



Prenatal Instructions and Information

Carteret Ob-Gyn Associates

{ PART I }

Table of Contents

Part I: Prenatal Instructions and Information

Office Visits	1
Phone Calls	1
Nutrition	1
Weight Gain.	1
Water Needs	2
Exercise Dos and Don'ts	2
Folic Acid Needs	3
Fish and Shellfish.	3
Listeria	3
Toxoplasmosis	4
Cat Owners.	4
Intercourse.	4
Travel.	4
Abuse.	4
Smoking, Illicit Drugs and Alcohol	5
Dental Care	5
Flu Vaccine	5
TDAP Vaccine	5
Over-the-Counter Medications.	5
Cold or Flu.	6
Nausea.	6
Constipation.	6
Heartburn	7
Testing.	7
Prenatal Testing for Birth Defects and Genetic Disorders	7
Ultrasound.	8
Pregnancy Symptoms and Changes	9
Breastfeeding.	10

Part II: Almost There, 28 Weeks

Staying Healthy	13
Calcium Chart	14
Kick Counts with Chart.	15
Anesthesia Consult	16
Carteret Health Care Map	17
Child Birth Classes.	18
Timing Contractions	18
Hospital Checklists.	19
Baby's First Weeks: What you Need	19
Breastfeeding.	21
Safe Surrender.	23
Core Blood Collection.	24
Expectant Parents Letter	25

Congratulations!

Pregnancy can be one of the most gratifying experiences in your lifetime. We are excited you chose our practice to provide your obstetrical care. In order to help you, we have gathered this information to start you on your way. It will help you answer many common questions that occur throughout pregnancy, so please keep this information handy. Remember, each pregnancy will be different, even for the same person.

A typical pregnancy lasts 40 weeks from the first day of your last menstrual period. Most women go into labor within 2 weeks of their due dates—either before or after. Induction for being past your due date is usually done by 41 – 42 weeks. A baby is considered mature after 37 weeks and premature before that time.

OFFICE VISITS:

Patients usually visit every four weeks until 28 weeks; then every two to three weeks until the last month. We will see you weekly during your last month of pregnancy. Patients with special problems will be seen as directed by the physician. During routine prenatal visits, you will meet each of the physicians and nurse practitioners on a rotating basis. This is important, since whichever physician that is on call will deliver your baby. In addition to medical checkups, we encourage you to make lists of questions to be answered, and have your prescriptions refilled during these visits.

*Children cannot be left unattended in the waiting room, work-up areas, or the exam rooms during your visit with the physician. Our staff is unable to provide you with assistance and we ask that you bring someone who can care for your child during your visit with our office. You will be asked to reschedule your appointment if your child will be unattended during your visit.

PHONE CALLS:

We ask that you make non-urgent calls during business hours. (Monday to Friday, 8am – 5pm.) Routine information and prescription refills should be handled during your visits. Calls to the answering service should be for emergencies and labor only. We make every effort to return emergency calls within the hour and all other calls within a 24 hour period.

Office	(252) 247-4297
Emergency (After hours)	(252) 808-6012
Insurance/Billing	(252) 247-1604
Surgical Scheduling	(252) 247-1606
Carteret Health Care	(252) 808-6000

NUTRITION:

Maintaining good health with a proper diet is important and not complicated. A healthy, well-balanced, low-fat diet is recommended. Your increased calories will come from an increased appetite, so it is not necessary to eat more "just because you are pregnant." Most weight gain will occur in the second half of pregnancy, and an inability to eat properly in the early months because you are nauseated, is usually not dangerous. If you are too sick in the beginning to tolerate a normal diet, change to a diet of clear liquids, bland starches (pretzels, potatoes, rice, pasta, breads). If nausea and vomiting are occurring, please discuss this with a provider. Prenatal vitamins do not require a prescription and are available at pharmacies and other retail outlets.

Many women have questions concerning DHA supplements during pregnancy. DHA is a supplement that helps with brain and eye development. Many prenatal vitamins contain DHA supplement with them. However, if you are taking a vitamin that does not contain this, you can take an additional supplement if you choose.

Caffeine should be limited during pregnancy. If you like to drink coffee and sodas, we recommend that you use decaffeinated products. Avoid Nutra-sweet or Sweet-n-low products. Splenda and sugar are safer alternatives. For health and nutrition information during pregnancy, go to www.choosemyplate.gov

WEIGHT GAIN:

An average woman needs about 2,000 calories a day. When you are pregnant, you need about 300 calories more each day to stay healthy and help the fetus grow. A woman whose weight is normal before she becomes pregnant should gain 25-35 pounds during pregnancy. Women who are underweight should gain about 28-40 pounds. Women who are overweight should gain 15-25 pounds. Women who are obese should gain about 15 pounds. Women carrying twins should gain as much as 45 pounds. Which size you are will be determined at the OB physical exam.

Where does the weight go? According to ACOG, in pregnancy, your body must store nutrients and increase the amount of blood and other fluids. Here is where the weight will go:

7 lbs	Maternal stores (fat, protein, other nutrients)	4 lbs	Increased fluid	4 lbs	Increased blood
2 lbs	Breast growth	2 lbs	Uterus	7.5 lbs	BABY
2 lbs	Amniotic fluid	1.5 lbs	Placenta		

If you keep up the good eating habits you began in pregnancy, you'll be close to your normal weight with a few months after giving birth. Combining healthy eating with exercise will help the process.

WATER:

Water is an important component in a good diet. However, it cannot be stressed enough that during pregnancy water is essential. The body has increased circulation through blood vessels, and without a large increase in water, pregnant women will be dehydrated. It plays an important role in decreasing constipation, preventing preterm contractions, decreasing swelling, and preventing dizziness. We recommend that you drink 8–10 glasses of water per day.

EXERCISE:

Exercise can help strengthen muscles used in labor and delivery and lessen some of the discomforts of pregnancy. It may give you more energy and make you feel better. Most women should exercise 30 minutes or more each day. Talk with your doctor before starting an exercise program. Your center of gravity shifts and your balance changes while you are pregnant. This may put you at a greater risk for falls. You tire more easily and it takes longer to recover.

Caution should be the rule:

- Avoid getting overheated and limit outdoor exercise in hot weather.
- Avoid exercise that makes you very tired or has a high risk of falling or abdominal trauma.
- Drink lots of water.
- Wear good support shoes and bra.

The type of exercise you can do during pregnancy depends on your health and on how active you were before you became pregnant. This is not a good time to take up a new, hard sport. But if you were active before, you can continue to be active now. If, for example, you played tennis, you can likely still play unless you have special problems or become fatigued.

The following activities, in moderation, are especially good during pregnancy:

- Swimming
- Brisk walking
- Prenatal exercise classes

Fitness before, during and after pregnancy can be an important part of motherhood. By following these guidelines and doing what feels good, your exercise efforts are sure to contribute to the health and well-being of yourself and your baby.

Get Fit! Be Fit! Stay Fit!

The following is a list of Do's and Don'ts for pregnant women, according to ACOG:

DO LIST:

- Check with your physician before beginning any prenatal exercise program.
- Think safety. Remember that with exercise, the health of the baby and the mother are the top priority.
- Listen to your body. If it doesn't feel right, modify the movement, or eliminate it. Modify or stop exercise if you experience extreme fatigue or discomfort.
- Include muscular endurance exercises. Specifically, strengthen the thighs, chest, shoulders, upper and lower back, buttocks, abdominals, and pelvic floor muscles.
- Include stretching. Specifically, stretch the inner thighs, lower back, hamstrings, chest, and calves.
- Modify the intensity of the activity. Women who have exercised vigorously before becoming pregnant should be willing to modify their activities, particularly during the 3rd trimester of pregnancy.
- Modify the exercises if shortness of breath occurs.
- Take in adequate calories. The demands of pregnancy require 300 extra calories per day, plus the calorie requirement of activity.
- Eat a high-carbohydrate snack prior to exercise. Graham crackers, bagels, juice, nuts, or fruit are good examples.
- Stay well hydrated. Drink plenty of fluids before, during, and after exercise to help prevent dehydration.
- Dress appropriately. Wear light, cotton clothing that breathes. Overdressing contributes to overheating during exercise.
- Use relaxation exercises.
- Exercise daily.

DON'T LIST:

- Do NOT use jerky, jarring, and twisting movements. This type of activity puts additional stress on joints and body areas already overloaded by the increased weight of pregnancy and affected by hormonal changes.
- Do NOT make quick directional changes. Your body shape and center of gravity changes continually as the pregnancy progresses, resulting in reduced balance.
- Do NOT lie on the back after the 1st trimester of pregnancy. The supine position may restrict blood flow by the enlarging uterus. If you are lying on your back and symptoms occur such as dizziness, nausea, or shortness of breath, roll to your left side.
- Do NOT do exercise that decreases the lung space. This includes curl-ups or bending forward with the head down.
- Do NOT do exercise or activities that compromise hip/pelvis joint structure. This includes extreme or rapid leg lifts.
- Do NOT do activities that could cause trauma to the abdominal area.
- Do NOT engage in competitive, unfamiliar activities.
- Do NOT hold your breath during exercise.
- Do NOT exercise for weight loss during pregnancy.
- Do NOT get in a commercial hot tub, Jacuzzi, sauna, or tanning bed.
- Do NOT use a heating pad on your abdomen.

FOLIC ACID:

Women should take a multivitamin containing 400 micrograms(mcg) of folic acid daily. When a woman becomes pregnant, she should take a prenatal vitamin containing 800 – 1000 mcg of folic acid.

Fruits and Vegetables with Folic Acid:

Asparagus	Broccoli	Brussels Sprouts	Cantaloupe	Cauliflower	Collard Greens
Green Peas	Lima Beans	Mixed Greens	Orange Juice	Pineapple Juice	Spinach

Pinto, navy, black-eyed peas, lentils, great northern, black, chick peas, and split peas all are an excellent form of folic acid.

FISH AND SHELLFISH:

Fish and shellfish are an important part of a healthy diet. Fish and shellfish contain high-quality protein and other essential nutrients, are low in saturated fat, and contain omega-3 fatty acids. A well-balanced diet that includes a variety of fish and shellfish can contribute to heart health and children's proper growth and development. So, women and young children in particular should include fish or shellfish in their diets due to the many nutritional benefits. However, nearly all fish and shellfish contain traces of mercury. For most people, the risk from mercury by eating fish and shellfish is not a health concern. Yet, some fish and shellfish contain higher levels of mercury that may harm an unborn baby or young child's developing nervous system. The risks from mercury in the fish and shellfish depend on the amount of fish and shellfish eaten and the levels of mercury in the fish and shellfish. Therefore, pregnant women, nursing mothers, and your children need to avoid some types of fish and eat fish and shellfish that are lower in mercury.

1. Do not eat Shark, Swordfish, King Mackerel, or Tilefish because they contain high levels of mercury.
2. Eat up to 12 ounces (2 average meals) a week of a variety of fish and shellfish that are lower in mercury.
 - Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, Pollock, and catfish.
 - Another commonly eaten fish, albacore ("white") tuna has more mercury than canned light tuna. So, when choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) of albacore tuna per week.
3. Check local advisories about the safety of fish caught by family and friends in your local lakes, rivers, and coastal areas. If no advice is available, eat up to 6 ounces (one average meal) per week of fish you catch from local waters, but don't consume any other fish during that week.

For more information, please refer to www.epa.gov/ost/fish.

LISTERIA:

Listeria is a harmful bacterium that can be found in refrigerated, ready-to-eat foods (meat, poultry, seafood, and dairy – unpasteurized milk and milk products or foods made with unpasteurized milk), and soil. When eaten, it may cause listeriosis, an illness to which pregnant women and their unborn children are very susceptible.

Tips on preventing Listeria:

- Your refrigerator should register at 40F (4C) or below and the freezer at 0F (-18C). Place a refrigerator thermometer in the refrigerator, and check the temperature periodically.
- Refrigerate or freeze perishables, prepared food, and leftovers within two hours of eating or preparation. Follow the 2-hour rule: Discard food that's left out at room temperature for longer than 2 hours. When temperatures are above 90F (32C), discard food after one hour.
- Use ready-to-eat, perishable foods, such as dairy, meat, poultry, seafood, and produce, as soon as possible.

DO NOT EAT:

- Hot dogs and luncheon meats – unless they're reheated until steaming hot.
- Soft cheeses like Feta, Brie, and Camembert, "blue-veined cheeses", or "queso blanco", "queso Fresco", or Panela – unless they are made with pasteurized milk. Make sure the label says, "made with pasteurized milk."
- Refrigerated pâtés or meat spreads.
- Refrigerated smoke seafood – unless it's in a cooked dish, such as a casserole. (Refrigerated smoked seafood, such as salmon, trout, whitefish, cod, tuna, or mackerel is most often labeled as "nova-style," "lox", "kippered", "smoked", or "jerky". These types of fish are found in the refrigerator section or sold at delis or grocery stores.
- Raw (unpasteurized) milk or foods that contain unpasteurized milk.

TOXOPLASMOSIS:

Toxoplasmosis is a parasite found in raw and undercooked meat; unwashed fruits and vegetables; water; dust; soil; dirty cat-litter boxes; and outdoor places where cat feces can be found. It can cause an illness called toxoplasmosis that can be particularly harmful to you and your unborn baby.

Tips on preventing Toxoplasmosis:

- Wash your hands with soap and warm water after touching soil, sand, raw meat, cat litter, or unwashed fruits and vegetables.
- Wash all cutting boards and knives thoroughly with soap and hot water after each use.
- Thoroughly wash and/or peel all fruits and vegetables before eating them.
- Separate raw meat from other foods in your grocery cart, refrigerator, and while preparing and handling foods at home.
- Cook meat thoroughly. The internal temperature of the meat should reach 160F (71C). Use a food thermometer to check.
- Avoid drinking untreated water, particularly when traveling in less-developed countries.

FOR CAT LOVERS:

Toxoplasmosis infects essentially all cats that spend any time outdoors. Cats get this parasite by eating small animals or raw meat that's been infected. The parasite is then passed on through the cat's feces. It doesn't make the cat sick, so a pregnant woman may not know if her cat has it.

Follow these tips:

- If possible, have someone else change the litter box. If you have to clean it, wear disposable gloves and wash your hands thoroughly with soap and warm water afterwards.
- Change the litter box daily. The parasite doesn't become infectious until one to five days after it is shed in the feces.
- Wear gloves when gardening in a garden or handling sand from a sandbox because cats may have excreted feces in them. Be sure to wash your hands with soap and warm water afterwards.
- Cover outdoor sandboxes to prevent cats from using them as litter boxes.
- Feed your cat commercial dry or canned food. Never feed your cat raw meat because it can be a source of the Toxoplasmosis parasite.
- Keep indoor cats indoors. Be especially cautious if you bring outdoor cats indoors.
- Avoid stray cats, especially kittens.
- Don't get a new cat while you're pregnant.

INTERCOURSE:

Intercourse is safe during pregnancy. Exceptions to this are vaginal bleeding, ruptured membranes, multiple gestation, or premature labor. Your provider will let you know if intercourse is not recommended.

TRAVEL:

For long road trips you should stop every 1-1 ½ hours and get out and walk around for 10-15 minutes. After 30 weeks you should not travel very far. Please consult with a provider before taking any long trips. In uncomplicated pregnancies, you may travel by any means until the beginning of your last month. High risk patients are generally discouraged from traveling after 24 weeks. If problems have been occurring, check with us before you make your plans. Most pregnant women will require extra rest while on vacation, especially if you are going to a higher altitude. When you travel, be sure to move your legs at least each hour to avoid blood clots.

ABUSE:

Many women are victims of physical, sexual, or emotional abuse. Abuse often begins or increases during pregnancy, putting both the woman and the fetus at risk. During pregnancy, the abuser is more likely to aim blows at the woman's breast or abdomen. Dangers to the fetus include miscarriage, low birth weight, and direct injury from the blows. If you are being abused, tell your provider. He or she can help you get in touch with support services, such as crisis hotlines, domestic violence programs, legal aid services, or counseling. Shelters exist for abused women and children. A close friend, counselor, or clergy member also may be able to help.

SMOKING, ILLICIT DRUGS, AND ALCOHOL:

If you are a current smoker, we ask that you try to stop smoking. Smoking is dangerous in pregnancy. Try to avoid second-hand smoke as well. You can talk with a nurse or provider about ways to help you stop smoking. Do not drink alcohol in pregnancy. There are proven dangers to the unborn baby. Do not use any illicit, recreational or street drugs (like marijuana, cocaine, methamphetamines). Again, there are proven dangers to the fetus.

DENTAL CARE:

It is very important to continue with routine dental care during pregnancy. You can receive Lidocaine injections without epinephrine, but no gas analgesia.

FLU VACCINE:

It is recommended by the CDC and ACOG that all pregnant women get a flu vaccine. All of the providers at Carteret Ob-Gyn recommend the flu vaccine in pregnancy. The vaccine is safe and effective for pregnant women. The risks of getting sick with the flu are far greater for a pregnant woman and her baby than the possibility of having a complication from the vaccine. Please speak with a nurse or provider if you have any questions concerning the flu vaccine.

*If you think that you may have the flu, please contact us immediately so that you can be evaluated and treated as soon as possible.

TDAP VACCINE:

It is recommended by the CDC, ACOG, and AAP (American Academy of Pediatrics) that all pregnant women receive the TdP vaccine in the third trimester.

OVER-THE-COUNTER MEDICATIONS:

It is always best to avoid any medicines like these in the first trimester, if possible. The following is a list of over-the-counter medications that are thought to be relatively safe to take during pregnancy:

Heartburn/gas/bloating:	Antacids (Maalox, Mylanta, Rolaids, Tums, Zantac, Prevacid) Simethicone (Gas-X, Maalox anti-gas, Mylanta Gas, Mylicon)
Cough or cold:	Guaifenesin (an expectorant) (Hytuss, Mucinex, Rubitussin) Dextromethorphan (cough suppressant) (Benylin expectorant, Robitussin DM, Vicks 44E) Cough drops Vicks Vapor Rub
Pain Relief:	Acetaminophen (Anacin Aspirin-free, Tylenol)
Allergy Relief:	Chlorpheniramine (Chlor-Trimeton allergy tablets) Loratadine (Alavert, Claritin, Tavist ND, Triaminic Allerchews) Diphenhydramine (Benadryl)
Constipation/Diarrhea/ Hemorrhoids:	Psyllium (Metamucil, Citrucel) Miralax Colace once or twice a day as needed Milk of Magnesia or Dulcolax for occasional use only with significant constipation Anusol, Preparation H, Tucks Loperamide, anti-diarrhea medication (Imodium, Kaopectate, Maalox)
Yeast infections:	Clotrimazole, Miconazole, Tioconazole
Insomnia:	Diphenhydramine (Benadryl, Unisom, Sominex)
First Aid preparations:	Hydrocortisone (Cortaid, Lanacort, Polysporin, Neosporin, Triple antibiotic ointment)

Please use these medications as directed on the package.

Very few medications are thoroughly tested in pregnancy. Some may have long term effects that we do not know about.

Please contact our office if your problem persists after taking these remedies.

**IF ANYONE IN THE HOUSEHOLD, INCLUDING YOURSELF, HAS FLU SYMPTOMS
OR HAS TESTED POSITIVE FOR THE FLU, CALL THE OFFICE IMMEDIATELY**

IF YOU ARE PREGNANT WITH A COLD OR THE FLU:

FORCE FLUIDS

Drinking fluids will keep any nasal or chest secretions loose, and help to prevent dehydration.

USE A COOL MIST VAPORIZER (HUMIDIFIER)

Using a cool mist vaporizer will help keep respiratory tract moist and reduce irritation.

GET LOTS OF EXTRA REST

Rest promotes healing and makes you feel better too.

IF YOUR SYMPTOMS PERSIST, YOU MAY ADD:

1. Regular Strength Tylenol (acetaminophen), per package instructions, for relief of headache, fever, general aches and pains.
2. Cepastat or Chloraseptic Throat Spray or Lozenges for sore throat.
3. Robitussin DM Cough Syrup for cough.
4. Sudafed for nasal and sinus congestion.

PLEASE NOTE: We prefer that you not take any decongestant medications, unless absolutely necessary, if you are less than 14 weeks pregnant.

5. Saline nasal spray, or Afrin Nasal Spray, per package instructions, for extreme nasal congestion. Try to limit use to no more than three (3) days.

CAUTION: Please do not use Afrin Nasal Spray for more than 3 days in a row, as this may cause a rebound effect and make the congestion worse than before.

6. Mucinex without decongestant per package instructions may be used for congestion.

**IF THESE MEASURES DO NOT HELP AND YOUR SYMPTOMS PERSIST OR SIGNIFICANTLY WORSEN,
PLEASE CALL THE OFFICE FOR FURTHER INSTRUCTIONS.**

NAUSEA:

Unfortunately, we can't tell you how to make your nausea totally disappear. But you can try a few things to make it better. Here are a few suggestions:

- Eat small, frequent meals, so that your stomach is never empty.
- Don't worry too much about adhering to a balanced diet; just eat whatever appeals to you during this relatively short period of time.
- Avoid perfume counters, active kitchens, smelly taxi cabs, barnyards, or other places where odors may be strong.
- If your prenatal vitamins make the symptoms worse, try taking them at night just before you go to bed. If you find that they are still causing a problem, skipping them for a few days is okay. There are now chewable vitamins if you cannot swallow pills.
- Keep crackers by your bedside ~ some women find that eating them before getting out of bed in the morning helps to decrease the nausea.
- You may notice that your nausea worsens when you brush your teeth. Switching toothpaste brands may help.
- Try eating dry toast, saltines, whole-wheat crackers, potatoes, and other bland easy-to-digest carbohydrates.
- If you are bothered by the accumulation of saliva in your mouth, sucking on lemon drop candies may be helpful.
- Accupressure wristbands, sold in drug stores and health food stores, give some women relief.
- Relaxation exercises and even hypnosis work for some women.
- Try vitamin B6. Some evidence suggests that 25mg of this nutrient three times a day can reduce queasiness. You may try Emetrol which is an over-the-counter medication.
- For extreme nausea, talk to your doctor about prescription medicines or other over-the-counter medicines that may help.
- Above all, don't compound the problem by worrying about it. The nausea is harmless ~ to you and the baby. Your optimal weight gain for the first three months is only 2 pounds. Even losing weight probably isn't a big problem.

IF YOU CAN'T HOLD ANYTHING DOWN WITHIN A 24-48 HOUR PERIOD, YOU SHOULD CALL OUR OFFICE.

CONSTIPATION:

About half of all pregnant women complain of constipation. When you are pregnant, you may become constipated because the large amount of progesterone circulating in your bloodstream slows the activity of your digestive tract. The iron in prenatal vitamins may make matters worse. Here are a few suggestions for dealing with the problem:

Eat plenty of high-fiber foods. Bran cereals, fruits, and vegetables all are good sources of fiber. Some women find it helpful to eat some popcorn, but choose the low-fat kind, without all the butter and added oil. Check the fiber content on package labels and choose foods with a higher fiber content.

Drink plenty of water. Staying well hydrated helps keep food and waste moving through the digestive tract. Some juices (especially prune juice) may help, while others (such as apple juice) may only worsen the problem.

Take stool softeners. A stool softener, such as Colace (docusate sodium), is not a laxative ~ it just keeps the stool soft. Stool softeners are safe during pregnancy, and you may take them two to three times a day. It is better to avoid laxatives, because they can cause abdominal cramping and, occasionally, uterine contractions. For any person, pregnant or not, chronic laxative use should be avoided. If you are extremely constipated, though, and are not at risk for preterm labor, you may want to talk to your provider about the short-term use of a very mild laxative, like a glycerin suppository.

Exercise as regularly as you can. Exercise is known to help constipation, so enjoy some safe exercise (even if it's only walking).

HEARTBURN:

Unfortunately, pregnancy and heartburn tend to go hand-in-hand. The good news is there are safe and effective over-the-counter medicines available.

We suggest you try these medicines* for relief of heartburn in the order listed below:

- Tums or Rolaids
- Maalox or Mylanta
- Zantac 75mg (up to twice daily)
- Zantac 150mg (up to twice daily)
- Nexium
- Prevacid

*These medicines are to be used per the package instructions.

If you do not get relief from any of these medications, please contact our office for further instructions.

TESTING:

For the best possible care for you and your baby, the following are some of the routine tests required during the course of your prenatal care:

- Prenatal labs done at your OB interview (usually the first OB appointment).
- Urine test. A urine sample is checked to look for sugar and protein, which can signal diabetes or a bladder or kidney problem.
- Blood tests. Blood samples are checked for anemia and certain infections. Your blood type and Rh factor also are noted.
- Pap test or cervical culture. The cells from the cervix collected during a pelvic exam may be checked for signs of infection, cancer, or conditions that could lead to cancer.
- Glucose screening test. The sugar level in the woman's blood is measured to test for gestational diabetes. Depending on your BMI (body mass index, personal or family history), you may be required to have an "early" Glucola test and again at approximately 24 – 28 weeks.
- Group B streptococcus (GBS) testing is performed at approximately 35 – 37 weeks. The cells from the woman's vagina and rectum are tested for the presence of GBS, which can be passed to the baby during delivery and cause infection.
- Human immunodeficiency virus (HIV) and Syphilis testing will be performed at the beginning of your pregnancy and also again between 35 – 37 weeks. The HIV testing is a state mandated test for all pregnant women. If you have HIV, you could pass it to your baby during pregnancy, labor, delivery, and breastfeeding. There are things you can do to help prevent this from happening.

PRENATAL TESTING FOR BIRTH DEFECTS AND GENETIC DISORDERS:

There are screening tests available that can help us detect certain birth defects, genetic disorders and chromosomal abnormalities. These tests are done at various times during pregnancy. The tests often involve blood samples from the mother and ultrasound studies of the fetus (baby). Some tests are available at special centers (for instance, second trimester amniocentesis). Some tests are offered to all women to help assess the risk of certain birth defects, some are offered to women who are at increased risk for certain problems.

These screening tests do not diagnose birth defects, but they may tell if a woman's fetus is at increased risk for a problem. Here is a list of tests available. Our clinical staff will help you determine which tests may be right for you:

- Maternal blood work in the first trimester (example = Sequential Screening)
- Maternal blood work in the second trimester (examples = AFP tetra or quad screen, Harmony)
- Nuchal translucency ultrasound (done between 10 and 13/6/7 weeks)
- Screening ultrasound at 18 – 20 weeks.

Other testing is done if the results of a screening test or other factors raise concerns about the fetus. The results of these tests can sometimes confirm whether or not the fetus has certain birth defects.

- Targeted ultrasound done by a Maternal Fetal Medicine specialist.
- Early second trimester amniocentesis
- Chorionic Villus Sampling (CVS) test done by a Maternal Fetal Medicine specialist

We will discuss options available to you based on your risk profile and gestational age (how far along you are in your pregnancy).

Please remember, no test is perfect. A test may not find a birth defect that is present or, your baby may have a problem that the test was not meant to find. The tests cannot find all birth defects. If the results show that there is a problem, our clinical staff will either help explain how the baby might be affected or we will direct you to a clinician who can help interpret the testing. In some cases, it is not known how severe a birth defect will be. Sometimes surgery or treatment is possible. In other cases, there is no treatment for a defect. The counselor and physician can explain the results and provide guidance in making choices and considering options.

Online resources:

www.NTQR.org – Click on Patient Resources

www.ACOG.org – Click on For Patients

ULTRASOUND:

Ultrasound, also called sonography(sonogram), is a safe and painless procedure that uses sound waves to “see” inside your body and create detailed images which your doctor can study. Sound waves will pass harmlessly through the skin from the transducer. The sound waves bounce off certain organs and tissue in the body. This creates “echoes.” The echoes are reflected back to the transducer. A television monitor shows images as the transducer converts the echoes to electrical signals. These moving images may be viewed immediately, recorded and/or photographed for physician review.

*Each exam is different, depending on the patient. We strive to do the best we can, although sometimes ultrasound is limited due to patient size, gestational age and position of the baby. Not all defects/abnormalities can be detected by ultrasound.

There are many types of Obstetrical and Gynecological ultrasounds that our office performs. Several of them will be described as you continue reading:

- Vaginal Ultrasound
- Nuchal Translucency Ultrasound
- Screening Anatomy Ultrasound
- Estimated Fetal Weight Ultrasound (EFW)
- Biophysical Profile Ultrasound (BBP)
- Non-Stress Test (NST)

VAGINAL ULTRASOUND

Reason you may need a vaginal ultrasound in pregnancy:

- Determine Correct Dating
- Establish number of fetuses
- Early Pregnancy (Bleeding, Heart Tones, Cramping/Pressure)
- Cervical Length
- Placental Location

You will be positioned on your back on the exam table, with your legs raised - just like for a pelvic exam. A small, lubricated probe, called a transducer, will be inserted into your vagina. The transducer is inserted like a tampon although it is slightly larger than a tampon, but smaller than the speculum that your doctor uses for a pelvic exam. During the exam you will feel a light amount of pressure. You may be requested to lie still, change positions, hold your breath and/or just breathe normally.

NT - NUCHAL TRANSLUCENCY

A nuchal translucency scan is a sonographic prenatal screening scan to help identify chromosomal conditions such as trisomy 21 (Down's Syndrome), trisomy 13 and trisomy 18 in the fetus. This test may also be helpful in determining the need for follow up testing for heart problems unrelated to Down's Syndrome. The scan is performed between 11 weeks 0 days and 13 weeks 6 days. The ultrasound measurement is then paired with two separate blood tests to obtain the final risk assessment. The nuchal translucency is the fluid filled area on the back of the baby's neck. We use six or more landmarks in order to obtain an accurate measurement.

You will need to have a full bladder for this exam. You will be positioned on your back on the exam table. The sonographer will use a transducer to image the requested ultrasound. During the exam you will feel a light amount of pressure. You may be requested to lie still, change positions, hold your breath and/or just breathe normally.

**The NT is a difficult exam due to the tiny size of the area we are measuring and the need to see all landmarks in view at the same time. We allow 30 minutes for this exam, if the image is not obtained, we will proceed with other options, such as reschedule or possibly choose another type of blood test.

SCREENING ULTRASOUND

A screening ultrasound includes evaluation of the following anatomy, typically between the 19-20th week of pregnancy:

- Kidneys/Bladder
- Heart Structures
- Brain Structures
- Fetal Measurements - Abdomen, Head, Femur (thigh bone), Brain Structures
- Extremities
- Spine
- Cord Insertion
- Placenta/Cervix
- Gender

Sometimes the anatomy is not adequately visualized at this time so the physician will schedule a follow up anatomy scan in about 4 weeks to view the structures.

You will be positioned on your back on the exam table. The sonographer will use a transducer to image the fetal anatomy. During the exam you will feel a light amount of pressure. You may be requested to lie still, change positions, hold your breath and/or just breathe normally.

Ultrasound alone at 19-20 weeks is not used to detect chromosomal (genetic) problems.

You will be allowed to have TWO people in the room during this exam. It is important that during the exam guests are quiet so the sonographer can concentrate on imaging the anatomy of your baby in order to give the physician all the information he/she needs. The sonographer will print a few keepsake pictures for you to take home.

PREGNANCY SYMPTOMS AND CHANGES:

CARPAL TUNNEL SYNDROME: If you feel numbness, tingling, or pain in your fingers and wrists, you are probably experiencing carpal tunnel syndrome. It occurs when swelling in the wrist puts pressure on the median nerve, which runs through the carpal tunnel from the wrist to the hand. It can happen in one or both hands, and the pain may be worse at night or upon awakening.

If carpal tunnel syndrome becomes persistent or bothersome, discuss it with your provider. Wrist splints, available at some drug stores or surgical supply stores, can relieve the problem. Try not to be discouraged if it doesn't seem to get better, though, because it usually improves (often dramatically fast) after delivery.

BREAST TENDERNESS: Generally occurs early in pregnancy and gradually disappears.

HEADACHES: Often appear when nausea improves, may occur daily, and usually lessen after 14-16 weeks. Unusually severe headaches should be reported to us.

VAGINAL DISCHARGE: Increases throughout pregnancy, and appears somewhat like nasal mucous. It is usually not bloody, foul smelling, watery, or itchy. In the last month, it may have a slight blood tinge or brown color.

FATIGUE: This occurs throughout the first trimester. It may feel as if you have taken some form of sleeping pill, especially in the afternoon. You may also have some difficulty sleeping at night.

ROUND LIGAMENT PAIN: This appears around the 14th week and peaks at 18-20 weeks with relief by around 26 weeks. These are sharp, stabbing pains on the sides of your lower abdomen caused by pulling of uterine ligaments. They are aggravated by physical activity and turning motions and usually resolve by simply taking it easy and resting. Pains that are severe or persist should be evaluated by the physician.

BACKACHE: This usually occurs in the second half of pregnancy and can be associated with sciatica (pain radiating down the legs). It is caused by the change in your posture from enlarging abdomen. Avoid high-heeled shoes and prolonged sitting. It is treated with heating pads, massage, and physical therapy.

VAGINAL BLEEDING: In the first third of pregnancy, bleeding that is menstrual-like or heavier can be a sign of a problem. Although it is not uncommon to bleed, first trimester bleeding should be evaluated. Light staining or spotting, especially after sex, is common and is generally not a problem.

After the first trimester, bleeding is unusual (except staining after sex), and should be reported. Heavy bleeding can be associated with

placenta previa, abruption or emergency situations. When you are in the last few weeks of pregnancy, it is not unusual to get a discharge with blood called "show". This is usually no heavier than a menses.

PREMATURE RUPTURE OF THE MEMBRANES: When this occurs prior to 37 weeks, special precautions must be taken. Notify the provider and they will instruct you as to what to do. When the water breaks, it is usually obvious or you will have a persistent "trickling" of clear fluid from the vagina. If you are uncertain, walk around for a few minutes: leaking will persist over time. If it continues, proceed directly to Carteret Health Care Emergency Room and they will bring you to Labor and Delivery for evaluation.

BREAST-FEEDING – THE GIFT OF GOOD HEALTH!

New mothers and mothers-to-be want to give their babies the very best of everything and breast milk can't be beaten as a perfect first food for your child. Deciding whether to breast-feed your baby is an extremely personal decision. It is also one that must be carefully considered as it will affect your routine once the baby is born and has implications for your child's future health. Every mother has the ability and potential to make a success of breast-feeding and enjoy it as a wonderful and natural bonding experience.

The advantages of breast-feeding: Modern research has shown that breast milk is the perfect nourishment for babies as it contains all your baby's nutritional requirements in ideal proportions. Breast milk has just the right amount of sugar (energy), water, fat and protein that your baby needs for normal growth and development. A mother's milk is also easier for your baby to digest than commercial formulas.

Breast milk provides your newborn with protection from bacteria and viruses and helps him/her fight infection and disease. This is made possible through antibodies from the mother's own immune system in her breast milk. Babies who have been breastfed have been shown to be healthier and have fewer infections, allergies, general medical problems, and hospital admissions than those who are bottle-fed (formula).

In terms of convenience, breast-feeding comes out on top again as the best method of feeding your baby. You will save time and money spent on buying, measuring, and mixing formula, as well as sterilizing bottles and warming milk in the middle of the night!

Because breast-feeding uses up calories, it is also one of the best, natural weight loss methods for losing those post-pregnancy pounds effortlessly! Nursing is also a wonderful way to bond with and feel close to your new baby.

Getting it right!: Nursing your infant does not always come as naturally and easily as one would hope and many women have difficulties with learning the art of breast-feeding. If you are having trouble breast-feeding, know that you are not alone and try not to get too frustrated with yourself. Breast-feeding is a skill to be learned and doesn't come naturally to many women at first. However, if nursing does not come easily at first, it is well worth persevering and there are many organizations and support groups that can help you to make a success of breast-feeding.

Problems with latching your baby and technique are extremely common. A lactation consultant will be able to help you with difficulties of technique and positioning as well as provide support, advice, and encouragement.

There are a number of ways you can improve your chances of breast-feeding successfully. These include:

- Start as early as possible. Nursing soon after delivery takes advantage of your newborn's strong sucking reflex and provides your baby with a first meal of colostrum and all the immune protection it contains (colostrum is the first milk available in the days after birth and before the mature milk comes in).
- Practice "demand feeding" by nursing whenever your baby shows signs of hunger, including increased activity, putting the hands in the mouth, or turning the head in search of a nipple. If you are unsure, feeding at least every two hours at first is a good estimate and will help to stimulate the production of milk and to help both you and your baby to "practice" breast-feeding.
- Feed your baby breast milk exclusively. Mother's milk contains everything your baby needs including the perfect amount of water. So avoid feeding any "extra" formula, water, or anything else. Because it is not possible to measure how much your baby drinks (as you can with bottle-fed babies), many women worry that their babies are not receiving sufficient milk and then resort to supplementing breast milk with formula. A better idea is to breast-feed more frequently in order to stimulate milk production, rather than supplementing with formula.
- Look after your health by eating a wholesome, balanced diet and drinking enough water, or other caffeine-free beverages. Your body needs extra fluid and energy to produce enough milk for your child, so don't diet or reduce portion sizes during breast-feeding.
- Although it is sometimes difficult in the first stressful weeks and months after your baby is born, sufficient rest and relaxation is important for milk production. Remember not to overdo things and find time to "put your feet up" every day.

When you don't have much milk: Many new mothers feel that they don't have enough milk for their baby's needs or that their milk is not flowing easily. It is important for new moms to remember that the initial milk produced in the first few days of your baby's life (colostrum) is produced in fairly small amounts, but is high in nutrients and immune boosting substances. Though it may seem like very little, colostrum contains everything your baby needs for the first few days of life.

If your milk supply seems low, perseverance is also key as the frequent suckling action of your baby nursing will actually stimulate your body to produce more milk.

Once your mature milk comes in after a few days, you can expect 4 to 6 wet disposable diapers (one to two more if you use cloth diapers) and 3 to 4 bowel movements in 24 hours. This will usually show that your baby is getting a perfectly adequate volume of milk.

Things to avoid when breast-feeding: Your diet and lifestyle choices can have a direct impact on your baby when you are breast-feeding, so bear the following guidelines in mind:

- Avoid caffeinated drinks and if you do drink coffee, limit yourself to a maximum of 2 cups a day. More than this will affect your baby's sleeping patterns as caffeine can be passed on to your baby in the breast milk.
- Don't smoke or use illegal drugs.
- Avoid drinking alcohol.
- Avoid heavily spiced foods, which may flavor your breast milk and upset your baby's tummy.

Breast-feeding and formula feeding together: Some women would love to breast-feed exclusively, but for some reason are unable to do so. There are a number of options for mothers who work or are separated from their infant regularly. You may be able to express or pump milk and store it in a bottle for later feeding. Otherwise, combination feeding of both breast milk and formula is also a possibility. Although your baby will not receive 100% of the benefits of exclusive breast-feeding, this method still has great advantages over formula feeding only.

The joy of nursing your little one! Cherish this special time with your child. Nursing your new baby should be a wonderful and precious experience, not only of feeding your child, but also of bonding between the two of you—the start of a bond that will last a lifetime!

La Leche League of Carteret County

Mother to Mother Breastfeeding Support



Leader: **Rebecca Haines**

Cell: **919-451-9949**

Email: **rebeccahaines@gmail.com**

Weekly Breastfeeding Café:

Tuesdays 10am

Webb Library, Morehead City

One Tuesday per month will have a set discussion topic; the others will be for informal discussion and questions.

Pregnant and nursing mothers and children welcome!

Find us on Facebook: **LLL of Carteret County**



CHC Breastfeeding Support Program

Contact: Kim Roberts, RN Program Assistant

Cell: **252-269-3479**

Email: **kdmroberts@ccgh.org**

What is the Breastfeeding Support Program?

The Breastfeeding Support Program is to provide support and assistance to moms with ongoing access to someone they call for questions or problems. Home visits and phone calls are scheduled as needed or requested by the client.

What services are provided by the Breastfeeding Support Program?

- Hospital visits provided to new breastfeeding mothers.
- Home visits as needed or requested by the mother.
- On-going phone calls for information and support.
- Hospital grade electric pump are provided for mothers who meet the criteria.
- Nurse contact for information regarding medicines or other medical questions.
- The program provides referrals to healthcare providers or community agencies as needed.

This concludes the first installment of your Prenatal Instructions from Carteret OB Gyn Associates. Feel free to contact us with questions or review any of this information at any of your prenatal visits. Again we are so pleased that you have chosen Carteret OB Gyn Associates to be a part of this important time of your life.

You will be receiving the second installment of the Prenatal Instructions from Carteret OB Gyn Associates as you approach your 28 week visit. That installment will concentrate on planning for feeding your baby, preparing for breastfeeding, planning for pain management in labor, reviewing fetal kick count information.

Please begin to consider breastfeeding. We are happy to discuss this at any of your prenatal visits.

Congratulations again on your pregnancy.

We are so pleased that you chose Carteret OB-Gyn Associates for your pregnancy care.

We have enclosed a sheet with your packet of our providers so you can become familiar with our Obstetrician Team!

Questions

Jot down any questions you may have and ask your physician....

