

# UAB Obstetrics and Gynecology

My Prenatal Care Book



**UAB** MEDICINE

UAB WOMEN & INFANTS SERVICES

Knowledge that will change your world



# Welcome to UAB General Obstetrics and Gynecology

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We want to congratulate you on your pregnancy and extend a heartfelt welcome to our practice. You have taken an important step toward a healthy pregnancy by enrolling in prenatal care. We will soon be seeing you on a regular basis. Our team of health care providers includes obstetrician/gynecologists, nurse practitioners, nurses, nursing assistants, and medical secretaries.

Prenatal visits provide an important opportunity to meet with your physician, ask questions, and plan for your delivery. Please feel free to discuss your concerns with us. We encourage your partner to accompany you for these visits.

My Prenatal Care Book should be used as a basic reference source during pregnancy. This resource is designed to anticipate and answer commonly asked questions. It includes scientifically accurate information that should enable you to take a more active role in your pregnancy. We have attempted to define most of the medical terms and inform you about what to expect in labor and delivery.

Our main goal is to provide the best quality health care available. We look forward to helping you make this pregnancy a success! We invite your comments and suggestions.

*Congratulations!*

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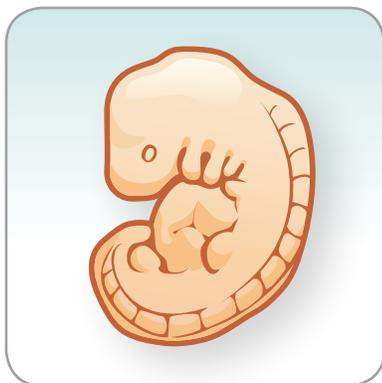
# CHAPTER 1:

## How Does My Baby Develop?

# How Does My Baby Develop?

## (Weeks 1-12)

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### WEEKS 1-4 (Month 1)

The day of your last menstruation is usually referred to as Day 1 of the menstrual cycle. On Day 14, ovulation occurs, and by Day 20, a fertilized egg travels through the fallopian tube into the uterus. The embryo latches to the uterine wall and begins to grow rapidly.



### WEEKS 5-8 (Month 2)

By the eighth week of gestation, the embryo has formed limb buds for the arms and legs. The hands and feet are taking shape as well. The heart is beating at approximately 150 beats per minute. At this time, the embryo is one half-inch long and weighs one-thirtieth of an ounce.



### WEEKS 9-12 (Month 3)

By this time, all of your baby's organ systems are in place. The genitals are distinguishable but not apparent on the ultrasound. The bones have developed and the eyelids are completely grown. The baby begins to move by jerks and bending of the arms and legs; however, these movements are not felt yet. The baby is approximately three inches long and weighs 1 ½ ounces.

# How Does My Baby Develop?

## (Weeks 13-27)

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### WEEKS 13-18 (Month 4)

The baby begins to make breathing movements and swallow amniotic fluid by this time. At approximately five inches long and weighing seven ounces, the baby has developed scalp hair, eyebrows, and human-like features and is approximately 5 inches long and weighs 7 ounces.



### WEEKS 19-22 (Month 5)

The baby is covered in a white, cheesy protective skin covering called “vernix” and the very fine hair on the skin is called “lanugo hair.” The kidneys are starting to produce urine. By now, the baby recognizes noises of its mother and the surrounding environment. Your baby will notice when you sing or talk. The baby is about 7½ inches long and weighs about one pound.



### WEEKS 23-27 (Month 6)

The baby is still immature at this time, but the lungs are developing surfactant, which coats the air sacs in the lungs. The blood vessels in the brain are growing as well. The baby is about 11 to 15 inches long and weighs up to two pounds.

# How Does My Baby Develop?

## (Weeks 28-40)

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### WEEKS 28-31 (Month 7)

The baby's eyelids are now open. The lungs and brain are better developed but still immature. The baby is about 12 to 16 inches long and weighs up to 3 ½ pounds.



### WEEKS 32-36 (Month 8)

The baby grows rapidly during this time and is about 16 to 19 inches in length and ranges from 3 to 6½ pounds.



### WEEKS 37-40 (Month 9)

Your pregnancy is now considered to be full-term. When labor starts, the baby undergoes changes that will assist the transition to a new environment. The fluid that once filled your baby's lungs is being reabsorbed so that breathing can start after delivery. A surge in hormones prior to delivery allows for the regulation of blood pressure and blood sugar after delivery. At this time, the baby ranges from 18 to 21 inches long and weighs from 6½ to 9 pounds.



## CHAPTER 2: My Prenatal Care

# My Prenatal Care



## Prenatal Visits

While every patient and her care are unique, patients are generally seen every four weeks until 28 to 32 weeks of pregnancy. From 32 to 36 weeks, we will want to see you every two weeks, then weekly after 36 weeks. Most of these visits will be with your primary physician. If you choose, you can rotate your visits to meet each member of the group.



## Calculating Your Due Date

No one can determine the exact day labor will start. Eighty percent of patients will deliver within two weeks before or after their due date. This date is our best estimate. We combine your menstrual history and ultrasound information to arrive at the approximate date, which is known as the Estimated Due Date or EDD.



## Prenatal Lab Evaluation

At your first visit, you will have blood drawn to complete your prenatal labs. We test all patients for blood type and Rh status, infectious diseases, and anemia. We offer and strongly encourage HIV testing. We will also offer additional testing for cystic fibrosis carrier status and early testing for genetic abnormalities.

# My Prenatal Care, continued

## Fetal Movements

“Quickening” is the term used to describe your first awareness of your baby’s movement. For most first-time mothers, this can occur within 18 to 20 weeks of pregnancy. Mothers with previous children may feel the first “kick” earlier in the pregnancy. During the early part of your pregnancy, enjoy these movements and get used to patterns that your baby develops. After approximately 28-30 weeks, your baby should move at least five times every two hours. If you do not feel this amount of movement, lie down and drink some juice. If your baby continues to have decreased movement, call our office.



## Ultrasound Examinations

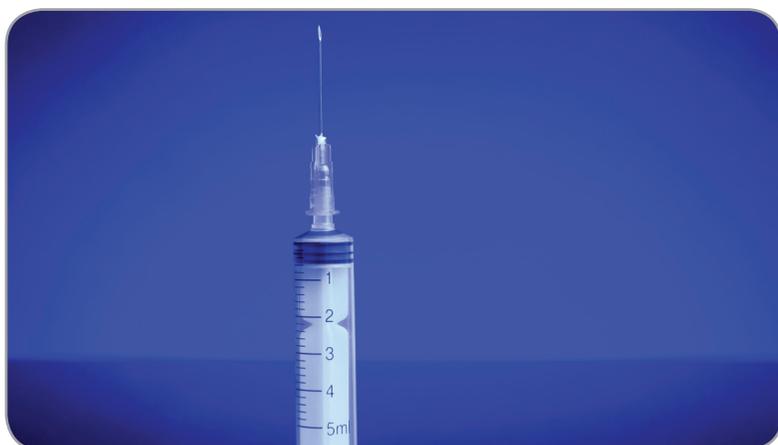
Most women in our practice will receive an ultrasound examination at their first visit in order to confirm the pregnancy and to confirm the gestational age. We also routinely perform an ultrasound examination at 18-20 weeks in order to see details of the baby’s anatomy. At this examination we will attempt to determine the sex of your baby, if you desire. After this point in pregnancy, we perform ultrasound for clinical reasons only.

# My Prenatal Care, continued

## Diabetes Screening

Many women are at risk for developing gestational diabetes during their pregnancy. More information about this condition is available in the “*Obstetric Conditions*” section. We test all pregnant women between 24 and 28 weeks with a glucose challenge test. Those women who are at high risk may be tested earlier in their pregnancy.

- **Glucose Challenge Test:** This test involves drinking a 50g glucose drink and having your blood glucose drawn one hour later. We expect this value to be less than 135g/dL. If this test is abnormal, we may need to do an additional three-hour glucose tolerance test (3-hr GTT).
- **3-hr GTT:** In this test, you will be asked to come to the office after fasting. You will have a fasting glucose level drawn and then drink a 100g glucose drink. You will then have your glucose level drawn at one, two, and three hours after drinking the glucose.



## Rhogam

If your blood type is Rh negative, Rhogam is given at approximately 28 weeks. We will need to do a blood test prior to giving you the Rhogam. This blood allows us to determine whether you are already sensitized. More information is available about Rhogam in the “*Commonly Asked Questions*” section.

## Trimester Labs

Some patients will require follow-up labs that are usually done at the beginning of the third trimester. These may include a repeat hematocrit, cervical cultures, or tests for syphilis and hepatitis.



## **CHAPTER 3:**

# **Labor & Delivery – What Should I Expect?**

# Labor & Delivery – What Should I Expect?

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It is quite normal for you to be anxious about what will happen when you arrive in Labor and Delivery (L&D). We believe that childbirth should be a time of unequalled joy and not a painful, negative experience. Our goal is to provide individualized care that results in a healthy mother and a healthy baby.

We ask that you call the **L&D triage nurse (205-934-4277)** if you feel that you may be in labor. This not only allows them to answer questions and prevent false alarms, but it also will allow the L&D staff time to prepare for your arrival. When you arrive in the **Maternal Evaluation Unit (MEU - UAB Women and Infants Center, 1700 6th Avenue South, Birmingham, AL 35233, 3rd Floor)**, you will be assigned to a room for evaluation. After obtaining a urine specimen, the nurses will get vital signs and begin to monitor your baby. Following this initial evaluation, a decision will be made as to whether or not you need to be admitted. It is best to leave most of your luggage, cameras, clothes, etc. in the car until you know for certain that you will be admitted. If you are not admitted, you will be given instructions on when to return to the clinic and what precautions to take in the meantime.

Many women have special requests regarding their delivery or wish to create a personal birthing plan. We will strive to individualize your care and honor your wishes; however, we must maintain as our first priority the health and safety of you and your baby. We ask that you inform your physician of any special requests well in advance. This will allow more than enough time for discussion.

# Labor & Delivery – What Should I Expect?, continued

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The following list summarizes some of the general practices that we follow at UAB Hospital:

- Almost all vaginal deliveries are performed in the labor birthing rooms (**L&D, Women and Infants Center, 3rd Floor**). In certain unique situations, such as premature babies, multiple babies, or a very large baby, we may take the precaution of having your delivery take place in an operating room delivery room (**L&D, Women and Infants Center, 3rd Floor**).
- Electronic fetal monitoring is performed at the time of admission and continuously throughout labor. Internal monitoring will be used when necessary.
- Upon admission, lab work will be drawn and an intravenous (IV) line started. The IV is particularly helpful for administering rapidly acting pain medications and maintaining fluid intake, and it is essential in the event of serious post-partum bleeding.
- We do not shave the pubic hair prior to delivery. If you require a C-section, the upper portion of the pubic hair is shaved to allow for a low bikini incision.
- We do not give enemas prior to delivery. If you would feel more comfortable, an enema can be given in early labor to relieve constipation.
- Hospital policy forbids videotaping or photography of delivery or any surgical procedure. We allow and encourage video/photography of your newborn.
- To prevent bladder enlargement, a urinary catheter is inserted in women who have epidural anesthesia and before all C-sections. Some pregnancy complications will require placement of a urinary catheter.
- For your safety during the active portion of your labor, you will be allowed to consume only ice chips.
- The pediatric team may be called to your delivery in order to aid our nurses in the immediate resuscitation of your newborn. The list of indications for pediatric assistance for the safety of your newborn is extensive. Do not be alarmed if the pediatricians are called to your delivery.

# Labor & Delivery – What Should I Expect?, continued



*UAB Birthing Room*



*UAB Operating Room Delivery Room*

- Your partner and another support person are allowed in the birthing room for the delivery. During the early part of your labor you may have visitors, but we ask that you limit the number to two visitors in the room at any one time. This request is made for your safety and the privacy of our other patients. To avoid hurt feelings, it is best to decide before the big event who will be present for the delivery.
- If you require a C-section and do not require general anesthesia, one support person is allowed to be with you.
- We request that other family members who wish to be at UAB Hospital for your delivery wait in one of our waiting rooms. Please ask them to avoid standing in the hallways.
- Your children are allowed to visit briefly during labor and following delivery. Seeing their mother in pain or the sight of blood often disturbs very young children. Therefore, we strongly discourage their presence at the actual delivery. Other children are not allowed in L&D.

# CHAPTER 4:

## Postpartum

# Postpartum

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The first hours after birth are very important in the development of your baby, and there are well-documented short- and long-term physical and psychological advantages when a baby is held skin-to-skin during this time. As soon as your baby is born and both of you are medically stable, your baby will be placed on your chest and dried off. We call this “skin-to-skin care” or “kangaroo care.” This happens for all moms regardless of feeding choice. Your chest is your baby’s recovery room. Just as you will stay for about an hour after delivery in L&D or in the recovery room following a C-section to recover, your baby needs this first hour to stabilize as he or she transitions from the womb to the outside world. Necessary procedures and checks are done with your baby on your chest. Research shows that babies who are skin-to-skin with a parent cry less, sleep better, stay warmer, and begin feeding more easily.

Following delivery of your baby and a one-hour recovery and observation period, you will be transferred to a room on the postpartum floor for the remainder of your stay. The type of delivery, presence or absence of complications, and your overall health influence the length of your admission. Federal law requires insurance carriers to allow at least 48 hours in the hospital after a vaginal delivery and 96 hours after a C-section. For those who prefer to be at home sooner, we ask that you stay at least 24 hours after a vaginal delivery and 48 hours after a C-section. Let us know if you would like an early discharge. We will evaluate your health and speak with the pediatrics team to ensure that an early discharge is a safe option for you and your baby.

UAB Hospital recommends that you and your baby remain together unless there is a need for medical intervention. We call this “rooming-in.” This time together helps you become more comfortable caring for your newborn. “Rooming-in” helps you learn your baby’s feeding cues so you can feed him or her at the first sign of hunger. When together in the same room, a mother and her baby actually sleep better and babies cry less. When you are sleepy, you and baby have separate beds.

# Postpartum, continued



## Activities

Common sense is the best approach to planning your level of activity during the first few weeks after childbirth. It takes six to eight weeks for your body to return to normal. You may need help during the first 2 weeks with household activities. It is important for you to get adequate rest. You will be able to take care of yourself and the baby, climb stairs, take showers or tub baths, go for short walks, or ride in a car. Avoid lifting anything heavier than your child for the first few weeks.

## Afterbirth Pains

It is normal to experience cramps, caused by contraction of the uterus, in your lower abdomen for several days after your delivery. Breastfeeding your baby helps your uterus shrink more rapidly, but it is also likely

to intensify after-birth cramps. We recommend Tylenol or an NSAID (Motrin, Advil, Naprosyn or Anaprox) for these cramps. Gentle massage of the uterus, or lying on your stomach with a pillow under your abdomen, may offer some relief. It may be helpful to alternate Tylenol with an NSAID every 3-4 hours, especially in the first few days after delivery.

## Perineal Care

If you had a perineal laceration or an episiotomy requiring stitches, try sitting in a warm shallow bath two or three times a day. You should also continue rinsing your perineum after urinating or having a bowel movement. The stitches will heal and absorb by themselves. We recommend abstaining from sexual intercourse, use of tampons, or douching for six weeks. Notify our office if you notice redness or increasing pain around the suture site.

# Postpartum, continued

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## Cesarean Birth (C-section)

Your recovery from a C-section will usually take a little longer than recovery from a vaginal delivery. You may get your incision wet during showering or bathing. You will likely note some itching as your incision heals. To relieve this discomfort, apply a 1/2 percent or 1 percent hydrocortisone cream. This cream is available from your local drug store without a prescription. Many women will notice numbness around the incision that may last for several months. Remember to get plenty of rest and avoid straining or lifting more than 10 to 15 pounds without assistance until you are completely recovered from your surgery. Use common sense with activities. Your body will tell you when you have overdone it. It is important to exercise and take steps to avoid constipation during the post-Cesarean period.

## Breast Care

Regardless of how you choose to feed your baby, your breasts may require special attention. The American Academy of Pediatrics and American College of Obstetrics and Gynecology recommend that women breastfeed exclusively for the first six months of their baby's life. If the baby is having difficulty with latch or emptying your breast, you may experience some uncomfortable fullness and swelling of your breasts three to five days after birth. A lactation consultant is available to assist you while you are in the hospital and after you go home. This lactation consultant can be contacted at 205-975-8334.

Tylenol and Ibuprofen are safe to take when you are breastfeeding. If your nipples become sore or raw, please call a lactation consultant. You can apply a small amount of expressed milk, lanolin, or vitamin E to the nipple after breastfeeding. Contact your doctor if your nipples become cracked and are not improved with over-the-counter remedies. Notify your doctor or nurse if your breasts become red and painfully tender or if you develop a fever. When you decide to wean your baby, it is best to do so gradually over several days or weeks in order to minimize the discomforts due to breast engorgement.

If you are bottle-feeding, your breasts will swell and become tender three to five days after delivery. This pain is due to breast congestion. In the past, medications were prescribed to dry up the milk, but due to potentially serious side effects these medications are no longer used. You may ease the pain and congestion by applying ice packs, wearing a tight bra or breast binder, and taking Tylenol. Do not express the milk from your breasts. This will provide temporary relief; however, it also causes more milk production and rebound congestion.

# Postpartum, continued

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## Vaginal Discharge and Bleeding

A bloody discharge is normal after delivery. This may last from three to six weeks. The flow will vary, but it should not be as heavy as a menstrual period after the first few days. You may occasionally pass blood clots but this is not worrisome unless it continues or is associated with heavy flow. Tampons are not recommended during this time. Notify your physician if your vaginal discharge becomes heavy. Blood flow that soaks a pad every hour is considered quite heavy and may require immediate attention. The return to normal menstrual periods may occur as early as four weeks after delivery, but that varies from person to person. Women who breastfeed may wait a year for their menstrual period to begin again.

## Sexual Relations

Intercourse should be delayed for at least four to six weeks after delivery. Birth control measures will be reviewed at your postpartum checkup visit. Many women find that using a water soluble lubricant for intercourse makes the return to sexual activity more comfortable.

## Constipation

Constipation is a very common problem during the postpartum period. It can usually be avoided by eating a diet that is high in fiber. Stool softeners, such as Colace, may be purchased without a prescription and are safe if you are breastfeeding. Milk of Magnesia or Miralax may be used if other measures are not helpful.

## Hemorrhoids

Hemorrhoids are best treated by avoiding constipation. They are extremely common after delivery and usually resolve in six to eight weeks. Anusol or Preparation H suppositories or creams usually help, and both may be obtained without a prescription. Many women find warm sitz baths helpful as well.

# Postpartum, continued



## Postpartum Depression

Many women experience some depression and an urge to cry for several days or weeks following childbirth. This feeling, which is normally due to hormonal changes, commonly begins two to three days after delivery and usually slowly goes away after one or two weeks. However, if you feel overwhelming depression or despair, please contact your physician or nurse. True postpartum depression may be serious and requires medication and counseling. You may be at risk for this if you have had a history of depression in the past.

## Warning Signs

During the time between your hospital discharge and your postpartum visit, you should notify your doctor or nurse if you develop a fever higher than 101°F, burning sensation during urination, heavy vaginal bleeding, abdominal pain, suspected infection of an incision, or redness and swelling in your breasts.

## Postpartum Checkup

We look forward to seeing you back in the office four to six weeks following your delivery. The postpartum visit is a time to determine that you have healed. It is an important time to review your choices regarding birth control and to address any problems or questions that you may have. It also may be time to plan your next pregnancy.

# Circumcision

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Circumcision is the removal of the foreskin of the penis. For many families of the Jewish and Muslim faiths, circumcision is a religious requirement. In 1975, the American Academy of Pediatrics stated that “there is no absolute medical indication for routine circumcision of the newborn.” They felt that the decision to circumcise should be individualized. At UAB Hospital, the pediatricians handle circumcision. On the first day after delivery they will discuss the risks & benefits of circumcision with you. They will perform the procedure if you desire.

## **The following is a list of important facts to remember as you decide whether or not to circumcise your baby boy.**

- The procedure takes only a few minutes to perform and healing takes about 7 to 14 days.
- Complications may occur but serious complications are rare.
- There is no evidence that circumcision affects sexual performance.
- A non-circumcised baby could require circumcision later in life when the discomfort and cost of the procedure is much greater.

# Tubal Ligation

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Many women request a form of permanent birth control or sterilization when they have completed their families. When the husband is willing, vasectomy is an excellent choice. Vasectomy is more effective, safer, and less expensive than tubal ligation. Female sterilization is usually performed by a procedure known as “bilateral tubal ligation.” This procedure blocks the fallopian tube by cutting, banding, scaling, or tying. This prevents sperm from reaching and fertilizing the egg.

Tubal ligation can be performed during the postpartum time or at an interval time after delivery. Postpartum tubal ligation can be accomplished because the enlarged uterus makes the fallopian tubes easily accessible through a small incision below the navel. Tubal ligation can be performed when the uterus is small using an instrument known as a laparoscope. As is true with all surgeries, sterilization by tubal ligation does have some risks.

- Risks include infection, bleeding, and injury to the bowel, bladder, major blood vessels, or other abdominal structures. Most of the time these complications can be identified, treated, and corrected.
- It is important to understand that tubal ligation can fail. The risk of this occurrence is seven in 1,000 sterilizations. Tubal ligation failures are more likely to result in an ectopic (tubal) pregnancy.
- The procedure should be considered permanent and irreversible. Although the tubes may be put back together, this requires an expensive additional surgery that cannot guarantee success.

# Tubal Ligation, continued

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We are happy to perform a tubal ligation at the time of C-section or the day following your vaginal delivery. Postpartum tubal ligation is an elective procedure that requires adequate operating room and anesthesia staff. Due to the unpredictable nature of labor and delivery, we cannot guarantee that we will be able to perform a postpartum sterilization.

We ask that you consider your choice carefully, particularly if you are young. Many women regret their decision to be sterilized. Before you finalize your decision, ask your physician for more information about reversible forms of birth control:

- **Oral contraceptive pills (birth control pills)** – 1/100 failure rate
- **Depo-Provera injections** – 1/300 failure rate
- **Nexplanon implants** – 1/300 failure rate
- **Intrauterine devices (IUD)** – Copper T IUD 1/200 failure rate, Mirena IUD 1/400 failure rate
- **Barrier methods** – 8/100 failure rate

Additional information and literature about these alternative methods are available from our offices.



# CHAPTER 5:

## Modern Obstetric Technology

# Modern Obstetric Technology

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The following section is included to provide explanations for some of the common obstetrical tests and procedures. We hope that it will answer many of your questions.

## Amniocentesis

Amniocentesis is the removal of a sample of the fluid that surrounds the baby by inserting a needle through the abdominal wall into the uterus. The fluid is then analyzed in a laboratory. Genetic screening is the most common reason for performing an amniocentesis. The fetal cells in the fluid are cultured and then analyzed to check the fetal chromosomes.

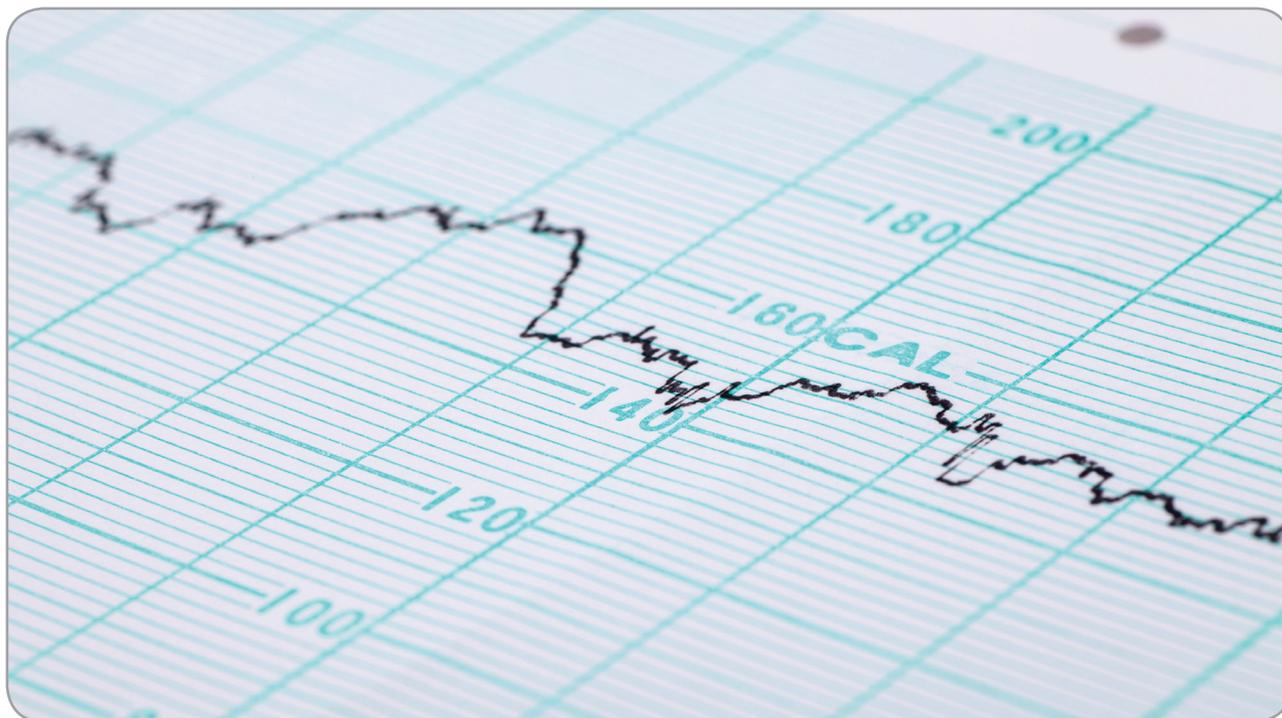
In some cases, special enzyme studies are performed to detect hereditary disease in the baby. Routine amniocentesis is offered for all women with abnormal genetic testing or who have previously given birth to a baby with chromosomal abnormality.

Because amniocentesis does not detect all diseases and abnormalities, the procedure does not in any way guarantee a mother that she will have a healthy baby. When the results of the testing indicate that the developing baby is abnormal, the parents must decide, after counseling, what course of action they wish to take.

Occasionally, amniocentesis determines if the baby's lungs are mature enough for an early delivery. This is usually done before an elective, repeat C-section when the due date is uncertain, or in women who may not labor safely because of a prior surgery. Some high-risk pregnancies, such as those complicated by high blood pressure or diabetes, may necessitate early delivery of the baby. Amniocentesis is often performed in these circumstances to determine if the baby's lungs are mature enough.

An amniocentesis, whether done early or late in the pregnancy, carries very little risk to the mother. The risk of a serious pregnancy complication from a genetic amniocentesis done between 15 and 20 weeks is less than 1 in 1,000. The most common complications include preterm labor, premature rupture of the membranes, vaginal bleeding, and injury to the placenta, umbilical cord and baby. The risk of complications is much lower when the amniocentesis is done later in pregnancy.

# Modern Obstetric Technology, continued



## Electronic Fetal Monitoring

In the 20th century, methods of monitoring the fetal heart rate and uterine contractions were developed. This information is recorded on graph paper or electronically with the fetal heart rate at the top and the contractions located at the bottom.

- **External Monitors** – For external monitoring, an ultrasound transducer measures the baby’s heart rate, while a pressure sensor called a tocodynamometer records contractions. The monitors, placed on the mother’s abdomen, are non-invasive and painless, although the belts that hold the devices in place maybe somewhat uncomfortable. The external contraction monitor records intervals between contractions but does not measure contraction strength.
- **Internal Monitors** – After the amniotic sac breaks during labor, your physician may place internal monitors. A fetal scalp electrode provides an accurate recording of your baby’s heartbeat by means of a fine wire attached to the baby’s scalp. An intrauterine pressure catheter (UPC), a thin tube that contains a pressure sensor and is placed within the uterus, measures how strong your contractions are. Internal monitors let your doctor know how well your labor is progressing and how well the baby is tolerating the labor process.

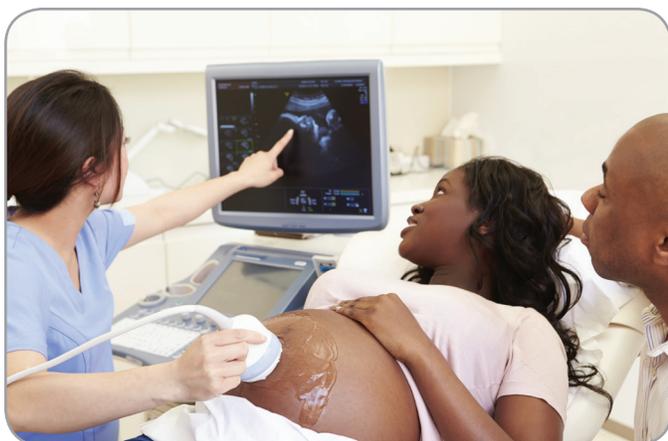
# Modern Obstetric Technology, continued



## Fetal Testing

- **Fetal Kick Counts** – After 28 weeks of pregnancy, we will encourage you to learn how much your baby moves. Decreased fetal movement is a good predictor of the need to evaluate your baby. If your baby takes more than two hours to make five kicks, we ask that you contact your physician or nurse. Remember, babies usually move most in the evening. If you do not feel your baby moving, lie down and drink some fluid. If you still do not feel any movement, please contact your physician or nurse.
- **Non-Stress Test** – The test, which usually takes 20 to 40 minutes to complete, involves using external fetal monitors to evaluate your baby. The fetal heart rate will usually rise while your baby is moving. While this test does not guarantee a healthy baby, it does provide your doctor with reassuring information.
- **Contraction Stress Test** – This test measures the baby's response to contractions of the uterus. Mild contractions are caused by rubbing of the nipples or by administering oxytocin via an IV line. These contractions briefly reduce blood flow to the placenta. A normal response to this test means that your baby is getting enough oxygen, even when stressed by a contraction.
- **Biophysical Profile** – This test combines a non-stress test with an ultrasound evaluation of the baby to evaluate the baby's wellbeing. The physician looks for normal fluid levels and normal fetal movement.

# Modern Obstetric Technology, continued



## Ultrasound

An ultrasound is a medical procedure in which high frequency, low-power sound waves are beamed into the body. The sound waves are reflected (echoed) back when they strike the uterus, placenta, mother's internal organs, or the baby. These echoes are converted to an electronic signal that is processed for display on a video screen. The resulting image allows you and your physician to see your baby and his or her internal organs.

Ultrasounds are performed for a variety of reasons. The information most commonly sought during an ultrasound evaluation is noted below:

- Number of babies.
- Detection of abnormalities – while most fetal abnormalities can be detected, it is NOT possible to detect all structural abnormalities of the fetus.
- Nuchal Translucency Measurement – this test measures the fat pad on the back of the baby's neck between 10 and 13 weeks. An enlarged pad may be a very early sign of Down's Syndrome.
- Fetal heart activity.
- The position of the baby in the uterus.
- The fetal age by measurement of the head, abdomen and extremities.
- The amount of amniotic fluid around the baby.
- Location of the placenta.

Your exposed abdomen will be covered with a lubricant gel. The ultrasound transducer will be moved over your abdomen to check the baby. In early pregnancy, additional information may be obtained by using a vaginal transducer, which is a special, small probe that is placed inside the vagina.

Ultrasound, unlike X-rays, is not harmful to the embryo, baby, or the mother. The ultrasound has been in use for more than 30 years, and no ill effects have ever been noted.

The cost of an ultrasound is usually covered by insurance. However, some insurance companies may refuse to pay for an ultrasound unless it is medically necessary. Insurance companies will not pay for an ultrasound done for the purpose of determining the sex of the baby.

# Modern Obstetric Technology, continued

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## Cesarean Section or C-section

Cesarean section, or C-section, is the surgical removal of the baby through an incision in the abdominal wall and the uterus. While vaginal delivery remains the preferred mode of delivery, a C-section is necessary for approximately 25 percent of women. Improvements in anesthesia and surgical techniques, advances in fetal monitoring, and better antibiotics have made a C-section a relatively safe mode of delivery. However, this is a major surgical procedure and comes with all of the risks associated with any surgery including infection, bleeding, damage to the adjacent organs, and potential need for transfusion. This surgery should only be done if it is medically necessary.

## The most common reasons for a C-section delivery:

- **Cephalopelvic Disproportion (CPD)** – occurs when the pelvic cavity is too small to allow passage of the baby through the birth canal. In this case, the labor process will stop despite adequately strong and frequent contractions. CPD is also known as labor dystocia.
- **Prior C-section deliveries** – once you have had a C-section, you may always choose to have a repeat C-section. In most cases, this will be scheduled for the week prior to your estimated due date.
- **Abnormal fetal position** – breech or transverse positions.
- Fetal heart rate abnormalities.
- Active genital herpes infection at the time of labor.
- Abnormalities of the placenta.

A few women will require a STAT, emergency C-section. This is usually done in situations involving severe abnormalities of the fetal heart rate, heavy vaginal bleeding, or prolapse of the umbilical cord. Your physician, nurse, and the labor & delivery staff are trained for this situation and will move very quickly to get you ready for a C-section.

# Modern Obstetric Technology, continued

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## Cesarean Section or C-section, continued

A C-section usually results in a three-to-four day hospital stay. You will be up and walking by the second day after surgery. Under an Alabama law, known as “Rose’s Law”, you can stay in the hospital up to 96 hours after a routine C-section. Many women will prefer discharge prior to 96 hours. If you and your physician feel that early discharge is safe and acceptable, you will be asked to sign a document stating that you are aware of Rose’s Law and still desire early discharge. Most women will require pain medicine and assistance for one to two weeks after a C-section. Most women feel completely recovered by approximately 6 weeks after surgery.

## Vaginal Birth After Cesarean Section (VBAC)

Most C-sections today are made using a horizontal incision on the uterus. With this type of uterine scar, the risk of uterine rupture during labor with the next baby is less than 1 percent. Because of this fact, an attempted trial of labor and vaginal delivery with subsequent pregnancies is acceptable. Depending on the indications for the initial C-section, a vaginal delivery rate of 60 to 80 percent can be predicted. Of course, we cannot guarantee that you will not require a repeat C-section for one of the above listed indications. It is considered safe to do a trial of labor in a location such as UAB Women and Infants Center where emergency obstetric and anesthesia care is immediately available. Surgical risks are greater during a C-section delivery for a patient who has failed a trial of labor than for a patient who has a planned elective repeat C-section.

If you do not wish to attempt VBAC, a repeat C-section will be scheduled after you have completed 39 weeks of pregnancy. Delaying delivery until the 39th week is done to ensure that the baby is mature and ready for birth. Of course, if you labor before this time, we will proceed to your C-section. If you have a classic C-section, which requires a vertical incision on the uterus, a C-section must be performed with each subsequent pregnancy. The risk of uterine rupture with this type of incision is 6 to 10 percent. We will discuss performing an amniocentesis for fetal lung maturity around 37 weeks and proceeding to a repeat C-section if you baby’s lungs are mature.

# Modern Obstetric Technology, continued

## Operative Vaginal Delivery

We believe that most women are more comfortable and satisfied delivering their babies spontaneously. However, in some circumstances, a non-reassuring fetal heart-rate tracing or maternal exhaustion makes operative delivery necessary. If you are completely dilated and the fetal head has descended far enough into the pelvis, delivery can be accomplished using either forceps or a vacuum extractor. Obstetric forceps are metal instruments that fit on the sides of the baby's head and allow the obstetrician to assist you with outward force. The vacuum extractor is a soft plastic device that attaches to the baby's head by suction and allows your obstetrician to assist you by gently pulling on the baby.

The use of forceps or a vacuum is usually determined by the situation and the preference of the physician. If an emergency delivery is required due to a non-reassuring fetal heart-rate tracing and you are close to delivery, your baby can be delivered more quickly and safely by an operative vaginal delivery than by C-section.

## Episiotomy

An episiotomy is a minor surgical procedure in which an incision is made in the area between the vagina and the rectum. It is usually performed as the baby's head emerges from the birth canal. Episiotomies are performed to increase the size of the vaginal outlet.

We do not perform episiotomies as a matter of routine; however, we may need to do so if we feel that you will benefit from one. Obstetrical conditions that often make the episiotomy advisable include non-reassuring fetal heart tracings and difficulty with delivery of the baby's shoulders.



## External Cephalic Version

External cephalic version involves turning the fetus from an unfavorable presentation, usually breech, to vertex by manually rotating the fetus. By converting to a vertex presentation, a vaginal delivery is much more likely.

External cephalic version is performed on full-term, non-vertex pregnancies in women who have intact membranes, adequate amniotic fluid, reassuring fetal testing, and

who are not in labor. The success rate of external cephalic version in most studies is approximately 50 percent. The risks of external cephalic version include placental abruption, fetal-maternal hemorrhage, and non-reassuring fetal testing resulting in C-section.

# Modern Obstetric Technology, continued

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## Pain Management

One of the most important issues for pregnant women is how their pain will be controlled during labor and delivery. Although childbirth classes teach relaxation techniques, breathing methods, and other means of coping with labor pain, most women will require additional pain relief.

- **Sedation** – Pain medications may be given through your IV line or intramuscularly. These medications sedate you and lessen your pain without causing you to lose consciousness. They are usually given at your request and in the maximum amount that is safe for you and your baby. All the pain relief medications cross the placenta and enter the baby's circulation. This sedation can result in a sedated baby with poor muscle tone and decreased respiratory drive. Fortunately, this rarely occurs and is easily reversed with a medication known as Narcan. Do not be afraid to ask for pain medications during your labor for fear of adversely affecting the baby. Many times the pain relief will help you relax, which may speed up the labor and delivery process.
- **Pudendal Block** – The pudendal nerve provides sensation to the vagina and rectum. By injecting a local anesthetic adjacent to this nerve, your physician can relieve some of the pain in this area of your body. A pudendal block is usually placed immediately prior to delivery.
- **Epidural Anesthesia** – An epidural block involves placement of local anesthetic into the space surrounding the spinal cord. A tiny, plastic catheter is usually inserted in this space to provide a route for administering a constant infusion of anesthetic. An epidural block usually eases the pain of contractions but cannot remove the pressure felt at the time of delivery. Fortunately, we have the assistance of an excellent team of anesthesiologists who are very skilled in the administration of epidural anesthesia. Before an epidural can be placed, you must have an IV in place and laboratory work performed. During placement of the epidural, you will be asked to sit or lie on your side with your back curved outward until the procedure is completed. It will take several minutes for the block to set up. Once the epidural is in place, you will not be capable of walking safely and therefore must stay in bed. You may need a catheter to drain your bladder as you will no longer be able to feel when it is full.

# Modern Obstetric Technology, continued

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## Pain Management, continued

- **Spinal Anesthesia** – A spinal block involves an injection of local anesthetic into the spinal fluid. It provides quick relief but only works for a few hours. A spinal block is most commonly used for C-section or for operative vaginal delivery in those patients without anesthesia.
- **General Anesthesia** – General anesthesia, or being “put to sleep”, is almost never needed for the woman who delivers her baby vaginally. General anesthesia is sometimes used for C-sections, especially those that are performed STAT. The anesthesiologist will administer medications through your IV line. Once you are asleep, he or she will place a breathing tube in your airway to provide oxygen and as a safeguard against regurgitation of stomach contents into the airway. Because of this risk, you will be allowed only limited liquids while you are in labor. Because general anesthesia passes through the placenta into the baby, its use in obstetrics is avoided if possible.



# CHAPTER 6:

## Frequently Asked Questions

# Frequently Asked Questions



## What's Going On Inside Your Body?

- A.** Corneas of the eyes get about 3 percent thicker.
- B.** Nasal cavities swell and production of mucus increases as a result of increased blood flow throughout your body.
- C.** Heart pumps 30 to 50 percent more blood. Heart rate speeds up by 20%.
- D.** Spine curvature changes, and ligaments supporting your abdomen stretch.
- E.** Digestion slows down because of increase in the hormone progesterone. Expanding uterus crowds other organs in the abdomen.
- F.** Bladder is crowded by growing uterus. Progesterone relaxes muscles of bladder, a change that slows down urine flow from kidneys to bladder.

## Changes You May Notice

- A.** Slightly blurred vision. Contact lenses may become uncomfortable.
- B.** Stuffy nose and nosebleeds are more frequent.
- C.** Faster heart rate. Enlarged blood vessels (varicose veins, hemorrhoids).
- D.** Backache.
- E.** Morning sickness. Heartburn. Constipation.
- F.** Frequent urination. More prone to bladder infections.

# How Much Weight Should I Gain?

Most expectant mothers are concerned about weight gain during pregnancy. The American College of Obstetrics and Gynecology and the Institute of Medicine recommended the following weight gain during pregnancy.

Category	BMI	Single	Twins
Underweight	< 19	28-40	N/A
Normal Weight	19-25	25-35	37-54
Overweight	26-29	15-25	31-50
Obese	> 30	11-20	25-42

A total weight gain of 25 pounds is typically accumulated as follows:

Trimester	Pounds
First	3 to 5
Second	10
Third	11

You will typically gain  $\frac{1}{2}$  to 1 pound per week during the second and third trimesters. Pregnant women are strongly cautioned to avoid weight loss programs or diets during their pregnancy.

Many women believe that weight gain in excess of the baby's weight must be in the form of fat. The following table reveals a reassuring breakdown of weight gain during pregnancy.

Baby	6 to 8 pounds
Placenta	1 to 2 pounds
Uterus (Womb)	2 pounds
Amniotic Fluid	1 to 2 pounds
Breasts	1 pound
Extra Blood Volume	2 to 3 pounds
Body Fat	5 pounds
Tissue Fluid (Edema)	4 to 7 pounds

# What Types Of Foods Should I Eat?



Healthy eating is important throughout life, but now that you are pregnant, it is especially beneficial to examine your eating habits. The average non-pregnant woman needs about 2,000 calories per day. You will require about 300 additional calories per day while you are pregnant. It is essential that your diet contain not only adequate calories but also nutrients.

The most effective way to achieve this goal is to use the My Pyramid for Moms guide to plan meals. (<http://www.choosemyplate.gov/supertracker-tools/daily-food-plans/moms.html>) All packages now have Nutrition Facts posted on the container. These labels detail calories per serving, calories from fat, cholesterol, protein, carbohydrates, fiber, etc. By using the My Pyramid for Moms guide to plan meals and the Nutrition Facts to discover the truth about foods, you can remain confident that your diet is healthy.

## Suggested foods and the number of servings of each are as follows:

- Breads, Cereals, Rice and Pasta: 6-11 servings**  
 This group provides carbohydrates, minerals, proteins, iron and vitamins, particularly the B vitamins. Whole grains are a good source of dietary fiber.
- Fruits and Vegetables: 3-5 servings each**  
 This group provides vitamins, especially A and C, minerals and fiber.
- Milk, Yogurt and Cheese: 2-3 servings**  
 Milk and milk products are a primary source of calcium, which is needed to build strong bones and teeth. If you do not like milk, substitute milk with products such as yogurt, cheese, ice cream or cottage cheese. Avoid unpasteurized soft cheese and choose low-fat products when possible. Tums or Rolaids, two tablets per day, can be taken as a calcium supplement.
- Meat, Poultry, Fish, Eggs, Nuts and Beans: 2-3 servings**  
 These foods provide protein, iron, and vitamins. Avoid big game fish such as king mackerel, swordfish and shark. Limit seafood consumption to 12 ounces per week. All meats, poultry, and fish should be thoroughly cooked.
- Fats, Oils and Sweets: Use sparingly**  
 Overindulgence in this group may overload you with sugars, fats, and salts. Doing so may prevent your eating from other food groups that contain nutrients that a growing baby needs. You may use artificial sweeteners such as Nutra-Sweet, Splenda, Sunnet or Stevia.

# What Types Of Foods Should I Eat?,

continued

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We routinely prescribe prenatal vitamins in our office. These vitamins help you meet your daily vitamin and mineral requirements; however, they are not a substitute for a sensible diet. Prenatal vitamins contain folic acid, which has been shown to decrease the chance of your baby having a neural tube defect (birth defect of the spine or brain). Iron supplements may be advised to prevent or correct anemia. These pills may cause nausea, indigestion, and constipation. Taking them just before bedtime will reduce some of the side effects. Remember to keep iron pills out of the reach of small children.

All pregnant women should consume liberal amounts of water and fluids, usually five to eight glasses per day. Caffeine should be limited to less than 300mg per day. The average 12-ounce soda contains 50mg of caffeine. Consuming sweetened beverages can lead to a weight increase beyond what is considered the normal weight gain during pregnancy.

Many pregnant women will experience food cravings (pickles are the classic example). Some women will have cravings for non-food items such as clay, dirt, and baking soda. This condition is known as “pica.” Please do not be embarrassed about discussing this with one of our physicians.

Vegetarian diets during pregnancy may be adequate if they include milk products, eggs, cereal, seeds, and nuts in addition to vegetables and fruits. To assure optimal nutrition for you and your baby, it is best to inform us of your vegetarian preferences so we can coordinate your care with a registered dietitian.

# What Medications Are Safe For Me To Take While I Am Pregnant?

Because most prescription medicines and over-the-counter drugs cross the placenta and reach the developing baby, we recommend that you consult your doctor prior to taking any medicine except those specifically recommended. Your doctor can help you weigh the risks and benefits of drugs that you may need to take during your pregnancy.

The first 12 weeks of pregnancy are the most critical time of development for babies and the most dangerous time for exposure to teratogens. During these early weeks, babies begin developing organ systems, arms, legs, and toes.

**The following medications have been proven, or are suspected, to be human teratogens.**

- ACE Inhibitors (Lisinopril, enalapril, benazepril)
- Androgens (testosterone, DES, danazol)
- Seizure Medications (valproic acid, carbamazepine, Dilantin)
- Blood Thinners (Coumadin)
- Acne Medications (isotretinoin, tretinoin)
- Psychiatric Medications (lithium)
- Antibiotics (tetracycline, streptomycin, doxycycline)
- Chemotherapy Agents (aminopterin, methotrexate, busulfan)



Over-the-counter medications that may cause harm to your baby include vitamins A, D, and K when taken in excess, and aspirin. Drugs known as NSAIDs (Motrin, Advil, Anaprox, etc.) should be taken only when prescribed by your physician.

Common medications that appear to be safe include Penicillins, Acetaminophen (Tylenol), Codeine, Benadryl, Sudafed and Actifed. Also, the medications listed on our website are safe for you to take during your pregnancy.

# Can I Drink Alcohol While I am Pregnant?

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Any alcohol that you consume will cross the placenta and can affect your baby. Fetal Alcohol Syndrome is now well documented. The defects of the syndrome include severe growth deficiency, heart defects, malformed facial features, and mental retardation. It is unknown just how much alcohol consumption is necessary to adversely affect a baby. In one study, women who consumed four drinks per day had a 20 percent chance of delivering a baby with Fetal Alcohol Syndrome. All forms of alcohol are equally hazardous. One shot of liquor, one beer, one mixed drink, or one glass of wine each contain one half ounce of absolute alcohol.

We believe that the best advice is that all pregnant women or those women trying to conceive should not consume alcohol at all.



# Will Smoking Hurt My Baby?

The harmful effects of cigarette smoking are well documented. Smoking doubles your risk of heart disease and cervical cancer and increases your chance of lung cancer 12 times. If you continue to smoke during your pregnancy, please consider the following:

- Babies born to mothers who smoke are nearly  $\frac{1}{2}$  pound lighter on average than babies born to non-smokers. These low birth weight babies are more likely to have continuing health problems.
- Smoking during pregnancy increases the risks of miscarriage and stillbirth.
- The risk of SIDS (Sudden Infant Death Syndrome) is higher for babies whose mothers smoke.
- You have a greater chance of experiencing an ectopic pregnancy, a pre-term birth, and premature rupture of membranes if you smoke.
- The risk of problems with the placenta, including placental abruption and placenta previa, is higher in smokers.
- Babies whose parents smoke are more likely to get pneumonia and bronchitis during their first year of life. Approximately 75 percent of teenagers who smoke are from families where one or both parents smoke.
- Women who smoke produce less breast milk.

**We recommend that you quit smoking now.** If you can quit during early pregnancy, you can reduce many of the risks listed above. If you can't quit, it is crucial to at least cut back.



# Can I Have Sex While I'm Pregnant?



For women without pregnancy complications, sex is safe in pregnancy. You should be aware of the fact that sexual intercourse is a common cause of vaginal spotting and pre-term contractions. Vaginal bleeding is usually from the surface of the cervix, which bleeds easily in pregnancy. Contractions are believed to be caused by chemicals present in semen.

**Abstinence from sex during pregnancy may be advised if you have any of the following complications:**

- Threatened miscarriage
- History of repeated miscarriage
- Placenta Previa
- Premature Labor
- Incompetent cervix
- Ruptured membranes

# Can I Continue To Exercise During Pregnancy?

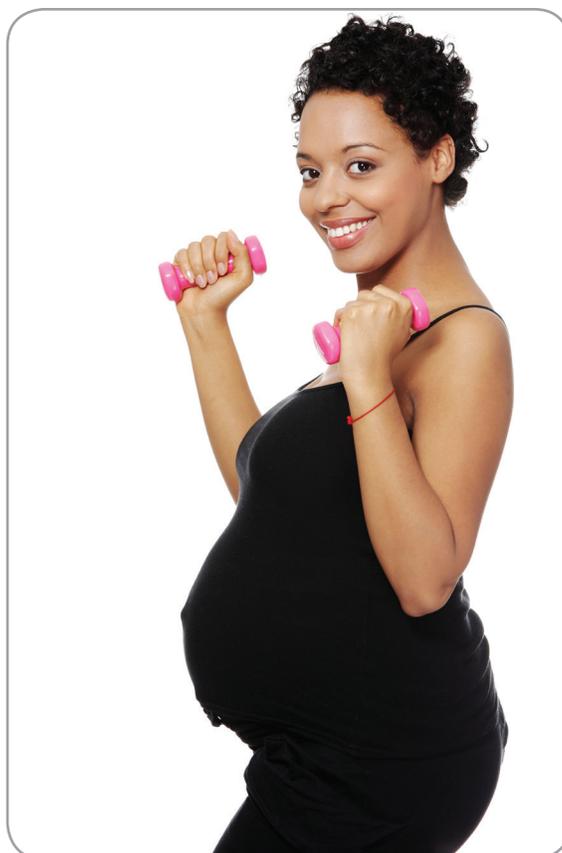
Today, nearly everyone recognizes that exercise is beneficial. Pregnant women without complications may continue to enjoy the many health benefits gained from mild to moderate exercise. Your level of exercise will depend on your pre-pregnancy physical conditioning and exercise programs. Pregnancy is not the time to begin a vigorous athletic program.

## The American College of Obstetrics and Gynecology has issued the following guidelines:

- Regular exercise three times a week is better than occasional exercise.
- Avoid any activity that requires you to remain flat on your back for prolonged periods of time. Also, long periods of standing in one place may also affect blood flow to the uterus due to pooling of blood in your legs.
- You should stop exercising when you are fatigued; do not exercise to the point of exhaustion.
- Be extra careful in late pregnancy when your large abdomen could cause you to more easily lose balance. Any form of exercise that involves the potential for even mild abdominal injury should be avoided.
- Remember to drink plenty of water, wear appropriate clothing, and limit or avoid exercise during periods of hot or humid weather.

## The following activities are generally safe during pregnancy:

- Walking or jogging
- Riding a stationary bicycle
- Racquet sports (tennis, racquetball, squash)
- Low impact aerobics
- Golf
- Swimming
- Yoga



# Can I Continue To Exercise During Pregnancy?, continued

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The following activities and sports should be avoided because of a high risk of injury:

- Contact sports (football, hockey, basketball, soccer)
- Volleyball
- Gymnastics
- Sports likely to result in a fall (skiing, horseback riding, off-road biking)
- Scuba diving, water skiing, surfing
- Platform diving or skydiving

We discourage even mild forms of exercise for patients with pregnancy-induced hypertension, pre-term premature rupture of membranes, pre-term labor, incompetent cervix, vaginal bleeding, or intrauterine growth restriction.

## Can I Take Baths?

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You may shower and bathe as usual, but watch the water temperature. You should limit hot tub use to 10 minutes and sauna time to 15 minutes for each exposure.

# Can Travel During Pregnancy?

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Healthy pregnant women can safely enjoy travel until close to their due date. The best time to travel in pregnancy is during the second trimester. By that time, morning sickness has usually resolved and pregnancy complications are less likely than in the last trimester.

Automobile travel is safe for you and the baby. Please wear a lap-shoulder belt every time you travel in an automobile. The lap belt should be fastened snugly below your enlarged abdomen and across your upper thighs. The shoulder belt should go between your breasts and across your shoulder. On long trips, you should walk around every one to two hours to promote adequate circulation in your legs.

Commercial air travel is generally safe during pregnancy. Airlines will allow you to fly until about 36 weeks of pregnancy.

In general, we recommend that you not travel as your due date approaches. If you must travel from home, you should consider carrying a copy of your prenatal record in the event of an untimely labor or pregnancy complication. We discourage travel to areas remote from medical services.

# Should I Continue To Work?

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Most pregnant women who do not suffer from pre-pregnancy complications or health problems may continue to work until labor begins and can resume working several weeks after the birth of their babies. Many employers will request a letter of verification to assure them that it is safe for you to continue working. Very few women require partial or total disability during pregnancy.

## Pregnancy-related disability usually falls into two categories:

- Disability related to pregnancy complications or a pre-existing medical condition.
- Disability related to a job exposure.

## We may suggest restricting your activity if you have one of the following:

- High blood pressure
- Multiple gestation
- Pre-term labor
- Premature rupture of membranes
- Recurrent miscarriage
- Employment which requires strenuous labor or heavy lifting
- Exposure to toxic chemicals or radiation

Benefits for pregnant workers vary greatly. You should contact your employee benefits department for information on current policies. The Pregnancy Discrimination Act of 1978 requires employers who offer medical disability compensation to treat pregnancy-related disabilities in the same manner as other disabilities. Unfortunately, many employers offer no disability benefits and are therefore not obligated to offer maternity leave.

# Do I Need Rhogam?

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Rh factor is a protein-like substance that most people have on the surface of their red blood cells. If your blood contains this protein, you are said to be Rh-positive; if not, you are Rh-negative. A medical problem for the baby may arise when an Rh-negative mother is pregnant with an Rh-positive baby. Red blood cells containing the Rh factor from the baby may enter the mother's circulation. The mother's body reacts to the baby's red blood cells as it would to any foreign matter by producing antibodies that circulate in the bloodstream. These antibodies are capable of passing across the placenta and attacking the red blood cells of the baby. This sequence of events may lead to Rh hemolytic disease in your baby.

Rhogam is an antibody to Rh protein that, if administered before your body manufactures antibodies against Rh, can block the production of these antibodies. By blocking antibody production, Rhogam protects your baby from these antibodies. The development of Rhogam is one of the greatest advances in modern medicine.

## Rhogam is given to Rh-negative pregnant women who have not been previously sensitized in the following situations:

- At 28 weeks of pregnancy
- Following an early pregnancy loss
- After amniocentesis
- Following an external cephalic version
- After delivery of an Rh-positive infant

Rhogam administered in accordance with the guidelines established by the American College of Obstetrics & Gynecology reduces an Rh-negative mother's chance of developing the antibody to much less than 1 percent. Rhogam administered during pregnancy is safe for you and your baby. Side effects are uncommon, but as with any immunization, you may have some minor irritation at the injection site. In rare instances you may develop a slight fever. Rhogam treatment provides protection for only about 12 weeks. It must be re-administered in subsequent pregnancies.

# What Is Group B Streptococcus? Should I Be Worried About It?

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Group B Streptococcus (GBS) is a bacterium that many women carry in their bodies. The majority of women do not become ill from GBS; however, newborn babies, pregnant women, and the elderly are at risk for GBS infections. GBS is the most common cause of newborn pneumonia, sepsis and meningitis.

Although 20 percent of pregnant women carry GBS, only one in 200 babies whose mothers carry GBS will develop signs or symptoms of this infection. Unfortunately, 5 percent of babies that develop GBS infections will die from them.

All women who deliver prematurely, have a fever in labor, or have premature rupture of membranes will be treated with antibiotics. Treatment of the infection prior to labor is not helpful. Despite all of these measures, some babies will get a GBS infection.

In order to prevent GBS infection, we screen all women at 35 to 37 weeks. We will obtain a culture from the perineum. If the culture is positive for GBS, we will treat you with an antibiotic when you are in labor. If it is negative, you do not need any treatment.

# Should I Have Genetic Testing?

Our goal is a healthy baby for a healthy mother. Several tests have been designed to identify certain disorders such as Down's Syndrome, neural tube defects, chromosomal abnormalities, and other birth defects. We offer testing to all patients. We strongly encourage genetic testing for patients with a family history of birth defects, a previous infant with a birth defect, diabetes, exposure to certain medications or chemicals, and women who will deliver at 35 years of age or older.

## We offer the following tests to all patients:

- Basic ultrasound.
- Integrated screening – This is a two-part evaluation. The first step includes an ultrasound and blood work between 10 and 13 weeks of pregnancy. The second step includes blood work between 15 and 20 weeks of pregnancy.
- Multiple marker screening test – The QUAD screen tests blood work between 15 and 20 weeks of pregnancy.
- Cystic fibrosis carrier testing.

These tests are all screening tests. They are not capable of diagnosing a birth defect. They can identify only your risk of having an infant with a birth defect. Most women with an abnormal test will have a normal baby. If you have an abnormal screening test, you will be referred to the UAB Maternal Fetal Medicine (MFM) Genetic Evaluation Clinic for one or all of the following tests:

- Comprehensive ultrasound.
- Genetic counseling.
- Amniocentesis.

While normal values on these tests do not guarantee a perfect child, they do allow early diagnosis of many abnormalities.





## I Think My Water Just Broke?

One of the most common reasons that patients come to the MEU is to determine if the amniotic sac has ruptured. In general, “water breaking” will be a large gush of fluid that gets your clothes and legs wet. Furthermore, most women continue to complain of leaking fluid after their water is broken. If your water has broken, you should report to the MEU - Women and Infants Center, 1700 6th Avenue South, 3rd Floor.

Many women will have a heavy vaginal discharge or will leak urine during their pregnancies. Sometimes this will be confused for your water breaking. If you are unsure as to whether your water has broken, put on some dry undergarments. If these undergarments get wet, your water has probably broken.

## Am I In Labor?

During the last several months of your pregnancy, your uterus will begin to contract. Many mothers will have irregular contractions known as “Braxton-Hicks” contractions. These contractions, which are generally mild and not consistent in strength or timing, are normal. If your contractions appear to be getting stronger and occurring more regularly, you should begin timing them.

While every woman is different, a general guideline is that pre-term patients (less than 34 weeks) should have less than six contractions in an hour. If you have more than six, you should call the **MEU – 205-934-4277**. We recommend that term patients (35 weeks and greater) wait until their contractions are occurring every three to five minutes for at least one hour before going to the MEU. This will help prevent trips during the early phases of labor. Of course, if you have questions, call the office (**205-996-3130**) or the triage nurse on call in Labor & Delivery (**205-934-4277**).

# How Should I Feed My Baby?

The decision about how you will feed your baby is an important one. Overwhelming evidence confirms that breast milk is the best food for your baby. Breast milk contains the perfect amount of vitamins, fats, sugars, and proteins for a growing infant. Breastfeeding provides protection against infectious diseases, especially diarrhea, respiratory tract infections, and ear infections. The American Academy of Pediatrics recommends that all infants be breast-fed for the first year of life. Although breastfeeding is natural, it doesn't always feel natural at first. Ask for help in the early days, and be patient with yourself and your baby.

Babies are very sleepy after their first hour of skin-to-skin and first feeding. They sleep for most of the first 36 hours and do not eat frequently after that first good feeding. Take advantage of that time and fit some naps in for yourself. You start making breast milk about 16 weeks into your pregnancy. Most women have just the right amount of milk for their newborn. Early skin-to-skin helps your baby use his or her innate and instinctive skill to achieve a good latch. That first feeding of breast milk is especially important for your baby. If your baby has one wet and one dirty diaper that first day, you know he or she has had enough to eat.



Babies show signs of hunger when they are ready to eat. Feed your baby when you see early hunger cues. Crying is a late sign of hunger. Babies do not eat on a regular schedule. They cluster their feedings, and after the first four to five days should eat 8 to 12 times in a 24-hour period. Avoid early introduction of pacifiers, artificial nipples, or bottles and supplements with formula. These can interfere with the baby learning to nurse well, decrease the benefits of the breast milk, and may reduce your milk supply later.

Even breastfeeding for one month offers many health benefits. Working mothers are able to continue breastfeeding by pumping their milk and storing it for daytime feeding. There are some medical indications for not breastfeeding, so if you have questions, be sure to ask.

Lactation (breastfeeding) counselors are available. Your doctor will direct one of our trained lactation counselors to visit you during your postpartum stay and assist you in getting started with breastfeeding. These counselors can answer any of your breastfeeding questions. We encourage you to enroll in a breastfeeding course during your pregnancy. Attend a breastfeeding support group to learn from other mothers who are breastfeeding. Visit our support group website at [nurturingmotherssupport.com](http://nurturingmotherssupport.com).

# How Should I Feed My Baby, continued

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## Benefits from breastfeeding include the following:

- Breast milk contains antibodies that prevent infections until the baby's own immune system is more mature.
- Breast milk helps protect your baby from allergies, asthma, SIDS, childhood cancers, diabetes, and obesity.
- Breast milk is well-tolerated by infants. The proteins and fats are easily digested.
- Breastfeeding consumes approximately 500 calories per day, which helps burn fat stores accumulated during pregnancy.
- Breast milk is free and available any time.
- Breastfeeding promotes mother-infant bonding and often has a calming effect on your infant.
- Breastfeeding reduces the risk of breast cancer, ovarian cancer, and osteoporosis.
- Breastfeeding decreases the risk of Type 2 diabetes and heart disease.
- Breastfeeding helps the uterus contract and decreases blood loss after delivery.



# CHAPTER 7:

## The A to Z of Pregnancy Complaints

# The A to Z of Pregnancy Complaints

The following section addresses the majority of common ailments, discomforts, and pains that occur during pregnancy. Included are suggestions for dealing with these problems.

## Abdominal Pain

Abdominal pain or discomfort affects most pregnant women and can take many forms. One of the earliest forms is known as “round ligament pain.” It results from the stretching of muscles and ligaments supporting the uterus. Round ligament pain, which can be crampy, sharp, or stabbing in nature, usually occurs during the second trimester and may be worse in the evening. As long as the pain is mild and occasional, but not associated with fever, vaginal bleeding, chills, faintness, vomiting, or other unusual symptoms, you need not worry. If you experience severe or persistent abdominal pain, you should be evaluated.

*TREATMENT: Tylenol, warm heat, and rest are often the best remedies for round ligament pain. The pain will diminish as your pregnancy progresses.*



## Backache

Backache is most prevalent in mid to late pregnancy and is one of the most common minor problems during pregnancy. It is usually caused by alterations in posture due to your body’s changing weight, shape, and center of gravity.

*TREATMENT: Local heat and analgesics such as Tylenol are good treatments for minor backache. To prevent or alleviate backache, you should make an effort to maintain good posture, use a firm, flat mattress, avoid heavy lifting, and try squatting instead of bending over. Some gentle back exercises may also be helpful. Pregnancy support garments or belts provide relief to many women.*

## Breast Changes

As your pregnancy progresses, your breasts will increase in size and become very tender. As the blood supply to your breasts increases, you may notice pigment changes and the appearance of blue veins. Furthermore, about half-way through pregnancy your breasts may begin to produce colostrum that will eventually serve as your baby’s first food.

*TREATMENT: Try wearing a good, supportive bra throughout pregnancy. This will ease the strain on breast tissue and also on your back if your breasts are heavy. Cotton bras and sports bras are preferable because they allow the skin to breathe. Some women will require tissue, gauze, or a breast pad within the bra to absorb leaking colostrum.*

# The A to Z of Pregnancy Complaints,

## continued

### Colds and Flu

The majority of pregnant women experience cold, flu, or allergies during their pregnancy. The resulting nasal congestion, sneezing, and general misery are often more bothersome than usual during pregnancy. The increased blood flow of pregnancy makes the nasal mucosa more easily clogged.

*TREATMENT: For minor allergies and cold symptoms, most over-the-counter medications are safe. This fact is especially true after the first 12 weeks of pregnancy. Benadryl and Chlortrimeton are particularly good antihistamines that have been available for years. Newer generation Claritin or Zyrtec are also helpful for seasonal allergies. Sudafed is a decongestant, which is helpful and does not cause drowsiness. For troublesome coughing, Drisym or Robitussin DM are most successful. Tylenol is the analgesic of choice for aches and fever.*



In most cases, your cold will run its course regardless of whether you treat yourself or not. If you experience sinus pain, chest pain, high fever, a productive cough, or an earache, then you may be developing a secondary bacterial infection. In some of these cases an antibiotic is appropriate.

### Constipation

For many women, constipation is a constant nuisance, especially during the second half of pregnancy. Iron, prenatal vitamins, hormonal changes, partial bowel obstruction by the enlarging uterus, and decreased activity are all contributing causes.

*TREATMENT: Drink plenty of fluids daily, participate in some physical activity on a daily basis, and eat foods that are high in fiber. If you should need a laxative, you may try natural remedies, such as prune juice, first. If constipation persists, you may also use Metamucil, Milk of Magnesia, or stool softeners such as Colace and Surfak. Try to avoid harsh laxatives and enemas. Laxatives that include mineral oil should be avoided since they interfere with the absorption of fat-soluble vitamins.*

# The A to Z of Pregnancy Complaints,

continued



## Contractions

Contractions are usually not felt until the last four or five months of pregnancy. Those that occur irregularly prior to labor are known as “Braxton-Hicks” contractions. Contractions that are not associated with bleeding or rupture of your membranes should not worry you. If your contractions are regular and seem to be getting harder, call the MEU 205-934-4277.

*TREATMENT: Try relaxing or changing positions. Lie down on your left or right side. Some contractions may occur if you are dehydrated or overactive. Try drinking fluids and resting. If you are at less than 34 weeks and have more than 10 contractions an hour for two hours, call the **MEU 205-934-4277**.*

## Dental Problems

The most common dental complaint involves the gums, which are very prone to bleeding, swelling, and tenderness. This is due to the hormonally induced vascularity of pregnancy. There is evidence to support a decrease in pre-term delivery with good periodontal hygiene. Dental cleanings are recommended during pregnancy.

Many women will require dental work during pregnancy. We recommend delaying any elective, non-emergency dental work until after your delivery. If you require dental work, it is safe for you to have local anesthesia, most antibiotics, and pain medications. Your dentist can consult us as necessary.

*TREATMENT: Continue good dental hygiene practices such as regular brushing, flossing, and avoiding excessive sweets, especially before bedtime.*

## Diarrhea

Fortunately, most cases of diarrhea in pregnancy are mild and self-limited. It is crucial that you are careful to avoid dehydration, which can occur rapidly if you have associated vomiting.

*TREATMENT: For mild cases of diarrhea, we recommend that you continue a clear liquid diet which includes 7-Up, Gatorade, Sprite, tea, and most sodas. If your diarrhea persists, it is safe for you to take Imodium. If you have associated vomiting or if your diarrhea follows antibiotic treatment, please call the **MEU 205-934-4277**.*

# The A to Z of Pregnancy Complaints,

continued

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## Eyestrain

Visual changes are quite common in pregnancy, especially for those women who wear corrective lenses or glasses. Pregnancy is usually not the time to be fitted for a new pair of glasses. The increased fluid throughout your body also affects your eyes and may temporarily alter your prescription.

## Faintness

It is very common for pregnant women to occasionally feel faint. The most common reasons for feeling faint include:

- Lowered blood pressure, which is normal for pregnancy.
- Decreased return of blood to the heart from prolonged standing or compression of the inferior vena cava by the enlarging uterus.
- Becoming excessively hot.
- Low blood sugar.
- Anemia.

*TREATMENT: When it is necessary for you to stand for prolonged periods of time, be sure to move around and flex your legs to stimulate your circulation and the blood flow in your legs. Try to avoid excessive heat. Rest on your side or with your back propped up, rather than lying flat on your back. When you get up from a sitting position, move slowly. Eating a healthy diet will help prevent low blood sugar; consistent use of prenatal vitamins and iron will help prevent anemia.*



## Fatigue

Fatigue is a natural effect of hormonal changes and the increased energy demands of pregnancy. It is most common in early and in late pregnancy. Anemia is frequently a contributing cause.

*TREATMENT: Daily exercise will often help stimulate your body and give you a renewed sense of vitality. Also, increasing your nighttime sleeping will also help.*

# The A to Z of Pregnancy Complaints,

## continued

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### Frequent Urination

Frequent urination is normal and, in fact, an early sign of pregnancy. The early increase in urination frequency is due to hormonally induced changes in the urinary system. As pregnancy progresses, the uterus becomes a contributing factor by pressing on the urinary bladder. Frequent urination is usually insignificant unless it is accompanied by pain or burning, which may be a sign of a urinary tract infection.

*TREATMENT: You can eliminate some of your nighttime trips to the bathroom by decreasing your fluid intake just prior to bedtime. During the day you may decrease the need to urinate by avoiding caffeinated beverages.*

### Headaches

Nasal congestion, fatigue, eyestrain, anxiety, and tension are among the many causes of headaches. Often no cause is identified. A headache that persists despite medication, especially during late pregnancy, should be reported to your physician.

*TREATMENT: First, try rest and relaxation. If your headache persists, do not hesitate to take Tylenol. If your headache still persists, please notify your physician.*

### Heartburn

Heartburn results from the hormonally induced relaxation of the sphincter at the junction of the esophagus and the stomach. The enlarging uterus also compresses the stomach. These changes allow food and gastric juices to be regurgitated into the esophagus, which causes irritation and discomfort.

*Treatment: Avoid overeating. Try to eat several small meals each day rather than three large ones. Avoid fried and spicy foods. Do not lie down immediately after eating. Sleeping partially propped up on pillows is often beneficial. Mylanta, Maalox, Tums, and Rolaids are all antacids, which are safe in pregnancy. Do not use baking soda since the extra sodium tends to cause water retention.*

# The A to Z of Pregnancy Complaints,

continued

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## Hemorrhoids

Hemorrhoids are a common problem during the second half of pregnancy. They result from dilation of the large veins in your rectum. As with other conditions during pregnancy, this is caused by the hormonally induced increase in vascularity and the compression by the enlarging uterus of vessels returning from the legs. Hard bowel movements and straining at the stool have a tendency to cause these veins to protrude through the rectal opening and to cause local irritation, bleeding, and itching.

*TREATMENT: The best treatment is prevention through the avoidance of constipation. Over-the-counter medication such as Anusol, Preparation H (with or without hydrocortisone), and Tucks pads may be helpful. Sitz baths can also be soothing.*

## Morning Sickness

Morning sickness is usually confined to the first three months, but may occur at any time during your pregnancy. For most women, the nausea is mild and usually does not require treatment with medications. In rare cases nausea and vomiting may be severe enough to cause hospitalization. The cause of pregnancy-induced nausea is unknown. Low blood sugar, excessive heartburn, or overeating can lead to nausea. Emotional issues may be a contributing factor in more severe cases.

*TREATMENT: Try nibbling on crackers or toast in the morning, even before you get out of bed. Eating small but frequent meals throughout the day will help. Eat slowly and avoid spicy foods. Vitamin B6 and Emetrol, a solution containing the natural sugars fructose and glucose, are over-the-counter products that may help relieve your nausea. Continue to consume plenty of fluids. In more severe cases, your doctor may recommend stronger anti-nausea medications that are available only by prescription.*

## Nosebleeds

Due to increased vascularity of pregnancy, nosebleeds may occur during pregnancy in periods of dry weather.

*TREATMENT: A thin coating of Vaseline in each nostril or use of over-the-counter saline nasal spray once or twice daily will usually prevent bleeding.*

# The A to Z of Pregnancy Complaints,

## continued

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### Numbness

Many women experience numbness and tingling in the fingers during the latter weeks of pregnancy. This is usually due to swelling or a pregnancy-associated form of carpal tunnel syndrome, which is caused by constriction of the supportive tissues in the wrists.

*TREATMENT: Elevate your hands to decrease swelling. If the condition becomes more serious, your doctor may prescribe a wrist splint to ease the swelling.*

### Shortness of Breath

Shortness of breath most commonly occurs during the last months of pregnancy. An enlarging uterus compressing on the diaphragm causes changes in your pulmonary system that enhance the function of your lungs. Your doctor should evaluate severe, persistent shortness of breath.

*TREATMENT: Slow, deep breathing is often helpful. Lying on your left side or sleeping with pillows propped under your back to keep your body in a semi-sitting posture will help.*

### Skin Changes

Elevated levels of the hormones estrogen and progesterone result in several changes in your skin. Extra deposits of pigmentation may be noted as a brown discoloration on your cheeks, nose, and forehead. This is known as chloasma or “the mask of pregnancy.” You may also notice some darkening of the linea nigra, the line from your navel to the pubic area. Many women will experience darkening of skin growths and surgical scars. Tiny red patterns known as spider angiomas may appear on your shoulders, arms and face. Itching may occur late in pregnancy.

*TREATMENT: Skin changes are normal and usually cannot be prevented. Areas of pigmentation will slowly fade after your delivery. A good moisturizing lotion will help relieve the itching. Minor itching may be treated with 1-percent hydrocortisone cream applied sparingly to the skin and Benadryl 25mg capsules. Report any uncontrollable itching or a persistent, severe rash to your doctor.*

# The A to Z of Pregnancy Complaints,

continued



## Stretch Marks

Most women are very concerned about stretch marks. Initially appearing as red streaks, they eventually fade into a light, silvery color after delivery. Stretch marks most commonly develop on the abdomen, thighs, and breasts.

*TREATMENT: Stretch marks are a normal consequence of pregnancy and are not preventable. Cocoa butter and skin lotions may provide relief from the itching and dryness. Avoiding excessive weight gain during pregnancy can minimize stretch marks.*

## Swelling

All pregnant women experience some swelling, especially during the last months of pregnancy. Swelling is most common in the feet, ankles, legs, and hands.

*TREATMENT: Resting on your side will promote fluid clearance by increasing blood flow to the kidneys. Drink plenty of fluids. Avoid tight-fitting clothes and stockings and remove rings before they become too tight. Diuretics (water pills) are generally not recommended for use in pregnancy.*

## Vaginal Bleeding

Heavy bleeding, or bleeding associated with significant pain or cramping, at any time during a pregnancy is cause for concern and should be reported to your physician. More than half of the women who experience bleeding in early pregnancy go on to deliver healthy babies at term. In many instances, the cause of minor bleeding in pregnancy cannot be determined. It is not uncommon to experience slight spotting after a Pap Smear, sexual intercourse, or even a cervical exam to check for dilation. Unfortunately, early pregnancy bleeding may also be the first sign of an impending miscarriage or even an ectopic pregnancy. Heavy vaginal bleeding that occurs in late pregnancy usually suggests a problem with the placenta. If you experience bleeding that is equal or greater than your normal menstrual flow, please contact your physician.

*TREATMENT: Women experiencing bleeding who have had documented fetal heart tones can take considerable reassurance in the fact that their bleeding is likely benign. The vast majority of early pregnancies in which a fetal heartbeat is documented go to term (40 weeks). Of course, if you are worried or have questions, feel free to call your physician.*

# The A to Z of Pregnancy Complaints,

## continued

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### Vaginal Discharge

Vaginal discharge will vary throughout your pregnancy. It tends to be usually thin, milky white, or clear, and is similar to the discharge noted around the time of ovulation. This discharge tends to increase as pregnancy progresses and may become quite heavy. If your discharge is associated with an odor, burning, soreness, or itching, you may have developed a vaginal infection.

*TREATMENT: Try wearing cotton underwear and clothes that promote air circulation. Do not douche. For yeast infections, you may use over-the-counter medications such as Monistat and Gyne-Lotrimin creams. For all other types of infections, please consult with your physician.*

### Varicose Veins

Many women will develop varicose veins during pregnancy. This results from the increased vascularity of pregnancy, heredity, and excessive weight gain.

*TREATMENT: Resting on your side with feet elevated whenever possible will increase blood flow to the kidneys. Avoid crossing your legs or standing for prolonged periods of time. Avoid garments, such as girdles, that bind your upper legs. Try wearing support stockings. A daily exercise program including walking and leg exercise is recommended.*



# CHAPTER 8:

## Obstetric Conditions

# Obstetric Conditions

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## Miscarriage

Miscarriages occur in at least one in five pregnancies. The vast majority occur prior to 14 weeks of pregnancy. The medical term for miscarriage is “spontaneous abortion.” In most circumstances, a miscarriage is nature’s way of ending a pregnancy that was not normally progressing. Approximately two-thirds of miscarriages are caused by problems with the baby’s chromosomes. In most cases, this genetic problem happens by chance and the parent’s chromosomes are normal. Since most abnormal pregnancies are spontaneously aborted early in pregnancy, there is less chance of having a child born with defects.

### While most miscarriages occur by chance, the following factors can increase the risk of miscarriage:

- Chronic/serious illness in the mother
- Disorders of the immune system
- Exposure to teratogenic drugs
- High doses of radiation
- Smoking, consuming alcohol, and using illegal drugs

There is no evidence that trauma, emotional distress, working, exercise, or sex increases the risk of miscarriage. Please remember that most miscarriages are predestined at conception and that there is nothing that you or your physician could do to change this fact.

A “threatened miscarriage” occurs anytime a woman has vaginal bleeding during early pregnancy. Most of these pregnancies will culminate in a normal pregnancy. If you have persistent bleeding in early pregnancy, especially when it is associated with increasing pain, you should be evaluated for an impending miscarriage or ectopic pregnancy. The treatment for threatened miscarriage has classically been bed rest and abstinence from sexual intercourse. However, neither of these measures has been shown to make any difference in the ultimate outcome.

When a miscarriage occurs very early, treatment is frequently not needed since the uterus usually expels all the pregnancy tissue. In pregnancies beyond seven or eight weeks, it is very common for some tissue to remain in the uterus and cause continued bleeding, cramping and, much less commonly, infection. When the tissue is not passed completely, the condition is called an “incomplete spontaneous abortion.” The surgical procedure known as a “Uterine D&C” (dilation and curettage) is then advised in order to remove the remaining products of conception. It is also acceptable to administer medical therapy with Misoprostol. This medication, in pill form, is either taken orally or placed in the vagina to help the body pass the pregnancy tissue. This helps avoid a potentially unneeded surgical procedure.

# Obstetric Conditions, continued

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## Miscarriage, continued

Emotional support is very important following a miscarriage. You always bear in mind that a miscarriage is not your fault. Sharing your feelings with your partner, health care provider, or a friend will help. We recommend postponing your next pregnancy for at least two or three months following a miscarriage. This time will allow you to heal emotionally and physically. Some women will need more formal counseling through a clergy member or psychiatric services to recover emotionally.

## Ectopic Pregnancy

An ectopic pregnancy is defined as a pregnancy that develops outside of the uterus. Ninety-five percent of all ectopic pregnancies are located in the fallopian tube. An ectopic pregnancy can be life threatening since it may lead to heavy internal bleeding.

### Factors that predispose women to an ectopic pregnancy include:

- A previous ectopic pregnancy
- A history of pelvic infection
- Previous surgery on the fallopian tube
- A pregnancy that occurs with IUD use

Many times the actual cause of the ectopic pregnancy cannot be determined. An ectopic pregnancy occurs in about 1 in every 100 pregnancies. Signs of a tubal pregnancy include abdominal pain and vaginal bleeding. Severe abdominal pain accompanied by dizziness or fainting may indicate rupture of the ectopic pregnancy, requiring emergency evaluation.

The diagnosis of ectopic pregnancy is frequently difficult. Early in the evaluation, it may be impossible to differentiate an ectopic pregnancy from a threatened miscarriage or a very early normal pregnancy. A proper diagnosis may call for Ultrasound, repeated measurements of the pregnancy hormone, B-hCG, and pelvic examinations over several days.

# Obstetric Conditions, continued

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## Ectopic Pregnancy, continued

A surgical procedure known as a “diagnostic laparoscopy” is sometimes needed to confirm or exclude the presence of an ectopic pregnancy. Treatment for an ectopic pregnancy can be medical or surgical. The pregnancy can often be removed from the tube. The fallopian tube may have to be removed if severe tubal damage has occurred or if bleeding cannot be controlled after removal of the pregnancy. When the tube is not removed at surgery, careful follow-up is needed since the pregnancy may continue in up to 10 percent of women. Some ectopic pregnancies may be treated by using a drug known as Methotrexate. This treatment also requires careful follow-up and monitoring.

Your risk of having an ectopic pregnancy in your next pregnancy ranges from 15 to 25 percent. Therefore it is important that you see your obstetrician very early in any subsequent pregnancies.

## Preterm Labor

Preterm labor is defined as labor that occurs prior to the end of the 37th week of pregnancy. About one in ten babies in the United States is born prematurely. Unfortunately, premature delivery accounts for about 75 percent of newborn deaths that are not related to birth defects. The earlier the delivery of a premature infant, the more likely it is that the infant will have serious problems. Delivery can sometimes be delayed using medicines known as Tocolytics. Prolonging the pregnancy even one day will benefit the baby.

**While the exact cause of preterm labor is unknown, the following risk factors have been identified:**

- Preterm labor with a previous pregnancy or previously during this pregnancy
- Multiple gestation
- Abnormal uterus or cervix
- Serious infections during this pregnancy
- Low maternal pre-pregnancy weight
- Smoking or drug use
- Limited or no prenatal care
- Chronic medical conditions such as diabetes and hypertension

# Obstetric Conditions, continued

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## Preterm Labor, continued

No obvious reason is identified in the majority of cases of premature labor.

We are fortunate to have a Level-4 Regional Neonatal Intensive Care Unit (RNICU) located at UAB. Currently, the threshold of survival in our nursery is at 24 weeks. Premature infants are at risk for respiratory distress syndrome (RDS), intraventricular hemorrhage (IVH), necrotizing enterocolitis (NEC), sepsis (systemic infection), learning disabilities, visual and hearing deficits, mental retardation, and cerebral palsy. The risk of each of these conditions decreases as your pregnancy advances. Because most babies born after 34 weeks of pregnancy do well, we choose not to attempt to stop labor after this gestation. Babies born between 28 and 34 weeks often require prolonged hospitalization and expert neonatal care. Corticosteroids given to babies less than 34 weeks have been shown to reduce the incidence of RDS and IVH. Babies born before 28 weeks face the most challenges and are at the highest risk of serious complications. Unfortunately, some of these babies do not survive.

It is very difficult to distinguish between true and false labor. Preterm labor can be diagnosed with certainty only by finding dilation and effacement of the cervix. As your pregnancy progresses, it is very common for you to have irregular contractions that do not affect the cervix. These are called “Braxton-Hicks” contractions.

## Some warning signs of true preterm labor include:

- Heavy, watery vaginal discharge
- Vaginal bleeding
- Pelvic or lower abdominal pressure
- Constant backache
- Regular contractions

If you have any of the above signs, we ask that you call the **MEU – 205-934-4277**.

# Obstetric Conditions, continued

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## Premature Rupture of Membranes – PROM

Premature rupture of the membranes (PROM) involves rupture of the amniotic sac or “bag of water,” prior to the onset of labor. It is thought to be related to infection, but in many cases we cannot determine the exact cause. If you experience a large gush of fluid from your vagina at any time during pregnancy, call labor and delivery immediately at **205-934-4277**.

If you are uncertain whether your water has broken, clean off and put on dry clothing. If these clothes rapidly become wet due to constant leaking, your membranes are most likely ruptured. Management of PROM depends upon the gestational age at the time of rupture. In all cases, we recommend that you come to the Maternity Evaluation Unit (MEU - 1700 6th Avenue South, Women and Infants Center, 3rd Floor) for evaluation.

## Multiple Pregnancy

Multiple gestation refers to pregnancies involving more than one baby. Nearly all multiple gestations are diagnosed early in pregnancy by ultrasound. Due to risk of premature delivery and preeclampsia, this condition requires more intense prenatal care.

### Your odds of having a multiple pregnancy are:

- Twins—1 in 88
- Triplets—1 in 16,666
- Quadruplets—1 in 718,000

Women undergoing infertility treatments have a higher risk of multiple gestation. Other risk factors include membership in the African American race, family history of twins, age over 30, and a history of 3 or more pregnancies.

## Diabetes

Diabetes mellitus occurs in two to three percent of pregnancies and is the most common medical complication of pregnancy. Diabetes mellitus in the mother, if not carefully controlled, may cause problems for the unborn baby. It is important to distinguish two major categories of diabetes mellitus in pregnancy.

- **Gestational Diabetes** – Gestational diabetes is a diagnosis restricted to women whose bodies cannot handle glucose normally during pregnancy. About 90 percent of cases of diabetes that complicate pregnancy are of this type. Most cases of gestational diabetes mellitus are controlled by diet. After a diabetic diet begins, blood sugars are monitored during the pregnancy. Some patients whose blood sugars remain elevated with dietary control may require insulin. We test all pregnant women at 24 to 28 weeks of pregnancy for gestational diabetes

# Obstetric Conditions, continued

## Diabetes, continued

mellitus, and we may also screen at your first visit if we identify certain risk factors for diabetes. Gestational diabetes usually resolves after delivery. Women who have problems with glucose control in pregnancy are at higher risk of developing diabetes mellitus in the future. For an expectant mother whose diabetes during pregnancy has been well controlled by diet alone, the prognosis is excellent. The major problem for these pregnancies are babies with large birth weights.

- **Pre-existing Diabetes** – Patients who suffer from diabetes that existed prior to pregnancy are at risk for serious complications of pregnancy. Major congenital birth defects are increased four-fold in infants of women with pre-gestational diabetes mellitus. The increased incidence of birth defects is related to poor glucose control. Poor glucose control, prior to conception and in early pregnancy, is also associated with miscarriage. Most obstetricians recommend excellent glucose control prior to conception and throughout pregnancy.

## High Blood Pressure

Elevated blood pressure during pregnancy falls into two categories:

- **Chronic hypertension** – high blood pressure which existed prior to pregnancy
- **Pregnancy-induced hypertension or pre-eclampsia** – high blood pressure that presented after pregnancy

Both of these condition require special attention during pregnancy and increase the chances of complications for the mother and the baby. Both forms of hypertension require more laboratory evaluation, ultrasounds, and increased fetal testing. With close supervision, most hypertensive pregnancies have excellent outcomes.

Pregnancy-induced hypertension occurs in women who had normal blood pressure before pregnancy. The elevated blood pressure does not usually become apparent until the last few weeks. Other warning signs include rapid weight gain, severe swelling in the hands and face, blurring or spots in your vision, persistent headaches despite taking Tylenol, and pain in the upper abdomen. Untreated pre-eclampsia may progress to a point resulting in seizures, which is known as eclampsia.

Currently, the only treatment for pre-eclampsia is delivery. Gestational age directs the management plan concerning timing of delivery. Most women return to normal blood pressure within days to weeks of delivery.



# Obstetric Conditions, continued

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## Placental Problems

The placenta is the organ that connects you to your baby. It provides nourishment, oxygen, and removes waste products. In a small number of pregnancies a placental abnormality will be diagnosed, such as the following:

- **Placenta previa** – In this condition the placenta covers the cervix, which obstructs delivery. The most common symptom is painless vaginal bleeding. As the cervix dilates, the placenta tends to separate from the uterus, which compromises blood flow. In most circumstances, placenta previa requires a C-section at term or if significant vaginal bleeding occurs.
- **Placental abruption** – This pregnancy complication occurs when the placenta separates from the uterus before the birth of the baby. It is usually associated with constant, severe abdominal pain and vaginal bleeding. The exact cause is often unknown, but high blood pressure, premature rupture of membranes, trauma, and substance abuse are all risk factors. This is an obstetric emergency and often requires a STAT C-section.

## Breech Presentation

The term “breech” refers to a baby with the feet or buttocks positioned closest to the birth canal. Most babies present vertex; only 3 to 4 percent of women present in labor with their babies breech. Some factors increase the chance of this, including prematurity of the baby, some birth defects, uterine abnormalities, non-cancerous uterine tumors or fibroids, excessive amniotic fluid, and abnormal location of the placenta. Often the reason for the breech presentation remains unclear, and both the mother and baby are found to be perfectly normal at the time of birth.

For many years, breech babies were allowed to deliver vaginally. As the safety of the C-section has improved, the number of vaginal deliveries has declined. The largest part of a baby is its head. In a breech delivery, the head is the last thing to pass through the cervix. If the head is too large, it may become entrapped in the cervix, which can result in serious injury and even death. Umbilical cord prolapse — which occurs when the umbilical cord falls through the cervix — is more common in breech presentation. This results in compression of the cord, which deprives the baby of vital blood flow. Most breech babies can be delivered vaginally without harm despite these risks. It is impossible to identify which babies are likely to be injured. Many times the baby can be turned to the vertex position by external cephalic version. The procedure has a 50-percent success rate in published studies. This is usually more successful when attempted before the baby engages into the pelvis.

# Obstetric Conditions, continued

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## Postdates Pregnancy

About 80 percent of babies are born between 38 and 42 weeks of pregnancy. About 10 percent extend beyond 42 weeks of pregnancy. Most of the babies born late will be healthy, but there is an increased rate of complications in these babies.

### Complications that may occur include:

- **Oligohydramnios** – decreased amniotic fluid around the baby
- **Meconium passage** – fetal bowel contents in the amniotic fluid
- **Fetal macrosomia** – large babies

The major concern with postdates pregnancies is that the aging placenta cannot adequately nourish the baby, which affects the baby's growth. The baby may be further stressed by labor contractions, which can lead to a lack of oxygen and subsequent passage of meconium. Inhalation of meconium prior to or during delivery may result in serious pneumonia for the newborn. Postdates pregnancies are more likely to develop oligohydramnios, which increases the chance of distress in the baby due to umbilical cord compression. Postdate babies will appear to have lost weight, show peeling, parchment-like skin changes, and frequently are bile stained. As a result of these complications, obstetricians would like to have all babies delivered by 41 to 42 weeks.

### Several considerations must be weighed in determining the best management plan:

- Reliability of your due date
- The majority of babies born after 42 weeks do well
- It is difficult to identify which babies are likely to develop problems if left undelivered
- Induction of labor is often unsuccessful and results in a higher rate of C-section if the cervix is not ready for labor

Generally, we institute our management protocol at 41 weeks. We perform a cervical exam. If the cervix is favorable for induction, an induction of labor is attempted. If the cervix is not favorable, we will obtain fetal testing and an ultrasound to assess the amount of fluid surrounding the baby. We advise induction of labor for all women who reach 42 weeks of gestation.

# Prenatal Glossary

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- **Abdomen:** that part of the body lying between the thorax and the pelvis, and containing the abdominal cavity and viscera. (medical-dictionary.thefreedictionary.com)
- **Abdominal Wall:** The layer of muscles that surrounds the abdominal cavity and contains the abdominal organs.
- **Amniocentesis:** A procedure for obtaining amniotic fluid from a pregnant animal, by inserting a hollow needle through the abdominal wall and into the amniotic sac. Used in diagnosing possible genetic defects and/or obstetric complications.
- **Amniotic Fluid:** In placental mammals, a fluid contained within the amnion membrane that surrounds a developing embryo or fetus.
- **Amniotic Sac:** The sac in which the fetus develops in mammals, reptiles and birds.
- **Analgesic:** Any medicine, such as aspirin, that reduces pain without inducing unconsciousness.
- **Anatomy:** The science that deals with the form and structure of organic bodies; anatomical structure or organization.
- **Anemia:** A medical condition in which the capacity of the blood to transport oxygen to the tissues is reduced, either because of too few red blood cells, or because of too little hemoglobin, resulting in pallor and fatigue.
- **Anesthesia:** A method of preventing sensation, used to eliminate pain.
- **Anesthesiologist:** A physician who specializes in anesthesiology and administers anesthesia.
- **Antibodies:** A protein produced by B-lymphocytes that binds to a specific antigen.
- **Antihistamines:** A drug or substance that counteracts the effects of a histamine. Commonly used to alleviate the symptoms of hay fever and other allergies.
- **Asthma:** A long-term respiratory condition, in which the airways may unexpectedly and suddenly narrow, often in response to an allergen, cold air, exercise, or emotional stress. Symptoms include wheezing, shortness of breath, chest tightness, and coughing.
- **Bacterial Infection:** An infection caused by bacteria. (medical-dictionary.thefreedictionary.com)
- **Bacterium:** A single celled organism with no nucleus
- **Barrier Methods of Contraception:** contraceptive methods, such as condoms and diaphragms, in which a plastic or rubber barrier blocks passage of spermatozoa through the vagina or cervix. (medical-dictionary.thefreedictionary.com)
- **Bed Rest:** Confinement to bed, often under instructions of a physician, in order to recover from an injury, an illness, or the frailty associated with other physical discomforts such as a difficult pregnancy.
- **Benign:** Not posing any serious threat to health; not particularly aggressive or recurrent.
- **B-hCG:** Beta subunit of Human Chorionic Gonadotropin (medical-dictionary.thefreedictionary.com)
- **Bilateral Tubal Ligation:** A tubal ligation — also known as having your tubes tied or tubal sterilization — is a type of permanent birth control. During a tubal ligation, the fallopian tubes are cut or blocked to permanently prevent pregnancy. (mayoclinic.org)
- **Birth Canal:** The combined vagina and cervix, when the cervix dilates during birth to form a continuous tube with the vagina.
- **Birth Control:** Any technique used to prevent the birth of a child (such as abortion or preventing conception).

# Prenatal Glossary, continued

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- **Bladder:** A flexible sac that can expand and contract and that holds liquids or gases.
- **Blood Glucose:**
- **Blood Type:** A classification of blood that is based on the presence or absence of antigens in the red blood cells of an individual. For the purposes of blood transfusion three antigens referred to as “A”, “B” and “RhD” (out of a total of 29) are the most important. Based on their presence the human blood can be classified to A, AB, B, and O blood types which are further divided to Rh positive or negative.
- **Bowel Movement:** The discharge of feces from the body.
- **Bowel Obstruction:** An obstruction of the intestines which prevents normal digestion.
- **Braxton-Hicks Contractions:** A sporadic uterine contraction during pregnancy; false labour.
- **Breast Engorgement:** Breast engorgement is the painful overfilling of the breasts with milk. (WebMD.com)
- **Breast Feeding:** nourishing at the breast (medical-dictionary.thefreedictionary.com)
- **Breast Milk:** Milk produced by human mammary glands.
- **Breech:** Delivery of a fetus with the buttocks or feet appearing first. Also called breech birth. (medical-dictionary.thefreedictionary.com)
- **Carpal Tunnel Syndrome:** A form of repetitive stress injury caused by compression of the median nerve travelling through the carpal tunnel.
- **Catheter:** A small tube inserted into a body cavity to remove fluid, create an opening, distend a passageway or administer a drug
- **Cephalopelvic Disproportion:** occurs when a baby’s head or body is too large to fit through the mother’s pelvis. It is believed that true CPD is rare, but many cases of “failure to progress” during labor are given a diagnosis of CPD. When an accurate diagnosis of CPD has been made, the safest type of delivery for mother and baby is a cesarean. (americanpregnancy.org)
- **Cervical Culture:**
- **Cervical Exam:**
- **Cervix:** The lower, narrow portion of the uterus where it joins with the top end of the vagina.
- **Cesarean Section (C-Section):** Delivery of a baby through an incision in the womb.
- **Chloasma (melasma):** a cutaneous condition with yellow or yellowish-brown pigmented spots
- **Chromosomal Abnormality:** reflects on a typical number of chromosomes or a structural abnormality in one or more chromosomes. (medical-dictionary.thefreedictionary.com)
- **Chromosome:** A structure in the cell nucleus that contains DNA, histone protein, and other structural proteins.
- **Chronic Hypertension:** (chronic hypertension disease) the chronic accumulative effects of long-standing high blood pressure on such vital organs as the heart, kidney, and brain. (medical-dictionary.thefreedictionary.com)
- **Circumcision:** The act of excising or amputating the prepuce (the foreskin on penises, the clitoral hood on clitorises)
- **Colostrum:** A form of milk produced by the mammary glands in late pregnancy and the few days after giving birth. Human and bovine colostrum is thick and yellowish. In humans, it has high concentrations of nutrients and antibodies, but it is small in quantity.

# Prenatal Glossary, continued

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- **Constipation:** A state of the bowels in which the evacuations are infrequent and difficult, or the intestines become filled with hardened faeces; costiveness.
- **Contractions:** A strong and often painful shortening of the uterine muscles prior to or during childbirth.
- **Cornea:** The transparent layer making up the outermost front part of the eye, covering the iris, pupil, and anterior chamber.
- **Corticosteroids:** Any of a group of steroid hormones, secreted by the adrenal cortex, that are involved in a large range of physiological systems.
- **Cramps:** A cramping of muscles, especially in the abdomen or uterus.
- **Culture:** The process of growing a bacterial or other biological entity in an artificial medium.
- **Cystic Fibrosis:** An inherited condition in which the exocrine glands produce abnormally viscous mucus, causing chronic respiratory and digestive problems.
- **Decongestant:** A drug that relieves congestion, e.g. pseudoephedrine.
- **Depo-Provera Injections:** Depo-Provera is also a hormone, but is administered by intramuscular injection and provides protection against pregnancy for three months. (medical-dictionary.thefreedictionary.com)
- **Depression:** In psychotherapy and psychiatry, a state of mind producing serious, long-term lowering of enjoyment of life or inability to visualize a happy future.
- **Diabetes:** A group of metabolic diseases whereby a person (or other animal) has high blood sugar due to an inability to produce, or inability to metabolize, sufficient quantities of the hormone insulin.
- **Diaphragm:** In mammals, a sheet of muscle separating the thorax from the abdomen, contracted and relaxed in respiration to draw air into and expel air from the lungs; also called thoracic diaphragm.
- **Diarrhea:** A condition in which the sufferer has frequent and watery bowel movements.
- **Digestion:** The process, in the gastrointestinal tract, by which food is converted into substances that can be utilized by the body.
- **Dilated:**
- **Dilation:**
- **Dilation & Curettage (D&C):** A surgical procedure in which the cervix is dilated and the lining of the uterus is scraped with a curet.
- **Diuretics:** A drug or a substance that increases the rate of urine excretion.
- **Douche:** A jet or current of water or vapour directed upon some part of the body to benefit it medicinally; in particular, such a jet directed at the vagina for vaginal irrigation.
- **Down's Syndrome:** Condition caused by a chromosomal deficiency, whereby the patients bear a certain resemblance to the Mongoloid race, such as a small head and tilted eyelids.
- **Eclampsia:** A complication of pregnancy characterized by convulsions and coma.
- **Ectopic Pregnancy:** A pregnancy in which the fertilized ovum is implanted in any tissue other than the uterine wall.
- **Effacement:** A shortening, or thinning, of the cervix before or during early labour.

# Prenatal Glossary, continued

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- **Electronic Fetal Monitoring:** a device that allows observation of the fetal heart rate and the maternal uterine contractions. It may be applied externally or internally. With an external monitor the fetal heart is detected by an ultrasound transducer positioned on the abdomen. Internal monitoring of the fetal heart rate is accomplished via an electrode clipped to the fetal scalp. (medical-dictionary.thefreedictionary.com)
- **Embryo:** In the reproductive cycle, the stage after the fertilization of the egg that precedes the development into a fetus.
- **Enema:** An injection of fluid into the rectum, usually for medical purposes.
- **Enzyme:** A globular protein that catalyses a biological chemical reaction.
- **Epidural:** An injection of anaesthetic into the epidural space of the spine, especially associated with pain relief during childbirth.
- **Epidural Block:**
- **Episiotomy:** A surgical incision through the perineum made to enlarge the vagina and assist childbirth.
- **Esophagus:** the musculomembranous passage extending from the pharynx to the stomach. (medical-dictionary.thefreedictionary.com)
- **Estrogen:** Any of a group of steroids that are secreted by the ovaries and function as female sex hormones.
- **External Cephalic Version:** A procedure that externally rotates the fetus from a breech position to a vertex presentation. (medical-dictionary.thefreedictionary.com)
- **Fallopian Tube:** Either of the two ducts in female mammals through which ova pass from the ovaries to the uterus.
- **Fasting:** abstinence from food
- **Fetal Alcohol Syndrome:** Any of a spectrum of birth defects that result from excessive alcohol consumption by the mother during pregnancy
- **Fetal Cells:**
- **Fetal Chromosomes:**
- **Fetal Heart Tones:** the number of heartbeats in the fetus that occur in a given unit of time. (medical-dictionary.thefreedictionary.com)
- **Fetal Macrosomia:**
- **Fetal-Maternal Hemorrhage:**
- **Fetus:** A human embryo after the 8th week of gestation.
- **Fibroids:** A benign tumour of the uterus that is comprised of either fibrous connective tissue or muscle.
- **Folic Acid:** A polycyclic heterocyclic carboxylic acid, one of the vitamin B complex, essential for cell growth and reproduction
- **Forceps:** An instrument used in surgery or medical procedures for grasping and holding objects, similar to tongs or pincers.
- **Foreskin:** The retractable fold of skin encompassing the most nerve-dense tissue in the human male, which naturally covers and protects the head of the penis.

# Prenatal Glossary, continued

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- **Full-Term Pregnancy:**
- **General Anesthesia:** An anesthetic (anesthetic substance) that causes loss of sensation to the whole body.
- **Genetic Screening:** The analysis of DNA samples to detect the presence of a gene or genes associated with an inherited disorder. (medical-dictionary.thefreedictionary.com)
- **Genital Herpes:** A genital infection caused by the herpes simplex virus.
- **Genitals:** genital or sex organs
- **Gestation:** The period of time during which an infant animal or human physically develops inside the mother's body until it is born.
- **Gestational Diabetes:** Gestational diabetes is a condition that occurs during pregnancy. Like other forms of diabetes, gestational diabetes involves a defect in the way the body processes and uses sugars (glucose) in the diet. Gestational diabetes, however, has a number of characteristics that are different from other forms of diabetes. (medical-dictionary.thefreedictionary.com)
- **Glucose:** A simple monosaccharide (sugar) with a molecular formula of C<sub>6</sub>H<sub>12</sub>O<sub>6</sub>; it is a principle source of energy for cellular metabolism.
- **Glucose Test:**
- **Group B Streptococcus (GBS):** A common bacterial infection that is potentially life-threatening if transmitted to a fetus during early pregnancy or birth. (medical-dictionary.thefreedictionary.com)
- **Heartburn:** A burning pain in the chest that is caused by stomach acid entering the gullet.
- **Hematocrit:** The percentage (by volume) of packed red blood cells in a centrifuged sample of blood
- **Hemorrhoids:** An engorged, dilated and easily broken varicosity in the perianal area, often accompanied by intense itching and throbbing pain: piles.
- **Hepatitis:** Inflammation of the liver, sometimes caused by a viral infection.
- **HIV:** Either of two related viruses (Human immunodeficiency virus 1 (HIV-1) and Human immunodeficiency virus 2 (HIV-2)) that progressively destroy the body's immune system and can lead to AIDS.
- **Hydrocortisone Cream:**
- **Hypertension:** The disease or disorder of abnormally high blood pressure.
- **Implanon Implants:** the almost identical Implanon, is a single-rod subdermal contraceptive implant made by Merck & Co. that is inserted just under the skin of a woman's upper arm and contains etonorgestrel. (medical-dictionary.thefreedictionary.com)
- **Incision:** A cut, especially one made by a scalpel or similar medical tool in the context of surgical operation.
- **Incompetent Cervix:**
- **Indigestion:** A common medical condition most often caused by eating too quickly.
- **Induction:** The process of inducing the birth process.
- **Inferior Vena Cava:** The large vein which returns blood from the lower extremities, and the pelvic and abdominal organs, to the right atrium of the heart.
- **Integrated Screening:**

# Prenatal Glossary, continued

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- **Intercourse:** sexual intercourse usually involving humans.
- **Internal Monitoring:**
- **Intramuscularly:** Inside a muscle or the muscles.
- **Intrauterine Devices:** A birth control device, such as a plastic or metallic loop, ring, or spiral, that is inserted into the uterus to prevent implantation of a fertilized egg in the uterine lining.
- **Intravenous Line (IV):** (medical-dictionary.thefreedictionary.com)
- **Intraventricular Hemorrhage (IVH):** A condition in which blood vessels within the brain burst and bleed into the hollow chambers (ventricles) normally reserved for cerebrospinal fluid and into the tissue surrounding them. (medical-dictionary.thefreedictionary.com)
- **Labor:** the function of the female by which the infant is expelled through the vagina to the outside world: the first stage begins with onset of regular uterine contractions and ends when the os is completely dilated and flush with the vagina; the second extends from the end of the first stage until the expulsion of the infant is completed; the third extends from expulsion of the infant until the placenta and membranes are expelled; the fourth denotes the hour or two after delivery, when uterine tone is established. (medical-dictionary.thefreedictionary.com)
- **Labor & Delivery:**
- **Lactation:** The secretion of milk from the mammary gland of a female mammal.
- **Lanugo Hair:** The fine, soft hair that grows on a fetus and is present on a newborn. (medical-dictionary.thefreedictionary.com)
- **Laparoscope:** A thin endoscope that may be inserted through a small incision in the abdominal wall.
- **Laparoscopy:** Examination of the loins or abdomen, now specifically examination or surgery on the peritoneal cavity using a laparoscope.
- **Latch:**
- **Laxative:** Having the effect of moving the bowels, or aiding digestion and preventing constipation.
- **Ligament:** A band of strong tissue that connects bones to other bones.
- **Linea Nigra:** A dark vertical line running up the abdomen from the pubis to the navel that forms during pregnancy.
- **Meconium Passage:**
- **Menstruation:** The periodic discharging of the menses, the flow of blood and cells from the lining of the uterus in females of humans and other primates.
- **Methotrexate:** An antimetabolite and antifolate drug used in treatment of cancer and autoimmune diseases.
- **Maternity Evaluation Unit (MEU):**
- **Miscarriage:** The spontaneous natural termination of a pregnancy; the fatal expulsion of a foetus from the womb before term.
- **Misoprostol:** A drug used for various purposes including the prevention of drug-induced gastric ulcers and the inducement of abortions, having the chemical formula C<sub>22</sub>H<sub>38</sub>O<sub>5</sub>
- **Mucus:** A slippery secretion from the lining of the mucous membranes.
- **Multiple Gestation:** A pregnancy resulting in the birth of two or more infants. (medical-dictionary.thefreedictionary.com)

# Prenatal Glossary, continued

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- **Nasal Cavities:** A large air-filled space above and behind the nose in the middle of the face.
- **Nasal Mucosa:** the lining of the nasal cavity, it is continuous with the skin in the vestibule of the nose and with the mucosa of the nasopharynx, the paranasal sinuses, and the nasolacrimal duct and contains goblet cells; it is subdivided into the olfactory region and respiratory region. (medical-dictionary.thefreedictionary.com)
- **Nausea:** A feeling of physical unwellness, usually with the desire to vomit.
- **Necrotizing Enterocolitis (NEC):** a serious bacterial infection in the intestine, primarily of sick or premature newborn infants. It can cause the death (necrosis) of intestinal tissue and progress to blood poisoning (septicemia). (medical-dictionary.thefreedictionary.com)
- **Neural Tube Defect:** any of a group of congenital malformations involving defects in the skull and spinal column that are caused primarily by the failure of the neural tube to close during embryonic development. (medical-dictionary.thefreedictionary.com)
- **Non-reassuring Fetal Heart Tracings:**
- **Nuchal Translucency Measurement:** A radiologic sign that appears as a translucent spot on a fetal sonogram and indicates subcutaneous fluid in the nuchal region of a fetus. It can be measured in early pregnancy to assess the risk of chromosomal abnormalities, especially Down syndrome. (medical-dictionary.thefreedictionary.com)
- **Numbness:** Absent or reduced sensitivity to cutaneous stimulation.
- **Obesity:** The state of being obese due to an excess of body fat
- **Oligohydramnios:** A deficit of amniotic fluid in the amniotic sac, causing distinctive deformations of the foetus.
- **Oral Contraceptive Pill:** A pill, typically containing estrogen or progesterone, that prevents conception or pregnancy. (medical-dictionary.thefreedictionary.com)
- **Osteoporosis:** A disease, occurring especially in women following menopause, in which the bones become extremely porous and are subject to fracture.
- **Ovarian Cancer:** Ovarian cancer is cancer of the ovaries, the egg-releasing and hormone-producing organs of the female reproductive tract. Cancerous, or malignant, cells divide and multiply in an abnormal fashion. (medical-dictionary.thefreedictionary.com)
- **Over-The-Counter Drugs:** A therapeutic agent that does not require a prescription, which the FDA feels can be safely self-prescribed by non-physicians. (medical-dictionary.thefreedictionary.com)
- **Ovulation:** The release of an ovum from an ovary.
- **Oxytocin:** A hormone that stimulates contractions during labour/labor, and then the production of milk.
- **Pap Smear:** A screening test meant to detect pre-cancerous and cancerous cells by taking a sample ('smear') of cells from the cervix.
- **Pelvis:** The large compound bone structure at the base of the spine that supports the legs. It consists of hip bone, sacrum and coccyx.
- **Penis:** The male sexual organ for copulation and urination; the tubular portion of the male genitalia (excluding the scrotum).
- **Perineal:** Referring to the region of the perineum.

# Prenatal Glossary, continued

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- **Perineal Laceration:** laceration of the perineal area such as by the birth of a foal. Three degrees of severity are recognized. First degree laceration is when only the mucosa of the vulva and vagina are involved. Second degree is when the submucosa and muscularis layers of the vulva, the anal sphincter and the perineal body are involved. Third degree is when there is also tearing through the rectovaginal septum, the muscles of the vagina and rectum, and the perineal body. (medical-dictionary.thefreedictionary.com)
- **Perineum:** The region between the anus and the vagina in women and between the scrotum and anus in men.
- **Pica:** A disorder characterized by craving and appetite for non-edible substances, such as ice, clay, chalk, dirt, or sand.
- **Pigment:** Any color in plant or animal cells
- **Placenta:** A vascular organ in mammals, except monotremes and marsupials, present only in the female during gestation. It supplies food and oxygen from the mother to the foetus, and passes back waste. It is implanted in the wall of the uterus and links to the foetus through the umbilical cord. It is expelled after birth.
- **Placenta Previa:** A complication of pregnancy in which the placenta is inserted partially or completely in the lower segment of the uterus (above the opening of the cervix)
- **Placental Abruption:** Of or pertaining to tearing away (abruption) of placenta from uterus or the breaking apart of the placenta.
- **Postpartum:** after giving birth
- **Pre-Eclampsia:** A complication of pregnancy, affecting about 5% of all women, characterized by hypertension and damage to the linings of the blood vessels of the brain, liver, lungs and kidneys, which can lead to multiple organ failure, convulsions, coma and death. The only cure is delivery of the child.
- **Pre-existing Diabetes:**
- **Premature:** Occurring before a state of readiness or maturity has arrived.
- **Premature Rupture of Membranes (PROM):** Premature rupture of membranes (PROM) is an event that occurs during pregnancy when the sac containing the developing baby (fetus) and the amniotic fluid bursts or develops a hole prior to the start of labor. (medical-dictionary.thefreedictionary.com)
- **Prenatal:** Being or happening before birth.
- **Preterm Labor:** labor that occurs earlier in pregnancy than normal, either before the fetus has reached a weight of 2000 to 2500 g or before the 37th or 38th week of gestation. (medical-dictionary.thefreedictionary.com)
- **Progesterone:** A steroid hormone, secreted by the ovaries, whose function is to prepare the uterus for the implantation of a fertilized ovum and to maintain pregnancy.
- **Prolapse:** A moving out of place, especially a protrusion of an internal organ
- **Pubic Hair:** The hair that grows in the pubic region from puberty.
- **Pudendal Block:** a form of regional anesthetic block administered to provide anesthesia of the perineum, which is particularly useful during the expulsive second stage of labor. (medical-dictionary.thefreedictionary.com)

# Prenatal Glossary, continued

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- **Pudendal Nerve:** A nerve that is formed by fibers from the second, third, and fourth sacral nerves, passes through the greater sciatic foramen, and accompanies the internal pudendal artery to terminate as the dorsal nerve of the penis or of the clitoris. (medical-dictionary.thefreedictionary.com)
- **Pulmonary System:** Pertaining to, having, or affecting the lungs.
- **QUAD Screen Test:** A prenatal lab screen (blood test) for Down syndrome, which is drawn at 16 to 18 weeks of gestation. Elevated inhibin A and beta-hCG, and reduced AFP and oestriol are suggestive of a Down syndrome baby, giving the mother the option to abort the gestation in the early second trimester. (medical-dictionary.thefreedictionary.com)
- **Rectum:** The terminal part of the large intestine through which feces pass.
- **Red Blood Cells:** A type of cell in the blood of vertebrates that contains hemoglobin and transports oxygen from the lungs to the tissues; an erythrocyte
- **Regurgitation:** To throw up or vomit; to eject what has previously been swallowed.
- **Respiratory Distress Syndrome (RDS):** Respiratory distress syndrome (RDS) of the newborn, also known as infant RDS, is an acute lung disease present at birth, which usually affects premature babies. (medical-dictionary.thefreedictionary.com)
- **Respiratory Tract Infections:** any infectious disease of the upper or lower respiratory tract. Upper respiratory tract infections includes the common cold, laryngitis, pharyngitis, rhinitis, sinusitis, and tonsillitis. Lower respiratory infections include bronchitis, bronchiolitis, pneumonia, and tracheitis. (medical-dictionary.thefreedictionary.com)
- **Resuscitation:** Bringing a person back to life after an apparent death or in cases of impending death. (medical-dictionary.thefreedictionary.com)
- **Rh Negative:** Lacking the Rh factor, genetically determined antigens in red blood cells that produce immune responses. If an Rh negative woman is pregnant with an Rh positive fetus, her body will produce antibodies against the fetus's blood, causing a disease known as Rh disease. Sensitization to the disease occurs when the women's blood is exposed to the fetus's blood. Rh immune globulin (RhoGAM) is a vaccine that must be given to a woman after an abortion, miscarriage, or prenatal tests in order to prevent sensitization to Rh disease. (medical-dictionary.thefreedictionary.com)
- **Rh Positive:**
- **RH Status:**
- **Rhogam:** trademark for a preparation of Rh0 (D antigen) immune globulin. The gamma globulin is derived from the plasma of women previously immunized to the Rh0 (D) antigen and is administered after each Rh-incompatible pregnancy. The gamma globulin prevents the formation of antibodies after delivery or abortion. (medical-dictionary.thefreedictionary.com)
- **Saline Nasal Spray:**
- **Sedation:** The act of sedating, especially by use of sedatives.
- **Sepsis:** A serious medical condition in which the whole body is inflamed, and a known or suspected infection is present.
- **Sudden Infant Death Syndrome (SIDS):** The sudden and unexplained death of an infant aged one month to one year, normally while sleeping.
- **Sitz Bath:** A hydrotherapeutic bath taken in a sitting position.

# Prenatal Glossary, continued

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- **Sphincter:** A ringlike band of muscle that surrounds a bodily opening, constricting and relaxing as required for normal physiological functioning
- **Spider Angioma:** a dilation of superficial capillaries with a central red dot from which blood vessels radiate. (medical-dictionary.thefreedictionary.com)
- **Spinal Block:**
- **STAT:**
- **Sterilization:** A procedure to permanently prevent an organism from reproducing.
- **Stretch Mark:** Any of a series of red, irregular stripes on the surface of the skin caused by rapid growth of the tissues lying just underneath. They usually appear as a result of pregnancy, puberty or obesity, but can also be caused by rapid muscle growth.
- **Surfactant:** A surface active agent, or wetting agent, capable of reducing the surface tension of a liquid; typically organic compounds having a hydrophilic “head” and a hydrophobic “tail”.
- **Suture:** A seam formed by sewing two edges (especially of skin) together.
- **Syphilis:** A disease spread via sexual activity, caused by the bacterium *Treponema pallidum*.
- **Teratogens:** Any agent or substance which can cause malformation of an embryo or birth defects.
- **Threatened Miscarriage:**
- **Tocolytics:** Any drug that suppresses premature labour—premature giving birth.
- **Trimester – First:** time period extending from the first day of the last menstrual period through 12 weeks of gestation. (medical-dictionary.thefreedictionary.com)
- **Trimester – Second:** time period extending from the 13th to the 27th week of gestation. (medical-dictionary.thefreedictionary.com)
- **Trimester – Third:** time period extending from the 28th week of gestation until delivery. (medical-dictionary.thefreedictionary.com)
- **Ultrasound:** The use of ultrasonic waves for diagnostic or therapeutic purposes
- **Umbilical Cord:** The flexible structure connecting a foetus with the placenta; which transports nourishment to the foetus and removes waste.
- **Umbilical Cord Prolapse:** happens when the umbilical cord precedes the fetus’ exit from the uterus. It is an obstetric emergency during pregnancy or labor that imminently endangers the life of the fetus. (medical-dictionary.thefreedictionary.com)
- **Urinary Catheter:** a latex, polyurethane, or silicone tube known as a urinary catheter is inserted into a patient’s bladder via the urethra. Catheterization allows the patient’s urine to drain freely from the bladder for collection. (medical-dictionary.thefreedictionary.com)
- **Urinary Tract Infection:** An infection that affects part of the urinary tract.
- **Urinate:** To pass urine from the body.
- **Urine Specimen:**
- **Uterus:** An organ of the female reproductive system in which the young are conceived and develop until birth; the womb.
- **Vacuum Extractor:** Ventouse is a vacuum device used to assist the delivery of a baby when the second stage of labour has not progressed adequately. It is an alternative to a forceps delivery and caesarean section. (medical-dictionary.thefreedictionary.com)
- **Vaginal Delivery:** birth of a fetus through the vagina. (medical-dictionary.thefreedictionary.com)

# Prenatal Glossary, continued

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- **Vaginal Discharge:** discharge of secretions from the cervical glands of the vagina; normally clear or white. (medical-dictionary.thefreedictionary.com)
- **Varicose Veins:** An abnormally swollen or dilated vein
- **Vascularity:** Vascular condition; vasculature.
- **Vasectomy:** The surgical removal of all or part of the vas deferens, usually as a means of male sterilization.
- **Vernix:** Vernix caseosa; a fatty deposit covering the skin of newborn babies.
- **Vertex:** The highest surface on the skull.
- **Vital Signs:** A set of measurements of a patient's condition taken regularly to assess the state of bodily functions: CSM, skin signs, lung sounds, temperature, pulse, blood pressure and respiration.
- **Wean:** To cease giving milk to an offspring; to accustom and reconcile (a child or young animal) to a want or deprivation of mother's milk; to take from the breast or udder.
- **Womb:** In female mammals, the organ in which the young are conceived and grow until birth; the uterus.
- **Yeast Infection:** Any infection by a fungus of the genus *Candida*; candidiasis

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