

THIS IS YOUR
MOMENT.
WE'LL HELP
DELIVER IT.



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FIRST TRIMESTER



YOUR MOMENT-BY-MOMENT GUIDE

WELCOME TO YOUR FIRST TRIMESTER

THE BEGINNING OF MANY BEAUTIFUL MOMENTS TO COME

Dear expectant mother,

From your first prenatal appointment to delivery, it's our goal to keep you and your baby safe every moment of the way. We currently have eight providers within OB/GYN who are here to make sure your journey is a happy and healthy one.

We're committed to providing moms-to-be with exceptional prenatal care. To help you make the most of every moment, we encourage you to take advantage of all the expert advice and classes we offer. Please know that your physician will do everything he or she can to be at your delivery. In order to make that possible, sometimes your OB visit may need to be delayed or rescheduled if your physician had delivery obligations. When your physician is not available, your physician's partner may assist you with your delivery.

We know having a baby is one of life's greatest moments, and we are thrilled to be a part of your special day.

Sincerely,

Your healthcare team at The Doctors Clinic: Women's and Children's Center



PRENATAL CARE TIMELINE

This is a general timeline of what you can expect and prepare for as your prenatal care is provided by The Doctors Clinic: Women's and Children's Center.

As with any healthcare provided to you, we will individualize your care to accommodate your particular needs as your pregnancy progresses.

Weeks gestation	What to expect
5 - 10 weeks	Positive pregnancy test. At this time, you will complete an OB appointment with your provider. This can be completed by phone or in person, and then we will schedule your appointment with a provider.
7 weeks	Scheduled for a vaginal ultrasound with your provider. This appointment will be a brief appointment to confirm your pregnancy and due date. Your pregnancy labs will be ordered. At this appointment we will schedule a visit with the financial counselor to discuss OB benefits.
9 - 10 weeks	At this appointment, your completed lab results and screening options will be reviewed. An OB physical will be performed, including a Pap smear if needed.
4 weeks later	OB care visit with your care provider. At this appointment, your provider will use a Doppler to allow you to hear your baby's heartbeat for the first time. Your provider will order your ultrasound, and radiology will call you to schedule.
16 - 18 weeks	Optional quad screening.
18 - 20 weeks	Anatomy Scan You may begin to feel fetal movement.
20 - 24 weeks	Sign up for childbirth education and breastfeeding classes in order to have them completed by 36 weeks gestation.
24 - 28 weeks	Prenatal testing for gestational diabetes and anemia at the laboratory will be done during this time.
28 - 36 weeks	Begin having OB visits every two to three weeks Start fetal movement observations as directed by your care provider. You should take your childbirth preparation classes at this time and start thinking about a care provider for your baby. Check your third trimester section of this binder for information on available The Doctors Clinic care providers for your baby. Pre-registration at the hospital for labor admission needs to be completed at this time. Now is the time to schedule a routine postpartum GYN appointment for six weeks after your expected delivery date.
35 - 37 weeks	A vaginal beta strep culture will be obtained at the 35- to 37-week visit.
37 - 40 weeks	Begin weekly OB visits from now until delivery. Your baby is now full term.

COMMON QUESTIONS

Pregnancy can bring about many questions and concerns, especially in the first few months. You may find variations of advice from all of the different sources available to you. In order to help guide you through some of the common prenatal issues, we have compiled the list of our practice's recommendations below. If you have any additional questions not answered here, please do not hesitate to contact us.

- Take a prenatal vitamin daily. Any brand is fine.
- If you smoke, we strongly recommend that you quit now. Smoking during pregnancy increases your risk for miscarriage, pre-term delivery, elevated blood pressure, placental abruption and fetal growth restriction. Sudden infant death syndrome or SIDS (also known as crib death) is more common in the household of a smoker.
<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/index.htm>
- Do not drink alcohol during pregnancy. There is no safe amount and no safe time to consume alcohol while you are pregnant.
- Limit your caffeine intake to a maximum of two caffeinated beverages per day.
- You may exercise during pregnancy. In fact, exercise reduces your risk for gestational diabetes, increased blood pressure and many other pregnancy complications.
- Consult your physician, but most likely, you may continue your pre-pregnancy workout routine.
- Sexual intercourse is fine as long as your doctor has not instructed you to avoid it.
- Travel during pregnancy is fine, except after 34 weeks. At that point, you could quite possibly deliver and thus need to stay close to your provider.
- You may color/highlight your hair.
- You may see your dentist as needed. We do not restrict treatment for dental work. If X-rays are required, please ask them to shield your abdomen.
- A prenatal massage is safe during pregnancy.
- We strongly encourage you to breastfeed your newborn. Information on the benefits of breastfeeding for both you and your baby are in the third trimester section of this binder.
<https://www.cdc.gov/breastfeeding/>

COMMON AILMENTS

Heartburn

Many people have different heartburn triggers, but most people have similar heartburn symptoms. These symptoms include:

- Burning sensation in chest or throat
- Sour or bitter taste in the mouth
- Trouble swallowing
- Pressure and burning after eating

You may safely take over-the-counter antacids, such as Tums or Rolaids. You may also take Pepcid or Prilosec. <https://americanpregnancy.org/pregnancy-health/heartburn-during-pregnancy/>

Headaches

Headaches are common in pregnancy. Let your physician know if they do not go away with increased hydration, Tylenol or small amounts of caffeine.

To reduce or prevent constipation:

- Drink six to eight glasses of caffeine-free fluid per day
 - Eat whole-grain breads, cereals and pastas
 - Eat at least five servings of vegetables and fruits every day, especially prunes and figs
 - Increase physical activity as often as possible
 - All over-the-counter stool softeners are safe to take during pregnancy
- <https://americanpregnancy.org/pregnancy-health/constipation-during-pregnancy/>

Round ligament pain

Round ligament pain is common as the abdomen grows, particularly in the third trimester. It is a sudden pain in the lower abdomen or groin on one or both sides. The cause can be standing up quickly, sneezing, coughing or changing position. Sudden stretching of one or both of the round ligaments that support the uterus causes them to rapidly contract, resulting in pain. To prevent round ligament pain, avoid sudden jerking and twisting movements, and rise slowly from sitting or standing. Apply local heat to the area of discomfort and do total body relaxation exercises. Avoid excessive exercise, standing and walking. You may also take two Tylenol (acetaminophen) by mouth every six hours as needed for pain (if allergic, contact physician).

Consult your doctor for pain that is not relieved by rest.

MORNING SICKNESS

Many women experience “morning sickness” during pregnancy, which can make getting all of the necessary nutrients for a healthy baby difficult. Listed below are several suggestions to help you reduce and treat nausea and vomiting.

Reduction tips

- Avoid foods that are spicy, greasy, fried or that have strong odors
- Try small, frequent meals and snacks rather than large meals
- Drink liquids between meals rather than with meals
- Choose cold foods rather than hot foods
- Eat a starchy food like crackers or dry cereal before getting out of bed in the morning

Treatment options

- Take 25 mg of vitamin B6 and half a Unisom tablet three times per day
- Consume products containing ginger (ginger ale, gingersnap cookies, gingerbread, ginger tea or capsules)
- Try using Sea-Bands (acupressure bands for your wrists)
- Take acid reducers such as Pepcid and Tagamet one to two times per day
- Use prescription medications prescribed by your care provider (Reglan, Zofran, Phenergan or Diclegis)

<https://americanpregnancy.org/pregnancy-health/morning-sickness-during-pregnancy/>

WHEN TO CALL FOR SPECIAL CARE



The symptoms listed below are warning signs that may indicate special care is necessary. If you experience any of them, please call our office **360-782-3100**.

If you are calling after hours, you can select to contact the on-call provider. You can also call Labor and Delivery at **360-337-8928**.

- Vaginal bleeding that is bright red and as heavy as a period (Note that light pink/brown spotting early in pregnancy is common.)
- Severe abdominal pain
- Severe nausea and vomiting, unrelieved heartburn
- Severe headache not relieved by Tylenol
- Blood pressure of 140/90 or more
- Sudden severe swelling in hands and feet or sudden weight gain
- Sudden vaginal pressure (feeling like the baby is pushing down)
- More than six contractions per hour prior to 35 weeks gestation

MEDICATIONS DURING PREGNANCY & BREASTFEEDING

The topic of medications during pregnancy often triggers many questions. This is because many medications are not safe to take during pregnancy, and you should always consult your care provider before taking any new medications. In addition, it is best to avoid all medications during the first 13 weeks of pregnancy. With that said, if your symptoms are severe, there are several medications considered relatively safe to use during pregnancy. Listed below are some of the common over-the-counter medications used for treating regularly occurring ailments in pregnancy. Even though these medications are deemed safe, you should only use them when necessary and in short durations.

Mucinex (guaifenesin)

Mucinex is an FDA-approved, over-the-counter, non-drowsy medication that loosens the mucus that causes chest and nasal congestion, and it works as a cough suppressant. It is safe to use Mucinex D in pregnancy. **Do NOT use Mucinex DM until after 16 weeks (4 months) of pregnancy.** Other similar medications approved for use in pregnancy include Sudafed, Tylenol Sinus and Robitussin.

Normal saline nasal spray

Nasal saline spray is a great option for anyone who has congestion and wants to clear out their sinuses without medication. It is one of the preferred ways to relieve congestion in pregnancy. It is easy to use and effective, though the effects tend to be short-lived. It can be used to moisten the nasal passages or to irrigate the sinuses.

Benadryl (diphenhydramine) and other allergy medications

Benadryl is an antihistamine used to treat sneezing, runny nose, itching and other allergy symptoms. All antihistamines are safe in pregnancy. Benadryl does cause drowsiness, so you may find it difficult to take during the day; however, it can provide much relief during the evening. In addition to Benadryl, other allergy medications like Claritin (loratadine), Zyrtec (cetirizine) and chlorpheniramine are also safe to use during pregnancy.

Tylenol (acetaminophen)

Tylenol is a pain reliever and a fever reducer. Tylenol is used to treat many conditions, such as headache, muscle aches, arthritis, backache, toothaches, colds and fevers. It is routinely used for short-term pain relief and fever in all stages of pregnancy.

Tums, Rolaids and Mylanta

Tums, Rolaids and Mylanta are types of antacids that contain calcium carbonate. Antacids work by neutralizing stomach acid to relieve heartburn, sour stomach, indigestion and stomach upset. Antacids may also relieve pain from ulcers and gas. Possible side effects of antacids include constipation and bloating. Look for calcium carbonate as the active ingredient when buying generic versions of these medications.

Pepcid (famotidine) and Prilosec (omeprazole)

Pepcid is used to decrease the production of stomach acid, which may reduce irritation to the stomach lining and help heal ulcers and other gastrointestinal conditions. Prilosec decreases the amount of acid produced in the stomach and is used to treat symptoms of gastroesophageal reflux disease (GERD), also known as acid reflux. Prilosec also promotes healing of the esophagus when damage and inflammation have been caused by stomach acid. These two medications are a step up from Tums and Rolaids. They should be used to treat daily or recurrent heartburn after antacids have failed to provide relief.

Monistat

This medication is a topical, over-the-counter treatment for vaginal yeast infections. It is common to get a yeast infection during pregnancy. A yeast infection is an imbalance of yeast in the vagina. This happens when the “good” bacteria in the vagina cannot regulate the yeast fungus (known as *Candida albicans*). Without the bacteria monitoring the yeast, it multiplies and further upsets the vagina’s normal condition, resulting in a yeast infection. This happens often in pregnancy because of hormonal changes in the body. Symptoms include: vaginal itching, irritation or burning, as well as vaginal discharge that may be thick, white and lumpy like cottage cheese.

Colace or Surfak (docusate sodium) and Metamucil

Colace and Surfak are stool softeners that can provide temporary relief from constipation by helping fluids mix with the stool to keep them from becoming hard or dry. Metamucil is a type of bulk-forming laxative and fiber supplement. Metamucil is sold in powdered drink mixes, capsules and wafers. Metamucil not only treats constipation, but it can help prevent constipation because of the fiber it contains.

<https://mothertobaby.org/fact-sheets-parent/>

<https://www.fda.gov/forconsumers/byaudience/forwomen/ucm118567.htm>

<https://www.cdc.gov/pregnancy/meds/treatingfortwo/facts.html>

INFORMATION ABOUT THE TESTS ON YOUR NEW OB LABS

In your initial lab screening, you will be asked to do blood work and a urine culture in the clinic's lab.

Human immunodeficiency virus

Human immunodeficiency virus (HIV) is the virus that causes acquired immune deficiency syndrome, or AIDS. HIV destroys specific blood cells that are crucial to helping the body fight diseases. The most common ways that HIV passes from mother to child are during pregnancy, labor and delivery or through breastfeeding. However, when HIV is diagnosed before or during pregnancy and appropriate steps are taken, the risk of mother-to-child transmission can be lowered to less than 2%. HIV testing is recommended for all pregnant women.

<https://www.cdc.gov/hiv/group/gender/pregnantwomen/index.html>

Syphilis

Syphilis is primarily a sexually transmitted disease, but it may be passed to a baby by an infected mother during pregnancy. A baby infected with syphilis can experience very serious health consequences. Screening for syphilis is performed in all pregnant women during their first prenatal medical visit and repeated in the third trimester. If test results are positive for syphilis, the mother will be administered an antibiotic for treatment.

<https://www.cdc.gov/std/pregnancy/stdfact-pregnancy.htm>

Hepatitis B

Hepatitis B is a liver infection caused by the hepatitis B virus (HBV). A mother can pass the infection to her baby during pregnancy. While the risk of an infected mother passing HBV to her baby varies depending on when she becomes infected, the greatest risk happens when mothers become infected close to the time of delivery. Mother-to-child transmission of HBV can be prevented by screening pregnant women for the infection and providing treatment to at-risk infants shortly after birth. Information on mother-to-child transmission of HBV can be found at CDC.gov.

<https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/maternal-or-infant-illnesses/hepatitis.html>

Rubella

Rubella, also known as German measles, can cause birth defects if infection occurs during pregnancy. If your blood test reveals that you are not immune to Rubella, then you will receive vaccination after delivery while still at the hospital. Rubella vaccination (MMR) cannot be administered during pregnancy.

<https://www.cdc.gov/rubella/pregnancy.html>

NUTRITION DURING PREGNANCY



Your body's need for certain nutrients increases during pregnancy, and adequate nutritional intake is vital for the growth and development of your baby and your own health. Many studies have shown that appropriate nutrition can decrease your baby's risk for birth defects, miscarriage and low birth weight and can improve overall health.

Calories

Do not let the saying "You're eating for two" fool you! While you do need to consume enough nutrients for you and your baby, you do not need to eat excessive amounts of calories that can lead to unnecessary weight gain and other complications.

The average woman between the ages of 14 and 50 needs about 1,800 – 2,000 calories per day.

Extra calories needed

First trimester	0 calories
Second trimester	300 calories
Third trimester	300 calories
Lactating	500 calories

NUTRITION DURING PREGNANCY

Protein

Protein is an important nutrient needed in the growth and development of your baby. It is found in meats, beans, milk, cheese, eggs and peanut butter. Be sure to eat two to three servings of protein-rich foods every day.

Folic acid

Folic acid is needed especially prior to conception and during the first trimester to prevent birth defects of the brain and spine. Good sources of folic acid are green leafy vegetables, dried beans, nuts, enriched breads, rice and pasta, orange juice, and soy. In addition to eating good dietary sources, most women also need a folic acid supplement of 800 - 1,000 micrograms to adequately meet their needs.

<https://www.cdc.gov/ncbddd/folicacid/index.html>

Calcium

The need for calcium in pregnant women is not higher than for non-pregnant women because the mother's body becomes more efficient at using calcium during pregnancy. However, many women do not meet the daily minimum requirement of 1,000 - 1,300 mg of calcium. This can easily be met by drinking three servings of milk or other dairy products every day. Calcium is needed to form strong bones in your baby.

Iron

Your blood supply increases greatly during pregnancy, which increases the body's need for iron. Foods rich in iron include red meats, dark greens, fortified breads and cereals, as well as eggs yolks. Some women may need an iron supplement in addition to adding extra iron-rich foods to their diet. Iron supplements should **NOT** be taken at meals or with milk, tea or coffee because of the effect they have on iron absorption. Taking 325 mg of ferrous sulfate or one tablet of Slow Fe daily can meet this iron requirement.

Alcohol

There is no safe amount or type of alcohol to consume during pregnancy.

Caffeine

There has been no conclusive evidence that caffeine intake during pregnancy causes any kind of risk to the baby or mother. However, caffeine should be consumed in moderation. The recommendation is less than 200 mg/day, which is the equivalent of 2 cups of coffee.

NUTRITION DURING PREGNANCY

Weight gain

Gaining too much weight or gaining too little weight during pregnancy can affect your baby's wellness and the outcome of the pregnancy. The average healthy weight gain during pregnancy varies depending upon your pre-pregnancy weight. Calculating your body mass index (BMI) (NHLBISupport.com) will tell you what pre-pregnancy weight category you are in. Then you may use the guidelines below to determine your ideal total weight gain and ideal rate of gain. Ask your provider about your BMI if you need help with this.

Ideal rate of gain

First trimester	2.5 lbs. total
Second trimester	~ 1 lb. per week
Third trimester	~ 1 lb. per week

Ideal total gain based on **pre-pregnancy** weight

Underweight	28 - 40 lbs.
Normal weight	25 - 35 lbs.
Overweight	15 - 25 lbs.
Obese weight	11 - 20 lbs.

TUNA MERCURY WARNING FOR PREGNANT WOMEN

In March 2004, the federal government issued a warning to pregnant women, nursing mothers, women of childbearing age and parents of young children that consumption of tuna and other fish that may be contaminated with mercury should be limited.

Exposure to mercury can damage the brains and nervous systems of fetuses and young children, leading to learning disabilities and mental disability. The advisory from the Food and Drug Administration (FDA) and the Environmental Protection Agency (EPA) warns women of childbearing age and young children to limit their intake of tuna and other fish or shellfish to 12 ounces a week. The advisory notes that tuna steaks and canned albacore tuna generally contain higher levels of mercury than canned light tuna.

Federal officials are advising pregnant women and nursing mothers to follow these rules:

- Do not eat shark, swordfish, king mackerel, marlin, orange roughy or tilefish because they contain high levels of mercury.
- Do not eat more than 12 ounces (two to three meals) of tuna or other purchased fish and shellfish a week.
- Do not eat any one kind of fish more than once a week.
- Check local advisories about the safety of fish caught by family members and friends in local rivers and streams.

<https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/environmental-exposures/mercury.html>

You can eat 2 to 3 servings of fish a week from this list:

- Anchovy, Atlantic croaker, Atlantic mackerel, black sea bass, butterfish, catfish, clam, cod, crab, crawfish, flounder, haddock, hake, herring, lobster (American and spiny), mullet, oyster, Pacific chub mackerel, perch (freshwater and ocean), pickerel, plaice, pollock, salmon, sardine, scallop, shad, shrimp, skate, smelt, sole, squid, tilapia, trout (freshwater), tuna (canned light, includes skipjack), whitefish, whiting

You can eat 1 serving of fish a week from this list:

- Bluefish, buffalofish, carp, Chilean sea bass/Patagonian toothfish, grouper, halibut, mahi mahi/dolphinfish, monkfish, rockfish, sablefish, sheepshead, snapper, Spanish mackerel, striped bass (ocean), tilefish (Atlantic Ocean), tuna (albacore/white tuna/canned and fresh/frozen), tuna (yellowfin), weakfish/seatrout, white croaker/Pacific croaker

Find out more from these websites:

www.FDA.gov/fishadvice

www.EPA.gov/fishadvice

ZIKA VIRUS

Zika information:

- Zika can be passed from a pregnant woman to her fetus.
- Zika infection during pregnancy can cause certain birth defects.
- Zika is spread mostly by the bite of an infected mosquito.
- There has been no local transmission of Zika in the continental US.
- There is no vaccine to prevent or medicine to treat Zika.
- Zika can be spread by a man to his sex partners.

Symptoms of Zika:

- Fever, rash, joint pain, conjunctivitis (red eyes)

Travel notice:

- CDC has issued a travel notice for people traveling to areas where Zika virus is spreading.
- Current list of places with Zika outbreaks:
<http://wwwnc.cdc.gov/travel/page/zika-travel-information>

When pregnant:

- Delay travel to areas with Zika.
- Prevent mosquito bites by wearing long-sleeved shirts and long pants.
- Treat clothing and gear with permethrin. (Do not use permethrin directly on skin.)
- Use Environmental Protection Agency (EPA)-registered insect repellants.

For more information, go to www.cdc.gov/zika.

LISTERIOSIS AND PREGNANCY

Listeriosis is a type of foodborne illness caused by the bacteria *Listeria*. Pregnant women are 13 times more likely to acquire listeriosis than the general population.

Prevention

The USDA's Food Safety and Inspection Service (FSIS), the U.S. Food and Drug Administration (FDA) and the American Congress of Obstetrics and Gynecologists (ACOG) advise the following for pregnant women:

- AVOID unpasteurized milk and foods made with unpasteurized milk. This specifically includes different kinds of cheeses. Please check the label to verify if it is made with pasteurized milk. Buying cheese from a farm or natural foods shop is discouraged.
- Do not eat hot dogs, lunch meat or cold cuts unless they are heated until steaming hot just before serving.
- Do not eat refrigerated pâté or meat spreads. It is safe to eat canned or shelf-stable pâté and meat spreads.
- Do not eat refrigerated smoked seafood unless it is an ingredient in a cooked dish such as a casserole.
- It is safe to eat canned fish such as salmon and tuna or shelf-stable smoked seafood.
- Use all refrigerated perishable items that are precooked or ready-to-eat as soon as possible.
- Clean your refrigerator regularly and avoid cross-contamination while preparing meals.

Symptoms

Because the symptoms of listeriosis can take a few days or even weeks to appear and can be mild, you may not even know you have it. This is why it's very important to take appropriate food safety precautions during pregnancy.

In pregnant women, listeriosis may cause flu-like symptoms:

- Fever
- Chills
- Diarrhea
- Upset stomach
- Muscle aches

LISTERIOSIS AND PREGNANCY

Listeriosis can be passed to an unborn baby through the placenta even if the mother is not showing signs of illness. This can lead to:

- Serious health problems for the newborn
- Premature delivery
- Miscarriage
- Stillbirth

Treatment

If you have eaten food contaminated with *Listeria* and/or exhibit flu-like symptoms, you should tell your physician or healthcare provider of your symptoms and that you are pregnant. A blood test can be performed to find out if your symptoms are caused by listeriosis.

During pregnancy, antibiotics are given to treat listeriosis in the mother. In most cases, the antibiotics also prevent infection of the fetus or newborn. Antibiotics also are given to babies who are born with listeriosis.

<https://www.cdc.gov/listeria/prevention.html>

WHAT IS IRON?

Iron is a mineral that is essential for humans and is stored in the human body in varied amounts. The liver, spleen and bone marrow are the main places iron is stored. When we use up these stores by not taking in enough iron, iron deficiency anemia is the result.

What is iron deficiency anemia?

When a person does not have enough iron, it can lead to a condition known as iron deficiency anemia.

Who is at risk for iron deficiency anemia?

- Women of childbearing age who have blood loss through menstruation
- People with a poor dietary intake of iron
- Vegetarians
- Elderly

How do I increase my iron absorption?

- Eat foods high in iron (see chart)
- Eat vitamin C rich foods to help increase iron absorption
- Take iron supplements Ferrous sulfate, Slow Fe, carbonyl iron (better tolerated, less indigestion and constipation associated)
- No coffee within 2 hours of taking an iron supplement

<https://americanpregnancy.org/naturally/treat-iron-deficiency-naturally-pregnancy/>

IRON-RICH FOODS

Oysters (cooked)
Beef liver
Prune juice
Clams
Walnuts
Ground beef
Chickpeas
Bran flakes
Pork roast
Cashew nuts
Shrimp
Raisins
Sardines
Spinach
Lima beans
Kidney beans
Turkey, dark meat
Prunes
Roast beef
Green peas
Peanuts
Sweet potato
Potato
Green beans
Egg

INFLUENZA VACCINES IN PREGNANT PATIENTS

Why get vaccinated?

Influenza (“flu”) is a contagious disease that spreads around the United States every winter, usually between October and March. Flu is caused by the influenza virus and can be spread by coughing, sneezing and close contact. Symptoms come on suddenly and may last several days.

They can include:

- Fever/chills
- Cough
- Headache
- Sore throat
- Runny or stuffy nose
- Muscle aches
- Fatigue

Flu can make some people much sicker than others. These people include young children, people 65 and older, pregnant women, and people with certain health conditions—such as heart, lung or kidney disease or a weakened immune system. The flu vaccine is especially important for these people and anyone in close contact with them. Flu can also lead to pneumonia and many serious health problems.

Influenza and pregnancy specifics

Women in the second and third trimesters of pregnancy are at an increased risk for hospitalization from influenza. Because vaccinating against influenza before the season begins is critical, and because predicting exactly when the season will begin is impossible, **routine influenza vaccination is recommended for all women who are or will be pregnant (in any trimester) during influenza season.**

Some patients may have concerns about flu vaccines containing thimerosal, a mercury-based preservative. While single-dose vaccines that do not contain thimerosal are available, scientific studies have shown that the preservative has no effect on pregnancy or as a cause of other health-related conditions.

<https://www.cdc.gov/flu/protect/vaccine/pregnant.htm>

NONINVASIVE PRENATAL TESTING (NIPT)

Noninvasive prenatal testing (NIPT) is a screening to determine fetal abnormalities. Chromosomes are structures inside every cell of the body. They hold our genes that tell the body how to grow and develop. You inherit genes from your parents.

Most people have 23 pairs of chromosomes, which carry thousands of genes. The first 22 pairs are called the autosomes and are the same in males and females. The 23rd pair is the sex chromosomes X and Y. Females usually have two X's, and males have one X and one Y. Having extra or missing chromosomes causes chromosomal abnormalities. Cell-free fetal DNA technology analyzes chromosomes 21, 18, 13, X and Y in order to recognize the probability of Down syndrome, Edwards syndrome, Patau syndrome, Turner syndrome and Klinefelter syndrome.

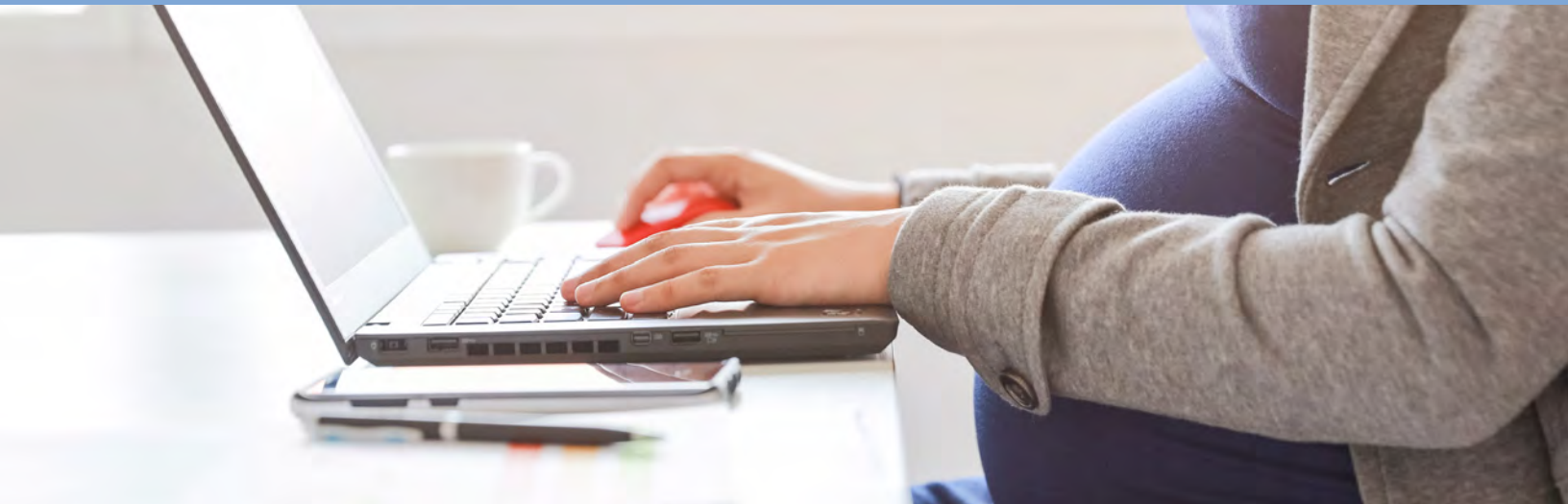
Please speak with your provider to determine if this might be an appropriate test during your pregnancy. We also suggest you contact your insurance to verify coverage for this service if your provider suggests the noninvasive prenatal testing (NIPT).

CYSTIC FIBROSIS CARRIER TESTING

Cystic fibrosis (CF) is a life-long illness that causes problems with breathing and digestion. CF is a disorder that runs in families, but it can also occur in a child even if no other family members seem to have CF.

The purpose of cystic fibrosis testing is to see if a couple is at an increased risk for giving birth to a child who will have CF. CF develops in a child who inherits an abnormal CF gene from both parents. If neither parent or only one parent is a CF carrier, the chance of having a child with CF is very small. The chance of carrying the gene varies by ethnicity. The largest percentage of CF carriers exists in the Caucasian population at about 3%. In order to qualify for cystic fibrosis carrier testing, patients must be high risk or each have a known family history of CF.

GENERAL GUIDELINES FOR WORKING WOMEN AND THEIR EMPLOYERS DURING PREGNANCY



Most women with uncomplicated pregnancies will be able to continue working throughout pregnancy in their pre-pregnancy occupation.

The following are workplace guidelines for women with uncomplicated pregnancies:

1. *There is no evidence that lifting any specific weight is harmful in pregnancy. Throughout early pregnancy, women should be fit to perform their same lifting ability as before pregnancy. Late in pregnancy, due to changes in the body's shape and center of gravity, the ability to lift may be reduced.*
2. *Standing or walking over three hours should be avoided without a seated 15-minute break.*
3. *Agents harmful to pregnancy should be avoided. These include direct exposure to chemotherapy agents, certain chemicals and solvents, lead, mercury, ionizing radiation, and certain bacterial and viral agents. Women in occupations in which these exposures might occur should notify their occupational safety officer about their pregnancy so that they can work together to take appropriate precautions to ensure a safe work environment during pregnancy.*
4. *Pregnant women should avoid direct injuries to the abdomen. Therefore, activities with a risk of falling or having the abdomen hit or kicked should be avoided.*
5. *Employment should be limited to 40 hours per week.*

Common sense, good judgment, motivation to work and cooperation between the pregnant employee and her employer should result in a work environment that is safe for the pregnant employee and allow her to remain a productive employee throughout her pregnancy.



SECOND TRIMESTER

YOUR MOMENT-BY-MOMENT GUIDE

WELCOME TO YOUR SECOND TRIMESTER (WEEKS 13 - 27)

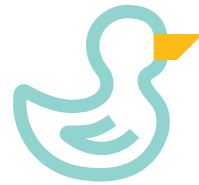
THE NEXT MOMENT OF YOUR PREGNANCY JOURNEY

The second trimester is filled with many exciting milestones, and we'll help you make the most of every moment. Here you will find the answers about required testing, baby essential recommendations, tips and advice regarding changes you may be experiencing during this time and much more.

Whether you are a first-time mom or a pro, you're welcome to attend in-person classes hosted by trained facilitator, virtual classes and childbirth classes offered through Franciscan Family Education.

Every moment of pregnancy is a beautiful one, and we wish you the best as your journey continues. Feel free to reach out with any questions, we are here for you.

Your healthcare team at The Doctors Clinic: Women's and Children's Clinic



BABY ESSENTIALS

The bare-bones, absolute essentials, nothing-but-the-basics baby shopping guide.

- 8 onesies
- 1 - 3 rompers or other dress-up outfits
- Crib, cradle or bassinet
If crib: firm, flat mattress that fits snugly in the crib (less than two fingers fit between mattress and crib) and 2 - 4 fitted crib sheets
- 4 - 6 soft, light receiving blankets
- Diaper cream
- Unscented baby wipes (causes less irritation)
- 6 - 10 dozen cloth diapers and 6 - 8 diaper covers or 2 - 3 large boxes of disposable newborn-size diapers
- Baby soap
- 10 - 16 bottles and nipples, both 4 and 8 ounce (If fed strictly by the bottle, baby will go through about 10 in the 4-ounce size per day.)
- Burp cloths (or cloth diapers)
- Formula (if not nursing)
- Pump (if you plan to breastfeed)
- Milk storage bags (if you plan to breastfeed)
- Baby nail clippers
- Baby thermometer
- Infant or convertible car seat

20-WEEK FETAL ANATOMY ULTRASOUND



A fetal ultrasound uses sound waves to produce images of the fetus in order to evaluate your baby's growth and development. A fetal ultrasound is completed between 18 and 20 weeks to determine the health of your pregnancy and baby. Additionally, it may be used to evaluate possible conditions and help confirm a diagnosis. Fetal ultrasounds should be done only for a valid medical reason and are not recommended only to find out the baby's sex.

PREVENTIVE CARE TREATMENTS

RhoGAM

Rh is a protein that can be found on the surfaces of red blood cells. RhoGAM is an injection given to pregnant women who are Rh-negative when their baby is Rh-positive. This protects the fetus from possible problems with blood incompatibility. RhoGAM contains antibodies to Rh-positive blood in order for the immune system to recognize these antibodies.

TDAP

TDAP stands for tetanus, diphtheria and pertussis, which are the three health conditions this vaccine will protect against. It is recommended during pregnancy in order for the fetus to acquire the antibodies to protect against these health conditions. Additionally, it is recommended for family and friends who will be in close contact with the baby to protect against pertussis, or whooping cough. If they have received their vaccine, it is good for 10 years. If they need a booster vaccine, they can receive it from their family medicine provider or a Walgreens/CVS walk-in pharmacy.

Flu vaccine

Influenza (flu) may have serious potential consequences for both mom and growing baby. When you are pregnant, your immune system is weakened, which means you are more susceptible to certain viruses (such as flu). If you get the flu, it can affect you more than if you were not pregnant. If you start to develop flu-like symptoms during pregnancy, notify your provider right away. The flu vaccine is considered safe to be administered at any point in your pregnancy. Additionally, all those living around you and your baby should get their flu vaccines yearly as well to help protect and reduce the chances of either getting the flu. Ask your OB about the flu shot or general vaccine safety and recommendations during pregnancy or check out more information at <https://www.cdc.gov/vaccines/pregnancy/vacc-during-after.html>

GBS swab

Group B Streptococcus, or GBS, is a bacteria we screen for in the third trimester of pregnancy, generally around 35 - 36 weeks of gestation. It involves a less than 30-second vaginal swab. Approximately 30% of expectant mothers will be found positive for GBS. If you are found to be positive, your OB will ensure you are given antibiotics during the delivery process to help reduce the chances of your baby getting sick from the GBS bacteria. Your OB can answer any questions you may have at your next prenatal visit.

GLUCOLA TESTING

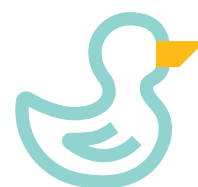
During this time of your pregnancy, between 24 and 28 weeks, you will be tested for gestational diabetes. Gestational diabetes affects the mother late in the pregnancy and while your baby is growing. If untreated or poorly controlled, gestational diabetes can cause health risks for your baby. Following the proper procedure below for testing is the first step in this process.

Glucola instructions (on the day of your test)

- DO drink the full bottle of the glucose beverage within 10 minutes. You may pour it over ice.
- DO NOT eat, drink or smoke until after your blood has been drawn.
- Note the time of your first sip. You will need to have your blood drawn exactly one hour later.
- Report to the lab/clinic 15 minutes before your blood needs to be drawn. Our laboratory hours are 7:30 AM – 4:30 PM. If you wish to have your lab testing performed at another laboratory, please contact them BEFORE drinking your glucose for any specific information regarding testing hours.

<https://www.cdc.gov/pregnancy/diabetes-gestational.html>

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/diabetes-during-pregnancy.htm>



PRENATAL CARE FROM WOMEN'S HEALTH SERVICES

THIRD TRIMESTER



YOUR MOMENT-BY-MOMENT GUIDE

WELCOME TO YOUR THIRD TRIMESTER (WEEK 27 - DELIVERY)

THE MOMENT YOU'VE BEEN WAITING FOR IS ALMOST HERE

As you enter the homestretch of your pregnancy journey, we want you to know we'll help prepare you for what's to come.

Whether you're a new mom or just need a refresher, we offer several breastfeeding classes through the Franciscan Family Education Program

For even more helpful tips, check out the "Newborn Breastfeeding" section in this brochure.

Having a baby is truly a special moment, and we cannot wait to be a part of your big day. Should you need anything before then, please feel free to reach out.



PREPAREDNESS CHECKLIST

As you approach the final part of your pregnancy, there are some things you need to take care of in order to prepare and plan for the safe and healthy arrival of your baby. We have created this checklist to help organize and smooth your way.

☐ 24 - 28 week lab work

Your care provider will order lab work at 24 - 28 weeks gestation to check for gestational diabetes and anemia. The screening test for diabetes is a one-hour glucola, or blood sugar, test. Our appointment desk will give you instructions and a sugar solution to drink one hour before having your blood drawn to check the blood sugar level. If the test result is over a certain range, you may need additional testing for diabetes. Anemia is screened by measuring the amount of iron in your blood. If your level is below the normal range, your provider may have you begin taking an iron supplement. If you are instructed to add an iron supplement in addition to your prenatal vitamin, be sure to take them at different times to allow for better absorption.

☐ Pre-registration at the hospital

Forms to complete are included in this packet. Please fill out the forms and contact the hospital as soon as possible so that the Labor and Delivery department can plan for your upcoming delivery.

☐ Epidural education

It is important that you are informed about your pain management options. Please speak with your provider about your options.

☐ Umbilical cord blood banking and donation information

A joyous event for you could become the same for someone in need. In the past, when a baby was born, the umbilical cord was thrown away, but today, blood from the umbilical cord can be collected after your baby's birth and donated to a public cord blood bank to help someone with a life-threatening disease. Private banking to save cord blood for possible personal future use is also available at a fee. Information on the various types of banking and reasons behind banking is included in this binder.

☐ Car seat

Your baby must travel home from the hospital in an approved car seat. Now is the time to start preparing for this very important purchase. Your local police department can assist you in ensuring your car seat is properly installed.

PREPAREDNESS CHECKLIST

☐ **Breastfeeding resources**

Blogs from our providers on breastfeeding and formula:

<https://scrubbing.in/when-breastfeeding-might-not-be-right-for-you/>

<https://scrubbing.in/which-baby-formula-should-you-choose/>

☐ **Choosing a healthcare provider for your baby**

Once your baby is born, he or she will need his or her own doctor. This is not anything to stress about and does not necessarily have to be decided on before you deliver. In order to help you with this, we have included a handout on the topic with specific information to serve as a guide.

☐ **Child care**

If you already have children at home, now is the time to begin planning for their care when your labor starts. It is helpful to have several options lined up and individuals who are willing to be “on call” to allow for any last-minute changes that may arise.

☐ **Birth control options**

As the end of your pregnancy draws near, it is time to begin considering which birth control method will work best for you. Speak with your care provider in advance to help choose a method that is best for you.

EXPECTANT MOTHERS HOSPITAL CHECKLIST

St. Michael Labor and Delivery will provide basic grooming things for you, as well as diapers, wipes, a pacifier if you desire, swaddles, and plain white onesies for your newborn.

For mother

- Sleepwear and bathrobe
- Socks and slippers
- Maternity underwear, nursing bra and breast pads
- Change of clothes (something from 6th or 7th month of pregnancy) and comfortable shoes to wear home
- Toiletries (toothbrush and paste, hair care products and tools, lip balm, lotion and makeup)
- Breath mints, hard candy and snacks
- Relaxation materials (books, magazines, music, focal point)
- Eyeglasses or contact care products, if applicable
- Cell phone and charger
- List of important phone numbers, notebook and pen
- Insurance card(s), driver's license
- Comfort items (extra pillows, battery-operated fan)

For coach/support person

- Camera or video camera with memory stick/film/tape and charger or extra batteries
- Toiletries, including toothbrush
- Change of clothes and comfortable shoes/slippers
- Snacks and reading material
- Dollar bills or change for vending machines
- Cell phone and charger
- List of important phone numbers, notebook and pen

For baby (hospital provides everything until discharge)

- Newborn clothes, socks or booties, newborn hat, if desired for picture or discharge
- Infant car seat
- Birth information sheet

NEWBORN BREASTFEEDING: A GUIDE FOR THE BEST EXPERIENCE FOR YOU AND YOUR BABY

BREASTFEEDING BASICS FOR YOU AND YOUR NEWBORN

**Please note: For simplicity, we refer to the baby as a girl throughout this guide. The breastfeeding positions are exactly the same for a boy.*

Congratulations on the birth of your new beautiful baby and congratulations on your decision to breastfeed. While holding your baby to breastfeed may come naturally, positioning your baby to breastfeed may take a little practice. This guide is designed to help you achieve your breastfeeding goals.

Remember:

- Frequent nursing encourages increased milk supply and reduces engorgement; do not hesitate to feed your baby at the first signs of hunger (stirring, rooting and hands in mouth). You should be feeding your newborn between 10 - 12 times a day.
- Support your breast with your hand so the weight of your breast does not cause the nipple to slip from your baby's mouth.
- Try to relax and position yourself comfortably before you begin breastfeeding. Find a calm or quiet place for your baby to nurse. If you become frustrated, take a break and try again. When you are calm, your baby will be too.

Latching on

Proper latching on is essential for a successful breastfeeding experience. It can mean the difference between a fulfilling experience and one ending in frustration and some seriously sore nipples. When latching on, tickle your baby's bottom lip with your nipple. This will prompt her to open her mouth wide, like she is yawning. Aim your nipple toward the roof of her mouth and bring the baby to your breast, not your breast to your baby.

Checkpoints to ensure you have a good latch:

1. Her nose is nearly touching your breast, no farther away than a credit card's edge.
2. Her lips are flanged (rolled out lips).
3. Two-thirds of the latch is in the lower jaw, and you should see more areola at the top than at the bottom. The latch is actually "off-centered."
4. If the nipple is round when she releases, the latch is probably great. If it looks pinched or creased across the top when she releases, then more breast needs to go into her lower jaw.

If the latch is uncomfortable or painful, gently remove her mouth from your nipple by placing your finger between her gums and try to latch on again.

NEWBORN BREASTFEEDING: A GUIDE FOR THE BEST EXPERIENCE FOR YOU AND YOUR BABY

POSITIONS FOR NEWBORNS

Two positions, the cross-cradle and the football hold, are great for newborns. They offer good support for the baby's head and make it easier for you to guide her to your breast. In the first few weeks after birth, a Boppy pillow may bring the baby too high due to the enlargement of the uterus. When the uterus reduces in size over the first 2 weeks, the nursing pillow can be a great help.

Cross-cradle position

For this position, your baby is supported on a pillow across your lap to help raise her to nipple level. Support your left breast with your left hand and hold your baby's head between your middle finger and thumb, with the palm of your hand between her shoulder blades. Bring your baby very close to your breast and, when she opens her mouth wide, guide her to your breast with pressure between her shoulder blades using the heel of your hand.

Football position

The football hold is a good position for mothers who have had a cesarean birth, as it keeps the baby away from the incision. Use the same technique to hold the baby as you would in the cross-cradle position, except you will use your right hand to hold the baby as you bring her to your right breast.

Changing positions

Once you and your newborn are comfortable breastfeeding in the cross-cradle and football positions, you may wish to switch to a different position. One of the easiest ways to do this is simply to slide your baby from one breast to the other. An example would be if you were feeding in the cross-cradle position, slide your baby over to the opposite breast to use a football position. Little repositioning is required of the baby, resulting in a smooth transition for you both.

Cradle position

This position is most commonly used after the first few weeks, after you and your baby have gotten the hang of breastfeeding. Your baby will lie across your lap on her side, facing you. Her head should be supported by your forearm with her back resting along your inner arm. Using a pillow may help to raise her to nipple height. As a newborn, her head will be slightly higher than her bottom.

NEWBORN BREASTFEEDING: A GUIDE FOR THE BEST EXPERIENCE FOR YOU AND YOUR BABY

Side-lying position

Many mothers find this position comfortable, especially at night. Both you and your baby lie on your sides facing each other. It may help to put your forearm or a rolled towel behind your baby to keep her from rolling away from you. Your baby's ear, shoulder and hips should be aligned.

Guide resources:

l.li.org (Le Leche League International)

[@LLLBCS](https://www.facebook.com/LLLBCS) on Facebook

kellymom.com

breastfeeding.com

CHOOSING A PEDIATRICIAN



You also have an opportunity to meet and get to know your pediatrician before your baby is even born! We want you to be knowledgeable and ready before you give birth. Most pediatric clinics allow parents to interview providers to make sure they are a great fit for their needs.

- Clinic hours and scheduling
- Expectations regarding newborn in-hospital visits
- Circumcision and breastfeeding
- Caring for a newborn

LOCAL PEDIATRIC SERVICES

HEALTHCARE YOU CAN GROW INTO

Whether you are starting or adding to your family, it is comforting to know there is a team of specialists ready to help. The Doctors Clinic Pediatric Clinics provide comprehensive pediatric care.

Healthcare for the unexpected

When you do not know what is around the next corner, it helps to have a team of family medicine pediatric specialists in your corner. One of our providers will always be available on Saturdays without an appointment from 8:00 AM – 12:30 PM at our **Convenient Care Walk-In Clinic**, located at Baylor Scott & White Clinic – Brenham Hwy 290.

Healthcare you can trust

Baylor Scott & White clinics in Brenham use one electronic medical record for your child's vital healthcare information. Our pediatricians, subspecialists and nurses can quickly, accurately and confidentially access, update and share key data to streamline and optimize your child's plan of care.

Emergency services

Baylor Scott & White – Brenham provides primary and emergency hospital services. Our electronic medical record is connected directly to this location for immediate access to your child's medical information.

Additionally, our network connects us to specialists at Baylor Scott & White McLane Children's in Temple, which offers dedicated pediatric trauma services.

LOCAL FAMILY PRACTICE SERVICES

PEDIATRICS

Appointment line: 979.337.5800

After hours: 800.724.7037

North Park Clinic fax: 979.337.5961

Brenham HWY 290 Clinic fax: 979.421.2011

Regular hours:

Monday – Thursday, 7:00 AM – 7:00 PM; Friday, 7:30 AM – 5:00 PM

Convenient Care: Saturday, 8:00 AM – 12:30 PM

North Park Clinic

600 North Park Street

Brenham, TX 77833

Brenham HWY 290 Clinic

604 Highway 290 W

Brenham, TX 77833

CHILD CAR SEAT SAFETY INFORMATION

Motor vehicle injuries are the leading cause of death among children in the United States. Placing children in age- and size-appropriate car seats and booster seats can help prevent death and injury.

Be a good example

Setting a good example is the best step in teaching car safety. Be sure to use a seat belt on every trip, no matter how short. Make sure children are properly buckled up in a seat belt, booster seat or car seat, as appropriate for their age, height and weight.

Know the stages

Here are some general guidelines for selecting a safety seat. Please refer to the safety seat instruction manual for more specific information. You can also check with your local fire department to make sure your safety seat is installed correctly.

- Rear-facing child safety seat: infant through 2 years
- For the best possible protection, infants and children should be kept in a rear-facing child safety seat, in the back seat buckled with the seat's harness, until they reach the upper weight or height limits of their particular seat. The weight and height limits on rear-facing child safety seats can accommodate most children through 2 years. Check the seat's owner's manual for details.
- Forward-facing child safety seat: ages 2 through 4, or until 40 lbs.
- When children outgrow their rear-facing seats, they should ride in forward-facing child safety seats, in the back seat buckled with the seat's harness, until they reach the upper weight or height limit of their particular seat (usually around age 4 and 40 pounds). Many newer seats have higher weight limits. Check the seat's owner's manual for details.
- Booster seat: ages 4 through 8, or until 4'9" tall
- Children should use booster seats until an adult seat belt fits them properly. Seat belts fit properly when the lap belt lays across the upper thighs (not the stomach) and the shoulder belt fits across the chest (not the neck). When adult seat belts fit children properly, they can use the adult seat belts without booster seats. For the best possible protection, keep children in the back seat and use lap-and-shoulder belts.

All children younger than 13 years should ride in the back seat. Airbags can kill young children riding in the front seat. Never place a rear-facing car seat in the front seat or in front of an airbag. Place children in the middle of the back seat when possible. It is the safest spot in the vehicle. https://www.cdc.gov/motorvehiclesafety/child_passenger_safety/cps-factsheet.html

FAMILY PLANNING

You have probably heard about the health benefits of some birth control methods. Latex condoms, for example, can help protect you from sexually transmitted diseases, including AIDS. Oral contraceptives (“the pill”) have many health benefits, including protection against several cancers. Women who use oral contraception also have more regular menstrual periods, lighter bleeding and fewer menstrual cramps. These health benefits are important for women, but did you also know that contraception can help protect the health of your future children?

Benefits of birth spacing

Using contraception helps women plan their pregnancies and control the amount of time between births. Planned pregnancy and birth spacing play important roles in infant health. Research has shown that children born too close together are more likely to be premature or small and underweight. The healthiest babies are born to women who wait at least 18 months after giving birth before getting pregnant again.

For more information about the health benefits of contraception and family planning, talk to your care provider. He or she can help you decide which birth control method is right for you.

EPIDURAL ANESTHESIA

The continuous input of local anesthetics through a long, narrow, hollow plastic tube needle into the lower area of your spine is commonly called an epidural. The epidural needle is placed in the space on the outside of the membrane that covers the spinal cord, called the epidural space. The anesthetic medicine numbs the nerves of the spinal cord in the epidural space.

Benefits

- Regional anesthetic is the most effective pain relief for labor and delivery
- It is the best anesthetic for preeclampsia and eclampsia
- There is better pain control after delivery (vaginal or cesarean)
- Little or no effect on the baby
- It can be left in place during all of labor
- You can be awake during a cesarean delivery and see the baby immediately after delivery

While an effective pain management tool, some reasons to not use include

- Restricted mobility that goes away when the epidural wears off
- Uneven, incomplete or non-existent pain relief in unusual cases
- Dizziness and fainting post-epidural from low blood pressure that is easily resolved
- Spinal headache, while rare, can be easily treated

BIRTH CERTIFICATE

IMPORTANT INFORMATION FOR THE COMPLETION OF THE BIRTH CERTIFICATE FOR YOUR BABY

You will need to complete the parent's worksheet for your child's birth certificate before you and your baby leave the hospital. This is to ensure all babies have been registered with the state birth registry. It is our goal to have each child's birth certificate entered in the system within 24 - 48 hours.

For married mothers

Please make sure to fill in all information. Please note the line that asks for your name prior to your first marriage needs to be completed. Your maiden name will be listed on the birth certificate.

For unmarried mothers

In order for a father's name to be included on your child's birth certificate, the state of Texas requires an Acknowledgement of Paternity be completed. This can be completed following your baby's birth while in the hospital. In order for this to be completed, the father will need to be present and bring a form of identification (driver's license, school identification, etc.).

If you have any questions or need help completing the worksheets, please call 979.207.0100 and ask to speak with the birth registrar in HIM. The birth registrar is available Monday - Friday, 8:00 AM - 4:30 PM.

Things to know for completing the birth certificate/Acknowledgement of Paternity

- Parent 1 is the delivering mother.
- Mother's maiden name is included on the birth certificate (complete the last name prior to first marriage field).
- Please bring identification if parents of the baby are not married.
- Birth order is not for current pregnancy.
- If the mother is married to someone other than the baby's father, all parties will need to complete portions of the birth certificate process.
- Surrogacy Worksheet does NOT need to be completed unless the child is delivered by a surrogate mother.



PRENATAL CARE FROM WOMEN'S HEALTH SERVICES

AT THE
HOSPITAL



YOUR MOMENT-BY-MOMENT GUIDE

WELCOME

CONGRATS ON COMPLETING YOUR PREGNANCY JOURNEY!

We'd like to welcome the newest member of your family into the world. As a reminder, we encourage you to breastfeed your baby. There are many ways we can work with you to succeed. Please refer to the "Newborn Breastfeeding" section included in this packet for additional information, or talk to your attending nurse.

We wish a happy birthday to your little one and best of luck to you. Feel free to contact our department should you have questions or any needs with which we can help.

Your healthcare team at Baylor Scott & White - Brenham
Division of Obstetrics and Gynecology



INSTRUCTIONS

INDUCTION OF LABOR AND SCHEDULED C-SECTION

For a scheduled procedure, use the ER entrance and register there.

*If you are going to be given **Cytotec or Pitocin**, please follow these instructions:*

- Call Labor and Delivery at 5:00 PM to check for availability.
The number is **979.337.5000**.
- Make sure you eat BEFORE coming to the hospital.
- Please shower BEFORE coming to the hospital.
- Please make sure to remove ALL jewelry and leave it at home.

*If you are having a **cesarean section**, please follow these instructions:*

- DO NOT eat or drink for 8 hours before your surgery.
- Come to the hospital 2 hours prior to your scheduled cesarean section time.
- Please shower BEFORE coming to the hospital.
- Please remove ALL jewelry and leave it at home.

POSTPARTUM BLUES OR DEPRESSION?

A majority of women experience some moodiness, hypersensitivity or teariness following delivery. The adjustment to parenthood isn't always easy, and hormonal changes may add significantly to the challenge. Postpartum blues usually dissipate not long after delivery, while depression does not. Your doctor or mental health professional can tell you which you may have and help you find treatment.

Pregnancy, parenting and depression resource list

This list contains the names, addresses and telephone numbers of professional organizations that can help you find a local resource that meets your needs. If you do not see an organization on this list that you feel comfortable contacting, we encourage you to check with your healthcare provider or a clergy member, as he or she may be able to give you some ideas as well.

Local resources

Baylor Scott & White Medical Center – Brenham
700 Medical Parkway
Brenham, TX 77833
Telephone: 979.337.5000
Monday – Friday, 8:00 AM – 5:00 PM

Baylor Scott & White on-call

Toll-free telephone: 800.724.7037
Nights and weekends

Local psychology counselors (accepting RightCare)

See RightCare website <https://rightcare.swhp.org/en-us/> for current providers

Statewide resources

Texas Health and Human Services Commission Information and Referral Network/2-1-1 Texas
Local telephone in each region: 2-1-1
If unable to access 2-1-1, dial HHSC toll-free: 877.541.7905
211texas.org or www.hhsc.state.tx.us

POSTPARTUM BLUES OR DEPRESSION?

2-1-1 Texas, formerly named First Call for Help, is a statewide service provided by the Texas Health and Human Services Commission. 2-1-1 is the abbreviated dialing code for free, bilingual information and referrals to health and human services and community organizations. 2-1-1 serves as the number to call for information about community organizations, and it links individuals and families to critical health and human services provided by non-profit organizations and government agencies in their own community. In the Brazos Valley, 2-1-1 Texas is available through the regional agencies:

- Bryan/College Station (Brazos, Burleson, Grimes, Leon, Madison, Robertson, Washington counties): United Way of the Brazos Valley, 1716 Briarcrest Drive, Ste 155, Bryan, TX 77802, uwbv.org
- Gulf Coast (Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton counties): United Way of Greater Houston, P.O. Box 3247, Houston, TX 77253, unitedwayhouston.org
- Central Texas (Bell, Coryell, Hamilton, Lampasas, Milam, Mills, San Saba counties), Central Texas Workforce Board, 200 N. Main, Belton, TX 76513, centexinfo.net
- Heart of Texas (Bosque, Falls, Freestone, Hill, Limestone, McLennan counties), Heart of Texas Council of Governments, 1514 S. New Road, Waco, TX 76711, aaahot.org
- South Central Texas (Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, Williamson counties), United Way Capital Area, 2000 E. Boulevard, Austin, TX 78702, unitedwaycapitalarea.org

Specific contact information for the remaining regional offices below can be obtained on the 2-1-1 Texas website, by dialing 2-1-1, or by calling the Texas Health and Human Services Commission.

<https://www.cdc.gov/reproductivehealth/depression/index.htm>



FORMS



YOUR MOMENT-BY-MOMENT GUIDE

REQUEST FOR FORM COMPLETION OB/GYN DEPARTMENT

All patient information and desired time off must be completed on this form to assist us in completing your FMLA and/or other paperwork. (Attach this form to the patient forms to be completed.)

PLEASE ALLOW 10 BUSINESS DAYS FOR COMPLETION OF ALL FORMS

Today's Date

Patient's Full Name

Date of Birth

Are you the patient or a family member of the patient? (Circle one) **Patient** OR **Family**

Best Contact Phone Number

Reason for Form (Circle one) **Pregnant** OR **Surgery**

If Pregnant:

Due Date

How many weeks are you requesting under FMLA?

If Surgery:

Due Date

How many weeks are you requesting under FMLA?

Treating Doctor

Are you currently working?

Yes; With or Without Restrictions

No; Last Date Worked

Date expected to return to work? (This must be completed.)

Signature

TO PROTECT YOUR PRIVATE INFORMATION, FORMS MUST BE PICKED UP AT CHECK-IN DESK WITH PICTURE ID.

STAFF USE ONLY

Patient MRN

Form Is Needed By

Staff Signature

BIRTH CERTIFICATE

Important information for the completion of the birth certificate for your baby

You will need to complete the parent's worksheet for your child's birth certificate before you and your baby leave the hospital. This is to ensure all babies have been registered with the state birth registry. It is our goal to have each child's birth certificate entered in the system within 24 - 48 hours.

For married mothers

Please make sure to fill in all information. Please note the line that asks for your name prior to your first marriage needs to be completed. Your maiden name will be listed on the birth certificate.

For unmarried mothers

In order for a father's name to be included on your child's birth certificate, the state of Texas requires an Acknowledgement of Paternity be completed. This can be completed following your baby's birth while in the hospital. In order for this to be completed, the father will need to be present and bring a form of identification (driver's license, school identification, etc.).

If you have any questions or need help completing the worksheets, please call 979.207.0100 and ask to speak with the birth registrar in HIM. The birth registrar is available Monday - Friday, 8:00 AM - 4:30 PM.

Things to know for completing the birth certificate/Acknowledgement of Paternity

- Parent 1 is the delivering mother.
- Mother's maiden name is included on the birth certificate (complete the last name prior to first marriage field).
- Please bring identification if parents of the baby are not married.
- Birth order is not for current pregnancy.
- If the mother is married to someone other than the baby's father, all parties will need to complete portions of the birth certificate process.
- Surrogacy Worksheet does NOT need to be completed unless the child is delivered by a surrogate mother.

FETAL MOVEMENT COUNTING

START AFTER 28 WEEKS

Paying attention to your baby's movements can be one of the easiest and most enjoyable ways you have to participate in your prenatal care. A baby's movement patterns are individualized to each baby and mom. We have learned through research and experience that moms can give us valuable information about the health of their babies by doing movement counting.

If recommended by your provider, spend a small amount of time each day lying down and paying attention to your baby's movement. Please try to pick a time when you will not be interrupted, and you can relax for about 30 minutes. Follow these simple instructions.

1. Lie down on your side with a glass of juice or water to sip.
2. Mark down the time you feel the baby's first movement.
3. Count 10 kicks (or rolls or movements), but do not count hiccups.
4. Mark down the time of the 10th kick.
5. Use the graph below to help keep track of the movements.

Once you have been doing this for a while, you will learn your baby's patterns and be able to notice if there is a change in your baby's activity. Please call our office **(979.337.5800)** or, if after office hours, call the patient advisory nurse **(800.724.7037)** if you notice that it takes more than 2½ hours to get the 10 movements or if you realize over a few days that the baby is taking longer to get those 10 movements within the 2½ hour time frame.

INSTRUCTIONS

INDUCTION OF LABOR AND SCHEDULED C-SECTION

For a scheduled procedure, use the ER entrance and register there.

*If you are going to be given **Cytotec** or **Pitocin**, please follow these instructions:*

- Make sure you eat BEFORE coming to the hospital.
- Please shower BEFORE coming to the hospital.
- Please make sure to remove ALL jewelry and leave it at home.

*If you are having a **cesarean section** please follow these instructions:*

- DO NOT eat or drink for 8 hours before your surgery.
- Come to the hospital 2 hours prior to your scheduled cesarean section time.
- Please shower BEFORE coming to the hospital.
- Please remove ALL jewelry and leave it at home.

PRENATAL CARE FROM WOMEN'S HEALTH SERVICES



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