

The Pregnancy Guide



Capital Women's Care

Welcome

Welcome! Congratulations on your pregnancy and thank you for choosing Capital Women's Care at K Street for your obstetric care. We value you as our patient and are happy to support you during this exciting time!

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

Congratulations again, and thank you for allowing our practice to be part of this life changing experience.

Introduction to the Practice

Our Office

Address: 2141 K Street, Suite 808, Washington, DC 20037

Downtown office hours: Monday-Friday 8am to 4pm

Phone: (202) 331-9293

During non-office hours, the above number 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 for any reason you have trouble getting through to the on-call physician, or if you have an emergency, go to Sibley Memorial Hospital. For all non-urgent questions, we encourage you to sign up for and send messages through the patient portal.

We attend deliveries at Sibley Memorial Hospital, and are there on a rotating schedule. Currently, there are six providers in-office that attend deliveries, and we share hospital coverage with three providers from the Bethesda Capital Women's Care group.

You may make appointments with any of our six providers, and also our nurse practitioners, over the course of your prenatal and postpartum care. Some people choose to meet as many providers as possible in the office and others choose to see one provider for the entire pregnancy—the choice is entirely yours, and we look forward to taking care of you!

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Prenatal Care Visits

Prenatal care is important because it allows us to monitor your health and your baby's growth throughout your pregnancy. We look forward to seeing you about once a month, with more frequent visits as your pregnancy progresses. These visits are great opportunities to ask questions, but please reach out to us at any time with additional questions or concerns.

Not every visit will entail blood work or an ultrasound. A general guide to what you may expect and the schedule of visits is below. Note that this is only a guide and that visit schedules and tests are individualized and adjusted based on patient care needs.

What you can expect at every appointment: confirming fetal heartbeat (either with ultrasound or doppler), screening your urine for glucose and/or protein, checking your blood pressure and weight, talking with your provider about what's happened since your last visit, any troublesome symptoms you may be experiencing, and when to make and what to expect at your next visit.

Prenatal Visit Schedule

| <i>Approximate Gestational Age</i> | <i>What to Expect</i> | <i>Appointment Interval</i> |
|------------------------------------|---|-----------------------------|
| ~ 7-12 Weeks | <ul style="list-style-type: none"> • Pregnancy confirmation/dating ultrasound • First prenatal visit • Initial blood work and labs • 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 | |
| ~ 28 Weeks | <ul style="list-style-type: none"> • Screening for gestational diabetes • 28-week blood work • 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 • Ultrasound for fetal growth and position | |
| ~ 36-41 Weeks | <ul style="list-style-type: none"> • Cervical exam to check for dilation • Ultrasounds for fetal well-being (if necessary) • Scheduling of induction (if necessary) | Weekly |

Nutrition and Diet

Balanced nutrition is essential to maintaining good health and is even more important during your pregnancy. The foods that you eat provide the nutrients that will support your baby's growth. In addition, certain stages of fetal growth require higher quantities of certain nutrients. It is important to be mindful of these changes 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.

| <i>Nutrient</i> | <i>Examples</i> |
|-----------------|---|
| 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 about an extra 300 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. Make sure to discuss this with your provider.

Prenatal Vitamins

Prenatal vitamins are supplements that can help you consume the recommended

levels of certain vitamins and minerals that can be hard to get through diet alone. The most important nutrients in prenatal vitamins are folic acid, calcium, iron, and vitamin D.

- **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 is developed during the first month of pregnancy. It is recommended that you receive at least 400 micrograms (0.4 milligrams) 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. It is recommended that you receive 1,000 milligrams per day.
- **Iron:** This nutrient is essential for the development of blood and muscle cells. Iron prevents anemia (decreased number of red blood cells). It is recommended that you intake 27 milligrams per day. Talk with your provider about whether you need to supplement your iron intake.
- **Vitamin D:** promotes absorption of calcium in the body. It is recommended that you intake about 400-800 IU per day.

Other nutrients found in prenatal vitamins include DHA/EPA, vitamin C, vitamin E, vitamin B12, Thiamine, Riboflavin, Niacin, and Zinc.

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 switching to a prenatal gummy. Contact your physician for alternative supplement options if your symptoms are intolerable.

Vegetarian/Vegan Diets

There are no significant changes in diet 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 be mindful of the daily recommendations and 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 starting pre-pregnancy body mass index (BMI):

| | 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.

By following general nutrition guidelines, eating a wide variety of foods, and avoiding junk foods, you stand the best chance of growing a healthy baby.

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 that you should avoid or limit in order to decrease your risk of illness or complications during your pregnancy. The list below explains in detail 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 also have many abnormalities including heart defects and mental retardation.
- Since 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 a 12-oz cup of coffee) per day appears to be safe. Remember that caffeine is not only in coffee or tea, but it is also found in products such as chocolate, soda, and certain medications. In general, it is best to avoid caffeine consumption during pregnancy, or at the very least limit caffeine intake.

Seafood that is high in mercury or uncooked

- 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 a lot of 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.

Notes/Questions

Unwashed Food

- Do not consume raw vegetables and fruits without thoroughly washing them first. Make sure to also wash sprouts and other earth plants extensively 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.

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, and 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 their 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.
- Childbirth preparation exercises are also great to incorporate into your exercise regimen. They will help keep you limber and ease common aches and pains associated with pregnancy.
- Keep in mind that your growing baby will demand more of your energy so you may become short of breath or tired more easily than you were before.

My Exercise Plan

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 (i.e., 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 when it comes to engaging in sexual activity during pregnancy. 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, such as hormonal fluctuations and fatigue, that could make having sex less desirable. There is considerable variety in sexual interest and expression during pregnancy; some women find it enhanced, while others find that the discomforts of pregnancy diminish their desire for physical intimacy. Many psychological factors also affect women and their partners' interest in sexual expression during pregnancy, including feelings about changes in the woman's body and about becoming parents. Feel free to discuss any questions and concerns about sexual issues with your care provider.

The following paragraphs present a spectrum of feelings a woman might experience regarding sexual arousal and intimacy during the various stages of pregnancy.

- **First trimester:** 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 contraindication to sexual intercourse and 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. Also, increased blood supply to the pelvic organs due to the changes of pregnancy often makes sexual activity more pleasurable.
- **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 entirely 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 such as 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 have 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. Some 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 a maintenance 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 considered to be 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 to suggest 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. Instead, 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 and 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 in. 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, you are welcome to 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 and to avoid jumpy dogs. Also, avoid walking dogs that tend to 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 at home change litter boxes; however, if you must be the one to clean the litter be sure to 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, do not bathe them or clean the cage in the kitchen sink, and 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 feel free to 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
- Rubella (German measles)
- Varicella (Chickenpox)
- Group B Streptococcus

Group B Streptococcus (GBS):

This is a common bacterium that usually colonizes the gastrointestinal tract and also the vagina/genitals in 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 prophylactically 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 on potential contaminants.

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 8).

Cytomegalovirus (CMV)

CMV is a common virus that, once in a person's body, can reactivate. CMV is passed through body fluids, and can also be transmitted from mother to child during pregnancy. 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 in pregnancy or having 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

At this time, pregnant women are **not** considered a high-risk population for the novel coronavirus. However, pregnant women have changes in their bodies that may increase their risk of some infection, and pregnant people have had a higher risk of severe illness when infected with viruses from the same family as 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.

Vaccines during Pregnancy

There are two vaccines that we recommend pregnant women get during each 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. It is recommended 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 helps ensure that antibodies are passed from mom to baby to help protect against whooping cough (pertussis) after the baby is born. Newborns cannot be vaccinated themselves for pertussis until several months of age. It is recommended that anyone who may have close contact with a newborn ensure that they are up to date on their Tdap vaccine.

Common Testing in Pregnancy

Genetic Testing

The purpose of genetic testing is to achieve early insight into a baby's development, attain more information, and screen for or diagnose a birth or genetic defect. Genetic testing also assists providers in caring for your pregnancy and determining if a baby may need special care immediately after birth. Early genetic testing can also give parents time to research/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
- To learn more about genetic conditions/diseases related to certain ethnic groups
- To discuss abnormal test or ultrasound results during your pregnancy
- To discuss 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, the First Trimester Screen, Non-Invasive Prenatal Screening, and Maternal Serum Alpha-Fetoprotein Screening.

Carrier Screening

What is it for?

- Screens to see 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 wishing to get more information about the genes they could pass on to a child

When can it be done?

- Anytime prior to or during a pregnancy, and only needs to be done once

How is it done?

- Blood test or saliva sample

Examples of diseases included in Carrier Screening:

| <i>Disease</i> | <i>Carrier Frequencies</i> | <i>Notes</i> |
|-------------------------------|---|--|
| 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 they have a child born with the disease. These diseases may cause birth defects, shortened lifespan, and intellectual disability. Unlimited complimentary Genetic Counseling is provided.

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

Genetic testing is available to determine your risk. The Myriad Foresight Screen allows you to screen for mutations associated with over 175 genetic diseases. The test is for both men and women who are planning to have children now or in the future. The Foresight 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. Most recent data show that 1 in 300 pregnancies are affected with one of the diseases on the Myriad Panel.

- Testing can be done at any point during or before a pregnancy. The testing only needs to be done once, since the genes that you carry do not change. Many patients choose to have testing done on themselves first, and then only have their partner tested if something is abnormal because, again, both parents would need to be carriers in order for a baby to be affected.
- **Your results are important for family planning.** You might be wondering what your results will mean. 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 that a child will not inherit the genetic disease, or undergo testing during your pregnancy. Some individuals consider adoption or opt not to have children. Even if you would not choose any of these options, you can use the information to better prepare for the possibility of having a child with a genetic disorder, such as seeking out a specialist or selecting a place of birth that can provide care specialized to the baby’s needs. The information you learn can also give you an opportunity to connect with local community resources or create a custom birth plan.

Limitations to Genetic Carrier Screening:

All genetic carrier screening tests have limitations. The primary limitation is that some individuals who are truly 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 Foresight results. For this reason, you may be recommended to consult with a genetic counselor, available through Myriad or locally.

Results & Genetic Counseling:

Your results will be delivered to Capital Women's Care approximately 1-2 weeks after Myriad receives your sample. Genetic counseling is available, 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 included instructions on how to view your results and initiate an on-demand complimentary consultation with a genetic counselor. You can also schedule a consultation at any time through your Myriad Portal.

The First Trimester Screen

Also called?

- FTS, NTD, NT, Nuchal Translucency + Blood Work

What is it for?

- Screening test to assess a mother's risk for having a baby with Trisomy 21 (Down syndrome), Trisomy 18 (Edwards Syndrome), and Trisomy 13 (Patau Syndrome)
- Optional testing for presence of Y-chromosome (Male sex chromosome)

Who is it for?

- Offered to all pregnant women
- Particularly those at lower risk for genetic abnormalities (i.e., women under age 35)

When can it be done?

- Only during the first trimester

How is it done?

- Blood test (between 9 0/7 weeks - 13 6/7 weeks gestation)
- Ultrasound measurement (11 0/7 weeks - 13 6/7 weeks gestation)

Additional Information: First Trimester Screen

- The maternal blood test measures levels of specific biochemical hormones, including:
 - Human chorionic gonadotropin (beta-hCG) and pregnancy-associated plasma protein A (PAPP-A).
 - Beta-hCG is a hormone made by the placenta. High or low levels may be related to certain birth defects. PAPP-A is a protein in the blood. Low levels may be related to certain birth defects.

- The ultrasound detects the presence of a nasal bone and measures the amount of fluid accumulation behind the fetal neck
 - Also called the nuchal translucency or NT ultrasound
 - An increased NT can be indicative of genetic abnormalities, or other structural defects
 - Absent nasal bone can be indicative of genetic abnormalities and other structural defects
- Additional screening can also be added to screen for presence of the Y-chromosome to determine fetal sex. (Note: this is usually at an increased cost.)
- The results of the ultrasound are combined with the results of the blood test and maternal age to give a risk assessment of having a baby with trisomy 21, 13, or 18.
- These combined biochemical and biophysical markers yield very sensitive results, achieving a 93% detection rate at a 5% false positive rate for Down syndrome, and a 95% detection rate at a 0.3% false positive for Trisomy 18 and Trisomy 13. If the fetal nasal bone assessment is included, the detection rate for Down syndrome increases to 96% at a false positive rate of just 2%.

Example of First Trimester Screen Results:

| Serum Markers | Value | MoM | Percentile | Biophysical Markers | Value | Delta/MoM | Percentile |
|---------------|----------------|------|------------|---------------------|----------|-----------|------------|
| Free Beta hCG | 33.84 (ng/ml) | 0.91 | 50 | NT | 2.1 (mm) | 0.47 | 75 |
| PAPP-A | 552 (mU/l) | 0.29 | 2 | Nasal Bone | Present | -- | -- |
| AFP | 5.58 (IU/ml) | 0.88 | 40 | --- | --- | --- | --- |
| PIGF | 17 (pg/ml) | 0.61 | 20 | --- | --- | --- | --- |
| Inhibin-A | 366.54 (pg/ml) | 0.72 | 30 | | | | |

| Risk Table | Cut-Off | Risk Before Screening | Risk After Screening | Result |
|---------------|----------|-----------------------|----------------------|---------------------|
| Down Syndrome | 1 in 300 | 1 in 197 | 1 in 2,883 | WITHIN RANGE |
| Trisomy 18/13 | 1 in 150 | 1 in 361 | 1 in 796 | WITHIN RANGE |

| Down Syndrome | | Decreased Risk Zone | | | | Increased Risk Zone | | | | | | | |
|---------------|----|---------------------|----|----|----|---------------------|----|----|----|----|----|----|----|
| Before | | [Bar from 20 to 34] | | | | [Bar from 36 to 44] | | | | | | | |
| After | | [Bar from 20 to 32] | | | | [Bar from 36 to 44] | | | | | | | |
| AGE: | 20 | 22 | 24 | 26 | 28 | 30 | 32 | 34 | 36 | 38 | 40 | 42 | 44 |

| Trisomy 18/13 | | Decreased Risk Zone | | | | Increased Risk Zone | | | |
|---------------|--|---------------------|--|--|--|---------------------|--|--|--|
| Before | | [Bar from 20 to 34] | | | | [Bar from 36 to 44] | | | |
| After | | [Bar from 20 to 32] | | | | [Bar from 36 to 44] | | | |

What if a screen comes back positive or indicates elevated risk?

If a screen comes back positive, you have the option of being referred for genetic counseling and of doing additional testing, including:

- Additional blood work for non-invasive prenatal testing (NIPT)
- Diagnostic testing, including chorionic villus sampling or amniocentesis

Non-Invasive Prenatal Screening

Also called?

- NIPS, non-invasive prenatal testing (NIPT), cell-free DNA (cfDNA), Prequel Screen

What is it for?

- Screening test to assess a mother's risk for having a baby with Trisomy 21 (Down syndrome), Trisomy 18 (Edwards Syndrome), and Trisomy 13 (Patau Syndrome)
- Optional screening for presence of and abnormalities of the sex chromosomes
- Optional screening for chromosomal microdeletions

Who is it for?

- Offered to all pregnant women, particularly those at higher risk for genetic abnormalities (i.e., women over age 35), or who have a personal or family history of chromosomal abnormalities
- Women with twin pregnancies and donor gametes
- Women who have had a previous positive First Trimester Screen

When can it be done?

- Any time during the pregnancy and as early as 10 0/7 weeks

How is it done?

- Maternal blood test any time after 10 weeks

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

A blood sample is analyzed in the lab 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.

Conditions Screened:

| 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).

Of note: If undergoing Prequel screening, we do generally still recommend a nuchal translucency ultrasound at ~12 weeks to ensure appropriate fetal growth, and also because an increased nuchal translucency can indicate some cardiac or other structural abnormalities.

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. It is important to know that these tests are **NOT** diagnostic and that any positive results should be followed up by CVS or amniocentesis (diagnostic tests) for confirmation, as well as referral to a genetic counselor.

Choosing a Prenatal Screening Test

Choosing between the First Trimester Screen and Non-Invasive Prenatal Screening (Prequel screen) will depend on different things for different people.

- Depending on risk level and insurance coverage, some choose to do the First Trimester Screen and then only the Prequel screen if there is something abnormal.
 - These are essentially equivalent tests for women under 35 years old who are low risk.
- Some people will do both screenings. However, there is a chance the screens could disagree with each other, and some might feel compelled to undergo diagnostic testing.
- Some people choose to do the Prequel screen to get the most upfront information.
- Some people will opt to not have genetic screening tests at all, and that is also okay!

Billing & Payment for Genetic Testing

Please check with your insurance provider to determine whether 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 reach out to you via email and/or text with your estimated out-of-pocket responsibility. Because of their in-network status, most patients pay less than \$200.
- After you receive your email, 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

Also called?

- MSAFP, Alpha-fetoprotein, AFP

What is it for?

- Screening test for open neural tube defects, such as spina bifida or anencephaly, and other genetic defects

Who is it for?

- All pregnant women

When can it be done?

- Second trimester, usually between 15-20 weeks gestation

How is it done?

- Maternal blood draw

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 and 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 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

Also called?

- CVS

What is it for?

- Diagnostic genetic testing in the first trimester

Who is it for?

- Any pregnant patient seeking first trimester diagnostic genetic testing
- Patients with high risk for genetic anomalies, or women over age 35
- Patients who receive abnormal genetic screening test results
- Parents who are both carriers for the same genetic disorder
- Patients who have had a previous pregnancy with a genetic anomaly
- Abnormal first trimester ultrasound results

When can it be done?

- First trimester between 10-13 weeks gestation

How is it done?

- A sample of tissue is taken from the placenta and sent to the lab for analysis

Additional Information: Chorionic Villus Sampling

This is a diagnostic test that is offered to all pregnant women; however, it is typically indicated for higher risk pregnancies. CVS is a test where a small piece of the placenta (called chorionic villus) is collected, and then tested to check for chromosomal or genetic disorders in the baby. It is completed between 10 and 13 weeks of pregnancy. The testing is done at the Maternal Fetal Medicine office.

Two different methods may be used to collect the sample. One method uses a tube guided through the cervix under 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

Also called?

- Amnio

What is it for?

- Diagnostic genetic testing in the second trimester
- Testing for other disorders of the fetus

Who is it for?

- Any pregnant patient seeking second trimester diagnostic genetic testing
- Those with high risk for genetic anomalies, or women over age 35
- Patients who receive abnormal genetic screening test results
- Those who receive abnormal CVS results
- Parents who are both carriers for the same genetic disorder
- Patients who have had a previous pregnancy with a genetic anomaly
- Abnormal first or second trimester ultrasound results
- Confirmation of neural tube defects

When can it be done?

- Second trimester, usually between 15-18 weeks gestation

How is it done?

- A sample of amniotic fluid is taken and sent to the lab for analysis.

Additional Information: Amniocentesis

This is a diagnostic test that is offered to all pregnant women; however, it is typically indicated for higher risk pregnancies. Amniocentesis uses sonographic guidance to direct a needle into the fluid sac around the baby and collect a sample. The fluid is tested to measure 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 like 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%)
- Fetal injury
- Leakage of amniotic fluid
- Infection
- Rupture of membranes

Other Testing in Pregnancy

Routine Lab Work

Routine prenatal labs done at the first prenatal visit:

- HIV, hepatitis B, 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** (i.e., large baby): 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 glucose screening test and a 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 done between 24-28 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.
- The blood test 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 the 3-hour test is 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**

Usually done early in the first trimester to confirm gestational age with expected dating based on the last menstrual period, 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.

- **36-week Ultrasound**

Usually done to assess fetal growth and head presentation 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. It also verifies that the placenta is continuing to function properly beyond the due date.

Other ultrasounds may be indicated more frequently for women who are over 35, who are carrying twins, or who need more frequent testing. 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, and 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 in the Capital Women's Care office, at the Maternal Fetal Medicine office, or on labor and delivery.

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 increasing your intake of 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 trouble with symptoms

The Second Trimester

What to Expect: The second semester of pregnancy is often the most enjoyable. Nausea usually subsides and your baby is not yet big enough to put pressure on your organs and 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 first trimester
- Look into childbirth education and breastfeeding classes
- Tour Sibley Hospital/fill out pre-registration paperwork
- 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.

To-Do Checklist:

- Complete any outstanding items from second trimester (classes, pediatricians, etc.)
- Look into/learn more about cord blood banking (if desired)
- Purchase any outstanding baby items and prepare nursery
- Prepare baby first aid and emergency items
- Install car seat and get inspected
- Acquire and learn how to use breast pump (if planning to breastfeed)
- Prepare birth plan (if desired)
- Make sure family members are up to date on vaccines (Tdap/flu shot)
- If having a male baby, research and learn more 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 can prepare you and your partner by increasing your knowledge about the birth process. The classes present a variety of specific coping mechanisms to decrease discomfort, such as breathing and relaxation techniques, positions for comfort, guided imagery, and massage. Other topics typically discussed 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 at Capital Women's Care recommend Sweet Pea 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. Sweet Pea is conveniently located in the same building as Capital Women's Care on K Street NW. Sweet Pea Prep also offers a selection of online classes.

Feel free to 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 these concerns 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, and 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 is in need of stem cells. This cord blood can then be used to treat certain life-threatening conditions including leukemia, lymphoma, and metabolic disorders.

Cord blood banking is an individual decision that is arranged between patients and the cord blood banking companies. If considering public banking, collection "kits" must be acquired prior to arriving on labor and delivery (usually at least 6 weeks in advance). If considering private banking, registration is typically done in the third trimester, but it is also sometimes possible to obtain a kit on labor and delivery depending on inventory.

If you have questions about banking your baby's cord blood, feel free to talk to your provider. For more information, visit <https://parentsguidecordblood.org>.

Birth Plans

A birth plan typically consists of specific requests related to 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 with your partner and provider. However, birth plans must be flexible. Labor and delivery is an unpredictable process, and it is important that you are aware that the birth plan may not be the healthiest option for you and your baby.

It is always best to discuss specific preferences with your physician before labor begins. That way you can get a better understanding of the hospital's usual procedures and allow for possible modifications of these procedures if appropriate. To help assist you in creating a birth plan, there is a Birth Preferences worksheet on page 53 of this booklet. Take a few minutes to sit down with your partner to discuss specific requests. Feel free to share it with your doctor as a way to 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 described as:

- Irregular in timing and intensity
- Infrequent
- Unpredictable/non-rhythmic
- Can be 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 anywhere from five- to twenty-minute intervals.

Symptoms may feel like menstrual cramps, and then become progressively more intense. You may experience symptoms such as 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 slightly different for each individual.

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

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

If this is your first child, we recommend that you get in touch with your care provider when your contractions occur regularly, in 5-minute intervals, over one to two hours. If it is not your first baby, call when contractions start to become 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 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 after hours or a 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 right away:

- 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 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 on Labor and Delivery before being taken to a room.

Evaluation:

Evaluation of contractions, rupture of membranes, or other symptoms such as high blood pressure or decreased fetal movement is done on labor and delivery triage. In triage, you will be assessed by a labor and delivery nurse, and often by the covering OB provider. After an initial assessment and evaluation, a plan will be made to either 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 admitted for an induction, you will generally be taken directly to the delivery room without being evaluated in triage first.

If you are admitted for a cesarean section, your admission will take place in the triage area, before moving to the operating room, and then back to triage for recovery.

Common questions you will be asked upon admission:

- What is your plan for pain management during the labor process?
 - Unmedicated childbirth vs. epidural, etc.
- What is your preferred feeding method for the baby? Breast, bottle, both?
- Who will your child's pediatrician be after discharge?
- Are you planning on any cord blood/tissue banking?
- Do you have any special requests, needs, or concerns during your labor and delivery?

Postpartum:

After birth, barring any complications, you will be transferred to the postpartum

unit, located on the 4th floor. Stays range from 1-2 days for a vaginal delivery and 2-4 days for a cesarean section.

Day of Hospital Discharge:

You finally get to take your newborn home! Make sure you are prepared with the necessary transportation equipment such as a car seat, which needs to be inspected and certified. Check your local county website for certification details.

Postpartum

General Activity

The process of labor and delivery puts 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 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 receive the rest that you need.

You can alleviate some stress if you have family or friends who can help with shopping, meal preparation, and housework. You may also want to discuss the possibility of arranging a home nursing visit with your insurance company. This is when a nurse comes to your home to check on you and your baby, and to make sure you are comfortable with infant care techniques. Some insurance plans cover the cost of this visit. Be sure to talk with your insurance company **before** delivery if you would like to arrange this service. A night nurse or postpartum doula are other options to consider if you find you need extra support.

With regards to exercise, you can begin to increase your activity at 6 weeks postpartum and once bleeding has stopped for a full week. Discuss this further 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 very common to feel sore and bruised in the vaginal, perineal, and rectal areas

after delivery, especially if it is the birth of 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 6-8 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), and 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 not as pronounced with first babies, but may 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 when it ends. Normally this discharge lasts 3-4 weeks, possibly up to 6 weeks. Once the flow has started to decrease in quantity and darken 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’re passing large clots, or it has a foul odor, please call us. Use external pads during this discharge period—**no tampons**.

Menstrual Periods

If you are breastfeeding, your resumption of 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 from the first time you have intercourse after your baby is born, unless you desire conception. Talk to 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 this phenomenon known as “baby blues.”

Adequate rest is extremely important in minimizing the 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 being able to care for yourself or your baby, you should contact us immediately. Get in touch with your health care provider 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
- High expectations
- Overly demanding attitude
- Difficult time making sense of things
- Feeling like 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, some can occur in the weeks following. Therefore, it is extremely important to be aware of your body. Note any pain or any of the following symptoms and contact your health care provider 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 both 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. Many insurance companies provide a breast pump for free, so be sure to ask your insurer about this and ask your provider for a prescription.

Position:

To begin, try to relax in a comfortable position and quiet location, avoiding major distractions such as TV. Try using a pillow for back support or underneath your arms for support. Position your baby in one of these positions—whichever is most comfortable for you and your baby:



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.

Cradle hold: Cradle your baby in one arm with your baby's head resting in the bend of your elbow on the *same* side as the breast you're using for feeding. Your forearm supports the baby's back.





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. The majority 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. Some symptoms and relief recommendations are provided:

- **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, so try to empty that breast by offering it first during feeding, or expressing 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, so continue doing so.

Additional Tips:

- Continue following the guidelines for a healthy diet.
 - During breastfeeding it may be best to avoid spicy foods. Also, use caution when consuming alcohol, caffeine, and fish. Alcohol should be flushed from your system before breastfeeding.
- 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 have 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 of these emotions are normal for a parent to-be.

While pregnancy opens up 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 help facilitate and 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 at the next moment she may have a sudden bout of nausea and vomit at the sight of food. Mood swings and nausea triggers are common for pregnant women during this time. Consider some of these tips for helping your partner during the first trimester:

- **Minimize nausea triggers:** Try to 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 takes in plenty of protein and iron, rests as much as she can, and also gets plenty of physical activity.
- **Ride out the mood swings:** Remember to show your support; they will pass.

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. Oral sex is also okay as long as you do not blow into her vagina, as this could cause an air embolism and threaten not just her life, but the baby's life as well. If she does not feel like having sex, you can also be intimate in other ways: kiss, offer to massage her, talk on the phone or video call one another 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! In some cases, a partner may experience pregnancy-like symptoms during their partner's pregnancy. This interesting 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, and a decrease in testosterone after birth which may indicate an evolutionary shift in focus from a competitive male to nurturing father.

Pregnancy Involvement

It is essential to show your partner your support. Begin by attending her prenatal appointments. Even if you cannot make it to all of her appointments, attempt to attend the first one and the ultrasound appointments. Attending appointments will allow you to get to know your partner’s health care provider, which can help to shed light on your medical history to determine the proper course of prenatal care for the baby.

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! Team up and plan healthy meals together, find time to exercise together (such as taking a walk in the evening), and 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 course of the pregnancy if you so choose. If you are a smoker, do not smoke around your partner, as the secondhand smoke from cigarettes can be harmful for both your partner and the baby. If you can, try to 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 substance intake (including alcohol and tobacco)

Labor & Delivery

As the due date approaches, you and your partner will feel increasingly 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 for communication when the time comes
 - List of family and friends for birth announcement

During Labor:

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

After Delivery:

- Become involved in bathing, changing, and cuddling your newborn.
- Offer moral 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 eating (such as a cupcake from her favorite bakery or a latte from her go-to coffee shop) once she is able to eat and drink again.

Common Anxieties

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

- Limited family time leave
- 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 & 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 with your family after the baby is born. Take turns caring for and playing with the baby and continue to be affectionate and communicative with your partner. These are all important ways to be involved with your new family, and 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.

One thing to remember is to *relax*. Parenthood is challenging and can leave you feeling exhausted. Take turns helping with nighttime feedings to maximize sleeping opportunities for both you and your partner. Once you feel 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 together.

You Did It!

You are now a parent! Remember, parenting is not without its fair share of

challenges. It will at times be stressful, but it is often a rewarding path. It takes practice and patience to raise a child, and nobody does it perfectly. Take parenting one day at a time. Most importantly, enjoy these moments with your new family.

Pregnancy Symptoms and Management

| <i>Symptom</i> | <i>Strategies for Relief</i> | <i>Safe Medications</i> |
|-------------------|---|---|
| Nausea & Vomiting | <ul style="list-style-type: none"> • Eat small, frequent meals. • Eat crackers before rising. • Decrease greasy and/or spicy foods. • Increase vitamin B6 intake in foods. • Consume liquids between meals rather than with them. • Do not lay down immediately after eating. • Sea bands/acupressure • 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><i>Discuss prescription options with your provider if severe.</i></p> |
| Heartburn | <ul style="list-style-type: none"> • Eat small, frequent meals. • Eat crackers before rising. • Decrease greasy & spicy foods. • Drink milk before meals. • Take antacids as needed. | <ul style="list-style-type: none"> • TUMS • Pepcid • Tagamet • Maalox • Mylanta |
| Constipation | <ul style="list-style-type: none"> • Keep HYDRATED. • Increase fluids and dietary fiber, whole grains, fruits, and warm fluids to stimulate the bowels. • Exercise. <p>If necessary, a mild laxative or stool softener may be used if all above methods have failed. These are safe when used for <u>short-term</u> treatment.</p> | <ul style="list-style-type: none"> • Colace • Metamucil • Citrucel • Fibercon • Milk of Magnesia • Senokot (talk to your provider first) |
| Hemorrhoids | <ul style="list-style-type: none"> • Take your time to have a bowel movement when the urge strikes. DO NOT STRAIN. • Increase fluids. • If necessary, a mild laxative or stool softener may be used. | <ul style="list-style-type: none"> • Preparation H • Anusol • Tucks • Witch Hazel • Colace |
| Diarrhea | <ul style="list-style-type: none"> • Stay hydrated; consider electrolytes like Gatorade. • BRAT diet • Call if having cramping/dehydration. | <ul style="list-style-type: none"> • Imodium • Kaopectate <p><i>For 24 hours, only after 12 weeks of pregnancy</i></p> |
| Gas & Bloating | <ul style="list-style-type: none"> • Avoid gas-forming foods: parsnips, beans, cabbage, corn, fried foods, pastry, sweet desserts, etc. • Increase fluid intake. • Increase bulk forming/high fiber foods. | <ul style="list-style-type: none"> • Simethicone/Gas-x |

| | | |
|-----------------------|--|---|
| Headaches | <ul style="list-style-type: none"> • Rest. • Eat well-balanced meals & drink plenty of fluids. • <u>CALL your care provider</u> for headaches that are severe and/or persistent. | <ul style="list-style-type: none"> • Tylenol |
| Backaches | <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 |
| Insomnia | <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 |
| Allergies | <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><i>*NOT the "D" form of these medications, kept behind the counter</i></p> |
| Cold & Flu Congestion | <ul style="list-style-type: none"> • Use saline nasal sprays. • Salt water gargles • Use a humidifier or steam from a hot shower or bath. • Sleep propped up with your head elevated. | <ul style="list-style-type: none"> • Tylenol • Robitussin DM (dextromethorphan/guaifenesin) • Cough drops <p><i>*NOT pseudoephedrine/phenylephrine or afrin, decongestants</i></p> |
| Vaginal Itching/Yeast | <ul style="list-style-type: none"> • Wear cotton underwear. • Reduce use of leggings, spandex, and restrictive clothing. • Notify care provider. | <ul style="list-style-type: none"> • 7 Day OTC Cream Treatment (Miconazole, Clotrimazole) |
| Itchy Skin/Rashes | <ul style="list-style-type: none"> • Drink plenty of water. • Take oatmeal baths. • Keep your skin hydrated with lotions/creams. • Call care provider if persistent itching of hands/feet, or new rash develops. | <ul style="list-style-type: none"> • Benadryl • Hydrocortisone cream • Calamine |

| | | |
|----------------------|--|---|
| Leg Cramps | <ul style="list-style-type: none"> • Consume adequate electrolytes • Try Gatorade or coconut water. • Stretch the cramped muscle gently and constantly (not jerkily) to improve circulation. • Massaging cramped muscle may cause long-lasting tenderness. | <ul style="list-style-type: none"> • Electrolyte supplements (calcium, potassium, magnesium) |
| Varicose Veins | <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. | |
| Carpal Tunnel | <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. | |
| Dizziness & Fainting | <ul style="list-style-type: none"> • Do not stand or sit for extended periods. Get up and walk around every so often. • Normalize sodium intake. • Increase fluid intake. • Don't wear constricting panty hose. • When rising, slowly progress from lying to sitting, and then sitting to standing. • When dizzy, sit or lie down immediately. | |
| Shortness of Breath | <ul style="list-style-type: none"> • Practice deep breathing. • Do not lie flat on back—lie on side or with back elevated. • Eat small, frequent meals to prevent stomach distention. • Alert care provider if persistent, or 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. • Report sudden changes in vision, especially when associated with headache, to your doctor. | |
| 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, <u>notify your provider.</u> | |
| 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:

During Labor

Pain relief preferences:

Epidural

IV Pain Medication

Shower

Birthing ball

Music

Dim lights

Walking

Other: _____

Interventions

I do not want my labor augmented unless medically necessary.

I do not want a C-section unless medically necessary.

Other requests:

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:

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 (circle one): 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.
- In the nursery and brought back for feedings.

Other Requests:

Infant Care Checklist

For the Baby:

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

Bath

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

Clothing & Linens

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

Feeding

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

Health

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

Equipment

- Crib/bassinet
- Stroller
- High chair
- Car seat

For the Mother:

- Maxi pads
- 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 Childbirth* 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
- Glow Nurture
- Ovia Pregnancy Tracker
- Sprout Pregnancy
- WebMD Pregnancy
- What to Expect Pregnancy & Baby Tracker

Websites:

General Pregnancy & Childbirth

- www.babycenter.com
- www.thebump.com
- www.lucieslist.com
- www.bundoo.com
- childrensmd.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>