



Your Birth Experience: Third Trimester

Women's Hospital



**GREENVILLE
HEALTH SYSTEM**



Congratulations! You have reached your third trimester of pregnancy and have only a few weeks to go.

This packet will provide information that will help you during the remainder of your pregnancy. We want your experience at Women's Hospital of Greenville Health System to be everything you have imagined, and we want to make sure you are prepared for your hospitalization.

This packet includes the following:

- What to bring to the hospital
- Baby-Friendly information
- When to call the doctor
- What to do once you arrive at the hospital
- The importance of skin-to-skin contact and of the Magic Hour
- Visitation material (to share with family and friends)
- Frequently asked questions
- Who you will see along the way
- Family-centered Maternity Care information
- Rooming-in description
- Cuddle time on Family Beginnings
- Tips on feeding your baby
- Information on breastfeeding
- Whooping cough information
- Birth certificate material

We look forward to welcoming your new baby into your family—and ours.

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What to Bring to The Family Birthplace

We suggest bringing a small bag when you arrive for the baby's delivery. Here are some suggested items to include:

- Insurance card
- Jacket/sweatshirt/sweater for support person (even in the summer); rooms are regulated for the patient's temperature
- Lip balm
- Barrette or rubber band if you have long hair (you cannot wear metal items during a C-section)
- Glasses/contact solution/contacts (you cannot wear contacts during a C-section)
- Small bag of toiletries (including toothbrush/toothpaste for your support person)
- Item to focus on for breathing and contractions, such as a picture
- Slippers
- Massage lotion
- Wooden massager/tennis ball in sock for massage during labor
- Music and/or DVDs
- Camera, film and batteries to take pictures
- Baby book/page for making footprints
- Food money for support person
- Phone numbers of family and friends to call upon baby's arrival
- Anything that gives you comfort

Once admitted to Family Beginnings

After your baby is born, you will want to have a larger bag of personal belongings, such as the following:

- Personal toiletries (shampoo, conditioner, makeup, toothbrush, toothpaste, hair dryer)
- Robe and bedroom slippers
- Sleepwear (we will provide a gown if you prefer to wear that)
- Nursing bra and nursing pads (if breastfeeding)
- Supportive bra (if not breastfeeding)
- Comfortable/loose clothing to wear home (your body still will look as if you are in your second trimester)
- Change of clothes and toiletries for your support person
- Gown/sleeper/one-piece bodysuit/socks for baby (something easy to slip on and off)
- Going home outfit for baby

Don't forget a car seat for your baby's trip home; it is required by law.

Please leave valuables such as jewelry at home.

Baby Friendly

Baby-Friendly designation is considered the gold standard in health care for babies and their families. GHS, like many other hospitals nationwide, is on the journey to become Baby-Friendly as we know this is the best standard of care for families.

Baby-Friendly is more than educating families about breastfeeding. It also is educating new families about skin-to-skin contact and the wonderful benefits for mothers and babies—as well as educating new families about rooming-in while in the hospital to learn their baby’s cues for feeding and more. Baby-Friendly also is about educating new families on the importance of preparing formula safely for their baby.

When to Call Your Care Provider

Pressure, cramps, backache and mucous discharge are common during the last month of pregnancy. You may experience contractions and/or “bloody show” (mucous mixed with a small amount of blood), which does not necessarily mean that labor is starting.

If contractions last less than 30 seconds and the sensation does not intensify (even if contractions are regular), they might be false labor or “Braxton Hicks” contractions. If you drink a large glass of water, lie on your left side and relax, these contractions usually stop within an hour.

True labor pains usually last 60 to 90 seconds, get closer and closer, and intensify with time. If you think you are in labor, follow the instructions from your provider’s office. During business hours, the office may want to hear from you; after hours, the office may want you to go to OB Triage Emergency at Greenville Memorial Hospital (GMH).

Reserved Parking Mom-to-be—Parking for Patients in Labor

For your convenience, we offer special parking for The Family Birthplace patients near the front entrance of the hospital. Enter Greenville Memorial Medical Campus from entrance 4 (main entrance off Grove Road), and proceed to the Reserved Parking Mom-to-be (located to the left before you reach the main entrance). Please look for the brown sign with a stork. Press the call button and explain your situation to a security officer who then will open the gate for you to park. Once your support person has you settled into a room, please have that person move the car to visitor parking.

Where to Go When It Is Time

Please enter GMH through the main entrance. This entrance is staffed 24 hours a day and has wheelchairs available. Go to the Atrium Elevators (Visitor Elevators) to the Sixth Floor. Someone will greet you once you exit the elevators. If no one is there, please proceed to the left through the frosted glass sliding doors to OB Triage Emergency.



The Baby-Friendly initiative educates families about breastfeeding, skin-to-skin contact and rooming-in while in the hospital.

The first hour after birth—called the Magic Hour—ideally is reserved for the infant and parent to get to know each other.

Skin-to-skin Contact and the Magic Hour

Immediately after birth, your baby will be dried off briefly and placed skin-to-skin with you. Your baby will not be wrapped in a blanket; however, a blanket will be placed on top of your baby to help keep him or her warm.

The first hour after birth—called the Magic Hour—ideally is reserved for the infant and parent to get to know each other. Every patient will take part in skin-to-skin contact if both the baby and mother are doing well. (The Magic Hour does not apply to infants who need additional care or treatment after delivery.) During this time, staff will make minimal assessments on the mom and baby so as to not interrupt skin-to-skin time.

Being skin-to-skin (also known as kangaroo care) provides these benefits:

- Calms and relaxes both the mother and baby
- Regulates heart rate and breathing in the baby
- Stimulates digestion in the baby
- Regulates temperature in the baby
- Stimulates feeding behavior in the baby
- Stimulates the release of hormones to support breastfeeding and mothering
- Helps preterm babies be more stable and maintain their temperature



Visitation Information for You, Family and Friends

Having a baby is an exciting and busy time. New mothers, Care Partners and babies need lots of rest and time to be together to bond. In response to these needs and to keep new babies from being exposed to illness, our maternity units have special visiting policies.

Upon admission to The Family Birthplace, you can designate a Care Partner. A Care Partner receives a special badge granting access to the hospital at any hour. A Care Partner is a family member or close friend, at least 18 years old, chosen by you—the patient—to participate in your emotional, physical, educational and spiritual support.

When visiting mothers and babies in the hospital, guests should be healthy and use good hand-washing techniques. In place of a visit, they may send email greetings to the new mom and baby by visiting ghs.org/stork.

Visitation Signs

Two signs are provided for use during your stay:

- Please come in—visitors welcome!
- Please allow us privacy—we're having family time.

Healing Garden

During daylight hours, we invite you to visit our healing garden, a place of serenity surrounded by the restorative beauty and power of nature. To get to the healing garden from inside the hospital, go through the two glass doors behind the center fountain on the first floor. Turn left. The garden is straight ahead through the next set of glass doors.

Hospitality Shop

The Hospitality Shop is on the first floor of GMH, just inside the lobby (near the elevators). It is open weekdays from 8:30 a.m. to 8:30 p.m. On weekends, hours are 9:00 a.m. to 5:00 p.m. The shop is closed on holidays. Gift items, magazines, greeting cards, paperback books, newspapers, stationery supplies, candy, toiletries and gift certificates for massages may be purchased.

Tobacco Use Policy

To promote health and safety, GMH is a tobacco-free facility. Use of tobacco products is prohibited anywhere on hospital property. This policy applies to all employees, patients, visitors and volunteers.

ATM

An ATM is near the entrance to the vending machine on the first floor of GMH.



Cafeteria Hours

Breakfast

6-10 a.m. daily

Lunch

11 a.m.-2 p.m. daily

Dinner

4:30-7 p.m. daily

Late Night

Midnight-3:30 a.m.

Other GMH Meal Options

Au Bon Pain

Mon.-Fri. 7 a.m.-8 a.m.

Sat.-Sun. 10 a.m.-8 p.m.

Chick-fil-A

Mon.-Thurs. 11 a.m.-8 p.m.

Fri. 11 a.m.-2 a.m.

Sat. 11 a.m.-6 p.m.

Starbucks

Mon.-Fri. Open 24 hours

Sat.-Sun. 7 a.m.-2 p.m.

Subway

Mon.-Fri. 11 a.m.-8 p.m.

Sat. 11 a.m.-2 a.m.

Sun. 11 a.m.-9 p.m.

Note: Food hours are subject to change.

We strive
to provide
you with
high-quality
care in a
comfortable,
nurturing
environment.

Pharmacy Hours

Upstate Medical Pharmacy, an affiliate of Greenville Health Corporation, is just past the food court on the first floor of GMH. The pharmacy is open weekdays 7:00 a.m. to 7:00 p.m. and Saturdays 9:00 a.m. to 5:00 p.m.

Vending Area

Located just behind the elevators in the lobby, this area is open 24 hours a day. Vending areas also are in The Family Birthplace and Family Beginnings waiting areas.

New Mom Gift

New moms receive a silver baby spoon engraved by GHS Food and Nutrition to remember their special day.

The Healing Garden gives patients and family members a peaceful place outdoors to relax and enjoy nature.



Frequently Asked Questions When Visiting OB Patients

How many visitors are allowed in OB Triage Emergency?

Your Care Partner may be with you in the admitting room. Visitors in the waiting area may exchange places with the Care Partner at your request.

Who can visit me during labor?

You may choose the person you want to support you during this special time. We may limit the number of visitors in your room if they interfere with our ability to safely provide you with the best care.

For safety and infection reasons, children other than your own should not visit during labor. If your other children wish to visit, we ask that they be accompanied by an adult who can support and care for them.

Note: In your second trimester packet, as well as on the web, you can find a birth plan. Please start thinking about whom you would like present for your baby's delivery and include this information in your birth plan.

Can my other children be present for the birth?

Siblings may be present during the delivery with adequate preparation. Please discuss this idea with your provider during your pregnancy. Again, we ask that an adult be available to care for these children.

Where can my visitors wait during labor?

Visitors crowding the halls violate privacy regulations and may prevent necessary help from reaching you in an emergency. Please have visitors remain in the Waiting Room when they are not in your room. The Waiting Room is conveniently located within The Family Birthplace.

Who can be present for the baby's birth by cesarean section?

Only the Care Partner may be present for routine cesarean sections. The same person may visit in the Recovery Room after your surgery once you are admitted. We also can allow a few family members in at a time, before and after the C-section.

If my baby has not been born by 9:00 p.m., will my visitors have to leave?

If a baby is born after 9:00 p.m., visitors are asked to visit briefly and then leave so that the new mom may rest.

When are the mom and new baby moved to Family Beginnings?

Moms and babies move to Family Beginnings or Women's Specialty about two hours after birth.



The Family Beginnings unit follows GMH's visitation guidelines of 9:00 a.m. to 9:00 p.m.

We encourage our mothers to rest each afternoon from 3:00 to 5:00; please do not visit during this time.

What are visiting hours on the Family Beginnings unit?

This unit follows GMH's visitation guidelines of 9:00 a.m. to 9:00 p.m. We encourage our mothers to rest each afternoon from 3:00 to 5:00; please do not visit during this time.

My baby has been moved to the nearby Bryan Neonatal Intensive Care Unit (NICU) for further care. What is the visitation policy there?

The NICU welcomes visits from parents and six support people of your choice age 16 or older (such as grandparents, aunts, uncles and friends).

Parents are encouraged to visit and call often, except in the morning between 6:30 and 7:30 and at night between 6:30 and 7:30 for shift changes and reports. During these two hours, the caregiver's undivided attention should be focused on your baby.

Information about your baby will be given to parents only. Our intention is to give this information to you first, allowing you to decide what to share with family and friends. To support bonding with your infant, please ask your family not to call while you are visiting. You may be asked to wait or leave the room if a procedure is being performed on your baby or another baby in the area.

Siblings age 3 and up may visit on the day of admission and once on Sunday and/or Wednesday. Two siblings may visit at a time; visits are limited to 30 minutes. Siblings must complete a health screen before entering the unit.



People You May See During Your Visit

Registered Nurse (RN): The nurse taking care of you and your baby is a registered nurse. At GHS Women's Hospital, nurses on the Family Beginnings and Women's Specialty units can wear royal blue or white or a combination of the two. Nurses also may wear a fun, colorful top with royal blue and white. Nurses in The Family Birthplace wear traditional scrubs.

OB Provider: Generally speaking, because your provider makes rounds on the Family Beginnings unit and may deliver babies during his or her shift, your provider will wear scrubs or a white lab coat.

Pediatrician (baby doctor): If your baby's doctor makes rounds at GMH, you will see that person or a practice partner. If your baby's doctor does not make rounds here, your baby will be seen by one of our pediatricians. You then will follow up with your baby's doctor.

Lactation Consultants: Lactation consultants are registered nurses with extra training in breastfeeding. They wear royal blue and white. They generally come see you the day after you deliver. Until then, your nurse in The Family Birthplace or Family Beginnings can help you get started.

Birth Certificate Specialist: Birth certificate specialists wear light pink jackets. One will come to your room to deliver paperwork for your baby's birth certificate.

Hearing Screeners: As a part of normal newborn screening, your baby's hearing will be tested. Hearing screeners typically wear pale blue-green scrubs.

Nutrition Associates: These individuals will remove your tray once you have finished your meal. They will be dressed in black pants, vest and tie with a white shirt.

Housekeeping: Housekeepers wear dark purple scrubs. They will clean your room and empty your trash daily.

Volunteers: Volunteers often wear a light peach top. They may visit you to see if you have any needs such as juice, ice, water, etc. During the summer, our student volunteers wear red polo shirts.

Patient Transport: When you and your baby's discharge orders have been written and your nurse has reviewed your discharge instructions, it will be time for you to go home. Patient Transport will be called to help you (and your belongings) to your car. Patient Transport also will bring a cart for your belongings.



GMH is a teaching hospital where doctors and nurses receive additional training. As a patient, you may see residents who always are under supervision of a senior physician. In addition, you may see nursing students from local colleges and universities.

Studies show that babies who stay in their mother's room cry much less, seldom startle, and are more apt to stay warm and stable.



Family-centered Maternity Care on the Family Beginnings Unit

At Women's Hospital, we believe that having a baby is a family affair and that our services are best provided using a family-centered approach. Research tells us that bonding between the mother and the baby occurs through sensory means (hearing, seeing, touching, smelling), which is why we encourage our mothers to keep their babies in the room with them. Rooming-in allows you to learn about your baby's needs, responses and personality. Nursing care during this time is focused on teaching and role modeling while providing safe, high-quality care.

We understand that your baby belongs to you and your family—not to the hospital. That's why we are committed to giving each patient the education and support your family needs to welcome your new baby into your lives and your routines.

What are the benefits of Family-centered Maternity Care?

- Better communication exists between healthcare providers
- Your questions are answered quicker because your nurses care for you and your baby
- You and your nurse have a closer relationship
- You receive better education as your Family Beginnings nurse demonstrates baby care at your bedside
- You don't miss special moments with your baby
- There is increased security
- Babies cry less
- Feeding is easier
- Breastfeeding is likely to be more successful
- Family bonding is promoted
- Babies begin to learn to sleep during the night

Why is it better for babies to stay with their mothers?

Studies show that babies who stay in their mother's room cry much less, seldom startle, and are more apt to stay warm and stable. Why? Because parents are nearby to closely nurture and answer cries.

Babies in the hospital nursery cry up to 10 times more; startle as much as 12 times an hour; show changes in temperature, pulse and breathing; and interrupt feeding patterns and mother's breast milk production. Why? Because babies react to bright lights, noise and separation from their mother.

Babies often are tired after delivery and sleep a good bit. If your baby is fussy, your nurses can show you calming techniques.

Cuddle Time on Family Beginnings

Rest time for mothers and babies is 3:00 p.m. to 5:00 p.m. Staff will not enter your room unless you call for help with something such as breastfeeding. Please take this opportunity to get much-needed rest. Talk to your nurse for more information.

At Family Beginnings, our mission is to give your baby the very best start possible. We have the most recent medical evidence available to share with families who deliver here.

Providing a Safe Sleep Environment

- Always place your baby on his or her back to sleep. This position is safest for naps and at night.
- Place your baby on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place your baby to sleep on pillows, quilts, sheepskins, pillow-like crib bumpers, adult bed or other soft surfaces.
- Keep soft objects, toys and loose bedding out of your baby's sleep area. Keep all objects away from your baby's face.
- Do not allow smoking around your baby. Alcohol and drug use by adults also can increase your baby's risk for SIDS (sudden infant death syndrome).
- Keep your baby's sleep area close to, but separate from, where you and others sleep. Your baby should not sleep in a bed or on a couch or armchair with adults or other children.
- Do not let your baby overheat during sleep. Dress your baby in light sleep clothing, and keep the room at a temperature comfortable for an adult.
- Avoid products that claim to reduce the risk of SIDS because most have not been tested for effectiveness or safety.

Pacifier Use

Pacifiers can mask hunger signs and rarely are needed in the first weeks of life. That's why our unit no longer routinely provides pacifiers.

Our goal is to help you understand your baby's behaviors, recognize and respond to hunger signs, and learn ways to calm, comfort and bond with your baby. The American Academy of Pediatrics recommends pacifier use be delayed until about 1 month of age for breastfeeding infants—this allows newborns to learn breastfeeding techniques. Once breastfeeding is established, evidence shows that pacifier use during sleep may reduce the risk of sudden infant death syndrome.

If you wish, you may bring a pacifier from home or buy one in our Hospitality Shop; please ask your nurse or doctor about its use.



At Family Beginnings, our mission is to give your baby the very best start possible.

Responding to your baby's hunger cues also is known as "baby-led feeding" and is one of the greatest benefits of rooming-in.



Feeding Your Baby

Baby-led Feeding and Feeding on Cue

Our staff—including nurses and lactation consultants—are specially trained to assist you with breastfeeding. Babies will provide mothers with “hunger cues” such as lip-smacking, placing hands to mouth, sucking motions and crying to indicate when the time has come to breastfeed. Watching for these cues—instead of watching the clock—will allow a new mother to know when her newborn is hungry. Responding to your baby’s hunger cues also is known as “baby-led feeding” and is one of the greatest benefits of rooming-in.

Early Initiation of Breastfeeding

Practicing “skin-to-skin” contact within five minutes of delivery of the baby promotes early initiation of breastfeeding. Babies who are breastfed soon after delivery are more likely to be successful, even if the first breastfeeding is only for a few minutes. Babies usually are very alert and responsive to breastfeeding for the first few hours after birth.

Cradle: The mother’s back is supported; her shoulders are level. Her forearm supports the baby’s back; her open hand supports the baby’s bottom. The hand opposite the nursing breast supports the breast so that the mother can observe latch-on. The baby’s chest/abdomen directly faces the mother’s. If helpful, the mother can use a pillow in her lap to bring the baby to breast level.

Cross Cradle: The infant is in the same position as the cradle hold, but the mother uses the opposite arm to hold and support the baby at the breast. The mother uses the hand of the same side being nursed to support the breast. (This position is good for low birth-weight babies.)

Side Lying: The mother is lying on her side and places the baby on his or her side facing the breast. If needed, the mother may use her lower arm or a rolled blanket to keep the baby positioned at her lower breast.

Football: The infant is tucked under the arm of the breast being used with the feet toward the mother’s back. Use a pillow behind the mother’s back to leave room for the baby’s feet. Place a pillow under the baby at the mother’s side to bring the baby to breast level.

For more information about positions, please refer to the breastfeeding booklet given in the hospital by our lactation consultants or a breastfeeding magazine provided by your provider’s office.

Latch techniques: While in the hospital, you might hear your nurse or lactation consultant talk about a latch score. This score is a way your caregivers can assess how well the baby is breastfeeding.

Latch-on is the actual attachment of the baby's lips and mouth to the mother's breast. A correct latch-on ensures that the baby is getting enough milk and prevents excessive nipple soreness.

These are signs of a successful latch-on:

- There is tugging, maybe some tenderness, but no sensation of pain.
- After the first few seconds, the baby does not easily fall away from your breast.
- No clicking sounds are heard as the baby suckles.
- A minimum of 1-1 ½ inches of areola is within the infant's mouth.
- The infant's tongue is positioned between the lower gum and your breast.
- The baby's lips are widely flanged around the breast, creating a seal.
- While suckling, the infant's cheeks are full and rounded (not dimpled). Movement is observed at the back of the jaw and above the infant's ear. The earlobes may wiggle.
- Swallowing is heard. During the colostrum stage of milk, swallowing may be heard at least every few suckles. After milk volume increases (in 3-5 days), the infant should be swallowing as often as every 1-2 suckles.
- When removing your baby from the breast, insert your finger between the baby's gums and your breast to break the seal. Removing your baby without breaking the seal may irritate the nipples.

To view a helpful animated video on latching, visit breastfeedingmadesimple.com.

Frequency of Feeding When Establishing Milk Supply

Your milk supply is based on supply and demand. When you feed (hand express or use a breast pump) regularly, your body will continue to produce breast milk. If you do not feed (hand express or use a breast pump) regularly, then your body will not continue to produce the amount of milk your baby needs. For help in hand expressing, watch an informational video at newborns.stanford.edu/Breastfeeding/HandExpression.html.

Feed your infant based on the information your pediatrician and nurses give you. An amazing thing is that your body will produce the amount of milk needed for your infant—and your milk is constantly changing to meet the needs of your baby.

Our staff—including nurses and lactation consultants—are specially trained to assist you with breastfeeding.





Breastfeeding Products and Supplies

In addition to the consultants' expertise, Women's Hospital offers breastfeeding products such as breast pumps for rent or purchase, nursing bras and camisoles, and other supplies. Please talk to a lactation consultant if you are interested in any of these products or visit the Women's Boutique (now with two locations) at Greenville Memorial Hospital.

Risks of Formula Supplementation

In some cases, it is medically necessary to supplement (give your infant milk substitute instead of breast milk). Your pediatrician and nurses will discuss this situation with you if applicable. However, in many circumstances, your baby will not need anything other than your breast milk. Our goal is to educate you on breastfeeding and its benefits as well as the risk of using a supplement so that you can make an educated decision for you and your family.

Mothers sometimes worry because their babies want to breastfeed more than they expected at first and wonder if their baby is getting enough milk. Early, frequent feeding helps your body establish your milk supply. Most mothers make plenty of milk for their infant without the need to supplement with formula. If breastfeeding, mothers should do so exclusively for the first six months because breast milk is all that infants need during that time. In fact, supplementing with unnecessary formula or foods can cause problems such as ...

- An interference with Mom's milk supply, meaning she may not make enough milk for her baby if she supplements with formula or food
- Early on, the mother's breast may become uncomfortably engorged
- Increase the risk for your baby to develop allergies, diabetes or obesity
- Even one feeding with artificial milk can cause problems

Breastfeeding Support and Community Resources

As you make your decision to breastfeed your baby, please know that many community resources are available to you. GHS offers a Breastfeeding Helpline you can call once you are discharged from the hospital: (864) 455-BABY (2229). In addition to phone calls, GHS lactation consultants provide outpatient visits for people who need hands-on help. Insurance often covers the cost of lactation outpatient consultations—check with your insurance company for more information.

A breastfeeding support group also meets the first and third Thursdays each month at St. Michael Lutheran Church on Augusta Street from noon to 3 p.m. Another breastfeeding support group takes place at the Greenville Midwifery office (35 Medical Ridge Drive, Greenville) on the second Thursday monthly from noon to 3 p.m.

For any of the above-mentioned resources, please call (864) 455-BABY for more information.

In addition to GHS resources, La Leche League (call 455-BABY for a referral to a group near you) and Greenville County Health Department (372-3257 or 372-3258) provide breastfeeding support.

Whooping Cough Vaccine and My Baby: A Circle of Protection

The best way to prevent pertussis, commonly called whooping cough, is through vaccination. Make sure you, your baby and your family get immunized.

What is whooping cough (pertussis)?

Whooping cough is a highly contagious respiratory disease. It usually is spread through a cough, sneeze or direct contact with respiratory secretions, such as saliva or mucus. Pertussis can produce severe and lengthy coughing fits, followed by a characteristic “whoop” as the person gasps for air. The severe cough usually lasts up to six weeks but may linger as long as 10 weeks.

Anyone can get pertussis, but the disease is dangerous to infants, who can suffer the most serious and deadly complications. Infants less than 2 months old are too young to be vaccinated against pertussis, so they are especially at risk for getting the disease and could die.

How do infants get whooping cough?

Infants often get whooping cough from the people they are closest to! That’s why it’s important to create a circle of protection for your newborn.

Parents, siblings, other family members and friends may unknowingly transfer whooping cough to infants:

- Adults and adolescents may get a milder case of pertussis (they may not produce the “whoop” sound), which can be mistaken for a cold, allowing them to pass the disease to an infant, unaware that they are contagious.
- Immunity to pertussis begins to wear off by adolescence (age 11-12). Many adolescents and adults who think they have protection against pertussis can become infected and transfer the disease to infants, so it is very important that adolescents and adults be vaccinated against pertussis.
- Encourage family members to receive a Tdap (tetanus, diphtheria and acellular pertussis) booster vaccination to protect themselves and those they love.

As a mother, you likely will have the most contact with your baby, which is why the Centers for Disease Control and Prevention (CDC) recommends that mothers who have not received the Tdap vaccine recently be immunized before they leave the hospital. Being vaccinated could help prevent spreading pertussis to your infant and others.

Make sure your baby goes to the doctor to be immunized.

The recommended vaccine currently administered is for diphtheria, tetanus and acellular pertussis (DTap). The CDC recommends DTap vaccination for children at the following ages:

- 2, 4 and 6 months
- 15-18 months; 4-6 years
- Tdap booster at 11-12 years of age

References:

1. Centers for Disease Control and Prevention. Advisory Committee on Immunization Practices (ACIP) recommended immunization schedule for persons aged 0 through 18 years—United States, 2013. Atlanta (GA): CDC; 2013. Available at www.cdc.gov/vaccines/schedules/downloads/child/mmwr-0-18yrs-catchup-schedule.pdf. Retrieved February 28, 2013.
2. Centers for Disease Control and Prevention (CDC). Updated recommendations for use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap) in pregnant women—Advisory Committee on Immunization Practices (ACIP), 2012. *MMWR Morb Mortal Wkly Rep* 2013;62:131-5.
3. ACOG (American College of Obstetricians and Gynecologists) Committee Opinion, number 566, June 2013 American College of Obstetricians and Gynecologists’ immunization website, available at www.immunizationforwomen.org
4. Healy CM, Rench MA, Baker CJ. Importance of timing of maternal combined tetanus, diphtheria, and acellular pertussis (Tdap) immunization and protection of young infants. *Clin Infect Dis*. 2013 Feb;56(4):539-44. doi: 10.1093/cid/cis923. Epub 2012 Oct 24.
5. Advisory Committee for Immunization Practices Recommendations, available at www.cdc.gov/vaccines/pubs/ACIP-list.htm
6. Centers for Disease Control and Prevention Vaccines and Immunizations Information Page, available at www.cdc.gov/vaccines

How to Order a Birth Certificate

You can get a copy of your child's birth certificate from DHEC. The cost is \$12 and \$3 for each additional copy at the time you order. Information on birth certificate applications and orders can be found at scdhec.gov.

Ordering by Mail: Complete the Application for Certified Copy of Birth Certificate, and mail it to DHEC. You will receive a copy of this form (green form) in the hospital. It takes about two months before you receive the birth certificate. Both the short and long forms can be obtained this way.

Ordering by Telephone (credit card use only): There is an additional cost to order by telephone. If you request expedited service, there is another fee. Call 1-877-284-1008 to order either the long or short form.

Ordering in Person: Go to any regional office (such as Greenville or Spartanburg health departments) or DHEC in Columbia to obtain either a short or long form birth certificate.

Birth Certificates

A birth certificate establishes your child's legal identity and will be used throughout life. Certified copies are required by state and federal agencies for many official purposes, such as acquiring a Social Security card, passport, driver's license and marriage license. In addition, a birth certificate will be required to enroll your child in school and participate in many school-sponsored activities. As an adult, your child will need to show proof of birth to get a job, open a bank account and get retirement benefits.

Birth certificates in South Carolina are maintained by the Department of Health and Environmental Control (DHEC). Copies are released from DHEC (scdhec.gov), not the hospital of birth. There are two types of birth certificates:

Long Form—includes child's information of birth and parents' information. This form is recommended because the parents' information is required in many situations. The long form is needed for passports and often required for school. The long form is available from the DHEC office in Columbia or any regional office such as Greenville or Spartanburg health departments.

Short Form—contains just the child's information of birth on a wallet-sized card. This form can be obtained from DHEC in Columbia or from any local health department.

How to Complete a Birth Certificate

You will be given a form, "Mother's Worksheet for Child's Birth Certificate," to complete in the hospital. The worksheet must be turned in to the Birth Certificate Office or staff before you leave. Please fill out the following information:

- Child's full name
- Mother's current legal and maiden name
- Mother's date and place of birth
- Mother's county of residence and current address
- Mother's city of residence and if this is located within city limits
- Mother's mailing address (if different from current address)
- Mother's Social Security number
- Mother's education
- Mother's race and/or Hispanic origin
- Mother's pre-pregnancy weight
- WIC information
- Signature to request a Social Security number for the child
- Marital status
- Father's name
- Father's date and place of birth
- Father's Social Security number
- Father's education
- Father's race and/or Hispanic origin
- Mother's smoking history during pre-pregnancy



What is Paternity Acknowledgment?

Paternity Acknowledgment is a legal document that places the name of the father on the birth certificate if the mother and father are not married at the time of birth.

How do I complete a Paternity Acknowledgment form?

Paternity Acknowledgment can be completed while you are at the hospital by making a request to the Birth Certificate Clerk. The clerk will bring the form to the room to be signed by the mother and father of the child in the presence of the clerk, who is a Notary Public. Once complete, the Paternity Acknowledgment has to be submitted with the birth certificate by the hospital.

Both parties must be present and show a valid picture ID as proof of identity. Birth certificate staff are limited in the types of ID they can accept and may refer parents to a DHEC office (local health department) to complete the Paternity Acknowledgment if the ID cannot be accepted at the hospital. Either party can rescind the Paternity Acknowledgment within 60 days of the child's birth. A determination of paternity will have to be completed at that time by a court of competent jurisdiction or an administrative agency pursuant to S.C. Code Ann Sections 20-7-952 and 20-7-9505, which directs DHEC to amend the birth certificate.

What if the Paternity Acknowledgment form is not completed at the hospital?

You can go to any S.C. health department after the birth of your child and request to complete a Paternity Acknowledgment. There is a small fee to complete this form at the health department. Both parents must be there to sign the Paternity Acknowledgment form, and both parents must have a valid picture ID as proof of identity.

What if I want to change the name on the birth certificate?

Once the birth certificate is submitted to DHEC, all changes must be requested through DHEC in Columbia or any S.C. health department. Birth certificate staff cannot change a birth certificate once it has been submitted. DHEC charges a fee to make a change to a birth certificate.

What if I find an error on my child's birth certificate?

Once the birth certificate is submitted to DHEC, any change must be submitted to DHEC in Columbia or any S.C. health department. DHEC will contact the hospital to submit a copy of the "Mother's Worksheet for Child's Birth Certificate" form completed by the mother while she was at the hospital. If the error rests with the staff, the hospital will reimburse you for any charges incurred to change your baby's birth certificate. (Please note: You will pay for these charges to DHEC—please retain your receipts and give them to the Birth Certificate Office so that you may be reimbursed.)

Important: Obtain a copy of the birth certificate within the first year of the child's birth so that hospital staff can assist with error correction, if needed.

Birth Certificate Office Locations and Hours

The Birth Certificate Office at Greenville Memorial Hospital is

located on the 6th floor.

To reach a birth certificate clerk, please go to the Family Beginnings nursing desk and ask to speak with a Birth Certificate Clerk.

Birth certificate staff are available seven days a week from 8:00 a.m. to 4:00 p.m.

Greenville Memorial Hospital

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