

# Caring for You and Your Baby

UNC Health Care

Obstetrics and Gynecology





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## WELCOME TO UNC OBSTETRICS AND GYNECOLOGY

Congratulations on your pregnancy! We would like to thank you for choosing UNC Health Care to provide care for you during your pregnancy and delivery of your baby. Our goal is to ensure that you and your baby receive the best care possible during this important time.

We have a diverse group of providers to care for you at several convenient locations. Locations that offer obstetric ultrasound services are marked with a \*.

### UNC Maternal Fetal Medicine at Rex\*

4420 Lake Boone Trail  
1st Floor Women's Birth Center Raleigh, NC 27607  
Scheduling 919-784-6425  
Nurse Advice Line 919-784-6427

### UNC OB-GYN at Weaver Crossing

1181 Weaver Dairy Road, Suite 150  
Chapel Hill, NC 27514  
Scheduling 984-974-7005  
Nurse Advice Line 984-974-9473

### UNC Maternal Fetal Medicine at Vilcom Center\*

55 Vilcom Center Drive, Suite 300  
Chapel Hill, NC 27514  
Opening Spring 2017

### UNC OB-GYN at Hillsborough

460 Waterstone Drive, 3rd Floor HMOB  
Hillsborough, NC 27278  
Scheduling 919-595-5929  
Nurse Advice Line 919-595-5660

### UNC Hospital OB-GYN Clinics\*

UNC OB-GYN  
UNC Maternal Fetal Medicine (MFM)  
UNC Women's Specialty Services (WSS)  
UNC Family Planning (FP)  
101 Manning Drive  
1st Floor N.C. Women's Hospital  
Chapel Hill, NC 27514  
Scheduling 984-974-2131  
OB-GYN Nurse Advice Line 984-974-8184  
MFM Nurse Advice Line 984-974-8183  
WSS Nurse Advice Line 984-974-8179  
FP Nurse Advice Line 984-974-8180

### UNC OB-GYN at Panther Creek

10030 Green Level Church Road, Suite 808  
Cary, NC 27519  
Scheduling 919-481-4747  
Nurse Advice Line 984-974-9473

## CONTACTING YOUR PROVIDER

Routine requests including medication refills, lab/study results, or general questions or concerns about your pregnancy should be addressed by calling the nurse advice line at the clinic you receive your prenatal care during the hours of 8 AM - 4 PM. Long term planning for your pregnancy is best handled during your routine prenatal visits.

### UNC General Obstetrics and Gynecology and UNC Maternal Fetal Medicine Patients

**Urgent Obstetrical Needs ONLY: after 4:00 PM Monday through Friday or Weekends/Holidays**

To page the on-call physician, dial **919-216-2864**

- ◆ Dial the number and wait for a series of beeps . Type in your complete 10-digit phone number where the doctor can call you back. Enter the “#” symbol to end the call or simply hang up the phone.
- ◆ Allow up to 15 minutes for a doctor to call you back as the doctor on call is actively working on Labor and Delivery and may be with other patients.
- ◆ If you have not received a return call within fifteen minutes, please call **919-216-2864** again
- ◆ If you do not receive a return call after the second page (total 30 minutes), please call N. C. Women’s Hospital Labor and Delivery directly at **984-974-3422**.

### UNC Midwifery Patients

**Urgent Obstetrical or Labor Concerns ONLY:**

To page the on-call midwife dial **919-216-0988**

- ◆ Dial the number and wait for a series of beeps. Type in your complete 10-digit phone number where the midwife can call you back. Enter the “#” symbol to end the call or simply hang up the phone.
- ◆ Allow up to 10 minutes for a midwife to call you back (as the midwife on call is actively working on Labor and Delivery and may be with other patients).
- ◆ If you have not received a return call within ten minutes, please call **919-216-0988** again . Repeat once more in ten minutes if no return call.
- ◆ If you do not receive a return call within 30 total minutes, please call N. C. Women’s Hospital Labor and Delivery directly at **984-974-3422**.

# THE UNC OBSTETRICS AND GYNECOLOGY TEAM

This booklet has been developed by our team. We encourage you to ask questions and be involved in your care. Our Provider Groups are as follows:

## ◆ **UNC General Obstetrics and Gynecology (GOG)**

UNC General Obstetrics and Gynecology is known for exceptional gynecologic and obstetrical care for women of all ages, as well as gynecologic surgery expertise. We provide general obstetric and gynecologic services, including full screening and preventative care for women across their lifespan - adolescence, pregnancy, the reproductive years, as well as menopause and the older woman. Our obstetrical providers perform vaginal births, cesarean sections and VBAC (vaginal birth after cesarean). Please visit our website to meet our team:

[http://www.med.unc.edu/obgyn/Patient\\_Care/specialty-services/general-obgyn/our-team](http://www.med.unc.edu/obgyn/Patient_Care/specialty-services/general-obgyn/our-team)

## ◆ **UNC Midwifery**

UNC Midwives provide care to women throughout their lifespan. We provide gynecological care, prenatal and postnatal care as well as delivery in a hospital setting. Our individualized approach helps us partner with our patients to optimize health and wellness. We provide a wide range of services including first gynecological exams, obstetrical care, labor and delivery, contraception, perimenopause and women's preventative health care. Please visit our website to meet our team:

[http://www.med.unc.edu/obgyn/Patient\\_Care/specialty-services/midwifery/our-team](http://www.med.unc.edu/obgyn/Patient_Care/specialty-services/midwifery/our-team)

## ◆ **UNC Maternal Fetal Medicine (MFM)**

MFM provides obstetrical care for women with pregnancies that are complicated by maternal disease, such as diabetes or hypertension, or any problem with the fetus, such as congenital abnormalities. An expert team of maternal-fetal medicine specialists, pediatric surgeons, neonatologists, and pediatric specialists work together at UNC to provide high-quality and cutting-edge therapies to high-risk pregnant women and their babies. The **UNC Fetal Care Program** provides a team approach to the care of women, infants and their families from diagnosis through decisions and delivery. Please visit our website to meet our team:

[http://www.med.unc.edu/obgyn/Patient\\_Care/specialty-services/maternal-fetal-medicine/our-team](http://www.med.unc.edu/obgyn/Patient_Care/specialty-services/maternal-fetal-medicine/our-team)

Our clinic teams include Physicians (MD), Nurse Practitioners (NP), Certified Nurse Midwives (CNM), Registered Nurses (RN), Licensed Practical Nurses (LPN), Certified Medical Assistants (CMA) and Nursing Assistants (NA).

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# FREQUENTLY ASKED QUESTIONS DURING PREGNANCY

## FREQUENTLY ASKED QUESTIONS DURING PREGNANCY

### How do I reach my OB provider?

This information is on page 2 and 3 of this book.

### Will I see the same provider for my prenatal and post-delivery care?

It is important to discuss this question with your provider. You may or may not see the same provider throughout your pregnancy.

### What is an acceptable response time for My UNC Chart messages?

Please allow 24-48 hours for questions to be answered through My UNC Chart.

### What if I have insurance forms that need to be filled out?

Please bring any disability or insurance forms to any visit prior to delivery. We will complete the forms in a timely manner. We have financial counselors available to assist you with questions about insurance and financial arrangements if needed.

### Does UNC offer tours of the hospital and prenatal classes?

Yes, if you would like to tour the hospital or are interested in attending classes such as prepared childbirth, daddy boot camp or breastfeeding, please visit our website for the most up to date class information at: <http://www.nchealthywoman.org/> or visit the Women's Information Center on the Ground Floor of the N.C. Women's Hospital,

### When will I get my first ultrasound?

Please discuss with your provider.

### What should I do to protect my baby and me if I am exposed to chickenpox?

If you are around someone who has the chickenpox rash or is known to be infected, you should call your provider right away. Also let your provider know if you have never had chickenpox. Your provider may give you a vaccination that will reduce your chances of getting chickenpox or becoming very sick.



# FREQUENTLY ASKED QUESTIONS DURING PREGNANCY

## Which prenatal vitamin should I take?

Any over the counter prenatal vitamin is acceptable. The prenatal “gummy” type vitamins may not include iron. Check to see if it does include iron. If it does not, you need to add one supplemental iron pill.

## What is the recommended weight gain?

The recommended amount of weight gain during pregnancy depends on your weight before you became pregnant. Please discuss with your provider.

## Are there foods I should avoid?

- ◆ Uncooked meats (deli and pre-package meats). Cook all meats until steaming hot!
- ◆ Unpasteurized cheese and milk
- ◆ Uncooked fish including sushi containing raw fish
- ◆ Fish with high levels of mercury such as shark, swordfish, king mackerel, and tilefish

## Is it safe to eat fish?

Fish and seafood are healthy foods. They are rich in protein and low in saturated fat. Some fish contain omega-3 fatty acids, oils, minerals, and essential amino acids that help keep your heart healthy. However, some kinds of fish containing too much mercury could cause harm to your unborn or nursing baby. You can eat fish low in mercury but no more than two servings per week.

Some **low mercury fish** include:

- ◆ Shrimp
- ◆ Crab
- ◆ Scallops
- ◆ Lobster
- ◆ Canned light tuna
- ◆ Salmon
- ◆ Pollock
- ◆ Farm-raised catfish
- ◆ Tilapia
- ◆ Trout
- ◆ Flounder
- ◆ Mahi Mahi

## FREQUENTLY ASKED QUESTIONS DURING PREGNANCY

### **Is it okay to travel?**

Unless your provider tells you otherwise, you may travel by car or plane. You should walk or stand every 1- 2 hours or do calf-pumps to promote good blood circulation. Drink plenty of water.

Check with your airline before making flight reservations to make sure there are no pregnancy restrictions. Some will require a letter stating that it is safe for you to travel. The same policy applies to cruise lines.

### **Is it okay to color my hair?**

You may color or highlight your hair in a well-ventilated area. Be aware that the color may vary slightly from before.

### **Is it safe to paint my baby's room?**

You may paint your baby's room. Take precautions to ensure good ventilation. Use water-based rather than oil-based paint.

### **Is it safe to have intercourse (sex) during my pregnancy?**

Unless your provider instructs you otherwise, you may have sex. Having an orgasm will not hurt your baby. You may experience spotting.

### **Is it safe to use cleaning products or pesticides/insecticides during my pregnancy?**

You should not use cleaning products with large warning labels (i.e. oven or tile cleaner). Use spray rather than aerosol products. Remember good ventilation!

## FREQUENTLY ASKED QUESTIONS DURING PREGNANCY

### Is it safe to receive dental care?

Yes, please tell your dentist you are pregnant and get dental care as the dentist recommends.

### Is it safe to get a flu shot?

It is safe and we recommend you get a flu shot. Pregnant women are at increased risk for serious complications from the flu. You should not get the nasal spray flu vaccine since it is made with the live flu virus. For more information please visit the CDC website at <http://www.cdc.gov/flu/protect/vaccine/pregnant.htm>

### What is Toxoplasmosis?

This is an infection caused by a parasite found in cat feces, soil and raw meat. It can cause an infection to your baby. Symptoms range from mild to serious and may include miscarriage, stillbirth, or death shortly after delivery. It can also affect your baby's brain development and cause your baby to have certain birth defects. To protect you and your baby, avoid cleaning the cat litter box, cook meats thoroughly and wash your hands after handling raw meat.

### Is it safe to change cat litter?

You should not change your cat's litter box while pregnant. However, if you must handle your cat's litter box, you should wear gloves and wash your hands very well afterwards.

### What is Listeriosis?

This is an infection caused by bacteria known as Listeria. It can cause miscarriage, premature delivery and infection in the newborn. It can be present in certain foods, specifically soft, unpasteurized cheeses and milk which should be avoided. Also, we recommend you avoid eating hot dogs and luncheon/deli meats unless heated to steaming.

## FREQUENTLY ASKED QUESTIONS DURING PREGNANCY

### Is it safe to use insect repellent?

The American College of Obstetrics and Gynecology says that EPA (Environmental Protection Agency) approved bug spray with DEET is safe to use during pregnancy.

### Is it safe to get in a sauna or hot tub?

You should not go into a sauna or hot tub. Pregnant women are at a greater risk for dehydration, dizziness, and lower blood pressure in general. These symptoms may increase in extreme heat. Also, raising your core body temperature in this manner is dangerous to your baby.

### What if I have additional questions?

Please bring your questions to your regularly scheduled prenatal visits, call the nurse advice line at the clinic you receive your care or visit the **UNC Center for Maternal & Infant Health** website and select the Patient Education Materials tabs.

<https://www.mombaby.org/>

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# COMMON CONCERNS AND RECOMMENDED TREATMENT

## COMMON CONCERNS & RECOMMENDED TREATMENT

*Many medications have options sold under a drug store name that cost less and can be used in place of a Brand name medication. Ask the pharmacist for help finding them. Follow dosage directions on the package or contact the nurse advice line at the clinic your receive prenatal care for assistance.*

### Fever (temperature of 100°F or above)

- ◆ You can take acetaminophen (Tylenol®, Extra-Strength Tylenol ®), or an aspirin free pain reliever.
- ◆ Avoid the following, unless recommended by your provider, as it could harm you or your baby:
  - Aspirin products
  - Ibuprofen products such as Advil® or Motrin®
  - Naproxen also known as Aleve®
- ◆ If your temperature is over 101°F (38.3°C), please call the clinic.

### Vaginal Discharge/Irritation

- ◆ Wear cotton underpants or those with cotton-lined crotch.
- ◆ Do not wear tight fitting clothing or tight jeans.
- ◆ Avoid pantyhose.
- ◆ Sit in a tub of warm water with 1 cup of baking soda added, 2 times per day.
- ◆ Sleep without underpants.
- ◆ Monistat® 7-day may be used if you believe you have a yeast infection; if you are unsure, call the clinic.

### Painful Urination

- ◆ This could be a symptom of a serious infection.
- ◆ Call your provider at once if you have burning or pain with urination.

# COMMON CONCERNS & RECOMMENDED TREATMENT

## Indigestion or Heartburn

- ◆ You can take Mylanta®, Maalox®, Roloids®, or Tums®.
- ◆ We recommend taking 1-2 teaspoons or tablets (chewed) between meals and at bed-time.
- ◆ Do not exceed 10 teaspoons or tablets in 24 hours.
- ◆ Avoid fatty, fried and highly seasoned foods such as: fried chicken, ham or chili.
- ◆ Eat 5-6 small meals a day instead of 3 big meals.

## Nausea or Vomiting

- ◆ Take sips of juice, ginger ale, or a Gatorade®- like product at least 4 times an hour.
- ◆ If you are unable to keep fluids down for 8 hours, call your provider.
- ◆ Eat only small amounts of food frequently when you start feeling better.

## Constipation

- ◆ Drink 8-10 glasses of water a day.
- ◆ Eat foods high in fiber such as bran cereals, oatmeal, vegetables, fruits, and prunes.
- ◆ If the problem does not improve, take a stool softener such as Colace® 100mg or Metamucil 1 packet or rounded teaspoon (mixed with juice) daily.
- ◆ Talk with your provider before using laxatives.

## Hemorrhoids

- ◆ Sit in warm water for 30 minutes twice per day and air-dry.
- ◆ Sleep without underpants.
- ◆ Use Anusol® suppository, Tucks® or Dermaplast®.
- ◆ Refer to constipation information above.

## Diarrhea

- ◆ Drink only clear liquids, Gatorade®, ginger ale or Jell-O for 24 hours.
- ◆ As diarrhea improves, gradually add foods to the diet, add milk last.
- ◆ You can take Kaopectate® or Donnagel PG®, follow package directions.
- ◆ Call if diarrhea is not resolved within a day after taking medicine.

## COMMON CONCERNS & RECOMMENDED TREATMENT

### Cough

- ◆ For cough, take Robitussin® (plain or DM).
- ◆ Drink more water and fruit juices than usual.
- ◆ If cough persists or get worse after 2-3 days, call our clinic.

### Nasal Congestion, Head Cold

- ◆ If you are less than 14 weeks pregnant you can safely take Chlortrimetron® 4mg .
- ◆ Later in pregnancy, you may safely take Actifed®\* or Sudafed®\* tablets unless you have high blood pressure or some other chronic disease.
- ◆ All of the drugs can cause drowsiness; talk to your provider if this is a concern.
- ◆ Increase your fluid intake (plenty of water and fruit juices).
- ◆ Steaming liquids, like hot cider or herbal teas, may be especially helpful.
- ◆ Do not use nasal sprays unless you receive specific instruction from your provider.

### Sore Throat

- ◆ Gargle with warm salt-water (one teaspoon salt to one quart water) or you can use Chloroseptic® spray.
- ◆ If you have a temperature over 101°F (38.3°C), call the clinic.
- ◆ Review information regarding fever in this section.

### Nosebleeds

- ◆ Apply an ice pack to your nose
- ◆ During winter, increase moisture in the air with a humidifier or place a pan of water on a heating stove.
- ◆ You can use saline nasal spray.



# COMMON CONCERNS & RECOMMENDED TREATMENT

## Back Pain

- ◆ You can take acetaminophen (Tylenol®, Extra-Strength Tylenol®) or an aspirin free pain reliever.
- ◆ Avoid the following, unless recommended by your provider, as it could harm you or your baby:

Aspirin Products

Ibuprofen products such as Advil® or Motrin®

Naproxen, also known as Aleve®

- ◆ Lie on your side with your knees and hips bent with a pillow between your legs to reduce stress on your back.
- ◆ Change positions frequently and get up to walk around if you are sitting for a long time.
- ◆ See the section regarding Exercise During Pregnancy.
- ◆ Put cold packs on your back for 10 to 20 minutes several times a day, putting a thin cloth between the ice and your skin.
- ◆ Warm baths may also be helpful.

## Leg Swelling

- ◆ Elevate legs above your waist.
- ◆ Wear support hose and well-fitting shoes.
- ◆ Rest for 30 minutes on the left side.
- ◆ If you notice tenderness, redness, and swelling of your lower legs, call your provider.

## Toothache

- ◆ You can take acetaminophen (Tylenol®, Extra-Strength Tylenol®) or an aspirin free pain reliever.
- ◆ Avoid the following, unless recommended by your provider, as it could harm you or your baby:

Aspirin Products

Ibuprofen products such as Advil® or Motrin®

Naproxen, also known as Aleve®



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# The First Trimester

FIRST TRIMESTER



## THE FIRST TRIMESTER

The most common length of a pregnancy is 40 weeks with most babies arriving between 37 weeks and 41 weeks of pregnancy,

### *Baby Growth*

By weeks 10-12 of your pregnancy, your uterus has grown and so has your baby. It is possible to hear your baby's heartbeat with a Doppler. A Doppler is a special hand held tool that sends sound waves through your skin and tissue and into your baby. When the waves meet movement, such as your baby's heart beating, they bounce back to the Doppler. The Doppler then changes the movement into sound, which the machine amplifies so you can hear it. Your baby's heart, lungs and other organs grow and your baby's eyes can move and the arms and legs can bend.

Your Provider will talk to you about testing for birth defects during this time. It is your choice whether to have these tests done. The available tests are screening or diagnostic. Screening tests show whether the baby has a high or low chance of having certain types of birth defects. Diagnostic tests tell which birth defect the baby has.

Every appointment is a key part of the care and well-being of you and your baby. Be sure to make and go to all appointments and call your Provider if you are having problems.



# THE FIRST TRIMESTER

## *Body Changes*

- ◆ You may experience nausea or vomiting in the morning but this may occur at any time of the day.
- ◆ You may experience mild cramping.
- ◆ Some spotting is common in early pregnancy.
- ◆ Try to rest and take naps when you feel tired.
- ◆ It is common to cry, feel anxious, and have difficulty concentrating. Please talk to someone or contact the nurse advice line if you are having these feelings.
- ◆ Try to use a softer toothbrush if you notice your gums are bleeding. If problems continue, see your dentist.
- ◆ Your breasts may get larger and become tender. Be sure to wear bras that give you good support. Breast tenderness may begin to get better by the end of the first trimester.

## *Routine Care*

Your Provider will be talking to you about the following during this trimester:

- ◆ Healthy foods to eat
- ◆ Foods you should not eat
- ◆ Healthy weight gain
- ◆ Exercising while pregnant
- ◆ Things to avoid because they may harm your baby
- ◆ Tests that may be done
- ◆ Routine blood work that will be done
- ◆ Common concerns and what to do about them





# PRENATAL LOG

The prenatal log has been provided for your personal use and are not required. Please use it to track your weight, blood pressure, your baby's heart rate, vaccinations and laboratory tests when you come for your prenatal visits.

## Pregnancy Dating

LMP*	
EDD**	
Confirmed by	

## 1st Trimester

Blood Type	
Rh Type	
Antibody Screen	
Complete Blood Count	
Rubella	
Syphilis (RPR)	
Hepatitis B	
HIV	
Urine Culture	
Pap Smear	
Gonorrhea	
Chlamydia	

Date	Weight	BP	FHR

## 2nd Trimester

Hematocrit	
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## 3rd Trimester

1-hr Diabetes Screening	
3-hr Diabetes Screening (if 1-hour is abnormal)	Fasting
	1-hour
	2-hour
	3-hour
Group B Strep	

## Vaccinations

TDAP	
Flu Shot	
Rhogam (RH-)	

## Optional

Varicella	
Cystic Fibrosis	
Sickle Cell	
SMA	
First Trimester Screening	
Cell Free DNA	

FIRST TRIMESTER

LMP\* First day of last menstrual period  
EDD\*\* Estimated date of delivery-the "due date"

## NUTRITION AND WEIGHT GAIN

Eating right during pregnancy is one of the best things you can do for you and your baby. Dietary needs during pregnancy are unlike other times in your life. The foods that you eat provide nutrition for your baby. Making the right food choices will give your baby a healthy start. When you eat well and drink plenty of water, you and your baby will do better.

The idea of “eating for two” should not be taken literally. While you may feel the need to eat twice as much, there are no health reasons to do so. You will need an extra 300 calories per day for your baby. Adding healthy snacks to your diet is a good way to get these extra calories.

It is important that you maintain a healthy balanced diet. Your diet should include protein, carbohydrates, vitamins, minerals and fats. Pregnant women need an increase in protein, calcium, iron, folic acid, vitamins A and C. Taking prenatal vitamins and eating a healthy diet will help you meet these needs.

You need to drink plenty of water. Not drinking enough water can cause the fluid around the baby to be low. This may lead to uterine contractions. Drink 8-10 glasses of water daily. You can drink other liquids as part of this intake. Caffeine should be limited to 1-2 servings a day. Caffeine is found in foods such as coffee, tea, chocolate, sodas, etc. Do not drink alcohol while pregnant.



# NUTRITION AND WEIGHT GAIN

## Unusual cravings

Some pregnant women have unusual cravings for non-food substances such as laundry starch, corn starch, clay or chalk. These rare cravings are called pica. No one is sure what causes these unusual cravings, but a combination of factors may be at work. Refrain from giving in to these urges, as it could be harmful for you and your baby. Let your provider know so he/she can help you with these urges in a healthy manner.

## Recommended Weight Gain

The recommended amount of weight gain during pregnancy depends on your weight status before pregnancy.

Before pregnancy:	Recommended weight gain:
Normal weight (BMI* 19-24)	25 – 35 lbs
Underweight (BMI < 19)	28 – 40 lbs
Overweight (BMI 25-29)	15 – 20 lbs
Obese (BMI 30-39)	11 – 20 lbs

Talk to your provider about what amount of weight gain is right for you.

\*BMI: Body Mass Index- a value based on your height and weight. Your provider will provide this number to you.

## Diabetes and Gestational Diabetes

If you have Diabetes or develop Gestational Diabetes during your pregnancy, you will be followed by our Maternal Fetal Medicine providers.

# HIGH PROTEIN FOODS

Protein is a vital nutrient for you and your baby. It assists your baby in building cells. Protein is stored to help you with labor & delivery and milk production. During pregnancy, protein should be increased to three servings per day. Below is a table of high protein foods and snacks.

SOURCE	AMOUNT	PROTEIN GRAMS
<b>Meats/fish/poultry</b>		
Tuna	8 oz.	63
Trout	8 oz.	46
Red Snapper	8 oz.	45
Halibut	8 oz.	44
Turkey	8 oz.	44
Veal	8 oz.	43
Bass	8 oz.	43
Shrimp	8 oz.	41
Chicken breast	8 oz.	40
Liver	8 oz.	40
Lobster	8 oz.	37
Duck	8 oz.	36
Lamb chops	8 oz.	33
T-Bone Steak	8 oz.	30
Pork ribs	8 oz.	28
Crabmeat	8 oz.	34
<b>Dairy</b>		
Cottage cheese	1 cup	38
Eggs	2 medium	12
Yogurt	1 cup	9
Egg whites	2 medium	7
<b>Vegetables</b>		
Garbanzo beans	1 cup	20
Soybeans	1 cup	16
Lima beans	1 cup	16
<b>Snacks</b>		
Pumpkin seeds	1 cup	67
Peanuts	1 cup	60
Almonds	1 cup	26
Walnuts	1 cup	21
Cashew nuts	1 cup	15

## CALCIUM AND IRON FOR PREGNANT MOTHERS

During pregnancy you need more calcium and iron, which you can get from good food choices. See examples below:

Source of Calcium	To get 300 mg (1/3 to 1/4 your needs)
Milk	(1) 8 oz. cup
Natural cheese	1.5 oz.
Cottage cheese	2 cups
Yogurt	1 cup
Processed cheese	2 oz.
Ice cream	1.5 cups
Pudding	1 cup
Macaroni & cheese	1 cup
Frozen yogurt	1.5 cups
Cooked spinach, beet greens, collards	1.5 cups
Cooked broccoli, okra, bok choy	3 cups
Oranges	6 oranges
Corn tortillas	6 corn tortillas
(Serving Size Estimations: 1 cup – size of a fist, 3 oz. of meat – size of a palm, 1 oz. of nuts – size of a handful, 1 oz. of snacks – size of two handfuls, 1 oz. of peanut butter – size of a thumb)	
Source of Iron	Milligrams (mg) per Serving (you need 27 mg/day)
Chicken Liver, 3.5 oz.	12.8
Oysters breaded & fried, 6 pieces	4.5
Beef, chuck, lean only, braised 3 oz.	3.2
Clams, breaded, fried, 3/4 cup	3
Beef, tenderloin, roasted, 3.5 oz.	3
Turkey, dark meat, roasted, 3.5 oz.	2.3
Beef, eye of round, roasted, 3.5 oz.	2.2
Turkey, light meat, roasted, 3.5 oz.	1.6
Chicken leg, meat only, roasted, 3.5 oz.	1.3
Tuna, fresh blue fin, cooked dry heat, 3 oz.	1.1
Chicken breast, roasted 3 oz.	1.1
Vegan Iron Sources	
Oatmeal, instant, fortified, 1 cup	18
Soybeans, mature, boiled, 1 cup	8.8
Lentils, Boiled, 1 cup	6.6
Beans, kidney, mature, boiled, 1 cup	5.2
Tofu, raw, firm, 1/2 cup	3.2
Molasses, 1 tablespoon	3.5

## EXERCISE DURING PREGNANCY

Exercise during pregnancy has many health benefits. Exercise can boost energy and relieve stomach upset, back pain and leg cramps. It can improve your mood and sleep while preparing your body to give birth.

Exercise should be broken into smaller amounts of time throughout the day. It is good to exercise for 30 minutes a day unless your doctor tells you otherwise. During pregnancy, you can walk, swim, ride a bike (use a stationary bike in later pregnancy) and jog. Other safe exercises are aerobics, yoga, and Pilates.

Start and end your exercise slowly to give your body time to warm-up and cool-down. Proper fitting shoes and a flat surface will help prevent falls. When you exercise, drink water and change your position slowly. This will help decrease the chance of being dizzy.

It is important you don't exercise to lose weight. Your focus should be to achieve or maintain fitness. Do not exercise when it is extremely hot or humid outside.

After your first trimester, while exercising, you should not lie flat on your back. This may decrease blood flow to the baby. Place a pillow under one of your hips or lie on your side.

A good way to judge that you are not overdoing it is to make sure you are able to talk normally and are not out of breath. This will also ensure that your heart rate is not too fast.

# EXERCISE DURING PREGNANCY

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Signs that you should stop exercising are:

- ◆ Dizziness
- ◆ Shortness of Breath
- ◆ Chest Pain
- ◆ Fluid Leaking From your Vagina
- ◆ Headache
- ◆ Calf Pain or Swelling
- ◆ Vaginal Bleeding
- ◆ Uterine Contractions (that do not go away with rest)

During pregnancy, you should avoid activities that are jerky, bouncy or have high impact movements such as:

- ◆ Downhill Snow Skiing
- ◆ Skating
- ◆ Horseback Riding
- ◆ Gymnastics
- ◆ Water Sports
- ◆ Contact Sports
- ◆ Scuba Diving
- ◆

This information was adapted from The American College of Obstetricians and Gynecologists, (2005). Your Pregnancy & Birth (Fourth Edition)

# HARMFUL SUBSTANCES DURING PREGNANCY

When you are pregnant, anything you put in your body affects your baby. Using harmful substances can affect you and your baby's health. You should not drink alcohol, use tobacco or other drugs during pregnancy. If you think you need help in avoiding these substances, you should tell your provider.

## Tobacco (Smoking, Vapors, Chewing Tobacco)

Tobacco contains a substance called nicotine that can cause blood vessels to tighten. This decreases blood flow and the amount of oxygen to your baby. This also happens when the mother is exposed to second hand smoke.

Smoking can cause your baby to be:

- ◆ Born early (premature)
- ◆ Born very small (low birth weight)
- ◆ Born at risk for SIDS (Sudden Infant Death Syndrome)



After birth, smoking around the baby will increase his/her risk of having respiratory and ear infections, asthma, and SIDS.

Please ask your provider or nurse for information about smoking cessation.

## Alcohol

No amount of alcohol has been determined safe during pregnancy..

Alcohol can cause miscarriage, early labor or harm to your baby.

Unlike an adult, a baby's liver cannot break down alcohol. This causes it to be more dangerous for your baby.



# HARMFUL SUBSTANCES DURING PREGNANCY

Drugs and Marijuana (does not include prescribed or over the counter medications) :

No amount of drug use is safe during pregnancy.

Drugs and marijuana can cause:

- ◆ Your baby to be born early (premature)
- ◆ Your baby to be born very small (low birth weight)
- ◆ Your baby to be born with brain damage
- ◆ The placenta to separate from your uterus
- ◆ Fetal death



The effects of illegal drugs and marijuana use during pregnancy depend of the type of drug, frequency of use, and the stage of pregnancy during which it was used.

Babies born to mothers who abused drugs during pregnancy often have withdrawal symptoms such as:

- ◆ Shaking
- ◆ Fussiness
- ◆ Irritability
- ◆ Trouble with bonding

After birth, some drugs can be passed to the baby through breast milk.

# STANDARD PRENATAL LABS

## Tests Done During the First Prenatal Visit

### Blood Group and Rh Testing

- ◆ Some maternal blood types are associated with risks to the baby which can be prevented with early identification and follow-up.

### Blood Antibody Screen

- ◆ Tests for red cell antibodies in the mother's blood.

### Complete Blood Count (CBC)

- ◆ Tests for anemia.

### Rubella Testing (German Measles)

- ◆ Rubella infections can harm the baby.
- ◆ If a woman is not immune to rubella, rubella immunization is recommended in the postpartum period.

### Syphilis Testing (RPR)

- ◆ Identification of women with syphilis is important to treat her infection and to prevent the baby from becoming infected.
- ◆ State Law requires the testing.

### Hepatitis B Surface Antigen (HBSAg)

- ◆ Children of mothers who are chronic carriers of Hepatitis B need special immunizations at birth to prevent hepatitis infections.

### HIV

- ◆ Identification of women with HIV infection is important to treat her and to prevent the baby from becoming infected.
- ◆ State Law requires the testing.



# STANDARD PRENATAL LABS

## Tests Done During the First Prenatal Visit

### Urine Culture

- ◆ Test that detects infections in the mother's urine.

### Pap Smear

- ◆ This screening test for cervical cancer is done if there's been no pap smear during the recommended timeframe.

### Gonorrhea Culture

- ◆ Screening for a sexually transmitted infection.
- ◆ Treatment lowers the risk of infection to the baby and preterm delivery.
- ◆ State Law requires the test.

### Chlamydia PCR

- ◆ Screening for a sexually transmitted infection.
- ◆ Treatment lowers the risk of infection to the baby and preterm delivery.
- ◆ State Law requires the test.

# OPTIONAL PRENATAL LABS

## Tests Offered Later in the First Trimester

### Varicella Testing (Chicken Pox)

- ◆ Ordered for women with no known history of chicken pox or immunization for chicken pox.
- ◆ If a woman is not immune, we recommend varicella immunization in the postpartum period.

### Cystic Fibrosis Carrier Testing (optional)

- ◆ Cystic Fibrosis is a lung and digestive disease that is inherited when both parents carry a change in the gene (called being a carrier).
- ◆ The risk of being a carrier is different among races and ethnicities.
- ◆ There is a blood test available to see if you and your partner are carriers.
- ◆ Not all health insurance plans cover testing.
- ◆ Talk to your provider to learn more about this test.

### Sickle Cell Carrier Testing (optional)

- ◆ Sickle cell disease is a problem of the blood cells that is inherited when both parents carry a change in the gene (called being a carrier).
- ◆ The risk of being a carrier is different among races and ethnicities.
- ◆ There is a blood test available to see if you and your partner are carriers.
- ◆ Talk to your provider to learn more about this test.

### Spinal Muscular Atrophy Carrier Testing (optional)

- ◆ Spinal muscular atrophy (SMA) is a condition that results in progressive muscle weakness and paralysis.
- ◆ In severe cases, children may not survive past 2 years of age.
- ◆ This condition is inherited when both parents carry a change in the gene (called being a carrier).
- ◆ The risk of being a carrier is approximately 2% regardless of race or ethnicity. There is a blood test available to see if you and your partner are carriers.
- ◆ Not all health insurance plans cover testing.
- ◆ Talk to your provider to learn more about this test.

# OPTIONAL PRENATAL LABS

## Tests Offered Later in the First Trimester

### First Trimester Screening (optional)

- ◆ The First Trimester Screening test is done to identify pregnancies at higher risk for Down Syndrome, Trisomy 18 and Trisomy 13.
- ◆ Done during 11 weeks to 13 weeks 6 days.

### Cell-free DNA screening (also known as cfDNA, NIPS, or NIPT) (optional)

- ◆ Tests for small pieces of DNA in your blood from the placenta to identify pregnancies at higher risk for Down syndrome, Trisomy 18, Trisomy 13, and differences in the sex chromosomes.
- ◆ Typically done on high risk pregnancies (women over 35, prior pregnancy with one of these conditions, or an ultrasound abnormality).
- ◆ Insurance may not cover for women who are otherwise low risk.
- ◆ Done after 10 weeks in pregnancy.



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# The Second Trimester

SECOND TRIMESTER



## THE SECOND TRIMESTER

### *Baby Growth*

During this time, your belly will begin to grow and be noticeable to others. At this point, your baby will be able to make urine and is beginning to make its first stool (meconium) in his or her intestines. Your baby is also starting to grow hair, suck his or her thumbs, and open and close his or her eyelids.

You will have an ultrasound between weeks 18 and 20 which can tell you if the baby is a boy or girl. Please tell the person doing the ultrasound if you want to know whether your baby is a boy or a girl. The Provider can also check for birth defects when you have this ultrasound.

Your baby's lungs are growing stronger and getting ready to breathe. You may notice that your baby responds to the sound of your or your partner's voice. Your baby may do less turning and twisting and more squirming or jerking at this point. Jerking may mean that your baby has the hiccups. Hiccups are normal and are only temporary.

Close to the end of this trimester, you may start to feel your baby move. At first, these may feel like flutters or very slight movements. Some women say that they feel like gas bubbles. As your baby grows, these movements will become stronger. You may also notice that your baby kicks and hiccups.

### *Body Changes*

It is important to go to all appointments and call your Provider if you have any problems.

If you had nausea and fatigue, they may be gone by this point. You may feel better and have more energy than you did in your first trimester. You may also notice new discomforts such as sleep problems or leg cramps.

## THE SECOND TRIMESTER

You may have leg cramps. Nobody's sure what causes them. It could be fatigue, compression on the blood vessels in your legs, diet or pregnancy hormones.

To prevent leg cramps:

- ◆ Be sure to get enough calcium by eating foods like milk, cheese, ice cream and yogurt.
- ◆ Stretch your legs each day before bed.
- ◆ Take a warm bath before bed and use a heating pad when needed.

If you have a leg cramp:

- ◆ Do not massage your calf during the cramp.
- ◆ Sit on a firm surface and straighten your leg. Bend your foot slowly up toward your knee and bend your toes up and down.
- ◆ Stand on a flat surface and stretch your toes upward while taking small steps walking on your heels.
- ◆ Use a heating pad or hot water bottle to help with sore muscles.

You may also leak urine. Kegel exercises may help with this.

- ◆ You can do this while you are standing or sitting.
- ◆ Squeeze the muscles you use to stop your urine. Your belly and thighs should not move.
- ◆ Hold the squeeze for 3 seconds and then relax for 3 seconds.
- ◆ Start with 3 seconds. Then add 1 second each week until you are able to squeeze for 10 seconds at once.
- ◆ Repeat the exercise 10 to 15 times for each session. Do three or more sessions each day.

You may also have swelling in your feet, ankles, hands, and fingers.

- ◆ Drink plenty of fluids daily (at least a cup every hour)
- ◆ Elevate your legs when possible.

## THE SECOND TRIMESTER

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### *Routine Care*

Your Provider will be talking to you about the following during this trimester:

- ◆ Additional prenatal tests
- ◆ Vaccination Information
- ◆ Preterm labor signs
- ◆ Childbirth Classes

### **Quad Screening also known as Maternal Serum Screening (MSS) (optional)**

- ◆ Tests for four proteins in maternal blood that can identify pregnancies at increased risk for Down syndrome and some birth defects such as open neural tube defects.
- ◆ Done from 15 weeks to 22 weeks 6 days.





## VACCINATION INFORMATION

Vaccines help prevent the spread of illnesses. Vaccines can help keep you and your baby healthy. Vaccinations will be offered to you when it is needed and safe. For more information, please visit the CDC website.

The flu shot is safe and we recommend you get a flu shot. Pregnant women are at increased risk for serious complications from the flu. Do not get the nasal spray flu vaccine.

- ◆ Please visit the CDC's site <https://www.cdc.gov/flu/protect/vaccine/pregnant.htm>

Whooping cough is an illness with fits of coughing that make it hard to breathe. Receiving the vaccine (DTap) is the best way to prevent the disease. It is spread easily by coughing and sneezing. It can be very serious for babies and can cause them to stop breathing. You should receive the Tdap vaccine during the 3rd trimester of **each** pregnancy. Family members and caregivers should also get the vaccine.

- ◆ Please see the CDC's site <https://www.cdc.gov/features/tdap-in-pregnancy/>

Rhogam is a drug used to prevent your body from attacking your baby's blood. Rh negative blood exposed to Rh positive blood can cause problems for your baby. When this happens the red blood cells die faster than the body can replace them. This is known as hemolytic anemia. Oxygen is carried by your red blood cells. Your baby will not get enough oxygen if there are not enough red blood cells in your body. Hemolytic anemia can be fatal to your baby. If you are known to have a negative blood type you will receive Rhogam. This will be given around week 28 and again 72 hours after your baby is born.

## PRETERM LABOR WARNING SIGNS

Preterm labor is the start of labor between 20 and 36 weeks of pregnancy. It can be caused by a problem with the baby, the mom, or both and is often unknown.

These are the signs of preterm labor and what you should do if you experience them.

- ◆ Bright red vaginal bleeding
- ◆ Painful and non-painful contractions that are 10 minutes or less apart
- ◆ Fluid leaking from your vagina
- ◆ Lots of lower pelvic pressure
- ◆ Dull backache
- ◆ Period like cramps
- ◆ Diarrhea with or without cramping

If you have any of these warning signs,

- ◆ Immediately call your provider or go to the hospital.
- ◆ Call even if you have only one of the above signs.
- ◆ *Please see page 2 and 3 for information on how to contact your provider.*
- ◆ If you are less than 20 weeks pregnant, you should report to the Emergency Department.
- ◆ If you are more than 20 weeks pregnant, you should report to N. C Women's Hospital Labor and Delivery.





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# The Third Trimester



THIRD TRIMESTER

# THE THIRD TRIMESTER

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## ***Baby Growth***

Your baby has grown a lot at this point and it is getting closer to the time for you to give birth. Your baby's lungs are almost ready to breathe air. The bones in your baby's head are hard enough to protect the brain, but soft enough to move through the birth canal. Each birth is very different so there is no way to know exactly what this childbirth will be like for you. Remember to be flexible in what you would like to happen during your birth and share your plan with your Provider. Your pregnancy will be full-term beginning at week 37. Your baby could deliver at any time after this.

## ***Body Changes***

Your growing baby may be putting more pressure on your bladder. You may need to urinate more at this stage.

Hemorrhoids are also more common during this time. These are painful, itchy veins in the rectal area that may bleed.

You will be offered the Tdap shot around week 28. This is the only way to protect your newborn against pertussis infection

### *What to do at home:*

- ◆ Pay close attention to your baby's movements so you can learn his/her normal pattern of moving
- ◆ Begin counting kicks around week 28.
- ◆ Be sure to drink enough water to keep your urine clear .

# THE THIRD TRIMESTER

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## *Routine Care*

Your Provider will be talking to you about the following during this trimester:

- ◆ Fetal Movement Count
- ◆ True versus False Labor
- ◆ When to Call the Provider/Nurse
- ◆ When to Report to Labor & Delivery
- ◆ Warning Signs of Preterm Labor
- ◆ Pain Relief Options During Labor
- ◆ Induction of Labor
- ◆ Epidural Analgesia
- ◆ Circumcision
- ◆ Family Planning/Future Birth Control Options



# GESTATIONAL DIABETES

## What is Gestational Diabetes?

Most pregnant women are tested for gestational diabetes between weeks 24 and 28.

Gestational diabetes occurs when your blood sugar tests are too high when you're pregnant. The test is important to know how to plan for your delivery.

- ◆ We suggest you come to the clinic 30 to 45 minutes before your appointment time so you can drink Glucola (sweet liquid) and have your blood drawn without needing your blood drawn at the same time as your appointment.
- ◆ Please plan on being at the clinic for at least one hour.
- ◆ You will drink a small bottle of Glucola and then have your blood drawn one hour later.

## The Day of Your Test

- ◆ Please DO NOT FAST (not eating or drinking) the day of your test. However, please do not eat within 30-60 minutes before arriving to clinic.
- ◆ Please avoid high sugar and complex carbohydrates on the day of your test.
- ◆ Eating any of these in the immediate hours before your test could cause you to have high results of your test:

*Fruit	*Fruit Juices	*Sugar coated cereals	*Cookies
*Cake	*Pasta	*Breads	

- ◆ Better choices of foods to eat include high protein foods:

*Eggs	*Chicken	*Fish
*Nuts	*Cheese	*Plain Greek yogurt



# GESTATIONAL DIABETES

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## Arriving at the clinic the day of the test

- ◆ Inform a front desk team member that you have your blood sugar test today. This will assist us giving you the Glucola drink quickly to help keep your time at the clinic as close to an hour as possible.
- ◆ If your check in nursing team member hasn't provided you with your Glucola within 10 minutes of arriving to clinic, please advise the team member who checked you in so we can ensure that you receive your drink as close to your arrival time as possible.

## Receiving results of your test

- ◆ You should expect your results by My UNC Chart within 24-72 hours.
- ◆ Otherwise, please call your provider after 72 hours.
- ◆ If your initial test is abnormal, you will need to have a longer test with multiple lab draws over a three hour period.

# STANDARD PRENATAL LABS

## Additional Prenatal Labs in the Third Trimester

### Group B Strep (GBS)

- ◆ Test to determine if mother carries the GBS bacteria so that antibiotics can be given in labor to prevent neonatal infection. Untreated, it can make the baby very sick.
- ◆ This test is done at 36 weeks.

### Repeat Rh (If you are RH-)

- ◆ Please refer to Blood Group and Rh Testing on page 30.



## FETAL MOVEMENT COUNT

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Your baby's activity is a good test of his/her health. Beginning at the 28th week of being pregnant, most babies have begun to move in a pattern. This pattern varies for each pregnancy.

It is important to take time every day to make sure your baby is moving. You should do this when your baby is normally the most active. Lay in a quiet space and drink some water.

Get into a position where you feel your baby's movements best. It may be easier to feel movement if you place your hands on your stomach. You should count every move your baby makes.

**Your baby should move at least 10 times in 2 hours.** If your baby moves less than 10 times during the 2 hours you should contact us immediately.

*Please see page 2 and 3 for information on how to contact your provider.*



## WHEN TO CALL THE PROVIDER/NURSE

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Contact your provider if any of these occur:

- ◆ Leaking fluid from the vagina
- ◆ Vaginal bleeding like a period
- ◆ Swelling of the face
- ◆ Vision changes
- ◆ Chest pain
- ◆ Severe and continuous headache
- ◆ Continuous vomiting
- ◆ Fever over 101 °F (38.3 °C),
- ◆ Pain when urinating
- ◆ Decreased or no fetal movement
- ◆ Uterine contraction more than 6 in one hour if less than 35 weeks
- ◆ Constant abdominal pain
- ◆ Unable to tolerate food/liquids for 24 hours
- ◆ If you fall or are in a car accident

*Please see page 2 and 3 for information on how to contact your provider.*

## TRUE VERSUS FALSE LABOR

Before true labor begins, you may have false labor pains. These are known as Braxton Hicks contractions. This irregular tightening of your stomach is normal. Think of them as a warm-up exercise that your body does. You may feel them between 28 to 30 weeks of your pregnancy.

Signs	True Labor	False Labor
Contraction Pattern	Regular; contractions get closer together as labor progresses	Not regular, no pattern
Strength of Contractions	Become stronger and stronger	Weak; some may hurt more or less than others
Location of Pain with Contractions (May Vary from Person to Person)	May feel contractions in lower back and stomach	Usually felt in stomach only
Response to Drinking Fluids (Rest or Position Change)	No change in contractions	Contractions weaken or go away

## WHEN TO REPORT TO LABOR & DELIVERY

If you are less than 20 weeks pregnant, you should report to the Emergency Department. Patients who are more than 20 weeks pregnant and experiencing the following symptoms should be evaluated at the Labor & Delivery unit on the 4th floor of the N.C. Women's Hospital:

- ◆ Bright red vaginal bleeding like a heavy period.
- ◆ Long, strong contractions coming every 3-5 minutes for at least 1 hour.
- ◆ Bag of water breaks or is leaking. Note the time, color and smell.
- ◆ Concerns about the baby's movement

Unless your health care provider tells you differently, come to the N.C. Women's Hospital through the Stork Entrance.

- ◆ The Stork Entrance allows women in their last month of pregnancy (36 weeks gestation) to go directly to the Labor & Delivery Unit.
- ◆ During the daytime (7:30 a.m. – 7:30 p.m., Monday – Friday) enter through the N.C. Women's Hospital lobby.
- ◆ During the night time (7:30 p.m. – 7:30 a.m., Monday – Friday) enter through the lobby of the N.C. Children's Hospital.
- ◆ Special short-term Stork parking spots will be offered at night and on the weekends.
- ◆ Stork Entrance signage is posted to assist women and families to quickly locate the elevators to the 4th floor Labor & Delivery Unit.

### ***Scheduled Procedures***

If you are scheduled for an induction of labor, a cesarean birth, or other special procedure, you should receive a call from the staff at Labor and Delivery. You should go directly to Labor and Delivery through the main entrance to the N.C. Women's Hospital. If you have any questions, please call **984-974-3422**.

# PAIN RELIEF OPTIONS DURING LABOR

Before going into labor you will have options for pain relief. The method you choose for pain relief will depend on you and your provider. We suggest that you write a birth plan (a list of what you want during labor) and share it with your provider. Every labor is different and your birth plan may change during labor. While in labor, there are many comfort measures to try:

- ◆ Deep breathing
- ◆ Massage
- ◆ Imagery
- ◆ Walking
- ◆ Hydrotherapy
- ◆ Distraction
- ◆ Birthing ball
- ◆ Doula

These options help reduce anxiety and increase your ability to cope with pain without keeping you from being able to push when it comes time.

## Medicines for Pain Relief

Many women find labor pain and stretching of the birth canal very uncomfortable. We support your choice of pain control. If you have questions about ways to manage your pain, ask your care provider.

## Local Anesthesia

Local anesthesia may be used for numbing to widen the vaginal opening.

## Narcotic Pain Medicine

Narcotic pain medicine given through a vein (IV) in early labor to help with discomfort so that you can rest and save energy for delivery. One dose may help with pain for 2 to 6 hours.

## Nitrous Oxide

Nitrous oxide is an odorless gas that is self-given. It decreases anxiety and stress, and changes the perception of pain. It is short and fast acting with little to no effect on the baby. It is often used with other comfort measures.

## Epidural

Epidural anesthesia is the most common method of pain relief during labor. More than 50% of women giving birth at hospitals use epidural anesthesia. It is a *regional anesthesia* that blocks pain in a particular area of the body. It provides pain *relief*, rather than a total lack of feeling. It blocks the nerve impulses from the lower spinal segments. This results in decreased feeling in the lower half of the body.



# CIRCUMCISION

If you have a son, making the decision about circumcision can be difficult. We at the North Carolina Women's and Children's Hospitals want to give you accurate and up-to-date information so that you can make an informed choice for your baby boy. The following are some frequently asked questions about circumcision.

## What is Circumcision?

Circumcision is a surgery to remove the *foreskin*. All newborn boys have skin that covers the end of the penis, called the *foreskin*. After the circumcision, the tip of the penis, called the *glans*, will be exposed. Before you come to the hospital in labor, you should talk with your health care provider about circumcision and decide if you want your baby boy to have the procedure.

## Is circumcision recommended?

The American Academy of Pediatrics released a statement in August of 2012: "After a comprehensive review of the scientific evidence, the American Academy of Pediatrics found the health benefits of newborn male circumcision outweigh the risks, but the benefits are not great enough to recommend universal newborn circumcision. The AAP policy statement published Monday, August 27, says the final decisions should still be left to parents to make in the context of their religious, ethical and cultural beliefs."

## Are there risks of circumcision?

There are risks to circumcision because it is a surgical procedure. The risks include:

- ◆ bleeding
- ◆ infection
- ◆ adhesions
- ◆ cutting the *foreskin* too short or too long
- ◆ poor healing

## CIRCUMCISION

In addition, scarring can cause the opening of the penis to become too small which would make urination difficult. None of these problems happen often.

### **Does circumcision hurt?**

During circumcision a numbing medication will be used to decrease pain and discomfort. After the procedure your son may have discomfort with urination and from the incision site rubbing against his diaper for several days. This pain may be decreased with a Vaseline dressing. Your nurse will show you how to apply the dressing.

### **How do I care for my son if I choose circumcision?**

The tip of the penis needs special care after circumcision. It may be raw and red or yellowish. Change the dressing with each diaper change when it becomes soiled with stool to prevent infection. Apply Vaseline to the penis to keep the dressing from sticking. It takes about 7 to 10 days for the penis to heal after circumcision.

### **What problems should I look for after circumcision?**

A yellowish discharge or coating around the top of the penis is normal, but this should go away within a week after the circumcision.

Call the baby's doctor right away if you see the following:







- ◆ the baby does not urinate normally within 6 to 8 hours after the circumcision
- ◆ the penis continues to bleed
- ◆ there is redness around the tip of the penis that gets worse after 3 to 5 days

### **How do I care for my son if he is not circumcised?**







The uncircumcised penis is easy to clean by gently washing the genital area with mild soap. The foreskin is attached to the tip of the penis at birth. It should never be forced away from the tip. It will usually separate by the time the child is a teenager. When your son is old enough, he can learn to clean his penis just as he will learn to care for the rest of his body.

## FAMILY PLANNING/BIRTH CONTROL OPTIONS AFTER DELIVERY




We suggest that you wait at least 18 months between pregnancies to avoid problems caused by getting pregnant too soon. You and your provider can decide which option is best for you. Ask your provider about your options.

	Birth Control Method	Chance of Getting Pregnant
	IUD	Less than 1 in 100
	Implantable Rod (Nexplanon)	Less than 1 in 100
	Female Sterilization Surgery	Less than 1 in 100
	Female Sterilization Implant	Less than 1 in 100
	Male Sterilization Surgery	Less than 1 in 100
	Shot/Injection (Depo Provera)	Less than 1-6 in 100

## FAMILY PLANNING/BIRTH CONTROL OPTIONS AFTER DELIVERY

	Birth Control Method	Chance of Getting Pregnant
	Vagina Ring (NuvaRing)	Less than 1-6 in 100
	Oral Contraceptives (Pill)	Less than 1-9 in 100
	Skin Patch (Ortho Evra)	About than 1-9 in 100
	Female Condom	About than 5-21 in 100
	Diaphragm with Spermicide	About than 6-12 in 100
	Sponge with Spermicide	About than 12-32 in 100

## FAMILY PLANNING/BIRTH CONTROL OPTIONS AFTER DELIVERY

	Birth Control Method	Chance of Getting Pregnant
	Cervical Cap with Spermicide	About 14-29 in 100
	Spermicide Alone	About 15-29 in 100
	Male Condom	About 18 in 100
	Withdrawal (Pulling Out)	About 27 in 100
	Natural Family Planning	About 25 in 100
	No Method	About 85 in 100

# NOTES

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THIRD TRIMESTER



