Congratulations on your pregnancy. Thank you for trusting our practice to provide care for you during your pregnancy. Our goal is to provide you and your baby with the best care. We will do all we can to ensure your pregnancy is happy, healthy and safe. This is one of the most memorable and important experiences of a woman’s life. We are overjoyed that you chose us.

Office Information
Our office is open Monday through Thursday 8am-4pm and Friday 8am-12noon for scheduled office visits. We are conveniently located within a block from the hospital (WakeMed Cary). Our address is 550 New Waverly Place, Suite 200, Cary, NC 27518. All appointments are made in advance. Our main office phone number is 919-467-5941. If we don’t answer or you need to contact us on the weekends or after office hours, please call the answering service at 1-888-828-7182. We have experienced staff able to provide advice during regular office hours regarding your pregnancy. Voicemails left for the triage nurse are addressed within a 3 hour time duration. However, for urgent concerns (labor or leaking fluid), inform the receptionist during the call.

Be assured one of our physicians is on-call every night and will be able to respond to any urgent issues. The answering service will take your information and reason for call. The on-call physician will call you promptly. Wait 15 minutes for a return call before calling the answering service again. Throughout the night we are delivering babies, performing emergency surgeries, answering phone calls and trying to get some rest in
between. If your question is not of an urgent nature, please wait until regular office hours. The office staff will have better access to your medical record, electronic prescribing system and resources to research your concern.

**Office Visits**
Office visits are recommended every 4 weeks until 30 weeks then more frequently as determined by your doctor; generally every 2 weeks until 36 weeks then weekly until delivery. An anatomic survey of the baby is done between 18-20 weeks. The sex of the baby may be identified at that time. No other ultrasounds are scheduled if the pregnancy progresses without complications.

**Billing**
Maternity benefits can be confusing. Our billing staff and office manager are available to review insurance coverage and answer billing questions. Insurance claims for the global fee will be submitted after delivery for the bill. However, services outside the global fee are billed at the time of service: ultrasounds, injections and nonstress tests. If you leave our care before delivery, you will be charged only for your office visits, laboratory tests and other services performed.
ATTENTION:

We deliver all obstetrical patients at:

WakeMed Cary Hospital
1900 Kildaire Farm Rd
Cary, NC 27511

All patients must preregister with the hospital prior to delivery. The preregistration form can be found in the hospital folder.
Childbirth Classes
WakeMed Cary Hospital offers childbirth and breast feeding classes in addition to hospital tours. Classes tend to fill up quickly so we encourage you to enroll early in your pregnancy.

Ultrasounds
Generally ultrasounds are done to evaluate the fetus and its development. Initially an ultrasound confirms that a pregnancy is in the uterus. During this same visit, a due date is established. The fetal size is measured and if it coincides with your last menstrual period, your due date is confirmed. The ultrasound done at 18-20 weeks looks at the baby’s organ development, size, placenta and fluid. Remember the earlier the ultrasound, the more accurate the ultrasound for dating your pregnancy. Likely your due date will not change after the initial ultrasound. As an aside, our practice offers 3D ultrasounds for an additional fee. These are nonmedical ultrasounds, but a special keepsake in that it allows you to see the external features of your baby. The features are the clearest between 26-30 weeks.

Laboratory Tests

First trimester
Several blood tests are obtained within the first 2 visits. The tests are done to ensure a healthy start to the pregnancy. Some of the tests are North Carolina state law. Testing includes: HIV, Hepatitis, Chlamydia, Gonorrhea and Syphilis in addition to pap smear and ultrasound. Urine samples are retrieved every visit to test for kidney function.
**Second trimester**
Some of the same tests done in the first trimester are repeated again around 28 weeks. Additionally, a test for diabetes in pregnancy is done. We discourage patients from eating or drinking anything containing sugar 1-2 hours prior to the test. If a patient fails the initial test, another more specific and confirmatory test is scheduled. If 2 abnormal values are present on that test, gestational diabetes is diagnosed. Daily blood sugar assessment and an alternate diet low in carbohydrates and sugar are then required. Of note, gestational diabetes affects 5-10% of pregnancies. If untreated, it can affect both mother and baby. Potential complications include very large baby (macrosomia), low blood sugar and breathing difficulties in the baby. Additional blood tests indicate if you are positive for Rh factor. Women who do not have it are described as Rh negative and require a medication called rhogam (given at 28 weeks). This medication ensures that your body does not develop an immune response to a Rh positive baby.

**Third trimester**
Group B Streptococcus (GBS) is a bacteria commonly found in and around the vagina and rectum. It is not a sexually transmitted disease. Women typically don’t have symptoms but the bacteria can cause severe illness in a newborn. Pneumonia, sepsis and meningitis can develop in a newborn exposed to GBS. In order to prevent infection, a swab test at the vagina and rectum is done between 35-37 weeks. If GBS is found on the swab culture or in the urine, you will be given IV antibiotics in labor.
Options for chromosomal abnormality screening

For patients who desire screening for chromosomal abnormalities, there are both invasive and noninvasive test options. One test is the measurement of nuchal translucency (fluid collection at the back of the fetal neck). This ultrasound evaluation is performed between 11-14 weeks in conjunction with blood tests from the mother. The Quad (Tetra) screen is another option. It consists of only blood tests done between 15-20 weeks. The anatomy ultrasound completed at 18-20 weeks is another noninvasive test looking for structural defects or signs of fetal abnormality. These tests have a small risk of false positive results. For this reason, some women opt for more specific testing.

Most of the tests that minimize doubt and confirm diagnosis are invasive and include: chorionic villus sampling and amniocentesis. Chorionic villus sampling (CVS) consists of retrieving pieces of the placenta with an ultrasound and needle between 10-12 weeks. Likewise, amniocentesis collects amniotic fluid from around the baby using an ultrasound guided needle through the abdominal and uterine wall. Both of the previous tests carry some risk to the pregnancy and the fetus. The Noninvasive Prenatal test (NIPT) is an exception. Noninvasive prenatal testing is the newest available testing for some chromosomal abnormalities via blood. This test detects chromosomal material derived from the fetus circulating in the maternal blood. It can identify a fetus affected with trisomy 13, 18 and 21 (Down Syndrome). There are several brand names for this test: Harmony, Materni21, Verify and Panorama.
For additional questions regarding screening tests, don’t hesitate to ask your doctor. For patients that choose invasive tests (CVS or amniocentesis), we refer to Obstetrical specialists for those procedures.

Medication
We recommend you discuss all prescription medicines at your first visit. Herbal remedies are not recommended in pregnancy so discontinue them immediately.

Medications Safe for Pregnancy
*avoid during first trimester

*Remember, no medications have been approved by the FDA as safe for use in pregnancy.*
<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Med Type</th>
<th>Generic</th>
<th>Brand Name</th>
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<tbody>
<tr>
<td>Allergies (seasonal and acute nasal drip)</td>
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<td>bisacodyl (oral/supp.)</td>
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<td>Maalox tabs Maalox</td>
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<td>Tucks</td>
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<td>Ocean Mist</td>
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<td>vasoconstrictor</td>
<td>*pseudoephedrine</td>
<td>preparations</td>
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<tr>
<td>Vaginal Yeast</td>
<td>antifungal</td>
<td>Miconazole</td>
<td>Monistat 3</td>
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Vaccinations

Influenza
Yearly flu shots are an effective and safe method to protect you and your baby from the flu and other serious complication from the flu. Pregnant women get much sicker from the flu than nonpregnant women. Newborn babies younger than 6 months are at risk for infection as well. The vaccination provides immune protection via antibodies for mom and baby. The inactivated influenza vaccine is recommended for all pregnant women and can be given in any trimester. Pregnant women should not receive the vaccine via nasal spray. However, a small number of immunized women will acquire influenza. So, if you develop flu like symptoms (fever, body aches and respiratory changes), contact the office immediately. If confirmed, an antiviral medication called Tamiflu may be given to abate the infection.

Tetanus, Diphtheria and Pertussis (whooping cough)- Tdap

Pertussis (whooping cough) is a contagious respiratory tract infection. Symptoms include severe cough, runny nose and fever. As the cough progresses, a whooping sound develops when breathing between coughs. In a newborn, this infection can be life threatening.

Tetanus is an infection transmitted through a break in skin. It causes painful muscle spasms and can even prevent swallowing.
Diphtheria usually starts with a sore throat and low grade fever. Swelling in the throat can lead to difficulty breathing.

Due to a significant reemergence of whooping cough in the United States, including North Carolina, the Tdap vaccination is recommended during every pregnancy. For the baby and mom to receive optimal benefits, it should be administered between 27-36 weeks. Like with other vaccinations, the antibodies developed in mom are passed to the fetus.

Food/Nutrition
Women with normal weight before pregnancy (BMI 20-25) only need 300 extra calories in pregnancy and the weight gain should not exceed 30lbs for the entire pregnancy. A balanced diet has vegetables, fruits, whole grains, dairy and lean proteins. For those starting the pregnancy with an elevated BMI, weight gain should not exceed 15 lbs. Drink at least 80-100 ounces of water daily. Artificial sweeteners are fine in moderation. We recommend daily prenatal multivitamins. Most prenatal vitamins are very similar, so we don’t prefer a particular brand. Some include omega 3 fatty acids which may be beneficial for fetal brain development. Extra iron and folic acid are also essential during pregnancy and postpartum period. An adequate amount of folic acid is 800mcg daily. Calcium (1200mg) should be incorporated in your diet as well.

Fish
Pregnant women are allowed up to 2 meals a week (12 ounces) of fish and/or shellfish low in mercury. For
more information on various types of fish you can eat, see the FDA food safety website or the EPA website.

Do not eat:
- Shark
- Swordfish
- King mackerel
- Tilefish

Common fish high in mercury
- Crappie
- Catfish (NC)
- Grouper

Common fish low in mercury
- Shrimp
- Crab
- Lobster
- Scallops
- Salmon
- Flounder
- Canned light tuna

Foods high in Iron
Meats, egg yolks, dried beans or peas, green leafy vegetables, dried fruits, nuts/peanut butter, grains

Foods high in Calcium
Milk, yogurt, cottage cheese, broccoli

**Foods to avoid**
Caffeine consumption is safe in moderation. We recommend less than 16 ounces of coffee per day. Tobacco use is not recommended. It can significantly affect fetal growth and development, specifically lung development and fetal birth weight. No amount of
alcohol consumption is safe for the fetus. Any alcohol drunk by the pregnant patient goes directly to the baby and can cause serious health problems. Fetal alcohol spectrum disorders (including fetal alcohol syndrome), preterm birth, low birth weight and learning disabilities are just a few possible outcomes.

**Infections/Food borne illnesses**
Food borne illness is more common with certain foods. Remember any infection obtained during the pregnancy can be passed to the fetus. Examples of these foods include: raw meats, unpasteurized milk, cheese and juices. Raw and undercooked meats and animal products such as beef, chicken, fish, poultry and eggs should be avoided during pregnancy.

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

*Toxoplasmosis*
This is an infection caused by a parasite found in soil and raw meat, in addition to cat feces. It can cause fetal infection that ultimately ends in fetal death. In order to protect yourself and your unborn child, cook meats thoroughly and wash your hands after handling raw meat. Avoid changing cat litter and manipulating the litter box.
**Exercise**

Exercise in pregnancy is great and encouraged. Low impact exercise like walking and swimming are the best. However, if you did not exercise regularly prior to pregnancy, walking is an activity we recommend. It is very important to stay hydrated and avoid overheating.

Exercises to avoid:
- Contact sports
- Horseback riding, skiing and cycling
- Scuba diving
- Lying flat on back when greater than 20 weeks

**Unsafe activities during pregnancy**

- Laser hair removal
- Blood donation
- Getting a tattoo
- Using acne medicine containing retinoic acid
- Scuba diving
- Use of firearms
- Using a tanning bed
- Ice skating, roller blading, skiing, horseback riding
- Illegal drugs and alcohol use
- Hot tubs, sauna and steam room

**Safe activities during pregnancy**

- Manicure, pedicure
- Dental work
- Hair permed/relaxed or colored (in a ventilated room)
- Taking a bath
- Swimming
- Traveling through airport security
Travel
During pregnancy, travel is allowed, even overseas. We have several recommendations in the event you travel while pregnant:

- Drink plenty of water
- Carry your own snacks
- Walk around every 1-2 hours
- Don’t miss prenatal visits
- Check to see if there are any immunizations necessary
- Take a copy of medical records
- Know your blood type and other important medical history

We strongly discourage travel after 35 weeks.
Common concerns and discomforts in pregnancy

First trimester

Nausea and vomiting is often referred to as morning sickness. However it is not limited to the morning hours. This usually peaks in the 10th week of pregnancy and typically resolves completely by the 16th week. It is helpful to eat smaller meals/snacks and avoid foods high in fat and foods with strong odors. Heartburn and gastric reflux can worsen the nausea and vomiting so avoid foods that stimulate heartburn, i.e. spicy foods. Over the counter suggestions to relieve nausea include: sea bands, vitamin B6, natural Ginger products (tea, chews) and hard candy like preggie pops. Prescription medications are very helpful when nausea and vomiting is severe and persists. Examples include: Phenergan, Zofran and Diclegis. Keep in mind that nausea may continue despite medications.

Vaginal bleeding is quite common. It is not an immediate indication of the pregnancy ending. Unfortunately, there is little that can be done when bleeding occurs. Typically ultrasound evaluation is done to confirm the health of the pregnancy (baby’s heart rate and location of the baby) if you are at least 6 weeks pregnant.

If there is a problem in pregnancy, miscarriage can occur. Miscarriage can happen at any point in the pregnancy but is most common in the first 13 weeks (first trimester). Fifteen to twenty percent of all pregnancies end in this fashion. The following are some common signs of miscarriage: vaginal bleeding like a period, persistent cramping in the pelvis and passage of
tissue or clots from the vagina. Keep in mind, some women don’t have any signs of the pregnancy ending. Miscarriages cannot be prevented.

*Headaches* in pregnancy especially in the first and early second trimester are common. Increased water intake, restful sleep and Tylenol can help. The frequency of headaches will decrease usually before 20 weeks. Remember to avoid ibuprofen.

**Second trimester**
Some women experience a sharp, stabbing sensation along the lower abdomen and groin. This is called *round ligament pain*. It is usually present on one side. It occurs with standing, rolling over in bed, changing position and any maneuver that alters stress on abdominal wall connective tissue.

*Dizziness* in pregnancy is caused by a sudden drop in blood pressure. Dehydration, low blood sugar and standing for long periods of time are factors that increase and worsen the dizziness. Feeling faint and clammy are accompanying symptoms. Increase your water intake immediately to feel better and avoid recurrence.

**Third trimester**
*Vaginal discharge* tends to increase substantially during pregnancy. This is due to the increased estrogen levels. Since this is normal, anticipate this change. However, if your discharge changes to a green color or has a foul odor, an exam is warranted.
Shortness of breath is common during pregnancy. It causes a sensation of perceived inability to take a deep breath. This is caused by elevation of the diaphragm due to the enlarging uterus. However, persistent shortness of breath without relief should be evaluated by your doctor.

Swelling of the legs and feet is relatively normal in pregnancy. It is typically caused by changes in fluid distribution in the body. The swelling may be uncomfortable but is not concerning unless it is severe and/or changes in a short period of time. Consult your doctor if this is present in conjunction with headache, vision changes, hand or face swelling and nausea.
WE’D LIKE TO KNOW...

Leaking fluid from the vagina
Vaginal bleeding like a period
Swelling of the face
Vision changes
Severe and continuous headache
Chest pain
Persistent vomiting
Fever over 100.4
Painful urination
Decreased or no fetal movement
Uterine contraction more than 6 in one hour if less than 35 weeks
Persistent abdominal pain
Unable to tolerate food/liquids for 24 hours

Fetal monitoring

Kick Counts
Fetal activity is a good indicator of fetal well-being. As a result, you can monitor your own baby’s movement starting at 28 weeks. We recommend ‘kick counts’. First identify a time of day when the baby is most active. Count the baby’s movements for a one hour duration. If the baby moves 10 times, the baby is doing well. Remember to remove all distractions (phone, television) during the fetal assessment. If you do not reach 10 movements in the allotted time, eat a snack or drink a beverage before repeating the assessment. Call the doctor if still unable to reach 10 movements.
Nonstress tests and biophysical profiles
When additional assessment is necessary beyond listening to the heart rate with a Doppler, a nonstress test is done. It is a prolonged monitoring of the fetal heart rate for a minimum duration of 20 minutes. An even more advanced test for fetal well-being is a biophysical profile. It is a scored fetal test for movement, muscle tone, breathing and amniotic fluid. This test is done using an ultrasound. These tests are highly predictive of fetal health.

Birth plans
We are committed to giving you and your baby the best care. Our primary goal is to deliver a healthy baby to a healthy mom. Likewise, most women have expectations for their birth experience. We want to make it wonderful and a joyous occasion. Some women choose to document their labor desires in the form of a birth plan. This is not a requirement. But if you have preferences, we would like to know. Please be advised that WakeMed Cary hospital has some policies that are required for safe patient care.

OUR BIRTH PLAN
In recent years it has become popular for many patients to create a “birth plan” in which they detail their hopes for pregnancy and labor. We’d like to point out that sometimes however, when these plans are very detailed, patients can become disappointed when things don’t go exactly according to their plan. Occasionally patient’s plans may include requests or demands for a course of action that could increase risks for you and/or your baby or even be dangerous. So in our “birth plan”, we would prefer to await the onset of
spontaneous labor at the appropriate gestational age and during that labor we will be watchful for any deviations from normal. If there is a deviation from normal, or if circumstances arise preventing the onset of labor at the appropriate time, we promise to discuss what this deviation is and what actions, if any, are the safest for you and your baby. These recommendations will be guided by statistically proven safe practices, from ACOG (American Congress of Obstetrician and Gynecologist) and other like-minded organizations. Taking actions (or not taking appropriate actions as the case may be) counter to these recommendations could put you and or your baby at increased risks for complications.

**Overdue**
Remember that your due date is just an estimate. We are unable to predict when you will deliver. It is normal for babies to deliver between 37 and 42 weeks. Research indicates a substantial increase in stillbirths after 42 weeks. As a result, our goal is to deliver your healthy baby in the 41st week (at the latest). Our hope is you will go into labor on your own.

**Inductions**
Sometimes labor does not occur at the appropriate time to have your baby. For some women, the due date has passed. For other women, medical conditions for the mom or even the baby necessitate delivery. So an induction is done, which means labor is artificially started. There are several methods used to start an induction. The method is dependent on several factors including cervical dilation and effacement. Mechanical dilation with a catheter and pitocin augmentation are
two common techniques. The doctor will ultimately decide the best route. We don’t endorse inductions for convenience.

**Cesarean sections**
Csections are major abdominal surgeries. Sometimes they are scheduled due to the outcome of a previous delivery and other times, they are unplanned at the end of a difficult labor. If you are planning a csection, expect delivery in the 39th week. We arrange the date and time of csection around the 32nd week office visit. Planned cesarean sections are scheduled Monday through Friday. However, if you go into labor prior to the planned csection date, you will likely have your csection the day you start labor.

**Vaginal birth after Cesarean (VBAC)**
Some women that delivered via csection with their first pregnancy are interested in attempting a vaginal delivery. This is called a trial of labor after csection. Candidates are limited to only one previous csection. Unfortunately we cannot guarantee a successful VBAC. There are several factors that can affect the potential success: reason for previous csection, maternal weight/obesity, failure to dilate cervix and need for induction. We support your desire for VBAC but we will be forthcoming in counseling you regarding potential success and risks associated.

Be advised that a serious risk of VBAC is uterine rupture, although this occurs infrequently. Likewise, uterine rupture can cause fetal compromise and injury resulting in permanent neurological damage and death.
Postpartum

*Postpartum blues* occur within the first 2 weeks following delivery. Women may feel depressed, anxious and tearful. Crying for no reason, difficulty sleeping and feelings of inadequacy are also commonly experienced. Symptoms should dissipate completely within a couple of weeks.

However, *postpartum depression* is much more severe. The intense feelings of sadness and anxiety tend to impair the woman from completing daily tasks. Postpartum depression can occur up to 1 year after having a baby but typically starts within the first 3 weeks of childbirth. If you or your family has concerns about postpartum depression, we recommend that you consult your doctor. Medication is often used to control postpartum depression.

In reference to *breast feeding*, drinking ample amounts of fluids is essential to replace what is used for making milk. Remember fatigue and dehydration may decrease the milk supply. Mastitis is the infection of the breast tissue resulting in breast pain, fever, body aches and red/warm breast. This is a common infection in breast feeding women. An evaluation by your doctor is needed if the signs of mastitis appear.

*Circumcision* is removal of the outer skin of the penis (foreskin) that covers the head of the penis. It is typically done on the first or second day after birth. Though this procedure has minimal risks, the decision to have it done is personal. We respect your decision regardless.
Frequently asked questions:
What should I do if I get in a car accident? Call the doctor immediately. The accident may require fetal monitoring in the hospital.

Do I have to sleep on the left side? No. It’s not recommended that you sleep on your back after 20 weeks. The large blood vessels extending up the back can be compressed by the enlarging uterus thus decreasing the amount of blood going to the fetus. However, it doesn’t matter which side you sleep on.

How many people are allowed in the delivery room? The number of people in the delivery room depends on the type of delivery and if it is a routine delivery. This is generally dictated by hospital policy.

Can I travel? Yes. It is safe to travel up until 35 weeks.

When do I have to be induced? Induction typically occurs if the due date has passed or there is a problem with the maternal health or fetal health. Guidelines recommend delivery before 42 weeks. The risk to the baby increases substantially after that point.

Can I have a dental exam? Yes. Routine teeth cleaning is recommended because poor oral hygiene can cause problems in the pregnancy.

If I had a previous csection, do I have to schedule another csection? You have two choices: a trial of labor after csection (TOLAC) or a repeat csection
Is vaginal bleeding in pregnancy normal? NO. However, vaginal bleeding can be caused from normal events/situations. Implantation of your fertilized egg can cause vaginal spotting. Likewise, spotting can occur after exercise and intercourse due to the increased blood flow to the cervix.

Am I in labor? You may not know when labor begins! We recommend you call the office when contractions are every 5 minutes for one hour duration. By definition, labor is when the contractions are causing your cervix to thin and dilate (open). Please note that losing your mucous plug is not an indication labor is beginning, so there is no need to contact the doctor if this happens.
Pediatricians
There are a number of outstanding pediatricians in the area. We are happy to give you suggestions for offices in the geographic area. Your best reference source is friends and colleagues with newborns and toddlers.

Apex Pediatrics 919-290-1090
Care Pediatrics 919-858-0600
Cary Children’s Clinic 919-852-3456
Cary Pediatric Center 919-467-3211
Cornerstone Pediatric and Adolescent Medicine 919-460-0993
Excel Pediatrics 910-891-5437
Holly Springs Pediatrics 919-249-4700
Internal Medicine/Pediatric Associates 919-380-7531
Jeffers, Mann and Artman Pediatrics 919-786-5001
R and R Pediatrics 919-367-9833
Rex Pediatrics of Cary 919-387-3160
Shifa Pediatric Clinic 919-300-7726
Tots N Teens Pediatrics 919-362-7155
Triangle Pediatric Center 919-467-5543
Village Pediatrics 919-469-1989
Western Wake Pediatrics 919-859-9991
Resources

ACOG American Congress of Obstetricians and Gynecologists
www.acog.org/for_patients
patient information in the form of frequently asked questions is available according to categories: pregnancy, gynecology, labor/delivery, postpartum

www.marchofdimes.com
select category- pregnancy

YOUR BABY HAS YOU, YOU HAVE TEXT4BABY
Text BABY (or BEBE for Spanish) to 511411
Get three FREE messages a week on your cell phone to help you through your pregnancy and baby's first year. Text4baby delivers messages covering a wide range of pregnancy and baby health topics, including safety, immunizations, nutrition, safe sleep, developmental milestones and more. As a Text4baby mom, you can also get free appointment reminders. Simply text REMIND (or CITA for Spanish) to 511411 and enter your appointment date and time.

Breastfeeding Support of the Triangle
Bringing you evidence-based practices with a personal touch

919-389-3447
Trianglebreastfeeding.com