

Your guide
to
understanding
pregnancy
and
childbirth



The University of Virginia Medical Center and the Licensed Independent Practitioners in the Departments of OB-GYN, Family Medicine, and the Teen Health Center do not participate in the Virginia Birth-Related Neurological Injury Compensation Program.

INTRODUCTION

Congratulations on your pregnancy! We at UVa Health System want to be with you every step of the way, providing the best medical care, and supporting you into parenthood. We'll help you keep yourself and your developing baby healthy through your pregnancy. This book was written by staff members from Ob/Gyn Services. It can help guide you through your pregnancy with handy hints, suggestions and explanations about what to expect. Please use this book to learn about the services UVa has to offer and how we can provide you the best possible care.

The important thing to remember, though, is that you are not alone! The Ob/Gyn Services staff is available 24 hours a day, seven days a week to help you. You can always reach us by calling the Labor and Delivery Department at 434-924-2022.

WELCOME

Welcome to the Department of Obstetrics and Gynecology at the University of Virginia. We're pleased that you have chosen to have your baby with us. As the Chair of our department I'm extremely proud of our physicians, nurses, and our other personnel. I'm very aware of all of their efforts in providing the very best care possible for our patients.

We're very proud to be in the top 50 ob/gyn departments in the country, a fact especially noteworthy since we are among the smallest departments in that group. Our faculty is about evenly split between male and female, and also between those who trained at UVa and those who trained elsewhere. We enjoy diversity at all levels, as we feel it promotes thoughtful and more individualized care for our patients.

We have state-of-the-art ultrasound facilities within our department and our hospital, and we have colleagues in our Pediatric and Neonatal units with great expertise in caring for newborns with special needs. In fact, we have colleagues and facilities in virtually every field of medicine here at UVa. We believe our patients receive superb medical care — all in one facility.

Congratulations on your pregnancy, and we look forward to providing you and your baby the highest quality care.

James E. Ferguson, II, MD, MBA

John M. Nokes Professor and Chair

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YOUR CARE PROVIDERS

Our Obstetrics Team

Ob/Gyn Services is part of the University of Virginia Health System. Our staff members are all professionals who are specially trained to care for women. We also work with all of the other doctors, nurses and health professionals who work at UVa. The staff that will care for you at Ob/Gyn Services are listed below. They can all help with your care as needed, whether you are having a healthy pregnancy or if you need special care because of complications.

Obstetrician/ Gynecologist

An obstetrician/gynecologist is a medical doctor who has completed four years of residency training and who provides general health care for women. This may include health screening, treatment of gynecological problems, prenatal care, obstetric counseling and teaching, and care of women during childbirth.

Maternal-Fetal Medicine Specialist

A maternal-fetal medicine specialist is an obstetrician/gynecologist who has had two or three years of additional training and cares for women who may have difficult pregnancies. This includes women who have medical conditions, genetic problems or pregnancy related problems. It also includes unborn children who may have physical defects or been exposed to dangerous substances.

Attending Physician

Attending physicians provide medical care and also supervise the care provided by residents and nurse practitioners. Attending physicians are members of the UVa faculty, and they also teach and supervise residents, and medical students.

Residents

Residents are medical doctors who have completed medical school and are now training in a specialty, such as obstetrics or gynecology. They provide care under the supervision of an attending physician.

Physician Assistant

A physician assistant or physician associate (PA) is a healthcare professional licensed to practice medicine with supervision of a licensed physician. Physician assistants conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery, and write prescriptions.

Nurse Practitioner

A nurse practitioner is a registered nurse (RN) who has completed extra education and training in areas such as women's health or maternal child care.

Nurses

Nurses will provide care for you during your prenatal visits, and provide care and support during your labor, delivery and recovery. They also provide teaching both during pregnancy and after delivery.

Teen Health Center

The Teen Health Center is a health care center for males and females under the age of 20. Teenagers have special concerns for which we allow extra time. These services include:

- *Routine (yearly) gynecology exams*
- *Evaluation of menstrual problems*
- *Birth control (including Depo-Provera, emergency contraception)*
- *Examinations and treatment for sexually transmitted disease*
- *HIV testing and counseling*
- *Pregnancy testing and counseling*
- *Prenatal care & childbirth education*
- *General adolescent health care*
- *Counseling & lifestyle consultation.*

1400 West Main Street
Charlottesville, VA 22908
434-982-0090

Teen Health services are provided by a nurse, nurse practitioner and a doctor who is a specialist in adolescent medicine. A social worker and a nutritionist are also available for individual counseling.

Office hours are:

8:30 a.m.-5 p.m., Monday-Thursday
and 8:30 a.m.-12 noon on Friday.

Appointments can be scheduled in person or by phone. You can “walk in” without an appointment, but you must wait until regularly scheduled patients have been seen.

Appointments

To make an appointment at Ob/Gyn Services or anywhere in the UVa Health System call 434-924-3627 or toll free at 1-800-251-DOCS (3627). If you have an urgent problem or question, you may speak to a nurse anytime Monday - Friday between 8:30 a.m. and 4:30 p.m. at the clinic where you receive your care. A nurse is available to answer your questions at other times by calling the labor and delivery unit at 434-924-2022 .

Also, see the list of important phone numbers on page 35.

Our Facilities

At the University Hospital you will find our Labor and Delivery unit, the Newborn Nursery and the Antepartum Maternity Unit for women before they have their babies. These are all located on the 8th floor.

You can find maps and directions to these locations at:

<http://uvahhealth.com/directions-locations>

Outpatient locations include:

PRIMARY CARE CENTER

Routine obstetrics and gynecology

Special high-risk perinatal services, including:

- *Prenatal Diagnosis and Treatment Center*
- *Diabetes pregnancy clinic*
- *Specialized ultrasound testing*
- *Colposcopy clinic*
- *Reproductive endocrinology and infertility clinic*
- *High-risk obstetrics clinic*
- *Pregnancy counseling*

Third floor
Primary Care Center
Lee Street
Charlottesville, VA 22908
434-924-1955

NORTHRIDGE OFFICE BUILDING

Routine obstetrics and gynecology

Reproductive endocrinology clinic and infertility clinic

Third floor
Northridge Office Building
2955 Ivy Road
Charlottesville, VA 22903
434-243-4570

Spanish Language Clinic La Clinica

Ob/Gyn Services offers a special clinic and educational services for Spanish-speaking women. Located on the 3rd floor of the Primary Care Center, our clinic is offered every day and is staffed by Spanish speaking staff. Signs in Spanish will direct you to the clinic area, and forms and reading materials are also available in Spanish. For more information or to schedule an appointment, call 434-924-1955.

Clínica para señoras hispanohablantes

Ob/Gyn Services ofrece una clínica especial y servicios educacionales para señoras hispanohablantes. Está ubicada en el tercer piso de Primary Care Center, nuestra clínica se ofrece cada día y los empleados hablan español como los doctores y otro personal. Anuncios en español le dirigirán a la clínica, y formularios y materia escrita también se les proveyerán. Para más información call 434-924-1955.

YOUR FIRST VISIT

Plan to arrive at least 15 minutes early for your first appointment. You'll need this time to fill out registration and insurance forms.

If you have an appointment at the Primary Care Center at UVa, you can park free in the parking garage across the street. Please bring your parking ticket with you for validation. If your appointment is at Northridge or another UVa building that isn't near the main hospital, there will be parking outside the building.

If you need help getting to your appointment, please call:

434-243-4570
for Northridge

434-924-1955
for Primary Care Center.

At Your First Visit:

Welcome to your first prenatal visit. At your first visit, these things will take place:

- *A nurse will review your health history with you.*
- *You may also receive laboratory tests such as the ones listed in the chart below*
- *Your nurse will discuss your general health and suggest ways to have a healthy pregnancy.*

At Your Second Visit:

During the physical exam, your doctor or nurse practitioner will perform a complete physical, and review the lab results from your first visit.

You will also receive a pelvic exam. Since this is the area in which your baby will develop, your doctor

or nurse practitioner can learn more from this exam than any other. A Pap smear will be done to check for abnormal cells on the cervix. The doctor or nurse practitioner will check your uterus and ovaries. They will also check the size and shape of your pelvis during this part of your exam. The size and shape of your pelvis is important because when your child is born, he or she must fit through this bony passage.

Diagnostic Testing

Some laboratory tests may be included in your exam. These may include blood tests, urine tests, your Pap smear and cultures obtained during your pelvic exam.

Your doctor or nurse practitioner may order the following tests (below):

LABORATORY TEST	TO CHECK FOR
Complete blood count	Anemia (low blood count), signs of infection
Blood type	Mother's blood group (A, B, AB or O) and Rh factor
Antibody screen	Antibodies in your blood that may affect your unborn baby
RPR	Syphilis infection
Rubella titer	Immunity to rubella (German measles)
Hepatitis B	Immunity or hepatitis (liver) infection
HIV	Infection with HIV (screening is recommended for all patients)
Pap smear	Screening for abnormal cells on cervix
Gonorrhea screen	Gonorrhea infection
Chlamydia screen	Chlamydia infection
Urine analysis	Urine infection or sugar, protein, blood or other substances in urine
Urine culture	Bacteria in urine

PRENATAL CARE — TAKING CARE OF YOU AND YOUR BABY

Studies have shown that mothers who have good prenatal care have the healthiest babies. They also have less chance of medical problems when they're pregnant.

At each visit, your doctor or nurse practitioner will perform an exam and talk to you about your health. Sometimes, they might want to consult with another staff member from Ob/Gyn Services or other departments in the UVa Health System. For example, if you are older than age 35, your doctor or nurse practitioner may discuss and offer you special testing to check for genetic problems in the developing fetus.

Services

Ob/Gyn Services offers many services to support you during your pregnancy.

- *Prenatal classes, including Childbirth Preparation, to help you prepare for labor and birth*
- *A weekly e-mail service to follow you through your pregnancy. To sign up for this free service, go to www.theparentreview.com.com/uva*
- *Genetic counselors for help with questions about birth defects in your family or fetal exposure to potentially hazardous substances*
- *Nutritionist for questions about food, weight problems (gaining too little or too much weight) or special diets*

- *Diabetes nurse specialist and an Endocrinologist for the specialized care of pregnant women who have diabetes*
- *High-risk obstetrics nurse specialist for the specialized care of pregnant women with existing or newly diagnosed diseases or complications of pregnancy*
- *Pharmacist for questions about medicines, either prescribed by a doctor or nurse practitioner or bought off the shelf at the drug store*
- *Social worker for help with financial problems, relationship problems, housing, adoption or other matters*
- *Lactation consultant for breast feeding education and counseling.*

A Typical Schedule for Prenatal Care

Most women will be scheduled to see their doctor or nurse practitioner according to the following schedule. Visits will be more frequent in complicated pregnancies.

- *Once every four weeks until 32 weeks of pregnancy*
- *Once every two-three weeks between 32 and 36 weeks of pregnancy*
- *Once every week from 36 weeks until delivery*

At Each Visit

At each visit, your doctor or nurse practitioner will check your weight, and blood pressure.

They will also examine:

FUNDAL HEIGHT

This is done by measuring your uterus with a tape measure to check your unborn baby's growth, starting about 20 weeks of pregnancy.

BABY'S POSITION AND SIZE

By gently feeling the unborn baby through your abdomen, your doctor or nurse practitioner can tell the position and general size of your baby starting around 28 to 30 weeks of pregnancy.

FETAL HEARTBEAT

Your doctor or nurse practitioner will listen to the baby's heartbeat starting about 12 weeks of pregnancy.

SWELLING

Some swelling in your feet may be normal. Your doctor or nurse practitioner can offer advice.

FETAL MOVEMENT

Your doctor or nurse practitioner will ask you about your baby's movements.

You may be asked to keep a chart of your baby's movements.

Your doctor or nurse practitioner may recommend other tests as shown in the chart on the following page. All of these tests are blood tests, unless otherwise noted.

NAME OF TEST	WK. OF PREG.	REASON
Cystic fibrosis Carrier testing	Pre-pregnancy or early pregnancy	To detect the genetic trait of cystic fibrosis. If the test is positive, a further test can be done on the fetus.
First trimester down syndrome	11-13 weeks	An ultrasound exam with blood tests to identify pregnancies at high risk or fetal down syndrome, a common form of mental retardation. If abnormal, follow-up testing is available through our prenatal diagnosis center.
Quad screen	15-22	A blood test to identify pregnancies at high risk for fetal down syndrome, as well as spina bifida. Performed if prenatal care starts too late for first trimester. Screening to be done.
Chorionic villus sampling	10-12	To help identify genetic problems in the baby. This is chosen by some women with an identified high risk of fetal genetic disorders.
Amniocentesis	15-18	To help identify genetic or other problems in the baby. An ultrasound is done to find fluid around the baby, and a small sample is removed for testing. Testing may be performed later in pregnancy to determine if the baby's lungs are mature, or for other purposes.
Hepatitis B	screen at initial visit	Screens for past or current infection with Hepatitis B.
HIV	screen at initial visit	Detects infection with HIV, an infection affecting the immune system.
Rubella	screen at initial visit	Check for your immunity to rubella (German measles).
Syphilis	screen at initial visit	Screen for syphilis, a sexually transmitted disease.
CBC (complete blood count)	initial visit and 24-28 *	Checks for signs of anemia (low blood count) and infection.
One-hour glucose screen	24-28	Identify women who may develop abnormal blood sugar levels during pregnancy.
Glucose tolerance testing	24-28*	Usually done if one-hour glucose screen is abnormal or in very high risk women. Used to identify gestational diabetes (diabetes that occurs only during pregnancy).
Antibody screen	initial visit and 24- 28 weeks	For women who have Rh negative blood or antibodies.
Repeat cervical cultures	34-36* weeks	To check for gonorrhea or chlamydia infection. If infection is found, can be treated before baby is born. Test is done by using a cotton swab during a pelvic exam.
Ultrasound	Any time* 1st trimester (1st 13 weeks) 2nd trimester (14-26 weeks) 3rd trimester (27-40 weeks)	Timing of the exam will vary depending upon the reason for the ultrasound Reasons include: To positively confirm the presence of a fetus (unborn baby), check for twins (or more), look for the baby's heartbeat, examine the uterus / ovaries, estimate the due date, investigate any suspected problems. In addition to the above, reasons include to check the development of the baby, to examine the placenta and the amount of amniotic fluid (fluid around the baby), and look at the baby's body structure. In addition to the above, reasons include: to look at the baby's growth and to estimate the baby's weight.
Nonstress test	after 28 weeks*	Gives an indication of the unborn baby's well-being by recording the heartbeat when the baby moves. A fetal monitor is used to perform this test. Two sensors are placed around your abdomen with belts. The sensors monitor your baby's heartbeat and the activity of your uterus.
Stress test	after 28 weeks*	To check how the baby responds to the stress of contractions by recording the baby's heartbeat during contractions. The mother may be given medicine to cause mild contractions for a brief time. A fetal monitor is used to perform this test (see "nonstress test").
Biophysical profile	after 24 weeks*	Combines five ways of looking at the unborn baby's health status (nonstress test and ultrasound) to check baby's breathing movements, body movements, muscle tone and the amount of amniotic fluid). A fetal monitor and ultrasound are used to perform this test (see "nonstress nest").
Group B streptococcus screening	36 weeks	To check if you carry the group b streptococcus, which is carried by 10-35% of healthy adult women. The test is done by using a swab during a pelvic exam.

* Your doctor or nurse practitioner may suggest testing at other times, depending upon your individual needs.

TAKING CARE OF YOURSELF

Weight Gain

All women gain a different amount of weight when they are pregnant. Gaining too little or too much weight is unhealthy for you and your baby.

If you are underweight, you should expect to gain 30-40 pounds.

If you are of average weight, you should gain about 25-35 pounds.

If you are overweight, you need only gain between 15 to 25 pounds.

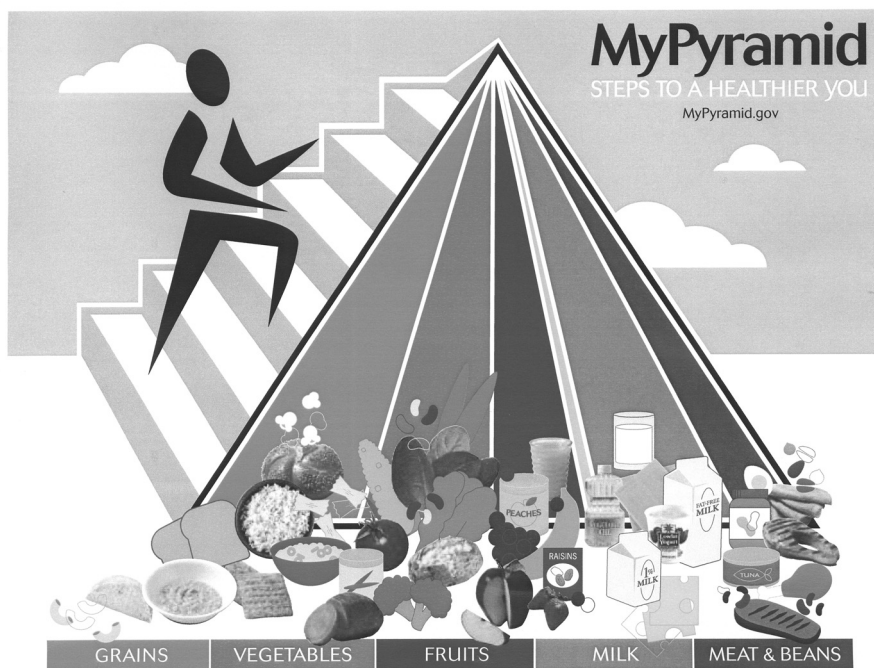
If you are pregnant with twins, expect to gain 35-45 pounds.

During your first third of your pregnancy (first trimester), you may not gain any weight, and this is normal. The fetus doesn't grow much during the first trimester. The average weight gain for the first

trimester is about five pounds.

During the middle third and last third (second and third trimesters) of your pregnancy, you may gain anywhere from 3/4 of a pound per week (if you are heavy) to a little more than a pound per week (if you are thinner). An average weekly weight gain for the second and third trimester is about one pound per week.

For a balanced, healthy diet, try eating the suggested number of servings from these food groups each day.



GRAINS Make half your grains whole	VEGETABLES Vary your veggies	FRUITS Focus on fruits	MILK Get your calcium-rich foods	MEAT & BEANS Go lean with protein
<p>Eat at least 3 oz. of whole-grain cereals, breads, crackers, rice, or pasta every day</p> <p>1 oz. is about 1 slice of bread, about 1 cup of breakfast cereal, or 1/2 cup of cooked rice, cereal, or pasta</p>	<p>Eat more dark-green veggies like broccoli, spinach, and other dark leafy greens</p> <p>Eat more orange vegetables like carrots and sweetpotatoes</p> <p>Eat more dry beans and peas like pinto beans, kidney beans, and lentils</p>	<p>Eat a variety of fruit</p> <p>Choose fresh, frozen, canned, or dried fruit</p> <p>Go easy on fruit juices</p>	<p>Go low-fat or fat-free when you choose milk, yogurt, and other milk products</p> <p>If you don't or can't consume milk, choose lactose-free products or other calcium sources such as fortified foods and beverages</p>	<p>Choose low-fat or lean meats and poultry</p> <p>Bake it, broil it, or grill it</p> <p>Vary your protein routine—choose more fish, beans, peas, nuts, and seeds</p>

For a 2,000-calorie diet, you need the amounts below from each food group. To find the amounts that are right for you, go to MyPyramid.gov.

Eat 6 oz. every day	Eat 2 1/2 cups every day	Eat 2 cups every day	Get 3 cups every day; for kids aged 2 to 8, it's 2	Eat 5 1/2 oz. every day
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Find your balance between food and physical activity

- Be sure to stay within your daily calorie needs.
- Be physically active for at least 30 minutes most days of the week.
- About 60 minutes a day of physical activity may be needed to prevent weight gain.
- For sustaining weight loss, at least 60 to 90 minutes a day of physical activity may be required.
- Children and teenagers should be physically active for 60 minutes every day, or most days.

Know the limits on fats, sugars, and salt (sodium)

- Make most of your fat sources from fish, nuts, and vegetable oils.
- Limit solid fats like butter, stick margarine, shortening, and lard, as well as foods that contain these.
- Check the Nutrition Facts label to keep saturated fats, trans fats, and sodium low.
- Choose food and beverages low in added sugars. Added sugars contribute calories with few, if any, nutrients.

Calorie Needs

You do need to eat a bit more when you are pregnant, but eating for two does not mean that you should eat twice as much. During your second and third trimester, you should be eating about 300 more calories each day. That could be just two cups of lowfat milk and one piece of fruit. Good food choices help make sure that you and your baby are getting enough nutrients to grow on.

Protein

Proteins are the building blocks of our cells, and your baby is growing very fast. To get the protein you need, you should choose one of these types of protein-rich foods to eat each day:

- *One to two ounces of meat, poultry or fish (a piece the size of a deck of cards is about 3 ounces)*
- *One or two cups of lowfat milk or yogurt*
- *Two eggs*
- *Two ounces of cheese*
- *Two or three cups of pasta*
- *Three to five cups of rice*
- *Five to eight slices of bread*

Folic Acid — Why is it important?

The US Public Health Service recommends that all women of childbearing age consume 400 micrograms (0.4 mg) of folic acid each day. Folic acid, a nutrient found in some green, leafy vegetables, most berries, nuts, beans, citrus fruits, fortified breakfast cereals, and some vitamin supplements can help reduce the risk of birth defects of the brain and spinal cord (called neural tube defects). The most common neural tube defect is spina bifida (in which the vertebrae do not fuse together properly, causing the spinal cord to be exposed) which can lead to

varying degrees of paralysis, incontinence, and sometimes mental retardation.

Most physicians will prescribe a prenatal supplement before conception, or shortly afterward, to ensure all of the woman's nutritional needs are met. However, a prenatal supplement does not replace a healthy diet. To get enough folic acid in your diet, you should eat or drink at least one serving of each of these foods each day:

- *Orange juice*
- *Fortified breakfast cereals*
- *Dark, leafy green vegetables such as spinach, turnips or mustard greens*
- *Fruits especially melons and oranges*
- *Vitamins can also help you get enough folate. Ask your doctor or nurse practitioner before taking vitamins.*

Iron

Iron is a vital part of your blood. Iron is important during pregnancy because your body is making more blood for your baby. The amount of iron in the food you eat needs to double when you are pregnant, especially in the last half of your pregnancy. Our bodies can use the iron in meat better than they can use the iron in vegetables, cereals and beans. To get enough iron, you need at least one of these iron-rich foods each day:

- *Red meats*
- *Liver*
- *Oysters*
- *Shellfish*
- *Poultry (chicken, turkey and other birds)*
- *Beans*
- *Fortified cereals*
- *Green leafy vegetables such as spinach*

Calcium

Calcium is a major part of bone. You need calcium to help your baby's bones grow. If you don't get enough calcium when you are pregnant, your baby will take calcium from your bones. This can be one cause of osteoporosis (weak bones) when you get older. You need calcium more in the third trimester. You can get enough calcium each day by eating the following foods:

- *Three or four glasses (eight ounces) of 1% or skim milk*
- *Six ounces of cheese (cheddar and Swiss are best)*
- *Three or four cups of yogurt*
- *Three or four cups of calcium fortified orange juice*

You can also combine smaller servings of these foods. For example, you can have one glass of lowfat milk, one ounce of cheese, one cup of yogurt and one cup of orange juice.

Food Safety

When you are pregnant, you need to be more careful about the kinds of food you eat, and how they are prepared, stored and cooked. Some foods may be more likely to carry bacteria, or have certain chemicals in them that may be harmful during pregnancy.

LISTERIOSIS

Listeriosis is an infection you can get by eating food contaminated by the bacterium *Listeria monocytogenes*. Pregnant women are more likely to become ill than the general public as a result of eating contaminated food. *Listeria* can cause miscarriage or infections with the baby if the mother develops an infection.

While listeriosis is a rare infection, a few precautions can help prevent listeriosis and other food borne illnesses and give you peace of mind.

SOME SIMPLE WAYS TO KEEP YOUR FOOD SAFE:

- *Thoroughly cook raw food from animal sources, such as beef, pork, or poultry, fish and seafood.*
- *If you are going to eat hot dogs or cold cuts, heat them until they are steaming hot before eating.*
- *Reheat leftovers until steaming hot.*
- *Wash raw vegetables thoroughly before eating.*
- *Keep uncooked meats separate from vegetables and from cooked foods and ready-to-eat foods.*
- *Avoid raw (unpasteurized) milk or foods made from raw milk, and unpasteurized cheeses. Read the labels to make sure cheese is made from pasteurized milk.*
- *Do not eat raw eggs or foods that contain raw eggs.*
- *Do not eat refrigerated pâtés or meat spreads, or smoked fish that has not been cooked such as smoked salmon, lox or kippered fish.*
- *Wash hands, knives, and cutting boards with hot soapy water after handling uncooked foods.*

FISH

Fish is an excellent source of protein, vitamins, and omega-3 fatty acids, all essential for healthy fetal development. The Food and Drug Administration has recommended women and young children to limit their weekly consumption to 12 ounces of fish (about two servings), and to avoid shark, swordfish, king mackerel, tilefish (sometimes called golden or white snapper), orange roughy, marlin, grouper, Spanish mackerel, and tuna steaks. These fish may contain high levels of a type of mercury (methyl mercury) which is unsafe during pregnancy.

Canned light tuna is safe to consume, while canned white tuna (albacore) is higher in mercury and should be avoided or limited to 6 ounces per week. Raw fish and shellfish can have high bacteria counts, and should also be avoided during pregnancy.

Reports do suggest fish that are low in mercury, such as smaller fish and farm-raised fish — including salmon, pollock, and shrimp — are beneficial for women and their babies, and can be eaten twice a week or more.

Saunas and Hot Tubs

The high temperatures in hot tubs or saunas may affect your body, cutting back on your developing baby's oxygen supply. The high water temperature also raises your body temperature. High body temperature at the time the baby's spinal cord closes (at or before four weeks of pregnancy in normal fetal development) may harm the baby's nervous system. If you must use a hot tub, keep the water temperature below 100°F and stay in no longer than 30 minutes.

Radiation (X-rays)

If you need an X-ray while you are pregnant, make sure the doctor, dentist or radiation technologist knows you are or may be pregnant. The greatest risk of radiation exposure is during the first trimester (first 13 weeks) of pregnancy. High doses of radiation put developing babies at increased risk of poor growth, mental retardation, premature delivery or stillbirth. Your doctor or nurse practitioner will carefully balance your need to have the X-ray with the possible risk to the baby.

Travel

Travel usually is not harmful for a healthy pregnant woman as long as you feel well and are not within two or three weeks of your due date. If you are planning to travel near the time of your due date, it is a good idea to have a plan in case you give birth or have an emergency. You may even want to carry a copy of your prenatal record with you. It's a good idea to drink extra fluids when traveling. It is important to not stay in a confined space for long periods of time while traveling. Every two

hours you should pause for a restroom break and to walk around a bit to help with circulation in the legs.

Safe Driving

Seat belts, including the shoulder harness, should be worn at all times when traveling in a car. The chance that the baby will be injured by the seat belt is very low, even if you are

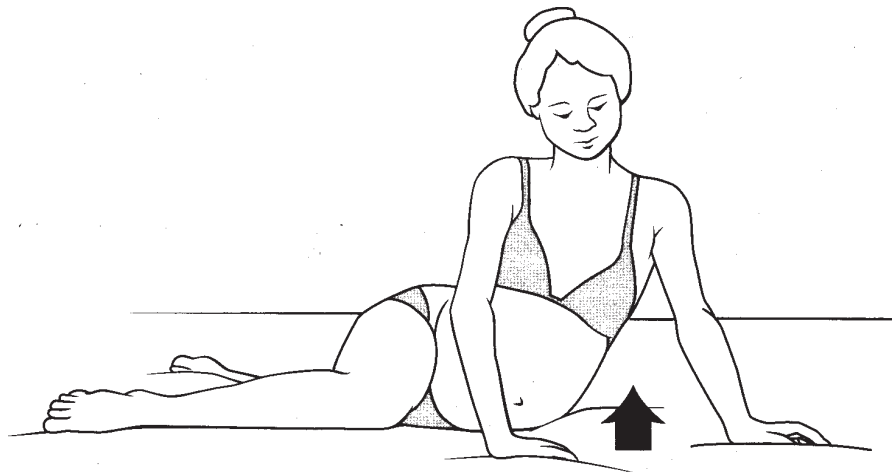


in a very serious accident and the seat belt squeezes the fetus for a second. The lap belt part of the seat belt should fit under your abdomen and across the upper thighs. You should always wear a shoulder harness, with the strap between your breasts. If you are involved in even a small car accident and your abdomen gets any injury or blow, contact your doctor or nurse practitioner.

After your pregnancy, you should protect your baby in the car. Car accidents are the number one cause of death for children from birth to five years. Properly installed child safety seats reduce the risk of death in passenger cars by 71% for infants, and by 54% for toddlers ages 1 to 4 years. People make errors in choosing the right car seat, and when they install the car seat into the car. When buying and installing car seats, read the owner's manuals for both your car and the car seat. There are often instructions on the car's seatbelts, too.

Many localities have a fire and rescue squad that will install, or assist you in installing your car seat correctly. In Charlottesville/Albemarle, the Rescue Squad provides ongoing education to parents and caregivers about child passenger safety. You can call the Child Passenger Safety Coordinator, at 434-531-6614 for information on classes, installation appointments, or general questions.

A helpful website for car seat installation from the American Academy of Pediatrics:
<http://www.healthychildren.org>



To get up after lying down, use your arms to push your upper body upright, then swing your legs off the bed.

Douching

Women should not douche.

Douching makes women more likely to develop a vaginal irritation such as yeast or bacterial vaginosis. When a woman becomes pregnant, her body chemistry changes so that it becomes harder for infection to develop in that area. In later months, douching may cause your bag of waters to break prematurely. If you notice an increase in discharge from your vagina, let your doctor or nurse practitioner know.

Cigarette Smoking

During pregnancy, cigarette smoking puts you at greater risk for miscarriage, bleeding during pregnancy (from premature separation of the placenta), and premature birth. For help quitting, ask your provider for local resources and support to help you.

Some other resources are the Smoke Free Virginia Hotline (1-877-856-5177) and the American Lung Association of Virginia (1-800-586-4872).

Alcohol

Women that drink alcohol during pregnancy have a higher risk of miscarriage, stillbirth or having a child with birth defects. Any kind of alcohol, whether it is beer, wine or liquor has a potential to be harmful. Even small amounts of alcohol may be harmful during pregnancy. Your provider can answer any questions you may have about drinking alcohol during your pregnancy.

If you find that you are having trouble stopping drinking during your pregnancy, there is help and support for you. Talk to your provider, and they can find help for you, so you can have a healthy pregnancy. One source of support is Project Link, a program that helps women have healthy pregnancies. The project is supported by many community groups, including Ob/Gyn Services. For information on Project Link, call 434-972-1829.

Caffeine

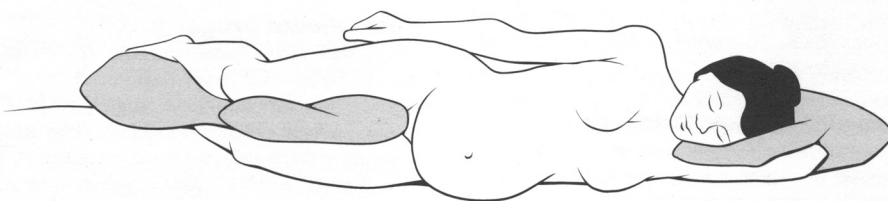
There's caffeine in coffee, tea, chocolate, energy drinks and many kinds of soda. Most people eat or drink some caffeine. During pregnancy, it is wise to cut back on your caffeine because it is a stimulant that affects how your body works. If you drink coffee when you are pregnant, decaffeinated coffee is best. Percolated coffee has the most caffeine. Drip coffee has less, and instant even less.

Recreational Drugs

Drugs such as marijuana, cocaine, crack and others can be harmful to you and your baby. If you sometimes use these drugs, your baby is at risk for birth defects in its brain, drug addiction and withdrawal, and poor growth.

The rate of SIDS (Sudden Infant Death Syndrome) deaths is also higher for these babies. If you ask for help quitting drugs, staff members at Ob/Gyn Services will keep this strictly confidential. Treatment for substance abuse is not a cause for punishment. Please talk to your doctor or nurse practitioner for more information.

Project Link is a program working to help women have healthy pregnancies. The project is supported by many community groups, including Ob/Gyn Services. For information on Project Link, call 434-972-1829. Your call is completely confidential.



Pillows between the legs and under the abdomen will keep your spine straight and let you lie down comfortably.

Rest and Sleep

Women will usually be more tired and need extra sleep during the first trimester of pregnancy. Usually, by the second trimester, you won't be as tired. Being tired during pregnancy can be caused by not getting enough rest, not eating well, circulation problems, breathing problems, hormones, too much stress or poor posture.

Some ways you can get enough rest and relaxation include:

- *Get eight hours or more sleep each night*
- *Take time to take naps or rest periods during the day*
- *Try to exercise on a regular basis*
- *Try drinking warm milk to help you sleep*
- *Don't eat large meals, drink anything with caffeine or use sleeping medicine late in the evening*

Dental Care

Your gums may bleed some after brushing because of hormone changes during pregnancy. Make sure you have good brushing and flossing habits. If you need major dental work, talk with your doctor or nurse practitioner before making a dentist appointment. You may qualify for free dental care at UVA's Dental Clinic. For information on dental services at UVA, call 434-924-1774.

Sun Exposure

Pregnancy hormones may make your skin turn darker in certain areas, such as the face, around the nipples and in a line from your navel to the pubic bone. When you are pregnant, your skin will be more sensitive to ultraviolet rays from the sun and tanning booths. Be careful about getting too much sun and use sun screen. Sun screen is safe to use during pregnancy. Both pregnant and non-pregnant women should take the same amount of care when using tanning booths.

Hair Permanents and Coloring

There is no medical reason to avoid coloring your hair or getting a permanent during pregnancy, but you should follow directions. Try not to breathe the chemical smells for long periods of time. These smells upset some women's stomachs.

Jobs and Work

Most healthy pregnant women can continue to work up to their expected due date. Some can even work beyond their due date if they have not yet given birth. If you have a job where you can be exposed to toxic materials or where you are very physically active you will need to make some changes. If you stand for long periods of time, you should rest regularly, and if you sit for long periods of time, you should get up to stretch or exercise regularly.

Sex

Healthy pregnant women can keep having sex as long as they and their partner want. You may need to use different positions because of the size of your abdomen. You can't hurt your baby when you have sex. Often, mild contractions may be felt after you have an orgasm. Unless you are at high risk for preterm labor, these contractions are harmless. Bleeding, pain or leaking of amniotic fluid are signs that you should not have sex. You should call your doctor or nurse practitioner right away if you have any of these signs.

Sexually Transmitted Infections

HIV (Human Immunodeficiency Virus) is the virus that causes AIDS. The virus lives in blood, semen and other fluids in the body. HIV can be passed from one person to another by sexual intercourse, sharing needles (including tattoo needles, needles used to shoot drugs or needles used to pierce body parts), and any activity that exposes you to blood or body fluids. HIV may live in a

person's body for up to 10 years without him or her knowing it.

If you have HIV and/or other sexually transmitted infections, such as Chlamydia, gonorrhea and syphilis, the disease can be passed on to your baby. Your baby then can be born with these diseases and may have serious complications. In most cases, these infections can be treated with drugs. These drugs will also lower the risk that infection will be passed on to your baby.

You are safest if both you and your partner only have sex with each other so that you are not at risk of HIV infection from other people.

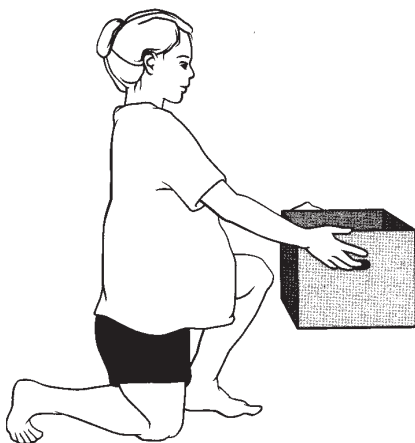
We recommend that every pregnant woman be tested for HIV infection, usually as part of her initial pregnancy laboratory tests. This helps reduce the chance that HIV will be passed from mothers to their babies.

Toxoplasmosis and Cats

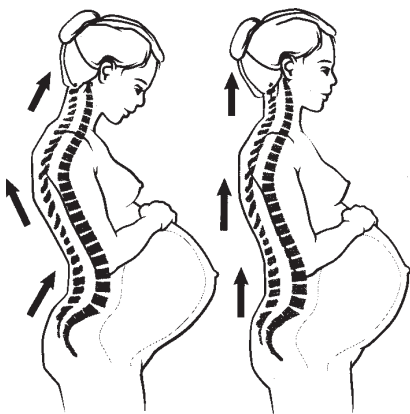
If you have pet cats, you need to take special care not to get a flu-like illness, called toxoplasmosis, which you can get from the feces in your cat's litter box. In adults, toxoplasmosis infection is often so mild that it goes unnoticed. In the unborn baby, however, toxoplasmosis can cause blindness and even death.

The infection can be passed to newborns through mother's milk with the same possible dangers. You can also get toxoplasmosis from eating raw meat or raw eggs.

If you have cats, you should have someone else clean the litter box. Stay away from the cat feces in the litter box. If you have to clean the box, wear gloves and try not to breathe the dust. If you have an outdoor cat, wear gloves when you do gardening or yard work to avoid feces outside.



Try not to lift heavy objects when pregnant. If you must lift, keep your spine straight. Don't bend at your waist. That way, you'll use back muscles instead of abdominal muscles.



To avoid backache, keep your spine as straight up and down as you can. Don't let the baby's weight pull your spine forward.

Exercise

Regular exercise will help prevent many common problems of pregnancy, such as constipation (inability to have a bowel movement) and lower backache. Most of the time, if you already exercise regularly, it is good for you to continue.

Walking, swimming, stationary bicycling, or aerobic and stretching exercises are all good exercises for pregnant women. You should warm up slowly and drink plenty of liquids when exercising. Avoid sports where you might fall or get hit.

Medicines During Pregnancy

Most women are careful about taking medicine during pregnancy and rightly so. If your doctor or nurse practitioner recommends a vitamin or medicine for you when you are pregnant, you will be told why it's needed, what will happen if you don't take it, how it will affect you and your baby, and how and when to take the vitamin or medicine.

Bathing and Hot Tubs

You may need to take baths or showers more often because your body is burning more energy and you may sweat more. In the last part of your pregnancy, your uterus with the baby inside it will get heavy, and it may put you off balance. Be careful you don't slip in the tub or shower. Avoid using either very hot or very cold water. Temperatures higher than 100°F, such as in saunas or hot tubs, may harm your baby. If your bag of waters around your fetus has broken, you should not take a bath or shower. There may be a risk of infection.

Posture

Good posture and careful movement will cut down or prevent lower backache. To get out of bed, turn onto your side and push up with your arms until you are in a sitting position. Pelvic rocking exercises can help relieve lower backache during pregnancy. For pelvic rocking, you should bend your lower back, making it arch like an angry cat, and press it against a wall or other flat surface. Some women get relief by swinging their hips in circles and forward and back.

Clothes

During pregnancy, your clothes should be fairly loose. Tight clothes may interfere with blood flow and make varicose veins worse. And you may need to change your bra size several times during your pregnancy. Make sure all of your breast fits into the bra and that the straps are wide and the elastic is comfortable. Low-heeled shoes will be more comfortable and will help you keep better balance and posture.

Nipple Care (FOR WOMEN WHO WILL BREAST FEED)

You do not need to do anything to get your nipples ready for breast feeding. Women's breasts come in all shapes and sizes, and some women have flat or inverted nipples. Sometimes, this can make breastfeeding in the first few days a little more difficult, but our Lactation Consultants can advise on some simple ways to help prepare for a successful breastfeeding experience. If you do have flat or inverted nipples, talk with your nurse or contact Ob/Gyn Services Lactation Consultant at 434-982-3316.

Vitamins and Iron Supplements and Herbal Remedies

When you become pregnant, your need for certain vitamins and minerals will increase. Most women can't eat enough food to get all the vitamins and minerals they need. Vitamins can help, but you still need to eat a healthy diet. Don't take more vitamins than recommended by your doctor or nurse practitioner. Remember, too many vitamins can be harmful.

Little is known about the safety of Herbal remedies during pregnancy, so we advise pregnant women to discuss using them with your health care provider.

Antibiotics and Antifungal Medicine

Antibiotics or antifungal medicine may be prescribed for infections that happen during pregnancy. The most common infections include:

- *Vaginal infections*
- *Urinary tract (bladder) infections*
- *Sinus or lung infections*

Your doctor, physician assistant or nurse practitioner at Ob/Gyn Services can prescribe antibiotics or anti-fungal medicines that will be safe for you and your baby. If you receive care from another provider be sure you tell them you are pregnant. Some medicine may be safe later in pregnancy but not be recommended during the early weeks. Before taking any medicine, check with your doctor or nurse practitioner to make sure it is safe during pregnancy.

Over-the-Counter Medication (DRUG STORE TREATMENTS)

It's best not to take any medicine when you are pregnant, especially during the first trimester. If you must use a medicine, follow the directions carefully, don't mix medicines and stop taking the medicine as soon as possible. Talk to your doctor or nurse practitioner before you take anything.

Cold Remedies

Most cold remedies only help with cold symptoms but don't help you get rid of the cold. You should use other ways to cope with colds. Try getting plenty of rest, drinking lots of liquid and using a cold-mist humidifier. If you must use a cold remedy, it's usually safe to use pseudoephedrine (Sudafed), regular strength acetaminophen (Tylenol) or saline nose spray (Na-Sal). You should carefully follow the directions. Cough drops may be used for a sore or scratchy throat. Run a humidifier in the bedroom at night when experiencing cold symptoms to avoid dry membranes and to thin secretions.

Nausea Remedies

Many women have problems with nausea (stomach upset) and vomiting during the early weeks of pregnancy. Before taking any of these medicines, try some of the remedies in the "Nausea and Vomiting" area on page 18. If your nausea or vomiting is severe, your doctor or nurse practitioner may recommend vitamin B6, doxylamine succinate (Unisom, Sleep-Aid), emetrol or other medications.

Antacids

If you have heartburn that is very strong or that doesn't go away, your doctor or nurse practitioner may recommend that you take calcium carbonate (TUMS) or aluminum hydroxide (Amphojel). Do not take baking soda (bicarbonate of soda) in water, Bromo Seltzer or Alka Seltzer.

Laxatives

You should not take laxatives when you are pregnant. If you are constipated, your doctor or nurse practitioner may suggest stool softeners or products to help increase the bulk in your stool. These products include psyllium hydrophilic mucilloid (Metamucil) and docusate sodium (Colace). You may not need stool softeners if you eat more food that contains fiber and roughage.

Pain Relievers

For pain, your doctor or nurse practitioner may recommend that you take regular or extra strength acetaminophen (Tylenol). Don't take ibuprofen (Motrin, Advil), naproxen (Aleve) acetylsalicylic acid (aspirin) or products containing aspirin (Bayer, Emprin, Ecotrin, ASA) unless your doctor or nurse practitioner tells you to. For information about the use of medicine during pregnancy, please call 434-243-4570 for Northridge; 434-924-1955 for Primary Care Center.

Management and Treatment of Medical Conditions

You and your doctor can work out the best plan of care for you. Ob/Gyn Services has special teams to care for women with the following conditions:

DIABETES

If you have diabetes, your baby's health depends on how well you control your blood sugar levels before you become pregnant and during your pregnancy. If your blood sugar is too high, birth defects can occur in the very early stages of pregnancy.

We strongly recommend women with diabetes be seen for consultation before they become pregnant. Women with diabetes Followed in a specialty clinic by Obstetricians who specialize in high

risk pregnancies as well as an Endocrinologist, a diabetes nurse specialist, and a nutritionist. This team works together to teach women with diabetes about glucose monitoring, dietary changes and the need for more insulin as pregnancy progresses. This team approach allows women to get all of their needed care in one clinic, and results in improved outcomes for mother and baby.

HIGH BLOOD PRESSURE

Women with high blood pressure are at risk for developing preeclampsia (toxemia) during pregnancy. Your blood pressure medicine may change when you become pregnant.

SEIZURE DISORDERS

If you have a seizure disorder, including epilepsy, and are thinking about becoming pregnant, you should talk with your doctor or nurse practitioner. This is especially important if two or more years have passed without a seizure or if you started taking seizure medication when you were a child. Your doctor or nurse practitioner will work closely with your neurologist to make sure that the medication you take is safe during pregnancy. If you are being cared for at UVA's Northridge offices, call 434-243-4570 for information; if you are being cared for at UVA's Primary Care Center, call 434-924-1955.

Specialized Prenatal Care

Women who are age 35 or older when they are due to deliver are at increased risk for developing high blood pressure, gestational diabetes and problems associated with the placenta, among other problems. Women 35 and older may consider genetic testing to rule out chromosomal abnormalities, which

are more common in pregnancies after age 35. Also, women at any age who have a family history of genetic or inherited diseases can have tests done to find out if they are at risk of having a baby born with genetic defects. Blood tests can tell if you or your partner may have genes that can cause your children to be born with birth defects. If the tests show a possibility of this, genetic counselors at Ob/Gyn Services can help you understand how likely this may be to affect your future pregnancies and what you can do to lessen chances if you are now pregnant.

For information on genetic testing and guidance to help you have the healthiest pregnancy possible, call the Prenatal Diagnosis and Treatment Center at 434-924-2500.

You may want to ask about genetic counseling if you:

- *Have a personal or family history of a genetic problem or defect*
- *Will be older than age 35 when the baby is due*
- *Have an unexplained history of stillbirth, multiple miscarriage or infant death*
- *Have been exposed to possibly dangerous medicines, infections, drugs or toxic substances*
- *Belong to an ethnic group that puts you at risk for certain genetic problems.*

These groups and the genetic problems they are at risk of include:

- *African (black) — Sickle cell anemia*
- *Italian, Greek, Mediterranean or Asian — Thalassemia*
- *Caucasian (white) from Northern Europe — Cystic fibrosis*
- *Jewish, Cajun, French-Canadian — Tay-Sachs disease, Canavan disease, Cystic fibrosis*

Teen Pregnancy

Women who become pregnant while they are teenagers may be at risk of problems because of incomplete physical growth, emotional factors, nutrition or lack of social support. These women should get complete prenatal care as early as possible. This is the best way to lower the risk of problems. The Teen Health Center at Ob/Gyn Services provides health care for women (and men) younger than 20 years old. This health care includes pregnancy testing, counseling and prenatal care. It also includes regular gynecological exams, birth control and general health care. For confidential help, call 434-982-0090.

Twins (or More!)

One of the first clues that you may be having twins (or more!) is that your uterus is growing faster than expected. It is possible to find out if you are having twins as early as six weeks of pregnancy. This can be done using ultrasound imaging. Women who are pregnant with twins need to be watched closely because of the increased risk of preterm labor (before 37 weeks), increased nutritional demands and increased risk of hypertension (high blood pressure), among others.

For information, call 434-243-4570 to speak with a nurse at Northridge; call 434-924-1955 to speak with a nurse at the Primary Care Center.

Recurring Miscarriage

About 15 percent of pregnancies will end in miscarriage. A woman who has had more than two miscarriages may benefit from counseling about testing options to identify the cause of her recurrent miscarriages.

For information, call the Prenatal Diagnosis Clinic and Treatment Center at 434-924-2500.

COMMON DISCOMFORTS DURING PREGNANCY

**Nausea & Vomiting
(MORNING SICKNESS)**

Nausea (stomach upset) and vomiting may be caused by changes in hormones, too much food in the stomach, the growing uterus or emotional upset. Morning sickness usually happens between the 4th and 14th weeks of pregnancy. It usually happens when your stomach is empty, such as in the morning.

Try eating small meals all during the day instead of three big meals. Eat dry crackers or drink sweet fruit juice before you get up in the morning. Try sipping lemonade or sucking on sour candies. Ginger ale or ginger gum may help. Also, taking the prenatal vitamin at bedtime rather than during the day may help. Some patients try Sea Bands with acupressure points, which are worn on the wrists.

AVOID:

- *Foods with strong odors*
- *Foods that are high in fat*
- *Nausea medicines from drug stores unless your doctor or nurse practitioner says they're okay*
- *Taking vitamins or iron pills on an empty stomach*
- *Lying down right after eating*
- *Brushing teeth right after getting up in the morning*

In most women, nausea and vomiting are mild and go away by the middle of the pregnancy. Some women have severe nausea and vomiting, a condition called hyperemesis gravidarum. This can lead to loss of weight and body fluids. Call your doctor if you begin to lose weight or can't keep fluids down. Also call if you have any of the following symptoms.

- *If you have a small amount of urine and it has a dark color*
- *If you are dizzy or feel faint when you stand up*
- *If you have a racing or pounding heart*
- *If you vomit blood*

You may need treatment for your nausea if it is severe. This can include intravenous fluids, and anti-nausea medication.

Heartburn

Heartburn happens when the top stomach muscle (cardiac sphincter) relaxes. Pressure from your uterus can push food and acid from your stomach up into the lower esophagus (tube from mouth to stomach). This causes a burning sensation and a bad taste. Heartburn usually happens at the end of the second trimester and during all of the third trimester.

You should eat small meals often during the day instead of only two or three large meals; this will help your digestion. Drug-store antacids are okay only if you follow the directions and it's okay with your doctor or nurse practitioner.

Don't take baking soda as a home remedy.

Flatulence and Constipation

Flatulence (passing gas) and constipation (inability to have a bowel movement) during pregnancy happen because hormones in your body are slowing the movement of food through the digestive system. Flatulence and constipation can also be caused by the uterus pressing on the intestines. Constipation may also be a side effect of iron pills. These conditions usually happen in the middle or later stages of pregnancy. The best treatment for constipation is prevention. Talk with your doctor or care provider for suggestions at your next office visit.

WHAT YOU CAN DO:

- *Keep regular bowel habits by trying to move your bowels around the same time every day*
- *Drink at least eight glasses of fluid (water or juice) every day.*
- *Eat prunes or drink prune juice.*
- *Get enough rest.*
- *Eat foods high in fiber (whole grains, fruit and vegetables)*
- *Exercise to increase blood circulation*

AVOID:

- *Foods that you know give you gas*
- *Laxatives, unless your doctor or nurse practitioner tells you to use them*

Call your doctor or nurse practitioner if you can't have a bowel movement in a day after following these suggestions.

Hemorrhoids

Hemorrhoids are big blood vessels in the rectum that may bleed when you have a bowel movement. This may happen after you have constipation. Hormones your body produces when you are pregnant make the walls of the blood vessels in your large intestine relax. The growth of your uterus may cause blood congestion in the rectal area. Both of these things can make hemorrhoids form. Hemorrhoids usually happen in the second or third trimester.

WHAT YOU CAN DO:

- *Soak in a warm bath. The heat of the water will increase circulation and help with pain*
- *Put ice, Epsom salt compresses and/or medicated pads where you have hemorrhoids to help with swelling*
- *Hemorrhoid treatments from the drug store may provide relief. Do not use them unless your doctor or nurse practitioner says they are OK*

TRY TO AVOID:

- *Constipation*
- *Straining during bowel movements*

Call your doctor or nurse practitioner if you have severe pain or bleeding from your bottom (different from blood spots on toilet paper).

Need to Urinate

During the first trimester, you may need to urinate more than usual. This happens because the uterus is pressing on your bladder. This may also happen in the third trimester, when the baby “drops,” or lightens, and the baby’s body puts pressure on the bladder. There is less room for the bladder to expand. At night, especially during the third trimester, blood flows easier in the lower part of your body when you lie down. This increase in circulation may cause you to need to urinate more at night.

Try not to drink any liquids after dinner in the evening. Also, call your doctor or nurse practitioner if you have pain or burning when you urinate with or without a fever.

Shortness of Breath

During pregnancy, your breathing changes. In the blood going to your lungs, there is less carbon dioxide and more oxygen. This happens so the baby will get enough oxygen. To make this happen, you may breathe more deeply and quickly, causing shortness of breath. In the third trimester, the growing uterus also presses on the breathing muscles, making breathing more difficult. This shortness of breath may happen as early as the end of the first trimester through the third trimester.

WHAT YOU CAN DO:

- *Try to control your breathing if you think you are breathing too fast or have shortness of breath*
- *Breathe with your arms stretched over your head, giving your chest plenty of room to expand*
- *Use good posture*
- *Sit with your arms stretched out to your side to give your chest more room to move*
- *Use an extra pillow for sleeping*

Call your doctor or nurse practitioner if you have fever, chest pain, and a cough that makes you spit up blood or thick mucus. You should also call if you have very fast breathing for an hour and you can’t control it, or if you have shortness of breath while doing your everyday activities.

Increased Vaginal Discharge

Increase of discharge from the vagina is caused by an increased production of hormones. With these hormones, the cervix makes more mucus and the cells lining the wall of the vagina make more fluid. This helps prevent

infection. Even though this is a way of protecting the mother and the baby, these conditions may let germs that cause an infection grow in the vagina. This usually happens in the first trimester. Call your doctor or nurse practitioner if you notice a bad smell, itching or a strange colored discharge from the vagina.

WHAT YOU CAN DO:

- *Keep the area around your vagina clean and dry*
- *Wear 100% cotton panties and change them daily*

AVOID:

- *Synthetic fibers in clothing (nylon underwear, polyester slacks and panty hose)*
- *Tight pants or jeans*
- *Douching*

Swelling

Swelling is caused by increased water in the body during pregnancy and a decrease in blood circulation. It is also caused when the larger than normal uterus puts pressure on the legs and by changes in your body hormones. Swelling usually happens in the third trimester. Call your doctor or nurse practitioner if you have noticeable swelling in your face or gain two or more pounds in less than one week.

WHAT YOU CAN DO:

- *Rest with legs up as needed during the day*
- *Drink at least eight glasses of water every day*
- *Rest on your side when lying down*

AVOID:

- *Tight clothing*
- *Crossing your legs when you are sitting*
- *Eating too much salt. Remember that there is quite a bit of salt in processed and prepackaged foods*

Backache

Aches in your upper back may first start because of changes in the size of your breasts and muscle strain during pregnancy. Lower backache may be caused by changes in posture and by the weight of the growing uterus. If the stomach muscles are weak, such as from previous pregnancy, backache may be worse. Pain can be made worse by too much bending, walking and lifting. Upper backaches usually happen in the first trimester and lower backaches usually happen in the late pregnancy.

Call your doctor or nurse practitioner if you have a backache and it hurts when you urinate. You should also call if you are numb in your arms or legs. You should also call if you know that you have an injury or trauma that is causing pain, if you have had back surgery, or if you have contractions or vaginal pressure with back pain.

WHAT YOU CAN DO:

- Wear a well-fitting, supportive bra
- Be careful when you are moving. For instance, stoop, don't bend. Also, turn on your side and push up with your hand to get out of bed
- Use good posture
- Pelvic rocking may help (see "Posture" section, page 15)
- Sleep on a firm mattress
- Wear low heeled, supportive, comfortable shoes

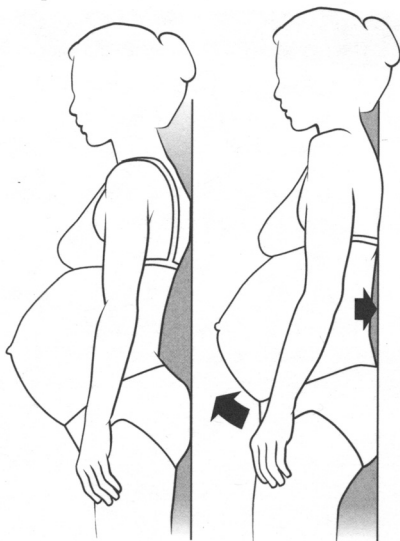
Try a low back and belly support belt. These are available at maternity specialty stores.

AVOID:

- Too much bending, lifting, or walking, especially if you are already tired.



The ligaments from your uterus attach to bones in the lower back. Have someone press firmly with their fists into this area to relieve pain during labor contractions.



To relieve lower back pain, try pelvic rocking. With your back against a wall, move your pelvis forward while you arch your lower back against the wall (see "Posture" section, page 15).

Round Ligament Pain

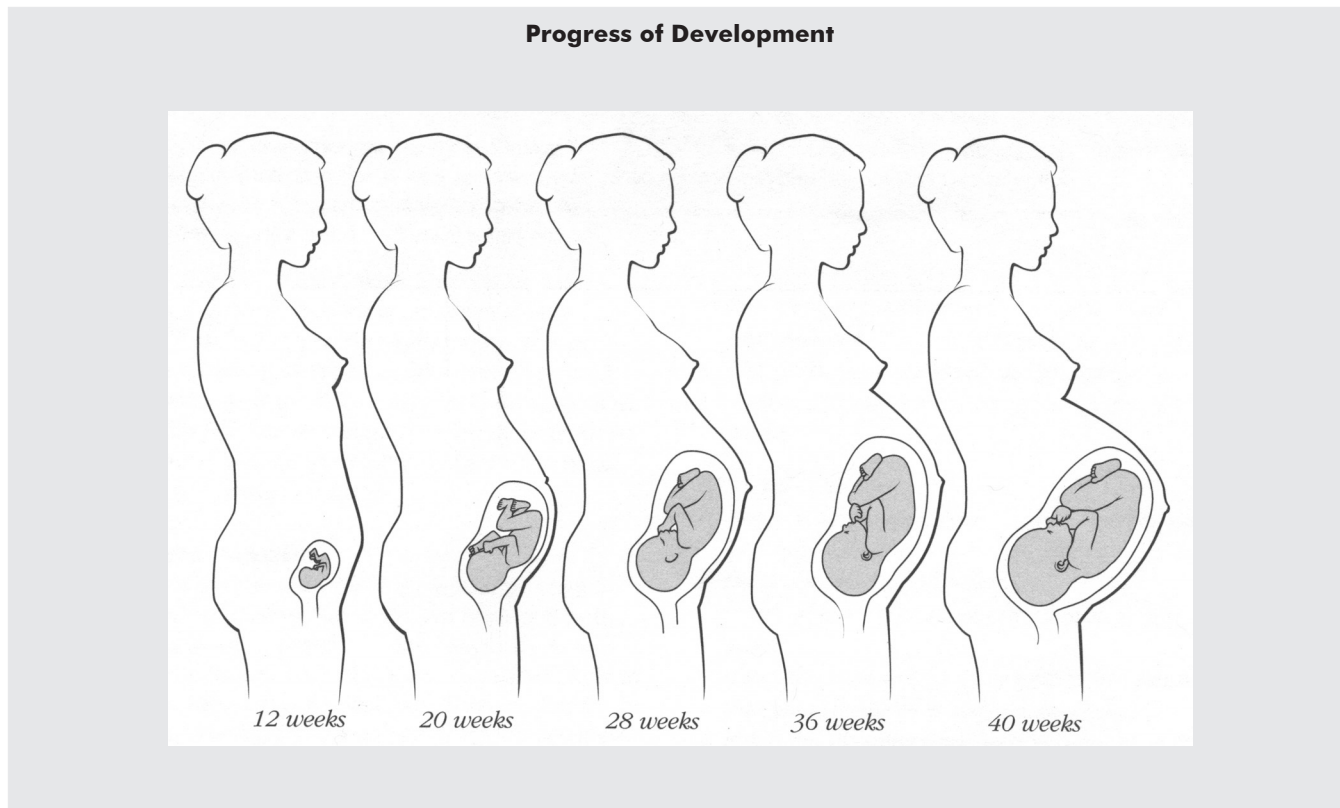
The round ligaments are tough bands of tissue on the sides of your uterus that hold it in place in your abdomen. As the uterus grows, these ligaments stretch. This stretching may be uncomfortable. Pain in the round ligaments usually happens late in the second trimester and throughout the third trimester.

WHAT YOU CAN DO:

- Lie down. Bend your knees toward your abdomen
- Take a warm, relaxing bath
- Apply a heating pad to the area. A very good heating pad can be made by sewing seed corn or rice into a cloth pouch or sock and heating it for a short time in a microwave oven. This method is inexpensive, forms well to your body, and holds the heat a long time.
- When lying on your side, put a pillow under your abdomen.

Try not to turn over suddenly in bed at night. Also, avoid sudden twisting movements during the day. If you have pain in your lower abdomen but it doesn't go all the way to your perineal (groin) area, call your doctor or nurse practitioner. This is probably not round ligament pain. It may be caused by other problems, such as appendicitis, gallbladder problems or ulcers. If the pain goes all the way down to your perineal area, it is likely to be round ligament pain. You should then follow the directions above.

DEVELOPMENT OF MOM AND BABY



Your Pregnancy

This chart describes a baby's development before birth and usual changes in a mother's body at different times during a baby's development. Your baby will develop at about this rate, but probably not exactly the same.

AGE	BABY'S DEVELOPMENT	MOTHER'S CHANGES
8 Weeks	About 1" long. Eyelids fused together. Mouth and tongue are developed. All major organs are formed.	Breast tingling and tenderness start around four to six weeks. Breasts increase in size by eight weeks. Urinate more often. Generally, feel very tired.
12 Weeks	About 3"- 4" long. Teeth begin forming under the gums. Fingernails appear. Begins to swallow amniotic fluid and urinate.	Uterus rises above the top of the pelvic bone. Nausea beginning to decrease.
16 Weeks	About 7"-8" long. Weighs about 3 oz.-4 oz. Eyes, ears, and nose are formed, giving face very human appearance. Baby's sex can be identified by ultrasound.	Growing uterus may cause feeling of stretching and pulling. Blood pressure may decrease slightly, heartbeat may increase by 10-20 beats. Skin changes associated with pregnancy may become noticeable.
20 Weeks	About 10" long and weighs nearly 10 oz. Develops hair on head, eyelashes and eyebrows. Begins to develop a sleep/wake schedule.	Most women able to feel baby move by now. Uterus has grown as high as the umbilicus (navel).

Continued next page

Your Pregnancy (cont.)

AGE	BABY'S DEVELOPMENT	MOTHER'S CHANGES
24 Weeks	About 12" long and weighs 1 lb.-1½ lbs. Eyes open again. Begins breathing movements on own. If born now, may survive with very specialized care. May have lifelong problems.	Most women begin to "look pregnant" by this time. May begin to have problems with constipation. Some women notice colostrum leaking from the breast around this time.
28 Weeks	Weighs a little over 2 lbs. and is about 15" long. Lungs are mature enough now that, if born, chances for survival are good, given specialized care (>80%).	May begin to notice very slight swelling in the ankles that goes down after resting. Problems with heartburn may increase.
32 Weeks	Weighs about 3 lbs. and is about 17" long. Sense of taste is developed. Skin is red and wrinkled. contractions).	May start to be aware of very mild, irregular "practice" contractions (Braxton Hicks). Need to urinate frequently returns.
36 Weeks	About 5 lbs. and 18" long. Chances for survival are very good. Some babies may require special care until lungs fully develop.	Changes in posture may cause problems with backache. Practice contractions may increase and cause "false labor."
40 Weeks	Weighs about 6-8 lbs. and is about 19"-21" long. Baby is fully formed and ready to be born.	Physical changes to support breast feeding are complete. Cervix soft and ready to dilate when regular contractions begin. May feel much pelvic pressure if baby is low in pelvis.

THINGS TO WATCH OUT FOR (WARNING SIGNS)

Most women who are healthy before they become pregnant will stay healthy during pregnancy. If a problem happens, there is usually some warning. Listed below are some signs and symptoms to watch for. Let your doctor or nurse practitioner know if you notice warning signs for any of the following conditions.

Preterm Labor

Labor that begins before 37 weeks of pregnancy is called preterm labor. Babies born before the 37th week of pregnancy are less likely to survive their first year of life and are more likely to have long-term medical and development problems. The earlier the baby is born, the greater the risk of problems. Women who may have preterm labor include those with:

- *Another child born prematurely*
- *Multiple gestation (pregnant with twins, triplets, etc.)*
- *Problems with the shape of the uterus or cervix*
- *Serious infection, especially in the kidney or cervix*
- *Bleeding during pregnancy*
- *Too much amniotic fluid*
- *Weight of less than 100 pounds before pregnancy*
- *No prenatal medical care*

Stopping or preventing preterm labor will greatly improve your baby's chances of surviving and being healthy. All pregnant women should watch out for the following signs and symptoms of preterm labor. If you have any of these warning signs, talk to your doctor or nurse practitioner:

- *Contractions at regularly timed intervals, lasting for at least one hour. Contractions may or may not be painful*

- *Dull, low backache, pressure or pain*
- *Pain in the lower abdomen or thighs that comes and goes*
- *Cramping in the intestines, with or without diarrhea or heartburn (indigestion)*
- *Change in your usual vaginal discharge*
- *Need to urinate more often or pain when urinating*
- *Bleeding or spotting*

WHAT YOU CAN DO:

- *Empty your bladder, even if you do not feel like you need to urinate.*
- *Lie down and rest on your side.*
- *Drink several large glasses (8-12 ounces) of water.*
- *If symptoms do not go away within 30 minutes, call your doctor or nurse practitioner.*
- *If you are bleeding from your vagina, go to the Labor and Delivery department right away*

Bleeding

In very early pregnancy, around the time your period is normally due, you may notice light spotting. This happens when the fertilized egg implants itself into the wall of the uterus. This spotting usually lasts less than a day and you usually don't need to use pads or tampons. This is a normal event. If you have heavy bleeding, call your doctor or nurse practitioner right away.

Any bleeding that happens after your pregnancy is confirmed should always be reported to your doctor or nurse practitioner, no matter how small the amount. Do not put anything into your vagina to stop the bleeding.

Preeclampsia

Preeclampsia is a condition that happens only during pregnancy. Women with preeclampsia get protein in their urine, swelling in their face or hands, and their blood pressure can get very high, up to 160/100 or more.

No one knows exactly what causes preeclampsia, but if you are getting regular prenatal care, your doctor or nurse practitioner has a better chance to spot it early. If preeclampsia is not caught and you do not get proper care, your baby may be at risk for poor growth, not getting enough oxygen and, possibly, death. You are also at risk for seizures and possibly stroke if preeclampsia isn't treated. After your baby is born, the preeclampsia will go away on its own, but it needs to be treated when you are pregnant.

Call your doctor or nurse practitioner if you notice any of these warning signs of preeclampsia:

- *Sudden, unexplained weight gain of more than one pound each week during the second and third trimester*
- *Serious headaches that do not get better after you take acetaminophen (Tylenol)*
- *Blurry vision*
- *Spots before your eyes*
- *Constant, serious pain in your upper-right stomach area*
- *Periods of blacking out*
- *Sudden increase in swelling, especially in your face or hands*
- *A decrease in the baby's movements (less than four movements in one hour)*

Baby's Movements Are Decreased

One of the best ways to make sure your baby is healthy is to pay attention to how much it is moving after the 20th week of pregnancy. After this time, your unborn baby will move for 20 to 40 minutes at a time. You should feel your baby move at least four times in an hour if your baby is awake. Because babies may sleep for an hour or so, you may have to wait for these movements while your baby is asleep.

If your baby isn't moving as much as usual, you should urinate to empty your bladder, eat and drink something, then sit or lie down somewhere comfortable. Open your top so you can see your belly, then try to feel for movements with your hands. Wait one hour and if your baby does not move four times within the next hour, call your doctor or nurse practitioner right away.

Rupture of Membranes (BAG OF WATERS BREAKS)

During pregnancy, your unborn baby grows inside of the uterus within a very thin sac, called a membrane. Within this membrane, the baby is cushioned by amniotic fluid. This fluid-filled membrane is known as "the bag of waters." When your bag of waters breaks (called ruptured membranes), you will probably go into labor. If your water breaks, you will feel a gush of liquid from your vagina. You won't be able to stop this fluid from leaking.

If you think your water may have broken, you should come to the hospital. Once your water breaks, the protection that keeps infection out of the uterus and away from the baby is removed. To help prevent infection, do not place anything inside the vagina once your water breaks. This includes using tampons or having sex.

Urinary Tract Infection

About one of every 10 pregnant women will have at least one infection of their bladder. If you have had bladder infections before, you may be more likely to get an infection while you are pregnant. Symptoms of bladder infection include:

- *Need to urinate more often*
- *Feeling like you need to urinate again, even after you just finished*
- *Burning when you urinate*
- *Pain or discomfort just above your pubic bone*
- *Blood in your urine*
- *Bad smell to your urine*
- *Fever*
- *Lower back pain*
- *Crampy, irregular contractions*

You may have a bladder infection without symptoms, but your doctor or nurse practitioner can usually catch these infections during check ups by checking urine samples. If you have a urinary tract infection, you will need to take antibiotic medicine for the infection. These infections can cause preterm labor or could lead to a kidney infection if not properly treated.

GETTING READY: MOM, DAD AND BABY

Mom's Emotions

It has been said that nature planned pregnancy to last nine months so that women would have time to get ready for a new baby. Certain thoughts and feelings are common during pregnancy. The first trimester is usually a time for women to get used to the idea that they are pregnant.

By the second trimester, you can see for yourself that you are pregnant. For some women, it may be scary to realize they have little control over the changes in their body. Many women

feel emotionally close with their partners during this time. It is not uncommon for women to have more of an interest in sex during the second trimester.

The third trimester is likely to be a time of pride and fulfillment. These feelings may be followed by worry about whether labor will be hard or easy. This is a time many parents-to-be start preparing the nursery and picking out names. Dreams about babies, children and childbirth are common. Some women dream about losing or misplacing the baby. These dreams are normal and may be caused by worry about the delivery and concerns about being a good parent. Interest in sex at this time varies greatly, depending upon each couple's desire and the woman's discomfort in late pregnancy.

Father's Emotions

Before the baby arrives, many fathers begin thinking about what kind of father they will be. Fathers tend to daydream about what their child will be like when he or she is much older, while mothers typically fantasize about the baby as a newborn. Dreaming about the new child is a way for both parents to try on their new roles.

Now that fathers are commonly in the room with mothers when their children are born, some men may feel a little uncomfortable with their role during the actual labor and delivery. If you're a father-to-be, it may be helpful to prepare yourself for this time by attending childbirth classes and talking with your partner about her expectations as well as your own. The Labor and Delivery staff will be there to help both of you become new parents. During your child's birth, you may take on the role of coach — encouraging your partner and cheering her on the way. Other men act as comforters — trying to help make the laboring women as comfortable as possible. Still other men prefer to watch, taking it all in. You will probably experience all of these roles during difficult times in labor.

Brother's and Sister's Emotions

If you are already a parent, you may wonder how your child or children will feel about becoming a new brother or sister. To help prepare your child for the new baby, show your child pictures or videos from when he or she was a baby. Before the baby is born, let your child feel it move and hear its heartbeat. Most children, given lots of love, guidance and understanding, adjust just fine

to a new brother or sister. Ob/Gyn Services offers a sibling class to help prepare children (age 2 or older) for a new brother or sister. For more information, or to register for sibling classes, call 434-982-3678.

Prenatal Classes & Family Wellness Programs

Ob/Gyn Services provides classes to help you learn about pregnancy and birth and how to care for your new baby. These classes are also a great chance for you to share your feelings and experiences with other people who are also becoming parents. Many long-lasting friendships begin during prenatal classes.

Keep in mind that all classes are open to support people, friends and family of the pregnant mom.

You can register for classes by calling 434-982-3678 or by getting on line at www.hsc.virginia.edu/calendar.

Fees can be waived if there is a financial need or if you receive Medicaid. Please call the Education Coordinator for more information 434-924-9920.

Breastfeeding Basics

Learn the benefits of breastfeeding from our Lactation Consultant. Prepare for a successful breastfeeding experience that begins in the hospital and continues at home.

Newborn Care

This class covers the basics in baby care for expecting families. Learn about health, safety, bathing and how to comfort your new infant. This class will give you practical tips as well as confidence in caring for your new addition. Plan to attend in the last few months of your pregnancy.

Preparing for Birth and Baby

This 5-session program will help you prepare for labor and childbirth and gain confidence as you become a parent. Learn practical relaxation techniques that will help you with the challenges of labor. Also covered is information about the birth process, interventions and how to take care of yourself in the post partum period. A tour of the Labor and Delivery unit and Post Partum will be given. A nursery nurse will discuss basic newborn care in one of the sessions. A one session “Quick” Childbirth class is available monthly on a Saturday.

Sibling Class

A fun class designed for children between the ages of 2 and 10 who are expecting a new brother or sister. Interactive play teaches about life with a new baby at home. This class should be attended one month before the baby's birth.

Infant and Child CPR and Safety Class

Learn methods to help save a child's life, and keep children safe in the home. Learn what to do if a child is choking, has stopped breathing, or if the heart has stopped beating. Also, safety issues and baby proofing the home are covered. weeks to crawling are welcome.

Fitness Classes

Our fitness classes are run through UVA's Aquatic and Fitness Center. Please call 434-924-3791 to register or go to: www.virginia.edu/lms/

Classes are offered each Fall and Spring Semester with a Summer session. Call for the current schedule and fees.

Prenatal Aquatone

Keep your body fit and flexible with this comfortable warm water workout. This class gives pregnant women a safe and healthy workout.

Parent and Baby Pool Class

This warm water class for parents and babies is a fun and effective way to get in shape and meet other new parents. Babies love the excitement of the water!

UVA's Parentcare Email Service

Sign up at www.parentreview.com/uva for free, weekly e-mails that follow you through pregnancy and your baby's first three years. Weekly “ParentCare e-mail” gives you the best most up-to-date information on health, safety, links to local resources of special interest to new parents and their support persons Dad, Grandparents to be and your friends can sign up too! For more information, call the Education Coordinator at 434-924-9920.

Maternity Leave

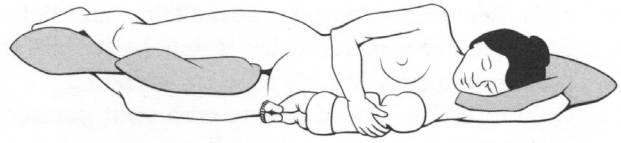
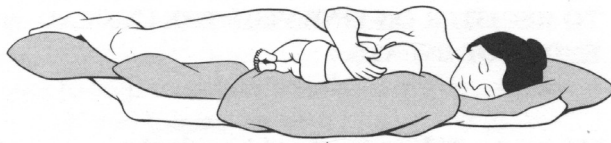
You should check on possible maternity leave benefits early in your pregnancy, so you can be prepared. Talk to your Supervisor or Human Resources Department about what kind of maternity leave you are eligible for. The amount of leave allowed, and how much you will be paid varies. You may be eligible for short term disability. Also, some companies offer paternity leave for fathers.

Maternity leave is protected by a federal law, by the Family Medical Leave Act, (FMLA) *Employers* with more than 50 employees must grant an *eligible employee* up to a total of 12 work weeks of unpaid leave during any 12-month period for the birth and care of the newborn child of the employee. Your eligibility depends on the length of time and how many hours you have worked for the business. You can learn more by contacting your Human resources department, or calling the US Department of Labor's FMLA hotline 1-866-4US-WAGE.

What to Bring to the Hospital

You may want to pack some supplies to take with you when you go to the hospital to have your baby. To help you during labor and delivery, here's a list of some helpful items:

- *Hard candy for dry mouth*
- *Lotion for back rubs*
- *Chapstick for dry lips*
- *Socks for cold feet*
- *Your favorite pillow*
- *Music*
- *Tennis ball for firm pressure with back rub*
- *Camera*
- *Phone*
- *Insurance information and phone*
- *Numbers*
- *Laptop (free wifi available)*



Many women find breast feeding while they lie on their sides more comfortable than the traditional rocking method.

You and your baby will be in the hospital for two to three days after your baby's birth. You might want to bring these items for your stay:

- *Night gown or pajamas (if you don't want to wear the hospital one)*
- *Robe*
- *Comfortable slippers*
- *Comb, hair brush*
- *Shampoo, hair dryer*
- *Makeup*
- *Deodorant*
- *Toothbrush and toothpaste*
- *Well-fitting and supporting bra (nursing bra if breast feeding)*
- *Clothes to wear home (those that fit in your fifth month of pregnancy.)*
- *Bring along a car seat, a baby blanket and some clothes to wear home. In cold weather, your baby needs a heavier blanket, a hat and booties or socks.*

The hospital will supply you with sanitary pads and disposable mesh panties, soap, towels and wash cloths, extra pillows and blankets, diapers and baby wipes.

Getting Ready to Breastfeed

There are many benefits to breastfeeding. Your breast milk provides the best nutrition for your growing baby, and your milk is like your baby's first immunization. The antibodies you pass along to your baby through your milk protect her in infancy and through her life. On a practical note, when you breastfeed, your milk is always available and the right temperature for your baby.

The best way to prepare is to learn as much as you can about breastfeeding. Ob/Gyn Services offers monthly classes on breastfeeding that will help you learn about getting a good start. We also have a Lactation Consultant, a nurse specially trained to help mothers with breastfeeding. She can help you during your pregnancy, when you are in the hospital and can continue to offer assistance when you go home. It is also very helpful to talk with other mothers who have breastfed their babies. If you don't know one, ask your nurse to refer you to one.

Many women find breast feeding while they lie on their sides more comfortable than the traditional rocking method.

To register for Breastfeeding Basics call 434-982-3678.

To contact our Lactation Consultant call 434-982-3316.

If bottle feeding, you should have ready at home:

- *Formula with iron-concentrate.*
- *Ready-to-feed or powdered formula is fine. You need enough on hand to make at least 48 ounces*
- *About six or more 8 oz. size bottles with nipples*
- *Bottle brush for cleaning*

LABOR AND DELIVERY: THIS IS IT!

Most women will go into labor within two weeks of their due date. Remember, your due date is only an estimate.

Some Signs of Labor

There are some physical symptoms that may happen that are possible signs that labor may begin soon. These may happen a week or a few days before labor. Some women have none of these symptoms.

- *A persistent, dull backache that makes it hard for you to get comfortable*
- *Frequent soft bowel movements and flu-like aches. This is a result of a sudden increase in the hormone Prostaglandin*
- *The “nesting urge,” which is a sudden burst of energy, and an impulse to clean house and get ready for baby.*

It may be days before labor begins; if you have these symptoms, it is a good reminder to get your self prepared for labor, and be aware of other signs to look for. Continue your normal routines, get lots of rest, eat and drink well, and take care of yourself in this time before your baby comes. It is very helpful to be well rested when you go into labor.

Preliminary Signs — these are physical signs that labor will start soon, that your body is preparing to start labor

- *“Show” A small amount of bleeding, usually mixed with mucus, is common during labor. As you cervix opens, tiny blood vessels break, and cause a mucousy, bloody discharge. You may also notice the thick plug of mucus that protects the opening to your uterus may be pushed out when you are in labor. This “show” may happen several days before labor starts, or just before you go into labor.*
- *Your bag of water breaks. Your water may break before labor starts, or during the course of your labor. If your water breaks, call your provider and let them know. Usually, you will go into labor on your own. If you do not begin labor shortly after the membranes rupture, your caregivers will suggest beginning labor by induction, as there is a chance of infection with a broken bag of waters.*
- *When your water breaks, you should note its color and odor—it should be clear and odorless.*

Frequency of Contractions

When you are in labor you will feel contractions of the muscles in your uterus. These contractions help move your baby into the birth canal and out into the world. One of the best ways to tell if you are in labor is to see how often you are having contractions. The most important thing to remember about timing contractions is to time from the beginning of one contraction to the beginning of the next contraction. This time is recorded in minutes.

False Labor vs. True Labor — How Do You Know?

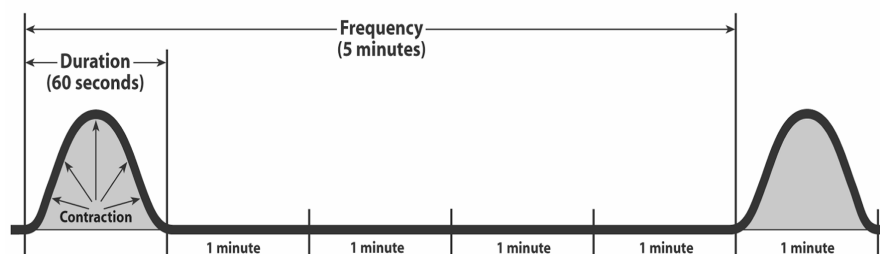
Sometimes you may feel like you are in labor when you’re not. This is called “false labor.” Even though false labor can sometimes be uncomfortable, having painful contractions does not always mean you are really in labor.

When you are really in labor, the contractions will get longer in duration, closer together and stronger in intensity. False labor contractions do not progress — they may be irregular, or may stay the

HOW TO TIME CONTRACTIONS

Duration—beginning to end of one contraction

Frequency—beginning of one contraction to the beginning of the next contraction



These contractions are coming every 5 minutes and lasting for 60 seconds

same length and strength. They may continue for a short time or for a few hours, and will stop if you walk, change positions or activity. The discomfort of false labor contractions is felt in front of your abdomen, as your muscles tighten up. True labor contractions are felt both in your abdomen and your back.

If you think you may be in labor, pay attention to the timing of your contractions, change your activity, (take a short walk, a bath or shower) and see if the contractions continue. If it is false labor, the contractions will stop.

If you have questions or concerns, call your provider during business hours, and Labor and Delivery at 434-924-2022 after office hours.

Special Instructions

Your doctor or nurse practitioner may give you special instructions about when you should come to the hospital. Make sure your partner or whoever will bring you to the hospital knows about these instructions in advance. When you should come to Labor and Delivery depends upon several things. You should come right away if:

- *Your water is broken, with or without contractions*
- *You are bleeding (more than spotting on a tissue)*
- *You have had fast labors or you feel the urge to push*
- *You have had a baby before, and your labor lasted less than four hours*
- *You have an urge to push but don't have constipation*

Arriving at the Hospital

When you arrive at the University Hospital, you may enter through the main lobby or the emergency room. After 9 p.m., only the emergency room entrance will be open. You can get in through this door, but you don't need to stop at the emergency room. You can go right up to Labor

PRE LABOR CONTRACTIONS

Usually short duration (15-45 seconds)
Do not increase in strength
Usually irregular pattern
Changing activity or position may make them stop
Walking does not make them stronger

TRUE LABOR CONTRACTIONS

Duration becomes longer
Increase in strength
Most often become regular
Changing activity does not make them stop
Walking usually makes them stronger

and Delivery, which is on the 8th floor of the hospital. Take the elevator to the 8th floor and follow the signs to 8 East, Labor and Delivery. If you need extra help getting there, ask for help at the information desk in the main lobby of the hospital.

Labor Assessment

There are many different ways that the Labor and Delivery staff will check you to make sure that you are in labor. They may perform all or only some of these tests. Remember, each woman's labor is different.

Contractions

In the hospital, Ob/Gyn Services staff will time and check your contractions much the same way you did at home. A nurse or doctor will also check your contraction pattern by feeling your abdomen and/or the use of a monitor.

Cervical Dilation

The contractions open your cervix (the mouth of the uterus) and help push your baby out as it is born. If this is your first baby, your cervix will need to become very thin before it can dilate (open). Usually this thinning is done by the practice contractions (Braxton Hicks contractions). Once the cervix is very thin, it begins to dilate. In women who have had a child before, the cervix may dilate before it completely thins out.

Before labor begins, your cervix will be dilated only a very small

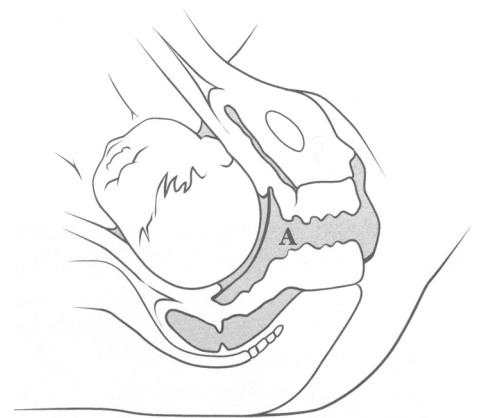
amount (about 2 centimeters; see chart, page 31). Your cervix will open slowly. When your cervix is dilated to 10 centimeters, your baby will move out of the uterus and into your vagina (birth canal) to be born.

Membrane Status

Usually, as labor goes along, the bag of waters will break, releasing a gush of fluid from the vagina. Sometimes, your doctor may "break your water" during labor. This may be done to:

- *Help stimulate labor*
- *Help labor go along better*
- *Remove the membranes from the baby's head*
- *Allow the use of internal fetal monitor*

Your body will keep making amniotic fluid until your baby is actually born.



During labor, the opening of the cervix (A) will dilate (expand) so that the baby can pass through.

Taking Care of Yourself in Early Labor

Since each labor is different, there is really no way to predict for sure what it will be like for you. One of the main things that will affect your labor is your attitude. Whatever your style, there are certain things that you can do to make labor easier for yourself.

During early labor, try to go about your usual activities as much as you can. This will help keep your mind occupied and will help this stage move along more quickly. Keep well hydrated and continue eating normally.

Do something that relaxes you. Some women enjoy massage, listening to music or rocking in a rocking chair. Bathing or showering may be comforting and relaxing for many women.

Fetal Heart Tones

The baby's heartbeat, called fetal heart tones, will be checked often. Listening to your baby's heartbeat is one way your nurse and doctor can make sure your baby is getting enough oxygen while you are in labor. The baby's heartbeat can be checked in several ways:

- *Listening with a Doppler instrument*
- *Listening with a stethoscope*
- *Listening with a fetal monitor on your abdomen*
- *Listening with a fetal monitor gently attached to the baby through the vagina*

Vital Signs

Your nurse will keep a close eye on your blood pressure, temperature, pulse and breathing. Your nurse will also keep track of how often you have contractions.

Bladder

During labor, your bladder does not have much room to expand. If it is too full, it can keep the baby's head from moving down through the birth canal. Remember to empty

your bladder every hour you are in labor. Your nurse will help you remember to do this.

Cervical Exams

Your doctor will check your cervix when you are admitted to the hospital. This is to make sure you are in labor and see how far along you are. Your cervix will also be checked when your water breaks and before you get any pain medicine to make sure your contractions are moving the baby out and to make sure your cervix is fully open before you begin to push.

Family-Centered Care

Most women want their partner with them when they give birth. Some women also have their mother, sister or a friend with them to give them support. Also, some women hire doulas, who are professionally trained labor support. If you wish to have more than one or two support persons present at your birth, let your doctor or nurse practitioner know. All decisions are made with your safety and the safety of other patients as the first priority.

How can a support person help during labor and birth?

- *Be present and attentive. Sometimes all she needs is the presence of someone who cares about her, who is calm and who helps her feel safe. This is the most important role of labor support*
- *Remind her to take care of basic needs — eat, drink, rest and go to the bathroom at least one time each hour*
- *Keep her calm, relaxed during early labor, so she has energy later on*
- *Be an advocate for her, ask questions of the healthcare team, and make sure she has all of the information she needs to make decisions*
- *Provide physical help to her — help her change positions often, rub her back, give her water and ice, and rub her face and body with a cool washcloth*

Comfort Essentials for Labor:

Your environment: Think of the things you normally do to make yourself relaxed and comfortable, and use them to calm yourself in labor.

Try: Dimming the lights, maintaining a comfortable temperature, listening to your favorite music, and bringing a pillow from home.

Movement: Movement can make you feel more in control, and may help your labor more effectively.

Try: Walking, pelvic rocking, Using pillows to position yourself for comfort, using a birth ball, changing positions frequently.

Touch: Some people like being massaged or held during labor.

Try: Massage, light or moderate pressure, hugging, using a hand massager on your back, counter pressure — applying steady pressure to the lower back. Sometimes just holding her hand can be a big comfort.

Stage of Labor (INCLUDING BIRTH)

There is no way to predict how long your labor will last. Typically, an average first time labor is about 14 hours. Once your contractions become regular and your cervix begins to dilate, your labor will go through two stages before your baby is born and one stage after the baby is born.

Birth

As you push your baby out, the top of the baby's head will show (called "crowning"). This is very encouraging to most women. It helps to see that you are making progress toward your baby's birth!

Third Stage

The third stage of labor is the period of time between the birth of your baby and when the placenta (afterbirth) is delivered. This may take anywhere from five to 30

minutes. After your baby is born, you may feel mild contractions that help push out the placenta. Some women may not be aware of this stage because they are so focused on the baby.

Pain Management Options

In addition to the comfort suggestions, there are many ways you

can deal with the pain of childbirth. Different pain control methods may work for different women or at different times for the same woman. When you are admitted to Ob/Gyn Services in labor, your nurse and doctor will ask about your plans for pain management. All pain relief options are discussed in detail during Ob/Gyn Service’s childbirth preparation classes.

Medications

When using a pain medication during labor, several factors must be considered, including:

- *How well is your labor progressing?*
- *Are you allergic to anything?*
- *How much time will there be before the birth?*
- *What are your vital signs?*

TIME	1ST STAGE – LATENT	1ST STAGE – ACTIVE	2ND STAGE – PUSHING
1st Child	8 to 20 hours	5 to 12 hours	1 to 2 hours
Later Children	5 to 14 hours	2 to 6 hours	20 to 50 minutes
Contractions Frequency	Every 5 to 10 minutes	Every 3 to 5 minutes	Every 2 to 3 minutes
Duration	10 to 30 minutes	30 to 45 seconds	45 to 70 seconds
Intensity	Mild	Moderate	Strong
Cervix	0 to 3 cms.	4 to 10 cms.	Fully dilated

TIME	1ST STAGE – LATENT	1ST STAGE – ACTIVE	2ND STAGE – PUSHING
Your Feelings	Excited; anxious about	Becoming more serious.	May feel a second wind
Your Feelings	Excited; anxious about labor. May be talkative, calm or tense.	Becoming more serious. You want comfort and support from others. Need encouragement.	May feel a second wind birth is near. Likely to feel pressure in the rectum.
How to Help Yourself	Walk around.	Back rub between contractions.	Stretch out your legs and relax.
	Keep bladder empty.	Heat or cold applied to lower back.	Have your partner help support your body while you’re pushing.
	Sip clear liquids.	Keep bladder empty.	Keep bladder empty.
	Rest and maintain your strength.	Turn to your partner and family for emotional support.	Relax the muscles in your bottom as much as possible.
	Take a shower if your membranes have not broken.	Keep cool with a damp washcloth, fan or coldpack to your lower back.	Arch your lower back out like an angry cat when pushing.
	Use relaxation techniques, breathing, position changes.	Use relaxation techniques.	Try different positions until you find one that works well for you.
	Ask Ob/Gyn Services staff any questions you may have.	Ask for pain medicine, if you need it.	Cool wash cloth.
	Change positions frequently. Use counter pressure on your lower back. Ask Ob/Gyn Services staff any questions you may have.	Ask Ob/Gyn Services staff any questions you may have.	

- *Is the baby handling labor well?*
- *What medication, dose, and/or route will be best for you and safest for the baby?*

Your doctor will consider each of these things and decide which medicine is best for you. Medicines given through an intravenous (IV) tube work quickly *and last about 1-2 hours*. If you feel you need pain medicine, do not hesitate to ask.

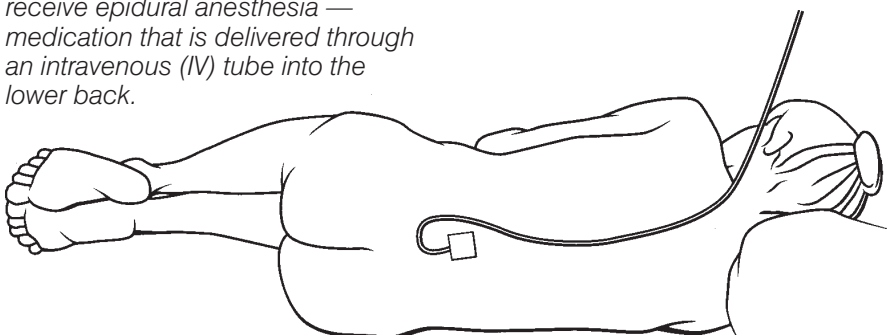
Epidural Anesthesia

Ob/Gyn Services has an anesthesiologist (doctor who gives you pain medicine) available to help you with pain relief. Some women need epidural anesthesia. This means that a small catheter is placed in your lower back. Numbing medicine is given through this. Epidural anesthesia is very safe and commonly used for pain relief in labor and delivery. If you are interested in epidural anesthesia, the anesthesiologist or your doctor can give you more information.

Local Anesthetic

When the baby is about to be born, some women will feel a hot, burning sensation in their perineal area (at the opening of the vagina). This is very normal and is nature's way of numbing your bottom. To help with this, your doctor may use a numbing medication (called "local anesthetic") on this area. This additional numbing medication may also be used if you need an episiotomy (a small cut) to prevent tearing of your skin.

To relieve pain, some women may receive epidural anesthesia — medication that is delivered through an intravenous (IV) tube into the lower back.



Unexpected Outcomes

Most women give birth without any problems. During labor, your doctor or/and the Labor and Delivery nursing staff help make sure everything is going normally. Sometimes, though, an unexpected event may happen. The nursing staff at Ob/Gyn Services is experienced and skilled in recognizing signs that things are not going well for you or your baby. If these signs are seen during your labor, your nurse and/or doctor will discuss what can be done to care for you and your baby.

If you or your baby require special care during labor and delivery, one or more of the following steps may be needed.

Position Change

Sometimes the baby's umbilical cord may become pinched or your blood pressure may drop because of the position you are in. If this happens, your nurse or doctor may help you turn on your other side, lie down, sit up or get into a position to help with the problem.

Intravenous Hydration

You may need intravenous (IV) fluid if you become dehydrated, have labor started with drugs or other methods, need IV pain medication or get epidural anesthesia during labor. An IV will also be needed if you have heavy bleeding or there is a possibility that you will need a Cesarean section.

Oxygen

Sometimes, just a little extra oxygen can improve the mother's or the baby's health. If you need oxygen, it is available at your bedside.

Electronic Fetal Monitoring

You may need continuous electronic Fetal monitoring of your fetus if you have a high-risk pregnancy or have had labor started by drugs or other methods. Your doctor will decide if this is needed.

Forceps or Vacuum

If your baby is very close to being born but needs a little extra help, your doctor may recommend the use of forceps or a special device called a vacuum to help hold the baby as it passes through the birth canal. You may have an episiotomy and local anesthesia if this type of delivery is needed.

Emergency Cesarean Section

Sometimes, an emergency can happen during labor or birth. Because of excellent monitoring techniques at Ob/Gyn Services, most possible emergencies are prevented before they happen.

Some women may need to have a Cesarean section to help deliver their babies. If you do, you will receive medication to relieve pain. Then, a surgeon will make an incision into your abdomen and uterus so your baby can be delivered through the abdomen rather than the vagina. This is a common operation, and your team of doctors and nurses will continue to care for you during and after the Cesarean section.

In the past, if you had a Cesarean section to deliver a child, then you had to have a Cesarean section for every birth after that. Today, women are given the option of having a trial of labor and vaginal birth or repeat cesarean section.

YOUR NEW FAMILY

Congratulations!

After your baby is born, both you and your baby will stay together in the labor and delivery room. Both of you will receive care from the same nurse. Your doctor will examine you to make sure all is well after the birth. Our Newborn Nursery Pediatrician will examine your baby after it is born, and follow your baby's health for your days in the hospital. After your new baby is born, your life suddenly becomes very different. As you begin your new life as a mother, you will want to read Ob/Gyn Services' "Mother and Baby Care" booklet. This booklet has suggestions about caring for yourself and your new baby. Most women will stay in the hospital for two or three days after their babies are born. The staff at Ob/Gyn Services is always available for additional questions you may have. Please use the list of people and phone numbers at the end of this book.

What You'll Need When You Get Home

One of the most important needs you will have when you get home is someone to help you. The best time to plan for this is in the last months of pregnancy. Perhaps your partner could take time off from work to be with you. Many companies offer some form of paternity leave. Your mother, other family members or friends may be the best choice for you. Plan to have someone with you for at least one to two weeks after your baby is born to help with shopping and household chores, and to take care of your other children. Having someone help you with these things will give you time to focus on taking care of yourself and your newborn baby.

Some advice from Experienced Mothers

- *Sleep when the baby sleeps. Make rest a priority over cleaning the house and running errands. The more rest you have, the more patient you will be, and the better able to care for your newborn.*
- *Make sure that you are getting enough to eat and drink. Taking care of a newborn can keep you very busy around the clock, so make time to eat nutritious meals. This is especially important if you are breastfeeding — your body requires extra calories. Stock up with food that doesn't need much preparation — yogurt, cereal, cheese and crackers, nutritious soups, baby carrots, fruit, etc.*
- *Accept help when it is offered. Let your friends and family do things for you, like cook for you, run errands, and do chores. Your priority is to feed, care and bond with your baby.*
- *Talk with other mothers. Don't be afraid to ask questions and seek support from experienced moms or other new mothers. The first weeks at home can be a hard transition, and it can be very helpful to talk with others who have been there.*

Your Baby's Doctor

The doctor you choose for your baby may be a pediatrician (a doctor who specializes in the health care of children) or a family doctor who provides care for all family members. If you already have a young child, most likely you will take your new baby to see the same doctor. Let your child's doctor know you are expecting a new baby and find out if you need to make special arrangements to register your new child to receive care.

If this is your first child, you may want to talk with several doctors before you choose a doctor for your

baby. Your doctor or nurse practitioner can provide helpful information about choosing a pediatrician. Try to select a pediatrician several months before your baby is due so that any questions either you or the doctor have can be settled before your baby is born. The University of Virginia Children's Hospital has pediatric practices in a few different sites. For information, call 434-924-KIDS (5437). You can also look on line at: <http://uvahealth.com/services/childrens-hospital/pediatric-services/general-pediatric-care>

Special Concerns:

DEPRESSION AFTER DELIVERY

During pregnancy and following the birth of your baby, you may experience a wide range of emotions. Often these are the expected feelings of joy and happiness, along with feelings of anxiety and worry. Mothers may also feel overwhelmed, uncertain, and frustrated. Being pregnant can be difficult, and caring for an infant is hard work. No matter how much you looked forward to your baby's birth this time might have some unexpected highs and lows. Time, patience and support from family and friends can be very helpful for you after your baby is born.

Sometimes, even with help and support, women can feel concerned about themselves. These more confusing emotions can fall into a few different categories.

BABY BLUES

The "baby blues" is a very common reaction in women in the first few days after your baby is born. The "baby blues" usually happen in the third or fourth day. 50-75% of all new moms feel this strong feeling of letdown with the emotional aspects

of caring for a baby and hormonal changes after birth. Symptoms may include crying for no reason, impatience, irritability, restlessness and anxiety. Symptoms of the “baby blues” are brief and usually disappear on their own, sometimes as quickly as they came. It is a normal part of the transition to parenthood. It will be reassuring to talk to your partner, a friend, or a family member.

POST PARTUM DEPRESSION

At least one in ten new mothers will have some degree of post partum depression. This depression can happen within days of the delivery of your baby, or come gradually, sometimes up to a year after your baby is born. Some symptoms:

- *fatigue, exhaustion*
- *sadness, hopelessness*
- *not sleeping, or sleeping too much*
- *memory loss*
- *loss of appetite*
- *over concern about the baby*
- *uncontrolled crying*
- *lack of interest in the baby*
- *feeling worthless*
- *exaggerated highs and lows*
- *fear of harming the baby*
- *fear of harming yourself*

A woman with post partum depression will usually have a few of the above symptoms ranging from mild to severe. She might have “good” and “bad” days. Women from all walks of life are affected by post partum depression. If you feel you need help, understand that you are not alone, and there is help for

you. There are counselors who specialize in post partum depression and medications you can take and continue to breastfeed.

If you or someone you know is experiencing any of the symptoms listed above, contact your health care provider, social worker or a counselor.

POST PARTUM PSYCHOSIS

Post partum psychosis is the most severe, and the rarest reaction. It happens in about 1 in 1000 women, usually in the first 3 weeks after birth. The woman experiences a break with reality, which may include hallucinations or delusions. Other symptoms are severe insomnia (not sleeping), bizarre feelings and behavior. Post partum psychosis is a serious emergency and needs immediate medical help.

Infant Safety and Security

Following these simple guidelines can bring you peace of mind that you are protecting your new family in every way possible.

- *In the hospital, a SafePlace band will be placed around your baby’s ankle. This device will alarm if your baby is taken off the unit. This will be removed a few minutes before you leave the hospital.*
- *Only visitors with visitor’s passes can enter the Labor and Delivery and Post Partum Units, and must be allowed in through a locked door by staff.*
- *Do not give your infant to anyone without properly verified hospital*

identification. At Ob/Gyn Services only specially designated staff with special purple coloring on their name badges can handle or transport infants

- *Feel free to ask hospital staff about safety and security procedures.*

AT HOME

- *Do not allow anyone into your home who says they are affiliated with any agency without properly verified identification*
- *Consider the risk you may be taking when permitting your infant’s birth announcement to be published in the newspaper or online. Birth announcements should never include the family’s home address and should be limited to the parents’ surname(s)*
- *The use of outdoor decorations to announce the infant’s arrival such as Mylar® balloons, large floral wreaths, wooden storks, and other lawn ornaments are not recommended*
- *Only allow persons into your home who are well known by the mother. Be cautious about letting anyone into your home that is just a mere acquaintance, especially if met briefly since you became pregnant or gave birth to your baby.*

For information on security procedures in our Labor and Delivery Unit, call 434-924-2022.

**We at Ob/Gyn Services are here to care for you
and support you every step of the way,
through your pregnancy, during your baby's birth
and into motherhood.**

IMPORTANT PHONE NUMBERS

Labor and Delivery	924-2022
Childbirth Educator	924-9920
Prenatal Class Information	982-FORU (3678)
Children's Medical Center	924-KIDS (5437)
Lactation Consultant	982-3316
Fetal Care Center	924-2500
Social Worker	982-3553
Teen Health Center	982-0090
UVa Physician Referral	1-800-251-DOCS (3627) or 924-3627
UVa Physicians for Women at Northridge	243-4570
UVa Physicians for Women at Primary Care Center	924-1955
www.uvahealth.com	
Rescue Squad	911



www.theparentreview.com/uva

Your Stay at UVa Hospital

PATIENT GUEST SERVICES

Patient & Guest Services assists with the flow of information between guest and the Medical Center. They strive to create a welcoming, comfortable and pleasant environment. You can contact them at: 434-924-1122. They can:

- *Provide general information*
- *Provide directions*
- *Provide assistance with lodging arrangements*
- *Communicate visitation guidelines*
- *Triage to other UVa resources*
- *Notarize documents*

INFORMATION DESK

The guest relations staff is located in the first floor lobby of University Hospital, the first floor lobby of the West Complex, and the first floor of the Primary Care Center. They are happy to provide assistance to patients and families, issue visitor passes, direct you to the appropriate location, validate parking, and to answer any questions pertaining to your visit.

PATIENT REPRESENTATIVES

If you are happy or unhappy with the hospital services or need assistance of any kind, contact Patient Representatives: 434-924-8315. They will bring your concerns, suggestions and questions to the immediate attention of those who can help.

PATIENT REPRESENTATIVES CAN:

- *Handle your complaints, problems or suggestions*
- *Assist with questions about hospital services, policies, and procedures*
- *Offer emotional support*

LANGUAGE ASSISTANCE SERVICES

Our mission is to provide timely, professional interpreter services to all patients with Limited English Proficiency (LEP). Free interpreter services are available for patients and families with LEP or who are deaf or hard of hearing under Title VI of the Civil Rights Act. Hospital staff will arrange for this assistance. Call 434-982-1794, or use our web site:

<http://www.healthsystem.virginia.edu/internet/language/>

HEARING & VISION IMPAIRED SERVICES

434-924-8312 (voice)

434-924-8357 (TDD)

A certified sign language interpreter is available for deaf or hard of hearing patients or visitors. TDD, closed-captioned televisions, and assistive listening devices are also available.

