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Congratulations on Your Pregnancy!

Thank you for choosing our practice to care for you during this special time. We are honored to be part of your journey and are committed to providing the highest quality care for you and your baby.

Our goal is to support a pregnancy that is healthy, happy, and safe. We understand that this is one of the most meaningful and transformative experiences in a woman's life, and we're here for you every step of the way.

We're overjoyed to walk this journey with you!

Thank you for placing your trust in us.

Office Hours

Monday–Thursday: 8:00am–4:00pm

Friday: 8:00am–12:00PM

Office Locations

Cary Office

550 New Waverly Place, Suite 200

Cary, NC 27518

**Conveniently located within one block of
WakeMed Cary Hospital**

Morrisville Office

3603 Davis Drive, Suite 201

Morrisville, NC 27560

**Located less than 20 minutes from
WakeMed Cary Hospital**

Contact

To reach either office, please call

919-467-5941.

Our experienced staff are available during regular office hours to provide guidance and answer questions about your pregnancy. Voicemails left for our triage nurse will be addressed within **3 hours**.

Important: If you are experiencing urgent concerns such as labor or leaking of fluid, please inform the receptionist immediately when you call.

After-Hours Care

The on-call provider will return your call as promptly as possible. We kindly ask that you allow **15 minutes** for a return call before contacting the answering service again.

Please keep in mind that during the night, our providers are often delivering babies, performing emergency surgeries, returning phone calls, and getting some much-needed rest in between. If your concern is **not urgent**, we encourage you to wait until regular office hours to call. During business hours, our staff has full access to your medical records, the electronic prescribing system, and other resources necessary to assist you more thoroughly. Your care and peace of mind are very important to us, and we thank you for your understanding.

Office Visit Schedule During Pregnancy

Routine prenatal visits are essential to monitor the health of both you and your baby throughout your pregnancy. Our typical visit schedule is as follows:

- ▶ **Every 4 weeks** until **28 weeks**
- ▶ **Every 2 weeks** from **28 to 36 weeks**
- ▶ **Weekly** from **36 weeks until delivery**

Ultrasound Information

An initial confirmation of pregnancy ultrasound will be done to confirm pregnancy viability and set the due date. This is usually performed between 7-9 weeks of pregnancy based on Last Menstrual Period (LMP).

An anatomy scan (anatomic survey) is performed between **18–20 weeks** to evaluate the baby's development. If desired, the baby's **sex may also be identified** during this ultrasound.

If your pregnancy progresses without complications, **no additional ultrasounds** are routinely scheduled after the anatomy scan.

Laboratory Tests

First Trimester:

During your first two prenatal visits, several important blood tests will be performed to help ensure a healthy start to your pregnancy. Some of these tests are required by **North Carolina state law** and include screening for:

- ▶ **HIV**
- ▶ **Chlamydia**
- ▶ **Syphilis**
- ▶ **Hepatitis B & C**
- ▶ **Gonorrhea**

These tests help identify and treat conditions that could affect your health or your baby's development.

In addition, a **urine sample is required at every visit**. This allows your provider to monitor kidney function and check for signs of infection, dehydration, or other concerns.

Options for Chromosomal Abnormality Screening (Prequel) (Panorama) (Unity)

For patients who wish to screen for **chromosomal abnormalities**, there are both **non-invasive** and **invasive** testing options available. These screenings can help identify conditions such as **Down syndrome (Trisomy 21)**, **Trisomy 18**, **Trisomy 13**, and abnormalities involving the **sex chromosomes (X and Y)**.

Non-Invasive Prenatal Testing (NIPT):

- ▶ NIPT is a simple blood test that analyzes **fetal DNA circulating in the mother's blood**.
- ▶ It can detect common chromosomal abnormalities, including extra copies of the **X or Y chromosomes**, as well as the most common trisomies.
- ▶ NIPT is highly accurate and poses **no risk to the fetus**.
- ▶ It can be performed as early as **9 weeks** gestation.

Invasive Testing Options:

These tests are typically offered when there is a higher risk or abnormal screening result:

- ▶ **Chorionic Villus Sampling (CVS):**
performed between **10–13 weeks**
- ▶ **Amniocentesis:**
usually done after **15 weeks**

Both procedures involve collecting a small sample from the placenta or amniotic fluid and carry a small risk of miscarriage.

We encourage you to discuss your values, concerns, and preferences with your provider to decide which option is best for you. Genetic counseling may also be recommended for more detailed information and guidance.

Carrier Screening (Foresight Panel) (Unity) (Horizon)

Carrier screening is a **blood test** used to determine whether you carry genes for certain **autosomal recessive genetic conditions**. These conditions typically do not affect carriers but can be passed on to children if both parents are carriers of the same condition.

The goal of carrier screening is to identify couples who may be at an **increased risk of having a child with a genetic disorder**. This information can help guide further testing, decision-making, and care planning during pregnancy. We offer the **Carrier Screen**, which checks for a wide range of inherited conditions.

A detailed handout with more information about carrier screening will be provided to you during your **first prenatal visit**. Your provider will be available to answer any questions and help you decide if testing is right for you.

Laboratory Tests

Second Trimester:

At **28 weeks**, you will be scheduled for a **1-hour glucose tolerance test**. This screening checks for **gestational diabetes**, a condition that can develop during pregnancy. The test is recommended for **all pregnant patients**, regardless of risk factors.

We **discourage eating or drinking** anything (other than water) **1–2 hours before** the test to ensure accurate results. If your results are elevated, you will be asked to complete a **3-hour glucose tolerance test** for further evaluation.

If the 3-hour test has two abnormal lab values, you will be diagnosed with **gestational diabetes**. You will be asked to **monitor your blood sugar levels**, and we will refer you to a **registered dietitian** for guidance on a modified diet that is lower in carbohydrates and sugar.

In addition to the **1-hour glucose tolerance test** to screen for **gestational diabetes**, you will also be:

- ▶ **Screened for anemia**
To check for low red blood cell count.
- ▶ **Rescreened for syphilis**
As part of routine care to ensure the health of both you and your baby.

Laboratory Tests

Third Trimester:

At 36 weeks, you will be screened for **Group B Streptococcus (GBS)**, a common bacteria found in and around the vagina and rectum. GBS is not sexually transmitted and most women who carry the bacteria don't experience symptoms. However, it can cause serious illness in newborns, including:

- ▶ **Pneumonia**
- ▶ **Sepsis**
- ▶ **Meningitis**

To reduce the risk of your baby being exposed to GBS during delivery, we will perform a **simple swab test** at your 36-week visit. This test involves using a **Q-tip to collect samples** from both the **vaginal** and **rectal** areas. If you test **positive for GBS**, you will be given **IV antibiotics during labor** to help prevent the bacteria from passing to your baby during delivery.

Common Pregnancy Symptoms & Safe Medications

Symptom	Medication	Generic Name	Brand Name
Nausea & Vomiting	Antihistamine/ Vitamin B6	Doxylamine + Pyridoxine	Diclegis®, Bonjesta®
	Vitamin Supplement	Pyridoxine (Vitamin B6)	OTC Vitamin B6
Heartburn & Acid Reflux	Antacid	Calcium Carbonate	Tums®
	H2 Blocker	Famotidine	Pepcid®
	Proton Pump Inhibitor (PPI)	Omeprazole	Prilosec® Nexium
Constipation	Stool Softener	Docusate sodium	Colace®
	Fiber Supplement	Psyllium	Metamucil® Miralax®
Diarrhea	Antidiarrheal	Loperamide	Imodium®
Headache / Fever	Pain Reliever (Analgesic)	Acetaminophen *NO IBUPROFEN	Tylenol®
Hemorrhoids	Topical Anesthetic/ Astringent	Witch hazel pads/ Hydrocortisone	Tucks® Preparation H®
Cold Symptoms (e.g. cough, congestion)	Cough Suppressant/ Decongestant	Dextromethorphan/ Guaifenesin/ Pseudoephedrine/	Robitussin® Sudafed®*

Always consult your provider before taking any medication during pregnancy, especially decongestants like pseudoephedrine, which are not recommended in the first trimester or for patients with high blood pressure.

Recommended Vaccinations During Pregnancy

Influenza (Flu) Vaccine

Provided:

Any trimester (ideally before flu season)

Purpose:

Protects pregnant person and newborn from seasonal flu complications.

Tdap (Tetanus, Diphtheria, Pertussis)

Provided:

28–36 weeks gestation (preferably earlier in this window)

Purpose:

Protects newborn from whooping cough (pertussis) in the first few months of life.

COVID-19 Vaccine (mRNA-based)

Provided:

Any trimester (including booster doses as recommended)

Purpose:

Reduces risk of severe COVID-19 illness and pregnancy complications

If You Test Positive for COVID-19 While Pregnant

- ▶ Notify your OB provider right away.
- ▶ **Monitor symptoms closely**—seek immediate care for:
 - ▶ Difficulty breathing
 - ▶ High fever not controlled with medication
 - ▶ Confusion or chest pain
 - ▶ Decreased fetal movement
- ▶ Most cases can be managed at home with rest, fluids, and fever control (acetaminophen).
- ▶ In some cases, **antiviral medications** (like Paxlovid) may be considered—your provider will determine eligibility and safety.

Additional Vaccines: Case-by-Case Basis

Some vaccines may be recommended before pregnancy or in special circumstances (e.g., outbreaks, high-risk exposure):

MMR (Measles, Mumps, Rubella)

Provided:

Contraindicated (not advised)

Notes:

Should be given at least 1 month before conception if immunity is lacking.

Varicella (Chickenpox)

Provided:

Contraindicated (not advised)

Notes:

Should be given before pregnancy if not immune.

Hepatitis A or B

Provided:

May be given if high risk

Notes:

Recommended for those with risk factors (e.g., liver disease, exposure risk).

RSV Vaccine (e.g., Abrysvo™)

Provided:

32–36 weeks gestation
(seasonally, for some patients)

Notes:

Given during certain times of year to help protect newborns from RSV.

Food & Nutrition Recommendations During Pregnancy

A healthy, balanced diet during pregnancy supports the growth and development of your baby and helps you feel your best. **Here are some key nutrient recommendations:**

Nutrient	Importance	Food Sources
Folic Acid	Prevents neural tube defects	Leafy greens, fortified cereals, supplements
Iron	Supports red blood cell production	Red meat, spinach, legumes, iron supplements
Calcium	Builds baby’s bones and teeth	Dairy, leafy greens, calcium-fortified juice
Protein	Supports growth of fetal tissue	Lean meat, eggs, dairy, tofu, legumes
Omega-3 (DHA)	Supports brain and eye development	Fatty fish (salmon), walnuts, flaxseed oil
Vitamin D	Helps with calcium absorption and bone health	Fortified milk, sunlight, supplements

Foods to Avoid

Avoid	Reason
Raw or undercooked meats/eggs	Risk of foodborne illness (e.g., salmonella, listeria)
Unpasteurized dairy products	Risk of listeria infection
High-mercury fish	Can harm a baby's developing nervous system (e.g., shark, swordfish, king mackerel)
Deli meats & hot dogs	Risk of listeria (can be eaten if reheated to steaming)
Excess caffeine	Limit to <200 mg/day (about 1–2 small cups of coffee)
Alcohol	No safe amount during pregnancy

General Nutrition Tips

- ▶ Eat a variety of foods from all food groups: fruits, vegetables, whole grains, lean proteins, and healthy fats.
- ▶ Aim for 300 extra calories per day in the second and third trimesters.
- ▶ Stay hydrated—drink at least 8–10 cups of water daily.
- ▶ Choose high-fiber foods to help prevent constipation.

Managing Common Issues

Nausea:

Eat small, frequent meals; keep bland snacks on hand (B6/Unisom)

Heartburn:

Avoid spicy/acidic foods; eat slowly; don't lie down after eating

Constipation:

Increase fiber intake, stay hydrated, and exercise.

Toxoplasmosis and Pregnancy

Toxoplasmosis is an infection caused by the parasite *Toxoplasma gondii*. This can be found in soil and raw meat, in addition to cat feces. 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. While it often causes mild or no symptoms in healthy adults, it can be serious during pregnancy because it may affect the developing baby.

If a pregnant person becomes infected for the first time during pregnancy, the parasite can pass to the baby, potentially leading to:

- ▶ Miscarriage or stillbirth
- ▶ Vision or hearing problems
- ▶ Birth defects
- ▶ Neurological damage (e.g., seizures, developmental delays)

Exercise Recommendations During Pregnancy

Staying active during pregnancy offers many health benefits for both you and your baby. In most cases, exercise is safe and encouraged throughout pregnancy, with a few precautions.

Benefits of Exercise in Pregnancy

- ▶ Improves mood and energy levels
- ▶ Supports healthy weight gain
- ▶ Reduces back pain and discomfort
- ▶ Lowers the risk of gestational diabetes and preeclampsia
- ▶ May lead to shorter labor and faster postpartum recovery
- ▶ Promotes better sleep and circulation

General Recommendations

- ▶ Aim for at least 150 minutes of moderate-intensity aerobic activity per week (e.g., 30 minutes a day, 5 days a week).
- ▶ Break sessions into shorter periods if needed (e.g., three 10-minute walks).
- ▶ Choose low-impact, joint-friendly activities like:
 - ▶ Walking
 - ▶ Swimming or water aerobics
 - ▶ Stationary cycling
 - ▶ Prenatal yoga or Pilates
 - ▶ Light strength training with good form

Exercise Safety Tips

Do:	Avoid:
▶ Stay hydrated and wear breathable clothing ▶ Warm up and cool down properly ▶ Listen to your body and rest as needed ▶ Eat a light snack before exercising if needed ▶ Talk to your provider about any symptoms	▶ High-contact sports (e.g., soccer, basketball) ▶ Activities with a high risk of falling (e.g., skiing, horseback riding) ▶ Lying flat on your back for long periods after the first trimester ▶ Hot yoga or exercising in high heat/humidity ▶ Scuba diving or activities at high altitude

When to Stop and Call Your Provider

Stop exercising and seek medical advice **if you experience:**

- ▶ Vaginal bleeding
- ▶ Muscle weakness
- ▶ Dizziness or fainting
- ▶ Calf pain or swelling
- ▶ Chest pain
- ▶ Regular painful contractions
- ▶ Shortness of breath before exertion
- ▶ Decreased fetal movement
- ▶ Headache
- ▶ Fluid leaking from the vagina

Special Considerations

Always discuss your individual health status and activity level with your provider. Some patients may need to limit or modify exercise due to medical conditions such as:

- ▶ Cervical insufficiency
- ▶ Preterm labor risk
- ▶ Placenta previa
- ▶ Preeclampsia

Travel During Pregnancy

Air Travel Guidelines	Car Travel Tips
▶ Safe up to 36 weeks with most airlines (check airline policies). ▶ Walk/stretch every 1–2 hours to reduce the risk of blood clots. ▶ Stay hydrated and wear compression socks if flying for more than 2 hours. ▶ Choose an aisle seat for easier bathroom access and mobility.	▶ Always wear a seatbelt—lap belt under your belly and shoulder strap across your chest. ▶ Take breaks every 1–2 hours to stretch and move your legs. ▶ Pack healthy snacks, water, and a pillow for comfort. ▶ Avoid long car trips close to your due date

Travel Restrictions & Precautions

- ▶ Avoid destinations where Zika virus, malaria, or yellow fever is present. These can pose serious risks to pregnancy.
- ▶ Avoid areas with poor medical access if you're in the third trimester or have a high-risk pregnancy.
- ▶ Check CDC website on contractible illnesses www.cdc.gov

Talk to Your Provider If You:

- ▶ Have a high-risk pregnancy
- ▶ Are traveling internationally
- ▶ Are beyond 36 weeks pregnant
- ▶ Have experienced preterm labor, placenta previa, or other complications

Note: Always check with your provider before planning any extended travel, especially international trips.

Common Concerns and Discomforts in Pregnancy

Pregnancy brings many physical and emotional changes. While most discomforts are normal, understanding what to expect—and how to manage it—can make a big difference in your experience

1. Nausea and Vomiting ("Morning Sickness")

When: Most common in the first trimester

- ▶ Eat small, frequent meals
- ▶ Keep crackers by your bedside and eat before getting up
- ▶ Avoid greasy, spicy, or strong-smelling foods
- ▶ Vitamin B6 and doxylamine (Diclegis®, Bonjesta®) may help—ask your provider
- ▶ Take 25 mg of Vitamin B6 four times a day (meals/bedtime) and ½ to 1 tablet of Unisom at bedtime.

2. Heartburn

When: Often worsens in the second and third trimesters

- ▶ Eat smaller meals and avoid eating before bed
- ▶ Avoid spicy, acidic, or fried foods
- ▶ Sit upright after eating
- ▶ Antacids like Tums® or Pepcid® may help (consult your provider)

3. Constipation

Why: Hormonal changes and pressure from the growing uterus

- ▶ Increase fiber (fruits, veggies, whole grains)
- ▶ Drink plenty of water
- ▶ Gentle exercise like walking
- ▶ Stool softeners like Colace® are generally safe

4. Fatigue

When: Common in the first and third trimesters

- ▶ Prioritize rest and naps
 - ▶ Eat iron-rich foods to prevent anemia
 - ▶ Stay hydrated and active if able
-

5. Back Pain

Why: Postural changes and loosening of joints

- ▶ Maintain good posture
 - ▶ Wear supportive shoes
 - ▶ Use a pregnancy pillow while sleeping
 - ▶ Try prenatal yoga, stretching, or physical therapy
-

6. Swelling (Edema)

When: Often in feet and ankles, especially later in pregnancy

- ▶ Elevate your feet when possible
 - ▶ Avoid standing for long periods
 - ▶ Wear compression socks
 - ▶ Stay hydrated
 - ▶ **Call your provider if swelling is sudden or severe**, especially in the face or hands, as this may be a sign of preeclampsia.
-

7. Frequent Urination

Why: Hormonal changes and pressure from the uterus

- ▶ Don't reduce fluid intake—stay hydrated
- ▶ Lean forward when urinating to help empty the bladder fully
- ▶ Avoid caffeine, which can increase frequency

8. Leg Cramps

When: Common at night in the second and third trimesters

- Stretch calves before bed
- Stay hydrated
- Take magnesium or calcium supplements if recommended by your provider

9. Mood Changes / Anxiety

Why: Hormonal changes and the stress of preparing for a baby

- Talk openly with your provider
- Prioritize sleep and self-care
- Consider prenatal support groups or therapy if needed

When to Call Your Provider: (919) 467-5941

- Severe abdominal pain or cramping
- Severe headache, vision changes, or swelling
- Heavy bleeding or fluid leakage
- Painful urination
- Persistent vomiting or abdominal pain
- Chest Pain (call 911)
- Fever over 100.4°F
- Uterine contractions are more than 6 in one hour if less than 35 wks.
- Decreased fetal movement (after 28 weeks)
- Unable to tolerate food/liquids for 24 hours

Kick Counts in Pregnancy

Kick counts are a simple and effective way to monitor your baby's movement in the womb. Counting kicks help you become familiar with your baby's normal activity level, and it can give you peace of mind about your baby's health.

Why Are Kick Counts Important?

- ▶ Fetal movement is a sign that your baby is doing well. A noticeable decrease in movement could be a sign of distress or a potential problem.
 - ▶ By keeping track of your baby's movements, you can notice any changes and share them with your healthcare provider if needed.
-

When to Start Counting Kicks

- ▶ Kick counting typically begins around **28 weeks** of pregnancy.
 - ▶ Some babies start moving earlier, but you may not notice them as clearly until later in pregnancy.
-

Counting Kicks

1. Choose a Time:

Pick a time of day when your baby tends to be most active, such as after eating or when you're resting.

2. Get Comfortable:

Sit or lie down in a quiet place where you can focus.

3. Count the Kicks:

- ▶ Count the number of movements (kicks, rolls, jabs) for **1 hour**. Ideally, you should feel at least **10 movements** in 1 hour.
- ▶ If you don't feel 10 movements in an hour, try again after some time or after drinking something cold or sugary (this may prompt your baby to move).

4. Record the Results:

Keep track of how long it takes to feel 10 movements. This helps establish a baseline for your baby's normal movements.

What to Do if You Notice a Decrease in Movement

If you notice that your baby is moving less than usual or **you don't feel the usual 10 kicks in 2 hours, contact your healthcare provider right away.** They may ask you to come in for further testing, like a non stress test (NST), to make sure everything is okay.

What's Considered Normal?

Every pregnancy is different. Some babies are more active than others. **The key is to get to know your baby's individual pattern of movement.** As long as you notice consistent movement, it's usually a good sign.

When to Call Your Provider

- ▶ If there's a **sudden decrease** in fetal movements after 28 weeks.
- ▶ If you don't feel 10 movements within 2 hours.
- ▶ If you notice **no movement or a drastic change** in movement patterns.

Preparing for Delivery

A **birth plan** is a personalized document that outlines a pregnant person's preferences for labor, delivery, and immediate postpartum care. While it is not a binding contract, it serves as a helpful communication tool between the birthing person and their healthcare team. Common elements of a birth plan include choices around pain relief, labor positions, who is present, newborn care, and preferences in the event of complications. Although it's important to plan, flexibility is key since birth is unpredictable, and medical decisions may need to shift for safety.

When a pregnancy goes **overdue**, typically defined as extending beyond 41 weeks, healthcare providers may discuss options for monitoring or **inducing labor**. Induction can be done for medical reasons—such as concerns about the baby's size, the health of the placenta, or maternal complications—or for elective reasons in certain circumstances. Methods include medications like prostaglandins or Pitocin, and mechanical methods such as membrane sweeps or breaking the water. The goal is to initiate labor safely while minimizing risks to the parent and baby.

A **cesarean section** (C-section) is a surgical delivery method used when a vaginal birth poses risks. Reasons for a planned or emergency C-section include stalled labor, fetal distress, abnormal positioning, or placenta previa. While often lifesaving, C-sections involve longer recovery and possible complications in future pregnancies. For those who have had a previous C-section, a conversation around future birth options is critical.

TOLAC (Trial of Labor After Cesarean) refers to attempting a vaginal birth after a previous cesarean. If successful, it results in a VBAC (Vaginal Birth After Cesarean). Many people are candidates for VBAC, depending on the type of uterine incision, reason for the previous C-section, and overall pregnancy health. VBAC can offer benefits like shorter recovery and lower risk of surgical complications, though it carries a small risk of uterine rupture. Providers typically weigh risks and benefits carefully when supporting a TOLAC.

Childbirth & Breastfeeding Classes

WakeMed Cary Hospital offers a variety of classes to help you prepare for your baby's arrival, including:

- ▶ **Childbirth education classes**
- ▶ **Breastfeeding classes**
- ▶ **Bringing Home Baby classes**
- ▶ **Hospital tours**

These classes are a great way to gain confidence, ask questions, and learn what to expect during labor, delivery, and early newborn care.

Please note: Classes often fill up quickly, so we strongly encourage you to **enroll early in your pregnancy to reserve your spot.**

For more information or to register, please visit the **WakeMed Cary Hospital website** or contact their education department directly.

Postpartum

Postpartum blues and postpartum depression are both mood disturbances that can occur after childbirth, but they differ in severity, duration, and impact. Postpartum blues—often called the “baby blues”—affect up to 80% of new mothers and typically begin within the first few days after birth. Symptoms include mood swings, tearfulness, irritability, and anxiety, but these feelings are usually mild and resolve on their own within two weeks. In contrast, postpartum depression (PPD) is more intense, lasts longer, and can significantly interfere with a parent’s ability to care for themselves or their baby. PPD may include persistent sadness, hopelessness, fatigue, changes in appetite or sleep, difficulty bonding with the baby, and even thoughts of self-harm. Unlike the baby blues, postpartum depression requires professional support and treatment, which may involve therapy, medication, or both. Early recognition and help are crucial for recovery.

Breastfeeding

Staying well-hydrated is essential while breastfeeding, as your body uses fluids to produce milk. Be sure to drink plenty of fluids throughout the day. Remember, fatigue and dehydration can reduce your milk supply.

Mastitis

Mastitis is a common infection among breastfeeding women. It affects the breast tissue and can cause symptoms such as:

- ▶ Breast pain
- ▶ Redness and warmth in the affected area
- ▶ Fever
- ▶ Body aches

If you suspect mastitis, it’s important to seek medical attention promptly, as treatment may be necessary.

Circumcision

Circumcision is the surgical removal of the foreskin—the outer layer of skin that covers the head of the penis. It is typically performed within the first or second day after birth. While the procedure carries minimal risks, the decision to circumcise is a personal one. We fully respect and support your choice, whatever it may be.

Frequently Asked Questions:

1. What prenatal vitamins should I take?

A daily prenatal vitamin with: **Folic acid (400–800 mcg), Iron (27 mg), Calcium and Vitamin D**

2. What should I do if I get into a car accident?

If you are involved in a car accident—no matter how minor—we recommend going to the hospital for evaluation, especially if you are experiencing any pain, contractions, bleeding, or if the airbags are deployed. After seeking medical care, please call our office to inform us of the incident so we can provide appropriate follow-up.

3. Do I have to sleep on my left side?

Later in pregnancy, sleeping on your left side is often recommended because it can improve blood flow to the baby and help your kidneys work more efficiently. However, it's okay to sleep on your right side or switch positions during the night. Try to avoid sleeping flat on your back in the later stages of pregnancy, as it can put pressure on major blood vessels. Use pillows for support and comfort as needed.

4. How many people are allowed in the delivery room?

The number of people allowed in the delivery room depends on the type of delivery and current hospital policies. For routine vaginal delivery, and when flu and COVID levels in the community are low, you may typically have up to 4 support persons present. Policies may change based on health and safety guidelines, so please check with your hospital closer to your due date for the most up-to-date information.

5. Can I travel during pregnancy?

Yes, travel is generally safe for most pregnant women up until around 35 weeks, as long as you have a healthy pregnancy. The second trimester (weeks 14–28) is often the most comfortable time to travel.

Tips for safe travel:

- Always check with your provider before traveling, especially for long distances or if you have pregnancy complications.
- Stay well hydrated and take frequent breaks to stretch your legs to reduce the risk of blood clots.
- If flying, wear a seatbelt below your belly and consider compression socks.

6. When do I have to be induced?

Induction of labor may be recommended for several medical or pregnancy-related reasons. Common situations where induction may be necessary include:

- **Going past your due date (typically after 41 weeks)**
- **High blood pressure or preeclampsia**
- **Gestational diabetes**
- **Low amniotic fluid levels**
- **Concerns about the baby's growth or well-being**
- **Your water has broken but labor hasn't started**

Your provider will discuss the timing and reason for induction based on your individual health and pregnancy. In some cases, induction is scheduled to reduce risks and promote the safest delivery for you and your baby.

7. Can I have a dental exam while pregnant?

Yes, dental exams and cleanings are safe and recommended during pregnancy. Maintaining good oral health is important, as pregnancy can increase the risk of gum disease and tooth decay.

Let your dentist know you're pregnant, especially if X-rays or procedures are needed. Most routine dental care, including fillings and local anesthesia, is safe during pregnancy. The second trimester is usually the most comfortable time for dental visits.

8. Is vaginal bleeding during pregnancy normal?

Approximately 30% of women will have bleeding in the first trimester. Light spotting can be normal in early pregnancy, after intercourse or a pelvic exam. However, **any vaginal bleeding during pregnancy should be reported to your healthcare provider.**

Heavy bleeding, cramping, or passing clots may be a sign of a more serious issue, such as miscarriage, placenta problems, or preterm labor—especially in the second or third trimester. It's always best to call your provider if you experience any bleeding, no matter how light, to ensure everything is okay.

9. How do I know I am in labor?

Labor can begin in different ways, but common signs include:

- ▶ **Regular contractions:** These will start to occur at regular intervals and get closer together, becoming stronger and more frequent. These contractions don't go away with sitting down and last for more than one hour.
- ▶ **Water breaking:** This can feel like a gush of fluid or a slow trickle. If your water breaks, contact your provider immediately.
- ▶ **Lower back pain and cramping:** This may accompany contractions, and the pain may come and go.
- ▶ **Change in discharge:** A "bloody show" (mucus with blood) can be a sign that labor is starting.
- ▶ **Cervical changes:** Your cervix will begin to soften, thin, and dilate, which your provider may check at prenatal visits.

If you're unsure whether you're in labor, it's always better to call your provider or head to the hospital to be evaluated. They'll help determine if you're in active labor or if it's false labor.

Billing Information

We understand that maternity benefits can be confusing, and we're here to help. Our billing staff and office manager are available to assist you with reviewing your insurance coverage and answering any billing-related questions.

Insurance & Charges:

- ▶ The **global maternity fee**—which includes your routine prenatal care, delivery, and postpartum visit—is typically billed to your insurance **after delivery**.
- ▶ Certain services are not included in the global fee and will be billed **at the time of service**. These may include:
 - ▶ **Ultrasounds**
 - ▶ **Injections**
 - ▶ **Nonstress tests (NSTs)**

If you transfer care or leave our practice before delivery, you will only be billed for the services you received, such as office visits, laboratory tests, and any additional procedures performed.

If you have questions about your coverage or a bill you received, please don't hesitate to contact our office.

Where We Deliver

We proudly deliver at:

WakeMed Cary Hospital
1900 Kildaire Farm Road
Cary, NC 27511

All patients are required to **pre-register** with WakeMed Cary Hospital prior to delivery. You will find the pre-registration form in the **hospital folder** provided to you at your initial visit.

If you have questions about the pre-registration process or need assistance completing the form, please don't hesitate to contact our office.

Obstetric Emergency Department (OBED)

The **Women's Pavilion and Birthplace at WakeMed Cary Hospital** provides high-quality obstetric care in a supportive, family-centered environment.

The facility also includes an **Obstetric Emergency Department (OBED)**, which is available to evaluate patients who are **20 weeks pregnant or more**.

The OBED is designed to provide care:

- ▶ **After office hours**
- ▶ **On weekends and holidays**
- ▶ **For urgent conditions** that cannot be managed in the office setting

If you are experiencing symptoms that require immediate attention and you are 20 weeks or further along in your pregnancy, you may go directly to the OBED at WakeMed Cary Hospital for evaluation.

Pediatric Practices in Morrisville, Apex & Cary, NC

Apex Pediatrics

1021 W. Williams Street, Ste. 105,
Apex, NC 27502

(919) 290-1090

Cary Pediatrics

1001 Crescent Green,
Cary, NC 27518

(919) 467-3211

Cary Children's Clinic

530 New Waverly Pl, Suite 115,
Cary, NC 27518

(919) 852-0177

Cornerstone Pediatrics

97 Cornerstone Drive,
Cary, NC 27519

(919) 460-0993

Holly Springs Pediatrics

106 Hyannis Drive,
Holly Springs, NC 27540

(919) 249-4700

Internal Medicine & Pediatric Associates

224 High House Road,
Cary, NC 27513

(919) 380-7531

Jeffers, Mann & Artman Pediatric and Adolescent Medicine

2406 Blue Ridge Rd, Suite 100,
Raleigh, NC 27607

(919) 786-5001

R+R Pediatrics	3100 NC Hwy 55, Suite 202, Cary, NC 27519 (919) 367-9833
Rex Pediatrics	1515 SW Cary Pkwy Suite 220, Cary, NC 27511 (919) 387-3160
Shifa Pediatrics	1001 W Williams St, Apex, NC 27502 (919) 300-7726
Maruthi Pediatrics	110 Lattner Court, Suite 100, Morrisville, NC 27560 (919) 462-6206
Tots n Teens Pediatrics	3434 Kildaire Farm Rd, Ste #124, Cary, NC 27518 (919) 362-7155
Triangle Pediatric Center	105 Ridgeview Drive, Cary, NC 27511 (919) 467-5543
Western Wake Pediatrics	940 SE Cary Pkwy, Cary, NC 27518 (919) 859-9991

