effective</li> <li>• Reversal is difficult</li> <li>• The risks include infection, bleeding, pain, and reactions to anesthesia</li> </ul>   | > 98%                   |
| <b>Sterilization: Vasectomy</b><br>                                       | <ul style="list-style-type: none"> <li>• A clinician blocks or cuts the tubes that carry sperm from your testicles</li> </ul>                                  | None               | <ul style="list-style-type: none"> <li>• This method is permanent and highly effective</li> <li>• It is more effective, safer, and cheaper than tubal procedures</li> <li>• Can be done in the clinician's office</li> <li>• No general anesthesia needed</li> <li>• Reversal is difficult</li> <li>• Risks include infection, pain, and bleeding</li> <li>• It takes up to 3 months to work</li> </ul> | > 99%                   |
| <b>Vaginal Acidifying Gel</b><br>Phexxi®<br>                             | <ul style="list-style-type: none"> <li>• Insert gel each time you have sex</li> </ul>  | None               | <ul style="list-style-type: none"> <li>• Can be put in as part of sex play/foreplay</li> <li>• Does not have any hormones</li> <li>• Requires a prescription</li> <li>• May irritate vagina, penis</li> <li>• Should not be used with urinary tract infection</li> </ul>  | 86%                     |
| <b>Vaginal Spermicide</b><br>Cream, gel, sponge, foam, inserts, film<br> | <ul style="list-style-type: none"> <li>• Insert spermicide each time you have sex.</li> </ul>  | None               | <ul style="list-style-type: none"> <li>• Can buy at many stores</li> <li>• Can be put in as part of sex play/foreplay</li> <li>• Comes in many forms: cream, gel, sponge, foam, inserts, film</li> <li>• May raise the risk of getting HIV</li> <li>• May irritate vagina, penis</li> <li>• Cream, gel, and foam can be messy</li> <li>• Does not require a prescription</li> </ul>                     | 79%                     |
| <b>Withdrawal</b><br>Pull-out  | <ul style="list-style-type: none"> <li>• Pull penis out of vagina before ejaculations (that is, before coming)</li> </ul>                                      | None               | <ul style="list-style-type: none"> <li>• Costs nothing</li> <li>• Less pleasure for some</li> <li>• Does not work if penis is not pulled out in time</li> <li>• Must interrupt sex</li> </ul>   | 80%                     |

\*Typical Use



## Massachusetts' first seeded statewide college savings account program has arrived!

### What is the BabySteps Savings Plan?

BabySteps is **Massachusetts' first statewide seeded college savings account program**, designed to empower families to plan and save for their children's higher education. This announcement follows State Treasurer Deborah B. Goldberg's college savings account pilot program (SeedMA) in Worcester and Monson. With the launch of BabySteps, every child born or adopted who is a Massachusetts resident after January 1, 2020, will be eligible\* to receive a **\$50 seed deposit** into his or her U.Fund account from the State Treasurer's Office.

\* within one year of birth or adoption

### The BabySteps Savings Plan will dedicate its resources in support of 3 principal goals:

1. **Increase** the percentage of children saving for higher education in Massachusetts;
2. **Deliver** high-quality financial education programming to families, building a culture centered on saving for the future and employing prudent budget management; and
3. **Boost** postsecondary enrollment and graduation rates for Massachusetts students by fostering aspirations of higher education for economically vulnerable and disadvantaged children.

 @EmpowermentMA

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OFFICE OF  
**ECONOMIC  
EMPOWERMENT**  
Office of the Treasurer and Receiver General of Massachusetts

**mefa**<sup>®</sup>

## Why did the Massachusetts State Treasurer create this program?

Education is an essential step to upward economic mobility. Our current student debt system prevents many students, particularly those from low- and moderate-income families, from attaining postsecondary education. By shifting from debt dependence to asset empowered education, college savings account programs expand educational and economic opportunity by helping families build dedicated savings for postsecondary education.

College Savings Account programs are considered a best practice across the nation and of the four statewide programs, three are offered at birth (Maine, Rhode Island, and Connecticut).

### College Savings Account programs:

- ✓ Provide children with **long-term investment opportunities**
- ✓ Offer **financial incentives** to leverage families' investments and **boost account accumulation**
- ✓ **Positively impact multiple dimensions of a child's life**, including: academic performance, social-emotional development, educational aspirations, asset accumulation, college attendance and graduation, and post-college financial health

### Research shows that:

- ✓ Low- and moderate-income children with less than \$500 in college savings are 3 times more likely to attend college and **4 times more likely** to graduate than students with no college savings<sup>1</sup>
- ✓ Children with college savings are **31% more likely to expect to go to college** than children without college savings<sup>2</sup>

## Why a 529 account?

529 college savings accounts are flexible, tax-advantaged, investment accounts specifically designed to help families save for higher education, including community college and vocational school. In addition to the \$50 deposit from the State Treasurer's Office, other benefits of the program include a tax credit for contributions into a 529 account and paired financial education.

"I want to say thank you. It gave us the push we needed to open something. It was a goal of ours, it was just at the bottom of the list and it was the incentive we needed."

– Participating SeedMA Parent

<sup>1</sup> Elliott, W., Song, H-a, & Nam, I. (2013). Small-dollar accounts, children's college outcomes, and wilt. *Children and Youth Services Review*, 35(3), 535-547.

<sup>2</sup> Elliott, W. (2009). Children's college aspirations and expectations: The potential role of college development accounts (CDAs). *Children and Youth Services Review*, 31(2), 274-283.

