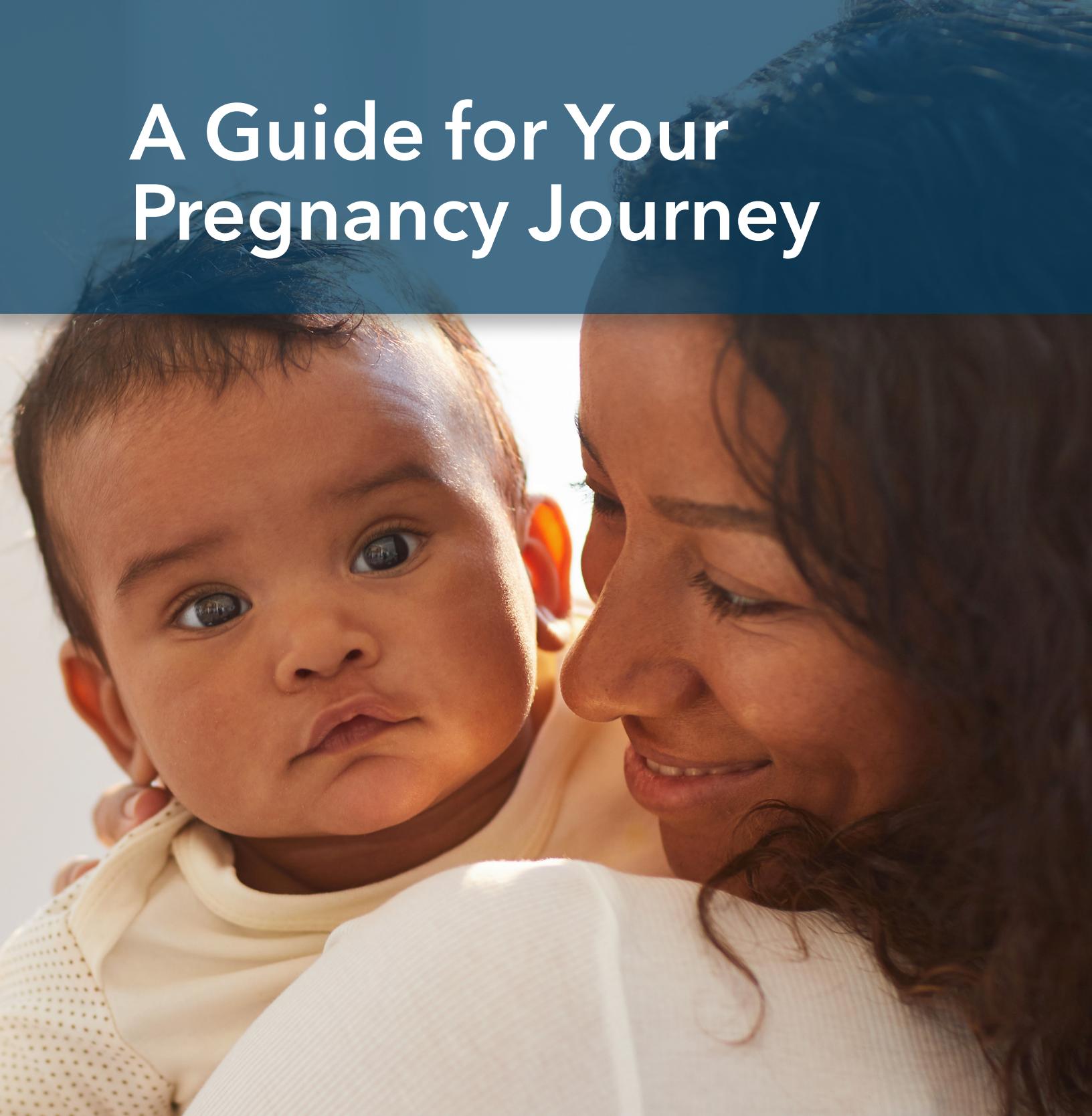


A Guide for Your Pregnancy Journey



GWmedicine

THE GEORGE WASHINGTON
UNIVERSITY **HOSPITAL**

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APPOINTMENTS

GW Ob/Gyn - Bethesda

4920 Elm Street

Suite 225

Bethesda, MD 20814

GW Ob/Gyn - Foggy Bottom

(22nd and I Street, NW)

2150 Pennsylvania Ave., NW

5th Floor

Washington, DC 20037

GW Ob/Gyn - West End

2300 M Street, NW

Suite 110

Washington, DC 20037

LABOR, DELIVERY, & TRIAGE

GW Hospital

900 23rd Street, NW

Washington, DC 20037



Department of Obstetrics & Gynecology
gwdocs.com/obgyn
202.741.2500

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GW HOSPITAL LABOR & DELIVERY

The Labor and Delivery Center at GW Hospital is a comprehensive maternity center that provides private rooms, family-centered care and a wide range of services to make your birthing experience safe and special.



We are Proud to be a World-Class Academic Teaching Hospital

Care at a teaching hospital offers access to the latest treatments and innovations, with a team of experienced physicians and medical residents collaborating to provide thorough, high-quality care. Studies have shown that teaching hospitals often deliver better outcomes due to their focus on research and continuous learning.

Residents

Residents are fully qualified medical doctors who are undertaking training in their chosen specialty field. The GW OB/GYN residency program is highly selective and our doctors are dedicated to providing excellent and compassionate care.

Midwifery Fellows

Midwifery fellows are fully qualified midwives who have chosen to take an additional year of training to further hone their skills.

Students

You may encounter medical and/or nursing students. You can play an important part in their learning by giving feedback so they can become excellent care providers.

Be assured, all of our learners are fully supervised by more experienced team members. Thank you for being an important part of our learning culture.

WELCOME TO THE DEPARTMENT OF OBSTETRICS & GYNECOLOGY AT GW MEDICINE

Thank you for choosing the Department of Obstetrics & Gynecology (OB/GYN) at GW Medicine. We look forward to caring for you, your developing baby, and family during this important time in your life. Our goal is to provide you the utmost in prenatal care.

ABOUT US

We are dedicated to providing comprehensive, personalized care through our clinical, academic, research and education missions. We offer superior general obstetrical and specialty care before, during, and after your pregnancy at GW Medicine and the George Washington University Hospital (GW Hospital).

Our team of expert doctors, nurse practitioners, and certified nurse-midwives provides comprehensive and individualized care to all, both uncomplicated and high-risk pregnancies. Our multi-disciplinary team approach allows for the integration with specialists and physician assistants in maternal and fetal medicine, and other specialties, as needed.

OUR CARE TEAMS

General OB/GYN Care Providers

Our obstetrics and gynecology doctors residents, nurse practitioners (NPs) and physician assistants (PAs) are dedicated to the full spectrum of health care. Whether you need routine gynecologic care, pregnancy care, or care for conditions that require ongoing management and/or surgery, we are here for you.

Midwifery Services - A Collaborative Approach

Our team of certified nurse-midwives specializes in providing low intervention care utilizing evidence-based strategies to promote normal, physiologic childbirth. We believe that collaborative care between midwives and physicians yields the very best outcomes for pregnant people and their babies. Our team offers pregnancy, childbirth, and postpartum care in addition to routine gynecologic care.

Genetic Counseling Services

Our genetic counselors are trained to assess risk for genetic disorders and birth defects by reviewing your family and medical history. We can identify screening and testing options that are appropriate either before or during pregnancy to help in planning for a healthy baby. Our goal is to be

available to all individuals or couples to educate and support them about their options to ensure they make informed decisions.

Maternal Fetal Medicine for High Risk Pregnancy Care

Our Maternal Fetal Medicine team has obstetricians (also called perinatologists) and advanced practice providers who specialize in caring for those with high-risk pregnancies. We care for families who have experienced high-risk pregnancies in the past, people with chronic health conditions, and those who develop unexpected problems during their pregnancies. We are available for consultation and collaboration with your primary care team as needed.

Advanced Practice Providers

PAs (Physician Assistants) and NPs (Nurse Practitioners) are licensed clinicians who practice medicine in every specialty and setting, including OB/GYN. PAs and NPs are trained and educated with an advanced degree, helping increase access to healthcare through patient-centered, team-based medicine.



HOW TO REACH YOUR CARE PROVIDERS

at GW Medicine

Below is important information on how to contact your provider.

202.741.2500

PREGNANCY QUESTIONS / CONCERNS

- Daytime hours (Mon- Fri: 8:00 AM – 4:30 PM / Wed: 9:00 AM – 4:30 PM): press the prompt for the triage nurse
- After hours you will be connected to the answering service and then to the physician or midwife on call
- Appointment scheduling – press the prompt for your provider

MYCHART PATIENT PORTAL

The GW Medicine personal health information system - We will send you a link and strongly encourage you to sign up!

- Appointment information
- Non-urgent pregnancy or health related questions - allow 48-72 hours for a response
- Through the MyChart patient portal, you may view your medical records, lab results and prescriptions.

To learn more or sign up for MyChart, please visit:
gwdocs.com/MyChart



URGENT PREGNANCY CONCERNs - CALL 202-741-2500



CALL! There is a physician and/or midwife on call 24/7 available to address your concerns. We would **ALWAYS** rather you call us and have everything be ok than for you to wait with a problem or health issue. **DO NOT** use MyChart or email with urgent concerns - this can delay your prompt evaluation and care.

Below is a list of some common pregnancy concerns that WE ASK you to call us about:

- If you think you are in labor
- If you are not feeling the baby move as usual
- Signs of preterm labor: contractions or cramps before 37 weeks
- Vaginal bleeding
- Leaking of fluid
- Fever
- Sudden or persistent vomiting or diarrhea

Signs of preeclampsia:

- High blood pressure (>140/90)
- A headache that doesn't go away with Tylenol or rest
- Vision changes (seeing spots)
- A pain in your upper right abdomen

SIGNS OF LABOR AFTER 37 WEEKS

Typically pregnancies last about 40 weeks. A full term pregnancy is between 37- 42 weeks.

- Early labor can last from several hours to several days. Get rest when contractions first start.
- Head to the hospital when contractions are 5 minutes apart, each lasting 1 minute, for 1 hour. This is called the 5-1-1 rule. Your provider will discuss with you if it is recommended that you head to the hospital earlier than this.
- Your water can break any time in labor, sometimes before contractions start. Call us if you think your water has broken.

FLOW OF APPOINTMENTS

This is a general guide to prenatal care. Your personal care plan may vary depending on your pregnancy course.



REMOTE MONITORING BETWEEN APPOINTMENTS

If eligible for an optimized visit schedule, the appointments indicated with a may be held by interacting with the Babyscripts app.

Scan the code to learn more about Babyscripts™ Optimized Schedule



FIRST TRIMESTER (0-13 WEEKS)

FIRST PREGNATAL VISIT

- Getting to know each other
- Lab work
- Dating ultrasound
- Scheduling out your visits. Decide on optimized or traditional schedule

GENETIC COUNSELOR TELEVISIT

- Learn about your carrier and fetal screening options

FIRST TRIMESTER SCREENING ULTRASOUND (around 11-13 weeks)

12 WEEK VISIT

SECOND TRIMESTER (14-27 WEEKS)

16 WEEK VISIT

- AFP lab offered (See page 5)

20 WEEK ANATOMY ULTRASOUND AND VISIT

24 WEEK VISIT

We have two labs for your convenience both located at the 22nd & I Street location and open Monday to Friday:

On the DC Level :

Open 7am-5:45pm

On the 5th floor:

Open 8am-12pm and 1pm-4pm

POSTPARTUM

You will have between 1 and 2 postpartum visits. Discuss the timing that is best for you with your care provider. Most people will have their first visit between 3-4 weeks postpartum.

GENETIC SCREENING OPTIONS

Prenatal and Preconception Screening, Testing, and Counseling

Whether before or after conception, we offer options for screening and testing that can help in preparing for a healthy baby. Your decisions about screening and testing options are very personal ones. This document gives some basics, however your provider will also refer you for a genetic consultation. The genetic counselor will review your personal and family history and provide you with more detailed information about your screening and testing choices.

GENETIC CARRIER SCREENING involves a blood sample and can be performed prior to or during a pregnancy. It can identify those at increased risk of having a child with certain genetic conditions. Screening most often includes common disorders such as Cystic Fibrosis, Spinal Muscular Atrophy and Sickle Cell Anemia. Doing the screening before or early in pregnancy can increase your options. Expanded carrier screening panels are also available. Please speak with your provider for more information or see our Genetic Carrier Screening fact sheet at:
gwdocs.com/OB-genetic-carrier-screening

GENETIC COUNSELING is a routine part of the prenatal screening process for all pregnant people. It is an in person or telehealth visit, in which the genetic counselor will discuss your screening and testing options and work with you to arrange the tests you choose. This will include a discussion of risks and options for those who will be over 35 years at the time of delivery. They will also communicate results to you when completed. If results raise concerns, they will explain them and help you pursue additional screening or testing, if desired, or arrange consultations and referrals when appropriate.

Genetic counseling appointments are offered to all patients. However, genetic counseling appointments can also be scheduled for a variety of other, more specific, reasons. This includes pregnancies in which ultrasound findings have raised concern, or families who have a child or other close relative with a birth defect, physical or cognitive disabilities, or genetic disorder. Genetic counseling is also available for carriers for a genetic condition, such as Tay-Sachs, Sickle Cell Anemia, Spinal Muscular Atrophy or Cystic Fibrosis. Pregnant people with certain medication or other exposures that may be harmful to the baby may seek genetic counseling.

PRENTAL SCREENING includes options that can identify whether your baby is more or less likely to have certain conditions. Prenatal screening is non-invasive, uses a blood sample and/or ultrasound, and can start in the early stages of your pregnancy. Screening can't make a definitive diagnosis but will find most pregnancies with a higher risk. They carry no risk to the baby and are most often reassuring. If results indicate an increased risk for a condition, your genetic counselor or health care provider will discuss them with you, offer further testing and make a plan for further care.

PRENATAL GENETIC SCREENING OPTIONS

FIRST TRIMESTER

Cell free DNA Screening: cfDNA or Noninvasive Prenatal Testing (NIPT)

- A one-time blood draw used to assess the risk of Down syndrome, trisomy 18, trisomy 13, and sex chromosome abnormalities
- This option may be considered by all patients, however it may not be covered by insurance for low-risk patients
- This test can be done anytime after 10 weeks of pregnancy (results typically take 5 days)

Nuchal translucency

- An ultrasound to measure the fluid at the back of the baby's neck to assess risk for chromosome abnormalities and some birth defects (11- less than 14 weeks)

Sequential screening

- Blood draws in the first and second trimester to estimate the risk for Down syndrome and trisomy 18 (results typically take 5 days)

SECOND TRIMESTER

Maternal Serum Alpha-Fetoprotein (MSAFP)

- A blood sample is obtained between 15-23 weeks of pregnancy
- This blood draw screens for open neural tube defects such as spina bifida and other more rare conditions.

Quad Screen (Includes MSAFP Screen)

- A blood draw in the second trimester to estimate the risk of Down syndrome and trisomy 18, considered if no Sequential screen or cfDNA screening done.
- Done from 15-22 weeks and results typically take 5 days.

Ultrasound or Sonogram

- Uses sound waves to create computer images that can evaluate the growth and development of the baby
- An anatomy ultrasound is routinely performed at approximately 20 weeks of pregnancy
- Any differences or abnormalities that are found are discussed with a Maternal Fetal Medicine physician after the ultrasound. Our physician will explain the finding and discuss options for further screening, prenatal diagnosis, or special care. They may offer a visit with the genetic counselor for additional information and support.



Genetic Screening Options:
gwdocs.com/pregnancy →
Genetic Screening and Testing

PRENATAL DIAGNOSTIC OPTIONS

Diagnostic testing is available to all patients but is more commonly considered by those who will be over 35 years at delivery, who have a positive screening results, or who have a child or other family member with a birth defect or genetic condition. Genetic counseling is provided to review these tests if they are being considered. These tests provide definitive answers about chromosome abnormalities and certain genetic disorders. Both tests obtain cells from the pregnancy without touching the baby, but each carry a small risk for complications. They are usually considered to be uncomfortable, not painful, and are short procedures. Other specialized tests can be added and will be discussed as an option with either procedure.

CHORIONIC VILLUS SAMPLING (CVS)

- In CVS testing, a small sample of cells is taken from the placenta, either with a vaginal or abdominal approach, under ultrasound guidance
- The CVS is typically performed between 11 and 14 weeks of pregnancy
- The risk for a complication that may lead to miscarriage is less than 1 in 500 (less than 0.2 of 1%)
- Final results are typically available in about 10-14 days
- Follow-up screening for neural tube defects will be offered with MSAFP (see page 5)

WILL MY HEALTH INSURANCE COVER TESTING?

Depending on your insurance carrier and risk level, genetic screening or testing may or may not be covered. For patients at an increased risk, including those over 35 years old, pregnancies with abnormal screening or ultrasound, or those with a known risk for a genetic disorder, insurance coverage may be more likely. You would be advised to check with your insurance regarding coverage. Genetic counselors can help provide information regarding likelihood of coverage, codes to use in discussing this with insurance, and programs providing discounted rates for genetic screening/testing.

ADDITIONAL QUESTIONS TO CONSIDER:

All of the referenced screening and testing is optional and there are some things you can think about as you make decisions on proceeding:

- Whether the results will impact your choices in pregnancy
- The accuracy of the screening or testing
- Any risks that may be associated with the testing

Please remember that your health care provider and genetic counselor are trained to focus on your particular situation and help you make the best decision for you.

WHERE CAN I LEARN MORE?

Cancer Genetic Counseling:

Individuals with a family history of cancer or related questions are encouraged to contact the Ruth Paul Cancer Genetics and Prevention Center at [202.677.6903](tel:202.677.6903) or gwdocs.com/cancer-genetic-counseling.

You will learn more and have the opportunity to ask individual questions at your genetic counseling visit. However, these websites may be helpful:

- LabCorp educational resources
- Exposures during pregnancy
- Genetic counseling resources
- NIH Genetics Home Reference
- March of Dimes

integratedgenetics.com/videos

mothertobaby.org

nsgc.org

ghr.nlm.nih.gov

marchofdimes.com



COMMON 1ST TRIMESTER SYMPTOMS

NAUSEA

Nausea can occur at any time of day and may come in the form of aversion to certain foods. It generally improves by the 13th or 14th week of pregnancy, but can continue throughout pregnancy.

TIPS: Have a few crackers before getting up in the morning, eat several small meals a day so that your stomach is never empty, drink plenty of liquids: try gingerale, ginger tea, flat coke, or mixing 1 teaspoon of apple cider vinegar with 1 cup of water. Wear a motion sickness band. Smell peppermint aromatherapy oil.

HEARTBURN

Heartburn may be an effect of sluggish digestion or the expansion of the uterus.

TIPS: Eat several small meals a day instead of three large ones, avoid triggers (fried foods, chocolate, peppermint, garlic, onion, citrus, ginger), drink plenty of fluids, and don't lay down for 1 to 2 hours after your evening meal. Antacids can be taken as needed (Tums, Mylanta, Maalox) or daily (cimetidine or famotidine) for relief.

CONSTIPATION

Constipation may be caused by an increase in progesterone, which slows the digestive process.

Tips: Try to eat on a regular schedule, drink plenty of fluids, get some exercise daily. Eat high-fiber fruits such as prunes, bran cereal, vegetables and grains. Try fiber supplements (Metamucil, Citrucel), a mild laxative such as milk of magnesia, or Miralex.

If you're concerned about any of these symptoms or any other side effects, please call your provider or care team.

See page 10 for over-the-counter medication options.



DIZZINESS

Pregnancy causes dilation of blood vessels, resulting in lower blood pressure, which may cause dizziness. Dizziness may also be caused by dehydration, low blood sugar or anemia. We will do lab work to rule out these conditions.

TIPS: Get up slowly from lying or sitting down, walk at a slower pace, avoid prolonged standing, guard against over-heating (hot tubs, saunas), stay physically active, drink plenty of fluids, eat iron-rich foods (beans, red meat, green leafy vegetables, dried fruits).

FATIGUE

Fatigue may be caused by demands on the circulatory system and increased progesterone, which makes you sleepy.

TIPS: Take naps during the day or go to sleep earlier, avoid taking on extra responsibilities, ask for support when you need it, exercise regularly, eat foods rich in iron and protein, avoid excess caffeine.

VAGINAL DISCHARGE AND VAGINAL INFECTIONS

An increase in vaginal discharge is common in pregnancy due to increase in the turnover of vaginal lining cells and thickened cervical mucous. It will likely be present throughout the pregnancy. Please notify your provider or a member of your care team if the discharge develops an odor, becomes discolored or is irritating. Also, please call if you have pain with urination.

HEADACHES

Headaches are one of the most common discomforts experienced during pregnancy. During the first trimester your body experiences a surge of hormones and an increase in blood volume. Stress, low blood sugar, lack of sleep, dehydration, or caffeine withdrawal may also cause headaches.

TIPS: Apply a cool compress to the base of your neck or forehead; maintain your blood sugar by eating smaller, more frequent meals; get plenty of sleep; rest in a dark room; have a small amount of caffeine; take acetaminophen (avoid ibuprofen).

COMMON 2ND AND 3RD TRIMESTER SYMPTOMS

BRAXTON HICKS CONTRACTIONS

Braxton Hicks contractions are painless, random contractions of the lower abdomen and groin - often may feel like a tightening of the uterus. These are "warm-ups" to labor contractions and may occur during the 2nd and 3rd trimester. On the other hand, if you experience regular contractions (more than 3-4 in one hour), try to lay down and drink fluids, and call if they do not decrease or resolve with these measures.

LEG CRAMPS

Leg cramps may occur especially at night and usually in the calves. Flex your toes up towards your leg if this happens and massage the calf until it resolves. Avoid pointing your toes when stretching.

SHORTNESS OF BREATH

Shortness of breath may be due to your lungs processing more air than they did before pregnancy and the uterus taking up more space. Please call if you experience chest pain, especially if it is localized to one side or the other.

ROUND LIGAMENT PAIN

The round ligaments support your uterus in your pelvis. As your uterus grows, the ligaments stretch and thicken to accommodate and support it. These changes can cause pain on one or both sides of the pelvis. Pain may start deep within the groin and move upward and outward towards the hips. It may also present as a dull ache after an active day. To help relieve discomfort, you may try warm baths, flexing your knees toward your abdomen, or lying on your side with a pillow under your belly. Decrease activity if necessary.

HIP PAIN AND BACKACHES

As pregnancy advances, the baby gains weight and puts more pressure on your back, while hormones relax the joints between your pelvic bones which can lead to discomfort. Sit in chairs with good back support, apply heat and/or ice to painful areas, wear supportive shoes. Call if the pain does not go away or is accompanied by other symptoms.

SWELLING

Blood return from your veins is compromised during pregnancy and fluid retention may be evident in your feet, ankles, face, and hands. Drink plenty of fluids and elevate your feet at night. Call if the swelling is more noticeable on one side or associated with pain.

FREQUENT URINATION

Extra pressure on your bladder may cause you to urinate more often or leak urine, especially with laughing, coughing, or sneezing. Watch for signs of a bladder infection, such as burning with urination, fever, or blood in your urine, and call if these symptoms are present.



Seek Positivity (Not Toxicity)

Seek out positive birth stories from friends and online.

Practice Box Breathing

Breathe in for a count of 4. Hold for 4 seconds. Breathe out for a count of 4. Hold for 4 seconds. Repeat.

Say Out Loud Some Positive Affirmations

"I am strong, I am healthy." You can make your own!

SPOTTING

It is not uncommon to have light vaginal spotting after strenuous activity or intercourse. Call your provider for any bleeding more than spotting.

MUCUS PLUG / VAGINAL DISCHARGE

At the end of the third trimester, you may notice an increase in your vaginal discharge. This is normal and nothing to worry about. Call if you are leaking watery fluid from your vagina.

If you're concerned about any of these symptoms or any other side effects, please call your provider or care team.

MEDICATION USE IN PREGNANCY

Medication should not be used in pregnancy unless necessary. Those with underlying conditions may require continued medication use in pregnancy. Medications listed below have not been shown to cause birth defects. Many medications fall into an "unknown category" meaning there have been no studies documenting their safety in pregnancy. Please speak with your provider about all your medications, including over the counter, herbs and supplements.

Low dose aspirin starting at 12 weeks can be a lifesaver in pregnancy, reducing the risk of preeclampsia (a serious pregnancy complication). Trust in the science and take control of your health. Ask your provider about risk factors to see if you qualify.

MEDICAL CONDITIONS REQUIRING MEDICATION USE IN PREGNANCY

If you are unsure about continuing a medication in pregnancy, please contact our office to review your medical history. This can be done through the MyChart patient portal, by phone, or office visit. Do not discontinue any medication without consulting with your doctor.

Asthma

Use your inhalers as directed by your provider. Asthma symptoms can worsen in pregnancy. Ventolin, Asthmacort, Proventil, Advair, Nasonex or Flonase help keep the breathing passages open. Claritin, Benadryl, and Zyrtec are antihistamines that are safe during pregnancy. Let your doctor know if your asthma is not responding to your routine inhalers. Occasionally oral steroids may be necessary.

Depression

Your mental well-being is very important for a healthy pregnancy. If you are on antidepressants you may continue them under the advice of your doctor. Safe medications include Prozac, Zoloft, and Wellbutrin. Please monitor your mood and emotional symptoms closely for worsening of depression or postpartum depression.

Diabetes

If you have Type I or Type II diabetes before pregnancy, continue managing your blood sugars closely. It is important to be closely monitored, alter your diet as needed, and check your blood sugars frequently. Your provider will discuss using oral medication or insulin as needed to keep your blood sugar in the appropriate range.

High Blood Pressure

Continue your blood pressure medication. Blood pressure medications commonly used during pregnancy include Nifedipine, Labetolol, and Methyldopa. You may require a higher dose or change to different medication in pregnancy. Preeclampsia is more common in patients with pre-existing high blood pressure. Please discuss medications with your provider or care team. With the mobile Babyscripts app you can monitor your blood pressure, for more information please see **Babyscripts blood pressure FAQs**.

Thyroid Disease

Continue any regular thyroid medication (Synthroid, Thyroxine). Blood tests for thyroid may be monitored by your obstetrician, primary care doctor, or your endocrinologist during pregnancy. The thyroid medication dose may need to be adjusted.

SAFE OVER-THE-COUNTER MEDICATIONS DURING PREGNANCY

We recommend that you try non-drug treatments first. See pages 7-8 for tips for Common Symptoms. If you do not get relief, use the following over-the-counter medication guidelines. Always take these according to manufacturers' directions unless otherwise indicated. Ibuprofen and doses of Aspirin above 162mg per day should not be taken on a regular basis unless directed by your physician.

Acne

- Benzoyl peroxide (gels, creams and washes)
- Salicylic acid (gels, creams and washes)

Allergy relief

- Diphenhydramine (Benadryl)
- Loratadine (Claritin)
- Fexofenadine (Allegra)
- Cetirizine (Zyrtec)

Discuss 'D' versions with your provider before taking. These have pseudoephedrine, which should not be used in the first trimester.

Anemia

- Iron supplementation, including:
- Ferrous Sulfate
- Floradix
- Ferro-Sequels (contains a stool softener)
- Slo Fe (time release capsules)

Cough

- Dextromethorphan/Guaifenesin syrups (like Robitussin or Delsym)
- Cough drops
- Chloraseptic and/or Phenol Throat Sprays

Constipation

- Stool Softeners (Colace, Senokot)
- Fiber supplements (Metamucil, Benefiber)
- Polyethylene glycol 3350 (Miralax)
- Magnesium hydroxide (Milk of Magnesia)
- Fleet Enema

Diarrhea

- BRAT diet (bananas, white rice, applesauce, tea and toast)
- Electrolyte Replacement: Pedialyte or Gatorade
- Loperamide (Imodium)

Indigestion

- Calcium carbonate and/or Magnesium hydroxide (Tums, Rolaids, Mylanta, Maalox)
- Famotidine (Pepcid)

Headache, pain, or fever

- Acetaminophen (Tylenol) regular or extra strength
- Do NOT take Ibuprofen (Motrin, Aleve, Advil).*

Hemorrhoids

- Phenylephrine HCL 0.25% cream (Preparation H)
- Hydrocortisone cream or suppository (Anusol)
- Witch Hazel wipes/ compresses (Tucks pads)

Insomnia or difficulty sleeping

- Doxylamine succinate (Unisom)
- Diphenhydramine (Benadryl)
- Melatonin

Motion Sickness

- Dimenhydrinate (Dramamine)

Mouth sores

- Benzocaine gel (Orajel)

Nausea

- Doxylamine succinate (Unisom)
- Vitamin B6 (50 mg 1-3x per day)

Use the above two in combination

- Phosphorated Carbohydrate Solution (Emetrol)

Rashes or bug bites

- Hydrocortisone 1% cream (Cortaid, Lanacort)
- Diphenhydramine cream or tablets (Benadryl)
- Calamine lotion
- Oatmeal bath (Aveeno)

Respiratory Infection

- Cough drops, anesthetic throat sprays or gargles
- Chest rubs (Vicks)
- Saline nasal spray
- Breathing steams

See 'Allergy relief' and 'Headache, pain, or fever'

Sore throat

- Cepacol spray or lozenges
- Chloraseptic spray or lozenges
- Warm salt-water gargle

Yeast infection

- Miconazole cream (Monistat)
- Clotrimazole cream (Gyne-Lotrimin)
- Seven-day treatment may be necessary in pregnancy



PRESCRIPTION MEDICINE

Watch this video from the March of Dimes to learn more about taking prescription medicine during pregnancy: www.marchofdimes.org/pregnancy/prescription-medicine-during-pregnancy.aspx

ANTIBIOTICS

Antibiotics are commonly prescribed during pregnancy. Some antibiotics are okay to take during pregnancy, while others are not. Safety depends on various factors including the type of antibiotic, when in your pregnancy you take the antibiotic, how much you take, and for how long.

**This list is not exhaustive. There are many other medications that are safe to take in pregnancy. Talk to your provider if you have any questions or concerns.*

Below is a sampling of antibiotics generally considered safe during pregnancy:

- Amoxicillin, Ampicillin
- Augmentin
- Clindamycin
- Erythromycin
- Keflex
- Macrobid
- Metronidazole
- Zithromax



Vaccinations in Pregnancy

KEY POINTS

Vaccinations can help protect you from certain infections and diseases that can harm you and your baby. Not all vaccines are safe to get during pregnancy, so you should speak to your provider or care team for more guidance. Pregnancy changes the immune system and how the body handles illness, which can make flu and COVID-19 more severe for pregnant people.

WHAT VACCINATIONS ARE RECOMMENDED DURING PREGNANCY?

- Tdap:** The Tdap vaccine protects you and your baby against contracting tetanus, diphtheria, and pertussis. It is recommended that you get the Tdap vaccine between 27 and 36 weeks of pregnancy.
- Flu:** The flu shot protects you and your baby against contracting the flu. It is recommended that you get a flu shot every flu season, especially when pregnant.
- COVID-19:** The vaccine is your best protection to help prevent this.
- RSV:** Pregnant people should get one dose of the RSV vaccine between 32 and 36 weeks of pregnancy, from September through January. This vaccine protects infants under 6 months of age from RSV disease, a seasonal virus that affects the nose, throat, and lungs.

Before getting a vaccination, talk to your provider or care team and let them know if you have any allergies or have ever had an allergic reaction to a vaccine. An allergic reaction is a bad reaction to something you eat, touch, or breathe in. Usually allergies result in itching, sneezing, a rash or hives, or trouble breathing.

For more information, [cdc.gov/vaccines/pregnancy](https://www.cdc.gov/vaccines/pregnancy).



Nutrition

Healthy eating should be a part of your plan from the start. Eating a balanced diet and one rich in healthy foods can help improve pregnancy outcomes and decrease the risk of complications with your pregnancy. Your provider may have individualized recommendations based on your needs.

- Gain an appropriate amount of weight during your pregnancy
- Grow a baby appropriately sized for your body and pelvis
- Minimize nausea and dizziness by keeping your blood sugar at an even level
- Expand your blood volume to allow optimal circulation for you and your baby

Recommended weight gain in a healthy pregnancy

Body Mass Index (BMI)	Recommended Range of Total Weight (lb)
Less than 18.5	28 - 40
18.5 - 24.9	25 - 35
25 - 29.9	15 - 25
30 and greater	11 - 20

Adapted from IOM Weight Gain Recommendations for Pregnancy. Assumes 1-4.4lb weight gain in the first trimester. BMI is calculated as weight in kilograms divided by height in meters squared.

It's important to note that BMI is not the best indicator of health. Focus on a healthy diet rather than the number.

EATING RIGHT AND GETTING PLENTY OF FLUIDS DURING PREGNANCY EACH DAY

- High in protein
- Low in fat
- Low in sugar
- Contains calcium and vitamin D
- Contains iron (prevents anemia)
- Folic acid (reduces the risk of neural tube defects in baby)
- Avoid processed foods especially foods where you can't pronounce the ingredients!
- Plenty of water (at least a quart a day)



Check if you're eligible for FREE healthy food!

DC Nutrition Program for Women, Infants and Children (WIC) offers nutritious food, education and breastfeeding support.

<https://dchealth.dc.gov/service/special-supplemental-nutrition-program-women-infants-and-children-wic>



Visit gwdocs.com/pharmacy for more information

YOUR DIET SHOULD INCLUDE:

Whole grains foods (2-4 servings per day): whole grain bread, cereal, brown/wild rice

Vegetables (3-4 servings per day): lettuce, spinach, peppers, cucumbers, carrots, broccoli,

Fruits (3-4 servings per day): apples, bananas, pears, peaches, melon, prunes, mangoes tomatoes

Milk, yogurt, cheese (2-4 servings per day): milk (skim or 1%), yogurt and cheese (fat free or low fat)

Meat, poultry, fish, beans, nuts (2-4 servings per day): fish, eggs, chicken, beans

Fats and oils (limited quantities): in cooking ingredients

If you follow a special diet such as vegetarian, vegan, lactose-free, or gluten-free, you should talk with your provider or care team about healthy food choices to ensure proper nutrition for you and your baby. Dieting to lose weight is not recommended during pregnancy.

FISH AND SEAFOOD

Seafood that is Safe to Eat 2-3 Times a week	Seafood Safe to Eat Once a Week	Fish to Avoid
Anchovies Canned LIGHT albacore tuna Catfish Clams Cod Crab Crayfish Flounder/Sole Herring Oysters Pollack/fish sticks Salmon, wild, canned Sardines Scallops Shad (American) Shrimp Squid/Calamari Tilapia Trout Whitefish	Black sea bass Chilean sea bass Halibut Lobster Mahi-mahi Monk fish Rockfish/red snapper	King Mackerel Shark Swordfish Tilefish Tuna Steak (AHI) Raw or undercooked fish

Serving Size:
A fish serving is roughly the size of the thickness of your hand or about 8 ounces, uncooked (based on a 160-pound adult).

We recommend eating seafood 2 to 3 times per week. Seafood is an excellent protein source and contains omega-3 fatty acids, which help with your baby's neurological development and lowers your risk of heart disease. However some seafood is high in mercury, which can pose a risk to brain development in fetuses.

IRON-RICH FOODS FOR PREGNANCY

Animal Sources: Lean red meat (beef, lamb, pork), poultry (chicken, turkey), fish (sardines, salmon), liver (limited amounts due to high vitamin A).

Plant Sources: Legumes (lentils, chickpeas, beans), tofu and tempeh, leafy greens (spinach, kale), fortified cereals, whole grains (quinoa, brown rice), nuts and seeds (pumpkin seeds, sesame seeds, almonds), dried fruits (raisins, apricots).

Enhancing Iron Absorption: Eat iron rich foods with vitamin C (oranges, bell peppers), avoid inhibitors at the same time (tea, coffee, calcium-rich foods).

Sample Meals: Fortified cereal with orange juice for breakfast, spinach and lentil salad with lemon dressing for lunch, grilled chicken with quinoa and broccoli for dinner, almonds or dried apricots for snacks.



RECOMMENDED SUPPLEMENTS

- Prenatal vitamin with at least 400 - 800 mcg of folic acid.
- Fish Oil (DHA): 200-300 mg per day. This is often available in combined prenatal vitamins.

FOODS TO KEEP TO A MINIMUM

- Caffeine: No more than 2 small cups or 200 mg daily of coffee
- Sugary foods: soda, juice, cookies, cakes, ice cream
- White Foods: white bread, white rice, potatoes, pasta
- Junk Foods: chips, fries, fried foods



AVOID:

- Foods that may carry listeria or toxoplasmosis (things that can harm the pregnancy).
- Unpasteurized milk/soft cheeses, any unpasteurized beverages like cold-press juices, milk, and certain organic juices
- Deli meats (unless prepackaged or heated prior to eating)
- Smoked fish
- Raw or undercooked meats (all meat should be cooked to above medium temperature)



NOT RECOMMENDED IN PREGNANCY

- Alcohol
- Nicotine
- Marijuana
- Recreational drugs

If you are currently using any of these, please discuss ways to decrease or stop use with your provider

MARIJUANA IN PREGNANCY

While marijuana may help alleviate nausea in non-pregnant individuals, using it during pregnancy carries risks:

- Marijuana can worsen nausea and lead to severe vomiting (hyperemesis gravidarum) during pregnancy.
- Exposure to marijuana smoke, whether firsthand or secondhand, can impact fetal brain development. This exposure may lead to long-term issues with learning and behavior for the baby.
- There is an increased risk of delivering a baby with low birth weight and other health complications associated with marijuana use during pregnancy.

To protect your health and your baby's development, it's crucial to avoid marijuana during pregnancy. Talk to your provider if you need support.

Exercise

EXERCISE IS GENERALLY SAFE IN PREGNANCY

Exercise everyday: for at least 30 minutes. We want to encourage you, as much as possible to stay active
Excellent options include:

- Any routine exercise you were doing prior to pregnancy
- Brisk walking in fresh air: ideal for building the strong legs you will need for labor
- Swimming, elliptical, jogging, stationary biking
- Prenatal yoga
- Light weights (5-10 lb. hand-held weights) - will help you maintain appropriate muscle mass and strength in pregnancy

IS PHYSICAL ACTIVITY SAFE FOR ALL PREGNANT PEOPLE?

Not everyone should exercise during pregnancy. Your provider will discuss avoiding exercise if you have:

- Heart problems that affect blood flow
- Preterm labor - preterm labor is labor that happens too early, before 37 weeks of pregnancy
- An insufficient cervix - this is a cervix that opens and/or shortens too early, before the baby is full term
- Lung disease
- Vaginal bleeding during the second or third trimester (from 4 months of pregnancy on) that doesn't go away
- Ruptured membranes (when your water breaks)
- Preeclampsia - this is a condition that can happen after the 20th week of pregnancy or right after pregnancy. It's when a person has high blood pressure and signs that some of their organs, like kidneys and liver may not be working properly.
- Placenta previa - this is when the placenta sits low in the uterus and covers all or part of the cervix.



TRAVEL IN PREGNANCY

- Move frequently during air travel to reduce the risk of blood clots.
- Most airlines allow travel up to 36 weeks; check with your provider and airline.
- Carry prenatal records and know where to seek care at your destination.
- Check the CDC website for travel advisories, vaccines, and health recommendations.

WHEN YOU EXERCISE

Drink lots of water, pay attention to your body and how you feel. Stop your activity and call your provider or care team if you have any of the following:

- Vaginal bleeding
- Dizziness
- Trouble breathing
- Headache
- Chest pain
- Muscle weakness
- Pain or swelling in your lower legs
- Contractions
- Leaking amniotic fluid
- Your baby stops moving

THINGS TO AVOID

- Any activity that may hurt you or cause you to fall, such as horseback riding, downhill skiing, gymnastics, surfing, or bike riding
- Any activity or sport in which you may get hit in the belly, such as ice hockey, kickboxing, soccer, diving, basketball, or baseball
- Any exercise that makes you lie flat on your back, like sit-ups, after the 3rd month of pregnancy. Lying on your back can limit the flow of blood to your baby
- Scuba diving
- Exercise at high altitudes, (more than 6,000 feet)
- Hot yoga and activities in heated environments or hot, humid days to avoid overheating
- Stay out of saunas, hot tubs, and steam rooms

THE EFFECTS OF PREGNANCY ON SLEEP

As your body changes throughout the course of your pregnancy, hormonal changes and physical discomforts can affect the quality of your sleep. During each trimester you will experience differences in sleep patterns, and it is important to recognize how these may change.



Is it safe to sleep on my back during pregnancy?

Early in the pregnancy, sleeping on your back is safe. In the third trimester (starting around 28 weeks), it is not recommended that you lie flat on your back for a prolonged period of time because the weight of your uterus presses on the major vein in your back. When you are sleeping, it is hard to control your position. If you wake up on your back, you probably awakened because your body was telling you to shift position. Some people wake up feeling dizzy, short of breath, or with heart palpitations. These symptoms should resolve quickly if you shift to either side. As your pregnancy progresses, try to sleep on one side or the other, or use a cushion to ensure that you are not completely flat on your back to avoid nighttime awakenings and ensure proper blood flow to your baby.

Is it safe to sleep on my stomach during pregnancy?

There is no problem with sleeping on your stomach in early pregnancy, as the uterus is protected by your pubic bone. As the pregnancy progresses, sleeping on your stomach will become uncomfortable, which is the cue to stop.

What about sleeping on my side during pregnancy?

Sleeping on your side will promote good blood flow to your baby. You may also want to consider bending one or both of your knees and elevating your head slightly.

Is it safe to use sleeping medications during pregnancy?

Some prescription sleep aids can be used in pregnancy but should be discussed with your OB provider before starting. These medications can be habit forming, and in general, are used sparingly in pregnancy. There are over-the-counter sleep aids that are safe to use during pregnancy, including Benadryl, Tylenol PM, and Unisom. These medications should be taken according to the directions on the package and should be discussed with your provider.

PREGNANCY SLEEP TIPS

- Drink plenty of fluids during the day but cut down in the evening before bedtime to minimize getting up at night
- If approved by your physician or care team, exercise in the morning can give you energy during the day, help you to stay fit and improve circulation, and reduce nighttime leg cramps
- Maintain a consistent sleep routine. If you establish a soothing and comforting evening routine you'll be able to relax and get to sleep more easily. Try a cup of caffeine-free tea or hot milk, reading, or taking a warm shower
- Try stretching before bed to help ease muscle cramps
- Keep heartburn at bay. See page 7 for tips.
- Nap during the day. If you're not getting enough rest at night, take a nap to reduce fatigue. Find a quiet spot and relax, even if only for a half-hour.
- Support your body. Use a special pregnancy pillow or regular pillows to support your body. Try placing a pillow under your upper back or hips, or between your knees.
- Watch your diet. Completely eliminate caffeine if insomnia is a problem for you. If nausea is a problem, eat bland snacks throughout the day. Keeping your stomach slightly full helps keep nausea at bay.
- Be sure you are sleeping as many hours as you need to feel rested.



THE TEAM ON LABOR AND DELIVERY LOOK FORWARD TO MEETING YOU

The birth of a baby is an extraordinary event. The team at George Washington University Hospital offers a warm and nurturing environment to keep you healthy and well informed every step of the way.

At GW Hospital, we practice **shared decision making**. This includes you as an equal and necessary part of your care team. We want you to know the benefits and risks of all decisions and ask any questions you have. Our team will provide recommendations based on evidence and expertise, and make sure you feel comfortable making decisions about your care.

FOR YOUR LABOR

In preparation for labor, you may want to consider a birth plan. A birth plan is a tool that can help guide and express your desires and intentions for your labor, delivery, and postpartum care. Birth is an unpredictable process, and while birth plans may change, creating a birth plan and sharing it with your care team can be a powerful way to engage in collaborative care and shared decision making.

ARRIVAL

Parking information can be found on page 23. When you arrive at the hospital, come to the third floor where you will check in with our Concierge Desk. From there, you may be admitted to a triage bed to be evaluated by our team. Sometimes in triage the care team may draw labs, start an IV to administer medication, and monitor the baby's heart rate. Or, you may be directly admitted to a labor room or antepartum room.

Among other things, at GW Hospital, we support:

- Labor without an epidural
- Labor with an epidural
- Low-risk, low-intervention pregnancies
- High-risk pregnancies
- Wireless fetal monitoring
- Continuous or intermittent fetal monitoring
- Inductions
- Vaginal deliveries
- Cesarean sections
- Hydrotherapy in showers or labor tubs

BIRTHING OPTIONS & RESOURCES

HYDROTHERAPY

For low-risk pregnancies, our team supports the use of hydrotherapy or water immersion for comfort and relaxation during labor. We are proud to offer this safe alternative for pain management. Our midwifery team also supports birth in the water. The availability of water tubs may vary, and their use is determined after careful evaluation. Note: Use of the tubs for hydrotherapy depends on many factors, to include the risk profile of the pregnancy, individual provider training, and staff availability. Private showers are available in each room and a select number of rooms have tubs.

INDUCTION

We support spontaneous physiologic labor, however, there may be circumstances when you are recommended to have an induction of labor or cesarean section based on your clinical situation and shared decision making between you and your care provider. This can still be a joyful birthing experience.

If you are scheduled for an induction, someone from the hospital will give you a call when there is a room available for you. While your induction may be scheduled for a specific date and time, the team at GW Hospital will only give you a call if it is safe to bring you in at that time.



A video about different types of inductions of labor methods:

https://www.youtube.com/watch?v=Pc9tclV4Dm8&ab_channel=Dr.SaraRahman



Information about c-sections:

<https://www.mayoclinic.org/tests-procedures/c-section/about/pac-20393655>

VAGINAL BIRTH AFTER CESAREAN

At GW Hospital, we support labor after cesarean as a safe and viable option for those seeking a vaginal birth after cesarean (VBAC). Labor after cesarean is offered after careful evaluation and discussion of the risk and benefits. Our goal is to empower individuals to make informed choices about their childbirth options and to support them in achieving the best possible outcomes for themselves and their babies.

DOULAS

A doula is a trained professional who provides emotional, physical, and informational support during pregnancy, childbirth, and the postpartum period. They help reduce pain through techniques like massage and breathing exercises. Using a doula can lead to fewer medical interventions and a more positive birth experience. GW Medicine does not provide doulas but we do welcome them as part of your birth team. Check with your insurance plan as some may cover their services.



Birth Options Alliance (BOA)

Information and mutual support regarding childbirth choices in the Washington, DC area.
birthoptionsalliance.org

CHILDBIRTH EDUCATION CLASS

We recommend that you enroll in a childbirth education in preparation for your labor and delivery. Childbirth education classes can provide information about normal physiologic birth, birth options, and the labor and delivery process. There are also classes out there to help you prepare for breast/chestfeeding. Connect with your local neighborhood expectant or new parents social media pages and get recommendations.



The Breastfeeding Center
breastfeedingcenter.org



Birthing Basics - Childbirth Classes in Washington DC & Online
birthingbasics.com



Mamatoto Village - Perinatal Support Services for Black Families
mamatotovillage.org/childbirth-classes



Nest Collaborative - Lactation Consultant
<https://book.nestcollaborative.com/1?partner=gw>

GW HOSPITAL LABOR & DELIVERY



For your comfort and privacy, all of our Labor and Delivery rooms are private. Each labor room is equipped with: a laboring bed and pull-out bed for an overnight guest; a private bathroom with shower; a television; a baby warmer; and equipment for continuous fetal monitoring. Rooms also include tools that can be utilized during laboring and pushing, like birthing balls, peanut balls, steps, and squat bars.

MEAL DELIVERY

Meal delivery is available to all rooms via our Room Service Menu from 6:30am to 7:30pm for both you and your support person. Patients and guests are also welcome to enjoy the 24/7 nutrition room, which has coffee, tea, hot and cold water, a refrigerator, microwave, and light refreshments.

VISITOR POLICY

We know your loved ones are excited to meet your new baby. Our visitor guideline is subject to change: check with your nurse for the latest information.

POSTPARTUM

A few hours after delivery, you and your baby will be welcomed to your postpartum room for the remainder of your hospital stay. It is typical to stay two nights following a vaginal delivery, and three nights following a cesarean delivery. All our postpartum rooms are private, and include a bed for the patient, a pull-out bed for one overnight guest, and baby bassinet. During your postpartum stay, your care team will monitor your wellbeing and that of your baby. We offer routine newborn medications, newborn baths, and support for newborn feeding. Our newborn nursery is open to allow for new parents to rest depending on staff availability.

LACTATION

We offer one-on-one consultations with one of our International Board Certified Lactation Consultants for all postpartum patients. Our Lactation Consultants are skilled in assisting breast/chest feeding, pumping, partner feeding, bottle or formula feeding.

NEONATAL INTENSIVE CARE UNIT (NICU)

With the benefits and expertise of an academic medical center, and a Level IIIB Neonatal Intensive Care Unit (NICU), expectant parents and newborns have access to the full range of obstetrical and neonatal services. Whether your baby's stay in the NICU is expected or unexpected, our specialized care team is here to help.

The NICU provides comprehensive, high-quality and family-centered care for critically ill or premature infants. We reserve this unit for infants with a low birth weight, those who have difficulty breathing or those who experience other complications. This specialized emergency care is available 24/7 should your baby need it. The dedicated NICU team includes neonatologists, residents, respiratory therapists and neonatal nurses. Nutritionists, social workers, physical therapists, speech pathologists and a lactation consultants also work closely with the medical team to provide optimal care for your baby.

You can visit your baby in the NICU anytime, but for those moments when you cannot be at the bedside, GW Hospital is proud to be the first hospital in the District of Columbia to offer NicView™ - a small camera system placed at designated bed spaces in the NICU. NicView allows parents, family and friends to view their infant in real-time, 24/7, through a secure on-line portal. It is here to help add comfort and support as you bond with your baby even when you cannot be in the NICU with them.

Family members can securely access NicView from anywhere there is an internet connection via a laptop, smartphone or tablet. The service is compatible with any internet capable device and most popular browsers. No other users will have access to your baby's images unless you have provided them with the log-in credentials. Parents who are not interested in NicView can decline this service.

We recognize that having a baby in the NICU can be a difficult time where you miss your baby and may have some anxiety. We are pleased to offer innovative technology to support you in this time.



ANTEPARTUM

Some pregnancies can be faced with unexpected difficulties and complications and may be considered high-risk. A high-risk pregnancy is one in which both the fetus and pregnant person face a higher-than-normal chance of experiencing problems.

GW Hospital's Antepartum unit provides specialized care for those experiencing complications of pregnancy that may require closer monitoring for the safety of the baby and the pregnant person. Our antepartum facilities are very similar to postpartum, but include the ability to monitor baby's heart rate. Consultations with the Maternal-Fetal Medicine specialists and neonatologists are readily available. A stay in antepartum may be temporary, or may include monitoring until the time of delivery. Your unique plan of care will be discussed with you and your support members.

SUPPORTING ALL BIRTHING PEOPLE

We recognize that people have diverse gender identities and believe that transgender and non-binary people deserve compassionate care teams, who understand their unique healthcare needs.

The GW Labor and Delivery unit partners with its prenatal care providers through GW Medicine's Sexual Health And Gender Affirmation (SAGA) Center, which is located at 2300 M Street NW. Healthcare providers that work at the SAGA Center also have privileges at GW Labor and Delivery, which allows for seamlessly integrated care between office visits and hospital-based services.

Our providers and staff undergo periodic training updates that facilitate our teams' ability to provide the highest level of medical care in a respectful way. We are committed to becoming the premier center for hospital-based birth among transgender and gender-diverse individuals in the DMV area.

We recognize the disparities in maternal healthcare that disproportionately affect Black communities and are determined to fight these injustices. Our commitment is to ensure equitable, high-quality care for all.



TRAUMA-INFORMED CARE

We recognize that trauma can result from various experiences such as past medical procedures, childbirth, or personal circumstances. We strive to ensure that every person we support feels safe, respected, and empowered throughout their pregnancy and birthing experience. Our team is trained to recognize and respond to the effects of trauma, creating an environment where individuals feel safe, are heard, and their choices are honored.



Checklists

First Trimester Pregnancy Checklist

- Read through this Pregnancy Journey Guide
- Sign up for Babyscripts™ (this will be done at your first appointment)
- Schedule appointments (including with a genetic counselor)
- Sign up for MyChart (see page 3)
- Continue (or start) prenatal vitamins
- Visit the GW Medicine website for more information about our practice: gwdocs.com/obgyn
- Start taking low dose aspirin (2 tablets each night) from 12 weeks, if advised.
- Check if you're eligible for WIC free healthy food program
 - » <https://dchealth.dc.gov/service/special-supplemental-nutrition-program-women-infants-and-children-wic>
- Explore DC Department of Health pregnancy resources
 - » <https://dhcf.dc.gov/page/pregnancy-resources>

Second Trimester Pregnancy Checklist

- Consider Doula care and/or sign up for some classes to empower and prepare yourself.
 - Childbirth Education
 - Breastfeeding
 - Infant Care
 - See resources on page 18
- Think about postpartum birth control, if needed
 - If considering tubal ligation (permanent), you may need to sign paperwork
 - » www.bedsider.org

Third Trimester Pregnancy Checklist

- Set up your lactation consultation with Nest or other lactation consultant (typically covered by insurance at no cost to you).
- Obtain your FREE breast pump (Check with insurance company for what you need from us: prescription, letter or a certification of due date)
- Discuss your birth preferences with your provider and consider writing a birth plan to share with your care team.
- Hospital Registration (www.gwhospital.com ➔ Services ➔ Women's Services ➔ Maternity Services ➔ Maternity Preregistration)
 - Enter your demographic information
 - Print, read, and sign the consent forms
 - If you do not have an induction of labor or c-section scheduled, then register with your baby's expected due date. This is just to get your info in the system - you do not have to go to the hospital on this day.
- Look into a Pediatrician
- Car Seat
- Ask your insurance how to add your newborn to your insurance policy
- FMLA Documents
- Make a Postpartum Plan
 - Visit www.newmomhealth.com

Postpartum Checklist

- Make appointments
 - For you:
 - » between 1-3 weeks postpartum (if needed)
 - » between 3-6 weeks postpartum
 - For the baby: within one week of life
- Add the baby to your insurance
- Go to www.newmomhealth.com for great postpartum resources
- Connect with a lactation consultant, if needed. Some do home visits.
- Consider postpartum pelvic floor physical therapy - discuss with your provider

PREPARING FOR YOUR STAY AT GW HOSPITAL

ITEMS FOR YOU:

- ID/ insurance card
 - Cell phone charger

** We have birthing balls, sanitary products, and breastfeeding products

We can provide you with a hospital gown, non-slip socks, towels, sanitary products, ice packs, toiletries (shampoo, toothbrush/tooth paste, lotion, hairbrush) heat pads, snacks, drinks. Of course you are welcome to bring your own items. We encourage you to make your L&D room feel as homely as possible. Some people like to bring affirmation cards or art work, music, or fairy lights.

ITEMS FOR YOUR NEW BABY:

- Car seat (please check with local fire department or DMV regarding installation)

We have everything your baby will need including clothing, diapers, wipes, blankets. Of course, you are welcome to bring your own items. Our social work team can help you if you need help with other supplies. If you have one, please bring your car seat to the hospital for the baby to go home in.

PARKING:

Valet Parking

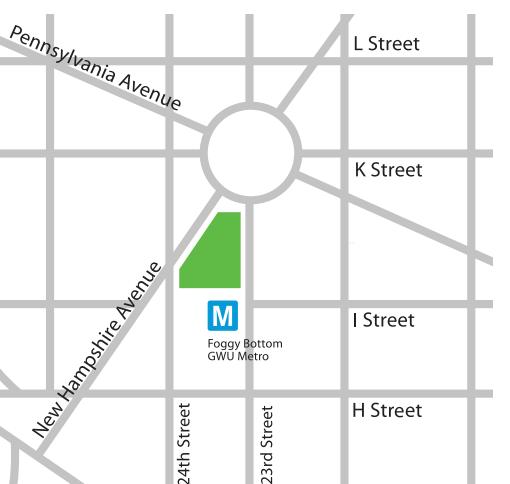
- Valet parking is available from 6 a.m. - 7:30 p.m., Monday - Friday.
 - The valet service is located near the front entrance of the hospital at 900 23rd Street, NW.
 - The cost is a flat rate of \$25 per day.
 - Vehicles left in valet after 7:30 p.m. will be available the next business day.

Visitor Parking Garages

- Cars remaining in garages that are not open for 24 hours (University Student Center, Elliott School and MFA Garages) can retrieve their vehicle the next business day when the garage opens.
 - All self-service visitor garages accept all major credit cards for payment (no cash), Apple Pay and Google Wallet. All parking fees include DC's 18% parking tax.
 - All visitor garages are ADA compliant. For information about ADA parking locations, information about buses or group parking, or general questions/concerns contact 202-994-7199 or parking@gwu.edu.

Metro

- The Foggy Bottom Metro station on the Orange, Silver and Blue lines is conveniently located next to the main entrance of the hospital.



**For parking locations and
information, please visit:**
business-services.qwu.edu/visitor-parking

BILLING AND INSURANCE

The global fee for a normal vaginal delivery without complications includes all routine pregnancy related office visits, vaginal delivery and the postpartum visit. The fee may not include Maternal Fetal Medicine specialty care, laboratory testing, ultrasounds, or additional visits due to complications of pregnancy. It may not include hospitalizations, anesthesia services for delivery, or pediatrician fees postnatally. These are additional services that are billed to your insurance carrier. If you require a cesarean delivery, the surgeon and assistant surgeon have additional fees. Unfortunately, complications during a pregnancy or in delivery can occur. Any charges incurred for complications are not included in the global fee for a normal vaginal delivery. Office visits for non-pregnancy related issues such as colds or urinary tract infections are typically not covered by your "global" fee and will be charged as a separate visit outside the global fee. Some insurance companies have different fee structures for complications in pregnancy.

Please check with your insurance plan for your benefits and plan coverage, deductible amount and co-pays. If you have any questions about your bill, please call our billing office at **202.741.3560**.

Notes

Notes

Department of Obstetrics & Gynecology
gwdocs.com/obgyn
202.741.2500

GWmedicine