



Welcome

Thank you for choosing Beverly Hospital as the place to receive education for pregnancy, labor, childbirth and beyond.

We are honored to share this special experience with you and will do everything we can to provide a warm, comfortable, family centered environment for you and your family.

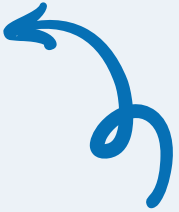
This is a memorable time of your life, and we are dedicated to making it a positive experience.

This packet contains helpful information for your pregnancy, labor, childbirth, and beyond.

Congratulations!

We look forward to seeing you and helping you welcome your new little one into the world.

Please visit our website by clicking [here](#),
scanning the QR code,
email us at parenteducation@lahey.org or call us
at 978-816-2217 for the latest offerings



Scan me

Pregnancy & Childbirth Classes

Offered in-person & virtually

- Childbirth Prenatal
- Hypnobirthing
- Bootcamp for Birth Support & Beyond
- Core Restore
- Baby Care & More
- Breastfeeding

- Mother/Baby Group
- Dad/Baby Connection
- Core Restore
- Friends & Family CPR
- Outpatient Lactation Support

Postpartum, Newborn & Beyond Classes

Offered in-person & virtually

Click [here](#) or scan the QR code to sign up



Yo-Mingo

FREE Online Educational Tool offering information on all stages of your pregnancy, childbirth and parenting journey

Click [here](#) or scan the QR code to shop



Lactation Boutique

Everything you need to feed your baby at a discount.

Tours of our Maternal Newborn Service including Labor & Delivery, Postpartum, and Special Care Nursery also available as part of your in-person class or at a separate time.

See our website for more information

Please reach out with any questions or if we can help you in any way



Your Prenatal Education Checklist

YOMINGO

Beth Israel Lahey Health 
Beverly Hospital

YoMingo™ Educational App & Website

You are highly encouraged to register and download the YoMingo™ app as early as possible in your pregnancy. This complimentary, anytime, anywhere educational platform includes Beverly Hospital specific information, along with educational content including pregnancy, labor & birth, postpartum, breastfeeding, and newborn care. It also includes tools to add, track, share, and export information such as kick counts, contraction tracker, feedings, diapers, measurements and immunizations. To register:

1. Visit bit.ly/beverlyyomingo or hover over the QR code to the right with your smart phone camera and follow the instructions.
2. Once registered, you will be sent a link to gain access. The platform may be accessed on any browser at myYoMingo.com or you may download the free app myYoMingo. The user name and password received from the registration link is required.



Maternity Forms

Please log into YoMingo™ or go to the Beverly Hospital web page to access all forms necessary for your delivery at Beverly Hospital. It is recommended that you read the welcome booklet, prospective parent letter, and other materials provided. In addition, we ask that you complete the birth certificate worksheet and the authorization of care prior to your admission to the labor & delivery unit.

Bella Prenatal Video

Please view the Bella Prenatal video during the prenatal period. This video will provide you with information to use as you make decisions regarding your feeding choice for your baby and information about what to expect when you have your baby at a hospital that follows the Ten Steps to Successful Breastfeeding. This video can be accessed via the YoMingo™ app or by hovering over the QR code above with your smart phone camera.



Parent Education Classes

We offer a wide array of parent education classes, including prenatal childbirth preparation classes, hypnobirthing classes, prenatal breastfeeding classes, baby care and more classes, boot camp for dads, sibling classes, Friends and Family CPR classes, and maternity tours. To register online, please go to <https://education.beverlyhospital.org>





Breastfeeding Begins Before Birth

Gather Your Breastfeeding Team

Everyone needs help as a new breastfeeding parent. Before you deliver, locate those who can help you get started.

- ✓ Friends who have breastfed before
- ✓ Family member
- ✓ Obstetrician/Midwife
- ✓ Pediatrician
- ✓ Lactation Consultant
- ✓ WIC counselor
- ✓ Peer Support Group

Learn About Breastfeeding

- ✓ Read a breastfeeding book/brochure
- ✓ Attend a breastfeeding class or peer support group
- ✓ Ask about things you have heard that you might wonder about or might be untrue
- ✓ Learn about the Baby Friendly Hospital Initiative and how it will help you get started with breastfeeding
- ✓ Access additional helpful resource sheets <https://www.lactationtraining.com/resources/educational-materials/handouts-parents>

Key Points

- ✓ Hold your baby skin-to-skin right after birth until the first feed
- ✓ Delay common procedures until the first feeding is done (newborn weight, eye treatments, vitamin K)
- ✓ Keep your baby in your hospital room around the clock (rooming-in)
- ✓ Feed your baby around the clock whenever you see feeding cues (at least 8 times per 24 hours)
- ✓ Plan for quiet time without visitors during your hospital stay
- ✓ Do not use pacifiers; offer your breast if your baby is fussy or wants to eat
- ✓ Use no supplemental bottle feedings unless your healthcare provider says there is a medical reason
- ✓ Do not accept samples of formula or other items that might distract from breastfeeding





Information for breastfeeding families

I Wish Someone Had Told Me...

Moms who have successfully breastfed their babies can give great advice. Here are some of their gems.

Take a breastfeeding class before delivery

Breastfeeding is a wonderfully natural thing to do, but learning how can help. Spend a little time learning about what happens after delivery.

Start breastfeeding right in the delivery room

Your baby will be interested in feeding within a few minutes of birth. Keep skin-to-skin and enjoy an early feeding.

It's all about the latch

How your baby holds your nipple and areola is the key to comfortable breastfeeding. Make sure the mouth is opened wide and baby gets a big mouthful. If it hurts, get help as soon as possible!

Feed throughout the night at first

No matter how tired or sore you are, you do need to feed around the clock in the beginning. This brings in an excellent supply of milk and assures that your baby starts gaining weight quickly.

Babies cry more on their second day of life

This can be upsetting and you might not know what to do to soothe your baby. Crying doesn't always mean hunger. Hold your baby skin to skin and offer the breast frequently. This fussiness is common and is called "Second Night Syndrome" although it can happen during the daytime also.

You don't need a breast pump right away

Your newborn is the best pump, and frequent feedings get breastfeeding off to a good start. If a breast pump does become necessary for a medical reason, a lactation consultant (IBCLC) can give you advice about the best kind for your situation.

Use it or lose it

The best way to make more milk is to feed the baby. An "empty" breast makes more milk. Don't skip breastfeeding sessions in the early days.

Don't wait too long to try a bottle

Breastfeeding exclusively for the first 4-6 weeks gets breastfeeding off to a good start. But if you are planning on going back to work or will need to give a bottle for some reason, start around 4 weeks and offer it weekly to keep the baby in practice.

The best milk to use in the bottle is your pumped breastmilk. A breast pump can make that an easy thing to do.

If you are going to be home with your baby, you can skip this step.

You might make too little or too much milk for your baby.

Feed often in the early days to get a good start. If your baby is not gaining weight well or you are overflowing with milk, get advice from a lactation consultant (IBCLC).

Attend a breastfeeding support group

Just seeing other parents breastfeed and chatting with them can be a world of reassurance. The leader will sometimes be a lactation consultant who can answer questions and help you troubleshoot problems.

Nurse lying down

Recline with your baby "on top of you" or lie on your side while your baby feeds. Use pillows to get yourself and your baby comfortable. You need a little rest too!

The information provided is intended solely for general educational and informational purposes only. It is neither intended nor implied to be a substitute for professional medical advice. Always seek the advice of your healthcare provider for any questions you may have regarding your or your infant's medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this information. Feel free to duplicate per creative commons license CC BY-ND. Lactation Education Resources 2022



Information for breastfeeding families

Positioning & Latch: Mother-Led Latching

The way you hold your baby and latch to the breast are the keys to comfortable feeding for you and full feedings for your baby. Correct positioning and latch can prevent many of the common problems that are encountered when starting to breastfeed. Mother-led latching is good for any time the baby needs additional assistance, is too sleepy to latch spontaneously, or you have sore nipples.

Getting Comfortable

Choose a comfortable chair or sofa with good support for your back. Use a footstool to bring your knees up so your lap is slightly inclined and the pressure is off the small of your back. Position pillows wherever needed to support your arms and relax your shoulders.

Positioning Your Baby

With any position you choose to hold your baby, turn your baby completely "tummy to tummy," so your baby's mouth is directly in front of the breast and there is no need for the baby's head to turn to the side to reach the nipple.

Position your baby nose to your nipple so baby has to "reach up" slightly to grasp the nipple. The chin should touch the breast first, then grasp the nipple.

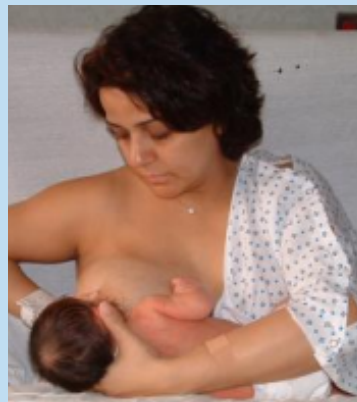


Place your baby's lower arm around your waist. This will draw your baby close to you. Look for a straight line from your baby's ears, to shoulders, to hips. The head should not be tucked into the chest or tipped backwards. Your baby's legs should curl around your waist.

The **football hold (clutch hold)** is good for parents who have had a cesarean delivery because the weight of the baby is not on the abdomen. Tuck the baby under your arm with pillow support to place the baby at breast height. Tuck a pillow or rolled receiving blanket under your wrist for support.



Using a C-hold, place your baby facing you with baby's mouth at nipple height. Baby's hips should be flexed with legs and feet tucked under your arm.



The **cross-cradle hold** is one of the preferred positions for the early days of breastfeeding. You will have good control of the position of your baby's head when you place your hand behind your baby's ears. Roll the baby to face you "belly to belly."

Side lying is great for getting a bit of rest while your baby nurses or if you want to avoid sitting because of soreness. Notice the pillow support and your back and the baby's back, and between your legs. Roll the baby towards you "belly to belly".



The **Cradle hold** is great for after the baby is nursing easily and the latch is easy. It is the most common position and you will often see this in pictures of breastfeeding mothers. Please wait to use this position until your baby latches easily.



Latch

Compress your areola slightly to make a "nipple sandwich" for the baby. This will allow the baby to get a deeper latch. Make sure your fingers are well behind the edges of the areola (1 to 1 ½" from the base of the nipple). Allow your baby's head to lean back slightly so the chin touches the breast first.

An easy way to remember how to hold your hand is to keep your thumb by your baby's nose and your fingers by the baby's chin. That way you will automatically rotate your hand to match the baby's positioning.



Touch your nipple to the philtrum (the skin between his nose and lips). Your baby will open wide and you can bring baby to the breast. If your baby doesn't open wide, tickle the philtrum and wait for a WIDE (like a yawn) mouth and the tongue to come forward.

There should be a "big mouthful" of the areola in the mouth. Bring the baby to the breast, not the breast to the baby!

Check your latch

Your baby's chin should touch the breast and the nose should be free. Worried that your baby can't breathe while at the breast? Don't! If babies truly can't breathe, they will let go. Usually, babies can breathe easily even when pressed close to the breast because they can breathe around the "corners" of their noses. Do not press on the breast to make a breathing passage for the baby to breathe. If necessary, pull the baby's hips in closer to you. This should free up the nose. The angle of your baby's lips at the breast is 140 degrees or greater. Most of the areola is in your baby's mouth and both upper and lower lips are rolled out.



You feel deep pulling sensation as the baby nurses. It should not be sharp pain or last more than a moment during the latch.

If you feel pain, reattach your baby. But first try to tuck your baby in closer and slide baby down an inch or two to see if that will help. If you need to remove your baby from the breast, slip your finger between lips and gums to break the suction



Information for breastfeeding families

Positioning & Latch: Baby-Led Latching

The way you hold your baby and how your baby latches to the breast are the keys to comfortable feeding for you and full feedings for your baby. Correct positioning and latch can prevent many of the common problems mothers encounter when starting to breastfeed.

Baby-led latching is good for the first feeding and for all feedings after that when the baby is awake and willing to participate.

Getting Comfortable

Choose a bed or sofa where you can lean back about halfway or more, whatever is comfortable for you.

Positioning Your Baby

Position the baby between your breasts and allow your baby to wake skin-to-skin. Holding your newborn skin-to-skin is one of the best ways to make breastfeeding easy!

Be Patient

Your baby will gradually realize food is nearby! Baby will slowly begin to move towards the breast. Provide support and assist a bit if it seems necessary, but avoid directing the baby. Your baby will locate the nipple and latch with minimal assistance from you. Let your baby lead the way.

Importance of Skin to Skin Contact

Babies tend to do better with direct skin-to-skin contact. Not only does it keep baby warm, the smells and feel of the breast encourage the baby to locate the breast and begin feeding.



This baby located the breast and latched independently.



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Developing Your Birth Preferences

Thank you for choosing our team at Beverly Hospital for your care during pregnancy, birth and postpartum. We are committed to patient-centered care and follow evidence-based practice guidelines.

Here are some general principles:

- We strive to provide you with the best quality obstetric and postpartum care and welcome your input and feedback.
- Cervical exams are only done when they will affect the management of your care and with your permission.
- There are no routine episiotomies, enemas or shaving.
- Many forms of pain relief are available to you, including balls, hydrotherapy, position change, nitrous oxide, epidural anesthesia and more.
- Doulas are welcome in our L&D unit.
- We recommend IV access in order to be prepared for unexpected obstetric and medical emergencies. There are situations in which an IV is required, including, but not limited to, Trial Of Labor After Caesarean, dehydration, need for IV antibiotics or epidurals.
- Fetal monitoring is oftentimes intermittent, but can be continuous in certain clinical situations, such as Trial of Labor after Caesarean, complications of pregnancy, fetal heart rate abnormalities, inductions, use of certain pain medications.
- Eating and drinking while you are admitted to labor & delivery is dependent on what stage of labor you are in, if you have additional medical issues, if you have an epidural and other situations.
- In accordance with the World Health Organization guidelines and other professional society recommendations, we recommend active management during the delivery of the placenta, which includes a small dose of oxytocin after the baby is born to reduce blood loss and prevent postpartum hemorrhage.
- We practice delayed cord clamping and immediate skin-to-skin unless there is a medical necessity for immediate evaluation of the baby.
- Rooming in, a practice of keeping your baby in your room with you postpartum, is encouraged.
- How you choose to feed your baby is supported and valued. Lactation consultants are available to educate and support you while you are in the hospital and after you are discharged.
- Students and residents work on our team on occasion, and we hope you will be open to their participation in your care as they learn. Whatever you decide is fully supported.
- Our visitor guidelines are updated regularly on the Beverly Hospital website, and may change in accordance with local and national health care guidelines.
- Photography and videography are prohibited during the delivery in accordance with privacy for both patients and providers.
- If you have a cesarean section, we encourage skin-to-skin contact shortly after the baby is born. Your labor support person and the baby will stay with you in the operating room until the surgery is nearly complete, unless the baby needs care in the Special Care Nursery.

Birth Preferences Worksheet

A birth preference is a written outline of what you would like to happen during labor & delivery. This plan lets your provider know your wishes.

Review your preferences with your provider well before your due date. But keep in mind that having a birth preference does not guarantee that your labor & delivery will go according to that plan. Unexpected things can and do happen.

Remember that you and your provider have a common goal: the safest possible delivery for you and your baby. A birth preference is a great starting point, but you should be prepared for changes as the situation evolves.

Birth Preferences

Your name: _____

Name of your provider: _____

Name of your baby's provider: _____

Type of childbirth preparation: _____

I would like the following people with me during delivery: _____

People in training ___ are ___ are not allowed to be present during my labor & delivery.

I would like to try the following options, if available:

___ A birthing ball

___ A Cub chair

___ Hydrotherapy (shower, jacuzzi tub)

___ Movement, such as walking and/or position changes

___ Breathing and visualization techniques

___ Music

___ Hypnobirthing

___ Doula _____

___ Other _____

Anesthesia Options:

- Nitrous Oxide Gas
- IV pain medications
- Epidural
- I would like anesthesia.
- I prefer to avoid anesthesia unless I specifically request it.
- I need more information about anesthesia options.

Vaginal Birth Options

- To use a mirror to see the baby's birth
- For my labor partner to help support me during the pushing stage
- For the room to be as quiet as possible.
- For the lights to be dimmed
- For one of my support people to cut the umbilical cord
- For my baby to be put directly onto my chest immediately after delivery
- To begin breastfeeding as soon as possible after birth

Cesarean Birth Options

- Clear drapes (in order to watch the birth of the baby)
- To hold the baby as soon as possible after delivery
- My support person to hold the baby after delivery if I am not able.

Baby Care Plan

Feeding:

- Exclusive Breastfeeding
- Formula Feeding
- Combination of breast milk and formula

It is okay to offer my baby:

- A pacifier
- Sugar Water
- Formula
- None of the above

Circumcision, if a male baby (requires Vitamin K injection)

Standard practice is that your baby will receive Hepatitis B vaccine, Erythromycin eye ointment and Vitamin K injection within the first hour after birth. Please discuss with your provider if you plan to decline any of these.

Is there anything else you would like to share with your providers about who you are and what you need? (e.g. Family traditions, dietary needs, spiritual, cultural or religious customs etc)

Parents' Name(s): _____

Baby's Name and Birthday: _____

Pediatrician(s): _____

Rest in the Early Days: Parents and newborns are at their most vulnerable in the early days, when important activities like bonding with the baby and establishing breastfeeding take place. Parents should maximize sleep as much as possible, napping when the baby naps, tag-team parenting as needed, and possibly getting help from outside sources (friends, family, postpartum doulas, nannies, social/religious groups).

People to help during the day:

- 1)
- 2)
- 3)

People to help during the night:

- 1)
- 2)
- 3)

People to help with older siblings:

- 1)
- 2)
- 3)

Where will the baby sleep?

Strategies to maximize sleep:

- 1)
- 2)
- 3)

Managing Visitors: Sometimes well-meaning visits become exhausting. Or, sometimes they bring needed help, physically or emotionally. Establishing your goals/rules beforehand can help.

Days of the week and time of day you'd like visitors:

Length of time visitors should expect to stay:

Food or drinks visitors can bring if they'd like:

- 1)
- 2)
- 3)

Tasks visitors can do to help before leaving:

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

Nutrition: Meals can be hectic. What's the plan for making sure you, the baby, and the family stay nourished? Staying hydrated is especially important when breastfeeding.

What you'll want to make ahead of time:

- 1)
- 2)
- 3)
- 4)

Favorite easy-to-grab snacks:

- 1)
- 2)
- 3)

Grocery stores that provide delivery:

- 1)
- 2)

Favorite take-out locations:

- 1)
- 2)
- 3)

Where can you set up a nursing station with water, snacks, distractions:

What people can bring you (and who can bring it. Mealtrain):

- 1)
- 2)
- 3)
- 4)

Lactation Consultants (ask your doula, birth educator, provider, or friends):

- 1)
- 2)
- 3)

Breastfeeding Groups (handout):

- 1)
- 2)
- 3)

Building your Community: New parenting is hard! Finding others to share your journey can be key.

New-Parent Groups (Mom, Dad, both):

- 1)
- 2)
- 3)

Friends/Family who have recently had babies:

- 1)
- 2)
- 3)

Post-partum Blues/Depression: Many new parents (both partners) experience the blues. PPD affects as many as 25% of new parents, yet only 20% report it. Who can you turn to?

Friends/Family who will offer a non-judgmental shoulder to cry on:

- 1)
- 2)
- 3)

Local Therapists:

- 1)
- 2)
- 3)

Support Groups (in person is best but online is OK):

- 1)
- 2)
- 3)

Childcare (for siblings, or when going back to work):

- 1)
- 2)
- 3)

Mark the importance of each item individually, then compare your partner's responses and discuss:

Immediately	6 weeks	3 months
(Scale 1-5: 1= not important, 3=moderately, 5=very important)		

Just spending time with the baby:

Spending time together without the baby:

Spending time on your own:

Spending time with other family members:

Spending time with friends without your partner:

Sex and intimacy:

Getting grocery shopping done:

Cleaning the home:

Washing clothes:

House projects, gardening:

Sports and Hobbies:

Work:

PERINATAL MOOD AND ANXIETY DISORDERS (PMADS)

Perinatal: Anytime during pregnancy through the first year postpartum

Depression (PPD)	Anxiety (PPA)	Panic Disorder	Obsessive Compulsive Disorder (OCD)	Postpartum PTSD	Bipolar Disorders	Postpartum Psychosis
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SYMPTOMS



- Feelings of guilt, shame or hopelessness
- Feelings of anger, rage, or irritability, or scary and unwanted thoughts
- Lack of interest in the baby or difficulty bonding with baby
- Loss of interest, joy or pleasure in things you used to enjoy

- Disturbances of sleep and appetite
- Crying and sadness, constant worry or racing thoughts
- Physical symptoms like dizziness, hot flashes, and nausea
- Possible thoughts of harming the baby or yourself

TREATMENT OPTIONS

- Counseling
- Medication
- Support from others
- Exercise
- Adequate sleep
- Healthy diet
- Bright light therapy
- Yoga
- Relaxation techniques

RISK FACTORS

- | | | |
|--|--|---|
| History of depression, anxiety, OCD | Pregnancy or delivery complications, infertility, miscarriage or infant loss | Abrupt discontinuation of breastfeeding |
| Thyroid imbalance, diabetes, endocrine disorders | Premenstrual Syndrome (PMS) | History of Abuse |
| Lack of support from family and friends | Financial stress or poverty | Unwanted or unplanned pregnancy |

Notes

