

WOMANCARE

Welcome to Pregnancy...



Prenatal
CARE

Congratulations and Welcome to Pregnancy!



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Congratulations and Welcome To Your Care at WomanCare

This is an exciting time in your life. Whether this is your first pregnancy or your last, each one is a new experience. Today you will be given an abundance of information that will be important to you during your pregnancy. This handbook was developed to provide information, answers and be a resource for you throughout your pregnancy. In addition to our handbook, we have a prenatal guide on our website (<https://womancarepc.com>). We hope you will find both of these resources helpful and refer to them often throughout your pregnancy.

An obstetrician from your chosen site will almost always deliver your baby. Obstetricians in Illinois are facing rapidly rising costs for medical liability insurance. As a result of this “malpractice crisis,” several WomanCare physicians have already stopped delivering babies. Therefore, in order to safely meet the needs of our patients, WomanCare obstetricians from all five sites (Arlington Heights, Buffalo Grove, Kildeer, and Schaumburg) will occasionally cover for each other. This ensures a WomanCare physician will care for each of our patients at all times. The physician on call is available 24/7 for emergencies. You and your baby’s health needs are our number-one concern.

We want to thank you for choosing WomanCare for your obstetrical care. With our compassionate and knowledgeable physicians, nurses, ultrasound technicians and receptionists, our practice is committed to providing the highest quality of women’s health care with the goal of a healthy, happy pregnancy, delivery and baby. We look forward to achieving this goal with you.

For Provider profiles

Please visit our website at <https://womancarepc.com/find-care/providers>

Locations Patient Portal (847) 221-4900 Book Online

WOMANCARE About Us Find Care Services Patient Resources Women's Health Education Center Contact Us

Care That Listens, Supports, and Stays With You

From your first period to post-menopause and every stage in between, WomanCare is here to support you with personalized OB/GYN, pelvic, and wellness care—designed around your life.

Request an Appointment

4.8 Out of 5 Stars
from hundreds of women

5 Locations
across Chicago's Northwest Suburbs

Board-Certified OB/GYNs
and certified nurse-midwives

24/7 Physician Access
for urgent, non-life-threatening health issues

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Provider Profiles

Ashley Abraham, M.D. – Dr. Abraham was born and raised in Toronto, Canada. She did her undergraduate at the University of Toronto, Ontario, Canada, went to Saba University School of Medicine in Saba, Netherlands-Antilles, and her Residency at Rochester Regional Health, Rochester, New York. She graduated in 2016 and joined WomanCare June 2019. Her passion is women’s health and education.

She enjoys spending time with her husband, three sons and family.

Timothy C. Albion, M.D. – attended the University of Illinois at Champaign for undergraduate studies, and graduated from The Chicago Medical School. He completed his four-year residency in Obstetrics and Gynecology at Cook County Hospital in Chicago, where he became Chief Resident in his fourth year. Dr. Albion was named in Castle Connolly’s National List of Top Doctors. Dr. Timothy Albion has retired from clinical practice but remains with WomanCare as an Obstetrical Administrator.

Devoni Bruns, M.D. – Dr. Bruns is a graduate of Rosalind Franklin University of Medicine and Science. She completed her residency at Ascension Saint Joseph-Chicago. During her residency, she received an award for Excellence in Obstetrics from the Society of Maternal Fetal Medicine. She also received training in robotic and laparoscopic surgery.

Dr. Bruns enjoys caring for women from adolescence to menopause. She strives to provide an abundance of patient education and keep an open dialogue with patients. Dr. Bruns is married and has three children. During her free time, she enjoys anything outside, cooking and spending time with friends and family.

Elyse P. Erlich, M.D. – Dr. Erlich practices both Obstetrics and Gynecology and joined WomanCare in 2006. She treats the full spectrum of gynecological problems including abnormal bleeding, fibroids, ovarian cysts, abnormal pap smears, and more. Offering both medical and surgical management options to each patient, she allows each patient to decide what is best for them. Dr. Erlich performs minimally invasive surgeries including hysteroscopy and laparoscopy, and is experienced in laser vaginal rejuvenation.

Dr. Erlich is passionate about providing excellent medical care. She treats each patient like they are a member of her own family and strives to provide the best care possible.

Dr. Elyse Erlich was born and raised in the Chicago area. She received a Bachelor of Science in Biology and Psychology from the University of Illinois in 1987. She completed medical school and residency at Loyola University Stritch School of Medicine. Following residency in 1995, she became a primary teaching faculty member for the Lutheran General Hospital Obstetrics and Gynecology Residency program. She served in this role for 10 years.

Dr. Erlich has gone on several medical mission trips to Guatemala and the Philippines to provide obstetrical and gynecological care to the underserved, and she loves giving back to others. She plans to continue this work.

She is also the Medical Director and manager of the Aesthetics at WomanCare MedSpa.

Dr. Erlich is Board Certified in Obstetrics & Gynecology. She has been named one of the “Top Doctors of Chicago” by Castle Connolly for over 10 consecutive years and has been named one of “Chicago’s Top Doctors” by *Chicago Magazine* several times. She is married and has four children, including a set of twins. Her hobbies include reading, yoga, tennis, skiing and hiking.

Alyssa K. Fargotstein, M.D. – Dr. Fargotstein was born and raised in the Chicagoland area and graduated *summa cum laude* from Tulane University, where she earned a Bachelor of Arts in Gender and Sexuality Studies. After Tulane, Dr. Fargotstein attended Rush Medical College, where she earned her M.D. and was also inducted into the Alpha Omega Alpha Honor Medical Society.

Following medical school, Dr. Fargotstein completed her residency in Obstetrics and Gynecology at University of Chicago Medical Center. Dr. Fargotstein’s practice will cover general obstetrics & gynecology.

Her professional passions include advocating for reproductive justice and caring for underserved populations. In furtherance thereof, Dr. Fargotstein will also be providing OB/GYN care for patients at Greater Family Health's Federally Qualified Health Center in the north suburbs of Chicago.

Outside of work, Dr. Fargotstein is married and has two children.

Randall C. Kahan, M.D. – attended the University of Illinois for his undergraduate studies followed by the University of Illinois Medical School. Dr. Kahan is the President and CEO of WomanCare and the Director of the Center for Bladder Control at Northwest Community Hospital. He brings to WomanCare an expertise in treating female urinary incontinence, pelvic organ prolapse, and pelvic reconstructive surgery. Biofeedback therapy, urodynamic testing, and minimally invasive outpatient surgery are all modalities that have contributed to his extremely high success rates and ultimate patient satisfaction. Dr. Kahan performs minimally invasive outpatient surgery both in the office and the hospital settings. Dr. Kahan is a certified robotic surgeon who has a very high volume surgical practice for all types of Gynecological issues. Dr. Kahan is married and is a father of two.

Mariusz Koziol, M.D., FACOG – Dr. Koziol is board certified by the American Board of Obstetrics and Gynecology and has the expertise his patients need to manage both complex and routine OB/GYN concerns. Dr. Koziol and his team also guide women through their pregnancies and provide comprehensive pre- and post-natal care. His holistic approach ensures that women receive the personalized attention they need to stay healthy at all stages of life.

Dr. Koziol earned his medical degree at Pomorska Medical Academy in Szczecin, Poland. After graduating from medical school with high honors, he completed an internship at Okregowy Szpital Kolejowy in Katowice, Poland. Dr. Koziol provides medical care to both English- and Polish-speaking patients.

Dr. Koziol later moved to the United States and joined the American medical community. He performed his residency at Henry Ford Hospital in Detroit. He completed an additional residency in family medicine at St. Mary of Nazareth Hospital Center in West Town, Chicago.

Dr. Koziol is also a highly trained surgeon with experience in minimally invasive procedures. In his practice, he uses cutting-edge surgical techniques to perform hysterectomies, hysteroscopies, and much more. His surgical skill, combined with state-of-the-art equipment, allows patients to recover faster and experience relief from painful symptoms.

Dr. Koziol takes pride in helping his patients improve their health and boost their self-confidence.

Nicole E. Lomotan, M.D. – Born and raised in the Chicago suburbs, Dr. Lomotan attended Northwestern University for her undergraduate studies. She then went on to earn her medical degree at New York Medical College. Following medical school, Dr. Lomotan completed her residency at Richmond University Medical Center in New York, where she served as Administrative Chief Resident in her final year.

Dr. Lomotan is passionate about patient education and empowering women to make informed decisions about their health. She practices general obstetrics and gynecology and performs a variety of minimally invasive surgeries.

Outside of work, Dr. Lomotan enjoys spending time with her husband, traveling, dining at new restaurants, and reading.

Brittany Novak, M.D. – Dr. Novak graduated from Harvard with a B.A. in Psychology before beginning her career at Columbia University conducting epidemiology research. She earned her medical degree from the University of Massachusetts Medical School, where she was named a Schwartz Compassion Scholar. Dr. Novak completed her Obstetrics & Gynecology residency at the University of Massachusetts-Baystate, graduating as a certified robotic surgeon.

Dr. Novak's professional passions include pediatric and adolescent gynecology, minimally invasive surgery, and working with underserved populations.

Outside of work, Dr. Novak is married and has three young children. Her hobbies include travel, cooking, yoga and tennis.

Timothy Vierling, M.D. – was born and raised in St. Louis, Missouri, where he attended and graduated from Washington University with an undergraduate degree in biology. He then gained employment in the biochemistry department of St. Louis University. There, he met his wife and enrolled in medical school, graduating in 1987. He completed his residency at Rush Presbyterian St. Luke's in Chicago in 1991. Since that time, he has practiced in Missouri, New Orleans and, for the last 25 years, in the Chicagoland area. Dr. Vierling's area of interest is caring for women during pregnancy and delivery. Dr. Vierling is married to his wife, Susan, a vitreoretinal surgeon and has two adult sons.

Janet Ford, CNM, M.S. – Janet is a board-certified nurse-midwife and Advanced Practice Nurse with extensive experience in labor and delivery and postpartum care.

She is also a certified lactation consultant (IBCLC) and has a special interest in supporting new mothers with breastfeeding and early parenting concerns. Janet enjoys caring for women of all ages and backgrounds and is known for her compassionate, personalized approach to care.

Janet works closely with patients throughout pregnancy, birth, and beyond, helping them feel informed, supported, and confident in their care decisions.

Elizabeth Garcia, CNM, M.S. – Elizabeth is a board-certified nurse-midwife and Advanced Practice Nurse with over 20 years of experience in women's health.

She brings a strong background in high-risk labor and delivery, prenatal education, and perinatal care, and is passionate about providing compassionate, culturally responsive care. As a bilingual provider, Elizabeth is dedicated to serving Spanish-speaking patients and supporting women and families from diverse backgrounds.

Elizabeth is an active member of the American College of Nurse-Midwives and the Illinois Society for Advanced Practice Nurses and currently serves as a Board Member of the American College of Nurse-Midwives Illinois Chapter IV.

Gina Marcin, CNM, L.Ac., RH (AHG) – is a lifelong Chicago resident and obtained her Bachelor of Science from Loyola University in 1996. She graduated as a Certified Medicinal Herbalist and Acupuncture Therapist from The Chicago College of Healing Arts in 2003. She obtained her Master of Nursing in Midwifery through the University of Illinois in 2013. She is a licensed Advanced Practice Nurse in Illinois and Board Certified through the American Midwifery Certification Board. She has also been board certified through the National Certification Commission for Acupuncture and Oriental Medicine and an Illinois licensed acupuncturist since 2004. She has been studying Western botanical medicine and Traditional Chinese Medicine since 1998 and became a professional member of the American Herbalists Guild in 2006. Her specialties are women's health, pregnancy, childbirth, and pain management. Gina has worked as a certified nurse-midwife in the out-of-hospital birth setting, as well as in hospital-based practices. She has given a variety of educational lectures about midwifery, acupuncture, and herbal medicine over the last 16 years and continues to pursue education in complementary medical modalities in order to integrate holistic approaches and treatments into her medical practice. In her free time, Gina enjoys spending time with her cats, or outdoors, bike riding, gardening, and camping with her husband. She is also a volunteer board member for Herbal Education, Inc., a not-for-profit organization which hosts an annual family-centered herbal education event. Before pursuing a career in health professions, she worked in the accounting world for over 12 years, which allows her to run her small private acupuncture practice and her husband's home inspection/handyman business.

Jenny Mathew, WHNP-BC – was born and raised in the United Arab Emirates before moving to the United States in 2005, and settling in Chicago. She completed her undergraduate studies at Resurrection University and began her career as a labor and delivery nurse at Gottlieb Memorial Hospital. She pursued her graduate studies at Loyola, graduating in 2017, and has since been working in an outpatient clinic. Jenny enjoys reading and has recently taken up gardening. While she has a passion for traveling, much of her free time is currently devoted to managing the lively antics of her two young boys. She looks forward to more travel adventures as her children grow older.

Madison Monk, PA-C, M.S. – grew up in Sterling, Illinois, and completed her undergraduate studies at North Central College in Naperville, Illinois, before attending Rosalind Franklin University of Medicine and Science in North Chicago, Illinois. There she received her Master of Science and Physician Assistant Studies degree. She is certified by the National Commission for Certified Physician Assistants. She has always had a passion for OB and women’s health and was very grateful to find such a perfect position here providing preventative, well-rounded, gynecological and obstetrical care to women of all ages. She has really enjoyed expanding her knowledge of women’s health and getting to care for amazing patients alongside such a friendly and knowledgeable staff. Outside of work, Madison enjoys spending time with her husband and daughter. She enjoys watching TV (especially Grey’s Anatomy and Chicago PD), doing craft projects, shopping, and trying new restaurants.

Leta M. Vega, DNP, APN, CNM – began her career at the Methodist College of Nursing in Peoria, received her Master’s in Nurse Midwifery through the University of Illinois at Chicago, and her Doctorate in Nursing Practice (DNP) from the University of Iowa. She is a licensed Advanced Practice Nurse in the state of Illinois and Board Certified through the American Midwifery Certification Board. Leta’s experience and expertise have spanned over 30 years, and she works closely with all aspects of gynecological issues having a particular passion and interest in fertility, bio-identical hormones, supplements, holistic choices, and obstetrics. Leta serves on faculty with the University of Illinois at Chicago which has led her to participate in research and the advocacy of an effective combination of balanced nutrition, exercise, and supplements to enhance a women’s changing lifestyle needs. Leta, one of four siblings, is married with three married children and seven grandchildren. She is a volunteer for the WINGS program and an advocate for the prevention of domestic violence. Leta is also involved with the Illinois Society of Advanced Practice Nurses and serves on the government relations committee. On her off time, she enjoys golf, biking, the arts, and theater.

Alisha M. Wesley, APRN, CNM – Alisha is a board-certified nurse-midwife and Advanced Practice Registered Nurse who practices in the area of Obstetrics and Gynecology. She was born in St. Charles, IL, and grew up in South Elgin. She worked as a CNA from 2000-2005 as she studied to be a Registered Nurse. She graduated from Elgin Community College in 2005 with her Associate degree in nursing. She worked in Labor and Delivery as an RN for several years while she returned to school and received her Bachelor’s degree in Nursing (BSN) in 2014 from Grand Canyon University. She had always wanted and strived to be a Midwife, so she immediately returned to her education. She earned her Master of Science Degree in Nurse Midwifery in 2018 from Frontier Nursing University (Kentucky). She has been practicing as an Advanced Practice Nurse and Certified Nurse Midwife since that time.

She is a grateful and blessed wife of 22 years and mother of two sons. Her life’s focus is on faith, family and caring for others around her and in her community. She cares deeply for women’s health across the lifespan and their involvement in their own healthcare decisions. She has several areas that she focuses on, including preconception counseling, pregnancy and delivery, STI prevention and education, and educating women on their gynecological healthcare. She is happy to be providing care for patients within the community and being a part of blessing the lives around her.

Appointments/Hospital Affiliation

Appointments:

To schedule an appointment, you may either call any office or make subsequent appointments while checking out after your office visits. Our goal is to always run on time; however, our physicians are very dedicated to their patients. Many emergencies can arise during office hours, which can sometimes delay your appointment. We appreciate your patience when your physician is running behind. We understand your time is valuable and it is our goal to run on time.

Our obstetric patients are delivered at Endeavor Health Northwest Community Hospital. Please visit their website at www.nchbaby.org. You will find NCH preadmission form, labor and delivery information, prenatal classes, tours and newborn and parent information. We encourage newborn classes for new parents.

Billing, Insurance, Pre-Certification, Self Pay

Our charge for a normal vaginal delivery includes the care of the mother during the months of pregnancy, delivery, and subsequent hospital care, including a six-week postpartum examination. If you should require a C-section, there would be an additional fee for the assistant surgeon. Blood work, ultrasounds, non-stress tests and any other special examinations, if necessary, are not included in this fee.

Please keep in mind that you will receive separate billings from the hospital, anesthesia, laboratory, etc.

Precertification involves notifying the insurance company of your pregnancy and future hospitalization. It is **not** a guarantee of benefits.

If you do not have insurance, you will be placed on a “Self Pay” status. A deposit will be required at your first OB visit with monthly payments to be made and the entire balance paid by your seventh month of pregnancy.

Reminder: Most insurance companies allow 30 days from the date of birth to add a baby to your insurance policy.

Prenatal Care

Making the Most of Every Prenatal Visit

I had to wait to see the doctor, and then I was only in the room for less than ten minutes. What could they possibly learn in that short time?

FIRST STOP-THE WEIGH-IN – We know that gradual weight gain in pregnancy is best. A total of 25-35 pounds is usually advisable.

BLOOD PRESSURE – This tells us about the state of your circulation. If it is too high, it could be a sign of preeclampsia. If it is too low, you could be at risk for fainting and possible injury.

THE URINE DIPSTICK – It may seem to be a hassle to obtain a specimen but it is important and here's why. Consistent finding of glucose may indicate the need to check your diet or blood glucose. Pregnancy may cause changes in metabolism and may cause gestational diabetes. The presence of protein of 1+ or more can be significant. Because of normal physiologic changes, pregnant women are more prone to urinary tract infections. Sometimes a urinary tract infection can lead to premature labor. You can see how important this dipstick of urine is.

FETAL HEART TONES – Are the fetal heart tones present? Are they of average fetal range of 110-160?

PATIENT'S CONCERNS AND QUESTIONS – How is everything going with you and what are your concerns and questions?

We firmly believe that the prenatal visit is a critical part of your care. When there are no problems, it is reassuring to know everything is fine. When there is a problem, ask your doctor or nurse and they will address it. It is our goal for you to have a happy, healthy pregnancy.

First Visit & Ultrasound

Your first OB visit is very important. We will obtain a thorough medical history on you as well as any pertinent family history from you and the father to be. Your weight and blood pressure will be taken. Your physician will also do a Pap smear and a vaginal culture for chlamydia and gonorrhea. Your due date will be confirmed and you will receive a prescription for prenatal vitamins.

Subsequent visits: Every 4 weeks to 28 weeks; every 2 weeks to 36 weeks, then weekly until delivery. At each office visit, please remember to leave a urine specimen before you are seen by the physician (cups are provided in each restroom). Your urine is checked for protein and glucose. This result is an important component of your visit. Presence of protein could indicate pregnancy hypertension. Your weight and blood pressure will be taken. Your physician will listen to your baby's heart beat at each visit and will measure your abdomen later in your pregnancy. We will also discuss any questions and/or concerns you may have. Please call our office if concerns occur between visits.

Routine lab work and ultrasounds: Drawn on site at each location.

- Prenatal Labs: ABO/RH, CBC, HIV, Hepatitis B surface antigen, Hepatitis C surface antigen, Syphilis, Rubella, Varicella, Urinalysis, Urine culture and Antibody screen.
- Baby Aspirin (81 mg orally daily): Baby Aspirin 81 mg delayed absorption or chewable tablets are often recommended daily in pregnancy for reducing your risk of preeclampsia during pregnancy. This medication has been studied for over 2 decades and has been proven to have minimal risk and optimal benefit and is usually recommended to start between 12-16 weeks gestation of pregnancy. Your provider will recommend you take this medication based on your risk factors during the start of your pregnancy.
- 20 week ultrasound: This ultrasound is done for full anatomical assessment.
- 26-28 weeks Glucose/Anemia Testing: You will be screened for gestational diabetes and anemia. Diabetes occurs when there is a problem with the way the body uses insulin. When insulin is not used properly the glucose level in the blood becomes too high. Because the hormones of pregnancy increase the body's resistance to insulin, approximately 3% of pregnant women will develop gestational diabetes. If your 1-hour screen is elevated, you will require further testing which is called a 3-hour glucose tolerance test. This condition usually subsides after pregnancy but puts these women at an increased risk for developing diabetes later in life. Anemia can occur during pregnancy and you may require an iron supplement based on your result. If you require an iron supplement, it is to be taken at the opposite time of your prenatal vitamin. If you are RH negative, you will have an antibody screen drawn and a rhogam injection. The antibody screens for the formation of abnormal antibodies in your blood. 15% of women are RH negative. This means if your baby is RH positive, you may form antibodies that fight against your baby's blood. The RhoGAM injection can prevent sensitization for up to 12 weeks. This is why the injection is recommended at 28 weeks. You will require this injection prior to discharge from the hospital after your delivery if your baby is RH positive. The RhoGAM injection is administered at the Ambulatory Infusion Center at Northwest Community Hospital. We will fax an order to assist in scheduling your injection appointment.
- Tdap Information: It is recommended that all those in close contact with infants receive Tdap. The third trimester was chosen to maximize the mother's response by allowing pertussis antibodies to be transferred to the baby via the placenta. This gives protection right from birth through the critical first 2 months of life.
- 30 week ultrasound: This ultrasound will assess for continued fetal growth and well being.



- RSV Information: We recommended to receive the RSV vaccine between 32 and 36 weeks of gestation to protect their infants from RSV infection during the first six months of life. This vaccine helps the mother develop antibodies that are then passed to the baby, providing crucial protection against severe RSV disease. Your Provider will discuss with you.
- NST: A Non-Stress Test (NST) is a fetal heart rate monitoring test that assesses the fetal heart rate, variability, accelerations, decelerations and fetal movement, that can be present, for up to 20 minutes or longer. This test identifies if there are any issues with the heart rate or placental blood flow to the fetus. This test is recommended in pregnancy for certain risk factors (e.g., diabetes, advanced maternal age, increased BMI), and can be recommended as early as 32 weeks' gestation of pregnancy, once or twice a week.
- AFI: An Amniotic Fluid Index (AFI) is a measurement of the fluid surrounding the fetus in utero, performed by ultrasound. This test measures the health of the fetus and the placenta by indirectly measuring the amount of fluid the fetus produces and absorbs. The amount of fluid that is considered normal is between 5-25 cm. This test is usually recommended weekly and can start at any gestational age based on risk factors for the pregnancy.
- Between 36-38 weeks, you will have a vaginal culture for Group B beta strep (GBBS). GBBS is one of many types of bacteria that can be present in the vagina. It is **not** an STD. A woman with a positive GBBS can pass it on to her baby during delivery. If your culture results are positive you will receive antibiotic therapy during your labor to prevent GBBS from being passed to your baby.
- Additional testing may be required based on your history including but not limited to:
 - Early diabetes screening at 16 weeks (see guidelines).
 - Thyroid levels may be monitored to evaluate medication efficacy.
 - Fetal Monitoring (non stress monitoring) done on patient's history (twins, advanced maternal age 35 or older, gestational diabetes, hypertension).
 - 3 hour glucose tolerance test (If you have an elevated 1 hour glucose).

Maternal Fetal Medicine

For our patients who may require consultations or further management and/or testing, our practice works in conjunction with the maternal-fetal medicine physicians from Endeavor Health Evanston Hospital.

DTaP (Diphtheria, Tetanus, Pertussis) Vaccine: *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

DTaP vaccine can prevent **diphtheria, tetanus, and pertussis**.

Diphtheria and pertussis spread from person to person. Tetanus enters the body through cuts or wounds.

- **DIPHTHERIA (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **TETANUS (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **PERTUSSIS (aP)**, also known as “whooping cough,” can cause uncontrollable, violent coughing that makes it hard to breathe, eat, or drink. Pertussis can be extremely serious especially in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

2. DTaP vaccine

DTaP is only for children younger than 7 years old. Different vaccines against tetanus, diphtheria, and pertussis (Tdap and Td) are available for older children, adolescents, and adults.

It is recommended that children receive 5 doses of DTaP, usually at the following ages:

- 2 months
- 4 months
- 6 months
- 15–18 months
- 4–6 years

DTaP may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

DTaP may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of any vaccine that protects against tetanus, diphtheria, or pertussis**, or has any **severe, life-threatening allergies**
- Has had a **coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP or DTaP)**
- Has **seizures or another nervous system problem**
- Has ever had **Guillain-Barré Syndrome** (also called “GBS”)
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria**

In some cases, your child’s health care provider may decide to postpone DTaP vaccination until a future visit.

Children with minor illnesses, such as a cold, may be vaccinated. Children who are moderately or severely ill should usually wait until they recover before getting DTaP vaccine.

Your child’s health care provider can give you more information.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4. Risks of a vaccine reaction

- Soreness or swelling where the shot was given, fever, fussiness, feeling tired, loss of appetite, and vomiting sometimes happen after DTaP vaccination.
- More serious reactions, such as seizures, non-stop crying for 3 hours or more, or high fever (over 105°F) after DTaP vaccination happen much less often. Rarely, vaccination is followed by swelling of the entire arm or leg, especially in older children when they receive their fourth or fifth dose.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines.



RSV (Respiratory Syncytial Virus) Vaccine:

What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

RSV vaccine can prevent lower respiratory tract disease caused by **respiratory syncytial virus (RSV)**. RSV is a common respiratory virus that usually causes mild, cold-like symptoms.

RSV can cause illness in people of all ages but may be especially serious for infants and older adults.

- RSV is the most common cause of hospitalization in U.S. infants. Infants up to 12 months of age (especially those 6 months and younger) and children who were born prematurely, or who have chronic lung or heart disease, or a weakened immune system, are at increased risk of severe RSV disease.
- RSV infections can be dangerous for certain adults. Adults at highest risk for severe RSV disease include older adults, especially those with chronic heart or lung disease, a weakened immune system, certain other chronic medical conditions, or who live in nursing homes.

RSV spreads through direct contact with the virus, such as when droplets from an infected person's cough or sneeze contact your eyes, nose, or mouth. It can also be spread by someone touching a surface, such as a doorknob, that has the virus on it, and then touching your face.

Symptoms of RSV infection may include runny nose, decreased appetite, coughing, sneezing, fever, or wheezing. In very young infants, symptoms of RSV may also include irritability (fussiness), decreased activity, or apnea (pauses in breathing for more than 10 seconds).

Most people recover in a week or two, but RSV can be more serious, resulting in shortness of breath and low oxygen levels. RSV can cause bronchiolitis (inflammation of the small airways in the lung) and pneumonia (infection of the lungs). RSV can also lead to worsening of other medical conditions such as asthma, chronic obstructive pulmonary disease

(a chronic disease of the lungs that makes it hard to breathe), or heart failure (when the heart cannot pump enough blood and oxygen throughout the body).

Infants and older adults who get very sick from RSV may need to be hospitalized. Some may even die.

2. RSV vaccine

There are two immunization options available for protecting infants against RSV: maternal vaccine for the pregnant woman or preventive antibodies given to the baby. Only one of these options is needed for most babies to be protected.

CDC recommends a one-time dose of RSV vaccine for **pregnant women from week 32 through week 36 of pregnancy** for the prevention of RSV disease in their infants during the first 6 months of life.

This vaccine is recommended to be given from September through January for most of the United States. However, in some locations (for example, the territories, Hawaii, Alaska, and parts of Florida), the timing of vaccination may differ based on the time of year when RSV circulates in the area.

CDC recommends a one-time-dose of RSV vaccine for **everyone 75 years and older** and for **adults 60 through 74 years of age who are at increased risk of severe RSV disease**. Adults 60 through 74 years old who are at increased risk include those with chronic heart or lung disease, a weakened immune system, or certain other chronic medical conditions, and those who are residents of nursing homes.

RSV vaccine may be given at the same time as other vaccines.



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3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of RSV vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone RSV vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting RSV vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Pain, redness, and swelling where the shot is given, fatigue (feeling tired), fever, headache, nausea, diarrhea, and muscle or joint pain can happen after RSV vaccination.

Serious neurologic conditions, including Guillain-Barré syndrome (GBS), have been reported after RSV vaccination in some older adults. At this time, an increased risk of GBS following RSV vaccine among persons aged 60 years and older cannot be confirmed or ruled out.

Preterm birth and high blood pressure during pregnancy, including pre-eclampsia, have been reported among pregnant women who received RSV vaccine. It is unclear whether these events were caused by the vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

V-Safe is a safety monitoring system that lets you share with CDC how you, or your dependent, feel after getting RSV vaccine. You can find information and enroll in V-Safe at vsafe.cdc.gov.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines.



Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Influenza vaccine can prevent **influenza (flu)**.

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. Women who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



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4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/flu.



Genetic Testing

Genetic testing is offered to every patient and can be general screening to all patients, or more specific testing based on a patient's personal, or family history.

Carrier Screening evaluates maternal carrier status for multiple genetic diseases including cystic fibrosis, spinal muscular atrophy, Jewish genetic diseases and fragile x.

Cystic Fibrosis is a genetic condition that affects the respiratory and digestive system.

1 in 29 White Americans, 1 in 45 Hispanic or Latino Americans, and 1 in 65 Black or African American individuals carry a gene for this disease. Parents can be tested for this condition at any time with a blood test.

Non Invasive, Cell Free Fetal DNA is currently offered to all women. It is a blood test drawn at 10 weeks or later and screens for Down syndrome, trisomy 13, and 18. Detection rate is greater than 99% for Down syndrome, greater than 98% for trisomy 18, and 80% for trisomy 13.

Amniocentesis is a procedure in which a needle is introduced into the uterus through the skin under ultrasound guidance. This is done to obtain amniotic fluid for genetic testing. Women over 35 years old are offered this test because of their increased risk for a baby with Down Syndrome. Other genetic diseases can also be evaluated using this technique.

Other genetic testing would be recommended based upon family history and could include genetic counseling, ultrasound or amniocentesis.

Staying Healthy

Nutrition

The average non-pregnant woman consumes about 2,200 calories a day. A pregnant woman needs an extra 300 calories a day. The American College of Obstetricians and Gynecologists (ACOG) suggest the following food guidelines:

	Number of Servings
Milk (or at least 1000 mg calcium supplement)	4
Protein	3-4
Meat, Poultry, Fish	2-3
Legumes/ Nuts/Beans/Soy	1-2
Fruits and Vegetables	5
Vitamin C	2
Vitamin A	2
Other	1

Weight

Ideal weight gain in pregnancy for a woman of average pre-pregnancy weight is 25-35 pounds. That gain usually means 2-4 pounds in the first trimester and a pound a week the second and third trimesters.

For the healthiest baby, an underweight woman should gain more weight and an overweight woman should gain less, may be advised to gain as little as 15 pounds. Excessive weight gain increases the chances of a large infant (macrosomia). Excessive weight gain also increases the chance of a cesarean section even if the baby is not large, and may increase the chance of birth injury to the baby.

WomanCare offers nutritional counseling. If desired, please call 847-221-4900 to schedule an appointment with our nutritionist.

Weight Distribution

The average baby weighs	7 ½ pounds
The placenta	1 ½ pounds
Increased fluid volume	4 pounds
Increased weight of uterus	2 pounds
Increased weight of breast tissue	2 pounds
Increased blood volume	4 pounds
Maternal stores of nutrients	7 pounds
Amniotic fluids	2 pounds
	Total 30 pounds

Alcohol

Whatever goes into your body affects your baby, too. Avoid alcohol while you're pregnant. Babies affected with fetal alcohol syndrome have mental and physical problems, including slow growth and development, small heads, abnormal facial features, and intellectual disabilities.

Dental Care

Caring for your teeth during pregnancy is very important and routine dental examination and treatment are encouraged. Due to hormonal changes, you are more susceptible to cavities, bleeding gums, and gum infections. Tell your dentist that you are pregnant. Local anesthesia injections are safe, but avoid general anesthesia and nitrous oxide. Use a lead apron if x-rays are necessary. Teeth whitening is also safe. If antibiotics are needed, we recommend amoxicillin. We can also fax a letter to your dentist if needed.

Exercise

If your pregnancy is uncomplicated and you are in good health, you should be active and exercise. Common sense should guide you. When an activity, especially in late pregnancy, is associated with significant discomfort, it should be discontinued. If you are not used to exercise, increase your level gradually. For the current ACOG guidance on exercise in pregnancy, visit <https://www.acog.org/womens-health/faqs/exercise-during-pregnancy>.

Hot tubs/Saunas/Whirlpools

Please avoid these due to the risk of overheating. However, warm baths are safe during pregnancy.

Insect Repellent

Any repellent that is safe for children less than 12 years old is safe to use in pregnancy. Products containing DEET are considered safe for use during pregnancy. We recommend to shower after outdoor exposure is finished.

Nails

You may paint or have your nails done professionally.

Painting/Cleaning

We recommend that you use only latex paint and that you avoid paint strippers. Keep the area well ventilated where you are cleaning or painting. Do NOT climb up on ladders.

Seafood

Seafood is a great source of DHA, which helps build your baby's brain and eyes. You should limit yourself to 2-3 servings of seafood each week. The only fish to avoid are shark, swordfish, king mackerel, tilefish, and tuna steaks. You can visit the FDA website: www.FDA.gov/pregnancy.

Sexual Relations

For healthy pregnant women without complications, sex is safe up to delivery.

Smoking

Please DO NOT smoke during pregnancy. Tobacco smoke is a major source of carbon monoxide, which can interfere with the oxygen supply to the fetus. Your baby will have twice the level of carbon monoxide that you have. Smoking increases the risk of premature delivery, stillborn infants and miscarriages. Smoking is associated with tenfold increased risk of SIDS (Sudden Infant Death Syndrome).

Swimming

Swimming is fine and may be helpful for sore muscles, back pain, and swelling. Sunburn can make you feel terrible during pregnancy. Use sunscreen. Swimming in a lake, ocean or pool is all safe.

Tanning

Tanning beds are not healthy for you at any time, but should be avoided during pregnancy.

Toxoplasmosis

You should avoid cleaning cat litter boxes and eating undercooked meat due to the risk of exposure to toxoplasmosis. This is a potentially harmful infection, which could cause your unborn baby to suffer permanent eye and neurological damage.

Travel

Travel during pregnancy is not considered harmful for a normal pregnancy, but long, tiresome trips should be avoided. We recommend that you do not travel after 24 weeks of pregnancy. When you do travel by car, wear your seatbelt low over your hips. Stay within an hour of the hospital during your last month.

Zika Virus

Zika is spread mostly by the bite of an infected Aedes species mosquito. These mosquitoes bite during the day and night. Zika can be passed from a pregnant woman to her fetus. Infection during pregnancy can cause certain birth defects. There is no vaccine or medicine for Zika. For the most current Zika travel advisories, visit cdc.gov/zika.

Many people infected with Zika virus won't have symptoms or will only have mild symptoms. The most common symptoms of Zika are: fever, rash, joint pain or conjunctivitis (red eyes). Other symptoms may be muscle pain or headache. Symptoms can last for several days to a week.

If you have traveled to an area where Zika has been detected, visit cdc.gov/zika for current travel advisories. Please contact your provider.

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

Discomforts and Illnesses During Pregnancy

Backache

Applying heat to your lower back and massage may offer relieve. A firm mattress can also help. Avoid lifting and bending. Wear a supportive bra, try stretching, pelvic rocking, wearing an external abdominal binder, Tylenol or crunches. Wear supportive shoes with low heels.

Bleeding gums

Practice good oral hygiene. Use a soft toothbrush and floss regularly. Try warm saline mouthwashes.

Braxton-Hicks contractions

Rest on your left side and relax. Empty your bladder frequently. Drink at least three glasses of fluids to prevent dehydration. Call the office if they are regular, greater than 5/hour, and/or intense.

Breast Pain

Perform a breast examination, avoid caffeine and try Vitamin E 800 IU Wear a supportive bra at all times.

Carpal Tunnel Syndrome

Increase your water intake and decrease your salt intake. Wear a wrist splint while sleeping. This usually disappears postpartum.

Chickenpox

Chickenpox is caused by a virus called varicella-zoster and it can be transmitted across the placenta to the fetus. If you have had chickenpox, you don't have to worry about being exposed as you have life long immunity. Women who contract chickenpox between the second and fourth months of their pregnancies have been known to have a higher incidence of miscarriage or to deliver babies with congenital malformations. If you have not had chickenpox, avoid contact with anyone who has chickenpox or shingles. If you become infected, there is a drug called varicella-zoster immunoglobulin that can be given and may help prevent you from developing a severe form of the disease if it is given within 96 hours of exposure. It may not however, protect the fetus from infection.

Cold/Sinus Infections

No medications will cure a cold, but you may take the following to help manage symptoms. Antibiotics are drugs that fight bacteria, but colds are caused by viruses. A decongestant (Sudafed, Afrin Nasal Spray) can help you breathe if your nose is blocked. Nose sprays are more effective but shouldn't be used more than a week. A steam vaporizer may make you feel better. An expectorant (plain Robitussin) can help your cough and your chest congestion. Lots of water helps loosen secretions. Tylenol can help aches, sore throat and feverish feelings. Throat spray and lozenges can soothe your throat, so can frequent sips of warm liquids and salt water gargles. You can take an antihistamine if you need something to help you sleep, but otherwise they are for allergies. There is no good medicine to stop a runny nose—that's your immune system trying to flush out the virus. Over the counter cold medications are combinations of the medications mentioned above. It's usually better to take something for the symptoms you have rather than taking the shotgun approach.

Constipation

Drink at least eight glasses of water daily. Eating more high-fiber foods (fresh fruits, vegetables, and whole grains) may help prevent constipation. Maintain a regular exercise program. Try Colace 50-200 mg or Metamucil twice daily.

Diarrhea

Drink liquids to avoid dehydration. Avoid dairy products. Try rice, bananas, toast, or Imodium. Call our office if severe.

Difficulty Breathing

Avoid restrictive clothing. Use pillows to elevate your back and rest.

Dizzy Spells

Avoid rapid breathing. Get up slowly—sit first. Lie on your side. Eat small frequent meals. Try calf raises. Squeeze your leg muscles to prevent blood from pooling in your legs.

Fatigue

Take frequent rest periods. Avoid exercise and caffeine before bed. Try warm milk and relaxation.

Fifth Disease

Parvovirus B19 causes a common childhood disease that can, in rare cases, lead to miscarriage. If you have been exposed (the risk is highest from your own children), a blood test can determine whether you are protected because you already had the disease. A later blood test can determine whether you developed the disease during pregnancy, since symptoms are minimal. If you have been infected, we may need to follow your baby with ultrasound examinations.

Flatulence

Avoid gas-forming foods and straws. Try taking Mylicon liquids 40-80 mg or Simethicone tablets.

Flu Vaccine

Yes, pregnant women **should** have the flu vaccine.

Head Lice or Scabies

Nix (permethrin) is considered safe during pregnancy. Wash all sheets and clothes in hot water.

Headaches

Rest in a dark room and drink fluids, try relaxation techniques, massage, and/or hot/cold compresses. Try Tylenol 325-650 mg every four to six hours or Excedrin without aspirin.

Heartburn

Eat small, frequent meals and less at a time. Limit beverages with meals. Do not eat before bed. Raise the head of your bed. Avoid smoking. Try Maalox or Pepcid.

Hemorrhoids

Eat a high-fiber diet. Try cold compresses or warm baths. Take Metamucil. Try Tucks and other over-the-counter products.

Itching

Try an Aveeno bath, apply moisturizing lotion, and drink plenty of fluids. Try Benadryl Cream, Caladryl, Calamine lotion or Aveeno anti-itch cream.

Leg Cramps

Wear comfortable flat-heeled shoes. Avoid crossing your legs and elevate them whenever possible. If you experience a leg cramp, flex your foot back and pull your toes toward your head. Take extra calcium. Soak your legs in a warm tub before bed.

Listeriosis

Listeriosis is an infectious disease caused by bacteria that are transmitted by some foods. Symptoms include sudden onset of fever, headache, muscle cramps, abdominal pain, nausea, diarrhea and vomiting. The listeria bacteria can infect the fetus during pregnancy, causing a spontaneous abortion, stillbirth or an infected newborn. Avoid any unpasteurized cheese products, goat cheese, Brie, Camembert, and blue-veined cheeses.

Nasal Congestion

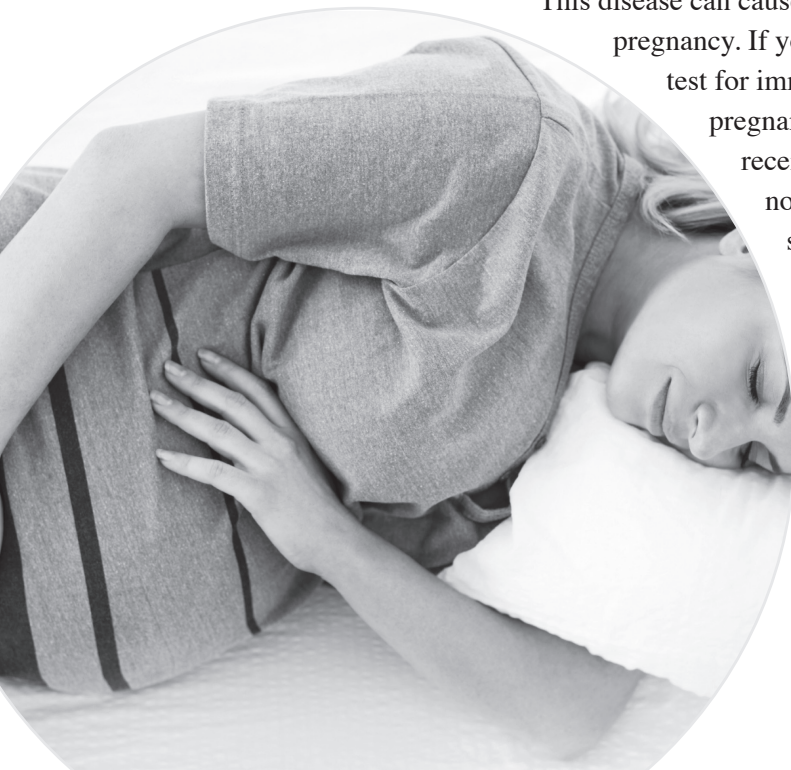
Some nasal congestion is common during pregnancy. Use a humidifier, drink fluids, try saline nasal drops or spray and gargle with salt water. Sudafed may help. Afrin nasal spray should not be used for more than a week, so it is best reserved for colds.

Nose Bleeds

Nose bleeds are also common during pregnancy because blood vessels are more dilated. Treat with finger pressure on the side of the nose that is bleeding. Avoid overheated air, excessive exertion, and medicated nasal sprays. Blow your nose gently. Saline spray and Vaseline or Mentholatum are fine.

Rubella (German Measles)

This disease can cause birth defects, but only if contracted during pregnancy. If you have had rubella, you are immune. We test for immunity routinely with your first lab tests in pregnancy. If your immunity is low, we suggest you receive the vaccine just after delivery. If you are not immune and you have been exposed, you should talk with your doctor. Fever, rash, and swollen glands would not show up for two weeks or more if you did get sick. The risk to your baby is highest if you contract the disease during the first trimester.



Stretch Marks

Apply moisturizers daily. While stretch marks are not entirely preventable, they typically fade over time.

Swollen Hands/Feet

Avoid restrictive clothes and long periods of standing. Elevate your legs throughout the day. Wear support hose. Walk for ten minutes every one to two hours. Drink at least 8 glasses of water daily. Limit sodium intake.

TB Test

TB testing is safe at any point during pregnancy.

Tetanus Vaccine

The Tdap shot is safe in pregnancy.

Vaginal Discharge

Cervical mucous increases as pregnancy progresses. Wear cotton underwear and pantliners. Avoid tight pants or jeans. Contact our office if you notice an unusual odor, itching, or a change in color or consistency.

Varicosities

Avoid long periods of standing and crossing legs. Wear compression socks or support hose. Elevate legs. Walk. Take rest periods.

Safe Over the Counter Medications in Pregnancy

Our recommendation is to try non-drug treatments first, such as prune juice for constipation. If you do not get relief though, please use the following guidelines.

DO NOT USE: Motrin, Aspirin, Aleve, Advil, Anaprox.

Use only with physician approval: Probiotics

Aches/Fever/Pains – Tylenol

Allergies – Tylenol Allergy/Sinus, Benadryl, Claritin, Zyrtec

Cold/Sinuses – Tylenol Cold, Sudafed, Saline Nasal Spray, Afrin Nasal Spray, Mucinex, Neti Pot

Cough – Robitussin, throat lozenges

Constipation – Colace, Metamucil, Milk of Magnesia, Miralax, Citracel, Dulcolax, Smooth Move Tea, Senna

Diarrhea – Immodium AD, BRAT Diet

Gas – Gas-X, Maalox-antigas, Mylicon

Headache – Tylenol, Aspirin-free Excedrin

Heartburn – Mylanta, Maalox, Riopan, Pepcid AC, Prilosec, Prevacid

Hemorrhoids – Preparation H, Nupercainal, Anusol, Proctofoam, Tucks

Indigestion – Tums/Roloids, Mylanta, Gas X, Simethicone

Insomnia – Tylenol PM, Benadryl, Unisom

Itching – Benadryl, Hydrocortisone Cream

Nausea – Vitamin B6, Emetrol, Unisom, Dramamine

Scratches/Cuts – Neosporin

Sore Throat – Halls Drops, Cepacol, Sucrets, Chloraseptic spray and lozenges, Tylenol

Yeast Infections – Monistat 7 and Gyne-Lotrimin

Doses for Safe Over-the-Counter Medications in Pregnancy

Tylenol: up to 1000 mg every 6 hours orally (max is 4000 mg daily)

Claritin: 1 tablet daily as needed

Colace: 100 mg orally every 12 hours as needed

Senna: 8.6 mg orally every 12 hours as needed

Pepcid: 20 mg orally every 12-24 hours as needed

Preparation H: apply twice a day and after showers to affected area as needed

Benadryl: 25 mg - 50 mg every 6 hours as needed

Vitamin B6: 25 mg - 50 mg twice a day as needed

Unisom: 25 mg tablet once a night as needed

Monistat 7: one application daily for 7 days

Tums: no more than 6 tablets daily as needed

Gas-X (simethicone): 1 to 2 tablets daily, no more than 500 mg total daily

Tips to Help Prevent Nausea During Pregnancy

- Before getting out of bed in the morning, eat a few crackers, a handful of dry cereal, or a piece of toast or dry bread. Put these within reach of your bed the night before.
- Get up slowly in the morning and sit on the side of the bed for a few moments before standing up.
- Avoid any sudden movements.
- Eat six to eight small meals during the day. Never go for long periods of time without food.
- Eat foods that are high in long acting proteins such as milk, yogurt, cheese, peanut butter, and nuts.
- Drink fluids, including soups, between rather than with meals.
- Avoid greasy, highly seasoned, and fried foods. These include butter, margarine, bacon, gravies, piecrust, pastries, fried meats, and French fries.
- Avoid unpleasant smells. When you cook, open windows or use the exhaust fan to get rid of odors. After cooking, wait for a short period of time before eating.
- Always eat a snack high in protein before bedtime.
- Be sure to have plenty of fresh air/good ventilation in the bedroom while sleeping.
- If the nausea is severe, avoid drinking citrus juice, coffee, and tea.
- Try eating popsicles if you are having difficulty keeping down liquids.
- Doxylamine 25 mg tablet (Unisom tablet, not the gel or melt) one at bedtime combined with vitamin B6 25 to 50 mg twice a day (available in lozenge or chewable form). This combination works best as a preventive, so take it routinely. You may add 1/2 tablet in the morning and 1/2 tablet in the afternoon if needed.

Disability During Pregnancy

Your pregnancy may easily affect your work. These comments were written to prevent the misunderstanding that may occur between a pregnant woman, her physician, and her employer.

The usual pregnancy discomforts, e.g., nausea, tiredness, back pain, and low abdominal pain, do not qualify as an illness requiring disability. A complication of pregnancy or illness unrelated to your pregnancy does not qualify.

If you are unable to carry out certain tasks necessary for your work, first speak to your employer. Your physician may authorize physical restrictions on your work after they have received a complete and specific job description from your employer.

If the restrictions written for your employment prevent you from performing your job, it is then the responsibility of your employer either to find you a less demanding position, or, if no such position is possible, to give you disability. If you become too uncomfortable to work, you may want to discuss a leave of absence with your manager.

Please do not ask your physician for disability unless they have restricted you from **all** work.

Most employers will give disability two weeks prior to your due date through six weeks after your delivery. We will happily furnish a letter with those dates. The decision to grant medical disability any earlier in pregnancy will be made carefully and only with proper justification. Disability will be granted only for medical illnesses that may jeopardize a mother's ability to safely nurture, protect and promote the development of the unborn child. Disability will not be granted for symptomatic complaints that stem from the normal physical or emotional changes of pregnancy.

Guidelines for Early Gestational Diabetes Screening

There have been revisions of the American College of Obstetricians Gynecologists (ACOG) guidelines regarding early screening for gestational diabetes. Pregnant women with the following situations are at higher risk of developing diabetes in pregnancy:

- History of previous gestational diabetes
- Twin gestation
- Polycystic Ovarian Syndrome
- Weight/Height ratio (BMI) over 30
- History of delivering a baby weighing more than 8.8 pounds.

Therefore we are ordering early glucose testing to be done at 16 weeks in addition to the routine screening at 28 weeks. Please be sure to pick up your glucose drink and instructions prior to your 16-week appointment. If you have any questions or concerns regarding this testing, please feel free to discuss it at your next visit or call our office and speak to a nurse.

Preparation for 3 Hour Glucose Tolerance Test

You are to schedule a glucose tolerance test to determine whether or not you have gestational diabetes. This test consists of four blood draws one hour apart and you should schedule your time accordingly. You must remain in the waiting area of the lab during the entire test. Please call our office to make your appointment.

In order for the results of this test to be accurate, you must do the following:

- 1) For at least three days before your test, maintain your normal activities and eat a normal diet. This diet should include three meals and a bedtime snack on each of these three days. A sample list is on the next page to help you know what to eat each day. You may eat more food than is noted on the sample menu, if desired.
- 2) On the night before your test, take nothing by mouth after 8:00 p.m.
- 3) On the day of your test, **DO NOT** eat or drink anything (except water). Do not smoke and do not chew gum or suck on hard candy (even if it is sugarless). After your test is **COMPLETELY FINISHED** you may resume your normal diet.
- 4) On the day of your test, report to the office to pick up your lab sheet and we'll send you to the lab. It's a long test so you may want to bring a good book or a good friend with you.

Diet for 3 Hour Glucose Tolerance Test

Your diet should include at least:

BREAKFAST

1 serving of juice
1 egg OR cheese serving
2 slices toast OR English muffin
OR 1 slice toast and $\frac{3}{4}$ cup cereal
2 tsp. margarine or butter
1 glass of milk

LUNCH

Sandwich with 2 oz. of meat
Salad or 1 serving vegetable
1 large piece of fruit
1 glass of milk

DINNER

Meat, fish or poultry 3 to 4 oz.
1 cup rice, pasta, potato, corn or peas
Salad or 1 serving vegetable
1 large piece of fruit
1 glass of milk

SNACK

1 serving of cheese & 5 snack crackers
OR $\frac{1}{2}$ Sandwich with 1 oz. meat
1 large piece of fruit
1 glass of milk OR $\frac{1}{2}$ cup ice cream

Fetal Movement Counts

Fetal movement counts, also known as KICK COUNTS, is a home test to help keep track of your baby's movements. This assessment helps to monitor the baby's activity pattern from 28 weeks of pregnancy until delivery. Keep in mind, every baby will have its normal wake and sleep pattern. A baby may sleep 20 to 40 minutes per cycle. This test should be done when the baby is most active throughout the day.

How To Count Fetal Movements:

- Prior to counting, have something to eat and/or drink, then 15 minutes later get into a comfortable position. If lying down, lie on your left side.
- Count all movements (kicks, twists, swishes, hiccups, etc.).
- You should feel at least two movements in a 20-minute period during the baby's normal wake cycle.
- If no fetal movement is felt or you are not sure, contact the office.

Development Of The Baby

A baby starts out as a fertilized egg no bigger than the period at the end of this sentence. The baby will change and grow every single day. It will take 280 days or 40 weeks before the baby is fully developed. Pregnancy is often divided into three periods called trimesters. Each is about three months long.

First Trimester (0 to 13 weeks)

By the end of the first month, the baby will be one-half inch in length and weigh less than one ounce. Organs such as the heart, brain, and lungs are beginning to form. The placenta and umbilical cord are developing. The umbilical cord carries nutrients to the baby and removes waste.

By the end of the second month, the baby will be one and one-eighth inch in length and weigh less than one ounce. The arms and legs are starting to form. The head is large in proportion to the rest of the body because the brain is developing rapidly. Facial features become more pronounced.

By the end of the third month, the baby will be four inches in length and weigh one ounce. The baby is now called a fetus. Tooth buds and lips begin to develop. The kidneys produce urine.

Second Trimester (13-28 weeks)

By the end of the fourth month, the baby will be seven inches in length and weigh five ounces. Eyelashes, fingernails, and toenails are forming. The baby has vocal cords and taste buds and can suck its thumb.

By the end of the fifth month, the baby will be eight to twelve inches in length and weigh about one-half to one pound. Hair begins to grow and a protective coating of vernix (a white, greasy substance) covers the baby.

By the end of the sixth month, the baby will be eleven to fourteen inches in length and weigh about one to one and one-half pounds. The baby can open and close its eyes and cough and hiccup.

Third Trimester (29-40 weeks)

By the end of the seventh month, the baby will be fifteen inches in length and weigh about two and one-half to three pounds. The baby's skin is red and wrinkled because there is practically no fat under it. The baby can now respond to stimuli such as pain, light, and sound.

By the end of the eighth month, the baby will be sixteen and one-half to eighteen inches in length and weigh four and one-half to six pounds. The bones continue to harden as the baby develops and the baby can hear sounds outside your body.

By the end of the ninth month, the baby will be twenty to twenty-two inches in length and weigh six to eight pounds. The baby will have smooth skin and the bones of the head will be soft and flexible for delivery.

Labor and Delivery

Bloody Show

- Discharge increases late in pregnancy and sometimes mucus is mixed with blood. The show may occur as contractions begin, or several days earlier as the cervix starts to thin. This is a normal event after 36 weeks and does not require a phone call to our office.

False Labor

- There is no bloody show.
- Contractions are irregular and not progressively closer together. Walking, changing activity or positions may relieve or stop the contractions.
- There is no change in the cervix.

When to go to the hospital (only checking your cervix will tell us if labor is starting)

- If this is your first pregnancy, wait until strong contractions are 3-5 minutes apart for at least an hour. First labors can last between 12-36 hours. If you have already delivered a baby, go to the hospital when contractions are 5 minutes apart, depending on your distance from the hospital—however, please review this with your provider beforehand to allow for a safe labor course.

If Your Water Breaks

- Go to the office or the hospital to be checked. Not later, not after contractions, NOW!

Actual Labor

- A “bloody show” may be the first sign. It is usually associated with cramp-like pains.
- Contractions get stronger, occur more frequently and last longer.
- Walking, changing activity or position doesn’t affect intensity or frequency of contractions.
- Cervix dilates.

Labor with the first baby varies with different patients, but on average lasts 12-14 hours. After the first baby, labor averages 5-6 hours.

Pain Relief Options

- **Natural** - no use of medications during labor. Used in conjunction with relaxation and breathing techniques.
- **Medication**
- **Epidural** - anesthetic injected through a catheter in the lower back producing numbness of the lower abdomen, legs and birth canal. This does not cross the placenta.
- **IV Narcotics** - pain medications that are given through your IV. These cross the placenta and may affect the baby’s drive to breathe.
- **Nitrous oxide** - refer to page 41 of this book.

The birthing process generally includes three methods: vaginal birth, cesarean birth or vaginal birth after cesarean (VBAC).

Vaginal Birth

The first stage of labor begins when contractions start and is completed when the cervix is completely dilated to 10 centimeters. The first stage of labor can take quite a long time, especially with a first baby. This stage of labor could last 20 hours.

The second stage of labor starts with the cervix becoming fully dilated and is completed with the delivery of the infant. The second stage of labor is much shorter than the first stage. The contractions are now very close together and the baby is being pushed out.

The third stage of labor begins after the delivery of the infant and is completed with the delivery of the placenta or afterbirth—the placenta, which sustained your baby throughout pregnancy. This stage lasts up to 30 minutes and minimal pushing is needed.

Cesarean Birth (C-Section)

Cesarean birth involves removal of the baby through the mother's abdominal wall. There are numerous reasons for cesarean deliveries. Some are known prior to labor, but many aren't identified until after labor begins and progresses. Any one or a combination of the following conditions can lead to a cesarean birth.

- Abnormal Presentations — The baby's position prevents a normal head-first delivery. The passage of a baby's legs or buttocks (breech birth), or arm or side (transverse lie birth) creates a great risk to the baby's well being.
- Cephalopelvic Disproportion — The baby's head or body is too large to pass through the birth canal.
- Fetal Distress — The baby's heartbeat may appear abnormal during labor, indicating possible trouble for the baby.
- Maternal Bleeding — The placenta can separate from the uterus prematurely and disturb the oxygen supply to the baby. Additionally, the placenta can become positioned over the cervix and prevent passage of the baby.
- Maternal Medical Condition — Toxemia, genital herpes, diabetes, heart disease and certain other medical conditions in the mother can lead to a Cesarean birth in some situations.
- Previous Cesarean Birth — The previous scar in the uterus may be weak and allow rupture of the uterus during labor. A trial of labor may be allowed.
- Prolapsed Cord — The baby's umbilical cord drops out of the vagina ahead of the baby and can endanger it by cutting off its oxygen supply.

Vaginal Birth After Cesarean (VBAC)

Today an effort is being made to allow certain women to deliver vaginally after a previous cesarean birth. This option is not for everyone, but can be accomplished in more than 60% of the instances where it is attempted.

The advantages of a vaginal birth after cesarean are less costly and shorter hospital stay. It also allows for a quicker recovery and resumption of normal activities. The risks of VBAC include rupture of the previous cesarean section scar.

Birth Plans have become a popular concept for patients over the past several years and with access through the Internet, patients have been able to print one and present it to their physician. Often times these birth plans can be erroneous, therefore as your physicians at WomanCare, we have developed a philosophy for our own patients you that can utilize during the birth of your child. Our philosophy incorporates many “Birth Plan” concepts and options. Please take time to read our philosophy to become familiar with it to discuss at your next visit.

Our Birth Plan Philosophy

As your physician at WomanCare, we want to provide you with a positive experience with the goal being **“healthy baby, and healthy mom”**. We have developed this philosophy to aid us in achieving this goal. We have recommendations for each stage of labor. We want your husband and/or partner/support person, to be part of all decision making.

Onset of Labor

- If this is your first pregnancy, please call your physician when your contractions have been strong and painful and every five minutes for two hours or you believe your bag of water is broken.
- If this is your second or subsequent pregnancy, please call your physician when your contractions have been every ten minutes for one hour or you believe your bag of water is broken.

At Hospital

Early Labor

- During early labor we encourage walking
- You will be able to drink fluids, ice chips or popsicles
- Fetal Monitoring will be done for 15 minutes once an hour to assess your baby’s health

Active Labor

- An IV will be started, as we believe it is important to have venous access in the event you become nauseous and are unable to tolerate fluids orally. An IV is required if you desire an epidural. We also believe having venous access is necessary in the event of an emergency.
- We encourage any position, which is comfortable for you during labor.
- Pain management is ultimately your decision. It will be offered to you at your request.
- Internal fetal monitoring is necessary in the event when external monitoring does not provide enough reassuring information regarding the health of your baby. If your bag of water breaks and there is meconium present, internal monitoring is required. Keep in mind our goal of **“healthy baby, healthy mom”**.

Pushing/Delivery

- Pushing during labor can be done in any position, which is safe, such as on your side, squatting, or on your back. Keep in mind, average pushing time is 1-3 hours.
- Forceps and/or vacuum assisted deliveries are only done when necessary. Episiotomies are only done when necessary. Keep in mind if it appears your perineum is going to tear; it is better for healing purposes to perform an episiotomy.
- Once your baby is delivered, it is encouraged that your husband and/or partner/support person cut the umbilical cord.
- Hold your baby as soon as possible to initiate the bonding process. Remember the goal **“healthy baby, healthy mom”**.



Post Delivery

- Breastfeeding is encouraged immediately after the delivery and you are in a comfortable position.
- Erythromycin eye ointment will be administered to your baby after the first hour from delivery.
- Please notify the hospital nursing staff if you want your baby to receive breast milk only.

Emergency Cesarean Delivery

- In the event of an emergency cesarean delivery, time is of the essence with the goal **“healthy baby, healthy mom”**. You and your husband and/or partner/support person will be updated and informed in the case of this event. If it is appropriate and safe, your husband and/or partner/support person can be present for the delivery.

The birth of your baby is a partnership with your physician, and your input is important to us. We want your delivery to be a positive experience and meet your needs. As always, the goal is to have a **“healthy baby, healthy mom”**.

PRE-REGISTER FOR YOUR DELIVERY

Log into NCH MyChart today

Complete your pre-admission forms

To make your delivery as smooth as possible, follow the steps below to pre-register for your delivery in NCH MyChart.

Our patient portal will also allow you to view your test results for tests performed at NCH, pay your bill, and schedule appointments with NCH Medical Group providers.



1. Log on at **nch.org/mychart**.

- Don't have an NCH MyChart account?
- If you've been to NCH in the past, click the Request One Now button under "Need an activation code?" to have one sent to you via email.
- If you've never been to NCH, call **847-618-3775** from 8 a.m. - 6 p.m. Monday-Friday to set up your account.

2. Click **Visits> Register for my delivery**.

3. Select your **estimated delivery date**.

4. Select **Northwest Community Hospital**.

5. Verify your **demographics**.

6. Fill out the **questionnaire**—have your insurance card handy! It also includes questions about your pediatrician and birth.

Your questionnaire responses are then available for our team to access and complete your registration. You will receive additional information on MyChart from our Access Services department within 31 days of your expected delivery date, including an estimate of any potential costs and helpful information about prenatal classes.

Need help signing up for MYChart?

Contact our NCH MyChart Support team at **847-618-2000**.

nch Northwest
Community
Healthcare

LABOR INDUCTION

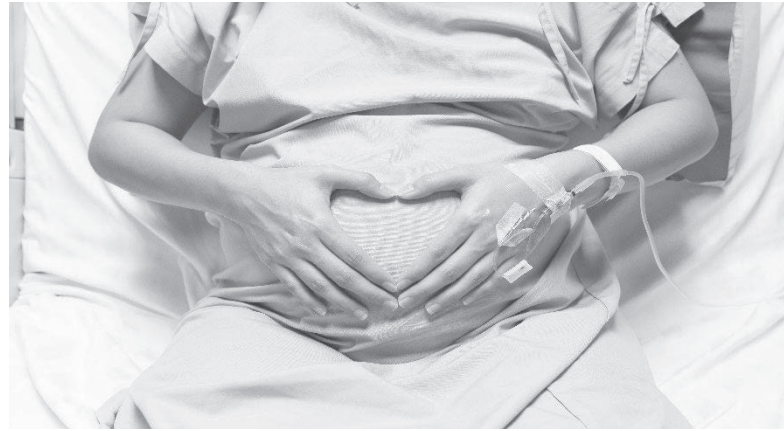
What is labor induction?

- Labor induction, also called “inducing labor”, is when a health care provider gives you medication or uses other methods to help start your labor.

Who may need labor induction?

Labor Induction may be recommended if:

- You are 39 weeks or more: New research supports that induction for healthy women at 39 weeks may decrease the chance of cesarean birth. It may also decrease risk of hypertension or preeclampsia. This applies to women in their first pregnancy with one baby.
- Your health or your baby’s health is at risk
- You have prelabor rupture of membranes.
- You have certain medical conditions, like diabetes, poor growth of your baby or high blood pressure
- A scheduled delivery is the safest option.
- You have an infection of the uterus.
- You have health problems.
- Your fluid around the baby is decreased.



How is labor induction done?

- **Medications:** Certain medications help your cervix to soften and contractions begin. These medications include oxytocin (Pitocin®) and man-made prostaglandins, which are substances that act like hormones in the body. Your healthcare clinician may break the bag of water (also called amniotomy) before or after you have been given oxytocin. During this procedure, the clinician inserts a small plastic probe through your cervix to break the membranes of your bag of water.
- **Mechanical methods:** During these procedures, your health care provider may use a balloon catheter to put pressure on your cervix to soften and open it - helping promote labor. You and your provider may decide to place the balloon catheter as an outpatient.

What are the risks of labor induction?

Labor induction carries some risks and depends on the method you and your health care provider choose. These risks are also possible during natural labor. Risks may include:

- **Failed induction:** An induction might be considered failed if the methods used do not result in a vaginal delivery after 24 or more hours. In such cases, a C-section might be necessary.
- **Changes in the fetal heart rate:** The medications used to induce labor, such as oxytocin or a prostaglandin, might cause the uterus to contract too much, which can lessen the baby's oxygen supply and lower the baby's heart rate.
- **Bleeding:** Labor induction increases the chances that uterine muscles do not contract the right way after you give birth which can lead to bleeding. There are many available treatments to help control bleeding, however sometimes excessive bleeding occurs and a blood transfusion is needed.
- **Infection:** Some methods of labor induction, such as rupturing the membranes, might increase the risk of infection for both mother and baby. The longer the time between membrane rupture and labor, the higher the risk of an infection.
- **Uterine rupture:** This is a rare but serious complication, when the uterus tears along the scar line from a prior C-section or major uterine surgery. Rarely, uterine rupture can also occur in women who have not had previous uterine surgery. An emergency C-section may be needed to prevent life-threatening complications. The uterus might need to be removed.

Oxytocin (Pitocin®)

What is oxytocin?

Pitocin® is a synthetic version of the naturally occurring hormone oxytocin. Oxytocin's role in the body is to signal the uterus to contract and begin the labor process. Pitocin® acts in a similar way – signaling the uterus to contract and help your baby move down the birth canal.

When is oxytocin recommended?

Oxytocin may be recommended:

- To encourage the start of labor
- To advance or augment labor - for example if the time between contractions is too long or the length of contractions is too short or contractions are too weak
- To prevent too much bleeding after the baby is born

What are the benefits of oxytocin?

- Oxytocin can help start contractions
- Shorten the time towards vaginal delivery
- Decrease the potential for infection
- Decrease the risk of you becoming dehydrated or exhausted from having a long labor
- Decrease the risk for cesarean section
- Oxytocin is used after the baby is delivered to help make sure the uterus will contract and have tone to prevent too much bleeding

How is oxytocin given?

Oxytocin is given using an infusion pump which helps control the amount of medicine you are given. Once an IV catheter (small, flexible tube) is placed into your vein, we will begin administering oxytocin in small doses. Gradually the dose will be increased to get the right contraction pattern for you. In some cases, if the contractions are affecting the baby's heart rate or if the contractions are too close together, we may decide to reduce the amount you are receiving or stop the oxytocin.

What are the risks of oxytocin for you and your baby?

Like any medication, oxytocin carries some risks. Similar complications can also occur during spontaneous labor without the use of oxytocin. One risk with oxytocin is overstimulation of the uterus. Uterus may contract too often and lead to changes in the heart rate of your baby. If there are changes with the fetal heart rate then oxytocin may be decreased or stopped. Other interventions may be used to stabilize the fetal heart rate. A rare but serious risk involves uterine rupture, which may require an emergency cesarean delivery.

How will my baby and I be monitored while receiving oxytocin?

- Continuous fetal monitor for your baby's heart rate
- Continuous uterine contraction monitor
- Your vital signs

Summary

Most labors occur without serious problems and lead to healthy deliveries. However, there are some risks that are uncommon and often rare. Our goal is a healthy outcome for you and your baby.



Nitrous Oxide for Labor

What is nitrous oxide?

Nitrous oxide is a mixture of nitrous gas and oxygen used to help reduce pain. Nitrous oxide is sometimes called “laughing gas” and is used frequently in dental offices. You breathe nitrous oxide in through a mask. It can be used to help reduce pain during labor and childbirth. It may not take away all of your pain but it may make you more comfortable or not as aware of your pain.

How does nitrous oxide work?

Your nurse will show you the face mask or mouthpiece that you will use to breathe in the nitrous oxide gas. You will hold the mask yourself as you breathe in and out. It starts to work very quickly. You may feel a tingle in your arms and legs. You may feel warm and sleepy and like you are floating. The staff will watch you closely to make sure you are breathing well and are comfortable.

When you no longer need the nitrous oxide, you put down the face mask. You clear it from your body when you breathe. The effects will be gone in a few breaths. You can use nitrous oxide on and off as you choose. It does not affect your labor. It is safe for both you and your baby. Some women use it before they get an epidural or for some other kind of pain relief during labor.

When can nitrous oxide be used?

- For greatest relief, start breathing in the nitrous oxide for about 30 seconds before your contraction and then through the peak of the contraction.
- You are the only person who may hold the mask up to your face. Your family members cannot help.
- Your care team will help determine your ability to safely move around and with assistance, you may be able to sit on a birthing ball or stand.
- You may not use the nitrous oxide while you are in the tub or shower.

How will I feel using nitrous oxide?

Patients have different experiences when using nitrous oxide. Some patients say it helps them manage their labor pain better, and some say it helps lower their anxiety.

What are the side effects of nitrous oxide?

Possible side effects may include an upset stomach, feeling unsteady when walking or dizziness but disappear within a few minutes of stopping the nitrous oxide.

What else should I know?

- You do not need to have an intravenous catheter or “IV” to receive nitrous oxide.
- For safety, a support person or staff member must always be with you when you want to be out of bed.
- You will be the only person holding the mask to your face because if you become too

sleepy your hand will fall away. It is important that you are in control of how much nitrous oxide you breathe in. If someone else holds the mask to your face, or if you are found to be using other methods to keep the mask on your face, you will not be able to use nitrous oxide anymore – this is for your safety.

- If anyone else other than the patient is found to be using the gas, that person will be asked to leave for the duration of your stay and nitrous oxide will not be used anymore.

What are the benefits of nitrous oxide?

- You are in control of how much nitrous oxide you breathe in
- Easy to use
- Takes effect rapidly
- Effects wear off quickly
- You choose when to stop

Who cannot use nitrous oxide?

- People who cannot hold their own face mask.
- People who have a vitamin B12 deficiency such as pernicious anemia, history of gastric bypass, Crohn's Disease, Grave's Disease, or lupus erythematosus.
- If you receive medications that cause drowsiness like hydromorphone or magnesium sulfate.
- If you have an epidural running.
- If you have COVID-19 or are waiting for a COVID-19 test to be resultd.
- Do not use nitrous oxide if you have a condition that puts you at risk for trapped gas or air, such as pneumothorax, a history of gastric bypass, pulmonary hypertension, or bowel obstruction.

Talk with your provider for other medical conditions, risks and questions or concerns about your specific medical history and nitrous oxide use.

References

American College of Nurse-Midwives (Nov/Dec 2013). Nitrous Oxide for Pain Relief in Labor. *Journal of Midwifery and Women's Health*, 58 (6).

Nitronox. (2019). Nitronox Use for Labor and Delivery Pain Management. *Patient Education Brochure*. www.PorterInstrument.com/Nitronox

Protect Your Baby from Bleeds – Talk to Your Healthcare Provider about Vitamin K



Protect Your Baby from Vitamin K Deficiency Bleeding

Before having a baby, most parents don't give much thought to the vitamin K injection (shot) for their newborn. It's just not something that is talked about during prenatal checkups, even though babies have been routinely given this important shot at birth since the practice was first recommended by the American Academy of Pediatrics in 1961.

Vitamin K is needed for blood to clot normally. Babies are born with very small amounts of vitamin K in their bodies which can lead to serious bleeding problems. Research shows that a single vitamin K shot at birth protects your baby from developing dangerous bleeding which can lead to brain damage and even death. Ask your healthcare provider about the benefits of vitamin K before your delivery. Protect your newborn by making sure he or she gets the shot after birth.

What is vitamin K deficiency bleeding (VKDB)?

Vitamin K deficiency bleeding or VKDB, is a condition that occurs when the baby does not have enough vitamin K.

Without enough vitamin K, your baby has a chance of bleeding into his or her intestines, and brain, which can lead to brain damage and even death. Infants who do not receive the vitamin K shot at birth can develop VKDB up to 6 months of age.

How can I prevent VKDB?

The good news is that VKDB is easily prevented. The easiest and most reliable way to give babies vitamin K is by a shot into a muscle in the leg. One shot given after birth will protect your baby from VKDB.

What is vitamin K?

Vitamin K is a vital nutrient that our body needs for blood to clot and stop bleeding. We get vitamin K from the food we eat. Some vitamin K is also made by the good bacteria that live in our intestines.

Babies have very little vitamin K in their bodies at birth because:

Why does my baby need a vitamin K shot?

1. Vitamin K from the mom is not easily shared with the developing baby during the pregnancy
2. The intestine of the newborn baby has very little bacteria so they do not make enough vitamin K on their own.

Without enough vitamin K, blood cannot clot well. As a result, bleeding can occur anywhere in the body. This means not only that bleeding from a cut or bruise may continue for a long time, but that uncontrolled bleeding into the brain and other organs may occur.



What are the warning signs of VKDB?

In the majority of cases of VKDB, there are **NO WARNING SIGNS** at all before a life-threatening bleed starts. Babies who do not get a vitamin K shot at birth might develop any of these signs of VKDB:

- Easy bruising especially around the baby's head and face
- Bleeding from the nose or umbilical cord
- Paler than usual skin color or, for dark skinned babies, pale appearing gums
- Yellow eyes after the baby is 3 weeks old
- Blood in the stool, black tarry stool, or vomiting blood
- Irritability, seizures, excessive sleepiness, or a lot of vomiting may all be signs of bleeding in the brain

Did You Know?

About half of all babies who develop VKDB bleed into their brains.

Is vitamin K safe?

A study from the early 1990's found a possible link between getting vitamin K and developing childhood cancer. Pediatricians became very concerned about this and have done many studies since then, in many different ways, trying to see if this link was true. None of the studies found this link again, even though doctors and scientists looked very hard for it.

Does my baby get vitamin K from breast milk?

Yes, but not enough to prevent VKDB. There is only a little vitamin K in breast milk. Breastfed babies are low in vitamin K for several weeks until they start eating regular foods, usually at 4-6 months, and until the normal intestinal bacteria start making vitamin K.

Should all babies get a vitamin K shot at birth?

Yes. Babies do not have enough vitamin K at birth and are, therefore, at risk for having serious bleeding. Thus, it is very important that all babies get a vitamin K shot to prevent VKDB.

Where can I get more information?

For more information, please visit our website at:
<http://www.cdc.gov/ncbddd/vitamink/index.html>

WOMANCARE

WHEN DO I CALL THE DOCTOR?

Office: 847-221-4900

NCH Labor and Delivery: 847-618-8400

- If you are 37 weeks or beyond and have been having painful contractions every 5 minutes for an hour or more, you may proceed to Northwest Community Hospital. The doctor on call will be notified when you arrive. Call NCH Labor and Delivery and let them know you are coming.
- If you are under 37 weeks, or have had a previous cesarean section, call the office if you have been contracting every 10 minutes for an hour and they have not lessened with rest and hydration.
- If you are sure your bag of water has broken or you are leaking fluid, please note the time and you may proceed to Northwest Community Hospital and doctor on call will be notified when you arrive. Call NCH Labor and Delivery and let them know you are coming.
- Call the office or doctor on call if you feel a significant decrease in fetal movements.
- After 37 weeks, call the office or doctor on call if you are experiencing vaginal bleeding that is like a period or heavier. Light spotting/bleeding is normal in labor. Prior to 37 weeks, call if you have any vaginal bleeding.
- Call the office or doctor on call if you have any other emergent concerns.

When you call, the physician will want to know your due date, what number pregnancy this is, any risk factors, and how far away from the office or hospital you are.

When office is closed, call 847-221-4900 and follow instructions to reach on-call physician.

NCH Labor and Delivery: 847-618-8400

Postpartum

Most women spend about two days in the hospital after a vaginal birth. If you have had a cesarean birth or any complications, you will probably stay three days. You will be monitored for fever and bleeding.

Postpartum Discomforts

- ***Afterbirth pains/Cramping*** – These are due to the uterus contracting as it returns to normal size. These may be increased with breastfeeding. They usually only last a few days. We recommend changing your position often, emptying your bladder frequently, using a heating pad, and/or taking ibuprofen.
- ***Bleeding*** – Called “lochia,” it occurs in 3 stages. The first stage is bright red, lasting about 3 days. The second is medium red, lasting 1-3 weeks and the third is brownish lasting invariably. Bleeding waxes and wanes and usually lasts for 6 weeks.
- ***Constipation*** – The pressure exerted during labor can cause the rectum to become numb and the muscles that push the bowel movements are sluggish. Try increasing your fluid intake, fiber or using stool softeners such as Metamucil twice a day and Colace two or three times a day.
- ***Emotional Changes*** – It is normal to feel exhausted, overwhelmed, and sleep deprived. Your lifestyle has changed and fluctuating hormones might cause anxiety and feelings of helplessness. These “baby blues” are common, so expect them. Usually, though, “baby blues” don’t last longer than a few days. If you find yourself unable to function, you have no interest in your baby, or can’t sleep or eat, please call the office. This may be postpartum depression.
- ***Episiotomy*** – Try using cold packs immediately, then dry heat, sitz baths or a rubber ring. A sitz bath is a shallow, warm bath used to soothe the perineal area and promote healing.
- ***Loss of bladder function or leakage of urine*** – This is often from decreased perineal muscle tone. Try doing Kegel’s exercises. In Kegel exercises, you tighten the pelvic floor muscles the way you would to stop the flow of urine or feces in midstream. The muscles will pull in together in the form of a figure 8, and the pelvic floor will lift slightly. You should hold these muscles tightly for two or three seconds and then release them. Repeat for several minutes twice a day.
- ***Swollen Breasts*** – If you are not breastfeeding, try ice packs, wearing a tight fitting bra 24 hours a day and avoid stimulation

Signs and Symptoms to Report After Delivery

- Fever over 100.4°F
- Bleeding heavier than a menstrual period requiring a pad change every 2 hours
- Swelling and tenderness in your legs
- Chest pain and/or cough
- Nausea and vomiting
- Burning, pain, urgency (frequent, strong desire to void) on urination
- Painful hot and tender breasts
- Perineal pain and tenderness that does not subside

Postpartum Check

At your six-week postpartum visit your uterus will be evaluated to assure that it has returned to normal size, any vaginal stitches have dissolved, and the cervix is healed. This is the time you may want to discuss contraceptive options with your provider.

Breastfeeding

Whether to breastfeed your baby or not is a very personal choice and is your decision to make. Mother Nature, though, has provided you with the best food to feed your baby. Human milk is a unique combination of fats, sugars, mineral proteins, vitamins, and enzymes, custom-made to promote brain and body growth.

Colostrum, also called first milk, is a milky or yellowish fluid secreted by the mammary glands a few days before and after birth. Colostrum provides unmatched immunity against bacteria and viruses. Colostrum also acts as a natural laxative to clear the meconium (first bowel movement) from the baby's intestine, thereby, decreasing the chance of jaundice.

There are several breastfeeding advantages such as breastfed babies have fewer ear infections and gastrointestinal illnesses, decreased vomiting and acute respiratory illnesses, a lower risk for diabetes, lymphomas and Crohn's disease and breastfed babies tend to have higher IQs than bottle-fed babies.

For additional support, you may call NCH Lactation 847-618-8545 to receive information or your pediatrician.

Breastfeeding Options for Working Mothers

Full-time Nursing means you can nurse the baby during the workday OR you want to express milk often enough (at least every 3-4 hours) to be able to provide all the milk your baby needs while separated from you. Formula will be used in only rare instances when you don't have quite enough breast milk.

About seven to fourteen days prior to returning to work begin practicing with expressing milk by hand or with a pump to become familiar with the technique. It will take about 3 to 4 times before you become proficient.

Most women find they have more success expressing milk in the morning. Try this about one hour after the baby nurses. Just express for 10-15 minutes at the most and do it consistently each day. Expressing more than 1-2 times per day is not recommended.

Milk can be stored in baby bottles, a pitcher or any clean container in the refrigerator. Don't worry if you only get a small amount when you begin. Fresh milk can be added to the milk you already have in the refrigerator as long as the new milk is chilled first. Milk can be kept in the refrigerator for 5 days. After 5 days it should be frozen or discarded. Breast milk, when removed from the refrigerator or freezer, may appear discolored (yellow tinged, bluish green, even a little brown). This does not mean the breast milk is bad. Always check breast milk to be certain it does not smell sour or taste bad. Because breast milk does not look like cow's milk when stored, taste and smell, not color, should determine if the refrigerated breast milk is good.

Remember that you only need enough milk for your first day back to work. What you express each day at work is what is used the next day.

Occasional bottle-feeding should begin at about 4-6 weeks after delivery even if you are not planning on returning to work until your baby is several months old. Introduce the baby to the bottle 1-3 times per week by letting dad or someone else feed some of your expressed milk by bottle. It doesn't need to be a "full" feeding; the intent is for the baby to get used to how to drink milk from a rubber nipple and bottle.

When you are at work express milk every 2-4 hours. You do not have to express at the same time every day but express milk often enough to prevent engorgement.

You should nurse as soon as you can when you get home and as exclusively as you can. If you find that your breast milk supply has dropped, try expressing milk before bedtime to help stimulate the supply a little.

Part-time Nursing involves the ability to nurse the baby or express milk occasionally during the workday. You do not expect to be able to feed or express milk often enough to maintain a full milk supply and meet all of your baby's needs with your breast milk. Formula will be used frequently to provide all or most of the milk your baby needs while you are at work.

This option works better when babies are older and mothers do not have long workdays and long commutes. Mothers with babies less than 3-4 months old risk losing more of their milk supply than they planned on if they are not able to express milk at all during the day. "Comfort Expressing" (removing just enough milk to avoid discomfort from overly full breasts) can help you meet this goal better. Another variation of this option is expressing milk (even on a limited basis) at work until the baby reaches 3-4 months of age and then discontinuing it and using formula while you are working and continued frequent breastfeeding when you are at home.

About seven to fourteen days prior to returning to work eliminate one or two feedings that you will miss while you are at work. Replace breastfeeding at those feedings with a bottle of formula or breast milk. If your breasts are uncomfortable place some ice on your chest or express just enough for comfort. This will reduce the amount of stimulation your breasts receive and thereby, decrease the milk supply a little.

Try to express your milk while at work if you can, even if it is not every day or the same time every day. Nurse as much as you can when you are home.



Sore Nipple Management

Breastfeeding is meant to be a comfortable, pleasant experience. However, many new mothers still find their nipples tender for the first few days when the baby starts nursing. This usually disappears by 1-2 weeks.

To help prevent nipple tenderness, start with the correct positioning and latch on.

Cradle Position

- Place a pillow or two in your lap to support your baby.
- Place your baby's head on the crook of your arm
- Make sure your baby is turned toward you chest to chest at breast level
 - a. Support your breast with your hand in an "L" or "C" position, thumb on top of your breast, fingers below, away from areola.
 - b. Tickle your baby's lower lip **until he opens wide**, and then quickly pull him onto your breast. Be patient. This may take a minute.
 - c. Make sure your baby's lips are behind the nipple, encircling the areola.
 - d. The tip of your baby's nose should be touching the breast.

Football/Clutch Position

- Put a pillow or two at your side to help support your arm and your baby.
- Support your baby's neck and the lower back of his head in your hand, with your forearm supporting his upper body against your side.
- Follow steps a, b, c, and d under the Cradle position.

Lying down Position

- Lie on your side with pillows supporting your back and your top leg, which is bent forward.
- Place your baby on his side facing you.
- Follow steps a, b, c, and d under the Cradle position.

Vary nursing positions for the first week.

Breastfeed frequently, about every one and one-half to three hours. Keeping your baby on an artificially longer schedule may make him frantically hungry and increase the likelihood of vigorous nursing and tender nipples.

Release the suction before you remove your baby from the breast. Do this by placing a clean finger in the side of your baby's mouth between his jaws. Don't take him away until you feel the suction break.

After nursing your baby, express a little breast milk and massage it into your nipples and areola, then air dry. Leave them open to the air as much as possible. Never use soap, alcohol, or breast creams on your breasts or nipples. Water is all that is needed to clean your breasts when you shower or bathe.

If your nipples do become sore, try these suggestions:

- Use deep breathing, soft music or other relaxation techniques before and during breastfeeding.
- Limit the nursing time on the sore nipple.
- Express a little milk first to stimulate let down.
- Massage your breasts while nursing. This helps stimulate the milk to flow.
- Use non-plastic lined bras and/or bra pads. Change the pads frequently to keep the nipple dry.
- If your nipples become dry or cracked, use a little USP Modified Lanolin on them. This forms a moisture barrier so they stay dry.

Suggested Books on Breast Feeding

“The Womanly Art of Breast Feeding”

by: LaLeche League International

“Breast Feeding Your Baby”

by: Sheila Kitzinger

“Best feeding: Getting Breast Feeding Right for You”

by: Mary Renfew, Chloe Fisher, Suzanne Arms

“The Nursing Mothers Companion”

by: Kathleen Huggins

Special Memories

The first time I felt the baby move:

About labor and delivery:

How I felt when I saw my baby for the first time:

Baby's homecoming



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