

Second/Third Trimester Pregnancy Education Session: Here Comes Baby!

Prenatal schedule going forward

- Prenatal visits every 2 weeks starting from 32-36 weeks
- Prenatal visits every week starting at 36 weeks
- Any time after 37 weeks is a “good” time to have a baby – full term

Labs at 28 weeks

- Hemoglobin: to check for anemia. If low, may start on iron supplementation
- Antibody screen: especially for Rh negative patients. Patients with Rh negative blood receive Rhogam (Rh antibodies) to keep from becoming sensitized. Rhogam will also be given after delivery for patients who are Rh negative and their baby is Rh positive.
- Syphilis testing: either at 28 weeks or at the end of pregnancy. Recommended to be done frequently by ACOG due to the effects of an infection on the baby
- Glucose tolerance test: screening test for gestational diabetes (diabetes of pregnancy). You drink a very sugary solution and have a blood test 1 hour later. Your doctor may give you the drink to take home so you don't have to wait as long at the clinic.

TDaP Vaccine

- Pregnant women should get the TDaP vaccine (Tetanus, Diphtheria, acellular Pertussis) around 28-30 weeks of pregnancy. Even if you have recently gotten a tetanus booster shot, the TDaP vaccine is important for the early health of your baby after he or she is born. Infants are too young to safely receive immunization against pertussis, an infection which causes whooping cough in infants and young children. Adults who have been previously vaccinated may sometimes get pertussis and have mild symptoms, much like a cold, and may expose infants without realizing they are ill. When pregnant women receive the vaccine, however, they make antibodies which cross the placenta and provide the newborn with immunity against pertussis until they are old enough to receive their own vaccine. Giving the vaccine at 28-30 weeks allows time for maternal antibodies to be made and for them to cross the placenta.

Rhogam

- Antibodies to Rh positive blood. For women who are Rh negative, if their baby is Rh positive and they suffer any abdominal trauma, or have bleeding during pregnancy, they can be exposed to fetal blood. This can cause them to make antibodies or immune molecules that fight off foreign substances in the body. This does not usually affect the current pregnancy, but if the mother gets pregnant again and the next baby is also Rh positive, that baby can be very negatively affected. Having antibodies against Rh blood that are produced by the body, rather than given as Rhogam, can put the next pregnancy at risk for miscarriage or serious fetal harm.

Term labs - end of pregnancy lab testing

- Group B Strep (GBS) testing at 36 weeks – this is a swab of the vulva and rectum that tests for a particular bacteria that lives on the skin, Group B Streptococcus. This bacteria is present on 30-40% of adults' skin, but does not cause illness or problems for adults. However, it can cause newborns to become very ill and even die from sepsis, so women who have this bacteria on their skin are treated with antibiotics during labor to prevent transmission of the bacteria to their infant.
- Syphilis testing in the 3rd trimester – recommended either during third trimester or during hospital admission
- Complete blood count – to assess for anemia and also to evaluate the platelets (clotting cells) in anticipation of delivery
- Sometimes patients are tested for Gonorrhea and Chlamydia at the end of pregnancy as well as at the beginning. These infections are very common and can put the infant at risk for eye infections, among other complications.

Discomforts in pregnancy

- **Low back pain** – as your baby grows, your spine and body adjust to carry the added weight. This increases the curvature in your lower back and can often result in an increase in the soreness or achiness there.

When to worry or take notice: If you are having back pain that comes and goes every 5-10 minutes, or feels like menstrual cramps, that may instead be a sign of labor. If you are less than 37 weeks pregnant and you are feeling this every 5-10 minutes for an hour or more, you should go to the hospital for evaluation. If you are more than 37 weeks pregnant, you should go in to the hospital to be seen if the back pain is happening every 4-5 minutes.

- **Pelvic pressure** – as pregnancy progresses, you may start to notice more pelvic pressure in your groin or even in your vagina. As you get closer to labor or to your due date, the baby moves into the pelvis. Sensations of increased pressure are normal. Some women describe it as "it feels like the baby is going to fall out!" Not to worry – this is not the case.

When to worry or take notice: If the pelvic pressure rapidly increases over the course of a few hours, or if the pressure seems to come and go. If the pressure seems to increase and is accompanied by tightening of your abdomen or back pain, that is another reason to be evaluated.

- **Frequent urination** – the baby is putting pressure on your bladder. Space is a premium inside your abdomen and your bladder often pays the price – thus it cannot hold as much as before!

When to worry or take notice: If you have burning when you urinate, notice blood in your urine, or if the urine has a strong or different odor to it, call the clinic and let your provider know. If you have any fevers or chills as well as urinary symptoms, that would be a good reason to be evaluated at the hospital.

Activity/working in pregnancy

- Physical activity in pregnancy is both permitted and encouraged! Women can continue exercising in pregnancy as long as they feel comfortable doing so. Regular activity and being physically fit can improve your stamina and performance during labor as well as help to keep you healthy during the pregnancy.
- Activities to avoid after 20 weeks: contact sports (hockey, football, soccer) or sports where there is a risk of falling or abdominal trauma (skiing, skateboarding, rollerskating/rollerblading, ice skating). Horseback riding can probably be continued until around 20 weeks of pregnancy, but you may find that your balance is negatively affected after that point.

Warning signs

- **Pre-eclampsia** – a syndrome unique to pregnancy and the postpartum period, characterized by elevated blood pressure and sometimes resulting in kidney or liver damage. Severe cases can progress to Eclampsia, which is a seizure condition related to pregnancy.

Warning signs and symptoms: severe headache that does not improve with Tylenol or rest; visual changes such as flashing lights or significant blurring; a marked increase in swelling of the feet, legs, hands, and/or face; pain on the right side under the rib cage; having a seizure; sudden, severe abdominal pain that is continuous and accompanied by bleeding

What to do: Call Labor and Delivery or go in to the hospital for evaluation.

- **Pre-term labor vs Braxton-Hicks contractions**
 - Braxton-Hicks contractions: like “warm-ups” for your uterus, these are a normal part of the third trimester. The uterus may spontaneously contract, or tighten, and you may feel your belly get hard like a basketball. This may last for a few seconds or up to a minute, then go away. Braxton-Hicks contractions usually occur one at a time or only a few at a time and go away on their own.
 - Pre-term labor: labor contractions are an all-over tightening of the abdomen that come and go at regular intervals. If you are less than 37 weeks pregnant, you should go to the hospital for evaluation if you have regular pains that occur more than 5-6 in one hour and do not go away with resting a bit or drinking some water.
 - Other signs of pre-term labor: a sudden increase in the feeling of pelvic pressure; light spotting or blood-tinged mucus that accompany contractions; a gush of thin liquid that soaks your clothes or the bed and continues to leak out of you after your clothes have been changed
- **Signs of labor:** Once you are 37 weeks or greater, contractions may occur more frequently. They may even happen throughout the day and more frequently than before.
 - When to go to the hospital: You should be concerned that you might be going into labor if you are having strong contractions every 4-5 minutes that are severe enough to take your breath away or cause you to stop talking or stop whatever you’re doing. Other signs of labor

include a gush of thin liquid that soaks your clothes or underwear and continues to soak your underwear after you have changed it; bleeding that looks like it is mixed with mucus, or bleeding more heavily like a period; feeling the baby move less or feeling more pelvic pressure.

- **Fetal kick counts**

- Once you are 28 weeks pregnant or further, it is important to pay attention to your baby's movement and activity level throughout the day. At least once a day, you should count the amount of movements your baby is having. One of the easier times to do this is after dinner. Lie on your left side or in a quiet place, focus on the baby's movements, and count how many movements (no matter how big or small) that you get in a 1-hour period. You should get at least 10 movements in a 1-hour period. If you do not, drink a cold drink (water or juice) and try again. If you still do not get 10 movements, you should go to the hospital for evaluation right away.

Packing for the hospital

- What to bring:
 - **A change of clothes or two for you** – remember that your body will not immediately return to its pre-pregnancy shape. Loose-fitting and comfortable clothes are best. You may want a comfortable set of pajamas or sweatpants to wear. If you plan on breastfeeding and have purchased a nursing bra or tank top, these are good things to bring. Nursing pads can also be helpful to protect against leaking breast milk. The hospital will have nursing pads for you, but you will want these for when you go home.
 - **Car seat** – make sure you know how to install this in the vehicle you bring to the hospital, or have it installed ahead of time. The local fire department or police station can double-check that the car seat has been installed correctly. Make sure the car seat is not expired and has not been in an accident.
 - **1-2 newborn outfits** – your baby will spend a lot of time skin-to-skin with you immediately after delivery and may not get a bath until at least the day after he/she is born. 1-2 outfits are plenty – there will be time for lots of outfit changes at home! There is a photographer who comes in to the hospital so bring an outfit for pictures if you want. You will need an outfit that includes some kind of pants in order for the car seat to latch properly.
 - **Toiletries** - toothbrush, toothpaste, a hairbrush, your shampoo/conditioner – the hospital may have these things, but if you feel strongly that you would like to use your own, make sure you pack supplies with you. The hospital will have some pads to help with bleeding, but you may prefer the longer "overnight" menstrual pads instead of the ones the hospital provides.
 - **Pillow** – you may feel more comfortable sleeping if you have your pillow from home.
 - **Loose-fitting cotton underwear** – after delivery, you will likely want soft, loose, "granny panties" that do not put too much pressure on

your abdomen or your vulva. These also have room to accommodate large sanitary pads and ice packs. The hospital provides mesh panties that are great after delivery.

- **Bottles** – if you are not planning to breastfeed. The hospitals do provide some small-size bottles (3 oz) during your stay, but you will need to purchase reusable nipples (the hospital ones are single-use).
- What to leave at home: tons of outfits, toys, blankets; your super cute pre-pregnancy clothes. The hospital will have some diapers, but you strongly prefer a specific brand, you can bring your own. The hospital has most of the medications you would need – the only medicines you might need to bring might be ADHD medications or other medicines that you know are not on the formulary. If you have a question about a specific medicine, you can ask your provider or call Labor & Delivery to ask if you should bring your own supply.

Preparing for baby

- Car seat – As mentioned previously, make sure you bring this with you to the hospital. You will not be able to leave without it! You should learn how to install the car seat in your vehicle(s), and you can stop by the Fire Department to make sure it has been installed correctly. Make sure the car seat is not expired and has not been in an accident.
- Make sure you have diapers, wipes, and a safe place to change the baby's diaper (a changing table, or a changing pad/station that can be used on the floor or a bed or table).
- You do not need technology for monitoring!
 - Marketed but unnecessary: video monitors, bedside pulse oximeter, peepee tipi
- Pacifier – may decrease risk of SIDS but may interfere with breastfeeding
- If you can, look for a pediatrician you would like to use for your baby's care. Newborns have several doctor visits early in life to check on their growth and to see how you are adjusting to life with the baby.
 - Stellis Health has several pediatricians in our practice
 - Family medicine providers also often see children in their practice. Stellis Health also has numerous family medicine providers.
- Crib and safe sleep practices
 - Remember the ABCs: babies should sleep **A**lone, on their **B**ack, in a **C**rib. Alone means on their own, without siblings (including twin siblings) and without toys, blankets, pillows, or other objects.

Baby's arrival

- After your baby is born, many things happen in their first few days of life! Immediately after delivery, standard of care is to provide newborns with a Vitamin K injection, the Hepatitis B vaccine, and Erythromycin eye ointment.

- **Vitamin K** helps blood to clot properly. We get our Vitamin K primarily from plant sources of food, but babies have only tiny amounts of Vitamin K when they are first born. Once the baby starts eating solid food (around 6 months of age), they will start to have their own supply, but until then they rely on a very small store of Vitamin K.

Not having enough Vitamin K puts the baby at risk for a potentially catastrophic complication: a hemorrhage into the brain. This can be devastating and can occur without warning. To reduce this risk, babies are routinely given a supplemental injection of Vitamin K after birth.

- **Hepatitis B** is a disease that can be transmitted through bodily fluids. Exposure even to sweat or tears is enough for someone to be at risk of transmission, and you cannot possibly know the health history of every person who meets your newborn baby. Giving the baby the Hepatitis B vaccine at birth is one way to immediately start to protect them against this infection.

Long-term infection with Hepatitis B can lead to severe complications like liver failure, liver cancer, or even death. This is another good reason to start your baby's health off to a good start with the Hepatitis B vaccine.

- **Erythromycin** eye ointment is used to prevent the baby from getting any eye infections after delivery. Vaginas are naturally full of bacteria, and this bacteria can cause serious infections in some infants.

- Newborn hearing screen, CCHD, state metabolic disease screening are completed sometime during your stay.
- Circumcision – if you are having a boy, you have the option of having him circumcised either at the hospital or within the first month of life in the clinic by one of the pediatricians.
 - Circumcision is an optional procedure. It is generally performed culturally in the United States and for cosmetic reasons.
 - Benefits of circumcision include a decreased risk of UTI (urinary tract infection) in the first year of life; decreased transmission of sexually transmitted diseases later in life; and decreased risk for penile cancer
 - Risks of circumcision include infection, bleeding, and poor cosmetic result (not liking how it looks)
 - What does it cost? Many private insurance plans cover circumcision. Public insurance plans or medical assistance do not cover circumcision, however, and you may have to pay out of pocket. A circumcision in the hospital currently costs \$160, while a circumcision in the clinic costs \$248 (these prices are subject to change).
- Breastfeeding
 - Breastfeeding has lots of benefits for both mother and baby.
 - Breastfeeding is a great bonding activity for both mother and baby and is a natural way to provide nourishment for your newborn. Breast milk contains the nutrients that a newborn needs and offers immune protections and improvements in gut flora.

- Breast milk can take several days to fully come in, and it may be difficult at first to get the baby to latch correctly. The nurses in the hospital can help you, as can dedicated lactation consultants.
- Breastfeeding is important, but at the end of the day – the most important thing is that your baby is fed, period! Not every woman is able to breast feed – sometimes there are medical issues which prevent breastfeeding, or sometimes women do not produce enough breast milk to meet their infant’s needs. If you plan to breastfeed but end up having to supplement with formula or end up having to formula feed – this DOES NOT make you a bad mother. It means you are doing the best you can to feed your baby, and that means you’re doing the right thing.
- If you plan on returning to work after your postpartum period and want to continue to breastfeed beyond that period, you may need a breast pump. Most insurance companies will cover a breast pump but may require a prescription from the doctor in advance to get one sent to you. Check with your insurance company for details. Your doctor will be happy to write a prescription for a pump either prior to delivery or in the hospital.

Pain control in labor/birth planning

- See birth plan for details and ideas about how you would like your delivery to look.
- Common techniques include breathing techniques for managing contraction pain; massage; choosing different laboring positions, or frequent position changes; epidural pain control; nitrous oxide; or IV medication for pain.

Vaginal and cesarean section deliveries and recoveries

- Vaginal delivery:
 - How it works: once your cervix has dilated to 10 cm you are considered “completely dilated” and ready to begin pushing. The most common pattern for pushing is to push 3 times with every contraction. This is done by waiting for a contraction to start and build, then gathering your strength and taking a deep breath. Then, you push down with the same muscles you use to bear down and have a bowel movement. You may feel an increase in pelvic pressure while this is happening – this is normal, in fact – it is a good sign! You may also feel as though you are having a bowel movement. Sometimes this does happen during labor, and IT IS OKAY. This is a normal part of delivery, and we will be prepared for this! Usually, your provider or your nurse may actually get excited if this happens, because it generally means you are using the correct muscles to push your baby out. Once the baby’s head starts to emerge from the vagina, this is known as “crowning.” If you want, you can touch the head at this point, or if you would like to see, we can try to provide a mirror for you to look. Once the baby is delivered, we usually place baby right on your abdomen and let the cord continue to pulsate while we see if you have any tears or lacerations. Once you have been repaired and the placenta has been delivered, we usually

give medication (Pitocin) to help prevent postpartum hemorrhaging. Then we will clean up the mess and let you bond with the baby!

- What does recovery look like? You will be able to get up and walk once your epidural (if you had one) has worn off, usually 1-2 hours after delivery. You will feel soreness and tenderness in your vulva, especially if you had any lacerations or repairs. You may have “after pains,” or contractions of your uterus after delivery. These are your body’s way of helping the uterus to get smaller after delivery and prevent hemorrhage. These can be particularly noticeable during breastfeeding, or if your baby cries, as this releases hormones in the brain that cause contractions. You will be able to go up and down stairs and move like you normally would once the epidural has worn off – a relatively quick return to your baseline. If you have stitches from a repair, they generally dissolve over time (unless your provider tells you otherwise). Most providers will see their patients back in 4-6 weeks after delivery to check on your wellbeing postpartum.

- Cesarean section:

- How it works: You will get medication in your back through a spinal or an epidural, if you already have one, which will make you numb from the level of your breasts to your toes. You will not feel sharp pain, but you may still be aware of pushing or pressure sensations. A catheter will be placed in your bladder and massage stockings will be placed on your legs. Your abdomen will be cleaned and then drapes put on that will hide the team from view. Your spouse or support person will be seated near your head if it is safe to have them there. The doctor will test to make sure you are comfortable before beginning the procedure. The OR team will state your name and the procedure as a safety precaution. They may ask you to confirm that this information is correct, again as a precaution. The incision is usually made low on the abdomen where your underwear or a bikini would go. The incision is carried down until your uterus is exposed. An incision is made on the uterus and the doctor will reach in and deliver the baby’s head, then you may feel a lot of pressure on your upper abdomen as the baby is being delivered. The baby’s cord will be cut and the baby passed off to the pediatric team. As long as your baby and you are doing well, they will be bringing your baby over to you and you can go skin to skin in the operating room, so you can have that immediate bonding experience. The doctor will remove the placenta and then repair the uterus and other abdominal structures. Your incision will be closed, usually with a form of plastic staples that will dissolve over time, then covered with very sticky bandages called Steri Strips and a thick abdominal bandage under pressure. You will keep the catheter in place usually for about 12 hours after your delivery, or until you are able to feel enough to get up to the bathroom yourself.
- What does recovery look like? A cesarean section is major abdominal surgery. You will be able to get up and walk around starting around 12 hours after your surgery, or when your catheter is removed. You may find that it is very difficult to change positions, or that you are very

tender and sore when sitting up in bed or moving to stand up. Sometimes an abdominal binder (a type of soft, removal wide bandage/support structure) can be used to help you feel more comfortable. You should avoid driving for 2 weeks following surgery, as the possible movements of driving (like suddenly having to slam on the brakes) could use abdominal muscles that have been disrupted by surgery or pull on sutures that have been used. You should avoid lifting anything heavier than 20 lbs (a gallon of milk is 9 lbs) for 4 weeks following surgery. You will usually have sticky bandages over your incision for up to the first week after delivery. If they have not fallen off by that time, it is fine to peel them off in the shower. Most providers want to see their c-section patients about 2 weeks after delivery to check on your incision. They will also want to see you 4-6 weeks after delivery to check on your wellbeing postpartum.

Birth control after delivery

- www.bedsider.org is a great resource for information about every type of birth control currently available
- After delivery, women should wait at least 3-4 weeks before starting any form of birth control that contains estrogen (the pill, patch, or ring). This is because estrogen can slightly increase your risk of a blood clot, and your risk for blood clots is already increased in the few weeks immediately following delivery.
- Methods like Nexplanon (the rod that goes in the arm) or the IUD (Skyla, Kyleena, Mirena, or Paraguard) can be placed at your postpartum visit in the clinic.
- Depo Provera (the shot) or Progestin-only pills (the "Minipill") can be started immediately postpartum. There has not been any evidence that starting these methods impacts breastfeeding or milk production.
- Some providers do postpartum tubal ligation, a sterilization procedure performed in the hospital during your stay. Not all providers offer this, and not all patients may be good candidates – ask your provider if this is of interest to you. Sterilization (tubal ligation, or "getting your tubes tied") can also be performed after the postpartum period.

Birth center tour

- Pre-registration at the hospital