



Since 1978

Mid-Carolina
Obstetrics &
Gynecology



Information Before, During
and After Pregnancy

Congratulations!

Congratulations on your pregnancy! We at Mid-Carolina Ob-Gyn look forward to helping you throughout this wonderful journey of pregnancy and the delivery of your child.

This handbook was created for reference throughout your pregnancy and postpartum period. Please keep this book with you and review throughout your pregnancy. This book is a guide, and as everyone is different, every pregnancy is different. Please feel free to discuss any concerns you are having with your provider.

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What to Expect:

6-8 Weeks

- Prenatal nurse appointment: Your first appointment is with the prenatal nurse. Your medical history and your family medical history will be taken. You will sign consent forms, have prenatal blood drawn and urine will be collected. You will be given information on tests available during your pregnancy, and medications safe to use during your pregnancy.

7-10 Weeks

- OB work up: At this appointment you will see the doctor. You will get a pap smear (if necessary). Your test results will be reviewed and which genetic screening tests that are available during your pregnancy.

Options include:

- First trimester screen (11.0 weeks to 13.6 weeks)
- AFP/QUAD (15.0 weeks to 22 weeks)
- Non-Invasive Prenatal Testing (10 weeks and up)
- Cystic Fibrosis
- Level II ultrasound (18-20 weeks)

Routine OB appointments will be every four weeks and include your weight, BP, urine sample, fetal heart rate with Doppler.

18-20 Weeks

- Anatomy Ultrasound – This ultrasound will be done in our office and will measure baby for size and check baby's major organs. You will also be able to find out baby's gender if baby cooperates.

25-30 Weeks

- Glucose test – at this appointment you will have a slightly longer appointment. We will check to see if you have gestational diabetes.
- Hemoglobin- we will check your iron levels.
- Rhogam injection – if your blood type is negative – you will receive some blood work at this appointment, as well as a Rhogam injection.
- TDAP vaccine will be given

Routine OB appointments will be every two weeks until the 36th week, and once a week until delivery

36 Weeks

- You will have a hemoglobin check, group B vaginal swab, and a gonorrhea/chlamydia culture (this is state required). The doctor will also check your cervix to see if you have started to dilate.

During your routine OB visits we recommend you rotate through providers in order to meet each one before delivery.

When to Be Evaluated

If you are having a life threatening emergency, call 911 or seek medical attention at the nearest Emergency Department

Urgent issues can be evaluated in our office during business hours or at Rex Women's Center after hours.

- If you are calling our office 919-781-5510 during business hours Monday-Thursday 8am to 5pm and Friday 8am to 1pm-, we will give you an appointment in the office or direct you to Rex Women's Center depending upon the nature of the call.
- After business hours, obstetrical problems regarding a pregnancy greater than 20 weeks, such as labor, decreased fetal movement or bleeding, please go directly to the Rex Birthing Center where you will be evaluated by a Board-Certified OB hospitalist in the Rex OB Emergency Room.
- If this a gynecological emergency or an emergency involving a pregnancy that is less than 20 weeks, go directly to the Rex Emergency Department located in the main hospital.
- If you are a patient calling regarding a prescription refill, or to request an appointment for a non-emergent question, please call back during normal business hours or submit a portal message to your provider through our patient portal located on our website www.midcarolinaobgyn.com. Portal messages are typically answered the next business day.

Rex OB Hospitalist and OB Emergency Department

Obstetrical Hospitalist Group Emergency Physicians are available 24/7 to provide patient care for our pregnant patients. They are located at the Women's Health Center (Rex Birthing Center) and will be available to our patients after normal business hours, weekends and holidays. Our office partners with the Obstetrical Hospitalist Physicians to expedite your care and coordination of other services. This arrangement will ensure that our patients receive quality care in a timely manner by a Board-Certified physician.

Common Pregnancy Discomforts

Below is a list of common pregnancy discomforts you may experience during your pregnancy. Included are some suggestions for relief from discomfort should you experience any of these symptoms.

Nausea

Nausea and vomiting are very common complaints in early pregnancy. They usually improve by about the 16th week. Because low blood sugar levels can add to their severity, it is recommended to eat frequent small meals, and even to have a snack when (not if) you get up to go to the bathroom in the middle of the night. Avoid greasy, high-fat foods and foods with strong odors. Prenatal vitamins sometimes add to the problem, and if so, please discontinue them until you are feeling better. If you can, try taking at least 800 mg of folic acid daily. This usually does not worsen nausea. To avoid gastric reflux which is increased in pregnancy, and causes heartburn, avoid lying down immediately after eating. To decrease the gag reflex, do not brush teeth immediately after eating. Eat a combination of carb and protein each time you eat a meal or snack. This combo will keep your blood sugar stable.

Most pregnant women are appropriately concerned that they eat properly. If you are having significant nausea and vomiting, this may be difficult. It is far more important that you eat something than it is to be sure that it is absolutely nutritious. If you can't keep anything down, your body begins to break itself down to furnish

energy. If you can supply outside energy in almost any form, this breakdown can be prevented. Even food that might be considered less than perfect is much better than vomiting up a balanced meal. During the difficult weeks, please eat whatever appeals to you and foods that you can keep down.

If the above suggestions do not work, try:

- Vitamin B6 25-50 mg every 6 hours, taken with Unisom ½ tab at bedtime
- Sea bands wrist bands (acupressure therapy for nausea)
- Ginger tea, lozenges, ginger ale
- Sour foods, lemon drops, lemonade
- Watermelon

If your nausea is still severe, prescription medicine such as Diclegis may be recommended.

Constipation

Constipation is one of the most frequent complaints of pregnant women. Hormones, activities, the enlarging uterus and others factors can increase constipation. Remember to eat plenty of fruits and vegetables, drink lots of liquids, and use bran-type cereals and other high fiber foods. Exercise is also helpful. You may also try a stool softener, such as Colace, or a fiber laxative such as Metamucil or Citrucel. Miralax is safe to use as well.

Faintness and Dizziness

Blood vessels and blood pressure react differently during pregnancy, and this can cause you to feel faint or dizzy, sometimes suddenly. Dehydration and low blood sugar make the symptoms worse, and should be avoided. Overheating, staying in one position for long periods of time, and standing quickly can all worsen this symptom. Since anemia can also contribute, please let us know if the symptoms persist or are severe so that we can check your hemoglobin at the office.

Headaches

Headaches in pregnancy are quite common. They can occur at any time during the gestation, but are especially prevalent during the 13th through 19th weeks of pregnancy. To help decrease headaches, avoid going long periods without eating and hydrating. Avoid excessive caffeine, noxious fumes, etc. Analgesics such as Tylenol may be used. A cool compress to the forehead or resting in a quiet, dark room may relieve headache symptoms. You can take up to 1,000mg of Tylenol (acetaminophen) every 6 hours (total 4,000 mg in 24 hours). Do not take aspirin or Ibuprofen (Advil, Motrin). Magnesium Oxide (800 mg per day) is helpful in reducing headaches/migraines. Relaxation techniques such as warm baths, humidifiers, breathing exercises and massages may be helpful. If you are also experiencing sinus pressure, refer to the list of safe medications. If there is green or yellow nasal discharge which is persistent, call your primary care physician or urgent care. If the headache is accompanied by visual changes or neurological symptoms such as numbness or weakness, you will need to be evaluated.

Hemorrhoids

Hemorrhoids are caused by the general increase in blood volume, as well as relaxation of blood vessels throughout the body, and by pressure from the enlarging uterus on veins in the rectum. Constipation and straining most definitely aggravate the problem and should be avoided.

Local application of Tucks pads, Anusol or Preparation H may be helpful. Soaking in a warm tub of water, or applying warm compresses can help relieve symptoms. Hemorrhoids usually improve after delivery.

A sudden and severe increase in pain from hemorrhoids may need evaluation by a Proctologist. Please ask for recommendations if you would like a referral.

The best way to manage hemorrhoids is to avoid them. Staying well-hydrated, having adequate fiber in your diet and the use of a stool softener can all help prevent the formation of hemorrhoids.

Increased Vaginal Discharge

Most women note an increase in vaginal discharge during pregnancy due to increased estrogen levels. However, if the discharge becomes foul-smelling or with excessive itching, or is green or yellow in color, please let us know. If you think you have a yeast infection, Monistat is safe to use. If your symptoms are not improving or if you have a large gush of fluid, you will need to be evaluated.

Round Ligament Pain

Many pregnant women experience sudden, brief pain in their lower abdomen, often described as pulling or sharp in nature, usually worse on one side. This often occurs when standing up

from sitting, rolling over in bed, coughing, sneezing, or other maneuvers which change the direction of stress on the abdominal wall connective tissue. These pains represent no hazard to you or the baby, but can be quite uncomfortable. Maternity support belts can be helpful in relieving the pain.

Shortness of Breath

Shortness of breath is quite common, and is due to several factors such as hormonal changes causing a perceived “air hunger”, elevation of the diaphragm, and the enlarging uterus. You will note that you get tired and out of breathe more rapidly with exercise. If you notice a sudden change, or have significant difficulty breathing you need to be evaluated.

Varicose Veins

Varicose veins occur during pregnancy for several reasons, including increased blood volume and relaxation of blood vessels, as well as simply an inherited tendency to develop them. They are usually not hazardous, but can be quite uncomfortable. Moderate exercise, elevation of the legs, and full-length support hose can help somewhat. Try to avoid standing for long periods of time, crossing your legs at the knee, and constrictive clothing. You need to be seen if you have severe calf or leg pain, especially if there is a specific area of tenderness or redness, or any significant swelling.

Pregnancy FAQ's

Below are commonly asked questions we hear from our patients. We have compiled this list to help you, but please don't hesitate to call our office or ask the provider at your next OB visit.

Regarding exercise: it is acceptable to continue any exercise you were doing prior to pregnancy unless you see it listed below.

These are safe during pregnancy:

- Manicure, pedicure, facial, bikini wax, mud bath, salt scrub, seaweed wrap, massage (be aware that some skin types become more sensitive in pregnancy)
- To have your teeth cleaned, tooth filled, crown applied, root canal
- All necessary dental work including x-rays and antibiotics (please skip screening x-rays until after your pregnancy)
- To have your hair permed or colored
- To take a bath (get out slowly because you may feel lightheaded)
- Swimming in a chlorinated pool or lake
- Carrying your children

- Benzoyl peroxide for acne
- Acupuncture
- Chiropractic services, but make your chiropractor aware of your pregnancy
- Work on a computer all day
- Using tanning lotions and sunscreen topically
- The safety of spray tanning has not been tested on pregnant women. Do so at your own risk
- Having sexual relations (as long as no condition has occurred that your doctor has discussed with you)
- Going through airport security, body scanners, metal detectors

These are safe BEFORE 20 weeks of pregnancy:

- To sleep on your back or stomach
- To do sit ups and crunches
- To breastfeed

These are safe with limitations:

- To move furniture (depends on the weight and size)
- To have your home exterminated, walls painted, hardwood floors refinished (okay with good ventilation).

These are NOT safe any time during your pregnancy:

- To use a tanning bed
- X-rays, unless ordered by your physician
- Deep heating ultrasound
- Alcohol or illegal drugs
- Hot tubs, sauna, electric blankets
- Cleaning out your cat's litterbox
- Donating blood
- Getting a tattoo
- To participate in any activity or exercise with high risk for falls such as road cycling, ice skating, roller blading, water skiing, snow skiing or horseback riding.
- Acne medicine containing retinoic acid or derivatives

Flu Vaccine Information

It is recommended that all patients to receive the influenza (FLU) vaccine. Pregnant patients may receive the vaccine at any point during their pregnancy. The flu vaccine can help keep you from getting the flu, make the flu less severe, and keep you from spreading it to your family and others. Pregnant patients must receive the flu vaccine injection and not the flu vaccine nasal mist.

If at any point in your pregnancy you test positive for the flu, Tamiflu is recommended. Tamiflu will decrease your symptoms and shorten the duration of the virus.

Prenatal Vitamins

You want to find a vitamin with:

- At least 800 mcg of folic acid
- Less than 10,000 IU of Vitamin A
- Less than 2000 IU of Vitamin D
- At least 200 mg DHA

Continue to take your prenatal vitamin until your six-week postpartum check or until you stop breastfeeding.

You should try to have an intake of 1200-1500 mg of calcium per day. If you are not getting enough calcium in your diet you may need to supplement.

- Milk (skim) 8 oz – 302 mg
- Milk (whole) 8 oz- 291 mg
- Yogurt (non fat) 8 oz- 452 mg
- Yogurt (low fat) 8 oz- 415 mg
- Calcium fortified OJ 1 cup – 300mg
- Tums – 300 mg per tablet
- Viactive – 500 mg per tablet/chew
- Citracal- 400-600 mg per tablet

Medications that are Safe in Pregnancy

Symptoms	Med-Type	Generic	Brand Name
Allergies	Antihistamine	Loratidine Cetirizine Diphenhydramine	Claritin Zyrtec Benadryl
Nasal Congestion	Saline Decongestant Vasoconstrictor	Saline * Phenylephrine (after 1st trimester) *Pseudoephedrine (after 1st trimester)	*Sudafed *Sudafed
Cough	Expectorant Cough suppressant	Guaifenesin Dextromethorphan	Mucinex
Heartburn	Antacid	Calcium carbonate Aluminum/magnesium/ simethicone	Tums, Rolaids Maalox, Mylanta
Gastric Reflux	Antihistamine Proton-pump inhibitor	Ranitidine Famotidine Omeprazole Lansoprazole Esomeprazole	Zantac Pepcid Prilosec Prevacid Nexium

Gas & Bloating	Anti-foaming	Simethicone	Mylicone, Gas-X
Constipation	Stool softener	Docusate	Colace
	Bulking agent	Bran, psyllium husk, methylcellulose, polyethylene	Bran Cereals Metamucil, Citrucel
	Osmotic laxative	Glycolmiralax	Miralax
		Magnesium hydroxide	Milk of Magnesia
		bisacodyl	Dulcolax
	Stimulant laxative		
Diarrhea	Anti-diarrheal	Loperamide	Imodium
Headache/ fever	Analgesic/ antipyretic	Acetaminophen	Tylenol
Vaginal Yeast	Antifungal	Miconazole	Monistat
Insomnia	Antihistamine	Doxylamine Diphenhydramine	Unisom Benadryl
Motion Sickness	Anti-nausea	Meclizine Dimenhydrinate	Dramamine Dramamine

*Avoid in the First Trimester

*Please consult your primary MD or Urgent care if your symptoms are not relieved by the above remedies.

Diet, Weight Gain and Exercise

Diet:

A woman who is pregnant needs extra protein, calcium and fluids. Daily, try to eat:

- 4 servings of vegetables
- 3 servings of fruits
- 3 servings of high protein, low sugar dairy products
- 2-3 servings of extra-lean meat, poultry, fish and/or legumes
- If you are a vegetarian, increase your protein intake with seitan, tofu, tempeh, edamame, lentils, chickpeas, eggs, and dairy
- Drink at least 64 ounces of fluid daily
- You may drink or eat beverages/food sweetened with sucralose (Splenda) or aspartame (NutraSweet) in moderate amounts.
- You may drink tap water or well water

Limit:

- Empty calories

- Candy, cookies, cakes, pies, doughnuts
- Chips and snack foods high in fat and salt
- Caffeinated beverages (limit to 1-2 daily)
- Hot dogs- must be heated to steaming prior to eating
- Deli meats- must be heated to steaming before consuming

Foods to Avoid:

- Alcohol
- Raw or undercooked animal foods
- Sushi, raw oysters, undercooked eggs (sunny-side up or soft boiled)
- Refrigerated pate or meat spreads. Canned or shelf-stable pate and meat spread can be eaten
- Refrigerated smoked seafood (salmon, trout, whitefish, cod, tuna and mackerel) unless it is an ingredient in a cooked dish. Canned fish or self-stable smoked seafood may be safely eaten in limited amounts.
- All cheese made with unpasteurized milk, soft cheese such as feta, queso blanco, queso fresco, Brie, Camembert, blue veined cheese unless labeled made with pasteurized milk.
- Salads made in store such as ham salad, chicken salad, egg salad, tuna salad, or seafood salad.

- Certain fish: King mackerel, marlin, Orange Roughy, Shark, Swordfish, Tile fish, Bigeye Tuna (canned light is okay), Grouper (low mercury seafood should not be consumed more than twice a week)
- Unpasteurized milk and anything made with unpasteurized milk
- Do not consume homeopathic or herbal remedies or drink medicinal herbal teas.

Weight Gain:

Normal weight gain in pregnancy (limited to 20-30 pounds over the course of the pregnancy) can help ensure a more normal pregnancy with less risk of obstetric interventions, complications and C-sections. Excessive weight gain (over 35 pounds) increases your risk of preeclampsia, gestational diabetes, larger babies, difficult and longer labor and deliveries and a higher C-section rate.

If you are overweight before pregnancy, your weight gain goal should be around 15 pounds. Weight gain of greater than 25 pounds, if you are overweight, increases risk for preeclampsia, gestational diabetes, larger babies, difficult delivery, stillbirth and a higher C-section rate. Excessive weight gain in pregnancy doubles your risk of having a baby larger than nine pounds and may also increase risk of childhood obesity.

Don't be discouraged if you weigh more by the end of pregnancy than you ever have in your life. The physiological changes associated with pregnancy (baby, placenta, fluid, increased blood volume) will add up to about 15 pounds by the end of pregnancy. And don't be discouraged if you see your weight going up faster

than it should. We are happy to work with you to try to slow down the weight gain and may refer you to a nutritionist to help. Do not skip meals or diet. The best way to avoid gaining too much is to be mindful of intake of quality calories. Normal pregnancy calorie goals are an additional 100-300 kcal/day. This equals about a pound a week of weight gain in the second and third trimester.

If you are pregnant with twins, weight gain goals are approximately 35-45 pounds if your pre-pregnancy weight is in a normal range. You will need about an extra 600 kcal/day.

Exercise:

Adequate exercise in pregnancy is helpful, both physically and mentally. Some forms of exercise are discouraged for obvious safety reasons (no water skiing, horseback riding, kick boxing, etc.) and others for comfort. In general, moderately vigorous exercise can and should be continued during pregnancy. You should take care not to overheat and to stay well-hydrated during exercise. Avoid saunas and hot tubs. There may be times when you will be asked to forego exercise for other reasons during your pregnancy. We recommend that you avoid lifting over 40lbs during your pregnancy.

If you were not exercising regularly before pregnancy, you can still be active with walking, swimming, and prenatal yoga (avoid hot yoga). Please talk to a provider before beginning any new exercise regimen in pregnancy.

Travel Tips during Pregnancy

Traveling during pregnancy can be fun and comfortable, especially during the second trimester (18-24 weeks) when nausea and fatigue have lessened or ceased. Air and automobile travel are safe during most pregnancies provided you follow a few simple rules. During pregnancy, blood volume is high, your center of gravity has changed and your joints are loosening...so take it easy.

If you are planning to travel and you are more than 36 weeks pregnant, or if you have a high-risk pregnancy, please consult your doctor. Likewise, if you are planning on a trip to anywhere with extreme conditions (heat, cold or high altitude), please consult your provider.

- Wear loose, layered clothing and comfortable low heeled shoes.
- Drink plenty of water to avoid dehydration
- Carry your own nutritious snacks
- Walk around every one to two hours to improve blood flow
- Place a small pillow under your back to avoid strain
- Give your body time to adjust to your new temperature, climate and altitude
- Metal detectors in airports are safe in pregnancy

If travelling abroad:

- Avoid drinking the local water unless you know it to be safe for travelers
- Be aware of the medical care available at your destination, including the name of the nearest hospital
- Make sure your health insurance is valid while abroad and during pregnancy, and that the policy covers a newborn should delivery take place
- Make sure prenatal visits are not missed
- Check to see if there are immunizations you need (yellow fever, typhoid fever, and cholera). Also be aware of medications you may need to take to prevent infections such as malaria
- Consider taking your medical records and be familiar with them
- Know your blood type and other important information
- Please check for Zika virus risk (www.CDC.Org)

Cruises

Cruise lines do not allow pregnant patients over 24 weeks to board the ship. If the patient is cruising prior to 24 weeks, they will need physician verification of gestational age stating that it is safe for the mother to travel.

Seatbelt and Airbag use:

During pregnancy, your seatbelt is as important as ever. How do you position the belt? Start by sitting as upright as possible, and place the lap belt under your belly and as low on your hips as possible (so it pulls against your pelvic bones, not your abdomen). Then position the shoulder belt so it crosses your chest between your breasts. Fasten and adjust the seatbelt so it fits as snugly as possible. You may also need to adjust the seat itself.

Your baby is well cushioned by the uterus and amniotic fluid, and your uterus is well protected by your own body. There is no evidence that safety belts increase the chance of injury to the fetus, uterus or placenta. In most accidents, the baby recovers quickly from the safety belt pressure. However, even after seemingly blunt, mild trauma, please contact your doctor. We do not recommend turning off air bags for pregnant passengers or drivers.

Optional Screening Tests

Before your next appointment, you should consider whether you are interested in having any of the optional testing done. The next few pages describe your options.

Screening for Chromosomal Abnormalities

The majority of optional tests focus on early diagnosis of chromosomal abnormalities, the most common being Down syndrome. The chance of having a child with a chromosomal abnormality increases with age. Humans are born with 46 chromosomes in each cell of the body. A chromosomal abnormality results when there is a change in the number or structure in one or more of the chromosomes.

With Down syndrome (also known as Trisomy 21), an extra copy of chromosome number 21 is present. About 1 in 800 babies is born with Down syndrome. All of these babies will have some degree of mental delay, usually in the mild to moderate range. Babies with Down syndrome can also have defects in the heart and/or digestive tract. They have distinct physical features as well, like their facial structure, but this does not affect their health.

Trisomies 13 or 18 are much less frequent than Down syndrome, affecting 1 out of every 6,000 babies. These babies are born with an extra copy of chromosome 13 or 18. Unfortunately, nine out of ten babies with this defect will die before their first birthday.

Those who live longer are severely mentally delayed and often have other serious health problems, including heart defects and growth disorders.

Choices for Screening for Chromosomal Abnormalities

If you decide you would like to screen for chromosomal abnormalities, you have invasive and non-invasive tests to choose from. The first trimester non-invasive tests include the nuchal translucency (NT) or a blood test for Free Fetal DNA. The NT is collected between 11-14 weeks and is a blood test from the mother and a fetal ultrasound. There is no direct risk to the fetus from this test. The main risk is the possibility of false positive and false negative results. The Free Fetal DNA test is done as early as 10 weeks and can be done at any time during the pregnancy. It is currently offered to patients over 35 years of age. The Quad screen is also a non-invasive test performed between 15 and 18 weeks. It does not involve a specific ultrasound. Your anatomy scan, around 18 weeks, is also a type of screen for chromosomal abnormalities.

There are also invasive tests that involve analyzing a small biopsy from the placenta or a sample of the amniotic fluid. While the results are very reliable (99.5% accuracy), there is the potential for the test to cause the pregnancy to miscarry. These are typically offered to women who are of advanced maternal age (age 35 or older) because of the increase risk of carrying a child with a chromosomal abnormality.

Chorionic Villus Sampling (CVS) is usually done between 10-12 weeks gestation. Small samples of chorionic villi, which are part of the placenta, are biopsied. The biopsy is collected using ultrasound and a needle is placed either through the abdominal

wall or the vagina to collect the sample. This is done in an office setting. If you choose this option, we will refer you to either Duke or UNC for it to be performed. The advantage of this test is that results are back sooner than amniocentesis. The disadvantage is that risk of fetal loss (miscarriage) is higher, around 1%.

Amniocentesis is usually done after 15 weeks. It involves using ultrasound to place a needle through the abdominal wall and collect some of the fluid from around the baby. Risk of pregnancy loss after amniocentesis is performed is approximately 1/300 – 1/500.

Screening for Open Neural Tube Defects (like Spina Bifida)

An open neural tube defect occurs when the baby's spinal cord or brain does not form properly. This occurs in 1 out of every 500-1,000 births. Spina bifida is a type of open neural tube defect where an opening forms in the developing spine. This opening may not be covered by skin and the exposed nerves may be damaged. Depending on the location and severity of the defect, the child may have difficulty walking, problems with bladder or bowel control, a buildup of fluid around the brain, or mental retardation. Some of these babies are candidates for surgery even before delivery, and can be diagnosed with several methods including the quad screen, and AFP measurement, focused ultrasound or amniocentesis. The AFP test is a blood test only and can be done between 15 weeks and up to 22 weeks.

Genetic Carrier Screening

Genetic Carrier Screening are tests that are able to look at your genes and detect if you are a carrier of an inherited genetic disease that you may pass on to your children. Some of the most common disorders screened for included cystic fibrosis (CF), spinal muscular atrophy (SMA), Fragile X and Ashkenazi Jewish Panel (AJP).

Test	Who Should Be Tested?	Carrier Frequency
Cystic Fibrosis (CF)	All women of child bearing age, regardless of ethnicity	1 in 30
Spinal Muscular Atrophy (SMA)	All women of child bearing age, regardless of ethnicity	1 in 40
Fragile X	All women with a family history of mental retardation or autism.	1 in 300

Ashkenazi Jewish Panel (AJP)	Any person with at least 1 grandparent of Ashkenazi Jewish descent	1 in 4
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The previous tests are all recommended by The American Congress of Obstetricians & Gynecologists (ACOG):

Anatomy Ultrasound

Between 18 and 20 weeks, you will undergo an ultrasound to evaluate your baby. At this time, almost all of the fetal anatomy can be visualized in detail. During that ultrasound, we will evaluate the fetal brain, facial structures, heart, spine, stomach, kidneys and bladder. We will also look at all of the fetal extremities, including the legs and arms. During this ultrasound, we are almost always able to determine the sex of your baby. At the same time, the ultrasonographer will obtain measurements of the head, abdomen and legs to ensure that the size and due date continue to coincide. The ultrasonographer will also evaluate the placenta and its location.

Other Helpful Information

Fetal Kick Counts

Because fetal activity is a good indicator of fetal well-being, we advise you to begin monitoring your baby's movements at approximately the 28th week of your pregnancy.

You should feel at least 10 individual kicks or movements in any two-hour period throughout the day. This count should be done once daily, after eating while lying down on your left side. If you cannot feel at least 10 individual kicks or movements while lying down on your left side for two hours, then you need to be evaluated.

Pediatricians

There are many excellent pediatricians in the area. We will be happy to give you suggestions for offices that are geographically convenient for you. You will find proximity to be important during your baby's first several years.

In most cases, your pediatrician will not attend the delivery but will see your baby soon thereafter. There is a neonatologist or a

neonatal nurse practitioner in the hospital 24 hours a day to deal with a baby's unexpected emergencies after birth.

Prenatal Classes

Especially for your first pregnancy, prenatal education and breastfeeding classes may be helpful. They will provide additional information, especially concerning labor and delivery. Be sure to register in your first trimester, as spaces are limited in classes offered in the area. You may register at Rex Hospital by calling (919) 784-2145.

Glucola Testing

At 28 weeks, a test for diabetes is administered to all patients. This involves drinking a specified amount of a sugar-containing solution. One hour after consumption, a blood sugar measurement is obtained. If you pass this initial screen for diabetes no further testing is necessary. If your screening value is too high, a confirmatory three-hour glucose tolerance test is arranged.

If you have an abnormal three-hour glucose test, gestational diabetes is diagnosed. We will refer you to have your sugar values monitored. You may need more ultrasounds or testing during your pregnancy.

Group B Strep and Pregnancy

Group B Strep is a normal bacteria that inhabits the genital tract of up to 40% of female patients. It will cause infections in one to two pregnancies per 1,000 mothers who are untreated. Since such an

infection can be life-threatening for a newborn, we give Group B Strep positive mothers preventative antibiotics when they are in labor in order to lessen the infection risk.

We routinely culture all pregnant patients at 36 weeks. This culture involves a painless swabbing of the lower portion of the vagina and rectum. If your culture is positive, you will be treated with antibiotics during labor.

Circumcision of the Newborn Male

Circumcision is the removal of part of the foreskin of the penis, or the part of the outer skin of the penis that covers the glans (head of penis). This is an elective procedure that is usually performed in the hospital in the days following delivery.

Either your Obstetrician or Pediatrician will perform newborn circumcision if done before hospital discharge. Newborn circumcision after discharge from the hospital is performed by a Pediatric Urologist.

Circumcision is not covered by Medicaid. Please discuss billing/payment arrangements prior to your delivery.

Birth Plan

Many patients ask, “Do I need a birth plan?” or “What should my birth plan include?”. Deciding to write a birth plan is up to you. Some people like to put their preferences and their labor experience in writing. Should you decide to develop a Birth Plan, please bring it to labor and delivery. We want you to have the best experience possible with your labor, with the goal being a healthy mother and a healthy baby after delivery. However, unforeseen circumstances may arise that will not allow for all scenarios (discussed below) and for all requests to be met. The information discussed below, we hope, will better explain what to expect during the laboring process.

Early Labor

We generally will evaluate your labor after you have been having intense contractions every five minutes for at least one to two hours, or if you think your water has broken. We will also assess you and your baby if you have vaginal bleeding or decreased fetal movement (less than ten movements in two hours).

In most cases of normal early labor in a healthy mom with a healthy baby, admission to the hospital occurs once you are close to active labor. This is generally defined as regular contractions

with cervical dilation of 4cm or more. If you are admitted to the hospital, blood will be drawn for lab evaluation and the baby will be monitored. An IV is placed for access in case of emergency, but this does not necessarily mean you will be attached to a bag of fluid. We do not routinely give enemas or shave the pubic hair at admission.

Active Labor

During active labor, we routinely do cervical exams as needed to evaluate progress, usually every few hours for early labor and more frequently if labor is progressing quickly. Once you are in active labor, your contractions will be much stronger and your cervix will increase dilation. At this point, you may decide to request IV pain medication or epidural anesthesia or continue without medication. We do not favor one method over the other.

Delivery

At this point, you will have reached complete dilation and will begin pushing. Women often push while reclining. You may, however, push in any way that is most comfortable. We do not routinely use episiotomies. This decision is usually made just as the baby's head is crowning. Once the baby has been delivered, you or your partner may cut the cord. After holding the baby for a few minutes, the baby will be evaluated, warmed and weighed by the nurses.

Inductions

There are certain circumstances that exist when we recommend that we induce your labor. Some examples include: post-dates

pregnancy (after 41 weeks), preeclampsia, low amniotic fluid, and diabetes.

Inductions are performed at the Rex Hospital Birthing Center. There are several different methods for induction of labor. The method that we choose depends on your cervical dilation and effacement. If your cervix is not very dilated or effaced (thin), then we will likely have you come to the hospital the night before your induction to undergo “cervical ripening.” You would then stay overnight and continue the induction in the morning. There are several methods that we may use, each with the ultimate goal of dilating and effacing the cervix overnight under more restful conditions. We will explain those methods at that time.

If you don't require “cervical ripening” then your induction will most likely start in the morning or early afternoon. A nurse from Rex Labor and Delivery will call you between 5 and 7 am that morning and will tell you what time to arrive at the Birthing Center. Please have your bags ready and childcare arranged so that you can arrive quickly after being called to the hospital. Once at the hospital, you will be taken to a labor room and be admitted. The usual method of induction involves giving you Pitocin through an IV, breaking your water, or both. After this we usually need to increase the Pitocin dosage until your contractions become strong and you progress into labor.

Postpartum

You will move to a different room after delivery and the baby will be able to “room in” with you, assuming that the baby is stable. Lactation specialists are available to all postpartum patients. Circumcision of your newborn baby boy, if desired, is usually done in the days following delivery. Typically, women go home one to

two days after a vaginal delivery or three to four days after a Cesarean section.

Am I In Labor?

This is a question that we often hear and one that concerns most of our pregnant patients. Will I know if I am in labor? How do I know if this is real labor or false labor? How do I know if my water breaks?

While no labor follows an exact pattern, here are some suggestions of when to seek evaluation.

1. A gush of fluid from the vagina or a constant clear odorless discharge that necessitates wearing of a pad.
2. Contractions that are generally five minutes apart, last for about a minute, and are usually uncomfortable enough that you don't want to talk through them. "Real" contractions don't go away with rest, and contractions should be getting gradually stronger and more consistent. If this is persistent for about an hour, give us a call.

****Please note that it is not necessary to contact our office if you feel you have lost your mucus plug.**

During labor, we will follow your lead in regards to administering medication for discomfort or epidural anesthesia, both of which are easily available at Rex Hospital.

Please be evaluated if you are having any of the above signs and symptoms.

Postpartum Instructions

Congratulations!

We certainly hope that your pregnancy and labor and delivery have gone smoothly, and we offer the following suggestions to help you get through the next several weeks as easily as possible.

Rest!

Nothing is a better start to a day than a good night's rest, and nothing keeps you up more than a newborn. Be a little selfish, and try to get rest when the baby does. Let others help! Remember that they will get to sleep while you're up with the new arrival.

Some parents feel especially overwhelmed by their new duties. These feelings can be accentuated by lack of sleep, hormonal changes, and even by well-meaning comments of others. Postpartum "blues" are very common. If these feelings become severe, you need to be evaluated.

Care of Stitches

If you had a vaginal tear, these stitches will dissolve on their own and need little additional care. Keep the area as clean as possible. Warm sitz baths or tub soaks two to three times a day will ease some of the soreness.

Cesarean section stitches will also dissolve over time. These wounds should be kept dry and clean. You may shower after a C-section. Pat the wound dry afterward. No dressing or bandage is necessary.

Bleeding

Vaginal bleeding after your delivery will vary day to day but will end for the most part by three to four weeks postpartum. Especially with breastfeeding, however, intermittent and unpredictable bleeding can occur, though this will usually not be very heavy or prolonged. If you are breastfeeding, regular periods may not begin again until after weaning.

Constipation

This is a common problem in the postpartum period and should not be ignored. Breastfeeding, narcotic medications, lack of exercise and episiotomy pain can all make constipation worse. Drink lots of fluids, eat fruits and bran cereals, and if needed, use over the counter stool softeners such as Colace. If a laxative is needed, try a mild one such as Citrucel, Miralax or Milk of Magnesia.

Exercise

Begin exercise again gradually but deliberately after delivery. Pregnancy and childbirth have probably taken more out of you than you think, but don't consider yourself immobile. You may begin walking and light exercise, as soon as you feel comfortable doing so. Sit-ups and specific abdominal exercises should be deferred for six weeks.

Breastfeeding

If you are breastfeeding, remember to drink lots of fluids to replace what is being used for making breast milk. The quantity of your milk may decrease if you are especially tired or dehydrated. Take your prenatal vitamins while you are nursing, and eat a well-balanced diet including plenty of calcium and protein.

If you have decided to bottle feed, you should wear a very supportive bra day and night for at least the first week, or until breast swelling has decreased. If painful engorgement occurs, ice packs can be helpful. Do not do anything to stimulate the breasts, such as expressing or pumping milk or even allowing the shower to strike them during bathing.

Driving

Our concern with resumption of driving is that you be completely ready to drive *well*. This is less likely if your stitches are still uncomfortable, if you are requiring pain medication, or if you are exhausted. Wait until it is totally comfortable to ride before considering driving. This may be up to several weeks. Remember, we are concerned not only about you and your new baby's safety, but also everyone else on the road.

Contraception

Even though you may be breastfeeding, use something for birth control. Condoms and/or spermicides should be used *every time* you have intercourse. We do not recommend resuming intercourse until after you have been seen for your six week postpartum check.

Pain Relief

Regular and Extra-strength Tylenol (or equivalent acetaminophen) may be used per the package instruction. Generally, ibuprofen is most effective. Doses up to 800 milligrams three times a day (four of the over-the-counter 200 milligram-strength tablets) may be taken if needed though you should find you need less over the first week.

If you've had a C-section, you may be sent home with a prescription for narcotic tablets. Use these in addition if the above doses of ibuprofen are not giving adequate relief.

You should let us know if these suggestions are not giving sufficient relief.

In Conclusion....

Once again, congratulations! Parenthood is a challenge but a rewarding one. With a good helping of common sense and the above suggestions, things should go well. Do not hesitate to contact us if you think you need help.

You will need to call for your postpartum check-up appointment. This is usually scheduled about six weeks after delivery. Call at your convenience following delivery or go online to request a time.

In conclusion, have fun, get plenty of rest and take lots of pictures!

After Hours Policy

If you are experiencing a medical emergency, please call 911 or seek medical attention at the nearest Emergency Department

Office Hours: Monday –Thursday 8:00 am until 5:00 pm, Friday 8:00 am until 1:00 pm. 919-781-5510

After Normal Business hours, Weekends and Holidays

- If you are calling with an obstetrical emergency regarding a pregnancy that is greater than 20 weeks, such as labor, decreased fetal movement or bleeding, please go directly to the Rex OB Emergency Room
- If this is a gynecological emergency or an emergency involving a pregnancy that is less than 20 weeks, go directly to the Rex Emergency Department located in the main hospital.
- If you are a patient calling regarding a prescription refill, to request an appointment, or for a non-emergent question, please call back during normal business hours, or you may submit a portal message to your provider through our patient portal located on our

website www.midcarolinaobgyn.com. Portal messages are typically answered the next business day.



Rex OB Hospitalist and OB Emergency Department

UNC/Rex Obstetrical Emergency Physicians are available 24/7 to provide patient care for our pregnant patients. They are located at the Women's Health Center (Rex Birthing Center) and will be available to our patient's after normal business hours, weekends and holidays. Our office will partner with the Obstetrical Emergency Physicians to expedite your care and coordination of other services. This arrangement will assure that our patients receive quality care in a timely manner by a board certified physician.

We are happy to discuss any of the after-hours care arrangements with you. Our goal is to make sure all of our patients are well-informed as to who may be available to provide OB care throughout your pregnancy.

Notes: