



ADVANTIA
OB-GYN
SHADY GROVE

PREGNANCY GUIDE

Transforming healthcare for all women.



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Important Phone Numbers

Clinical and Appointment Related Questions

An emergency prompt is available during and after business hours. This will route you to our answering service who can connect you to the provider on-call.

Advantia OB-GYN Shady Grove Office.....(301) 768-4535

General Inquiries Only

Adventist Hospital Shady Grove - Labor & Delivery.....(240) 826-6386

Emergencies

Call 911 anytime you think you may need emergency care. For example, call if:

- You have severe vaginal bleeding.
- You have sudden, severe pain in your belly.
- You passed out (lost consciousness).
- You have a seizure.
- You see or feel the umbilical cord.
- You think you are about to deliver your baby and can't make it safely to the hospital.

We are committed to providing you with the highest quality of care during your pregnancy. Our staff and providers want you to have the best outcome and experience for you and your baby. Please let us know how we can help make your maternity experience exceptional.

Advantia Health is committed to providing care to all women regardless of age, income, education, race/ethnicity, sexual identity, and disability.



Congratulations!
Having a baby is one of life's greatest joys. We look forward to care for you and your growing family. Your pregnancy will be a time of significant change. This booklet is designed to help guide you through the next 9 months and answer many of the questions you may have during your pregnancy.

For more pregnancy-related information, visit obgynshadygrove.com/faq

Prenatal Visits

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The below guide is a basic outline of what you can expect. This schedule may be altered based on your specific needs.

Each prenatal visit includes:

- Maternal weight and blood pressure check,
- Maternal urine exam (urine sample given at the beginning of each visit), and
- Fetal heartbeat check.

Typical Schedule for Prenatal Visits

Initial Prenatal Visits [Up to 10 Weeks]	<ul style="list-style-type: none"> ✓ Ultrasound to confirm pregnancy and determine the baby's estimated due date ✓ Physical exam ✓ Prenatal panel of blood work including: <ul style="list-style-type: none"> • Hemoglobin/blood count • Blood type • State-mandated screening for various infections such as HIV, Syphilis, Hepatitis, Chlamydia, and Gonorrhea • Screening for immunity to Chickenpox and Rubella • Carrier screening for hereditary diseases that you could potentially pass on to your child, <i>if not already completed</i> ✓ Counsel about first trimester genetic screening <p><i>See page 5 for more detailed information about genetic screening options.</i></p>
12 Week Visit <i>With Nurse Practitioner</i>	<ul style="list-style-type: none"> ✓ Ultrasound (done with MFM) ✓ Review initial prenatal lab work ✓ Perform first-trimester genetic screening, if desired
16 Week Visit <i>With Nurse Practitioner</i>	<ul style="list-style-type: none"> ✓ Alpha-fetoprotein (AFP) screening for neural tube defects
20 Week Visit	<ul style="list-style-type: none"> ✓ Ultrasound for a detailed anatomy and gender scan. While the scan can assess for many problems, not every disorder, anatomic or otherwise, can be detected. ✓ Discuss glucose testing instructions for next visit <p><i>We suggest scheduling a virtual or in-person hospital tour at this time.</i></p>
24 Week Visit <i>With Nurse Practitioner</i>	<ul style="list-style-type: none"> ✓ Routine monitoring of mother and baby
28 Week Visit	<ul style="list-style-type: none"> ✓ Perform Edinburgh Postnatal Depression Scale (EPDS) ✓ Perform glucose testing ✓ Perform growth sonogram as indicated ✓ Routine lab work and screen for gestational diabetes and infections ✓ If blood work determines you are Rh-negative, you will receive a Rhogam injection.
30 Week Visit <i>Eligible for telemedicine</i>	<ul style="list-style-type: none"> ✓ Review lab results ✓ Routine monitoring of mother and baby <p><i>Tdap vaccination will be offered</i></p>
32 Week Visit <i>With Nurse Practitioner</i>	<ul style="list-style-type: none"> ✓ Routine monitoring of mother and baby <p><i>Certain high-risk conditions will begin antenatal screening and ultrasounds.</i></p>
34 Week Visit <i>Eligible for telemedicine</i>	<ul style="list-style-type: none"> ✓ Routine monitoring of mother and baby ✓ Discuss what to expect for postpartum care
36 Week Visit and Weekly Until Delivery	<ul style="list-style-type: none"> ✓ Perform Group Beta Strep test (pelvic exam). This is a common bacteria found in 20% of patients. It is not an STD or infection that causes symptoms, but can cause complications for the baby. If you are positive, you will receive antibiotics during labor. <i>Please notify us if you have a penicillin allergy.</i> ✓ Perform growth sonogram as indicated ✓ Possible cervix check to assess for dilation <p><i>You may elect to schedule an induction of labor at 39 weeks or later.</i></p>
40+ Weeks	<ul style="list-style-type: none"> ✓ If you have not delivered by your due date, you will begin weekly visits with ultrasound and fetal monitoring to check for fetal well-being. ✓ Discuss possible induction of labor

My Dates

Due Date: _____

Appointments

Questions/Notes

Date/Time

Date/Time

Date/Time

Date/Time

Date/Time

Date/Time

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Genetic Screening

Aneuploidy is the term used to describe having an abnormal number of chromosomes. When it comes to evaluating your risk of having a child with aneuploidy, your options include:

- No screening,
- Non-invasive screening which involves maternal-fetal medicine consultation for bloodwork and ultrasound, or
- If necessary, diagnostic testing performed by our maternal-fetal medicine partners.

As part of your genetic counseling, we will discuss all of your options within your first few appointments so you feel equipped to make the best choice for yourself. We support our patients in any options that they choose.

First Trimester

All pregnant women are offered some form of screening for Down Syndrome, Trisomy 13, and Trisomy 18. This can be accomplished by drawing your blood either alone or in combination with specific ultrasound measurements. In terms of non-invasive testing, all patients will have a late first trimester ultrasound between 10-14 weeks. The first trimester ultrasound cannot detect all abnormalities but can screen for major structural anomalies.

Coupled with the first trimester ultrasound, we offer bloodwork as well. You may have heard of the first trimester screen, nuchal translucency, cell-free fetal DNA, or NIPT testing (which has many brand names). With all the different genetic screening options, it can be confusing to understand which one is appropriate for you. The main differences between them are summarized below:

Test	Information	Cost
First trimester screen and nuchal translucency	<ul style="list-style-type: none"> • Maternal blood draw and ultrasound between 12-13 weeks • 82-87% detection rate for Down Syndrome • Carries a 5% false positive rate 	Covered by most insurances
Cell-free fetal DNA (cfDNA), also called non-invasive prenatal testing (NIPT)	<ul style="list-style-type: none"> • Maternal blood draw after 10 weeks (depending on the test) • 99% detection rate for Down Syndrome 	<ul style="list-style-type: none"> • Cost will be dependent on insurance* • This is a test that we refer out to our maternal-fetal medicine partners.

Second Trimester

Regardless of the results of your first trimester testing, there are two tests we offer to all patients in the second trimester:

- 1. AFP (alpha-fetoprotein): A maternal blood test drawn between 15-20 weeks which will help screen for neural tube defects such as anencephaly and spina bifida
- 2. 18-22 week ultrasound to visualize fetal anatomy

Diagnostic Testing

While screening tests can tell you if you are at risk, we use diagnostic tests to confirm the abnormality. There are two commonly used diagnostic tests: Chorionic villi sampling (CVS) and Amniocentesis. If after discussion with your provider we determine these tests may apply to you, we will refer you to a high-risk specialist who performs this testing.

Carrier Screening for Specific Genetic Conditions

We offer expanded screening to test if you or your partner(s) are carriers for a genetic disorder that you may pass to your baby. For example, we can test for cystic fibrosis, spinal muscle atrophy, fragile X, or sickle cell disease.

Many patients are unsure of their ethnicity or family history, therefore, we recommend genetic screening of the diseases listed below.

Heritage or History	Recommended Carrier Screening
All patients, regardless of race or ethnicity	<ul style="list-style-type: none">• Cystic fibrosis and spinal muscle atrophy
African, Mediterranean, Middle Eastern, Southeast Asian, West Indian	<ul style="list-style-type: none">• Sickle cell disease, thalassemia, and other hemoglobinopathies
Ashkenazi Jewish	<ul style="list-style-type: none">• Tay-Sachs disease, Canavan disease, and Gaucher disease
Cajun, French Canadian	<ul style="list-style-type: none">• Tay-Sachs disease
Women with a family history of mental retardation or premature ovarian failure	<ul style="list-style-type: none">• Fragile X

This is a test that we refer out to our maternal-fetal medicine partners.

Dental Care During Pregnancy

Routine cleanings and examinations are safe during pregnancy. Local anesthesia for dental treatment as well as dental x-rays with abdominal shielding are permitted during pregnancy. It is recommended to delay procedures until after the first trimester, if possible.

Nutrition and Exercise in Pregnancy

Vitamin Supplements

We recommend that you take a daily prenatal vitamin, containing iron, at least 400mcg folic acid, and 200mg DHA/fish. You can buy an over-the-counter brand, or we can prescribe you a prenatal vitamin. If you have Vitamin D deficiency, your provider may recommend a Vitamin D supplement. If you are too nauseated to take a regular prenatal vitamin in early pregnancy, you can take two chewable children's vitamins, such as Flintstone's with iron. You and your provider can discuss if you need additional supplementation of more than 400mcg of folic acid daily.

Iron Supplements

A well-balanced diet may provide all the iron you need for the growing demands of pregnancy. Iron-rich foods include liver, red meats, eggs, dried beans, leafy green vegetables, whole-grain enriched bread and cereal, and dried fruits. However, many women require iron supplementation as well. In that case, we recommend 30mg of ferrous iron supplements daily taken with Vitamin C for better absorption.

Water

More water is often the solution to many problems and complaints in pregnancy. Pregnant women need to drink at least 10 cups (2.3 liters) of fluids daily. The best fluid to drink is water. Avoid sodas and juices. You have more blood volume in your body when you are pregnant. You need to drink enough water to keep up with this increased volume. If you do not, you will get dehydrated quickly and may experience cramping, dizziness, constipation, headaches, low amniotic fluid, and many more symptoms. Water also helps flush out waste products from cells, so it aids in liver and kidney function for you and your baby. If you have trouble drinking water, try adding lemon to flavor the water or drink in small sips throughout the day.

Exercise and Activity

Unless you have been advised by your doctor, it is safe to exercise during pregnancy. This includes any exercise you were doing prior to pregnancy unless there is risk of falling or trauma to the abdomen. There is no specific "upper heart rate limit" to avoid during pregnancy. Please do not try to advance your fitness goals beyond your baseline prior to pregnancy.



Weight Gain During Pregnancy

A healthy and balanced diet is an essential component of your prenatal care. Ideal weight gain is based on your pre-pregnancy weight. You do not need to eat extra calories to support your pregnancy. It is recommended that you eat approximately 2,500 calories per day. A total weight gain of 20-25 pounds is generally recommended. However, your provider may individualize your goals based on your specific needs which are usually based on your body mass index (BMI).

Institute of Medicine Weight Gain Recommendations for Pregnancy

Pre-Pregnancy Weight Category	Body Mass Index (BMI)*	Recommended Range of Total Weight (lbs)	Recommended Rates of Weight Gain ** in the 2nd and 3rd Trimesters (mean range in lbs/wk)
Underweight	Less than 18.5	28 - 40	1 (1 - 1.3)
Normal Weight	18.5 - 24.9	25 - 35	1 (0.8 - 1)
Overweight	25 - 29.9	15 - 25	0.6 (0.5 - 0.7)
Obese (Includes All Classes)	30 or greater	11 - 20	0.5 (0.4 - 0.6)

* Body mass index is calculated as weight in kilograms divided by height in meters squared or as weight in pounds multiplied by 703 divided by height in inches.

** Calculations assume a 1.1-4.4 lb weight gain in the first trimester.

Modified from Institute of Medicine (US). Weight gain during pregnancy: reexamining the guidelines. Washington, DC: National Academies Press; 2009. ©2009 National Academy of Sciences.

Foods/Drinks to Eat and Avoid During Pregnancy

Consume Daily: <ul style="list-style-type: none"> Fruits/vegetables: 3-4 servings/day Whole grain foods: 2-4 servings/day Calcium rich foods: 2-4 servings/day Protein rich foods: 2-4 servings/day Water: 10-12 glasses/day 	What About Fish? <ul style="list-style-type: none"> Fish: Seafood is an excellent source of protein and omega-3 fatty acids. However, certain seafood is high in mercury which can interfere with fetal brain development. Fish that is safe (2-3 servings/week): Salmon, light albacore tuna, tilapia, flounder, cod, crab, shrimp Fish to avoid: Mackerel, swordfish, shark, tilefish, tuna (other than light albacore)
Enjoy Sparingly: <ul style="list-style-type: none"> Caffeine: you can drink up to 200mg of caffeine per day. This is equivalent to one large cup of coffee. Sugary foods and drinks Processed foods 	Avoid: <ul style="list-style-type: none"> Alcohol Nicotine Illicit drugs Unpasteurized milk and soft cheeses Deli meats (unless heated prior to eating) Smoked fish Raw/undercooked meat and fish

Medications Safety

In general, women should avoid most medications in pregnancy, *especially during the first trimester unless absolutely necessary*. However, some medications have a long history of safe use. If you are on a medication, please discuss it with your provider. A few medications are dangerous in pregnancy, so be sure all your health care providers, including your dentist, know you are pregnant. The following medications can be used safely. If you have questions about the safety of additional medications, please discuss it with your provider or call us before taking it.

Safe Medications During Pregnancy

For Sleep	<ul style="list-style-type: none"> Benadryl (diphenhydramine), Tylenol PM, Unisom (doxylamine), Melatonin
For Fever, Pain, Headache, or Muscle Soreness	Note: DO NOT take aspirin or ibuprofen unless directed by your provider. <ul style="list-style-type: none"> Tylenol (acetaminophen) - regular or extra-strength
For Morning Sickness	<ul style="list-style-type: none"> Vitamin B6 (50mg one-three times a day) - works best when also taken with Unisom (1/2 tablet once or twice a day, can be sedating), Emetrol, Benadryl (diphenhydramine) (25-50mg), motion sickness medication such as Dramamine
For Nausea, Upset Stomach, or Gas	<ul style="list-style-type: none"> Emetrol, Mylanta (aluminum hydroxide), Gas X (simethicone)
For Heartburn, Acid Reflux, and Indigestion	Note: Non-medication options include eating frequent, smaller meals, avoid laying down for 1 hour after eating, and avoiding spicy or acidic foods. <ul style="list-style-type: none"> Tums (calcium carbonate) (no more than 1,000mg/day), Pepcid AC (famotidine), Mylanta, Maalox
For Constipation	Note: Non-medication options include increasing water and vegetable intake. <ul style="list-style-type: none"> (In moderation) Fiber source such as Metamucil or Citrucel, stool softener such as Colace (docusate), glycerin suppository, Milk of Magnesia, Senokot, Miralax
For Hemorrhoids	Note: Non-medication options include increasing your water intake. <ul style="list-style-type: none"> Fiber supplements, Tucks pads, witch hazel compress, Anusol, Preparation H
For Cold or Other Upper Respiratory Illnesses	Note: Avoid pseudoephedrine in the first trimester of pregnancy. If necessary after first trimester, limit to 2-3 days. <ul style="list-style-type: none"> Nasal saline spray, nasal steroid spray (oxymetazoline hydrochloride), Benadryl (diphenhydramine), Afrin, Zyrtec (cetirizine), Allegra (fexofenadine), Claritin (loratadine), Sudafed (pseudoephedrine), Tylenol Cold and Sinus (acetaminophen and pseudoephedrine)
For Cough	<ul style="list-style-type: none"> Cough drops, Robitussin DM (dextromethorphan and pseudoephedrine), Dimetapp (brompheniramine and pseudoephedrine)
For Sore Throat	Note: Non-medication options include gargling with salt water. <ul style="list-style-type: none"> Chloraseptic throat spray, Tylenol (acetaminophen), Luden's throat drops
For Diarrhea	<ul style="list-style-type: none"> Imodium AD (loperamide)
For Yeast Infection	<ul style="list-style-type: none"> Monistat or other vaginal yeast creams
For Allergies	<ul style="list-style-type: none"> Benadryl (diphenhydramine), Claritin (loratadine), Zyrtec (cetirizine)

The above over-the-counter remedies are to be used for temporary ailments. If your condition persists, please call us.

Recommended Vaccinations

The below recommendations are in accordance with American College of Obstetricians and Gynecologists (ACOG) and Centers for Disease Control and Prevention (CDC).

Annual Flu Vaccine

Flu season is October-May. We recommend you receive the vaccine as early as possible during the season. When we have the flu vaccines available in our office, we will offer the vaccine to our pregnant patients.

Tdap Vaccine

Pregnant women are recommended to receive the Tdap vaccine during the 3rd trimester of pregnancy. This is the tetanus, diphtheria, and pertussis (whooping cough) vaccine. Newborns are at high risk for acquiring pertussis until they have received this vaccine at 6 months of age. By getting vaccinated during the 3rd trimester, you will share some immunity with your infant. This is why you will be vaccinated each pregnancy even if you are up-to-date by preventative care guidelines. We recommend your partner and anyone else caring for your infant during the first 6 months be up to date on this vaccine, as well.

COVID-19 Vaccine

ACOG, SMFM, ASRM, and CDC all recommend that this vaccine be offered to pregnant and lactating women. Research is ongoing to collect data from these groups of patients.

Zika Virus

There is currently no Zika vaccine available. The Zika virus can be transmitted from a mother to her baby during pregnancy. This is a quickly changing risk in some areas. Refer to [cdc.gov/zika](https://www.cdc.gov/zika) for up-to-date information about areas of Zika transmission and ways to protect yourself from the Zika virus.

Falls During Pregnancy

During pregnancy, your center of gravity is forward as your belly grows, making it harder for you to stay upright. The closer you get to delivery, the looser your joints become due to a pregnancy hormone called relaxin. This hormone enables the joints and connective tissues in your pelvis and cervix to stretch during delivery – making it easier for you to push your baby out. However, while waiting for that day, your joints will be loose and can contribute to being a little more clumsy than normal, which can lead to a fall.

It is extremely unlikely that an accidental fall will hurt your baby. At every stage of pregnancy, your belly is meant to withstand some pretty tough circumstances in order to protect your baby. However, falls during the late second trimester and early third trimester might be harmful to both you and your baby, especially if there is direct trauma to your abdomen.

If you have a fall at any point during your pregnancy, please call us to discuss the fall and your symptoms. In addition, please seek emergency care if:

- You are experiencing vaginal bleeding.
- You feel abdominal pain.
- You have uterine contractions.
- You cannot feel the baby move.

Common Discomforts & Problems in Pregnancy

Hemorrhoids or Varicose Veins in the Vulvar Region (Near Vagina)

Symptoms of this condition include bleeding and pain after bowel movements, or tenderness and irritation at the rectum area. Straining during a BM can also lead to hemorrhoids. To prevent them, eat a high fiber diet and drink lots of fluids. If you have hemorrhoids, take a stool softener daily, as needed or use Tucks pads for external relief. To make your own Tucks pads at home, soak a disposable small cloth with witch hazel. These can soothe and help shrink hemorrhoids or vulvar varicosities. Some women find that wearing a maternity belt, which lifts the pregnant uterus, can help reduce pelvic varicose veins.

Vaginal Spotting

Vaginal spotting occurs in half of all pregnancies, especially in the first 12 weeks. Most of the time, spotting will resolve on its own. It often occurs after intercourse or after straining to use the bathroom when constipated and is not a sign of miscarriage. There is nothing you can do to prevent or provoke the spotting. If the spotting is light, avoid intercourse for a few days. If the spotting becomes heavy, like a period (with or without cramping), avoid intercourse and please call us.

Varicose Veins in the Legs

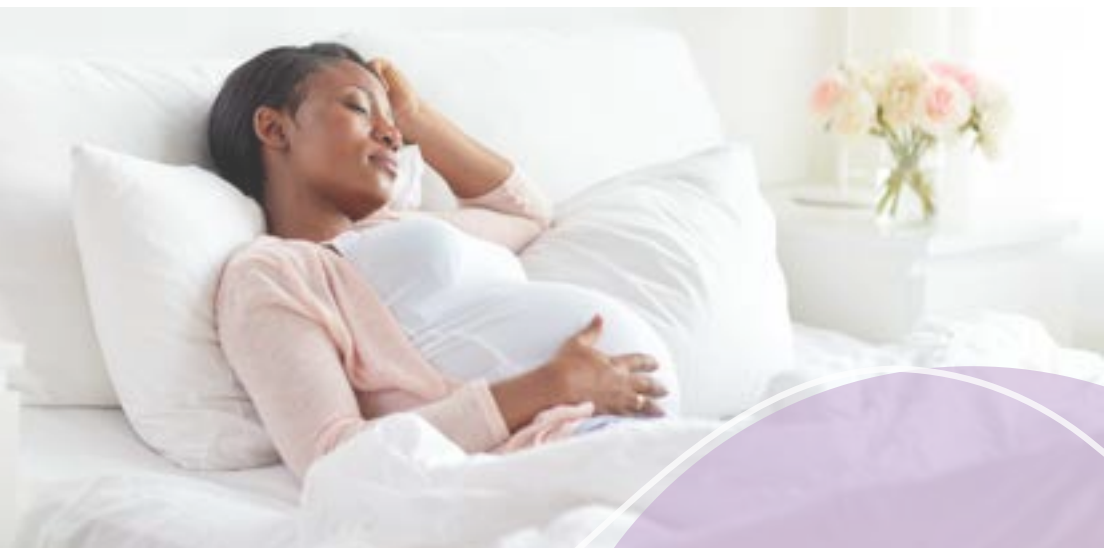
Elevate your legs during resting can help reduce the pressure in your leg veins. Other common remedies include wearing a maternity belt or knee high compression stocking while moving around during your day.

Vaginal Discharge

Discharge during pregnancy is usually white, cloudy, or clear and thin. If the discharge has a foul or fishy odor, causes vaginal discomfort, or seems to be water instead of mucus, please call us.

Decreased Fetal Movement

Most women usually begin to feel movement, such as a flutter, kick, swish, or roll, between 16 and 24 weeks. From 18-24 weeks on you should feel the baby move more and more. After 32 weeks, the movements will stay roughly the same until you give birth. You may be less likely to be aware of your baby's movements when you are active or busy. You should not try to make your baby move. Keep tabs on your baby's movement in utero, just in case – especially during third trimester. If you do notice a decrease in your baby's usual fetal movements, please call us immediately.



Round Ligament Pain

Most women experience round ligament pain in the second trimester as the uterus outgrows the pelvis, pushing up into the abdomen. Symptoms include a sharp, sudden pain on one or both sides of the lower belly, hips, or groin area. Typically, the pain lasts only a few seconds at a time. Overworked ligaments from an active day with lots of movement may leave you feeling achy for hours. Relief methods include shifting your position throughout the day and wearing a maternity belt. Avoid sudden movements, high intensity exercises, and flexing your hips before sneezing or coughing. If resting does not alleviate pain or your symptoms become more severe, please call us.

Swollen Feet and Ankles

Swelling is caused by fluid retention and usually gets worse late in the day. Prevention methods include drinking enough water, reducing salt intake, elevating your feet periodically during the day, and wearing comfortable shoes or compression stockings.

Elevated Blood Pressure (Hypertension)

Hypertension or high blood pressure may develop in your pregnancy and sometimes in the postpartum period. Pregnancy causes the body to make more blood to support the baby's growth. Your provider will monitor your blood pressure at each prenatal and postpartum visit.

Preeclampsia is a serious blood pressure disorder that can happen during pregnancy or in the postpartum period. It usually develops after 20 weeks of pregnancy in the third trimester. Uncontrolled blood pressure can put you and your baby at risk. Symptoms of Preeclampsia include swelling of face/hands, headache, vision changes, pain in upper abdomen or shoulder. In rare conditions, seizures can happen as well. Contact your provider if you have any of these symptoms.

Morning Sickness or Nausea

Luckily for most women, it resolves by about 13 weeks or so. If you can keep some food and fluids down, it should not cause any long-term problems for you or the baby. See the Safe Medications list for over-the-counter options. Prevention methods may include ginger tea or ale, ginger or lemon candy, the scent of fresh-cut lemon, cotton balls soaked in lemon extract, or wearing Sea Bands. An empty stomach generally makes you feel worse, so try to eat small amounts every hour. Eating a high protein bedtime snack and bland foods may help. Be sure to stay well hydrated. Try drinking about 1 ounce of Gatorade, water, or diluted fruit juice every 15 minutes. If you lose significant amounts of weight, cannot keep food down for more than 24 hours, are unable to urinate, or your urine becomes scant and dark-colored, please call us.

Cramping

Mild and periodic cramping and uterine contractions are normal in pregnancy. If you notice cramping pain in your lower abdomen or back that lasts for about a minute then relaxes, especially with pelvic pressure and a hard uterus, it is most likely a contraction. If you have 6+ contractions in one hour (every 10 minutes or less), drink two big glasses of water and lie down or take a warm bath. If the contractions do not stop, please call us.

Additional signs to call us

- You have a fever.
- You have symptoms of a urinary tract infection (UTI), such as:
 - Pain or burning when you urinate.
 - A frequent need to urinate.
 - Back or side (flank) pain.
 - Blood in your urine.
- You have skin changes, such as:
 - Rash.
 - Itching of hands or feet.
 - Yellow color to your skin.



Labor & Delivery

Our Birth Philosophy

Many patients inform us that creating a birth plan is a stressful experience. Our birth plan is for you to stay healthy, deliver a healthy baby, and have a positive experience! It is not necessary to create a birth plan.

As a routine part of your labor experience, we:

- Minimize cervical exams, when possible
- Provide you with your pain relief option of choice, as medically-appropriate in your stages of labor
- Only recommend interventions if they are medically necessary and discussed with your provider
- Only recommend cesarean sections or assisted vaginal deliveries if medically indicated
- If cesarean section indicated, allow partner or one support person to join in operating room
- Do not routinely perform episiotomy
- Provide delayed cord clamping
- Offer your partner the opportunity to cut the cord
- Provide skin-to-skin immediately after delivery, if baby is stable
- Offer "rooming in" with baby - baby only leaving postpartum room when medically indicated
- Ask you if you would like your baby to receive routine medications and vaccinations before they are given
- Encourage breastfeeding within the first hour after delivery
- Delay all non-essential baby care until the golden hour (first hour) initial bonding with baby is complete
- Bath your baby the day following delivery

Signs of Labor

- You are over 34 weeks and are having strong contractions every 5 minutes for more than 2 hours.
- You are less than 34 weeks and are having strong contractions more than 4 times in an hour.
- You think you have broken your water. You may notice a large “gush” of fluid or continued leaking of fluid.
- You are experiencing vaginal bleeding.

Please note:

- DO NOT use our Patient Portal to send urgent questions or concerns.
- In many situations, it is likely the on-call provider will direct you to come to the hospital for evaluation as it's typically difficult to evaluate over the phone.
- If you are confident you are going to the hospital, please still call us so we and the nursing team can prepare for your arrival.
- It is not necessary to call us if you lose your mucus plug if you are not experiencing other symptoms. It may take several weeks to go into labor after loss of a mucus plug.

What to Expect at Delivery Time

- Once you arrive at the hospital you will be guided to Labor & Delivery triage where a nurse will likely examine you first.
- If you are in active labor or have broken your water, you will be taken to the Labor & Delivery room where you will meet your nurse and your vital signs and baby's heart rate will be monitored.
- The on-call provider from our practice will come to examine you every few hours during labor, as needed.
- Though our goal is to avoid cesarean delivery, emergencies can occur during labor that we cannot anticipate.
 - The most common reasons for unplanned cesarean sections are:
 - Your baby is in distress.
 - Your cervix has stopped dilating despite all possible interventions.
 - You have been pushing for several hours and the baby is not descending.
 - You have a medical condition which makes it unsafe for a vaginal delivery.
 - Your baby is not head down (in breech position).

Types of Pain Medications

As labor progresses – and contractions become stronger and more frequent – some women choose medication. Your provider will discuss with you the types of pain medications available at your delivery hospital. Some include:

- Regional anesthesia, such as: epidural (most commonly used) and spinal block (used in cesarean sections)
- Analgesics, such as: opioids (given through an IV or shot)

What to Expect After Delivery

- After a vaginal delivery, you will move to a postpartum room. You will stay in the postpartum wing for 1-2 days before going home. If you have a cesarean delivery, you will stay an extra day before going home.
- While at the hospital, the on-call provider will check in with you daily after your delivery.



Postpartum Care

Postpartum Appointments and Follow-Up

- We will see you in the office for a postpartum check up between 2-6 weeks postpartum.
- Topics that will be covered at your postpartum visit include:
 - Incision check, if needed
 - Postpartum recovery
 - Postpartum depression screening (EPDS)
 - Postpartum hypertension
 - Contraception

Mental Health

Your mental health is a critical part of achieving healthy babies and healthy families. If you have a history of depression, please be sure to discuss that with us. If you are feeling depressed, lacking in motivation, withdrawing from work, family, and friends, please call us immediately, or have a family member contact us.

- **We refer patients to another Advantia practice, Ob-Gyn Associates, who has a licensed clinical social worker on staff to offer mental health support. Please feel free call their office at (301) 681-6772 to schedule an appointment if you or a family member needs someone to talk to at any point during or after your pregnancy.**

Rest

Resting is extremely important. Your sleep cycles will be altered by your newborn, and sleep deprivation will set in quickly. You do need to rest whenever your newborn is resting. Your stamina and energy will return week by week. Begin slowly and build as you can.

Nutrition

Nutrition continues to be important as your body heals from the long process of having a baby. As during pregnancy, drink lots of liquids and eat healthy!

Returning to Intimacy

Resuming intimacy varies for everyone and every couple. Your body needs to heal first. It is possible to become pregnant before you see your first period after delivery. We recommend you delay sexual intercourse or use condoms until we discuss contraception at your postpartum visit.

Physiological Changes

Bleeding will continue over 2-6 weeks. It will change from red to dark red to brown to pink. You may see clumps or clots of blood. Do not use tampons. Too much activity may result in an increase in bleeding. Please call us if you are soaking a maxi pad in an hour or less or if clots are as large as a golf ball. If you had an episiotomy or tear and needed stitches, use sitz bath 2-6 times daily to speed healing. You may use warm or cold water, whatever is most soothing to you.

Bladder dysfunction, including urinary urgency or leaking urine can happen in pregnancy and postpartum period. Some of the causes include an infection or pelvic floor disorders such as weakening of the muscles. Kegel exercises can help strengthen the pelvic floor muscles. Your provider will assess your urinary function and decide if treatment is necessary.

We encourage patients to breastfeed, but we support our patients in whichever feeding method is best for themselves and their families.

Breastfeeding

Here are some helpful hints for breastfeeding:

- Be patient. This is a learning curve for you and your baby.
- You need to be well hydrated to produce enough milk for your baby.
- Let your pediatrician be your guide regarding appropriate weight gain and feeding amounts.

Breastfeeding benefits for mom:

- Breastfeeding may make it easier to lose the weight you gained during pregnancy.
- Women who breastfeed longer have lower rates of type 2 diabetes and high blood pressure.
- Women who breastfeed have lower rates of breast cancer and ovarian cancer.
- Breastfeeding triggers the release of oxytocin that causes the uterus to contract and may decrease the amount of bleeding you have after giving birth.

Please call us if you experience breast pain, redness, or signs of fever: achy joints, chills, or generally not feeling well. This could be a sign of mastitis which we can treat easily with antibiotics. You may need to have an office visit as part of the evaluation.

Breast Milk Benefits for Baby

- Breast milk has the right amount of fat, sugar, water, protein, and minerals needed for a baby's growth and development.
- Breast milk is easier to digest than formula, and breastfed babies have less gas, fewer feeding problems, and less constipation.
- Breast milk contains antibodies that protect infants from certain illnesses, such as ear infections, diarrhea, respiratory illnesses, and allergies.
- Breastfed infants have a lower risk of sudden infant death syndrome (SIDS).
- If your baby is born preterm, breast milk can help reduce the risk of many of the short-term and long-term health problem.

Bottle Feeding

If you choose to or require bottle feeding, we recommend using breast milk or an iron fortified formula. Please talk to your pediatrician about formula options. Cool compresses or cool clean cabbage leaves may help to reduce the pain from engorgement and swelling of the breasts.



Set aside your fears and worries, mama.
You are giving your child love,
and that flows from the heart,
not a bottle or breast.

Birth Preparation Checklist

- ☐ My blood type is: _____
- ☐ I have pre-registered at my delivery hospital
- ☐ I know how to get to the hospital and Labor & Delivery department
- ☐ My Group Beta Strep (GBS) status is: _____
- ☐ I have chosen a pediatrician
- ☐ My infant car seat is installed in the car
- ☐ I am familiar with infant CPR techniques
- ☐ My bags are packed
- ☐ I have a plan for my pets and other children during labor/birth

Supplies to Bring to the Hospital

- ☐ 2 extra pillows with dark pillowcases
- ☐ Loose t-shirts, tank tops, or nightgowns for labor (you may use the hospital gown)
- ☐ Drinks (with sugar/cafeine for labor) and snacks (especially for your partner)
- ☐ Bathrobe, slippers, socks, nursing bra
- ☐ *Optional:* Cord blood collection kit
- ☐ *Optional:* Birth ball
- ☐ List of phone numbers to call family and friends
- ☐ Toiletries: lip balm, toothbrush, toothpaste, shampoo, hairbrush, ponytail holders
- ☐ Clothes to wear after the birth
- ☐ Clothes for the baby and self to go home in
- ☐ Infant car seat (state law, required before discharge)

Suggested Supplies to Have at Home

- ☐ Sanitary pads (24 long maxi pads, with wings recommended)
- ☐ Plastic cover on mattress (shower curtain, rubber sheet, or mattress pad)
- ☐ Nursing bras (one cup size larger than pregnant size) and breast pads (for leaking)
- ☐ Nightgown that opens in front for breast feeding
- ☐ Baby diapers (newborn/size 1), clothes, and baby wipes
- ☐ Thermometer (digital recommended)
- ☐ 6-10 baby blankets, soft towels, and wash clothes
- ☐ Tucks pads
- ☐ Sitz bath
- ☐ Breast pump
- ☐ Head of cabbage, if bottle feeding

Questions & Notes

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Helpful Resources

Websites

- American College of Obstetrics and Gynecology (acog.org)
- Mayo Clinic (mayoclinic.org)
- Center for Disease Control (cdc.gov)
- Postpartum Support International (postpartum.net)
- La Leche League International (llli.org)
- The Breastfeeding Center for Greater Washington (breastfeedingcenter.org)

Books

- *Expecting Better* by Emily Oster
- *What They Don't Tell You About Having A Baby* by Dr. Heather L. Johnson
- *Your Pregnancy and Childbirth: Month to Month* by ACOG
- *Baby 411* by Ari Brown and Denise Fields
- *Moms on Call Basic Baby Care* by Jennifer Walker and Laura Hunter

Apps

There are many pregnancy and childbirth education apps on the market, each with their strengths and weaknesses. Many patients will try several apps until they find the one that suits their needs best. We do not endorse any third-party apps. Advantia has an app for lactation support called Pacify.

Ob-Gyn Associates

- Mental Health Support
 - We refer patients to another Advantia practice, Ob-Gyn Associates, who has a licensed clinical social worker on staff to offer mental health support. Please feel free call their office at (301) 681-6772 to schedule an appointment if you or a family member needs someone to talk to at any point during or after your pregnancy.
- obgynshadygrove.com
- Pregnancy FAQs (obgynshadygrove.com/faq)
- Advantia OB-GYN Shady Grove Office.....(301) 768-4535

An emergency prompt is available during and after business hours. This will route you to our answering service who can connect you to the provider on-call.

