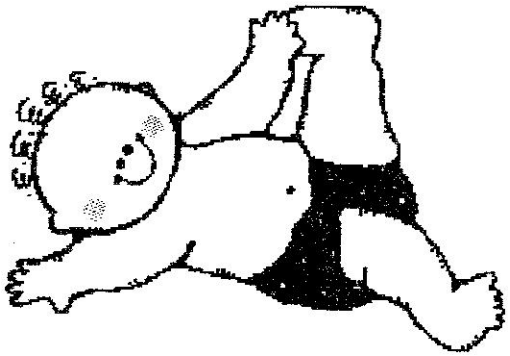
NOGC
NORTHWESTERN OB.GYN CONSULTANTS

A Guide to Your Pregnancy



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Chicago, Illinois 60611
(312) 472-0800

For any urgent matter, call the office number. When the office is open, you will speak with our staff directly. After hours you will be connected to our answering service who will page the on-call physician. If you do not get a response, please call Labor and Delivery (312) 472-0800.

IF YOU HAVE A LIFE-THREATENING EMERGENCY, PLEASE CALL 911.

Updated February 2020

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Congratulations. Pregnancy is a healthy and happy time for most women. Few medications are used, and observation is frequently all that is necessary. We practice what we like to call "common sense obstetrics," meaning that we give carefully supervised prenatal care, provide information for the patient and her partner, and conduct labor and delivery in a way best suited for each individual patient.

You will have your physician who will care for you throughout your pregnancy. However, we feel it is very important for physicians to work together as a team to provide you with the best care. Therefore, your care may be provided by a covering physician in our group if your physician is unavailable.

In addition, you have chosen a wonderful institution, Northwestern Medicine at Prentice Women's Hospital. This is an academic center and therefore it is important for you to realize that there will be a comprehensive team of providers affiliated with the hospital taking part in your care (residents, students and mid-level providers).

The following instructions are intended to help answer some of the questions which commonly arise during pregnancy. Please feel free to discuss with us any questions or problems that you may have.

A HEALTHY PREGNANCY

OFFICE VISITS – At the time of your first visit, a complete medical history is obtained and physical examination is performed. During the first six months, generally we shall want to see you every four weeks, and more often thereafter. Please see our checklist for more details.

PHONE CALLS – Please call us if you have a question or problem which you consider important. When you call, please remind us how far pregnant you are and if you have any special problems.

PATIENT PORTAL – For NON-URGENT questions that cannot wait until your next appointment, you may send a limited number of messages through our patient portal. Typically your doctor will respond in 1-3 business days. For complex issues, a formal visit may be recommended.

DIET – In general, eat moderately and eat a variety of foods during your pregnancy. Especially in the early and the late stages of pregnancy, you may be more comfortable eating several small meals a day rather than three large ones. During the first trimester, additional calories are not required. In women with a healthy BMI, in the second trimester an additional 340 calories/day and in the third trimester 450/day are required. We will also advise a prenatal supplement

for you. Either prescription or over-the-counter prenatal vitamins are fine but should contain at least 400 mcg of folic acid (sometimes up to 1mg) and 150 mcg of iodine.

Thorough diet recommendations can be found at:

www.fda.gov/Food/ResourcesForYou/HealthEducators.

Please feel free to refer to this website for many questions related to foods safe in pregnancy. Included below are some general guidelines.

All of your meats must be fully cooked (no raw hotdogs, hamburgers or steaks, raw fish or cured meats) to 165°F. Deli meats should be warmed to steaming and in general, packaged meats have a lower risk of listeria. For information about current listeria outbreaks, please go to www.cdc.gov/listeria/outbreaks/index.html. Also, any cheese or dairy products and juices you consume must be pasteurized (check the label).

Fish is an important part of a healthy diet and a great source of DHA and Omega-3 fatty acids which help with brain and vision development. Some fish may have harmful amounts of mercury. The FDA conservatively advises pregnant women to avoid shark, swordfish, king mackerel and tilefish. You may safely eat an average of 12 ounces of cooked fish or seafood per week, including shell fish, canned fish, smaller ocean fish and farm-raised fish. It is recommended to eat at least 8 ounces of fish lower in mercury per week to support fetal growth and development (white "albacore" tuna limited to 6 ounces per week). Please avoid uncooked sushi and smoked salmon.

WEIGHT GAIN – Yes, you're eating for two, but that doesn't mean that you should eat twice as much. On the other hand, do not try to lose weight during pregnancy. A twenty-five to thirty-five pound weight gain is ideal for many women, but this may vary depending on your pre-pregnancy weight. Usually in the first trimester, we recommend gaining 0-4 lbs.

BMI (before pregnancy)	<18.5	18.5-25	25-30	30-35
Total weight gain (lbs)	28-40	25-35	15-25	11-20

WORK AND REST – You will probably be able to perform your usual employment and household duties, but you may need rest frequently to avoid fatigue. Prolonged standing without changing of position sometimes brings on faintness. If this occurs, sit or lie down immediately and increase your water intake. Heavy lifting should be avoided during the later months. Adequate sleep and rest are essential during pregnancy.

HYGIENE – There is usually increased white vaginal discharge during pregnancy. If this becomes blood-tinged or irritating, notify us. For most pregnant women, sexual intercourse is permitted

DENTAL – We recommend regular dental exams and cleaning. Dental x-rays with abdominal shielding and local anesthetics are generally safe during pregnancy

EXERCISE – It is important to stay in good physical condition during pregnancy. Particularly if you have been active beforehand, you may remain active during your pregnancy, although possibly with some modifications. Walking, stretching exercises, and swimming are particularly recommended. Ask our advice on the particular activity you are planning. Avoid horseback riding, scuba diving, contact sports, heavy lifting (repetitively more than 25lbs) and activities where you could fall. Also saunas, steam baths and whirlpools with temperatures above 100° Fahrenheit or activities in the heat (hot yoga or pilates) should be avoided. Your heart rate may rise during pregnancy; If you are able to talk normally while exercising, this does not need to be evaluated.

CLOTHING – Clothing should be comfortable and without constricting bands around your abdomen, legs or breasts. Support hose can relieve minor leg swelling, cramping and symptoms from varicose veins. Low-heeled shoes are recommended to prevent loss of balance and falls.

TRAVEL – Travel to certain places can have infectious risks in pregnancy. Please review anticipated trips with your provider before booking and/or traveling to assure there are no concerns. You can also refer to www.cdc.gov for more in depth information.

Zika virus is found in certain mosquitos and can be spread to pregnant women through mosquito bites or semen during intercourse. It can cause very severe fetal defects. Please see https://wwwnc.cdc.gov/travel/page/zika-travel-information for areas of active infection and discuss with your provider before traveling to areas with risk of Zika.

On long trips greater than two hours with decreased mobility (automobile, flight or train), plan to walk or exercise your legs every two hours and for a few minutes. You may purchase support stockings over the counter at any drug store

or medical supply store to decrease your risk of getting a blood clot in your legs. As much as possible, place the seat belt across your thighs rather than the abdomen. Use the shoulder belt above the pregnant abdomen. Do not plan trips to remote areas, and do not travel any great distances during the last month of pregnancy. Air travel is generally safe during pregnancy. However, you should hydrate more than normal, assuring your urine is clear in color.

Most patients can travel until 34-36 weeks of pregnancy. Please consult with your physician regarding your individual circumstances. Airport x-rays are safe to have performed and you do not need to request special screening.

MEDICATIONS – Many medications are safe in pregnancy. However, some may pose a risk to your baby. See "Medications Safe in Pregnancy/Medications to Avoid in Pregnancy" for more detailed information (p10).

CAFFEINE, SMOKING, ALCOHOL AND ILLICIT DRUG USE – It is recommended in pregnancy to have less than 200 mg of caffeine per day. Women who smoke during pregnancy have a higher risk for miscarriage and for having low birthweight babies. If you are pregnant and smoke, you should quit. Alcohol is not recommended in pregnancy. Women who drink alcohol during pregnancy may have children with physical abnormalities, mental delays, and behavioral problems. Illicit drug use is associated with an increased risk of placental bleeding and fetal death.

INTERCOURSE- For most people, intercourse is safe during pregnancy. Your doctor will inform you if you have a condition (low lying placenta, early cervical dilation) where intercourse may not be recommended. It is common to have spotting and mild cramping after intercourse and it is not something to worry about. If you develop bleeding similar to a menses, you should inform your obstetrician immediately.

PETS – If you have cats, avoid changing the litter-box in pregnancy. You may resume changing the litter-box postpartum, even if you are breastfeeding.

MISCARRIAGE – Unfortunately, all pregnancies carry a risk of loss which is usually highest in the first trimester. Exact numbers are difficult to calculate, but some estimate 20% of pregnancies will end in loss and this number does increase with age and with certain medical conditions. Often miscarriages will present with bleeding similar to a menses and cramping. Non-painful spotting, however, can be a common symptom in early normal pregnancies. Once a fetal heartbeat is heard, the risk decreases to about 10% and again to approximately 5% by 13 weeks gestation. This number continues to decline to less than 1% at 20 weeks of pregnancy

TESTS DURING PREGNANCY

URINE AND BLOOD TESTS – Your urine will be checked at every visit for sugar and protein. At your first prenatal visit, blood will be drawn to check for anemia and document your blood type, Rubella immunity, screen for antibodies, and check for infections with Hepatitis B, HIV and syphilis. If needed, a Pap smear will be performed. At approximately 24-28 weeks of pregnancy you will have a screening test for gestational diabetes. This test is called a glucose screen in pregnancy and will require your presence in our office for one hour. You will NOT be required to fast. Upon arrival to our office, you will drink a sugary solution and have your blood drawn at one hour after consuming the drink. Around 28 weeks, you will be given the Tdap vaccine to prevent whopping cough (pertussis) transmission and increase the baby's immunity. Additional tests will be performed as needed for specific issues in some pregnancies.

ULTRASOUNDS – Ultrasound uses high frequency sound waves which reflect off internal organs and are converted to images on a screen. These images allow us to determine growth of a fetus, location of placenta, and amount of amniotic fluid. Many, but not all, fetal abnormalities can be seen with ultrasound, as can many abnormalities of the uterus, fallopian tubes and ovaries. All of our patients will have an ultrasound in the second trimester at about 20 weeks of pregnancy to screen for abnormalities. Additional ultrasounds may be performed as needed to evaluate a variety of conditions.

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GENETIC COUNSELING AND TESTING

Genetic testing reveals whether your baby in this pregnancy is at risk of having specific genetic disorders. Certain genetic disorders like Down's syndrome can be significant and cause birth defects or neurological issues. There are three general types of genetic tests:

1. **Genetic Screening Tests** – These tests can tell you the chances that your baby has certain genetic disorders. These tests include blood tests and an ultrasound that are performed either in the first or second trimester or both. A positive result means that your baby is at a higher risk of having a specific disorder compared with the general population but it does not mean that your baby definitely has the disorder. A negative result means that your baby is at a lower risk of having a disorder compared with the general population but it does not rule out the possibility that your baby has the disorder.
2. **Genetic Diagnostic Tests** – These tests can tell you whether your baby actually has a specific disorder. These tests are done by obtaining cells from the placenta or amniotic fluid through chorionic villus sampling or amniocentesis. Diagnostic testing gives a more definite result but it is a more invasive test with a small risk of pregnancy loss.
3. **Carrier Testing** – A blood test that determines if you or your partner are a carrier for gene mutations associated with certain inherited diseases. A carrier generally has no disease symptoms but risks having an affected child if her partner is also a carrier. Couples of certain ethnicities like Eastern European Jews and African Americans are at a higher risk of inherited genetic diseases.

If you would like more information regarding genetic testing, please visit www.acog.org/Patients/FAQs/Prenatal-Genetic-Screening-Tests

CHILDBIRTH EDUCATION CLASSES

We encourage prenatal classes. Please explore the hospital's website https://www.nm.org/patients-and-visitors/classes-and-events for a list of the prenatal classes offered including Childbirth Preparation, Breastfeeding, Early Infant Care, Infant CPR, Bootcamp for Dads and others.

PRE-REGISTRATION

Pre-registration can be done by accessing "MyChart" at nm.org/mychart. Log in using your user name and password. If you do not have a username or password, follow the prompt to sign up for MyChart. Click on the **Visits** tab and select **Labor and Delivery Pre-Registration**. Follow the prompts to select your due date and the hospital where you intend to deliver. If you do not know, please consult with your physician.

CONTROLLING NAUSEA AND VOMITING IN PREGNANCY

DIET

- Frequent, small amounts (avoid an empty or full stomach)
- Protein-predominant meals
- Bland, dry diet (crackers, potato chips)
- Small amounts of cold, clear, carbonated (ginger ale, 7 Up, regular coca-cola)
- Pedialyte popsicles
- Drink between meals rather than with meals
- Avoid iron preparations
- You may discontinue your prenatal vitamins and take folic acid only while ill. Once you are feeling better you should restart your prenatal vitamin.

ACTIVITIES

- Lying down as needed
- Changing position slowly
- Going out for fresh air as needed
- Avoid offensive foods and smells
- Not brushing teeth after eating

VITAMIN THERAPY

- Vitamin B6 25 mg, three to four times daily

ALTERNATIVE THERAPY

- Mint, ginger, or orange teas or aromatics
- Pressure points (especially wrist)
- Sea Band, Acupressure

OVER-THE-COUNTER MEDICATIONS

- Antihistamines
- Doxylamine (Unisom 1/2 tablet three to four times daily - 12.5mg)
- Emetrol Oral solution

PRESCRIPTION MEDICATIONS

- Please consult your obstetrician

HELPFUL HINTS DURING PREGNANCY

I. Colds, flu

A) OK to take:

Tylenol - aches and pains
Sudafed (if you do not have high blood pressure) – congestion
Robitussin DM - coughing
Chloraseptic/Cepacol lozenges - sore throat

B) Come to see doctor
Fever 100.3° or above
Coughing large amounts of phlegm
Not improving over 3-5 days
Anytime you are worried

II. Allergies

A) OK to take:
Benadryl
Claritin or Zyrtec

III. Constipation

A) OK to take:
Milk of Magnesia – to make yourself go
Colace – if hard like little rocks – twice a day; takes weeks to work
Fiber supplements such as Metamucil

IV. Diarrhea

A) Increase water intake
B) OK to take:
BRAT diet - bananas, rice, applesauce, tea or toast
C) Come to see doctor:
Fever 100.3° or above
Not improved in 2-3 days
Weak and dizzy

V. Nausea and Vomiting

A. OK to take:
Vitamin B6, Ginger, Ginger Tea
Emetrol – over the counter syrup-like medicine to settle stomach

B. Come in to see doctor:
Unable to keep down liquids for more than one day
Weak and dizzy

VI. Heartburn/Gas

A. OK to take:
Mylanta, Maalox, Gaviscon, Tums
See Medications ok to take in pregnancy list

B. Come in to see doctor:
Bad abdominal pain
Medications not helping symptoms

VII. Headaches

A. OK to take:
Tylenol (or extra strength) up to 1 every 4 hours or 2 every 6 hours.
(Max amount of Tylenol is 4gm over a 24 hour period)
Do NOT take Aspirin or Advil. Check with your physician prior to taking any other headache medications.

B. Come in to see doctor:
Dizziness or blurred vision
Not getting better

VIII. Hemorrhoids

A. OK to take:
Stool softeners/fiber supplements
Preparation H or Anusol, Tucks pads

IX. Nose Bleeds or Gum Bleeding

A. Common in pregnancy
B. Come in to see doctor:
Persistent or large amounts
You are worried

X. Leg Cramps – especially in both legs

A. Common in pregnancy – leg stretching 2-3 times per day may help
B. OK to take:
Oscal 500 or similar over the counter calcium, twice a day
C. Come in to see doctor:
If only one leg is hurting all the time
One leg swollen larger than the other, redness in one leg or both

XI. Dental

A. OK to:
See dentist
Have X-Rays with abdominal shield
Get "novocaine", some antibiotics and some pain pills –
HAVE DENTIST CALL US TO DISCUSS MEDICATION

Adapted from UpToDate and Compendium 2005

USEFUL MEDICATIONS IN PREGNANCY

HEARTBURN/ INDIGESTION

Gaviscon
Maalox
Mylicon
Pepcid
Prilosec or Prevacid
Tums
Zantac

ASTHMA

Albuterol
Singulair
Beclomethasone
Proventil
Theophylline
Ventolin
Vancenase

EYES

Penicillins
Steroids
Tobramycin

COLD and ALLERGY

Benadryl
Chlorpheniramine
Chlor-Trimeton
Claritin/Clarinex (with D if no high blood pressure)
Comtrex
Dayquil
Dimetapp
Drixoral
Guaifenesin
NasalCrom
Nyquil
Robitussin DM
Sudafed (if no high blood pressure)
Tavist
Theraflu
Throat lozenges
Tylenol Cold meds
Vicks 44 meds without ibuprofen/aspirin

PAIN

Acetaminophen

ANTIBIOTICS/ ANTIFUNGALS

Acyclovir/Valcyclovir
Ampicillin
Amoxicillin
Azithromycin
Cephalosporins/Keflex
Erythromycin
Gyne-Lotrimin
Terazol
Metronidazole (after first trimester)
Monistat
Sulfonamides (except last weeks of pregnancy)

GASTROINTESTINAL/ CONSTIPATION/ HEMORRHOIDS

Analpram HC
Anusol HC
Citrucel
Colace
Fibercon
MiraLAX
Metamucil
Milk of Magnesia
Mineral Oil
Preparation H
Tucks (Witch Hazel Pads)

SOME MEDICATIONS TO AVOID IN PREGNANCY

Aspirin (unless directed by MD)
Ibuprofen, Naproxen
Tetracycline
Danazol
Retin A
Testosterone
Pepto-Bismol
Nicotine

CORD BLOOD BANKING OPTIONS

When deciding what is best for you and your family, it is important to know about all of your cord blood banking options. Cord blood banking is safe for both the mother and the newborn since cord blood is collected after the baby is born and after the umbilical cord has been clamped and cut.

Please see www.cordbloodpresentation.com or acog.org/patients/FAQ/cord-blood-banking?IsMobileSet=false for more information.

Family Banking allows you to store your newborn's cord blood stem cells specifically for your family making them available immediately should your family ever need them. This service is provided by cord blood banks which charge a fee for collection, processing, and storage in which you retain ownership of your newborn's stem cells.

Some cord blood banking companies include Cord Blood Registry (CBR www.cordblood.org, Viacord www.viacord.com,

Decline means that the cord blood will not be collected.

WHEN TO CALL THE DOCTOR

A. Bleeding (mild bleeding less than a period at term is often normal)
B. Rupture of the bag of water
C. Regular contractions (see "Signs of Labor")
D. Persistent vomiting
E. Severe headaches and/or blurred vision
F. Abdominal pain (persistent for more than 30 minutes)
G. Pain or burning in the bladder with urination
H. Chills and fever 100.3° or above
I. Marked decrease in fetal movement (refer to "Fetal Movement Evaluation")

This list is not all inclusive. If you feel you have any urgent problems, call the office. When the office is closed (generally nights/weekends), you will be connected with the answering service. If for some reason you are unable to reach us, call the Prentice Hospital Triage at 312-472-3610. When you call with an issue, tell us how many weeks pregnant you are/your due date, which number baby this is for you, and if you have had any special problems during the pregnancy. If you have a life-threatening emergency, please call 911.

FETAL MOVEMENT EVALUATION

For most pregnant patients after 32 weeks, you should notice that your baby moves several times every day. You may tend to notice your baby's movements more when you are less busy; e.g. in the evening; and not as much during the rest of the day. This is normal.

However, if one day, you notice a definite decrease in your baby's movement from baseline, then you should perform "kick counts". To perform kick counts, have something to eat or drink and lay on your side for an hour. During this hour, you should count every time your infant moves (large or small movements). In general, we expect at least 6-7 individual movements during that hour.

If your infant does not move at least 6-7 times during this hour, please call our office regarding further testing. Please inform our staff that you need further evaluation regarding decreased fetal movement. If we are closed, you will speak to the physician on call.

LABOR & DELIVERY

WHEN LABOR BEGINS – Labor usually occurs within a few weeks of your due date. Often, the contractions are associated with tightening of the abdomen. They are usually irregular at first and may feel like menstrual cramps or intermittent low back pain. We will want you to call us when the contractions are regular and about five minutes apart for 1-2 hours with your first child (sometimes sooner depending on your labor history and distance from the hospital). **PLEASE CALL THE OFFICE PRIOR TO PROCEEDING TO THE HOSPITAL.** We will discuss this with each of you individually in the office.

Sometimes, the bag of water ruptures before labor begins. If this happens, even if you think it is just a "leak", notify us at once whether or not you are having contractions.

"Bloody show" refers to a small amount of blood, often mixed with mucus, which may occur just before labor begins or even several days beforehand. It is not a cause for alarm, but if the bleeding is heavy or if there has been any bleeding problems during your pregnancy notify us right away. Otherwise, you may continue your normal activities.

INDUCTION OF LABOR- Induction of labor refers to using medications and devices (balloons) to help the cervix to dilate and contractions to become strong and regular before labor begins on its own. It is often done for medical reasons, especially if you have a high-risk pregnancy condition. An “elective” induction refers to inducing without a medical problem and cannot be done before 39 weeks of pregnancy (1 week before your due date.) Often it does take longer to achieve a delivery than if a person were to go into labor spontaneously but recent studies are showing the risk of needing a cesarean section is decreased by about 20% with inductions once women were 39 weeks in first time mothers. Additionally the risk of hypertensive disorders (elevated blood pressure) is decreased by over 30%. Infants who were born to mothers who were induced were equally healthy as those pregnancies that continued beyond 40 weeks. As your pregnancy progresses to term, your provider will discuss your options in regards to an induction of labor.

MONITORING DURING LABOR AND DELIVERY – You will be evaluated by our students, resident physician, midwives and/or nurses when you arrive at the labor and delivery area, and one of us will be caring for you during your stay. After you have been evaluated, you will be free to walk around if you prefer, unless of course there is a particular reason that this would be hazardous for you or your baby. Your baby's heartbeat and contractions will be electronically monitored. Fetal monitoring is not a substitute for the attention that you will be getting from us, but is a continuous way to help ensure that your baby is doing well.

ANESTHESIA AND ANALGESIA – Every woman's labor is different so it is difficult to anticipate anyone's reaction to labor and the requirements for pain relief. Please keep an open mind. We will discuss the different types of anesthesia with you during the last weeks of your pregnancy. We may recommend that you make an appointment with one of the obstetric anesthesiologists if needed.

DELIVERIES – Delivery is a team effort between you and your doctor. As with labor, every delivery is different. Episiotomies are not performed routinely. Occasionally, instruments called forceps or a vacuum are necessary to assist in delivering the baby and avoid a cesarean section.

Although we have a general plan for the conduct of most labors and deliveries and will discuss it with you, every patient and every labor present unique circumstances that require ongoing decision making. Your wishes are certainly considered as well. However, since we cannot predict various obstetrical conditions (baby's size, position, heart rate, etc) or an individual woman's pain tolerance, we must wait until labor occurs before deciding on its management. At the time of delivery, we attempt to perform "delayed cord clamping" or waiting 30-60 seconds before clamping and cutting the umbilical cord. This is done to increase the amount of blood that the baby has after delivery. If your baby needs immediate attention from medical staff (ie: due to infection or to help with breathing), this may not be done for safety reasons.

CESAREAN SECTION – A cesarean becomes necessary in a variety of circumstances. Examples are:

- Problems where continuation of pregnancy or labor would be dangerous to the mother or baby.
- "Arrest" of labor, indicating that the baby is not able to fit through the birth canal
- Abnormal fetal position or prior uterine surgeries, where vaginal delivery would be dangerous to the mother and/or baby.

Sometimes the likelihood for the necessity of cesarean section is apparent before labor and other times not until labor is well under way. Whenever it occurs, we will discuss the circumstances and management plan with you.

In the past, it was believed that "once a cesarean, always a cesarean". Today it is estimated that over half of the women who have delivered previously by a cesarean section may safely deliver vaginally in subsequent pregnancies. If you have ever had a prior cesarean section, we will be discussing this with you.

OB Checklist

Please note that this list is meant to give a general guideline as to what to expect in pregnancy. Each pregnancy is a unique experience and yours may differ from this

Approximate weeks	Visit	What to expect
7-10 weeks	First OB visit	At this visit, you will meet a physician who will provide care throughout your pregnancy. They will perform a physical exam and discuss what to expect during the pregnancy. If not already completed, prenatal labwork will be done and an ultrasound to confirm your due date will be performed.
12 weeks	Genetic testing	First trimester screening that is OPTIONAL. This can be done through ultrasounds, blood work or more invasive needle tests of the placenta
7-28 weeks	Routine visits	You will see your physician every 4 weeks from your initial visit up until the third trimester (28 weeks.) At these visits, the doctor will assess the baby's growth by measuring the uterus and will checking the baby's heart rate (usually with a hand-held device.)
20 weeks	Ultrasound	A complete ultrasound will be performed that will look at the baby's anatomy and ensure the baby is growing well. This will be a longer appointment (more than an hour.) Around this time, you should start planning your hospital classes (must sign up at **https://www.nm.org/patients-and-visitors/classes-and-events**) and complete hospital registration (**nm.org/mychart**)
24 weeks	Diabetes screen	Diabetes in pregnancy (gestational diabetes) affects up to 10% of pregnancies in women who had no form of diabetes prior to pregnancy. To screen for this, you will be given a drink from our laboratory and then will have blood drawn an hour later. *You do not need to fast (avoid food or liquids) for this test **BUT** if it comes back elevated, you will have a diagnostic test performed that lasts roughly 3 hours. You do need to fast for 8 hours before this and will have your blood drawn at fasting and at hour increments for 3 hours after) Not everyone will need to do this test.*

28 weeks	TdaP vaccine, possible Rhogam	The “P” portion of the vaccine stands for pertussis which is the organism that causes whooping cough. Babies are at risk for whooping cough because they do not get their vaccines and build their own immunity until they are 2 months old. By giving you the vaccine, you will not only be protected from whooping cough but you will make antibodies that you pass to the baby to give him/her immunity. Anyone who will have frequently contact with your baby should be up to date on their Tdap vaccine. If your blood type is Rh negative (O-, A-, B-, AB-) you will get an injection of Rhogam to prevent antibodies from forming in future pregnancies.
28-36 weeks	Routine visits	At this time, you will start seeing your Obstetrician every 2 weeks. During this time we will also screen for anemia and check for infections with syphilis and HIV. This is performed to be complaint with Illinois guidelines.
35-37 weeks	GBS screen, position check	Group B strep (GBS) is a bacteria that is found in the urogenital tract of about 25% of the population. It is not an infection for a mother but if the baby is exposed to it in the birth canal, it can make the baby sick. Around 36 weeks, we will do a swab using a Q-tip to test for the presence of the GBS. If this test is positive, you will be given antibiotics in labor to protect the baby. You do not need antibiotics before labor starts. We will also feel for the position of the baby. If there is concern that the baby is not head-down (ie: in breech position), an ultrasound may be performed.
36-40 weeks	Cervical checks	At these visits, your doctor will ask you about contractions and they may check your cervix.

SIGNS OF LABOR (general guidelines)

	First Pregnancy	Second Pregnancy and beyond
Contractions	Consistent every 5 minutes each lasting 1 minute for at least 1 hour that are difficult to talk through.	Consistent every 6-8 minutes, lasting 1 minute that are difficult to talk through.
Rupture of the water bag	A large gush of fluid or continued leakage of small amounts of fluid from the vagina (not urine).	A large gush of fluid or continued leakage of small amounts of fluid from the vagina (not urine).
Warning signs to call your doctor	Bleeding heavier than a period, baby not moving well (perform fetal movement evaluation), fever over 100.2ºF.	Bleeding heavier than a period, baby not moving well (perform fetal movement evaluation), fever over 100.2ºF.
For those patients at risk for preeclampsia/ hypertension, call for the following symptoms.	Persistent headaches blurry vision, spots before your eyes, increased swelling in your hands or face.	Persistent headaches blurry vision, spots before your eyes, increased swelling in your hands or face.

****It is NOT unusual to have spotting or discharge after an internal exam by your doctor****

Prentice Hospital - 250 E. Superior in Chicago. Labor and delivery is on the 8th floor. Triage is located on the 1st floor (this is where your initial evaluation will take place).

To speak with a care provider with urgent questions or concerns, even after hours, always call the office number (312) 642-9844. When the office is open, you will speak with our staff directly. After hours you will be connected to our answering service who will page the on-call physician. If you do not get a response, please call Labor and Delivery (312) 472-0800.

If you have a life-threatening emergency, please call 911.

CIRCUMCISION

Circumcision (removal of the foreskin of the penis) is essentially an aesthetic and/or religious procedure. It has some medical benefits. We are happy to perform this service for your infant after his birth, if desired. Risks are the same as for any surgical procedure and include bleeding, infection, and local organ damage.

BREAST FEEDING

Breast feeding is recommended for our patients. Lactation consultants are available in the hospital and for home consultations as needed. Mothers may find initiating and continuing breast feeding to be a challenge. Please use the resource of the lactation consultants for support. It is rare that a mother is not able to breast feed her infant for either physical or medical reasons. There are several health benefits believed to be from breast feeding for both the mother and child.

Infant

- Decreased risk of diabetes mellitus
- Decreased risk of diarrheal illnesses
- Decreased risk of upper respiratory infections
- Decreased risk of ear infections

Mother

- Decreased risk of ovarian cancer
- Decreased risk of breast cancer
- Decreased risk of osteoporosis
- Quicker return to pre-pregnancy weight

For those mothers who have flat or inverted nipples, it is often helpful to use breast shells “for inverted nipples” (e.g. “Soft Shells” by Medela) to begin to bring out the nipple during the last few weeks of pregnancy. They should be worn daily but removed while sleeping. You should also bring them to the hospital with you.

Of note, several medicines are safe for breast feeding. Please address any of these questions to the physicians or nurses.

For Home Consultations, we recommend Elizabeth Sjoblom and her partners at Lactation Partners, (847) 452-0041. www.lactationpartners.com

POSTPARTUM BLUES AND POSTPARTUM DEPRESSION

POSTPARTUM BLUES – Postpartum blues refers to a passing condition characterized by mood swings, irritability, anxiety, decreased concentration, insomnia, tearfulness, and crying spells. Symptoms occur in over 50% of patients, and generally develop within two to three days of delivery. Symptoms peak on the fifth postpartum day and should resolve within two weeks. Support and reassurance along with adequate sleep/rest usually leads to improvement. If your symptoms are not improving and are continuing after two weeks postpartum, please call our office.

POSTPARTUM DEPRESSION – Postpartum depression occurs in approximately 10% of women. It generally appears within the first month postpartum and does not resolve within 2 weeks. However, postpartum depres- sion can present up to several months postpartum. Women with a prior history of depression are especially at risk, even up to 50%. We encourage our patients with any history of depression or anxiety to have a consultation during pregnancy.

Symptoms must include:

- depressed mood most of the day, or
- markedly diminished interest/pleasure in almost all activities nearly every day

Also, one might experience:

- extreme trouble sleeping (even when your infant sleeps)
- profound lack of energy where you may not be able to get out of bed for hours
- significant anxiety (often with panic attacks)
- intense irritability and anger
- feelings of guilt
- a sense of being overwhelmed or unable to care for the baby
- feelings of inadequacy, and of being a failure as a mother
- not bonding to the baby, which further exacerbates feelings of shame and guilt and leads women to suffer in silence.

Many women will have some of the above symptoms occasionally after giving birth. However, it is the woman that has multiple symptoms that are not resolving who should call our office for an evaluation. Treatment involves a multidisciplinary approach towards biological, psychological, and social aspects of the disease often including medication and counseling. Please see our website for some Psychiatrists, Psychologists and Counselors in the area.

POSTPARTUM RECOMMENDATIONS

Type of Activity	Vaginal Delivery	Cesarean Section
POSTPARTUM OFFICE VISIT	4-6 weeks postpartum (If you have any problems or concerns, please call for an earlier appointment)	2-6 weeks postpartum (If you have any problems or concerns, please call for an earlier appointment)
EXERCISE/BATHING	Pre-pregnancy routines should be resumed gradually postpartum based upon an individual woman's physical capability. The competitive athlete with an uncomplicated pregnancy may resume training as early as **two weeks** after delivery. For most others, this is around 6 weeks. Ok to bathe or shower without restriction.	No heavy lifting, pushing, or pulling (greater than 20 pounds) until after 6 weeks postpartum. (to minimize stress on healing tissues) Ok to bathe or shower without restriction.
DRIVING	When you feel comfortable that your reaction time/mobility is completely returned (usually this occurs around 1-2 weeks) and Off narcotic pain medications	When you feel comfortable that your reaction time/mobility is completely returned (i.e., you can forcefully and abruptly stomp on the brake) and Off narcotic pain medications Generally 2-4 weeks
INTERCOURSE (Note vaginal dryness is common especially in breastfeeding moms and lubrication is recommended, e.g. Astroglide)	After 6 week postpartum exam	After 6 week postpartum exam

- Many of the physiologic and morphologic changes of pregnancy persist 4-6 weeks postpartum
- Resumption of activity should be gradual
- Moderate weight reduction while nursing is safe and does not compromise neonatal weight gain
- A return to physical activity after pregnancy has been associated with decreased incidence of postpartum depression, but only if the exercise is stress relieving and not stress provoking

Car Safety Seat Check-up

Published by the American Association of Pediatricians (AAP)

Using a car safety seat correctly makes a big difference. Even the "safest" seat may not protect your child in a crash unless it is used correctly. Take a minute to check to be sure.

Does your car have air bags?

- Never place a rear-facing car safety seat in the front seat of a vehicle that has a front passenger air bag. If the air bag inflates, it will hit the back of the car safety seat, right where your baby's head is, and could cause serious injury or death.
- The safest place for all children to ride is in the back seat.

Infant-only car safety seat

- Is your child facing the right way for weight, height, and age?
- Infants should ride facing the back of the car until they have reached the maximum height or weight allowed by the specific car seat.
- Once your child faces forward, he/she should use a car safety seat with a full harness until she reaches the top weight or height allowed by the seat.

Does the car safety seat fit correctly in your vehicle?

- Not all car safety seats fit in all vehicles.
- When the car safety seat is installed, be sure it does not move side-to-side or toward the front of the car.
- Read the section on car safety seats in the owner's manual for your car.
- Is the seat belt in the right place and pulled tight?
- Route the seat belt through the correct path. Convertible seats have different belt paths for rear-facing and forward-facing (check your instructions to make sure).
- Pull the belt tight. Kneel in the seat to press it down and get out all the slack.
- Check the owner's manual for your car to see if you need a locking clip. Check the car safety seat instructions to see if you need a tether to keep the car safety seat secure.

Can you use the LATCH system?

- LATCH (Lower Anchors and Tethers for Children) is an attachment system that eliminates the need to use seat belts to secure the car safety seat.
- Vehicles with the LATCH system have anchors located in the back seat. Car safety seats that come with LATCH have attachments that fasten to these anchors.

Car Seat Safety Continued

- Nearly all passenger vehicles and all car safety seats made on or after September 1, 2002, come with LATCH.
- Unless both the vehicle and the car safety seat have this system, seat belts are still needed to secure the car safety seat.
- Do you have the instructions for the car safety seat? Follow them and keep them with the car safety seat.
- Be sure to send in the registration card that comes with the car safety seat. It will be important in case the seat is recalled.

Has the car safety seat been recalled?

- You can find out by calling the manufacturer or by contacting the Auto Safety Hot Line at 888-327-4236 or the National Highway Traffic Safety Administration (NHTSA) at www-odi.nhtsa.dot.gov/cars/problems/recalls/childseat.cfm.
- Be sure to follow the manufacturer's instructions for making any needed repairs to your car safety seat.

Are you using a used car safety seat?

- Do not use a car safety seat that has been in a crash, has been recalled, is too old (check with the manufacturer), has any cracks in its frame, or is missing parts.
- Make sure it has a label from the manufacturer and instructions.
- Call the car safety seat manufacturer if you have questions about the safety of your seat.

Questions? If you have questions or need help installing your car safety seat, find a certified Child Passenger Safety (CPS) Technician. A list of certified CPS Technicians is available by state or ZIP code on the NHTSA Web site at www.nhtsa.gov/carseatinspection. You can also get this information by calling the toll-free NHTSA Auto Safety Hot Line at 888-327-4236, from 8:00 am to 10:00 pm ET, Monday through Friday or visiting www.nhtsa.gov/equipment/car-seats-and-booster-seats.

The American Academy of Pediatrics (AAP) offers more information in the brochure Car Safety Seats: A Guide for Families. Ask your pediatrician about this brochure or visit the AAP Web site at www.aap.org.

Postpartum Contraception

Birth control (contraception) is typically started at 6 weeks postpartum as you will most likely be on pelvic rest before this time. Below is a brief description of common contraception methods. Your doctor can give you more information on each, but we encourage you to consider which one is right for you before you deliver. **All of these are safe in breastfeeding and have not shown a reduction in milk supply or harm to baby.**

	Description	Effectiveness	Benefits	Risks
Barrier (ie condoms)	Physical barrier that block sperm from entering uterus	70-80%	Some prevent STI's	Higher failure rate
Pills	Once a day pill, either progesterone-only or with estrogen	About 90-95%	Can make periods lighter, decrease risk of uterine/ovarian cancer	Can increase risk of blood clots in certain people
Patch	Weekly patch worn 3 weeks per month	About 91%	Can make periods lighter, decrease risk of uterine/ovarian cancer	Can increase risk of blood clots or skin irritation in certain people
Ring	Monthly ring worn for 3 weeks at a time	About 91%	Can make periods lighter, decrease risk of uterine/ovarian cancer	Can increase risk of blood clots in certain people
Injection	Injection of progesterone every 3 months	About 94%	Lighter, less painful periods (sometimes no periods)	Irregular bleeding, weight gain in some people, reversible decrease in bone density
Implant	3 year arm implant	>99%	Lighter, less painful periods	Irregular bleeding
IUD-Progesterone	T-shaped device inserted into uterus lasting 5 years	99%	Lighter, less painful periods (sometimes no periods)	Irregular bleeding
IUD- Copper	T-shaped device inserted into uterus lasting 10 years	99%	Hormone-free	Heavier, more painful periods