



REITER, HILL & JOHNSON
OF ADVANTIA

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.

Chevy Chase Office.....	(301) 654-5700
Falls Church Office.....	(703) 533-9211
Washington, DC Office.....	(202) 331-1740

General Inquiries Only

Sibley Memorial Hospital Labor & Delivery.....	(202) 537-4577
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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.

Welcome to Reiter, Hill & Johnson (RHJ)! We are so happy to be a part of your maternity journey!

We deliver at Sibley Memorial Hospital, where we share inpatient patient care with sister practice Liv by Advantia Health. When you deliver at the hospital, either an RHJ or a Liv provider will be caring for you in both the Labor & Delivery unit and the postpartum unit as an inpatient.

We are all 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.



All patients have the choice to always visit with their primary OB physician. You have the option of meeting with other healthcare providers within the practice throughout your pregnancy. This will give you a chance to meet all the providers who could possibly be taking care of you on the day of your delivery and in the postpartum period.

For more pregnancy-related information, visit our [HealthHub by Advantia](#)
AdvantiaHealth.com/blog

  @Advantia_Health

Prenatal Visits

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

OB Confirmation Visit	✓ 2-4 weeks after your positive pregnancy test; 6-8 weeks pregnant
New OB Visit [10 Weeks]	✓ Ultrasound to confirm pregnancy and determine the baby's estimated due date ✓ Physical exam ✓ Prenatal panel of blood work including: • 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> • Screening for aneuploidy (please see page 5 for more detailed information about genetic screening options)
12 Week Visit	✓ Ultrasound is performed at our MFM department located at Liv ✓ Review initial prenatal lab work
16 Week Visit	✓ Alpha-fetoprotein (AFP) screening for neural tube defects
20 Week Visit	✓ Ultrasound is performed at our MFM department located at Liv <i>To do: Register at Sibley Memorial Hospital</i>
24 Week Visit <i>Eligible for telemedicine.</i>	✓ Routine lab work and screen for gestational diabetes and infections <i>Instructions: You do not need to fast before this appointment. You must be at least 24 weeks pregnant (you can not be "almost" 24 weeks). You may not eat or drink anything except water after you drink the glucose beverage. This test is performed between 24-28 weeks of pregnancy.</i>
28 Week Visit	✓ Perform Edinburgh Postnatal Depression Scale (EPDS) ✓ If blood work determines you are Rh-negative, you will receive a Rhogam injection. <i>To do: Schedule the Tdap vaccine</i>
30 Week Visit <i>Eligible for telemedicine.</i>	✓ Review lab results ✓ Routine monitoring of mother and baby
32 Week Visit	✓ Routine monitoring of mother and baby <i>Certain high-risk conditions will begin antenatal screening and ultrasounds.</i>
34 Week Visit <i>Eligible for telemedicine.</i>	✓ Routine monitoring of mother and baby
36 Week Visit and Weekly Until Delivery	✓ 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> ✓ Possible cervix check to assess for dilation <i>Discussion of timing of induction of labor.</i>
40+ Weeks	✓ 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

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 bloodwork and ultrasound, or
- If necessary, diagnostic testing performed by our maternal-fetal medicine partners which involves a procedure where a small needle is inserted into your uterus to retrieve tissue for diagnostic testing.

We will discuss all of your options so you feel equipped to make the best choice for yourself. We support our patients in any options that they choose.

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.

We partner with Natera for carrier screening. Many patients are unsure of their ethnicity or family history. *The testing is the same cost whether selected diseases or a whole panel are tested for. *Therefore, we recommend screening for the whole panel of diseases listed below.*

Heritage or History	Recommended Carrier Screening
All patients, regardless of race or ethnicity	• Cystic fibrosis and spinal muscle atrophy
African, Mediterranean, Middle Eastern, Southeast Asian, West Indian	• Sickle cell disease, thalassemia, and other hemoglobinopathies
Ashkenazi Jewish	• Tay-Sachs disease, Canavan disease, and Gaucher disease
Cajun, French Canadian	• Tay-Sachs disease
Women with a family history of mental retardation or premature ovarian failure	• Fragile X

*Natera will provide you with a cost estimate via text and e-mail once they receive your sample. If your insurance rate is cost-prohibitive, Natera offers all Liv patients this testing for \$249 out-of-pocket, but you must select this option when reviewing your estimate.



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.

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.

Treatment for a dental emergency is safe and should not be withheld from a pregnant woman. We are in favor of indicated dental procedures, including anesthetic medications and antibiotics.

Nutrition and Exercise in Pregnancy

Vitamin Supplements

We recommend that you take a daily prenatal vitamin, containing at least 27mg iron, at least 400mcg folic acid, 450 mg of choline, and 200mg DHA/fish oil. 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

Pregnant women need to drink 80-100 ounces of fluids daily and depending on your size and physical activity. Avoid soda and juices. More water is often the solution to many problems and complaints in pregnancy. 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. Drinking 100oz of water can be a challenge. We suggest a large bottle with you all the time as sipping constantly through the day is often much more tolerable than trying to consume a lot at one time.

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 25-35 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: - 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? - 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 are safe (2-3 servings/week): Salmon, light albacore tuna, tilapia, flounder, cod, crab, and shrimp - Fish to avoid: Mackerel, swordfish, shark, and tilefish - Tuna is a special case and the amount matters. We recommend no more than 4 ounces of light albacore tuna per week, or 12 ounces of total tuna, per week.
Enjoy Sparingly: - 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. Examples include: breakfast cereals, packaged snacks, chips, cookies, packaged breads, boxed pasta products, ice-cream, baking mixes.	Avoid: - 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	Benadryl (diphenhydramine), Tylenol PM, Unisom (doxylamine)
For Fever, Pain, Headache, or Muscle Soreness	Note: DO NOT take aspirin or ibuprofen unless directed by your provider. Tylenol (acetaminophen) - regular or extra-strength
For Morning Sickness	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	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. 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. (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. 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. 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	Cough drops, Robitussin DM (dextromethorphan and pseudoephedrine), Dimetapp (brompheniramine and pseudoephedrine)
For Sore Throat	Note: Non-medication options include gargling with salt water. Throat spray, throat drops, Tylenol (acetaminophen)
For Diarrhea	Imodium AD (loperamide)
For Yeast Infection	Monistat or other vaginal yeast creams
For Allergies	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. The vaccine changes every year, so it only lasts for one season. We recommend you receive the vaccine as early as possible during the season. We have a supply of flu vaccinations on-hand each year for our pregnant patients.

Tdap Vaccine

The CDC recommends that pregnant patients 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 pass some immunity to your infant. This is why your provider will recommend that you get vaccinated each pregnancy, even if you are up-to-date with preventative care guidelines. CDC also recommends your partner and anyone else frequently around your infant during the first 6 months be up-to-date within 10 years on this vaccine, as well, to avoid transmission of pertussis.

COVID-19 Vaccine

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

RSV Vaccine

The RSV Vaccine Abrysvo is recommended between September through January for women who are 32 weeks through 36 weeks and 6 days during this time period. It is only recommended if you meet this gestational age criteria during the specific months. This is given at a retail pharmacy.

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 for up-to-date information about areas of Zika transmission and ways to protect yourself from the Zika virus.

Common Discomforts & Problems in Pregnancy

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.

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.

Common Discomforts & Problems in Pregnancy

(continued)

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.

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.

Decreased Fetal Movement

Most women usually begin to feel movement, such as a flutter, kick, swish, or roll, between 16 and 24 weeks. There is no set number of normal movements you should be feeling – every baby is different. 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.

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.



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.

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 preeclampsia, such as:
 - Sudden swelling of face, hands, or feet.
 - New vision problems (ex: dimness or blurring).
 - A severe headache.
- 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

RHJ 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
- Provide you with your pain relief option of choice; you do not need to decide before labor which options to accept or decline.
- Only recommend interventions if they are needed because labor is not progressing
- *Let you choose your own music*
- Only recommend cesarean sections if medically indicated due to fetal distress or maternal inability to proceed safely with labor
- Do not routinely perform episiotomy
- Provide delayed cord clamping
- Offer your partner the opportunity to cut the cord
- Collect cord blood if you have a kit for collection
- Provide skin-to-skin immediately after delivery
- Encourage breastfeeding within the first hour after delivery
- Delay all non-essential baby care until after initial bonding with the baby is complete



Labor & Delivery *(continued)*

Early Labor Symptoms

As your “due” date approaches, you may notice a number of changes. Practice, or Braxton Hicks, contractions may become more frequent and occasionally uncomfortable. The mucous component of your vaginal discharge may increase. Occasionally, this discharge will be tinged with blood. This is the mucous plug that releases as the cervix softens and shortens, or ripens, in preparation for labor. Loss of a mucus plug is not an emergency and does not mean that labor is imminent.

You may also notice a change in the type of fetal movement you experience. This is because, as your baby reaches term size, the amount of room in your uterus decreases which means that your baby cannot flip and turn as he or she used to. Therefore, you will notice a change in the type of movement. However, the frequency with which you perceive activity should not decrease.

Many women, especially first-time mothers, are worried that they may not be able to determine if they are in labor. The following is a guide to help you distinguish between true and what is commonly referred to as “false labor,” but which is in fact a period of time when your body begins to prepare for true labor by softening and shortening the cervix.

“True” Labor Contractions

- Become progressively longer, stronger, and closer together
- Regular and predictable* (e.g. every 3 – 5 minutes)
- Felt throughout the abdomen and uterus
- Continue regardless of change in position
- Generally last 45 – 60 seconds
- Irregular in duration (brief to 90 seconds)

“False” Labor

- Do not become longer, stronger, and closer together
- Usually irregular time frame
- Felt in the top (fundus) of the (uterus)
- Often decrease with rest in activity and/or hydration

Gastrointestinal

You may experience diarrhea, nausea or heartburn.

How to Time Contractions

- Place your hand on the upper part of your abdomen (uterus).
- Note when the uterus begins to feel hard. The time from the beginning of one contraction to the beginning of the next in minutes is the **FREQUENCY** of contractions
- Note the **LENGTH** of time in seconds from the beginning to the end of the contractions.
- Time your contractions for 30-60 minutes.
- In general, contractions with a **FREQUENCY** of 3-5 minutes and **LENGTH** of 45-60 seconds that continue for an hour indicate the onset of labor.

When to Call the Office

Please call the office for any of the following:

- Contractions every 3-5 minutes for an hour. (Individuals with a history of fast labor, those who live a great distance from the hospital, or those who are known to have significant cervical dilation may not want to wait a full hour before calling.)
- Ruptured membranes (your bag of water breaks) even if you are not contracting.
- Frank bleeding, which is bright red blood (You do NOT have to call for bloody show, mucous plug, or light bleeding after an office examination.)
- Sudden or marked decrease in fetal activity.

Please note:

- 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 vertex 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)
- Please note, Sibley hospital does NOT have nitrous oxide as a pain relief option

Call us if you feel you are in labor or experiencing a medical emergency pertaining to your pregnancy.

Chevy Chase Office (301) 654-5700
Falls Church Office (703) 533-9211
Washington, DC Office (202) 331-1740

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.



Induction of Labor

What is an Induction of Labor?

Induction of labor (IOL) means using medications or other methods to start labor before it begins on its own. Doctors may recommend induction if it is safer for your or your baby to deliver sooner rather than wait for natural labor. They can take several days for first-time parents.

Reasons for Induction

According to the American College of Obstetricians and Gynecologists (ACOG), induction may be recommended if:

- You are past your due date (often after 41 weeks).
- You are over the age of 35.
- Your water has broken but contractions have not started.
- There are concerns about your health (high blood pressure, diabetes).
- There are concerns about your baby's health or growth

Elective Inductions and the ARRIVE Trial

An elective induction is when labor is started by choice, rather than for a medical reason. According to the ARRIVE trial (2018), healthy first-time mothers who choose induction at 39 weeks had:

- A slightly lower chance of cesarean birth compared to women who waited for labor to start naturally.
- No increased risks for the baby.
- Similar or sometimes shorter overall length of hospital stay.

****It is important to note elective inductions might be pushed last minute by 24-48 hours for more urgent, medically-indicated deliveries if the hospital is particularly busy. This is for your and your baby's safety. You will be brought in to start your induction as soon as it is safe to do so.****

Cervical Ripening

Cervical ripening is softening and thinning of the cervix so that it can open (dilate).

This can be done with:

- Medicine (prostaglandins)
- Cervidil: A small shoestring-like insert with medication on the end, stays in place for 12 hours
- Cytotec (misoprostol): Tiny pill that goes in the cheek or vagina
- Cook balloon (like foley): Small balloon placed inside cervix and gently inflated to mechanically dilate the cervix; falls out at 3-5cm dilation.

Induction Agents

- Oxytocin (pitocin): Given through IV, starts at 2 units, goes up by 2 every 20-30 minutes.
- Artificial rupture of membranes (AROM; breaking your water)

What to Expect with an Induction

The process can take time. Especially for first-time mothers, induction often takes 2-3 days from start to active labor and delivery.

The first part (cervical ripening) is usually the longest. This is part of your induction, not separate, and is done at the hospital. It can take 12-24 hours for ripening, alone; thus pitocin often is not started right away the morning after you present for ripening.

Once the cervix is softened and favorable and then contractions are established, labor often progresses more quickly. Pain relief via epidural is available at any point and will last from start until delivery. Throughout the process, your baby's heartbeat and your contractions will be closely monitored. Inductions are typically scheduled approximately 2 weeks ahead of when they need to take place.

Induction is generally safe, but possible risks include:

- Stronger or more frequent contractions
- Changes in baby's heart rate or infection

Remember: Induction is a safe, common procedure. Every labor is unique, and your team will work with you to keep you and your baby safe.

What to Expect After Delivery

- After a vaginal delivery, you will move to a postpartum room a few hours after birth and stay until 1-2 days later. If you have a cesarean delivery you will stay an extra day, 2-4 days, prior to 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

- Sibley Hospital will provide you with a detailed handbook which addresses most frequently asked questions; please plan to read this thoroughly during your hospital stay.
- We will see you in the office for a postpartum check at 6 weeks postpartum; earlier if specifically directed (For example, for incision checks at 2 weeks or blood pressure checks at 1 week, if indicated).
- 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.

Rest

We cannot stress enough how important rest is. 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 pregnancy, labor, delivery, and postpartum. As during pregnancy, drink lots of liquids and eat healthy!

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.

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.

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

Breastfeeding

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.

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.

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.

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

Breastfeeding is not for everyone and may not be the right choice for some families. When choosing a formula, please discuss with your pediatrician. Please reach out to office for help assisting with engorgement or breast issues during this time.



Birth Preparation Checklist

To Do List:

- ☐ I have pre-registered at my delivery hospital
- ☐ I know how to get to the hospital and Labor & Delivery department
- ☐ I know who we plan to see as a pediatrician and can provide contact information to the hospital
- ☐ My infant car seat is installed in the car

Supplies to Bring to the Hospital

- ☐ Comfortable clothes for myself and partner
- ☐ Clothes to bring home the baby
- ☐ Extra long phone charger
- ☐ Toiletries: toothbrush, toothpaste, shampoo, hairbrush, ponytail holders
- ☐ Infant car seat (state law, required before discharge)

Suggested Supplies to Have at Home

- ☐ Sanitary pads and/or period underwear
- ☐ Nursing bras (one cup size larger than pregnant size) and breast pads (for leaking)
- ☐ Baby diapers (newborn/size 1), clothes, and baby wipes
- ☐ Breast pump

Helpful Resources



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Websites

- HealthHub by Advantia (advantiahealth.com/blog)
- 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 (lli.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

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- advantiahealth.com/rhjn-obgyn
- Chevy Chase Office.....(301) 654-5700
- Falls Church Office.....(703) 533-9211
- Washington, DC Office.....(202) 331-1740

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.