

Our Guide to a Happy & Healthy Pregnancy



ASSOCIATES IN WOMEN'S HEALTH CARE
OBSTETRICS & GYNECOLOGY

Congratulations on your Pregnancy!

The doctors and staff of Associates in Women's Health Care are excited that you have chosen us to be part of this exciting time for you and your family. We encourage each patient, established or new, to read this booklet. It will serve to guide you through this pregnancy, answer many of the questions you may have now, and assist you to ask questions at your appointments. The information in this booklet is intended as a general educational aid. It is not a substitute for medical advice from a qualified healthcare provider.

The physicians of Associates in Women's Health Care are a dedicated group of men and women who specialize in obstetrical and gynecological care for women throughout the stages of life. We have been delivering babies for over 40 years and care for their mothers with personalized attention in a kind and sensitive manner. We are grateful you have chosen us to be part of your life and we look forward to a healthy pregnancy and birth experience for you and your family.

Sincerely,
Dr. Dina Canavero
Dr. Jaqueline Ho
Dr. Blake Lambourne
Dr. Analisa Marki
Dr. David Scates

Joining our care team are four wonderful Nurse Practitioners: Jessica Beckmeyer, Allison Della Maggiora, Maria Rivera, and Lia Walther.

The physicians at Associates In Women's Health Care are individual providers so you will see your personal physician or a nurse practitioner for your office visits. Your physician will make every effort to be available for your delivery; if they are not available another physician from our group may be there for your delivery. Occasionally, none of our physicians are available and the hospital will have an on-call physician from another group be there for your delivery.

If you have a routine or urgent health issue, please call our office during regular office hours. After-hours urgent or emergency concerns can be handled by calling the office number below; our answering service will direct your call to the on-call physician.

Contact Phone Numbers

Associates in Women's Health Care (916) 782-2229

Office Hours – Monday, Tuesday, Wednesday, Thursday 8:30 am - 4:30 pm
Friday 8:30 am - 3:00 pm

Sutter Roseville Hospital Labor & Delivery (916) 781-1517

Mercy San Juan Hospital Labor & Delivery (916) 537-5003



Your Prenatal Appointments

My Primary OB Provider: _____

My Due Date: _____

0 - 28 weeks Appointments once per month

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

28 - 36 weeks Appointments every 2 weeks

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

36 - 41 weeks Appointments once per week

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____



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What to Expect



At the Doctor's office

Establish care with your OB provider

Discuss genetic testing

Blood work to check your health status

Prenatal appointments every 4 weeks

With your Pregnancy

Positive pregnancy test

Baby's heart starts to beat

Baby's internal organs begin to form

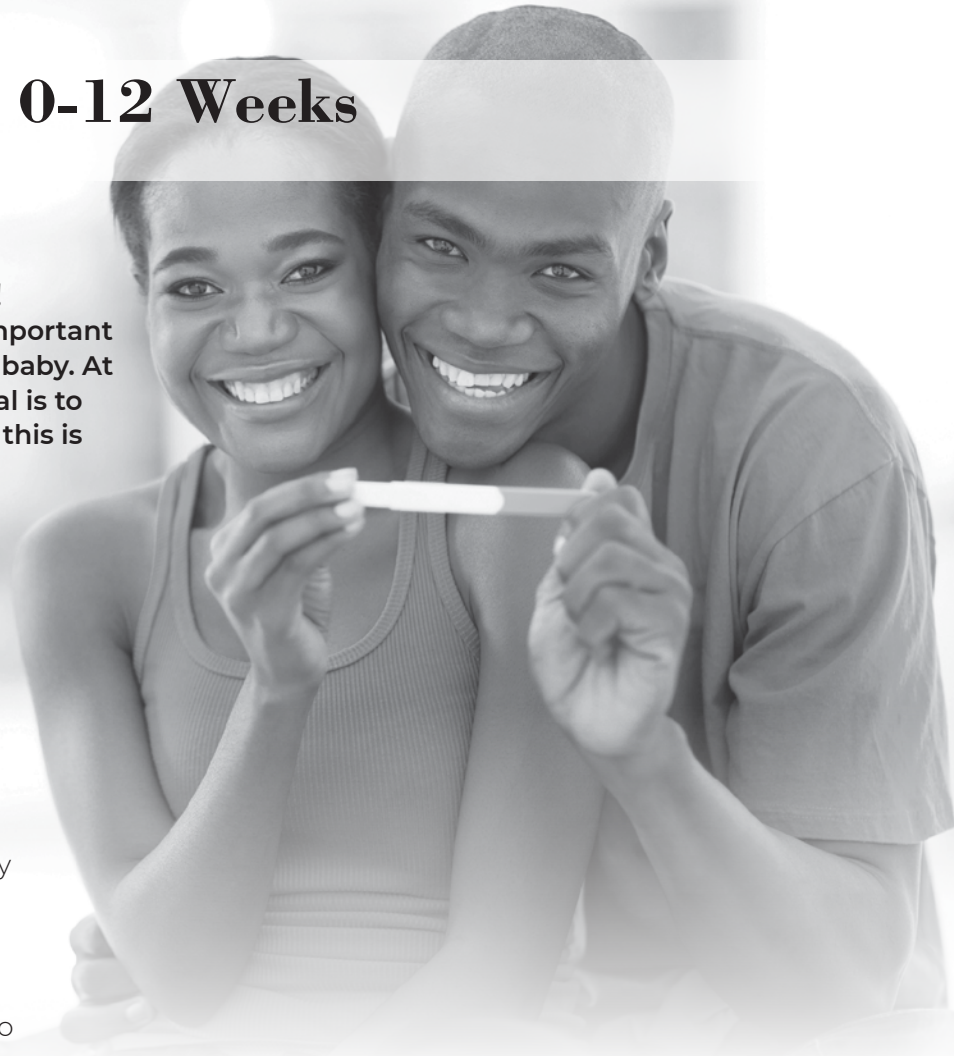
You may feel very tired and nauseated

FIRST TRIMESTER





Your Pregnancy 0-12 Weeks



Congratulations on your pregnancy!

Now that you know you're expecting, it's important to take very good care of yourself and your baby. At Associates in Women's Health Care, our goal is to partner with you and your family to ensure this is one of the best experiences of your life.

About your baby:

Your baby will grow from the size of a poppy seed at 3-4 weeks to a raspberry at 8 weeks and then to the size of a plum by 12 weeks' time.

- 3-4 weeks your baby's brain will begin to develop.
- 6-10 weeks your baby's hands will begin to take form.
- 12 weeks your baby resembles a very tiny human as their lips, nostrils and facial bones are complete.

How you are feeling:

Your pregnancy hormones are in full swing, so feelings of overpowering emotions, tearfulness and fatigue are common.

Due to the increased blood flow to the kidneys, some women have to urinate more frequently day and night.

At this point in pregnancy some women will experience nausea, food cravings and aversions; this is a normal occurrence. If you experience vomiting, you should let your OB provider know.

What to expect with your prenatal care:

The best time to establish your prenatal care is anytime within the first 10-12 weeks of your pregnancy.

At your first OB provider appointment be prepared to talk about the following:

- The date of your last menstrual period.
- Your medical and family history.
- Genetic history for you and father of the baby.
- Past pregnancies.
- Eating and exercise habits.
- Medications you are taking.

At each prenatal appointment the care team will check your weight and blood pressure. You will also need to give a urine sample. All of these things are vital in providing you with the best care possible.

By the time you have reached 10-12 weeks in your pregnancy, your provider may be able to find your baby's heartbeat with the use of a Doppler (a fetal heart Doppler is a machine that allows you and your provider to hear the sound of your baby's heartbeat) and will continue to check for your baby's heartbeat at each appointment. Your provider may order a dating ultrasound to confirm your due date.

Diet and exercise

If you haven't already, your OB provider recommends that you start taking a prenatal vitamin. The prenatal vitamin that you choose should contain at least 800 mcg of folic acid. Over-the-counter prenatal vitamins are acceptable to use and are often cheaper. Prenatal vitamins do not need to be prescribed by your OB provider.

Nutritional Needs and Food Sources:

- Protein 60-70 grams/day (meat, poultry, fish, eggs, nuts, legumes [such as beans, lentils, peanuts and peas], tofu, and dairy)
- Calcium 1000 mg/day (dairy, fortified fruit juice, leafy greens, tofu)
- Vitamin C 85 mg/day (citrus fruits such as oranges and grapefruit and vegetables such as peppers and potatoes)
- Folic Acid 800 mcg/day (leafy greens, whole grains, legumes)
- Iron 27 grams/day (meats, dried fruits, molasses)
- At least 8 glasses of fluid per day

*A prenatal vitamin may supply a majority of these nutrients.

Avoid eating:

- Raw or under-cooked meats and seafood
- High fat and fried foods, pastries
- Spicy foods
- Processed meats
- Soft cheeses
- Certain seafood like tuna and swordfish (due to high levels of mercury)

Exercise:

The golden rule, when it comes to exercise in the first 12 weeks of pregnancy, is any activity done prior to pregnancy is safe to continue, as long as there are no complications. Regular exercise at this time in your pregnancy will help to build strength and endurance for the months ahead. We highly encourage you to get into the habit of using good posture throughout the rest of your pregnancy. Good posture not only can help with back aches, but it also promotes baby to sit in a good position for labor.

Healthy Choices

Eat a variety of healthy foods, such as fruits, vegetables, whole-grain products like cereals, bread, or crackers, and dairy products like milk, cheese, cottage cheese, or unsweetened yogurt. Meats, fish, chicken, eggs, beans, and nuts are also good choices.

Eat fewer foods high in sugar, like candy, cookies, cake, and dried fruit, and drink fewer beverages high in sugar like juice, fruit-flavored drinks or pop (soda).

For snacks, choose foods low in sugar, such as fruits, nuts, vegetables, cheese, and unsweetened yogurt.

To help choose foods low in sugar, read food labels.

If you have problems with nausea, try eating small amounts of healthy foods throughout the day.

Drink water or milk instead of juice, fruit flavored drinks, or pop (soda).

Drink water throughout the day, especially between meals and snacks. Drink fluoridated water (via a community fluoridated water source) or, if you prefer bottled water, drink water that contains fluoride.

To reduce the risk of birth defects, get 600 micrograms of folic acid each day throughout your pregnancy. Take a dietary supplement of folic acid and eat foods high in folate and foods fortified with folic acid. Examples of these foods include:

- Asparagus, broccoli, and green leafy vegetables, such as lettuce and spinach.
- Legumes (beans, peas, lentils).
- Papaya, oranges, strawberries, cantaloupe, and bananas.
- Grain products fortified with folic acid (breads, cereals, cornmeal, flour, pasta, white rice).



Healthy Choices - Safe Seafood

Use this guide to help you make healthy choices.

A seafood serving or 'meal' is about the size and thickness of your hand, or 1 oz. for every 20lbs. of body weight. 160lb. Adult = 8 oz. / 80 lb. Child = 4oz.

Safe to Eat 2-3 Times Per Week

- ♥ Anchovies
- Butterfish
- Catfish
- Clams
- Cod (*Pacific*) (*Atlantic*)
- Crab (*Blue, King, Snow, US, CAN*) (*Imported King*)
- Crab-Imitation
- Crayfish (*imported farmed*)
- Flounder/Sole (*Pacific*) (*Atlantic*)
- ♥ Herring
- ♥ Mackerel (*canned*)
- ♥ Oysters
- Pollock/Fish sticks
- Tuna (*canned light*)
- ♥ Salmon (*fresh, canned*)
 - ♥ Chinook (*King*)
 - ♥ Chum (*Keta*)
 - ♥ Coho (*Silver*)
 - ♥ Farmed
 - ♥ Pink (*Humpy*)
 - ♥ Sockeye (*Red*)
- ♥ Sardines
- Scallops
- Shrimp/Prawns (*US, CAN*) (*imported*)
- Squid/Calamari
- Tilapia (*US, Central/South America*) (*China, Taiwan*)
- ♥ Trout

Safe to Eat 1 Time Per Week

- ♥ Black sea bass
- Chilean sea bass
- ♥ Chinook salmon (*Puget Sound*)
- Croaker
- Halibut (*Pacific*) (*Atlantic*)
- Lobster (*US, CAN*) (*imported Spiny Caribbean*)
- Mahi mahi (*imported longline*)
- Monkfish
- Rockfish/Red snapper (*trawl-caught*)
- ♥ Sablefish/Black cod
- ♥ Tuna/Albacore (*fresh, canned white*) (*WA, OR, CA troll/pole*) (*longline-except Hawaii*)

Avoid Due to Mercury

Women who are or may become pregnant, nursing mothers, and children should NOT eat.

- Mackerel (*King*)
- Marlin (*imported*) (*Puget Sound*)
- Shark
- Swordfish (*imported*)
- Tilefish (*Gulf of Mexico, South Atlantic*)
- ♥ Tuna Steak
- Bluefin
- Bigeye (*imported longline*)
- Yellowfin (*imported longline*)

Key

♥ **Highest in healthy omega-3 fatty acids**

*Raw or uncooked seafood (such as sushi) is not recommended during pregnancy.



What to Eat During Your Pregnancy

Foods to Eat:

Fully cooked meats
Leafy greens
Whole grains
Fruit
Fluids
Dairy
Salmon/Shrimp

Foods to Avoid:

Undercooked eggs
Undercooked meat
Raw fish/seafood
Alcohol
Caffeine (limit)
Fish high in Mercury
Unpasteurized foods

Having good nutrition throughout your pregnancy is one of the best gifts that you can give to your baby as they develop. No matter how far along you are on your countdown calendar, it's never too late to start eating healthy (for you and your baby's health!).

Foods to Eat:

Fully cooked meats - Additional protein is required during pregnancy. It aids in the growth of fetal tissue, including the brain. It also helps with breast and uterine tissue growth during pregnancy.

****Recommended daily intake during pregnancy:** 2-3 servings of protein per day (1 serving = the size of a deck of cards).

Leafy greens - Leafy greens such as spinach, collards, and kale contain iron, folate, and dietary fiber. Folate is important for fetal development, while iron helps make a substance called hemoglobin, which is found in red blood cells, that carries oxygen to the body's many organs and tissues. ****Recommended daily intake during pregnancy:** 2-3 servings of leafy greens per day.

Whole grains - Carbohydrates are the body's main source of energy. Along with energy, whole grains contain healthy amounts of dietary fiber which aide in "moving things along". ****Recommended daily intake during pregnancy:** 6-11 servings of whole grains per day (6-11 oz).

Fruit - Fresh fruit contains folate, fiber, vitamin C, and other essential nutrients vital during pregnancy. Fruits with folate include oranges, strawberries, mango, kiwi, and melon. ****Recommended daily intake during pregnancy:** 2-4 servings of fruit per day.

Fluids - Water plays an important role in the healthy development of your baby. In fact, water helps to form the placenta, which is what your baby relies on to receive nutrients during pregnancy. Water is also used to form the amniotic sac later in your pregnancy. ****Recommended daily intake during pregnancy:** 8 to 12 glasses of water per day.

Calcium - Foods with calcium such as dairy, eggs, and tofu helps to maintain healthy bones and fluids.

****Recommended daily in intake during pregnancy:** 2-3 servings of food containing calcium per day.

Fish low in mercury - Salmon and shellfish are both low in mercury. Seafood contains significant vitamin D, which is important in enhancing immune function, as well as working with calcium to help develop your baby's teeth and bones. In addition, these contain significant omega-3 fatty acids. Both vitamin D and omega-3 fatty acids aide in your baby's brain development. ****Recommended daily intake during pregnancy:** 2 servings of cooked fish/seafood low in mercury per week.

Foods to Avoid:

Undercooked eggs/meat/seafood - Be sure to fully cook all eggs/meat/seafood to prevent sickness from many different harmful bacteria. Also eating pasteurized foods and heating deli meats can help prevent illness.

Alcohol - There is no known amount of alcohol that is safe during pregnancy. It is best to completely avoid alcohol for the duration of your pregnancy.

Caffeine - Caffeine intake has been associated with pregnancy complications. It is best to limit caffeine intake to less than 1-2 small caffeinated beverages per day.

Fish high in mercury - Fish high in mercury include shark and swordfish. In high quantities, mercury can be toxic to the nervous system of your baby. It is recommended to avoid these during your pregnancy.



Frequently Asked Questions

Q: Can I have sex while I am pregnant?

A: YES! You can still have sex during your pregnancy unless you are advised by your OB provider not to.

Q: Can I color my hair and/or paint my fingernails and toenails while pregnant?

A: YES! We advise that you do not color your hair until you are at least 12 weeks along in your pregnancy. It is best to do both of these things in a well ventilated room.

Q: When should I tell people about my pregnancy?

A: The risk of having a miscarriage is highest between 4-12 weeks of pregnancy. It is up to you when you announce your pregnancy to your friends and family; however after 12 weeks of pregnancy the risk of having a miscarriage decreases significantly.

Recommended Readings:

What to Expect When You're Expecting

by Heidi Murkoff and Sharon Mazel

Expecting 411

by Dr. Ari Brown and Dr. Michele Hakakha

50 Things to Do Before You Deliver: The First Time Moms Pregnancy Guide

by Jill Krause

Q: Can I travel while I am pregnant?

A: YES! Unless you are advised by your OB provider not to travel. There may be a time in your later pregnancy that your OB provider advises against travel. If you travel for a prolonged time, we recommend stretching your legs once an hour. Avoid Zika affected countries such as Brazil, the Philippines and Kenya. Check the Centers for Disease Control (CDC) website for more information on Zika affected areas.

Q: When do we have the first ultrasound of our baby?

A: Your first ultrasound is usually scheduled around 18-24 weeks. Your OB provider may decide to do an earlier ultrasound to confirm your due date.

What No One Tells You: A Guide to Your Emotions from Pregnancy to Motherhood

by Dr. Alexandra Sacks and Dr. Catherine Birndorf

Expecting Better: Why the Conventional Pregnancy Wisdom Is Wrong—and What You Really Need to Know

by Emily Oster

Morning Sickness (*Nausea in Pregnancy*)

Morning sickness is that feeling of nausea that is commonly experienced during the first 12 weeks of pregnancy. Fifty percent of pregnant women will experience some level of morning sickness ranging from mild to severe.

The nausea usually starts in the morning, and as you eat and become more active, gradually lessens as the day goes on. The good news is, in most cases morning sickness subsides towards the end of the first trimester. Until then, here are a few ways to help relieve your morning sickness.

- Allow yourself time in the morning to have a small bland snack before you get out of bed (crackers, dry cereal, etc.) and to get up slowly.
- Avoid becoming too full or too hungry; eat small frequent, bland meals (toast, chicken noodle soup, rice etc.).
- Drink plenty of fluids throughout the day, but limit the amount of fluid you drink with meals.
- Take naps, if you are able.
- Try acupressure bands.
- Use ginger (ginger ale soda, ginger tea, ginger jam on toast, ginger snaps, ginger chews).
- Try ginger tablets, 250mg 4 times a daily.
- Drink peppermint tea or try peppermint candy.
- Eat, smell, or put lemon in decaffeinated tea.

If there is No improvement with these suggestions, try over-the-counter medications: Vitamin B6 - 25mg every 6-8 hours with Unisom (Doxylamine) - 25mg every 6 hours (side effect of drowsiness).

We may recommend prescription medication if you are still having nausea after trying these suggestions. Your OB provider will discuss options with you if it is necessary. Please contact your OB provider if you experience any vomiting lasting more than 24 hours.





Genetic Screening During Pregnancy

Testing in the first and second trimesters of pregnancy can help women and their families evaluate the risk for potential genetic problems and birth defects in their unborn babies. The risk for these disorders changes according to factors such as maternal age, ethnic background and family history, but according to the Centers for Disease Control birth defects affect about 3 percent of babies born in the United States every year. As such, genetic screening is offered to all pregnant women, but it is noted to be optional and not required during pregnancy.

Some individuals choose not to have prenatal testing as they believe that the information they get from testing would not change what they would do during the pregnancy or after the baby's birth. Other individuals wish to get testing as they may consider terminating a pregnancy if a specific health issue is detected. Some individuals get prenatal testing so that they can be more prepared by knowing in advance that their child will be born with a health condition or disability. The choice of genetic testing is a very individual decision. Below is some information regarding screening options in pregnancy.

What Conditions Can be Screened For?

Down Syndrome, Trisomy 21 (T21) - Caused by an extra copy of chromosome 21. Individuals born with this condition have a wide spectrum of abilities and disabilities. Several health problems are linked to Down syndrome such as heart defects and vision/hearing concerns, but many people with Down syndrome enjoy good health. Not genetically passed down in families, increased risk occurs with increasing maternal age.

Trisomy 18 (T18) and Trisomy 13 (T13) - Caused by having an extra copy of chromosome 18 or 13, respectively. Associated with many birth defects and health issues, pregnancies affected by these often end with miscarriage or babies pass shortly after birth. Like Down syndrome, the chance to have a baby with these conditions increase with age.

Sex Chromosome Conditions - Any variation in the number of sex chromosomes other than typical female (XX) or male (XY). They are the most common type of chromosome difference in liveborn children, and the variance of presentation ranges from mild (so much so that they may go undiagnosed) to causing developmental delays, psychological issues and/or birth defects.

Spina Bifida and other Neural Tube Defects (NTD) - An opening along the baby's spine, often requiring surgery after birth. May also be associated with physical or intellectual disabilities.

Microdeletions - Diseases that occur when a tiny piece of chromosome is removed during the process of copying genetic material. Research is ongoing as to detection of and significance of these, but some known microdeletions can affect a baby's health and development. Some examples of diseases of microdeletions include DiGeorge syndrome, Angelman syndrome, Cri-du-chat syndrome and Prader-Willi syndrome.

Screening for recessive conditions - Typically are inherited genetic diseases that can happen even in families with no previous history. Carrier screening involves a blood or saliva test for one or both partners. Screening is available for several of these including cystic fibrosis, sickle cell disease, spinal muscular atrophy, Tay Sachs disease and others.

What Happens after a Negative Screening Test

Negative screening tests are reassuring, but unfortunately screening tests do not guarantee a normal, healthy baby. Prenatal screening aims to screen for the most common problems, but other diagnoses such as blindness, deafness, some types of heart defects and many types of intellectual and cognitive abilities cannot be tested for in pregnancy. However, the chance of these problems is low and most babies are born healthy.

What Happens after a Positive Screening Test

Your provider will review the results with you and explain about what they mean for the health of the baby. A referral to a genetic counselor and/or perinatologist (high risk OB doctor) will be provided. You can meet with health care providers, families and support groups to make sure all of your questions are addressed and that you may make an informed decision regarding the pregnancy.



	Serum Integrated Screening	Integrated Prenatal Screening	First Trimester Screening	Non-invasive Prenatal Testing
What it detects	T21, T18, NTD	T21, T18, NTD	T21, T18, T13	T21, T18, T13, sex chromosome abnormalities
How is it done	2 blood draws	2 blood draws + 1 ultrasound	1 blood draw + 1 ultrasound	1 blood draw
When is it done	10-14 weeks then 15-21 weeks	10-14 weeks then 15-21 weeks	11-14 weeks	>10 weeks
Detection rate for T21	85%	87%	83%	99%
Detection of microdeletions	No	No	No	Yes
Detection of recessive conditions	No	No	No	No
False positive rate	4.4%	1.9%	5.0%	0.2%
Risk of pregnancy loss	None	None	None	None

What Does Being a Cystic Fibrosis Carrier Mean for Me and My Baby?

In order to answer this question and others, we will need to explain what genes are, but you should know that being a carrier is not an illness and does not affect your own health. In fact, you would probably not have found out you are a carrier unless you had a special blood test.

What is a gene and what does it do? Genes are our body's "instructions" that determine our physical characteristics, such as body type and color. They are located on chromosomes, which are found in almost every cell in our bodies. We inherit one set of chromosomes from each of our parents; therefore, our chromosomes and the thousands of genes located on each of them come in pairs.

The cystic fibrosis gene pair tells our bodies how to make a specific substance called cystic fibrosis transmembrane regulator (CFTR). This substance affects the movement of fluid in and out of cells found in the lungs, the digestive tract, and other organs in the body. If a person has one copy of the cystic fibrosis gene that does not function properly, he or she is called a cystic fibrosis carrier. As long as you have one working copy of this gene, your body has enough (CFTR) to do its job, which is why you do not have cystic fibrosis and never will have cystic fibrosis.

Although cystic fibrosis is present from birth, its symptoms may first appear at different ages. The disease worsens as people get older and most will die in their 20s and 30s although some do not survive past childhood and others live longer.

How does one become a carrier? Since all of our genes are inherited from our parents on their chromosomes, individuals who are cystic fibrosis carriers have inherited their non-working gene from one of their parents.

Is it true that only Caucasian people are cystic fibrosis carriers? No, it is not. Cystic fibrosis carriers are found in other nationalities and ethnic groups but are more commonly found in individuals whose ancestors came from Europe.

Is there a cure for cystic fibrosis? No. Although research is being conducted, there is nothing that can be done to cure the disease at this time. Affected individuals receive daily chest therapy, medication and require periods of hospitalizations. Progress in the treatment of cystic fibrosis has made it possible for affected individuals to live longer in the past when children typically died very young.

Can being a cystic fibrosis carrier lead to having cystic fibrosis? No. Carriers will never develop the disease because they have one working copy of the CFTR gene. Their bodies make enough of the regulator with this one working copy to be healthy.

If I am a carrier, can my child(ren) have cystic fibrosis? Since children receive half of their genetic information, like eye and hair color, from their mother and half from their father, the answer to this question depends on whether or not your partner is a carrier.



Medications That are Safe During Pregnancy

Always talk to your OB physician about medications or supplements you are taking or want to start taking.

During the first twelve weeks of pregnancy, the following over-the-counter medications are safe.

Problem	Over the counter	Call OB Physician if any of the following are present
Morning sickness	Vitamin B6, Unisom, Emetrol, Acupressure bands	You have persistent vomiting, weight loss, or inability to tolerate fluids for 24 hours.
Mild headaches; general aches and pains	Tylenol (acetaminophen)	You have severe and/or persistent headaches.
Nasal congestion, due to colds or allergies	Saline nasal spray	You have fever/chills, shortness of breath

Beyond twelve weeks of pregnancy, the following over-the-counter medications are safe.

Problem	Over the counter	Call OB Physician if any of the following are present
Nasal congestion, due to a cold or allergies	Saline nasal spray	You have fever, chills or shortness of breath.
Cough	Guaifenesin, non-alcohol containing cough syrup	You have a persistent cough lasting more than 1 week.
Sore throat	Vitamin C Alcohol-free lozenges Chloraseptic spray	You have a severe or persistent sore throat, especially without typical cold symptoms
Constipation	High Fiber Diet, Metamucil, Milk of Magnesia, Senokot (stool softener)	You have severe straining or rectal bleeding.
Heartburn	Maalox, Mylanta, Tums, Rolaids, Pepcid AC DO NOT TAKE PEPTO BISMOL	You have no relief.
Gas	Gas-X, Mylicon	You have no relief.
Hemorrhoids	Anusol HC, Preparation H, chilled witch hazel packs, sitz baths, high-fiber diet, hydration	You have bleeding or severe pain.
Insomnia	Warm bath and a good book	You have no relief.
Mild to moderate diarrhea	Imodium AD	You have diarrhea that persists for two days, is accompanied by fever, or is severe.





Medication Use in Pregnancy

Before 12 Weeks

Consult your physician before taking any over-the-counter or prescription drugs.

After 12 Weeks the following OTC and prescription medications have been approved for use in pregnancy by the American College of Obstetricians & Gynecologists.

- **Antacids** – Mylanta, Maalox, Pepcid AC, Tums, Prilosec OTC
- **Antibiotics** – Keflex, Macrobid, Amoxicillin, Penicillin, Erythromycin, Azithromycin
- **Antiviral** – Zovirax, Valtrex, Famvir
- **Antihistamines** – Benadryl, Allegra, Claritin, Dimetapp, Zyrtec, Chlor-Trimeton, Tavist
- **Antinausea** – Phenergan, Reglan, Compazine, Unisom, Vitamin B6, Diclegis, Bonjesta, Zofran (after 1st trimester)
- **Asthma** – Ventolin, Albuterol, Steroid sprays
- **Blood Pressure** – Nifedipine, Aldomet, Propanolol
- **Cough Drops** – Vicks, Robitussin, Herbal cough drops, Cepacol
- **Cough Suppressants** – Robitussin, Tessla Pearls, Phenergan with codeine
- **Decongestant** – Sudafed, Mucinex
- **Diarrhea** – Kaopectate
- **Facial Wash** – Salicylic acid, Benzoic acid
- **Laxative & Stool Softeners** – Ducolax, Miralax, Milk of Magnesia, Tea with Senna, Colace, Citracell, Fibercon, Metamucil
- **Nasal Sprays** – Afrin, Flonase, Nasonex, Veramyst, Neosynephrine, Saline Spray
- **Pain** – Tylenol (regular and extra strength), Codeine, Norco
- **Thyroid** – Synthroid, Thyroxine
- **Yeast Infection** – Monistat, Gyne-Lotrimin, Femstat, Terazol, Boric Acid, Probiotics

Medications you should **NEVER** take during pregnancy include but are not limited to: **Accutane, Lithium, Tetracycline, Vibramycin, Valproic Acid, and Retinoids on the face.**

These medications should be **AVOIDED** unless you have a medical condition for which your physician advises: Aspirin, Motrin, Aleve, and Ibuprofen.

Airborne has not been approved by the FDA as safe to take during pregnancy therefore we advise that you do not use it.

There is no contradiction to using NutraSweet during pregnancy. Caffeine should be limited to less than 300mg per day.

Other medications may be safe or have minimal risk but should be discussed with your physician prior to taking the medication. Most fall into the “unknown” category. This means that there is no documentation of its safety in pregnancy.





Tips for Good Oral Health

Below are tips for taking care of your oral health while you are pregnant. Getting oral health care, practicing good oral hygiene, eating healthy foods, and practicing other healthy behaviors will help keep you and your baby healthy. Delaying necessary treatment for dental problems could result in significant risk to you and your baby (for example, a bad tooth infection in your mouth could spread throughout your body).

Get Oral Health Care

Taking care of your mouth while you are pregnant is important for you and your baby. Changes to your body when you are pregnant can make your gums sore or puffy and can make them bleed. This problem is called gingivitis (inflammation of the gums). If gingivitis is not treated, it may lead to more serious periodontal (gum) disease. This disease can lead to tooth loss.

Oral health care, including use of X-rays, pain medication, and local anesthesia, is safe throughout pregnancy.

Get oral health treatment, as recommended by an oral health professional, before delivery.

If your last dental visit took place more than 6 months ago or if you have any oral health problems or concerns, schedule a dental appointment as soon as possible.

Tell the dental office that you are pregnant and your due date. This information will help the dental team provide the best care for you.

Practice Good Oral Hygiene

Brush your teeth with fluoridated toothpaste twice a day. Replace your toothbrush every 3 or 4 months, or more often if the bristles are frayed. Do not share your toothbrush. Clean between teeth daily with floss or an interdental cleaner.

Rinse every night with an over-the-counter fluoride, alcohol-free mouth rinse.



Alcohol and Pregnancy

We recommend abstaining from alcohol in any form.

Let's look at why.....

Your baby is in a constant state of growth. Their brain begins to develop around week three of your pregnancy and continues its development throughout the pregnancy.

When a pregnant woman drinks alcohol, the alcohol travels through her blood stream and into the baby's blood and vital organs, including the brain. Alcohol breaks down much more slowly in the baby's body than in the adult. What this means is that the baby's blood alcohol level remains elevated much longer than the mother's. This can harm the baby and can sometimes lead to lifelong damage.

Because of this there is no known "safe" amount of alcohol use during pregnancy. Alcohol use appears to be the most harmful during the first 3 months of pregnancy; however, drinking alcohol anytime during pregnancy can be harmful.

Alcohol in pregnancy has been associated with

children developing speech and language delays, learning disabilities, abnormal facial features, hyperactivity, impulse control, heart problems and delays in social skills.

Although it is known that a high level of alcohol consumption during pregnancy can cause severe birth defects, there are still many unknowns on the exact effects of alcohol in small amounts to the developing baby. Therefore, the Centers for Disease Control, the American College of Obstetricians and Gynecologists, and the American Academy of Pediatrics advise all pregnant women completely abstain from drinking alcohol throughout their pregnancy.

In the end, your OB provider wants you to have a healthy delivery and a healthy baby.

If you are struggling to quit alcohol, marijuana, heroin, opioids, or other addictive drugs, please have an open and honest discussion with your OB provider. They can connect you with resources to help you and your developing baby.



Marijuana During Pregnancy and Breastfeeding

Tetrahydrocannabinol (THC) is the chemical in marijuana that provides the high feeling. Cannibidiol (CBD) products do not contain THC and will not give you a high feeling, but are still considered chemicals that may be harmful to your baby. Studies continue to look at the effects of THC and CBD.

The research that is being done shows:

- The chemicals in marijuana pass through the placenta and breastmilk to your baby.
- There is potential harm done to the baby's brain and nervous system and is still being measured.

Recent studies have shown that teens, whose brains are still developing, showed impaired short-term memory, decreased concentration, shortened attention span and difficulty in problem solving abilities. This can interfere with their learning capabilities. Teens also have been shown to have a loss of IQ points that are never regained after using marijuana has stopped.

Currently, there is very little data to show what affect marijuana has on a baby's IQ, but considering the

impact it has on adolescent brains, it would be safe to assume the same is true for newborns. Some research points out that it may be difficult for your child to pay attention or to learn as they grow older.

According to the Cleveland Clinic, newborns exposed to marijuana have a higher risk of medical conditions. Mothers who use marijuana during pregnancy may have a higher risk of preterm birth, a higher rate of baby's admission to the neonatal intensive care unit (NICU), and an increased risk of placental abruption where the baby is deprived of the oxygen and nutrients they need resulting in a possible preterm birth.

The Centers for Disease Control and Prevention (CDC) also warns that marijuana may impact your baby's development. Babies who have been exposed to marijuana may have a difficult time paying attention and learning. These issues often present themselves as they get older.

Marijuana is legal in California for adults over the age of 21. We recommend talking with your provider about the use of marijuana prior to pregnancy or breastfeeding.

Pregnancy

Pregnancy is an important time for your baby's brain to grow and develop. Since marijuana crosses the placenta from the mother's blood stream to the baby, your baby's brain and nerve development may be affected.

Morning Sickness

This can be challenging time and you may seek relief from something other than prescription drugs. This is a good time to inform your provider of the medicines, vitamins, supplements, and herbal products you take as well as marijuana.

Breastfeeding

Breastfeeding is healthy for both mom and baby and provides the best nutrition for your baby. THC is stored in fat and released slowly over time. Even though you have stopped using marijuana, your baby could still be exposed as

it passes to baby through your breastmilk. Breastfed babies of marijuana-using mothers are also more lethargic and less effective at suckling while nursing.

Smoking

Marijuana smoke has many of the same chemical hazards as tobacco smoke and is equally harmful to your baby. Keep baby away from any type of smoke because smoke of any kind is damaging.

Edibles

As with all other forms of marijuana, the harmful chemicals will pass to the baby through the placenta and into the bloodstream of the developing baby.

Vaping

Vaping still passes the chemicals through the placenta and into the bloodstream of the developing baby. We recommend avoiding vaping while pregnant or breastfeeding.

Safety Tips

- Caring for your baby under the influence is not safe.
- No one who is under the influence should take care of your baby.
- Marijuana makes you sleep soundly. Never have your baby sleep with you if under the influence.
- Avoid riding with your baby in a car with someone who is driving under the influence.

Urgent

- If you have marijuana products in the home, store them in a secure place where no one will accidentally take them.
- If your baby or young child swallows a marijuana product, call 911 or go to an emergency room immediately.

Sources: Cleveland Clinic; clevelandclinic.org/health | Centers for Disease Control and Prevention (CDC); cdc.gov | American Academy of Family Physicians; familydoctor.org | Harvard Health Publishing; health.harvard.edu





What to Expect



At the Doctor's office

Listen for the baby's heart beat

Anatomy ultrasound

Discuss and have blood work done to check your blood sugar levels

Prenatal appointments every 3-4 weeks

With your Pregnancy

Start to feel baby move

Your abdomen may start to show that you are pregnant

You may begin to have more energy than in the first 12 weeks

SECOND TRIMESTER





Why Choose Us?

We want to provide you with more information on what to expect during the last trimester of pregnancy. This class is taught by an experienced Labor & Delivery RN who will go over delivery step-by-step and answer all your questions to be sure you leave confident in what to expect with your delivery.

Topics include:

- Stages of labor
- Natural vs epidural
- Emergency situations
- C-sections
- Inductions
- Q & A session

Cost and Scheduling

\$20 per class

We are currently holding class online using Zoom. We will email you the class code when you schedule and payment is completed. Limited to 10 patients with birthing partners.

Reserve your spot today

(916) 782-2229

www.aiwhc.com

**Classes are held monthly.
Schedule yours in your 7th month.**



Your Pregnancy 13-24 Weeks

About your baby

Your baby will grow from the size of a peach at 13 weeks to a cantaloupe at 20 weeks and end up the size of a papaya at 24 weeks' time. During these weeks we see many changes occur.

- 13 weeks your baby's vocal cords are appearing.
- 16 weeks your baby's eyelashes, eyebrows and hair are filling in.
- 20 weeks your baby's genitals are fully formed.
- 24 weeks your baby's face and ears are completely developed. At 24 weeks your baby can hear your voice and other sounds from the outside world.

How you are feeling:

Due to increased blood flow to your nose and mouth you may develop a stuffy nose, nose bleeds or bleeding gums. These things are nothing to be concerned about, unless the bleeding becomes excessive. If you find it is hard to stop bleeding from your nose or gums let your OB provider know.

You may find that you are more forgetful. There is no scientific reason to explain this, but many women say they are more forgetful at this time in their pregnancy. The good news is this tends to lessen for most women as pregnancy moves on.

Somewhere around 16-24 weeks most women start to "show", meaning that your belly becomes increasingly larger and more noticeable; this may be a good time to start wearing looser fitting clothes.

One of the most exciting parts of being pregnant happens somewhere between 16 to 25 weeks. This is when you will start to feel your baby move inside your belly. The timing as to when this will happen varies in each woman. Movement is often felt earlier for women that have had previous pregnancies and later in first time mothers.

Your prenatal care

By now we highly recommend that you have established care with your OB provider.

Sometime between 18-24 weeks your OB provider will have you go for an ultrasound. This ultrasound will

provide a picture of your baby, including your baby's heart, brain, facial structures and genitals. If you wish to know the sex of your baby, this is when you will be able to find out.

Diet and exercise

Nutritional Needs and Food Sources

*A prenatal vitamin may supply a majority of these nutrients.

- Protein 60-70 grams/day (meat, poultry, fish, eggs, nuts, legumes [such as beans, lentils, peanuts and peas], tofu, and dairy)
- Calcium 1000 mg/day (dairy, fortified fruit juice, leafy greens, tofu)
- Vitamin C 85 mg/day (citrus fruits such as oranges and grapefruit and vegetables such as peppers and potatoes)
- Folic Acid 800 mcg/day (leafy greens, whole grains, legumes)
- Iron 27 grams/day (meats, dried fruits, molasses)
- At least 8 glasses of fluid per day

Avoid eating

- Raw or under-cooked meats and seafood
- High fat and fried foods, pastries
- Spicy foods
- Processed meats
- Soft cheeses
- Certain seafood like tuna and swordfish (due to high levels of mercury)

What about cravings?

Some women have cravings for certain foods during pregnancy. During this time in your pregnancy your goal is to ensure that you are eating enough to feel satisfied and have the strength you need. Often cravings are the result of inadequate or imbalanced nutritional intake. Keep things balanced and try to eat more natural food choices without preservatives the majority of the time. However, it is okay to allow yourself some space to enjoy all types of foods. Talk to your OB provider or our nutritionist if you would like further information in regards to nutrition.



Exercise:

High impact sports and anything that puts you at risk for falling or being injured are not advised as your pregnancy progresses. Things like jogging and running are considered high impact, but should not harm your baby. However, running and jogging may put quite a bit of strain on your body with the extra weight that you are carrying around. If you choose to do these kinds of activities be sure to discuss this with your OB provider first. Walking, swimming and bicycling can be better choices for exercise as your pregnancy moves forward.

We highly encourage you to get into the habit of using good posture throughout the rest of your pregnancy. Good posture not only can help with back aches, but it also promotes baby to sit in a good position for labor. You should also be doing Kegel exercises, if you are not doing them already. Kegel exercises strengthen your pelvic floor muscles. These are the muscles that support the uterus, bladder, small intestine and rectum. Talk to your OB provider and/or nursing staff for more information regarding Kegel exercises.



Frequently Asked Questions

Q: Will I get stretch marks as my belly grows and can I prevent them from happening?

A: Most women will get stretch marks at some point in their pregnancy. However, whether or not you get them and how severe you may get them depends on your family genetics and your age when you are pregnant. Unfortunately, there is nothing that you can do to prevent stretch marks from occurring.

Q: When will I feel my baby move?

A: Every woman and pregnancy is different; however, women commonly start to feel their baby move somewhere in between 16-25 weeks of pregnancy.

Q: Can I take over-the-counter medications?

A: After 12 weeks of pregnancy there are certain over-the-counter medications that you can take for things like a mild headache, cough or constipation. However, because you are pregnant there are a number of over-the-counter medications that you should avoid using. It is best to ask your OB provider or a pharmacist before using over-the-counter medications. See list in previous chapter.

Q: How can I prevent/treat the heartburn/indigestion that I have been having?

A: Here are a few tips that help many women:

- Eat small frequent meals, not large portions at one time.
- Avoid caffeine and spicy foods.
- Sit upright and avoid lying down for at least one hour after you eat.
- It is important to stay hydrated when you are pregnant; however, spread your fluid intake out throughout the day. Drinking a lot of fluids with meals can worsen heartburn.
- After 12 weeks of pregnancy you may take some over-the-counter medications like Tums, Mylanta or Maalox. DO NOT TAKE PEPTO BISMOL.

If your symptoms become severe, tell your OB provider.

Recommended Readings:

Twelve Hours' Sleep by Twelve Weeks Old: A Step-by-Step Plan for Baby Sleep Success

by Suzy Giordano and Lisa Abidin

What to Expect the First Year

by Heidi Murkoff

Baby's Eat, Sleep & Poop Journal, Log Book

by Sandra Kosak

The Fourth Trimester: A Postpartum Guide to Healing Your Body, Balancing Your Emotions, and Restoring Your Vitality

by Kimberly Ann Johnson

The Expectant Father (The Ultimate Guide to Dads-to-Be)

by Armin A. Brott



Emotions During Pregnancy and The Transition into Parenthood

By Ariane Soll, PsyD

There is no predictable sequence of emotions that one can expect during pregnancy and the early transition into parenthood. The myth of maternal bliss creates an expectation that women should always be elated during this time. Not only is that almost never entirely true, but it also sets women up for the possibility of feeling shame when they are navigating the normal challenges of this transition. “Matrescence” is a concept developed by Alexandra Sacks, MD, and it refers to the normal transition our bodies, emotions, and identities go through during pregnancy and the postpartum period.

Some of the challenges women report during pregnancy include coping with changes in hormones and mood, body image, and planning for labor and delivery. Then there is the transition to caring for a newborn, sleep routines, feeding, recovering from childbirth, resuming daily routines, and adjusting to a new role in life. There are some more predictable changes in emotions which can be helpful to be aware of. Most new moms will experience some symptoms that are referred to as “baby blues,” and this refers to the changes in mood that accompany the drop in hormones which occurs about four or five days after birth when the body resumes hormone production similar to prior to being pregnant. Women may report mood swings including sadness and anxiety, which typically resolve within one or two weeks. However, some women may experience more intense emotions which last longer, and these symptoms can begin at any time during pregnancy and throughout the first year after their baby is born. These symptoms may include sadness, anxiety, negative thoughts, fears of something bad happening, difficulties sleeping, social withdrawal, and isolation. Furthermore, partners can develop symptoms of postpartum depression and anxiety as well, and it can be helpful for all parents to be aware of how this major transition can impact their emotional well being so that they can reach out for support if needed.

The most important point to be aware of as you enter this stage in life is that there is no “right” way to feel. Some women love being pregnant and others can’t wait for it to be over, some women fall in love with their babies at first sight, and some women feel that their love for their child grows over time. The way in which you feel right now and throughout this transition does not predict the love you will feel for your child or the love that you will impart on your child.

If you are experiencing emotional difficulties, it is important to talk to someone about it so that you can get the support you need. Please don’t hesitate to talk to your providers about your emotional experiences during this time, and they can help you figure out what forms of support might be helpful.

Recommended Reading:

Sacks, A., & Birndorf, C. (2019) ***What no one tells you: A guide to your emotions from pregnancy to motherhood***. New York, NY: Simon and Schuster.





We provide the highest standards for elective ultrasound with highly trained and experienced sonographers. Equipped with the latest technology on the market, our office offers 2D, 3D and 4D ultrasound. All sessions are done in a comfortable room with viewing on a large flat screen for expectant mothers and their partners to enjoy the experience.

Ultrasound sessions to see your baby's gender can be performed as early as 15 weeks. Our gender reveal sessions are very popular so book your appointment today. We offer an ultrasound package that includes 2 appointments, the gender and a 3D/4D. All ultrasounds include printed photos and a link to downloadable images to save on any device.

We have the West Coast's only Samsung HERA i10, the newest advanced image processing technologies MultiVision, Advanced ClearVision™, and Shadow HDR™, and advanced 3D/4D technologies, SMART 4D+, MV-Flow™, LumiFlow™, Crystal Vue™ and Crystal Vue Flow™, Realistic Vue™, and HDVI™ 2.0.

What is the difference between 2D/3D/4D?

2D is the standard ultrasound. This type of ultrasound is recommended for babies that are 20 weeks or younger and the preferred type of imaging for gender determination. 3D is the type of ultrasound that allows you to view the surface anatomy of the baby and get a clear image of the baby's face, hands and feet. It is recommended to do 3D imaging later in pregnancy (28-32 weeks). 4D is simply 3D ultrasound captured in real time (video). This imaging allows you to capture the baby's movement and activity in 3D. You can see the baby smile, yawn, and play with its hands and feet.

Preparing for your ultrasound

Please make sure you stay well hydrated in the days leading up to your appointment. On the way to your appointment, you may have a small snack to help get baby active and do not empty your bladder until the sonographer instructs you to do so.

Pricing

Gender Ultrasound \$50 single \$100 twins (15 + weeks)

3D/4D Ultrasound \$100 single (28-32 weeks) \$150 twins (25-28 weeks)

Package Special \$125 single \$225 twins *Full payment must be made at 1st ultrasound

Do all exercises slowly without bouncing or jerking. You should feel stretch, but not pain. Start with a small number of repetitions and gradually increase. It does not take long exercise sessions to ease aches, increase flexibility and circulation, and generally make you feel better. These exercises can be done while watching television or during short stretch breaks throughout the day.

All pelvic tilt exercises may be done to ease backache during pregnancy and labor. The pelvic tilt on all fours may be helpful in rotating a posterior baby during labor.

Pelvic Tilt on Back (before 20 weeks)

Lie on back with knees bent.



Tighten the abdominal (abs) muscles, pushing the low back flat against the floor.

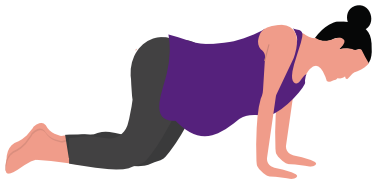
Hold for 5 counts; relax; repeat.

Variation:

While holding the pelvic tilt, bring one knee towards the chest. Grasp the knee with both hands and pull towards the chest until you feel a good stretch (not pain) in the back muscles. Hold 30 seconds, then return leg to starting position and repeat with other leg.

Pelvic Tilt on All Fours

Assume all fours position, keeping back straight (do not let lower back sag).



Tighten abs so pelvis tucks under and lower back rounds. Hold for 5 counts; relax; repeat.

Variation:

Hold the pelvic tilt while you "swish" hips from side-to-side. Head turns as if ear will touch hips on the same side.

Repeat.

Standing Pelvic Tilt

Stand with knees softened (slightly bent).



Tighten abs and press the small of the back flat, as if against an imaginary wall.

Hold this position for one minute.

Relax.

Repeat often if standing for long periods.

Variation:

May put hands under belly to lift abdomen as you tilt your pelvis.

Passive Pelvic Tilt

Mom lies on her side with knees bent. Partner positions themselves behind mom's hips.

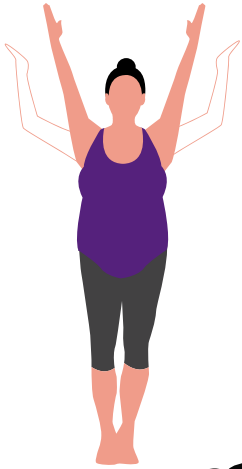


Using their hand nearest her head, they place their palm on the top of her hip.

Their other hand is placed on her tail bone.

They slowly rotate the top of her hip back toward them as they put gentle pressure on the tailbone.

Release - repeat.



Wall Stretch

Stand against the wall with knees slightly bent.

Place shoulders, elbows, and wrists against the wall with elbows bent and fingers pointing upwards.

Slowly slide arms up the wall, straightening elbows.

Once arms are overhead, try to pull belly up and in so the back flattens against the wall.

Slide arms back down to the starting position. Relax abdominals.

Repeat.

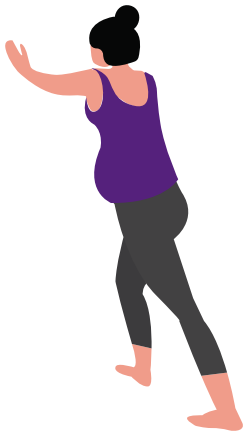


Tailor Stretch

Tilt pelvis and hold it.

Extend legs with knees straight. Extend both arms and reach forward slowly until you feel a mild stretch.

Return to starting position. Repeat.



Calf Stretch Against Wall

Stand 2-3 feet back from wall.

Move left foot in towards wall. Pull in belly.

Bend left knee, placing hands on wall. Lean in towards wall, keeping head, chest, hips, and right heel in a straight line.

Hold 30-60 seconds while feeling a mild stretch in the right calf.

Change legs and repeat.



Wall Squat

Hold a standing pelvic tilt position with back against a wall.

Slowly slide upper body down the wall until knees are bent as if sitting on a stool.

Hold this position with contracted thighs and abs while relaxing all muscles not being used. Add:

- Tighten and release pelvic floor.
- Use the contracted thighs to simulate uterine contractions while practicing breathing patterns.

Slowly return to standing position.



What to Expect



THIRD TRIMESTER

At the Doctor's office

Discuss and schedule child birthing classes

Prenatal appointments will be every 2 weeks starting at 28 weeks

Tdap vaccination between 27-36 weeks

With your Pregnancy

Abdomen continues to grow. Less room for baby to move

Baby can tell the difference between light and dark.

Your baby may be practicing their sucking reflex by using their thumb to suck on.





Your Pregnancy 25-35 Weeks



About your baby:

- Your baby will grow from approximately the size of an eggplant at 25 weeks to about the size of a honeydew melon by week 35.
- 26 weeks - Your baby's eyelids are able to open, so your baby may start to blink and will become much more aware of a difference in lighting.
- Your baby is getting ready to breathe! Lungs are maturing rapidly at this stage and will be close to complete by 35 weeks.

Between 25-35 weeks babies tend to be very active. Although there is no "right" number of movements a baby should have during the day, if you notice a decrease in your baby's movement we suggest that you eat a small meal or eat something sweet and lie quietly. While you are lying down count how many times you feel your baby move. Ideally you should feel 10 movements within 2 hours. You will likely feel 10 movements in less time than that. Call your OB provider if you have concerns with your baby's movement.

How you are feeling:

RESTROOM PLEASE!!!!

Because of your growing baby it is likely you need to visit the restroom more frequently than ever before. Due to the extra pressure that your baby is putting on your bladder, frequent urination is a normal occurrence. If the frequent urination is accompanied by burning or pain you should let your OB provider know as you could have a urinary tract infection.

Eating may become more difficult sometime in these 10 weeks. Because of your baby's increased size your stomach and intestines have much less room to process the food that you eat. If you are experiencing indigestion or heartburn there are things you can do to help:

- Eat small frequent meals
- Limit/avoid spicy foods
- Limit/avoid caffeine and chocolate
- Limit the amount of fluid intake during meal times

You may begin to experience some level of back pain. There are things that you can do to help with the pain:

- Wear flat/comfortable shoes
- Use good posture (stand tall with your shoulders back)
- Use a lower back/lumbar support when you are sitting or sit with your back tight up against the back of a chair.
- Elevate feet when you are sitting

Your Prenatal Care:

Sometime between 24-28 weeks your OB provider will order a blood test called the **glucose tolerance test**. This blood test will check your blood sugar levels to ensure that they are at a safe level for you and your baby.

The lab will ask you to come in fasting (nothing to eat or drink for 12 hours prior to your test) and we will do a series of blood tests. The tests take a little over 2 hours and they will ask that you stay in the lab until the tests are complete.

Now is the time to sign up for **childbirth and newborn education classes**. Are you planning on attending?

If you are new to parenthood or if it has been a while since your last child and you would like a refresher, childbirth and newborn care classes can provide you with a great deal of knowledge. Having an understanding about the labor and delivery process, breastfeeding and newborn care can help to make your experience much more gratifying and hopefully take away some anxiety that you may be feeling about becoming a parent. Register for our Prenatal Class. Sutter Roseville and Mercy San Juan Medical Center offer classes as well.

25-35 weeks is also the time to **discuss your preferences for your labor and delivery** with your OB provider as well as birth control methods for after your delivery.

Consider a tour of the hospital around 30-35 weeks. This tour will familiarize you with directions to the hospital, the parking arrangement, and what to expect during your stay. This is also the best time to ask the nurses any questions you may have about your care.



Diet and Exercise:

Nutritional Needs and Food Sources:

■ **Diet:** You may begin to feel hungry more often as baby continues to grow. Your baby will gain about a ½ pound per week now. You may find that smaller, more frequent meals work best at this point in time. Although you may want to satisfy your increased hunger with sugar filled treats or fast food on the go, we encourage that your diet remain healthy and balanced. Not to say you can't indulge in your favorite treats, just indulge in moderation. Choosing foods that provide higher nutritional value such as lean protein, whole grains and fresh fruits and vegetables will provide you with the energy and strength you need for your growing baby. Also continue to maintain your fluid intake (at least 8 glasses a day) to ensure that you and your baby are staying well hydrated.

■ **Exercise:** You may or may not be feeling up to exercising during these weeks moving into your last trimester. However, it is important to maintain your physical health and unless your OB provider has advised against physical activity there is no reason to stop exercising. You are probably not up to white water rafting or hiking 10 miles up hill; however, there are

many things that you can do which allow you to engage in physical activities that are much more comfortable. Swimming, a pregnancy exercise class, or yoga can make you feel very good and keep you in good shape for the rest of your pregnancy, labor and delivery. Don't forget to do your Kegel exercises daily and continue to work on good posture.

■ **Moving safely:** Due to your growing belly your center of gravity is altered. This makes your risk for falling greater than before you were pregnant. You are also at greater risk of pulling a muscle. To prevent these things from happening we recommend that you do some gentle stretching, be mindful and careful when moving about, don't move too quickly and take your time getting up from a lying down or sitting position. If you do experience a fall let your OB provider know right away.



Pre-register with the hospital

Most hospitals offer an online option to pre-register or you can call the registration department and they can help you over the phone.

Frequently Asked Questions

Q: Should I have a birth plan for my doctor and nursing staff to refer to?

A: Plans are very structured and labor and delivery can be unpredictable, so we encourage you to have an open mind. Having labor and delivery preferences rather than a "plan" is encouraged. For example, let's say you prefer not to have pain medication during your labor and you discuss this with your OB provider; however when the time comes you decide that you would like some form of pain control. Since preferences are open ended they are easily changed. Plans tend to feel inflexible and unchangeable and if things do not go as "planned" there can be a sense of failure and disappointment. Preferences, however, allow you to be a very active part of your birthing process, but also allow for changes and interventions to be made as they are needed. We encourage you to ask questions when you have them and discuss your preferences for your labor and delivery with your OB provider and nursing staff.

Q: I think I have been having contractions...is that possible?

A: It is possible that you are having contractions; they are most likely "Braxton Hicks" contractions. "Braxton Hicks" contractions are also known as "practice contractions"; they are your body's way of getting ready for the birth of your baby. These contractions can happen anytime, however they are more common in the last trimester of pregnancy. Some women do not feel these contractions and some women may feel them intensely. "Braxton Hicks" contractions are random contractions that usually last for about 30 seconds and are painless. If you start experiencing contractions that are painful or if you notice that your contractions start to develop a pattern (example: contractions happening every 10 minutes) contact your OB provider right away as this could be a sign that labor has begun.



BLANK



What to Expect



At the Doctor's office

- Lab test to check for Group B Strep
- Weekly checkups beginning at 36 weeks
- Discuss birth preferences with your OB provider
- Discuss induction if it is needed

With your Pregnancy

- Your baby is almost, if not already, ready to live outside of you
- You may experience signs of "pre-labor" (Signs that labor is near such as nesting or Braxton Hicks contractions)
- You may go into labor





Your Pregnancy 36 Weeks To Term

About your baby

Your baby will be close to the size of a watermelon by this time in your pregnancy and weighing in at anywhere between 6 and 9 pounds, on average.

- At 37 weeks your baby is ready for birth!
- Lungs are fully developed; your baby is ready to breathe.
- Your baby's digestive system is now ready to accept food such as breast milk.
- Your baby's immune system is now able to protect him/her against many types of infections present in the outside world.

How you are feeling:

At this point in your pregnancy it is not uncommon for new parents to feel "ready." You want to see, touch and hold your baby so much you can hardly breathe. Emotionally you may be feeling excited or anxious; these feelings are very normal. Physically you may feel very tired or you may have a wonderful boost of energy that you have not had since before you became pregnant. Whatever the case may be, we encourage that you try and rest when you can, drink plenty of fluids and enjoy your last few weeks of pregnancy.

Toward the end of your pregnancy you may experience signs that your labor is close, these signs may include:

- The urge to clean and organize your home or having the feeling of not wanting to leave your home; this is called "Nesting." Although it is normal to want everything to be ready for your baby, it is important that you do not overdo it and completely wear yourself out. Take time to rest and relax.
- "Lightening." This is when your baby bump "drops" or moves down in your abdomen. You may be able to breathe more easily when this occurs. Although breathing may become easier because your baby has dropped further into your pelvis and closer to your bladder, you may find that you have to urinate more frequently. Your lower abdomen and back may become sore as well because the ligaments and joints in your pelvis begin to loosen in preparation for birth.
- Diarrhea. As your body gets ready for labor and ultimately birth, muscles begin to loosen in the entire body. This includes the muscles that regulate bowel movements. It can be a bit annoying, but it's a good sign that labor is close. Just remember to stay well hydrated and drink plenty of fluids.
- Loss of your mucus plug. The mucus plug forms in early pregnancy and helps to prevent infection from entering your uterus, however as your cervix prepares for labor, the mucus plug is released. It can come out all at once or in small amounts. This can occur at any time during the last few weeks/months of your pregnancy.
- Contractions! They may be what we call "Braxton Hicks" / "practice" contractions or true labor contractions. However, at this point in your pregnancy it is important that you know the difference between Braxton Hicks contractions and true labor contractions.

What you need to know about contractions

Braxton Hicks contractions are often painless and happen sporadically at random times. There is no rhythm to these contractions. Braxton Hicks contractions tend to stop when you change your position or relax and do not cause labor and birth.

True Labor contractions are painful and they become increasingly more intense. True Labor contractions begin to develop a pattern and grow closer together.

For example: At first your contractions may be approximately 20 minutes apart, then after a while they become more frequent and may be 10 minutes apart.



Your Prenatal Care:

- Some time between 35-37 weeks your OB provider will check to see if you are a carrier of Group B Strep. Group B Streptococcus (GBS) is a type of bacteria found in a woman's vagina or rectum; GBS occurs in about 25% of healthy, adult women. Although it is harmless to the women that carry these bacteria, it can be very harmful to a newborn if they were to become exposed. We will check you for this by swabbing your vaginal area with a small Q-tip. The Q-tip is then sent to the lab for testing. If you are found to be a carrier of Group B Strep, do not be alarmed. Your OB provider will have instructions for you on what you will need to do. These instructions usually consist of going to the hospital soon after your

labor begins, as you will need to have antibiotics given to you before you give birth to your baby. This will decrease the risk of exposing your baby to the bacteria.

- As your pregnancy comes to the end, your OB provider will need to do a pelvic exam at each of your prenatal visits. This will allow your OB provider to check the progress of your pregnancy and is also helpful in determining your baby's position.
- If you are having a boy and plan to have him circumcised, please check with your insurance company for coverage on this procedure. Your insurance may require prior authorization.

Frequently asked questions:

Q: I am afraid I will not know if I am in labor. What does a contraction feel like?

A: Every woman is different, every labor is different and as a result the way a contraction feels is different for each woman. With each contraction your belly will become hard as the uterine muscle tightens. Between contractions, the uterus relaxes and your belly will become soft. Some women describe a contraction as a feeling of pain in their back and lower abdomen, along with pressure in the pelvis. Some women describe contractions as feeling like strong menstrual cramps. Listen to your body, time your contractions and you will know when the time comes.

Q: Are these Braxton Hicks contractions or true labor contractions?

A: If you are having contractions and are unsure if they are false or true labor contractions, follow the "2 rule" and try this:

- Drink 2 tall glasses of water
- Rest for 2 hours

If contractions stop, then they were false labor contractions. If the contractions continue even after water and rest, it is quite possible that they are true labor contractions and you should start timing them.

Q: When I am in labor how will I know when it is time to go to the hospital?

A: Follow the 5-1-1 rule. It is time to go to the hospital when your contractions are 5 minutes apart, they are lasting for 1 minute (60 seconds) and have been this way for 1 hour.

There are also times when you should go to the hospital before your contractions reach the 5-1-1. These include:

- If you have heavy vaginal bleeding
- If your pain is so severe you cannot walk or talk through contractions
- If you begin to vomit with contractions
- If your water breaks
- If you are Group B Strep positive
- If you live far from the hospital



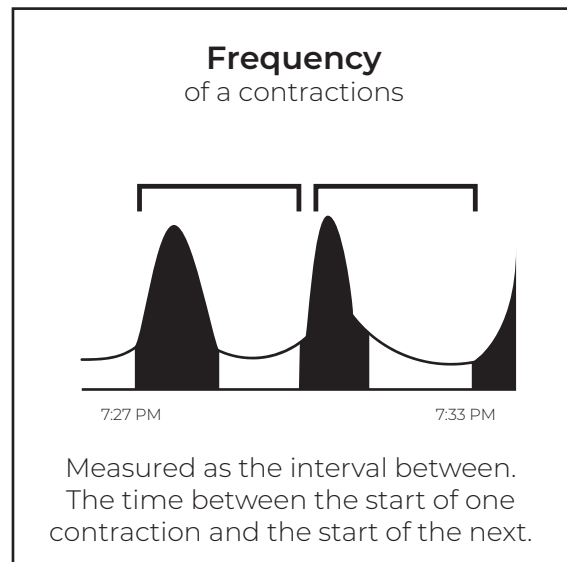
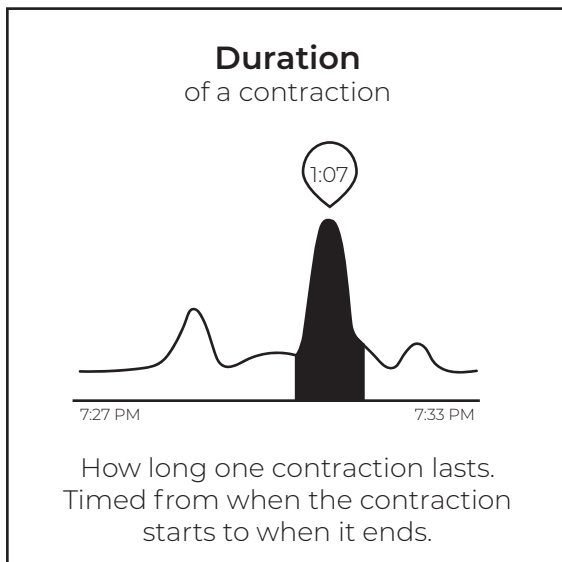
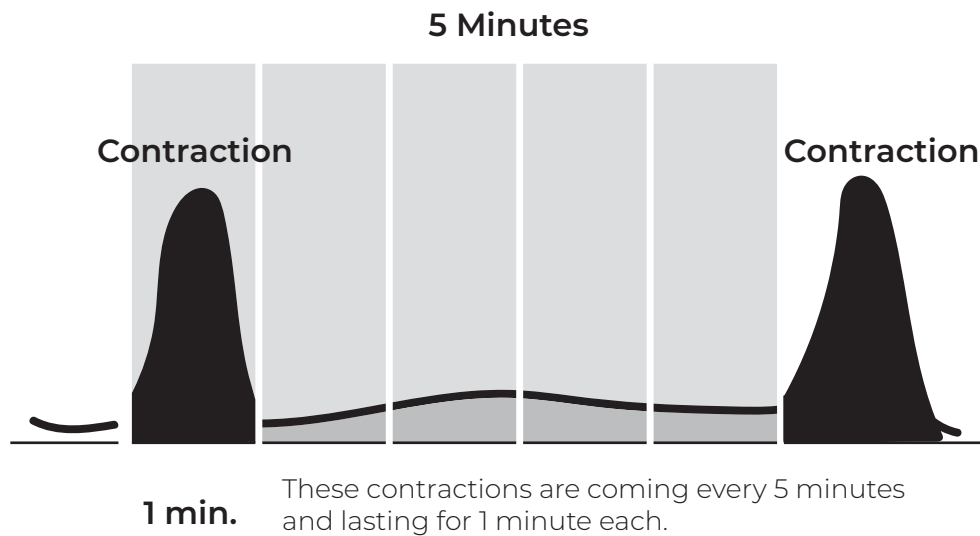
Timing Contractions

Timing your contractions will help give you an idea of when you should go to the hospital. To time contractions, there are a few basics: note the start of one contraction, note the end of that contraction, and then note the start of the next contraction. This will help you compute the duration (how long each contraction lasts) and frequency (how far apart are they).

Simple enough, right? If you answered “No,” don’t worry! We’re going to walk you through it a bit more to help you accurately time your contractions:

How to time contractions:

Back to those three important time points: the start of a contraction, the end of a contraction, and the start of the next contraction. Noting these three time points for at least an hour will help you answer the key questions you’ll need to know about changes in your contraction pattern that might indicate changes: “How long is each contraction?”, “How far apart are they?”, and “How long have you been feeling them?”





Prior To Delivery

You are getting so close! Here are a few things that we suggest you know and do prior to the birth of your baby and shortly after you deliver.

- ☐ **Pre-register with the hospital:** Most hospitals offer an online option to pre-register or you can call the registration department and they can help you over the phone.
- ☐ **Select your baby's doctor:** Ensure that you have chosen a provider for your baby prior to birth.
- ☐ **Check with your health insurance company:** Find out what you will need to do to ensure your baby will be covered after you deliver. (If your insurance coverage is through an employer, the HR department of the employer may be able to help with this.)

Also, check with your insurance to see if they cover a breast pump if you are planning on breastfeeding your baby.
- ☐ **If you and/or your partner are employed:** Ensure that you have done your Family Medical Leave Act (FMLA) paperwork and submitted it to the employer.
- ☐ **Pack your bag** with things like toiletries, deodorant, body wash, shampoo, face wash, toothpaste, slippers or flip flops, comfortable clothing, a robe, camera/video camera, cell phone and charger. Bring some cash or change, going-home clothes for you and your baby, a memory book if you have one and nursing supplies such as breast pads, nursing bra or tank top and nursing pillow. Have a car seat installed properly.

- ☐ **When to go to the hospital:**
 - You should go to the hospital when your contractions are occurring every 5 minutes, they last at least 1 minute long and have been going on in this pattern for 1 hour. Remember 5-1-1.
 - You should also go to the hospital if your water breaks. (If your water does break remember COAT, make note of the Color of the fluid, if there is an Odor, what is the Amount [large gush vs. a trickle] and Time of when it broke. Your OB provider will want to know this information.)

- ☐ **Cord Blood Banking**

We are happy to provide cord blood banking collection services for our patients; however, because cord blood banking is an elective procedure, we will bill you directly and give you a receipt for submission to your insurance provider.

Additionally, this office works with Cord Blood Registry, Viacord and Cryobrank. These are accredited cord banks with proven stem cell banking and transplantation experience.

The cost of preserving cord blood varies depending on the company you choose. Generally, cord blood banking companies charge from \$500 to \$1,000 for supplies, testing, processing, cryopreservation, and transportation of the cord blood. There is also generally an annual cost for storage.

You may contact the company directly for more information:

Cord Blood Registry	1-888-CORDBLOOD www.cordblood.com
Viacord	www.viacord.com
California Cryobank	www.cryobank.com

We hope this information answers some of your questions about cord blood banking.





After Delivery

Congratulations!!!

It is an exciting time preparing to bring your new baby into the world. We hope that the following information (healthychildren.org) will be helpful on what to expect immediately after delivery in the hospital.

Delivery Room Procedures following a Normal Vaginal Birth

As your baby lies with you following a routine delivery, the umbilical cord still will be attached to the placenta. The cord may continue to pulsate for several minutes, supplying the baby with oxygen while establishing self-breathing. When the pulsing stops, the cord will be clamped and cut and remain in place for 24 to 48 hours, or until the cord is dry and no longer bleeds. The remaining stump will fall off sometime between 1-3 weeks.

You will have a few moments to get acquainted with your baby. The nurse will then dry the baby and a doctor or nurse will do a brief examination to check for problems or abnormalities. Apgar scores will be given. These measure overall responsiveness. After this brief examination, the baby will be wrapped in a blanket and returned to you.

Depending on the hospital's routine, your baby may also be weighed and measured, and receive medication before leaving the delivery room. Since all newborns have slightly low levels of vitamin K, the nurse will probably give your baby a dose of vitamin K.

You should feel comfortable to suggest waiting 30-60 minutes before beginning all of these steps. This time will give you and your baby a chance to

bond and to allow them to successfully move to your breast for the first feeding. Once this happens and your baby appears to be resting comfortably on your skin, then those other steps, including the vitamin K injection, can be performed. The most important thing is to maximize the skin-to-skin contact between you and your baby as much as possible in those first minutes.

Bacteria in the birth canal can infect a baby's eyes. Your baby will be given an antibiotic or antiseptic eye drops or ointment either immediately after delivery or later in the nursery to prevent an eye infection.

At least one other important procedure must be done before either you or your newborn leave the delivery room: Both of you (and your partner) will receive matching labels with your name and other identifying details. You will verify the accuracy of the labels and attach it to your wrist and to your partner's, while the other will be placed on your baby's wrist (and often to the baby's ankle as well). Each time the child is taken from or returned to you while in the hospital, the nurse will check the bracelets to make sure they match. Many hospitals also footprint newborns as an added precaution and attach a small security device to the baby's ankle.





Prior To Discharge

Vitamin K

Vitamin K is a vital nutrient that our body needs to help the blood clot and prevent excessive bleeding. We get vitamin K from the food we eat and from the good bacteria that live in our intestines. Newborns are inherently vitamin K deficient at birth because of lower stores and a decreased ability to utilize vitamin K. It is estimated that the risk of late onset (presents between 2-6 months of age) vitamin K deficiency bleeding is 81 times higher in infants not given vitamin K dose at birth. The AAP recommends that vitamin K be given to all newborns in a single intramuscular dose.

Erythromycin Ointment

Erythromycin ointment helps to prevent blindness associated with gonorrhea and chlamydia infections. Both infections can progress rapidly in newborns' eyes, damaging the clear part that covers the pupils (corneas) and causing irreversible harm. Men and women can harbor chlamydia and gonorrhea infections without any symptoms. Obstetricians test most women for these infections during their pregnancies and treat them appropriately if their tests come back positive. Mothers can still pick up these diseases even after these tests have been performed.

Hepatitis B Vaccination

The Immunization Action Coalition (IAC) urges all health professionals and hospitals to protect all infants from hepatitis B virus (HBV) infection by administering the first dose of hepatitis B vaccine to every infant at birth prior to hospital discharge.

Approximately 19,000 women with chronic hepatitis B infection give birth in the United States each year.

Ninety percent of perinatal infections can be prevented by post exposure prophylaxis given within 12 hours of birth. Tragically, many babies are exposed to HBV at birth, but do not receive appropriate post exposure prophylaxis. This can occur if a woman did not get adequately screened during pregnancy, the wrong test was administered, results were not communicated or misinterpreted, or the infant was exposed to the hepatitis B virus from another family member or caregiver (which occurs in 2/3rds of cases of childhood transmission). The primary advantage of giving the first dose at birth is that it saves lives. Hepatitis B vaccine is one of the most effective vaccines available. Studies have shown that infants of the most highly infectious mothers who receive post exposure prophylaxis with hepatitis B vaccine alone at birth are protected in 90-95% of cases. Even higher rates of protection with post exposure prophylaxis have been demonstrated in infants born to less infectious mothers.

Newborn Screening Tests

Several screening tests will be performed before your baby is discharged from the hospital. Included in these screenings will be a check of the oxygen level in baby's blood to screen for congenital heart disease and a hearing test to screen for congenital hearing loss. At about 24 hours of life, blood will be drawn through a small poke in the baby's heel to screen for high bilirubin levels in the blood (jaundice, yellowing of the skin) and some of it will be sent to the state lab to screen for a variety of metabolic diseases. The baby's inpatient care provider will review all of these results and ensure everything looks good before baby is discharged to go home.



Going Home

If you have delivered vaginally, most hospitals will discharge you and your baby within 48 hours. If you have had a cesarean section, you can expect to be discharged within 96 hours.

The American Academy of Pediatrics believes that the health and well-being of the mother and her child are paramount. Since every child is different, the decision to discharge a newborn should be made on a case-by-case basis. If a newborn does leave the hospital early, they should be seen by a doctor 24-48 hours after discharge.

Prior to leaving the hospital, baby should have received all the appropriate newborn tests such as a hearing screen and an appointment with the baby's doctor should be scheduled within the 24-48 hours after discharge time frame. Of course, the doctor should be called immediately whenever a newborn appears

listless or is feverish, vomiting, has difficulty feeding, or develops a yellow color to his skin (jaundice).

Preparation upon leaving the hospital, your home and car should be equipped with at least the bare essentials. Make sure you have a federally approved car safety seat that is appropriate for your baby's size and you have correctly installed it rear-facing in the backseat of your vehicle. It is extremely important to carefully follow the car seat manufacturer's installation instructions and proper usage and, if possible, have the car seat installation checked by a certified child passenger safety technician to ensure that it was correctly installed.

At home you'll need a safe place for the baby to sleep, plenty of diapers, and enough clothing and blankets to keep baby warm and protected. If you are formula-feeding, you will also need a supply of formula.



Formula for Successful Breastfeeding

Skin to Skin

The first hours of life outside the womb is a very special time. Keeping your baby Skin to Skin until the first feeding is done sets the tone for the next several feedings. When a baby is born they are often awake and ready to breastfeed, communicate to your nurse that you would like to delay routine newborn procedures until after the first feeding.

Avoid Bottle Feedings Until Breastfeeding is Well Established

Most babies only need mom for feeding, especially for the first 24 hours after birth. Avoiding bottle feeding until breastfeeding is established can increase the success of long term breastfeeding. The nipple along with the fast flow of a bottle can confuse baby and make future feeding more difficult.

Rooming in with Baby

Keep your baby with you when you are in the hospital. This will help you to get to know your little one and begin to feed your baby whenever they seem hungry, which can be anywhere between 8-12 times a day (24 hour day).

Limit Pacifier Until Breastfeeding is Established

If your baby seems hungry offer the breast, try not to give them a pacifier. After the first several weeks a pacifier is OK to use and has been shown to greatly reduce the risk of SIDS (Sudden Infant Death Syndrome), but limit pacifier use until breastfeeding is well established. Talk to your family doctor and lactation specialist if you have questions about pacifier use.

Get HELP

Regardless of how well you believe breastfeeding is going, it is always OK to get advice from a professional. A lactation specialist/consultant may have specific tips and tricks to help you continue breast feeding long term. If you believe that things are not going well or your breasts become painful, she can watch you feed your baby and give you feedback on what may help to make things more comfortable.

La Leche League
Roseville Sutter Lactation
Dignity Lactation Folsom

lilli.org
(916) 887-4037
(916) 984-7347



Helpful Resources for Postpartum Depression

Throughout your pregnancy and childbirth, you might feel many new emotions. Some of these feelings may be hard to understand or manage. If you're feeling worried or sad, you're not alone. It's common for women to have either perinatal (before birth) or postnatal (after birth) anxiety or depression. Experts agree that all pregnant women and new moms benefit from screening for depression and anxiety.

How Can I Get Help?

If you feel anxious or depressed, talk to your doctor. Also, talk to a healthcare provider about any mental health issues you've had in the past. Together, you can come up with a plan for next steps. You may or may not need treatment, but the sooner you act, the sooner you will feel better.

Helpful Resources:

Postpartum Support Internation (PSI)

- (800) 944-4773, www.postpartum.net

7 Cups

- www.7cups.com

2020MOM

- www.2020mom.org

Baby Blues Connection

- www.babybluesconnection.org
- BBC will connect you to support groups in your area with times and locations.
- Contact: 1-800-557-8375

Postpartum Support International Help Line

- www.psichapters.com/or
- Postpartum Support International offers an online directory of qualified perinatal mental health (and allied) professionals.
- Contact: 1-800-944-4773

**Contact your health insurance carrier
for in-network mental health
providers and benefits.**

