



THE PREGNANCY GUIDE



WELCOME

Welcome! Congratulations on your pregnancy and thank you for choosing Capital Women's Care. We value you as our patient and will support you during this exciting time!

Each pregnancy is unique and has its own challenges. We recognize those differences and strive to provide you with great medical care. Your health and the health of your baby are our priorities!

INTRODUCTION TO THE PRACTICE

Address: 2120 L St NW #700, Washington, DC 20037

Hours: Monday-Friday 8am to 4:30 pm

Phone: (202) 331-9293

Dr. Safran and Dr. Horwitz opened their practice in 1982. Eventually the practice joined Capital Women's Care and moved to our current location in 2022. A list of our obstetric providers can be found on our website: <https://www.obgyndc.com/doctors>.

After office hours, your call will automatically reach the answering service, and you will be prompted to leave a message for the on-call physician.

Please speak slowly and clearly when leaving your name and phone number. You should receive a return call within 20 minutes. If you have trouble reaching the on-call physician, or if you have an emergency, go to Sibley Memorial Hospital. For non-urgent questions, we encourage you to sign up for our patient portal and send questions there. Information on how to sign up for the portal can be obtained from the front desk at any of your appointments.

Our physicians deliver babies at Sibley Memorial Hospital on a rotating schedule. We share hospital coverage with Bethesda Capital Women's Care. You may make appointments with any of our physicians, our nurse practitioners, or our physician assistants during your prenatal and postpartum care.

We look forward to taking care of you!

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PRENATAL CARE VISITS

Prenatal care allows us to monitor your health and your baby's growth during your pregnancy. We will see you about once a month, with more frequent visits as your pregnancy progresses. These visits provide opportunities to answer your questions, but contact us any time with your questions or concerns.

Not every visit includes blood work or an ultrasound. The table below is a general schedule and guide to what you may expect at each visit. This is only a guide. Visit schedules and tests are adjusted based on patient's needs.

At every appointment: we will confirm the fetal heartbeat (with ultrasound or doppler), check your blood pressure and weight, talk about what's happened since your last visit, any troublesome symptoms you may be experiencing, and when to make your next appointment and what to expect.

Prenatal Visit Schedule

Approximate Gestational Age	What to Expect	Appointment Interval
~ 7-12 Weeks	<ul style="list-style-type: none">• Pregnancy confirmation/dating ultrasound• First prenatal visit• Initial blood work and labs, urine testing• Optional carrier and genetic screening tests• Ultrasound for nuchal translucency	Every 4 weeks
~ 16 Weeks	<ul style="list-style-type: none">• MSAFP blood test screening for open neural tube defects such as spina bifida• Optional genetic screening tests if not done in 1st trimester	
~ 20 Weeks	<ul style="list-style-type: none">• Detailed anatomy ultrasound of baby• Not done at our office. You will be given a referral to a maternal-fetal medical specialist for this ultrasound	
~ 28 Weeks	<ul style="list-style-type: none">• Blood work screening for gestational diabetes and anemia• RhoGAM shot (if indicated)	

~ 32 Weeks	<ul style="list-style-type: none"> • TDap Vaccine 	Every 2 weeks
~ 36 Weeks	<ul style="list-style-type: none"> • Screening for Group B Strep • 36-week blood work screening for anemia, urine testing • Ultrasound for fetal growth and position 	
~ 36-41 Weeks	<ul style="list-style-type: none"> • Cervical exam to check for dilation (if desired) • Ultrasounds for fetal well-being (if necessary) • Scheduling of induction (if necessary) • Monitoring blood pressure 	Weekly

NUTRITION AND DIET

Balanced nutrition is essential to maintaining good health and is even more important during your pregnancy. The foods you eat provide the nutrients to support your baby's growth. In addition, certain stages of fetal growth require greater quantities of certain nutrients. It is important to keep this in mind and maintain a healthy diet throughout your pregnancy.

Daily Guidelines:

- Breads/Grains/Carbs: 6-11 servings (Make half your grains whole grains!)
- Fruit: 2-4 servings
- Vegetables: 4 or more servings
- Dairy: 4 servings
- Limit fatty, salty, and highly processed foods

Choose whole, minimally processed foods as much as possible. Eat more foods with the following nutrients:

Tip: If you are unsure whether a food item satisfies your health needs, look at the Nutrition Facts Label. This will tell you the serving size, nutrient content, and whether the food is high in other components like sodium or trans fats.

Visit www.choosemyplate.gov for more information.

Nutrient	Examples
Fiber	Whole grains and rice, legumes, whole fruits and vegetables
Folic Acid	Dark-green leafy vegetables, legumes, veal, and liver
Iron	Legumes, leafy greens, seafood, meat, eggs, and tofu
Vitamin C	Citrus fruits, cruciferous vegetables, papaya, and bell peppers

Eating for Two? This is a common myth. Calorie recommendations for pregnant women are only 300 extra calories a day on average!

Calorie Recommendations:

- About 1,800 calories per day during the first trimester
- About 2,200 calories per day during the second trimester
- About 2,400 calories per day during the third trimester

*If you are pregnant with twins or multiples, you may need to increase your daily calorie intake. Discuss this with your provider.

PRENATAL VITAMINS

Prenatal vitamins are supplements that help you get the recommended levels of certain vitamins and minerals that can be hard to get through diet alone. Here are some important nutrients in pregnancy:

- **Folic Acid:** This is one of the most important supplements during pregnancy. It helps prevent neural tube defects during fetal development. The neural tube becomes the baby's brain and spinal cord, and develops during the first month of pregnancy. At least 400 micrograms (0.4 milligrams) of folic acid are recommended per day.
- **Calcium:** This important nutrient creates strong bones and teeth for both the mother and the fetus. It is also important for the muscular, circulatory, and nervous systems. 1,000 milligrams of calcium are recommended per day.
- **Iron:** This nutrient is essential for the development of blood and muscle cells. Iron prevents anemia (decreased number of red blood cells). 27 milligrams of iron are recommended per day. Talk with your provider about whether you may need additional iron.
- **Vitamin D:** This vitamin promotes absorption of calcium in the body. 400-800 IU of Vitamin D are recommended per day.
- **Omega 3 Fatty Acids:** These acids help fetal development. Omega-3 fatty acids may also play a role in determining the length of gestation and in preventing perinatal depression. The three main Omega 3 fatty acids are docosahexanoic acid (DHA), alpha-linolenic acid (ALA), and eicosapentaenoic acid (EPA). 1.4g of ALA are recommended per day in pregnancy. There are no established recommendations for DHA and EPA.
- **DHA:** While there are no established guidelines, studies suggest women need at least 200 milligrams daily of this powerful fatty acid to support the development of baby's brain, eyes and nervous system. DHA also helps prevent pre-term labor, increase birth weight, and support postpartum mood in new mothers.
- **Choline:** This nutrient influences stem cell proliferation and elimination of unwanted cells, thereby altering brain and spinal cord development. Choline may also reduce the risk of neural tube defects and promote lifelong memory function. 450mg of choline are recommended per day during pregnancy.

Prenatal vitamins are available both over the counter and by prescription. If you experience uncomfortable symptoms like nausea or constipation while taking prenatal vitamins, try taking them at night before bed or switch to a prenatal gummy. Contact us for alternative supplement options if your symptoms are intolerable.

VEGETARIAN/VEGAN DIETS

There are no significant changes in recommendations between a non-vegetarian and a vegetarian diet. However, if you are vegan you are more likely to have difficulty getting the daily levels of vitamin B12, iron, calcium, and folic acid. Make sure to find alternative ways to reach these levels, such as daily supplements.

PREGNANCY WEIGHT GAIN

Weight gain is natural over the course of the pregnancy. However, the amount of weight gained varies from woman to woman. The National Academy of Medicine suggests the following weight gain ranges based on your pre-pregnancy body mass index (BMI):

Category	BMI	Weight Gain
Underweight	< 18.5	28 to 40 lbs
Normal Weight	18.5-24.9	25 to 35 lbs
Overweight	25-29.9	15 to 25 lbs
Obese	> 30	11 to 20 lbs

Tip: You can determine your BMI by entering your weight and height in a BMI calculator: www.webmd.com/diet/body-bmi-calculator

Weight-Related Complications

More is not always better. Excessive maternal weight gain is associated with an increased risk of pregnancy complications, including diabetes, high blood pressure, and necessity for cesarean delivery. Infants of overweight women are more likely to be bigger and have an increased risk of experiencing birth trauma and not descending into the vaginal canal. This occurs more frequently in women shorter than 5 feet 2 inches.

For the best chance of growing a healthy baby, follow general nutrition guidelines, eat a wide variety of foods, and avoid junk foods.

Where does the weight go?

- Baby: 7-8 pounds
- Stores of fat, protein, & other nutrients: 7 pounds
- Increased Blood Volume: 4 pounds
- Increased Fluid Volume: 4 pounds
- Breast Tissue: 2 pounds
- Uterus: 2 pounds
- Amniotic Fluid: 2 pounds
- Placenta: 1.5 pounds

FOODS TO LIMIT/AVOID IN PREGNANCY

There are certain foods you should avoid or limit in order to decrease risk of illness or complications during your pregnancy. The list below explains what foods to limit or avoid, along with cooking guidelines for your reference. For further information about food risks, visit www.foodsafety.gov/people-at-risk/pregnant-women.

Alcohol

- Alcohol quickly passes through the placenta into the baby's bloodstream. When alcohol is consumed during pregnancy, infants may be born with physical, mental, and behavioral problems characteristic of fetal alcohol syndrome. These babies are smaller than unexposed babies and may have many abnormalities including heart defects and mental retardation.
- It is unknown how much alcohol puts the fetus at risk for fetal alcohol syndrome, it is safest to eliminate alcohol entirely during pregnancy.

Caffeine

- There is conflicting and inconsistent evidence that the consumption of caffeine or coffee during pregnancy adversely affects the fetus. It may decrease the availability of certain nutrients such as calcium, zinc, and iron.
- According to the American College of Obstetrics and Gynecology, moderate caffeine consumption of less than 200 mg (about two 8-oz cups of coffee) per day appears to be safe. Remember that caffeine is not only in coffee and tea, but also in products such as chocolate, soda, and certain medications.

Seafood that is high in mercury or uncooked

Advice About Eating Fish

What Pregnant Women & Parents Should Know

Fish and other protein-rich foods have nutrients that can help your child's growth and development.

For women of childbearing age (about 16-49 years old), especially pregnant and breastfeeding women, and for parents and caregivers of young children.

- Eat 2 to 3 servings of fish a week from the "Best Choices" list OR 1 serving from the "Good Choices" list.
- Eat a variety of fish.
- Serve 1 to 2 servings of fish a week to children, starting at age 2.
- If you eat fish caught by family or friends, check for fish advisories. If there is no advisory, eat only one serving and no other fish that week.*

Use this chart!

You can use this chart to help you choose which fish to eat, and how often to eat them, based on their mercury levels. The "Best Choices" have the lowest levels of mercury.

What is a serving?

To find out, use the palm of your hand!

For an adult
4 ounces

For children, ages 4 to 7
2 ounces

Best Choices <small>EAT 2 TO 3 SERVINGS A WEEK</small>	OR	Good Choices <small>EAT 1 SERVING A WEEK</small>			
<ul style="list-style-type: none"> Anchovy Atlantic croaker Atlantic mackerel Black sea bass Butterfish Catfish Clam Cod Crab Crawfish Flounder Haddock Hake 		<ul style="list-style-type: none"> Herring Lobster, American and spiny Mullet Oyster Pacific chub mackerel Perch, freshwater and ocean Pickering Raice Pollock Salmon Sardine 	<ul style="list-style-type: none"> Scallop Shad Shrimp Skate Smelt Sole Squid Tilapia Trout, freshwater Tuna, canned light (includes skipjack) Whitefish Whiting 	<ul style="list-style-type: none"> Bluefish Buffalofish Carp Chilean sea bass/Patagonian toothfish Grouper Halibut Mahi mahi/dolphinfish Monkfish Rockfish Sablefish Sheepshead Snapper Spanish mackerel Striped bass (ocean) Tilefish (Atlantic Ocean) Tuna, albacore/white tuna, canned and fresh/frozen Tuna, yellowfin Weakfish/seatrout White croaker/Pacific croaker 	
		Choices to Avoid <small>HIGHEST MERCURY LEVELS</small>			
		<ul style="list-style-type: none"> King mackerel Marlin Orange roughy 	<ul style="list-style-type: none"> Shark Swordfish 	<ul style="list-style-type: none"> Tilefish (Gulf of Mexico) Tuna, bigeye 	

*Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants. State advisories will tell you how often you can safely eat those fish.

www.FDA.gov/fishadvice
 www.EPA.gov/fishadvice
 U.S. FOOD & DRUG ADMINISTRATION

THIS ADVICE RELATES TO FISH AND SHELLFISH COLLECTED/CAUGHT AS "WILD" | ADVICE UPDATED JANUARY 2017

- Seafood is a great source of protein, omega-3 fatty acids, and iron. The Food and Drug Administration (FDA) and Environmental Protection Agency (EPA) report that pregnant women can eat up to 12 ounces (2-3 servings) of seafood per week safely.
- Fish that are high in mercury should be limited. Mercury interferes with the development of the baby's nervous system.
 - Limit white (albacore) tuna and tuna steaks to 6 ounces (170 grams) a week
 - High mercury-containing fish include swordfish, shark, king mackerel, marlin, orange roughy, and tilefish.
- Cooking: Raw fish and shellfish could contain harmful bacteria/viruses. Only eat seafood that has been thoroughly cooked.
 - Cook seafood to an internal temperature of 145°F.
 - Smoked seafood should be cooked to 165°F.

Tip: Monitor fish advisories at www.epa.gov/choose-fish-and-shellfish-wisely.

Undercooked Foods

- Undercooked foods pose higher risks of food poisoning and other foodborne illnesses. These guidelines are for everyone, but are particularly pertinent for pregnant women, who are more susceptible to foodborne illness:
 - Eggs and foods containing egg products should be cooked to 160°F.
 - Beef, veal, lamb should be cooked to 145°F.
 - Pork and ground meats should be cooked to 160°F.
 - Poultry (and stuffing if included) should be cooked to 165°F.

Processed Meats

- There are many opportunities for meat to be contaminated during production, especially if processed. The most common foodborne illness related to processed meats is listeriosis.
- Common processed meats include bologna, salami, hot dogs, and other deli meats.
- Cooking: Listeria can be killed by heating food to the appropriate temperature. All deli-style meats and poultry (cold cuts, hot dogs, dry sausage, etc.) should be heated to 165°F before eating.

Unpasteurized Foods

- Unpasteurized foods have higher risks of carrying foodborne illnesses.
- Examples of unpasteurized foods include:
 - Raw milk (often found in soft cheeses).
 - Brie, feta, camembert, blue cheese, queso blanco, queso fresco.
 - Some fresh/cold pressed juices and ciders.
- Read labels on all cheeses, milk products, and juices and do not consume unless pasteurized.

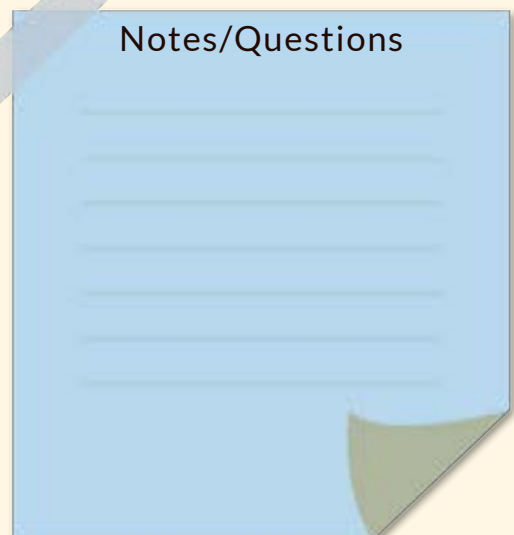
Unwashed Food

- Do not consume raw vegetables and fruits without thoroughly washing them. Make sure to wash sprouts and other earth plants completely before consuming them.

Large Quantities of Vitamin A

- High amounts of vitamin A can lead to birth defects. Liver is a common food item high in vitamin A and should be eaten in moderation.

Notes/Questions

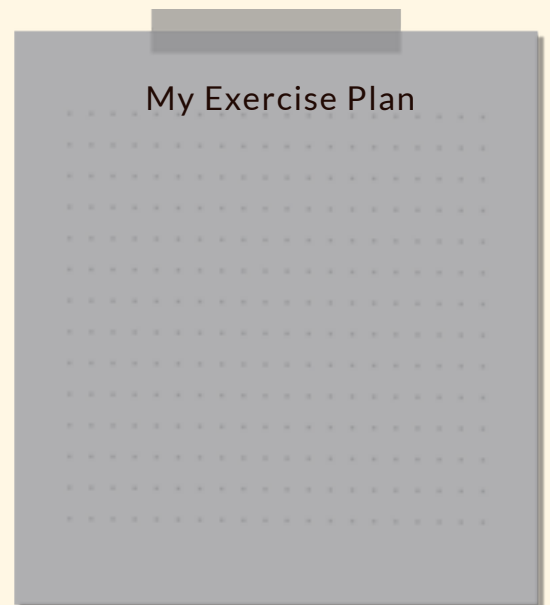


EXERCISE IN PREGNANCY

Proper exercise increases elasticity and strength of muscles. It reduces your risk of gestational diabetes, pregnancy-related hypertension, and stresses related to pregnancy and labor. It improves your heart and lung efficiency. The American College of Obstetricians and Gynecologists suggests that women without any medical or prenatal complications engage in regular, moderate to intense physical activity throughout pregnancy.

Exercise Guidelines:

- Discuss pre-pregnancy fitness levels with your care provider to determine an appropriate exercise regimen for your pregnancy.
- An average of 30 minutes a day of moderate aerobic exercise is recommended. Examples include walking, swimming, rowing, stationary cycling, or Pilates.
- Make sure you warm up and cool down before and after your exercise. This is important when exercising during pregnancy because your muscles and joints are more stressed due to metabolic changes occurring in your body.
- Drink lots of water to avoid dehydration and overheating.
- Wear proper footwear and supportive bras.
- Keep in mind that your growing baby will demand more of your energy so you may become short of breath or tire more easily than you did before.



THINGS TO AVOID WHILE EXERCISING

- Do not hold your breath during exercises.
- Avoid activities that involve strenuous back work.
- Refrain from participating in sports with high contact, such as ice hockey, basketball, and soccer, as well as activities that have risks of falling such as gymnastics, horseback riding, skiing, and outdoor cycling.
- Do not engage in underwater activities such as scuba diving (the air decompression poses potential risks to the fetus).
- Avoid activities at high altitudes.
- Avoid exercise that raises the core body temperature for long periods of time (e.g., hot yoga).

EXERCISE WARNING SIGNS

If you experience any of the following symptoms, STOP your activity and contact your provider immediately:

- Vaginal bleeding/spotting
- Abdominal pain
- Chest pain
- Severe shortness of breath
- Dizziness and/or nausea
- Loss of muscle control
- Contractions
- Severe headaches

SEX IN PREGNANCY

It is okay to have sex while you are pregnant! However, it's common to have some concerns. As long as your pregnancy is proceeding normally, and you and your partner feel up to it, you can have sex whenever you like.

Keep in mind that your body is going through changes. Hormonal fluctuations and fatigue could make having sex less desirable. There is considerable variety in sexual interest and expression during pregnancy. Some women find sexual interest enhanced, while others find that the discomforts of pregnancy diminish their desire for physical intimacy. Many psychological factors also affect couples' interest in sexual expression during pregnancy, including feelings about changes in the woman's body and about becoming parents. Discuss any questions and concerns about sexual issues with your care provider.

The following paragraphs present feelings a woman might experience regarding sexual arousal and intimacy during pregnancy.

- **First trimester:** There is an increased incidence of significant fatigue and nausea. Sexual interest is generally decreased. Also, there may be a fear of causing a miscarriage. Generally, unless there is a history of cramping or bleeding, there is no evidence that intercourse or orgasm causes miscarriage.
- **Second trimester:** As the discomforts of the first trimester resolve, this is often a time of heightened interest in sexual expression.

- **Third trimester:** During the third trimester, sexual interest is highly variable. Fatigue may again be a problem, and the size of the abdomen may make intercourse awkward and uncomfortable. There may also be irrational feelings that the baby will somehow know that the parents are having intercourse as well as fears that sexual activity will cause premature labor. There are medical reasons for abstaining from intercourse and orgasm, including a history of premature labor (though there is no evidence that sexual activity causes preterm labor), an abnormally located placenta covering the cervix, or ruptured amniotic membranes. In general, unless these conditions are present, it is safe to continue sexual relations until the onset of labor. Your provider will make you aware of any conditions that could necessitate stopping sexual activity.

SUGGESTIONS FOR SEX WHILE PREGNANT

- **Position:** Adjustments in positions for intercourse will need to be made as the abdomen grows. Often, the side-by-side position is most comfortable. Try new positions while keeping in mind comfort and pleasure.
- **Lubrication:** Because the vagina tends to be drier during pregnancy, lubricants for intercourse may enhance comfort.
- **Oral sex:** It is okay to have oral sex while pregnant. However, during pregnancy it is not safe to blow air into the vagina, as this may cause a life-threatening condition called air embolism.
- **Condoms:** Condoms are necessary to protect from the transmission of sexually transmitted infections (STIs) such as chlamydia, gonorrhea, and HIV. It is important to continue using condoms if you risk exposure or are not in a mutually monogamous relationship.

SAFETY DURING PREGNANCY

Tobacco/Smoking/Vaping

Smoking puts both mother and fetus at risk. When the mother smokes, the fetus is exposed to chemicals including carbon monoxide and nicotine. Studies show that smoking during pregnancy can lead to complications like vaginal bleeding, miscarriage, premature delivery, neurologic impairment, stillbirth, and Sudden Infant Death Syndrome (SIDS). In addition, smoking reduces the oxygen available to the mother and fetus. Babies of mothers who smoke are likely to weigh less and be smaller. Infants and children who are exposed to environments where adults smoke can also experience adverse effects.

We encourage you to avoid smoking (and secondhand smoke) as much as possible during your pregnancy. We can refer you and/or your partner to smoking cessation programs to help you quit.

Drugs/Medications

Drugs of any type (including illicit "street" drugs, prescriptions, or over-the-counter medications) may affect the fetus. Marijuana use during pregnancy can be harmful as the chemicals in marijuana (in particular, tetrahydrocannabinol or THC) pass through your system to your fetus and may harm development.

Some prescription or over-the-counter medications may cause severe problems, while others may have no adverse effect. Review with your provider any medication you have been taking or plan to take to ensure that it is safe for you and your baby. If you have been taking medication regularly, check with your provider before stopping it, as the underlying condition treated by the medication may worsen upon sudden cessation. If you have been seeing a specialist for a particular condition, we will likely ask you to make an appointment with that physician during your pregnancy.

Some medications are especially dangerous to your baby. Some of the most common ones are:

- Accutane
- Thalidomide (Thalomid)
- Acitretin (Soriatane)

Exposure to Chemicals & Radiation

It is common to be exposed to chemicals in the house and at work. However, anything you breathe or come into contact with could enter your bloodstream and reach your baby. It may be helpful to ask for assistance when handling particular substances during the following activities:

- **Hair color/dye:** Hair color and permanents are low risk. If you are considering any hair treatments, be sure to have them performed in a well-ventilated area. Have someone else apply the dye to your hair and make sure your scalp is rinsed thoroughly. If possible, try to avoid use during the first trimester.
- **Cleaning:** There is little evidence that the use of everyday cleaning supplies causes significant harm. It is best to avoid certain cleaning products such as ammonia and bleach, especially in an area that is not well ventilated. Try using alternative cleaning solutions such as vinegar or baking soda, or switch to products that do not contain harsh chemicals.
- **Gardening:** Chemicals frequently used in gardening, such as insecticides, weed killers, and fertilizers, should be avoided.
- **Painting:** Oil- and lead-based paints are particularly dangerous. Use caution when painting while pregnant and avoid using paint removers/strippers, varnish, shellac, and turpentine. It is also important not to work in or renovate an area where lead paint may be present. While painting, be sure to work in a well-ventilated area. Avoid eating or drinking in the room where you are painting.
- **X-Rays:** Minimal exposure to x-rays during pregnancy is considered safe. X-rays are thought to pose at most a remote risk to the baby. Most x-ray exams are performed on the legs, arms, chest, head, and teeth, minimizing radiation exposure to the reproductive organs. Wearing a leaded apron or collar can protect against any scattered radiation.

Hot Tubs/Saunas

Maternal exposure to extremely hot temperatures has been shown to cause birth defects. While comfortably warm tub baths and showers are safe, hot tubs and saunas are not. Avoid using them and engaging in other activities that raise core body temperature (e.g., hot yoga) above 100° F.

Falls & Abuse

It is important that your body remains a safe space for your baby to grow. We recommend that you avoid any activity that heightens your risk of falling or suffering abdominal trauma.

If you are being abused, during your pregnancy or otherwise, contact our office at any time or call the National Domestic Violence Hotline: 1-800- 799-SAFE (7233).

Pets

Dogs: Dogs pose little to no threat to pregnant women. However, there is concern if a dog jumps on the abdomen of a pregnant woman. Although the likelihood of developing complications from this is low, it is best to train your dog not to jump. Also, avoid walking dogs that pull forcefully on their leashes, as this could lead to a fall.

Cats: Cats can carry toxoplasma, a parasite that is transferred to humans through contact with cat feces. Toxoplasma is most often found in outdoor cats, but can be found in indoor cats as well. It is best to have someone else change litter boxes. If you must be the one to clean the litter box, wear protective gloves and wash hands thoroughly after.

Amphibians/Reptiles: Reptiles and amphibians, such as iguanas, turtles, snakes, and lizards, can transmit salmonella to humans who are exposed to their feces. Wash your hands after handling these pets. Avoid having these pets around the kitchen/food preparation area and do not bathe them or clean the cage in the kitchen sink. Do not let them roam freely around the house.

Birds: Birds are generally safe but can carry bacteria like salmonella and campylobacter. A visit to the veterinarian to determine the health status of your bird is helpful. Wash your hands after handling your pet and avoid being the one who cleans the cage if possible.

Infections during Pregnancy

Infections may be minor and have no effect on the fetus (e.g., a cold) or they may cause a serious, life-threatening illness for the mother and/or fetus. If you believe you have been exposed, or have symptoms of infection, please call us.

We routinely screen pregnant women for exposure or immunity to the following diseases, as they may be particularly hazardous to a fetus:

- HIV/AIDS
- Syphilis
- Hepatitis B & C
- Rubella (German measles)
- Varicella (Chickenpox)
- Group B Streptococcus

Group B Streptococcus (GBS):

This is a common bacterium that usually colonizes the gastrointestinal tract and the vagina/genitals of some people. It is estimated that up to 25% of pregnant women are carriers. While GBS generally does not cause any ill effects to pregnant women, in rare cases, if a baby is exposed to the bacteria during labor and delivery, it can cause severe effects such as sepsis or meningitis. We routinely screen women for GBS at 36 weeks gestation, and treat women who are positive for the bacteria in labor with IV antibiotics to reduce the chance of neonatal infection. Learn more about group B streptococcus at www.cdc.gov/groupbstrep/about/index.html.

Other infections during pregnancy that may require careful monitoring, testing, or follow-up:

Listeria

Listeria is a serious infection caused by eating food contaminated with the bacterium *Listeria monocytogenes*. The disease primarily affects pregnant women, newborns, and adults with weakened immune systems. Symptoms of listeria include high fever, general malaise, and muscle aches. Call your provider if you are experiencing these symptoms. See "Foods to Limit" (page 8) for more information.

Toxoplasmosis

Toxoplasmosis is an infection caused by a parasite called *Toxoplasma gondii*. Of those who are infected, very few have symptoms because a healthy person's immune system usually keeps the parasite from causing illness. However, pregnant women and individuals who have compromised immune systems should exercise caution. Wear gloves and wash hands after gardening or handling soil, wear gloves or have someone else change the cat's litter box, cover outdoor sandboxes, and follow good food safety practices. Also see "Foods to Limit" (page 9).

Cytomegalovirus (CMV)

CMV is a common virus. Once infected, your body retains the virus for life. Women who develop an active CMV infection during pregnancy can pass the virus to their babies, who might then experience symptoms. For people who have had an organ, stem cell or bone marrow transplant, CMV infection can be fatal.

CMV spreads from person to person through body fluids, such as blood, saliva, urine, semen and breast milk. There is no cure, but there are medications that can help treat the symptoms. Once it is in a person's body it can reactivate. CMV symptoms include fever, sore throat, fatigue, and swollen glands. If you think you may have CMV, contact your care provider for more information.

Herpes

Herpes is caused by the herpes simplex virus. A primary infection during pregnancy or an outbreak close to the time of delivery can have negative effects on the fetus. Alert your health care provider if you or your partner have ever been exposed to genital herpes, you have ever had a herpes outbreak, or you have a new genital lesion during pregnancy.

Zika

Zika virus infection during any trimester of pregnancy has been found to cause adverse birth outcomes such as pregnancy loss, microcephaly, and other brain and eye abnormalities. The virus spreads through infected mosquitoes, from a mother to fetus during pregnancy, and through sexual contact. However, it may also be spread through blood transfusion and other laboratory exposure. Symptoms of the virus include acute onset of fever, rash, joint pain, and conjunctivitis. Currently, there is no vaccine or treatment for Zika virus. It is advised that pregnant women DO NOT TRAVEL to areas where Zika outbreaks are documented. Learn more at www.cdc.gov/zika/.

COVID-19

Pregnant women are considered a high-risk population for COVID-19. Pregnant women have a higher risk of severe illness when infected with COVID-19 and other viral respiratory infections, such as influenza. We are currently following the CDC for the most up-to-date guidelines: www.cdc.gov/coronavirus/2019-ncov. Vaccination against COVID-19 is recommended in pregnancy.

Vaccines during Pregnancy

These vaccines are recommended during pregnancy:

Influenza Vaccine (Flu shot)

Pregnant women are at greater risk of becoming severely ill from the flu due to decreased immunity and decreased lung capacity. We recommend that pregnant women receive a flu shot during each flu season. The FluMist nasal flu vaccine is NOT recommended in pregnancy as it contains live virus.

Tdap Vaccine (Tetanus, Diphtheria, Pertussis)

We recommend that pregnant women receive the Tdap vaccine during each pregnancy, ideally between 27–36 weeks gestation. This ensures that antibodies are passed from mother to baby to help protect against whooping cough (pertussis) after the baby is born. Newborns cannot be vaccinated for pertussis until they are 2 months old. It is recommended that anyone who may have close contact with a newborn make sure they are up to date on their Tdap vaccine.

Covid-19 Vaccine

COVID-19 vaccination is encouraged during pregnancy to help protect you and your baby by creating an antibody response without you having to experience potentially severe illness or post-COVID conditions. Make sure you are up to date.

RSV Vaccine

We recommend the Pfizer RSV vaccine if you are 32–36 weeks pregnant from September to January. The vaccine creates antibodies that pass to your baby. This means the baby will have some antibodies to protect them from RSV for their first 6 months after birth. RSV, or respiratory syncytial virus, is a virus that spreads in the fall and winter. RSV can be dangerous for babies and young children. To prevent severe RSV disease in infants, either maternal RSV vaccination or infant immunization with RSV monoclonal antibody is recommended. Most infants will not need both.

COMMON TESTING IN PREGNANCY

Genetic Testing

The purpose of genetic testing is to provide early insight into a baby's development and screen for or diagnose a birth or genetic defect.

Genetic testing helps providers care for you during pregnancy and determine if a baby may need special care immediately after birth. Early genetic testing gives parents time to research and prepare for a baby who might have specific genetic problems, acquire early specialist care, make informed decisions about the method of becoming pregnant or about continuing an existing pregnancy. Even if you would not terminate a pregnancy that was found to be abnormal, many people undergo genetic testing for the knowledge that is acquired. All genetic testing is optional.

Genetic Counseling: Genetic counseling involves meeting with a specially trained professional to find out more about your genetic makeup and how it may affect you and/or your future baby. The following are some situations in which you may want to consider genetic counseling:

- a family history of a genetic condition
- genetic conditions/diseases related to certain ethnic groups
- abnormal test or ultrasound results during your pregnancy
- the effects of harmful substances and/or other exposures
- infertility
- birth defects in previous pregnancies
- preparation for a healthy pregnancy

Genetic Screening Tests

Genetic screening can tell you the chances that your baby has or will have a genetic disorder. There are several test options, including Carrier Screening, Non-Invasive Prenatal Screening, and Maternal Serum Alpha-Fetoprotein Screening.

Carrier Screening

What is it for?

- Screening determines if you carry a specific gene that causes a specific inherited disorder

Who is it for?

- People who are considering trying to conceive, newly pregnant, or wanting more information about the genes they could pass on to a child

When can it be done?

- Screening can be done prior to or during a pregnancy. It only needs to be done once.

How is it done?

- Screening uses a blood or saliva sample

Examples of diseases included in Carrier Screening:

Disease	Carrier Frequencies	Notes
Cystic Fibrosis	1 in 28 Caucasians and Ashkenazi Jews	Though less common in other groups, cystic fibrosis carrier screening is recommended for all ethnic populations
Spinal Muscular Atrophy (SMA)	1 in 35 Caucasians; also common in most other ethnic groups	SMA is the most common genetic cause of death in infants under 2 years of age
Sickle Cell Disease	1 in 12 African-Americans, 1 in 23 Hispanics	Sickle cell disease is also seen in individuals of Indian or Mediterranean descent
Tay-Sachs Disease	1 in 30 Ashkenazi Jews	French-Canadian, Cajun, and Irish individuals also have an increased risk for Tay-Sachs

*Find the full list of conditions screened for at <https://myriadwomenshealth.com/diseases/>

Additional information on Carrier Screening: The Myriad FORESIGHT Screen:

You can be a “carrier” for a genetic disease and not know it. Even if a parent is not affected, they may carry a gene for a disease that is then passed on to their child. This is called being a “silent carrier.” These conditions are usually autosomal recessive. This means that both parents must be carriers in order to have a child affected with the disease. Since carriers are often healthy, most do not know they are carriers until a child is born with the disease. These diseases may cause birth defects, shortened lifespan, and intellectual disability. Myriad provides access to complimentary genetic counseling after test results are returned.

The Myriad Foresight Screen tests for mutations associated with more than 175 genetic diseases. The test is for men and women who are planning to have children now or in the future. The screen is noninvasive, requiring only a blood or saliva sample. Knowing your genetic risk allows you to find out whether you are a “carrier” for genetic conditions. Recent data shows that 1 in 300 pregnancies are affected with one of these diseases.

Testing can be done at any point during or before a pregnancy. It is done only once, since the genes that you carry do not change. Many patients choose to have testing done on themselves first, and only have their partner tested if something is abnormal. Both parents must be carriers in order for a baby to be affected for autosomal recessive conditions.

Your results are important for family planning. If you are found to have a high reproductive risk, you have options. You may decide to have pre-implantation genetic diagnosis (PGD), a process that assures a child will not inherit the genetic disease. You may undergo testing during your pregnancy. Some individuals consider adoption or not having children. You can use the test results to prepare for the possibility of having a child with a genetic disorder, such as seeking a specialist, creating a custom birth plan, or selecting a place of birth that can provide specialized care for the baby. You can also connect with local community resources.

Limitations to Genetic Carrier Screening:

All genetic carrier screening tests have limitations. The primary limitation is that some individuals who are carriers will not be identified. These carriers may have rare genetic variants that are not screened for by commercial genetic tests, which typically look for the most common variants. Further genetic testing may be helpful, depending on individual circumstances, family history, and test results. You may be advised to consult with a genetic counselor, available through Myriad or locally.

Results & Genetic Counseling:

Your results will be delivered to Capital Women’s Care and to your personal email approximately 2 weeks after Myriad receives your sample. Genetic counseling is available from Myriad, free of charge, to discuss your results. Capital Women’s Care strongly recommends that anyone with abnormal results contact a genetic counselor. When your results are ready, you will receive an email notification with instructions on how to view your results and schedule a consultation with a genetic counselor. You can also schedule a consultation at any time through your Myriad Portal.

For more information about genetic disease inheritance, visit <https://myriadwomenshealth.com/patient/foresight-carrier-screen/>.

Non-Invasive Prenatal Screening

NIPS is also called non-invasive prenatal testing (NIPT), cell-free DNA (cfDNA), or Prequel Screen. It is screening to assess a baby's risk for having Trisomy 21 (Down syndrome), Trisomy 18 (Edwards Syndrome), and Trisomy 13 (Patau Syndrome). There is optional screening for abnormalities and presence of the sex chromosomes and for chromosomal microdeletions. This test is offered to all pregnant women, particularly those at higher risk for genetic abnormalities (women over age 35), or who have a personal or family history of chromosomal abnormalities. It is also offered to women with twin pregnancies and donor gametes. The screening test is done through a maternal blood test any time after 10 weeks of pregnancy.

Additional Information: Non-Invasive Prenatal Screening (Myriad Prequel Screen)

A blood sample is analyzed to measure fragments of fetal DNA in the maternal bloodstream (cell-free DNA). It looks for abnormalities in the amount of DNA from chromosomes 21, 18, 13, and the sex chromosomes. It can also detect some forms of microdeletions, or missing parts of chromosomes.

Trisomies	Sex Chromosome Abnormalities
Trisomy 21 (Down Syndrome)	X (Turner Syndrome)
Trisomy 18 (Edwards Syndrome)	XXX (Trisomy X)
Trisomy 13 (Patau Syndrome)	XXY (Klinefelter Syndrome)
	XYY

Prequel screening is about 97-99% accurate, with a small chance of false positive and a very small (0.1%) chance of a false negative. Prequel screening includes individualized positive predictive values (chance of a true positive) and residual risk based on age.

Example of Myriad Prequel Results:

Prequel™ Prenatal Screen NEGATIVE

ABOUT THIS TEST

The **Myriad Prequel Prenatal Screen** detects whether a pregnancy is at increased risk for certain chromosome conditions.

PANEL DETAILS

Chromosomes 13, 18, 21 + Sex Chromosome Analysis

RESULTS SUMMARY

Condition	Results	Patient-specific Residual Risk*
Trisomy 13 (Patau Syndrome)	NEGATIVE Results consistent with two copies of chromosome 13.	< 0.01% (1 in 10,000) Residual Risk
Trisomy 18 (Edwards Syndrome)	NEGATIVE Results consistent with two copies of chromosome 18.	< 0.01% (1 in 10,000) Residual Risk
Trisomy 21 (Down Syndrome)	NEGATIVE Results consistent with two copies of chromosome 21.	< 0.01% (1 in 10,000) Residual Risk

Predicted Fetal Sex: Female
Results consistent with two sex chromosomes (XX).

If you undergo Prequel screening, we generally still recommend a nuchal translucency ultrasound at around 12 weeks to ensure appropriate fetal growth. An increased nuchal translucency can indicate some cardiac or other structural abnormalities that NIPT cannot detect.

Limitations to Non-Invasive Prenatal Screening: All non-invasive prenatal screens have limitations. A normal result reduces, but does not eliminate, the chance of chromosomal abnormalities. These tests are NOT diagnostic. Any positive results should be followed up by chorionic villus sampling (CVS) or amniocentesis, diagnostic tests, for confirmation, as well as genetic counseling.

Billing & Payment for Genetic Testing

Please check with your insurance provider to determine if they cover genetic testing. There may be variable insurance coverage depending on the type of test or maternal age.

Myriad (Foresight/Prequel): Myriad is in-network with most insurance payers. As with any test, you are responsible for your copay, coinsurance, and deductible according to your policy.

- Once Myriad receives your test order, they will email and/ or text you with your estimated out-of-pocket responsibility. Because of their in-network status, most patients pay less than \$200.
- Myriad gives you options on how you'd like to proceed. Click "How can Myriad Help with the Cost?" for all available options.
- Learn more about their billing process at <https://myriadwomenshealth.com/patient/myriad-access-program/prenatal/> or by emailing prenatalsupport@myriad.com

Maternal Serum Alpha-Fetoprotein Screening

Maternal Serum Alpha-Fetoprotein Screening is also called MSAFP, Alpha-fetoprotein, or AFP. It is a screening test for open neural tube defects, such as spina bifida or anencephaly, and other genetic defects. It is a maternal blood draw done on any pregnant woman between 15–22 weeks gestation.

Additional Information: MSAFP

This blood test measures the level of alpha-fetoprotein in the mother's blood during pregnancy. AFP is a protein normally produced by the baby's liver, is present in the fluid surrounding the fetus (amniotic fluid), and crosses the placenta into the mother's blood.

An elevated AFP level can indicate open neural tube defects (abnormalities in the brain or spinal cord) such as spina bifida or anencephaly. It can also indicate problems with the fetal digestive system such as abdominal wall defects.

The MSAFP screening can also be combined with other hormone tests for patients who did not receive first trimester genetic screening. This is called the Quad Screen/Multiple Markers screen.

Abnormal screens are usually referred for detailed anatomy ultrasound, genetic counseling, and optional amniocentesis.

Diagnostic Testing

Prenatal diagnostic tests can tell you definitively whether your baby has a genetic disorder. They offer more certainty than the screening tests discussed above. Diagnostic tests use cells from the fetus or the placenta in order to provide a diagnosis. There are two main diagnostic tests: chorionic villus sampling and amniocentesis.

Chorionic Villus Sampling

This is a diagnostic, or definitive, test that is offered to all pregnant women; however, it is typically indicated for higher risk pregnancies. Chorionic villus sampling is also called CVS. Some reasons patients choose CVS are if they are over age 35, they have abnormal genetic screening test results, they have had a previous pregnancy with a genetic anomaly, they and their partner are both carriers for the same genetic disorder, or they have abnormal first trimester ultrasound results. A small piece of the placenta is collected and tested for chromosomal or genetic disorders in the baby. It is completed between 10 and 13 weeks of pregnancy. The testing is done by Maternal Fetal Medicine specialists at their office.

Two different methods may be used to collect the sample. One method uses a needle through the cervix with sonographic guidance. The second method uses a needle placed through the abdomen and directed through the uterus and into the placenta with sonographic guidance. A similar sample is obtained with both methods. This is considered invasive testing.

Risks are small, but may include:

- Miscarriage (0.7-1.3%)
- Bleeding
- Rupture of membranes
- Infection
- Fetal limb defects

Amniocentesis

This is a diagnostic test that is offered to all pregnant women; however, it is typically indicated for higher risk pregnancies for similar reasons CVS is performed. Amniocentesis uses sonographic guidance to direct a needle into the fluid sac around the baby and collect a sample. The test measures certain levels of proteins, as well as the baby's chromosomes. The test can diagnose chromosomal disorders such as Down Syndrome (Trisomy 21) and other inherited genetic disorders. It can also diagnose issues such as open neural tube defects. It may be performed as soon as 15 weeks gestation. This is considered an invasive test, and it is done at the Maternal Fetal Medicine office.

Risks are small, but may include:

- Fetal loss (rate of less than 1%)
- Leakage of amniotic fluid
- Rupture of membranes
- Fetal injury
- Infection

Other Testing in Pregnancy

Routine Lab Work

Routine labs done at the first prenatal visit:

- HIV, hepatitis B and C, immunity to rubella, varicella, syphilis
- Blood type and Rh status, antibody screen
- Assessment for anemia, or hemoglobin disorders like sickle cell disease
- Swab or urine test for gonorrhea/chlamydia
- Screening of urine to check for asymptomatic urinary tract infections
- Pap test to screen for cervical cancer if not up to date

28- week labs:

- Recheck blood levels for signs of anemia
- Recheck for blood type/antibody testing
- Screening for gestational diabetes

36- week labs:

- Recheck for signs of anemia
- Recheck for HIV/syphilis
- Swab for group B streptococcus (GBS)

Gestational Diabetes Screening/Testing

Gestational diabetes (or diabetes of pregnancy) is a condition of impaired glucose (sugar) metabolism. It occurs due to decreased insulin function in the setting of pregnancy hormones. It is a common condition during pregnancy and often does not have any symptoms. Gestational diabetes occurs in approximately 6-9% of pregnancies in the United States.

The main risks of gestational diabetes include:

- **Macrosomia** (a large baby more than 4000g or 8 lbs. 13oz.): This can make vaginal delivery more difficult and cesarean delivery more likely.
- **Placental Insufficiency:** This is a situation in which the placenta cannot adequately support the pregnancy.
- **Neonatal Hypoglycemia:** This is a condition of low blood sugar during the baby's first hours of life.
- **Hypertensive disorders:** Women with gestational diabetes are more likely to develop high blood pressure in pregnancy.

There are two tests for gestational diabetes: a 1 hour glucose screening test and a 3 hour glucose tolerance test. Both tests are described in detail below.

1- Hour Glucose Screening Test:

Screening for gestational diabetes involves a blood test. The test is usually done between 24-28 weeks gestation. Testing may be performed earlier in your pregnancy if you have additional risk factors for gestational diabetes including a history of it in a prior pregnancy, a history of a large baby, or a BMI over 30. If you have early testing that is normal you will repeat the test between 24-29 weeks gestation.

- Drink a provided 50-gram bottle of flavored glucose 30 minutes before your appointment.
- Finish the drink within 5 minutes. For example, if you start drinking at 8:30 am, the drink should be finished by 8:35 am.
- Your blood must be drawn one hour after you finish the drink. When you check-in for your appointment, be sure to inform the front desk the time at which you finished your drink.
- This is NOT a fasting test, but do not have anything to eat or drink between drinking the drink and having your blood drawn.

Results: If the screening test result is normal, no further testing is required. If the screening test result is abnormal, a follow-up 3-hour glucose tolerance test (GTT) will be done.

3- Hour Glucose Tolerance Test (GTT)

This test is done after an abnormal screening test result. It can be done on a walk-in basis without an appointment. You will receive more information about it from your healthcare provider.

- THIS IS A FASTING TEST. Do not eat or drink anything except plain water for 8-10 hours before the test.
- You will have a fasting blood glucose level drawn before drinking a 100-gram glucose solution.
- You will have blood levels drawn at 1 hour, 2 hours, and 3 hours after finishing the drink.

Results: If 2 or more of the 4 blood draws of the 3-hour test are abnormal, a diagnosis of gestational diabetes is made. Once diagnosed, a patient will be referred to Maternal Fetal Medicine for further evaluation and management. Specific counseling regarding diet/lifestyle modifications and increased fetal testing will be given.

Ultrasound/Sonography

A variety of ultrasounds will be done throughout the pregnancy, including the following:

Dating Ultrasound

- This is usually done early in the first trimester to confirm gestational age, to confirm that the pregnancy is in the uterus, and to determine whether or not there is more than one fetus. Ultrasound measurements and dating are most accurate in the first trimester.

Nuchal Translucency Ultrasound (NT)

- Done at approximately 12 weeks to measure the fluid level behind the baby's neck and to check on the growth of the baby.

Anatomy Scan (Level II) Ultrasound

- Detailed and comprehensive anatomy ultrasound of the baby to look at and measure all of the fetal parts and long bones and make sure that all of the appropriate structures are present. It evaluates for abnormalities, looks at the genitals, and can confirm fetal sex. It also looks at the location of the placenta and umbilical cord and the length of the cervix. This test is not done at our office, we will refer you to a maternal-fetal medical specialist.

36-week Ultrasound

- Usually done to assess fetal growth and position and evaluate the need for additional testing before 40 weeks.

40-week Ultrasound

- Usually done to check fetal well-being, evaluate amniotic fluid levels, and ensure that it is safe to continue the pregnancy.

Other ultrasounds may be indicated more frequently for women who are over 35, who are carrying twins, or other high risk conditions. These may include interval growth ultrasounds, testing for fetal well-being, evaluating amniotic fluid levels, and measuring cervical lengths.

Non-Stress Test (NST)

A Non-Stress Test may be performed during the third trimester to evaluate fetal well-being. During an NST, an external fetal heart rate monitor is placed on the abdomen to record the baby's heart rate. A second monitor is placed on the belly to check for uterine activity/contractions. The test lasts about 20 minutes. The test may be performed for a number of reasons, including decreased fetal movement, pregnancies beyond 40 weeks, or maternal medical problems such as diabetes, high blood pressure, low fluid levels, etc. This test may be done at our office, at the Maternal Fetal Medicine office, or on labor and delivery at Sibley Hospital.

TRIMESTER EXPECTATIONS AND TO-DO LISTS

The First Trimester

What to Expect: The first trimester of pregnancy involves a lot of transformations that may not be visible right away. Your baby's brain, spinal cord, and heart will start to form as well as all major organs and external body structures. Rising levels of hormones may lead to nausea, tender or swollen breasts, and fatigue. You may also experience mood swings, food cravings, dizziness, or heartburn. All of this is normal! However, if you feel that you are experiencing worrisome symptoms, please contact your provider. A range of first trimester symptoms can be aided by drinking more water. It may be helpful to carry a water bottle with you.

To-Do Checklist:

- Rest and take care of yourself as you manage any first trimester symptoms
- Schedule first ultrasound and first OB visit for 7-8 weeks gestation
- Consider genetic carrier screening if not already done
- Consider blood work for fetal genetic screening starting at 10 weeks
- Call provider if any troubling symptoms and/or bleeding

The Second Trimester

What to Expect: The second semester of pregnancy is often the most enjoyable. Nausea usually subsides and your baby is usually not yet big enough to make you uncomfortable. You will experience many physical changes during this trimester. Your abdomen will expand and your "bump" will become more noticeable. You will also start to feel your baby's kicks!

To-Do Checklist:

- Begin to increase activity as first trimester symptoms subside
- Consider genetic screening if not already done in the first trimester
- Look into childbirth education and breastfeeding classes
- Tour Sibley Hospital/fill out pre-registration paperwork if needed
- Look into pediatricians
- Research and interview childcare providers/facilities
- Start planning maternity leave and postpartum work schedule

The Third Trimester

What to Expect: The third trimester can be a bit challenging! You can feel your baby's kicks and jabs, and your baby's bones are fully formed. As your baby grows, they will have less space to move around and those kicks will be less forceful. By the end of 37 weeks, your baby's lungs are fully formed. With all of these changes in size come some challenges for the mother. You may find it hard to get comfortable, especially as you approach your due date.

- Complete any outstanding items from the second trimester (classes, pediatricians, etc.)
- Look into/learn more about cord blood banking (if desired)
- Purchase any outstanding baby items and prepare the nursery
- Prepare baby first aid and emergency items
- Install car seat and get inspected
- Acquire and learn how to use a breast pump (if planning to breastfeed) / get a breast pump prescription if needed
- Prepare a birth plan (if desired)
- Get RSV vaccine (if needed)
- Make sure family members are up to date on vaccines. If having a male baby, research and make a decision about circumcision

PREPARING FOR LABOR AND DELIVERY

Childbirth Classes

Childbirth education classes provide detailed information regarding labor and birth. Although your body already "knows" how to give birth, childbirth classes prepare you and your partner by increasing your knowledge about the birth process. The classes present a variety of coping mechanisms to decrease discomfort, such as breathing and relaxation techniques, positions for comfort, guided imagery, and massage. Other topics include symptoms and physiology of labor, fetal monitoring, medications available for pain relief, and potential complications like cesarean section. Often, classes also address issues related to newborn care and breastfeeding. There are a variety of childbirth education programs available throughout the area; however, we recommend SweetPea Childbirth Preparation.

Sweet Pea Prep:

Lisa Holloway, a Women's Health Nurse Practitioner, founded Sweet Pea Childbirth Preparation in 2015 to fill a void in women's health education in the greater DC area. Lisa, a mother of three herself, feels that childbirth education enhances birth satisfaction, and she works to provide the most accurate and compassionate care possible. Sweet Pea offers several classes, including an early pregnancy class, Birthing Basics, Infant Care and Breastfeeding, Infant and Child CPR, and even private classes.

Visit the website for more information: www.sweetpeaprep.com

Other options for childbirth classes include:

- The Breastfeeding Center for Greater Washington
- Sibley Memorial Hospital

If you have questions about which class might best meet your needs, feel free to discuss this with your care provider.

Cord Blood Banking

Cord blood is the blood that remains within the umbilical cord and the placenta after the birth of your baby. It is rich in newborn stem cells. After the cord blood is collected, it can either be privately banked (for a fee) in a storage facility for future use for your child, a sibling, or other family member, or it can be donated to a public banking facility. Sometimes cord blood can be used for an unrelated recipient who needs stem cells. It can be used to treat certain life-threatening conditions including leukemia, lymphoma, and metabolic disorders.

Cord blood banking is an individual decision. It is arranged between patients and the cord blood banking companies. If you are considering public banking, collection kits must be acquired prior to arriving on labor and delivery (usually at least 6 weeks in advance). If you are considering private banking, registration is typically done in the third trimester. It is sometimes possible to obtain a kit at the hospital depending on inventory. If you have questions about banking your baby's cord blood, talk with your provider. For more information, visit <https://parentsguidecordblood.org>.

Birth Plans

A birth plan consists of specific requests about labor, delivery, and the recovery period. It is not necessary to have a formal birth plan in writing; however, it is always best to express specific preferences to your physicians and nursing staff when you are in the hospital.

Preferences range from how you want to position yourself while delivering to how you desire to cope with pain—do you want to use pain medication, or try natural pain reduction methods? It's helpful to consider these questions, and many more, prior to labor.

Creating a birth plan is an opportunity for you to explore your hopes for your birthing process and to communicate those hopes to your partner and provider. However, birth plans must be flexible. Labor and delivery is an unpredictable process. Your doctor may suggest deviating from your plan if they have any concerns about your safety or the baby's safety.

It is best to discuss specific preferences with your physician before labor begins. That way you can become familiar with the hospital's procedures and possible modifications of these procedures, if appropriate. To assist you in creating a birth plan, there is a Birth Preferences work sheet on page 45 of this booklet. Take a few minutes to sit down with your partner and discuss preferences. Share this information with your doctor and talk about any questions or concerns you may have.

Contractions, Labor, and When to Call

Braxton Hicks Contractions

Braxton Hicks contractions are usually painless tightening of the uterine muscles that occur in the second or third trimester. They help get your uterus ready for labor, and are usually:

- Irregular in timing and intensity
- Infrequent
- Unpredictable/non-rhythmic
- Uncomfortable, but not usually painful
- Do not increase in intensity/frequency
- May go away with hydration, a change in position, or stopping activity
- Taper off and disappear

As long as the contractions do not become frequent, regular, or painful, and as long as they resolve, you do not need to call.

Early Labor

Early labor is the first stage of labor. Early labor is usually low intensity and begins with the onset of contractions. Contractions during this phase of labor usually last 30–60 seconds and occur in five- to twenty-minute intervals.

Symptoms may feel like menstrual cramps, and then become progressively more intense. You may experience backache, upset stomach, diarrhea, vaginal pressure, or loss of mucus plug. Early labor can last for several hours to several days before you enter active labor. This phase of labor is different for everyone.

We recommend that you call once you have an established labor pattern or your water breaks. When labor becomes established, contractions:

- Are rhythmic and come at regular intervals
- Become progressively more painful
- Do not cease when you change positions or drink water

If this is your first child, we recommend that you get in touch with your care provider when your contractions occur in 5-minute intervals over one to two hours. If it is not your first baby, call when contractions are regular enough to track or your water breaks (as labor may progress quickly).

Preterm Labor

Infants born prior to 37 weeks (preterm or premature) may experience a variety of complications. It is important to take note of the signs and symptoms of preterm labor and to call your provider immediately if you are experiencing any of the following:

- Uterine contractions
- Gush of fluid from the vagina or continuous trickling of fluid
- Pelvic pressure (feeling of the baby pushing down)
- Low, dull backache that doesn't subside
- Cramps (similar to menstrual cramps) that increase in intensity
- Vaginal bleeding

**Number to call:
202-331-9293**

If it is after hours or on the weekend, you will be prompted to leave a message for the on-call physician. Please speak slowly and clearly while leaving your name and phone number. You should receive a call back within 20 minutes.

Warning Signs

The following signs may indicate that there is a problem that requires immediate attention. If you experience any of the following, please call us immediately:

- Heavy bleeding or spotting
- Sudden or severe swelling, especially of the hands and face
- Visual changes
- Elevated blood pressure (140/90 or greater)
- Severe headache (especially during the last 14 weeks of pregnancy), unrelieved with medication
- Sharp/persistent abdominal pain
- Fever of 100.4 degrees or higher
- Decreased or no fetal movement
- Regular contractions before 37 weeks

Labor & Delivery and Hospital Course

Labor and Delivery is located on the 3rd floor of Sibley Memorial Hospital. You will check in with the secretary there.

Evaluation

An evaluation of your contractions, leakage of fluid, or other symptoms is done in labor and delivery triage. In triage, you will be assessed by a labor and delivery nurse and, often, by the provider on duty. A decision will be made to admit you to a delivery room, continue to observe you, or send you home.

Admission

When you are admitted for labor, you will move to a delivery room where you will stay until after you have your baby.

If you are being induced, you will generally be taken directly to the delivery room without being evaluated in triage.

If you are having a planned cesarean section, you will be admitted in the triage area before moving to the operating room. You will return to triage for recovery.

Common questions you will be asked upon admission:

- What is your plan for pain management during labor? (unmedicated childbirth vs. epidural, etc.)
- How do you plan to feed your baby? (Breast, bottle, both)
- Who will be your child's pediatrician?
- Did you plan for cord blood/tissue banking?
- Do you have any special requests, needs, or concerns?

Postpartum

After birth, barring any complications, you will be transferred to the postpartum unit on the 4th floor. You will stay from 1-2 days for a vaginal delivery or 2-4 days for a cesarean section.

Day of Hospital Discharge

You get to take your newborn home! Make sure you have a car seat, which needs to be inspected and certified. Check your local county website for certification details.

POSTPARTUM

General Activity

Labor and delivery puts a strain on your body. It generally takes 6-8 weeks to recover. It is extremely important that you make time to rest for at least the first two weeks after your delivery. You can gradually increase your activity each day, but you should avoid heavy lifting, strenuous work, and extended socializing. Also, try to limit the use of stairs in the first two weeks to only what is essential. We recommend that you limit visitors the first few weeks to ensure that you get the rest you need.

You can alleviate some stress if you have family or friends who can help with shopping, meal preparation, and housework. Before your delivery, you may want to discuss the possibility of a home nursing visit with your insurance company. Some insurance plans cover the cost of this visit. A nurse comes to your home to check on you and your baby and to make sure you are comfortable with infant care. A night nurse or postpartum doula are other options to consider.

You can begin to exercise at 6 weeks postpartum, once bleeding has stopped for a full week. Discuss this with your provider during your postpartum visit.

Perineal Care

It is important to keep the perineal area as clean as possible. After a bowel movement or urination, the area should be rinsed with warm water and gently dried. This method is recommended for at least a week after your baby is born. Remember that wiping should always be done from front to back; however, patting dry is preferred since it will decrease chances of irritation and infection.

Perineal Pain/Stitches:

It is common to feel sore and bruised in the vaginal, perineal, and rectal areas after delivery, especially if it is your first baby. If you received stitches, these will dissolve gradually and will not need to be removed.

If you experience discomfort, we recommend the following methods for relief:

- Sitz baths: sit in a shallow bath of 3-4 inches of very warm water for 15-20 minutes. Repeat 2-3 times per day if helpful. You may add Epsom salts to the water.
- Alternate hot and cold therapy using a warm towel and ice.
- Avoid standing for long periods of time.
- Take Tylenol or ibuprofen as needed for pain.

C-section Incision Care

Keep the area clean and dry. You may use warm soapy water to wash the incision daily (usually in the shower). Pat dry after cleaning. If you have steri-strips, these should start to fall off in about a week. Call if you have any redness or swelling, purulent drainage or oozing, foul smell, or your incision splits open. Numbness over the area of the incision is normal, as is itching as the area begins to heal.

Cramping

Uterine cramps are normal as your uterus returns to its normal size. They can be quite uncomfortable with second or third births. Tylenol and ibuprofen may be used to alleviate this discomfort and the intensity of pain should diminish substantially each day after delivery. It is helpful to keep your bladder empty. Many times, the strongest cramps occur with breastfeeding, as hormones stimulated by nursing cause the uterus to contract.

Vaginal Discharge

Regardless of whether you have a vaginal birth or cesarean section you will have bleeding after delivery. This is called "lochia" and generally progresses from fairly bright red bleeding to darker red and, finally, pink or tan discharge. Normally this discharge lasts 3-4 weeks, possibly up to 6 weeks. Once the flow decreases in quantity and darkens in color, watch for changes back to heavier, brighter red discharge. This often indicates increased physical activity and is a sign from your body to slow down for a few days. If the bleeding continues to be heavy, you are passing large clots, or there is a foul odor, please call us. Use external pads, not tampons, during this discharge period.

Menstrual Periods

If you are breastfeeding, the resumption of your periods may be delayed anywhere from two to ten months. If you are formula feeding, your first period will usually occur four to ten weeks after delivery. This first period may be unusual in duration or flow.

It is important to use some form of birth control starting the first time you have intercourse after your baby is born. Talk with your provider about birth control options.

Mental Health & Sleep

Tearfulness and some feelings of depression are quite common after delivery. Recovery from the birth, dramatic changes in hormone levels, and the stresses of having a new baby all contribute to the phenomenon known as "baby blues." Adequate rest is extremely important in minimizing mood shifts. If you feel that we can be of help, please call us. If your depression is prolonged, seems severe, or prevents you from caring for yourself or your baby, contact us immediately. Get in touch with us if you are experiencing any of the following:

- Constant fatigue
- Appetite changes
- Lack of joy in life
- Emotional numbness/sense of feeling trapped
- Withdrawal from friends and/or family
- Lack of concern for the well-being of your baby
- Loss of sexual interest or sexual responsiveness
- Excessive concern for your baby
- Strong sense of failure or inadequacy
- Severe mood swings
- Difficult time making sense of things
- Feeling you want to harm yourself or your baby

Warning Signs

During the postpartum period, women can develop blood clots, infections, postpartum depression, or have excessive bleeding. While some of these can occur immediately following the birth and can be monitored and controlled at the hospital before you are discharged, some can occur in the weeks following birth. It is extremely important to be aware of your body. Contact us immediately if you are experiencing:

- Severe chills or fever
- Excessively heavy or prolonged vaginal bleeding, or passing large clots
- Foul-smelling discharge
- Frequent urination or burning while urinating
- Swelling, redness, or tenderness in one area of a breast
- Severe headache, unrelieved by medication
- Vision changes
- Elevated blood pressure (140/90 or greater)
- Chest pain or difficulty breathing
- Unilateral swelling/pain in one extremity

Breastfeeding

Breastfeeding is a challenging, yet rewarding, experience for you and your baby. It requires practice and patience, especially for new moms. Seek help from a lactation consultant or health care provider if you are having complications with breastfeeding.

Supplies

Be sure to have nursing bras on hand, as they help to support lactating breasts. Consider using nursing pads to slip into your bra to help absorb leaking milk. You may also consider purchasing a breast pump. Most insurance companies provide a breast pump for free. Ask your insurer about this and ask your provider for a prescription if required by your insurer.

Position

Relax in a comfortable position in a quiet location and avoid distractions such as TV. Use a pillow to support your back or underneath your arms. Position your baby in one of these positions—whichever is most comfortable:



Cross-cradle hold: Bring your baby across the front of your body (tummy to tummy) while holding your baby with the arm opposite from the breast you are feeding with. Support your baby's head with your free hand





Football (clutch) hold:

Hold your baby on one side with the same side's arm while that hand supports your baby's head (much the same as a football player tucking a football under his arm). Use a pillow at your side to support your arm. Use your free hand to support your breast from the underside in a C-shaped hold, aligning the breast with your baby's mouth.

Side-lying hold:

Lie on your side and use the hand of your lower arm to support your baby's head position at the breast. Use your upper arm to reach across your body and grab the breast to attach your nipple to your baby's lips. After your baby latches on, you may use your lower arm to support your head, or both your upper hand and arm to support your baby.



Images from <https://wicbreastfeeding.fns.usda.gov>

Latching

Sometimes getting your baby to properly latch can be difficult. When supporting your breast with a C-shaped hold, be sure your fingers are not too close to the nipple. Aim your nipple toward your baby's upper lip or nose, not the middle of the mouth. You may gently brush your nipple across your baby's top lip to stimulate mouth opening.

Additionally, your baby's head should be slightly tilted back. The baby's chin should not be touching the chest. Most of the areola below the nipple should be in your baby's mouth.

Breast Care

You may experience a few differences in your breasts after delivery and while breastfeeding.

- **Fullness:** A few days after your baby is born your breasts will become full, firm, and tender. This swelling is called engorgement and may cause congestion within your breasts, making the milk flow slower. Engorgement usually subsides within 24–48 hours. To manage engorgement, express some milk by hand before trying to breastfeed. Taking a warm shower or using a breast pump may also help.
- **Sore nipples:** You may experience nipple discomfort when your baby latches on. Apply an ice pack to reduce swelling and soreness, or take a warm shower.

- **Blocked milk ducts:** Sometimes milk ducts become clogged and cause small lumps. Blocked ducts may lead to an infection. Try to empty that breast by offering it first during feeding or express milk by hand or by pump.
- **Cracked nipples:** This can be caused by a variety of things such as improper placement of the baby during nursing, soap residue on the breasts, improper latching, or thrush (yeast infection of the breasts). Check your baby's latch to make sure most of the areola below the nipple is in your baby's mouth. Try different nursing positions. Gently clean your nipples with non-antibacterial, non-perfumed soap.
- **Breast infection:** Infection may occur if you do not empty your breasts at feedings and/or when germs enter your ducts from cracked nipples. If you experience flu-like symptoms, call your care provider. Treatment with antibiotics does not affect your ability to breastfeed.

Additional Tips:

- Continue following the guidelines for a healthy diet.
- It may be best to avoid spicy foods. Use caution when consuming alcohol, caffeine, and fish.
- Make sure to stay hydrated! Drink at least 6-8 cups of water a day. Small amounts of coffee, tea, and soft drinks are acceptable.
- Prepare for breastfeeding by reading about it or visiting a lactation consultant.
- Continue taking prenatal vitamins daily.
- Rest! Rest promotes the production of breastmilk by enhancing the production of milk-producing hormones.

WHAT TO EXPECT WHEN SHE'S EXPECTING: TIPS FOR PARTNERS

Congratulations! You just found out that you and your partner are expecting! While joy and gleeful exclamations come to mind for many, others may be feeling nervous, anxious, or even frightened. All these emotions are normal for a parent-to-be.

While pregnancy opens a whole new world of feelings, emotions, and bodily changes for a woman, her partner is going through major changes as well. This guide will provide you with the information you need to be supportive of your partner's pregnancy and to explain some of the changes you might also be experiencing.

The First Trimester

This is one of the most challenging periods during pregnancy for both the mother and her partner. At times your partner may appear well, and then have a sudden bout of nausea and vomit at the sight of food. Mood swings and nausea triggers are common during this time. Consider some of these tips for helping your partner during the first trimester:

- Minimize nausea triggers. Prepare smaller meals, avoid foods that induce nausea, and encourage plenty of fluids (such as water or ginger ale).
- Help to stave off fatigue. Make sure your partner gets plenty of protein and iron, rests as much as she can, and remains physically active.
- Endure the mood swings. Show your support.

The Second & Third Trimesters

Your partner will typically feel a lot better. She may feel like becoming intimate and having sex. Although some partners hesitate and have initial concerns, it is okay to have sex while pregnant! Have sex in positions that are comfortable for her. These positions may change to accommodate her growing belly. If she does not feel like having sex, you can be intimate in other ways: kiss, offer a massage, talk or video chat while apart, and reserve quiet moments together before your day begins.

Changes for Partners

Don't be surprised if you experience some pregnancy symptoms, too! This phenomenon is known as "couvade" or "sympathetic pregnancy." These sympathetic symptoms include weight gain, nausea, fatigue, and mood changes.

Partners also undergo hormonal changes in preparation for becoming a parent. Research has shown that just before birth, partners experience increased levels of prolactin (the female milk-producing hormone), an increase in cortisol (the stress hormone) to help new parents focus and bond with their newborn.

PREGNANCY INVOLVEMENT

It is essential to support your partner. Begin by attending her prenatal appointments. Even if you cannot make it to all appointments, try to attend the first one and the ultrasound appointments. Attending appointments will allow you to get to know your partner's health care provider..

Communication, both with your partner and your baby, is also important. Be sure to talk with your partner about your emotions and physical sensations. This will help you to become more in tune with, and knowledgeable about, her pregnancy. Also, try talking or singing to your baby! Evidence has shown that babies recognize voices in utero. This is a great way to bond with your unborn baby and with your partner. Around 16-20 weeks your baby will begin to move. This is an exciting time for new parents - share these special moments with your partner by feeling her stomach and your baby's kicks together.

Enroll in a prenatal class with your partner. This will help prepare you for labor and delivery and provide you with newborn care advice.

Encourage your partner to eat healthy, exercise, and get plenty of rest. Show your support by also trying to live a healthy lifestyle! Plan healthy meals together. Find time to exercise together (such as taking a walk). Be sure to get plenty of rest.

Consider limiting or eliminating certain substances from your routine such as alcohol and tobacco. Support your partner's sobriety by limiting your own alcohol intake or abstaining from alcohol during the pregnancy. If you are a smoker, do not smoke around your partner. Secondhand smoke from cigarettes can be harmful for both your partner and the baby. If you can, make a plan to quit smoking before the baby is born.

In summary

- Attend prenatal classes and appointments.
- Communicate with your partner.
- Get to know your baby (talk, sing, feel kicks).
- Encourage and support a healthy lifestyle for your partner:
 - Eat healthy
 - Exercise
 - Rest
 - Minimize or eliminate alcohol and tobacco

LABOR & DELIVERY

As the due date approaches, you and your partner will feel excited and nervous. Here are some tips to guide you through the process:

Before Labor

- Map your route to the hospital from home and/or work. Create backup routes in case of traffic.
- Install your car seat and get it inspected.
- Keep a copy of the birth plan (but be prepared to adapt if necessary). Pack your bags.
- Plan how you will manage communications: email, phone, or text when the time comes.
- Make a list of family and friends for birth announcements.

During Labor

- Help to distract your partner. Talk about your day or watch TV or a movie together.
- Take short walks around the hospital with your partner, unless otherwise instructed.
- Help time her contractions.
- Offer to massage her between her contractions.
- Initiate relaxation techniques taught during childbirth classes.
- Make encouraging remarks during the pushing stage.

After Delivery

- Help bathe, change, and cuddle your newborn. Offer support during breastfeeding.
- If using formula, offer to take turns feeding your baby.
- Facilitate visitors: if your partner is tired, offer to take the baby and walk around the maternity ward with friends and family while she rests.
- Bring your partner something she enjoys (such as a cupcake from her favorite bakery or a latte from her go-to coffee shop) once she can eat and drink again.

COMMON ANXIETIES

As a new parent, there are going to be major stressors; parenting is not always easy! Knowing what to expect beforehand can help minimize some of the anxiety and stress new parents face. It is common for new parents to worry about:

- Limited family leave time
- New responsibilities
- Disrupted sleep
- Financial strain
- Less time with your partner
- Decrease in or loss of sexual activity
- Depression

Take action to help mitigate stressors and stay involved with your partner.

- Talk with your partner about your dreams for the future and how your newborn is likely to affect your life.
- Build a network of social support – seek advice from friends and family.
- Be proactive about financial issues. Babies will cost a lot of money, so budget and save as much as you are able.
- Consider what type of parent you want to be. Reflect on your relationship with your parents and what you may want to do differently.

BE INVOLVED

Stay connected with your partner and your family after the baby is born. Take turns caring for and playing with the baby. Continue to be affectionate and communicative with your partner. These are important ways to be involved with your new family. Your partner will appreciate it, too.

If you are feeling stressed, have feelings of depression, or sense there are issues arising in your relationship as you adjust to the new family dynamic, seek out a counselor or mental health professional.

Remember to relax. Parenthood is challenging and can leave you exhausted. Take turns helping with nighttime feedings to maximize sleeping opportunities for both of you. Once you are ready, have a family member or close friend care for your baby overnight so that you and your partner can take a night off to spend time with each other. It is important to prioritize your relationship and date nights can help maintain your bond.

You Did It!

You are now a parent! Remember, parenting is not without its fair share of challenges. It will be stressful, but it is rewarding. It takes practice and patience to raise a child. Nobody does it perfectly. Take parenting one day at a time. Most importantly, enjoy these moments with your new family.

MANAGING PREGNANCY SYMPTOMS

Symptom	Strategies for Relief	Safe Medications
Nausea and Vomiting	<ul style="list-style-type: none">• Eat small, frequent meals.• Eat crackers before rising.• Decrease greasy and/or spicy foods.• Increase vitamin B6 rich foods.• Drink liquids between meals rather than with them.• Do not lay down immediately after eating.• Use sea bands/acupressure• Eat ginger in all forms (fresh, crystalized, capsules, candies)	<ul style="list-style-type: none">• Vitamin B6 (25mg, 4x/ day, or up to 100mg) with or without:• Doxylamine/Unisom (12.5-25mg at night) <p>Discuss prescription options with your provider if symptoms are severe.</p>

<p>Heartburn</p>	<ul style="list-style-type: none"> • Eat small, frequent meals. • Decrease greasy and spicy foods. • Drink milk before meals. • Take antacids as needed. 	<ul style="list-style-type: none"> • TUMS • Pepcid • Tagamet • Mylanta
<p>Constipation</p>	<ul style="list-style-type: none"> • Keep HYDRATED. • Increase fluids and dietary fiber, whole grains, fruits, and warm fluids to stimulate the bowels. • Exercise. • Use a mild laxative or stool softener may be used if other methods have failed. 	<ul style="list-style-type: none"> • Colace • Metamucil • Citrucel • Fibercon • Milk of Magnesia • Senokot • Miralax
<p>Hemorrhoids</p>	<ul style="list-style-type: none"> • Take time to have a bowel movement when the urge strikes. DO NOT STRAIN. • Increase fluids. • Use a mild laxative or stool softener may be used. 	<ul style="list-style-type: none"> • Preparation H • Anusol • Tucks • Witch Hazel • Colace
<p>Diarrhea</p>	<ul style="list-style-type: none"> • Stay hydrated; consider electrolytes like Gatorade. • BRAT diet (bananas, rice, apples, toast) • Call if cramping or feeling dehydrated. 	<ul style="list-style-type: none"> • Imodium • Kaopectate

<p>Gas and Bloating</p>	<ul style="list-style-type: none"> • Avoid gas-forming foods: parsnips, beans, cabbage, corn, fried foods, pastry, sweet desserts, etc. • Increase fluids. • Increase bulk forming/high fiber foods. 	<ul style="list-style-type: none"> • Simethicone/Gas-x
<p>Headaches</p>	<ul style="list-style-type: none"> • Rest. • Eat well-balanced meals and drink plenty of fluids. • CALL us for headaches that are severe and/or persistent. 	<ul style="list-style-type: none"> • Tylenol
<p>Backaches</p>	<ul style="list-style-type: none"> • Practice good posture. • Consider a pregnancy support belt/girdle. • Try pelvic rocking exercises, especially on all fours. • A heating pad, a firm mattress, and massage can also help. 	<ul style="list-style-type: none"> • Tylenol
<p>Insomnia</p>	<ul style="list-style-type: none"> • Sleep as you are able to day and night. • Decrease fluids after 6pm to decrease urination. • Discontinue caffeine (coffee, tea, chocolate, sodas). • Take a warm (not hot!) bath before bed. • Try relaxation exercises. • Limit screen time before sleeping. 	<ul style="list-style-type: none"> • Unisom • Benadryl

<p>Allergies</p>	<ul style="list-style-type: none"> • Saline nasal spray • Reduce exposure to allergens. 	<ul style="list-style-type: none"> • Benadryl • Claritin, Zyrtec, Allegra, Xyzal <p>NOT the "D" form of these medications, kept behind the pharmacy counter</p>
<p>Cold & Flu Congestion</p>	<ul style="list-style-type: none"> • Use saline nasal spray. • Gargle with salt water. • Use a humidifier or steam from a hot shower or bath. • Sleep with your head elevated. 	<ul style="list-style-type: none"> • Tylenol • Robitussin DM (dextromethorphan/guaifenesin) • Cough drops <p>NOT pseudoephedrine/phenylephrine or afrin decongestants</p>
<p>Vaginal Itching/Yeast</p>	<ul style="list-style-type: none"> • Wear cotton underwear. • Reduce use of leggings, spandex, and restrictive clothing. • Notify us. 	<ul style="list-style-type: none"> • 7 Day OTC Cream Treatment (Miconazole, Clotrimazole)
<p>Itchy Skin/ Rashes</p>	<ul style="list-style-type: none"> • Drink plenty of water. • Take oatmeal baths. • Keep your skin hydrated with lotions/ creams. • Call us if you have persistent itching of hands/feet or a new rash develops. 	<ul style="list-style-type: none"> • Benadryl • Hydrocortisone cream • Calamine
<p>Leg Cramps</p>	<ul style="list-style-type: none"> • Drink adequate electrolytes • Try Gatorade or coconut water. • Stretch the cramped muscle gently and constantly (not jerkily) to improve circulation. 	<ul style="list-style-type: none"> • Electrolyte supplements (calium, potassium, magnesium)

<p>Varicose Veins</p>	<ul style="list-style-type: none"> • Wear queen size or pregnancy support hose (be sure to put on properly: lying down with legs elevated). • Use compression socks. • Increase exercise, especially walking. • Do not stand or sit for long periods. 	
<p>Carpal Tunnel</p>	<ul style="list-style-type: none"> • Rest on the left side periodically. • Sit with arm elevated on pillows or arm rest. • Use wrist splints at night. • Symptoms should resolve within 6 weeks postpartum. 	
<p>Dizziness and Fainting</p>	<ul style="list-style-type: none"> • Do not stand or sit for extended periods. Get up and walk around often. • Increase sodium intake. • Drink more fluids. • When rising, slowly progress from lying to sitting, and then sitting to standing. • When dizzy, sit or lie down immediately. 	
<p>Shortness of Breath</p>	<ul style="list-style-type: none"> • Practice deep breathing. • Do not lie flat on your back—lie on your side or with back elevated. • Eat small, frequent meals to prevent stomach distention. • Alert us if shortness of breath persists, or you have chest pain. 	

Bleeding Gums	<ul style="list-style-type: none">• Use a soft toothbrush.• Brush, floss, and get regular dental exams.• Get the recommended daily amount of Vitamin C (85 mg per day).	
Eye Changes	<ul style="list-style-type: none">• For dry eyes, try lubricating eye drops.• If contact lenses become uncomfortable, try cleaning the lenses more often using an enzymatic cleaner.• Wait to get prescription lenses changed until 6 weeks postpartum when eye pressure has returned to normal.• Call us with any sudden changes in vision, especially when associated with headache.	
Urinating Frequently	<ul style="list-style-type: none">• Limit fluid intake after 6pm.• Limit caffeine products (coffee, tea, chocolate, sodas).• If you are having pain with urination, call us.	
Urine Leakage	<ul style="list-style-type: none">• Perform Kegel muscle exercises daily.	

BIRTH PREFERENCES WORKSHEET

Background Info

My name	
Partner's name & contact info	
Baby's due date	

Medical Team's Names & Contact Info

Doctor	
Doula	
Pediatrician	

Visitor preferences or restrictions	
Important medical info/relevant patient history	

My delivery is planned as: Vaginal Cesarean VBAC

During Labor

Pain relief preferences

- Epidural
- IV Pain Medication
- Shower
- Birthing ball
- Music
- Dim lights
- Walking
- Other :.....

Augmentation preferences, if needed

- First attempted by natural methods such as nipple stimulation
- Performed with pitocin
- Performed with prostaglandins (cervidil, cytotec)
- Performed with a balloon
- Performed by breaking my water
- Never to include artificially breaking my water

Delivery

For pushing and delivery, I would like to

- Have a mirror
- Use a squat bar
- Lie on my side
- Other :.....

C-section preferences

- I would like a clear drape to see the baby being born.
- I would like skin-to-skin in the operating room.
- I plan on having a sterilization procedure (bilateral tubal ligation).

Cord blood banking

- I do not plan to bank my baby's cord blood.
- I plan to bank my baby's cord blood and/or tissue, and have a collection kit that is:
 - Public
 - Private :.....

Placenta

- I would like to see my placenta after delivery.
- I plan to take my placenta after delivery (and have arranged storage).

Other Requests	
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After Birth

After delivery, I desire to

- Have my baby placed directly skin-to-skin.
- Have my baby wrapped in a blanket then handed to me.
- Other :.....

Newborn care

- I would like to delay any routine procedures until after skin-to-skin.
- I am okay with the administration of the following recommended newborn medications.
 - Vitamin K injection
 - Erythromycin eye ointment
 - Hepatitis B vaccine
- I do NOT want my baby to be bathed (usually done after 8 hours of life).

Circumcision preference

- Yes
- No

I plan to

- Breastfeed exclusively.
 - Not receive any formula unless medically necessary.
- Breastfeed and bottle feed breastmilk (pumping and storing).
- Breastfeed and formula feed.
- Formula feed only.

I would like the baby to sleep

- In my room
- In the nursery and brought back for feedings.
- In the nursery

Other Requests	
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INFANT CARE CHECKLIST

For the Baby

- Newborn diapers
- Alcohol-free baby wipes
- Diaper cream

Clothing and Linens

- Onesies
- Socks
- Sweaters
- Nightgowns (to use until the cord falls off)
- Hats
- Mittens
- Laundry detergent
- Waterproof pads (for bedding)
- Receiving blankets (for swaddling)

Health

- Thermometer
- Nail clippers
- Medicine spoon and/or eye dropper

Bath

- Tub
- Baby washcloths and/or sponges
- Non-perfumed soap or baby wash
- Powder or oil (use sparingly)

Feeding

- Formula (if not breastfeeding)
- Bottles
- Bibs
- Burp cloths
- Pacifiers

Equipment

- Crib/bassinet
- Stroller
- High chair
- Carseat

For the Mother

- Maxipads
- Nursing pads
- Sports bras(or comfortable bras)
- Breast pump
- Optional: nursing pillow

Safety

- Outlet covers
- Cabinet locks
- Child-resistant medicine bottles

OTHER RESOURCES

Books

- Ina May's Guide to Child Birth by Ina May Gaskin
- What to Expect When You're Expecting by Heidi Murkoff and Sharon Mazel
- Mayo Clinic: Guide to a Healthy Pregnancy
- The Whole 9 Months by Jennifer Lang, MD

For Partners

- The Expectant Father by Brott & Ash
- The Birth Partner by Penny Simkin

Apps

- The Bump- Pregnancy Countdown
- GlowNurture
- Ovia Pregnancy Tracker
- Sprout Pregnancy
- WebMD Pregnancy
- What to Expect Pregnancy & Baby Tracker

Websites

General Pregnancy and Childbirth

- www.babycenter.com
- www.thebump.com
- www.lucieslist.com
- www.bundoo.com
- childrensmid.org

Breastfeeding Help

- <https://wicbreastfeeding.fns.usda.gov>

Diet & Food Safety

- <https://www.foodsafety.gov/people-at-risk/pregnant-women>
- <https://www.fda.gov/food/people-risk-foodborne-illness/food-safety-moms-be>