

Resources ACOG American Congress of Obstetricians and Gynecologists

www.acog.org/for

www.marchofdimes.com

patient information in the form of frequently asked questions is available according to categories: pregnancy, gynecology, labor/delivery, postpartum

Congratulations on your pregnancy! We thank you for allowing Triangle Women's Center to be involved in your care. Your pregnancy will be nothing short of a miracle and we look forward to sharing this special time with you. Prenatal care is the care you will receive before your baby is born. This care is the key to a healthy pregnancy. Please help us to give you and your baby the best care possible by keeping all scheduled appointments. We ask you to please keep this pregnancy guide and refer to it as a vital source of information.

We welcome the baby's father and your family to share this wonderful experience with you. However, we request that you limit your visitors to no more than two. Also, due to HIPPA (health information privacy protection act), we ask that any visitors that will accompany you to the office go back with you when you are

YOUR BABY HAS YOU, YOU HAVE TEXT4BABY

Text **BABY** (or **BEBE** for Spanish) to 511411

Get three **FREE** messages a week on your cell phone to help you through your pregnancy and baby's first year. Text4baby delivers messages covering a wide range of pregnancy and baby health topics, including safety, immunizations, nutrition, safe sleep, developmental milestones and more. As a Text4baby mom, you can also get free appointment reminders. Simply text **REMIND** (or **CITA** for Spanish) to 511411 and enter your appointment date and time.





Also, due to HIPPA (health information privacy protection act), we ask that any visitors that will accompany you to the office go back with you when you are called by the nurse. No information on your whereabouts will be given to family or friends after you have been called by the nurse.

TWC Pregnancy Guide

Congratulations on your pregnancy.

Thank you for trusting our practice to provide care for you during your pregnancy. Our goal is to provide you and your baby with the best care. We will do all we can to ensure your pregnancy is happy, healthy and safe. This is one of the most memorable and important experiences of a woman's life. We are overjoyed that you chose us.

Office Information

Triangle Women's Center : 3 Convenient Locations

Our Cary office conveniently located within a mile from the hospital (WakeMed Cary).
Our on call doctor will be covering this office.

Monday to Friday 8.30 a.m -5 p.m. Lunch 1pm -2 pm

Saturday ONLY WITH APPOINTMENT

Sunday Closed.

PH# (919) 851 - 3480/919-3421-5383

All appointments are made in advance. Our main office phone number is 919-851-3480. If we don't answer or you need to

contact us on the weekends or after office hours for emergencies like Labor, Preterm labor
.Please call the answering service at 919-831-5393.

We have experienced staff able to provide advice during regular office hours regarding your pregnancy.

voicemails left for the nurse are addressed within a 24 hour time duration. However, for urgent concerns (labor ,preterm labor ,vaginal bleeding or leaking fluid), call the main number and inform the receptionist during the call. She will discuss with on call doctor immediately.

Be assured one of our physicians is on-call every day and night and will be able to respond to any urgent issues. The answering service will take your information and reason for call. The on-call physician will call you promptly. Wait 10-15 minutes for a return call before calling the answering service again. Throughout the night we are delivering babies, performing emergency surgeries, answering phone calls .

If your question is not of an urgent nature, please wait until regular office hours. The office staff will have better access to your medical record, electronic prescribing system and resources to research your concern.●

OB visit –

1ST Prenatal visit:

You will have an ultrasound at the beginning in order to provide an expected date of delivery. You will be provided with samples of prenatal vitamins to take until your next appointment. These vitamins are very important and should be taken every day. Sometimes these vitamins may cause some nausea. Most patients do better taking the vitamins at night before bed to help with this. If you are unable to tolerate your prenatal vitamins, please notify the triage nurse.

At your first visit we will , review your past medical history, and discuss any current concerns that you are having. We will provide routine pregnancy counseling and education, and try to answer any questions that you might have. You will also have your Initial Prenatal labs (see below), and will have a full physical exam, with pap smear, if needed. we will perform a transvaginal ultrasound to confirm the dating of the pregnancy if you are more than 5 weeks pregnant.

After your pregnancy is confirmed you will be scheduled for a new OB workup appointment. This appointment will be extensive and will include:

1. Medical history evaluation
2. An education session
3. Lab and blood work that includes your blood type, rubella status, hepatitis B, HIV, and syphilis testing, and hemoglobin. You will also be tested for STD's and have a pap smear.

Laboratory Tests

First trimester

Several blood tests are obtained within the first 2 visits. The tests are done to ensure a healthy start to the pregnancy. Some of the tests are North Carolina state law. Testing includes: HIV, Hepatitis, Chlamydia, Gonorrhea and Syphilis in addition to pap smear and ultrasound. Urine

samples are retrieved every visit for urine analysis.



4.A complete medical examination.

• **Follow-up OB visits -**

Office visits are recommended every 4 weeks until 28 weeks then more frequently as determined by your doctor; generally every 2 weeks until 36 weeks then weekly until delivery. vs Regular Pregnancy. o You can have preference

After this visit, you will be seen monthly until around 28 weeks. You will then be seen every two weeks until 36 weeks, and then weekly until you deliver. Your provider may also decide if your care requires more office visits. During each visit you will be weighed and your blood pressure checked. Your urine will be tested for protein, sugar and infection. You will also see one of our providers. We are proud to have an excellent staff of providers who will be involved in your care. Our office includes the very best physicians and staff.

to one provider but Will be scheduled on rotation with all providers before delivery o Will include: assessment of blood pressure, weight, urinalysis, baby's growth and fetal

• Up to 28 weeks – appointments every 4 weeks • 28-36 weeks – appointments every 2 weeks • 36 weeks until delivery – appointments every week

o Routine testing will be performed throughout the pregnancy, as described below o If at any point you feel like you need to be seen between appointments please do not

hesitate to call to speak with our staff so we can address your needs and concerns

Routine labs and testing: • At initial visit – Initial Prenatal Profile

o **Routine Labs:** The routine prenatal lab panel consists of routine blood count, a test for rubella antibodies, the pap smear, genital cultures, a test for syphilis, hepatitis B, HIV, blood type and antibody screen. Other testing if necessary might include a sickle cell screen. The American College of Obstetrics and Gynecology and The American Academy of Pediatricians recommends routine HIV testing in pregnancy.

o **Cystic Fibrosis:** In addition, there is an optional blood test for Cystic Fibrosis that each patient can choose to have, if desired. Cystic Fibrosis is a genetic disorder that can cause respiratory problems, digestive problems, and infertility. Severity of illness can vary. Cystic fibrosis is an inherited chromosomal disorder and its inheritance is recessive. As a result, both parents must be carriers to have an affected child. Carriers of cystic fibrosis are asymptomatic. If both parents are carriers of cystic fibrosis then there is a 25% chance of

having an affected child. The incidence of carrier status varies based on ethnicity. Approximately 1 in 25 people of European descent and 1 in 30 Caucasian Americans is a carrier of a cystic fibrosis mutation. Although less common, 1 in 46 Hispanics, 1 in 65 Africans, and 1 in 90 Asians will carry at least one abnormal CF gene. There are many mutations in the cystic fibrosis gene. We are currently able to test for the 97 most common mutations. So, if you carry a gene mutation which isn't included in this panel, carrier status may be missed. If you do test positive as a carrier of the gene, the next step is to test the baby's father. If the baby's father tests negative, the chance of having an affected child is less than 1%.



○ **Parvovirus:** – Parvovirus B19 is a common virus that infects humans. The most common illness caused by the virus is 'Fifth Disease', which usually effects children and causes a 'slapped-cheek' rash on the face and sometimes a rash on the limbs, which resolves in about 7-10 days. After being exposed once, a person is immune to the virus and will not be affected again. About 50% of women are immune to the virus, so re-exposure in pregnancy will not be a concern. However, if a woman is exposed for the first time in pregnancy, there is a small risk of complications with the unborn baby, a risk of less than 5%. There is a blood test available that can test to see if a patient is immune to Parvovirus, which can be helpful to know for those patients who are at an increased risk of exposure, like preschool employees, teachers, and healthcare workers. There is no immunization available for this virus but if you are not immune you can be aware and avoid exposure to the virus during your pregnancy.

- **11-12 weeks- Free Fetal DNA Testing**

This optional genetic screening test evaluates cell-free fetal DNA circulating in the maternal bloodstream. This is a new, noninvasive approach to prenatal screening for chromosomal, sex-linked disorders and other fetal chromosomal abnormalities. The indications for doing this test are maternal age greater than 35, personal or family history of chromosomal abnormalities, and/or abnormal finding on ultrasound. This test is still a screening test and does not replace having a CVS or Amniocentesis done, if indicated.

- **11-13 weeks – First Trimester Screen with Nuchal Translucency (NT) If not done Free fetal DNA testing**

The Noninvasive Prenatal test (NIPT) is an exception. Noninvasive prenatal testing is the newest available testing for some chromosomal abnormalities via blood. This test detects chromosomal material derived from the fetus circulating in the maternal blood. It can identify a fetus affected with trisomy 13, 18 and 21 (Down Syndrome). There are several brand names for this test: Harmony, Materni21, Verify and Panorama

NT Testing: This is an optional genetic screen, which consists of a blood test and ultrasound. The blood test measures the levels of three proteins in your blood. A trained sonographer will then measure the amount of fluid in the back of the baby's neck, referred to as the nuchal translucency. Combining the results of the blood work and the ultrasound measurement, along with information about you including your age and weight, can determine if your baby is at an increased risk of having Down's syndrome or Trisomy 18. This screen detects Down's syndrome in 82-87% of cases.

- **11-13 weeks – Chorionic Villus Sampling : It is Not a routine testing**

Another optional genetic test, CVS is a procedure performed between 10 and 13 weeks by a perinatologist. During the procedure, a biopsy of the developing placenta is removed either trans cervically or trans abdominally. The cells are then analyzed to determine if the baby has a chromosomal abnormality, like Down's syndrome or Trisomy 18. CVS identifies about 99% of chromosomal abnormalities, but there are some risks associated with the procedure

- **15-21 weeks – Additional genetic screening tests, AFP and Quad Screen**

- The AFP and Quad Screen are blood tests that are offered between 15-21 weeks gestation. They are optional genetic screening tests. For those patients who have had the First Trimester Screen with Nuchal Translucency to assess for chromosomal risk,

only the AFP blood screen will be done at this time. This screen assesses for an increased risk of neural tube defects.

- The Quad Screen is offered to patients who have declined the first trimester genetic screen with nuchal translucency. This is a blood test that screens for an increased risk for neural tube defects and chromosomal abnormalities, like Down's syndrome and Trisomy 18. The Quad Screen can predict approximately 75-80% of open neural tube defects. It can predict approximately 75% of Down's syndrome cases in women under age 35, and 80% of cases in women age 35 and older.

- Being that these are just screening tests, they can only tell us if you might be at a higher risk for one of these conditions. Alone they cannot make a definite diagnosis. If you do have a positive genetic screening test, further testing may be considered. Although a negative test greatly reduces the likelihood that your baby has one of these problems, they cannot eliminate the possibility of having a child affected by one of these conditions. If you do have a positive result, you will be offered options for further confirmatory testing, including an ultrasound and amniocentesis, performed by a perinatologist.

- **18-20 weeks – Complete OB Ultrasound**

- We offer an ultrasound to all patients between 18 and 20 weeks.

An anatomic survey of the baby is done between 18-20 weeks. This gives an opportunity to take a detailed look at how the baby is developing, and to detect any abnormalities. It is at this ultrasound that a patient can find out the gender of the baby, if the genitals can be clearly seen by the sonographer.

The sex of the baby may be identified at that time.

- For patients who are 35 years or older, or patients with a family history of any developmental abnormalities, and any high risk Pregnancy a Level 2 ultrasound will be scheduled at a maternal fetal medicine office in the area. The Level 2 is simply a more detailed survey of the fetal anatomy.

Number of ultrasounds planned are deterrent based on High risk pregnancy vs Regular Pregnancy.

- **15-20 weeks – Amniocentesis**

Amniocentesis is the gold standard in the diagnosis of chromosomal abnormalities and neural tube defects. It is performed between 15-20 weeks. During this procedure, a thin needle is inserted into the uterus through your abdomen. A small amount of fluid is removed and analyzed. 99% of chromosomal abnormalities and 98% of

spina bifida can be diagnosed with this test. There is a slight risk of miscarriage, less than 1%, with an amniocentesis.

- **27-28 weeks – Screen for diabetes in pregnancy and anemia**

- **Glucose Challenge Test** – The likelihood of developing diabetes increases during pregnancy. This is because of the hormones produced by the placenta. The good thing is that diabetes in pregnancy is short lived and almost always resolves after the delivery. The screening test for diabetes in pregnancy is called the one hour glucose challenge test. It is usually done between 24-28 weeks. You will be given a drink called glucola, which has 50 grams of sugar in it. We check your blood sugar one hour later by blood draw. A passing value is 140. Being that this is a screening test, it does have false

positives. The confirmatory test is the three hour glucose challenge test. This is only done for people who have an abnormal one-hour value,

- When you are having your glucose challenge test, we will also draw labs to recheck your Hemoglobin and Hematocrit, which lets us know if your iron is low, meaning that you are anemic.

Rh Negative:

If your blood type is Rh negative, you will also have an antibody screen drawn at the same time and be expected to return as advised for an injection of Rhogam if needed

- **35-36 weeks – Group Beta Strep**

Once you reach 35=36 weeks, you will be screened for Group B Streptococcus (GBS) infection. This is a common infection that rarely makes adults sick. Between 15 - 45% of women carry GBS. in their vagina and rectums. If GBS is passed to your baby during delivery it can cause serious problems in your newborn. Should you test positive for GBS, you will be treated with antibiotics during your delivery. You will also be screened for Gonorrhea and Chlamydia as advised by the CDC.

Carrier status can vary so even if you were negative with a previous pregnancy you could be positive for GBS in the current pregnancy. Also, if we find the GBS bacteria in your urine at any time during pregnancy, we will treat you as a carrier. If you are a carrier, we will treat you with IV antibiotics during labor.

- Additional testing and follow-up may be indicated and a provider will discuss this with you as needed throughout the pregnancy.

Labor:

The physician that is on call when you are in labor will deliver your baby. It is important to build a good relationship with your health care provider. Please don't be afraid to ask questions. You may have questions or problems that need to be addressed between office visits. Problems that are of a medical nature may need to be evaluated. During office hours please feel free to call our office and a nurse will be able to assist you. If you need immediate assistance, please let one of the secretaries know and a nurse will be made available to you. Should your problem require an office visit, our nurses will work you into our daily schedule. It is important for you to talk with our staff if you are experiencing problems rather than a friend or relative. SHOULD YOUR PROBLEM BE A MEDICAL Life threatening EMERGENCY Like heavy vaginal bleeding ,Chest pain etc , CALL 911 OR GO TO THE nearest EMERGENCY ROOM.

If you believe you are in labor, and our office is open, please call and Press 0 TO tell our secretary that you think you are in labor. If our office is closed or in lunch break call our answering service 919-831-5593 tell your name ,DOB and how many weeks PREGNANCY and EXPECTED DATE OF Delivery to person who takes call and they will page on call Doctor. If any difficulty with 919-851-3480/342-5383 then call 919-831-5593 directly if you think you are in labor or need immediate medical assistance. Wait 10-15 min if no response

call answering service back. If still no response you can go to Wake Med Cary Hospital labor & delivery if you are already more than 32 weeks. If less than 20 weeks go to ER.

Your pregnancy is divided into three trimesters

During the first trimester (months 1-3), there are many changes that take place in your body. Your hormones are changing and your body is preparing for the birth of your baby.

COMMON EARLY SIGNS OF PREGNANCY:

Slightly enlarged and tender breasts Frequent urination Morning sickness Mood swings

Fullness or ache in the pelvis Weight gain or loss Increased vaginal discharge Fatigue

IN THE FIRST TRIMESTER

Your baby:

Has a heartbeat Forms major organs Has a head, tummy, arms and legs Has hands, fingers, feet and toes Grows to 3-4 inches long and weighs 1 ounce Moves but you can't feel it

MORNING SICKNESS

Morning sickness is caused by hormonal changes in your body during pregnancy. You may experience this in the morning, or during other times of the day. Morning sickness usually begins during the sixth week of pregnancy. It will usually run its course during the first trimester. To help ease morning sickness:

1. Eat a high protein snack before going to bed. 2. Get out of bed gradually in the mornings. Try to eat a few soda crackers before getting

out of bed. 3. Eat small meals throughout the day. 4. Avoid fatty or greasy foods. 5. Drink fluids between meals. 6. Get exercise, rest and fresh air.

IF YOUR MORNING SICKNESS IS SEVERE, OR YOU ARE UNABLE TO KEEP ANYTHING DOWN INCLUDING LIQUIDS FOR 24 HOURS, CALL OUR OFFICE.

WARNING SIGNS DURING THE FIRST TRIMESTER

One of the most frightening things to experience during the first trimester is bleeding. This is the most common symptom that will send a woman to her physician. No bleeding during pregnancy is normal. If you experience bleeding, however, do not panic. Most of the time bleeding is harmless. Since miscarriage should be ruled out when there is bleeding, you should call our office and report your symptoms.

WARNING SIGNS OF MISCARRIAGE

Abdominal cramps or pain Vaginal bleeding Passage of clots or whitish or grayish tissue

HAZARDS DURING PREGNANCY

These hazards may be in your home or where you work. You should avoid the following:

x-rays workplace, household and garden chemicals lead soiled cat litter hot tubs, saunas, tub baths over 102 degrees perms and hair coloring are okay to do during pregnancy, but keep in mind the curl or color may not take.

EXPOSURE TO CHICKEN POX

If you have already had chicken pox in the past, you should not worry about exposure during pregnancy. If you have not had chicken pox before pregnancy you should avoid possible exposure for the first 12 weeks of your pregnancy.

EXPOSURE TO FIFTH'S DISEASE

Signs: red or rosy rash on cheeks, arms and legs that comes and goes over 1 to 3 weeks. You may have a slight runny nose or sore throat. Pregnant women that have been exposed to a child with fifth's disease before the child develops the rash, call your doctor. A sample of blood will be drawn for an antibody test to see if you already had the disease and are protected from becoming infected again.

ALCOHOL, TOBACCO AND OTHER DRUGS CAN HARM YOU AND YOUR BABY

Risks include: Miscarriage

Premature birth Low birth weight Birth defects Do not drink alcohol while you are pregnant or breast feeding Avoid or limit caffeine

Stop smoking and avoid second hand smoke If you use illegal drugs, get help and quit!

Alcohol consumption is not safe for the fetus. Any alcohol drunk by the pregnant patient goes directly to the baby and can cause serious health problems. Fetal alcohol spectrum disorders (including fetal alcohol syndrome), preterm birth, low birth weight and learning disabilities are just a few possible outcomes.

MEDICATION

The placenta does not act as a barrier between your baby and the drugs or medications you take during pregnancy. A medication that was prescribed for you in the past may or may not be safe for you to take during pregnancy. It is best to avoid medications during pregnancy, especially during the first trimester.

Our medical providers will work closely with you and monitor the medications you require to achieve the optimal balance between your medical needs and the safety of your unborn child. In this pamphlet you are provided a list of common complaints and medications you can safely take. Please do not hesitate to question the use of medications that you may be unsure of.

COMPLAINT	MEDICATION/REMEDY
Colds/Congestion	Benadryl Sudafed (after 12 weeks) Claritin Saline nasal spray Actifed (after 12 weeks)
Sore Throat/Cough	Throat sprays Lozenges Robitussin (guaifenesin)
Headache/Fever	Tylenol
Nausea/Vomiting	Emetrol B-6 50mg. With 1/2 Unisom tab. (taken at

	bedtime) Ginger (snaps, tea, ale)
Diarrhea	Immodium
Indigestion	Maalox, Pepcid AC Mylanta, Zantac 75 Tums, Roloids
Constipation	Colace Metamucil Benefiber
Hemorrhoids	Preparation H Anusol HC Tucks

IN YOUR SECOND TRIMESTER (MONTHS 4-6)

During your second trimester your routine office visits will be monthly. You will be examined by a physician or certified nurse midwife during each visit. You will be monitored for weight gain or loss, blood pressure, circumference of the abdomen, position of the fetus and fetal heart beat. Your urine will also be checked for protein, sugar and infection at each visit.

Second trimester

Some of the same tests done in the first trimester are repeated again around 28 weeks. Additionally, a test for diabetes in pregnancy is done. We discourage patients from eating or drinking anything containing sugar 1-2hours prior to the test. If a patient fails the initial test, another more specific and confirmatory test is scheduled. If 2 abnormal values are present on that test, gestational diabetes is diagnosed. Daily blood sugar assessment and an alternate diet low in carbohydrates and sugar are then required.

Of note, gestational diabetes affects 5-10% of pregnancies. If untreated, it can affect both mother and baby. Potential complications include very large baby (macrosomia), low blood sugar and breathing difficulties in the baby.

Additional blood tests indicate if you are positive for Rh factor. Women who do not have it are described as Rh negative and require a medication called rhogam (given at 28 weeks). This medication ensures that your body does not develop an immune response to a Rh positive baby.

YOUR BABY

Can move and kick Starts to develop hair Can hear your voice and heartbeat

At the end of the second trimester is

ULTRASOUND

YOU

Will start to feel your baby move

May start to see weight gain May have a dark line down the center of your abdomen

caused by hormonal changes. 11-14" long and weighs 1-1 1/2 lbs.

Our office performs an additional ultrasound after the 18th week of pregnancy. This is done to check the growth of your baby. Additional scans may be done later

in your pregnancy if our physicians feel that your baby needs to be monitored for well being. We do offer "reassurance scans" if you would like a more lengthy scan or if you would like to know the sex of the baby. These scans are not covered by insurance since they are not considered a medical necessity. Please ask the office staff to provide you with prices for this particular ultrasound.

WEIGHT GAIN

A healthy diet and moderate exercise during pregnancy are essential for the well being of you and your baby. A woman of average size can expect to gain 25 - 35 lbs. This is a normal healthy range for you and your baby. If you are underweight or overweight at the beginning of your pregnancy, these values may change somewhat. Ask your healthcare provider to help you decide what a healthy weight gain will be for you.

TRAVEL AND AUTOMOBILE SAFETY

You may drive and travel during your pregnancy. You should continue to wear a seat belt. You should fasten your seat belt so that the lap part of the belt is snug across your upper thighs and under your protruding abdomen. The shoulder strap should be positioned between your breasts. Do not sit in a car for long periods of time. Every hour you should get out of the car and walk around to stimulate your circulation. Please inform our office when you plan to take trips, especially in the third trimester. It is a good idea to obtain a copy of your OB records when you plan a trip.

EXERCISE

Unless you are having complications, it is safe to exercise during pregnancy. You may want to consider brisk walking, swimming, yoga, or exercise programs for pregnant women. It is always a good idea to check with your physician before starting an exercise program. **WARNING SIGNS**

If you experience any of the following warning signs, please call our office. Vaginal bleeding or spotting
Burning/painful urination Leaking or gush of fluid from vagina Blurred vision Decreased fetal movement (after 22 wks.) Persistent headaches Abdominal pain Chills, fever or rash

Dizziness or fainting Persistent vomiting Sudden swelling of face, hands or feet Foul vaginal discharge

IN YOUR THIRD TRIMESTER (MONTHS 7 - 9)

Reaching your third trimester is a blessing, but it can also cause anxiety for some women. Learning as much as you can about childbirth will help your anxiety and help you feel more confident. You will begin to come for your appointments every two weeks beginning around 28 weeks. Once you reach around 36 weeks, you will begin coming every week until you deliver. At each visit your weight, blood pressure and urine will be checked. After 36 weeks, you will usually be checked at each visit to see if your cervix has begun to dilate. Your abdomen will be measured and the baby's heart rate will be checked. **YOUR BABY YOU** Opens and closes its eyes May have back pain or discomfort Kicks and stretches Colostrum (yellowish fluid) may leak from your breasts The brain develops more quickly You may have trouble sleeping Your baby is about 20" long and weighs 6 - 9 lbs You may experience shortness of breath **PREMATURE LABOR**

Premature labor is when a woman goes into labor before 37 weeks of pregnancy. This can be very serious for you and your baby. Please contact us immediately if you should have any of the following.

CONTRACTIONS THAT OCCUR 4-6 TIMES OR MORE IN ONE HOUR

ABDOMINAL CRAMPS

ABDOMINAL CRAMPS LOW, DULL BACKACHE INCREASE IN VAGINAL DISCHARGE, UNUSUAL DISCHARGE, OR IF YOUR WATER BREAKS if any VAGINAL BLEEDING

MORE TESTS

Labor is rhythmical contractions of the uterus that open the cervix and allow the baby, membranes, and the placenta to be delivered. If you are experiencing labor, please call our office. It will be helpful for you to tell the nurse if your bag of waters has broken, if you are experiencing any bloody show, when your contractions started (frequency and duration) and how far you live from the hospital.

Braxton Hicks contractions are irregular contractions that can occur any time after the first trimester. Some women describe them as feeling like menstrual cramps. The intensity of pain does not increase with Braxton Hicks contractions. Drinking a couple of glasses of water and resting on your left side will sometimes make these irregular contractions subside.

True labor usually has three main signs:

Contractions will occur regularly and can be timed. They may last 45 seconds to 1 minute and come every 10, 15 or 20 minutes. Over time the contractions will begin to come closer together and will begin to be more painful. You may feel pain in your back that radiates across your abdomen that feels like very strong menstrual cramps. Back labor feels like constant back pain or severe back pain that comes and goes.

Bloody "show" is blood tinged mucus that may occur before real labor, but may also happen a few days or weeks before labor begins. Any bright red bleeding should be reported immediately.

Rupture of membranes. This may feel like a gush of fluid or a slow "trickle" from your vagina. This is what is referred to as "your water breaking". Usually your water breaks towards the end of labor, but sometimes it occurs earlier.

If you believe you are in labor, and our office is open, please call and Press 0 TO tell our secretary that you think you are in labor. If our office is closed or in lunch break call our answering service 919-831-5593 tell your name ,DOB and how many weeks PREGNANCY and EXPECTED DATE OF Delivery to person who takes call and they will page on call Doctor. If any difficulty with 919-851-3480/342-5383 then call 919-831-5593 directly if you think you are in labor or need immediate medical assistance. Wait 10-15 min if no response call answering service back. If still no response you can go to Wake Med Cary Hospital labor & delivery if you are already more than 32 weeks.

If less than 20 weeks go to ER.

AS YOU PREPARE FOR THE BIRTH OF YOUR BABY:

Decide if you will breast or bottle feed your baby Take a childbirth class (contact WAKE MED WOMENS PAVILLION) Choose your birth partner Plan transportation to the hospital Know your options for pain relief during labor and delivery Arrange for child care for older children Choose your newborn's physician Pack a hospital bag for yourself and your baby

YOUR BABY'S PHYSICIAN

Our office does not provide care for your baby after it is born. You will need to choose a pediatrician or family practice physician for your baby. Listed below are some of the physicians in this area that are affiliated with Hospital

**R&R PEDS (919) 367-9834) CARE PEDS (919- 858-0600) MARUTHI PEDIATRICS (919 462-6206)
CORNERSTONE PEDIATRICS (919) 460-0993 TRIANGLE PEDIATRICS (919) 467-5543 WESTERN WAKE
PEDIATRICS (919) 859-9991**

(MUST CONTACT PRIOR TO DELIVERY WITH INSURANCE INFO)

Billing

Maternity benefits can be confusing. Our billing staff and office manager are available to review insurance coverage and answer billing questions. Insurance claims for the global fee will be submitted after delivery for the bill. However, services outside the global fee are billed at the time of service: ultrasounds, injections and non stress tests and any problem visits. If you leave our care before delivery, you will be charged only for your office visits, laboratory tests and other services performed.

FINANCIAL ARRANGEMENTS

Our OB package fee includes all of your routine prenatal visits, our doctor's fee for a normal vaginal delivery, and six weeks of postpartum care. Any Problem visits, other lab work, ultrasound or Non stress testing will be charged in addition to this fee. There will also be additional fees for a High risk pregnancy

INSURANCE

If you have insurance, please bring your insurance card with you on your first visit. Our benefits analyst will contact your insurance company to verify benefits. With this knowledge we can verify your deductible and go over an estimate of your total charges with you. The portion of the bill not covered by your insurance, will be due by the 7th month of your pregnancy. This fee may be paid weekly, biweekly, monthly or in sum. You will need to sign a payment agreement. This agreement will list the terms and amount of your payment. You will be given a copy of this agreement. Please keep this along with any receipts or correspondence from your insurance company in regards to your pregnancy. The claim for our OB package fee will not be filed until after your delivery because it includes the delivery fee.

If you change your insurance please update immediately. If you have questions about fees or financial arrangements, our collections analyst will be happy to help you.

DISABILITY FORMS/FMLA

If you would like for us to complete a disability form, we will be happy to do so for a fee of \$10.00. Please allow 6 - 7 business days for the completion of each disability form.

We are pleased that you have chosen Triangle Women's Center for your obstetrical care. We look forward to sharing this special time with you and your family. Please do not hesitate to let us know if you have questions or concerns. We hope that each visit with us will be a pleasant one!

ATTENTION: We deliver and admit all patients at:

**WakeMed Cary Hospital 1900 Kildaire Farm
Rd Cary, NC 27511**

All patients must preregister with the hospital prior to delivery. The preregistration form can be

found in the hospital folder.

Postpartum

Postpartum blues occur within the first 2 weeks following delivery. Women may feel depressed, anxious and tearful. Crying for no reason, difficulty sleeping and feelings of inadequacy are also commonly experienced. Symptoms should dissipate completely within a couple weeks.

However, postpartum depression is much more severe. The intense feelings of sadness and anxiety tend to impair the woman from completing daily tasks. Postpartum depression can occur up to 1 year after having a baby but typically starts within the first 3 weeks of childbirth.

If you or your family has concerns about postpartum depression, we recommend that you consult your doctor. Medication is often used to control postpartum depression.

In reference to breast feeding, drinking ample amounts of fluids is essential to replace what is used for making milk. Remember fatigue and dehydration may decrease the milk supply. Mastitis is the infection of the breast tissue resulting in breast pain, fever, body aches and red/warm breast. This is a common infection in breast feeding women. An evaluation by your doctor is needed if the signs of mastitis appear.

Circumcision is removal of the outer skin of the penis (foreskin) that covers the head of the penis. It is typically done on the first or second day after birth. Though this procedure has minimal risks, the decision to have it done is personal. We respect your decision regardless. It is done by pediatricians.

Childbirth Classes

WakeMed Cary Hospital offers childbirth and breast feeding classes in addition to hospital tours. Classes tend to fill up quickly so we encourage you to enroll early in your pregnancy.

Ultrasounds Generally ultrasounds are done to evaluate the fetus and its development. Initially an ultrasound confirms that a pregnancy is in the uterus. During this same visit, a due date is established. The fetal size is measured and if it coincides with your last menstrual period, your due date is confirmed. The ultrasound done at 18-20 weeks looks at the baby's organ development, size, placenta and fluid. Remember the earlier the ultrasound, the more accurate the ultrasound for dating your pregnancy. Likely your due date will not change after the initial ultrasound. As an aside, our practice offers 3D ultrasounds for an additional fee.

.

Cesarean sections

Csections are major abdominal surgeries. Sometimes they are scheduled due to the outcome of a

previous delivery and other times, they are unplanned at the end of a difficult labor. If

you are planning a csection, expect delivery in the 39th week. We arrange the date and time

of csection around the 28-30 week office visit. Planned cesarean sections are scheduled Monday through Friday. However, if you go into labor prior to the planned csection date, you will likely have your csection the day you start labor.

Vaginal birth after Cesarean (VBAC)

Some women that delivered via C-section with their first pregnancy are interested in attempting a vaginal delivery. This is called a trial of labor after C-section. Candidates are limited to only one previous C-section. Unfortunately, we cannot guarantee a successful VBAC. There are several factors that can affect the potential success: reason for previous C-section, maternal weight/obesity, failure to dilate cervix and need for induction. We support your desire for VBAC but we will be forthcoming in counseling you regarding potential success and risks associated.

Be advised that a serious risk of VBAC is uterine rupture, although this occurs infrequently. Likewise, uterine rupture can cause fetal compromise and injury resulting in permanent neurological damage and death.

neurological damage and death.

Overdue

Remember that your due date is just an estimate. We are unable to predict when you will deliver. It is normal for babies to deliver between 37 and 42 weeks. Research indicates a substantial increase in stillbirths after 42 weeks. As a result, our goal is to deliver your

healthy baby in the 41st week (at the latest). Our hope is you will go into labor on you own.

Inductions

Sometimes labor does not occur at the appropriate time to have your baby. For some women, the due date has passed. For other women, medical conditions for the mom or even the baby necessitate delivery. So an induction is done, which means labor is artificially started. There are several methods used to start an induction. The method is dependent on several factors including cervical dilation and effacement. Mechanical dilation with a catheter and pitocin augmentation are two common techniques. The doctor will ultimately decide the best route. We don't encourage or endorse inductions for convenience.

spontaneous labor at the appropriate gestational age and during that labor we will be watchful for any deviations from normal. If there is a deviation from normal, or if circumstances arise preventing the onset of labor at the appropriate time, we promise to discuss what this deviation is and what actions, if any, are the safest for you and your baby. These recommendations will be guided by statistically proven safe practices, from ACOG (American Congress of Obstetrician and Gynecologist) and other like-minded organizations. Taking actions (or not taking appropriate

actions as the case may be) counter to these recommendations could put you and or your baby at increased risks for complications.

Nonstress tests and biophysical profiles When additional assessment is necessary beyond listening to the heart rate with a Doppler, a nonstress test is done. It is a prolonged monitoring of the fetal heart rate for a minimum duration of 20 minutes. An even more advanced test for fetal well-being is a biophysical profile. It is a scored fetal test for movement, muscle tone, breathing and amniotic fluid. This test is done using an ultrasound. These tests are highly predictive of fetal health.

Birth plans We are committed to giving you and your baby the best care. Our primary goal is to deliver a healthy baby to a healthy mom. Likewise, most women have expectations for their birth experience. We want to make it wonderful and a joyous occasion. Some women choose to document their labor desires in the form of a birth plan. This is not a requirement. But if you have preferences, we would like to know. Please be advised that WakeMed Cary hospital has some policies that are required for safe patient care.

OUR BIRTH PLAN In recent years it has become popular for many patients to create a “birth plan” in which they detail their hopes for pregnancy and labor. We’d like to point out that sometimes however, when these plans are very detailed, patients can become disappointed when things don’t go exactly according to their plan. Occasionally patient’s plans may include requests or demands for a course of action that could increase risks for you and/or your baby or even

or demands for a course of action that could increase risks for you and/or your baby or even be dangerous. So in our “birth plan”, we would prefer to await the onset of labor.

WE’D LIKE TO KNOW... Leaking fluid from the vagina Vaginal bleeding like a period Swelling of the face Vision changes

Severe and continuous headache Chest pain Persistent vomiting Fever over 100.4

Painful urination Decreased or no fetal movement Uterine contraction more than 6 in one hour if less than 35 weeks Persistent abdominal pain Unable to tolerate food/liquids for 24 hours

Fetal monitoring Kick Counts

Fetal activity is a good indicator of fetal well-being. As a result, you can monitor your own baby’s movement starting at 28 weeks. We recommend ‘kick counts’. First identify a time of day when the baby is most active. Count the baby’s movements for a one hour duration. If the baby moves 10 times, the baby is doing well. Remember to remove all distractions (phone, television) during the fetal assessment. If you do not reach 10 movements in the allotted time, eat a snack or drink a beverage before repeating the assessment. Call the doctor if still unable to reach 10 movements.

For additional questions regarding screening tests, don’t hesitate to ask your doctor. For patients that choose invasive tests (CVS or amniocentesis), we refer to Obstetrical specialists for those

procedures.

Medication

We recommend you discuss all prescription medicines at your first visit. Herbal remedies are not recommended in pregnancy so discontinue them immediately.

Medications Safe for Pregnancy

Medications Safe for Pregnancy *avoid during first trimester Remember, no medications have been approved by the FDA as safe for use in pregnancy.

Medication List:

Influenza

Yearly flu shots are an effective and safe method to protect you and your baby from the flu and other serious complication from the flu. Pregnant women get much sicker from the flu than non pregnant women. Newborn babies younger than 6months are at risk for infection as

than non pregnant women. Newborn babies younger than 6months are at risk for infection as well. The vaccination provides immune protection via antibodies for mom and baby. The inactivated influenza vaccine is recommended for all pregnant women and can be given in any trimester. Pregnant women should not receive the vaccine via nasal spray. However, a small number of immunized women will acquire influenza. So, if you develop flu like symptoms (fever, body aches and respiratory changes), contact the office immediately. If confirmed, an antiviral medication called Tamiflu may be given to abate the infection.

Tetanus, Diphtheria and Pertussis (whooping cough)- Tdap

Pertussis (whooping cough) is a contagious respiratory tract infection. Symptoms include severe cough, runny nose and fever. As the cough progresses, a whooping sound develops when breathing between coughs. In a newborn, this infection can be life threatening.

Tetanus is an infection transmitted through a break in skin. It causes painful muscle spasms and can even prevent swallowing. Diphtheria usually starts with a sore throat and low grade fever. Swelling in the throat can lead to difficulty breathing.

Due to a significant reemergence of whooping cough in the United States, including North Carolina, the Tdap vaccination is recommended during every pregnancy. For the baby and mom to receive optimal benefits, it should be administered between 27-36 weeks. Like with other vaccinations, the antibodies developed in mom are passed to the fetus.

Common concerns and discomforts in pregnancy First trimester Nausea and vomiting is often referred to as morning sickness. However it is not limited to the morning hours. This usually peaks in the 10th week of pregnancy and typically resolves

completely by the 16th week. It is helpful to eat smaller meals/snacks and avoid foods high in fat

and foods with strong odors. Heartburn and gastric reflux can worsen the nausea and vomiting so avoid foods that stimulate heartburn, i.e. spicy foods. Over the counter suggestions to relieve nausea include: sea bands, vitamin B6, natural Ginger products (tea, chews) and hard candy like preegie pops. Prescription medications are very helpful when nausea and vomiting is severe and persists. Examples include: Phenergan, Zofran and Diclegis. Keep in mind that nausea may continue despite medications.

Vaginal bleeding is quite common. It is not an immediate indication of the pregnancy ending. Unfortunately, there is little that can be done when bleeding occurs. Typically ultrasound evaluation is done to confirm the health of the pregnancy (baby's heart rate and location of the baby) if you are at least 6 weeks pregnant.

If there is a problem in pregnancy, miscarriage can occur. Miscarriage can happen at any point in the pregnancy but is most common in the first 13 weeks (first trimester). Fifteen to twenty percent of all pregnancies end in this fashion. The following are some common signs of miscarriage: vaginal bleeding like a period, persistent cramping in the pelvis and passage

of miscarriage: vaginal bleeding like a period, persistent cramping in the pelvis and passage of tissue or clots from the vagina. Keep in mind, some women don't have any signs of the pregnancy ending. Miscarriages cannot be prevented.

Headaches in pregnancy especially in the first and early second trimester are common. Increased water intake, restful sleep and Tylenol can help. The frequency of headaches will decrease usually before 20 weeks. Remember to avoid ibuprofen.

Second trimester

Some women experience a sharp, stabbing sensation along the lower abdomen and groin. This is called round ligament pain. It is usually present on one side. It occurs with standing, rolling over in bed, changing position and any maneuver that alters stress on abdominal wall connective tissue.

Dizziness in pregnancy is caused by a sudden drop in blood pressure. Dehydration, low blood sugar and standing for long periods of time are factors that increase and worsen the dizziness. Feeling faint and clammy are accompanying symptoms. Increase your water intake immediately to feel better and avoid recurrence.

Third trimester

Third trimester

Vaginal discharge tends to increase substantially during pregnancy. This is due to the increased estrogen levels. Since this is normal, anticipate this change. However, if your discharge changes to a green color or has a foul odor, an exam is warranted.

Food/Nutrition

Women with normal weight before pregnancy (BMI 20- 25) only need 300 extra calories in pregnancy and the weight gain **is 30lbs** for the entire pregnancy. A balanced diet has vegetables, fruits, whole grains, dairy and lean proteins. For those starting the pregnancy with an elevated BMI, weight gain should not exceed 15 lbs. Drink at least 80- 100 ounces of water daily. Artificial sweeteners are fine in moderation. We recommend daily prenatal multivitamins. Most prenatal vitamins are very similar, so we don't prefer a particular brand. Some include omega 3 fatty acids which may be beneficial for fetal brain development. Extra iron and folic acid are also essential during pregnancy and postpartum period. An adequate amount of folic acid is 800mcg daily. Calcium (1200mg) should be incorporated in your diet as well.

Fish

Pregnant women are allowed up to 2 meals a week (12 ounces) of fish and/or shellfish low in mercury. For more information on various types of fish you can eat, see the FDA food safety website or the EPA website.

Do not eat: Shark

Swordfish King mackerel Tilefish Common fish high in mercury Crappie Catfish (NC) Grouper

Common fish low in mercury

Shrimp , Crab Lobster Scallops Salmon Flounder Canned light tuna

Foods high in Iron Meats, egg yolks, dried beans or peas, green leafy vegetables, dried fruits, nuts/peanut butter, grains

Foods high in Calcium Milk, yogurt, cottage cheese, broccoli

Foods to avoid

Caffeine consumption is safe in moderation. We recommend less than 16 ounces of coffee per day.

Tobacco use : is not recommended. It can significantly affect fetal growth and development, specifically lung development and fetal birth weight.

Travel During pregnancy: Travel is allowed, even overseas. We have several recommendations in the event you travel while pregnant:

Drink plenty of water Carry your own snacks Walk around every 1-2hours Don't miss prenatal

visits Check to see if there are any immunizations necessary Take a copy of medical records
Know your blood type and other important medical history

We strongly discourage travel after 35 weeks.

Foods high in Iron Meats, egg yolks, dried beans or peas, green leafy vegetables, dried fruits,
nuts/peanut butter, grains

Foods high in Calcium Milk, yogurt, cottage cheese, broccoli

About the ZIKA Virus

About the ZIKA Virus

Recently there has been quite a bit of publicity surrounding the Zika virus and its effects on pregnancy. Infection with Zika can cause serious birth defects including microcephaly (small head) and other brain defects. These defects can lead to lifelong problems including seizures, learning disabilities, problems feeding, hearing and vision loss. There is no vaccine available at this time.

The Zika virus is spread in three ways, an infected mosquito bites you, engaging in sex with an infected individual and, finally, the mother transfers it to your unborn child in pregnancy. Travel to high-risk areas is not recommended. This includes South America and Mexico as well as parts of Africa, India and in the Caribbean. The CDC is frequently updating geographic regions that are at high risk. This information is found on their website at www.cdc.gov.

The symptoms of Zika virus are generally mild and can easily be confused with the flu or a number of other viral infections. An infected person may have fatigue, low-grade fever, rash, joint pain or red and itchy eyes. It is important to remember that all the symptoms or none of the symptoms may be present. Consult the CDC website before you travel as these high-risk areas are updated on a daily

present. Consult the CDC website before you travel as these high-risk areas are updated on a daily

basis. Please contact us to discuss testing for Zika virus if either you or your partner I have traveled to such areas or if either you or your partner had symptoms of the infection.

Infections/Food borne illnesses

Food borne illness is more common with certain foods. Remember any infection obtained during the pregnancy can be passed to the fetus. Examples of these foods include: raw meats, unpasteurized milk, cheese and juices. Raw and undercooked meats and animal products such as beef, chicken, fish, poultry and eggs should be avoided during pregnancy.

Listeriosis

This is an infection caused by a bacteria known as Listeria. It can cause miscarriage, premature delivery and infection of the newborn. It can be present in certain foods, specifically soft, unpasteurized cheeses and milk. Also, we recommend avoid eating hot dogs and luncheon/deli meats unless heated to steaming.

Toxoplasmosis

This is an infection caused by a parasite found in soil and raw meat, in addition to cat feces. It can cause fetal infection that ultimately ends in fetal death. In order to protect yourself and your unborn child, cook meats thoroughly and wash your hands after handling raw meat. Avoid changing cat litter and manipulating the litter box.

Exercise

Exercise in pregnancy is great and encouraged. Low impact exercise like walking and swimming are the best. However, if you did not exercise regularly prior to pregnancy, walking is an activity we recommend. It is very important to stay hydrated and avoid overheating.

Exercises to avoid: Contact sports Horseback riding, skiing and cycling ,Scuba diving Lying flat on back when greater than 20 weeks

Unsafe activities during pregnancy

Laser hair removal Blood donation Getting a tattoo Using acne medicine containing retinoic acid Scuba diving ,Use of firearms ,Using a tanning , Ice skating, roller blading, skiing, horseback riding Illegal drugs and alcohol use Hot tubs, sauna and steam room

Safe activities during pregnancy

Manicure, pedicure Dental work Hair permed/relaxed or colored (in a ventilated room) Taking a bath Swimming

Traveling through airport security