St Luke's Nampa Hospital Pre-registration:
208-381-9000

What is kick counting in pregnancy?

Counting kicks (fetal movement counting) in **pregnancy** is a way to monitor the fetus. It involves expectant parents tracking fetal kicks and movements during development of your baby. Changes in movement patterns can sometimes indicate the fetus is under stress. Knowing the fetus's normal movement patterns can help you sense when something seems off.

The two main ways to track fetal kicks are:

- Count the number of kicks you feel in a two hour period.
- Measure the amount of time it takes for the fetus to kick 10 times.

Most pregnant people will begin feeling the fetus kick around 20 weeks into pregnancy. If it's your first pregnancy, it might be later. If you've been pregnant before, you might feel the fetus kick a little sooner. Fetuses move at different times and in different ways. By the time your third trimester rolls around (28 weeks of pregnancy), you should have a general sense of the movement patterns of the fetus.

Discussing fetal movements with your healthcare provider at your prenatal visits gives them insight into how the fetus is developing.

What do fetal kicks feel like?

Kicks from inside your uterus feel soft and may be hard to distinguish. The fetus is small, and its movements aren't strong. Some people describe kicks as flutters, swishes, rolls, jabs or butterflies. Fetal movements will vary depending on fetal age and get stronger in the third trimester (28 to 40 weeks in pregnancy).

Don't panic if you're not sure what you're feeling. You'll eventually learn the movement patterns of the fetus and when it is more likely to be active.

Why should I count my fetal kicks?

Kick counting can help you be more aware of fetal movements. If you know what's normal for the fetus, then you can more easily determine when something feels wrong. Changes in fetal movement may be an early sign of distress or can indicate a problem with the pregnancy. Once you know the fetus's activity level, you can alert your healthcare provider if changes occur.

Feeling the fetus move in your uterus is a good thing and indicates a healthy and growing fetus. But even healthy fetuses can experience distress. That's why knowing what's normal for the fetus can be a good way to identify potential problems. A normally active fetus that slows down may concern your healthcare provider.

When should I start counting kicks?

It's a good idea to always be aware of your fetal movements during pregnancy. Kick counting becomes more important in the third trimester (between weeks 28 and 40) when lack of movement may suggest the fetus is stressed. Talk with your healthcare provider about when to do kick counting or how many kicks you should feel. There is a range of what's considered normal, and only you and your provider can decide what's normal for you.

How do I count kicks?

There are a few ways to count fetal kicks. Using an app on your phone may help, or you can use a timer or clock and a piece of paper.

Ten movements (kicks, flutters or rolls) in one hour is considered typical fetal movement. Don't panic if you don't feel 10 movements in an hour. Feeling fewer than 10 kicks doesn't mean something is wrong. It may also take a little longer than one hour to feel 10 movements. This is usually OK and not a cause for worry.

Here are the steps to count fetal kicks:

- Choose a time when you are least distracted or when you typically feel the fetus move.
- Get comfortable. Lie on your left side or sit with your feet propped up.
- Place your hands on your belly.
- Start a timer or watch the clock.
- Count each kick. Keep counting until you get to 10 kicks.
- Once you reach 10 kicks, jot down how many minutes it took.

Alternatively, you can set a timer for one hour and grab a piece of paper. Once the timer starts, make a mark on the paper each time you feel a kick. At the end, tally up the number of marks you've made. Remember, you're looking for 10 movements in one hour.

After a few days of kick counting, you'll notice patterns and what's normal for the fetus. Every fetus is different. You're figuring out what's normal for the fetus. Once you know that, you can call your healthcare provider if you notice significant shifts in fetal movement patterns.

Remember, kick counting shouldn't make you stressed. Talk to your **obstetrician or midwife** to see how many kicks you can expect to feel each day.

Grace

My Birth Plan

Labor Plans

- I will ask for pain medication if I need it.
- I would like an epidural as soon as possible.
- I would like to use alternative pain relief options.
- I would like to labor in the tub
- I would like to try nitrous oxide
- I would like to be offered pain control options.
- I am unsure about pain relief- I will decide during labor
- I would like to avoid any pain medications.
- I would like to avoid having an IV if possible
- I would be OK to have a saline lock in place.
- I would like to consider having my "water break" if needed.
- I would like to be out of bed as much as possible.
- I would like to use different positions for labor.
- I would like to use different positions for birth.
- I would like a mirror to view my birth.
- I would like to touch baby's head as it crowns.
- I would like baby skin to skin at birth.
- I would like to help with breastfeeding baby.
- I plan to invite these people to the birth:

Partners Name: _____

Baby's Name: _____

Baby Care

- Delayed Cord Clamping
- Partner to cut cord
- Skin to Skin after birth
- Breastfeeding
- Bottle Feeding
- Eye ointment
- Vitamin K shot
- Hepatitis B shot
- Bath given
- No baby bath given
- Circumcision for baby boy
- No pacifier use
- Any other request _____

Emergent Cares: In the event of a cesarean section, I would like _____ to be with me in the operating room (one person allowed) If the baby needs to be separated from me for extra care I would like _____ to accompany baby.

EVIDENCE BASED *Birth*®

Evidence that Empowers!

Evidence on: Group B Strep in Pregnancy

By Rebecca Dekker, PhD, RN of EvidenceBasedBirth.com

Question: What is Group B Strep?

Answer: About 10% to 30% of pregnant people carry Group B *Streptococcus* (GBS)—a bacteria—in their digestive tract. Most people with GBS do not have symptoms. However, in some newborns, GBS can cause early onset GBS disease. This is defined as infection of the blood, brain/spinal cord, or lungs during days 0 to 6 of life.

Question: What are the chances that a newborn will have early GBS disease?

Answer: If a pregnant person who carries GBS is not treated with intravenous (IV) antibiotics during labor, the baby's risk of developing a serious GBS infection in the first week of life is 1% to 2%. If a GBS carrier is treated with antibiotics during labor (specifically with penicillin, ampicillin, or cefazolin), then the risk of their baby developing early GBS disease drops to 0.2%.

Question: What is the evidence on screening for GBS and treating those who are positive with IV antibiotics during labor?

Answer: The *universal screening approach*, used in 60 countries, involves screening all pregnant people for GBS at 35-37 weeks (36-37 weeks in the U.S.) and providing IV antibiotics to carriers of GBS during labor (unless a Cesarean is done before the water breaks). The *other risk factor approach*, used in 25 countries, does not involve screening for GBS. Instead, antibiotics are given during labor if other risk factors (fever, preterm labor, or water broken 18+ hours, among others) are present. Researchers have found that the universal screening approach prevents more cases of early GBS disease than the other risk factor approach. This makes sense, because the main risk factor for early GBS disease is when the pregnant person is a carrier of GBS, and 60% of newborns with early GBS have no other risk factors.

Question: How do antibiotics during labor affect a newborn's microbiome?

Answer: Studies have found that IV antibiotics during labor or during a Cesarean affect the infant's microbiome by decreasing beneficial bacteria and increasing potentially harmful bacteria. The effect seems to be temporary for most infants, and the negative effect is lessened when the infant is born vaginally and/or fed with human milk. Some antibiotics used when there is a penicillin allergy (i.e., vancomycin and clindamycin) have a worse impact on the microbiome and are also less effective at preventing early GBS disease.

Question: Is there anything other than IV antibiotics that works to get rid of GBS?

Answer: Taking probiotics (such as *Lactobacillus*) has not yet been proven to lessen your chances of being colonized with GBS. However, probiotics have other positive effects, such as reducing digestive symptoms of pregnancy. As far as other alternatives go, washing the vagina with chlorhexidine (or Hibiclens) during labor has not been shown to be effective in randomized trials. There is no evidence on the safety or effectiveness of inserting garlic in the vagina. Because of the difficulty of using the universal screening method in low-resource areas, researchers are developing a potential vaccine for GBS during pregnancy.

Question: What is the bottom line?

Answer: In places where preventing more cases of early GBS disease is the priority, people are typically screened for GBS at 36 to 37 weeks and, if positive, provided antibiotics during labor. In places where preventing the harms of antibiotics is the priority, people are not screened for GBS and only given antibiotics during labor if other risk factors occur. Antibiotic rates remain high (~30%) regardless of which approach is used. In low-resource areas where no policy is used to prevent GBS disease and there is no access to antibiotics or emergency care, GBS remains a leading cause of newborn illness and death.

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> **"There are fewer cases of early GBS disease in newborn with the universal screening approach compared to the other risk factor approach (0.2 per 1,000 vs. 0.5 per 1,000)."**

1. American College of Obstetricians and Gynecologists (2019, Reaffirmed 2022). "ACOG Committee Opinion No 797: Prevention of Group B Streptococcal Early-Onset Disease in Newborns." Obstet Gynecol 135(2): e51-e72.
2. Azad, M. B., Konya, T., Persaud, R. R. (2016). "Impact of maternal intrapartum antibiotics, method of birth and breastfeeding on gut microbiota during the first year of life: a prospective cohort study." BJOG 123: 983-993.
3. Hanson, L., VandeVusse, L., Forgie, M., et al. (2023). "A randomized controlled trial of an oral probiotic to reduce antepartum group B streptococcus colonization and gastrointestinal symptoms." Am J Obstet Gynecol MFM 5:100748.
4. Le Doare, K., O'Driscoll, M., Turner, K., et al. (2017). "Intrapartum antibiotic chemoprophylaxis policies for prevention of Group B Streptococcal disease worldwide. Systematic Review." Clin Infect Dis 65(S2): S143-S151.
5. Van Dyke, M. K., Phares, C. R., Lynfield, R., et al. (2009). "Evaluation of universal antenatal screening for group B streptococcus." N Engl J Med 360(25): 2626-2636.

For more information visit **EvidenceBasedBirth.com/GroupBStrep** or scan the QR →

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EVIDENCE BASED *Birth*®

Evidence that Empowers!

Evidence on: Vitamin K for Newborns

By Rebecca Dekker, PhD, RN, & Sara Ailshire, MA, of EvidenceBasedBirth.com

Q & A

Question: What is Vitamin K? Why is it given to babies shortly after birth?

Answer: Vitamin K is a vitamin that is needed in order for blood to clot. About 90% of our Vitamin K comes from food, while 10% comes from bacteria in our digestive tract.[1,2,3] Babies are born with very limited amounts of Vitamin K. Formula is fortified with Vitamin K; however, there is very little Vitamin K in human milk.[2,4] Babies who are exclusively breastfed will have low Vitamin K levels until they start eating solid foods or are given Vitamin K supplements.

Question: What is Vitamin K Deficiency Bleeding?

Answer: Babies with low levels of Vitamin K can start bleeding without warning. Vitamin K Deficiency Bleeding (VKDB) can occur spontaneously (without any underlying trauma) and can cause vague symptoms until the baby is quite sick.[2] Three types of VKDB can occur: shortly after birth (early VKDB), in the 1st week of life (classical VKDB), and from week 2 until 6 months (late VKDB). Late VKDB is dangerous because it often starts out as bleeding in the brain, which can cause death or brain damage.

Question: How often does late VKDB happen?

Answer: Late VKDB is rare, but can be prevented with Vitamin K. Late VKDB happens in:

- 4-7 babies per 100,000 who do not receive any Vitamin K; rates as high as 72 per 100,000 were reported in Thailand.[5,6] Higher rates in East Asian countries may be due to diet, family history, and gallbladder disease (impacts absorption of Vitamin K).[6,7]
- 0-0.9 babies per 100,000 who receive a 3-dose regimen of oral Vitamin K (2 mg at birth, at 4-6 days, and at 4-6 weeks OR 2 mg at birth and 1 mg weekly for 3 months).[2]
- 0-0.4 babies per 100,000 who receive a 1 mg Vitamin K injection at birth.[2]

Question: What are the benefits and risks of Vitamin K supplementation to prevent VKDB?

Answer: The most common form of Vitamin K supplementation for newborns is an injection of Vitamin K through a shot into the thigh muscle. The benefit is protection against classical and late VKDB. Risks include pain at the injection site, bruising, and swelling.[1,8]

In some countries, infants may receive a series of Vitamin K oral drops. Evidence shows that drops are almost as effective as the Vitamin K shot.[6] However, unlike the Vitamin K shot, there are more chances for missed doses, or the baby spitting up the dose or not absorbing it.[2,8] In the U.S., there are no FDA-approved oral Vitamin K drops for infants, so parents interested in this option can only access Vitamin K supplements that are unregulated.

Vitamin K: Myths vs. Facts

Myth: Vitamin K is unnecessary if you have a gentle birth, or if you do not plan to circumcise.
Fact: VKDB, while rare, can happen to any baby.[2] The most commonly affected babies are those who are exclusively breastfed and do not receive Vitamin K supplementation.

Myth: The Vitamin K shot causes leukemia.
Fact: Research has shown that the shot does not cause leukemia.[2] This myth is based on a single study published in 1992. In the 30+ years since, researchers have never been able to reproduce the same result. After lengthy investigations by researchers worldwide, this single study's findings were rejected by medical organizations in the late 1990s.

Myth: You do not need Vitamin K if you use delayed cord clamping.
Fact: There is little-to-no Vitamin K in cord blood.[2] Vitamin K does not easily pass across the placenta to baby, so delayed cord clamping does not offer protection against VKDB. For this same reason, taking extra Vitamin K during pregnancy has not been shown to prevent VKDB.

Myth: The shot is full of toxins.
Fact: The ingredients in the Vitamin K shot are safe for babies,[9] and you can request a preservative-free version of the shot.

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> **"The main risk factors for Vitamin K Deficiency bleeding are exclusive breastfeeding and not receiving supplemental Vitamin K after birth."**

1. Lippi, G. & M. Franchini. (2011). "Vitamin K in neonates: Facts and myths." Blood Transfus 9(1): 4-9.
2. Shearer, M. J. (2009). "Vitamin K deficiency bleeding (VKDB) in early infancy." Blood Rev 23(2): 49-59.
3. Wallin, R. & Hutson, S. M. (2011) "Vitamin K metabolism in the fetus and neonate." In Fetal and Neonatal Physiology, 4th ed. Polin, R. A., Fox, W. W., & Abman, S. H., eds. Elsevier: Philadelphia. Pp. 435-441.
4. Drugs and Lactation Database (LactMed) (2024). "Vitamin K." Bethesda (MD): National Library of Medicine (US). https://www.ncbi.nlm.nih.gov/books/NBK500922.
5. Chuansumrit, A., Pluksacheeva, T., Hanpinitsak, S., et al. (2010). "Prevalence of subclinical Vitamin K deficiency in thai newborns: Relationship to maternal phylloquinone intakes and delivery risk." Arch Dis Child Fetal Neonatal Ed 95(2): F104-108.
6. Mihatsch, W. A., Braegger, C., Bronsky, J., et al. (2016). "Prevention of Vitamin K deficiency bleeding in newborn infants: A position paper by the ESPGHAN Committee on Nutrition." J Pediatr Gastroenterol Nutr 63(1): 123-129.
7. van Hasselt, P. M., de Koning, T. J., Kvist, N., et al. (2008). "Prevention of vitamin K deficiency bleeding in breastfed infants: Lessons from the dutch and danish biliary atresia registries." Pediatrics 121(4): e857-863.
8. Puckett, R. M. & Offringa, M. (2000). "Prophylactic Vitamin K for Vitamin K deficiency bleeding in neonates." Cochrane Database Syst Rev 4: CD002776.
9. Holley, S. L., Green, K., Mills, M., et al. (2020). "Educating parents on Vitamin K prophylaxis for newborns." Nurs Womens Health 24(4): 283-293.

For more information visit **EvidenceBasedBirth.com/VitaminK** or scan the QR »

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Pediatrician Provider List

Middleton/Star area:

- *Root Cause Pediatrics- Dr. Aaron Dykstra (208) 960-0327

Caldwell:

- *Terry Reilly Health Services- (many locations/providers) (208) 466-7869.
- St. Luke's Children's Pediatrics – (208) 505-2950.
- Saint Alphonsus Elm Clinic Pediatrics (208) 302-7100.

Nampa:

- *Full Circle Health- (many locations/providers) Dr Amanda Mason (208) 514-2509 (Nampa North location contact)
- Thomas Hammer Pediatrics- Dr. Thomas Hammer (208) 461-8700
- *St Als, Nampa- Samantha Lange PA, Dr. Aguilar, Dr. Aldous, (208) 302-7000.
- *Terry Reilly Health Services- (many locations/providers) (208) 466-7869.
- Primary Health Pediatrics (208) 809-2892.
- Grace Women's Health -Dr. Mccoy (208) 593-6340 (Limited availability, please call to get on waiting list)
- *Advanced Family Medicine- (208)- 922-3355

Meridian and beyond:

- Ridgeview Family Health- many family practice providers (208) 593-6393
- *Functional Medicine of Idaho- Dr. Mario Brus (208) 385-7711
- Thrive Pediatrics- Many pediatric providers (208) 514-0203.
- Primary Health Pediatrics -(208) 377-4400
- Treasure Valley Children's Clinic – (208) 297-7847
- *Advanced Family Medicine- (208)- 922-3355 (Kuna Location)

Asterisk (*) for providers open to alternate vaccine schedules or non-vaccination plans, please call to confirm, however. You may explore family practice providers for newborn/pediatric care also. Family, friends, Facebook or google are other good places to start in a search always check with insurance plans for preferred providers. Calling offices, you are interested in, and asking the most important bullet points or basic questions will be helpful in guiding decisions. It is also encouraged to call the office you plan to choose as soon as possible, to ensure they are accepting new

patients around the time you will deliver as sometimes they are full or have a waiting list.

Birth and Parenting Education Classes

In-Person and Online Classes for Expectant and New Parents

Childbirth Preparation

This four-week series prepares you for the birth of your new baby through a variety of coaching, breathing and relaxation techniques. Topics include the birth process, pain management of labor, decision-making, unplanned Cesarean birth and transition to parenthood. Spouse, partner or support person is encouraged to attend.

Cost: $30

Baby Care Basics

Learn the "how to's" of caring for your newborn, including comforting, feeding, bathing, cord care, sleeping habits, safety issues and the parents' changing world. Spouse, partner or support person is encouraged to attend.

Cost: $15

Childbirth Boot Camp

This class is designed for the very busy family who is looking to learn more about the basics of childbirth and having a baby at St. Luke's. Topics include the birth process, pain management of labor, decision-making, and unplanned Cesarean birth. Taught with the use of videos and lectures. Spouse, partner or support person is encouraged to attend.

Cost: $30

Intuitive Birth

In this four-week series, you'll learn traditional labor support techniques as well as how to reduce the effects of stress and create a deep sense of peace in order to provide the best growing environment for your baby. The role of hormones during labor and how to best support the effects of these hormones on your body and mind will be emphasized in this mindfulness-based childbirth education class.

Cost: $30

Breastfeeding Basics

This class focuses on preparing physically and emotionally for breastfeeding, getting started, common problems and solutions, family adjustments and nutrition. Spouse, partner or support person is encouraged to attend.

Cost: $15

Tummy Time, Infant Massage and More

"Baby on back to sleep and tummy to play" is recommended by the American Academy of Pediatrics, but many newborns to pre-crawling infants struggle with tummy time. This one-session class will introduce you to tricks to help babies enjoy tummy time and also covers the basics of infant massage, for stimulating or soothing; techniques to nurture your baby's body and brain development for sensory motor success; and activities and environments to help baby thrive (and which to avoid).

Cost: $15

St Luke's

Learn More and Register

We offer a combination of in-person and online classes. For a full listing of class offerings and/or to register, scan the QR code. go to stlukesonline.org/classes (key words "having a baby"), or call 208-381-9000. Scholarships are available.

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