

# BUMP AND BEYOND

*Cobb & Douglas Public Health Pregnancy Newsletter*



## Childhood Vaccinations are Important

Childhood vaccines or immunizations can seem overwhelming when you are a new parent. Vaccine schedules recommended by agencies and organizations, such as the CDC, the American Academy of Pediatrics, and the American Academy of Family Physicians cover about 14 different diseases.

Vaccinations not only protect your child from deadly diseases, such as polio, tetanus, and diphtheria, but they also keep other children safe by eliminating or greatly decreasing dangerous diseases that can spread from child to child.

A vaccine is a dead, or weakened version, or part of the germ that causes the disease in question. When children are exposed to a disease in vaccine form, their immune system, which is the body's germ-fighting machine, can build up antibodies that protect them from contracting the disease, if and when they are exposed to the actual disease. (continued on page 2)

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*Healthier lives. Healthier community*

Over the years, vaccines have generated some controversy over safety, but no convincing evidence of harm has been found. And although children can have a reaction to any vaccine, the important thing to know is that the benefits of vaccinations far outweigh the possible side effects.

### KEEPING TRACK OF IMMUNIZATIONS

Most of your child's vaccinations are completed between birth and 6 years. Many vaccines are given more than once, at different ages, and in combinations. This means that you'll need to keep a careful record of your child's shots. Although your doctor's office will also keep track, people change doctors, and records get lost, so the person ultimately responsible for keeping track of your child's immunizations is you.

Ask your child's doctor for an immunization record form. Think about your child's record as you would a birth certificate and keep it with your other essential documents. You can also download an easy-to-read immunization schedule and record form at

<https://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html> (see next page).

Even though most parents and doctors do a good job of keeping up with immunizations, studies show that about one-fourth of preschool children are missing at least one routine vaccination. Most states will not let your child start school without a complete immunization record. Sometimes a vaccination is missed when a child is sick. No matter what the reason, it's important to make up missed immunizations.

If your child has missed an immunization, you don't have to go back and start over for most vaccines. The previous immunizations are still good. Your doctor will just resume the immunization schedule. If, for any reason, your child receives additional doses of a vaccine, this is also not a concern, although your child will still need any future doses according to the recommended schedule.

### HOW MANY SHOTS DO CHILDREN NEED?

Although vaccines are combined to reduce the number of shots needed, the list is still long.

Keep this information in mind to help your child's immunizations go more smoothly:

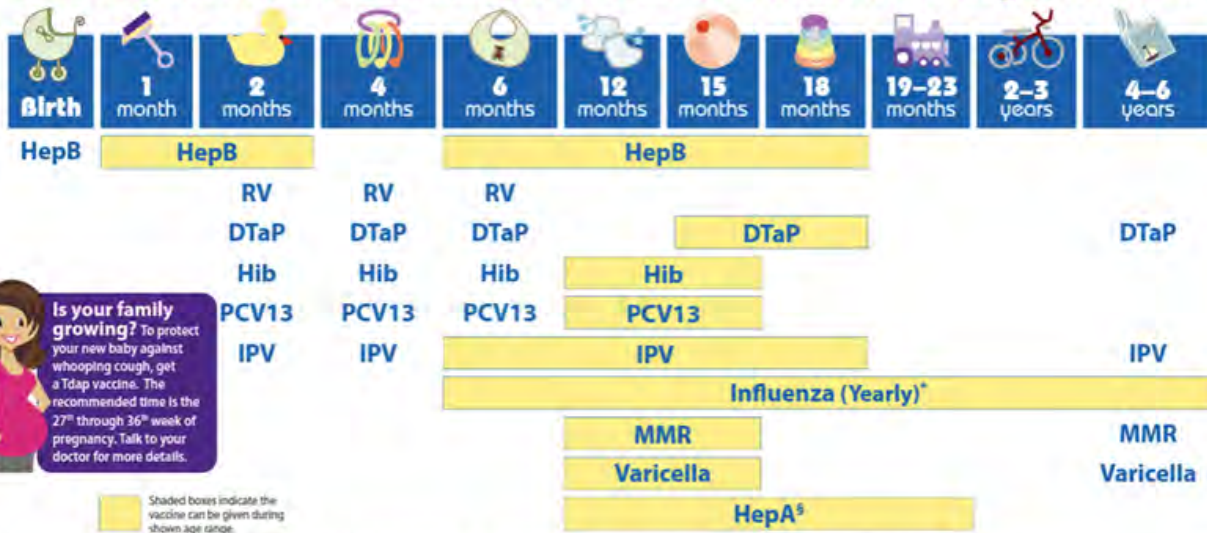
- Common side effects of immunizations include swelling at the site of the injection, soreness, and fever. Discuss these side effects with your doctor and ask what symptoms deserve an office call.
- Ask your doctor's office if it participates in an immunization registry. This is a source you can go to if your immunization records get lost.
- Ask your doctor's office if it has an immunization reminder or recall system. This type of system will call to remind you when immunizations are due and will warn you if an immunization has been missed.
- Always bring your immunizations record with you to all of your child's office visits and make sure the doctor signs and dates every immunization.

Vaccines are some of the safest and most effective medicines we have, and they have made many dangerous childhood diseases become rare today.

Source: [www.stanfordchildrens.org](http://www.stanfordchildrens.org),  
[www.CDC.gov/vaccines](http://www.CDC.gov/vaccines)



## 2022 Recommended Immunizations for Children from Birth Through 6 Years Old



**Is your family growing?** To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27<sup>th</sup> through 36<sup>th</sup> week of pregnancy. Talk to your doctor for more details.

### COVID-19 VACCINATION IS RECOMMENDED FOR AGES 5 YEARS AND OLDER.

**NOTE:**  
If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

**FOOTNOTES:**  
\* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.  
<sup>5</sup> Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.  
If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.



For more information, call toll-free 1-800-CDC-INFO (1-800-232-4636) or visit [www.cdc.gov/vaccines/parents](http://www.cdc.gov/vaccines/parents)



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



American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN<sup>SM</sup>

## Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
Diphtheria	DTaP <sup>6</sup> vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders, death
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
Measles	MMR <sup>7</sup> vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR <sup>7</sup> vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
Pertussis	DTaP <sup>6</sup> vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration, death
Rubella	MMR <sup>7</sup> vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP <sup>6</sup> vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

## BODY CHANGES AFTER VAGINAL DELIVERY

Pregnancy changes your body in more ways than you might expect. And it doesn't stop when the baby is born. Here's what to expect physically and emotionally after a vaginal delivery.

### VAGINAL SORENESS

If you had a vaginal tear during delivery or your doctor made an incision, the wound might hurt for a few weeks. Extensive tears might take longer to heal. To ease discomfort while you're recovering:

- Sit on a pillow or padded ring.
- Cool the area with an ice pack, or place a chilled witch hazel pad between a sanitary napkin and the area between your vaginal opening and anus (perineum).
- Use a squeeze bottle to pour warm water over the perineum as you're passing urine.
- Sit in a warm bath just deep enough to cover your buttocks and hips for five minutes. Use cold water if you find it more soothing.
- Take an over-the-counter pain reliever. Ask your health care provider about a numbing spray or cream, if needed.
- Talk to your health care provider about using a stool softener or laxative to prevent constipation.

Tell your health care provider if you're experiencing severe, persistent or increasing pain. It could be a sign of infection.

### VAGINAL DISCHARGE

After delivery, you'll begin to shed the superficial mucous membrane that lined your uterus during pregnancy. You'll have vaginal discharge made up of this membrane and blood for weeks. The discharge will be red and heavy for the first few days. Then it will taper, become increasingly watery and change from pinkish brown to yellowish white.

Contact your health care provider if you have heavy vaginal bleeding — soaking a pad in less than an hour — especially if it's accompanied by pelvic pain, a fever or tenderness.

### CONTRACTIONS

You might feel occasional contractions, sometimes called afterpains, during the first few days after delivery. These contractions — which often resemble menstrual cramps — help prevent excessive bleeding by compressing the blood vessels in the uterus. Afterpains are common during breastfeeding due to the release of the hormone oxytocin. Your health care provider might recommend an over-the-counter pain reliever.

### INCONTINENCE

Pregnancy, labor and a vaginal delivery can stretch or injure your pelvic floor muscles, which support the uterus, bladder and rectum. This might cause you to leak a few drops of urine while sneezing, laughing or coughing. These problems usually improve within weeks, but might persist long term.

In the meantime, wear sanitary pads and do pelvic floor muscle exercises (Kegels) to help tone your pelvic floor muscles and control your bladder. To do Kegels, imagine you are sitting on a marble and tighten your pelvic muscles as if you're lifting the marble. Try it for three seconds at a time, then relax for a count of three. Work up to doing the exercise 10 to 15 times in a row, at least three times a day.



## HEMORRHOIDS AND BOWEL MOVEMENTS

If you notice pain during bowel movements and feel swelling near your anus, you might have swollen veins in the anus or lower rectum (hemorrhoids). To ease discomfort while the hemorrhoids heal:

- Apply an over-the-counter hemorrhoid cream or suppository containing hydrocortisone.
- Use pads containing witch hazel or a numbing agent.
- Soak your anal area in plain warm water for 10 to 15 minutes two to three times a day.

If you find yourself avoiding bowel movements out of fear of hurting your perineum or aggravating the pain of hemorrhoids or your episiotomy wound, take steps to keep your stools soft and regular.

Eat foods high in fiber — including fruits, vegetables, and whole grains — and drink plenty of water. Ask your health care provider about a stool softener, if needed.

Source: [whattoexpect.com](http://whattoexpect.com), [mayoclinic.org](http://mayoclinic.org)



## BODY CHANGES AFTER C-SECTION DELIVERY

During the C-section recovery process, discomfort and fatigue are common.

### To promote healing:

**TAKE IT EASY** Rest when possible. Try to keep everything that you and your baby might need within reach. For the first couple of weeks, avoid lifting anything heavier than your baby.

**SEEK PAIN RELIEF** To soothe incision soreness, your health care provider might recommend ibuprofen (Advil, Motrin IB, others), acetaminophen (Tylenol, others) or other medications to relieve pain. Most pain relief medications are safe for breastfeeding women.

### LOOK FOR SIGNS OF INFECTION

Check your C-section incision for signs of infection. Contact your health care provider if your incision is red, swollen, or leaking discharge.

### EXPERIMENT WITH BREASTFEEDING POSITIONS

You can begin breastfeeding almost immediately after the C-section.

Breastfeeding positions that work well during C-section recovery include:

#### • Football hold

For comfort, put a pillow along your side and use a chair with broad, low arms. Hold your baby at your side, with your elbow bent. With your open hand, support your baby's head and face him or her toward your breast. Your baby's back will rest on the pillow and your forearm. Support your breast in a C-shaped hold with your other hand.

#### • Side-lying hold

Lie on your side and place your baby on his or her side, facing your breast. Support your baby with one hand. With the other hand, grasp your breast and touch your nipple to your baby's lips. Once your baby latches on to breastfeed, use one arm to support your own head and the other to help support the baby.

For support or breastfeeding information during your C-section recovery, contact a lactation consultant at the hospital or through the WIC Program.

While you're recovering from your C-section, remember that you're also recovering from pregnancy. Here's what to expect:

### VAGINAL DISCHARGE

After delivery, you'll begin to shed the superficial mucous membrane that lined your uterus during pregnancy. You'll have vaginal discharge made up of this membrane and blood for weeks.

This discharge will be red and heavy for the first few days. Then it will taper, become increasingly watery and change from pinkish brown to yellowish white.

### CONTRACTIONS

You might feel contractions, sometimes called afterpains, during the first few days after the C-section.

These contractions — which often resemble menstrual cramps — help prevent excessive bleeding by compressing the blood vessels in the uterus. Afterpains are common during breastfeeding, due to the release of oxytocin. Your health care provider might recommend an over-the-counter pain reliever.

### TENDER BREASTS AFTER ANY DELIVERY

A few days after birth, your breasts might become full, firm and tender (engorgement) once they begin making milk. Frequent breastfeeding on both breasts is recommended to avoid or minimize engorgement.

If your breasts — including the dark circles of skin around the nipples — are engorged, latching might be difficult for your baby. To help your baby latch, you might hand express or use a breast pump to express a small amount of breast milk before feeding your baby. To ease breast discomfort, apply warm washcloths or take a warm shower before breastfeeding or expressing, which might make milk removal easier. Between feedings, place cold washcloths on your breasts. Over-the-counter pain relievers might help, too.

If you're not breastfeeding, wear a supportive bra, such as a sports bra. Don't pump your breasts or express the milk, which will cause your breasts to produce more milk.

Source: [whattoexpect.com](http://whattoexpect.com), [mayoclinic.org](http://mayoclinic.org)

## POSTPARTUM CHECKUPS ARE IMPORTANT

The American College of Obstetricians and Gynecologists recommends that postpartum care be an ongoing process rather than just a single visit after your delivery. Contact your health care provider within the first three weeks after delivery. Within 12 weeks after delivery, see your health care provider for a comprehensive postpartum checkup.

During this appointment, your health care provider will check your mood and emotional well-being, discuss contraception and birth spacing, and review information about infant care and feeding. Your health care provider will also talk about your sleep habits and issues related to fatigue and do a physical exam. This might include checking your abdomen, vagina, cervix and uterus to make sure you're healing well. This is a great time to talk about any concerns you might have, including resuming sexual activity and how you're adjusting to life with a new baby.

### RESUMING SEX

Although the American College of Obstetricians and Gynecologists (ACOG) says there is no set time for when a woman can start having sex after giving birth, many experts recommend waiting four to six weeks before you resume sex. Regardless of how you gave birth, your body is recovering during this time:

**If you had a vaginal birth**, you may have had an episiotomy or a vaginal or perineal tear that's healing. If so, sex prior to four weeks postpartum could leave you susceptible to a vaginal infection.

**If you had a C-section**, the same postpartum sex recommendations apply, though for many moms who gave birth via cesarean, recovery takes a little longer. Your practitioner may recommend waiting at least four weeks after the procedure to restart your sex life. Your incision takes time to heal, so it's especially important to get your practitioner's approval at your postpartum appointment.

Every woman is different, and you might feel like you need longer to feel comfortable having sex again.

## Events & Classes

### • **Stork's Nest**

Our local Stork's Nest is offering **free**, app-based learning modules for prenatal education classes. Earn a \$10 gift card per module! Register at <https://tinyurl.com/36k55u56> using Rho Xi Zeta for question 4. Module access is July 16- September 16.

Next Enrollment October 1-16, with Module access October 16- December 16.

### • **Riverside Neighborhood Community Garden, Sundays 1-2pm**

The garden offers **free** membership and classes. Free food is also given to volunteers. The garden is located at 875 Riverside Parkway, Austell, GA 30168. For more information, email: [RNCommunityGarden@gmail.com](mailto:RNCommunityGarden@gmail.com).

### • **Pickles & Ice Cream**

Pickles & Ice Cream offers free, live webinars covering prenatal, postpartum, breastfeeding, and newborn care. To view class dates and times, visit: <https://picklesandicecreamga.org/events>.

### • **Healthy Start Support Group**

CDPH's Healthy Start program launched a virtual support group for moms, led by a therapist. Whether you're expecting or recently had your baby, you are welcome to attend. The group meets Tuesday evenings from 6:00 - 7:30pm and Friday afternoons from 1:00 - 2:30pm. To join the Zoom call, use this link: <https://zoom.us/j/2925874010>.

### • **Hollis Street Jamboree - Free**

The Douglasville Police and County Sheriff's will hold the Jamboree on August 27 from 1pm to 6pm at 8304 Hollis St., Douglasville, GA 30134.

Parking is at Simpson & Daughters Mortuary - 6787 James D. Simpson Ave. There will be activities for kids, music, and a cookout.

### • **Inspiring Fathers Program - Online**

Inspiring Fathers is a 12-week program where dads meet weekly and discuss topics such as Nurturing Father/Son and Father/ Daughter Relationships, Teamwork: Co-Parenting between Fathers & Mothers, Overcoming Barriers to Nurturing Fathering and more. We formally organize partnerships with other community agencies to bring you the services and resources you need.

Contact [Gerald.jordan@dph.ga.gov](mailto:Gerald.jordan@dph.ga.gov) or call 770-635-0523 Ext. 1382



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