Womens Health Center

Things to Do at 24 Weeks of Pregnancy

Choose a Hospital for Delivery

Now is the time to decide where you want to deliver. We will send a copy of your prenatal records to your hospital. This is also a good time to register at the hospital. You can pick up forms when you check out or go online. Sign up for health education classes. We recommend breast feeding classes, infant CPR, childcare basics and prepared childbirth. Remember to use the hospital covered by your insurance. Plans through the Edinger Medical Group HMO must go to Orange Coast Memorial Hospital for delivery.

Preterm Labor Warning Signs

Call us if you experience any of the following:

- Menstrual-like cramps (constant or come and go, just above the pelvic bone)
- Low, dull backache (constant or comes and goes)
- Abdominal cramping (with or without diarrhea)
- Pressure (feels heavy)
- Increase or change in vaginal discharge (mucousy, watery, light or pink bloody)
- Fluid leaking from the vagina
- 5 or more uterine contractions or tightenings in an hour (may be painless)

Call us immediately, even if it is in the evening, the weekend, or a holiday. Don't wait until Monday morning. If you do not hear back from us within 10-15 minutes, go directly to the hospital.

Important Phone Numbers

The Women's Health Center	714-378-5606
During normal business hours to reach the front office	*Option 1*
After 5pm, weekends or holidays to reach our on-call doctor	*Option 3*
Hoag Hospital Labor & Delivery	949-764-5789
Orange Coast Medical Center Labor & Delivery	714-378-7532

One Hour Glucola (Diabetes Screen Test)

This is a blood test to screen for gestational diabetes (pregnancy induced diabetes). The timing of this test is important. We will give you an order for the test. Call the lab to make an appointment. You do not need to be fasting before you drink the glucola, but you should not eat or drink anything from the time you drink it until you have your blood drawn exactly 60 minutes later. Prepare to stay in the lab for one hour.

Start Thinking About Birth Control Options

If you are considering a tubal ligation (permanent birth control after your deliver) you will need to sign mandated state consent forms. Please discuss this with your doctor.

If Your Blood Type is Rh negative:

Problems caused by the Rh factor can be prevented in most cases with the use of a special drug—Rhogam. Treatment is recommended at 28 weeks of pregnancy. We will order a blood test—antibody screen—prior to your next visit. We will give you Rhogam at your 28-week visit if you do your 1 hour labs prior to your visit.

Beverly A. Sansone, MD
Linh Dan Nguyen, MD
Elizabeth Tracy, MD
Kristin J. Laporte, MD

9940 Talbert Ave., Suite 303 • Fountain Valley, CA 92708 • 714.378.5606 Fax: 714.378.5621

Womens Health Center

Kick Count Instructions

An active fetus usually means a healthy fetus. This is why it is important to take some time each day to "listen" to your baby by paying attention to fetal movements.

Instructions: Select a time of day when your baby is the most active. For most women, fetal movement typically peaks after meals, after activity, and in the evening. Do the *Kick Count* at the same time every day.

1. Get in a comfortable lying or sitting position. Rest on your side, not on your back.
2. Count how long it takes for you baby to move 10 times. Movements include kicks, turns, twists, swishes, rolls, and jabs. Your baby should move 10 times in less than 2 hours.
3. Jot down the time of the baby's first kick (movement) and the time of the 10th kick.
4. Since healthy babies have sleep cycles, your baby may kick less than usual, or have less than 10 kicks in 2 hours. If so, wake up the baby by drinking fluid (something cold or sweet) or by walking for 5 minutes and then repeat the *Kick Count*.
5. After repeating the *Kick Count*, if your baby still has had less than 10 kicks in 2 hours or there is a significant decrease in the fetal movement, contact your physician.
6. If NO movement was felt during the initial 2 hours, do not repeat the *Kick Count*. Call us immediately, even if it is in the evening, the weekend, or a holiday. DO NOT WAIT TO CALL.

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Example:

- Sunday: First movement at 7:00 p.m. By 8:00 p.m., your baby has kicked 10 times (it took 1 hour to get 10 kicks).
- Monday: First movement at 7:30 p.m. By 8:00 p.m., your baby has kicked 10 times (it took 30 minutes to get 10 kicks).
- Tuesday: First movement at 7:00 p.m. By 7:55 p.m., your baby has kicked 10 times (it took roughly an hour to get 10 kicks).
- Wednesday: First movement at 8:00 p.m. By 9:48 p.m., your baby has kicked 10 times (it took about two hours to get 10 kicks).

You would fill out the chart like this:

Date: 32nd Week

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10 Min.							
20 Min.							
30 Min.		X					
40 Min.							
50 Min.							
1 Hr.	X		X				
1.5 Hrs.							
2 Hrs.				X			

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Date:	28th WEEK						
	S	M	T	W	T	F	S
10 MIN							
20 MIN							
30 MIN							
40 MIN							
50 MIN							
1 HR							
1.5 HR							
2 HR							

29th WEEK						
S	M	T	W	T	F	S

30th WEEK						
S	M	T	W	T	F	S

31st WEEK						
S	M	T	W	T	F	S

Date:	32nd WEEK						
	S	M	T	W	T	F	S
10 MIN							
20 MIN							
30 MIN							
40 MIN							
50 MIN							
1 HR							
1.5 HR							
2 HR							

33rd WEEK						
S	M	T	W	T	F	S

34th WEEK						
S	M	T	W	T	F	S

35th WEEK						
S	M	T	W	T	F	S

Date:	36th WEEK						
	S	M	T	W	T	F	S
10 MIN							
20 MIN							
30 MIN							
40 MIN							
50 MIN							
1 HR							
1.5 HR							
2 HR							

37th WEEK						
S	M	T	W	T	F	S

38th WEEK						
S	M	T	W	T	F	S

39th WEEK						
S	M	T	W	T	F	S

Date:	40th WEEK						
	S	M	T	W	T	F	S
10 MIN							
20 MIN							
30 MIN							
40 MIN							
50 MIN							
1 HR							
1.5 HR							
2 HR							

41st WEEK						
S	M	T	W	T	F	S

42nd WEEK						
S	M	T	W	T	F	S

43rd WEEK						
S	M	T	W	T	F	S

Be Proactive!
Get to know your baby.
Do a *Kick Count* every day.

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What is the Parent's Guide to Cord Blood Foundation?

We are the only organization in the United States which maintains databases of both public and family (also known as private) cord blood banks. Since 1998, our website has provided parents with accurate medical information about cord blood banking options. Our founder, Frances Verter, PhD, is both a mother who lost a child to cancer, plus a scientist who studies and publishes on the topic of cord blood stem cell preservation.

The information in this pamphlet was reviewed by the Scientific and Medical Advisory Panel of the Parent's Guide to Cord Blood Foundation. Our panel includes prominent doctors and scientists, as well as nurses and educators who work closely with expectant parents. The Foundation is a 501(c)(3) non-profit charity and your donations to our education mission are tax deductible.

Where can I find more information?

ParentsGuideCordBlood.org

23110 Georgia Ave.
Brookeville, MD 20833
info@parentsguidecordblood.org

This space to be used for a sticker giving the name and address of your medical practice, state's department of health, or other organization.

The creative efforts for this brochure were donated by Partners+simons in memory of Shai.

Parent's Guide to

Cord Blood Banking

The blood in a baby's umbilical cord has the power to save lives. By choosing to bank this cord blood, parents could help their child, a family member or even a stranger. Many states in the US have passed laws requiring expectant parents to receive information about cord blood banking. This brochure is intended to address the educational requirements of these laws and to answer many questions that parents-to-be may have.

Please ask your health care provider about your options for banking your child's cord blood.

Mission Statement

The Parent's Guide to Cord Blood is dedicated in memory of

Shai Miranda Verter
Dec. 9, 1992 - Sept. 2, 1997

The primary mission of the Parent's Guide to Cord Blood is to educate parents with accurate and current information about cord blood medical research and cord blood storage options.

The second mission of the Parent's Guide to Cord Blood is to conduct and publish statistical analyses on medical research or policy developments which could expand the likelihood of cord blood usage.

Q&A

Important information about cord blood banking.

What is "cord blood"?

The term "cord blood" is used for blood that is drawn from the umbilical cord and the placenta after a baby is born. Up until recently this afterbirth was discarded as medical waste. Cord blood contains stem cells which may be frozen for later use in medical therapies, such as stem cell transplantation or regenerative medicine.

What are cord blood stem cells?

The umbilical cord and placenta are rich sources of stem cells. These are different from both the embryonic stem cells in a fertilized egg or any stem cells obtained from a child or adult person. The stem cells in cord blood can grow into blood and immune system cells, as well as other types of cells.

How is cord blood collected and banked?

Cord blood collection does not cause harm or pain to either the mother or the baby. Blood is drawn from the umbilical cord after the baby is delivered and the cord is clamped and cut. The stem cells in cord blood remain viable for a couple of days at room temperature, providing sufficient time for the blood to be shipped to a laboratory in another city or state. At the laboratory the cells are processed and cryogenically frozen. Once frozen, stem cells remain viable for decades.

How are cord blood stem cells used today?

Today a growing percentage of stem cell transplant patients are receiving cord blood to cure over 70 diseases. Seventy percent of patients who need a transplant of blood-forming stem cells do not have a matching donor in their own family, and their physician must search public registries of donors. The National Marrow Donor Program (www.marrow.org) is dedicated to matching US patients with donors of either bone marrow or cord blood from anywhere in the world. There is a shortage of bone marrow donors who match minority patients. Cord blood donations are very helpful to patients of minority or mixed heritage, because cord blood cells do not have to be matched as closely to the patient as cells from an adult bone marrow donor.

How may cord blood stem cells be used in the future?

Medical research is developing new therapies where stem cells help the body to repair itself, called regenerative medicine. So far, these therapies require the patient's own stem cells, not those from a donor. Children who have their own cord blood in storage may have more medical options later in life. Currently clinical trials for Cerebral Palsy and Type 1 Diabetes are being conducted using a child's own cord blood.

Can my child use his/her own cord blood?

Most of the diseases for which children receive stem cell transplants, including most cancers and all genetic diseases, require that the cells come from another person, not the patient. Transplants among adults are split pretty evenly between transplants with the patient's own cells and transplants from a matching donor. At present, the odds that a person will have any type of transplant of blood-forming stem cells before age 20 are about 1 in 1700, whereas by age 70 the odds are 1 in 200. In the future, if cord blood is routinely used for regenerative medicine, then the odds of personal use could increase greatly.

What types of banks store cord blood?

There are two types of cord blood banks:

1. Public banks
2. Family banks

Public banks store donated cord blood for potential use by transplant patients. The blood is listed in a registry by its tissue type, and the donor remains anonymous. Over half the donations received by public banks are too small to qualify for long-term storage and are used for research or discarded. If you give your child's cord blood to a public bank, your donation may save a life, but you have no guarantee that you can retrieve the blood for use by your family later.

Family banks store cord blood with a link to the identity of the donor, so that the family may retrieve it later if it is needed. The parents have custody of the cord blood until the child is an adult. The cord blood might someday be needed by the donor baby, or it could be used by a relative who is a close enough match to receive a transplant from the donor (typically a sibling).

What are the costs of banking cord blood?

Public banks do not charge parents for donating cord blood. Some public banks receive support from government grants, and they charge on average $28,000 when a cord blood collection is released for a transplant. The costs of the transplant are charged to the patient's health insurance.

Family banks charge parents between $1000 and $2000 to process and store cord blood privately. There is also an annual storage fee of about $125.

Who is eligible to donate cord blood to a public bank?

In order to donate to a public cord blood bank, the mother must

1. Contact a public bank which either accepts donations at the hospital where she will deliver or accepts mail-in donations (see the list on our website),
2. Register before the third trimester of pregnancy, and
3. Pass a health history screening.

Who is eligible to preserve cord blood in a family bank?

Except in cases of rare medical complications, most mothers are eligible for family (also known as private) cord blood banking. No matter where you live or where you will deliver the baby, you can obtain a collection kit to take with you to the hospital which includes instructions on how to ship the blood to the lab. If you do wish to bank privately, be sure to discuss your decision with your delivery team and check if there are any special requirements at the hospital where you plan to deliver.

Suppose someone in my family has a disease which can be treated with cord blood?

If there is a chance that your baby's cord blood might be needed to treat a family member, then you may be eligible to receive free cord blood storage in a bank which offers a related donor program. Check our website for lists of these charitable programs. In order to qualify you will need to have the patient's doctor fill out an application.

What choices do I have for the storage of my child's cord blood?

You always have the choice to do nothing and let the cord blood be discarded after birth. The choice to save the blood for the family is usually open to any family that can afford the cost. The choice to donate to a public bank is only available to mothers who meet the eligibility criteria. Whatever choices you have and whatever decision you make, remember there is no single correct answer for all families. Only you know which choice feels right for you and your family.

www.ParentsGuideCordBlood.org

Cord Blood Release Form

Dear Patient,

Did you know that umbilical cord blood stem cells can be used to treat nearly 80 diseases, including several forms of cancers and blood related diseases, immunity and metabolic disorders and diseases, such as leukemia and lymphomas?

Future applications such as regenerative medicine are also in an emerging area of medicine that will help treat many diseases that have previously been thought to be untreatable. Currently, there are over 3,000 clinical trials worldwide that involve researching the application of stem cells to treat injuries and disease, and that number will continue to grow.

As of February 2007, California state law requires care providers to inform expecting parents of their options regarding preserving umbilical cord stem cells.

The options for umbilical cord blood stem cells include the following:

- Discarding the stem cells as medical waste
- Donating the stem cells to a public bank for public use or for research
- Preserving the stem cells with a family cord blood bank for exclusive use for your child or immediate family

I acknowledge that I have been informed about the options concerning my newborn's umbilical cord blood.

Should I wish to obtain additional information about umbilical cord blood stem cell preservation, I fully understand that this responsibility will be solely and completely my own.

_____	_____	_____
Patient Name	Patient Signature	MM/DD/YY

_____

I provide my consent to be contacted by a local cord blood educator to learn more about my options:

Name: _____ Phone: _____

OBYN: _____ Email: _____

Delivery Date: _____