Newport Beach OB/GYN Medical Group

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NEW OB PATIENT INFORMATION

Newport Beach
OB/GYN
Medical Group, Inc.

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Newport Beach OB/GYN Medical Group, Inc.
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Congratulations on Your Pregnancy!

ABOUT OUR PRACTICE: Newport Beach OB/GYN Medical Group, Inc. provides two physicians: Stephanie Ricci, MD and Anjali Gupta, MD. We also utilize Physician Assistants and Nurse Practitioners to enhance your care. We are sure you will enjoy your visits with them just as much as you will with your physician. All of our providers and staff are here to serve you during your pregnancy. We do share night, weekend and holiday coverage with other obstetricians. They are highly qualified, board certified physicians with whom we work well. We share a similar philosophy about the quality of care you deserve. Our goal is to provide you and your baby with the best possible medical care. In addition, we are dedicated to working with you to make your pregnancy and delivery a wonderful experience.

HOW TO REACH US: During regular business hours (Mon through Fri, 8am-5pm) you may reach us at **(949) 642-5775**. For after-hours such as nights, weekends and holidays, please call the same number and the recording will direct you to the answering service. To reach our answering service directly, call **(877) 240-5713**. Please let them know who your doctor is, how many weeks pregnant you are and your reason for calling and the on-call physician will assist you with your immediate medical concern. If you have medical questions or concerns during regular business hours, we have a staff nurse that can assist you. In emergent or urgent circumstances go directly to Hoag Hospital -Newport Beach 5th Floor Obstetrical Emergency Room. There is an Obstetrical physician available 24 hours a day that will immediately evaluate you then contact us. Please be aware that an ER co-pay may now apply.

OFFICE VISITS FOR PRENATAL CARE: At your initial obstetrical visit, we will review your medical and obstetrical history and initiate a prenatal record, perform a physical examination, pap smear (if needed) and a discussion of the general recommendations for the months ahead. Routine prenatal labs will be ordered and a due date will be calculated or confirmed. Your due date is established by completion of 40 weeks from your last menstrual period (LMP). The calculated due date may or may not be changed based on your first ultrasound. In some instances, an ultrasound will be ordered on that first visit based on your obstetrical needs but is NOT routine. Once your due date has been confirmed whether by last menstrual period or by the first ultrasound, it does not change. As the pregnancy progresses, follow-up visits will be at monthly intervals until two months before your due date, then every two weeks and weekly in the last month. Depending on your medical situation, we may

recommend more frequent visits. A pelvic exam is usually only done with the initial visit and again during your last month of pregnancy to assess the cervix.

FEES: Please contact our billing office/department at the beginning of your pregnancy to determine what your financial responsibilities will be during your pregnancy and for your delivery. The physician's fee for your obstetrical care includes al prenatal visits, labor and delivery, and postpartum care for the first six weeks after your birth. Visits for problems not related to the pregnancy are not included in the global fee and will be charged separately. Lab tests such as prenatal labs, screening tests and pap smears are not included in the obstetrical fee. Hospital costs, ultrasound examinations and antepartum fetal monitoring are also billed separately. **It is your responsibility to know your insurance plan (deductible, co-pays, c-insurance, maternity benefits) and to verify coverage for referrals to other doctors or for recommended tests.** The billing office will assist you in determining your portion of the fees. With some insurance plans, you will be required to pay an OB deposit by the seventh month of your pregnancy. All co-pays are due at each visit if applicable.

LOCATION OF YOUR DELIVERY: We do all of our deliveries at Hoag Hospital in Newport Beach only. We do not provide obstetrical services for Hoag Hospital - Irvine. We are affiliated with Hoag Hospital in Newport Beach because it enables us to provide you and your baby with the highest standard of care. There are 18 beautiful and private Labor-Delivery-Recovery (LDR) rooms. The nursing staff is specifically trained in obstetrical care and are highly qualified to assist in your delivery. There is an anesthesiologist available on the Labor and Delivery unit 24 hours a day. Hoag has 49 private postpartum private rooms to assist you and your baby in your immediate postpartum care prior to discharge home. There is also a "Level III" Neonatal Intensive Care Unit (NICU). This means Hoag Hospital's NICU can care for a neonate of any gestational age aside from those needing cardiac surgery. Should your baby need more advanced care than what Hoag's NICU is able to provide, your baby would be transferred to our affiliate hospital, CHOC (Children's Hospital of Orange County).

PRENATAL TESTING: In the rare event of a birth defect (3-4%), prenatal testing is offered and is optional to assess your fetus. Prenatal testing can include both screening tests and diagnostic tests. A screening test is used to detect which individuals are more at risk for a particular diagnosis or disease. A diagnostic test is used to confirm the presence (or absence) of a diagnosis or disease. A diagnostic test may be more invasive, have more risk and may be more expensive than a screening test.

Some of the screening testing available include:

California Prenatal Screening: This program assures prenatal screening services and follow-up diagnostic services (when indicated) are available to all

pregnant women in California. It currently offers three types of screening tests to pregnant women in order to identify individuals who are at increased risk for carrying a fetus with Trisomy 21 (Down Syndrome), Trisomy 18, and/or open neural tube defects. There are three variations in screening

1. Quad Marker Screening : One blood specimen drawn at 15 -20 wks.
2. Serum Integrated Screening : Combines first trimester blood test screening (10wks – 13wks and 6 days) with a second trimester blood test screening result (15wks – 20wks).
3. Sequential Integrated Screening: Combines first and second trimester blood test results with a Nuchal Translucency (NT) ultrasound result. This type of ultrasound is done by clinicians with special training to measure the fetus' neck fold. These three tests are used in a formula to calculate the fetus' risk for Trisomy 21 and Trisomy 18. (Note: The screening program does not pay for the NT Ultrasounds). The second trimester AFP blood test will be used to assess the risk for open neural tube defects.

Maternal Gene Carrier Testing: With these next few screening tests, the patient is given a blood test to determine if the mother is carrying a defective gene for the listed disorder. If you are found to be a carrier for the gene producing the disorder, then your partner would be offered the same screening test. If he too is a carrier for that same gene defect, then the fetus will have a 50% chance to be a carrier also (meaning asymptomatic) and a 25% chance the fetus will actually develop the disorder. To determine if the fetus has the actual disorder would require an invasive diagnostic test with CVS or an amniocentesis. Since maternal gene carrier testing can be quite expensive, please check with your insurance for possible coverage. The most common maternal genes screened for are:

1. Cystic Fibrosis: Cystic fibrosis is a hereditary disorder that causes production of thick mucus that ultimately leads to recurring respiratory infections and frequent hospitalizations.
2. Fragile X Screening: Fragile X Syndrome is an inherited disorder with an abnormal chromosome X that leads to mental retardation.
3. Spinal Muscular Atrophy Screening: Spinal Muscular Atrophy is an inherited neuromuscular disorder that causes the muscles to atrophy and become weaker over time.

Aside from the three listed above, there are many other gene defects that can be screened for and screening more extensively may be available if interested.

Non-Invasive Prenatal Testing (NIPT): NIPT is currently offered to mothers 35 years old and above as well as mothers with previous pregnancies with abnormal chromosomes. If you do not fit the above, you may still have this test done, but it may not be covered by your insurance and an out-of-pocket expense may be required. This is a maternal blood test performed after 10 weeks of gestation that detects fetal DNA in the mother's blood stream. This can predict the

absence of Trisomy 21, Trisomy 18, and Trisomy 13 and report the sex chromosomes.

One-Hour Glucose Screening: Each patient will be screened for gestational diabetes in the first trimester with a blood test called HgbA1C and again between 24-28 weeks with a 1-hour glucose test. You will have your blood drawn routine (meaning you do not need to fast) one hour after given a sugary soda-like drink. If the blood test reflects elevated sugar levels, you will be retested with a 3-hour glucose test. For this test you will need to be fasting (no food or drink other than water for 8-12 hours before the test). Your blood will be drawn fasting, then one hour, two hours and three hours after given a different sugary soda-like drink. If two of the four blood tests reflect elevated sugar levels, then you will be diagnosed with Gestational Diabetes and referred to Hoag's diabetic program called Sweet Success. The counselor there will help you modify your diet in order to keep your blood sugar at appropriate levels for fetal development. You will be taught how to check your blood glucose levels at home. Some patients may require medications to control the elevated blood sugar.

Ultrasound: A routine anatomy ultrasound to screen for both chromosomal and structural defects of your fetus will be offered to every patient. The best time to perform an anatomy screening ultrasound is between 18 – 20 weeks of gestation. This is usually the time when you will find out the gender of your baby (i.e., a boy or girl). An NT (Nuchal Translucency) ultrasound is offered at the end of the first trimester and is an optional ultrasound for screening for Trisomy 21 and 18. Any other ultrasounds will be ordered based on obstetrical maternal or fetal needs.

Some of the diagnostic tests available include:

Chorionic Villus Sampling (CVS): This is an invasive procedure where a portion of the placenta is sampled either through the abdomen or the vagina to confirm the presence (or absence) of chromosomal or genetic defects. This can be done earlier in the pregnancy, but can also carry more risk than an amniocentesis. This provides the full karyotype for your fetus.

Amniocentesis: An amniocentesis is an invasive procedure to sample the amniotic fluid for genetic or chromosomal defects. It requires a needle to enter the uterus through the abdomen. This is usually done much later in the pregnancy compared to CVS and also provides a full karyotype.

FREQUENTLY ASKED QUESTIONS:

Alcohol: No one knows if there is a "safe" amount of alcohol for pregnant women. There is evidence that as little as two ounces a day can be harmful to the fetus. Women who drink regularly can have babies with mental retardation, Fetal Alcohol Syndrome, or other deformities. It is best to avoid alcohol when you are pregnant.

Bleeding or Early Pregnancy Spotting: It is always alarming to see any bleeding when you are pregnant. In the first trimester light bleeding or spotting can occur as the pregnancy is growing and attaching to the uterine wall. It is usually best to stop activity, rest and inform us during regular business hours. When bleeding is heavy and associated with painful menstrual-type cramping, or even one-sided pain, it is best to call us as soon as possible. This type of painful bleeding may be a sign that the pregnancy is miscarrying or possibly something is not right such as an ectopic pregnancy (a pregnancy implanted outside of the uterus: i.e., the fallopian tubes, ovary, cervix). Although a miscarriage or ectopic pregnancy cannot be corrected or prevented, it is best to diagnose these abnormal pregnancies as early as possible.

Constipation: You should try to have a bowel movement about the same time every day. In the event you have not been able to have a bowel movement for about three days, you may want to consider:
Milk of Magnesia: 2 tablespoons
Colace tablets (stool softener): 1-2 tabs 1-2 times per day
Ample amounts of fruits and vegetables, bran products, a high fiber diet and adequate fluids (8-10 glasses daily) should also help eliminate constipation. Avoid high sugar content foods.

Exercise: Exercise during an uncomplicated pregnancy is safe for you and your baby if you follow some simple guidelines. With exercise you should not let yourself get overheated or out of breath. Do not push yourself to the point of being lightheaded or unable to hold a conversation. Keep exercise at a moderate level. If you were already exercising regularly before your pregnancy you can usually continue your exercise program with the above modifications. If you have not been exercising prior to getting pregnant, walking or swimming is a good way to start. Remember to stretch and start slowly. Pregnancy is not a good time to start vigorous conditioning.

There are certain sports you **should not** participate in when you are pregnant. These include: Scuba diving, water skiing, skydiving, downhill skiing, horseback riding and contact sports. Other sports or types of exercise may become more dangerous as your pregnancy advances because of your changing center of gravity and altered balance and coordination. These include such sports as bicycle riding and jogging.

Hair Color: Hair coloring and many other hair treatments are not determined to be safe or unsafe during pregnancy. We recommend that you avoid these treatments during the first 12 weeks of your pregnancy.

Jacuzzi/Hot Baths: Bathing is permitted in pregnancy, but you should avoid extremely hot baths and Jacuzzi while you are pregnant. If you take a hot tub bath, the water temperature should be such that you can easily get into the bath

without hesitation (temperature less the 101 degrees). Jacuzzi temperature should be less then 101 degrees and you should not stay in for more than 5 minutes.

Medications in Pregnancy: Please refer to the table at the end of this packet for safe medications to take during your pregnancy. Follow all directions as recommended on the dosing of all over-the-counter medications as well as prescription medications. See table on page 23 at the back of this packet.

Morning Sickness: Morning sickness refers to nausea experienced by many women early in pregnancy. Although some women feel worse in the morning, the symptoms can occur any time or all day long. The nausea is probably a reaction to changing hormones levels and it is usually a sign of a healthy pregnancy. Emotional factors can make the symptoms worse. Some women have very mild symptoms and others have more severe nausea and vomiting. The good news is that it usually goes away by the end of the third or fourth month.

There are certain things you can do to minimize your symptoms. It is important to keep food in your stomach all the times. Eat small, frequent meals and nibble on some kind of snacks such as soda crackers. When you eat, eat slowly and try to stay relaxed. Limit the amount of liquid you take with meals and instead drink between meals. If you are especially nauseated in the morning, try eating a small protein snack before you go to bed (i.e., peanut butter, frozen yogurt or cheese), and then nibble on some crackers in the morning before you get out of bed. In general, try to eat bland, easy to digest foods such as baked potatoes, broiled chicken, fruit, crackers, peanut butter, pudding, etc.

You may also want to try wristbands for seasickness that are available in most drug stores. You and your baby will not be harmed by the nausea and vomiting unless you become severely dehydrated. If your vomiting is severe or persistent, you should call your doctor immediately. Although it is important to supplement your diet with prenatal vitamins and iron during pregnancy, but you have nausea and/or vomiting early in your pregnancy, you can wait until these symptoms subside before you start the vitamin supplements.
If the above is not helpful, the following have not been FDA approved for pregnancy but have been used extensively and are not known to cause birth defects:

Unisom (doxylamine) 25mg at bedtime and 12.5mg in the morning and afternoon.
Chlor-Trimeton 12mg once a day
Benadryl 25mg every six hours
Emetrol as directed on the bottle **(AVOID if you are Diabetic)**
Ginger Capsules 250mg 4x/day
Vitamin B6 50mg in the morning and again before bedtime

Nutrition: It is important to have a nutritious, well-balanced diet during pregnancy. Often this means paying more attention to what you eat, planning your meals, not skipping meals and avoiding sweets and "junk" food. Good protein sources such as fish, poultry or lean meats together with fresh fruits, vegetables, grains and milk products will provide you with the basics for good nutrition. You will probably need to eat smaller meals frequently (4-6 times a day).

Omega-3 fatty acids are contained in many fish and good for your baby's brain and eyesight development as well as postnatal development. Be aware of mercury in fish and limit fish intake to 12oz per week. Fish with lower mercury levels are salmon, shrimp, Pollock tuna (light canned), tilapia, catfish and cod. Fish with higher mercury content that should be avoided during pregnancy and nursing are shark, swordfish, king mackerel, orange roughy and tilefish. Limit white Tuna (Albacore) to 6oz per week. It is recommended to not have more than 2 servings of fish or shellfish (or 12 ounces) per week.

Sex: Sexual intercourse and/or orgasm during pregnancy are safe unless specifically prohibited by your doctor. It should not harm you or your baby. As pregnancy progresses, alternative positions for intercourse may be necessary for your comfort because of your growing abdomen. Oral sex is also safe during pregnancy. The only caution is not to allow air to be blown into your vagina. During pregnancy, it is possible for air bubbles (emboli) to enter the bloodstream through the vagina and cause serious damage or even death.

Smoking: Smoking is hazardous to your health at any time, but there are specific problems with smoking during pregnancy. Smoking reduces the amount of oxygen available for your baby and reduces the ability of the placenta to deliver nutrients for the baby. Women who smoke have an increased risk for miscarriage, premature labor, placental separation and are at increased risk of fetal growth restriction. We highly recommend you quit smoking or at least cut back on the number of cigarettes you smoke during pregnancy and postpartum. This same recommendation goes for smoking marijuana and other drugs.

Travel: Long distance travel should be discussed with your doctor. If you are planning to travel by air the airlines may require a letter from our office if you are in your late third trimester. We generally suggest that you discontinue elective travel between 28-32 weeks. Most cruise ships will not allow travel after 24weeks gestation and may request a note from your doctor verifying your due date. We also recommend that you stay within one hour of Hoag Hospital - Newport Beach once you complete 36 weeks of gestation.

Weight Gain: We usually recommend that you gain between 25-35 pounds during your pregnancy. This is the amount that will support proper fetal growth. You should not "diet" during pregnancy even if you are overweight; however, less weight gain may be appropriate. If you are eating nutritious food, your weight

gain is not from fat. Most of the weight you gain can be lost within the first 6 weeks after you give birth. Breastfeeding helps you lose the weight faster. If you gain more than 35pounds then it is more difficult to lose weight after pregnancy. Generally, it is best to gain between 6-10pounds during the first half of your pregnancy, then ½ - 1 pound per week thereafter. In an attempt to control weight gain, drink water instead of juice and eat low and nonfat dairy products.

VACCINES DURING PREGNANCY: Many vaccines are safe and even recommend during pregnancy.

Flu (Influenza) Vaccine: During your pregnancy, your immune system will not be as strong and serious illness with an increased chance of hospitalization can occur. The flu vaccine is recommended for all pregnant and postpartum women. It is the most effective way to protect your newborn that is born during flu season since infants younger than 6 months should not receive a flu vaccine. For further information, please go to the following website: http://www.immunizationforwomen.org/immuization_facts/seasonal_influenza.

Tdap: Pertussis (or Whooping Cough) is a real threat in California especially to infants less than 3 months old. Evidence suggests vaccinating pregnant women in their third trimester with the Tdap vaccine may help to limit pertussis in young infants. The most optimal time for the vaccine is 27 – 36 weeks of gestation. Other close contacts of the newborn should also be vaccinated before the newborn is brought home from the hospital. Family members do not need Tdap booster each pregnancy, only the patient. Family members would be required to receive a booster every 5-10 years.

MMR (Measles, Mumps, Rubella): German measles (Rubella) can be highly contagious and if contracted during pregnancy can be associated with birth defects. Every pregnant woman is checked for her Rubella antibody level to assess protection during pregnancy. If it is found that her protection level is low, she will be advised to be re-vaccinated ***AFTER*** delivery before discharge home from the hospital with the MMR vaccine. This vaccine is NOT recommended during pregnancy.

Rhogam: If your blood type is Rh Negative, you will be advised to have a Rhogam injection at 28 – 30weeks to prevent sensitization. The Rh Factor is a protein marker on the surface of the red blood cells. Most people have this marker (Rh Positive), but some people do not (Rh Negative). If you are Rh Negative and your baby is Rh Positive, it is possible for you to develop antibodies against Rh Positive blood. These antibodies can cross the placenta and destroy your baby's blood cells. This can cause jaundice, anemia, and even heart failure in the developing fetus. This is called sensitization. Usually, sensitization does not occur in the first pregnancy, but rather, sensitization can occur in subsequent pregnancies when Rhogam is not given. Since we do not know your baby's blood type during its development, sensitization (making antibodies against your

baby's blood cells) can be prevented by receiving the Rhogam vaccine. Prior to 28 weeks we will screen your blood for antibodies against the Rh Factor. If there are none, you will receive an injection of Rhogam. Rhogam is given again after the delivery if the baby is found to have Rh Positive blood. Rhogam is not needed after the delivery if the baby is also Rh Negative. Your doctor will let you know what your blood type is and whether or not you need to be treated with Rhogam.

COVID-19 Vaccine: Currently, the COVID-19 vaccine is being offered to pregnant and nursing mothers. The Maternal Fetal Medicine Society and American College of Obstetrics and Gynecology have both made statements that COVID-19 vaccine should be offered to pregnant and nursing populations. Newer evidence is suggesting the benefits outweigh the risks and antibodies against the Covid-19 are found in newborns of vaccinated mothers. Newborns will not be offered the COVID-19 vaccine at this time.

STEM CELLS/UMBILICAL CORD BLOOD: Stem cells are a type of cell in the blood that have potential to develop into many different cell types in the body during early life and development. Your baby's umbilical cord contains an abundance of stem cells that not only can be used for research, but can also be privately stored for potential future use in the treatment of blood disorders, immune system deficiencies, genetic diseases, medical disorders and cancers. The umbilical cord blood is collected in a safe, painless procedure after your baby is born and before the placenta is delivered. Every mother should know that she has an option to donate these stem cells, privately store their child's stem cells (for a fee) or do nothing with them at all.

CIRCUMCISION: The American Academy of Pediatrics found the health benefits of newborn male circumcision outweigh the risks, but the benefits are not great enough to recommend universal newborn circumcision. They say the final decision should still be left to parents to make in the context of their religious, ethical and cultural beliefs. Should you decide that you would like to have your newborn circumcised, your Pediatrician will perform this procedure prior to discharge home from the hospital. For further questions on this topic please consult your Pediatrician.

SELECTING A PEDIATRICIAN: Each new mother is advised to select a pediatrician to care for their newborn during their newborn's hospital stay. It is best to submit the pediatrician's name to Hoag Hospital - Newport Beach along with your pre-admission information. Pediatricians should be selected based on the mother's health insurance plan and whether or not the pediatrician cares for patients at Hoag Hospital - Newport Beach. The newborn's hospital stay is billed to the mother's insurance. Once the baby has been discharged from the hospital, you will have time to enroll the baby in the insurance plan of your choice

and/or select a different pediatrician should you need a pediatrician closer to your home.

MATERNITY LEAVE: If you are currently working, now is the time to start making decisions about maternity leave. California Employment Development office provides State Disability Insurance (SDI) and Paid Family Leave (PFL) for California employees. This generally covers 4 weeks before your due date and 6 weeks after vaginal delivery (or 8 weeks after a C-section) for SDI. PFL may add an additional 8 weeks of benefits to bond for a seriously ill child or bond with a new child. Please let us know how long you plan on working and how long you plan to take off after the baby is born. State Disability Insurance forms can be obtained on-line at http://www.edd.ca.gov/pdf_pub_ctr/de1857a.pdf or from our office at the checkout desk. Your paperwork cannot be submitted until you start your leave, but should be filled out and left with our office ahead of time. Please be aware that there will be a charge of $30 per disability form for processing. If you have a private disability policy or a work-offered policy, we will be glad to help you fill out those forms. There will also be a $30 processing fee for these forms as well. If you develop complications during your pregnancy, you may be eligible for disability earlier than the 4 weeks before your due date. Please submit any paperwork you would like us to fill out on your behalf at least one – two weeks in advance.

HOAG HOSPITAL – NEWPORT BEACH PRE-REGISTRATION:

Please make sure you pre-register at Hoag Hospital – Newport Beach by 28 weeks of gestation. In the event you have any complications during your pregnancy that result in a hospital evaluation or admission, Hoag will have your information on file and make your registration process much smoother. You can pre-register by calling (949)764-8275 or by going online to pre-register at www.hoag.org/pregnancy. Lastly, you may pre-register in person at Pre-Admissions at Hoag Hospital – Newport Beach, 5am – 5pm Monday-Friday or 6am-4pm Saturday and Sunday. It is also recommended that you call your insurance carrier to find out how many nights in the hospital they will cover for a vaginal or cesarean birth.

WHEN TO CONSIDER GOING TO THE HOSPITAL: In normal situations strong, regular, and persistent contractions of the uterus and/or leaking of amniotic fluid from the vagina will signal that the time for delivery is approaching. For most first pregnancies we recommend contractions to be 5-7minutes apart for about an hour or two before going to the hospital. If you suspect you are leaking amniotic fluid (even if you are not sure) we recommend you go to the hospital for evaluation.

Decreased Fetal Movement: Most mothers can feel fetal movement by 20 weeks of gestation. Many who have had children before will notice fetal movement as early as 15 – 16 weeks. These fetal movements tend to increase until about 32weeks and then feel less spastic until term. If you notice an abrupt

decrease in the movement of your baby, you should call us and discuss this with one of the practitioners, day or night!

Leaking of Amniotic Fluid/Rupture of Membranes: Some women will break their bag of water prior to the onset of uterine contractions. This may be experienced as a painless gush of fluid from the vagina or a continuous trickle of fluid that cannot be controlled. If this should happen to you, you should note the time this first started and the color of the fluid (clear, green, bloody, etc.) and go to Labor and Delivery at Hoag Hospital – Newport Beach – **even if you are not contracting**. There is a small chance of infection developing after your bag of water has ruptured so it will be important to induce the labor process in an attempt to avoid this from happening.

Uterine contractions: Many women begin to notice contractions or tightenings as early as 16 – 20weeks (4-5 months). These contractions, called Braxton-Hicks contractions, tend not to be painful and are usually irregular in nature. Should you experience regular contractions (painful tightening of the uterus, similar to menstrual cramps) every 10min for more than 6 contractions in an hour and your pregnancy is less than 37 weeks then we recommend you calling us to talk with one of the practitioners. True labor contractions may start as low back pain or low abdominal cramping. If your pregnancy is over 37 weeks and you have had no problems with your pregnancy, there are several things you can do to help relieve the discomfort of these early stages of labor. Some women prefer to do small household chores or other mild activities to take their minds off the contractions. Other women prefer to take warm showers or baths. Back massages can be soothing. When your contractions are regular, every five minutes apart for at least an hour and lasting at least 45 seconds each, you are probably ready to go to the hospital to be checked. It is not necessary to call us before going to the hospital as we will have your chart prepared for you at the Labor and Delivery Unit on the 5th Floor Hoag Hospital - Newport Beach.

Bleeding: At term you may notice a mucus discharge that is blood-tinged. This is your "bloody show" and is completely normal. This may happen as you go into labor, but it may also occur several days or weeks prior to the onset of labor. You should go to Labor and Delivery if you are bleeding like a menstrual period. If your bleeding is heavier and you are passing clots, or your bleeding is associated with pain, go to the hospital immediately. It is not necessary to go to the hospital with the onset of losing your mucus plug if you are over 37 weeks.

WHAT TO EXPECT DURING YOUR HOSPITAL STAY:

Hoag Hospital – Newport Beach has a board-certified OB laborist, anesthesiologist and perinatologist on staff who are available 24/7 for any OB need that may arise.

Vaginal Delivery: When you arrive at Hoag Hospital - Newport Beach to deliver your baby, you will go to the 5th floor OB Triage area where the staff will assess your situation. If it is determined that you will be admitted, you will be transferred

to a private labor and delivery suite and the physician covering will provide the staff with further instructions and orders. The assessment by the admitting nurse will include a list of questions, an evaluation of the vital signs (i.e., blood pressure, pulse, temperature), monitoring of the fetal heart rate and uterine contraction pattern, the degree of dilatation of the cervix, and other important data. This is a good time to indicate to the nurse any special preferences you may have for you labor and delivery process (i.e., your "Birth Plan").

1. Intravenous Fluids: IVs are given when indicated and not routinely. An IV site is established routinely to have in place should an emergency arise. IV fluids are necessary for patient receiving an epidural, pain medication given through the IV, patients requiring surgery, patients not having anything to eat or drink for long periods of time or patients having bleeding.

2. Monitors: Each patient will have monitors placed on their lower abdomen to assess the fetal heart rate and uterine contractions. External monitors are applied with two soft straps. Internal monitors are sometimes necessary to more accurately assess the fetal heart rate and the intensity of the uterine contractions. The internal monitor for uterine contractions is a soft, thin plastic tubing that is placed through the cervix alongside the baby inside the uterus. The internal fetal heart rate monitor also is placed through the cervix and is a thin spiral-tipped wire that is directly applied to the fetal scalp. With either monitors the patient can change position and not feel restricted. It has been our experience that when patients see how these monitors work, they find them helpful and reassuring. There is also a wireless mobile monitor available to allow you to walk around prior to your epidural.

3. Oral Intake: Once active labor is underway food and liquids should be avoided as it is difficult to digest stomach contents and this may cause vomiting later during the labor. Depending on the circumstances, ice chips and popsicles are permitted during long labors. It is important to remember that in any labor situation, emergencies may occur which require rapid anesthesia and it is always best under these circumstances that the stomach is empty. Patients that are scheduled to have a cesarean section should not eat or drink anything (not even water) before a scheduled cesarean delivery. It is allowable to have a light meal before the initiation of a scheduled induction of labor.

4. Enemas: Enemas are not given routinely on admission. In a situation where you would like to have your lower bowel or rectum cleared before delivery, you may request one upon admission.

5. Family Support: Patients may have as many family members as they choose to be present in the room during their labor and delivery within reason. Please be considerate of the nurses and doctors trying to care for you. They need to be given the space and the ability to concentrate on their duties. In certain situations, family members other than one support partner may be asked to step out of the room during delivery if extra personnel are called into the room for assistance. Occasionally the patient may wish to have the presence of some other person with whom she has worked with during the pregnancy preparing for labor and whom the patient feels will be supportive. Individual consideration will

be given to these situations. Please remember that this is because we want the best care and outcome for both you and your baby.

6. Pain Medications/Epidural: The ambition of most patients is to be able to enter the final stage of labor reasonable comfortably while maintaining the ability to deliver the baby through their own efforts and be awake. This is our goal also. Yet in each labor, circumstances vary. Many patients utilizing breathing and relaxing techniques can do well with no medications at all or simply local anesthesia when sutures are necessary. Others may need or want more medication or an early epidural to allow them to cope with the pain. We are there to provide you comfort and support in these situations and the choice whether or not to take pain medications is entirely up to you.

7. Episiotomy: Many patients over the years have asked not to have episiotomies performed. Not all deliveries require an episiotomy and episiotomies are not routinely performed. As the fetal head is delivering, there are many factors that go into the decision to perform or not perform this procedure. An episiotomy will only be performed in instances where it may provide less trauma to the mother or possibly help deliver a baby in stress more efficiently. The sutures that are used to repair the episiotomy or lacerations will dissolve spontaneously in the first 3-4 weeks. Ibuprofen is usually sufficient to alleviate discomfort once you are home.

Most patients with an uncomplicated vaginal delivery can expect to be discharged home from the hospital on the 24 – 48hours after delivery. You will be advised to avoid taking baths, swimming pools, jacuzzies or putting anything in the vagina (i.e., intercourse, tampons, or douching) for six weeks. You can expect to have bleeding off and on throughout the first 4-6 weeks. Whether you had a vaginal delivery or a C-section, you should report any bleeding that is heavier than a normal period or any fever or chills. Schedule to see your doctor at six weeks for a postpartum exam. This will ensure that you are healing appropriately and give you an opportunity to initiate birth control should you choose to do so.

Cesarean Delivery: It is our goal to assist each patient with as many techniques as possible to complete a safe vaginal delivery, but in some circumstances the labor process may halt or the fetus may not tolerate labor, or a fetus may be malpositioned and a cesarean section may be recommended. In many cases there is ample time to discuss why a cesarean may be necessary, discuss the options and have an epidural or spinal anesthesia placed. In rare situations an emergency can arise and speed is of the utmost importance. In these situations, you may be put to sleep with general anesthesia in order to more quickly deliver the baby. Other than in emergency situations when the mother is put to sleep, the support person may be present in the operating room with the patient.
If you are scheduled for a cesarean delivery, you will be asked not to eat anything for 8 hours prior to your scheduled surgery time. You may have water up until 2 hours prior to your surgery time. You will go directly to labor and delivery where you will be admitted and prepped for surgery. Anesthesia will

discuss the type of anesthesia (spinal or epidural) prior to entering the operating room. A neonatologist or pediatrician is only present during certain cesarean sections to assess the newborn upon delivery. While the cesarean is being completed, the baby, father of the baby and the nurse may go to the recovery room prior to completing the C-section. Usually within just a few minutes the mother is also brought to the recovery room. Time in the recovery room can vary, but usually lasts about an hour or two as the mother's condition is assessed. If the mother is doing well postoperatively, she may begin breastfeeding immediately. Most patients who have an uncomplicated C-section are discharged home from the hospital on the second or third day after their delivery.

If staples were placed to close your skin incision, they will most likely be removed before you are discharged home. Steri strips or tapes will be placed over the incision until you see your doctor at your two-week follow-up appointment. Try to keep your incision as dry as possible. It is not necessary to cover your incision while showering, but for the first two weeks you should try to keep the shower water mostly on your back

You will be advised not to drive a car for the first two weeks after a C-section due to possible altered reflexes from pain or certain mediations in your system. You may hold your baby, but it is advisable not to lift anything more than 15 pounds for the first two weeks. Once you arrive home from the hospital you will need to schedule a follow-up appointment with your doctor in the first two weeks to have your incision examined. As with vaginal deliveries, you will be instructed to not put anything in the vagina for the first six weeks (i.e., no sex, intercourse or tampons). You can expect to have bleeding off and on over the first 4-6 weeks after the C-section.

BREASTFEEDING: Make yourself comfortable before you begin to breastfeed. Generally, in a recliner or a bed with your feet up may be better than sitting in a chair. Use pillows under your arm or a breastfeeding pillow to support the weight of the baby. Have a large glass of water, juice or milk while nursing. Be sure to break the suction before removing the infant from the breast. This is done by inserting your little finger into the baby's mouth. If the breasts become full, try to express some milk either by hand, pump, or in a warm shower and then nurse more frequently. Any reddened areas of the breast should be reported as should chills or fever. Below are some basic tips to keep in mind in your first few weeks of breastfeeding. Keep in mind that there are many ways to be successful with breastfeeding; there are no rigid rules. You should continue to take your prenatal vitamin during this time that you are nursing.

Day of birth and first 24 hours: Bring the baby to the breast as soon as possible after birth, ideally as soon after delivery as possible. Try nursing every 2-3 hours or more often if the baby is eager. If you are unable to arouse the baby, wait 10 – 15 minutes and try again. Unwrap and hold/nurse the baby skin-

to-skin as much as possible. Expect that the baby will pass urine and meconium stool by the first 24 hours of age.

Days 1-5: Colostrum (the early milk) gradually changes to mature milk. Continue to nurse/feed every 2-3 hours (minimum of 8 times in 24 hours – average 8-15 times in 24 hours). There is no a reason to limit your baby's time at the breast as long as the latch on is good and you and your baby are comfortable. Nursing for 20 – 40 minutes (total for both breasts) is common. It is normal for the baby to have fussy times as the milk is changing from colostrum to mature milk. It is possible the baby will want to nurse more frequently. Expect one wet diaper for each day of age (that is, day three = 3 wet diapers) until your mature milk is in, and 2- 10 medium stools every 24 hours.

Days 3 – 14: As your mature milk comes in, feeding patterns may change. Your breast may be fuller and the baby may have more trouble latching on. Try warm moist heat to your breasts and hand expression of milk before feeding to soften the areola so the baby can latch on properly. Feed as often as your baby desires to decrease engorgement discomfort. Wake the baby to feed if he/she doesn't wake up. Bowel movements will be turning mustard yellow and there should be 3 or more stools in 24 hours (after about 4-6 weeks your baby's stooling pattern will change again; at that age it is common for your baby to have days without any stooling at all). Wet diapers will increase to 6-8 or more in 24 hours. Your baby should be weighed by 2 weeks of age and should be back to his/her birth weight. Your pediatrician will be available to you at all times should you have any questions regarding what is normal.

COMMON PROBLEMS WITH BREASTFEEDING:

Sore Nipples (Prevention): Practice proper latch to prevent soreness. Position baby directly facing your breast; support baby with your arms and body with a pillow to maximize comfort. Bring the baby to you. Do not lean into the baby.

Comfort Measures:

- Start on the least sore side first
- Vary the positions you use for nursing: cradle hold, football hold, lying on your side.
- Use black tea (i.e., Lipton); soak tea bag and leave on nipple for 5 minutes, then air dry.
- Coat nipple with colostrum or breast milk and air dry
- Nipple cream and ointments have not proven to be effective, but some moms find them soothing. Avoid products that have to be washed off before baby feeds.

Engorgement (Prevention): Nurse frequently (min 8 times in 24 hours)

Comfort measures:

- Use warm moist heat before feeds (to aid let-down)
- Hand express or pump to soften areola (to aid latch).
- Use ice or cold moist cloths after feeding if it feels good.
- Hand express or pump gently if the baby won't wake enough to feed well, just enough to make you comfortable.

Mastitis: If you develop a fever of 101 degrees or higher and your breasts develop a firm, red mass that is warm to touch, you may be developing a mastitis. You will want to get started on antibiotics right away. Please call your doctor and have a pharmacy phone number ready. An antibiotic will be called in that is compatible with nursing. It is recommended that you continue to nurse your baby during this time.

REPORTABLE SIGNS AND SYMPTOMS:

For Moms:

- Sore, cracked nipples
- Engorgement that makes it difficult or impossible for the baby to feed
- Hard, sore lump in breast
- Flu-like symptoms: fever, chills, muscle aches along with a sore breast (sometimes accompanied by redness on the breast).
- If you think you are developing a mastitis in the breast, please have your pharmacy phone number available and call the physician on-call. You may be prescribed antibiotics for this.

For Babies:

- Infant difficult to wake/arouse; feeding less than 8 times in 24 hours
- Infant stools less than 2 in 24 hours and/or scant or no urine in 24 hours
- Infant who's refusing the breast
- Infant who seems not to be "getting enough"

Remember, you can call the nurses at Hoag Baby Line at (949) 764-BABY or 764-2229 between 9am and 5pm Monday-Friday (closed holidays). You can also schedule appointments with the lactation consultants after you leave the hospital. If you are worried about your baby's behavior, please call your pediatrician as they will know how to handle your baby best. If you have any questions or

worries, do not hesitate to call. Your question or worry is probably a common one and most likely has a pretty straightforward solution. We are here to help.

DISCONTINUING BREASTFEEDING: If you choose to not nurse or breastfeed your baby, your pediatrician will help you select an appropriate formula for your newborn. You should bring a tight sports bra with you to the hospital to wear it after your delivery. You will want to wear it day and night for the first two weeks after delivery. If the breasts become tender and full, DO NOT manipulate or try to stimulate milk expression. Any reddened or tender areas of the breasts should be reported to us. No medications are used in stopping the milk production. Once the decision is made to stop nursing or not nurse at all, eliminate any further manipulation to express milk. Keep the breasts well supported with a comfortable tight bra for at least 48 hours to two weeks. Apply ice packs to assist with the discomfort of engorgement and use Tylenol and Advil as needed. You may continue to leak from the breasts for days to weeks so keep clean breast pads inside the bra until this is over.

POSTPARTUM INSTRUCTIONS: It is recommended to avoid putting anything in the vagina for the first six weeks after delivery. This includes tampons, douching, and intercourse. You may experience bleeding off and on for the first 4-6weeks and sometime the bleeding will be fresh bright red blood. Sometimes you will even notice small, formed clots, but these should be infrequent and small. If you feel the bleeding is excessive and more than the amount of a regular menstrual period, please call us. We encourage you to continue with your prenatal vitamin after delivery and throughout the time that you will be nursing. Over-the-counter Tylenol 325mg 2 tabs every 4-6 hours (NOT to exceed 10 tabs in a 24hour period), Advil, Motrin or Ibuprofen 200mg – 600mg every 6 hours should keep you comfortable in the first few days postpartum following a vaginal or C-section delivery.

FATIGUE/FEELING OVERWHELMED: It can be a common feeling in the first days and weeks of new parenthood to feel tired and overwhelmed. These are some things that have helped other parents:

- Rest/sleep when baby sleeps, day or night
- Get some help with meals, shopping, cleaning, etc.
- Eat well and drink a lot of fluids
- Avoid too much company, activity for a week or two

POSTPARTUM DEPRESSION SIGNS/SYMPTOMS: Initially in the first week or two you may notice more moods swings, anxiety, unexplained crying and decreased concentration with difficulty sleeping. This is known as the “Baby Blues” and these symptoms usually subside on their own in the first 10 – 14 days postpartum. If the symptoms last longer than 2 weeks and become more pronounced leading to loss of appetite, insomnia, feelings of shame or guilt, withdrawal from family and friends, you may have postpartum depression. It is

recommended to call your physician as soon as possible to discuss this. Any suicidal thoughts or thoughts to harm yourself or harm/kill your infant or others should alert you and anyone around you to take you to the nearest ER for evaluation. Hoag Hospital also offers Maternal Mental Health assistance by calling 949-764-5333.

BIRTH CONTROL: Ovulation can occur as early as 8 weeks after delivery. It is very possible to ovulate before you have the first postpartum menstrual period. Breastfeeding alone does not provide complete or reliable contraception. Therefore, it is important to use a reliable form of contraception as soon as you resume sexual relations.

Oral Contraceptive Pills: Low-dose combined birth control pills contain both estrogen and progesterone. These pills work by preventing ovulation. Menstrual periods can be expected every 28 days. These pills tend to decrease milk production while nursing, but studies show that if they are started after 6weeks from delivery, the effect on milk production is minimal. Most women prefer to use pills that have no effect on milk production such as progesterone-only oral contraceptive pills. The progesterone-only "mini-pill" works by decreasing the movement of the egg down the fallopian tube and altering the lining of the uterus making implantation unlikely. Most women do not have a menstrual period with this pill if it is taken consistently. You do not stop for one week each month to allow menstruation. It is continuous. Some women may experience unpredictable bleeding even if they are exclusively breastfeeding.
Very small amounts of hormones can cross into the breast milk with both types of birth control pills. There are no known harmful effects to the infant. The American Academy of Pediatricians has approved both types of pills for use in breastfeeding mothers.

NuvaRing: The ring is a slender flexible transparent ring about the size of a silver dollar. It emits a steady dose of estrogen and progesterone to block ovulation. It is placed into the vagina for three weeks and replaced with a new ring each month. During the fourth week, you will have a menstrual period. As with combined oral contraceptive pills, if may cause decreased milk production in the first six weeks postpartum.

Depo-Provera: This is a progesterone injection received in your arm muscle every three months. This level of progesterone will thin the lining of the uterus and decrease or stop your menstrual flow. Irregular and unpredictable bleeding can be expected the first 6-9 months with this form of contraception. This is not expected to have any effect on your breast milk.

IUDs (Intrauterine Devices): These are small "T-shaped" devices that are placed by the physician in the office into the uterine cavity after 12 weeks postpartum. Currently there are five IUDs that are FDA-approved. All five of these IUDs are compatible with breastfeeding. They can be effective from 3 – 10

years depending on which IUD is placed and can be removed by the physician at any time.

Nexplanon Implant: This is a reversible hormonal single implant rod that is placed in the inner upper arm and provides effective birth control for 3 years. This device needs to be placed and removed by a healthcare provider.

Tubal Sterilization: Permanent sterilization can be done during the time of a C-section where a portion of the fallopian tube is cut and removed. This will not add significant time onto your C-section procedure or your healing and recovery. The procedure is meant to be permanent and not reversible. If you are anticipating a cesarean section and wish to have permanent sterilization done at the same time, you will need to discuss this with your physician ahead of time. There is a California state consent that needs to be signed up to a month before your procedure stating that you understand the procedure is meant to be permanent and irreversible. This consent **cannot** be signed on the same day as the sterilization procedure.

More recent literature since 2010 has suggested that ovarian cancer may originate from cells in the fallopian tubes. This specific kind of ovarian cancer can be very aggressive and is generally detected in late stages with high morbidity and mortality. Although most patients will have a low risk of developing ovarian cancer, you may also want to take the opportunity to remove the entire fallopian tube to reduce your lifetime risk of ovarian cancer if you are considering permanent sterilization. This type of sterilization would be called a bilateral salpingectomy.

Vasectomy of the Male Partner: A vasectomy of the male partner is another option for couples desiring permanent sterilization. Most vasectomies can be done in the doctor's office under local anesthesia. This procedure is usually done by a urologist.

WARNING SIGNS

If you have any of the signs or symptoms listed below, please contact your doctor immediately!

Preterm Labor

More than 6 contractions in one hour before 36 wks.
Rhythmic cramping in the lower back or abdomen
Increased pelvic pressure associated with increased vaginal discharge
Loss of mucus plug before 36 weeks
Vaginal spotting or bleeding
Leaking of fluid from the vagina

Urinary Tract Infection

Pain or burning with urination
Flank (back) pain on one side with fever
Bloody or malodorous urine

Pre-Eclampsia or Toxemia of Pregnancy

A home blood pressure reading of > 140/90 more than once
Persistent headaches unrelieved by Tylenol
New onset of blurry vision
Increased swelling of the face and hands
Upper abdominal pain not relieved by antacids

Decreased Fetal Movement

If you think the baby is not moving normally, drink something cold with sugar in it such as orange juice then lie down on your left side and concentrate on feeling the baby move. The baby should move at least 3 - 5 times in one hour or 10 movements in 2 hours. If it does not, please call us or go to Labor and Delivery for evaluation immediately!

SAFE MEDICATIONS IN PREGNANCY

The following medications may be taken safely during pregnancy in moderation. Any medication that is prescribed by your doctor is safe to take. DO NOT take anything that is not on this list or is not prescribed by your doctor unless you consult your physician first.

ACNE	ALLERGIES	ANTIBIOTICS	COLD/SINUSES	CONSTIPATION
Benzoyl Peroxide Top Erythromycin Glycolic Acid Salicylic Acid **AVOID:** Accutane Minocycline Tetracycline Retin-A	Benadryl Claritin/Claritin D Chlor-Trimeton Tylenol Allergy/Sinus Zyrtec **AVOID:** Claritin-D if you have high BP	Amoxicillin/Ampicillin Bactrim Clindamycin Erythromycin Keflex Macrobid/Macrodantin Penicillin Zithromax **AVOID:** Cipro Levaquin Minocycline	Breath Right Strips Mucinex Saline Nasal Spray Sudafed Tylenol Cold remedies Vicks Vapor Rub **AVOID:** Sudafed if you have High BP	Citrucel Colace Dulcolax Fiberall Fibercon Metamucil Milk of Magnesia Senokot
COUGH	**DIARRHEA**	**GAS**	**HEADACHE**	**HEARTBURN**
Robitussin Robitussin DM Dextromethorphan Vicks Vapor Rub	Imodium Kaopectate	Gas-X Phazyme Mylicon Simethicone	Cold Compress Fioricet Tylenol Reg and ES Vicodin **AVOID:** Aspirin Ibuprofen	Maalox Milk of Magnesia Mylanta Pepcid Tagamet Tums/Rolaids **AVOID:** Zantac Prilosec Protonix
HEMORRHOIDS	**HERPES**	**INDIGESTION**	**INSOMNIA**	**NAUSEA**
Anusol HC Preparation H Proctocort Tucks	Acyclovir Famvir Valtrex Zovirax	Gaviscon Maalox Mylanta Pepto-Bismol Rolaids/Tums (limit to 4x/day)	Benadryl Chamomile Tea Tylenol PM Unisom	Dramamine Emetrol - Ginger root Reglan Unisom Vitamin B6 Zofran **AVOID:** Emetrol if diabetic
PAIN & FEVER	**SORE THROAT**	**YEAST INFECTN**		
Tylenol Tylenol #3 Vicodin **AVOID:** Aspirin Ibuprofen Motrin Advil	Cepacol Cepastat Chloraseptic spray Halls drops Salt water gargle Sucrets	Gyne-Lotrimin Monistat 3day or 7day Mycelex Vagisil **AVOID:** Diflucan		